



Your 2021 Prescription Drug List

Advantage 4-Tier

Effective Jan. 1, 2021



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of Jan. 1, 2021 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Plan, 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 health plan 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 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 ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Who decides which medications are covered?

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

About this PDL

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

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

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



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

Specialty medications are high-cost and are used to treat rare or complex conditions that require additional care and support. For most plans, these medications are managed through the specialty pharmacy program. Take advantage of personalized support designed to help you get the most out of your treatment plan. Visit the member website listed on your ID card or call the toll-free phone number on your 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 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 or subject to Prior Authorization 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 Program⁴ —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, 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. Medications that require step therapy may require prior authorization (sometimes referred to as precertification) if covered under another benefit.

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

Questions

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



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



Visit your plan's member website listed on your 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	Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain			lidocaine-prilocaine external cream	1	
acetaminophen-codeine	1		lorcet	1	
acetaminophen-codeine #2	1		lorcet hd	1	
acetaminophen-codeine #3	1		lorcet plus	1	
acetaminophen-codeine #4	1		LORTAB	4	
apap-caff-dihydrocodeine oral capsule	4	QL	MORPHABOND ER	E	PA, ST, QL
ARYMO ER	E	PA, ST, QL	morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	
BELBUCA	3	PA, QL	morphine sulfate er oral capsule extended release 24 hour	E	PA, ST, QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL	morphine sulfate er oral tablet extended release	1	PA, QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL	morphine sulfate oral	1	
butalbital-apap-caffeine oral tablet	1	QL	morphine sulfate rectal	1	
CONZIP	E	QL	MS CONTIN	3	PA, ST, QL
DILAUDID ORAL	4		NALOCET	E	QL
DVORAH	E	QL	NORCO	4	
endocet	1		NUCYNTA	4	QL
ESGIC	4	QL	NUCYNTA ER	3	PA, QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL	OXAYDO	E	QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, ST, QL	OXYCODONE HCL ER	E	PA, ST, QL
FIORICET	4	QL	oxycodone hcl oral capsule	1	
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	1		oxycodone hcl oral concentrate 100 mg/5ml	1	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2		oxycodone hcl oral solution	1	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E		oxycodone hcl oral tablet	1	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1		oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
hydromorphone hcl er	4	PA, ST, QL	OXYCONTIN	E	PA, ST, QL
hydromorphone hcl oral	1		premium lidocaine	2	QL
hydromorphone hcl rectal	1		PRIMLEV	E	
HYSINGLA ER	E	PA, ST, QL	ROXICODONE ORAL TABLET 15 MG, 30 MG	4	
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	E	PA, ST, QL	ROXICODONE ORAL TABLET 5 MG	3	
lidocaine external ointment	2	QL	SUBSYS	E	PA, QL
lidocaine external patch 5 %	3	PA, QL	tramadol hcl er (biphasic)	E	QL
			TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	E	QL
			tramadol hcl er oral capsule extended release 24 hour 150 mg	1	QL
			tramadol hcl er oral tablet extended release 24 hour	2	QL

See page 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits
tramadol hcl oral tablet 50 mg	1	
TREZIX	4	QL
TYLENOL WITH CODEINE #3	4	
ULTRAM	4	
VANATOL LQ	2	PA, QL
VANATOL S	2	PA, QL
vicodin hp oral tablet 10-300 mg	E	
XTAMPZA ER	2	PA, QL
ZEBUTAL	4	QL
ZTLIDO	E	PA, QL

Analgesics - Drugs for Pain and Inflammation

celecoxib oral	2	QL
diclofenac potassium	1	
diclofenac sodium er	1	
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	E	QL
diclofenac sodium transdermal solution	E	
EC-NAPROSYN	3	
ec-naproxen	1	
etodolac	1	
etodolac er	1	
ibu	1	
ibuprofen oral suspension	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN	3	
indomethacin er	1	
indomethacin oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine oral	1	
meloxicam oral	1	
MOBIC	4	
nabumetone oral	1	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	E	
NAPROSYN ORAL SUSPENSION	4	PA
naproxen dr	1	
naproxen oral suspension	1	PA
naproxen oral tablet	1	
naproxen sodium er	E	

Drug Name	Drug Tier	Requirements & Limits
naproxen sodium oral tablet 275 mg, 550 mg	1	
PENNSAID	E	
QMIIZ ODT	E	
RELAFEN DS	E	
SPRIX	4	ST, QL
VIVLODEX	E	QL
ZIPSOR	E	

Anti-Addiction / Substance Abuse Treatment Agents

BUNAVAIL	E	PA, QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	2	QL
CHANTIX	4	PA, H
EVZIO	E	PA, QL
naloxone hcl injection solution	1	
naloxone hcl injection solution cartridge	1	
naloxone hcl injection solution prefilled syringe	1	
naltrexone hcl oral	1	
NARCAN	2	QL
ZUBSOLV	2	QL

Antibacterials - Drugs for Infections

amoxicillin	1	
amoxicillin-potassium clavulanate er	E	
amoxicillin-potassium clavulanate oral	1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	E	
avidoxy	1	
azithromycin oral	1	
BACTRIM	4	
BACTRIM DS	4	
cefadroxil	1	
cefdinir	1	
cefuroxime axetil	1	
CENTANY	4	QL
CENTANY AT	E	
cephalexin	1	
CIPRO ORAL TABLET	4	
ciprofloxacin hcl oral	1	
clarithromycin er	2	

See page 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits
clarithromycin oral suspension reconstituted	2	
clarithromycin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
coremino	E	PA
DIFICID	3	QL
DORYX MPC	E	
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline hyclate oral tablet delayed release	E	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	1	
FLAGYL	4	
KEFLEX	4	
LEVAQUIN ORAL TABLET 500 MG, 750 MG	4	
levofloxacin oral	1	
MACROBID	4	
MACRODANTIN	4	
metronidazole oral	1	
metronidazole vaginal	2	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg	E	PA
minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg	E	PA
minocycline hcl oral capsule	1	

Drug Name	Drug Tier	Requirements & Limits
minocycline hcl oral tablet	E	
MINOLIRA	E	PA
mondoxyne nl oral capsule 100 mg	1	
mondoxyne nl oral capsule 75 mg	E	
morgidox oral	2	
mupirocin calcium	3	QL
mupirocin external	1	QL
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	E	
okebo	E	
penicillin v potassium	1	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
vandazole	2	
VIBRAMYCIN ORAL CAPSULE	4	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	4	
XEPI	3	QL
XIMINO	E	PA
ZITHROMAX ORAL	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
BEVYXXA	3	QL
COUMADIN	3	
ELIQUIS	2	QL
enoxaparin sodium	2	QL
jantoven	1	
PRADAXA	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
Anticonvulsants - Drugs for Seizures		
carbamazepine er oral capsule extended release 12 hour	2	
carbamazepine er oral tablet extended release 12 hour	3	
carbamazepine oral	1	
CARBATROL	4	
DEPAKOTE	4	PA
DEPAKOTE ER	4	PA, ST

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Drug Name	Drug Tier	Requirements & Limits
DEPAKOTE SPRINKLES	4	PA, ST
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
epitol	1	
gabapentin oral	1	
KEPPRA ORAL	4	PA, ST
KEPPRA XR	4	PA, ST
LAMICTAL	4	PA, ST
LAMICTAL ODT ORAL KIT	3	PA, ST
LAMICTAL ODT ORAL TABLET DISPERSIBLE	4	PA, ST
LAMICTAL STARTER	4	PA, ST
LAMICTAL XR	3	PA, ST
lamotrigine er	3	PA, ST
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	PA, ST
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	2	
levetiracetam oral	1	
NAYZILAM SPRAY 5 MG	3	PA, QL
NEURONTIN	4	PA, ST
oxcarbazepine	1	
OXTELLAR XR	E	PA, ST
roweepra	1	
roweepra xr	2	
SPRITAM	E	PA, ST
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL	3	
TEGRETOL-XR	4	
TOPAMAX	4	PA, ST
TOPAMAX SPRINKLE	4	PA, ST
topiramate er	E	PA, ST
topiramate oral	1	

Drug Name	Drug Tier	Requirements & Limits
TRILEPTAL	4	PA, ST
TROKENDI XR	E	PA, ST
VALTOCO	3	PA, QL
VIMPAT ORAL	3	PA
XCOPRI PAK	3	PA
XCOPRI TABLET	3	PA
ZONEGRAN	4	PA, ST
zonisamide oral	1	

Antidementia Agents - Drugs for Alzheimer's Disease and Dementia

ARICEPT ORAL TABLET 10 MG, 5 MG	3	
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	E	
donepezil hcl oral tablet dispersible	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	
citalopram hydrobromide	1	
desvenlafaxine succinate er	3	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
DRIZALMA SPRINKLE	4	PA, QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	QL
duloxetine hcl oral capsule delayed release particles 40 mg	E	
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	3	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	3	QL

