



Your 2026 Formulary

Non-Medicare Eligible

Effective July 1, 2026

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



Call **1-866-288-5209**.



Visit **welcome.optumrx.com/mpser** to:

- Find a participating retail pharmacy by zip code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.

Understanding your formulary

What is a formulary?

A formulary is a list of prescribed medications or other pharmacy care products, services or supplies chosen for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications.

To create the list, Optum Rx® is guided by the Pharmacy and Therapeutics Committee. This group of doctors and pharmacists reviews which medications will be covered, safety, how well the drugs work, and overall value.

How do I use my formulary?

You and your doctor can use the formulary to help you choose the most cost-effective prescription medications. This guide tells you if a medication is generic or brand, and if special rules apply. Bring this list with you when you see your doctor. If your medication is not listed here, please visit your plan's website or call the number on your member ID card.

What are tiers?

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

When does the formulary change?

- Medications may move to a lower tier at any time.
- Medications will be excluded from the formulary as soon as a generic equivalent becomes available.

- Medications may move to a higher tier or be excluded from coverage during the year. Affected members will be notified before any change takes effect.

If a medication changes tiers, you may have to pay a different amount for that medication.

Why are some medications excluded from coverage?

A medication may be excluded from coverage under your pharmacy benefit when it works the same as or similar to another prescription or over-the-counter (OTC) medication.

What if I don't agree with a decision about an excluded medication?

You, your authorized representative, or your doctor can ask for a coverage request by calling the number on your member ID card.

How do I request an exception?

Ask Optum Rx to make an exception before you fill your prescription.

You can ask for a drug on the Drug List to be covered at a lower cost-sharing level if the drug is on Tier 5 or Tier 3. If approved, this would lower the amount you must pay for your drug.

Generally, we will only approve your request for an exception if the drug is included on the Drug List, or if an alternative drug would not be as effective in treating your condition and/or would cause you to have adverse medical effects.



About this formulary

Where differences between this formulary and your benefit plan exist, the benefit plan documents rule. This may not be a complete list of medications that are covered by your plan. Please review your benefit plan for full details.



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.

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 or

lower-cost option could be right for you. Generic medications are usually your lowest-cost option.

What if I am taking a specialty medication?

Specialty medications are for rare or complex conditions and are usually higher-cost medications. Please note, not all specialty medications are listed in the formulary. Our specialty pharmacy can provide most of your specialty medications along with helpful programs and services. Call **1-855-427-4682** and have your prescriptions delivered right to your home or doctor's office.

Important pharmacy benefit reminders

Insulin

You won't pay more than \$35 for a 1-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Vaccines

Our plan covers most routine vaccines at no cost to you when you use network pharmacies. Call Member Services at **1-866-288-5209** for more information.



Over-the-counter medications (OTC)

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

Reading your formulary

The formulary gives you choices so you and your doctor can decide your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, CLOBEX). Generic medications are shown in lowercase (for example, clobetasol).

Tier information

What you pay before you reach the \$1,750 per member coinsurance maximum

Covered prescription drugs	Retail network pharmacy	Retail network & home delivery pharmacy	Preferred specialty pharmacy	Non-preferred specialty pharmacy
	31-day supply	90-day supply	30-day supply	30-day supply
Tier 1: Generic traditional drugs	20% coinsurance \$15 minimum/ \$45 maximum	20% coinsurance \$37.50 minimum/ \$112.50 maximum	Not applicable	Not applicable
Tier 2: Preferred brand traditional drugs	20% coinsurance \$15 minimum/ \$45 maximum	20% coinsurance \$37.50 minimum/ \$112.50 maximum	Not applicable	Not applicable
Tier 3: Non-preferred traditional brand drugs	40% coinsurance \$15 minimum/ no maximum*	40% coinsurance \$37.50 minimum/ no maximum**	Not applicable	Not applicable
Tier 4: Generic and preferred specialty drugs	Not applicable	Not applicable	20% coinsurance \$50 minimum/ \$100 maximum	40% coinsurance \$50 minimum/ no maximum*
Tier 5: Non-preferred specialty drugs	Not applicable	Not applicable	40% coinsurance \$50 minimum/ no maximum*	40% coinsurance \$50 minimum/ no maximum*

If the drug cost is less than your maximum copay you pay the drug cost.

* Only 20% coinsurance up to a \$45 maximum is credited to the annual coinsurance maximum.

** Only 20% coinsurance up to a \$112.50 maximum is credited to the annual coinsurance maximum.

Annual coinsurance maximum for prescription drugs

The annual drug coinsurance maximum limits the amount each member pays for covered drug coinsurance and copays to **\$1,750 per member in 2026**. The following prescription drug costs are not counted toward your annual maximum:

- The costs you pay for getting prescription drugs from a non-network pharmacy.
- Costs beyond the 20% of the approved amount for using non-formulary or non-preferred drugs.

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 decides how these medications may be covered.

PA **Prior authorization** - Your doctor is required to give Optum Rx more information to determine coverage.

QL **Quantity limit** - Medication may be limited to a certain quantity.

ST **Step therapy** - Must try lower-cost medication(s) before a higher-cost medication can be covered

Michigan Public School Employees' Retirement System

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Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	QL
apap-caff-dihydrocodeine	1	QL
bac (butalbital-acetamin-caff)	1	
BELBUCA	3	PA; QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	1	
butalbital-apap-caffeine oral tablet	1	
endocet	1	QL
hydrocodone-acetaminophen	1	QL
hydromorphone hcl oral tablet	1	QL
JOURNAVX	3	QL
morphine sulfate er	1	PA; QL
oxycodone hcl oral tablet	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	3	PA; QL
ROXYBOND	3	QL
tramadol hcl oral tablet 100 mg, 50 mg	1	QL
XTAMPZA ER	3	PA; QL
Analgesics - Drugs for Pain and Inflammation		
celecoxib oral	1	QL
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium oral	1	
ELYXYB	3	PA; QL
ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	1	

Drug Name	Drug Tier	Notes
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral capsule	1	
ketorolac tromethamine +rfd	1	
ketorolac tromethamine injection solution 15 mg/ml	1	
ketorolac tromethamine intramuscular solution 60 mg/2ml	1	
ketorolac tromethamine oral	1	QL
ketorolac tromethamine solution 30 mg/ml injection	1	
KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION	3	
meloxicam oral tablet	1	
nabumetone oral	1	
naproxen oral tablet	1	
Anesthetics		
EXPAREL	3	
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	
lidocaine-prilocaine external cream	1	
Anti-Addiction / Substance Abuse Treatment Agents		
BRIXADI	3	
BRIXADI (WEEKLY)	3	
buprenorphine hcl sublingual	1	
buprenorphine hcl-naloxone hcl	1	
bupropion hcl er (smoking det)	1	QL

Drug Name	Drug Tier	Notes
ft naloxone hcl	1	
KLOXXADO	3	
naloxone hcl nasal	1	
naltrexone hcl oral	1	
OPVEE	2	
REXTOVY	3	
SUBLOCADE	3	
varenicline tartrate	1	QL
varenicline tartrate(continue)	1	QL
VIVITROL	5	
ZUBSOLV	2	
Antibacterials		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate	1	
azithromycin oral	1	
cefadroxil oral capsule	1	
cefdinir	1	
cefepodoxime proxetil oral tablet	1	
cefuroxime axetil	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension reconstituted	1	
cephalexin oral tablet	1	
ciprofloxacin hcl oral	1	
clindamycin hcl oral	1	
CLINDESSE	3	
DIFICID ORAL SUSPENSION RECONSTITUTED	3	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	

Drug Name	Drug Tier	Notes
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
moxifloxacin hcl oral	1	
mupirocin ointment	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUZYRA ORAL	3	QL
ORLYNVAH	3	PA; QL
penicillin v potassium	1	
silver sulfadiazine external	1	
ssd	1	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
XACIATO	3	
Anticoagulants		
ELIQUIS	2	QL
ELIQUIS (1.5 MG PACK)	2	QL
ELIQUIS (2 MG PACK)	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	1	
warfarin sodium oral	1	
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	2	QL

Drug Name	Drug Tier	Notes
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
BRIVIACT ORAL TABLET	3	ST
divalproex sodium er	1	
divalproex sodium oral	1	
EPIDIOLEX	5	PA
gabapentin oral capsule	1	
gabapentin oral solution	1	
gabapentin oral tablet 600 mg, 800 mg	1	
lacosamide intravenous	1	
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	1	
lacosamide oral tablet	1	
lamotrigine er	1	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
levetiracetam intravenous	1	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
MOTPOLY XR	3	ST
NAYZILAM	3	QL
oxcarbazepine	1	
roweepra	1	
subvenite oral tablet	1	
SYMPAZAN	3	PA
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
VALTOCO 10 MG DOSE	3	QL
VALTOCO 15 MG DOSE	3	QL

