



Your 2026 Prescription Drug List

Traditional 3-Tier

Effective September 1, 2026



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of September 1, 2026 and is subject to change after this date. This PDL is a list of the most commonly prescribed medications and applies to members of our UnitedHealthcare, River Valley, Optimum Choice, Inc., Global Solutions, Student Resources, New Jersey Oxford and UnitedHealthOne 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.....	5
Questions	7
Analgesics	
Drugs for pain.....	8
Drugs for pain and inflammation	8
Anti-addiction / Substance abuse treatment agents.....	9
Antibacterials	
Drugs for infections	9
Anticoagulants	
Drugs to treat or prevent blood clots.....	10
Anticonvulsants	
Drugs for seizures	10
Antidementia agents	
Drugs for Alzheimer’s disease and dementia	11
Antidepressants	
Drugs for depression.....	11
Antiemetics	
Drugs for nausea and vomiting	12
Antifungals	
Drugs for fungal infections	12
Antigout agents	
Drugs for gout.....	13
Antimigraine agents	
Drugs for migraines	13
Antimyasthenic agents	
Drugs to treat myasthenia gravis.....	13
Antimycobacterials	
Drugs to treat infections	13
Antineoplastics	
Drugs for cancer.....	13
Antiparasitics	
Drugs for parasitic infections.....	14
Antiparkinson agents	
Drugs for Parkinson’s disease.....	14
Antiplatelets	
Drugs for heart attack and stroke prevention	14
Antipsychotics	
Drugs for mood disorders.....	14
Antivirals	
Drugs for viral infections	15
Anxiolytics	
Drugs for anxiety	15
Bipolar agents	
Drugs for mood disorders.....	15
Cardiovascular agents	
Drugs for heart and circulation conditions.....	16
Central nervous system agents	
Drugs for attention deficit disorder	18
Drugs for multiple sclerosis.....	18
Miscellaneous.....	18



Dental and oral agents	
Drugs for mouth and throat conditions	18
Dermatological agents	
Drugs for skin conditions	19
Diabetes	
Glucose monitoring and supplies	21
Insulin	22
Non-insulin agents	23
Drugs for blood disorders	24
Drugs for sexual dysfunction	24
Electrolytes / Vitamins	24
Gastrointestinal agents	
Drugs for acid reflux and ulcer	25
Drugs for bowel, intestine and stomach conditions	26
Genetic or enzyme disorder	
Drugs for replacement, modification, treatment	26
Genitourinary agents	
Drugs for bladder, genital and kidney conditions	27
Drugs for prostate conditions	27
Hormonal agents	
Hormone replacement and birth control	27
Oral steroids	31
Other	31
Testosterone replacement	31
Thyroid	31
Immunological agents	
Drugs for immune system stimulation or suppression	32
Drugs for vaccination	32
Infertility agents	33
Inflammatory bowel disease agents	33
Metabolic bone disease agents	
Drugs for osteoporosis	34
Other	34
Ophthalmic agents	
Drugs for eye allergy, infection and inflammation	34
Drugs for glaucoma	34
Drugs for miscellaneous eye conditions	35
Otic agents	
Drugs for ear conditions	35
Respiratory	
Drugs for anaphylaxis	35
Respiratory tract / Pulmonary agents	
Drugs for allergies, cough, cold	35
Drugs for asthma and COPD	36
Drugs for cystic fibrosis	37
Drugs for pulmonary fibrosis	37
Drugs for pulmonary hypertension	37
Skeletal muscle relaxants	
Drugs for muscle pain and spasm	37
Sleep disorder agents	37
Index	39

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 5 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 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.

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

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.

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 (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 New Jersey – There may be 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 limits⁵ – The largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program⁵ – 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

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. Please review your plan documents for coverage and cost-share.

- **Central nervous system: sedatives/hypnotics**
Coverage is set by your prescription drug benefit plan.
- **Diabetes: blood glucose monitoring, insulin, non-insulin**
Diabetic supplies and prescription medications may be subject to different cost-share amounts for New Jersey 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. 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 benefit plan.

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 New Jersey Oxford and Student Resources plans.



Reading your PDL (continued)

- **Infertility**

Coverage is set by your prescription drug benefit plan. Prior authorization (sometimes referred to as precertification) may be required for New Jersey Oxford plans or where a state mandates infertility drug coverage.

- **Medications for sexual dysfunction**

Coverage is set by your prescription drug benefit plan.

- **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
apap-caff-dihydrocodeine	1	QL
ascomp-codeine	1	QL
bac (butalbital-acetamin-caff)	1	QL
BELBUCA	3	PA, QL
buprenorphine	1	PA, QL
butalbital-acetaminophen oral tablet 50-325 mg	1	
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
endocet	1	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA, QL
glydo	1	
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml	1	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 hcl urethral/mucosal	1	
lidocaine-prilocaine external cream	1	
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral tablet	1	QL
NUCYNTA	3	QL

Drug name	Drug tier	Requirements & limits
NUCYNTA ER	3	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
premium lidocaine external ointment 5 %	1	QL
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	(generic for Ryzolt), QL
tramadol hcl er tablet extended release	1	(generic for Ultram ER), QL
tramadol hcl oral tablet 50 mg	1	QL
tramadol-acetaminophen	1	QL
XTAMPZA ER	3	PA, QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for pain and inflammation		
aspirin 81 oral tablet delayed release	E	H
BAYER LOW DOSE ORAL TABLET CHEWABLE	E	H
celecoxib oral	1	
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium oral	1	
diclofenac-misoprostol	1	
ec-naproxen	1	
etodolac	1	
etodolac er	1	
flurbiprofen oral	1	
hydrocodone-ibuprofen	1	QL
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	1	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	
mefenamic acid oral	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
meloxicam oral tablet	1	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	QL
morphine sulfate oral solution	1	QL
nabumetone oral	1	
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	
sulindac oral	1	
Anti-addiction / Substance abuse treatment agents		
acamprosate calcium	1	
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
disulfiram oral	1	
eq nicotine step 3	1	H
ft naloxone hcl	1	QL
gnp naloxone hcl	1	QL
habitrol	1	H
KLOXXADO	1	QL
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	QL
NARCAN	1	QL (includes Narcan OTC)
NICODERM CQ	3	H
NICORETTE MOUTH/THROAT GUM	3	H
NICORETTE STARTER KIT	3	H
nicotine	1	H
nicotine mini	1	H

Drug name	Drug tier	Requirements & limits
nicotine mouth/throat gum	1	H
nicotine polacrilex	1	H
nicotine polacrilex mini	1	H
nicotine step 1	1	H
nicotine step 2	1	H
nicotine step 3	1	H
nicotine transdermal patch 24 hour	1	H
OPVEE	1	QL
REXTOVY	1	QL
THRIVE	3	H
varenicline	1	H
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML	2	QL
ZUBSOLV	1	QL
Antibacterials - Drugs for infections		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
azithromycin oral	1	
BLUJEPA	3	QL
cefadroxil	1	
cefdinir	1	
cefixime oral capsule	1	
cefpodoxime proxetil oral tablet	1	
cefprozil	1	
cefuroxime axetil	1	
cephalexin	1	
ciprofloxacin hcl oral	1	
clarithromycin oral	1	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate vaginal	1	
CLINDESSE	2	
dicloxacillin sodium	1	
doxycycline hyclate oral capsule	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted	1	
doxycycline monohydrate oral tablet	1	
erythromycin base oral tablet	1	
erythromycin ethylsuccinate oral suspension reconstituted	1	
fidaxomicin	1	QL
fosfomycin tromethamine	1	
gentamicin sulfate external	1	QL
levofloxacin oral tablet	1	
LIKMEZ	3	
linezolid oral tablet	1	
methenamine hippurate	1	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
moxifloxacin hcl oral	1	
mupirocin cream	1	QL
mupirocin ointment	1	QL
neomycin sulfate oral	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
nitrofurantoin oral suspension 25 mg/5ml	1	
NUZYRA ORAL	3	QL
penicillin v potassium	1	
silver sulfadiazine external	1	
ssd	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric	1	

Drug name	Drug tier	Requirements & limits
tetracycline hcl oral capsule	1	
tinidazole oral	1	
trimethoprim oral	1	
vancomycin hcl oral capsule	1	
VANDAZOLE	3	
XACIATO	2	QL
XEPI EXTERNAL CREAM 1 %	3	QL
XIFAXAN	3	PA, QL
Anticoagulants - Drugs to treat or prevent blood clots		
dabigatran etexilate mesylate	1	QL
ELIQUIS	2	QL
enoxaparin sodium injection solution prefilled syringe	1	QL
jantoven	1	
rivaroxaban oral tablet	1	QL
warfarin sodium oral	1	
XARELTO	2	QL
Anticonvulsants - Drugs for seizures		
APTIOM	3	PA
BRIVIACT	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
diazepam rectal	1	QL
DILANTIN	3	
divalproex sodium er	1	
divalproex sodium oral	1	
EPIDIOLEX	3	PA, SP
epitol oral tablet 200 mg	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
eslicarbazepine acetate	1	PA
ethosuximide oral	1	
felbamate oral tablet	1	
FYCOMPA	3	PA
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL	3	PA
KEPPRA XR	3	PA
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	1	
lacosamide oral tablet	1	
LAMICTAL ORAL TABLET	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, 15 MG, 5 MG, 7.5 MG	3	PA, QL
MOTPOLY XR	3	PA
NAYZILAM	3	PA, QL
ONFI	3	PA
oxcarbazepine	1	
perampanel oral tablet	1	PA
phenobarbital oral elixir 20 mg/5ml	1	
phenobarbital oral tablet	1	
phenytek	1	
phenytoin sodium extended	1	
primidone oral tablet 125 mg	1	PA

Drug name	Drug tier	Requirements & limits
primidone oral tablet 250 mg, 50 mg	1	
roweepra	1	
rufinamide oral suspension 40 mg/ml	1	
rufinamide oral tablet	1	PA
subvenite oral tablet	1	
SYMPAZAN	3	PA
TEGRETOL ORAL TABLET	3	
TEGRETOL-XR	3	
TOPAMAX	3	PA
TOPAMAX SPRINKLE	3	PA
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
TRILEPTAL	3	PA
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO	3	PA, QL
VIMPAT ORAL	3	PA
XCOPRI	3	PA
ZONEGRAN	3	PA
ZONISADE	3	PA
zonisamide oral	1	
Antidementia agents - Drugs for Alzheimer's disease and dementia		
donepezil hcl oral tablet	1	
memantine hcl er	1	
memantine hcl oral tablet	1	
rivastigmine	1	
rivastigmine tartrate	1	
Antidepressants - Drugs for depression		
amitriptyline hcl oral	1	
AUVELITY	3	ST, QL
bupropion hcl er (sr)	1	
bupropion hcl oral	1	
citalopram hydrobromide oral solution 10 mg/5ml	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	1	
desipramine hcl oral	1	
desvenlafaxine succinate er	1	
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	
escitalopram oxalate oral solution	1	
escitalopram oxalate oral tablet	1	
FETZIMA	3	ST, QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	
imipramine hcl oral	1	
mirtazapine oral	1	
nortriptyline hcl oral capsule	1	
olanzapine-fluoxetine hcl	1	QL
paroxetine hcl er	1	
paroxetine hcl oral tablet	1	
RALDESY	3	PA
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
vilazodone hcl	1	
ZURZUVAE	2	PA, QL, SP
Antiemetics - Drugs for nausea and vomiting		
aprepitant oral capsule 125 mg, 40 mg, 80 mg	1	QL
dronabinol	1	
granisetron hcl oral	1	

Drug name	Drug tier	Requirements & limits
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral solution 4 mg/5ml	1	
ondansetron hcl oral tablet	1	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
scopolamine	1	
Antifungals - Drugs for fungal infections		
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
econazole nitrate external cream	1	
fluconazole oral	1	
griseofulvin microsize oral	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	3	PA, ST, QL
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	QL
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	QL
posaconazole oral tablet delayed release	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
terbinafine hcl oral	1	
terconazole	1	
VIVJOA	3	PA, QL
voriconazole oral tablet	1	QL
Antigout agents - Drugs for gout		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral	1	
colchicine-probenecid	1	
febuxostat	1	
MITIGARE	2	
probenecid	1	
Antimigraine agents - Drugs for migraines		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA, ST, QL
almotriptan malate	1	QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA, ST, QL
frovatriptan succinate	1	QL
naratriptan hcl	1	QL
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
REYVOW	3	PA, ST, QL
rizatriptan benzoate oral tablet dispersible	1	QL
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous	1	QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	3	PA, ST, QL
zolmitriptan oral	1	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	1	QL
Antimyasthenic agents - Drugs to treat myasthenia gravis		
pyridostigmine bromide er oral tablet extended release	1	

