



Your 2026 Prescription Drug List

Traditional 3-Tier

Effective January 1, 2026



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of January 1, 2026 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, River Valley, Global Solutions, Oxford, Student Resources, UnitedHealthOne and Surest medical plans when sold in your market with a pharmacy benefit subject to the Traditional 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.

Table of contents

Understanding your Prescription Drug List (PDL)	4
Medication tips	5
Reading your PDL.....	6
Questions	8
Analgesics	
Drugs for Pain.....	9
Drugs for Pain and Inflammation.....	10
Anti-Addiction / Substance Abuse Treatment Agents.....	10
Antibacterials	
Drugs for Infections.....	11
Anticoagulants	
Drugs to Treat or Prevent Blood Clots.....	13
Anticonvulsants	
Drugs for Seizures	13
Antidementia Agents	
Drugs for Alzheimer’s Disease and Dementia	14
Antidepressants	
Drugs for Depression.....	14
Antiemetics	
Drugs for Nausea and Vomiting.....	15
Antifungals	
Drugs for Fungal Infections.....	16
Antigout Agents	
Drugs for Gout.....	16
Antimigraine Agents	
Drugs for Migraines	16
Antimyasthenic Agents	
Drugs to Treat Myasthenia Gravis.....	17
Antimycobacterials	
Drugs to Treat Infections.....	17
Antineoplastics	
Drugs for Cancer	17
Antiparasitics	
Drugs for Parasitic Infections.....	18
Antiparkinson Agents	
Drugs for Parkinson’s Disease.....	19
Antiplatelets	
Drugs for Heart Attack and Stroke Prevention.....	19
Antipsychotics	
Drugs for Mood Disorders.....	19
Antivirals	
Drugs for Viral Infections	19
Anxiolytics	
Drugs for Anxiety.....	20
Bipolar Agents	
Drugs for Mood Disorders.....	20
Cardiovascular Agents	
Drugs for Heart and Circulation Conditions.....	20
Central Nervous System Agents	
Drugs for Attention Deficit Disorder	24
Drugs for Multiple Sclerosis.....	25
Miscellaneous.....	26



Dental and Oral Agents	
Drugs for Mouth and Throat Conditions	26
Dermatological Agents	
Drugs for Skin Conditions.....	26
Diabetes	
Glucose Monitoring and Supplies.....	30
Insulin.....	34
Non-Insulin Agents.....	35
Drugs for Blood Disorders.....	36
Drugs for Sexual Dysfunction.....	36
Electrolytes / Vitamins	37
Gastrointestinal Agents	
Drugs for Acid Reflux and Ulcer.....	38
Drugs for Bowel, Intestine and Stomach Conditions	39
Genetic or Enzyme Disorder	
Drugs for Replacement, Modification, Treatment	40
Genitourinary Agents	
Drugs for Bladder, Genital and Kidney Conditions.....	40
Drugs for Prostate Conditions.....	40
Hormonal Agents	
Hormone Replacement and Birth Control	41
Oral Steroids.....	45
Other.....	45
Testosterone Replacement.....	45
Thyroid.....	46
Immunological Agents	
Drugs for Immune System Stimulation or Suppression	46
Drugs for Vaccination	50
Infertility Agents	51
Inflammatory Bowel Disease Agents	51
Metabolic Bone Disease Agents	
Drugs for Osteoporosis	52
Other.....	52
Ophthalmic Agents	
Drugs for Eye Allergy, Infection and Inflammation	52
Drugs for Glaucoma.....	53
Drugs for Miscellaneous Eye Conditions	54
Otic Agents	
Drugs for Ear Conditions.....	54
Respiratory	
Drugs for Anaphylaxis.....	54
Respiratory Tract / Pulmonary Agents	
Drugs for Allergies, Cough, Cold.....	55
Drugs for Asthma and COPD.....	55
Drugs for Cystic Fibrosis	57
Drugs for Pulmonary Fibrosis.....	57
Drugs for Pulmonary Hypertension	57
Skeletal Muscle Relaxants	
Drugs for Muscle Pain and Spasm	58
Sleep Disorder Agents.....	58
Index	59

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. Then, they are listed in alphabetical order.

How do I use my PDL?

You and your doctor can check 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 that apply. 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 phone number on your member ID card.

What are tiers?

Tiers are the different cost levels you pay for a medication. Your plan sets a cost for each tier. 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 your plan's member website listed on your member ID card at any time to check your medication coverage and lower-cost options.

Why are some medications excluded from coverage?

We review treatments based on their total value, including how well they work, how safe they are, their cost and whether options are available to treat the same or similar medical conditions. Certain medications may not be covered or be subject to prior authorization (sometimes referred to as precertification)¹ if your plan covers other lower-cost medications. For example, there may be a lower-cost covered option or an over-the-counter medication that works the same way.² In some cases, the same product can be made by 2 or more drug companies, 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 your plan's member website listed on your member ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Who decides which medications are covered?

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, senior UnitedHealth Group® doctors and business leaders meet 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 full list of medications, and not all medications listed may be covered by your plan.

1. Depending on your benefit, you may have notification or medical necessity requirements for select medications.
2. For New York and New Jersey plans, a prescription drug product that is therapeutically equal to an over-the-counter drug may be covered if it is determined to be medically necessary.



Medication tips

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

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

What if my doctor writes a brand-name prescription?

If your doctor gives you a prescription for a brand-name medication, ask if a generic 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 plans, if a brand-name drug is filled, and a generic is available, your cost-share may be the copayment PLUS the cost difference between the brand-name drug and the generic.

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

An OTC medication may be the right 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. This allows you and your doctor to decide your best course of treatment. In this PDL, brand-name medications are shown in UPPERCASE. Generics are in lowercase.

Tier information

Replace with:

Using lower-tier medications may lower your 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.

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 lower 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.



Reading your PDL (continued)

Drug list information

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

E	May be excluded from coverage. May be subject to prior authorization for fully insured benefit plans governed by state law in Connecticut, New Jersey, and New York – There are over-the-counter (OTC) or lower-cost covered options available.
H	Health Care Reform Preventive – This medication is part of a health care reform preventive benefit and is generally available at no cost to you.
H-PA	Health Care Reform Preventive with prior authorization – May be part of health care reform preventive benefit and available at no cost to you if prior authorization criteria are met.
PA	Prior authorization (sometimes referred to as precertification) ³ – Requires your doctor to provide information about why you are taking a medication before your plan can decide how it may be covered. ⁴
QL	Quantity limits ⁵ – The largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program ⁶ – 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 have to get 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. ⁵

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

4. For certain Student Resources plans, applies to specialty medications and topical retinoids only.

5. Not applicable to certain Student Resources plans.

6. Not applicable to Oxford and Student Resources plans.



Reading your PDL (continued)

Coverage details

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

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

Coverage is set by the member's prescription drug benefit plan. Please review your plan documents for coverage and cost-share.

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

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

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

Coverage is set by your prescription drug benefit plan. Please review your plan documents for coverage and cost-share. Diabetic self-management items, including continuous glucose monitors, may be covered under your pharmacy and/or medical plan.

- **Endocrine: growth hormone**

Coverage is set by your prescription drug plan. Please review your plan documents for coverage and cost-share.

- **Infertility**

Coverage is set by your prescription drug plan. Please review your plan documents for 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 your prescription drug benefit plan. Please review your plan documents for coverage and cost-share.

- **Termination of pregnancy**

Coverage under the prescription drug benefit is set by your medical benefit plan. Please review your plan documents for benefit coverage, exclusions and cost-sharing. Find out more by calling the number on your member ID card.

Questions

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



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



Visit your plan's member website listed on your member ID card to:

- View your pharmacy benefit and coverage information, including prescription history
- View medication interactions and side effects
- Locate a participating retail pharmacy by ZIP code
- Look up possible lower-cost medication alternatives
- Compare medication pricing and options

And, if home delivery services are included in your pharmacy benefit, you can also:

- Refill prescriptions
- Check the status of your order
- Set up reminders for refills
- Manage your account



Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	QL
ALLZITAL	E	
apap-caff-dihydrocodeine	1	QL
ascomp-codeine	1	QL
bac (butalbital-acetamin-caff)	1	QL
BELBUCA	3	PA, QL
BUPAP ORAL TABLET 50-300 MG	E	
buprenorphine	1	PA, QL
butalbital-acetaminophen oral tablet 50-300 mg	E	
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	E	QL
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL
butalbital-apap-caffeine	1	QL
butalbital-asa-caff-codeine	1	QL
butalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	1	QL
BUTRANS	E	PA, QL
DILAUDID ORAL TABLET	E	QL
endocet	1	QL
ESGIC ORAL CAPSULE 50-325-40 MG	3	QL
ESGIC ORAL TABLET 50-325-40 MG	3	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, QL
FIORICET	3	QL
FIORICET/CODEINE	E	QL
GEN7T EXTERNAL PATCH 3.5 %	E	

Drug Name	Drug Tier	Requirements & Limits
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml	1	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydromorphone hcl oral tablet	1	QL
JOURNAVX	3	QL
lidocaine external ointment 5 %	1	QL
lidocaine external patch 5 %	1	PA, QL
lidocaine-prilocaine external cream	1	
LIDOCAN	E	PA, QL
LIDODERM	E	PA, QL
LIDOTRAL 1 EXTERNAL PATCH 4.88 %	E	
methadone hcl oral tablet	1	PA, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral tablet	1	QL
MS CONTIN	E	PA, QL
NALOCET	E	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA, QL
OXAYDO ORAL TABLET 5 MG, 7.5 MG	E	QL
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	E	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	E	PA, QL
PERCOCET	E	QL
premium lidocaine	1	QL
PROLATE ORAL TABLET	E	QL
ROXICODONE	E	QL
TENCON	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	(generic for Ryzolt), QL
tramadol hcl er	1	(generic for Ultram ER), QL
tramadol hcl oral tablet 100 mg, 25 mg, 75 mg	E	QL
tramadol hcl oral tablet 50 mg	1	QL
tramadol-acetaminophen	1	QL
TREZIX	3	QL
TRIDACAINE II	E	PA, QL
TRIDACAINE III	E	PA, QL
XTAMPZA ER	3	PA, QL
ZEBUTAL ORAL CAPSULE 50-325-40 MG	3	QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for Pain and Inflammation		
ANAPROX DS	E	
ARTHROTEC	E	
CELEBREX	E	
celecoxib oral	1	
DAYPRO	3	
diclofenac potassium oral tablet 25 mg	E	QL
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium external gel 1 %	E	
diclofenac sodium oral	1	
diclofenac-misoprostol	1	
DICLOFONO	E	

Drug Name	Drug Tier	Requirements & Limits
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	3	
ec-naproxen	1	
etodolac	1	
FELDENE ORAL CAPSULE 20 MG	3	
ibuprofen oral suspension 100 mg/5ml	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	1	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	
LODINE	E	
LOFENA	E	QL
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN	E	
naproxen dr	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet	1	
piroxicam oral	1	
RELAFEN DS	E	
sulindac oral	1	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	E	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	1	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
bupropion hcl er (smoking det)	1	H
cvs nicotine	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
cvs nicotine polacrilex	1	H	NICORETTE MOUTH/THROAT LOZENGE	2	H
disulfiram oral	1		NICORETTE STARTER KIT	3	H
eq nicotine	1	H	nicotine mini	1	H
eq nicotine mouth/throat gum 4 mg	1	H	nicotine polacrilex mini	1	H
eq nicotine polacrilex	1	H	nicotine polacrilex mouth/throat	1	H
eq nicotine step 3	1	H	nicotine step 1	1	H
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H	nicotine step 2	1	H
ft naloxone hcl	1	QL	nicotine step 3	1	H
ft nicotine	1	H	nicotine transdermal patch 24 hour	1	H
ft nicotine mini	1	H	OPVEE	1	QL
gnp naloxone hcl	1	QL	qc nicotine transdermal system	1	H
gnp nicotine mini	1	H	ra mini nicotine	1	H
gnp nicotine polacrilex mouth/throat gum 2 mg	1	H	ra nicotine mouth/throat gum 4 mg	1	H
gnp nicotine polacrilex mouth/throat lozenge	1	H	ra nicotine polacrilex	1	H
gnp nicotine transdermal	1	H	ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H
goodsense nicotine	1	H	REXTOVY	1	QL
habitrol	1	H	sm nicotine	1	H
hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	H	sm nicotine polacrilex	1	H
hm nicotine polacrilex mouth/throat lozenge 2 mg	1	H	sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	1	H
hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr	1	H	SUBOXONE	E	PA, QL
KLOXXADO	1	QL	THRIVE	3	H
kls quit2	1	H	varenicline tartrate	1	PA, H
kls quit4	1	H	varenicline tartrate (starter)	1	PA, H
naloxone hcl injection solution prefilled syringe	1	QL	varenicline tartrate(continue)	1	PA, H
naloxone hcl nasal	1	QL	ZIMHI	2	QL
naltrexone hcl oral	1	QL	ZUBSOLV	1	QL
NARCAN	1	QL (includes Narcan OTC)	Antibacterials - Drugs for Infections		
NICODERM CQ	3	H	amoxicillin	1	
NICORETTE MINI	2	H	amoxicillin-potassium clavulanate	1	
NICORETTE MOUTH/THROAT GUM	3	H	ampicillin	1	
			AUGMENTIN	E	
			AUGMENTIN ES-600	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
AVIDOXY	3		doxycycline monohydrate oral tablet	1	
azithromycin oral packet 1 gm	1		E.E.S. GRANULES	3	
BACTRIM	3		ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	3	
BACTRIM DS	3		ERYPED 400	3	
cefadroxil oral capsule	1		erythromycin base oral tablet	1	
cefadroxil oral suspension reconstituted	1		erythromycin ethylsuccinate oral suspension reconstituted	1	
cefdinir	1		fidaxomicin oral tablet	1	QL
cefixime oral capsule	1		fosfomycin tromethamine	1	
cefpodoxime proxetil oral tablet	1		gentamicin sulfate external	1	QL
cefprozil	1		HIPREX	3	
cefuroxime axetil	1		levofloxacin oral tablet	1	
cephalexin	1		LIKMEZ	3	
CIPRO ORAL TABLET	3		linezolid oral tablet	1	
ciprofloxacin hcl oral	1		MACROBID	3	
clarithromycin oral tablet	1		MACRODANTIN	3	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3		methenamine hippurate	1	
CLEOCIN ORAL CAPSULE 75 MG	2		metronidazole oral tablet 125 mg	E	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3		metronidazole oral tablet 250 mg, 500 mg	1	
CLEOCIN VAGINAL CREAM	3		metronidazole vaginal	1	
clindamycin hcl oral	1		minocycline hcl oral capsule	1	
clindamycin palmitate hcl	1		MONDOXYNE NL	E	
clindamycin phosphate vaginal	1		moxifloxacin hcl oral	1	
CLINDESSE	2		mupirocin cream	1	QL
dicloxacillin sodium	1		mupirocin ointment	1	QL
DIFICID ORAL TABLET	E	QL	neomycin sulfate oral	1	
doxycycline hyclate oral capsule	1		nitrofurantoin macrocrystal	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1		nitrofurantoin monohydrate macrocrystals	1	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E		NUVESSA	E	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1		NUZYRA ORAL	3	QL
doxycycline monohydrate oral capsule 150 mg, 75 mg	E		penicillin v potassium	1	
doxycycline monohydrate oral suspension reconstituted	1		SEYSARA	E	
			SILVADENE	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
silver sulfadiazine external	1	
ssd	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric	1	
TARGADOX	E	
tetracycline hcl oral capsule	1	
tinidazole oral	1	
trimethoprim oral	1	
VANCOCIN	3	
vancomycin hcl oral capsule	1	
VANDAZOLE	3	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	3	
XACIATO	2	QL
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN	3	PA, QL
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZYVOX ORAL TABLET	E	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
dabigatran etexilate mesylate	1	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	1	QL
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	QL
PRADAXA ORAL CAPSULE	E	QL
rivaroxaban	1	QL
warfarin sodium oral	1	

Drug Name	Drug Tier	Requirements & Limits
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTIOM	3	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	3	
clobazam oral suspension 2.5 mg/ml	1	PA
clobazam oral tablet	1	PA
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA
DEPAKOTE SPRINKLES	3	PA
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	3	QL
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	QL
diazepam rectal	1	QL
DILANTIN	3	
divalproex sodium er	1	
divalproex sodium oral	1	
ELEPSIA XR	E	PA
EPIDIOLEX	3	PA, SP
epitol	1	
eslicarbazepine acetate	1	PA
ethosuximide oral	1	
FYCOMPA ORAL SUSPENSION	3	PA
FYCOMPA ORAL TABLET	3	PA
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	PA
gabapentin oral tablet 600 mg, 800 mg	1	
GABARONE	E	PA

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
KEPPRA ORAL	3	PA
KEPPRA XR	3	PA
lacosamide oral	1	
LAMICTAL	3	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA
lamotrigine er	1	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	PA
levetiracetam er	1	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	PA, QL
MOTPOLY XR	3	PA
MYSOLINE	2	PA
NAYZILAM	3	PA, QL
NEURONTIN	3	PA
ONFI	3	PA
oxcarbazepine	1	
oxcarbazepine er	E	
perampanel	1	PA
phenobarbital oral tablet	1	
phenytek	1	
phenytoin sodium extended	1	
primidone oral tablet 125 mg	1	PA
primidone oral tablet 250 mg, 50 mg	1	
roweepra	1	
subvenite	1	
SYMPAZAN	3	PA
TEGRETOL ORAL TABLET	3	
TEGRETOL-XR	3	
TOPAMAX	3	PA

Drug Name	Drug Tier	Requirements & Limits
TOPAMAX SPRINKLE	3	PA
topiramate er oral capsule extended release 24 hour	E	
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
TRILEPTAL	3	PA
TROKENDI XR	E	
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO	3	PA, QL
VIMPAT ORAL	3	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	PA
ZARONTIN	3	
ZONEGRAN	3	PA
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT	E	
donepezil hcl oral tablet	1	
EXELON	E	
memantine hcl er	1	
memantine hcl oral tablet	1	
NAMENDA ORAL TABLET 10 MG, 5 MG	E	
NAMENDA TITRATION PAK	E	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	E	
rivastigmine	1	
rivastigmine tartrate	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
ANAFRANIL	E	
AUVELITY	3	ST, QL
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL	PAXIL	E	
bupropion hcl oral	1		PAXIL CR	E	QL
CELEXA	E		PRISTIQ	E	QL
citalopram hydrobromide oral tablet	1		PROZAC	E	
clomipramine hcl oral	1		RALDESY	3	PA
CYMBALTA	E		REMERON	E	
desipramine hcl oral	1		REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E	
desvenlafaxine succinate er	1	QL	SERTRALINE HCL ORAL CAPSULE	E	QL
doxepin hcl oral capsule	1		sertraline hcl oral concentrate	1	
doxepin hcl oral concentrate	1		sertraline hcl oral tablet	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1		SPRAVATO (56 MG DOSE)	3	PA, QL
duloxetine hcl oral capsule delayed release particles 40 mg	E		SPRAVATO (84 MG DOSE)	3	PA, QL
EFFEXOR XR	E		trazodone hcl oral	1	
escitalopram oxalate oral solution 5 mg/5ml	1		TRINTELLIX	3	ST, QL
escitalopram oxalate oral tablet	1		venlafaxine hcl	1	
FETZIMA	3	ST, QL	venlafaxine hcl er oral capsule extended release 24 hour	1	
fluoxetine hcl oral capsule	1		venlafaxine hcl er oral tablet extended release 24 hour	E	QL
fluoxetine hcl oral solution	1		VIIBRYD	E	QL
fluoxetine hcl oral tablet 10 mg	1	QL	vilazodone hcl	1	QL
fluoxetine hcl oral tablet 20 mg, 60 mg	1		WAINUA	2	PA, QL, SP
fluvoxamine maleate	1		WELLBUTRIN SR	E	
fluvoxamine maleate er	1	QL	WELLBUTRIN XL	E	
FORFIVO XL	E	QL	ZOLOFT	E	
imipramine hcl oral	1		ZURZUVAE	2	PA, QL, SP
LEXAPRO	E		Antiemetics - Drugs for Nausea and Vomiting		
mirtazapine oral	1		ANTIVERT ORAL TABLET 50 MG	E	
NORPRAMIN	3		aprepitant oral capsule 125 mg, 40 mg, 80 mg	1	QL
nortriptyline hcl oral capsule	1		DICLEGIS	E	PA
PAMELOR	E		doxylamine-pyridoxine	E	PA
paroxetine hcl er	1	QL	dronabinol	1	
paroxetine hcl oral tablet	1		EMEND BIPACK	E	QL
			MARINOL	E	
			meclizine hcl oral tablet	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
metoclopramide hcl oral tablet	1		NOXAFIL ORAL TABLET DELAYED RELEASE	E	
ondansetron hcl oral	1		nyamyc	1	QL
ondansetron odt oral tablet dispersible 16 mg	E		nystatin external	1	QL
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1		nystatin mouth/throat	1	
perphenazine oral	1		nystatin oral	1	
prochlorperazine maleate oral	1		nystatin-triamcinolone	1	
promethazine hcl oral solution	1		nystop	1	QL
promethazine hcl oral tablet	1		posaconazole oral tablet delayed release	1	
promethazine hcl rectal	1		SPORANOX	3	QL
PROMETHEGAN	3		terbinafine hcl oral	1	
REGLAN	3		terconazole	1	
scopolamine	1		TOLSURA	E	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	E		VFEND ORAL TABLET 200 MG	3	QL
Antifungals - Drugs for Fungal Infections			VFEND ORAL TABLET 50 MG	3	QL
ciclodan	1		VIVJOA	3	PA, QL
ciclopirox external	1		voriconazole oral tablet	1	QL
ciclopirox olamine external cream	1		Antigout Agents - Drugs for Gout		
clotrimazole mouth/throat	1		allopurinol oral tablet 100 mg, 300 mg	1	
CRESEMBA ORAL	3		allopurinol oral tablet 200 mg	E	
DIFLUCAN	E		colchicine oral	1	
econazole nitrate external	1		colchicine-probenecid	1	
fluconazole oral	1		COLCRYS ORAL TABLET 0.6 MG	E	
griseofulvin microsize oral suspension	1		febuxostat	1	
GYNAZOLE-1	3		MITIGARE	2	
itraconazole oral capsule	1	QL	probenecid	1	
JUBLIA	3	PA, ST, QL	ULORIC	E	
ketoconazole external cream	1	QL	ZYLOPRIM ORAL TABLET 100 MG, 300 MG	3	
ketoconazole external shampoo	1		Antimigraine Agents - Drugs for Migraines		
ketoconazole oral	1		AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA, ST, QL
klayesta	1	QL	AJOVY	E	PA, ST, QL
LOPROX EXTERNAL SHAMPOO 1 %	E		eletriptan hydrobromide	1	QL
			EMGALITY	2	PA, ST, QL
			FROVA	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
frovatriptan succinate	1	QL
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	3	QL
IMITREX ORAL	E	QL
IMITREX STATDOSE SYSTEM	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
naratriptan hcl	1	QL
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
RELPAX	E	QL
REYVOW	3	PA, ST, QL
rizatriptan benzoate oral tablet 10 mg	1	QL
rizatriptan benzoate oral tablet 5 mg	1	
rizatriptan benzoate oral tablet dispersible 10 mg	1	QL
rizatriptan benzoate oral tablet dispersible 5 mg	1	
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous solution auto-injector	1	QL
TOSYMRA	E	QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	3	PA, ST, QL
ZEMBRACE SYMTOUCH	E	QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	QL
zolmitriptan nasal solution 5 mg	E	QL
zolmitriptan oral	1	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	1	QL
ZOMIG ORAL TABLET 5 MG	E	QL
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis		
MESTINON ORAL TABLET	E	

