



Your 2022 Prescription Drug List

Flex Base 3-Tier

Effective January 1, 2022



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of January 1, 2022 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare and Oxford medical plans with a pharmacy benefit subject to the Flex Base 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

Why are some medications excluded from coverage?

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

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your health plan 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 health plan 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 health plan ID card to talk with a pharmacist about finding lower-cost options.

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lower-cost Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost Medications that provide good overall value. Mainly preferred brand-name drugs.	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
Tier 3	\$\$\$ Highest-cost Medications that provide the lowest overall value.	Ask your doctor if a Tier 1 or Tier 2 option could work for you.

Drug list information

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

E	May be excluded from coverage 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 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 Oxford plans.



Reading your PDL (continued)

Coverage details

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

Questions

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



Call the member phone number on your health plan ID card



Visit your plan's member website listed on your health plan 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	1	
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
apap-caff-dihydrocodeine	1	
bac	1	
BELBUCA	3	PA, QL
butalbital-apap-caffeine	1	
CONZIP	3	QL
DILAUDID ORAL	3	
DURAGESIC-100	E	PA, QL
DURAGESIC-12	E	PA, QL
DURAGESIC-25	E	PA, QL
DURAGESIC-50	E	PA, QL
DURAGESIC-75	E	PA, QL
endocet	1	
ESGIC	3	
fentanyl	1	PA, QL
FIORICET	3	
hydrocodone bitartrate er oral capsule extended release 12 hour	1	PA, ST, QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	E	PA, QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	1	
hydrocodone-acetaminophen oral tablet	1	
hydromorphone hcl er	1	PA, ST, QL
hydromorphone hcl oral	1	
hydromorphone hcl rectal	1	
HYSINGLA ER	E	PA, QL
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	
lidocaine-prilocaine external cream	1	
LIDODERM	E	
LORTAB	3	

Drug Name	Drug Tier	Requirements & Limits
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	
morphine sulfate er oral capsule extended release 24 hour	1	PA, ST, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	1	
morphine sulfate rectal	1	
MS CONTIN	3	PA, ST, QL
NALOCET	3	
NUCYNTA	2	QL
NUCYNTA ER	3	PA, QL
OXAYDO	E	QL
OXYCODONE HCL ER	E	PA, QL
oxycodone hcl oral capsule	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	
oxycodone hcl oral solution	1	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	
oxycodone hcl oral tablet 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION	3	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG	3	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCONTIN	E	PA, QL
PERCOCET	E	
premium lidocaine	1	
PROLATE ORAL SOLUTION	3	
PROLATE ORAL TABLET	3	
QDOLO	3	
ROXICODONE ORAL TABLET 15 MG, 30 MG	E	
ROXICODONE ORAL TABLET 5 MG	E	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
SUBSYS SUBLINGUAL LIQUID 400 MCG, 600 MCG, 800 MCG	3	PA, QL
tramadol hcl er (biphasic)	1	(generic for Ryzolt)
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	QL
tramadol hcl er oral tablet extended release 24 hour	1	QL
tramadol hcl ir	1	
TREZIX	1	
ULTRAM	E	
VTOL LQ	2	
XTAMPZA ER	2	PA, QL
ZEBUTAL	3	
ZOHYDRO ER	E	PA, ST, QL
ZTLIDO	3	
Analgesics - Drugs for Pain and Inflammation		
CATAFLAM	E	
CELEBREX	E	
celecoxib oral	1	
diclofenac potassium	1	
diclofenac sodium er	1	
diclofenac sodium external gel 1 %	E	
diclofenac sodium external solution	E	
diclofenac sodium oral	1	
DUROLANE	E	
EC-NAPROSYN	3	
ec-naproxen	1	
etodolac	1	
etodolac er	1	
EUFLEXXA	E	
GELSYN-3	E	
ibuprofen	1	
ibuprofen oral suspension	E	
INDOCIN	3	
indomethacin er	1	
INDOMETHACIN ORAL CAPSULE 20 MG	3	
indomethacin oral capsule 25 mg, 50 mg	1	

Drug Name	Drug Tier	Requirements & Limits
KETOROLAC TROMETHAMINE NASAL	3	ST
ketorolac tromethamine oral	1	
LODINE	E	
meloxicam oral	1	
MOBIC	E	
nabumetone oral	1	
NAPRELAN	E	
NAPROSYN	E	
naproxen oral	1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	1	
NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	E	
naproxen sodium oral tablet 275 mg, 550 mg	1	
PENNSAID	E	
QMIIZ ODT	3	
RELAFEN	E	
RELAFEN DS	3	
SPRIX	3	ST
TIVORBEX	3	
VIVLODEX	3	
ZIPSOR	3	
Anti-Addiction / Substance Abuse Treatment Agents		
BUNAVAIL	E	PA
buprenorphine hcl sublingual	1	
buprenorphine hcl-naloxone hcl	1	
CHANTIX	2	PA, H
CHANTIX CONTINUING MONTH PAK	2	PA, H
CHANTIX STARTING MONTH PAK	2	PA, H
naloxone hcl injection	1	
naltrexone hcl oral	1	
NARCAN	2	
SUBOXONE	E	PA
ZUBSOLV	1	

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Drug Name	Drug Tier	Requirements & Limits
Antibacterials - Drugs for Infections		
ACTICLATE	E	
amoxicillin	1	
amoxicillin-potassium clavulanate er	1	
amoxicillin-potassium clavulanate oral	1	
AUGMENTIN ES-600	E	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 250-62.5 MG/5ML	E	
AUGMENTIN ORAL TABLET	E	
avidoxy	1	
azithromycin oral	1	
BACTRIM	3	
BACTRIM DS	3	
cefadroxil	1	
cefdinir	1	
cefuroxime axetil	1	
CENTANY	3	
CENTANY AT	3	
cephalexin	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
coremino	1	
DIFICID	3	
DORYX MPC	3	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG	E	
DORYX ORAL TABLET DELAYED RELEASE 80 MG	3	
doxycycline hyclate oral capsule	1	

Drug Name	Drug Tier	Requirements & Limits
doxycycline hyclate oral tablet	1	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3	
doxycycline monohydrate oral	1	
FLAGYL	3	
KEFLEX	3	
levofloxacin oral	1	
metronidazole oral	1	
metronidazole vaginal	1	
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
minocycline hcl er oral tablet extended release 24 hour	1	
minocycline hcl oral	1	
MINOLIRA	3	
mondoxynel	1	
morgidox oral	1	
mupirocin calcium	1	
mupirocin external	1	
NUZYRA ORAL	3	
penicillin v potassium	1	
SOLODYN	3	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
TARGADOX	3	
vandazole	1	
VIBRAMYCIN ORAL CAPSULE	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	
XENLETA ORAL	3	
XEPI	3	
XIMINO	3	
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	

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Drug Name	Drug Tier	Requirements & Limits
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
ELIQUIS	2	
ELIQUIS DVT/PE STARTER PACK	2	
enoxaparin sodium	1	
jantoven	1	
LOVENOX	E	
PRADAXA	2	
warfarin sodium oral	1	
XARELTO	2	
XARELTO STARTER PACK	2	
Anticonvulsants - Drugs for Seizures		
carbamazepine er	1	
carbamazepine oral	1	
CARBATROL	3	
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
DIASTAT ACUDIAL	3	
DIASTAT PEDIATRIC	2	
diazepam rectal	1	
divalproex sodium er	1	
divalproex sodium oral	1	
epitol	1	
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet	1	
KEPPRA ORAL	3	
KEPPRA XR	3	
LAMICTAL	3	
LAMICTAL ODT	3	
LAMICTAL STARTER	3	
LAMICTAL XR	3	
lamotrigine er	1	
lamotrigine oral	1	
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	

Drug Name	Drug Tier	Requirements & Limits
levetiracetam er	1	
levetiracetam oral	1	
NAYZILAM	3	
NEURONTIN	3	
oxcarbazepine	1	
OXTELLAR XR	3	
QUDEXY XR	3	
roweepra	1	
SPRITAM	3	
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL	3	
TEGRETOL-XR	3	
TOPAMAX	3	
TOPAMAX SPRINKLE	3	
topiramate er	1	
topiramate oral	1	
TRILEPTAL	3	
TROKENDI XR	3	
VALTOCO	3	
VIMPAT ORAL	2	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG, 50 & 200 MG	3	
ZONEGRAN	3	
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT	E	
donepezil hcl	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	