Drug name	Drug tier	Requirements & limits
pyridostigmine bromide oral tablet 60 mg	1	
Antimycobacterials - Drugs to treat infections		
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
rifabutin	1	
rifampin oral	1	
Antineoplastics - Drugs for cancer		
ALECENSA	2	PA, QL, SP
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
AUGTYRO	2	PA, QL, SP
BESREMI	3	PA, QL, SP
bicalutamide	1	
CABOMETYX	2	PA, QL, SP
CALQUENCE	2	PA, QL, SP
COTELLIC	2	PA, QL, SP
cyclophosphamide oral capsule	1	
ENSACOVE	2	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA	2	PA, QL, SP
exemestane	1	H-PA
GAVRETO	3	PA, QL, SP
hydroxyurea oral	1	
ICLUSIG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
IMKELDI	3	PA, QL, SP
KISQALI	2	PA, QL, SP
KOSELUGO ORAL CAPSULE	3	PA, QL, SP
lederle leucovorin	1	
LENVIMA	2	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	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
PIQRAY	2	PA, QL, SP
RETEVMO	3	PA, QL, SP
ROZLYTREK	2	PA, QL, SP
RYDAPT	2	PA, QL, SP
SCSEMBLIX	3	PA, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	3	PA, QL, SP
TAGRISO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TEPMETKO	3	PA, QL, SP
TRUQAP	2	PA, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XTANDI	2	PA, QL, SP
ZEJULA	2	PA, QL, SP
ZELBORAF	2	PA, QL, SP
Antiparasitics - Drugs for parasitic infections		
albendazole oral	1	QL
ARAKODA	3	QL
atovaquone	1	
atovaquone-proguanil hcl	1	
hydroxychloroquine sulfate oral	1	
ivermectin oral tablet 3 mg	1	PA, QL
ivermectin oral tablet 6 mg	1	PA
mefloquine hcl	1	
nitazoxanide oral	1	QL
permethrin external	1	
spinosad	1	
Antiparkinson agents - Drugs for Parkinson's disease		
amantadine hcl oral capsule	1	
amantadine hcl oral solution 50 mg/5ml	1	

Drug name	Drug tier	Requirements & limits
amantadine hcl oral tablet	1	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er oral tablet extended release	1	
carbidopa-levodopa oral tablet	1	
CREXONT	3	ST
entacapone	1	
INBRIJA	3	PA, QL, SP
NEUPRO	3	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	1	
ropinirole hcl	1	
trihexyphenidyl hcl oral tablet	1	
Antiplatelets - Drugs for heart attack and stroke prevention		
cilostazol	1	
clopidogrel bisulfate oral	1	
prasugrel hcl	1	
ticagrelor	1	QL
Antipsychotics - Drugs for mood disorders		
aripiprazole oral solution	1	
aripiprazole oral tablet	1	
asenapine maleate	1	QL
CAPLYTA	3	PA, ST, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
FANAPT	3	QL
fluphenazine hcl oral tablet	1	
haloperidol oral	1	
lurasidone hcl	1	QL
olanzapine oral	1	
paliperidone er	1	QL
quetiapine fumarate	1	
quetiapine fumarate er	1	
REXULTI	3	QL
risperidone	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
VRAYLAR	3	QL
VRAYLAR	3	QL
ziprasidone hcl	1	
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	
BIKTARVY	3	QL
CIMDUO	2	QL
darunavir	1	
DELSTRIGO	2	QL
DESCOVY ORAL TABLET 120-15 MG	3	QL
DESCOVY ORAL TABLET 200-25 MG	3	QL, H
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	2	PA, QL, SP
famciclovir oral	1	
GENVOYA	3	QL
HARVONI	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	2	PA, QL, SP
ODEFSEY	3	QL
oseltamivir phosphate oral	1	
PAXLOVID	2	QL
PIFELTRO	3	
PREVMIS ORAL TABLET	2	PA

Drug name	Drug tier	Requirements & limits
PREZCOBIX	2	
ritonavir	1	
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
SYMFI	2	QL
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
valacyclovir hcl oral	1	QL
valganciclovir hcl oral tablet	1	
VOSEVI	2	PA, QL, SP
XOFLUZA	3	QL
Anxiolytics - Drugs for anxiety		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
buspirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	
estazolam	1	
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
triazolam	1	
Bipolar agents - Drugs for mood disorders		
lithium carbonate er	1	
lithium carbonate oral	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
Cardiovascular agents - Drugs for heart and circulation conditions		
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
aliskiren fumarate	1	
amiloride hcl oral	1	
amiloride-hydrochlorothiazide	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
ARBLI	3	PA
atenolol oral	1	
atenolol-chlorthalidone	1	
ATORVALIQ	3	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
candesartan cilexetil	1	
candesartan cilexetil-hctz	1	
captopril oral	1	
cartia xt	1	
carvedilol	1	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	
clonidine hcl oral	1	
clonidine patch weekly	1	
colesevelam hcl oral tablet	1	
colestipol hcl oral tablet	1	

Drug name	Drug tier	Requirements & limits
CORLANOR ORAL TABLET	3	PA, QL
digoxin oral tablet	1	
diltiazem hcl er	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads	1	
diltiazem hcl oral	1	
dilt-xr	1	
dofetilide	1	
doxazosin mesylate oral	1	
enalapril maleate oral solution	1	PA
enalapril maleate oral tablet	1	
enalapril-hydrochlorothiazide	1	
eplerenone	1	
ezetimibe	1	
ezetimibe-simvastatin	1	
felodipine er	1	
fenofibrate micronized	1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release	1	
flecainide acetate	1	
fluvastatin sodium	1	
fosinopril sodium	1	
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
indapamide	1	
INZIRQO	3	PA
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorb dinitrate-hydralazine	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate er	1	
ivabradine hcl	1	PA, QL
KAPSPARGO SPRINKLE	3	
KERENDIA	3	PA, QL
labetalol hcl oral	1	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LODOCO	3	QL
LOPRESSOR ORAL SOLUTION	3	PA
losartan potassium oral	1	
losartan potassium-hctz	1	
lovastatin oral	1	H
matzim la	1	
metolazone	1	
metoprolol succinate er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol-hydrochlorothiazide	1	
mexiletine hcl oral	1	
midodrine hcl	1	
minoxidil oral	1	
MULTAQ	3	PA
nadolol oral	1	
nebivolol hcl	1	
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
niacin er (antihyperlipidemic)	1	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
NITRO-BID	2	
nitroglycerin rectal	1	QL
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
NORLIQVA	3	PA

Drug name	Drug tier	Requirements & limits
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
pentoxifylline er	1	
perindopril erbumine	1	
pindolol	1	
pravastatin sodium	1	
prazosin hcl oral	1	
prevalite	1	
propafenone hcl	1	
propafenone hcl er	1	
propranolol hcl er	1	
propranolol hcl oral	1	
ramipril	1	
ranolazine er	1	
REPATHA	2	QL
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	2	QL
REPATHA SURECLICK	2	QL
rosuvastatin calcium oral	1	
sacubitril-valsartan	1	PA, QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
sotalol hcl (af)	1	
sotalol hcl oral	1	
spironolactone oral suspension	1	PA
spironolactone oral tablet	1	
spironolactone-hctz	1	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
TEKTURNA	3	
telmisartan	1	
telmisartan-hctz	1	
tiadylt er	1	
torseamide	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
trandolapril	1	
triamterene oral	1	
triamterene-hctz	1	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
verapamil hcl er	1	
verapamil hcl oral	1	
VERQUVO	3	PA, QL
VYNDAQEL	2	PA, QL, SP
Central nervous system agents - Drugs for attention deficit disorder		
amphetamine sulfate	1	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	QL
amphet-dextroamphet 3-bead er	1	QL
atomoxetine hcl	1	QL
AZSTARYS	3	ST, QL
clonidine hcl er	1	
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	QL
dextroamphetamine sulfate er	1	QL
dextroamphetamine sulfate oral solution	1	
FOCALIN	3	
guanfacine hcl er	1	
JORNAY PM	3	ST, QL
lisdexamfetamine dimesylate	1	QL
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la)	1	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL
methylphenidate hcl er oral tablet extended release	1	QL
methylphenidate hcl oral	1	
ONYDA XR	3	QL

Drug name	Drug tier	Requirements & limits
XELSTRYM	3	PA, QL
Central nervous system agents - Drugs for multiple sclerosis		
AVONEX	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT	3	PA, QL, SP
PLEGRIDY	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL, SP
Central nervous system agents - Miscellaneous		
AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	PA, QL, SP
INGREZZA	2	PA, QL, SP
INGREZZA SPRINKLE	2	PA, QL, SP
LYRICA ORAL CAPSULE	3	PA
NUEDEXTA	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, SP
TIGLUTIK	3	PA, SP
VEOZAH	3	PA, QL
ZEPOSIA	3	PA, ST, QL, SP
Dental and oral agents - Drugs for mouth and throat conditions		
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	3	
DENTAGEL	3	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
FRAICHE 5000 DENTAL DENTAL GEL 1.1 %	3	
JUST RIGHT 5000	3	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
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	
PREVIDENT MOUTH/THROAT	3	
sf 5000 plus	1	
sf gel 1.1%	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride 5000 ppm dental cream 1.1 %	1	
sodium fluoride dental	1	
sodium fluoride mouth/throat	1	
triamcinolone acetonide mouth/throat	1	
Dermatological agents - Drugs for skin conditions		
accutane	1	
acitretin	1	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	QL
ADBRY	2	PA, QL, SP
AKLIEF	3	PA, QL
alclometasone dipropionate external cream	1	
amnesteem	1	
AMZEEQ	3	QL
ANZUPGO	3	PA, QL, SP
AVAR CLEANSER	3	

Drug name	Drug tier	Requirements & limits
azelaic acid external	1	
AZELEX	3	QL
benzoyl peroxide-erythromycin	1	QL
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external lotion	1	
betamethasone dipropionate aug external ointment	1	
betamethasone dipropionate external	1	
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
brimonidine tartrate external	1	PA, QL
calcipotriene external cream	1	QL
calcipotriene external ointment	1	
calcipotriene external solution	1	QL
CIBINQO	2	PA, QL, SP
ciclopirox olamine external suspension	1	
claravis	1	
clindacin	1	
clindacin etz external swab	1	
clindacin-p	1	
clindamycin phos (twice-daily) gel 1 % external	1	(generic for Cleocin-T), QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	QL
clindamycin phos-benzoyl perox gel 1-5 % external	1	QL
clindamycin phosphate external	1	
clobetasol prop emollient base	1	QL
clobetasol propionate e	1	QL
clobetasol propionate external cream 0.05 %	1	QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
clobetasol propionate external gel	1	QL	fluticasone propionate external ointment	1	
clobetasol propionate external liquid	1	QL	halobetasol propionate external cream	1	QL
clobetasol propionate external ointment	1	QL	halobetasol propionate external ointment	1	QL
clobetasol propionate external solution	1	QL	hydrocortisone external cream 2.5 %	1	
clotrimazole-betamethasone	1		hydrocortisone external lotion 2.5 %	1	
dapsone external	1	QL	hydrocortisone external ointment 1 %, 2.5 %	1	
DERMA-SMOOTH/FS BODY	3	QL	hydrocortisone valerate external cream	1	QL
DERMA-SMOOTH/FS SCALP	3		imiquimod external cream 5 %	1	
desonide external cream	1	QL	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
desonide external lotion	1	QL	KLISYRI	3	ST, QL
desonide external ointment	1	QL	metronidazole external cream	1	
desoximetasone external cream	1	QL	metronidazole external gel 0.75 %	1	
desoximetasone external ointment	1	QL	metronidazole external lotion	1	
diclofenac sodium external gel 3 %	1	PA, QL	MIRVASO	2	PA, QL
DRYSOL	3		mometasone furoate external	1	
DUPIXENT	2	PA, QL, SP	NEMLUVIO	2	PA, QL, SP
EBGLYSS	2	PA, QL, SP	neuc	1	QL
ENSTILAR	3	QL	OPZELURA	3	PA, QL, SP
erythromycin external	1		PANRETIN	3	
EUCRISA	3	ST, QL	pimecrolimus	1	QL
FINACEA EXTERNAL FOAM	3		podofilox external solution	1	
fluocinolone acetonide body	1	QL	RHOFADE	3	PA, QL
fluocinolone acetonide external	1	QL	SANTYL	3	QL
fluocinolone acetonide scalp	1		selenium sulfide external lotion	1	
fluocinonide external cream 0.05 %	1		sodium sulfacetamide wash	1	
fluocinonide external gel	1		SOOLANTRA	1	QL
fluocinonide external ointment	1		STARJEMZA SUBCUTANEOUS	2	PA, QL, SP
fluocinonide external solution	1		STEQEYMA SUBCUTANEOUS	2	PA, QL, SP
fluorouracil external cream 5 %	1		sulfacetamide sodium (acne)	1	
fluticasone propionate external cream	1		sulfacetamide sodium external	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
TACLONEX	1	
tacrolimus external	1	QL
TREMFYA	2	PA, QL, SP
tretinoin external cream	1	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	
triderm	1	QL
urea external cream 20 %, 40 %, 45 %	1	
VTAMA	3	PA, QL
WEZLANA SUBCUTANEOUS	2	PA, QL, SP
ZELSUVMI	3	QL
zenatane	1	
ZILXI	3	PA, ST, QL
ZORYVE	3	PA, QL
Diabetes - Glucose monitoring and supplies		
ACCU-CHEK FASTCLIX LANCET	1	
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK GUIDE	2	
ACCU-CHEK GUIDE KIT W/ DEVICE	2	
ACCU-CHEK GUIDE TEST STRIPS	2	QL
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	