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Drug Name	Drug Tier	Requirements & Limits
fluoxetine hcl oral tablet 20 mg	3	
fluoxetine hcl oral tablet 60 mg	E	
fluvoxamine maleate	1	
fluvoxamine maleate er	3	QL
FORFIVO XL	E	QL
mirtazapine oral	1	
nortriptyline hcl oral	1	
PAMELOR	4	
paroxetine hcl	1	
paroxetine hcl er	3	QL
PAXIL CR	4	QL
PAXIL ORAL SUSPENSION	3	
PAXIL ORAL TABLET	4	
REMERON	4	
REMERON SOLTAB	4	
sertraline hcl oral	1	
trazodone hcl oral	1	
TRINTELLIX	4	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	E	QL
VIIBRYD	4	QL
Antiemetics - Drugs for Nausea and Vomiting		
BONJESTA	E	PA
doxylamine-pyridoxine	E	PA
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	E	
ondansetron hcl oral	1	
ondansetron odt	1	
phenadoz	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
promethegan	1	
REGLAN	4	
scopolamine	3	
TRANSDERM SCOP (1.5 MG)	4	

Drug Name	Drug Tier	Requirements & Limits
VARUBI (180 MG DOSE)	2	QL
ZOFRAN	4	
ZUPLENZ	E	QL
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox treatment	E	
CRESEMBA ORAL	3	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	4	
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	4	
DIFLUCAN ORAL TABLET 50 MG	3	
EXTINA	4	QL
fluconazole oral	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external foam	3	QL
ketoconazole external shampoo	1	
ketodan external foam	3	QL
NIZORAL	4	
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystop	1	QL
terbinafine hcl oral	1	QL
terconazole	1	
XOLEGEL	3	
Antigout Agents - Drugs for Gout		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	
colchicine oral tablet	E	
COLCRYS	E	
febuxostat	3	ST, QL
GLOPERBA	4	PA
MITIGARE	2	
ZYLOPRIM	4	

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Drug Name	Drug Tier	Requirements & Limits
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST, QL
AMERGE	4	QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA, ST, QL
EMGALITY (300 MG DOSE)	2	PA, ST, QL
naratriptan hcl	1	QL
ONZETRA XSAIL	E	QL
REYVOW TABLET	2	PA, ST, QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill	1	QL
sumatriptan succinate subcutaneous	1	QL
UBRELVEY TABLET	2	PA, ST, QL
ZEMBRACE SYMTOUCH	E	QL
Antineoplastics - Drugs for Cancer		
anastrozole oral	1	
bexarotene	E	SP
capecitabine	E	QL, SP
ERLEADA	2	PA, QL, SP
IBRANCE ORAL CAPSULE	2	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate	1	PA, QL, SP
letrozole oral	1	
LYNPARZA	2	PA, QL, SP
mercaptopurine oral	1	
NUBEQA	2	PA, QL, SP
PURIXAN	4	PA, SP
REVLIMID	2	PA, QL, SP
SOLTAMOX	E	
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TARGRETIN EXTERNAL	3	QL, SP
TARGRETIN ORAL	2	SP
TASIGNA	2	PA, ST, QL, SP
VERZENIO	2	PA, QL, SP
XELODA	1	QL, SP
ZEJULA	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	4	QL
atovaquone-proguanil hcl	2	
ELIMITE	4	
hydroxychloroquine sulfate oral	1	QL
KRINTAFEL	1	QL
MALARONE	4	
permethrin external	1	
Antiparkinson Agents - Drugs for Parkinson's Disease		
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
DUOPA	4	PA
INBRIJA	3	PA, QL, SP
MIRAPEX	4	
NOURIANZ ORAL TABLET	3	PA, QL
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	E	
ropinirole hcl	1	
ropinirole hcl er	E	
RYTARY	E	
SINEMET	4	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	4	QL
clopidogrel bisulfate oral	1	
ZONTIVITY	4	QL
Antipsychotics - Drugs for Mood Disorders		
ABILIFY MYCITE	E	PA, QL
aripiprazole oral solution	3	
aripiprazole oral tablet	2	QL
aripiprazole oral tablet dispersible	2	QL
LATUDA	4	QL
olanzapine oral tablet	1	QL
olanzapine oral tablet dispersible	2	QL
quetiapine fumarate	1	
quetiapine fumarate er	3	QL
risperidone	1	
SAPHRIS	3	QL
ziprasidone hcl	2	QL

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Drug Name	Drug Tier	Requirements & Limits
Antivirals - Drugs for Viral Infections		
acyclovir oral	1	
ATRIPLA	E	ST, QL
BARACLUDE ORAL SOLUTION	2	SP
BIKTARVY	4	QL
CIMDUO	2	QL
DESCOVY	E	PA, ST, QL
DOVATO	2	QL
emtricitabine/tenofovir disoproxil fumarate	1	QL, H
entecavir	1	SP
EPCLUSA	2	PA, QL, SP
GENVOYA	4	QL
HARVONI	2	PA, ST, QL, SP
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
LEDIP-SOFOSB ORAL TABLET 90-400MG	2	PA, ST, QL, SP
MAVYRET	2	PA, QL, SP
NORVIR ORAL PACKET	2	
NORVIR ORAL SOLUTION	2	
ODEFSEY	4	QL
oseltamivir phosphate oral capsule	2	
oseltamivir phosphate oral suspension reconstituted	2	QL
PREZCOBIX	2	
PREZISTA	2	
ritonavir	2	SP
SITAVIG	E	QL
SOFOS/VELPAT ORAL TABLET 400-100	2	PA, QL, SP
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	4	QL
SYMFI	2	QL
SYMFI LO	2	QL
TEMIXYS	E	QL
tenofovir disoproxil fumarate	2	H-PA
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA	E	QL

Drug Name	Drug Tier	Requirements & Limits
valacyclovir hcl oral	1	QL
VEMLIDY	4	ST, SP
VIREAD ORAL POWDER	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VOSEVI	2	PA, QL, SP
XOFLUZA	3	QL
ZEPATIER	2	PA, QL, SP
ZOVIRAX ORAL SUSPENSION	4	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
buspirone hcl oral	1	
clonazepam oral	1	
diazepam intensol	1	
diazepam oral	1	
HALCION	4	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
triazolam	1	
VISTARIL	4	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	4	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	4	
acetazolamide er	1	
acetazolamide oral	1	
ADALAT CC ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	4	
ALDACTONE	4	
aliskiren fumarate	3	
ALTACE	4	

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Drug Name	Drug Tier	Requirements & Limits
ALTOPREV	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	QL, H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	QL
AVALIDE	4	
AVAPRO	4	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BIDIL	2	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
BYSTOLIC	E	
CALAN SR	4	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	E	
CARDURA	4	
CAROSPIR	4	PA
cartia xt	2	
carvedilol	1	
CATAPRES	4	
chlorthalidone	1	
clonidine hcl oral	1	
colesevelam hcl	E	
COREG	4	
CORGARD	4	
CORLANOR	3	PA, QL
COZAAR	4	
diltiazem hcl er coated beads	2	
diltiazem hcl er oral capsule extended release 12 hour	1	
diltiazem hcl oral	1	
dilt-xr	1	
doxazosin mesylate oral	1	
DYAZIDE	4	