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Drug Name	Drug Tier	Requirements & Limits
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	3	
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide	1	
CYMBALTA	E	
desvenlafaxine succinate er	1	
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
DRIZALMA SPRINKLE	3	
duloxetine hcl oral	1	
EFFEXOR XR	E	
escitalopram oxalate	1	
fluoxetine hcl oral	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	
FORFIVO XL	3	
LEXAPRO	E	
mirtazapine oral	1	
nortriptyline hcl oral	1	
PAMELOR	E	
paroxetine hcl	1	
paroxetine hcl er	1	
PAXIL CR	E	
PAXIL ORAL SUSPENSION	3	
PAXIL ORAL TABLET	E	
PRISTIQ	E	
PROZAC	E	
REMERON	E	
REMERON SOLTAB	E	
sertraline hcl oral	1	
trazodone hcl oral	1	
TRINTELLIX	3	
venlafaxine hcl	1	
venlafaxine hcl er	1	

Drug Name	Drug Tier	Requirements & Limits
VIIBRYD	2	
VIIBRYD STARTER PACK	2	
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
Antiemetics - Drugs for Nausea and Vomiting		
BONJESTA	2	
DICLEGIS	E	
doxylamine-pyridoxine	1	
GIMOTI	3	
metoclopramide hcl oral	1	
ondansetron hcl oral	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
promethegan	1	
REGLAN	3	
scopolamine	1	
TRANSDERM SCOP (1.5 MG)	E	
TRANSDERM-SCOP (1.5 MG)	E	
ZOFRAN	E	
ZUPLENZ	3	
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external	1	
ciclopirox treatment	1	
CRESEMBA ORAL	3	
DIFLUCAN	E	
EXTINA	3	
fluconazole oral	1	
GYNAZOLE-1	3	
ketoconazole external	1	
ketodan external foam	1	
LOPROX EXTERNAL SHAMPOO	E	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	

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Drug Name	Drug Tier	Requirements & Limits
nystop	1	
terbinafine hcl oral	1	
terconazole	1	
XOLEGEL	3	
Antigout Agents - Drugs for Gout		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	
colchicine oral tablet	E	
COLCRYS	E	
febuxostat	1	
GLOPERBA	3	
MITIGARE	2	
ULORIC	E	
ZYLOPRIM	3	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	
AMERGE	E	
eletriptan hydrobromide	1	
EMGALITY	2	
EMGALITY (300 MG DOSE)	2	
IMITREX ORAL	E	
IMITREX STATDOSE REFILL	E	
IMITREX STATDOSE SYSTEM	E	
IMITREX SUBCUTANEOUS	E	
MAXALT	E	
MAXALT-MLT	E	
naratriptan hcl	1	
ONZETRA XSAIL	3	
RELPAK	E	
REYVOW	2	
rizatriptan benzoate	1	
sumatriptan succinate oral	1	
sumatriptan succinate refill	1	
sumatriptan succinate subcutaneous	1	
UBRELVY	2	
ZEMBRACE SYMTOUCH	3	

Drug Name	Drug Tier	Requirements & Limits
ZOLMITRIPTAN NASAL	E	
zolmitriptan oral	1	
ZOMIG NASAL	2	
ZOMIG ORAL	E	
ZOMIG ZMT	E	
Antineoplastics - Drugs for Cancer		
ALECENSA	2	PA
ALUNBRIG	2	PA, SP
anastrozole oral	1	
ARIMIDEX	E	
bexarotene	E	SP
CALQUENCE	2	PA, SP
capecitabine	1	SP
ERIVEDGE	2	PA, SP
ERLEADA	2	PA, SP
FEMARA	E	
fluorouracil external solution	1	
GLEEVEC	E	PA, SP
IBRANCE	2	PA, SP
IDHIFA	2	PA, SP
imatinib mesylate	1	PA, SP
KOSELUGO	3	PA, SP
letrozole oral	1	
LYNPARZA	2	PA, SP
mercaptopurine oral	1	
NUBEQA	2	PA, SP
ODOMZO	2	PA, SP
ORGOVYX	3	PA, SP
PURIXAN	3	PA, SP
REVLIMID	2	PA, SP
ROZLYTREK	2	PA, SP
SOLTAMOX	3	
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TARGRETIN EXTERNAL	3	SP
TARGRETIN ORAL	1	SP
TASIGNA	2	PA, ST, SP
UKONIQ	3	PA, SP

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Drug Name	Drug Tier	Requirements & Limits
VERZENIO	2	PA, SP
VITRAKVI	2	PA, SP
XELODA	E	SP
ZEJULA	2	PA, SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	3	
atovaquone-proguanil hcl	1	
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	
MALARONE	3	
permethrin external	1	
PLAQUENIL	E	
Antiparkinson Agents - Drugs for Parkinson's Disease		
APOKYN	3	PA, SP
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
DUOPA	3	
INBRIJA	3	PA, SP
KYNMOBI	3	PA, SP
KYNMOBI TITRATION KIT	3	PA, SP
MIRAPEX	3	
MIRAPEX ER	E	
NOURIANZ	3	
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	1	
ropinirole hcl	1	
ropinirole hcl er	1	
RYTARY	3	
SINEMET	3	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	2	
clopidogrel bisulfate oral	1	
PLAVIX	E	
ZONTIVITY	3	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
aripiprazole	1	

Drug Name	Drug Tier	Requirements & Limits
asenapine maleate	E	
GEODON ORAL	E	
LATUDA	2	
olanzapine oral	1	
quetiapine fumarate	1	
quetiapine fumarate er	1	
RISPERDAL	E	
risperidone	1	
SAPHRIS	1	
SEROQUEL	E	
SEROQUEL XR	E	
VRAYLAR	3	
ziprasidone hcl	1	
ZYPREXA ORAL	E	
ZYPREXA ZYDIS	E	
Antivirals - Drugs for Viral Infections		
acyclovir oral	1	
ATRIPLA	E	
BARACLUDE ORAL SOLUTION	2	SP
BARACLUDE ORAL TABLET	E	SP
CIMDUO	2	
DESCOVY	3	ST
DOVATO	2	
efavirenz-emtricitab-tenofovir	E	
efavirenz-lamivudine-tenofovir	1	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	
emtricitabine-tenofovir df oral tablet 200-300 mg	1	H
entecavir	1	SP
EPCLUSA ORAL TABLET 200-50 MG	2	PA
EPCLUSA ORAL TABLET 400-100 MG	2	PA, SP
GENVOYA	3	
HARVONI ORAL PACKET	2	
HARVONI ORAL TABLET	2	PA, ST, SP
ISENTRESS	2	

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Drug Name	Drug Tier	Requirements & Limits
ISENTRESS HD	2	
JULUCA	2	
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, SP
MAVYRET	2	PA, SP
NORVIR ORAL PACKET	2	
NORVIR ORAL SOLUTION	2	
NORVIR ORAL TABLET	E	
ODEFSEY	3	
oseltamivir phosphate oral	1	
PREZCOBIX	2	
PREZISTA	2	
ritonavir	1	
RUKOBIA	3	
SITAVIG	3	
SOFOSBUVIR-VELPATASVIR	2	PA, SP
STRIBILD	3	
SYMFI	2	
SYMFI LO	2	
TAMIFLU	E	
TEMIXYS	3	
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TIVICAY PD	3	
TRIUMEQ	2	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	
TRUVADA ORAL TABLET 200-300 MG	E	
valacyclovir hcl oral	1	
VALTREX	E	
VEMLIDY	3	ST, SP
VIREAD ORAL POWDER	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, SP
XOFLUZA (40 MG DOSE)	3	
XOFLUZA (80 MG DOSE)	3	

Drug Name	Drug Tier	Requirements & Limits
ZEPATIER	2	PA, SP
ZOVIRAX ORAL	3	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
clonazepam oral	1	
diazepam intensol	1	
diazepam oral	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	E	
VISTARIL	3	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	E	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTONE	E	
aliskiren fumarate	1	
ALTACE	E	
ALTOPREV	3	
amiodarone hcl oral	1	

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Drug Name	Drug Tier	Requirements & Limits
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
atenolol oral	1	
atenolol-chlorthalidone	1	
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	
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
BETAPACE	E	
BIDIL	2	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
BYSTOLIC	3	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG	3	
CARDIZEM	E	
CARDIZEM CD	E	
CARDIZEM LA	E	
CARDURA	3	
CAROSPIR	3	
cartia xt	1	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
colesevelam hcl	E	
COREG	E	
CORGARD	3	
CORLANOR	3	
COZAAR	E	
CRESTOR	E	
diltiazem hcl er	1	