Drug name	Drug tier	Requirements & limits
AQ INSULIN SYRINGE	2	QL
AQINJECT PEN NEEDLE	2	QL
BD AUTOSHIELD DUO PEN NEEDLES	2	QL
BD BLUNT FILL NEEDLE	2	
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 ULTRAFINE	2	QL
BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	2	
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	2	
BD ULTRA-FINE INSULIN SYRINGES	2	QL
BD ULTRA-FINE PEN NEEDLES	2	QL
CAREPOINT POLY HUB NEEDLE 18G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2	
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
CAREPOINT PRECISION POLY HUB	2	
CAREPOINT SAFETY 1ST NEEDLE	2	
CEQUR SIMPLICITY 2U 8PK	3	ST
CONTOUR NEXT EZ KIT W/ DEVICE	1	
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	1	
CONTOUR NEXT GEN TEST STRIPS	1	QL
CONTOUR NEXT MONITOR KIT W/DEVICE	1	
CONTOUR NEXT ONE KIT	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
CONTOUR PLUS BLUE KIT W/ DEVICE	1	
CONTOUR PLUS TEST STRIP	1	QL
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
DROPSAFE SAFETY SYRINGE/ NEEDLE	2	QL
DROPSAFE SICURA	2	
EMBECTA INSULIN SYRINGE	2	QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA, QL
FREESTYLE LIBRE 2 READER	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA, QL
FREESTYLE LIBRE 3 READER	3	PA, QL
FREESTYLE LIBRE 3 SENSOR	3	PA, QL
GVOKE HYOPEN	2	QL
GVOKE KIT	2	QL
GVOKE PFS	2	QL
INPEN	3	ST
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
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
LANCETS	1	

Drug name	Drug tier	Requirements & limits
MONOJECT HYPODERMIC NEEDLE 18G X 1"	2	
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOPEN ECHO	3	
OMNIPOD 5 DEXCOM INTRO KIT	2	PA, QL
OMNIPOD 5 DEXCOM PODS	2	PA, QL
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL
OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL
OMNIPOD 5 LIBRE PODS	2	PA
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	2	PA, QL
RELION GLUCOSE TEST STRIPS	3	QL
TECHLITE INSULIN SYRINGES (Arkray)	2	QL
TECHLITE PEN NEEDLES	2	QL
TECHLITE PLUS PEN NEEDLES	2	QL
TWIIST REFILL KIT/INFUSION SET	2	PA, QL
TWIIST STARTER KIT	2	PA, QL
VERISAFE SAFETY STERILE NEEDLE	2	
Diabetes - Insulin		
HUMALOG CARTRIDGE	2	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	QL
HUMULIN R VIAL	1	QL
INSULIN LISPRO	1	QL
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen), QL
INSULIN LISPRO JUNIOR KWIKPEN	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV VIAL	1	QL
NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	2	ST, QL
NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	2	ST, QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
Diabetes - Non-insulin agents		
acarbose oral	1	
ALOGLIPTIN BENZOATE	2	QL
ALOGLIPTIN-METFORMIN HCL	2	QL
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 2 MG/0.85ML	2	PA, QL
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	2	PA, QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er	1	

Drug name	Drug tier	Requirements & limits
glipizide oral tablet 10 mg, 5 mg	1	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin hcl	1	
GLUCAGON EMERGENCY KIT	2	
glucagon emergency kit injection solution reconstituted 1 mg	1	
glyburide	1	
glyburide-metformin	1	
GLYXAMBI	2	ST, QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
liraglutide	1	PA, QL
metformin hcl er	1	
metformin hcl oral solution	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
MOUNJARO	2	PA, QL
nateglinide	1	QL
OZEMPIC	2	PA, QL
pioglitazone hcl	1	QL
pioglitazone hcl-metformin hcl	1	QL
repaglinide	1	QL
RYBELSUS	2	PA, QL
saxagliptin hcl	1	QL
saxagliptin-metformin er	1	QL
SOLIQUA	2	QL
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	3	QL
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
TRIJARDY XR	2	QL
TRULICITY	2	PA, QL
ZEGALOGUE	2	QL
Drugs for blood disorders		
ADVATE	2	SP
ADYNOVATE	3	SP
AFSTYLA	3	SP
ALPROLIX	3	SP
ALTUVIIIIO	3	SP
ALVAIZ	3	PA, SP
anagrelide hcl	1	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML	2	QL, SP
BENEFIX	2	SP
DOPTELET	3	PA, QL, SP
ELOCTATE	3	SP
FABHALTA	2	PA, QL, SP
heparin sodium (porcine) rfid	1	
heparin sodium (porcine) injection solution	1	
heparin sodium (porcine) pf	1	
HYMPAVZI	2	PA, QL, SP
IDELVION	3	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
NEULASTA	2	SP
NIVESTYM	2	SP
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT	2	SP
RECOMBINATE	2	SP
RETACRIT	2	QL, SP
TAVALISSE	3	PA, QL, SP
tranexamic acid oral	1	QL
UDENYCA	2	SP
VOYDEYA ORAL TABLET THERAPY PACK	2	PA, QL, SP
WILATE	2	SP

Drug name	Drug tier	Requirements & limits
ZARXIO	2	SP
Drugs for sexual dysfunction		
ADDYI	3	PA, QL
IMVEXXY	2	QL
INTRAROSA	3	PA, QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
tadalafil oral	1	QL
vardeafil hcl oral tablet	1	QL
VYLEESI	3	PA, QL
Electrolytes / Vitamins		
CO-NATAL FA	2	
cyanocobalamin injection solution 1000 mcg/ml	1	
cyanocobalamin nasal	1	
DENTA 5000 PLUS SENSITIVE	3	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	2	
ergocalciferol oral capsule	1	
FLUORIMAX 5000 SENSITIVE	3	
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	E	H
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
K-PHOS-NEUTRAL	2	
levocarnitine oral solution	1	
levocarnitine sf	1	
LOKELMA	3	PA, QL
MATRONEX	3	
M-NATAL PLUS	3	
multivitamin w/fluoride tablet chewable 0.25 mg oral	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
multivitamin w/fluoride tablet chewable 0.5 mg oral	1	
multivitamin w/fluoride tablet chewable 1 mg oral	1	
multi-vitamin/fluoride	1	
multivitamin/fluoride oral tablet chewable	1	
NASCOBAL	3	
NEONATAL COMPLETE	3	
NEONATAL PLUS	3	
NIVA-PLUS	3	
ONE VITE WOMENS PLUS	3	
PHOSPHA 250 NEUTRAL	2	
phosphorous	1	
phospho-trin 250 neutral	1	
pnv 27-ca/fe/fa	1	
pnv-dha	1	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral packet 20 meq	1	
potassium chloride oral solution	1	
potassium citrate er	1	
potassium citrate-citric acid	1	
prenatal oral tablet 27-1 mg	1	
prenatal plus	1	
prenatal plus vitamin/mineral	1	
PRENATE ENHANCE	3	
PRENATE MINI	3	
PRENATE RESTORE	3	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 SENSITIVE	3	
SE-NATAL 19 ORAL TABLET	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	

Drug name	Drug tier	Requirements & limits
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	H
sodium fluoride oral tablet chewable	1	H
TRICARE ORAL TABLET	3	
TRINATAL RX 1	3	
TRINATE	3	
tri-vite/fluoride	1	
VELTASSA	3	PA, QL
VITAFOL FE+	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
VITAMEDMD ONE RX/ QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITATHELY WITH GINGER	3	
WESCAP-PN DHA	3	
Gastrointestinal agents - Drugs for acid reflux and ulcer		
bis subcit-metronid-tetracyc	1	QL
bismuth/metronidaz/tetracyclin	1	QL
cimetidine oral	1	
esomeprazole magnesium oral packet	1	PA, ST, QL
famotidine oral suspension reconstituted	1	
lansoprazole oral tablet delayed release dispersible	1	PA, ST, QL
misoprostol oral	1	
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PYLERA	3	QL
rabeprazole sodium oral tablet delayed release	1	QL
sucralfate oral	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
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		
bisacodyl oral tablet delayed release 5 mg	E	H
BYLVAY	3	PA, QL, SP
BYLVAY (PELLETS)	3	PA, QL, SP
chlordiazepoxide-clidinium	1	
clearlax	E	H
CLENPIQ	3	QL
constulose	1	
cromolyn sodium oral	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral solution 10 mg/5ml	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine oral tablet	1	
enulose	1	
gavilax oral powder	E	H
gavilyte-c	1	H
gavilyte-g	1	QL, H
gavilyte-n with flavor pack	1	QL, H
generlac	1	
gentlelax oral powder 17 gm/ scoop	E	H
glycolax	E	H
glycopyrrolate oral solution	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	

Drug name	Drug tier	Requirements & limits
IQIRVO	3	PA, ST, QL, SP
KRISTALOSE	3	
lactulose encephalopathy	1	
lactulose oral packet 20 gm	1	
lactulose oral solution	1	
LEVSIN/SL	3	
LINZESS	2	PA, QL
LIVDELZI	3	PA, ST, QL, SP
lubiprostone	1	PA, QL
magnesium citrate oral solution	E	H
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	1	QL
OSCIMIN SUBLINGUAL	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
polyethylene glycol 3350 oral powder	E	H
prucalopride succinate	1	PA, QL
REZDIFFRA	3	PA, QL
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
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
CREON	2	
EVRYSDI	2	PA, QL, SP
levocarnitine oral tablet	1	
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
VYNDAMAX	2	PA, QL, SP
XPHOZAH	3	PA, QL
ZENPEP	2	

Genitourinary agents - Drugs for bladder, genital and kidney conditions

bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
CAVERJECT IMPULSE	3	QL
EDEX (2 CARTRIDGE)	3	QL
EDEX (6 CARTRIDGE)	3	QL
ELMIRON	3	ST
me/naphos/mb/hyo1	1	
mirabegron er	1	ST
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	
sevelamer carbonate oral tablet	1	
solifenacin succinate	1	
tolterodine tartrate	1	
tropium chloride	1	
UROGESIC-BLUE	2	
VANRAFIA	3	PA, QL, SP
VELPHORO	3	ST

Genitourinary agents - Drugs for prostate conditions

alfuzosin hcl er	1	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
TEZRULY	3	PA

Drug name	Drug tier	Requirements & limits
Hormonal agents - Hormone replacement and birth control		
abigale	1	
abigale lo	1	
afirmelle	1	H
aftera	1	H
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	1	H
amabelz oral tablet 0.5-0.1 mg	1	
amethyst	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
ayuna	1	H
azurette	1	H
balziva	1	H
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	1	H
camila	1	H
camrese	1	H
camrese lo	1	H
charlotte 24 fe	1	H
chateal eq	1	H
CLIMARA PRO	3	QL
COMBIPATCH	3	QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
cryselle	1	H
cryselle-28	1	H
curae oral tablet 1.5 mg	1	H
cyred eq	1	H
dasetta 1/35 (28)	1	H
dasetta 7/7/7	1	H
daysee	1	H
deblitane	1	H
delyla	1	H
DEPO-ESTRADIOL	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	QL
DEPO-SUBQ PROVERA 104	1	QL, H
desogestrel-ethinyl estradiol	1	H
DIVIGEL	3	
dolishale	1	H
dotti	1	QL
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
drospirenone-ethinyl estradiol	1	H
DUAVEE	3	QL
econtra one-step	1	H
ELESTRIN	3	
elinest	1	H
ELLA	1	QL, H
eluryng	1	H
emzahh	1	H
enilloring	1	H
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	1	H
enskyce	1	H
errin	1	H
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	
est estrogens-methyltest hs	1	
estarylla	1	H
estradiol oral	1	

Drug name	Drug tier	Requirements & limits
estradiol patch twice weekly	1	QL
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	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	1	QL
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
estratest f.s. oral tablet 1.25-2.5 mg	1	
ESTRING	2	QL
estrogens conjugated	1	
ethynodiol diac-eth estradiol	1	H
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
feirza 1.5/30	1	H
feirza 1/20	1	H
FEMRING	3	QL
finzala	1	H
fyavolv	1	
galbriela	1	H
gallifrey	1	
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette vaginal ring 0.12-0.015 mg/24hr	1	H
heather	1	H
her style	1	H
iclevia	1	H
incassia	1	H
introvale	1	H
isibloom	1	H

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
jaimiess	1	H
jasmiel	1	H
jencycla	1	H
jinteli	1	
jolessa	1	H
joyeaux	1	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kaitlib fe	1	H
kalliga	1	H
kariva	1	H
kelnor 1/35	1	H
kelnor 1/50 oral tablet 1-50 mg-mcg	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
layolis fe oral tablet chewable 0.8-25 mg-mcg	1	H
leena oral tablet 0.5/1/0.5-35 mg-mcg	1	H
lessina	1	H
levonest	1	H
levonorgest-eth est & eth est	1	H
levonorgest-eth estrad 91-day	1	H
levonorgest-eth estradiol-iron	1	H
levonorgestrel	1	H
levonorgestrel-ethinyl estrad	1	H
levonorg-eth estrad triphasic	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H