Drug Name	Drug Tier	Notes
VALTOCO 20 MG DOSE	3	QL
VALTOCO 5 MG DOSE	3	QL
XCOPRI	3	ST
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
memantine hcl oral tablet	1	
Antidepressants		
amitriptyline hcl oral	1	
AUVELITY	3	ST; QL
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
bupropion hcl oral	1	
citalopram hydrobromide oral tablet	1	
DESVENLAFAXINE ER	3	ST; QL
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
duloxetine hcl oral	1	QL
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet 10 mg, 60 mg	1	
fluvoxamine maleate	1	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
paroxetine hcl oral tablet	1	

Drug Name	Drug Tier	Notes
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	QL
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	1	
vilazodone hcl	1	QL
ZURZUVAE	2	PA; QL
Antiemetics - Drugs for Nausea and Vomiting		
meclizine hcl oral tablet	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
prochlorperazine maleate oral	1	
promethazine hcl injection	1	
promethazine hcl oral solution 6.25 mg/5ml	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
scopolamine	1	
VARUBI (180 MG DOSE)	2	QL
Antifungals		
ciclodan	1	
ciclopirox external solution	1	
clotrimazole external	1	

Drug Name	Drug Tier	Notes
clotrimazole mouth/throat	1	
clotrimazole-betamethasone	1	
CRESEMBA INTRAVENOUS	3	
CRESEMBA ORAL	3	PA
fluconazole oral	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral	1	
nystop	1	
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral	1	
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA; QL
naratriptan hcl	1	QL
NURTEC	3	PA; QL
QULIPTA	3	PA; QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL

Drug Name	Drug Tier	Notes
sumatriptan succinate subcutaneous solution auto-injector	1	QL
UBRELVY	3	PA; QL
ZAVZPRET	3	PA; QL
Antimyasthenic Agents		
VYVGART	5	PA
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	5	PA
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	4	PA
abirtega	4	PA
ALECENSA	4	PA
ALUNBRIG	4	PA; QL
anastrozole oral	1	
ANKTIVA	4	PA
AUGTYRO	4	PA
BESREMI	4	PA
CABOMETYX ORAL TABLET 20 MG	5	PA; QL
CABOMETYX ORAL TABLET 40 MG, 60 MG	5	PA
CALQUENCE	5	PA
capecitabine	4	
COTELLIC	5	PA
DANZITEN	5	PA
ENSACOVE	5	PA
ERIVEDGE	5	PA
ERLEADA	5	PA
GAVRETO	5	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG	4	PA; QL

Drug Name	Drug Tier	Notes
ICLUSIG ORAL TABLET 30 MG, 45 MG	4	PA
IDHIFA	5	PA; QL
IMKELDI	5	PA
KANJINTI	4	PA
KISQALI (200 MG DOSE)	5	PA
KISQALI (400 MG DOSE)	5	PA
KISQALI (600 MG DOSE)	5	PA
KOSELUGO ORAL CAPSULE	4	PA
KOSELUGO ORAL CAPSULE SPRINKLE	5	PA
lenalidomide	4	PA
letrozole oral	1	
LUMAKRAS	4	PA
LYNPARZA	4	PA
MEKINIST ORAL SOLUTION RECONSTITUTED	4	PA
MEKINIST ORAL TABLET	5	PA
MVASI	4	PA
NUBEQA	5	PA
ODOMZO	5	PA
ORGOVYX	5	PA
PANRETIN	2	
PHESGO	4	PA
PIQRAY	4	PA
RETEVMO ORAL TABLET 120 MG, 160 MG	5	PA
RETEVMO ORAL TABLET 40 MG, 80 MG	5	PA; QL
ROZLYTREK	4	PA
RUXIENCE	4	PA
RYDAPT	5	PA
SCEMBLIX ORAL TABLET 100 MG	5	PA

Drug Name	Drug Tier	Notes
SCSEMBLIX ORAL TABLET 20 MG, 40 MG	5	PA; QL
STIVARGA	4	PA
TABRECTA	4	PA
TAFINLAR ORAL CAPSULE	5	PA
TAFINLAR ORAL TABLET SOLUBLE	4	PA
TAGRISSE ORAL TABLET 40 MG	5	PA; QL
TAGRISSE ORAL TABLET 80 MG	5	PA
tamoxifen citrate oral	1	
TEPMETKO	5	PA
TRAZIMERA	4	PA
TRUQAP	5	PA
VERZENIO	5	PA
VITRAKVI	4	PA
XTANDI	4	PA
ZEJULA ORAL TABLET 100 MG	4	PA; QL
ZEJULA ORAL TABLET 200 MG, 300 MG	4	PA
ZELBORAF	4	PA
ZIRABEV	4	PA
Antiparasitics		
ARAKODA	3	
EMVERM	2	
hydroxychloroquine sulfate oral	1	
Antiparkinson Agents		
carbidopa-levodopa oral tablet	1	
CREXONT	3	ST
INBRIJA	5	PA
NEUPRO	3	
ONGENTYS	3	ST
pramipexole dihydrochloride	1	
ropinirole hcl	1	

Drug Name	Drug Tier	Notes
Antiplatelets		
clopidogrel bisulfate oral	1	
prasugrel hcl	1	
ticagrelor	1	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY ASIMTUFII	3	
ABILIFY MAINTENA	3	
aripiprazole oral solution	1	QL
aripiprazole oral tablet	1	QL
ARISTADA	3	
ARISTADA INITIO	3	
CAPLYTA	3	ST; QL
ERZOFRI	3	
INVEGA HAFYERA	3	ST
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
lurasidone hcl	1	QL
LYBALVI	3	ST; QL
olanzapine oral tablet	1	QL
quetiapine fumarate	1	QL
quetiapine fumarate er	1	QL
REXULTI	3	QL
risperidone oral solution	1	QL
risperidone oral tablet	1	QL
RYKINDO	3	
UZEDY	3	
VRAYLAR	3	QL
Antivirals		
acyclovir external ointment	1	QL
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
APRETUDE	3	
BIKTARVY	5	

Drug Name	Drug Tier	Notes
CABENUVA	5	
CIMDUO	5	
DELSTRIGO	5	
DESCOVY ORAL TABLET 120-15 MG	3	
DESCOVY ORAL TABLET 200-25 MG	3	PA
DOVATO	3	
emtricitabine-tenofovir df	1	
EPCLUSA	4	PA; QL
HARVONI	4	PA; QL
JULUCA	5	
MAVYRET	4	PA; QL
oseltamivir phosphate oral	1	QL
PAXLOVID (150/100)	3	QL
PAXLOVID (300/100 & 150/100)	3	QL
PAXLOVID (300/100)	3	QL
PIFELTRO	3	
PREZCOBIX ORAL TABLET 675-150 MG	3	
PREZCOBIX ORAL TABLET 800-150 MG	5	
SYMTUZA	5	
TRIUMEQ	2	
valacyclovir hcl oral	1	QL
VOSEVI	4	PA; QL
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet	1	QL
bupirone hcl oral	1	
clonazepam oral tablet	1	QL
diazepam oral tablet	1	
hydroxyzine hcl oral syrup 10 mg/5ml	1	

Drug Name	Drug Tier	Notes
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
lorazepam oral tablet	1	QL
triazolam	1	QL
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
Blood Products and Modifiers - Drugs for Blood Disorders		
ADVATE	4	
ADYNOVATE	5	
AFSTYLA	5	
ALHEMO	5	
ALPROLIX	5	
ALTUVIIIIO	5	
ARANESP (ALBUMIN FREE)	4	PA
BENEFIX	4	
DOPTELET	5	PA
DOPTELET SPRINKLE	5	PA; QL
ELOCTATE	5	
EMPAVELI	5	PA
ESPEROCT	5	
FABHALTA	5	PA; QL
HYMPAVZI	5	
IDELVION	5	
JIVI	5	
KOATE	4	
KOVALTRY	4	
NEULASTA ONPRO	4	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
NIVESTYM	4	PA
NOVOEIGHT	4	

Drug Name	Drug Tier	Notes
NUWIQ INTRAVENOUS KIT	4	
PROCRIT	4	PA
REBINYN	5	
RETACRIT	4	PA
TAVALISSE	5	PA
tranexamic acid oral	1	
UDENYCA	5	PA
UDENYCA ONBODY	5	PA
ULTOMIRIS	5	PA
VOYDEYA	4	PA; QL
WILATE	4	
XYNTHA	4	
XYNTHA SOLOFUSE	4	
ZARXIO	4	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate- benazepril hcl	1	
amlodipine besylate- valsartan	1	
amlodipine-olmesartan	1	
ARBLI	2	PA
atenolol oral	1	
ATORVALIQ	3	PA
atorvastatin calcium oral	1	
benazepril hcl oral	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
bisoprolol- hydrochlorothiazide	1	
bumetanide oral	1	
cartia xt	1	
carvedilol	1	
chlorthalidone	1	