Drug Name	Drug Tier	Requirements & Limits
diltiazem hcl er coated beads	1	
diltiazem hcl oral	1	
dilt-xr	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
EDARBI	2	
EDARBYCLOR	2	
enalapril maleate oral	1	
EPANED	3	
EXFORGE	E	
EZALLOR SPRINKLE	3	
ezetimibe	1	
ezetimibe-simvastatin	1	
fenofibrate oral capsule 150 mg, 50 mg	1	
fenofibrate oral tablet	1	
FENOGLIDE	E	
flecainide acetate	1	
FLOLIPID	3	
furosemide oral	1	
gemfibrozil oral	1	
GONITRO	3	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
icosapent ethyl	1	
INDERAL LA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
KAPSPARGO SPRINKLE	3	
labetalol hcl oral	1	
LASIX	3	
LIPITOR	E	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
LIPOFEN	3		NITRO-TIME	3	
lisinopril oral	1		NORVASC	E	
lisinopril-hydrochlorothiazide	1		olmesartan medoxomil oral	1	
LOPID	3		olmesartan medoxomil-hctz	1	
LOPRESSOR	3		omega-3-acid ethyl esters	1	
losartan potassium oral	1		PACERONE	3	
losartan potassium-hctz	1		PRALUENT	E	
LOTENSIN	3		pravastatin sodium	1	
LOTENSIN HCT	3		prazosin hcl oral	1	
LOTREL	E		PRINIVIL	3	
lovastatin oral	1	H	PROCARDIA XL	E	
matzim la	1		propranolol hcl er	1	
MAXZIDE	3		propranolol hcl oral	1	
MAXZIDE-25	3		QBRELIS	3	
metoprolol succinate er	1		quinapril hcl	1	
metoprolol tartrate oral	1		ramipril	1	
MICARDIS	E		RANEXA	E	
MINIPRESS	3		ranolazine er	1	
minitran	1		REPATHA	2	
MULTAQ	3		REPATHA PUSHTRONEX SYSTEM	2	
nadolol oral	1		REPATHA SURECLICK	2	
NEXLETOL	2		rosuvastatin calcium	1	
NEXLIZET	2		simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
niacin (antihyperlipidemic)	1		simvastatin oral tablet 80 mg	1	
niacin er (antihyperlipidemic)	1		sotalol hcl oral	1	
niacor	1		SOTYLIZE	3	
NIASPAN	E		spironolactone oral	1	
nifedipine er	1		TEKTURNA	3	
nifedipine er osmotic release	1		TEKTURNA HCT	3	
nifedipine oral	1		telmisartan	1	
NITRO-BID	2		TENORETIC 100	E	
NITRO-DUR	3		TENORETIC 50	E	
nitroglycerin sublingual	1		TENORMIN	E	
nitroglycerin transdermal	1		TOPROL XL	E	
nitroglycerin translingual	1		torsemide	1	
NITROLINGUAL	E		triamterene-hctz	1	
NITROMIST	3		TRICOR	E	
NITROSTAT	3				

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Drug Name	Drug Tier	Requirements & Limits
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	3	
VASOTEC	E	
verapamil hcl er	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM	3	
VERQUVO	E	
VYTORIN	E	
WELCHOL	1	
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC	3	
ZOCOR	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	1	
ADHANSIA XR	3	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	E	
APTENSIO XR	3	
atomoxetine hcl	1	
CONCERTA	1	
DEXEDRINE	E	
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	
dextroamphetamine sulfate	1	
dextroamphetamine sulfate er	1	
FOCALIN	3	
FOCALIN XR	E	
guanfacine hcl er	1	
INTUNIV	E	
JORNAY PM	3	
METHYLIN	3	
methylphenidate hcl er (cd)	1	

Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl er (la)	1	
methylphenidate hcl er (xr)	1	
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	1	
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	E	
methylphenidate hcl er oral tablet extended release 24 hour	E	
methylphenidate hcl oral	1	
MYDAYIS	2	
PROCENTRA	3	
QUILLICHEW ER	3	
QUILLIVANT XR	3	
relexxii	E	
RITALIN	E	
RITALIN LA	E	
STRATTERA	E	
VYVANSE	2	
ZENZEDI	E	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	E	PA, SP
AUBAGIO	3	PA, SP
AVONEX PEN	2	PA, SP
AVONEX PREFILLED	2	PA, SP
BAFIERTAM	2	PA, SP
BETASERON	2	PA, SP
COPAXONE	E	PA, SP
dalfampridine er	1	PA, SP
EXTAVIA	E	PA, ST, SP
GILENYA	3	PA, SP
glatiramer acetate	1	PA, SP
glatopa	1	PA, SP
KESIMPTA	2	PA, SP
MAVENCLAD	3	PA, ST, SP
MAYZENT	3	PA, SP
PLEGRIDY INTRAMUSCULAR	3	PA
PLEGRIDY STARTER PACK	3	PA, SP

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Drug Name	Drug Tier	Requirements & Limits
PLEGRIDY SUBCUTANEOUS	3	PA, SP
REBIF	3	PA, ST, SP
REBIF REBIDOSE	3	PA, ST, SP
REBIF REBIDOSE TITRATION PACK	3	PA, ST, SP
REBIF TITRATION PACK	3	PA, ST, SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, SP
LYRICA	3	
LYRICA CR	E	
NUEDEXTA	2	
pregabalin oral	1	
RILUTEK	3	SP
riluzole	1	SP
TIGLUTIK	3	PA
ZEPOSIA	3	PA, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, SP
ZEPOSIA STARTER KIT	3	PA, SP
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cavarest	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	3	
DENTAGEL	3	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	3	
PERIDEX	3	
periogard	1	
PREVIDENT	3	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 ORTHO DEFENSE	3	

Drug Name	Drug Tier	Requirements & Limits
PREVIDENT 5000 PLUS	3	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	3	
accutane	1	
ACZONE	2	
ALA SCALP	3	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	
ALDARA	3	
ALTRENO	3	PA
amnestem	1	
AMZEEQ	3	
ATRALIN	E	PA
AVAR CLEANSER	3	
AVAR LS CLEANSER	3	
AVAR-E EMOLLIENT	3	
AVAR-E GREEN	3	
AVAR-E LS	3	
AVITA	E	PA
azelaic acid external	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
bp 10-1	1	
calcipotriene-betameth diprop external ointment	1	
calcipotriene-betameth diprop external suspension	E	
calcitriol external	1	
CAPEX	2	
CARAC	3	
claravis	1	
CLEOCIN-T	3	
clindacin etz external swab	1	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
clindacin-p	1		fluocinonide external	1	
CLINDAGEL	3		FLUOROPLEX	3	
clindamycin phos-benzoyl perox external gel 1.2-5 %	1		FLUOROURACIL EXTERNAL CREAM 0.5 %	3	
clindamycin phosphate external foam	1		fluorouracil external cream 5 %	1	
clindamycin phosphate external lotion	1		hydrocortisone external cream 1 %	E	
clindamycin phosphate external solution	1		hydrocortisone external cream 2.5 %	1	
clindamycin phosphate external swab	1		hydrocortisone external lotion 2.5 %	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	3		hydrocortisone external ointment 1 %, 2.5 %	1	
clindamycin phosphate gel 1 % external	1		imiquimod external cream 3.75 %	3	
clobetasol propionate external	1		imiquimod external cream 5 %	1	
CLOBEX	E		IMIQUIMOD PUMP	3	
CLOBEX SPRAY	E		IMPEKLO	3	
clodan external shampoo	1		IMPOYZ	3	
clotrimazole-betamethasone	1		isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
dapsone external gel 5 %	E		ivermectin external cream	E	
DAPSONE EXTERNAL GEL 7.5 %	3		KENALOG EXTERNAL	E	
DERMA-SMOOTH/FS BODY	3		KLISYRI	E	
DERMA-SMOOTH/FS SCALP	3		METROCREAM	3	
DESONATE	3		METROGEL	E	
desonide external	1		METROLOTION	3	
DESOWEN	3		metronidazole external	1	
DIPROLENE	3		MIRVASO	3	
DIPROLENE AF	3		mometasone furoate external	1	
DUPIXENT	3	PA, ST, SP	myorisan	1	
EFUDEX	3		neuac external gel	1	
ENSTILAR	3		NORITATE	E	
EUCRISA	3	ST	OLUX	E	
EVOCLIN	3		PLEXION	3	
FINACEA EXTERNAL FOAM	2		PLEXION CLEANSER	3	
FINACEA EXTERNAL GEL	3		PLEXION CLEANSING CLOTH	3	
fluocinolone acetonide body	1		RETIN-A	E	PA
fluocinolone acetonide external	1		RHOFADE	3	
fluocinolone acetonide scalp	1		rosadan external cream	1	
			rosadan external gel	1	
			SERNIVO	3	