Drug Name	Drug Tier	Requirements & Limits
pyridostigmine bromide oral tablet 30 mg	E	
pyridostigmine bromide oral tablet 60 mg	1	
ZILBRYSQ	3	PA, QL, SP
Antimycobacterials - Drugs to Treat Infections		
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
rifampin oral	1	
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	1	QL, SP
abiraterone acetate oral tablet 500 mg	E	QL, SP
ABIRTEGA	E	QL, SP
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
AROMASIN	E	
AUGTYRO	2	PA, QL, SP
BESREMI	3	PA, QL, SP
bicalutamide	1	
BRUKINSA	3	PA, ST, QL, SP
CABOMETYX	2	PA, QL, SP
CALQUENCE	2	PA, SP
capecitabine	1	QL, SP
CASODEX	E	
COTELLIC	2	PA, QL, SP
dasatinib	1	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
exemestane	1	H-PA
EXKIVITY ORAL CAPSULE 40 MG	3	SP
FEMARA	E	
GAVRETO	3	PA, QL, SP
GLEEVEC	E	QL, SP
HYDREA	E	
hydroxyurea oral	1	
IBRANCE ORAL TABLET	3	PA, ST, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate oral	1	QL, SP
IMBRUVICA ORAL CAPSULE	2	PA, QL, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
IMKELDI	3	QL, SP
JAKAFI	2	PA, QL, SP
KISQALI	2	PA, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	1	PA, QL, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
LUMAKRAS	3	PA, QL, SP
LYNPARZA	2	PA, QL, SP
mercaptopurine oral tablet	1	
nilotinib hcl	1	PA, ST, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
PIQRAY	2	PA, QL, SP
POMALYST	3	PA, QL, SP
RETEVMO ORAL CAPSULE 40 MG	3	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
RETEVMO ORAL CAPSULE 80 MG	3	PA, SP
REVLIMID	2	PA, QL, SP
ROZLYTREK	2	PA, QL, SP
RYDAPT	2	PA, QL, SP
SCEMBLIX	3	PA, QL, SP
SPRYCEL	E	PA, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	3	PA, QL, SP
TAGRISSO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	E	PA, ST, QL, SP
temozolomide	1	SP
torpenz	1	PA, QL, SP
TRUQAP ORAL TABLET	2	PA, QL, SP
VENCLEXTA	2	PA, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XELODA	E	QL, SP
XTANDI	2	PA, QL, SP
ZEJULA ORAL CAPSULE 100 MG	2	PA, SP
ZELBORAF	2	PA, QL, SP
ZYTIGA	E	QL, SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	3	QL
atovaquone	1	
atovaquone-proguanil hcl	1	
ELIMITE	3	
hydroxychloroquine sulfate oral	1	
ivermectin oral tablet 3 mg	1	PA, QL
ivermectin oral tablet 6 mg	1	PA
KRINTAFEL	1	QL
MALARONE	3	
mefloquine hcl	1	
MEPRON	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
permethrin external	1	
PLAQUENIL	E	
SOVUNA	E	
STROMEKTOL	3	PA, QL
Antiparkinson Agents - Drugs for Parkinson's Disease		
amantadine hcl oral capsule	1	
amantadine hcl oral tablet	1	
AZILECT	E	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
CREXONT	3	ST
DHIVY	E	
INBRIJA	3	PA, QL, SP
NEUPRO	3	
PARLODEL ORAL TABLET	E	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	1	
ropinirole hcl	1	
RYTARY	E	ST
SINEMET	3	
trihexyphenidyl hcl oral tablet	1	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	E	QL
cilostazol	1	
clopidogrel bisulfate oral	1	
EFFIENT	E	
PLAVIX	E	
prasugrel hcl	1	
ticagrelor	1	QL
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
aripiprazole oral solution	1	
aripiprazole oral tablet	1	
asenapine maleate	1	QL

Drug Name	Drug Tier	Requirements & Limits
CAPLYTA	3	PA, ST, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	3	
GEODON ORAL	E	
haloperidol oral	1	
INVEGA	E	QL
LATUDA	E	QL
lurasidone hcl	1	QL
olanzapine oral	1	
paliperidone er	1	QL
quetiapine fumarate	1	
quetiapine fumarate er	1	
REXULTI	3	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	E	QL
SEROQUEL	E	
SEROQUEL XR	E	
VRAYLAR	3	QL
ziprasidone hcl	1	
ZYPREXA ORAL	E	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	E	
Antivirals - Drugs for Viral Infections		
acyclovir external ointment	1	QL
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
BARACLUDE ORAL TABLET	E	
BIKTARVY	3	QL
CIMDUO	2	QL
DESCOVY ORAL TABLET 120-15 MG	3	QL
DESCOVY ORAL TABLET 200-25 MG	3	QL, H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
DOVATO	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	1	
EPCLUSA ORAL TABLET	2	PA, QL, SP
famciclovir oral	1	
GENVOYA	3	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	QL
LAGEVRIO	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET ORAL PACKET	2	PA, QL, SP
ODEFSEY	3	QL
oseltamivir phosphate oral	1	
PAXLOVID	2	QL
PREVYMIS ORAL TABLET	2	PA
PREZCOBIX	2	
RUKOBIA	3	PA
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
SYMFI	2	QL
SYMFI LO ORAL TABLET 400-300-300 MG	2	QL
TAMIFLU	E	
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	QL
VALCYTE ORAL TABLET	E	
valganciclovir hcl oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
VALTREX	E	QL
VEMLIDY	E	PA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZOVIRAX EXTERNAL OINTMENT	E	QL
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	E	
VISTARIL ORAL CAPSULE 25 MG	3	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral	1	
acetazolamide er	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
acetazolamide oral	1		CARDIZEM CD	E	
ALDACTONE	E		CARDIZEM LA	E	
aliskiren fumarate	1		CARDURA	3	
ALTACE	E		cartia xt	1	
amiloride hcl oral	1		carvedilol	1	
amiodarone hcl oral	1		carvedilol phosphate er	E	
amlodipine besylate oral	1		CATAPRES-TTS-1	E	
amlodipine besylate-benazepril hcl	1		CATAPRES-TTS-2	E	
amlodipine besylate-valsartan	1		CATAPRES-TTS-3	E	
amlodipine-olmesartan	E		chlorthalidone	1	
ATACAND	E		cholestyramine light	1	
ATACAND HCT	E		cholestyramine oral	1	
atenolol oral	1		clonidine hcl oral	1	
atenolol-chlorthalidone	1		clonidine patch weekly 0.1 mg/24hr transdermal	1	
ATORVALIQ	3	PA	clonidine patch weekly 0.1 mg/24hr transdermal	1	(Patch)
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA	clonidine patch weekly 0.2 mg/24hr transdermal	1	
atorvastatin calcium oral tablet 40 mg, 80 mg	1		clonidine patch weekly 0.2 mg/24hr transdermal	1	(Patch)
AVALIDE	E		clonidine patch weekly 0.3 mg/24hr transdermal	1	
AVAPRO	E		clonidine patch weekly 0.3 mg/24hr transdermal	1	(Patch)
AZOR	E		colesevelam hcl oral tablet	1	
benazepril hcl oral	1		COLESTID ORAL TABLET	3	
benazepril-hydrochlorothiazide	1		colestipol hcl oral tablet	1	
BENICAR	E		COREG	E	
BENICAR HCT	E		COREG CR	E	
BETAPACE	E		CORGARD ORAL TABLET 20 MG, 40 MG	3	
bisoprolol fumarate oral tablet	1		CORLANOR	3	PA, QL
bisoprolol-hydrochlorothiazide	1		COZAAR	E	
bumetanide oral	1		CRESTOR	E	
BUMEX	3		digoxin oral tablet	1	
BYSTOLIC	E		diltiazem hcl er	1	
CAMZYOS	3	PA, QL, SP	diltiazem hcl er beads	1	
candesartan cilexetil	1		diltiazem hcl er coated beads	1	
candesartan cilexetil-hctz	1				
captopril oral	1				
CARDIZEM	E				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
diltiazem hcl oral	1		HEMICLOR	E	
dilt-xr	1		hydralazine hcl oral	1	
DIOVAN	E		hydrochlorothiazide oral	1	
DIOVAN HCT	E		HYZAAR	E	
dofetilide	1		icosapent ethyl	E	PA
doxazosin mesylate oral	1		indapamide	1	
EDARBI	E		INDERAL LA	E	
EDARBYCLOR	E		INSPIRA	E	
enalapril maleate oral solution	1	PA	INZIRQO	3	PA
enalapril maleate oral tablet	1		irbesartan	1	
enalapril-hydrochlorothiazide	1		irbesartan-hydrochlorothiazide	1	
ENTRESTO ORAL TABLET	E	PA, QL	ISORDIL TITRADOSE	E	
EPANED	3	PA	isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
eplerenone	1		isosorbide dinitrate oral tablet 40 mg	E	
EXFORGE	E		isosorbide mononitrate er	1	
ezetimibe	1		ivabradine hcl	1	PA, QL
ezetimibe-simvastatin	1		KAPSPARGO SPRINKLE	3	
felodipine er	1		KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA, QL
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1		labetalol hcl oral	1	
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	E		LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1		LANOXIN ORAL TABLET 62.5 MCG	3	
fenofibrate oral tablet 120 mg, 40 mg	E		LASIX	3	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1		LIPITOR	E	
fenofibric acid oral capsule delayed release	1		lisinopril oral	1	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	E		lisinopril-hydrochlorothiazide	1	
flecainide acetate	1		LIVALO	E	ST
fosinopril sodium	1		LODOCO	3	QL
FUROSCIX	3	PA, QL	LOPID	3	
furosemide oral	1		LOPRESSOR ORAL TABLET	3	
gemfibrozil oral	1		losartan potassium oral	1	
guanfacine hcl	1		losartan potassium-hctz	1	
HEMANGEOL	3		LOTENSIN	3	
			LOTENSIN HCT	3	
			LOTREL	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
lovastatin oral	1	H	olmesartan medoxomil-hctz	1	
LOVAZA	E		olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-25 mg	E	
matzim la	1		olmesartan-amlodipine-hctz oral tablet 40-5-12.5 mg	E	QL
MAXZIDE ORAL TABLET 75-50 MG	3		omega-3-acid ethyl esters	1	
MAXZIDE-25 ORAL TABLET 37.5-25 MG	3		PACERONE ORAL TABLET 100 MG, 400 MG	3	
metolazone	1		PACERONE ORAL TABLET 200 MG	3	
metoprolol succinate er	1		pentoxifylline er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1		pitavastatin calcium	E	ST
metoprolol tartrate oral tablet 37.5 mg, 75 mg	E		PRALUENT	E	PA, ST, QL
metoprolol-hydrochlorothiazide	1		pravastatin sodium	1	
mexiletine hcl oral	1		prazosin hcl oral	1	
MICARDIS	E		prevalite	1	
MICARDIS HCT	E		PROCARDIA XL	E	
midodrine hcl	1		propafenone hcl	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	3		propafenone hcl er	1	
minoxidil oral	1		propranolol hcl er	1	
MULTAQ	3	PA	propranolol hcl oral	1	
nadolol oral	1		QUESTRAN	3	
nebivolol hcl	1		QUESTRAN LIGHT	3	
NEXLETOL	2	PA, ST, QL	ramipril	1	
NEXLIZET	2	PA, ST, QL	ranolazine er	1	
niacin er (antihyperlipidemic)	1		RECTIV	3	QL
nifedipine er	1		REPATHA	2	QL
nifedipine er osmotic release	1		REPATHA PUSHTRONEX SYSTEM	2	QL
nifedipine oral	1		REPATHA SURECLICK	2	QL
NITRO-BID	2		rosuvastatin calcium oral	1	
NITRO-DUR	3		RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	E	
nitroglycerin rectal	1	QL	sacubitril-valsartan	1	PA, QL
nitroglycerin sublingual	1		simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
nitroglycerin transdermal	1		simvastatin oral tablet 80 mg	1	
NITROSTAT	3		SOANZ	E	QL
NORLIQVA	3	PA			
NORVASC	E				
olmesartan medoxomil oral	1				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
sotalol hcl oral	1		VERELAN	3	
spironolactone oral tablet	1		VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3	
spironolactone-hctz	1		VERQUVO	3	PA, QL
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1		VYNDAQEL	2	PA, QL, SP
TEKTURNA	3		VYTORIN	E	
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	3		WELCHOL ORAL TABLET	E	
telmisartan	1		ZESTORETIC	E	
telmisartan-hctz	1		ZESTRIL	E	
TENORETIC 100	E		ZETIA	E	
TENORETIC 50	E		ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
TENORMIN	E		ZIAC ORAL TABLET 5-6.25 MG	3	
THALITONE	E		ZOCOR	E	
tiadylt er	1		Central Nervous System Agents - Drugs for Attention Deficit Disorder		
TIAZAC	3		ADDERALL	E	
TIKOSYN	3		ADDERALL XR	E	QL
TOPROL XL	E		ADZENYS XR-ODT	E	QL
toremide	1		amphetamine sulfate	1	
trandolapril	1		amphetamine-dextroamphetamine	1	
triamterene-hctz	1		amphetamine-dextroamphetamine er	1	QL
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-25 MG	E		amphet-dextroamphet 3-bead er	1	QL
TRIBENZOR ORAL TABLET 40-5-12.5 MG	E	QL	APTENSIO XR	E	QL
TRICOR	E		atomoxetine hcl	1	QL
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG	E		AZSTARYS	3	ST, QL
VALSARTAN ORAL SOLUTION	3	PA	clonidine hcl er	1	
valsartan oral tablet	1		CONCERTA	E	QL
valsartan-hydrochlorothiazide	1		COTEMPLA XR-ODT	E	QL
VASCEPA	E	PA	DEXEDRINE	E	QL
VASERETIC	E		dexmethylphenidate hcl	1	
VASOTEC	E		dexmethylphenidate hcl er	1	QL
verapamil hcl er	1		dextroamphetamine sulfate er	1	QL
verapamil hcl oral	1		dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	E	
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	E	QL
EVEKEO	E	
FOCALIN	3	
FOCALIN XR	E	QL
guanfacine hcl er	1	
INTUNIV	E	
JORNAY PM	3	ST, QL
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	E	
lisdexamfetamine dimesylate	1	QL
METADATE CD	E	QL
METHYLIN	3	
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	1	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	1	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	QL
methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	QL
methylphenidate hcl er (xr)	E	QL
methylphenidate hcl er oral tablet extended release	1	QL
methylphenidate hcl er oral tablet extended release 24 hour	E	QL
methylphenidate hcl oral	1	
MYDAYIS	E	QL
ONYDA XR	3	QL

Drug Name	Drug Tier	Requirements & Limits
QELBREE	E	PA, QL
QUILLICHEW ER	E	QL
QUILLIVANT XR	E	QL
RELEXXII	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	E	QL
VYVANSE	E	QL
ZENZEDI	E	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	E	PA, QL, SP
AUBAGIO	E	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
dalfampridine er	1	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	E	PA, ST, QL, SP
fingolimod hcl	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA, QL, SP
GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP
glatiramer acetate	1	PA, QL, SP
glatopa	1	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE	E	PA, QL, SP
teriflunomide	1	PA, QL, SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	PA, QL, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	2	PA, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	2	PA, QL, SP
INGREZZA ORAL CAPSULE 40 MG, 80 MG	2	PA, QL, SP
INGREZZA ORAL CAPSULE 60 MG	2	PA, QL
INGREZZA ORAL CAPSULE SPRINKLE	2	PA, QL, SP
INGREZZA ORAL CAPSULE THERAPY PACK	2	PA, QL, SP
LYRICA ORAL CAPSULE	3	PA
NUDEXTA	2	PA, QL
pregabalin oral capsule	1	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
SAVELLA	3	QL
TEGLUTIK	3	PA
TIGLUTIK	3	PA
VEOZAH	3	PA, QL
ZEPOSIA	3	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT	3	PA, ST, QL, SP
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	

Drug Name	Drug Tier	Requirements & Limits
CLINPRO 5000	3	
DENTA 5000 PLUS	3	
DENTAGEL	3	
EVOXAC	E	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL	3	
JUST RIGHT 5000 DENTAL GEL 1.1 %	3	
JUST RIGHT 5000 DENTAL PASTE	3	
KOURZEQ	2	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE	2	
PERIDEX	3	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
SALAGEN	3	
sf 5000 plus	1	
sf gel 1.1%	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	
triamcinolone acetonide mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	PA
ACANYA	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
accutane	1		BLANCHE	E	
acitretin	1		CABTREO	E	QL
ACZONE	E	QL	calcipotriene external cream	1	QL
ADAINZDE EXTERNAL GEL 0.3-2.5-1 %	E		calcipotriene external ointment	1	
adapalene external gel	E	PA, QL	calcipotriene external solution	1	QL
adapalene-benzoyl peroxide external gel	1	QL	CALCITRENE	3	
ADEINZDE	E		CARAC EXTERNAL CREAM 0.5 %	E	
AKLIEF	3	PA, QL	CIBINQO	2	PA, QL, SP
ALA SCALP	3		ciclopirox olamine external suspension	1	
ala-cort	E		claravis	1	
alclometasone dipropionate	1		CLEOCIN-T	3	
ammonium lactate external	E		clindacin etz external swab	1	
amnesteem	1		clindacin-p	1	
AMZEEQ	3	QL	CLINDAGEL	E	QL
ARAZLO	E	PA, QL	clindamycin phos (once-daily) gel 1 % external	1	QL
ATRALIN	E	PA, QL	clindamycin phos (once-daily) gel 1 % external	E	(generic for Clindagel), QL
AVAR CLEANSER	3		clindamycin phos (twice-daily) gel 1 % external	1	QL
AVAR LS CLEANSER	E		clindamycin phos (twice-daily) gel 1 % external	1	(generic for Cleocin-T), QL
AVITA EXTERNAL CREAM 0.025 %	E	PA, QL	clindamycin phos (twice-daily) gel 1 % external	E	(generic for Clindagel), QL
azelaic acid external	1		clindamycin phos-benzoyl perox external gel 1.2-5 %	1	QL
AZELEX	3	QL	clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	E	QL
BENZAMYCIN	2	QL	clindamycin phosphate external lotion	1	
benzoyl peroxide-erythromycin	1	QL	clindamycin phosphate external solution	1	
betamethasone dipropionate aug external cream	1		clindamycin phosphate external swab	1	
betamethasone dipropionate aug external lotion	1		clobetasol prop emollient base external cream 0.05 %	1	QL
betamethasone dipropionate aug external ointment	1		clobetasol propionate e	1	QL
betamethasone dipropionate external	1		CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	E	QL
betamethasone valerate external cream	1				
betamethasone valerate external lotion	1				
betamethasone valerate external ointment	1				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
clobetasol propionate external cream 0.05 %	1	QL	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP
clobetasol propionate external foam	E	QL	EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
clobetasol propionate external gel	1	QL	EFUDEX EXTERNAL CREAM 5 %	3	
clobetasol propionate external liquid	1	QL	ELIDEL	E	QL
clobetasol propionate external ointment	1	QL	ENSTILAR	3	QL
clobetasol propionate external shampoo	E	QL	EPIDUO	E	QL
clobetasol propionate external solution	1	QL	EPIDUO FORTE	E	QL
CLOBEX EXTERNAL SHAMPOO	E	QL	ERYGEL	3	
CLOBEX SPRAY	E	QL	erythromycin external	1	
clodan	E	QL	EUCRISA	3	ST, QL
clotrimazole external cream	E		FINACEA EXTERNAL FOAM	3	
clotrimazole-betamethasone	1		FINACEA EXTERNAL GEL	E	
dapsone external	1	QL	fluocinolone acetonide body	1	QL
DERMACINRX UREA	E		fluocinolone acetonide external	1	QL
DERMA-SMOOTHIE/FS BODY	3	QL	fluocinolone acetonide scalp	1	
DERMA-SMOOTHIE/FS SCALP	3		fluocinonide external cream 0.05 %	1	
desonide external cream	1	QL	fluocinonide external cream 0.1 %	E	QL
desonide external lotion	1	QL	fluocinonide external gel	1	
desonide external ointment	1	QL	fluocinonide external ointment	1	
DESOWEN	3	QL	fluocinonide external solution	1	
desoximetasone external cream	1	QL	FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
desoximetasone external ointment	1	QL	fluorouracil external cream 5 %	1	
diclofenac sodium external gel 3 %	1	PA, QL	fluticasone propionate external cream	1	
DIFFERIN EXTERNAL GEL 0.3 %	E	PA, QL	fluticasone propionate external ointment	1	
DIPROLENE	3		halobetasol propionate external cream	1	QL
doxycycline	E		halobetasol propionate external ointment	1	QL
DRYSOL	3		hydrocortisone external cream 1 %	E	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	hydrocortisone external cream 2.5 %	1	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
hydrocortisone external lotion 2 %, 2.5 %	1		OVACE PLUS WASH EXTERNAL LIQUID	3	
hydrocortisone external ointment 1 %, 2.5 %	1		OVACE WASH	3	
hydrocortisone valerate external cream	1	QL	PANRETIN	3	
hydroquinone external	E		pimecrolimus	1	QL
HYDROXYM EXTERNAL CREAM	E		PLEXION CLEANSER	E	
imiquimod external cream 3.75 %	E	QL	podofilox external solution	1	
imiquimod external cream 5 %	1		RETIN-A	E	PA, QL
imiquimod pump	E	QL	RHOFADE	3	PA, QL
IMPOYZ	E	QL	SANTYL	3	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1		selenium sulfide external lotion	1	
isotretinoin oral capsule 25 mg, 35 mg	E	PA	sodium sulfacetamide wash	1	
ivermectin external cream	E	QL	SOOLANTRA	1	QL
KLARON	3		sulfacetamide sodium (acne)	1	
KLISYRI (250 MG)	3	ST, QL	sulfacetamide sodium external	1	
KLISYRI (350 MG)	3	ST, QL	sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	E	
LOPROX EXTERNAL SUSPENSION 0.77 %	E		sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1	
METROCREAM	3		sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
METROGEL	E		sulfacetamide sod-sulfur wash external liquid 9-4.5 %	E	
METROLOTION	3		SUMADAN WASH	E	
metronidazole external cream	1		SYNALAR	E	QL
metronidazole external gel 0.75 %	1		SYNALAR EXTERNAL SOLUTION 0.01 %	E	QL
metronidazole external gel 1 %	E		TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	E	QL
metronidazole external lotion	1		TACLONEX EXTERNAL SUSPENSION	1	QL
MIRVASO	2	PA, QL	tacrolimus external	1	QL
mometasone furoate external	1		tazarotene external cream	1	PA, QL
NEMLUVIO	2	PA, QL, SP	TAZORAC EXTERNAL CREAM	3	PA, QL
neuac	1	QL	TOLAK	E	
NORITATE	E		TOPICORT	3	QL
ONEXTON	E	QL	TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	3	QL
OPZELURA	3	PA, QL, SP	TREMFYA CROHNS INDUCTION	3	PA, QL
ORACEA	E				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	2	PA, QL
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	2	PA, QL
tretinoin external cream	1	QL
tretinoin external gel	E	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
triamcinolone in absorbase	E	
TRIANEX EXTERNAL OINTMENT 0.05 %	E	
triderm	1	QL
TRIDESILON EXTERNAL CREAM 0.05 %	3	QL
tritocin external ointment 0.05 %	E	
urea external cream 20 %, 40 %, 45 %	1	
urea external cream 39 %, 41 %, 47 %	E	
UREA EXTERNAL CREAM 39.5 %	E	
uredeb	E	
UREMEZ-40	3	
URESOL	E	
VANOS	E	QL
VTAMA	3	PA, QL
WINLEVI	E	PA, QL
xurea	E	
zenatane	1	
ZILXI	3	PA, ST, QL