Drug Name	Drug Tier	Notes
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
colestipol hcl oral tablet	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er oral capsule extended release 24 hour	1	
dilt-xr	1	
doxazosin mesylate oral	1	
EDARBYCLOR	3	ST
enalapril maleate oral tablet	1	
ENTRESTO ORAL CAPSULE SPRINKLE	3	QL
ezetimibe	1	
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
flecainide acetate	1	
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
icosapent ethyl	1	PA
irbesartan	1	
irbesartan- hydrochlorothiazide	1	
isosorbide mononitrate er	1	

Drug Name	Drug Tier	Notes
labetalol hcl oral	1	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPRESSOR ORAL SOLUTION	3	PA
losartan potassium oral	1	
losartan potassium-hctz	1	
lovastatin oral	1	
metoprolol succinate er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
midodrine hcl	1	
minoxidil oral	1	
MULTAQ	3	
nebivolol hcl	1	QL
NEXLETOL	2	PA; QL
NEXLIZET	2	PA; QL
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NORLIQVA	3	PA
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
pravastatin sodium	1	
prazosin hcl oral	1	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
ramipril	1	
ranolazine er	1	
REPATHA	2	
REPATHA SURECLICK	2	
rosuvastatin calcium oral	1	

Drug Name	Drug Tier	Notes
sacubitril-valsartan	1	QL
simvastatin oral	1	
SOAANZ	3	PA
spironolactone oral tablet	1	
telmisartan	1	
tiadylt er	1	
toremide	1	
triamterene-hctz	1	
TRYNGOLZA	4	PA; QL
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
verapamil hcl er oral tablet extended release	1	
VERQUVO	2	PA; QL
VYNDAMAX	4	PA; QL
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
amphetamine-dextroamphetamine	1	QL
amphetamine-dextroamphetamine er	1	QL
amphet-dextroamphet 3-bead er	1	QL
atomoxetine hcl	1	QL
AZSTARYS	3	ST; QL
clonidine hcl er	1	
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er	1	QL
DYANAVEL XR	3	ST; QL
guanfacine hcl er	1	
JORNAY PM	3	ST; QL
lisdexamfetamine dimesylate	1	QL
methylphenidate hcl er	1	QL
methylphenidate hcl er (cd)	1	QL

Drug Name	Drug Tier	Notes
methylphenidate hcl er (la)	1	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL
methylphenidate hcl er (xr)	1	QL
methylphenidate hcl oral	1	QL
QELBREE	3	ST; QL
VYVANSE ORAL CAPSULE	3	ST; QL
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AVONEX PEN	4	PA; QL
AVONEX PREFILLED	4	PA; QL
BAFIERTAM	4	PA; QL
BETASERON	4	PA; QL
dalfampridine er	4	PA; QL
dimethyl fumarate oral	4	PA; QL
KESIMPTA	4	PA; QL
MAVENCLAD	5	PA; QL
MAYZENT	5	PA; QL
MAYZENT STARTER PACK	5	PA; QL
REBIF	5	PA; QL
REBIF REBIDOSE	5	PA; QL
REBIF REBIDOSE TITRATION PACK	5	PA; QL
REBIF TITRATION PACK	5	PA; QL
VUMERITY	4	PA; QL
ZEPOSIA	5	PA; QL
ZEPOSIA 7-DAY STARTER PACK	5	PA; QL
ZEPOSIA STARTER KIT	5	PA; QL

Drug Name	Drug Tier	Notes
Central Nervous System Agents - Miscellaneous		
AUSTEDO	5	PA; QL
AUSTEDO XR	5	PA; QL
AUSTEDO XR PATIENT TITRATION	5	PA; QL
INGREZZA	5	PA; QL
phentermine hcl oral capsule	1	
phentermine hcl oral tablet 37.5 mg	1	
pregabalin oral capsule	1	QL
RADICAVA ORS	5	PA
RADICAVA ORS STARTER KIT	5	PA
TEGLUTIK	3	QL
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
chlorhexidine gluconate mouth/throat	1	
lidocaine viscous hcl	1	
periogard	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA LD	3	
accutane	1	
ADBRY	4	PA; QL
ala-cort	1	
amnestem	1	
AMZEEQ	3	
ANZUPGO	3	PA; QL
azelaic acid external	1	
betamethasone dipropionate external	1	
CIBINQO	4	PA; QL

Drug Name	Drug Tier	Notes
claravis	1	
clindacin etz	1	
clindacin-p	1	
clindamycin phos (twice-daily)	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external foam	1	
clobetasol propionate external gel	1	
clobetasol propionate external ointment	1	
clobetasol propionate external shampoo	1	
clobetasol propionate external solution	1	
clodan	1	
diclofenac sodium external gel 3 %	1	
DUPIXENT	4	PA; QL
EBGLYSS	4	PA; QL
ENSTILAR	3	QL
EUCRISA	3	ST
FINACEA EXTERNAL FOAM	3	
fluocinonide external cream	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
fluorouracil external cream 5 %	1	

Drug Name	Drug Tier	Notes
fluticasone propionate external cream	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
HYFTOR	2	PA
imiquimod external cream 3.75 %	1	ST
imiquimod external cream 5 %	1	
imiquimod pump	1	ST
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
KLISYRI (250 MG)	3	ST
KLISYRI (350 MG)	3	ST
LEQSELVI	5	PA; QL
LITFULO	5	PA; QL
metronidazole external	1	
mometasone furoate external	1	
NEMLUVIO	4	PA; QL
OPZELURA	5	ST; QL
QBREXZA	3	QL
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %	2	PA
SANTYL	3	QL
SOFDRA	3	QL
tacrolimus external	1	QL
tretinoin external	1	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm	1	
VTAMA	3	ST
WINLEVI	3	PA
WYNZORA	3	QL
YCANTH	3	PA

Drug Name	Drug Tier	Notes
ZELSUVM	3	PA
zenatane	1	
ZILXI	3	ST
ZORYVE EXTERNAL CREAM 0.15 %, 0.3 %	3	ST
ZORYVE EXTERNAL FOAM	3	ST
Diabetes - Antidiabetic Agents		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
GLYXAMBI	2	ST
JANUMET	2	
JANUMET XR	3	
JANUVIA	2	
JARDIANCE	2	ST
JENTADUETO	2	
JENTADUETO XR	2	
metformin hcl er	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
MOUNJARO	2	PA; QL
OZEMPIC	2	PA; QL
pioglitazone hcl	1	
RYBELSUS	2	PA; QL
SOLIQUA	3	
SYNJARDY	2	ST
SYNJARDY XR	2	ST
TRADJENTA	2	
TRIJARDY XR	2	ST
TRULICITY	2	PA; QL
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	ST

Drug Name	Drug Tier	Notes
Diabetes - Glucose Monitoring		
CEQR SIMPLICITY 2U 10PK	2	
CONTOUR NEXT GEN TEST STRIPS	2	
CONTOUR PLUS TEST STRIP	2	
CONTOUR TEST STRIPS	2	
FREESTYLE INSULINX TEST STRIPS	2	
FREESTYLE LITE TEST STRIPS	2	
FREESTYLE PRECISION NEO TEST STRIPS	2	
FREESTYLE TEST STRIPS	2	
PRECISION XTRA BLOOD GLUCOSE STRIPS	2	
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
GLUCAGON EMERGENCY KIT	2	
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE KIT	3	
GVOKE PFS	2	
Diabetes - Insulins		
ADMELOG	3	ST
ADMELOG SOLOSTAR	3	ST
APIDRA SOLOSTAR	3	ST
APIDRA VIAL	3	ST
BASAGLAR KWIKPEN	3	

Drug Name	Drug Tier	Notes
BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	\$0	
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML	\$0	
FIASP	2	
FIASP FLEXTOUCH	2	
FIASP PENFILL	2	
FIASP PUMPCART	2	
HUMALOG	3	ST
HUMALOG KWIKPEN SOLUTION PEN- INJECTOR 200 UNIT/ML SUBCUTANEOUS	3	
HUMALOG KWIKPEN SOLUTION PEN- INJECTOR 200 UNIT/ML SUBCUTANEOUS	3	ST
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML	3	ST
HUMALOG MIX 50/50 KWIKPEN	3	ST
HUMALOG MIX 75/25 KWIKPEN	3	ST
HUMALOG MIX 75/25 VIAL	3	ST
HUMALOG U-100 JUNIOR KWIKPEN	3	
HUMULIN 70/30 KWIKPEN	2	ST
HUMULIN 70/30 VIAL	3	ST
HUMULIN N KWIKPEN	3	ST
HUMULIN N VIAL	3	ST