Drug name	Drug tier	Requirements & limits
lojaimiess	1	H
loryna	1	H
low-ogestrel	1	H
lo-zumandimine	1	H
luizza 1.5/30	1	H
luizza 1/20	1	H
lutera	1	H
lyleq	1	H
lyllana	1	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular	1	QL, H
medroxyprogesterone acetate oral	1	
megestrol acetate oral tablet	1	
meleya	1	H
MENOSTAR	3	QL
mibelas 24 fe	1	H
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
mimvey	1	
minzoya	1	H
mono-lynyah	1	H
my choice	1	H
my way	1	H
MYFEMBREE	2	PA, QL
NATAZIA	1	
necon 0.5/35 (28)	1	H
new day	1	H
nikki	1	H
nora-be	1	H
norelgestromin-eth estradiol	1	H
norethin ace-eth estrad-fe oral tablet	1	H

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
norethin ace-eth estrad-fe oral tablet chewable	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norethindrone-eth estradiol	1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
norethin-eth estradiol-fe	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
nortrel 7/7/7	1	H
nylia 1/35	1	H
nylia 7/7/7	1	H
ocella oral tablet 3-0.03 mg	1	H
opcicon one-step	1	H
OPILL	1	H
option 2	1	H
orquidea	1	H
philith	1	H
pimtrea	1	H
PLAN B ONE-STEP	1	H
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
progesterone intramuscular	1	
progesterone oral	1	
react oral tablet 1.5 mg	1	H
reclipsen	1	H

Drug name	Drug tier	Requirements & limits
rivelsa	1	H
rosyrah	1	H
setlakin	1	H
sharobel	1	H
shewise	1	H
simliya	1	H
simpesse	1	H
SLYND	3	PA, ST
sprintec 28	1	H
sronyx	1	H
syeda	1	H
take action	1	H
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tilia fe	1	H
tri-estarylla	1	H
tri-legest fe	1	H
tri-linyah	1	H
tri-lo-estarylla	1	H
tri-lo-marzia	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-sprintec	1	H
trivora (28)	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
turqoz	1	H
TYBLUME	1	H
tydemy	1	H
valtya 1/35	1	H
valtya 1/50	1	H
velivet	1	H
vestura	1	H
vienva	1	H
viorele	1	H
volnea	1	H

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
vyfemla	1	H
vylibra	1	H
wera	1	H
wymzya fe	1	H
xarah fe	1	H
xelria 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	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
fludrocortisone acetate oral	1	
hydrocortisone oral	1	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisone oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
Hormonal agents - Other		
cabergoline	1	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
megestrol acetate oral suspension 40 mg/ml	1	
NGENLA	3	PA, QL, SP

Drug name	Drug tier	Requirements & limits
NORDITROPIN FLEXPRO	2	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORLISSA	2	PA, QL
SKYTROFA	3	PA, QL, SP
Hormonal agents - Testosterone replacement		
KYZATREX	3	PA, QL
TESTIM	1	PA, QL
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 12.5 mg/act (1%) transdermal	1	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	1	PA, QL
testosterone transdermal gel 1.62 %	1	PA, QL
Hormonal agents - Thyroid		
ARMOUR THYROID	3	
ERMEZA ORAL SOLUTION 150 MCG/5ML	2	PA
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
EVEXITHROID ORAL TABLET 120 MG, 15 MG, 180 MG, 30 MG, 60 MG, 90 MG	3	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liomny	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	3	
thyroid oral	1	
TIROSINT	E	
TIROSINT-SOL	2	PA
unithroid	1	
Immunological agents - Drugs for immune system stimulation or suppression		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-ADAZ	2	PA, (manufactured by Sandoz), QL, SP
AMJEVITA	2	PA, QL, SP
AMJEVITA-PED 15KG TO <30KG	2	PA, SP
ANDEMBRY	2	PA, QL, SP
azathioprine oral	1	
BIMZELX	3	PA, ST, QL, SP
CIMZIA	2	PA, QL, SP
COSENTYX	2	PA, QL, SP
cyclosporine modified oral capsule	1	
cyclosporine oral	1	
EMPAVELI	2	PA, QL, SP
ENBREL	2	PA, QL, SP
ENTYVIO PEN	2	PA, (SUBCUTANEOUS), QL, SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	
gengraf	1	
HAEGARDA	2	PA, QL, SP
HUMIRA*	E	PA, QL, SP
HYFTOR	3	PA, QL
JYLAMVO	3	PA
leflunomide oral	1	
LITFULO	3	PA, QL, SP
LUPKYNIS	3	PA, QL, SP

Drug name	Drug tier	Requirements & limits
methotrexate sodium (pf)	1	
methotrexate sodium injection solution	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral	1	
mycophenolate sodium	1	
mycophenolic acid	1	
MYHIBBIN	1	
OLUMIANT	3	PA, ST, QL, SP
OMVOH SUBCUTANEOUS	2	PA, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
OTEZLA	2	PA, QL, SP
PROGRAF ORAL CAPSULE	3	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	3	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral tablet	1	
SKYRIZI	2	PA, QL, SP
SOTYKTU	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO	2	PA, QL, SP
TREXALL	2	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
XELJANZ	2	PA, QL, SP
XELJANZ XR	2	PA, QL, SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
YESINTEK SUBCUTANEOUS	2	PA, QL, SP
Immunological agents - Drugs for vaccination		
ABRYSCO	3	H
ADACEL	3	H
AFLURIA PRESERVATIVE FREE	3	H
AREXVY	3	H
BEXSERO	3	H
BOOSTRIX	2	H

See page 5-7 for coverage details.

* Members currently on therapy may be allowed to continue.



Drug name	Drug tier	Requirements & limits
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
CAPVAXIVE	3	H
COMIRNATY	3	H
COMIRNATY 5-11 YEARS	3	H
ENGERIX-B	2	H
FLUAD	3	H
FLUARIX	3	H
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL	3	H
FLUMIST	3	H
FLUZONE HIGH-DOSE	3	H
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
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
MNEXSPIKE	3	H
PNEUMOVAX 23	2	H
PREVNAR 20	3	H
PRIORIX	3	H
RECOMBIVAX HB	2	H
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	H
SPIKEVAX	3	H
SPIKEVAX 6M-11Y	3	H
TRUMENBA	3	H
TWINRIX	3	H

Drug name	Drug tier	Requirements & limits
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	H
VARIVAX	3	H
Infertility agents		
CETROTIDE	3	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	1	
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
GONAL-F	3	ST, SP
MENOPUR	3	QL, SP
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	3	SP
progesterone vaginal	1	
Inflammatory bowel disease agents		
ANUCORT-HC	2	
APRISO	1	
balsalazide disodium	1	
budesonide oral	1	
budesonide rectal	1	
CORTIFOAM	2	
DIPENTUM	3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
hydrocortisone acetate rectal	1	
hydrocort-pramoxine (perianal)	1	
mesalamine oral capsule delayed release 400 mg	1	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine rectal	1	QL
PROCTOFOAM HC	2	
procto-med hc	1	
sulfasalazine oral	1	
UCERIS ORAL	1	
Metabolic bone disease agents - Drugs for osteoporosis		
alendronate sodium oral tablet	1	
BONSITY	3	PA, SP
calcitonin (salmon)	1	
ibandronate sodium oral	1	
raloxifene hcl	1	H-PA
risedronate sodium oral tablet	1	
TERIPARATIDE	3	PA, SP
TYMLOS	3	PA, SP
Metabolic bone disease agents - Other		
calcitriol oral capsule	1	
cinacalcet hcl	1	
YORVIPATH	3	PA, QL, SP
Ophthalmic agents - Drugs for eye allergy, infection and inflammation		
ALREX	3	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	1	
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
epinastine hcl	1	QL

Drug name	Drug tier	Requirements & limits
erythromycin ophthalmic	1	H-PA
EYSUVIS	3	QL
FLAREX	2	
FML FORTE	3	
FML LIQUIFILM	3	
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic	1	QL
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic suspension	1	QL
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth	1	
NEVANAC	3	
ofloxacin ophthalmic	1	
polymyxin b-trimethoprim	1	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
sulfacetamide sodium ophthalmic	1	
TOBRADEX	3	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	1	
XDEMVY	3	PA, QL
ZIRGAN	3	
ZYLET	3	
Ophthalmic agents - Drugs for glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	QL
bimatoprost ophthalmic solution 0.03 %	1	QL
brimonidine tartrate ophthalmic solution 0.15 %	1	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brinzolamide	1	QL
COMBIGAN	1	QL
dorzolamide hcl ophthalmic	1	
dorzolamide hcl-timolol mal	1	
ISTALOL	3	
latanoprost ophthalmic	1	
LUMIGAN	2	QL
methazolamide oral	1	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	1	ST, QL
timolol hemihydrate	1	QL
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	3	
travoprost (bak free)	1	QL
ZIOPTAN	3	ST, QL
Ophthalmic agents - Drugs for miscellaneous eye conditions		
atropine sulfate ophthalmic solution 1 %	1	
cromolyn sodium ophthalmic	1	
cyclopentolate hcl ophthalmic	1	
difluprednate	1	
MIEBO	3	PA, QL
RESTASIS	1	PA, QL
TRYPTYR	3	PA, QL

Drug name	Drug tier	Requirements & limits
TYRVAYA	3	PA, QL
VERKAZIA	3	PA, QL
XIIDRA	3	PA, QL
Otic agents - Drugs for ear conditions		
acetic acid otic	1	
CIPRO HC	3	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	1	
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 solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), 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), QL
NEFFY	3	QL
Respiratory tract / Pulmonary agents - Drugs for allergies, cough, cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
benzonatate oral capsule 100 mg, 200 mg	1	
carbinoxamine maleate oral tablet 4 mg	1	
cyproheptadine hcl oral	1	
flunisolide nasal	1	
fluticasone propionate nasal	1	
g tussin ac	1	
guaifenesin-codeine	1	
hydrocod poli-chlorphe poli er	1	PA, QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
hydrocodone bit-homatrop mbr oral solution	1	PA, QL
hydromet	1	PA, QL
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral	1	
maxi-tuss ac	1	
mometasone furoate nasal	1	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
ODACTRA	3	PA, QL
olopatadine hcl nasal	1	
PALFORZIA (1 MG DAILY DOSE)	3	PA
PALFORZIA INITIAL DOSE 1-3YRS	3	PA, QL
PALFORZIA INITIAL DOSE 4-17YRS	3	PA, QL
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG	3	PA, QL
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
PULMOSAL	2	
RHAPSIDO	2	PA, QL, SP
sodium chloride inhalation	1	
Respiratory tract / Pulmonary agents - Drugs for asthma and COPD		
acetylcysteine inhalation	1	
ADVAIR HFA	3	QL, RS
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU DEVICE	2	

Drug name	Drug tier	Requirements & limits
AEROCHAMBER PLUS FLO-VU INTERM	2	
AEROCHAMBER2GO ANTI-STATIC	2	
AIRSUPRA	3	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for Ventolin HFA), QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic ProAir HFA or Proventil HFA), QL
albuterol sulfate inhalation	1	
albuterol sulfate oral syrup 2 mg/5ml	1	
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	1	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREATHE COMFORT CHAMBER/ADULT	2	
BREATHE COMFORT CHAMBER/CHILD	2	
BREO ELLIPTA	3	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	1	QL
COMBIVENT RESPIMAT	3	QL
EASIVENT	2	
EASIVENT MASK LARGE	2	
EASIVENT MASK MEDIUM	2	
EASIVENT MASK SMALL	2	
FASENRA PEN	3	PA, QL, SP
FLEXICHAMBER	2	
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

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
GRASTEK	3	PA, QL
INSPIREASE	2	
ipratropium bromide inhalation	1	
ipratropium-albuterol	1	
levalbuterol hcl inhalation	1	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
MICROCHAMBER	2	
montelukast sodium oral	1	
NUCALA	3	PA, QL, SP
PERFORMIST	3	QL
PROCHAMBER VHC	2	
QVAR REDIHALER	1	QL
roflumilast	1	QL
SEREVENT DISKUS	2	QL
SPIRIVA HANDIHALER	1	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
theophylline er oral tablet extended release 12 hour	1	
TRELEGY ELLIPTA	3	QL, RS
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

Drug name	Drug tier	Requirements & limits
zafirlukast	1	
Respiratory tract / Pulmonary agents - Drugs for cystic fibrosis		
BRONCHITOL	3	PA, ST, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
Respiratory tract / Pulmonary agents - Drugs for pulmonary fibrosis		
JASCAYD	3	PA, SP
OFEV	3	PA, QL, SP
Respiratory tract / Pulmonary agents - Drugs for pulmonary hypertension		
ADEMPAS	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
TADLIQ	3	PA, QL, SP
TYVASO	2	PA, SP
TYVASO DPI	2	PA, QL, SP
Skeletal muscle relaxants - Drugs for muscle pain and spasm		
baclofen oral suspension	1	PA
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
dantrolene sodium oral	1	
metaxalone oral tablet 400 mg, 800 mg	1	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	1	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	1	
tizanidine hcl oral tablet	1	
Sleep disorder agents		
armodafinil	1	QL
BELSOMRA	3	QL
eszopiclone	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
LUMRYZ	3	PA, QL, SP
modafinil oral	1	QL
ramelteon	1	QL
sodium oxybate	1	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 5-7 for coverage details.