Drug Name	Drug Tier	Requirements & Limits
ZORYVE EXTERNAL CREAM 0.15 %	3	PA
ZORYVE EXTERNAL CREAM 0.3 %	3	PA, QL
ZORYVE EXTERNAL FOAM	3	PA, QL
ZYCLARA	E	QL
ZYCLARA PUMP	E	QL
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET	1	
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK GUIDE KIT W/ DEVICE	2	
ACCU-CHEK GUIDE ME METER	2	
ACCU-CHEK GUIDE TEST STRIPS	2	QL
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCUTREND GLUCOSE	E	QL
AGAMATRIX PRESTO TEST	E	QL
AQ INSULIN SYRINGE	2	QL
AQINJECT PEN NEEDLE	2	QL
BD AUTOSHIELD DUO PEN NEEDLES	2	QL
BD BLUNT FILL NEEDLE W/ FILTER	2	
BD ECLIPSE NEEDLE 18G X 1-1/2" , 25G X 5/8" , 27G X 1/2"	2	
BD ECLIPSE NEEDLE 23G X 1" (OTC)	2	
BD ECLIPSE NEEDLE 23G X 1" (RX)	2	
BD ECLIPSE SHIELDED NEEDLE	2	
BD PEN NEEDLE MICRO ULTRAFINE	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
BD PEN NEEDLE MINI ULTRAFINE	2	QL	CONTOUR NEXT GEN TEST STRIPS	1	QL
BD PEN NEEDLE NANO ULTRAFINE	2	QL	CONTOUR NEXT LINK KIT W/ DEVICE	E	
BD PEN NEEDLE ORIG ULTRAFINE	2	QL	CONTOUR NEXT LINK KIT W/ DEVICE	E	(Contour Next Link 24)
BD PEN NEEDLE SHORT ULTRAFINE	2	QL	CONTOUR NEXT MONITOR KIT W/DEVICE	1	
BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	2		CONTOUR NEXT ONE KIT	1	
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	2		CONTOUR NEXT TEST STRIPS	1	
BD ULTRA-FINE PEN NEEDLES	2	QL	CONTOUR PLUS BLUE KIT W/ DEVICE	1	
BD ULTRA-FINE U-500 INSULIN SYRINGES	2		CONTOUR PLUS TEST STRIP	1	QL
BD VEO ULTRA-FINE INSULIN SYRINGES	2		CONTOUR TEST STRIPS	E	QL
BD-ULTRA FINE INSULIN SYRINGES	2		CVS ADVANCED GLUCOSE TEST	E	QL
BIGFOOT UNITY PROGRAM	3		CVS GLUCOSE METER TEST STRIPS	E	QL
BIOTEL CARE TEST STRIPS	E	QL	CVS TRUE METRIX GLUCOSE TEST	E	QL
BLOOD GLUCOSE TEST STRIPS	E	QL	D-CARE BLOOD GLUCOSE	E	QL
BLOOD GLUCOSE TEST STRIPS 333	E	QL	D-CARE GLUCOMETER	E	
CAREPOINT POLY HUB NEEDLE 18G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2		DEXCOM G6 RECEIVER	3	PA, QL
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2		DEXCOM G6 SENSOR	3	PA, QL
CAREPOINT SAFETY 1ST NEEDLE	2		DEXCOM G6 TRANSMITTER	3	PA, QL
CARESENS N PLUS BT	E		DEXCOM G7 RECEIVER	3	PA, QL
CARETOUCH MONITOR SYSTEM	E		DEXCOM G7 SENSOR	3	PA, QL
CARETOUCH TEST	E	QL	DIABETES CARE	E	
CEQUR SIMPLICITY 2U 8PK	3	ST	DIABETES MONITOR DIGIT ADD-ON	3	
CONTOUR MONITOR KIT W/ DEVICE	E		DIABETES MONITOR DIGIT SOLN	3	
CONTOUR NEXT EZ KIT W/ DEVICE	1		DROPSAFE SAFETY SYRINGE/ NEEDLE	2	QL
CONTOUR NEXT GEN MONITOR KIT	1		EASY MAX BLOOD GLUCOSE TEST	E	QL
			EASY MAX T1 GLUCOSE SYSTEM	E	
			EASY TOUCH HEALTHPRO GLUCOSE	E	
			EASY TOUCH TEST	E	QL
			EASYGLUCO	E	
			EASYMAX 15 TEST	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
EASYMAX NG BLOOD GLUCOSE KIT	E		FREESTYLE TEST	E	QL
EMBECTA INSULIN SYRINGE	2	QL	GLUCOCARD EXPRESSION TEST	E	QL
EMBRACE BLOOD GLUCOSE TEST	E	QL	GLUCOCARD SHINE TEST	E	QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL	GLUCOCARD VITAL TEST	E	QL
ENLITE GLUCOSE SENSOR	3	PA	GUARDIAN 4 GLUCOSE SENSOR	3	PA, QL
EQ BLOOD GLUCOSE TEST	E	QL	GUARDIAN 4 TRANSMITTER	3	PA, QL
EVERSENSE 365 SENSOR/HOLDER	E	PA	GUARDIAN CONNECT TRANSMITTER	3	PA, QL
EVERSENSE 365 SMART TRANSMIT	E	PA	GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
EVERSENSE E3 SENSOR/HOLDER	E	PA	GUARDIAN REAL-TIME REPLACE PED	3	PA
EVERSENSE E3 SMART TRANSMITTER	E	PA	GUARDIAN SENSOR 3	3	PA, QL
EVERSENSE SENSOR/HOLDER	E	PA	GVOKE HYPOPEN 1-PACK	2	QL
EVERSENSE SMART TRANSMITTER	E	PA	GVOKE HYPOPEN 2-PACK	2	QL
FORA 6 CONNECT/GTEL TEST	E	QL	GVOKE KIT	2	
FORTISCARE G1 TEST STRIP IN VITRO STRIP	E	QL	GVOKE PFS	2	
FORTISCARE TEST IN VITRO STRIP	E	QL	HEALTHPRO BLOOD GLUCOSE MONITO	E	
FREESTYLE LIBRE 14 DAY READER	3	PA, QL	IHEALTH BLOOD GLUCOSE TEST STR	E	QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL	IHEALTH GLUCO+ KIT 10	E	
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA	IHEALTH GLUCO+ KIT 100	E	
FREESTYLE LIBRE 2 READER	3	PA, QL	INPEN	3	ST
FREESTYLE LIBRE 2 SENSOR	3	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	2	QL
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA	INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL
FREESTYLE LIBRE 3 READER	3	PA	LANCETS	1	
FREESTYLE LIBRE 3 SENSOR	3	PA, QL	MICRODOT TEST	E	QL
FREESTYLE LIBRE READER	3	PA, QL	MINILINK REAL-TIME TRANSMITTER	3	PA
FREESTYLE PRECISION NEO SYSTEM	E		MINIMED 630G GUARDIAN PRESS	3	PA
FREESTYLE PRECISION NEO TEST	E	QL	MM BLOOD GLUCOSE SYSTEM	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
MM BLOOD GLUCOSE SYSTEM REFILL	E		PARADIGM REAL-TIME TRANSMITTER	3	PA
MM BLULINK GLUCOSE TEST	E	QL	PIP BLOOD GLUCOSE TEST STRIP	E	QL
MM EASY TOUCH GLUCOSE METER	E		PRECISION XTRA BLOOD GLUCOSE	E	QL
MONOJECT HYPODERMIC NEEDLE 18G X 1"	2		PRECISION XTRA KIT W/DEVICE	E	
NEUTEK 2TEK TEST	E	QL	PREMIUM BLOOD GLUCOSE TEST IN VITRO STRIP	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL	PTS PANELS EGLU TEST	E	QL
NOVOFINE PEN NEEDLE	2	QL	QUICK TOUCH BLOOD GLUCOSE	E	
NOVOFINE PLUS PEN NEEDLE	2	QL	QUICK TOUCH BLOOD GLUCOSE TEST	E	QL
NOVOPEN ECHO	3		QUINTET AC BLOOD GLUCOSE TEST	E	QL
OMNIPOD 5 DEXCOM INTRO KIT	2	PA, QL	QUINTET BLOOD GLUCOSE TEST	E	QL
OMNIPOD 5 DEXCOM PODS	2	PA	RELION GLUCOSE TEST STRIPS	E	QL
OMNIPOD 5 DEXCOM PODS	2	PA, QL	RELION TRUE MET AIR GLUC METER	E	
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL	RELION TRUE METRIX TEST STRIPS	E	QL
OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL	RELION ULTIMA GLUCOSE SYSTEM	E	
OMNIPOD 5 LIBRE INTRO KIT	2	PA	RELION ULTIMA TEST	E	QL
OMNIPOD 5 LIBRE PODS	2	PA	RIGHTEST GT333 GLUCOSE TEST	E	QL
ON CALL EXPRESS BLOOD GLUCOSE	E	QL	SIMPLERA SENSOR	E	PA
ON CALL EXPRESS MONITORING SYS	E		SIMPLERA SYNC SENSOR	E	PA
ONETOUCH ULTRA 2 KIT W/ DEVICE	E		SIMPLERA SYSTEM	E	PA
ONETOUCH ULTRA BLUE TEST	E	QL	TECHLITE INSULIN SYRINGES	2	QL (Arkay)
ONETOUCH ULTRA TEST STRIPS	E	QL	TECHLITE PEN NEEDLES	2	QL (Arkay)
ONETOUCH VERIO FLEX SYSTEM KIT	E		TECHLITE PLUS PEN NEEDLES	2	QL (Arkay)
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	E		TEMPO REFILL	E	
ONETOUCH VERIO KIT W/ DEVICE	E		TEMPO WELCOME	E	
ONETOUCH VERIO REFLECT KIT W/DEVICE	E		TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
ONETOUCH VERIO TEST STRIPS	E	QL	TRUE METRIX AIR GLUCOSE METER KIT	E	
OPTIUMEZ TEST	E	QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
TRUE METRIX BLOOD GLUCOSE TEST	E	QL	HUMULIN R U-500 VIAL	1	QL
TRUE METRIX GO GLUCOSE METER	E		HUMULIN R VIAL	1	QL
TRUE METRIX METER	E		INSULIN ASPART	E	ST, QL
TRUE METRIX PRO BLOOD GLUCOSE	E	QL	INSULIN ASPART FLEXPEN	E	ST, QL
TWIIST REFILL KIT	2	PA, QL	INSULIN DEGLUDEC FLEXTOUCH	E	QL
TWIIST REFILL KIT/INFUSION SET	2	PA, QL	INSULIN GLARGINE	E	QL
TWIIST STARTER KIT	2	PA, QL	INSULIN GLARGINE MAX SOLOSTAR	E	QL
UNISTRIPI1 GENERIC	E	QL	INSULIN GLARGINE SOLOSTAR	E	QL
VERISAFE SAFETY STERILE NEEDLE	2		INSULIN LISPRO	1	QL
VIVAGUARD INO GLUCOSE METER KIT	E		INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen), QL
VIVAGUARD INO TEST STRIPS	E	QL	INSULIN LISPRO KWIKPEN	2	QL
Diabetes - Insulin			INSULIN LISPRO PROT & LISPRO	2	QL
ADMELOG	E	QL	LANTUS SOLOSTAR	1	QL
ADMELOG SOLOSTAR	E	QL	LANTUS U-100 VIAL	1	QL
BASAGLAR KWIKPEN	E	QL	LYUMJEV KWIKPEN	2	QL
BASAGLAR TEMPO PEN	E		LYUMJEV TEMPO PEN	E	QL
HUMALOG CARTRIDGE	2	QL	LYUMJEV VIAL	1	QL
HUMALOG INJECTION	E	QL	NOVOLIN 70/30 FLEXPEN	E	ST, QL
HUMALOG KWIKPEN	2	QL	NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL
HUMALOG MIX 50/50 KWIKPEN	2	QL	NOVOLIN 70/30 RELION	E	ST, QL
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	QL	NOVOLIN 70/30 VIAL	E	ST, QL
HUMALOG MIX 75/25 KWIKPEN	2	QL	NOVOLIN N FLEXPEN	E	ST, QL
HUMALOG MIX 75/25 VIAL	1	QL	NOVOLIN N FLEXPEN RELION	E	ST, QL
HUMALOG SUBCUTANEOUS	2	QL	NOVOLIN N RELION	E	ST, QL
HUMALOG TEMPO PEN	E	QL	NOVOLIN N VIAL	E	ST, QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL	NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	2	QL
HUMULIN 70/30 KWIKPEN	2	QL	NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	E	ST, QL
HUMULIN 70/30 VIAL	1	QL	NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	2	QL
HUMULIN N KWIKPEN	2	QL			
HUMULIN N VIAL	1	QL			
HUMULIN R U-500 KWIKPEN	2	QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	E	ST, QL	GLUCAGON EMERGENCY KIT 1 MG INJECTION	E	QL
NOVOLIN R RELION	E	ST, QL	GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR	2	QL (Fresenius)
NOVOLIN R VIAL	E	ST, QL	GLUCOTROL XL	3	
NOVOLOG FLEXPEN	E	ST, QL	GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	E	PA
NOVOLOG FLEXPEN RELION	E	ST, QL	glyburide oral	1	
NOVOLOG RELION	E	ST, QL	glyburide-metformin	1	
NOVOLOG U-100 VIAL	E	ST, QL	GLYXAMBI	2	ST, QL
TOUJEO MAX SOLOSTAR	2	QL	INVOKANA	E	ST, QL
TOUJEO SOLOSTAR	2	QL	JANUMET	E	ST, QL
TRESIBA FLEXTOUCH	E	QL	JANUVIA	E	ST, QL
Diabetes - Non-Insulin Agents			JARDIANCE	2	QL
acarbose oral	1		JENTADUETO	2	QL
ACTOPLUS MET	3	QL	JENTADUETO XR	2	QL
ACTOS	E	QL	KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	E	QL
ALOGLIPTIN BENZOATE	2	QL	liraglutide	1	PA, QL
BAQSIMI ONE PACK	2	QL	metformin hcl er	1	
BAQSIMI TWO PACK	2	QL	metformin hcl er (mod)	E	PA
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	2	PA, QL	metformin hcl er (osm)	E	PA
DAPAGLIFLOZIN PRO-METFORMIN ER	E	ST, QL	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
DAPAGLIFLOZIN PROPANEDIOL	E	ST, QL	metformin hcl oral tablet 625 mg, 750 mg	E	
FARXIGA	E	ST, QL	MOUNJARO	2	PA, QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1		nateglinide	1	QL
glimepiride oral tablet 3 mg	E		NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	E	QL
glipizide er	1		ONGLYZA	E	QL
glipizide oral tablet 10 mg, 5 mg	1		OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	2	PA
glipizide oral tablet 2.5 mg	E		OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML, 8 MG/3ML	2	PA, QL
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1				
glipizide-metformin hcl	1				
glucagon emergency kit 1 mg injection	1	QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
pioglitazone hcl	1	QL	HEMOFIL M	2	SP
pioglitazone hcl-metformin hcl	1	QL	HUMATE-P	2	SP
repaglinide	1	QL	HYMPAVZI	2	PA, QL, SP
RYBELSUS	2	PA, QL	IDELVION	3	SP
saxagliptin hcl	1	QL	KOATE	2	SP
saxagliptin-metformin er	1	QL	KOATE-DVI	2	SP
SOLQUA	2	QL	KOGENATE FS	2	SP
SYMLINPEN 120	3	QL	KOVALTRY	2	SP
SYMLINPEN 60	3	QL	NEULASTA	2	
SYNJARDY	2	QL	NIVESTYM	2	
SYNJARDY XR	2	QL	NOVOEIGHT	2	SP
TRADJENTA	2	QL	NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
TRIJARDY XR	2	QL			
TRULICITY	2	PA, QL	NUWIQ INTRAVENOUS KIT 1500 UNIT	2	
XIGDUO XR	E	ST, QL	NYVEPRIA	E	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL	RECOMBINATE	2	SP
Drugs for Blood Disorders			RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
ADVATE	2	SP	RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
ADYNOVATE	3	PA, SP	TAVALISSE	3	PA, QL, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA	tranexamic acid oral	1	QL
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP	UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
ALPHANATE	2	SP	VOYDEYA	2	PA, QL, SP
ALPROLIX	3	SP	WILATE	2	
ALTUVIIIO	3	PA, SP	ZARXIO	2	
ALVAIZ	3	PA, SP	Drugs for Sexual Dysfunction		
ARANESP (ALBUMIN FREE)	2	QL, SP	ADDYI	3	PA, QL
DOPTELET	3	PA, QL, SP	avanafil	1	PA, QL
ELOCTATE	3	PA, SP	CIALIS	E	QL
FABHALTA	2	PA, QL, SP	IMVEXXY MAINTENANCE PACK	2	QL
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP	IMVEXXY STARTER PACK	2	QL
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	E	PA, SP	INTRAROSA	3	PA, QL
			OSPHERA	3	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL	K-PHOS-NEUTRAL	2	
STENDRA	3	PA, QL	K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
tadalafil oral	1	QL	levocarnitine oral solution	1	
varafenafil hcl oral tablet	1	QL	levocarnitine sf	1	
VIAGRA	E	QL	LOKELMA	3	PA, QL
VYLEESI	3	PA, QL	M-NATAL PLUS	3	
Electrolytes / Vitamins			multivitamin w/fluoride tablet chewable 0.25 mg oral	1	
ACCRUFER	E		multivitamin w/fluoride tablet chewable 0.25 mg oral	E	
CARNITOR ORAL SOLUTION	3		multivitamin w/fluoride tablet chewable 0.5 mg oral	1	
CARNITOR SF	3		multivitamin w/fluoride tablet chewable 0.5 mg oral	E	
CO-NATAL FA	2		multivitamin w/fluoride tablet chewable 1 mg oral	1	
cvs prenatal	E		multivitamin w/fluoride tablet chewable 1 mg oral	E	
cyanocobalamin injection solution 1000 mcg/ml	1		multi-vitamin/fluoride	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3		multivitamin/fluoride oral tablet chewable	1	
cyanocobalamin nasal	1		MULTI-VIT-FLOR	E	
DAVIMET-FLUORIDE	E		NASCOBAL	3	
DENTA 5000 PLUS SENSITIVE	3		NEONATAL COMPLETE	3	
DODEX INJECTION SOLUTION 1000 MCG/ML	3		NEONATAL PLUS	3	
DRISDOL	3		NEONATAL PRENATAL	E	
ergocalciferol oral capsule	1		NEONATAL VITAMIN	E	
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML	3		NIVA-PLUS	3	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG	E		ONE VITE WOMENS	E	
FLORIVA PLUS	E		ONE VITE WOMENS PLUS	3	
FLOTREX	E		ORACIT	2	
FLUORIMAX 5000 SENSITIVE	3		ORAL CITRATE	2	
folic acid oral tablet 1 mg	1		PHOSPHA 250 NEUTRAL	2	
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	E		phosphorous	1	
klor-con	1		phospho-trin 250 neutral	1	
klor-con 10	1		pnv 27-ca/fe/fa	1	
klor-con m10	1		POKONZA	E	
klor-con m15	1		POLY-VI-FLOR ORAL TABLET CHEWABLE	E	
klor-con m20	1				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
prenatal oral tablet 27-0.8 mg	E	
prenatal oral tablet 27-1 mg	1	
prenatal plus	1	
prenatal plus vitamin/mineral	1	
prenatal vitamins oral tablet 27-0.8 mg	E	
PRENATE MINI	3	
PRENATOL-M	E	
PRENATRIX	E	
PRENATRYL	E	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 SENSITIVE	3	
QUFLORA PEDIATRIC	3	
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
sod fluoride-potassium nitrate	1	
sodium fluoride 5000 enamel	1	
sodium fluoride 5000 sensitive	1	
sodium fluoride oral solution	1	H
sodium fluoride oral tablet chewable	1	H
TRICARE ORAL TABLET	3	
TRINATAL RX 1	3	
TRINATE	3	
tri-vite/fluoride	1	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	
VELTASSA	3	PA, QL
VITAFOL FE+	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	

Drug Name	Drug Tier	Requirements & Limits
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITATHELY WITH GINGER	3	
wes-phos 250 neutral	1	
WESTAB PLUS	E	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
bis subcit-metronid-tetracyc	1	QL
bismuth/metronidaz/tetracyclin	1	QL
CARAFATE	E	
cimetidine oral	1	
CYTOTEC	3	
DEXILANT	E	QL
dexlansoprazole	E	QL
esomeprazole magnesium oral capsule delayed release	E	QL
esomeprazole magnesium oral packet	1	PA, ST, QL
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	E	
lansoprazole oral capsule delayed release	E	QL
lansoprazole oral tablet delayed release dispersible	1	PA, ST, QL
misoprostol oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	QL
NEXIUM ORAL PACKET	3	PA, ST, QL
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PEPCID	E	
PREVACID	E	QL
PREVACID SOLUTAB	E	PA, ST, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	3	QL
rabeprazole sodium oral tablet delayed release	1	QL
sucralfate oral	1	
VOQUEZNA	3	PA, QL
VOQUEZNA DUAL PAK	3	ST, QL
VOQUEZNA TRIPLE PAK	3	ST, QL
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
AMITIZA	E	PA, QL
ANASPAZ	2	
BYLVAY	3	PA, QL, SP
BYLVAY (PELLETS)	3	PA, QL, SP
chlordiazepoxide-clidinium	1	
CLENPIQ	3	QL
constulose	1	
cromolyn sodium oral	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine oral tablet	1	
enulose	1	
GASTROCROM	E	
gavilyte-c	1	H
gavilyte-g	1	QL, H
gavilyte-n with flavor pack	1	QL, H
generlac	1	
GLYCATÉ	E	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
GOLYTELY	1	QL, H
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	

Drug Name	Drug Tier	Requirements & Limits
hyoscyamine sulfate sublingual	1	
IBSRELA	E	PA, ST, QL
IQIRVO	3	PA, ST, QL, SP
lactulose encephalopathy	1	
lactulose oral solution	1	
LEVBID	3	
LEVSIN	3	
LEVSIN/SL	3	
LIBRAX	E	
LINZESS	2	PA, QL
LIVDELZI	3	PA, ST, QL, SP
LOMOTIL	3	
loperamide hcl oral capsule	E	
lubiprostone	1	PA, QL
MOTEGRITY	E	PA, QL
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	1	QL
NULEV	3	
OSCIMIN	3	
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	1	QL
peg-kcl-nacl-nasulf-na asc-c	1	QL
PLENVU	3	QL
prucalopride succinate	1	PA, QL
RELTONE	E	
REZDIFFRA	3	PA, QL
ROBINUL ORAL TABLET 1 MG	E	
ROBINUL-FORTE ORAL TABLET 2 MG	E	
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
TRULANCE	E	PA, ST, QL
URSO 250 ORAL TABLET 250 MG	E	
URSO FORTE	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA, QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
ATTRUBY	2	PA, QL, SP
CARNITOR ORAL TABLET	3	
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI ORAL SOLUTION RECONSTITUTED	2	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	E	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	E	PA, QL
levocarnitine oral tablet	1	
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, QL, SP
tolvaptan oral tablet therapy pack 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	1	PA, QL, SP
tolvaptan oral tablet therapy pack 30 & 15 mg	1	PA, QL
VYNDAMAX	2	PA, QL, SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	

Drug Name	Drug Tier	Requirements & Limits
DETROL	E	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	E	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG	E	
ELMIRON	3	ST
GEMTESA	E	
mirabegron er	1	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
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	
RENVELA ORAL TABLET	E	
sevelamer carbonate oral tablet	1	
solifenacin succinate	1	
tolterodine tartrate	1	
tolterodine tartrate er	E	
trospium chloride	1	
trospium chloride er	E	
VANRAFIA	3	PA, SP
VELPHORO	3	ST
VESICARE	E	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
FLOMAX ORAL CAPSULE 0.4 MG	E	
PROSCAR	E	
RAPAFLO	E	
silodosin	1	
tamsulosin hcl	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
terazosin hcl	1	
UROXATRAL	E	
Hormonal Agents - Hormone Replacement and Birth Control		
abigale	1	
abigale lo	1	
ACTIVELLA	3	
afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	1	H
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
amethia oral tablet 0.15-0.03 & 0.01 mg	1	H
ANNOVERA	3	QL
apri	1	H
aranelle	1	H
ashlyna	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 ORAL TABLET 5 MG	3	
ayuna	1	H
azurette	1	H
balziva	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

Drug Name	Drug Tier	Requirements & Limits
camrese	1	H
camrese lo	1	H
charlotte 24 fe	1	H
chateal eq	1	H
CLIMARA	E	QL
CLIMARA PRO	3	QL
COMBIPATCH	3	QL
COVARYX	2	
COVARYX HS	3	
cryselle-28	1	H
cyred eq	1	H
dasetta 1/35 (28)	1	H
dasetta 7/7/7	1	H
daysee	1	H
deblitane	1	H
DELESTROGEN	3	
delyla	1	H
DEPO-PROVERA	3	QL
DEPO-SUBQ PROVERA 104	1	QL, H
desogestrel-ethinyl estradiol	1	H
DIVIGEL	3	
dotti	1	QL
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	E	
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
drospirenone-ethinyl estradiol	1	H
DUAVEE	3	QL
EEMT	2	
EEMT HS	3	
ELESTRIN	3	
elinest	1	H
ELLA	1	QL, H
eluryng	1	H
emzahh	1	H
enilloring	1	H
enpresse-28	1	H
enskyce	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
errin	1	H	estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	1	
est estrogens-methyltest	1		estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	1	QL
est estrogens-methyltest ds	1		estradiol transdermal patch weekly	1	(generic for Climara), QL
est estrogens-methyltest hs	1		estradiol vaginal	1	
estarylla	1	H	estradiol valerate intramuscular	1	
ESTRACE	E		estradiol-norethindrone acet	1	
estradiol oral	1		estratest f.s.	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	QL	ESTRATEST H.S.	3	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Minivelle), QL	ESTRING	2	QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL	ESTROGEL	3	QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	QL	ethynodiol diac-eth estradiol	1	H
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Minivelle), QL	etonogestrel-ethinyl estradiol	1	H
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL	EVAMIST	2	
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	QL	falmina	1	H
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Minivelle), QL	fayosim oral tablet 42-21-21-7 days	1	H
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL	feirza 1.5/30	1	H
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	QL	feirza 1/20	1	H
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Minivelle), QL	FEMRING	3	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL	finzala	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	QL	fyavolv	1	
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle), QL	gallifrey	1	
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL	hailey 1.5/30	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	QL	hailey 24 fe	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle), QL	hailey fe 1.5/30	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL	hailey fe 1/20	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	QL	haloette	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle), QL	heather	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL	iclevia	1	H
			incassia	1	H
			introvale	1	H
			isibloom	1	H
			jaimiess	1	H
			jasmiel	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
jencycla	1	H	lo-zumandimine	1	H
jinteli	1		lutura	1	H
jolessa	1	H	lyleq	1	H
juleber	1	H	lyllana	1	QL
junel 1.5/30	1	H	lyza	1	H
junel 1/20	1	H	marlissa	1	H
junel fe 1.5/30	1	H	medroxyprogesterone acetate intramuscular	1	QL, H
junel fe 1/20	1	H	medroxyprogesterone acetate oral	1	
junel fe 24	1	H	megestrol acetate oral tablet	1	
kalliga	1	H	meleya	1	H
kariva	1	H	MENOSTAR	3	QL
kelnor 1/35	1	H	mibelas 24 fe	1	H
kelnor 1/50	1	H	microgestin 1.5/30	1	H
kurvelo	1	H	microgestin 1/20	1	H
larin 1.5/30	1	H	microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
larin 1/20	1	H	microgestin fe 1.5/30	1	H
larin 24 fe	1	H	microgestin fe 1/20	1	H
larin fe 1.5/30	1	H	mili	1	H
larin fe 1/20	1	H	mimvey	1	
leena	1	H	MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	E	
lessina	1	H	MINIVELLE	E	QL
levonest	1	H	MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	E	
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	H	mono-lynyah	1	H
levonorgest-eth estrad 91-day	1	H	MYFEMBREE	2	PA, QL
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H	NATAZIA	1	
levonorg-eth estrad triphasic	1	H	necon 0.5/35 (28)	1	H
levora 0.15/30 (28)	1	H	NEXTSTELLIS	E	
LO LOESTRIN FE	1	H	nikki	1	H
LOESTRIN 1.5/30 (21)	E		nora-be	1	H
LOESTRIN 1/20 (21)	E		norelgestromin-eth estradiol	1	H
LOESTRIN FE 1.5/30	E		norethin ace-eth estrad-fe oral tablet	1	H
LOESTRIN FE 1/20	E		norethin ace-eth estrad-fe oral tablet chewable	1	H
lojaimiess	1	H			
loryna	1	H			
low-ogestrel	1	H			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
norethindrone acetate oral	1		SAFYRAL	E	
norethindrone acet-ethinyl est	1	H	SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	E	
norethindrone oral	1	H	setlakin	1	H
norethindrone-eth estradiol	1		sharobel	1	H
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H	simliya	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H	simpesse	1	H
norgestimate-ethinyl estradiol triphasic	1	H	SLYND	3	PA, ST
norlyroc	1	H	sprintec 28	1	H
nortrel 0.5/35 (28)	1	H	sronyx	1	H
nortrel 1/35 (21)	1	H	syeda	1	H
nortrel 1/35 (28)	1	H	tarina 24 fe	1	H
nortrel 7/7/7	1	H	tarina fe 1/20 eq	1	H
NUVARING	E		tilia fe	1	H
nylia 1/35	1	H	tri-estarylla	1	H
nylia 7/7/7	1	H	tri-legest fe	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H	tri-lynyah	1	H
ocella	1	H	tri-lo-estarylla	1	H
PHEXXI	E	PA	tri-lo-marzia	1	H
philith	1	H	tri-lo-mili	1	H
pimtrea	1	H	tri-lo-sprintec	1	H
portia-28	1	H	tri-mili	1	H
PREMARIN ORAL	3		tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
PREMARIN VAGINAL	3		tri-sprintec	1	H
PREMPHASE	3		trivora (28)	1	H
PREMPRO	3		tri-vylibra	1	H
progesterone intramuscular	1		tri-vylibra lo	1	H
progesterone oral	1		turqoz	1	H
PROMETRIUM	E		TWIRLA	E	
PROVERA	3		TYBLUME	1	
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	E		tydemy oral tablet 3-0.03-0.451 mg	1	H
reclipsen	1	H	VAGIFEM	E	
rivelsa	1	H	valtya 1/50	1	H
rosyrah	1	H	velivet	1	H
			vestura	1	H
			vienva	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
viorele	1	H
VIVELLE-DOT	E	QL
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	1	H
xarah fe	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvafem	1	
zafemy	1	H
zovia 1/35 (28)	1	H
zumandimine	1	H
Hormonal Agents - Oral Steroids		
CORTEF	3	
DEXABLISS ORAL TABLET THERAPY PACK 1.5 MG (39)	E	
dexamethasone intensol	1	
dexamethasone oral	1	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	E	
fludrocortisone acetate oral	1	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 5 mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	