Drug Name	Drug Tier	Notes
HUMULIN R SOLUTION 100 UNIT/ML INJECTION	3	
HUMULIN R SOLUTION 100 UNIT/ML INJECTION	3	ST
HUMULIN R U-500 KWIKPEN	3	
INSULIN GLARGINE MAX SOLOSTAR	3	
INSULIN GLARGINE SOLOSTAR	3	
INSULIN LISPRO	3	
INSULIN LISPRO (1 UNIT DIAL)	3	
INSULIN LISPRO JUNIOR KWIKPEN	3	
INSULIN LISPRO PROT & LISPRO	2	
LANTUS SOLOSTAR	2	
LANTUS U-100 VIAL	2	
LYUMJEV KWIKPEN	3	ST
LYUMJEV VIAL	3	ST
MERILOG	3	
MERILOG SOLOSTAR	3	
NOVOLIN 70/30 FLEXPEN	2	
NOVOLIN 70/30 FLEXPEN RELION	2	
NOVOLIN 70/30 VIAL	2	
NOVOLIN N FLEXPEN	3	
NOVOLIN N FLEXPEN RELION	3	
NOVOLIN N VIAL	2	
NOVOLIN R FLEXPEN	3	
NOVOLIN R FLEXPEN RELION	3	
NOVOLIN R VIAL	2	
NOVOLOG FLEXPEN	2	
NOVOLOG FLEXPEN RELION	2	PA
NOVOLOG MIX 70/30 FLEXPEN	2	

Drug Name	Drug Tier	Notes
NOVOLOG MIX 70/30 VIAL	2	
NOVOLOG PENFILL	2	
NOVOLOG RELION	2	PA
NOVOLOG U-100 VIAL	2	
REZVOGLAR KWIKPEN	3	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
Electrolytes / Minerals / Metals / Vitamins		
ACCRUFER	3	
cyanocobalamin injection solution 1000 mcg/ml	1	
cyanocobalamin nasal	1	
ergocalciferol oral capsule	1	
folic acid oral tablet 1 mg	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral tablet extended release	1	
LOKELMA	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium citrate er	1	
tolvaptan	5	PA; QL
VELTASSA	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	

Drug Name	Drug Tier	Notes
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	1	
misoprostol oral	1	
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
CLENPIQ	3	
constulose	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine oral tablet	1	
enulose	1	
gavilyte-c	1	
gavilyte-g	1	
generlac	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
IQIRVO	5	PA; QL
lactulose encephalopathy	1	
lactulose oral solution	1	
LINZESS	2	ST; QL
LIVDELZI	5	PA; QL
loperamide hcl oral capsule	1	
lubiprostone	1	QL
MOVANTIK	3	ST; QL
na sulfate-k sulfate-mg sulf	1	
peg-3350/electrolytes	1	
REBYOTA	4	PA
SUFLAVE	3	

Drug Name	Drug Tier	Notes
SUTAB	3	
SYMPROIC	3	ST; QL
TALICIA	3	
VIBERZI	3	PA; QL
VOQUEZNA DUAL PAK	3	
VOQUEZNA TRIPLE PAK	3	
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	4	PA
CREON	2	
FABRAZYME	4	PA
ORFADIN ORAL SUSPENSION	4	PA
PANCREAZE	3	ST
PHEBURANE	5	PA
STRENSIQ	5	PA
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
FILSPARI	4	PA; QL
mirabegron er	1	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	2	
OXLUMO	5	PA
oxybutynin chloride er	1	
oxybutynin chloride oral tablet 5 mg	1	
solifenacin succinate	1	
VANRAFIA	4	PA; QL
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
dutasteride oral	1	

Drug Name	Drug Tier	Notes
finasteride oral tablet 5 mg	1	
tamsulosin hcl	1	
TEZRULY	3	PA
Hormonal Agents - Adrenal		
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
fludrocortisone acetate oral	1	
hydrocortisone oral	1	
methylprednisolone oral	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
Hormonal Agents - Men's Health		
testosterone cypionate intramuscular	1	PA; QL
testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1	PA; QL
XYOSTED	3	PA; QL
Hormonal Agents - Pituitary		
ACTHAR	4	PA
ACTHAR GEL	4	PA
cabergoline	1	

Drug Name	Drug Tier	Notes
CORTROPHIN	4	PA
CORTROPHIN GEL	4	PA
desmopressin acetate oral	1	
FOLLISTIM AQ	4	PA
ganirelix acetate	4	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	4	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	4	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	4	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	4	PA
LUPRON DEPOT-PED (1-MONTH)	4	PA; QL
LUPRON DEPOT-PED (3-MONTH)	4	PA; QL
LUPRON DEPOT-PED (6-MONTH)	4	PA; QL
NGENLA	5	PA
NORDITROPIN FLEXPRO	4	PA
NUTROPIN AQ NUSPIN 10	4	PA
OMNITROPE	5	PA
ORILISSA	3	PA; QL
OVIDREL	4	PA
SKYTROFA	5	PA
SOGROYA	5	PA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	4	PA
TRIPTODUR	4	PA; QL

Drug Name	Drug Tier	Notes
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	
Hormonal Agents - Sex Hormones and Birth Control		
afirmelle	1	
altavera	1	
apri	1	
aubra eq	1	
aurovela 1.5/30	1	
aurovela 1/20	1	
aurovela 24 fe	1	
aurovela fe 1.5/30	1	
aurovela fe 1/20	1	
aviane	1	
ayuna	1	
BIJUVA	3	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
blisovi fe 1/20	1	
camila	1	
chateal eq	1	
CLIMARA PRO	3	
cryselle	1	
cyred eq	1	
deblitane	1	
delyla	1	
dotti	1	
drospirenone-ethinyl estradiol	1	
DUAVEE	2	
ELESTRIN	3	
elinest	1	
emzahh	1	
enskyce	1	
errin	1	
estarylla	1	

Drug Name	Drug Tier	Notes
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal	1	
EVAMIST	3	
falmina	1	
feirza 1.5/30	1	
feirza 1/20	1	
fyavolv	1	
gallifrey	1	
hailey 1.5/30	1	
hailey 24 fe	1	
hailey fe 1.5/30	1	
hailey fe 1/20	1	
heather	1	
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
incassia	1	
isibloom	1	
jasmiel	1	
jencycla	1	
jinteli	1	
juleber	1	
junel 1.5/30	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
junel fe 24	1	
kalliga	1	
kurvelo	1	
larin 1.5/30	1	
larin 1/20	1	
larin 24 fe	1	
larin fe 1.5/30	1	
larin fe 1/20	1	
lessina	1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	1	

Drug Name	Drug Tier	Notes
loryna	1	
low-ogestrel	1	
lo-zumandimine	1	
luizza 1.5/30	1	
luizza 1/20	1	
lyleq	1	
lyllana	1	
lyza	1	
marlissa	1	
medroxyprogesterone acetate oral	1	
meleya	1	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
mili	1	
mono-lynyah	1	
MYFEMBREE	3	PA; QL
nikki	1	
nora-be	1	
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	
norethindrone oral	1	
norethindrone-eth estradiol	1	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	
norgestimate-ethinyl estradiol triphasic	1	
norlyroc	1	
ORIAHNN	2	PA; QL
orquidea	1	
portia-28	1	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	

Drug Name	Drug Tier	Notes
progesterone intramuscular	1	
progesterone oral	1	
reclipsen	1	
sharobel	1	
sprintec 28	1	
syeda	1	
tarina 24 fe	1	
tarina fe 1/20 eq	1	
tri-estarylla	1	
tri-linyah	1	
tri-lo-estarylla	1	
tri-lo-marzia	1	
tri-lo-mili	1	
tri-lo-sprintec	1	
tri-mili	1	
tri-sprintec	1	
tri-vylibra	1	
tri-vylibra lo	1	
turqoz	1	
vestura	1	
vienva	1	
vylibra	1	
yuvafem	1	
zumandimine	1	
Hormonal Agents - Thyroid		
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liomny	1	
liothyronine sodium oral	1	
methimazole oral	1	
TIROSINT	3	
TIROSINT-SOL	3	
unithroid	1	

Drug Name	Drug Tier	Notes
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	5	PA; QL
ACTEMRA INTRAVENOUS	5	PA
ACTEMRA SUBCUTANEOUS	5	PA; QL
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	4	PA; QL
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	5	PA; QL
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	4	PA; QL
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	5	PA; QL
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	4	PA; QL
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	5	PA; QL
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	5	PA; QL
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	4	PA; QL