Index

A	
abigale	27
abigale lo	27
ABRYSVO	32
acamprosate calcium	9
acarbose oral	23
ACCU-CHEK FASTCLIX LANCET ..	21
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	21
ACCU-CHEK GUIDE	21
ACCU-CHEK GUIDE KIT W/ DEVICE	21
ACCU-CHEK GUIDE TEST STRIPS	21
ACCU-CHEK SOFTCLIX LANCET ..	21
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	21
accutane	19
acebutolol hcl oral	16
acetaminophen-codeine oral tablet	8
acetazolamide er	16
acetazolamide oral	16
acetic acid otic	35
acetylcysteine inhalation	36
acitretin	19
ACTEMRA ACTPEN	32
ACTEMRA SUBCUTANEOUS	32
acyclovir external ointment	15
acyclovir oral capsule	15
acyclovir oral suspension 200 mg/5ml	15
acyclovir oral tablet	15
ADACEL	32
ADALIMUMAB-ADAZ	32
adapalene-benzoyl peroxide external gel 0.1-2.5 %	19
ADBRY	19
ADDYI	24
ADEMPAS	37
ADVAIR HFA	36
ADVATE	24
ADYNOVATE	24
AEROCHAMBER HOLDING CHAMBER	36
AEROCHAMBER PLS FLOVU MTHPIECE	36
AEROCHAMBER PLUS FLO-VU DEVICE	36
AEROCHAMBER PLUS FLO-VU INTERM	36
AEROCHAMBER2GO ANTI- STATIC	36
afirmelle	27
AFLURIA PRESERVATIVE FREE ...	32
AFSTYLA	24
aftera	27
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	13
AIRSUPRA	36
AKLIEF	19
albendazole oral	14
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	36
albuterol sulfate inhalation	36
albuterol sulfate oral syrup 2 mg/5ml	36
alclometasone dipropionate external cream	19
ALECENSA	13
alendronate sodium oral tablet ..	34
alfuzosin hcl er	27
aliskiren fumarate	16
allopurinol oral tablet 100 mg, 300 mg	13
almotriptan malate	13
ALOGLIPTIN BENZOATE	23
ALOGLIPTIN-METFORMIN HCL ..	23
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	34
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	34
alprazolam er	15
alprazolam oral	15
alprazolam xr	15
ALPROLIX	24
ALREX	34
altavera	27
ALTUVIIIO	24
ALUNBRIG	13
ALVAIZ	24
alyacen 1/35	27
alyacen 7/7/7	27
amabelz oral tablet 0.5-0.1 mg ...	27
amantadine hcl oral capsule	14
amantadine hcl oral solution 50 mg/5ml	14
amantadine hcl oral tablet	14
amethyst	27
amiloride hcl oral	16
amiloride-hydrochlorothiazide ...	16
amiodarone hcl oral	16
amitriptyline hcl oral	11
AMJEVITA	32
AMJEVITA-PED 15KG TO <30KG ...	32
amlodipine besylate oral	16
amlodipine besylate-benazepril hcl	16
amlodipine besylate-valsartan ...	16
amnesteem	19
amoxicillin	9
amoxicillin-potassium clavulanate	9
amphet-dextroamphet 3-bead er	18
amphetamine sulfate	18
amphetamine- dextroamphetamine	18
amphetamine- dextroamphetamine er	18



ampicillin	9	atovaquone	14	BAQSIMI ONE PACK	23
AMZEEQ	19	atovaquone-proguanil hcl	14	BAQSIMI TWO PACK	23
anagrelide hcl	24	atropine sulfate ophthalmic solution 1 %	35	BAYER LOW DOSE ORAL TABLET CHEWABLE	8
anastrozole oral	13	ATROVENT HFA	36	BD AUTOSHIELD DUO PEN NEEDLES	21
ANDEMBRY	32	ATTRUBY	26	BD BLUNT FILL NEEDLE	21
ANNOVERA	27	aubra eq	27	BD BLUNT FILL NEEDLE W/ FILTER	21
ANORO ELLIPTA	36	AUGTYRO	13	BD ECLIPSE NEEDLE 18G X 1-1/2", 25G X 5/8", 27G X 1/2"	21
ANUCORT-HC	33	aurovela 1/20	27	BD ECLIPSE NEEDLE 23G X 1" (OTC)	21
ANZUPGO	19	aurovela 1.5/30	27	BD ECLIPSE NEEDLE 23G X 1" (RX)	21
apap-caff-dihydrocodeine	8	aurovela 24 fe	27	BD ECLIPSE SHIELDED NEEDLE	21
aprepitant oral capsule 125 mg, 40 mg, 80 mg	12	aurovela fe 1/20	27	BD PEN NEEDLE ULTRAFINE	21
apri	27	aurovela fe 1.5/30	27	BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	21
APRISO	33	AUSTEDO	18	BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	21
APTIOM	10	AUSTEDO XR	18	BD ULTRA-FINE INSULIN SYRINGES	21
AQ INSULIN SYRINGE	21	AUVELITY	11	BD ULTRA-FINE PEN NEEDLES	21
AQINJECT PEN NEEDLE	21	AUVI-Q	35	BELBUCA	8
ARAKODA	14	AVAR CLEANSER	19	BELSOMRA	37
aranelle	27	aviane	27	benazepril hcl oral	16
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML	24	AVONEX	18	benazepril-hydrochlorothiazide	16
ARBLI	16	ayuna	27	BENEFIX	24
AREXVY	32	AZASITE	34	benzonatate oral capsule 100 mg, 200 mg	35
aripiprazole oral solution	14	azathioprine oral	32	benzoyl peroxide-erythromycin	19
aripiprazole oral tablet	14	azelaic acid external	19	benztropine mesylate oral	14
armodafinil	37	azelastine hcl nasal solution 0.1 %, 137 mcg/spray	35	BESIVANCE	34
ARMOUR THYROID	31	azelastine hcl ophthalmic	34	BESREMI	13
ARNUITY ELLIPTA	36	AZELEX	19	betamethasone dipropionate aug external cream	19
ascomp-codeine	8	azithromycin oral	9	betamethasone dipropionate aug external lotion	19
asenapine maleate	14	AZSTARYS	18	betamethasone dipropionate aug external ointment	19
ashlyna	27	azurette	27	betamethasone dipropionate external	19
aspirin 81 oral tablet delayed release	8	B			
atenolol oral	16	bac (butalbital-acetamin-caff)	8		
atenolol-chlorthalidone	16	bacitracin-polymyxin b	34		
atomoxetine hcl	18	baclofen oral suspension	37		
ATORVALIQ	16	baclofen oral tablet 10 mg, 20 mg, 5 mg	37		
atorvastatin calcium oral tablet 10 mg, 20 mg	16	BAFIERTAM	18		
atorvastatin calcium oral tablet 40 mg, 80 mg	16	balsalazide disodium	33		
		balziva	27		

betamethasone valerate external cream	19
betamethasone valerate external lotion	19
betamethasone valerate external ointment	19
BETASERON	18
bethanechol chloride oral	27
BETIMOL OPHTHALMIC SOLUTION 0.25 %	34
BETIMOL OPHTHALMIC SOLUTION 0.5 %	35
BEVESPI AEROSPHERE	36
BEXSERO	32
bicalutamide	13
BIJUVA	27
BIKTARVY	15
bimatoprost ophthalmic solution 0.03 %	35
BIMZELX	32
bisubcit-metronid-tetracyc	25
bisacodyl oral tablet delayed release 5 mg	26
bismuth/metronidaz/tetracyclin	25
bisoprolol fumarate oral	16
bisoprolol-hydrochlorothiazide	16
blisovi 24 fe	27
blisovi fe 1/20	27
blisovi fe 1.5/30	27
BLUJEP	9
BONSITY	34
BOOSTRIX	32, 33
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	33
BREATHE COMFORT CHAMBER/ADULT	36
BREATHE COMFORT CHAMBER/CHILD	36
BREO ELLIPTA	36
BREZTRI AEROSPHERE	36
briellyn	27
brimonidine tartrate external	19

brimonidine tartrate ophthalmic solution 0.15 %	35
brimonidine tartrate ophthalmic solution 0.2 %	35
brinzolamide	35
BRIVIACT	10
bromfenac sodium (once-daily)	34
bromocriptine mesylate oral tablet	14
BRONCHITOL	37
budesonide inhalation	36
budesonide oral	33
budesonide rectal	33
bumetanide oral	16
buprenorphine	8, 9
buprenorphine hcl sublingual	9
buprenorphine hcl-naloxone hcl sublingual film	9
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	9
bupropion hcl er (smoking det)	9
bupropion hcl er (sr)	11
bupropion hcl oral	11
bupirone hcl oral	15
butalbital-acetaminophen oral tablet 50-325 mg	8
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	8
butalbital-apap-caffeine	8
butalbital-asa-caff-codeine	8
butalbital-aspirin-caffeine	8
butorphanol tartrate nasal	8
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	23
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	23
BYLVAY	26
BYLVAY (PELLETS)	26

C

cabergoline	31
CABOMETYX	13
calcipotriene external cream	19
calcipotriene external ointment	19
calcipotriene external solution	19
calcitonin (salmon)	34
calcitriol oral capsule	34
calcium acetate (phos binder) oral capsule	27
CALQUENCE	13
camila	27
camrese	27
camrese lo	27
candesartan cilexetil	16
candesartan cilexetil-hctz	16
CAPLYTA	14
captopril oral	16
CAPVAXIVE	33
carbamazepine er	10
carbamazepine oral tablet	10
carbamazepine oral tablet chewable	10
CARBATROL	10
carbidopa-levodopa er oral tablet extended release	14
carbidopa-levodopa oral tablet	14
carbinoxamine maleate oral tablet 4 mg	35
CAREPOINT POLY HUB NEEDLE 18G X 1", 21G X 1", 22G X 1", 23G X 1", 25G X 1", 25G X 5/8"	21
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	21
CAREPOINT PRECISION POLY HUB	21
CAREPOINT SAFETY 1ST NEEDLE	21
carisoprodol oral tablet 350 mg	37
cartia xt	16
carvedilol	16
CAVERJECT IMPULSE	27



cefadroxil.....	9	citalopram hydrobromide oral solution 10 mg/5ml.....	11	clonidine hcl er.....	18
cefdinir.....	9	citalopram hydrobromide oral tablet.....	12	clonidine hcl oral.....	16
cefixime oral capsule.....	9	claravis.....	19	clonidine patch weekly.....	16
cefpodoxime proxetil oral tablet.....	9	clarithromycin oral.....	9	clopidogrel bisulfate oral.....	14
cefprozil.....	9	clearlax.....	26	clorazepate dipotassium.....	15
cefuroxime axetil.....	9	CLENPIQ.....	26	clotrimazole mouth/throat.....	12
celecoxib oral.....	8	CLIMARA PRO.....	27	clotrimazole-betamethasone.....	20
cephalexin.....	9	clindacin.....	19	clozapine oral tablet.....	14
CEQUR SIMPLICITY 2U 8PK.....	21	clindacin etz external swab.....	19	CO-NATAL FA.....	24
CETROTIDE.....	33	clindacin-p.....	19	colchicine oral.....	13
cevimeline hcl.....	18	clindamycin hcl oral.....	9	colchicine-probenecid.....	13
charlotte 24 fe.....	27	clindamycin palmitate hcl.....	9	colesevelam hcl oral tablet.....	16
chateal eq.....	27	clindamycin phos (twice-daily) gel 1 % external.....	19	colestipol hcl oral tablet.....	16
chlordiazepoxide hcl.....	15	clindamycin phos-benzoyl perox external gel 1.2-5 %.....	19	COMBIGAN.....	35
chlordiazepoxide-clidinium.....	26	clindamycin phos-benzoyl perox gel 1-5 % external.....	19	COMBIPATCH.....	27
chlorhexidine gluconate mouth/ throat.....	18	clindamycin phosphate external.....	19	COMBIVENT RESPIMAT.....	36
chlorpromazine hcl oral tablet.....	14	clindamycin phosphate vaginal.....	9	COMIRNATY.....	33
chlorthalidone.....	16	CLINDESSE.....	9	COMIRNATY 5-11 YEARS.....	33
chlorzoxazone oral tablet 500 mg.....	37	CLINPRO 5000.....	18	constulose.....	26
cholestyramine light.....	16	clobazam oral suspension 2.5 mg/ml.....	10	CONTOUR NEXT EZ KIT W/ DEVICE.....	21
cholestyramine oral.....	16	clobazam oral tablet.....	10	CONTOUR NEXT GEN MONITOR KIT W/DEVICE.....	21
CHORIONIC GONADOTROPIN INTRAMUSCULAR.....	33	clobetasol prop emollient base.....	19	CONTOUR NEXT GEN TEST STRIPS.....	21
CIBINQO.....	19	clobetasol propionate e.....	19	CONTOUR NEXT MONITOR KIT W/DEVICE.....	21
ciclodan.....	12	clobetasol propionate external cream 0.05 %.....	19	CONTOUR NEXT ONE KIT.....	21
ciclopirox external.....	12	clobetasol propionate external gel.....	20	CONTOUR PLUS BLUE KIT W/ DEVICE.....	22
ciclopirox olamine external cream.....	12	clobetasol propionate external liquid.....	20	CONTOUR PLUS TEST STRIP.....	22
ciclopirox olamine external suspension.....	19	clobetasol propionate external ointment.....	20	CORLANOR ORAL TABLET.....	16
cilostazol.....	14	clobetasol propionate external solution.....	20	CORTEF.....	31
CIMDUO.....	15	CLOMID.....	33	CORTIFOAM.....	33
cimetidine oral.....	25	clomiphene citrate oral.....	33	COSENTYX.....	32
CIMZIA.....	32	clomipramine hcl oral.....	12	COTELLIC.....	13
cinacalcet hcl.....	34	clonazepam oral.....	15	CREON.....	26
CIPRO HC.....	35			CRESEMBA ORAL.....	12
ciprofloxacin hcl ophthalmic.....	34			CREXONT.....	14
ciprofloxacin hcl oral.....	9			cromolyn sodium ophthalmic.....	35
ciprofloxacin hcl otic.....	35			cromolyn sodium oral.....	26
ciprofloxacin-dexamethasone.....	35				