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Drug Name	Drug Tier	Requirements & Limits
SOOLANTRA	1	
sss 10-5	1	
sulfacetamide sodium-sulfur external cream	1	
sulfacetamide sodium-sulfur external emulsion	1	
sulfacetamide sodium-sulfur external liquid	1	
sulfacetamide sodium-sulfur external lotion	1	
sulfacetamide sodium-sulfur external pad 10-4 %	1	
sulfacetamide sodium-sulfur external suspension	1	
sulfacetamide sod-sulfur wash	1	
SULFACLEANSE 8/4	3	
sulfamez wash	1	
SUMADAN WASH	E	
SUMAXIN	3	
SUMAXIN WASH	3	
SYNALAR	3	
TACLONEX EXTERNAL OINTMENT	E	
TACLONEX EXTERNAL SUSPENSION	3	
tazarotene external cream	E	PA
TAZORAC EXTERNAL CREAM	3	PA
TAZORAC EXTERNAL GEL 0.05 %	2	PA
TAZORAC EXTERNAL GEL 0.1 %	3	PA
TEMOVATE	3	
TEXACORT	2	
tretinoin external cream	1	
tretinoin external gel 0.01 %, 0.025 %	1	
tretinoin external gel 0.05 %	1	PA
triamcinolone acetonide external	1	
TRIANEX	3	
triderm	1	
TRIDESILON	1	
VANOS	E	
VECTICAL	E	

Drug Name	Drug Tier	Requirements & Limits
VERDESO	3	
WYNZORA	E	
zenatane	1	
ZILXI	3	ST
ZYCLARA	3	
ZYCLARA PUMP	3	
Diabetes - Glucose Monitoring		
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK FASTCLIX LANCETS	1	
accu-chek guide kit w/device	3	(Accu-Chek Guide Me)
ACCU-CHEK GUIDE TEST STRIPS	3	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK SOFTXLIX LANCETS	1	
bd autoshield duo pen needles	2	
bd ultra-fine insulin syringes	2	
bd ultra-fine pen needles	2	
CONTOUR NEXT EZ KIT W/DEVICE	2	
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT TEST STRIPS	2	
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	3	
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	3	
FREESTYLE LIBRE 14 DAY READER	3	
FREESTYLE LIBRE 14 DAY SENSOR	3	
FREESTYLE LIBRE 2 READER	3	
FREESTYLE LIBRE 2 SENSOR	3	
FREESTYLE LIBRE READER	3	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
FREESTYLE LIBRE SENSOR SYSTEM	3		HUMALOG VIAL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	2	
INSULIN SYRINGE AND PEN NEEDLES	2		HUMULIN 70/30 KWIKPEN	2	
LANCETS	3		HUMULIN 70/30 VIAL	1	
NOVOFINE AUTOCOVER PEN NEEDLE	2		HUMULIN N KWIKPEN	2	
NOVOFINE PEN NEEDLE	2		HUMULIN N VIAL	1	
NOVOFINE PLUS PEN NEEDLE	2		HUMULIN R U-500 KWIKPEN	2	
NOVOTWIST	2		HUMULIN R U-500 VIAL	1	
ONETOUCH DELICA PLUS LANCETS	1		HUMULIN R VIAL	1	
ONETOUCH ULTRA 2 KIT W/DEVICE	1		INSULIN ASPART	E	
ONETOUCH ULTRA BLUE TEST STRIPS IN VITRO STRIP	1		INSULIN ASPART FLEXPEN	E	ST
ONETOUCH ULTRA MINI KIT W/DEVICE	1		INSULIN ASPART PENFILL	E	ST
ONETOUCH ULTRASOFT LANCETS	1		INSULIN LISPRO	E	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1		INSULIN LISPRO (1 UNIT DIAL)	E	
ONETOUCH VERIO IQ SYSTEM	1		INSULIN LISPRO JUNIOR KWIKPEN	E	
ONETOUCH VERIO KIT W/DEVICE	1		INSULIN LISPRO PROT & LISPRO	E	
ONETOUCH VERIO REFLECT	1		LANTUS SOLOSTAR	1	
ONETOUCH VERIO TEST STRIPS	1		LANTUS U-100 VIAL	1	
Diabetes - Insulin			LEVEMIR U-100 FLEXTOUCH	E	
ADMELOG	E		LEVEMIR U-100 VIAL	E	
ADMELOG SOLOSTAR	E		LYUMJEV KWIKPEN	2	
AFREZZA	3		LYUMJEV VIAL	1	
BASAGLAR KWIKPEN	E		NOVOLIN 70/30 FLEXPEN	E	
HUMALOG KWIKPEN	2		NOVOLIN 70/30 FLEXPEN RELION	E	
HUMALOG MIX 50/50 KWIKPEN	2		NOVOLIN 70/30 RELION	E	
HUMALOG MIX 50/50 VIAL	1		NOVOLIN 70/30 VIAL	E	
HUMALOG MIX 75/25 KWIKPEN	2		NOVOLIN N FLEXPEN	E	
HUMALOG MIX 75/25 VIAL	1		NOVOLIN N FLEXPEN RELION	E	
HUMALOG U-100 JUNIOR KWIKPEN	2		NOVOLIN N RELION	E	
HUMALOG VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML	1		NOVOLIN N VIAL	E	
			NOVOLIN R FLEXPEN	E	
			NOVOLIN R FLEXPEN RELION	E	
			NOVOLIN R RELION	E	
			NOVOLIN R VIAL	E	
			NOVOLOG FLEXPEN	E	ST
			NOVOLOG PENFILL	E	ST
			NOVOLOG U-100 VIAL	E	

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Drug Name	Drug Tier	Requirements & Limits
SEMGLEE	E	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	E	
TRESIBA FLEXTOUCH	E	
Diabetes - Non-Insulin Agents		
ACTOS	E	
ADLYXIN	3	
ADLYXIN STARTER PACK	3	
ALOGLIPTIN BENZOATE	E	
ALOGLIPTIN-METFORMIN HCL	E	
ALOGLIPTIN-PIOGLITAZONE	E	
AMARYL	E	
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
BYDUREON BCISE AUTOINJECTOR	2	
BYETTA 10 MCG PEN	2	
BYETTA 5 MCG PEN	2	
FARXIGA	E	ST
FORTAMET	E	
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	2	(Eli Lilly)
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	2	(Fresenius)
GLUCOTROL XL	3	
GLUMETZA	3	
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE PFS	2	