Drug Name	Drug Tier	Notes
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	4	PA; QL
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	4	PA; QL
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	5	PA; QL
ANDEMBRY	5	PA; QL
AVSOLA	4	PA
AVTOZMA INTRAVENOUS	5	PA
AVTOZMA SUBCUTANEOUS	5	PA; QL
azathioprine oral	1	
BENLYSTA	5	PA
BIMZELX	5	PA; QL
BIVIGAM	5	PA
CIMZIA	4	PA; QL
CIMZIA (1 SYRINGE)	4	PA; QL
CIMZIA (2 SYRINGE)	4	PA; QL
CIMZIA-STARTER	4	PA; QL
COSENTYX SENSOREADY (300 MG)	5	PA; QL
COSENTYX SENSOREADY PEN	5	PA; QL
COSENTYX UNOREADY	5	PA; QL
CUTAQUIG	5	PA
DAWNZERA	5	PA; QL
ENBREL	4	PA; QL
ENBREL MINI	4	PA; QL
ENBREL SURECLICK	4	PA; QL
ENTYVIO PEN	5	PA; QL
HAEGARDA	5	PA; QL

Drug Name	Drug Tier	Notes
HIZENTRA	5	PA
HUMIRA (1 PEN)	4	PA; QL
HUMIRA (2 PEN)	4	PA; QL
HUMIRA-CD/UC/HS STARTER	4	PA; QL
HUMIRA-PSORIASIS/UEVIT STARTER	4	PA; QL
INFLECTRA	4	PA
JYLAMVO	3	PA
leflunomide oral	1	
LUPKYNIS	5	PA; QL
methotrexate sodium (pf)	1	
methotrexate sodium injection solution	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	4	
mycophenolate mofetil oral tablet	4	
mycophenolate sodium	4	
mycophenolic acid	4	
MYHIBBIN	5	
OLUMIANT	5	PA; QL
OMVOH	4	PA; QL
OMVOH (300 MG DOSE)	4	PA; QL
ORENCIA CLICKJECT	5	PA; QL
ORENCIA INTRAVENOUS	5	PA
ORENCIA SUBCUTANEOUS	5	PA; QL
ORLADEYO ORAL CAPSULE	5	PA; QL
OTEZLA	4	PA; QL
OTEZLA XR	4	PA; QL
OTEZLA/OTEZLA XR INITIATION PK	4	PA; QL
PANZYGA	5	PA
PRIVIGEN	5	PA

Drug Name	Drug Tier	Notes
RASUVO	3	PA; QL
RHAPSIDO	4	PA; QL
RINVOQ	4	PA; QL
RINVOQ LQ	4	PA; QL
RUCONEST	5	PA; QL
SIMPONI	4	PA; QL
SIMPONI ARIA	4	PA
SKYRIZI INTRAVENOUS	4	PA
SKYRIZI PEN	4	PA; QL
SKYRIZI SUBCUTANEOUS	4	PA; QL
SOTYKTU	4	PA; QL
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL
tacrolimus oral	4	
TAKHZYRO	5	PA; QL
TALTZ	4	PA; QL
TREMFYA INTRAVENOUS	4	PA
TREMFYA ONE-PRESS	4	PA; QL
TREMFYA PEN	4	PA; QL
TREMFYA SUBCUTANEOUS	4	PA; QL
TREMFYA-CD/UC INDUCTION	4	PA; QL
TREXALL	2	
VELSIPITY	5	PA; QL
WEZLANA INTRAVENOUS	4	PA
WEZLANA SUBCUTANEOUS	4	PA; QL
XELJANZ	4	PA; QL
XELJANZ XR	4	PA; QL
XEMBIFY	5	PA
YESINTEK INTRAVENOUS	4	PA
YESINTEK SUBCUTANEOUS	4	PA; QL

Drug Name	Drug Tier	Notes
Inflammatory Bowel Disease Agents		
budesonide oral	1	
CORTIFOAM	2	
DIPENTUM	3	
hydrocortisone (perianal)	1	
mesalamine er oral capsule 0.375 gm	1	
mesalamine oral capsule delayed release 400 mg	1	
mesalamine oral tablet delayed release 1.2 gm	1	
PROCTOFOAM HC	2	
procto-med hc	1	
Metabolic Bone Disease Agents		
OSENVELT	4	PA
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet	1	
BONSITY	4	PA
STOBOCLO	4	PA; QL
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	4	PA
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	4	PA
TYMLOS	4	PA
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
RAYALDEE	3	

Drug Name	Drug Tier	Notes
Miscellaneous Therapeutic Agents		
AQINJECT PEN NEEDLE	\$0	
BD PEN NEEDLE MICRO ULTRAFINE	\$0	
BD PEN NEEDLE MINI ULTRAFINE	\$0	
BD PEN NEEDLE NANO ULTRAFINE	\$0	
BD PEN NEEDLE ORIG ULTRAFINE	\$0	
BD PEN NEEDLE SHORT ULTRAFINE	\$0	
BD ULTRA-FINE PEN NEEDLES	\$0	
BYLVAY	4	PA
BYLVAY (PELLETS)	4	PA
DUROLANE	3	PA; QL
DYSPORT	3	PA
EUFLEXXA	5	PA; QL
GELSYN-3	5	PA; QL
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	\$0	
KERENDIA	3	PA; QL
MYOBLOC	4	PA
NOVOFINE PEN NEEDLE	\$0	
NOVOFINE PLUS PEN NEEDLE	\$0	
OMNIPOD 5 DEXCOM INTRO KIT	2	PA; QL
OMNIPOD 5 DEXCOM PODS	2	PA; QL
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	2	PA; QL
OMNIPOD 5 LIBRE PODS	2	PA; QL
OMNIPOD DASH INTRO KIT	2	PA; QL

Drug Name	Drug Tier	Notes
OMNIPOD DASH PODS	2	PA; QL
VEOZAH	3	PA; QL
WEGOVY SUBCUTANEOUS	3	PA; QL
XEOMIN	3	PA
YORVIPATH	4	PA; QL
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
ciprofloxacin hcl ophthalmic	1	
diclofenac sodium ophthalmic	1	
erythromycin ophthalmic	1	
EYSUVIS	3	PA; QL
FLAREX	3	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX SM	3	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth	1	
ofloxacin ophthalmic	1	
prednisolone acetate ophthalmic	1	
TOBRADEX ST	3	
tobramycin-dexamethasone	1	

Drug Name	Drug Tier	Notes
Ophthalmic Agents - Drugs for Glaucoma		
brimonidine tartrate ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
latanoprost ophthalmic	1	
RHOPRESSA	3	ST; QL
ROCKLATAN	3	ST; QL
SIMBRINZA	3	
timolol maleate (once-daily)	1	
timolol maleate ophthalmic solution	1	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
CEQUA	3	PA; QL
MIEBO	3	PA; QL
polymyxin b-trimethoprim	1	
RESTASIS MULTIDOSE	2	PA; QL
TRYPTYR	3	PA; QL
TYRVAYA	3	PA; QL
VERKAZIA	2	PA
XIIDRA	3	PA; QL
Otic Agents - Drugs for Ear Conditions		
ciprofloxacin-dexamethasone	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	1	QL
azelastine-fluticasone	1	QL

Drug Name	Drug Tier	Notes
benzonatate oral capsule 100 mg, 200 mg	1	
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet	1	
fluticasone propionate nasal	1	
ipratropium bromide nasal	1	
mometasone furoate nasal	1	QL
OMNARIS	3	QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
QNASL	3	QL
QNASL CHILDRENS	3	QL
XHANCE	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ADVAIR HFA	2	QL
AIRSUPRA	3	QL
albuterol sulfate hfa	1	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	QL
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	QL
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	QL
ANORO ELLIPTA	2	QL
ARNUIITY ELLIPTA	3	QL

Drug Name	Drug Tier	Notes
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	2	
BREO ELLIPTA	2	QL
brey-na	1	QL
BREZTRI AEROSPHERE	2	QL
budesonide inhalation	1	QL
budesonide-formoterol fumarate	1	QL
COMBIVENT RESPIMAT	2	QL
epinephrine injection solution auto-injector	1	
FASENRA	4	PA; QL
FASENRA PEN	4	PA; QL
FLUTICASONE FUROATE-VILANTEROL	2	PA; QL
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	3	QL
fluticasone propionate hfa inhalation aerosol 44 mcg/act	1	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL
ipratropium bromide inhalation	1	QL