cryselle	28	DESCOVY ORAL TABLET 120-15 MG	15	dicloxacillin sodium	9
cryselle-28.....	28	DESCOVY ORAL TABLET 200-25 MG	15	dicyclomine hcl oral capsule.....	26
curae oral tablet 1.5 mg.....	28	desipramine hcl oral	12	dicyclomine hcl oral solution 10 mg/5ml.....	26
cyanocobalamin injection solution 1000 mcg/ml	24	desmopressin acetate oral	31	dicyclomine hcl oral tablet 20 mg	26
cyanocobalamin nasal	24	desmopressin acetate spray.....	31	difluprednate.....	35
cyclobenzaprine hcl oral tablet 10 mg, 5 mg.....	37	desogestrel-ethinyl estradiol.....	28	digoxin oral tablet.....	16
cyclopentolate hcl ophthalmic ...	35	desonide external cream	20	DILANTIN	10
cyclophosphamide oral capsule...13		desonide external lotion.....	20	dilt-xr	16
cyclosporine modified oral capsule	32	desonide external ointment.....	20	diltiazem hcl er	16
cyclosporine oral.....	32	desoximetasone external cream. 20		diltiazem hcl er beads.....	16
cyproheptadine hcl oral	35	desoximetasone external ointment.....	20	diltiazem hcl er coated beads	16
cyred eq	28	desvenlafaxine succinate er	12	diltiazem hcl oral	16
D					
dabigatran etexilate mesylate.....	10	dexamethasone intensol	31	DIPENTUM.....	33
dantrolene sodium oral	37	dexamethasone oral elixir	31	diphenoxylate-atropine oral tablet	26
dapsone external.....	20	dexamethasone oral solution	31	disulfiram oral	9
dapsone oral.....	13	dexamethasone oral tablet.....	31	divalproex sodium er.....	10
darunavir	15	dexamethasone sodium phosphate ophthalmic.....	34	divalproex sodium oral.....	10
dasetta 1/35 (28).....	28	DEXCOM G6 RECEIVER.....	22	DIVIGEL	28
dasetta 7/7/7.....	28	DEXCOM G6 SENSOR.....	22	dofetilide	16
daysee	28	DEXCOM G6 TRANSMITTER.....	22	dolishale	28
deblitane	28	DEXCOM G7 RECEIVER.....	22	donepezil hcl oral tablet	11
DELSTRIGO	15	DEXCOM G7 SENSOR	22	DOPTELET.....	24
delyla	28	dexmethylphenidate hcl.....	18	dorzolamide hcl ophthalmic.....	35
DENTA 5000 PLUS	18, 24	dexmethylphenidate hcl er.....	18	dorzolamide hcl-timolol mal.....	35
DENTA 5000 PLUS SENSITIVE ...	24	dextroamphetamine sulfate er...18		dotti.....	28
DENTAGEL.....	18	dextroamphetamine sulfate oral solution	18	DOVATO	15
DEPAKOTE.....	10	diazepam oral solution.....	15	doxazosin mesylate oral	16
DEPAKOTE ER	10	diazepam oral tablet	15	doxepin hcl oral capsule	12
DEPAKOTE SPRINKLES	10	diazepam rectal	10	doxepin hcl oral concentrate.....	12
DEPO-ESTRADIOL	28	diclofenac potassium oral tablet 50 mg	8	doxycycline hyclate oral capsule ...	9
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	28	diclofenac sodium er.....	8	doxycycline hyclate oral tablet 100 mg, 20 mg.....	10
DEPO-SUBQ PROVERA 104.....	28	diclofenac sodium external gel 3 %	20	doxycycline monohydrate oral capsule 100 mg, 50 mg	10
DERMA-SMOOTH/FS BODY.....	20	diclofenac sodium ophthalmic ...	34	doxycycline monohydrate oral suspension reconstituted	10
DERMA-SMOOTH/FS SCALP.....	20	diclofenac sodium oral.....	8	doxycycline monohydrate oral tablet	10
		diclofenac-misoprostol.....	8	dronabinol.....	12

DROPSAFE SAFETY SYRINGE/ NEEDLE.....	22	emtricitabine-tenofovir df oral tablet 200-300 mg.....	15	erythromycin ethylsuccinate oral suspension reconstituted.....	10
DROPSAFE SICURA.....	22	emzahn.....	28	erythromycin external.....	20
drosipren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg.....	28	enalapril maleate oral solution.....	16	erythromycin ophthalmic.....	34
drosiprenone-ethinyl estradiol.....	28	enalapril maleate oral tablet.....	16	escitalopram oxalate oral solution.....	12
DRYSOL.....	20	enalapril-hydrochlorothiazide.....	16	escitalopram oxalate oral tablet.....	12
DUAVEE.....	28	ENBREL.....	32	eslicarbazepine acetate.....	11
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg.....	12	endocet.....	8	esomeprazole magnesium oral packet.....	25
DUPIXENT.....	20	ENDOMETRIN.....	33	est estrogens-methyltest.....	28
dutasteride oral.....	27	ENGERIX-B.....	33	est estrogens-methyltest ds.....	28
E				est estrogens-methyltest hs.....	28
EASIVENT.....	36	enilloring.....	28	estarylla.....	28
EASIVENT MASK LARGE.....	36	enoxaparin sodium injection solution prefilled syringe.....	10	estazolam.....	15
EASIVENT MASK MEDIUM.....	36	enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg.....	28	estradiol oral.....	28, 30
EASIVENT MASK SMALL.....	36	ENSACOVE.....	13	estradiol patch twice weekly.....	28
EBGLYSS.....	20	enskyce.....	28	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.....	28
ec-naproxen.....	8	ENSTILAR.....	20	estradiol transdermal gel 0.75 mg/1.25 gm (0.06%).....	28
econazole nitrate external cream.....	12	entacapone.....	14	estradiol transdermal patch weekly.....	28
econtra one-step.....	28	entecavir.....	15	estradiol vaginal.....	28
EDEX (2 CARTRIDGE).....	27	ENTYVIO PEN.....	32	estradiol valerate intramuscular.....	28
EDEX (6 CARTRIDGE).....	27	enulose.....	26	estradiol-norethindrone acet.....	28
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ.....	24	EPCLUSA.....	15	estrategest f.s. oral tablet 1.25-2.5 mg.....	28
ELESTRIN.....	28	EPIDIOLEX.....	10	ESTRING.....	28
eletriptan hydrobromide.....	13	epinastine hcl.....	34	estrogens conjugated.....	28
elinst.....	28	epinephrine solution auto- injector 0.15 mg/0.15ml injection.....	35	eszopiclone.....	37
ELIQUIS.....	10	epinephrine solution auto- injector 0.15 mg/0.3ml injection.....	35	ethambutol hcl oral.....	13
ELLA.....	28	epinephrine solution auto- injector 0.3 mg/0.3ml injection.....	35	ethosuximide oral.....	11
ELMIRON.....	27	epitol oral tablet 200 mg.....	10	ethynodiol diac-eth estradiol.....	28
ELOCTATE.....	24	eplerenone.....	16	etodolac.....	8
eluryng.....	28	eq nicotine step 3.....	9	etodolac er.....	8
EMBECTA INSULIN SYRINGE.....	22	ergocalciferol oral capsule.....	24, 25	etonogestrel-ethinyl estradiol.....	28
EMGALITY.....	13	ERIVEDGE.....	13	EUCRISA.....	20
EMPAVELI.....	32	ERLEADA.....	13		
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg.....	15	ERMEZA ORAL SOLUTION 150 MCG/5ML.....	31		
		errin.....	28		
		erythromycin base oral tablet.....	10		

euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	31	finasteride oral tablet 5 mg	27	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/ act, 250-50 mcg/act, 500-50 mcg/act	36
EVAMIST	28	finzala	28	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ ACT, 55-14 MCG/ACT	36
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	32	flac otic oil 0.01 %	35	fluvastatin sodium	16
EVEXITHROID ORAL TABLET 120 MG, 15 MG, 180 MG, 30 MG, 60 MG, 90 MG	31	FLAREX	34	fluvoxamine maleate	12
EVRYSDI	26	flecainide acetate	16	fluvoxamine maleate er	12
exemestane	13	FLEXICHAMBER	36	FLUZONE HIGH-DOSE	33
EYSUVIS	34	FLUAD	33	FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	33
ezetimibe	16	FLUARIX	33	FML FORTE	34
ezetimibe-simvastatin	16	FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	33	FML LIQUIFILM	34
F		fluconazole oral	12	FOCALIN	18
FABHALTA	24	fludrocortisone acetate oral	31	folic acid oral tablet 1 mg	24
falmina	28	FLULAVAL	33	folic acid oral tablet 400 mcg, 800 mcg	24
famciclovir oral	15	FLUMIST	33	FOLLISTIM AQ	33
famotidine oral suspension reconstituted	25	flunisolide nasal	35	fosfomycin tromethamine	10
FANAPT	14	fluocinolone acetonide body	20	fosinopril sodium	16
FASENRA PEN	36	fluocinolone acetonide external	20	FRAICHE 5000 DENTAL DENTAL GEL 1.1 %	19
febuxostat	13	fluocinolone acetonide otic	35	FREESTYLE LIBRE 14 DAY READER	22
feirza 1/20	28	fluocinolone acetonide scalp	20	FREESTYLE LIBRE 14 DAY SENSOR	22
feirza 1.5/30	28	fluocinonide external cream 0.05 %	20	FREESTYLE LIBRE 2 PLUS SENSOR	22
felbamate oral tablet	11	fluocinonide external gel	20	FREESTYLE LIBRE 2 READER	22
felodipine er	16	fluocinonide external ointment	20	FREESTYLE LIBRE 2 SENSOR	22
FEMRING	28	fluocinonide external solution	20	FREESTYLE LIBRE 3 PLUS SENSOR	22
fenofibrate micronized	16	FLUORIDEX	18	FREESTYLE LIBRE 3 READER	22
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	16	FLUORIDEX ENHANCED WHITENING	18	FREESTYLE LIBRE 3 SENSOR	22
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	16	FLUORIMAX 5000	18, 24	frovatriptan succinate	13
fenofibric acid oral capsule delayed release	16	FLUORIMAX 5000 SENSITIVE	24	ft naloxone hcl	9
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	8	fluorouracil external cream 5 %	20	furosemide oral	16
FETZIMA	12	fluoxetine hcl oral capsule	12	fyavolv	28
fidaxomicin	10	fluoxetine hcl oral solution	12		
FINACEA EXTERNAL FOAM	20	fluoxetine hcl oral tablet	12		
		fluphenazine hcl oral tablet	14		
		flurbiprofen oral	8		
		fluticasone propionate external cream	20		
		fluticasone propionate external ointment	20		
		fluticasone propionate nasal	35		



FYCOMPA.....	11
FYREMADEL.....	33
G	
g tussin ac	35
gabapentin oral capsule	11
gabapentin oral solution 250 mg/5ml	11
gabapentin oral tablet 600 mg, 800 mg	11
galbriela	28
gallifrey	28
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	33
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	33
gatifloxacin ophthalmic	34
gavilax oral powder	26
gavilyte-c.....	26
gavilyte-g.....	26
gavilyte-n with flavor pack.....	26
GAVRETO.....	13
gemfibrozil oral	16
generlac	26
gengraf	32
gentamicin sulfate external	10
gentamicin sulfate ophthalmic...	34
gentlelax oral powder 17 gm/ scoop	26
GENVOYA.....	15
glimepiride oral tablet 1 mg, 2 mg, 4 mg.....	23
glipizide er.....	23
glipizide oral tablet 10 mg, 5 mg...	23
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	23
glipizide-metformin hcl.....	23
GLUCAGON EMERGENCY KIT.....	23

glucagon emergency kit injection solution reconstituted 1 mg.....	23
glyburide	23
glyburide-metformin	23
glycolax.....	26
glycopyrrolate oral solution	26
glycopyrrolate oral tablet 1 mg, 2 mg.....	26
glydo.....	8
GLYXAMBI.....	23
gnp naloxone hcl.....	9
GONAL-F	33
granisetron hcl oral	12
GRASTEK	37
griseofulvin microsize oral.....	12
guaifenesin-codeine.....	35
guanfacine hcl.....	16, 18
guanfacine hcl er.....	18
GVOKE HYPOPEN	22
GVOKE KIT	22
GVOKE PFS.....	22
GYNAZOLE-1	12