Drug Name	Drug Tier	Requirements & Limits
JANUVIA	E	ST
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
KAZANO	2	
KOMBIGLYZE XR	2	
metformin hcl er	1	
metformin hcl er (mod)	1	
metformin hcl er (osm)	1	
metformin hcl ir	1	
NESINA	2	
ONGLYZA	2	
OSENI	2	
OZEMPIC	2	
pioglitazone hcl	1	
RIOMET	E	
RYBELSUS	2	
SOLIQUA	2	
SYMLINPEN 120	3	
SYMLINPEN 60	3	
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	
TRIJARDY XR	2	
TRULICITY	2	
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	(2 Pak)
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	(3 Pak)
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
ALPHANATE	2	SP	DRISDOL	3	
ARANESP (ALBUMIN FREE)	2	SP	ERGOCAL	3	
ELOCTATE	3	PA, SP	ergocalciferol oral capsule	1	
JIVI	3	PA, SP	FLORIVA PLUS	3	
KOATE	2	SP	folic acid oral tablet 1 mg	1	
KOATE-DVI	2	SP	klor-con	1	
KOGENATE FS	2	SP	klor-con 10	1	
KOVALTRY	2	SP	klor-con m10	1	
MULPLETA	2	PA, SP	KLOR-CON M15	3	
NEULASTA	3	SP	klor-con m20	1	
NOVOEIGHT	2	SP	K-TAB	3	
NUWIQ	2	SP	LOKELMA	3	
RECOMBINATE	2	SP	multi-vitamin/fluoride	1	
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	SP	multivitamin/fluoride oral solution	1	
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2		multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
ZARXIO	2		NASCOBAL	3	
ZIEXTENZO	3	SP	POLY-VI-FLOR	3	
Drugs for Sexual Dysfunction			potassium chloride crys er oral tablet extended release 10 meq, 20 meq	1	
ADDYI	3		potassium chloride er	1	
CIALIS	E	QL	potassium chloride oral packet	1	
IMVEXXY MAINTENANCE PACK	2	QL	potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
IMVEXXY STARTER PACK	2	QL	potassium citrate er	1	
INTRAROSA	3	PA, QL	QUFLORA PEDIATRIC	3	
OSPHENA	2		UROCIT-K 10	3	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL	UROCIT-K 15	3	
STENDRA	2	QL	UROCIT-K 5	3	
tadalafil oral	1	QL	VELTASSA	3	
VIAGRA	E	QL	vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
VYLEESI	3	PA, QL	Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
Electrolytes / Vitamins			ACIPHEX	E	
cyanocobalamin injection solution 1000 mcg/ml	1		ACIPHEX SPRINKLE	3	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CARAFATE	E		hyoscyamine sulfate oral	1	
CYTOTEC	3		hyoscyamine sulfate sl	1	
DEXILANT	2		hyoscyamine sulfate sublingual	1	
FIRST-OMEPRAZOLE	3		hyosyne	1	
misoprostol oral	1		LEVBID	3	
OMECLAMOX-PAK	3		LEVSIN ORAL	3	
omeprazole oral capsule delayed release	1		LEVSIN/SL	3	
OMEPRAZOLE+SYRSPEND SF ALKA	3		LINZESS	2	
pantoprazole sodium oral packet	1		LOMOTIL	3	
pantoprazole sodium tablet delayed release 20 mg oral	1		MOTTEGRITY	3	PA
pantoprazole sodium tablet delayed release 20 mg oral	E		MOVIPREP	2	
pantoprazole sodium tablet delayed release 40 mg oral	E		NULEV	3	
pantoprazole sodium tablet delayed release 40 mg oral	1		oscimin	1	
PROTONIX ORAL PACKET	3		oscimin sr	1	
PROTONIX ORAL TABLET DELAYED RELEASE	E		peg-3350/electrolytes	1	H
PYLERA	3		peg-3350/electrolytes/ascorbat	1	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	3		peg-kcl-nacl-nasulf-na asc-c	1	
rabeprazole sodium oral tablet delayed release	1		PLENVU	2	
sucralfate oral	1		SUPREP BOWEL PREP KIT	2	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions			SUTAB	2	
ANASPAZ	2		SYMAX DUOTAB	3	
CLENPIQ	2		SYMAX-SL	3	
dicyclomine hcl oral	1		SYMAX-SR	3	
diphenoxylate-atropine	1		SYMPROIC	2	PA
ED-SPAZ	3		TRULANCE	3	ST
gavilyte-c	1	H	URSO 250	E	
gavilyte-g	1	H	URSO FORTE	E	
GOLYTELY	3		ursodiol oral	1	
hyoscyamine sulfate er	1		VIBERZI	3	
			XIFAXAN	3	
			ZELNORM	3	
			Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
			CERDELGA	2	PA, SP
			clovique	1	PA, SP
			CREON	2	
			CUPRIMINE	E	SP

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Drug Name	Drug Tier	Requirements & Limits
DEPEN TITRATABS	2	SP
ENDARI	3	
nitisinone	E	PA, SP
NITYR	E	PA, SP
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600- 8800 UNIT, 4200-14200 UNIT	3	ST
penicillamine oral	1	SP
PERTZYE	3	ST
STRENSIQ	2	PA, SP
SYPRINE	E	PA, SP
TEGSEDI	2	PA, SP
trientine hcl	1	PA, SP
VIOKACE ORAL TABLET 20880- 78300 UNIT	3	ST
ZENPEP	2	

Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions

AURYXIA	3	
DITROPAN XL	E	
GELNIQUE	3	
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
TOVIAZ	2	
VELPHORO	2	

Genitourinary Agents - Drugs for Prostate Conditions

alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	
tamsulosin hcl	1	

Drug Name	Drug Tier	Requirements & Limits
terazosin hcl	1	
UROXATRAL	E	
Hormonal Agents - Hormone Replacement and Birth Control		
afirmelle	1	H
ALORA	3	
altavera	1	H
alyacen 1/35	1	H
amethia	1	H
apri	1	H
ashlyna	1	H
aubra	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	3	
ayuna	1	H
azurette	1	H
balziva	1	H
bekyree	1	H
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	1	H
camila	1	H
camrese	1	H
camrese lo	1	H
charlotte 24 fe	1	
chateal	1	H
chateal eq	1	H
CLIMARA	E	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CLIMARA PRO	2		estradiol patch twice weekly 0.075 mg/24hr transdermal	E	(generic for Minivelle)
cryselle-28	1	H	estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle)
cyclafem 1/35	1	H	estradiol patch twice weekly 0.1 mg/24hr transdermal	E	(generic for Minivelle)
cyred	1	H	estradiol transdermal patch weekly	1	(generic for Climara)
cyred eq	1	H	estradiol vaginal	1	
dasetta 1/35	1	H	ESTRING	2	
daysee	1	H	ESTROGEL	3	
deblitane	1	H	etonogestrel-ethinyl estradiol	E	
delyla	1	H	EVAMIST	2	
DEPO-PROVERA	3		falmina	1	H
DEPO-SUBQ PROVERA 104	2		fayosim	1	
desogestrel-ethinyl estradiol	1	H	femynor	1	H
DIVIGEL	2		gemmily	1	
dotti	E		hailey 1.5/30	1	H
drospiren-eth estrad-levomefol	1		hailey 24 fe	1	H
drospirenone-ethinyl estradiol	1	H	hailey fe 1.5/30	1	H
DUAVEE	3		hailey fe 1/20	1	H
ELESTRIN	3		heather	1	H
elinest	1	H	iclevia	1	H
eluryng	E		incassia	1	H
emoquette	1	H	introvale	1	H
enskyce	1	H	isibloom	1	H
errin	1	H	jaimiess	1	H
estarylla	1	H	jasmiel	1	H
ESTRACE	E		jencycla	1	H
estradiol oral	1		jolessa	1	H
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Minivelle)	juleber	1	H
estradiol patch twice weekly 0.025 mg/24hr transdermal	E	(generic for Minivelle)	junal 1.5/30	1	H
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Minivelle)	junal 1/20	1	H
estradiol patch twice weekly 0.0375 mg/24hr transdermal	E	(generic for Minivelle)	junal fe 1.5/30	1	H
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Minivelle)	junal fe 1/20	1	H
estradiol patch twice weekly 0.05 mg/24hr transdermal	E	(generic for Minivelle)	junal fe 24	1	H
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Minivelle)	kalliga	1	H
			kariva	1	H

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Drug Name	Drug Tier	Requirements & Limits
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
larissia	1	H
lessina	1	H
levonorgest-eth est & eth est	1	
levonorgest-eth estrad 91-day	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levora 0.15/30 (28)	1	H
lillow	1	H
LO LOESTRIN FE	2	
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
lojaimiess	1	H
loryna	1	H
LOSEASONIQUE	3	
low-ogestrel	1	H
lo-zumandimine	1	H
lutra	1	H
lyleq	1	H
lyllana	E	
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular	1	H
medroxyprogesterone acetate oral	1	
MENOSTAR	3	
merzee	1	
mibelas 24 fe	1	
microgestin 1.5/30	1	H
microgestin 1/20	1	H

Drug Name	Drug Tier	Requirements & Limits
microgestin 24 fe	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
MINASTRIN 24 FE	E	
MINIVELLE	E	
MIRCETTE	E	
mono-lynyah	1	H
NATAZIA	2	
necon 0.5/35 (28)	1	H
nikki	1	H
nora-be	1	H
norethin ace-eth estrad-fe oral capsule	1	
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic	1	H
norlyda	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
NUVARING	1	H
nymyo	1	H
ocella	1	H
orsythia	1	H
philith	1	H
pimtrea	1	H
pirmella 1/35	1	H
portia-28	1	H
PREMARIN ORAL	2	

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Drug Name	Drug Tier	Requirements & Limits
PREMARIN VAGINAL	3	
PREMPHASE	2	
PREMPRO	2	
previfem	1	H
progesterone oral	1	
PROMETRIUM	E	
PROVERA	3	
QUARTETTE	E	
reclipsen	1	H
rivelsa	1	
SAFYRAL	E	
SEASONIQUE	E	
setlakin	1	H
sharobel	1	H
simliya	1	H
simpesse	1	H
sprintec 28	1	H
sronyx	1	H
syeda	1	H
tarina 24 fe	1	H
tarina fe 1/20	1	H
tarina fe 1/20 eq	1	H
TAYTULLA	3	
tri femynor	1	H
tri-estarylla	1	H
tri-lynyah	1	H
tri-lo-estarylla	1	H
tri-lo-marzia	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-nymyo	1	H
tri-previfem	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
tulana	1	H
tyblume	1	H