Drug Name	Drug Tier	Requirements & Limits
prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL
prednisone oral	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
Hormonal Agents - Other		
cabergoline	1	
DDAVP ORAL	E	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA
megestrol acetate oral suspension 40 mg/ml	1	
NGENLA	3	PA, QL, SP
NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	3	PA, QL
NORDITROPIN FLEXPPO	2	PA, QL, SP
NUTROPIN AQ NUSPIN 10	E	PA, QL, SP
NUTROPIN AQ NUSPIN 20	E	PA, QL, SP
NUTROPIN AQ NUSPIN 5	E	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
SKYTROFA	3	PA, QL, SP
Hormonal Agents - Testosterone Replacement		
ANDROGEL PUMP	E	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	E	PA, QL
JATENZO	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
KYZATREX	3	PA, QL
NATESTO	E	PA, QL
TESTIM	1	PA, QL
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 12.5 mg/act (1%) transdermal	1	PA, QL
testosterone gel 12.5 mg/act (1%) transdermal	E	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	1	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	E	PA, QL
testosterone transdermal gel 1.62 %	1	PA, QL
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	E	PA, QL
TLANDO	E	PA, QL
UNDECATREX	E	PA, QL
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
XYOSTED	E	PA, QL
Hormonal Agents - Thyroid		
ADTHYZA	E	
ARMOUR THYROID	3	
CYTOMEL	E	
ERMEZA	2	PA
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	E	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	

Drug Name	Drug Tier	Requirements & Limits
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
RENTHYROID	3	
SYNTHROID	E	
THYQUIDITY	E	PA
thyroid oral	1	
TIROSINT	E	
TIROSINT-SOL	2	PA
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, SP
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, SP
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, SP
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, SP
ABRILADA (2 SYRINGE)	E	PA, QL, SP
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-AACF (2 PEN)	E	PA, (Manufactured by Fresenius), SP
ADALIMUMAB-AACF (2 SYRINGE)	E	PA, (Manufactured by Fresenius), QL, SP
ADALIMUMAB-AACF(CD/UC/HS STRT)	E	PA, (Manufactured by Fresenius), SP
ADALIMUMAB-AACF(PS/UV STARTER)	E	PA, (Manufactured by Fresenius), SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, (Manufactured by Celltrion), QL, SP	ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, (Manufactured by Celltrion), SP	ADALIMUMAB-ADB (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP
ADALIMUMAB-AATY (2 PEN)	E	PA, (Manufactured by Celltrion), QL, SP	ADALIMUMAB-ADB(CD/UC/HS STRT)	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP
ADALIMUMAB-AATY (2 SYRINGE)	E	PA, (Manufactured by Celltrion), QL, SP	ADALIMUMAB-ADB(PS/UV STARTER)	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP
ADALIMUMAB-AATY CD/UC/HS START	E	PA, (Manufactured by Celltrion), SP	ADALIMUMAB-FKJP (2 PEN)	E	PA, (Manufactured by Biocon), QL, SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA, (Manufactured by Boehringer Ingelheim), QL, SP	ADALIMUMAB-FKJP (2 SYRINGE)	E	PA, (Manufactured by Biocon), QL, SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	2	PA, (Manufactured by Boehringer Ingelheim), SP	ADBRY SOLUTION AUTO-INJECTOR	2	PA, QL, SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, (Manufactured by Boehringer Ingelheim), QL, SP	ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP	AMJEVITA 40 MG/0.4ML, 80 MG/0.8ML	2	PA, QL, SP
ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP	AMJEVITA 40 MG/0.8ML	E	PA, QL, SP
ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP	AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	E	PA, QL, SP
			AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	2	PA, QL, SP
			AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	E	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ARAVA	E	
AZASAN	3	
azathioprine oral	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
BIMZELX	3	PA, ST, QL, SP
CELLCEPT ORAL CAPSULE	E	
CELLCEPT ORAL TABLET	E	
CIMZIA (2 SYRINGE)	2	PA, QL, SP
CIMZIA-STARTER	2	PA, QL, SP
CINRYZE	E	PA, QL, SP
COSENTYX (300 MG DOSE)	2	PA, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS	2	PA, QL, SP
COSENTYX SENSOREADY (300 MG)	2	PA, QL, SP
COSENTYX SENSOREADY PEN	2	PA, QL, SP
COSENTYX UNOREADY	2	PA, QL, SP
cyclosporine modified oral capsule	1	
CYLTEZO (2 PEN)	E	PA, QL, SP
CYLTEZO (2 SYRINGE)	E	PA, QL, SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
EMPAVELI	2	PA, QL, SP
ENBREL	2	PA, QL, SP
ENBREL MINI	2	PA, QL, SP
ENBREL SURECLICK	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
ENTYVIO PEN	2	PA, (SUBCUTANEOUS), QL, SP
ENVARSUS XR	E	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	
gengraf oral capsule	1	
HADLIMA	E	PA, QL, SP
HADLIMA PUSHTOUCH	E	PA, QL, SP
HAEGARDA	2	PA, QL, SP
HULIO (2 PEN)	E	PA, QL, SP
HULIO (2 SYRINGE)	E	PA, QL, SP
HUMIRA (1 PEN)	E	PA, QL, SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, QL, SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	E	PA, QL, SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	E	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	E	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, QL, SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	E	PA, QL, SP
HUMIRA-CD/UC/HS STARTER	E	PA, QL, SP
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	E	PA, QL, SP
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	E	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
HUMIRA-PED $\geq$ 40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, QL, SP	IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
HUMIRA-PSORIASIS/UVEIT STARTER	E	PA, QL, SP	IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
HYFTOR	3	PA, QL	IMURAN	E	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	E	QL, SP	JYLAMVO	3	PA
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	E	SP	KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, ST, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	E	PA, QL, SP	leflunomide oral	1	
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	E	PA, QL, SP	LITFULO	3	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	E	PA, SP	LUPKYNIS	3	PA, QL, SP
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	E	PA, SP	methotrexate sodium (pf)	1	
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	E	PA, SP	methotrexate sodium injection solution	1	
HYRIMOZ-PED $<$ 40KG CROHN STARTER	E	PA, QL, SP	methotrexate sodium oral	1	
HYRIMOZ-PED $\geq$ 40KG CROHN START	E	PA, QL, SP	mycophenolate mofetil oral capsule	1	
HYRIMOZ-PLAQ PSOR/UVEIT START	E	PA, QL, SP	mycophenolate mofetil oral tablet	1	
HYRIMOZ-PLAQUE PSORIASIS START	E	PA, QL, SP	mycophenolate sodium	1	
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	mycophenolic acid	1	
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	E	PA, QL, SP	MYFORTIC	E	
			MYHIBBIN	1	
			NEORAL ORAL CAPSULE	E	
			OLUMIANT ORAL TABLET 1 MG, 4 MG	3	PA, ST, QL
			OLUMIANT ORAL TABLET 2 MG	3	PA, ST, QL, SP
			OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, (SUBCUTANEOUS), QL, SP
			OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, (SUBCUTANEOUS), QL, SP
			ORENCIA CLICKJECT	3	PA, ST, QL, SP
			ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
			OTEZLA ORAL TABLET 20 MG	2	PA, QL
			OTEZLA ORAL TABLET 30 MG	2	PA, QL, SP
			OTREXUP	E	QL
			PROGRAF ORAL CAPSULE	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	E	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	3	PA, QL, SP
SIMLANDI (1 PEN)	E	PA, QL, SP
SIMLANDI (1 SYRINGE)	E	PA, QL, SP
SIMLANDI (2 PEN)	E	PA, QL, SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	E	PA, QL, SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	E	PA, SP
SIMPONI	2	PA, QL, SP
sirolimus oral tablet	1	
SKYRIZI PEN	2	PA, QL, SP
SKYRIZI SUBCUTANEOUS	2	PA, QL, SP
SOTYKTU	2	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, QL, SP
STEQEYMA SUBCUTANEOUS	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO SUBCUTANEOUS SOLUTION	2	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
TREMFYA ONE-PRESS	2	PA, QL, SP
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	2	PA, QL, SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA, QL, SP
TREXALL	2	
USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, QL, SP
XELJANZ	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
YESINTEK SUBCUTANEOUS	2	PA, QL, SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, SP
YUFLYMA (2 PEN)	E	PA, QL, SP
YUFLYMA (2 SYRINGE)	E	PA, QL, SP
YUFLYMA-CD/UC/HS STARTER	E	PA, SP
YUSIMRY	E	PA, QL, SP
ZORTRESS	E	
Immunological Agents - Drugs for Vaccination		
ABRYSVO	3	H
ADACEL	3	H
AFLURIA PRESERVATIVE FREE	3	H
AREXVY	3	H
BOOSTRIX	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
CAPVAXIVE	3	H
COMIRNATY	3	H
ENGERIX-B	2	H
FLUAD	3	H
FLUARIX	3	H
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL	3	H
FLUZONE HIGH-DOSE	3	H
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
HAVRIX	3	H
HEPLISAV-B	3	H
IPOL	2	H
MENQUADFI	3	H
MENVEO	3	H
M-M-R II	2	H
MODERNA COVID-19 VAC 6M-11Y	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PREVNAR 20	3	H
PRIORIX	3	H
RECOMBIVAX HB	2	H
SHINGRIX	3	H
SPIKEVAX	3	H
TENIVAC	3	H
TWINRIX	3	H
VAQTA	2	H
VARIVAX	3	H
VIVOTIF	E	
Infertility Agents		
CETROTIDE	3	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral	1	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL, SP
FYREMADEL	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Merck/ Organon), QL, SP

Drug Name	Drug Tier	Requirements & Limits
GONAL-F	3	ST, SP
GONAL-F RFF	3	ST, SP
GONAL-F RFF REDIJECT	3	ST, SP
MENOPUR	3	QL, SP
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	3	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	3	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	3	
ANALPRAM-HC EXTERNAL CREAM	3	
ANUCORT-HC	2	
ANUSOL-HC EXTERNAL	3	
ANUSOL-HC RECTAL	E	
APRISO	1	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
budesonide oral	1	
CANASA	E	
COLAZAL	E	
CORTIFOAM	2	
DELZICOL	E	
DIPENTUM	3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	E	
hydrocortisone (perianal) external cream 1 %	E	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral capsule delayed release 400 mg	1	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine oral tablet delayed release 800 mg	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	1	QL
PROCORT	E	
PROCTOCORT	E	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	3	
PROCTOZONE-HC	3	
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	1	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
ACTONEL	E	QL
alendronate sodium oral tablet	1	
BONSITY	3	PA, SP
EVISTA	E	
FORTEO	E	PA, SP
FOSAMAX	3	
ibandronate sodium oral	1	
raloxifene hcl	1	H-PA
risedronate sodium oral tablet 150 mg, 35 mg	1	QL
risedronate sodium oral tablet 30 mg, 5 mg	1	
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	E	PA, SP
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	3	PA, SP
TYMLOS	3	PA, SP

Drug Name	Drug Tier	Requirements & Limits
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
cinacalcet hcl	1	
ROCALtrol ORAL CAPSULE	3	
SENSIPAR	E	
YORVIPATH	3	PA, QL, SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	E	
ALREX	3	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	1	
bromfenac sodium ophthalmic solution 0.07 %	E	
bromfenac sodium ophthalmic solution 0.075 %	E	QL
BROMSITE	E	QL
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
epinastine hcl	1	QL
erythromycin ophthalmic	1	H-PA
EYSUVIS	3	QL
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	3	
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic	1	QL
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
KLARITY-A	E	
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	E	
loteprednol etabonate ophthalmic suspension	1	QL
MAXITROL	3	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	1	
olopatadine hcl ophthalmic solution 0.2 %	E	
POLYCIN	3	
polymyxin b-trimethoprim	1	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
PROLENSA	E	
sulfacetamide sodium ophthalmic solution	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	3	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	1	
VIGAMOX	E	

Drug Name	Drug Tier	Requirements & Limits
XDEMZY	3	PA, QL
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
AZOPT	E	QL
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	QL
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	QL
bimatoprost ophthalmic	1	QL
brimonidine tartrate ophthalmic solution 0.1 %	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	1	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	E	QL
brinzolamide	1	QL
COMBIGAN	1	QL
COSOPT	3	
COSOPT PF	E	QL
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	3	
IYUZEH	E	QL
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	1	ST, QL
timolol hemihydrate	1	QL
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
timolol maleate ophthalmic	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	3	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	3	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	3	
TRAVATAN Z	E	ST, QL
travoprost (bak free)	1	QL
VYZULTA	E	ST, QL
XALATAN	E	
ZIOPTAN	3	ST, QL

Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions

ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %	E	
atropine sulfate ophthalmic solution 1 %	1	
CEQUA	E	PA, QL
cromolyn sodium ophthalmic	1	
CYCLOGYL	3	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	E	PA, QL
difluprednate	1	
DUREZOL	E	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
KLARITY-C DROPS	E	PA
MIEBO	3	PA, QL
RESTASIS	1	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	3	PA, QL
VERKAZIA	3	PA, QL
VEVYE	E	PA, QL
XIIDRA	3	PA, QL

Otic Agents - Drugs for Ear Conditions

acetic acid otic	1	
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Drug Name	Drug Tier	Requirements & Limits
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	
ciprofloxacin-dexamethasone	1	
DERMOTIC	3	
flac otic oil 0.01 %	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	

Respiratory - Drugs for Anaphylaxis

AUVI-Q	2	QL
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
NEFFY	3	QL
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	2	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl nasal solution 0.15 %	E	
azelastine-fluticasone	E	QL
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
bromphen-pseudoeph-dm	1	
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	E	
cetirizine hcl oral solution	E	
CLARINEX	E	
ciproheptadine hcl oral	1	
desloratadine oral tablet	E	
DYMISTA	E	QL
flunisolide nasal	1	
fluticasone propionate nasal	1	QL
g tussin ac	1	
guaifenesin ac oral syrup 100-10 mg/5ml	1	
guaifenesin-codeine	1	
HYCODAN ORAL SOLUTION	E	PA, QL
hydrocod poli-chlorphe poli er	1	PA, QL
hydrocodone bit-homatrop mbr oral solution	1	PA, QL
hydromet	1	PA, QL
HYPERNAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral	1	
maxi-tuss ac	1	
mometasone furoate nasal	1	QL

Drug Name	Drug Tier	Requirements & Limits
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	E	
ODACTRA	3	PA, QL
olopatadine hcl nasal	1	
PATANASE NASAL SOLUTION 0.6 %	E	
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
PULMOSAL	2	
RYALTRIS	E	QL
ryvent	E	
sodium chloride inhalation	1	
XHANCE	E	ST, QL
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ACCOLATE	3	
ADVAIR DISKUS	E	QL
ADVAIR HFA	3	QL, RS
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU	2	
AEROCHAMBER PLUS FLO-VU INTERM	2	
AEROCHAMBER PLUS FLO-VU LARGE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
AEROCHAMBER PLUS FLO-VU SMALL	2	
AEROCHAMBER PLUS FLO-VU W/MASK	2	
AEROCHAMBER2GO ANTI-STATIC	2	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT	E	QL	BREATHE COMFORT CHAMBER/ ADULT	2	
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT	E	QL	BREATHE COMFORT CHAMBER/ CHILD	2	
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT	E	QL	BREO ELLIPTA	3	QL, RS
AIRSUPRA	3	QL	breyana	E	QL, RS
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL	BREZTRI AEROSPHERE	3	QL, RS
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for ProAir HFA or Proventil HFA), QL	budesonide inhalation	1	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for Ventolin HFA), QL	budesonide-formoterol fumarate	E	QL, RS
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic ProAir HFA or Proventil HFA), QL	COMBIVENT RESPIMAT	3	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1		DALIRESP	E	QL
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3		DULERA	E	ST, QL
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	E		EASIVENT	2	
albuterol sulfate oral syrup 2 mg/5ml	1		EASIVENT MASK LARGE	2	
ANORO ELLIPTA	3	QL	EASIVENT MASK MEDIUM	2	
ARNUITY ELLIPTA	1	QL	EASIVENT MASK SMALL	2	
ASMANEX HFA	E	QL	FASENRA PEN	3	PA, QL
ATROVENT HFA	3	QL	FLEXICHAMBER	2	
BEVESPI AEROSPHERE	2	QL	FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL
			FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
			FLUTICASONE PROPIONATE HFA	E	QL
			FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	QL, RS
			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	3	QL
			INSPIREASE	2	
			ipratropium bromide inhalation	1	
			ipratropium-albuterol	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
levalbuterol hcl inhalation	1	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
MICROCHAMBER	2	
montelukast sodium oral	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA, QL
PERFOROMIST	3	QL
PROCHAMBER VHC	2	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	QL
PULMICORT SUSPENSION	E	QL
QVAR REDHALER	1	QL
roflumilast	1	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	1	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
tiotropium bromide monohydrate	E	QL
TRELEGY ELLIPTA	3	QL, RS
UMECLIDINIUM-VILANTEROL	E	QL
VENTOLIN HFA	E	QL

Drug Name	Drug Tier	Requirements & Limits
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	2	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	2	
VORTEX VALVE CHAMBER-PEDI MASK	2	
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	1	QL
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
XOPENEX HFA	3	QL
YUPELRI	3	PA, QL
zafirlukast	1	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	3	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	PA, QL, SP
ADEMPAS	2	PA, QL, SP
alyq	1	PA, QL, SP
OPSUMIT	2	PA, QL, SP
REVATIO ORAL	E	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
tadalafil (pah)	1	PA, QL, SP
TADLIQ	3	PA, QL, SP
TRACLEER	2	PA, QL, SP
TYVASO	2	PA, SP
TYVASO DPI INSTITUTIONAL KIT	2	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL KIT	2	PA, SP
TYVASO STARTER KIT	2	PA, SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
baclofen oral tablet 15 mg	E	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	E	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
metaxalone oral tablet 400 mg, 800 mg	1	
metaxalone oral tablet 640 mg	E	
methocarbamol oral tablet 1000 mg	E	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	1	
SOMA	E	
TANLOR	3	
tizanidine hcl oral	1	
VANADOM ORAL TABLET 350 MG	E	
ZANAFLEX	3	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	3	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	1	QL

Drug Name	Drug Tier	Requirements & Limits
BELSOMRA	3	ST, QL
DAYVIGO	E	ST, QL
doxepin hcl oral tablet	E	QL
eszopiclone	1	
LUMRYZ	3	PA, QL, SP
LUNESTA	E	
modafinil oral	1	QL
NUVIGIL	E	QL
PROVIGIL	E	QL
QUVIVIQ	E	ST, QL
ramelteon	1	ST, QL
RESTORIL	3	
ROZEREM	E	ST, QL
SILENOR	E	QL
SODIUM OXYBATE	3	PA, (Manufactured by Hikma), QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYWAV	3	PA, QL, SP
zaleplon	1	
zolpidem tartrate er	1	
zolpidem tartrate oral tablet	1	

See page 6-8 for coverage details.