Drug Name	Drug Tier	Requirements & Limits
EDARBI	3	
EDARBYCLOR	3	
enalapril maleate oral	1	
EPANED	4	PA
EZALLOR SPRINKLE	3	PA
ezetimibe	2	
ezetimibe-simvastatin	3	
fenofibrate oral capsule 150 mg, 50 mg	E	
fenofibrate oral tablet 120 mg, 40 mg, 48 mg	E	
fenofibrate oral tablet 160 mg, 145 mg, 54 mg	2	
flecainide acetate	1	
FLOLIPID	4	PA
furosemide oral	1	
gemfibrozil oral	1	
GONITRO	E	QL
guanfacine hcl	1	
HEMANGEOL	E	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	4	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
KAPSPARGO SPRINKLE	4	
labetalol hcl oral	1	
LASIX	4	
LIPOFEN	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	4	
LOPRESSOR	4	
losartan potassium	1	
losartan potassium-hctz	1	
LOTENSIN	4	
LOTENSIN HCT	4	
LOTREL	4	
lovastatin	1	H
matzim la	2	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
MAXZIDE	4		PROCARDIA	4	
MAXZIDE-25	4		PROCARDIA XL	4	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2		propranolol hcl er	2	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1		propranolol hcl oral	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1		QBRELIS	4	PA
metoprolol tartrate oral tablet 37.5 mg, 75 mg	E		quinapril hcl	1	
MINIPRESS	4		ramipril	1	
minitran	1		ranolazine er	2	
MULTAQ	4	PA	REPATHA	2	PA, ST, QL
nadolol oral	1		rosuvastatin calcium	2	QL
NEXLETOL TABLET	2	PA, ST, QL	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
NEXLIZET TABLET	2	PA, ST, QL	simvastatin oral tablet 80 mg	1	
niacin (antihyperlipidemic)	2		sotalol hcl oral	1	
niacin er (antihyperlipidemic)	4		SOTYLIZE	4	PA
niacor	2		spironolactone oral	1	
NIASPAN	2		TEKTURNA	3	
nifedipine er	1		TEKTURNA HCT	3	
nifedipine er osmotic release	1		telmisartan	2	
nifedipine oral	1		TOPROL XL	4	
NITRO-BID	2		torsemide	1	
NITRO-DUR	3		triamterene-hctz	1	
nitroglycerin sublingual	1		valsartan	2	
nitroglycerin transdermal	1		valsartan-hydrochlorothiazide	1	
nitroglycerin translingual	E	QL	VASCEPA ORAL CAPSULE 0.5 GM	4	PA
NITROMIST	4	QL	VASCEPA ORAL CAPSULE 1 GM	3	PA
NITROSTAT	4		verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
nitro-time	1		verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
olmesartan medoxomil oral	2		verapamil hcl er oral tablet extended release	1	
olmesartan medoxomil-hctz	2		verapamil hcl oral	1	
omega-3-acid ethyl esters	3		VERELAN	4	
PACERONE ORAL TABLET 100 MG, 400 MG	3		VERELAN PM	4	
pacerone oral tablet 200 mg	1		WELCHOL	2	
PRALUENT	2	PA, ST, QL	ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
PRAVACHOL	4		ZIAC ORAL TABLET 5-6.25 MG	4	
pravastatin sodium	1		ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	4	
prazosin hcl oral	1				
PRINIVIL	4				

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Drug Name	Drug Tier	Requirements & Limits
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL XR	2	QL
ADHANSIA XR	E	PA, QL
amphetamine-dextroamphetamine	1	PA
amphetamine-dextroamphetamine er	E	QL
APTENSIO XR	E	PA, QL
atomoxetine hcl	3	QL
CONCERTA	2	PA, QL
dexmethylphenidate hcl	1	PA
dexmethylphenidate hcl er	3	PA, QL
dextroamphetamine sulfate er	3	PA
dextroamphetamine sulfate oral solution	1	PA
dextroamphetamine sulfate oral tablet	3	PA
FOCALIN	4	PA
guanfacine hcl er	2	QL
JORNAY PM	E	PA, QL
metadate er	4	PA, QL
METHYLIN	4	PA
methylphenidate hcl er (cd)	2	PA, QL
methylphenidate hcl er (la)	2	PA, QL
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	4	PA, QL
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	E	PA, QL
methylphenidate hcl er oral tablet extended release 24 hour	E	PA, QL
methylphenidate hcl oral solution	1	PA
methylphenidate hcl oral tablet	1	PA
methylphenidate hcl oral tablet chewable	3	PA
MYDAYIS	E	PA, QL
PROCENTRA	3	PA
QUILLICHEW ER	E	PA, QL
QUILLIVANT XR	E	PA, QL
relexxii	E	PA, QL
RITALIN	4	PA
VYVANSE	3	PA, QL
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	E	PA

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AUBAGIO	3	PA, QL, SP
AVONEX	2	PA, QL, SP
BAFIERTAM CAPSULE	2	PA, QL, SP
BETASERON	2	PA, QL, SP
dalfampridine er	2	PA, QL, SP
dimethyl fumarate	2	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
GILENYA ORAL CAPSULE	3	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT	3	PA, QL, SP
PLEGRIDY	3	PA, QL, SP
REBIF	4	PA, ST, QL, SP
REBIF REBIDOSE	4	PA, ST, QL, SP
TECFIDERA	E	PA, QL, SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, QL, SP
LYRICA	4	PA, ST, QL
LYRICA CR	E	ST, QL
NUDEXTA	2	PA
pregabalin oral capsule	2	QL
pregabalin oral solution	3	QL
RILUTEK	4	SP
riluzole	1	SP
TIGLUTIK	4	PA
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cavarest	1	
chlorhexidine gluconate mouth/throat	1	
clinpro 5000	1	
denta 5000 plus	1	
dentagel	1	
fluoridex	1	
fluoridex enhanced whitening	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	4	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
neutral sodium fluoride	1		calcitriol external	1	QL
paroex	1		CAPEX	2	
PERIDEX	4		CARAC	2	
periogard	1		claravis	2	
PREVIDENT 5000 BOOSTER PLUS	3		CLEOCIN-T EXTERNAL GEL	4	QL
PREVIDENT 5000 DRY MOUTH	4		CLEOCIN-T EXTERNAL LOTION	4	
PREVIDENT 5000 ORTHO DEFENSE	3		clindacin etz external swab	1	
PREVIDENT 5000 PLUS	4		clindacin-p	1	
PREVIDENT DENTAL	4		CLINDAGEL	E	QL
PREVIDENT MOUTH/THROAT	3		clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
sf	1		clindamycin phosphate external foam	3	
sf 5000 plus	1		clindamycin phosphate external lotion	3	
sodium fluoride 5000 plus	1		clindamycin phosphate external solution	1	QL
sodium fluoride dental	1		clindamycin phosphate external swab	1	
Dermatological Agents - Drugs for Skin Conditions			CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	E	
ABSORICA	E	PA	clindamycin phosphate gel 1 % external	3	QL
ACZONE EXTERNAL GEL 5 %	4	QL	clobetasol propionate external cream	2	QL
ACZONE EXTERNAL GEL 7.5 %	3	QL	clobetasol propionate external foam	E	QL
ALA SCALP	4		clobetasol propionate external gel	2	QL
ala-cort external cream 1 %	E		clobetasol propionate external liquid	1	QL
ala-cort external cream 2.5 %	1		clobetasol propionate external lotion	E	QL
ALDARA	4	QL	clobetasol propionate external ointment	2	QL
ALTRENO	E	PA, QL	clobetasol propionate external shampoo	E	QL
amnestem	2		clobetasol propionate external solution	1	QL
AMZEEQ AER 4%	4	PA, QL	clodan external shampoo	E	QL
avar cleanser	1		clotrimazole-betamethasone external cream	1	QL
azelaic acid external	3		clotrimazole-betamethasone external lotion	1	
betamethasone dipropionate aug external cream	1		dapsone external gel 5 %	E	QL
betamethasone dipropionate aug external gel	1		DERMA-SMOOTH/FS BODY	4	QL
betamethasone dipropionate aug external lotion	3		DERMA-SMOOTH/FS SCALP	4	
betamethasone dipropionate aug external ointment	3				
betamethasone dipropionate external cream	2				
betamethasone dipropionate external lotion	1				
betamethasone dipropionate external ointment	2				
calcipotriene-betameth diprop external ointment	3	QL			

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
desonide cream, lotion, ointment	3	QL	metronidazole external gel 1 %	E	
desonide gel	3	ST, QL	metronidazole external lotion	1	
DESOWEN	3	QL	MIRVASO	4	PA, QL
DIPROLENE	4		mometasone furoate external	1	
DIPROLENE AF	4		myorisan	2	
DUPIXENT	4	PA, ST, QL, SP	neuac external gel	3	QL
EFUDEX	4		NORITATE	E	
ENSTILAR	4	QL	PICATO	3	QL
EUCRISA	3	ST, QL	RHOFADE CREAM 1%	4	PA, QL
EVOCLIN	4		rosadan external cream	1	
FINACEA EXTERNAL GEL, FOAM	4		rosadan external gel	1	
fluocinolone acetonide body	3	QL	SERNIVO	E	QL
fluocinolone acetonide external cream	3	QL	SOOLANTRA CREAM 1%	4	QL
fluocinolone acetonide external ointment	2	QL	sss 10-5	1	
fluocinolone acetonide external solution	3	QL	sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
fluocinolone acetonide scalp	3		sulfacetamide sodium-sulfur external emulsion	1	
fluocinonide external cream 0.05 %	1		sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %	1	
fluocinonide external cream 0.1 %	E	QL	sulfacetamide sodium-sulfur external lotion 10-5 %	1	
fluocinonide external gel	1		sulfacetamide sodium-sulfur external pad	1	
fluocinonide external ointment	1		sulfacetamide sodium-sulfur external suspension 10-5 %	1	
fluocinonide external solution	1		sulfacleanse 8/4	E	
FLUOROPLEX	4		sulfamez wash	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	4		TACLONEX EXTERNAL SUSPENSION	3	QL
fluorouracil external cream 5 %	1		tazarotene external	3	PA, QL
fluorouracil external solution	1		TAZORAC EXTERNAL CREAM 0.1 %	4	PA, QL
hydrocortisone external cream 1 %	E		TAZORAC EXTERNAL GEL	4	PA, QL
hydrocortisone external cream 2.5 %	1		TEMOVATE	4	QL
hydrocortisone external lotion 2.5 %	1		TEXACORT	2	
hydrocortisone external ointment 1 %, 2.5 %	1		TOLAK	E	
imiquimod external	1	QL	tretinoin external cream	3	QL
IMIQUIMOD PUMP	E	QL	triamcinolone acetonide external aerosol solution	2	QL
IMPOYZ	E	QL	triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
isotretinoin oral	2		triamcinolone acetonide external cream 0.5 %	1	QL
METROCREAM	4				
METROLOTION	4				
metronidazole external cream	1				
metronidazole external gel 0.75 %	1				