Drug Name	Drug Tier	Requirements & Limits
tydemy	1	
VAGIFEM	E	
vestura	1	H
vienva	1	H
viorele	1	H
VIVELLE-DOT	1	
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvaferm	1	
zafemy	1	H
zarah	1	H
zumandimine	1	H
Hormonal Agents - Oral Steroids		
ALKINDI SPRINKLE	3	
CORTEF	3	
DECADRON	3	
DEXABLISS	3	
dexamethasone intensol	1	
dexamethasone oral	1	
DXEVO 11-DAY	3	
HEMADY	3	
HIDEX 6-DAY	3	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
MILLIPRED	2	
ORAPRED ODT	3	
PEDIAPRED	2	
prednisolone oral solution	1	

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Drug Name	Drug Tier	Requirements & Limits
prednisolone sodium phosphate oral	1	
prednisone intensol	1	
prednisone oral	1	
RAYOS	3	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	3	
TAPERDEX 7-DAY	3	
ZCORT 7-DAY	3	
Hormonal Agents - Other		
cabergoline	1	
DDAVP	E	
DDAVP PF	E	
desmopressin acetate injection	1	
desmopressin acetate oral	1	
desmopressin acetate pf	1	
GENOTROPIN	E	PA, SP
GENOTROPIN MINIQUICK	E	PA, SP
HUMATROPE	E	PA, SP
NOC DURNA	3	
NORDITROPIN FLEXPRO	E	PA, SP
NUTROPIN AQ NUSPIN 10	2	PA, SP
NUTROPIN AQ NUSPIN 20	2	PA, SP
NUTROPIN AQ NUSPIN 5	2	PA, SP
OMNITROPE	E	PA, SP
ORIAHNN	3	
ORILISSA	3	
SOMATULINE DEPOT	3	SP
STIMATE	3	
ZOMACTON	E	PA, SP
ZOMACTON (FOR ZOMA-JET 10)	E	PA, SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	
ANDROGEL	E	
ANDROGEL PUMP	E	
DEPO-TESTOSTERONE	3	
FORTESTA	E	
NATESTO	E	

Drug Name	Drug Tier	Requirements & Limits
TESTIM	1	
testosterone cypionate intramuscular	1	
testosterone transdermal	E	
VOGELXO	E	
VOGELXO PUMP	E	
Hormonal Agents - Thyroid		
ARMOUR THYROID	2	
CYTOMEL	E	
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 81.25 MG	2	
NATURE-THROID TABLET 65 MG ORAL	3	
NATURE-THROID TABLET 65 MG ORAL	2	
NATURE-THROID TABLET 97.5 MG ORAL	3	
NATURE-THROID TABLET 97.5 MG ORAL	2	
np thyroid	1	
SYNTHROID	E	
TAPAZOLE	3	
THYQUIDITY	3	
TIROSINT	3	
TIROSINT-SOL	2	
unithroid	1	
WESTHROID	3	
WP THYROID	3	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Immunological Agents - Drugs for Immune System Stimulation or Suppression			HUMIRA PEN-PSOR/UEIT STARTER	2	PA, SP
ACTEMRA ACTPEN	3	PA, ST, SP	icatibant acetate	E	PA, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, SP	IMURAN	E	
ASTAGRAF XL	3		methotrexate oral	1	
AZASAN	3		methotrexate sodium	1	
azathioprine oral	1		methotrexate sodium (pf)	1	
BERINERT	3	PA, ST, SP	mycophenolate mofetil oral	1	
CELLCEPT	E		mycophenolate sodium	1	
CIMZIA PREFILLED KIT	2	PA, SP	MYFORTIC	E	
CIMZIA STARTER KIT	2	PA, SP	NEORAL	E	
CINRYZE	3	PA, SP	OLUMIANT ORAL TABLET 1 MG	2	PA, ST
COSENTYX (300 MG DOSE)	3	PA, ST, SP	OLUMIANT ORAL TABLET 2 MG	2	PA, ST, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	PA, ST, SP	ORENCIA CLICKJECT	3	PA, ST, SP
COSENTYX SENSOREADY (300 MG)	3	PA, ST, SP	ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	3	PA, ST, SP
COSENTYX SENSOREADY PEN	3	PA, ST, SP	ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML	3	PA, SP
cyclosporine modified	1		OTEZLA	2	PA, SP
ENBREL MINI	3	PA, ST, SP	OTREXUP	E	
ENBREL SUBCUTANEOUS SOLUTION	3	ST	PROGRAF ORAL	3	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, ST, SP	RAPAMUNE ORAL SOLUTION	3	
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA, ST, SP	RAPAMUNE ORAL TABLET	E	
ENBREL SURECLICK	3	PA, ST, SP	RASUVO	2	
ENVARUS XR	3		REDITREX	E	
FIRAZYR	1	PA, SP	RINVOQ	2	PA, SP
gengraf	1		RUCONEST	3	PA, SP
HAEGARDA	2	PA, SP	SIMPONI	2	PA, SP
HUMIRA	2	PA, SP	sirolimus oral	1	
HUMIRA PEDIATRIC CROHNS START	2	PA, SP	SKYRIZI (150 MG DOSE)	2	PA, SP
HUMIRA PEN	2	PA, SP	STELARA SUBCUTANEOUS	2	PA, SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA, SP	tacrolimus oral	1	
HUMIRA PEN-PEDIATRIC UC START	2	PA, SP	TAKHZYRO	2	PA, SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA, SP	TREMFYA	2	PA, SP
			TREXALL	2	
			XELJANZ	2	PA, ST, SP
			XELJANZ XR	2	PA, ST, SP

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Drug Name	Drug Tier	Requirements & Limits
Infertility Agents		
chorionic gonadotropin intramuscular	1	SP
CRINONE	3	ST
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
ganirelix acetate	1	SP
novarel intramuscular solution reconstituted 10000 unit	1	SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	3	SP
OVIDREL	3	SP
pregnyl	1	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	3	
ANALPRAM HC SINGLES	3	
ANALPRAM-HC	3	
APRISO	1	
ASACOL HD	E	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
budesonide er	E	
budesonide oral	1	
CANASA	E	
CORTIFOAM	2	
DELZICOL	E	
DIPENTUM	3	
ENTOCORT EC	E	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	1	
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral	E	
mesalamine rectal	1	
ORTIKOS	3	
PENTASA	E	
PROCORT	3	

Drug Name	Drug Tier	Requirements & Limits
PROCTOFOAM HC	2	
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	1	
UCERIS RECTAL	2	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium	1	
BINOSTO	3	
BONIVA	E	
calcitriol oral	1	
FOSAMAX	3	
ibandronate sodium oral	1	
RAYALDEE	3	
ROCALTROL	3	
TERIPARATIDE (RECOMBINANT)	3	PA, SP
TYMLOS	3	PA, SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	3	
ALREX	3	
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
CILOXAN OPHTHALMIC SOLUTION	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	3	
ILEVRO	3	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LASTACFT	3	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	
LOTEMAX SM	3	

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Drug Name	Drug Tier	Requirements & Limits
loteprednol etabonate	1	
MAXITROL	3	
MOXEZA	3	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic solution	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	1	
olopatadine hcl ophthalmic solution 0.2 %	E	
polymyxin b-trimethoprim	1	
POLYTRIM	3	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
TOBRADEX OPHTHALMIC SUSPENSION	3	
TOBRADEX ST	3	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBREX	3	
VIGAMOX	E	
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	
AZOPT	3	
BETIMOL	2	
bimatoprost external	E	
bimatoprost ophthalmic	1	

Drug Name	Drug Tier	Requirements & Limits
brimonidine tartrate ophthalmic	1	
brinzolamide	1	
COMBIGAN	2	
COSOPT	3	
COSOPT PF	E	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
ISTALOL	3	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	
ROCKLATAN	3	
timolol maleate ophthalmic	1	
timolol maleate pf	1	
TIMOPTIC	3	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %	2	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 %	3	
TIMOPTIC-XE	3	
TRAVATAN Z	E	
travoprost (bak free)	1	
VYZULTA	3	
XALATAN	E	
XELPROS	3	
ZIOPTAN	3	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
CEQUA	E	
FLAREX	2	
RESTASIS	2	
RESTASIS MULTIDOSE	3	
XIIDRA	2	
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	1	
ciprofloxacin-dexamethasone	E	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	