Index

A		
abigale	41	acetazolamide er..... 20
abigale lo	41	acetazolamide oral.....21
ABILIFY	19	acetic acid otic 54
abiraterone acetate oral tablet 250 mg	17	ACIPHEX.....38
abiraterone acetate oral tablet 500 mg	17	acitretin.....27
ABIRTEGA	17	ACTEMRA ACTPEN..... 46
ABRILADA (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML....	46	ACTEMRA SUBCUTANEOUS 46
ABRILADA (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML....	46	ACTIVELLA.....41
ABRILADA (2 SYRINGE)	46	ACTONEL.....52
ABRYSVO	50	ACTOPLUS MET35
ABSORICA.....26		ACTOS35
acamprosate calcium.....10		ACULAR.....52
ACANYA.....26		ACULAR LS52
acarbose oral.....35		ACUVAIL.....52
ACCOLATE55		acyclovir external ointment19
ACCRUFER.....37		acyclovir oral capsule19
ACCU-CHEK AVIVA PLUS TEST STRIPS.....30		acyclovir oral suspension 200 mg/5ml.....19
ACCU-CHEK FASTCLIX LANCET .	30	acyclovir oral tablet.....19
ACCU-CHEK FASTCLIX LANCET DEVICE KIT.....30		ACZONE27
ACCU-CHEK GUIDE KIT W/ DEVICE.....30		ADACEL.....50
ACCU-CHEK GUIDE ME METER ..	30	ADAINZDE EXTERNAL GEL 0.3-2.5-1 %.....27
ACCU-CHEK GUIDE TEST STRIPS.....30		ADALIMUMAB-AACF (2 PEN)..... 46
ACCU-CHEK SMARTVIEW TEST STRIPS.....30		ADALIMUMAB-AACF (2 SYRINGE).....46
ACCU-CHEK SOFTCLIX LANCET.	30	ADALIMUMAB-AACF(CD/UC/HS STRT)46
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT.....30		ADALIMUMAB-AACF(PS/UV STARTER)46
accutane.....27		ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML.....47
ACCUTREND GLUCOSE.....30		ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/0.8ML.....47
acebutolol hcl oral 20		ADALIMUMAB-AATY (2 PEN).....47
acetaminophen-codeine oral tablet9		ADALIMUMAB-AATY (2 SYRINGE).....47
		ADALIMUMAB-AATY CD/UC/HS START47
		ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML...47
		ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML...47
		ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE47
		ADALIMUMAB-ADBM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS...47
		ADALIMUMAB-ADBM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS...47
		ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS47
		ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS47
		ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML.....47
		ADALIMUMAB-ADBM(CD/UC/ HS STRT).....47
		ADALIMUMAB-ADBM(PS/UV STARTER)47
		ADALIMUMAB-FKJP (2 PEN)47
		ADALIMUMAB-FKJP (2 SYRINGE).....47
		adapalene external gel.....27
		adapalene-benzoyl peroxide external gel.....27
		ADBRY SOLUTION AUTO- INJECTOR.....47
		ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE .47
		ADCIRCA57
		ADDERALL24
		ADDERALL XR.....24
		ADDYI.....36
		ADEINZDE.....27
		ADEMPAS.....57

ADMELOG	34	AIRSUPRA	56	alyacen 7/7/7	41
ADMELOG SOLOSTAR	34	AJOVY	16	alyq	57
ADTHYZA	46	AKLIEF	27	amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	41
ADVAIR DISKUS	55	ALA SCALP	27	amantadine hcl oral capsule	19
ADVAIR HFA	55	ala-cort	27	amantadine hcl oral tablet	19
ADVATE	36	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	56	AMBIEN	58
ADYNOVATE	36	albuterol sulfate inhalation nebulization solution (2.5 mg/ 3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	56	AMBIEN CR	58
ADZENYS XR-ODT	24	ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	56	amethia oral tablet 0.15-0.03 & 0.01 mg	41
AEROCHAMBER HOLDING CHAMBER	55	albuterol sulfate oral syrup 2 mg/5ml	56	amiloride hcl oral	21
AEROCHAMBER PLS FLOVU MTHPIECE	55	alclometasone dipropionate	27	amiodarone hcl oral	21
AEROCHAMBER PLUS FLO-VU INTERM	55	ALDACTONE	21	AMITIZA	39
AEROCHAMBER PLUS FLO-VU LARGE	55	ALECENSA	17	amitriptyline hcl oral	14
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	55	alendronate sodium oral tablet	52	AMJEVITA 40 MG/0.4ML, 80 MG/0.8ML	47
AEROCHAMBER PLUS FLO-VU SMALL	55	alfuzosin hcl er	40	AMJEVITA 40 MG/0.8ML	47
AEROCHAMBER PLUS FLO-VU W/MASK	55	aliskiren fumarate	21	AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION REFILLED SYRINGE 10MG/0.2ML	47
AEROCHAMBER2GO ANTI- STATIC	55	allopurinol oral tablet 100 mg, 300 mg	16	AMJEVITA-PED 15KG TO <30KG SOLUTION REFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	47
afirmelle	41	allopurinol oral tablet 200 mg	16	AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION REFILLED SYRINGE 20 MG/0.4ML	47
AFLURIA PRESERVATIVE FREE ...	50	ALLZITAL	9	amlodipine besylate oral	21
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT	36	ALOGLIPTIN BENZOATE	35	amlodipine besylate-benazepril hcl	21
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	36	ALORA	41	amlodipine besylate-valsartan ...	21
AGAMATRIX PRESTO TEST	30	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	53	amlodipine-olmesartan	21
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	16	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	53	ammonium lactate external	27
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT	56	ALPHANATE	36	amnestem	27
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT	56	alprazolam er	20	amoxicillin	11
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT	56	alprazolam oral	20	amoxicillin-potassium clavulanate	11
		alprazolam xr	20	amphet-dextroamphet 3-bead er	24
		ALPROLIX	36	amphetamine sulfate	24
		ALREX	52	amphetamine- dextroamphetamine	24
		ALTACE	21	amphetamine- dextroamphetamine er	24
		altavera	41	ampicillin	11
		ALTUVIIIIO	36		
		ALUNBRIG	17		
		ALVAIZ	36		
		alyacen 1/35	41		

AMPYRA	25	ARTHROTEC	10	EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	26
AMZEEQ	27	ascomp-codeine	9	AUVELITY	14
ANAFRANIL	14	asenapine maleate	19	AUVI-Q	54
ANALPRAM HC	51	ashlyna	41	AVALIDE	21
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	51	ASMANEX HFA	56	avanafil	36
ANALPRAM-HC EXTERNAL CREAM	51	ATACAND	21	AVAPRO	21
ANAPROX DS	10	ATACAND HCT	21	AVAR CLEANSER	27
ANASPAZ	39	atenolol oral	21	AVAR LS CLEANSER	27
anastrozole oral	17	atenolol-chlorthalidone	21	aviane	41
ANDROGEL PUMP	45	ATIVAN ORAL	20	AVIDOXY	12
ANNOVERA	41	atomoxetine hcl	24	AVITA EXTERNAL CREAM 0.025 %	27
ANORO ELLIPTA	56	ATORVALIQ	21	AVODART	40
ANTIVERT ORAL TABLET 50 MG	15	atorvastatin calcium oral tablet 10 mg, 20 mg	21	AVONEX PEN	25
ANUCORT-HC	51	atorvastatin calcium oral tablet 40 mg, 80 mg	21	AVONEX PREFILLED	25
ANUSOL-HC EXTERNAL	51	atovaquone	18	AYGESTIN ORAL TABLET 5 MG	41
ANUSOL-HC RECTAL	51	atovaquone-proguanil hcl	18	ayuna	41
apap-caff-dihydrocodeine	9	ATRALIN	27	AZASAN	48
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	10	ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %	54	AZASITE	52
aprepitant oral capsule 125 mg, 40 mg, 80 mg	15	atropine sulfate ophthalmic solution 1 %	54	azathioprine oral	48
apri	41	ATROVENT HFA	56	azelaic acid external	27
APRISO	51	ATTRUBY	40	azelastine hcl nasal solution 0.1 %, 137 mcg/spray	55
APTENSIO XR	24	AUBAGIO	25	azelastine hcl nasal solution 0.15 %	55
APTIOM	13	aubra eq	41	azelastine hcl ophthalmic	52
AQ INSULIN SYRINGE	30	AUGMENTIN	11	azelastine-fluticasone	55
AQINJECT PEN NEEDLE	30	AUGMENTIN ES-600	11	AZELEX	27
ARAKODA	18	AUGTYRO	17	AZILECT	19
aranelle	41	aurovela 1/20	41	azithromycin oral packet 1 gm	12
ARANESP (ALBUMIN FREE)	36	aurovela 1.5/30	41	AZOPT	53
ARAVA	48	aurovela 24 fe	41	AZOR	21
ARAZLO	27	aurovela fe 1/20	41	AZSTARYS	24
AREXVY	50	aurovela fe 1.5/30	41	AZULFIDINE	51
ARICEPT	14	AUSTEDO	26	AZULFIDINE EN-TABS	51
ARIMIDEX	17	AUSTEDO XR	26	azurette	41
aripiprazole oral solution	19	AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	26		
aripiprazole oral tablet	19				
armodafinil	58				
ARMOUR THYROID	46				
ARNUITY ELLIPTA	56				
AROMASIN	17				

B

bac (butalbital-acetamin-caff)	9
bacitracin-polymyxin b	52
baclofen oral tablet 10 mg, 20 mg, 5 mg	58
baclofen oral tablet 15 mg	58



BACTRIM	12	BENICAR.....	21	bisoprolol fumarate oral tablet....	21
BACTRIM DS.....	12	BENICAR HCT	21	bisoprolol-hydrochlorothiazide ...	21
BAFIERTAM.....	25	BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	48	BLANCHE.....	27
balsalazide disodium.....	51	BENZAMYCIN	27	blisovi 24 fe	41
balziva	41	benzonatate oral capsule 100 mg, 200 mg.....	55	blisovi fe 1/20.....	41
BAQSIMI ONE PACK.....	35	benzonatate oral capsule 150 mg.....	55	blisovi fe 1.5/30.....	41
BAQSIMI TWO PACK	35	benzoyl peroxide-erythromycin...	27	BLOOD GLUCOSE TEST STRIPS...	31
BARACLUDE ORAL TABLET.....	19	benztropine mesylate oral.....	19	BLOOD GLUCOSE TEST STRIPS 333.....	31
BASAGLAR KWIKPEN	34	BESIVANCE.....	52	BONSITY	52
BASAGLAR TEMPO PEN.....	34	BESREMI.....	17	BOOSTRIX.....	50
BD AUTOSHIELD DUO PEN NEEDLES	30	betamethasone dipropionate aug external cream	27	BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	50
BD BLUNT FILL NEEDLE W/ FILTER	30	betamethasone dipropionate aug external lotion.....	27	BREATHE COMFORT CHAMBER/ ADULT	56
BD ECLIPSE NEEDLE 18G X 1-1/2" , 25G X 5/8" , 27G X 1/2"	30	betamethasone dipropionate aug external ointment.....	27	BREATHE COMFORT CHAMBER/ CHILD.....	56
BD ECLIPSE NEEDLE 23G X 1" (OTC)	30	betamethasone dipropionate external.....	27	BREO ELLIPTA.....	56
BD ECLIPSE NEEDLE 23G X 1" (RX)	30	betamethasone valerate external cream	27	breyna	56
BD ECLIPSE SHIELDED NEEDLE .	30	betamethasone valerate external lotion.....	27	BREZTRI AEROSPHERE	56
BD PEN NEEDLE MICRO ULTRAFINE.....	30	betamethasone valerate external ointment.....	27	briellyn.....	41
BD PEN NEEDLE MINI ULTRAFINE.....	31	BETAPACE	21	BRILINTA	19
BD PEN NEEDLE NANO ULTRAFINE.....	31	BETASERON	25	brimonidine tartrate ophthalmic solution 0.1 %.....	53
BD PEN NEEDLE ORIG ULTRAFINE.....	31	bethanechol chloride oral	40	brimonidine tartrate ophthalmic solution 0.15 %.....	53
BD PEN NEEDLE SHORT ULTRAFINE.....	31	BETIMOL OPHTHALMIC SOLUTION 0.25 %.....	53	brimonidine tartrate ophthalmic solution 0.2 %.....	53
BD SAFETYGLIDE NEEDLE 23G X 1-1/2".....	31	BETIMOL OPHTHALMIC SOLUTION 0.5 %	53	brimonidine tartrate-timolol	53
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	31	BEVESPI AEROSPHERE	56	brinzolamide	53
BD ULTRA-FINE PEN NEEDLES....	31	BEYAZ.....	41	BRIVIACT ORAL TABLET	13
BD ULTRA-FINE U-500 INSULIN SYRINGES	31	bicalutamide	17	BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	55
BD VEO ULTRA-FINE INSULIN SYRINGES	31	BIGFOOT UNITY PROGRAM.....	31	bromfenac sodium (once-daily)...	52
BD-ULTRA FINE INSULIN SYRINGES	31	BIJUVA	41	bromfenac sodium ophthalmic solution 0.07 %	52
BELBUCA	9	BIKTARVY.....	19	bromfenac sodium ophthalmic solution 0.075 %.....	52
BELSOMRA	58	bimatoprost ophthalmic.....	53	bromocriptine mesylate oral tablet	19
benazepril hcl oral.....	21	BIMZELX.....	48	bromphen-pseudoeph-dm.....	55
benazepril-hydrochlorothiazide...	21	BIOTEL CARE TEST STRIPS.....	31	BROMSITE.....	52
		bis subcit-metronid-tetracyc.....	38	BRONCHITOL	57
		bismuth/metronidaz/tetracyclin.	38	BRONCHITOL TOLERANCE TEST .	57

BRUKINSA	17
budesonide inhalation	56
budesonide oral	51
budesonide-formoterol fumarate	56
bumetanide oral	21
BUMEX	21
BUPAP ORAL TABLET 50-300 MG ..	9
buprenorphine	9,10
buprenorphine hcl sublingual	10
buprenorphine hcl-naloxone hcl sublingual film	10
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	10
bupropion hcl er (smoking det) ..	10
bupropion hcl er (sr)	14
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	14
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	15
bupropion hcl oral	15
buspirone hcl oral	20
butalbital-acetaminophen oral tablet 50-300 mg	9
butalbital-acetaminophen oral tablet 50-325 mg	9
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	9
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	9
butalbital-apap-caffeine	9
butalbital-asa-caff-codeine	9
butalbital-aspirin-caffeine	9
butorphanol tartrate nasal	9
BUTRANS	9
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 2 MG/0.85ML	35
BYLVAY	39
BYLVAY (PELLETS)	39
BYSTOLIC	21

C

cabergoline	45
CABOMETYX	17
CABTREO	27
calcipotriene external cream	27
calcipotriene external ointment ..	27
calcipotriene external solution ..	27
CALCITRENE	27
calcitriol oral capsule	52
calcium acetate (phos binder) oral capsule	40
CALQUENCE	17
camila	41
camrese	41
camrese lo	41
CAMZYOS	21
CANASA	51
candesartan cilexetil	21
candesartan cilexetil-hctz	21
capecitabine	17
CAPLYTA	19
captopril oral	21
CAPVAXIVE	50
CARAC EXTERNAL CREAM 0.5 % ..	27
CARAFATE	38
carbamazepine er	13
carbamazepine oral tablet	13
carbamazepine oral tablet chewable	13
CARBATROL	13
carbidopa-levodopa er	19
carbidopa-levodopa oral tablet ..	19
carbinoxamine maleate oral tablet 4 mg	55
carbinoxamine maleate oral tablet 6 mg	55
CARDIZEM	21
CARDIZEM CD	21
CARDIZEM LA	21
CARDURA	21
CAREPOINT POLY HUB NEEDLE 18G X 1", 21G X 1", 22G X 1", 23G X 1", 25G X 1", 25G X 5/8"	31

CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	31
CAREPOINT SAFETY 1ST NEEDLE	31
CARESENS N PLUS BT	31
CARETOUCH MONITOR SYSTEM ..	31
CARETOUCH TEST	31
carisoprodol oral tablet 250 mg ..	58
carisoprodol oral tablet 350 mg ..	58
CARNITOR ORAL SOLUTION	37
CARNITOR ORAL TABLET	40
CARNITOR SF	37
cartia xt	21
carvedilol	21
carvedilol phosphate er	21
CASODEX	17
CATAPRES-TTS-1	21
CATAPRES-TTS-2	21
CATAPRES-TTS-3	21
cefadroxil oral capsule	12
cefadroxil oral suspension reconstituted	12
cefdinir	12
cefixime oral capsule	12
cefpodoxime proxetil oral tablet ..	12
cefprozil	12
cefuroxime axetil	12
CELEBREX	10
celecoxib oral	10
CELEXA	15
CELLCEPT ORAL CAPSULE	48
CELLCEPT ORAL TABLET	48
cephalexin	12
CEQUA	54
CEQUR SIMPLICITY 2U 8PK	31
CERDELGA	40
cetirizine hcl oral solution	55
CETROTIDE	51
cevimeline hcl	26
charlotte 24 fe	41
chateal eq	41
chlordiazepoxide hcl	20
chlordiazepoxide-clidinium	39

chlorhexidine gluconate mouth/ throat.....	26	CLEOCIN-T	27	clobetasol propionate external solution	28
chlorpromazine hcl oral tablet	19	CLIMARA	41, 42	CLOBEX EXTERNAL SHAMPOO ..	28
chlorthalidone.....	21	CLIMARA PRO.....	41	CLOBEX SPRAY.....	28
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg.....	58	clindacin etz external swab	27	clodan	28
chlorzoxazone oral tablet 500 mg	58	clindacin-p	27	CLOMID	51
cholestyramine light.....	21	CLINDAGEL	27	clomiphene citrate oral	51
cholestyramine oral.....	21	clindamycin hcl oral.....	12	clomipramine hcl oral.....	15
CHORIONIC GONADOTROPIN INTRAMUSCULAR.....	51	clindamycin palmitate hcl	12	clonazepam oral.....	20
CIALIS	36	clindamycin phos (once-daily) gel 1 % external	27	clonidine hcl er	24
CIBINQO	27	clindamycin phos (twice-daily) gel 1 % external	27	clonidine hcl oral	21
ciclodan	16	clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	27	clonidine patch weekly 0.1 mg/24hr transdermal	21
ciclopirox external	16	clindamycin phos-benzoyl perox external gel 1.2-5 %.....	27	clonidine patch weekly 0.2 mg/24hr transdermal	21
ciclopirox olamine external cream	16	clindamycin phosphate external lotion.....	27	clonidine patch weekly 0.3 mg/24hr transdermal	21
ciclopirox olamine external suspension	27	clindamycin phosphate external solution.....	27	clopidogrel bisulfate oral	19
cilostazol	19	clindamycin phosphate external swab	27	clorazepate dipotassium	20
CIMDUO	19	clindamycin phosphate external vaginal.....	12	clotrimazole external cream.....	28
cimetidine oral	38	CLINDESSE.....	12	clotrimazole mouth/throat.....	16
CIMZIA (2 SYRINGE).....	48	CLINPRO 5000.....	26	clotrimazole-betamethasone	28
CIMZIA-STARTER	48	clobazam oral suspension 2.5 mg/ml.....	13	clozapine oral tablet	19
cinacalcet hcl.....	52	clobazam oral tablet.....	13	CLOZARIL	19
CINRYZE.....	48	clobetasol prop emollient base external cream 0.05 %	27	CO-NATAL FA.....	37
CIPRO ORAL TABLET	12	clobetasol propionate e	27	COLAZAL.....	51
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	54	CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %.....	27	colchicine oral.....	16
ciprofloxacin hcl ophthalmic	52	clobetasol propionate external cream 0.05 %	28	colchicine-probenecid.....	16
ciprofloxacin hcl oral.....	12	clobetasol propionate external foam	28	COLCRYS ORAL TABLET 0.6 MG ..	16
ciprofloxacin-dexamethasone ...	54	clobetasol propionate external gel.....	28	colesevelam hcl oral tablet	21
citalopram hydrobromide oral tablet	15	clobetasol propionate external liquid.....	28	COLESTID ORAL TABLET.....	21
claravis.....	27	clobetasol propionate external ointment.....	28	colestipol hcl oral tablet	21
CLARINEX.....	55	clobetasol propionate external shampoo.....	28	COMBIGAN.....	53
clarithromycin oral tablet.....	12			COMBIPATCH	41
CLENPIQ	39			COMBIVENT RESPIMAT	56
CLEOCIN ORAL CAPSULE 150 MG, 300 MG.....	12			COMIRNATY.....	50
CLEOCIN ORAL CAPSULE 75 MG ..	12			CONCERTA	24
CLEOCIN ORAL SOLUTION RECONSTITUTED	12			constulose.....	39
CLEOCIN VAGINAL CREAM	12			CONTOUR MONITOR KIT W/ DEVICE	31
				CONTOUR NEXT EZ KIT W/ DEVICE	31
				CONTOUR NEXT GEN MONITOR KIT	31

CONTOUR NEXT GEN TEST STRIPS.....	31	CVS GLUCOSE METER TEST STRIPS.....	31	dalfampridine er	25
CONTOUR NEXT LINK KIT W/ DEVICE.....	31	cvs nicotine.....	10, 11	DALIRESP	56
CONTOUR NEXT MONITOR KIT W/DEVICE.....	31	cvs nicotine polacrilex	11	DAPAGLIFLOZIN PRO-METFORMIN ER.....	35
CONTOUR NEXT ONE KIT	31	cvs prenatal	37	DAPAGLIFLOZIN PROPANEDIOL ..	35
CONTOUR NEXT TEST STRIPS	31	CVS TRUE METRIX GLUCOSE TEST	31	dapsone external.....	28
CONTOUR PLUS BLUE KIT W/ DEVICE.....	31	cyanocobalamin injection solution 1000 mcg/ml	37	dapsone oral.....	17
CONTOUR PLUS BLUE TEST STRIP	31	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	37	dasatinib.....	17
CONTOUR TEST STRIPS	31	cyanocobalamin nasal	37	dasetta 1/35 (28).....	41
COPAXONE.....	25	cyclobenzaprine hcl oral tablet 10 mg, 5 mg.....	58	dasetta 7/7/7.....	41
COREG.....	21	cyclobenzaprine hcl oral tablet 7.5 mg.....	58	DAVIMET-FLUORIDE	37
COREG CR.....	21	CYCLOGYL	54	DAYPRO.....	10
CORGARD ORAL TABLET 20 MG, 40 MG.....	21	cyclopentolate hcl ophthalmic ...	54	daysee	41
CORLANOR.....	21	cyclosporine modified oral capsule	48	DAYVIGO	58
CORTEF.....	45	cyclosporine ophthalmic	54	DDAVP ORAL.....	45
CORTIFOAM.....	51	CYLTEZO (2 PEN).....	48	deblitane	41
COSENTYX (300 MG DOSE).....	48	CYLTEZO (2 SYRINGE).....	48	DELESTROGEN.....	41
COSENTYX 150 MG/ML SUBCUTANEOUS	48	CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML.....	48	delyla	41
COSENTYX SENSOREADY (300 MG)	48	CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML.....	48	DELZICOL.....	51
COSENTYX SENSOREADY PEN...	48	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML.....	48	DENTA 5000 PLUS	26, 37
COSENTYX UNOREADY.....	48	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	48	DENTA 5000 PLUS SENSITIVE ...	37
COSOPT	53	CYMBALTA.....	15	DENTAGEL.....	26
COSOPT PF.....	53	cyproheptadine hcl oral	55	DEPAKOTE.....	13
COTELLIC	17	cyred eq	41	DEPAKOTE ER	13
COTEMPLA XR-ODT.....	24	CYTOMEL.....	46	DEPAKOTE SPRINKLES	13
COVARYX.....	41	CYTOTEC	38	DEPEN TITRATABS.....	40
COVARYX HS	41			DEPO-PROVERA	41
COZAAR	21			DEPO-SUBQ PROVERA 104.....	41
CREON.....	40			DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML.....	45
CRESEMBA ORAL	16			DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML.....	45
CRESTOR	21			DERMA-SMOOTHIE/FS BODY.....	28
CREXONT.....	19			DERMA-SMOOTHIE/FS SCALP.....	28
cromolyn sodium ophthalmic	54			DERMACINRX UREA	28
cromolyn sodium oral.....	39			DERMOTIC	54
cryselle-28.....	41			DESCOVY ORAL TABLET 120-15 MG	19
CVS ADVANCED GLUCOSE TEST..	31			DESCOVY ORAL TABLET 200-25 MG	19
				desipramine hcl oral	15
				desloratadine oral tablet.....	55

D



desmopressin acetate oral	45	DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	13	DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG	40
desmopressin acetate spray.	45	diazepam oral solution.	20	divalproex sodium er.	13
desogestrel-ethinyl estradiol.	41	diazepam oral tablet	20	divalproex sodium oral.	13
desonide external cream	28	diazepam rectal	13	DIVIGEL	41
desonide external lotion.	28	DICLEGIS.	15	DODEX INJECTION SOLUTION 1000 MCG/ML.	37
desonide external ointment	28	diclofenac potassium oral tablet 25 mg	10	dofetilide	22
DESOWEN	28	diclofenac potassium oral tablet 50 mg	10	donepezil hcl oral tablet	14
desoximetasone external cream	28	diclofenac sodium er.	10	DOPTelet.	36
desoximetasone external ointment.	28	diclofenac sodium external gel 1 %	10	DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	53
desvenlafaxine succinate er	15	diclofenac sodium external gel 3 %	28	dorzolamide hcl-timolol mal.	53
DETROL	40	diclofenac sodium ophthalmic	52	dorzolamide hcl-timolol mal pf.	53
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	40	diclofenac sodium oral.	10	dotti.	41
DEXABLISS ORAL TABLET THERAPY PACK 1.5 MG (39).	45	diclofenac-misoprostol.	10	DOVATO	20
dexamethasone intensol	45	DICLOFONO.	10	doxazosin mesylate oral	22
dexamethasone oral	45	dicloxacillin sodium	12	doxepin hcl oral capsule	15
dexamethasone sodium phosphate ophthalmic.	52	dicyclomine hcl oral capsule.	39	doxepin hcl oral concentrate	15
DEXCOM G6 RECEIVER.	31	dicyclomine hcl oral tablet 20 mg	39	doxepin hcl oral tablet	58
DEXCOM G6 SENSOR.	31	DIFFERIN EXTERNAL GEL 0.3 %	28	doxycycline	12, 28
DEXCOM G6 TRANSMITTER.	31	DIFICID ORAL TABLET.	12	doxycycline hyclate oral capsule	12
DEXCOM G7 RECEIVER.	31	DIFLUCAN.	16	doxycycline hyclate oral tablet 100 mg, 20 mg.	12
DEXCOM G7 SENSOR.	31	difluprednate.	54	doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	12
DEXEDRINE	24	digoxin oral tablet.	21	doxycycline monohydrate oral capsule 100 mg, 50 mg	12
DEXILANT	38	DILANTIN	13	doxycycline monohydrate oral capsule 150 mg, 75 mg.	12
dexlansoprazole.	38	DILAUDID ORAL TABLET	9	doxycycline monohydrate oral suspension reconstituted	12
dexmethylphenidate hcl.	24	dilt-xr	22	doxycycline monohydrate oral tablet	12
dexmethylphenidate hcl er	24	diltiazem hcl er	21	doxylamine-pyridoxine	15
dextroamphetamine sulfate er	24	diltiazem hcl er beads.	21	DRISDOL	37
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	24	diltiazem hcl er coated beads	21	dronabinol.	15
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg.	25	diltiazem hcl oral	22	DROPSAFE SAFETY SYRINGE/ NEEDLE.	31
DHIVY	19	dimethyl fumarate oral	25	drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	41
DIABETES CARE.	31	DIOVAN.	22	drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	41
DIABETES MONITOR DIGIT ADD-ON	31	DIOVAN HCT	22	drospirenone-ethinyl estradiol	41
DIABETES MONITOR DIGIT SOLN.	31	DIPENTUM.	51		
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG.	13	diphenoxylate-atropine oral tablet	39		
		DIPROLENE	28		
		disulfiram oral	11		