H

habitrol	9
HAEGARDA.....	32
hailey 1.5/30.....	28
hailey 24 fe.....	28
hailey fe 1/20	28
hailey fe 1.5/30	28
halobetasol propionate external cream.....	20
halobetasol propionate external ointment.....	20
haloette vaginal ring 0.12-0.015 mg/24hr	28
haloperidol oral	14
HARVONI	15
HAVRIX	33
heather	28
HEMANGEOL.....	16

HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	33
heparin sodium (porcine) +rfid ...	24
heparin sodium (porcine) injection solution.....	24
heparin sodium (porcine) pf	24
HEPLISAV-B	33
her style	28
HUMALOG CARTRIDGE.....	22
HUMALOG KWIKPEN	22
HUMALOG MIX 50/50 KWIKPEN ..	22
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML.....	22
HUMALOG MIX 75/25 KWIKPEN ..	22
HUMALOG MIX 75/25 VIAL.....	22
HUMALOG U-100 JUNIOR KWIKPEN	22
HUMIRA*.....	32
HUMULIN 70/30 KWIKPEN.....	22
HUMULIN 70/30 VIAL	22
HUMULIN N KWIKPEN.....	22
HUMULIN N VIAL	23
HUMULIN R U-500 KWIKPEN.....	23
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML.....	23
HUMULIN R VIAL.....	23
hydralazine hcl oral.....	16
hydrochlorothiazide oral.....	16
hydrocod poli-chlorphe poli er ...	35
hydrocodone bit-homatrop mbr oral solution	36
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml	8
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg .	8
hydrocodone-ibuprofen	8
hydrocort-pramoxine (perianal)..	34
hydrocortisone (perianal) external cream 2.5 %	33



hydrocortisone ace-pramoxine external cream 1-1 %	33
hydrocortisone acetate rectal	34
hydrocortisone external cream 2.5 %	20
hydrocortisone external lotion 2.5 %	20
hydrocortisone external ointment 1 %, 2.5 %	20
hydrocortisone oral	31
hydrocortisone valerate external cream	20
hydrocortisone-acetic acid	35
hydromet	36
hydromorphone hcl oral tablet	8
hydroxychloroquine sulfate oral	14
hydroxyurea oral	13
hydroxyzine hcl oral syrup 10 mg/5ml	15
hydroxyzine hcl oral tablet	15
hydroxyzine pamoate oral	15
HYFTOR	32
HYMPAVZI	24
hyoscyamine sulfate er	26
hyoscyamine sulfate oral tablet	26
hyoscyamine sulfate oral tablet dispersible	26
hyoscyamine sulfate sl	26
hyoscyamine sulfate sublingual	26
HYPERSAL	36

I

ibandronate sodium oral	34
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	8
iclevia	28
ICLUSIG	13
IDELVION	24
IDHIFA	13
imipramine hcl oral	12
imiquimod external cream 5 %	20
IMKELDI	13

IMVEXXY	24
INBRIJA	14
incassia	28
indapamide	16
indomethacin er	8
indomethacin oral capsule	8
INGREZZA	18
INGREZZA SPRINKLE	18
INPEN	22
INSPIREASE	37
INSULIN LISPRO	23
INSULIN LISPRO (1 UNIT DIAL)	23
INSULIN LISPRO JUNIOR	23
KWIKPEN	23
INSULIN LISPRO PROT & LISPRO	23
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	22
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	22
INTRAROSA	24
introvale	28
INVELTYS	34
INZIRQO	16
IPOL	33
ipratropium bromide inhalation	37
ipratropium bromide nasal	36
ipratropium-albuterol	37
IQIRVO	26
irbesartan	16
irbesartan-hydrochlorothiazide	16
ISENTRESS HD	15
ISENTRESS ORAL TABLET	15
isibloom	28
isoniazid oral tablet	13
isosorb dinitrate-hydralazine	16

isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	17
isosorbide mononitrate er	17
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	20
ISTALOL	35
itraconazole oral capsule	12
ivabradine hcl	17
ivermectin oral tablet 3 mg	14
ivermectin oral tablet 6 mg	14

J

jaimiess	29
jantoven	10
JARDIANCE	23
JASCAYD	37
jasmiel	29
jencycla	29
JENTADUETO	23
JENTADUETO XR	23
jinteli	29
jolesa	29
JORNAY PM	18
JOURNAVX	8
joyeaux	29
JUBLIA	12
juleber	29
JULUCA	15
junel 1/20	29
junel 1.5/30	29
junel fe 1/20	29
junel fe 1.5/30	29
junel fe 24	29
JUST RIGHT 5000	19
JYLAMVO	32

K

K-PHOS-NEUTRAL	24
kaitlib fe	29
kalliga	29
KAPSPARGO SPRINKLE	17



kariva	29	LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR.....	11	levonest	29
kelnor 1/35	29	lamotrigine er	11	levonorg-eth estrad triphasic	29
kelnor 1/50 oral tablet 1-50 mg-mcg	29	lamotrigine oral tablet.....	11	levonorgest-eth est & eth est.....	29
KEPPRA ORAL.....	11	lamotrigine oral tablet chewable..	11	levonorgest-eth estrad 91-day ...	29
KEPPRA XR	11	lamotrigine oral tablet dispersible.....	11	levonorgest-eth estradiol-iron ...	29
KERENDIA	17	LANCETS	22	levonorgestrel.....	29
KESIMPTA	18	lansoprazole oral tablet delayed release dispersible	25	levonorgestrel-ethinyl estrad	29
ketoconazole external cream.....	12	LANTUS SOLOSTAR.....	23	levora 0.15/30 (28).....	29
ketoconazole external shampoo ..	12	LANTUS U-100 VIAL	23	levothyroxine sodium oral tablet ..	31
ketoconazole oral	12	larin 1/20.....	29	levoxyl	31
ketorolac tromethamine ophthalmic	34	larin 1.5/30.....	29	LEVSIN/SL.....	26
ketorolac tromethamine oral.....	8	larin 24 fe	29	LIBERVANT BUCCAL FILM 10 MG, 15 MG, 5 MG, 7.5 MG.....	11
KISQALI	13	larin fe 1/20.....	29	lidocaine external ointment 5 %....	8
klayesta.....	12	larin fe 1.5/30.....	29	lidocaine external patch 5 %.....	8
KLISYRI.....	20	latanoprost ophthalmic.....	35	lidocaine hcl mouth/throat.....	19
klor-con.....	24	layolis fe oral tablet chewable 0.8-25 mg-mcg.....	29	lidocaine hcl urethral/mucosal.....	8
klor-con 10.....	24	lederle leucovorin.....	13	lidocaine viscous hcl	19
klor-con m10	24	LEDIPASVIR-SOFOSBUVIR.....	15	lidocaine-prilocaine external cream.....	8
klor-con m15	24	leena oral tablet 0.5/1/ 0.5-35 mg-mcg.....	29	LIKMEZ	10
klor-con m20	24	leflunomide oral.....	32	linezolid oral tablet.....	10
KLOXXADO.....	9	LENVIMA	13	LINZESS	26
KOGENATE FS.....	24	lessina	29	liomny.....	31
KOSELUGO ORAL CAPSULE.....	13	letrozole oral	13	liothyronine sodium oral	31
KOVALTRY	24	leucovorin calcium oral	13	liraglutide.....	23
KRISTALOSE.....	26	levabuterol hcl inhalation	37	lisdexamfetamine dimesylate	18
kurvelo.....	29	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	37	lisinopril oral.....	17
KYZATREX	31	levetiracetam er.....	11	lisinopril-hydrochlorothiazide	17
		levetiracetam oral solution	11	LITFULO.....	32
		levetiracetam oral tablet	11	lithium carbonate er	15
		levo-t.....	31	lithium carbonate oral	15
		levocarnitine oral solution	24	LIVDELZI.....	26
		levocarnitine oral tablet	26	LO LOESTRIN FE.....	29
		levocarnitine sf.....	24	lo-zumandimine.....	29
		levocetirizine dihydrochloride oral	36	LODOCO.....	17
		levofloxacin oral tablet	10	lojaimiess.....	29
				LOKELMA.....	24
				LOPRESSOR ORAL SOLUTION ...	17
				lorazepam intensol.....	15

L

labetalol hcl oral.....	17	levonorgestrel.....	29
lacosamide oral solution 10 mg/ ml, 100 mg/10ml, 50 mg/5ml.....	11	levonorgestrel-eth estrad 91-day ...	29
lacosamide oral tablet	11	levonorgestrel.....	29
lactulose encephalopathy	26	levonorgestrel-ethinyl estrad	29
lactulose oral packet 20 gm	26	levora 0.15/30 (28).....	29
lactulose oral solution	26	levothyroxine sodium oral tablet ..	31
LAGEVRIO.....	15	levoxyl	31
LAMICTAL ORAL TABLET.....	11	LEVSIN/SL.....	26
		LIBERVANT BUCCAL FILM 10 MG, 15 MG, 5 MG, 7.5 MG.....	11
		lidocaine external ointment 5 %....	8
		lidocaine external patch 5 %.....	8
		lidocaine hcl mouth/throat.....	19
		lidocaine hcl urethral/mucosal.....	8
		lidocaine viscous hcl	19
		lidocaine-prilocaine external cream.....	8
		LIKMEZ	10
		linezolid oral tablet.....	10
		LINZESS	26
		liomny.....	31
		liothyronine sodium oral	31
		liraglutide.....	23
		lisdexamfetamine dimesylate	18
		lisinopril oral.....	17
		lisinopril-hydrochlorothiazide	17
		LITFULO.....	32
		lithium carbonate er	15
		lithium carbonate oral	15
		LIVDELZI.....	26
		LO LOESTRIN FE.....	29
		lo-zumandimine.....	29
		LODOCO.....	17
		lojaimiess.....	29
		LOKELMA.....	24
		LOPRESSOR ORAL SOLUTION ...	17
		lorazepam intensol.....	15

lorazepam oral concentrate 2 mg/ml	15	me/naphos/mb/hyo1	27	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	18
lorazepam oral tablet	15	MEDROL ORAL TABLET THERAPY PACK	31	methylphenidate hcl er oral tablet extended release	18
loryna	29	medroxyprogesterone acetate intramuscular	29	methylphenidate hcl oral	18
losartan potassium oral	17	medroxyprogesterone acetate oral	29	methylprednisolone oral	31
losartan potassium-hctz	17	mefenamic acid oral	8	metoclopramide hcl oral solution	12
LOTEMAX OPHTHALMIC OINTMENT	34	mefloquine hcl	14	metoclopramide hcl oral tablet	12
LOTEMAX SM	34	megestrol acetate oral suspension 40 mg/ml	31	metolazone	17
loteprednol etabonate ophthalmic suspension	34	megestrol acetate oral tablet	29	metoprolol succinate er	17
lovastatin oral	17	meleya	29	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	17
low-ogestrel	29	meloxicam oral tablet	9	metoprolol-hydrochlorothiazide	17
lubiprostone	26	memantine hcl er	11	metronidazole external cream	20
luizza 1/20	29	memantine hcl oral tablet	11	metronidazole external gel 0.75 %	20
luizza 1.5/30	29	MENOPUR	33	metronidazole external lotion	20
LUMAKRAS	13	MENOSTAR	29	metronidazole oral tablet 250 mg, 500 mg	10
LUMIGAN	35	MENQUADFI	33	metronidazole vaginal	10
LUMRYZ	38	MENVEO	33	mexiletine hcl oral	17
LUPKYNIS	32	mercaptopurine oral tablet	13	mibelas 24 fe	29
lurasidone hcl	14	mesalamine oral capsule delayed release 400 mg	34	MICROCHAMBER	37
lutera	29	mesalamine oral tablet delayed release 1.2 gm	34	microgestin 1/20	29
lyleq	29	mesalamine rectal	34	microgestin 1.5/30	29
lyllana	29	metaxalone oral tablet 400 mg, 800 mg	37	microgestin fe 1/20	29
LYNPARZA	13	metformin hcl er	23	microgestin fe 1.5/30	29
LYRICA ORAL CAPSULE	18	metformin hcl oral solution	23	midodrine hcl	17
LYUMJEV KWIKPEN	23	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	23	MIEBO	35
LYUMJEV VIAL	23	methazolamide oral	35	mili	29
lyza	29	methenamine hippurate	10	mimvey	29
M		methimazole oral	31	minocycline hcl oral capsule	10
M-M-R II	33	methocarbamol oral tablet 500 mg, 750 mg	37	minoxidil oral	17
M-NATAL PLUS	24	methotrexate sodium (pf)	32	minzoya	29
magnesium citrate oral solution	26	methotrexate sodium injection solution	32	mirabegron er	27
marlissa	29	methotrexate sodium oral	32	mirtazapine oral	12
MATRONEX	24	methylphenidate hcl er (cd)	18	MIRVASO	20
matzim la	17	methylphenidate hcl er (la)	18	misoprostol oral	25
MAVENCLAD	18			MITIGARE	13
MAVYRET	15			MNEXSPIKE	33
maxi-tuss ac	36				
MAYZENT	18				

norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	30
norgestimate-ethinyl estradiol triphasic	30
NORLIQVA	17
norlyroc	30
nortrel 0.5/35 (28)	30
nortrel 1/35 (21)	30
nortrel 1/35 (28)	30
nortrel 7/7/7	30
nortriptyline hcl oral capsule	12
NOVAREL	33
NOVOEIGHT	24
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	22
NOVOFINE PEN NEEDLE	22
NOVOFINE PLUS PEN NEEDLE	22
NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	23
NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	23
NOVOPEN ECHO	22
np thyroid	31
NUBEQA	14
NUCALA	37
NUCYNTA	8
NUCYNTA ER	8
NUEDEXTA	18
NURTEC	13
NUWIQ INTRAVENOUS KIT	24
NUZYRA ORAL	10
nyamyc	12
nylia 1/35	30
nylia 7/7/7	30
nystatin external	12
nystatin mouth/throat	12
nystatin oral	12
nystatin-triamcinolone	12
nystop	12