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Drug Name	Drug Tier	Requirements & Limits
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	E	
epinephrine injection solution auto-injector 0.15 mg/0.15ml	E	(generic for Adrenaclick)
epinephrine solution auto-injector 0.15 mg/0.3ml injection	E	(generic for EpiPen-Single Pack)
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-Single Pack)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	E	(generic for EpiPen-Single Pack)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack)
EPIPEN 2-PAK	E	
EPIPEN JR 2-PAK	E	
SYMJEPI	2	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	1	
benzonatate	1	
cyproheptadine hcl oral	1	
fluticasone propionate nasal	1	
hydrocodone polst-chlorphen polster susp	1	PA
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral	1	
OMNARIS	3	
promethazine hcl oral solution	1	
promethazine hcl oral syrup	1	
promethazine-codeine	1	PA
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
TESSALON PERLES	3	
TUSSICAPS	3	
XHANCE	3	
ZETONNA	3	

Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ADVAIR DISKUS	1	
ADVAIR HFA	2	RS
AIRDUO RESPICLICK 113/14	E	
AIRDUO RESPICLICK 232/14	E	
AIRDUO RESPICLICK 55/14	E	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(ProAir HFA or Proventil HFA)
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(VENTOLIN HFA)
albuterol sulfate inhalation	1	
albuterol sulfate oral	1	
ALVESCO	E	
ANORO ELLIPTA	3	
ARNUITY ELLIPTA	1	
ASMANEX (120 METERED DOSES)	E	
ASMANEX (14 METERED DOSES)	E	
ASMANEX (30 METERED DOSES)	E	
ASMANEX (60 METERED DOSES)	E	
ASMANEX (7 METERED DOSES)	E	
ASMANEX HFA	E	
ATROVENT HFA	2	
BEVESPI AEROSPHERE	2	
BREO ELLIPTA	2	RS
BREZTRI AEROSPHERE	3	RS
budesonide inhalation	1	
BUDESONIDE-FORMOTEROL FUMARATE	3	RS
COMBIVENT RESPIMAT	2	
FASENRA PEN	3	PA
FLOVENT DISKUS	1	
FLOVENT HFA	1	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	E	

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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	1	
INCRUSE ELLIPTA	E	
ipratropium-albuterol	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
montelukast sodium oral	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, SP
PERFOROMIST	3	
PROAIR HFA	E	
PROAIR RESPICLIK	E	
PROVENTIL HFA	E	
PULMICORT FLEXHALER	1	
PULMICORT SUSPENSION	E	
QVAR REDHALER	E	
SEREVENT DISKUS	2	
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	2	
SPIRIVA RESPIMAT	2	
STRIVERDI RESPIMAT	2	
SYMBICORT	2	RS
TRELEGY ELLIPTA	3	RS
VENTOLIN HFA	E	
wixela inhub	E	
XOPENEX HFA	3	
YUPELRI	3	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	E	PA, SP
BRONCHITOL	3	PA, ST, SP
KITABIS PAK	E	PA, SP

Drug Name	Drug Tier	Requirements & Limits
PULMOZYME	2	PA, SP
TOBI NEBULIZER	E	PA, SP
TOBI PODHALER	3	PA, SP
tobramycin inhalation nebulization solution 300 mg/4ml	1	PA, SP
tobramycin nebulization solution 300 mg/5ml inhalation	1	PA, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	2	PA, SP
bosentan	1	PA, SP
OPSUMIT	2	PA, SP
TRACLEER	2	PA, SP
TYVASO	2	PA, SP
TYVASO REFILL	2	PA, SP
TYVASO STARTER	2	PA, SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
AMRIX	3	
baclofen oral	1	
carisoprodol oral	1	
cyclobenzaprine hcl er	1	
cyclobenzaprine hcl oral	1	
FEXMID	E	
metaxalone	1	
methocarbamol oral	1	
OZOBAX	3	
SKELAXIN	E	
SOMA	E	
tizanidine hcl oral	1	
VANADOM	E	
ZANAFLEX	3	

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Drug Name	Drug Tier	Requirements & Limits
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
BELSOMRA	3	
DAYVIGO	3	
EDLUAR	3	
eszopiclone	1	
LUNESTA	E	
modafinil	1	
PROVIGIL	E	
RESTORIL	3	
SUNOSI	3	
temazepam	1	
WAKIX	3	PA, SP
XYREM	3	PA, SP
XYWAV	3	PA, SP
zolpidem tartrate	1	
zolpidem tartrate er	1	
ZOLPIMIST	3	

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bupropion hcl er (sr)	11	CARDURA	16	ciprofloxacin hcl oral.	10
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	12	carisoprodol oral	35	ciprofloxacin-dexamethasone	33
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EYSUVIS	32	fluorouracil external solution	13	gengraf	31
EZALLOR SPRINKLE	16	fluoxetine hcl oral	12	GENOTROPIN	30
ezetimibe	16	fluticasone propionate nasal	34	GENOTROPIN MINIQUICK	30
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fayosim	27	FOCALIN XR	18	glatopa	18
febuxostat	13	folic acid oral tablet 1 mg	24	GLEEVEC	13
FEMARA	13	FOLLISTIM AQ	32	glimepiride	23
femynor	27, 29	FORFIVO XL	12	glipizide er	23
fenofibrate oral capsule 150 mg, 50 mg	16	FORTAMET	23	glipizide ir	23
fenofibrate oral tablet	16	FORTESTA	30	glipizide xl	23
FENOGLIDE	16	FOSAMAX	32	GLOPERBA	13
fentanyl	8	FREESTYLE LIBRE 14 DAY READER	21	GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	23
FEXMID	35	FREESTYLE LIBRE 14 DAY SENSOR	21	GLUCOTROL XL	23
FINACEA EXTERNAL FOAM	20	FREESTYLE LIBRE 2 READER	21	GLUMETZA	23
FINACEA EXTERNAL GEL	20	FREESTYLE LIBRE 2 SENSOR	21	glyburide oral	23
finasteride oral tablet 5 mg	26	FREESTYLE LIBRE READER	21	glyburide-metformin	23
FIORICET	8	FREESTYLE LIBRE SENSOR SYSTEM	22	GLYXAMBI	23
FIRAZYR	31	furosemide oral	16	GOLYTELY	25
FIRST-OMEPRAZOLE	25	G		GONITRO	16
FLAGYL	10	gabapentin oral capsule	11	guanfacine hcl	16, 18
FLAREX	33	H		guanfacine hcl er	18
flecainide acetate	16	H		GVOKE HYPOPEN 1-PACK	23
FLOLIPID	16	H		GVOKE HYPOPEN 2-PACK	23
FLOMAX	26	H		GVOKE PFS	23
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hailey 24 fe.	27	hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent ...	8	imatinib mesylate.	13
hailey fe 1/20.	27	hydrocodone polst-chlorphen polst er susp.	34	imiquimod external cream 3.75 % ...	20
hailey fe 1.5/30.	27	hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml.	8	imiquimod external cream 5 %.	20
HALCION.	15	hydrocodone-acetaminophen oral tablet.	8	IMIQUIMOD PUMP.	20
HARVONI ORAL PACKET.	14	hydrocort-pramoxine (perianal).	32	IMITREX ORAL.	13
HARVONI ORAL TABLET.	14	hydrocortisone ace-pramoxine external cream 1-1 %.	32	IMITREX STATDOSE REFILL.	13
heather.	27	hydrocortisone external cream 1 %. .	20	IMITREX STATDOSE SYSTEM.	13
HEMADY.	29	hydrocortisone external cream 2.5 %.	20	IMITREX SUBCUTANEOUS.	13
HEMANGEOL.	16	hydrocortisone external lotion 2.5 %.	20	IMPEKLO.	20
HIDEX 6-DAY.	29	hydrocortisone external ointment 1 %, 2.5 %.	20	IMPOYZ.	20
HUMALOG KWIKPEN.	22	hydrocortisone oral.	29	IMURAN.	31
HUMALOG MIX 50/50 KWIKPEN. ...	22	hydromorphone hcl er.	8	IMVEXXY MAINTENANCE PACK. ...	24
HUMALOG MIX 50/50 VIAL.	22	hydromorphone hcl oral.	8	IMVEXXY STARTER PACK.	24
HUMALOG MIX 75/25 KWIKPEN. ...	22	hydromorphone hcl rectal.	8	INBRIJA.	14
HUMALOG MIX 75/25 VIAL.	22	hydroxychloroquine sulfate oral.	14	incassia.	27
HUMALOG U-100 JUNIOR KWIKPEN.	22	hydroxyzine hcl oral.	15	INCRUSE ELLIPTA.	35
HUMALOG VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML.	22	hydroxyzine pamoate oral.	15	INDERAL LA.	16
HUMALOG VIAL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML.	22	hyoscyamine sulfate er.	25	INDOCIN.	9
HUMATROPE.	30	hyoscyamine sulfate oral.	25	indomethacin er.	9
HUMIRA.	31	hyoscyamine sulfate sl.	25	INDOMETHACIN ORAL CAPSULE 20 MG.	9
HUMIRA PEDIATRIC CROHNS START.	31	hyoscyamine sulfate sublingual.	25	indomethacin oral capsule 25 mg, 50 mg.	9
HUMIRA PEN.	31	hyosyne.	25	INSULIN ASPART.	22
HUMIRA PEN-CD/UC/HS STARTER.	31	HYSINGLA ER.	8	INSULIN ASPART FLEXPEN.	22
HUMIRA PEN-PEDIATRIC UC START.	31	HYZAAR.	16	INSULIN ASPART PENFILL.	22
HUMIRA PEN-PS/UV/ADOL HS START.	31			INSULIN LISPRO.	22
HUMIRA PEN-PSOR/UEIT STARTER.	31			INSULIN LISPRO (1 UNIT DIAL).	22
HUMULIN 70/30 KWIKPEN.	22			INSULIN LISPRO JUNIOR KWIKPEN.	22
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ketodan external foam	12