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Drug Name	Drug Tier	Requirements & Limits
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
trianex	E	
triderm external cream 0.1 %	1	
triderm external cream 0.5 %	1	QL
TRIDESILON	3	QL
VERDESO	E	QL
zenatane	2	
ZYCLARA	E	QL
ZYCLARA PUMP	E	QL
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	E	
ACCU-CHEK AVIVA DEVICE	E	
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	E	
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK COMPACT PLUS CARE KIT	E	
ACCU-CHEK COMPACT PLUS TEST STRIPS	E	QL
ACCU-CHEK GUIDE/GUIDE ME KIT W/DEVICE	3	
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	E	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD ULTRA-FINE INSULIN SYRINGES	2	
BD ULTRA-FINE PEN NEEDLES	2	
CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM	2	
CONTOUR NEXT MONITOR	2	
CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM	2	

Drug Name	Drug Tier	Requirements & Limits
CONTOUR NEXT TEST	2	QL
CONTOUR TEST	E	QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	3	PA, QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	3	PA, QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE LIBRE SENSOR SYSTEM	3	PA, QL
FREESTYLE PRECISION NEO TEST	E	QL
GUARDIAN CONNECT TRANSMITTER	3	
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	
GUARDIAN SENSOR (3)	3	PA
INSULIN SYRINGES	2	
LANCETS	1	
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
ONETOUCH ULTRA 2 KIT W/DEVICE	1	
ONETOUCH ULTRA BLUE TEST STRIPS IN VITRO STRIP	1	QL
ONETOUCH ULTRA MINI KIT W/DEVICE	1	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO IQ SYSTEM	1	
ONETOUCH VERIO KIT W/DEVICE	1	
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
SOFTCLIX	1	

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Drug Name	Drug Tier	Requirements & Limits
Diabetes - Insulin		
ADMELOG	E	QL
AFREZZA INHALATION POWDER	E	PA, QL
BASAGLAR KWIKPEN	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 SOLUTION	1	QL
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	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 (CONCENTRATED)	1	QL
HUMULIN R VIAL	1	QL
INSULIN ASPART	E	ST, QL
INSULIN LISPRO	E	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LEVEMIR	E	QL
NOVOLIN 70/30	E	ST, QL
NOVOLIN N	E	ST, QL
NOVOLIN R	E	ST, QL
NOVOLOG	E	ST, QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
TRESIBA	E	QL
TRESIBA FLEXTOUCH	E	QL
Diabetes - Non-Insulin Agents		
ADLYXIN	4	PA, ST, QL
ALOGLIPTIN BENZOATE	E	QL
ALOGLIPTIN-METFORMIN HCL	E	QL
ALOGLIPTIN-PIOGLITAZONE	E	QL
AMARYL	4	

Drug Name	Drug Tier	Requirements & Limits
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON	2	PA, ST, QL
BYDUREON BCISE AUTOINJECTOR	2	PA, ST, QL
BYETTA	2	PA, ST, QL
FARXIGA	E	ST, QL
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
GLUCAGON EMERGENCY KIT INJECTION KIT	2	QL
GLUCOTROL	4	
GLUCOTROL XL	4	
GLUCOVANCE ORAL TABLET 5-500 MG	4	
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST, QL
GVOKE PFS	2	QL
INVOKANA	E	ST, QL
JANUVIA	E	ST, QL
JARDIANCE	2	ST, QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KAZANO	2	QL
KOMBIGLYZE XR	2	QL
metformin hcl er	1	
metformin hcl er (mod)	E	PA
metformin hcl er (osm)	E	PA
METFORMIN HCL ORAL SOLUTION	3	
metformin hcl oral tablet	1	
NESINA	2	QL
ONGLYZA	2	QL
OSENI	2	QL
OZEMPIC	2	PA, ST, QL
pioglitazone hcl	1	QL
RIOMET	4	
RYBELSUS	2	PA, ST, QL
SOLIQUA	2	QL

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Drug Name	Drug Tier	Requirements & Limits
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (2 PACK)	2	PA, ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (3 PACK)	3	PA, ST, QL
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	4	PA, SP
AFSTYLA INTRAVENOUS KIT	4	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
ELOCTATE	4	PA, SP
JIVI	4	PA, SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, QL, SP
NEULASTA	3	SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
RECOMBINATE	2	SP
RETACRIT	2	QL, SP
ZARXIO	2	SP
ZIEXTENZO	3	SP
Drugs for Sexual Dysfunction		
ADDYI	4	PA, QL
IMVEXXY	3	QL
INTRAROSA	3	QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	4	PA, QL
tadalafil oral tablet 10 mg, 20 mg	2	QL
tadalafil oral tablet 2.5 mg, 5 mg	2	ST, QL
VYLEESI	4	PA, QL
Electrolytes / Vitamins		
DRISDOL	4	
ERGOCAL	3	

Drug Name	Drug Tier	Requirements & Limits
ergocalciferol oral capsule	1	
FLORIVA PLUS	3	
folic acid oral tablet 1 mg	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
KLOR-CON M15	3	
klor-con m20	1	
klor-con sprinkle	1	
K-TAB	3	
LOKELMA	3	PA, QL
multi-vitamin/fluoride	1	
multivitamin/fluoride oral solution	1	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
multivitamins/fluoride	1	
mvc-fluoride	1	
NASCOBAL	3	
POLY-VI-FLOR	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
QUFLORA PEDIATRIC	3	
UROCIT-K 10	4	
UROCIT-K 15	4	
UROCIT-K 5	4	
VELTASSA	3	PA, QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX SPRINKLE	E	QL
CARAFATE	4	
CYTOTEC	4	
DEXILANT	3	QL
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium tablet delayed release 20 mg oral	1	

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Drug Name	Drug Tier	Requirements & Limits
pantoprazole sodium tablet delayed release 40 mg oral	1	
PROTONIX ORAL PACKET	E	
PYLERA	3	QL
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	E	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
ACTIGALL	4	
AEMCOLO	3	QL
ANASPAZ	2	
CLENPIQ	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ed-spaz	1	
gavilyte-c	1	H
gavilyte-g	1	QL, H
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	2	QL
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	4	QL
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
LEVBID	4	
LEVSIN ORAL	4	
LEVSIN/SL	4	
LINZESS	2	PA, QL
LOMOTIL	4	
MOTTEGRITY	3	PA, QL
MOVIPREP	3	QL
NULEV	4	
oscimin	1	
oscimin sr	1	
peg-3350/electrolytes	1	QL, H
PLENVU	3	QL

Drug Name	Drug Tier	Requirements & Limits
PREPOPIK	3	QL
SUPREP BOWEL PREP KIT	3	QL
SYMAX DUOTAB	3	
symax-sl	1	
symax-sr	1	
SYMPROIC	2	PA, QL
URSO 250	4	
URSO FORTE	4	
ursodiol oral	1	
VIBERZI	4	PA, QL
XIFAXAN	3	PA, QL
ZELNORM	3	PA, ST, QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	2	PA, SP
clovique	E	PA, SP
CREON	2	
CUPRIMINE	E	SP
DEPEN TITRATABS	2	SP
ENDARI	4	PA, QL
nitisinone	E	PA, SP
NITYR	2	PA, SP
ORFADIN ORAL CAPSULE 20 MG	E	PA, SP
ORFADIN ORAL SUSPENSION	E	PA, SP
PANCREAZE	3	ST
penicillamine oral capsule	4	SP
PERTZYE	4	ST
STRENSIQ	2	PA, QL, SP
SYPRINE	3	PA, SP
TEGSEDI	2	PA, QL, SP
trientine hcl	E	PA, SP
VIOKACE	4	ST
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
DITROPAN XL	3	
GELNIQUE	E	
oxybutynin chloride er	2	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	

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Drug Name	Drug Tier	Requirements & Limits
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
TOVIAZ	3	
VELPHORO	2	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
PROSCAR	4	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	4	
Hormonal Agents - Hormone Replacement and Birth Control		
afirmelle	1	H
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	QL
altavera	1	H
alyacen 1/35	1	H
amethia	3	
amethia lo	3	
apri	1	H
ashlyna	3	
aubra	1	H
aubra eq	1	H
aurovela 1.5/30	2	
aurovela 1/20	2	
aurovela 24 fe	3	
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	4	
ayuna	1	H
azurette	2	
balziva	2	
bekyree	2	
BIJUVA	3	
blisovi 24 fe	3	
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	2	