Drug Name	Drug Tier	Notes
ipratropium-albuterol	1	QL
montelukast sodium oral	1	
NEFFY	3	
NUCALA	4	PA; QL
PROAIR RESPICLICK	2	QL
QVAR REDIHALER	2	QL
SEREVENT DISKUS	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	3	QL
TEZSPIRE	5	PA; QL
tiotropium bromide	1	QL
TRELEGY ELLIPTA	2	QL
wixela inhub	1	QL
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA
XOPENEX HFA	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BRONCHITOL	5	PA; QL
BRONCHITOL TOLERANCE TEST	5	PA; QL
PULMOZYME	4	PA
TOBI PODHALER	4	QL
TRIKAFTA	4	PA; QL

Drug Name	Drug Tier	Notes
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	5	PA; QL
OPSUMIT	5	PA; QL
ORENITRAM	5	PA
ORENITRAM MONTH 1	5	PA; QL
ORENITRAM MONTH 2	5	PA; QL
ORENITRAM MONTH 3	5	PA; QL
sildenafil citrate oral suspension reconstituted	4	PA; QL
sildenafil citrate oral tablet 20 mg	4	PA; QL
TADLIQ	5	PA; QL
treprostinil	4	PA
TYVASO	4	PA; QL
TYVASO DPI INSTITUTIONAL KIT	4	PA; QL
TYVASO DPI MAINTENANCE KIT	4	PA; QL
TYVASO DPI TITRATION KIT	4	PA; QL
TYVASO REFILL KIT	4	PA; QL
TYVASO STARTER KIT	4	PA; QL
YUTREPIA	5	PA; QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet	1	
carisoprodol oral	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
methocarbamol oral tablet 500 mg, 750 mg	1	
tizanidine hcl oral capsule 6 mg	1	
tizanidine hcl oral tablet	1	

Drug Name	Drug Tier	Notes
Sleep Disorder Agents		
armodafinil	1	PA; QL
BELSOMRA	3	QL
doxepin hcl oral tablet	1	QL
eszopiclone	1	QL
LUMRYZ	5	PA; QL
LUMRYZ STARTER PACK	5	PA; QL
modafinil oral	1	PA; QL
sodium oxybate	4	PA; QL
SUNOSI	3	PA; QL
temazepam	1	QL
WAKIX	5	PA; QL
XYWAV	5	PA; QL
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FILSPARI.....	21	GVOKE PFS.....	18	IMVEXXY STARTER PACK.....	23
FINACEA.....	17	GYNAZOLE-1.....	10	INBRIJA.....	12
finasteride.....	21	HAEGARDA.....	25	incassia.....	23

indomethacin.....	7	KETOROLAC		LITFULO.....	17
INFLECTRA.....	25	TROMETHAMINE.....	7	lithium carbonate.....	13
INGREZZA.....	16	ketorolac tromethamine +rfid.....	7	lithium carbonate er.....	13
INSULIN GLARGINE MAX		KISQALI (200 MG DOSE).....	11	LIVDELZI.....	20
SOLOSTAR.....	19	KISQALI (400 MG DOSE).....	11	LOKELMA.....	20
INSULIN GLARGINE		KISQALI (600 MG DOSE).....	11	loperamide hcl.....	20
SOLOSTAR.....	19	klayesta.....	10	LOPRESSOR.....	15
INSULIN LISPRO.....	19	KLISYRI (250 MG).....	17	lorazepam.....	13
INSULIN LISPRO (1 UNIT		KLISYRI (350 MG).....	17	loryna.....	23
DIAL).....	19	klor-con.....	20	losartan potassium.....	15
INSULIN LISPRO JUNIOR		klor-con 10.....	20	losartan potassium-hctz.....	15
KWIKPEN.....	19	klor-con m10.....	20	LOTEMAX SM.....	27
INSULIN LISPRO PROT &		klor-con m15.....	20	lovastatin.....	15
LISPRO.....	19	klor-con m20.....	20	low-ogestrel.....	23
INSULIN PEN NEEDLES.....	27	KLOXXADO.....	8	lo-zumandimine.....	23
INVEGA HAFYERA.....	12	KOATE.....	13	lubiprostone.....	20
INVEGA SUSTENNA.....	12	KOSELUGO.....	11	luizza 1.5/30.....	23
INVEGA TRINZA.....	12	KOVALTRY.....	13	luizza 1/20.....	23
INVELTYS.....	27	kurvelo.....	23	LUMAKRAS.....	11
ipratropium bromide.....	28, 29	labetalol hcl.....	15	LUMRYZ.....	30
ipratropium-albuterol.....	29	lacosamide.....	9	LUMRYZ STARTER PACK.....	30
IQIRVO.....	20	lactulose.....	20	LUPKYNIS.....	25
irbesartan.....	14	lactulose encephalopathy.....	20	LUPRON DEPOT (1-MONTH).....	22
irbesartan-hydrochlorothiazide..	14	lamotrigine.....	9	LUPRON DEPOT (3-MONTH).....	22
isibloom.....	23	lamotrigine er.....	9	LUPRON DEPOT (4-MONTH)	
isosorbide mononitrate er.....	14	LANTUS SOLOSTAR.....	19	INTRAMUSCULAR KIT 30MG.....	22
isotretinoin.....	17	LANTUS U-100 VIAL.....	19	LUPRON DEPOT (6-MONTH)	
JANUMET.....	18	larin 1.5/30.....	23	INTRAMUSCULAR KIT 45MG.....	22
JANUMET XR.....	18	larin 1/20.....	23	LUPRON DEPOT-PED (1-	
JANUVIA.....	18	larin 24 fe.....	23	MONTH).....	22
JARDIANCE.....	18	larin fe 1.5/30.....	23	LUPRON DEPOT-PED (3-	
jasmiel.....	23	larin fe 1/20.....	23	MONTH).....	22
jencycla.....	23	latanoprost.....	28	LUPRON DEPOT-PED (6-	
JENTADUETO.....	18	leflunomide.....	25	MONTH).....	22
JENTADUETO XR.....	18	lenalidomide.....	11	lurasidone hcl.....	12
jinteli.....	23	LEQSELVI.....	17	LYBALVI.....	12
JIVI.....	13	lessina.....	23	lyleq.....	23
JORNAY PM.....	15	letrozole.....	11	lyllana.....	23
JOURNAVX.....	7	levetiracetam.....	9	LYNPARZA.....	11
juleber.....	23	levofloxacin.....	8	LYUMJEV KWIKPEN.....	19
JULUCA.....	13	levonorgestrel-ethinyl estrad.....	23	LYUMJEV VIAL.....	19
junel 1.5/30.....	23	levo-t.....	24	lyza.....	23
junel 1/20.....	23	levothyroxine sodium.....	24	marlissa.....	23
junel fe 1.5/30.....	23	levoxyl.....	24	MAVENCLAD.....	16
junel fe 1/20.....	23	lidocaine.....	7	MAVYRET.....	13
junel fe 24.....	23	lidocaine viscous hcl.....	16	MAYZENT.....	16
JYLAMVO.....	25	lidocaine-prilocaine.....	7	MAYZENT STARTER PACK.....	16
kalliga.....	23	LINZESS.....	20	meclizine hcl.....	10
KANJINTI.....	11	liomny.....	24	medroxyprogesterone acetate..	23
KERENDIA.....	27	liothyronine sodium.....	24	MEKINIST.....	11
KESIMPTA.....	16	lisdexamfetamine dimesylate....	15	meleya.....	23
ketoconazole.....	10	lisinopril.....	15	meloxicam.....	7
ketorolac tromethamine.....	7, 27	lisinopril-hydrochlorothiazide....	15	memantine hcl.....	9