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levofloxacin oral	10
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LIPOFEN	17
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LITHOBID	15	LYUMJEV KWIKPEN	22	methylphenidate hcl er (cd)	18
LO LOESTRIN FE	28	LYUMJEV VIAL	22	methylphenidate hcl er (la)	18
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LOMOTIL	25	MAXALT	13	metoprolol tartrate oral	17
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LOPRESSOR	17	MAXITROL	33	METROGEL	20
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lorazepam intensol	15	MAXZIDE-25	17	metronidazole external	20
lorazepam oral concentrate 2 mg/ml	15	MAYZENT	18	metronidazole oral	10
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losartan potassium-hctz	17	medroxyprogesterone acetate oral . .	28	microgestin 1.5/30	28
LOSEASONIQUE	28	meloxicam oral	9	microgestin 24 fe	28
LOTEMAX OPHTHALMIC OINTMENT	32	MENOSTAR	28	microgestin fe 1/20	28
LOTEMAX OPHTHALMIC SUSPENSION	32	mercaptopurine oral	13	microgestin fe 1.5/30	28
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LOTENSIN	17	mesalamine er oral capsule 0.375 gm	32	MILLIPRED	29
LOTENSIN HCT	17	mesalamine oral	32	MINASTRIN 24 FE	28
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low-ogestrel	28	metformin hcl er (osm)	23	minocycline hcl er oral tablet extended release 24 hour	10
LUMIGAN	33	metformin hcl ir	23	minocycline hcl oral	10
LUNESTA	36	methimazole oral	30	MINOLIRA	10
lutra	28	methocarbamol oral	35	MIRAPEX	14
lyleq	28	methotrexate oral	31	MIRAPEX ER	14
lyllana	28	methotrexate sodium	31		
LYNPARZA	13				



MIRCETTE	28	NAFRINSE DAILY/NEUTRAL	19	niacin (antihyperlipidemic)	17
mirtazapine oral	12	NAFRINSE WEEKLY	19	niacin er (antihyperlipidemic)	17
MIRVASO	20	NALOCET	8	niacor	17
misoprostol oral	25	naloxone hcl injection	9	NIASPAN	17
MITIGARE	13	naltrexone hcl oral	9	nifedipine er	17
MOBIC	9	NAPRELAN	9	nifedipine er osmotic release	17
modafinil	36	NAPROSYN	9	nifedipine oral	17
mometasone furoate external	20	naproxen oral	9	nikki	28
mondoxyne nl	10	naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	9	nitisinone	26
mono-lynyah	28	NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	9	NITRO-BID	17
montelukast sodium oral	35	naproxen sodium oral tablet 275 mg, 550 mg	9	NITRO-DUR	17
morgidox oral	10	naratriptan hcl	13	NITRO-TIME	17
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	8	NARCAN	9	nitroglycerin sublingual	17
morphine sulfate er oral capsule extended release 24 hour	8	NASCOBAL	24	nitroglycerin transdermal	17
morphine sulfate er oral tablet extended release	8	NATAZIA	28	nitroglycerin translingual	17
morphine sulfate oral	8	NATESTO	30	NITROLINGUAL	17
morphine sulfate rectal	8	NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 81.25 MG	30	NITROMIST	17
MOTEGRITY	25	NATURE-THROID TABLET 65 MG ORAL	30	NITROSTAT	17
MOVIPREP	25	NATURE-THROID TABLET 97.5 MG ORAL	30	NITYR	26
MOXEZA	33	NAYZILAM	11	NOC DURNA	30
moxifloxacin hcl (2x day)	33	necon 0.5/35 (28)	28	nora-be	28
moxifloxacin hcl ophthalmic solution	33	neomycin-polymyxin-dexameth ophthalmic ointment	33	NORDITROPIN FLEXPOR	30
MS CONTIN	8	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	33	norethin ace-eth estrad-fe oral capsule	28
MULPLETA	24	neomycin-polymyxin-hc otic	33	norethin ace-eth estrad-fe oral tablet	28
MULTAQ	17	NEORAL	31	norethin ace-eth estrad-fe oral tablet chewable	28
multi-vitamin/fluoride	24	NESINA	23	norethindrone acet-ethinyl est	28
multivitamin/fluoride oral solution	24	neuac external gel	20	norethindrone acetate oral	28
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	24	NEULASTA	24	norethindrone oral	28
mupirocin calcium	10	NEURONTIN	11	norgestimate-eth estradiol	28
mupirocin external	10	NEVANAC	33	norgestimate-ethinyl estradiol triphasic	28
mycophenolate mofetil oral	31	NEXLETOL	17	NORITATE	20
mycophenolate sodium	31	NEXLIZET	17	norlyda	28
MYDAYIS	18			norlyroc	28
MYFORTIC	31			nortrel 0.5/35 (28)	28
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				nortrel 1/35 (28)	28
				nortriptyline hcl oral	12
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novarel intramuscular solution reconstituted 10000 unit.	32	nystatin external	12	ONETOUCH VERIO REFLECT.	22
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	32	nystatin mouth/throat	12	ONETOUCH VERIO TEST STRIPS	22
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NOVOFINE PLUS PEN NEEDLE	22	OCUFLOX.	33	ORAPRED ODT	29
NOVOLIN 70/30 FLEXPEN.	22	ODEFSEY.	15	ORENCIA CLICKJECT	31
NOVOLIN 70/30 FLEXPEN RELION	22	ODOMZO	13	ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	31
NOVOLIN 70/30 RELION	22	ofloxacin ophthalmic.	33	ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML	31
NOVOLIN 70/30 VIAL	22	ofloxacin otic	33	ORFADIN ORAL CAPSULE	26
NOVOLIN N FLEXPEN	22	olanzapine oral	14	ORFADIN ORAL SUSPENSION.	26
NOVOLIN N FLEXPEN RELION	22	olmesartan medoxomil oral	17	ORGOVYX	13
NOVOLIN N RELION.	22	olmesartan medoxomil-hctz.	17	ORIAHNN.	30
NOVOLIN N VIAL.	22	olopatadine hcl ophthalmic solution 0.1 %	33	ORILISSA	30
NOVOLIN R FLEXPEN	22	olopatadine hcl ophthalmic solution 0.2 %	33	orsythia.	28
NOVOLIN R FLEXPEN RELION	22	OLUMIANT ORAL TABLET 1 MG	31	ORTIKOS	32
NOVOLIN R RELION.	22	OLUMIANT ORAL TABLET 2 MG	31	oscimin.	25
NOVOLIN R VIAL.	22	OLUX	20	oscimin sr.	25
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NUEDEXTA	19	ONETOUCH ULTRA BLUE TEST STRIPS IN VITRO STRIP	22	oxybutynin chloride oral	26
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NUTROPIN AQ NUSPIN 20	30	ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE.	22	oxycodone hcl oral concentrate 100 mg/5ml	8
NUTROPIN AQ NUSPIN 5	30			oxycodone hcl oral solution	8
NUVARING.	28			oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	8
NUWIQ	24			oxycodone hcl oral tablet 5 mg	8
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prednisolone sodium phosphate oral	30
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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।

CEEBOOM: 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)**សូមជំនួសភាសាដទៃយកគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខគិតថ្លៃ ដដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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DÍI BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yánilti'go, saad bee áka'anída'awo'ígíí, t'áa jíík'eh, bee ná'ahóót'i'. T'áa shqodí ninaaltsoos nit'i'izi bee nééhozinígíí bine'déé' t'áa jíík'ehgo béesh bee hane'í biká'ígíí bee hodílnih.

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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