Drug Name	Drug Tier	Requirements & Limits
camila	1	H
camrese	3	
camrese lo	3	
chateal	1	H
chateal eq	1	H
CLIMARA PRO	3	QL
cryselle-28	1	H
cyclafem 1/35	1	H
cyred	1	H
cyred eq	1	H
dasetta 1/35	1	H
daysee	3	
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	4	QL
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
DEPO-SUBQ PROVERA 104	2	QL
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2	
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL TRANSDERMAL GEL	3	
dotti	E	QL
drospiren-eth estrad-levomefol	E	
drospirenone-ethinyl estradiol	3	
DUAVEE	3	QL
ELESTRIN	3	
elinest	1	H
eluryng	E	
emoquette	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE ORAL	4	
ESTRACE VAGINAL	3	
estradiol oral	1	
estradiol patch twice weekly transdermal (generic MINIVELLE)	2	QL

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Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly transdermal (generic VIVELLE-DOT)	E	QL
estradiol transdermal patch weekly (generic CLIMARA)	1	QL
estradiol vaginal cream	E	
estradiol vaginal tablet	2	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	E	
EVAMIST	2	
falmina	1	H
fayosim	E	
femynor	1	H
gianvi	3	
hailey 1.5/30	2	
hailey 24 fe	3	
heather	1	H
incassia	1	H
introvale	2	H
isibloom	1	H
jasmiel	3	
jencycla	1	H
jolessa	2	H
juleber	1	H
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	3	
kalliga	1	H
kariva	2	
kurvelo	1	H
larin 1.5/30	2	
larin 1/20	2	
larin 24 fe	3	
larin fe 1.5/30	1	H
larin fe 1/20	1	H
larissia	1	H
lessina	1	H
levonorgest-eth est & eth est	E	

Drug Name	Drug Tier	Requirements & Limits
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	3	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levora 0.15/30 (28)	1	H
lillow	1	H
LO LOESTRIN FE	3	
LOESTRIN 1.5/30 (21)	4	
LOESTRIN 1/20 (21)	4	
LOESTRIN FE 1.5/30	4	
LOESTRIN FE 1/20	4	
loryna	3	
LOSEASONIQUE	4	
low-ogestrel	1	H
lo-zumandimine	3	
luteria	1	H
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular suspension	1	QL, H
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	H
medroxyprogesterone acetate oral	1	
melodetta 24 fe	E	
MENOSTAR	3	QL
mibelas 24 fe	E	
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
MIRCETTE	4	
mono-lynh	1	H
NATAZIA	2	
necon 0.5/35 (28)	1	H
nikki	3	
nora-be	1	H

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Drug Name	Drug Tier	Requirements & Limits
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)	3	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethin ace-eth estrad-fe oral tablet chewable	E	
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	2	
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
norlyda	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
NUVARING	1	H
ocella	3	
ogestrel	2	
orsythia	1	H
ORTHO MICRONOR	4	
philith	2	
pimtrea	2	
pirmella 1/35	1	H
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
previfem	1	H
progesterone micronized oral	2	
PROVERA	4	
reclipsen	1	H
rivelsa	E	
SEASONIQUE	4	
setlakin	2	H
sharobel	1	H
simliya	2	

Drug Name	Drug Tier	Requirements & Limits
simpesse	3	
sprintec 28	1	H
sronyx	1	H
syeda	3	
tarina 24 fe	3	
tarina fe 1/20	1	H
tarina fe 1/20 eq	1	H
TAYTULLA	E	
tri femynor	1	H
tri-estarylla	1	H
tri-linyah	1	H
tri-lo-estarylla	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	1	H
tri-previfem	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
tulana	1	H
tydemy	E	
vienva	1	H
viorele	2	
VIVELLE-DOT	2	QL
vyfemla	2	
vylibra	1	H
wera	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvaferm	2	
zarah	3	
zumandimine	3	
Hormonal Agents - Oral Steroids		
CORTEF	4	
DECADRON	E	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	

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Drug Name	Drug Tier	Requirements & Limits
DEXPAK	4	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	4	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET 32 MG	3	
MEDROL ORAL TABLET THERAPY PACK	4	
methylprednisolone oral	1	
MILLIPRED	2	
ORAPRED ODT	4	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral	1	
prednisone intensol	1	
prednisone oral	1	
RAYOS	E	
TAPERDEX	3	
Hormonal Agents - Other		
cabergoline	2	
DDAVP INJECTION	4	
DDAVP ORAL	4	
desmopressin acetate injection	1	
desmopressin acetate oral	1	
GENOTROPIN	E	PA, QL, SP
GENOTROPIN MINIQUICK	E	PA, QL, SP
HUMATROPE	E	PA, QL, SP
NOC DURNA	3	PA, QL
NORDITROPIN FLEXPPO	E	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	E	PA, QL, SP
ORILISSA	4	PA, QL
STIMATE	3	
ZOMACTON	E	PA, QL, SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	

Drug Name	Drug Tier	Requirements & Limits
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
NATESTO	E	PA, QL
STRIANT	3	PA, QL
TESTIM	2	PA, QL
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone transdermal	E	PA, QL
XYOSTED	E	PA
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
NATURE-THROID	3	
np thyroid	1	
SYNTHROID	E	
TAPAZOLE	4	
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
TIROSINT	E	
TIROSINT-SOL	4	PA
unithroid	1	
WESTHROID	3	
WP THYROID	3	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA	3	PA, ST, QL, SP
ASTAGRAF XL	E	SP
AZASAN	3	
azathioprine oral	1	
CIMZIA	2	PA, QL, SP
COSENTYX	3	PA, ST, QL, SP
cyclosporine modified	1	SP

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Drug Name	Drug Tier	Requirements & Limits
ENBREL	4	PA, ST, QL, SP
ENVARUSUS XR	E	SP
FIRAZYR	2	PA, QL, SP
gengraf	1	SP
HAEGARDA	2	PA, QL, SP
HUMIRA	2	PA, QL, SP
icatibant acetate	E	PA, QL, SP
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil	1	SP
mycophenolate sodium	2	SP
OLUMIANT	2	PA, QL, SP
OTEZLA	2	PA, QL, SP
OTREXUP	E	QL
PROGRAF ORAL PACKET	4	PA, SP
RAPAMUNE ORAL SOLUTION	4	SP
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	4	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral solution	2	SP
sirolimus oral tablet	1	SP
SKYRIZI (150 MG DOSE)	2	PA, QL, SP
STELARA	2	PA, QL, SP
tacrolimus oral	1	SP
TAKHZYRO	2	PA, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	
XELJANZ	2	PA, ST, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, ST, QL, SP
Infertility Agents		
chorionic gonadotropin intramuscular	4	SP
CRINONE VAGINAL GEL 4 %	4	PA, ST
CRINONE VAGINAL GEL 8 %	4	PA, ST
ENDOMETRIN	2	PA
FOLLISTIM AQ	2	SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous (Ferring)	4	QL, SP

Drug Name	Drug Tier	Requirements & Limits
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous (Merck/Organon)	2	QL, SP
novarel intramuscular solution reconstituted 10000 unit	3	SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	3	SP
pregnyl	1	SP
Inflammatory Bowel Disease Agents		
APRISO	2	
AZULFIDINE	4	
AZULFIDINE EN-TABS	4	
budesonide er	E	
budesonide oral	2	
CORTIFOAM	2	
DIPENTUM	3	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	2	
mesalamine er	E	
mesalamine oral	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	2	
PENTASA	E	
PROCORT	E	
PROCTOFOAM HC	2	
SFROWASA	4	
sulfasalazine oral tablet	1	
UCERIS ORAL	3	
UCERIS RECTAL	2	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium	1	
BONIVA ORAL	4	
FORTEO	E	PA, ST, SP
FOSAMAX	4	
ibandronate sodium oral	2	
TERIPARATIDE	3	PA, SP
TYMLOS	3	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral	1	
ROCALTROL	4	

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Drug Name	Drug Tier	Requirements & Limits
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	4	
ACULAR LS	4	
ACUVAIL	E	
ALREX	4	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
CILOXAN OPHTHALMIC OINTMENT	3	
CILOXAN OPHTHALMIC SOLUTION	4	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LASTACFT	3	QL
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	4	QL
LOTEMAX SM	3	QL
loteprednol etabonate	3	QL
MAXITROL	4	
MOXEZA	4	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	QL
olopatadine hcl ophthalmic solution 0.2 %	E	QL
polymyxin b-trimethoprim	1	
POLYTRIM	4	