DRYSOL.....	28	ec-naproxen.....	10	ENERGIX-B	50
DUAVEE.....	41	econazole nitrate external.....	16	enilloring.....	41
DULERA.....	56	EDARBI	22	ENLITE GLUCOSE SENSOR.....	32
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg.....	15	EDARBYCLOR.....	22	enoxaparin sodium injection solution prefilled syringe	13
duloxetine hcl oral capsule delayed release particles 40 mg.....	15	EEMT.....	41	enpresse-28.....	41
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	28	EEMT HS	41	enskyce.....	41
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	28	EFFEXOR XR.....	15	ENSTILAR	28
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	28	EFFIENT	19	entecavir.....	20
DUREZOL.....	54	EFUDEX EXTERNAL CREAM 5 %..	28	ENTRESTO ORAL TABLET	22
dutasteride oral	40	ELEPSIA XR.....	13	ENTYVIO PEN	48
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG.....	45	ELESTRIN.....	41	enulose	39
DYANAVAL XR ORAL TABLET EXTENDED RELEASE	25	eletriptan hydrobromide.....	16	ENVARUSUS XR	48
DYMISTA.....	55	ELIDEL.....	28	EPANED.....	22
E		ELIMITE	18	EPCLUSA ORAL TABLET	20
E.E.S. GRANULES.....	12	elinest.....	41	EPIDIOLEX	13
EASIVENT	56	ELIQUIS	13	EPIDUO	28
EASIVENT MASK LARGE.....	56	ELIQUIS DVT/PE STARTER PACK..	13	EPIDUO FORTE.....	28
EASIVENT MASK MEDIUM.....	56	ELLA.....	41	epinastine hcl	52
EASIVENT MASK SMALL.....	56	ELMIRON	40	EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	54
EASY MAX BLOOD GLUCOSE TEST	31	ELOCTATE	36	epinephrine solution auto- injector 0.15 mg/0.15ml injection	54
EASY MAX T1 GLUCOSE SYSTEM..	31	eluryng	41	epinephrine solution auto- injector 0.15 mg/0.3ml injection .	54
EASY TOUCH HEALTHPRO GLUCOSE.....	31	EMBECTA INSULIN SYRINGE.....	32	epinephrine solution auto- injector 0.3 mg/0.3ml injection ..	54
EASY TOUCH TEST	31	EMBRACE BLOOD GLUCOSE TEST	32	EPIPEN 2-PAK	54
EASYGLUCO.....	31	EMBRACE WAVE BLOOD GLUCOSE IN VITRO.....	32	EPIPEN JR 2-PAK.....	54
EASYMAX 15 TEST.....	31	EMEND BIPACK.....	15	epitol.....	13
EASYMAX NG BLOOD GLUCOSE KIT	32	EMGALITY.....	16	eplerenone	22
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	28	EMPAVELI	48	EQ BLOOD GLUCOSE TEST.....	32
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	10	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg.....	20	eq nicotine	11
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	10	emtricitabine-tenofovir df oral tablet 200-300 mg.....	20	eq nicotine mouth/throat gum 4 mg	11
		emzahh	41	eq nicotine polacrilex	11
		enalapril maleate oral solution ...	22	eq nicotine step 3	11
		enalapril maleate oral tablet.....	22	eq nicotine polacrilex mouth/ throat lozenge 2 mg, 4 mg	11
		enalapril-hydrochlorothiazide....	22	ergocalciferol oral capsule	37, 38
		ENBREL.....	48	ERIVEDGE.....	17
		ENBREL MINI.....	48	ERLEADA ORAL TABLET 240 MG ..	17
		ENBREL SURECLICK	48	ERLEADA ORAL TABLET 60 MG ...	17
		endocet.....	9		
		ENDOMETRIN.....	51		

ERMEZA	46	estradiol vaginal.....	42	ezetimibe-simvastatin	22
errin.....	42	estradiol valerate intramuscular...	42	F	
ERYGEL	28	estradiol-norethindrone acet	42	FABHALTA	36
ERYPED 200 ORAL SUSPENSION		estratest f.s.	42	falmina.....	42
RECONSTITUTED 200 MG/5ML...	12	ESTRATEST H.S.	42	famciclovir oral.....	20
ERYPED 400.....	12	ESTRING.....	42	famotidine oral suspension	
erythromycin base oral tablet.....	12	ESTROGEL.....	42	reconstituted.....	38
erythromycin ethylsuccinate		eszopiclone.....	58	famotidine oral tablet 20 mg,	
oral suspension reconstituted.....	12	ethambutol hcl oral	17	40 mg.....	38
erythromycin external	28	ethosuximide oral.....	13	FARXIGA.....	35
erythromycin ophthalmic.....	52	ethynodiol diac-eth estradiol.....	42	FASENRA PEN	56
escitalopram oxalate oral		etodolac.....	10	fayosim oral tablet 42-21-21-7	
solution 5 mg/5ml	15	etonogestrel-ethinyl estradiol.	42	days.....	42
escitalopram oxalate oral tablet.....	15	EUCRISA.....	28	febuxostat.....	16
ESGIC ORAL CAPSULE		euthyrox	46	feirza 1/20	42
50-325-40 MG.....	9	EVAMIST.....	42	feirza 1.5/30	42
ESGIC ORAL TABLET		EVEKEO.....	25	FELDENE ORAL CAPSULE 20 MG .	10
50-325-40 MG.....	9	everolimus oral tablet 0.25 mg,		felodipine er.....	22
eslicarbazepine acetate	13	0.5 mg, 0.75 mg, 1 mg	48	FEMARA	18
esomeprazole magnesium oral		everolimus oral tablet 10 mg,		FEMRING	42
capsule delayed release	38	2.5 mg, 5 mg, 7.5 mg.....	17	fenofibrate micronized oral	
esomeprazole magnesium oral		EVERSENSE 365 SENSOR/		capsule 130 mg, 134 mg,	
packet	38	HOLDER	32	200 mg, 43 mg, 67 mg	22
est estrogens-methyltest.....	42	EVERSENSE 365 SMART		FENOFIBRATE MICRONIZED	
est estrogens-methyltest ds	42	TRANSMIT.....	32	ORAL CAPSULE 90 MG	22
est estrogens-methyltest hs	42	EVERSENSE E3 SENSOR/		fenofibrate oral capsule 134 mg,	
estarylla	42	HOLDER	32	200 mg, 67 mg	22
ESTRACE	42	EVERSENSE E3 SMART		fenofibrate oral tablet 120 mg,	
estradiol oral	42, 44	TRANSMITTER	32	40 mg.....	22
estradiol patch twice weekly		EVERSENSE SENSOR/HOLDER...	32	fenofibrate oral tablet 145 mg,	
0.025 mg/24hr transdermal	42	EVERSENSE SMART		160 mg, 48 mg, 54 mg	22
estradiol patch twice weekly		TRANSMITTER	32	fenofibric acid oral capsule	
0.0375 mg/24hr transdermal.....	42	EVISTA.....	52	delayed release.....	22
estradiol patch twice weekly		EVOXAC	26	FENOGLIDE ORAL TABLET	
0.05 mg/24hr transdermal	42	EVRYSDI ORAL SOLUTION		120 MG, 40 MG	22
estradiol patch twice weekly		RECONSTITUTED	40	fentanyl transdermal patch 72	
0.075 mg/24hr transdermal	42	EXELON.....	14	hour 100 mcg/hr, 12 mcg/hr,	
estradiol patch twice weekly		exemestane	18	25 mcg/hr, 50 mcg/hr, 75 mcg/hr..	9
0.1 mg/24hr transdermal	42	EXFORGE.....	22	fentanyl transdermal patch 72	
estradiol transdermal gel		EXKIVITY ORAL CAPSULE		hour 37.5 mcg/hr, 62.5 mcg/hr,	
0.25 mg/0.25gm, 0.5 mg/0.5gm,		40 MG.....	18	87.5 mcg/hr.....	9
0.75 mg/0.75gm, 1 mg/gm,		EXTAVIA SUBCUTANEOUS KIT		FETZIMA.....	15
1.25 mg/1.25gm	42	0.3 MG	25	FEXMID.....	58
estradiol transdermal gel		EYSUVIS.....	52	fidaxomicin oral tablet.....	12
0.75 mg/1.25 gm (0.06%)	42	ezetimibe	22	FINACEA EXTERNAL FOAM	28
estradiol transdermal patch					
weekly	42				

FINACEA EXTERNAL GEL.....	28	FLUORIMAX 5000	26, 37	FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%).....	45
finasteride oral tablet 5 mg.....	40	FLUORIMAX 5000 SENSITIVE ...	37	FORTISCARE G1 TEST STRIP IN VITRO STRIP	32
fingolimod hcl.....	25	fluorometholone.....	52	FORTISCARE TEST IN VITRO STRIP	32
finzala.....	42	FLUOROURACIL EXTERNAL CREAM 0.5 %	28	FOSAMAX.....	52
FIORICET.....	9	fluorouracil external cream 5 % ..	28	fosfomycin tromethamine.....	12
FIORICET/CODEINE.....	9	fluoxetine hcl oral capsule.....	15	fosinopril sodium.....	22
flac otic oil 0.01 %	54	fluoxetine hcl oral solution	15	FRAICHE 5000 DENTAL	26
FLAREX.....	52	fluoxetine hcl oral tablet 10 mg ..	15	FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %.....	37
flecainide acetate.....	22	fluoxetine hcl oral tablet 20 mg, 60 mg.....	15	FREESTYLE LIBRE 14 DAY READER.....	32
FLEXICHAMBER.....	56	FLUTICASONE FUROATE- VILANTEROL.....	56	FREESTYLE LIBRE 14 DAY SENSOR.....	32
FLOMAX ORAL CAPSULE 0.4 MG	40	fluticasone propionate external cream.....	28	FREESTYLE LIBRE 2 PLUS SENSOR.....	32
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML	37	fluticasone propionate external ointment.....	28	FREESTYLE LIBRE 2 READER.....	32
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG.....	37	FLUTICASONE PROPIONATE HFA.....	56	FREESTYLE LIBRE 2 SENSOR.....	32
FLORIVA PLUS	37	fluticasone propionate nasal	55	FREESTYLE LIBRE 3 PLUS SENSOR.....	32
FLOTREX	37	FLUTICASONE-SALMETEROL INHALATION AEROSOL	56	FREESTYLE LIBRE 3 READER.....	32
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT.....	56	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/ act, 250-50 mcg/act, 500-50 mcg/act	56	FREESTYLE LIBRE 3 SENSOR.....	32
FLUAD	50	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ ACT, 55-14 MCG/ACT.....	56	FREESTYLE LIBRE READER.....	32
FLUARIX.....	50	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/ act, 250-50 mcg/act, 500-50 mcg/act	56	FREESTYLE PRECISION NEO SYSTEM.....	32
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	50	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ ACT, 55-14 MCG/ACT.....	56	FREESTYLE PRECISION NEO TEST	32
fluconazole oral	16	fluvoxamine maleate.....	15	FREESTYLE TEST.....	32
fludrocortisone acetate oral.....	45	fluvoxamine maleate er.....	15	FROVA	16
FLULAVAL	50	FLUZONE HIGH-DOSE.....	50	frovatriptan succinate	17
flunisolide nasal	55	FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	50	ft naloxone hcl	11
fluocinolone acetonide body.....	28	FML FORTE.....	52	ft nicotine	11
fluocinolone acetonide external ..	28	FML LIQUIFILM.....	52	ft nicotine mini.....	11
fluocinolone acetonide otic	54	FOCALIN	25	FUROSCIX.....	22
fluocinolone acetonide scalp.....	28	FOCALIN XR.....	25	furosemide oral	22
fluocinonide external cream 0.05 %.....	28	folic acid oral tablet 1 mg	37	fyavolv	42
fluocinonide external cream 0.1 %.....	28	FOLLISTIM AQ	51	FYCOMPA ORAL SUSPENSION ...	13
fluocinonide external gel	28	FORA 6 CONNECT/GTEL TEST ...	32	FYCOMPA ORAL TABLET	13
fluocinonide external ointment ...	28	FORFIVO XL.....	15	FYREMADEL.....	51
fluocinonide external solution ...	28	FORTEO.....	52		
FLUORIDEX	26				
FLUORIDEX ENHANCED WHITENING.....	26				

G

g tussin ac	55
gabapentin oral capsule	13

gabapentin oral solution 250 mg/5ml	13	glipizide-metformin hcl.....	35	GUARDIAN REAL-TIME REPLACE PED	32
GABAPENTIN ORAL TABLET 25 MG, 50 MG	13	glucagon emergency kit 1 mg injection	35	GUARDIAN SENSOR 3.....	32
gabapentin oral tablet 600 mg, 800 mg	13	GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR	35	GVOKE HYPOPEN 1-PACK	32
GABARONE.....	13	GLUCOCARD EXPRESSION TEST	32	GVOKE HYPOPEN 2-PACK	32
gallifrey	42	GLUCOCARD SHINE TEST	32	GVOKE KIT	32
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	51	GLUCOCARD VITAL TEST	32	GVOKE PFS	32
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	51	GLUCOTROL XL.....	35	GYNAZOLE-1	16
GASTROCROM	39	GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG.....	35	H	
gatifloxacin ophthalmic	52	glyburide oral.....	35	habitrol	11
gavilyte-c	39	glyburide-metformin	35	HADLIMA.....	48
gavilyte-g.....	39	GLYCAT.....	39	HADLIMA PUSHTOUCH.....	48
gavilyte-n with flavor pack.....	39	glycopyrrolate oral tablet 1 mg, 2 mg.....	39	HAEGARDA	48
GAVRETO.....	18	GLYCOPYRROLATE ORAL TABLET 1.5 MG	39	hailey 1.5/30.....	42
gemfibrozil oral	22	GLYXAMBI.....	35	hailey 24 fe.....	42
GEMTESA.....	40	gnp naloxone hcl.....	11	hailey fe 1/20	42
GEN7T EXTERNAL PATCH 3.5 %	9	gnp nicotine mini.....	11	hailey fe 1.5/30	42
generlac	39	gnp nicotine polacrilex mouth/ throat gum 2 mg	11	HALCION	20
gengraf oral capsule	48	gnp nicotine polacrilex mouth/ throat lozenge.....	11	halobetasol propionate external cream.....	28
gentamicin sulfate external	12	gnp nicotine transdermal.....	11	halobetasol propionate external ointment.....	28
gentamicin sulfate ophthalmic....	52	GOLYTELY.....	39	haloette.....	42
GENVOYA.....	20	GONAL-F	51	haloperidol oral	19
GEODON ORAL	19	GONAL-F RFF.....	51	HARVONI ORAL TABLET	20
GILENYA ORAL CAPSULE 0.25 MG.....	25	GONAL-F RFF REDIRECT.....	51	HAVRIX	51
GILENYA ORAL CAPSULE 0.5 MG	25	goodsense nicotine	11	HEALTHPRO BLOOD GLUCOSE MONITO	32
glatiramer acetate	25	griseofulvin microsize oral suspension	16	heather	42
glatopa	25	guaifenesin ac oral syrup 100-10 mg/5ml.....	55	HEMADY	45
GLEEVEC	18	guaifenesin-codeine.....	55	HEMANGEOL.....	22
glimepiride oral tablet 1 mg, 2 mg, 4 mg.....	35	guanfacine hcl.....	22, 25	HEMICLOR	22
glimepiride oral tablet 3 mg	35	guanfacine hcl er.....	25	HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML.....	36
glipizide er.....	35	GUARDIAN 4 GLUCOSE SENSOR.....	32	HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	36
glipizide oral tablet 10 mg, 5 mg.....	35	GUARDIAN 4 TRANSMITTER	32	HEMMOREX-HC RECTAL SUPPOSITORY 25 MG.....	51
glipizide oral tablet 2.5 mg.....	35	GUARDIAN CONNECT TRANSMITTER	32	HEMMOREX-HC RECTAL SUPPOSITORY 30 MG.....	51
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	35	GUARDIAN LINK 3 TRANSMITTER.....	32	HEMOFIL M.....	36
				HEPLISAV-B	51



HIDEX 6-DAY	45	HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML....	48	hydrocortisone external cream 1 %.....	28
HIPREX	12	HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML.....	48	hydrocortisone external cream 2.5 %	28
hm nicotine polacrilex mouth/ throat gum 2 mg, 4 mg.....	11	HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML.....	48	hydrocortisone external lotion 2 %, 2.5 %.....	29
hm nicotine polacrilex mouth/ throat lozenge 2 mg.....	11	HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	49	hydrocortisone external ointment 1 %, 2.5 %	29
hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr....	11	HUMIRA-PSORIASIS/UEVIT STARTER.....	49	hydrocortisone oral	45
HULIO (2 PEN).....	48	HUMULIN 70/30 KWIKPEN.....	34	hydrocortisone valerate external cream.....	29
HULIO (2 SYRINGE).....	48	HUMULIN 70/30 VIAL	34	hydrocortisone-acetic acid.....	54
HUMALOG CARTRIDGE.....	34	HUMULIN N KWIKPEN	34	hydromet	55
HUMALOG INJECTION	34	HUMULIN N VIAL	34	hydromorphone hcl oral tablet.....	9
HUMALOG KWIKPEN	34	HUMULIN R U-500 KWIKPEN.....	34	hydroquinone external.....	29
HUMALOG MIX 50/50 KWIKPEN .	34	HUMULIN R U-500 VIAL	34	hydroxychloroquine sulfate oral...18	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	34	HUMULIN R VIAL.....	34	HYDROXYM EXTERNAL CREAM...29	
HUMALOG MIX 75/25 KWIKPEN .	34	HYCODAN ORAL SOLUTION	55	hydroxyurea oral	18
HUMALOG MIX 75/25 VIAL.....	34	hydralazine hcl oral.....	22	hydroxyzine hcl oral.....	20
HUMALOG SUBCUTANEOUS	34	HYDREA	18	hydroxyzine pamoate oral	20
HUMALOG TEMPO PEN.....	34	hydrochlorothiazide oral.....	22	HYFTOR.....	49
HUMALOG U-100 JUNIOR KWIKPEN	34	hydrocod poli-chlorphe poli er ...	55	HYMPAVZI.....	36
HUMATE-P.....	36	hydrocodone bit-homatrop mbr oral solution	55	hyoscyamine sulfate er	39
HUMIRA (1 PEN).....	48	hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml	9	hyoscyamine sulfate oral tablet ..	39
HUMIRA (2 PEN) AUTO- INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS.....	48	hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	9	hyoscyamine sulfate oral tablet dispersible.....	39
HUMIRA (2 PEN) AUTO- INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS.....	48	hydrocort-pramoxine (perianal)...	51	hyoscyamine sulfate sublingual ..	39
HUMIRA (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML....	48	hydrocortisone (perianal) external cream 1 %	51	HYPERSAL	55
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS...	48	hydrocortisone (perianal) external cream 2.5 %.....	51	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML.....	49
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS ..	48	hydrocortisone ace-pramoxine external cream 1-1 %	51	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	49
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS ..	48	hydrocortisone acetate rectal....	51	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	49
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	48			HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML.....	49
HUMIRA-CD/UC/HS STARTER....	48			HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS	

SOLUTION AUTO-INJECTOR 80 MG/0.8ML.....	49	IMBRUVICA ORAL TABLET 140 MG, 280 MG.....	18	INSULIN LISPRO KWIKPEN	34
HYRIMOZ-PED<40KG CROHN STARTER.....	49	IMBRUVICA ORAL TABLET 420 MG	18	INSULIN LISPRO PROT & LISPRO	34
HYRIMOZ-PED>/=40KG CROHN START	49	imipramine hcl oral.....	15	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	32
HYRIMOZ-PLAQ PSOR/UEIT START	49	imiquimod external cream 3.75 % ..	29	INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	32
HYRIMOZ-PLAQUE PSORIASIS START	49	imiquimod pump.....	29	INTRAROSA	36
HYZAAR.....	22	IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	17	introvale	42
I		IMITREX ORAL	17	INTUNIV	25
ibandronate sodium oral.....	52	IMITREX STATDOSE SYSTEM.....	17	INVEGA	19
IBRANCE ORAL TABLET	18	IMKELDI	18	INVELTYS.....	52
IBSRELA	39	IMPOYZ.....	29	INVOKANA	35
ibuprofen oral suspension 100 mg/5ml	10	IMURAN	49	INZIRQO.....	22
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	10	IMVEXXY MAINTENANCE PACK..	36	IPOLE	51
iclevia	42	IMVEXXY STARTER PACK	36	ipratropium bromide inhalation ..	56
ICLUSIG ORAL TABLET 10 MG, 30 MG.....	18	INBRIJA	19	ipratropium bromide nasal	55
ICLUSIG ORAL TABLET 15 MG, 45 MG.....	18	incassia	42	ipratropium-albuterol.....	56
icosapent ethyl.....	22	indapamide.....	22	IQIRVO.....	39
IDACIO (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML.....	49	INDERAL LA	22	irbesartan	22
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	49	indomethacin er.....	10	irbesartan-hydrochlorothiazide ..	22
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML.....	49	indomethacin oral capsule	10	ISENTRESS HD	20
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML.....	49	INGREZZA ORAL CAPSULE 40 MG, 80 MG	26	ISENTRESS ORAL TABLET	20
IDELVION.....	36	INGREZZA ORAL CAPSULE 60 MG.....	26	isibloom	42
IDHIFA	18	INGREZZA ORAL CAPSULE SPRINKLE	26	isoniazid oral tablet	17
IHEALTH BLOOD GLUCOSE TEST STR	32	INGREZZA ORAL CAPSULE THERAPY PACK.....	26	ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	54
IHEALTH GLUCO+ KIT 10	32	INPEN.....	32	ISORDIL TITRADOSE	22
IHEALTH GLUCO+ KIT 100	32	INSPIREASE	56	isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	22
ILEVRO	52	INSPIRA	22	isosorbide dinitrate oral tablet 40 mg.....	22
imatinib mesylate oral	18	INSULIN ASPART.....	34	isosorbide mononitrate er	22
IMBRUVICA ORAL CAPSULE	18	INSULIN ASPART FLEXPEN.....	34	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg.....	29
		INSULIN DEGLUDEC FLEXTOUCH.....	34	isotretinoin oral capsule 25 mg, 35 mg	29
		INSULIN GLARGINE	34	ISTALOL	53
		INSULIN GLARGINE MAX SOLOSTAR.....	34	itraconazole oral capsule	16
		INSULIN GLARGINE SOLOSTAR ..	34		
		INSULIN LISPRO.....	34		
		INSULIN LISPRO (1 UNIT DIAL)..	34		

ivabradine hcl	22
ivermectin external cream	29
ivermectin oral tablet 3 mg.....	18
ivermectin oral tablet 6 mg.....	18
IYUZEH	53

J

jaimiess	42
JAKAFI.....	18
jantoven	13
JANUMET.....	35
JANUVIA	35
JARDIANCE	35
jasmiel	42
JATENZO	45
jencycla.....	43
JENTADUETO	35
JENTADUETO XR.....	35
jinteli.....	43
jolessa	43
JORNAY PM.....	25
JOURNAVX	9
JUBLIA	16
juleber	43
JULUCA.....	20
junel 1/20	43
junel 1.5/30	43
junel fe 1/20	43
junel fe 1.5/30	43
junel fe 24.....	43
JUST RIGHT 5000 DENTAL GEL 1.1 %.....	26
JUST RIGHT 5000 DENTAL PASTE.....	26
JYLAMVO.....	49
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG ..	40
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG.....	40

K

K-PHOS-NEUTRAL	37
----------------------	----

K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ.....	37
kalliga	43
KAPSPARGO SPRINKLE.....	22
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	25
kariva	43
kelnor 1/35	43
kelnor 1/50	43
KEPPRA ORAL.....	14
KEPPRA XR	14
KERENDIA ORAL TABLET 10 MG, 20 MG	22
KESIMPTA	25
ketoconazole external cream.....	16
ketoconazole external shampoo ..	16
ketoconazole oral	16
ketorolac tromethamine ophthalmic	52
ketorolac tromethamine oral.....	10
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	49
KISQALI	18
KLARITY-A.....	53
KLARITY-C DROPS.....	54
KLARON	29
klayesta.....	16
KLISYRI (250 MG).....	29
KLISYRI (350 MG).....	29
KLONOPIN	20
klor-con.....	37
klor-con 10.....	37
klor-con m10	37
klor-con m15	37
klor-con m20	37
KLOXXADO.....	11
kls quit2.....	11
kls quit4.....	11
KOATE	36
KOATE-DVI	36
KOGENATE FS.....	36

KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG.....	35
KOSELUGO	18
KOURZEQ.....	26
KOVALTRY	36
KRINTAFEL	18
kurvelo.....	43
KYZATREX	46