MERILOG.....	19	MYRBETRIQ.....	21	NOVOLIN R FLEXPEN	
MERILOG SOLOSTAR.....	19	na sulfate-k sulfate-mg sulf.....	20	RELION.....	19
mesalamine.....	26	nabumetone.....	7	NOVOLIN R VIAL.....	19
mesalamine er oral capsule		naloxone hcl.....	8	NOVOLOG FLEXPEN.....	19
0.375 gm.....	26	naltrexone hcl.....	8	NOVOLOG FLEXPEN	
metformin hcl er.....	18	naproxen.....	7	RELION.....	19
metformin hcl ir.....	18	naratriptan hcl.....	10	NOVOLOG MIX 70/30	
methimazole.....	24	NAYZILAM.....	9	FLEXPEN.....	19
methocarbamol.....	30	neбиволol hcl.....	15	NOVOLOG MIX 70/30 VIAL.....	20
methotrexate sodium.....	25	NEFFY.....	29	NOVOLOG PENFILL.....	20
methotrexate sodium (pf).....	25	NEMLUVIO.....	17	NOVOLOG RELION.....	20
methylphenidate hcl.....	16	neomycin-polymyxin-dexameth	27	NOVOLOG U-100 VIAL.....	20
methylphenidate hcl er.....	15	neomycin-polymyxin-hc.....	28	NUBEQA.....	11
methylphenidate hcl er (cd).....	15	NEULASTA.....	13	NUCALA.....	29
methylphenidate hcl er (la).....	16	NEULASTA ONPRO.....	13	NURTEC.....	10
methylphenidate hcl er (osm)....	16	NEUPRO.....	12	NUTROPIN AQ NUSPIN 10.....	22
methylphenidate hcl er (xr).....	16	NEXLETOL.....	15	NUWIQ.....	14
methylprednisolone.....	21	NEXLIZET.....	15	NUZYRA.....	8
metoclopramide hcl.....	10	NGENLA.....	22	nystatin.....	10
metoprolol succinate er.....	15	nifedipine er.....	15	nystop.....	10
metoprolol tartrate.....	15	nifedipine er osmotic release....	15	ODOMZO.....	11
metronidazole.....	8, 17	nikki.....	23	ofloxacin.....	27, 28
microgestin 1.5/30.....	23	nitrofurantoin macrocrystal.....	8	olanzapine.....	12
microgestin 1/20.....	23	nitrofurantoin monohydrate		olmesartan medoxomil.....	15
microgestin fe 1.5/30.....	23	macrocrystals.....	8	olmesartan medoxomil-hctz.....	15
microgestin fe 1/20.....	23	nitroglycerin.....	15	OLUMIANT.....	25
midodrine hcl.....	15	NIVESTYM.....	13	omega-3-acid ethyl esters.....	15
MIEBO.....	28	nora-be.....	23	OMNARIS.....	28
mili.....	23	NORDITROPIN FLEXPRO.....	22	OMNIPOD 5 DEXCOM INTRO	
minocycline hcl.....	8	norethindrone.....	23	KIT.....	27
minoxidil.....	15	norethindrone acetate.....	23	OMNIPOD 5 DEXCOM PODS..	27
mirabegron er.....	21	norethindrone acet-ethinyl est...23		OMNIPOD 5 LIBRE PODS.....	27
mirtazapine.....	9	norethindrone-eth estradiol.....	23	OMNIPOD 5 LIBRE2 G6	
misoprostol.....	20	norgestimate-eth estradiol.....	23	INTRO GEN5.....	27
modafinil.....	30	norgestimate-ethinyl estradiol		OMNIPOD DASH INTRO KIT...27	
mometasone furoate.....	17, 28	triphasic.....	23	OMNIPOD DASH PODS.....	27
mono-linyah.....	23	NORLIQVA.....	15	OMNITROPE.....	22
montelukast sodium.....	29	norlyroc.....	23	OMVOH.....	25
morphine sulfate er.....	7	nortriptyline hcl.....	9	OMVOH (300 MG DOSE).....	25
MOTPOLY XR.....	9	NOVOEIGHT.....	13	ondansetron hcl.....	10
MOUNJARO.....	18	NOVOFINE PEN NEEDLE.....	27	ondansetron odt.....	10
MOVANTIK.....	20	NOVOFINE PLUS PEN		ONGENTYS.....	12
moxifloxacin hcl.....	8, 27	NEEDLE.....	27	OPSUMIT.....	30
moxifloxacin hcl (2x day).....	27	NOVOLIN 70/30 FLEXPEN.....	19	OPVEE.....	8
MULTAQ.....	15	NOVOLIN 70/30 FLEXPEN		OPZELURA.....	17
mupirocin.....	8	RELION.....	19	ORENCIA.....	25
MVASI.....	11	NOVOLIN 70/30 VIAL.....	19	ORENCIA CLICKJECT.....	25
mycophenolate mofetil.....	25	NOVOLIN N FLEXPEN.....	19	ORENITRAM.....	30
mycophenolate sodium.....	25	NOVOLIN N FLEXPEN		ORENITRAM MONTH 1.....	30
mycophenolic acid.....	25	RELION.....	19	ORENITRAM MONTH 2.....	30
MYFEMBREE.....	23	NOVOLIN N VIAL.....	19	ORENITRAM MONTH 3.....	30
MYHIBBIN.....	25	NOVOLIN R FLEXPEN.....	19	ORFADIN.....	21
MYOBLOC.....	27			ORGOVYX.....	11

ORIAHNN.....	23	prednisone.....	21	RHOPRESSA.....	28
ORILISSA.....	22	pregabalin.....	16	RINVOQ.....	26
ORLADEYO.....	25	PREMARIN.....	23	RINVOQ LQ.....	26
ORLYNVAH.....	8	PREMPHASE.....	23	risperidone.....	12
orquidea.....	23	PREMPRO.....	23	rizatriptan benzoate.....	10
oseltamivir phosphate.....	13	PREZCOBIX.....	13	ROCKLATAN.....	28
OSEVELT.....	26	PRIVIGEN.....	25	ropinirole hcl.....	12
OSPHENA.....	22	PROAIR RESPICLICK.....	29	rosuvastatin calcium.....	15
OTEZLA.....	25	prochlorperazine maleate.....	10	roweepra.....	9
OTEZLA XR.....	25	PROCRIPT.....	14	ROXYBOND.....	7
OTEZLA/OTEZLA XR		PROCTOFOAM HC.....	26	ROZLYTREK.....	11
INITIATION PK.....	25	procto-med hc.....	26	RUCONEST.....	26
OVIDREL.....	22	progesterone.....	24	RUXIENCE.....	11
oxcarbazepine.....	9	promethazine hcl.....	10	RYBELSUS.....	18
OXLUMO.....	21	promethazine-dm.....	28	RYDAPT.....	11
oxybutynin chloride.....	21	propranolol hcl.....	15	RYKINDO.....	12
oxybutynin chloride er.....	21	propranolol hcl er.....	15	sacubitril-valsartan.....	15
oxycodone hcl.....	7	pseudoephedrine-bromphen-		SANTYL.....	17
oxycodone-acetaminophen.....	7	dm.....	28	SCEMBLIX.....	11, 12
OXYCONTIN.....	7	PULMOZYME.....	29	scopolamine.....	10
OZEMPIC.....	18	QBREXZA.....	17	SEREVENT DISKUS.....	29
PANCREAZE.....	21	QELBREE.....	16	sertraline hcl.....	10
PANRETIN.....	11	QNASL.....	28	sharobel.....	24
PANZYGA.....	25	QNASL CHILDRENS.....	28	sildenafil citrate.....	30
paroxetine hcl.....	9	quetiapine fumarate.....	12	silver sulfadiazine.....	8
PAXLOVID (150/100).....	13	quetiapine fumarate er.....	12	SIMBRINZA.....	28
PAXLOVID (300/100 &		QULIPTA.....	10	SIMPONI.....	26
150/100).....	13	QVAR REDIHALER.....	29	SIMPONI ARIA.....	26
PAXLOVID (300/100).....	13	RADICAVA ORS.....	16	simvastatin.....	15
peg-3350/electrolytes.....	20	RADICAVA ORS STARTER		SKYRIZI.....	26
penicillin v potassium.....	8	KIT.....	16	SKYRIZI PEN.....	26
periogard.....	16	ramipril.....	15	SKYTROFA.....	22
PHEBURANE.....	21	ranolazine er.....	15	SOANZ.....	15
phentermine hcl.....	16	RASUVO.....	26	sodium oxybate.....	30
PHESGO.....	11	RAYALDEE.....	26	SOFDRA.....	17
PIFELTRO.....	13	REBIF.....	16	SOGROYA.....	22
pioglitazone hcl.....	18	REBIF REBIDOSE.....	16	solifenacin succinate.....	21
PIQRAY.....	11	REBIF REBIDOSE		SOLIQUA.....	18
polymyxin b-trimethoprim.....	28	TITRATION PACK.....	16	SOMATULINE DEPOT.....	22
portia-28.....	23	REBIF TITRATION PACK.....	16	SOTYKTU.....	26
potassium chloride crys er.....	20	REBINYN.....	14	SPIRIVA RESPIMAT.....	29
potassium chloride er.....	20	REBYOTA.....	20	spironolactone.....	15
potassium citrate er.....	20	reclipsen.....	24	sprintec 28.....	24
pramipexole dihydrochloride.....	12	REPATHA.....	15	ssd.....	8
prasugrel hcl.....	12	REPATHA SURECLICK.....	15	STELARA.....	26
pravastatin sodium.....	15	RESTASIS MULTIDOSE.....	28	STIOLTO RESPIMAT.....	29
prazosin hcl.....	15	RETACRIT.....	14	STIVARGA.....	12
PRECISION XTRA BLOOD		RETEVMO.....	11	STOBOCLO.....	26
GLUCOSE STRIPS.....	18	RETIN-A MICRO PUMP.....	17	STRENSIQ.....	21
prednisolone.....	21	REXTOVY.....	8	STRIVERDI RESPIMAT.....	29
prednisolone acetate.....	27	REXULTI.....	12	SUBLOCADE.....	8
prednisolone sodium		REZVOGLAR KWIKPEN.....	20	subvenite.....	9
phosphate.....	21	RHAPSIDO.....	26	sucralfate.....	20