Drug Name	Drug Tier	Requirements & Limits
PRED FORTE	4	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION	4	
TOBRADEX ST	E	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	2	
TOBREX OPHTHALMIC OINTMENT	3	
TOBREX OPHTHALMIC SOLUTION	4	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
AZOPT	2	QL
BETIMOL	2	QL
bimatoprost ophthalmic	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
COMBIGAN	2	QL
COSOPT	4	
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	4	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
timolol maleate ophthalmic gel forming solution	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
timolol maleate ophthalmic solution 0.5 % (daily)	3	
TIMOPTIC	4	
TIMOPTIC OCUDOSE	2	
TIMOPTIC-XE	4	
TRAVATAN Z	4	QL

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Drug Name	Drug Tier	Requirements & Limits
travoprost (bak free)	2	QL
VYZULTA	E	ST, QL
XELPROS	3	QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
CEQUA	E	PA, QL
RESTASIS	4	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
XIIDRA	4	PA, QL
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	3	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	E	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection (generic EPIPEN Jr., 2 pack)	2	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection (generic EPIPEN, 2 pack)	2	QL
SYMJEPI	2	QL
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl nasal solution 0.15 %	E	
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
bromfed dm	1	
cypheptadine hcl oral	1	
fluticasone propionate nasal	2	QL
hydrocodone polst-cpm polst er	3	PA, QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
OMNARIS	E	QL
promethazine hcl oral solution	1	
promethazine hcl oral syrup	1	
promethazine-codeine	1	PA, QL

Drug Name	Drug Tier	Requirements & Limits
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
TESSALON PERLES	4	
TUSSICAPS	3	PA, QL
XHANCE	E	QL
ZETONNA	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ADVAIR DISKUS	3	QL, RS
ADVAIR HFA	3	QL, RS
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
albuterol sulfate er	1	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation (generic PROAIR HFA, PROVENTIL HFA)	3	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (VENTOLIN HFA)	E	QL
albuterol sulfate inhalation	1	
albuterol sulfate oral	3	PA
ALVESCO	E	QL
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	1	QL
ASMANEX	E	QL
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	E	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL, RS
budesonide inhalation	2	QL
COMBIVENT RESPIMAT	3	QL
EASIVENT	3	
FASENRA PEN	4	PA, QL, SP
FLOVENT DISKUS	1	QL
FLOVENT HFA	1	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	E	QL, RS

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Drug Name	Drug Tier	Requirements & Limits
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL
INCRUSE ELLIPTA	E	QL
ipratropium-albuterol	2	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
montelukast sodium oral packet	2	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA	4	PA, QL, SP
PERFOROMIST	3	QL
PROAIR HFA	3	QL
PROAIR RESPICLICK	3	QL
PROVENTIL HFA	3	QL
PULMICORT FLEXHALER	1	QL
QVAR REDHALER	E	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SPIRIVA HANDHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	2	QL
wixela inhub	E	QL, RS
XOPENEX HFA	3	QL
YUPELRI	4	PA, QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	2	PA, QL, SP
KITABIS PAK	E	PA, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	2	PA, QL, SP
bosentan	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
ORENITRAM	4	PA, QL, SP
TRACLEER	2	PA, QL, SP
TYVASO	2	PA, SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral	1	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl er	E	
cyclobenzaprine hcl oral 5 mg, 10 mg	1	
metaxalone	3	
methocarbamol oral	1	
OZOBAX	4	PA
ROBAXIN-750	4	
SOMA ORAL TABLET 350 MG	3	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
ZANAFLEX ORAL CAPSULE	4	
Sleep Disorder Agents		
EDLUAR	E	QL
eszopiclone	2	QL
modafinil	2	PA, QL
RESTORIL	4	
SUNOSI	3	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYREM	4	PA, QL, SP
zolpidem tartrate er	3	QL
zolpidem tartrate oral	1	QL
zolpidem tartrate sublingual	E	QL

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acetaminophen-codeine #3	8	albuterol sulfate er	30	amnestem	18
acetaminophen-codeine #4	8	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation (generic PROAIR HFA, PROVENTIL HFA)	30	amoxicillin	9
acetazolamide er	14	ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (VENTOLIN HFA)	30	amoxicillin-potassium clavulanate er .	9
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ACZONE EXTERNAL GEL 7.5 %	18	ALOGLIPTIN-METFORMIN HCL	21	apri	24
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aubra eq	24	BD ULTRA-FINE INSULIN SYRINGES	20	brimonidine tartrate ophthalmic solution 0.2 %	29
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aurovela 1.5/30	24	BELBUCA	8	budesonide inhalation	30
aurovela 24 fe	24	benazepril hcl oral	15	budesonide oral	28
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aurovela fe 1.5/30	24	benzonatate oral capsule 100 mg, 200 mg	30	buprenorphine hcl sublingual	9
AURYXIA	23	benzonatate oral capsule 150 mg	30	buprenorphine hcl-naloxone hcl	9
AUSTEDO	17	BESIVANCE	29	bupropion hcl er (sr)	11
AUVI-Q	30	betamethasone dipropionate aug external cream	18	bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	11
AVALIDE	15	betamethasone dipropionate aug external gel	18	BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	11
AVAPRO	15	betamethasone dipropionate aug external lotion	18	bupropion hcl oral	11
avar cleanser	18	betamethasone dipropionate aug external ointment	18	buspirone hcl oral	14
aviane	24	betamethasone dipropionate external cream	18	butalbital-apap-cafeine oral capsule 50-300-40 mg	8
avidoxy	9	betamethasone dipropionate external lotion	18	butalbital-apap-cafeine oral capsule 50-325-40 mg	8
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carisoprodol oral tablet 250 mg.	31	CLEOCIN ORAL CAPSULE 75 MG . .	10	CONCERTA	17
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CAROSPIR	15	CLEOCIN-T EXTERNAL LOTION . . .	18	CONTOUR NEXT MONITOR	20
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cavarest	17	CLINDAGEL	18	CONZIP	8
cefadroxil	9	clindamycin hcl oral	10	COREG	15
cefdinir	9	clindamycin phos-benzoyl perox external gel 1.2-5 %	18	coremino	10
cefuroxime axetil	9	clindamycin phosphate external foam	18	CORGARD	15
celecoxib oral	9	clindamycin phosphate external lotion	18	CORLANOR	15
CENTANY	9	clindamycin phosphate external solution	18	CORTEF	26
CENTANY AT	9	clindamycin phosphate external swab	18	CORTIFOAM	28
cephalexin	9	CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	18	COSENTYX	27
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DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	24	doxepin hcl oral concentrate	11
DEPO-SUBQ PROVERA 104	24	doxycycline hyclate oral capsule	10
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	27	doxycycline hyclate oral tablet 100 mg	10
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	27	doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	10
DERMA-SMOOTH/FS BODY	18	doxycycline hyclate oral tablet 20 mg	10
DERMA-SMOOTH/FS SCALP	18	doxycycline hyclate oral tablet delayed release	10
DESCOVY	14	doxycycline monohydrate oral capsule 100 mg, 50 mg	10
desmopressin acetate injection	27	doxycycline monohydrate oral capsule 150 mg, 75 mg	10
desmopressin acetate oral	27	doxycycline monohydrate oral suspension reconstituted	10
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	24	doxycycline monohydrate oral tablet	10
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	24	doxylamine-pyridoxine	12
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dexamethasone intensol.	26	DUAVEE	24
dexamethasone oral elixir.	26	duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	11
dexamethasone oral solution.	26	duloxetine hcl oral capsule delayed release particles 40 mg	11
dexamethasone oral tablet	26	DUOPA	13
dexamethasone oral tablet therapy pack	26	DUPIXENT	19
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	20		
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	20		
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diclofenac sodium oral	9		
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diclofenac sodium transdermal solution	9		
dicyclomine hcl oral	23		
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diltiazem hcl er oral capsule extended release 12 hour	15		
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fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr.....	8

fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	8
FINACEA EXTERNAL GEL, FOAM ..	19
finasteride oral tablet 5 mg.....	24
FIORICET	8
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FLAGYL	10
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FLOLIPID	15
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fluocinolone acetonide body	19
fluocinolone acetonide external cream	19
fluocinolone acetonide external ointment	19
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fluoridex	17
fluoridex enhanced whitening	17
FLUOROPLEX	19
FLUOROURACIL EXTERNAL CREAM 0.5 %	19
fluorouracil external cream 5 %	19
fluorouracil external solution	19
fluoxetine hcl oral capsule	11
fluoxetine hcl oral capsule delayed release	11
fluoxetine hcl oral solution	11
fluoxetine hcl oral tablet 10 mg	11
fluoxetine hcl oral tablet 20 mg	12
fluoxetine hcl oral tablet 60 mg	12
fluticasone propionate nasal	30
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	30
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/	