L

labetalol hcl oral.....	22
lacosamide oral	14
lactulose encephalopathy	39
lactulose oral solution	39
LAGEVRIO.....	20
LAMICTAL	14
LAMICTAL ODT ORAL TABLET DISPERSIBLE.....	14
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR....	14
lamotrigine er	14
lamotrigine oral tablet.....	14
lamotrigine oral tablet chewable ..	14
lamotrigine oral tablet dispersible.....	14
LANCETS	32
LANOXIN ORAL TABLET 125 MCG, 250 MCG.....	22
LANOXIN ORAL TABLET 62.5 MCG	22
lansoprazole oral capsule delayed release.....	38
lansoprazole oral tablet delayed release dispersible	38
LANTUS SOLOSTAR.....	34
LANTUS U-100 VIAL	34
larin 1/20.....	43
larin 1.5/30.....	43
larin 24 fe	43
larin fe 1/20.....	43
larin fe 1.5/30.....	43
LASIX	22
latanoprost ophthalmic.....	53

LATUDA.....	19	LIBRAX	39	LOPROX EXTERNAL SUSPENSION 0.77 %	29
LEDIPASVIR-SOFOSBUVIR	20	lidocaine external ointment 5 %....	9	lorazepam oral tablet	20
leena	43	lidocaine external patch 5 %.....	9	loryna	43
leflunomide oral.....	49	lidocaine hcl mouth/throat.....	26	losartan potassium oral.....	22
lenalidomide	18	lidocaine viscous hcl	26	losartan potassium-hctz.....	22
lessina	43	lidocaine-prilocaine external cream.....	9	LOTEMAX OPHTHALMIC GEL	53
letrozole oral	18	LIDOCAN	9	LOTEMAX OPHTHALMIC OINTMENT	53
leucovorin calcium oral	18	LIDODERM	9	LOTEMAX OPHTHALMIC SUSPENSION.....	53
leuprolide acetate injection	45	LIDOTRAL 1 EXTERNAL PATCH 4.88 %.....	9	LOTEMAX SM.....	53
levabuterol hcl inhalation	57	LIKMEZ	12	LOTENSIN	22
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	57	linezolid oral tablet.....	12	LOTENSIN HCT.....	22
LEVBID	39	LINZESS	39	loteprednol etabonate ophthalmic gel	53
levetiracetam er.....	14	liothyronine sodium oral	46	loteprednol etabonate ophthalmic suspension	53
levetiracetam oral solution	14	LIPITOR	22	LOTREL	22
levetiracetam oral tablet	14	liraglutide.....	35	lovastatin oral	23
levo-t.....	46	lisdexamfetamine dimesylate	25	LOVAZA.....	23
levocarnitine oral solution.....	37	lisinopril oral.....	22	LOVENOX INJECTION SOLUTION PREFILLED SYRINGE .	13
levocarnitine oral tablet	40	lisinopril-hydrochlorothiazide	22	low-ogestrel	43
levocarnitine sf.....	37	LITFULO.....	49	lubiprostone.....	39
levocetirizine dihydrochloride oral.....	55	lithium carbonate er	20	LUMAKRAS	18
levofloxacin oral tablet	12	lithium carbonate oral	20	LUMIGAN.....	53
levonest	43	LITHOBID	20	LUMRYZ	58
levonorg-eth estrad triphasic	43	LIVALO	22	LUNESTA	58
levonorgest-eth est & eth est oral tablet 42-21-21-7 days.....	43	LIVDELZI.....	39	LUPKYNIS	49
levonorgest-eth estrad 91-day ...	43	LO LOESTRIN FE	43	lurasidone hcl	19
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	43	lo-zumandimine.....	43	lutera	43
levora 0.15/30 (28).....	43	LODINE.....	10	lyleq.....	43
LEVOTHYROXINE SODIUM ORAL CAPSULE	46	LODOCO.....	22	lyllana	43
levothyroxine sodium oral tablet .	46	LOESTRIN 1/20 (21).....	43	LYNPARZA.....	18
levoxyl	46	LOESTRIN 1.5/30 (21).....	43	LYRICA ORAL CAPSULE	26
LEVSIN	39	LOESTRIN FE 1/20	43	LYUMJEV KWIKPEN.....	34
LEVSIN/SL.....	39	LOESTRIN FE 1.5/30	43	LYUMJEV TEMPO PEN	34
LEXAPRO	15	LOFENA.....	10	LYUMJEV VIAL	34
LIALDA	51	lojaimiess.....	43	lyza.....	43
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG.....	14	LOKELMA.....	37		
		LOMOTIL	39		
		loperamide hcl oral capsule	39		
		LOPID.....	22		
		LOPRESSOR ORAL TABLET	22		
		LOPROX EXTERNAL SHAMPOO 1 %.....	16		

M

M-M-R II.....	51
M-NATAL PLUS	37

MACROBID	12	mercaptopurine oral tablet.....	18	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	25
MACRODANTIN	12	mesalamine er oral capsule 0.375 gm.....	52	methylphenidate hcl er (osm) oral tablet extended release 72 mg	25
MALARONE.....	18	mesalamine oral capsule delayed release 400 mg	52	methylphenidate hcl er (xr).....	25
MARINOL.....	15	mesalamine oral tablet delayed release 1.2 gm	52	methylphenidate hcl er oral tablet extended release	25
marlissa.....	43	mesalamine oral tablet delayed release 800 mg.....	52	methylphenidate hcl er oral tablet extended release 24 hour ..	25
matzim la	23	mesalamine rectal enema	52	methylphenidate hcl oral	25
MAVENCLAD	25	mesalamine rectal suppository...	52	methylprednisolone oral.....	45
MAVYRET ORAL PACKET	20	MESTINON ORAL TABLET.....	17	metoclopramide hcl oral tablet ...	16
MAXALT	17	METADATE CD.....	25	metolazone.....	23
MAXALT-MLT	17	metaxalone oral tablet 400 mg, 800 mg	58	metoprolol succinate er	23
maxi-tuss ac.....	55	metaxalone oral tablet 640 mg ..	58	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	23
MAXITROL	53	metformin hcl er	35	metoprolol tartrate oral tablet 37.5 mg, 75 mg	23
MAXZIDE ORAL TABLET 75-50 MG	23	metformin hcl er (mod).....	35	metoprolol-hydrochlorothiazide ..	23
MAXZIDE-25 ORAL TABLET 37.5-25 MG	23	metformin hcl er (osm)	35	METROCREAM	29
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG.....	25	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg.....	35	METROGEL.....	29
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG.....	25	metformin hcl oral tablet 625 mg, 750 mg.....	35	METROLOTION	29
meclizine hcl oral tablet	15	methadone hcl oral tablet.....	9	metronidazole external cream ...	29
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	45	methenamine hippurate.....	12	metronidazole external gel 0.75 %.....	29
MEDROL ORAL TABLET 2 MG ...	45	methimazole oral.....	46	metronidazole external gel 1 % ...	29
MEDROL ORAL TABLET THERAPY PACK.....	45	methocarbamol oral tablet 1000 mg	58	metronidazole external lotion	29
medroxyprogesterone acetate intramuscular	43	methocarbamol oral tablet 500 mg, 750 mg.....	58	metronidazole oral tablet 125 mg .	12
medroxyprogesterone acetate oral	43	methotrexate sodium (pf).....	49	metronidazole oral tablet 250 mg, 500 mg.....	12
mefloquine hcl	18	methotrexate sodium injection solution	49	metronidazole vaginal	12
megestrol acetate oral suspension 40 mg/ml.....	45	methotrexate sodium oral.....	49	mexiletine hcl oral.....	23
megestrol acetate oral tablet ...	43	METHYLIN.....	25	mibelas 24 fe	43
meleya	43	methylphenidate hcl er (cd)	25	MICARDIS	23
meloxicam oral tablet.....	10	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	25	MICARDIS HCT.....	23
memantine hcl er	14	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	25	MICROCHAMBER	57
memantine hcl oral tablet	14	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	25	MICRODOT TEST.....	32
MENOPUR	51			microgestin 1/20	43
MENOSTAR.....	43			microgestin 1.5/30.....	43
MENQUADFI	51			microgestin 24 fe oral tablet 1-20 mg-mcg	43
MENVEO.....	51			microgestin fe 1/20	43
MEPRON.....	18			microgestin fe 1.5/30	43

midodrine hcl.....	23	MOVIPREP.....	39	NAMENDA TITRATION PAK.....	14
MIEBO.....	54	moxifloxacin hcl (2x day).....	53	NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG.....	14
mili.....	43	moxifloxacin hcl ophthalmic.....	53	NAPROSYN.....	10
mimvey.....	43	moxifloxacin hcl oral.....	12	naproxen dr.....	10
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) ...	43	MS CONTIN.....	9	naproxen oral tablet.....	10
MINILINK REAL-TIME TRANSMITTER.....	32	MULTAQ.....	23	naproxen oral tablet delayed release.....	10
MINIMED 630G GUARDIAN PRESS.....	32	MULTI-VIT-FLOR.....	37	naproxen oral tablet delayed release.....	10
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG.....	23	multi-vitamin/fluoride.....	37	naproxen sodium oral tablet 275 mg, 550 mg.....	10
MINIVELLE.....	42, 43	multivitamin w/fluoride tablet chewable 0.25 mg oral.....	37	naratriptan hcl.....	17
minocycline hcl oral capsule.....	12	multivitamin w/fluoride tablet chewable 0.5 mg oral.....	37	NARCAN.....	11
minoxidil oral.....	23	multivitamin w/fluoride tablet chewable 1 mg oral.....	37	NASCOBAL.....	37
mirabegron er.....	40	multivitamin/fluoride oral tablet chewable.....	37	NATAZIA.....	43
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5).....	43	mupirocin cream.....	12	nateglinide.....	35
mirtazapine oral.....	15	mupirocin ointment.....	12	NATESTO.....	46
MIRVASO.....	29	MYAMBUTOL ORAL TABLET 400 MG.....	17	NAYZILAM.....	14
misoprostol oral.....	38	mycophenolate mofetil oral capsule.....	49	neбиволol hcl.....	23
MITIGARE.....	16	mycophenolate mofetil oral tablet.....	49	NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % ..	55
MM BLOOD GLUCOSE SYSTEM.....	32, 33	mycophenolate sodium.....	49	NEBUSAL INHALATION NEBULIZATION SOLUTION 6 % ..	55
MM BLOOD GLUCOSE SYSTEM REFILL.....	33	mycophenolic acid.....	49	necon 0.5/35 (28).....	43
MM BLULINK GLUCOSE TEST.....	33	MYDAYIS.....	25	NEFFY.....	54
MM EASY TOUCH GLUCOSE METER.....	33	MYFEMBREE.....	43	NEMLUVIO.....	29
modafinil oral.....	58	MYFORTIC.....	49	neomycin sulfate oral.....	12
MODERNA COVID-19 VAC 6M-11Y.....	51	MYHIBBIN.....	49	neomycin-polymyxin-dexameth ..	53
mometasone furoate external ...	29	MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR...	40	neomycin-polymyxin-hc otic.....	54
mometasone furoate nasal.....	55	MYSOLINE.....	14	NEONATAL COMPLETE.....	37
MONDOXYNE NL.....	12	N		NEONATAL PLUS.....	37
mono-lynyah.....	43	na sulfate-k sulfate-mg sulf.....	39	NEONATAL PRENATAL.....	37
MONOJECT HYPODERMIC NEEDLE 18G X 1".....	33	nabumetone oral.....	10	NEONATAL VITAMIN.....	37
montelukast sodium oral.....	57	nadolol oral.....	23	NEORAL ORAL CAPSULE.....	49
morphine sulfate er oral tablet extended release.....	9	NALOCET.....	9	NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG.....	35
morphine sulfate oral tablet.....	9	naloxone hcl injection solution prefilled syringe.....	11	neuac.....	29
MOTEGRITY.....	39	naloxone hcl nasal.....	11	NEULASTA.....	36
MOTPOLY XR.....	14	naltrexone hcl oral.....	11	NEUPRO.....	19
MOUNJARO.....	35	NAMENDA ORAL TABLET 10 MG, 5 MG.....	14	NEURONTIN.....	14
				NEUTEK 2TEK TEST.....	33
				NEVANAC.....	53
				NEXIUM ORAL CAPSULE DELAYED RELEASE.....	38

NEXIUM ORAL PACKET.....	38	norethin ace-eth estrad-fe oral tablet	43	NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	34, 35
NEXLETOL.....	23	norethin ace-eth estrad-fe oral tablet chewable	43	NOVOLIN R RELION	35
NEXLIZET	23	norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/ 1-35 mg-mcg	44	NOVOLIN R VIAL.....	35
NEXTSTELLIS	43	norethindrone acet-ethinyl est... ..	44	NOVOLOG FLEXPEN.....	35
NGENLA	45	norethindrone acetate oral.....	44	NOVOLOG FLEXPEN RELION	35
niacin er (antihyperlipidemic)	23	norethindrone oral.....	44	NOVOLOG RELION	35
NICODERM CQ.....	11	norethindrone-eth estradiol.....	44	NOVOLOG U-100 VIAL.....	35
NICORETTE MINI	11	norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	44	NOVOPEN ECHO	33
NICORETTE MOUTH/THROAT GUM	11	norgestimate-ethinyl estradiol triphasic	44	NOXAFIL ORAL TABLET DELAYED RELEASE	16
NICORETTE MOUTH/THROAT LOZENGE	11	NORITATE	29	np thyroid.....	46
NICORETTE STARTER KIT	11	NORLIQVA.....	23	NUBEQA	18
nicotine mini.....	11	norlyroc.....	44	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	57
nicotine polacrilex mini	11	NORPRAMIN	15	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML.....	57
nicotine polacrilex mouth/throat ..	11	nortrel 0.5/35 (28)	44	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	57
nicotine step 1.....	11	nortrel 1/35 (21).....	44	NUCYNTA.....	9
nicotine step 2.....	11	nortrel 1/35 (28).....	44	NUCYNTA ER	9
nicotine step 3.....	11	nortrel 7/7/7.....	44	NUEDEXTA	26
nicotine transdermal patch 24 hour.....	11	nortriptyline hcl oral capsule	15	NULEV	39
nifedipine er.....	23	NORVASC.....	23	NURTEC.....	17
nifedipine er osmotic release.....	23	NOVAREL.....	51	NUTROPIN AQ NUSPIN 10	45
nifedipine oral.....	23	NOVOEIGHT.....	36	NUTROPIN AQ NUSPIN 20	45
nikki.....	43	NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM.....	33	NUTROPIN AQ NUSPIN 5	45
nilotinib hcl	18	NOVOFINE PEN NEEDLE	33	NUVARING	44
NITRO-BID	23	NOVOFINE PLUS PEN NEEDLE ...	33	NUVESSA.....	12
NITRO-DUR	23	NOVOLIN 70/30 FLEXPEN	34	NUVIGIL.....	58
nitrofurantoin macrocrystal	12	NOVOLIN 70/30 FLEXPEN RELION	34	NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	36
nitrofurantoin monohydrate macrocrystals.....	12	NOVOLIN 70/30 RELION.....	34	NUWIQ INTRAVENOUS KIT 1500 UNIT	36
nitroglycerin rectal.....	23	NOVOLIN 70/30 VIAL	34	NUZYRA ORAL	12
nitroglycerin sublingual.....	23	NOVOLIN N FLEXPEN	34	nyamyc	16
nitroglycerin transdermal.....	23	NOVOLIN N FLEXPEN RELION ...	34	nylia 1/35	44
NITROSTAT	23	NOVOLIN N RELION	34	nylia 7/7/7	44
NIVA THYROID	46	NOVOLIN N VIAL	34	nymyo oral tablet 0.25-35 mg-mcg	44
NIVA-PLUS	37	NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	34		
NIVESTYM.....	36				
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	45				
nora-be	43				
NORDITROPIN FLEXPEN.....	45				
norelgestromin-eth estradiol	43				

nystatin external	16	OMNITROPE.....	45	ORFADIN ORAL SUSPENSION....	40
nystatin mouth/throat.....	16	OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	49	ORGOVYX	18
nystatin oral	16	OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR....	49	ORIAHNN.....	45
nystatin-triamcinolone	16	ON CALL EXPRESS BLOOD GLUCOSE.....	33	ORILISSA.....	45
nystop	16	ON CALL EXPRESS MONITORING SYS	33	orphenadrine citrate er	58
NYVEPRIA	36	ondansetron hcl oral	16	OSCIMIN	39
O					
ocella	44	ondansetron odt oral tablet dispersible 16 mg.....	16	oseltamivir phosphate oral	20
OCUFLOX.....	53	ondansetron odt oral tablet dispersible 4 mg, 8 mg.....	16	OSPHERA.....	36
ODACTRA.....	55	ONE VITE WOMENS.....	37	OTEZLA ORAL TABLET 20 MG....	49
ODEFSEY	20	ONE VITE WOMENS PLUS	37	OTEZLA ORAL TABLET 30 MG....	49
ODOMZO	18	ONETOUCH ULTRA 2 KIT W/ DEVICE	33	OTREXUP	49
OFEV.....	57	ONETOUCH ULTRA BLUE TEST....	33	OVACE PLUS WASH EXTERNAL LIQUID	29
ofloxacin ophthalmic	53	ONETOUCH ULTRA TEST STRIPS ..	33	OVACE WASH.....	29
ofloxacin otic.....	54	ONETOUCH VERIO FLEX SYSTEM KIT	33	OVIDREL.....	51
olanzapine oral	19	ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	33	oxaprozin oral tablet	10
olmesartan medoxomil oral	23	ONETOUCH VERIO KIT W/ DEVICE	33	OXAYDO ORAL TABLET 5 MG, 7.5 MG.....	9
olmesartan medoxomil-hctz	23	ONETOUCH VERIO REFLECT KIT W/DEVICE.....	33	oxcarbazepine.....	14
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-25 mg.....	23	ONETOUCH VERIO TEST STRIPS ..	33	oxcarbazepine er	14
olmesartan-amlodipine-hctz oral tablet 40-5-12.5 mg.....	23	ONEXTON	29	oxybutynin chloride er	40
olopatadine hcl nasal	55	ONFI.....	14	oxybutynin chloride oral.....	40
olopatadine hcl ophthalmic solution 0.1 %.....	53	ONGLYZA.....	35	OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE- DETERRENT 10 MG, 20 MG, 40 MG, 80 MG.....	9
olopatadine hcl ophthalmic solution 0.2 %.....	53	ONYDA XR.....	25	oxycodone hcl oral capsule.....	9
OLUMIANT ORAL TABLET 1 MG, 4 MG	49	OPSUMIT	57	oxycodone hcl oral solution	9
OLUMIANT ORAL TABLET 2 MG..	49	OPTIUMEZ TEST	33	oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	9
OMECLAMOX-PAK	38	OPVEE	11	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	9
omega-3-acid ethyl esters.....	23	OPZELURA.....	29	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	10
omeprazole oral capsule delayed release	38	ORACEA	29	OXYCONTIN.....	10
OMNIPOD 5 DEXCOM INTRO KIT	33	ORACIT.....	37	OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	35
OMNIPOD 5 DEXCOM PODS	33	ORAL CITRATE	37	OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML, 8 MG/3ML	35
OMNIPOD 5 G7 INTRO (GEN 5) KIT	33	ORALONE	26		
OMNIPOD 5 G7 PODS (GEN 5) ...	33	ORENCIA CLICKJECT	49		
OMNIPOD 5 LIBRE INTRO KIT ...	33	ORENCIA SUBCUTANEOUS.....	49		
OMNIPOD 5 LIBRE PODS.....	33	ORFADIN ORAL CAPSULE	40		

P

PACERONE ORAL TABLET 100 MG, 400 MG	23	phenobarbital oral tablet	14	prasugrel hcl.....	19
PACERONE ORAL TABLET 200 MG	23	phenytek	14	pravastatin sodium.....	23
paliperidone er	19	phenytoin sodium extended	14	prazosin hcl oral	23
PAMELOR.....	15	PHEXXI	44	PRECISION XTRA BLOOD GLUCOSE.....	33
PANCREAZE	40	philith	44	PRECISION XTRA KIT W/DEVICE	33
PANRETIN	29	PHOSPHA 250 NEUTRAL.....	37	PRED FORTE.....	53
pantoprazole sodium oral tablet delayed release.....	38	phospho-trin 250 neutral.....	37	PRED MILD	53
PARADIGM REAL-TIME TRANSMITTER	33	phosphorous	37	prednisolone acetate ophthalmic	53
PARLODEL ORAL TABLET.....	19	pilocarpine hcl oral.....	26	PREDNISOLONE ACETATE P-F ...	53
paroxetine hcl er	15	pimecrolimus.....	29	prednisolone oral solution	45
paroxetine hcl oral tablet	15	pimtrea	44	prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 5 mg/5ml.....	45
PATANASE NASAL SOLUTION 0.6 %	55	pioglitazone hcl	36	prednisolone sodium phosphate oral solution 15 mg/5ml.....	45
PAXIL	15	pioglitazone hcl-metformin hcl ..	36	prednisolone sodium phosphate oral solution 20 mg/5ml	45
PAXIL CR	15	PIP BLOOD GLUCOSE TEST STRIP	33	prednisone oral.....	45
PAXLOVID	20	PIQRAY	18	pregabalin oral capsule	26
PEDIAPRED.....	45	piroxicam oral	10	PREGNYL	51
peg 3350-kcl-na bicarb-nacl	39	pitavastatin calcium	23	PREMARIN ORAL.....	44
peg-3350/electrolytes.....	39	PLAQUENIL	19	PREMARIN VAGINAL.....	44
peg-3350/electrolytes/ascorbat. 39		PLAVIX	19	PREMIUM BLOOD GLUCOSE TEST IN VITRO STRIP	33
peg-kcl-nacl-nasulf-na asc-c	39	PLEGRIDY INTRAMUSCULAR	25	premium lidocaine	10
penicillin v potassium	12	PLEGRIDY STARTER PACK	26	PREMPHASE.....	44
pentoxifylline er	23	PLEGRIDY SUBCUTANEOUS.....	26	PREMPRO.....	44
PEPCID	38	PLENVU.....	39	prenatal oral tablet 27-0.8 mg.	38
perampanel	14	PLEXION CLEANSER.....	29	prenatal oral tablet 27-1 mg	38
PERCOCET	10	pnv 27-ca/fe/fa.....	37	prenatal plus	38
PERFOROMIST	57	podofilox external solution	29	prenatal plus vitamin/mineral	38
PERIDEX.....	26	POKONZA	37	prenatal vitamins oral tablet 27-0.8 mg.....	38
periogard	26	POLY-VI-FLOR ORAL TABLET CHEWABLE	37	PRENATE MINI	38
permethrin external	19	POLYCIN.....	53	PRENATOL-M	38
perphenazine oral.....	16	polymyxin b-trimethoprim	53	PRENATRIX.....	38
PERTZYE.....	40	POMALYST	18	PRENATRYL.....	38
PFIZER COVID-19 VAC-TRIS 5-11Y	51	portia-28	44	PREVACID	38
PFIZER COVID-19 VAC-TRIS 6M-4Y.....	51	posaconazole oral tablet delayed release.....	16	PREVACID SOLUTAB	38
phenazo oral tablet 200 mg	40	potassium chloride crys er.....	38	prevalite	23
phenazopyridine hcl oral tablet 100 mg, 200 mg	40	potassium chloride er.....	38	PREVIDENT 5000 BOOSTER PLUS	26
		potassium chloride oral.....	38		
		potassium citrate er.....	38		
		PRADAXA ORAL CAPSULE.....	13		
		PRALUENT.....	23		
		pramipexole dihydrochloride.....	19		