SUFLAVE.....	20	TRADJENTA.....	18	ULTOMIRIS.....	14
sulfamethoxazole-trimethoprim... 8		tramadol hcl ir.....	7	unithroid.....	24
sulfatrim pediatric.....	8	tranexamic acid.....	14	UZEDY.....	12
sumatriptan succinate.....	10, 11	TRAZIMERA.....	12	valacyclovir hcl.....	13
SUNOSI.....	30	trazodone hcl.....	10	valsartan.....	15
SUTAB.....	21	TRELEGY ELLIPTA.....	29	valsartan-hydrochlorothiazide... 15	
syeda.....	24	TREMFYA.....	26	VALTOCO 10 MG DOSE.....	9
SYMPAZAN.....	9	TREMFYA ONE-PRESS.....	26	VALTOCO 15 MG DOSE.....	9
SYMPROIC.....	21	TREMFYA PEN.....	26	VALTOCO 20 MG DOSE.....	9
SYMTUZA.....	13	TREMFYA-CD/UC		VALTOCO 5 MG DOSE.....	9
SYNJARDY.....	18	INDUCTION.....	26	VANRAFIA.....	21
SYNJARDY XR.....	18	treprostinil.....	30	varenicline tartrate.....	8
TABRECTA.....	12	TRESIBA.....	20	varenicline tartrate(continue)..... 8	
tacrolimus.....	17, 26	TRESIBA FLEXTOUCH.....	20	VARUBI (180 MG DOSE).....	10
TADLIQ.....	30	tretinoin.....	17	VELSIPITY.....	26
TAFINLAR.....	12	TREXALL.....	26	VELTASSA.....	20
TAGRISSO.....	12	triamcinolone acetonide.....	17	venlafaxine hcl.....	10
TAKHZYRO.....	26	triamterene-hctz.....	15	venlafaxine hcl er.....	10
TALICIA.....	21	triazolam.....	13	VEOZAH.....	27
TALTZ.....	26	triderm.....	17	verapamil hcl er.....	15
tamoxifen citrate.....	12	tri-estarylla.....	24	VERKAZIA.....	28
tamsulosin hcl.....	21	TRIJARDY XR.....	18	VERQUVO.....	15
tarina 24 fe.....	24	TRIKAFTA.....	29	VERZENIO.....	12
tarina fe 1/20 eq.....	24	tri-linyah.....	24	vestura.....	24
TAVALISSE.....	14	tri-lo-estarylla.....	24	VIBERZI.....	21
TEGLUTIK.....	16	tri-lo-marzia.....	24	vienna.....	24
telmisartan.....	15	tri-lo-mili.....	24	vilazodone hcl.....	10
temazepam.....	30	tri-lo-sprintec.....	24	vitamin d (ergocalciferol).....	20
TEPMETKO.....	12	tri-mili.....	24	VITRAKVI.....	12
terbinafine hcl.....	10	TRINTELLIX.....	10	VIVITROL.....	8
terconazole.....	10	TRIPTODUR.....	22	VOQUEZNA DUAL PAK.....	21
teriparatide.....	26	tri-sprintec.....	24	VOQUEZNA TRIPLE PAK.....	21
TERIPARATIDE.....	26	TRIUMEQ.....	13	VOSEVI.....	13
testosterone.....	21	tri-vylibra.....	24	VOYDEYA.....	14
testosterone cypionate.....	21	tri-vylibra lo.....	24	VRAYLAR.....	12
TEZRULY.....	21	TRULICITY.....	18	VTAMA.....	17
TEZSPIRE.....	29	TRUQAP.....	12	VUMERITY.....	16
tiadylt er.....	15	TRYNGOLZA.....	15	vylibra.....	24
ticagrelor.....	12	TRYPTYR.....	28	VYNDAMAX.....	15
timolol maleate.....	28	turqoz.....	24	VYVANSE.....	16
timolol maleate (once-daily)..... 28		TYMLOS.....	26	VYVGART.....	11
tiotropium bromide.....	29	TYRVAYA.....	28	VYVGART HYTRULO.....	11
TIROSINT.....	24	TYVASO.....	30	WAINUA.....	16
TIROSINT-SOL.....	24	TYVASO DPI INSTITUTIONAL		WAKIX.....	30
tizanidine hcl.....	30	KIT.....	30	warfarin sodium.....	8
TOBI PODHALER.....	29	TYVASO DPI MAINTENANCE		WEGOVY.....	27
TOBRADEX ST.....	27	KIT.....	30	WEZLANA.....	26
tobramycin-dexamethasone..... 27		TYVASO DPI TITRATION KIT.. 30		WILATE.....	14
tolvaptan.....	20	TYVASO REFILL KIT.....	30	WINLEVI.....	17
topiramate.....	9	TYVASO STARTER KIT.....	30	wixela inhub.....	29
torse mide.....	15	UBRELVY.....	11	WYNZORA.....	17
TOUJEO MAX SOLOSTAR.....	20	UDENYCA.....	14	XACIATO.....	8
TOUJEO SOLOSTAR.....	20	UDENYCA ONBODY.....	14	XARELTO.....	8

XARELTO STARTER PACK.....	9
XCOPRI.....	9
XELJANZ.....	26
XELJANZ XR.....	26
XEMBIFY.....	26
XEOMIN.....	27
XHANCE.....	28
XIGDUO XR.....	18
XIIDRA.....	28
XOFLUZA (40 MG DOSE).....	13
XOFLUZA (80 MG DOSE).....	13
XOLAIR.....	29
XOPENEX HFA.....	29
XTAMPZA ER.....	7
XTANDI.....	12
XYNTHA.....	14
XYNTHA SOLOFUSE.....	14
XYOSTED.....	21
XYWAV.....	30
YCANTH.....	17
YESINTEK.....	26
YORVIPATH.....	27
YUTREPIA.....	30
yuvafem.....	24
ZARXIO.....	14
ZAVZPRET.....	11
ZEJULA.....	12
ZELBORAF.....	12
ZELSUVMI.....	18
zenatane.....	18
ZENPEP.....	21
ZEPBOUND.....	27
ZEPOSIA.....	16
ZEPOSIA 7-DAY STARTER PACK.....	16
ZEPOSIA STARTER KIT.....	16
ZILXI.....	18
ZIRABEV.....	12
zolpidem tartrate.....	30
zolpidem tartrate er.....	30
zonisamide.....	9
ZORYVE.....	18
ZUBSOLV.....	8
zumandimine.....	24
ZURZUVAE.....	10

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ATTENTION: Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòm lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistentendienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

LUS TSEEM CEEB: Yog tias koj hais **lus Hmoob (Hmong)**, muaj cov kev pab cuam txhais lus thiab muaj kev sib txuas lus pab dawb ua lwm hom ntawv, xws li luam ua ntawv loj rau koj. Thov hu rau tus xov tooj hu dawb ntawm koj daim npav ID.

ATENSION: No agsasaoka iti **Ilocano (Ilocano)**, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti awan-bayadna a numero a masarakan iti kard a pakabigbigam kas miembro.

ATTENZIONE: se parla **italiano (Italian)**, può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

注意事項: 日本語 (**Japanese**) を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイヤルにお電話ください。

알림 사항: 한국어(**Korean**)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

BAA'ÁKONÍNÍZIN: Diné (Navajo) saad bee yánílti'go, t'áá jíík'eh saad bee áka'e'eyeed bee áka'anída'wo'í dóó nááná lahgo át'éego bee hadadilyaa bee ahxít hane'í, díí nitsaago bee ak'eda'ashchínígíí, náhóló. Bee atah nil'íní ninaaltsoos nit'izí bee nééhoziní ɓaɓɓ t'áá hiik'eh bee hane'í námboo bee hodíilnih.

توجه: اگر به زبان **فارسی (Farsi)** صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویت‌تان تماس بگیرید.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ВНИМАНИЕ! Если вы говорите на **русском языке (Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

FIIRO GAAR AH: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda bilaashka ah iyo isgaarsiino bilaash ah oo qaabab kale ah, sida far waaweyn, ayaa diyaar kuu ah. Ka wac lambarka wicitaanka bilaashka ah kaarkaaga aqoonsiga xubinta.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga librang serbisyo ng tulong sa wika at librang komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

LƯU Ý: Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.



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