ACT, 232-14 MCG/ACT, 55-14 MCG/ACT.	31
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FOCALIN	17
folic acid oral tablet 1 mg	22
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FREESTYLE LIBRE 14 DAY READER.	20
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FREESTYLE LIBRE SENSOR SYSTEM	20
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ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous (Merck/Organon)	28
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glipizide er	21
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glipizide xl.	21
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GLUCAGON EMERGENCY KIT INJECTION KIT	21
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HUMULIN 70/30 KWIKPEN	21
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HUMULIN R U-500 KWIKPEN	21
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HUMULIN R VIAL	21
hydralazine hcl oral	15

hydrochlorothiazide oral	15
hydrocodone polst-cpm polst er	30
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	8
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml.	8
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	8
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	8
hydrocort-pramoxine (perianal)	28
hydrocortisone ace-pramoxine external cream 1-1 %.	28
hydrocortisone external cream 1 %. .	19
hydrocortisone external cream 2.5 %.	19
hydrocortisone external lotion 2.5 %.	19
hydrocortisone external ointment 1 %, 2.5 %.	19
hydrocortisone oral.	27
hydromorphone hcl er	8
hydromorphone hcl oral	8
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hydroxychloroquine sulfate oral.	13
hydroxyzine hcl oral	14
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KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG.	8
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KAPSPARGO SPRINKLE	15
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ketoconazole external cream.	12
ketoconazole external foam	12
ketoconazole external shampoo	12
ketodan external foam	12
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LAMICTAL ODT ORAL KIT.	11
LAMICTAL ODT ORAL TABLET DISPERSIBLE	11
LAMICTAL STARTER	11
LAMICTAL XR	11
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lamotrigine oral tablet.	11
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LEVAQUIN ORAL TABLET 500 MG, 750 MG.	10
LEVBID	23
LEVEMIR	21
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levocetirizine dihydrochloride oral solution.	30
levocetirizine dihydrochloride oral tablet.	30
levofloxacin oral.	10
levonorgest-eth est & eth est	25
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg.	25
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	25
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg.	25
levora 0.15/30 (28).	25
levothyroxine sodium oral.	27
levoxyl.	27
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lidocaine external ointment	8
lidocaine external patch 5 %	8
lidocaine hcl mouth/throat	17

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lidocaine-prilocaine external cream . .	8	LYRICA	17	METHYLIN	17
lillow	25	LYRICA CR	17	methylphenidate hcl er (cd)	17
LINZESS	23	lyza	25	methylphenidate hcl er (la)	17
liothyronine sodium oral	27			methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	17
LIPOFEN	15	M		methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	17
lisinopril oral	15	MACROBID	10	methylphenidate hcl er oral tablet extended release 24 hour	17
lisinopril-hydrochlorothiazide	15	MACRODANTIN	10	methylphenidate hcl oral solution . . .	17
lithium carbonate er	14	MALARONE	13	methylphenidate hcl oral tablet	17
lithium carbonate oral	14	marlissa	25	methylphenidate hcl oral tablet chewable	17
LITHOBID	14	matzim la	15	methylprednisolone oral	27
LO LOESTRIN FE	25	MAVENCLAD	17	metoclopramide hcl oral solution 5 mg/5ml	12
lo-zumandimine	25	MAVYRET	14	metoclopramide hcl oral tablet	12
LOESTRIN 1/20 (21)	25	MAXITROL	29	metoclopramide hcl oral tablet dispersible	12
LOESTRIN 1.5/30 (21)	25	MAXZIDE	16	metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	16
LOESTRIN FE 1/20	25	MAXZIDE-25	16	metoprolol succinate er oral tablet extended release 24 hour 25 mg	16
LOESTRIN FE 1.5/30	25	MAYZENT	17	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	16
LOKELMA	22	MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	27	metoprolol tartrate oral tablet 37.5 mg, 75 mg	16
LOMOTIL	23	MEDROL ORAL TABLET 2 MG	27	METROCREAM	19
LOPID	15	MEDROL ORAL TABLET 32 MG . . .	27	METROLOTION	19
LOPRESSOR	15	MEDROL ORAL TABLET THERAPY PACK	27	metronidazole external cream	19
lorazepam intensol	14	medroxyprogesterone acetate intramuscular suspension	25	metronidazole external gel 0.75 % . .	19
lorazepam oral concentrate 2 mg/ml	14	medroxyprogesterone acetate intramuscular suspension prefilled syringe	25	metronidazole external gel 1 %	19
lorazepam oral tablet	14	medroxyprogesterone acetate oral . .	25	metronidazole external lotion	19
lorcet	8	melodetta 24 fe	25	metronidazole oral	10
lorcet hd	8	meloxicam oral	9	metronidazole vaginal	10
lorcet plus	8	MENOSTAR	25	mibelas 24 fe	25
LORTAB	8	mercaptapurine oral	13	microgestin 1/20	25
loryna	25	mesalamine er	28	microgestin 1.5/30	25
losartan potassium	15	mesalamine oral	28	microgestin fe 1/20	25
losartan potassium-hctz	15	mesalamine rectal enema	28	microgestin fe 1.5/30	25
LOSEASONIQUE	25	mesalamine rectal suppository	28	mili	25
LOTEMAX OPHTHALMIC GEL	29	metadate er	17	MILLIPRED	27
LOTEMAX OPHTHALMIC OINTMENT	29	metaxalone	31	MINIPRESS	16
LOTEMAX OPHTHALMIC SUSPENSION	29	metformin hcl er	21	minitran	16
LOTEMAX SM	29	metformin hcl er (mod)	21	minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg	10
LOTENSIN	15	metformin hcl er (osm)	21		
LOTENSIN HCT	15	METFORMIN HCL ORAL SOLUTION	21		
loteprednol etabonate	29	metformin hcl oral tablet	21		
LOTREL	15	methimazole oral	27		
lovastatin	15	methocarbamol oral	31		
low-ogestrel	25	methotrexate oral	28		
LUMIGAN	29				
lutera	25				

minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg	10	mycophenolate sodium	28	niacin er (antihyperlipidemic)	16
minocycline hcl oral capsule	10	MYDAYIS	17	niacor	16
minocycline hcl oral tablet	10	myorisan	19	NIASPAN	16
MINOLIRA	10	N		nifedipine er	16
MIRAPEX	13	nabumetone oral	9	nifedipine er osmotic release	16
MIRCETTE	25	nadolol oral	16	nifedipine oral	16
mirtazapine oral	12	NAFRINSE DAILY/NEUTRAL	17	nikki	25
MIRVASO	19	NAFRINSE WEEKLY	17	nitisinone	23
misoprostol oral	22	NALOCET	8	NITRO-BID	16
MITIGARE	12	naloxone hcl injection solution	9	NITRO-DUR	16
MOBIC	9	naloxone hcl injection solution cartridge	9	nitro-time	16
modafinil	31	naloxone hcl injection solution prefilled syringe	9	nitrofurantoin macrocrystal oral	10
mometasone furoate external	19	naltrexone hcl oral	9	nitrofurantoin monohydrate macrocrystals	10
mondoxylene nl oral capsule 100 mg	10	NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	9	nitroglycerin sublingual	16
mondoxylene nl oral capsule 75 mg.	10	NAPROSYN ORAL SUSPENSION	9	nitroglycerin transdermal	16
mono-lynyah	25	naproxen dr	9	nitroglycerin translingual	16
montelukast sodium oral packet	31	naproxen oral suspension	9	NITROMIST	16
montelukast sodium oral tablet	31	naproxen oral tablet	9	NITROSTAT	16
montelukast sodium oral tablet chewable	31	naproxen sodium er	9	NITYR	23
morgidox oral	10	naproxen sodium oral tablet 275 mg, 550 mg	9	NIZORAL	12
MORPHABOND ER	8	naratriptan hcl	13	NOC DURNA	27
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	8	NARCAN	9	nora-be	25
morphine sulfate er oral capsule extended release 24 hour	8	NASCOBAL	22	NORCO	8
morphine sulfate er oral tablet extended release	8	NATAZIA	25	NORDITROPIN FLEXPOR	27
morphine sulfate oral	8	NATESTO	27	norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)	26
morphine sulfate rectal	8	NATURE-THROID	27	norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	26
MOTEGRITY	23	NAYZILAM SPRAY 5 MG	11	norethin ace-eth estrad-fe oral tablet chewable	26
MOVIPREP	23	necon 0.5/35 (28)	25	norethindrone acet-ethinyl est	26
MOXEZA	29	neomycin-polymyxin-dexameth ophthalmic ointment	29	norethindrone acetate oral	26
moxifloxacin hcl ophthalmic	29	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	29	norethindrone oral	26
MS CONTIN	8	neomycin-polymyxin-hc otic	30	norgestimate-eth estradiol	26
MULPLETA	22	NESINA	21	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	26
MULTAQ	16	neuac external gel	19	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	26
multi-vitamin/fluoride	22	NEULASTA	22	NORITATE	19
multivitamin/fluoride oral solution	22	NEURONTIN	11	norlyda	26
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	22	neutral sodium fluoride	18	norlyroc	26
multivitamins/fluoride	22	NEVANAC	29	nortrel 0.5/35 (28)	26
mupirocin calcium	10	NEXLETOL TABLET	16	nortrel 1/35 (21)	26
mupirocin external	10	NEXLIZET TABLET	16	nortrel 1/35 (28)	26
mvc-fluoride	22	niacin (antihyperlipidemic)	16	nortriptyline hcl oral	12
mycophenolate mofetil	28				