PREVIDENT 5000 DRY MOUTH ...26	propylthiouracil oral 46	QVAR REDIHALER.....57
PREVIDENT 5000 ENAMEL PROTECT38	PROSCAR..... 40	
PREVIDENT 5000 KIDS.....26	PROTONIX ORAL TABLET DELAYED RELEASE 39	R
PREVIDENT 5000 ORTHO DEFENSE26	PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT57	ra mini nicotine.....11
PREVIDENT 5000 PLUS.....26	PROVERA41, 44	ra nicotine mouth/throat gum 4 mg11
PREVIDENT 5000 SENSITIVE.....38	PROVIGIL..... 58	ra nicotine polacrilex.....11
PREVIDENT DENTAL.....26	PROZAC.....15	ra nicotine transdermal patch 24 hour 21 mg/24hr11
PREVNAR 20.....51	prucalopride succinate 39	rabeprazole sodium oral tablet delayed release..... 39
PREVYMIS ORAL TABLET..... 20	pseudoephedrine-bromphen-dm 55	RADICAVA ORS.....26
PREZCOBIX..... 20	PTS PANELS EGLU TEST33	RADICAVA ORS STARTER KIT.....26
primidone oral tablet 125 mg.....14	PULMICORT SUSPENSION57	RALDESY15
primidone oral tablet 250 mg, 50 mg.....14	PULMOSAL55	raloxifene hcl.....52
PRIORIX51	PULMOZYME57	ramelteon 58
PRISTIQ15	PYLERA..... 39	ramipril23
probenecid16	PYRIDIUM 40	ranolazine er.....23
PROCARDIA XL.....23	pyridostigmine bromide oral tablet 30 mg.....17	RAPAFLO 40
PROCHAMBER VHC57	pyridostigmine bromide oral tablet 60 mg.....17	RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG..... 50
prochlorperazine maleate oral ...16		rasagiline mesylate oral.....19
PROCORT.....52		RASUVO 50
procto-med hc52	Q	reclipsen..... 44
PROCTOCORT.....52	qc nicotine transdermal system...11	RECOMBINATE..... 36
PROCTOFOAM HC52	QELBREE25	RECOMBIVAX HB.....51
PROCTOSOL HC.....52	QUARTETTE ORAL TABLET 42-21-21-7 DAYS..... 44	RECTIV23
PROCTOZONE-HC52	QUESTRAN23	REGLAN16
progesterone intramuscular..... 44	QUESTRAN LIGHT23	RELAFEN DS.....10
progesterone oral..... 44	quetiapine fumarate.....19	RELEXXII.....25
PROGRAF ORAL CAPSULE 49	quetiapine fumarate er19	RELION GLUCOSE TEST STRIPS .33
PROLATE ORAL TABLET10	QUFLORA PEDIATRIC.....38	RELION TRUE MET AIR GLUC METER33
PROLENSA.....53	QUICK TOUCH BLOOD GLUCOSE.....33	RELION TRUE METRIX TEST STRIPS.....33
promethazine hcl oral solution ...16	QUICK TOUCH BLOOD GLUCOSE TEST33	RELION ULTIMA GLUCOSE SYSTEM.....33
promethazine hcl oral tablet16	QUILLICHEW ER25	RELION ULTIMA TEST33
promethazine hcl rectal16	QUILLIVANT XR.....25	RELPAK17
promethazine-codeine55	QUINTET AC BLOOD GLUCOSE TEST33	RELTONE 39
promethazine-dm.....55	QUINTET BLOOD GLUCOSE TEST33	REMERON15
PROMETHEGAN16	QULIPTA.....17	REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG.....15
PROMETRIUM..... 44	QUVIVIQ 58	RENTHYROID..... 46
propafenone hcl.....23		
propafenone hcl er.....23		
propranolol hcl er23		
propranolol hcl oral23		



REVELA ORAL TABLET	40	rizatriptan benzoate oral tablet 5 mg	17	SENSIPAR.....	52
repaglinide	36	rizatriptan benzoate oral tablet dispersible 10 mg	17	SEREVENT DISKUS.....	57
REPATHA.....	23	rizatriptan benzoate oral tablet dispersible 5 mg.....	17	SEROQUEL	19
REPATHA PUSHTRONEX SYSTEM	23	ROBINUL ORAL TABLET 1 MG	39	SEROQUEL XR.....	19
REPATHA SURECLICK.....	23	ROBINUL-FORTE ORAL TABLET 2 MG	39	SERTRALINE HCL ORAL CAPSULE	15
RESTASIS	54	ROCALTROL ORAL CAPSULE.....	52	sertraline hcl oral concentrate	15
RESTASIS MULTIDOSE.....	54	ROCKLATAN.....	53	sertraline hcl oral tablet	15
RESTORIL	58	roflumilast.....	57	setlakin	44
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML.	36	ropinirole hcl	19	sevelamer carbonate oral tablet .	40
RETACRIT INJECTION SOLUTION 20000 UNIT/ML.....	36	rosuvastatin calcium oral.....	23	SEYSARA.....	12
RETEVMO ORAL CAPSULE 40 MG.....	18	rosyrah.....	44	sf 5000 plus	26
RETEVMO ORAL CAPSULE 80 MG.....	18	roweepra	14	sf gel 1.1%.....	26
RETIN-A	29	ROXICODONE.....	10	SFROWASA	52
REVATIO ORAL.....	57	ROZEREM.....	58	sharobel	44
REVLIMID	18	ROZLYTREK.....	18	SHINGRIX	51
REXTOVY	11	RUCONEST	50	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	37
REXULTI	19	RUKOBIA	20	sildenafil citrate oral tablet 20 mg.....	57
REYVOW.....	17	RYALTRIS	55	SILENOR.....	58
REZDIFFRA.....	39	RYBELSUS	36	silodosin	40
RHOFADE.....	29	RYDAPT.....	18	SILVADENE.....	12
RHOPRESSA.....	53	RYTARY	19	silver sulfadiazine external.....	13
rifampin oral.....	17	RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	23	SIMLANDI (1 PEN).....	50
RIGHTEST GT333 GLUCOSE TEST	33	ryvent.....	55	SIMLANDI (1 SYRINGE).....	50
RINVOQ	50			SIMLANDI (2 PEN)	50
risedronate sodium oral tablet 150 mg, 35 mg.....	52			SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	50
risedronate sodium oral tablet 30 mg, 5 mg	52			SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	50
RISPERDAL	19			simliya	44
risperidone	19			simpesse.....	44
RITALIN	25			SIMPLERA SENSOR	33
RITALIN LA.....	25			SIMPLERA SYNC SENSOR	33
rivaroxaban.....	13			SIMPLERA SYSTEM.....	33
rivastigmine	14			SIMPONI.....	50
rivastigmine tartrate.....	14			simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	23
rivelsa.....	44			simvastatin oral tablet 80 mg	23
rizatriptan benzoate oral tablet 10 mg	17			SINEMET.....	19
				SINGULAIR ORAL PACKET	57

S



SINGULAIR ORAL TABLET.....	57	SPRAVATO (56 MG DOSE)	15	sumatriptan nasal.....	17
SINGULAIR ORAL TABLET CHEWABLE	57	SPRAVATO (84 MG DOSE)	15	sumatriptan succinate oral	17
sirolimus oral tablet.....	50	sprintec 28.....	44	sumatriptan succinate subcutaneous solution auto- injector	17
SITAVIG.....	20	SPRYCEL.....	18	SUNOSI.....	58
SKYRIZI PEN	50	sronyx.....	44	SUPREP BOWEL PREP KIT	39
SKYRIZI SUBCUTANEOUS	50	ssd	13	SUTAB.....	39
SKYTROFA.....	45	STELARA SUBCUTANEOUS SOLUTION PREFILLED	50	syeda.....	44
SLYND	44	SYRINGE.....	50	SYMBICORT	57
sm nicotine	11	STENDRA	37	SYMFI.....	20
sm nicotine polacrilex.....	11	STEQEYMA SUBCUTANEOUS.....	50	SYMFI LO ORAL TABLET 400-300-300 MG.....	20
sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	11	STIOLTO RESPIMAT.....	57	SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	54
SOAANZ	23	STIVARGA	18	SYMLINPEN 120.....	36
sod citrate-citric acid oral solution 500-334 mg/5ml	38	STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	25	SYMLINPEN 60.....	36
sod fluoride-potassium nitrate....	38	STRENSIQ	40	SYMPAZAN	14
sodium chloride inhalation	55	STRIVERDI RESPIMAT	57	SYMPROIC.....	39
sodium fluoride 5000 enamel.....	38	STROMECTOL.....	19	SYNALAR	29
sodium fluoride 5000 plus.....	26	SUBOXONE	11	SYNALAR EXTERNAL SOLUTION 0.01 %.....	29
sodium fluoride 5000 ppm	26	subvenite	14	SYNJARDY.....	36
sodium fluoride 5000 sensitive ..	38	SUCRAID	40	SYNJARDY XR	36
sodium fluoride dental.....	26	sucralfate oral.....	39	SYNTHROID	46
sodium fluoride oral solution.....	38	SUFLAVE.....	39		
sodium fluoride oral tablet chewable	38	sulfacetamide sod-sulfur wash external liquid 9-4 %	29		
SODIUM OXYBATE	58	sulfacetamide sod-sulfur wash external liquid 9-4.5 %	29		
sodium sulfacetamide wash	29	sulfacetamide sodium (acne).....	29		
SOFOSBUVIR-VELPATASVIR.....	20	sulfacetamide sodium external ..	29		
solifenacin succinate.....	40	sulfacetamide sodium ophthalmic solution.....	53		
SOLIQUA	36	sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %.....	29		
SOMA.....	58	sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %.....	29		
SOOLANTRA	29	sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml ..	13		
sotalol hcl oral.....	24	sulfamethoxazole-trimethoprim oral tablet.....	13		
SOTYKTU	50	sulfasalazine oral.....	52		
SOVUNA	19	sulfatrim pediatric	13		
SPIKEVAX.....	51	sulindac oral.....	10		
SPIRIVA HANDIHALER.....	57	SUMADAN WASH.....	29		
SPIRIVA RESPIMAT.....	57				
spironolactone oral tablet.....	24				
spironolactone-hctz	24				
SPORANOX.....	16				

T

TABRECTA	18
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	29
TACLONEX EXTERNAL SUSPENSION.....	29
tacrolimus external	29
tacrolimus oral	50
tadalafil (pah)	57
tadalafil oral	37
TADLIQ	57
tafluprost (pf)	53
TAGRISSO	18
TAKHZYRO SUBCUTANEOUS SOLUTION.....	50
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	50
TAMIFLU.....	20

tamoxifen citrate oral tablet 10 mg	18	TENORETIC 100.....	24	timolol maleate pf.....	54
tamoxifen citrate oral tablet 20 mg	18	TENORETIC 50.....	24	TIMOPTIC OCUDOSE.....	54
tamsulosin hcl.....	40	TENORMIN	24	TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	54
TANLOR.....	58	terazosin hcl.....	41	TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	54
TAPERDEX 12-DAY.....	45	terbinafine hcl oral.....	16	tinidazole oral	13
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG.....	45	terconazole.....	16	tiotropium bromide monohydrate.....	57
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	45	teriflunomide.....	26	TIROSINT.....	46
TAPERDEX 7-DAY.....	45	teriparatide solution pen- injector 560 mcg/2.24ml subcutaneous	52	TIROSINT-SOL	46
TARGADOX	13	TESTIM	46	TIVICAY	20
tarina 24 fe	44	TESTOSTERONE CYPIONATE INJECTION.....	46	tizanidine hcl oral	58
tarina fe 1/20 eq.....	44	testosterone cypionate intramuscular	46	TLANDO	46
TASIGNA.....	18	testosterone enanthate intramuscular	46	TOBI PODHALER	57
TAVALISSE.....	36	testosterone gel 12.5 mg/act (1%) transdermal	46	TOBRADEX OPHTHALMIC OINTMENT	53
tazarotene external cream	29	testosterone gel 20.25 mg/act (1.62%) transdermal.....	46	TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	53
TAZORAC EXTERNAL CREAM	29	testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	46	TOBRADEX ST	53
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	24	testosterone transdermal gel 1.62 %	46	tobramycin ophthalmic.....	53
TECFIDERA ORAL CAPSULE DELAYED RELEASE	26	tetracycline hcl oral capsule.....	13	tobramycin-dexamethasone	53
TECHLITE INSULIN SYRINGES.....	33	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	57	TOLAK	29
TECHLITE PEN NEEDLES	33	THALITONE	24	TOLSURA	16
TECHLITE PLUS PEN NEEDLES.....	33	THRIVE	11	tolterodine tartrate	40
TEGLUTIK	26	THYQUIDITY	46	tolterodine tartrate er	40
TEGRETOL ORAL TABLET	14	thyroid oral	46	tolvaptan oral tablet therapy pack 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	40
TEGRETOL-XR	14	tiadylt er	24	tolvaptan oral tablet therapy pack 30 & 15 mg	40
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML.....	40	TIACAC	24	TOPAMAX.....	14
TEKTRNA.....	24	ticagrelor	19	TOPAMAX SPRINKLE.....	14
TEKTRNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	24	TIGLUTIK.....	26	TOPICORT	29
telmisartan	24	TIKOSYN.....	24	TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %.....	29
telmisartan-hctz	24	tilia fe	44	topiramate er oral capsule extended release 24 hour.....	14
temazepam.....	58	timolol hemihydrate	53	topiramate oral capsule sprinkle ..	14
temozolomide.....	18	timolol maleate (once-daily).....	53	topiramate oral tablet	14
TEMPO REFILL.....	33	timolol maleate ocudose	53	TOPROL XL	24
TEMPO WELCOME	33	timolol maleate ophthalmic.....	54	torpenz	18
TENCON	10			torsemide	24
TENIVAC.....	51			TOSYMRA.....	17
tenofovir disoproxil fumarate	20				

TOUJEO MAX SOLOSTAR	35	tri-lo-sprintec	44	trimethoprim oral	13
TOUJEO SOLOSTAR	35	tri-mili	44	TRINATAL RX1	38
TRACLEER	57	tri-nymyo oral tablet		TRINATE	38
TRADJENTA	36	0.18/0.215/0.25 mg-35 mcg	44	TRINTELLIX	15
tramadol hcl (er biphasic) oral		tri-sprintec	44	tritocin external ointment	
tablet extended release 24 hour ..	10	tri-vite/fluoride	38	0.05 %	30
tramadol hcl er	10	tri-vylibra	44	TRIUMEQ	20
tramadol hcl oral tablet 100 mg,		tri-vylibra lo	44	trivora (28)	44
25 mg, 75 mg	10	triamcinolone acetonide		TROKENDI XR	14
tramadol hcl oral tablet 50 mg ..	10	external cream 0.025 %, 0.1 %	30	trospium chloride	40
tramadol-acetaminophen	10	triamcinolone acetonide		trospium chloride er	40
trandolapril	24	external cream 0.5 %	30	TRUE FOCUS BLOOD GLUCOSE	
tranexamic acid oral	36	triamcinolone acetonide		STRIP	33
TRANSDERM-SCOP		external lotion	30	TRUE METRIX AIR GLUCOSE	
TRANSDERMAL PATCH 72 HOUR		triamcinolone acetonide		METER KIT	33
1 MG/3DAYS	16	external ointment 0.025 %, 0.1 %, 0.5 %	30	TRUE METRIX BLOOD GLUCOSE	
TRAVATAN Z	54	triamcinolone acetonide		TEST	34
travoprost (bak free)	54	external ointment 0.05 %	30	TRUE METRIX GO GLUCOSE	
trazodone hcl oral	15	triamcinolone acetonide mouth/		METER	34
TRELEGY ELLIPTA	57	throat	26	TRUE METRIX METER	34
TREMFYA CROHNS INDUCTION ..	29	triamcinolone in absorbase	30	TRUE METRIX PRO BLOOD	
TREMFYA ONE-PRESS	50	triamterene-hctz	24	GLUCOSE	34
TREMFYA PEN SUBCUTANEOUS		TRIANEX EXTERNAL OINTMENT		TRULANCE	39
SOLUTION AUTO-INJECTOR		0.05 %	30	TRULICITY	36
100 MG/ML	50	triazolam	20	TRUQAP ORAL TABLET	18
TREMFYA PEN SUBCUTANEOUS		TRIBENZOR ORAL TABLET		TRUVADA ORAL TABLET	
SOLUTION AUTO-INJECTOR		20-5-12.5 MG, 40-10-12.5 MG,		100-150 MG, 133-200 MG,	
200 MG/2ML	30	40-10-25 MG, 40-5-25 MG	24	167-250 MG	20
TREMFYA SUBCUTANEOUS		TRIBENZOR ORAL TABLET		TRUVADA ORAL TABLET	
SOLUTION PREFILLED SYRINGE		40-5-12.5 MG	24	200-300 MG	20
100 MG/ML	50	TRICARE ORAL TABLET	38	turqoz	44
TREMFYA SUBCUTANEOUS		TRICOR	24	TWIIST REFILL KIT	34
SOLUTION PREFILLED SYRINGE		TRIDACAINE II	10	TWIIST REFILL KIT/INFUSION	
200 MG/2ML	30	TRIDACAINE III	10	SET	34
TRESIBA FLEXTOUCH	35	triderm	30	TWIIST STARTER KIT	34
tretinoin external cream	30	TRIDESILON EXTERNAL CREAM		TWINRIX	51
tretinoin external gel	30	0.05 %	30	TWIRLA	44
TREXALL	50	trihexyphenidyl hcl oral tablet ..	19	TYBLUME	44
TREZIX	10	TRIJARDY XR	36	tydemy oral tablet	
tri-estarylla	44	TRIKAFTA ORAL TABLET		3-0.03-0.451 mg	44
tri-legest fe	44	THERAPY PACK	57	TYMLOS	52
tri-linyah	44	TRILEPTAL	14	TYRVAYA	54
tri-lo-estarylla	44	TRILIPIX ORAL CAPSULE		TYVASO	57, 58
tri-lo-marzia	44	DELAYED RELEASE 135 MG,		TYVASO DPI INSTITUTIONAL	
tri-lo-mili	44	45 MG	24	KIT	57

TYVASO DPI MAINTENANCE KIT	58
TYVASO DPI TITRATION KIT	58
TYVASO REFILL KIT	58
TYVASO STARTER KIT	58

U

UBRELVY	17
UCERIS ORAL	52
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	36
ULORIC.....	16
UMECLIDINIUM-VILANTEROL.....	57
UNDECATREX	46
UNISTRIP1 GENERIC.....	34
unithroid.....	46
urea external cream 20 %, 40 %, 45 %.....	30
urea external cream 39 %, 41 %, 47 %.....	30
UREA EXTERNAL CREAM 39.5 %	30
uredeb	30
UREMEZ-40.....	30
URESOL.....	30
UROCIT-K 10	38
UROCIT-K 15.....	38
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	38
UROXATRAL.....	41
URSO 250 ORAL TABLET 250 MG	39
URSO FORTE	39
URSODIOL ORAL CAPSULE 200 MG, 400 MG	40
ursodiol oral capsule 300 mg.....	40
ursodiol oral tablet.....	40
USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.....	50

V

VAGIFEM	44
valacyclovir hcl oral	20
VALCYTE ORAL TABLET	20

valganciclovir hcl oral tablet.....	20
VALIUM.....	20
valproic acid oral capsule.....	14
valproic acid oral solution 250 mg/5ml	14
VALSARTAN ORAL SOLUTION.....	24
valsartan oral tablet.....	24
valsartan-hydrochlorothiazide ...	24
VALTOCO	14
VALTREX.....	20
valtya 1/50.....	44
VANADOM ORAL TABLET 350 MG	58
VANCOCIN	13
vancomycin hcl oral capsule.....	13
VANDAZOLE.....	13
VANOS.....	30
VANRAFIA.....	40
VAQTA	51
vardenafil hcl oral tablet	37
varenicline tartrate.....	11
varenicline tartrate (starter).....	11
varenicline tartrate(continue)	11
VARIVAX.....	51
VASCEPA	24
VASERETIC	24
VASOTEC	24
velivet.....	44
VELPHORO	40
VELTASSA.....	38
VEMLIDY	20
VENCLEXTA	18
venlafaxine hcl	15
venlafaxine hcl er oral capsule extended release 24 hour.....	15
venlafaxine hcl er oral tablet extended release 24 hour.....	15
VENTOLIN HFA.....	56, 57
VEOZAH.....	26
verapamil hcl er	24
verapamil hcl oral	24
VERELAN	24

VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG.....	24
VERISAFE SAFETY STERILE NEEDLE.....	34
VERKAZIA	54
VERQUVO.....	24
VERZENIO	18
VESICARE	40
vestura.....	44
VEVYE	54
VFEND ORAL TABLET 200 MG.....	16
VFEND ORAL TABLET 50 MG	16
VIAGRA	37
VIBERZI.....	40
VIBRAMYCIN ORAL CAPSULE 100 MG	13
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML.....	13
vienna.....	44
VIGAMOX.....	53
VIIBRYD	15
vilazodone hcl	15
VIMPAT ORAL	14
viorele	45
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	20
VIREAD ORAL TABLET 300 MG....	20
VISTARIL ORAL CAPSULE 25 MG.....	20
VITAFOL FE+	38
VITAFOL ULTRA.....	38
VITAFOL-OB.....	38
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	38
VITATHELY WITH GINGER.....	38
VITRAKVI.....	18
VIVAGUARD INO GLUCOSE METER KIT.....	34
VIVAGUARD INO TEST STRIPS ...	34
VIVELLE-DOT	42, 45
VIVJOA	16
VIVOTIF	51

ZIOPTAN.....	54
ziprasidone hcl	19
ZITHROMAX ORAL.....	13
ZITHROMAX TRI-PAK.....	13
ZITHROMAX Z-PAK.....	13
ZOCOR.....	24
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	17
zolmitriptan nasal solution 5 mg ..	17
zolmitriptan oral.....	17
ZOLOFT.....	15
zolpidem tartrate er.....	58
zolpidem tartrate oral tablet	58
ZOMIG NASAL SOLUTION 2.5 MG	17
ZOMIG NASAL SOLUTION 5 MG ..	17
ZOMIG ORAL TABLET 5 MG	17
ZONEGRAN.....	14
zonisamide oral	14
ZORTRESS.....	50
ZORYVE EXTERNAL CREAM 0.15 %.....	30
ZORYVE EXTERNAL CREAM 0.3 %	30
ZORYVE EXTERNAL FOAM.....	30
zovia 1/35 (28).....	45
ZOVIRAX EXTERNAL OINTMENT.	20
ZTLIDO	10
ZUBSOLV	11
zumandimine.....	45
ZURZUVAE.....	15
ZYCLARA	30
ZYCLARA PUMP	30
ZYLET.....	53
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	16
ZYPREXA ORAL	19
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG.....	19
ZYTIGA	18
ZYVOX ORAL TABLET.....	13

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card. (TTY 711).

ማሳሰቢያ፡- አማርኛ (Amharic) የሚናገሩ ከሆነ፣ ነፃ የቋንቋ እገዛ አገልግሎቶች እና ነፃ ተግባሮች እንደ ትልቅ እትም ባሉ ሌሎች ቅርፀቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያ ካርድዎ ላይ ያለውን ነፃ የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا كنت تتحدث اللغة العربية (Arabic)، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

দেখুন: আপনি যদি বাংলায় (Bengali-Bangala) কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটে যোগাযোগগুলি আপনার জন্য বিনামূল্যে উপলব্ধ। আপনার সদস্যের পরিচয়পত্রের কার্ডের টোল-ফ্রি নম্বরে কল করুন

ចំណាំ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (Cambodian-Mon-Khmer) សេវាជំនួយភាសាភាគីភាគទី និងការទំនាក់ទំនងភាគីភាគទីក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ទូរសព្ទមកលេខភាគីភាគទីនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

請注意： 如果您說中文 (Chinese - Traditional)，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

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.

ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά (Greek), υπάρχουν διαθέσιμες δωρεάν υπηρεσίες γλωσσικής βοήθειας και δωρεάν επικοινωνία σε άλλες μορφοποιήσεις, όπως μεγάλα γράμματα. Καλέστε τον αριθμό χωρίς χρέωση στην κάρτα μέλους σας.

ધ્યાન આપો: જો તમે ગુજરાતી (Gujarati) બોલતા હો તો વિના મૂલ્યે ભાષાકીય મદદરૂપ સેવાઓ અને અન્ય ફોર્મેટમાં વિના મૂલ્યે સંચાર, જેમ કે મોટી પ્રિન્ટ, તમારા માટે ઉપલબ્ધ છે. તમારા સભ્ય ઓળખ કાર્ડ પરના ટોલ-ફ્રી નંબર પર કોલ કરો.

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.

ໝາຍເຫດ: ຖ້າຫາກທ່ານເວົ້າພາສາລາວ (Lao), ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພາສາລາວ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆພາສາລາວ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ໂທຫາເບີໂທພາສາລາວທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

ध्यान दिनुहोस्: यदि तपाईंले नेपाली (Nepali) बोल्नुहुन्छ भने, निःशुल्क भाषा सहायता सेवाहरू र अन्य ढाँचाहरूमा निःशुल्क संचारहरू, जस्तै ठूलो छाप, तपाईंका लागि उपलब्ध छन्। आफ्नो सदस्य पहिचान कार्डमा रहेको टोल फ्री नम्बरमा कल गर्नुहोस्।

توجه: اگر به زبان فارسی (Persian-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.

ਧਿਆਨ ਦਿਓ ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ (Punjabi) ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਹੋਰ ਫਾਰਮੈਟਾਂ, ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਪ੍ਰਿੰਟ, ਵਿੱਚ ਮੁਫਤ ਸੰਚਾਰ ਉਪਲਬਧ ਹਨ। ਆਪਣੇ ਮੈਂਬਰ ਪਛਾਣ ਕਾਰਡ 'ਤੇ ਟੋਲ-ਫ੍ਰੀ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ।

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.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro. (TTY 711).

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

โปรดทราบ หากคุณพูดภาษาไทย (Thai) ได้
คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรี เช่น
การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรศัพท์สำหรับสมาชิกตามบัตรประจำตัวของคุณ

ЗВЕРНІТЬ УВАГУ! Якщо ви розмовляєте українською (Ukrainian), ви можете безоплатно користуватися послугами мовної підтримки, а також безоплатно отримувати інформаційні матеріали в інших форматах, як от набрані великим шрифтом. Телефонуйте на безкоштовний номер телефону, зазначений на вашій ідентифікаційній картці учасника.

توجہ دیں: اگر آپ اردو (Urdu) زبان بولتے ہیں تو زبان کی معاون خدمات اور دیگر فارمیٹس میں مواصلات، جیسے بڑے پرنٹ، آپ کے لیے مفت دستیاب ہیں۔ اپنے ممبر شناختی کارڈ پر دیئے گئے ٹول فری نمبر پر کال کریں۔

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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