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NORVIR ORAL SOLUTION	14
NOURIANZ ORAL TABLET	13
novarel intramuscular solution reconstituted 10000 unit.	28
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	28
NOVOEIGHT	22
NOVOFINE AUTOCOVER PEN NEEDLE	20
NOVOFINE PEN NEEDLE	20
NOVOFINE PLUS PEN NEEDLE	20
NOVOLIN 70/30	21
NOVOLIN N	21
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NUBEQA	13
NUCALA	31
NUCYNTA	8
NUCYNTA ER	8
NUEDEXTA	17
NULEV	23
NUTROPIN AQ NUSPIN 10	27
NUTROPIN AQ NUSPIN 20	27
NUTROPIN AQ NUSPIN 5	27
NUVARING	26
NUVESSA	10
NUWIQ	22
nyamyc	12
nystatin external	12
nystatin mouth/throat	12
nystop	12

O

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OCUFLOX	29
ODEFSEY	14
ofloxacin ophthalmic	29
ofloxacin otic	30
ogestrel	26
okebo	10
olanzapine oral tablet	13
olanzapine oral tablet dispersible	13
olmesartan medoxomil oral	16
olmesartan medoxomil-hctz	16

olopatadine hcl ophthalmic solution 0.1 %	29
olopatadine hcl ophthalmic solution 0.2 %	29
OLUMIANT	28
OMECLAMOX-PAK	22
omega-3-acid ethyl esters	16
omeprazole oral capsule delayed release	22
OMNARIS	30
OMNITROPE	27
ondansetron hcl oral	12
ondansetron odt	12
ONETOUCH ULTRA 2 KIT W/DEVICE	20
ONETOUCH ULTRA BLUE TEST STRIPS IN VITRO STRIP	20
ONETOUCH ULTRA MINI KIT W/DEVICE	20
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	20
ONETOUCH VERIO IQ SYSTEM	20
ONETOUCH VERIO KIT W/DEVICE	20
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ONETOUCH VERIO TEST STRIPS	20
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oscimin	23
oscimin sr	23
oseltamivir phosphate oral capsule	14
oseltamivir phosphate oral suspension reconstituted	14
OSENI	21
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OXTELLAR XR	11

oxybutynin chloride er	23
oxybutynin chloride oral	23
OXYCODONE HCL ER	8
oxycodone hcl oral capsule	8
oxycodone hcl oral concentrate 100 mg/5ml	8
oxycodone hcl oral solution	8
oxycodone hcl oral tablet	8
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	8
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pacerone oral tablet 200 mg	16
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pantoprazole sodium tablet delayed release 20 mg oral	22
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phenadoz	12
phenazo oral tablet 200 mg	23
phenazopyridine hcl oral tablet 100 mg, 200 mg	24
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POLYTRIM	29	prochlorperazine maleate oral	12	reclipsen	26	
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potassium chloride crys er	22	PROCTOFOAM HC	28	REGLAN	12	
potassium chloride er	22	progesterone micronized oral	26	RELAFEN DS	9	
potassium chloride oral	22	PROGRAF ORAL PACKET	28	relexxii	17	
potassium citrate er	22	promethazine hcl oral solution	30	REMERON	12	
PRADAXA	10	promethazine hcl oral syrup	30	REMERON SOLTAB	12	
PRALUENT	16	promethazine hcl oral tablet	12	REPATHA	16	
pramipexole dihydrochloride	13	promethazine hcl rectal	12	RESTASIS	30	
pramipexole dihydrochloride er	13	promethazine-codeine	30	RESTASIS MULTIDOSE	30	
PRAVACHOL	16	promethazine-dm	30	RESTORIL	31	
pravastatin sodium	16	promethegan	12	RETACRIT	22	
prazosin hcl oral	16	propranolol hcl er	16	REVLIMID	13	
PRED FORTE	29	propranolol hcl oral	16	REYVOW TABLET	13	
PRED MILD	29	PROSCAR	24	RHOFADE CREAM 1%	19	
prednisolone acetate ophthalmic	29	PROTONIX ORAL PACKET	23	RHOPRESSA	29	
prednisolone oral solution	27	PROVENTIL HFA	30, 31	RILUTEK	17	
prednisolone sodium phosphate oral	27	PROVERA	24, 26	riluzole	17	
prednisone intensol	27	pseudoephedrine-bromphen-dm	30	RINVOQ	28	
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PREMPRO	26	QMIIZ ODT	9	ROCKLATAN	29	
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PREVIDENT 5000 BOOSTER PLUS	18	quetiapine fumarate er	13	ropinirole hcl er	13	
PREVIDENT 5000 DRY MOUTH	18	QUFLORA PEDIATRIC	22	rosadan external cream	19	
PREVIDENT 5000 ORTHO DEFENSE	18	QUILLICHEW ER	17	rosadan external gel	19	
PREVIDENT 5000 PLUS	18	QUILLIVANT XR	17	rosuvastatin calcium	16	
PREVIDENT DENTAL	18	quinapril hcl	16	roweepra	11	
PREVIDENT MOUTH/THROAT	18	QVAR REDIHALER	31	roweepra xr	11	
previfem	26	R			ROXICODONE ORAL TABLET 15 MG, 30 MG	8
PREZCOBIX	14	RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	23	ROXICODONE ORAL TABLET 5 MG	8	
PREZISTA	14	rabeprazole sodium oral tablet delayed release	23	RUCONEST	28	
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STENDRA 22

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sulfacetamide sodium-sulfur
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sulfacetamide sodium-sulfur
external liquid 9-4 %, 9-4.5 % 19

sulfacetamide sodium-sulfur
external lotion 10-5 % 19

sulfacetamide sodium-sulfur
external pad 19

sulfacetamide sodium-sulfur
external suspension 10-5 % 19

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sulfamethoxazole-trimethoprim oral 10

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sulfasalazine oral tablet 28

sulfatrim pediatric 10

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symax-sl 23

symax-sr 23

SYMBICORT 31

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tarina fe 1/20 26

tarina fe 1/20 eq. 26

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TAZORAC EXTERNAL GEL 19

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TEGSEDI 23

TEKTURNA 16

TEKTURNA HCT 16

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thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	27	TRANSDERM SCOP (1.5 MG)	12	TRUVADA	14
TIGLUTIK	17	TRAVATAN Z	29	tulana	26
timolol maleate ophthalmic gel forming solution	29	travoprost (bak free)	30	TUSSICAPS	30
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timolol maleate ophthalmic solution 0.5 % (daily)	29	TRELEGY ELLIPTA	31	TYLENOL WITH CODEINE #3	9
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TIROSINT-SOL	27	TREXALL	28	UBRELVY TABLET	13
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tizanidine hcl oral tablet	31	tri-estarylla	26	ULTRAM	9
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TOBRADEX ST	29	tri-lo-sprintec	26	UROCIT-K 5	22
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tobramycin ophthalmic	29	tri-previfem	26	URSO 250	23
tobramycin-dexamethasone	29	tri-sprintec	26	URSO FORTE	23
TOBREX OPHTHALMIC OINTMENT	29	tri-vylibra	26	ursodiol oral	23
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TOPAMAX	11	triamcinolone acetonide external cream 0.025 %, 0.1 %	19	valacyclovir hcl oral	14
TOPAMAX SPRINKLE	11	triamcinolone acetonide external cream 0.5 %	19	valsartan	16
topiramate er	11	triamcinolone acetonide external lotion	20	valsartan-hydrochlorothiazide	16
topiramate oral	11	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	20	VALTOCO	11
TOPROL XL	16	triamcinolone acetonide external ointment 0.05 %	20	VANATOL LQ	9
torsemide	16	triamterene-hctz	16	VANATOL S	9
TOUJEO MAX SOLOSTAR	21	trianex	20	vandazole	10
TOUJEO SOLOSTAR	21	triazolam	14	VARUBI (180 MG DOSE)	12
TOVIAZ	24	triderm external cream 0.1 %	20	VASCEPA ORAL CAPSULE 0.5 GM	16
TRACLEER	31	triderm external cream 0.5 %	20	VASCEPA ORAL CAPSULE 1 GM	16
TRADJENTA	22	TRIDESILON	20	VELPHORO	24
tramadol hcl er (biphasic)	8	trientine hcl	23	VELTASSA	22
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	8	TRIJARDY XR	22	VEMLIDY	14
tramadol hcl er oral capsule extended release 24 hour 150 mg	8	TRILEPTAL	11	venlafaxine hcl	12
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		TRIUMEQ	14	venlafaxine hcl er oral tablet extended release 24 hour	12
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P.O. Box 30608
Salt Lake City, UT 84130

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

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

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

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

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

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

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