O

ocella oral tablet 3-0.03 mg	30
ODACTRA	36
ODEFSEY	15
ODOMZO	14
OFEV	37
ofloxacin ophthalmic	34
ofloxacin otic	35
olanzapine oral	14
olanzapine-fluoxetine hcl	12
olmesartan medoxomil oral	17
olmesartan medoxomil-hctz	17
olopatadine hcl nasal	36
OLUMIANT	32
omega-3-acid ethyl esters	17
omeprazole oral capsule delayed release	25
OMNIPOD 5 DEXCOM INTRO KIT	22
OMNIPOD 5 DEXCOM PODS	22
OMNIPOD 5 G7 INTRO (GEN 5) KIT	22
OMNIPOD 5 G7 PODS (GEN 5)	22
OMNIPOD 5 LIBRE PODS	22
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	22
OMNITROPE	31
OMVOH SUBCUTANEOUS	32
ondansetron hcl oral solution 4 mg/5ml	12
ondansetron hcl oral tablet	12
ondansetron odt oral tablet dispersible 4 mg, 8 mg	12
ONE VITE WOMENS PLUS	25
ONFI	11
ONYDA XR	18
opcicon one-step	30
OPILL	30
OPSUMIT	37
option 2	30
OPVEE	9
OPZELURA	20

ORENCIA CLICKJECT	32
ORFADIN ORAL CAPSULE	26
ORFADIN ORAL SUSPENSION	26
ORGOVYX	14
ORIAHNN	31
ORILISSA	31
orphenadrine citrate er	37
orquidea	30
OSCIMIN SUBLINGUAL	26
oseltamivir phosphate oral	15
OSPHENA	24
OTEZLA	32
OVIDREL	33
oxaprozin oral tablet	9
oxcarbazepine	11
oxybutynin chloride er	27
oxybutynin chloride oral	27
oxycodone hcl oral capsule	8
oxycodone hcl oral solution	8
oxycodone hcl oral tablet	8
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	8
OZEMPIC	23

P

PALFORZIA (1 MG DAILY DOSE)	36
PALFORZIA INITIAL DOSE 1-3YRS	36
PALFORZIA INITIAL DOSE 4-17YRS	36
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG	36
paliperidone er	14
PANCREAZE	27
PANRETIN	20
pantoprazole sodium oral tablet delayed release	25
paroxetine hcl er	12



paroxetine hcl oral tablet	12	PLENVU	26	prenatal plus vitamin/mineral	25
PAXLOVID	15	PNEUMOVAX 23	33	PRENATE ENHANCE	25
peg 3350-kcl-na bicarb-nacl	26	pnv 27-ca/fe/fa	25	PRENATE MINI	25
peg-3350/electrolytes	26	pnv-dha	25	PRENATE RESTORE	25
peg-3350/electrolytes/ascorbat	26	podofilox external solution	20	prevalite	17
peg-kcl-nacl-nasulf-na asc-c	26	polyethylene glycol 3350 oral powder	26	PREVIDENT 5000 BOOSTER PLUS	19
penicillin v potassium	10	polymyxin b-trimethoprim	34	PREVIDENT 5000 DRY MOUTH	19
pentoxifylline er	17	portia-28	30	PREVIDENT 5000 ENAMEL PROTECT	25
perampanel oral tablet	11	posaconazole oral tablet delayed release	12	PREVIDENT 5000 KIDS	19
PERFOROMIST	37	potassium chloride crys er	25	PREVIDENT 5000 ORTHO DEFENSE	19
perindopril erbumine	17	potassium chloride er	25	PREVIDENT 5000 PLUS	19
periogard	19	potassium chloride oral packet 20 meq	25	PREVIDENT 5000 SENSITIVE	25
permethrin external	14	potassium chloride oral solution	25	PREVIDENT DENTAL	19
perphenazine oral	12	potassium citrate er	25	PREVIDENT MOUTH/THROAT	19
PERTZYE	27	potassium citrate-citric acid	25	PREVNAR 20	33
phenazo oral tablet 200 mg	27	pramipexole dihydrochloride	14	PREVYMIS ORAL TABLET	15
phenazopyridine hcl oral tablet 100 mg, 200 mg	27	prasugrel hcl	14	PREZCOBIX	15
phenobarbital oral elixir 20 mg/5ml	11	pravastatin sodium	17	primidone oral tablet 125 mg	11
phenobarbital oral tablet	11	prazosin hcl oral	17	primidone oral tablet 250 mg, 50 mg	11
phenytek	11	PRED MILD	34	PRIORIX	33
phenytoin sodium extended	11	prednisolone acetate ophthalmic	34	probenecid	13
philith	30	prednisolone oral solution	31	PROCHAMBER VHC	37
PHOSPHA 250 NEUTRAL	25	prednisolone sodium phosphate oral solution 15 mg/5ml	31	prochlorperazine maleate oral	12
phospho-trin 250 neutral	25	prednisone oral solution	31	procto-med hc	34
phosphorous	25	prednisone oral tablet	31	PROCTOFOAM HC	34
PIFELTRO	15	prednisone oral tablet therapy pack	31	progesterone intramuscular	30
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	35	pregabalin oral capsule	18	progesterone oral	30
pilocarpine hcl oral	19	PREGNYL	33	progesterone vaginal	33
pimecrolimus	20	PREMARIN ORAL	30	PROGRAF ORAL CAPSULE	32
pimtrex	30	PREMARIN VAGINAL	30	promethazine hcl oral	12
pindolol	17	premium lidocaine external ointment 5 %	8	promethazine hcl rectal	12
pioglitazone hcl	23	PREMPHASE	30	promethazine-codeine	36
pioglitazone hcl-metformin hcl	23	PREMPRO	30	promethazine-dm	36
PIQRAY	14	prenatal oral tablet 27-1 mg	25	propafenone hcl	17
piroxicam oral	9	prenatal plus	25	propafenone hcl er	17
PLAN B ONE-STEP	30			propranolol hcl er	17
PLEGRIDY	18			propranolol hcl oral	17
PLEGRIDY INTRAMUSCULAR	18				



propylthiouracil oral	31
prucalopride succinate	26
pseudoephedrine-bromphen-dm	36
PULMOSAL	36
PULMOZYME	37
PYLERA	25
PYRIDIDIUM	27
pyridostigmine bromide er oral tablet extended release	13
pyridostigmine bromide oral tablet 60 mg	13

Q

quetiapine fumarate	14
quetiapine fumarate er	14
QULIPTA	13
QVAR REDIHALER	37

R

rabeprazole sodium oral tablet delayed release	25
RADICAVA ORS	18
RADICAVA ORS STARTER KIT	18
RALDESY	12
raloxifene hcl	34
ramelteon	38
ramipril	17
ranolazine er	17
rasagiline mesylate oral	14
RASUVO	32
react oral tablet 1.5 mg	30
reclipsen	30
RECOMBINATE	24
RECOMBIVAX HB	33
RELION GLUCOSE TEST STRIPS	22
RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	32
repaglinide	23
REPATHA	17

REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	17
REPATHA SURECLICK	17
RESTASIS	35
RETACRIT	24
RETEVMO	14
REXTOVY	9
REXULTI	14
REYVOW	13
REZDIFFRA	26
RHAPSIDO	36
RHOFADE	20
RHOPRESSA	35
rifabutin	13
rifampin oral	13
RINVOQ	32
risedronate sodium oral tablet	34
risperidone	14
ritonavir	15
rivaroxaban oral tablet	10
rivastigmine	11
rivastigmine tartrate	11
rivelsa	30
rizatriptan benzoate oral tablet dispersible	13
ROCKLATAN	35
roflumilast	37
ropinirole hcl	14
rosuvastatin calcium oral	17
rosyrah	30
roweepra	11
ROZLYTREK	14
RUCONEST	32
rufinamide oral suspension 40 mg/ml	11
rufinamide oral tablet	11
RYBELSUS	23
RYDAPT	14

S

sacubitril-valsartan	17
SANTYL	20
SAVELLA	18
saxagliptin hcl	23
saxagliptin-metformin er	23
SCEMBLIX	14
scopolamine	12
SE-NATAL 19 ORAL TABLET	25
selenium sulfide external lotion	20
SEREVENT DISKUS	37
sertraline hcl oral tablet	12
setlakin	30
sevelamer carbonate oral tablet	27
sf 5000 plus	19
sf gel 1.1%	19
sharobel	30
shewise	30
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED	33
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	24
silodosin	27
silver sulfadiazine external	10
simliya	30
simpesse	30
SIMPONI	32
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	17
simvastatin oral tablet 80 mg	17
sirolimus oral tablet	32
SKYRIZI	32
SKYTROFA	31
SLYND	30
sod citrate-citric acid oral solution 500-334 mg/5ml	25
sod fluoride-potassium nitrate	25
sodium chloride inhalation	36
sodium fluoride 5000 enamel	25
sodium fluoride 5000 plus	19
sodium fluoride 5000 ppm	19



tetracycline hcl oral capsule	10	tramadol hcl er tablet extended release	8	TRILEPTAL	11
TEZRULY	27	tramadol hcl oral tablet 50 mg	8	trimethoprim oral	10
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	37	tramadol-acetaminophen	8	TRINATAL RX1	25
theophylline er oral tablet extended release 12 hour	37	trandolapril	18	TRINATE	25
THRIVE	9	tranexamic acid oral	24	TRINTELLIX	12
thyroid oral	32	travoprost (bak free)	35	TRIUMEQ	15
tiadylt er	17	trazodone hcl oral	12	trivora (28)	30
ticagrelor	14	TRELEGY ELLIPTA	37	tropium chloride	27
TIGLUTIK	18	TREMFYA	21	TRULICITY	24
tilia fe	30	tretinoin external cream	21	TRUMENBA	33
timolol hemihydrate	35	TREXALL	32	TRUQAP	14
timolol maleate (once-daily)	35	tri-estarylla	30	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	15
timolol maleate ocudose	35	tri-legest fe	30	TRYPTYR	35
timolol maleate ophthalmic	35	tri-linyah	30	turqoz	30
timolol maleate pf	35	tri-lo-estarylla	30	TWIIST REFILL KIT/INFUSION SET	22
TIMOPTIC OCUDOSE	35	tri-lo-marzia	30	TWIIST STARTER KIT	22
tinidazole oral	10	tri-lo-mili	30	TWINRIX	33
TIROSINT	32	tri-lo-sprintec	30	TYBLUME	30
TIROSINT-SOL	32	tri-mili	30	tydemy	30
TIVICAY	15	tri-sprintec	30	TYMLOS	34
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	37	tri-vite/fluoride	25	TYRVAYA	35
tizanidine hcl oral tablet	37	tri-vylibra	30	TYVASO	37
TOBI PODHALER	37	tri-vylibra lo	30	TYVASO DPI	37
TOBRADEX	34	triamcinolone acetonide external cream 0.025 %, 0.1 %	21		
tobramycin ophthalmic	34	triamcinolone acetonide external cream 0.5 %	21		
tobramycin-dexamethasone	34	triamcinolone acetonide external lotion	21		
tolterodine tartrate	27	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	21		
TOPAMAX	11	triamcinolone acetonide mouth/throat	19		
TOPAMAX SPRINKLE	11	triamterene oral	18		
topiramate oral capsule sprinkle	11	triamterene-hctz	18		
topiramate oral tablet	11	triazolam	15		
toremide	17	TRICARE ORAL TABLET	25		
TOUJEO MAX SOLOSTAR	23	triderm	21		
TOUJEO SOLOSTAR	23	trihexyphenidyl hcl oral tablet	14		
TRADJENTA	23	TRIJARDY XR	24		
tramadol hcl (er biphasic) oral tablet extended release 24 hour	8				

U

UBRELVY	13
UCERIS ORAL	34
UDENYCA	24
unithroid	32
urea external cream 20 %, 40 %, 45 %	21
UROGESIC-BLUE	27
ursodiol oral capsule 300 mg	26
ursodiol oral tablet	26

V

valacyclovir hcl oral	15
valganciclovir hcl oral tablet	15



ZAVZPRET	13
ZEGALOGUE.....	24
ZEJULA	14
ZELBORAF.....	14
ZELSUVMI.....	21
zenatane.....	21
ZENPEP	27
ZEPOSIA.....	18
ZILXI.....	21
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML	9
ZIOPTAN.....	35
ziprasidone hcl	15
ZIRGAN	34
zolmitriptan oral.....	13
zolpidem tartrate er.....	38
zolpidem tartrate oral tablet	38
ZOMIG NASAL SOLUTION 2.5 MG	13
ZOMIG NASAL SOLUTION 5 MG ..	13
ZONEGRAN.....	11
ZONISADE.....	11
zonisamide oral	11
ZORYVE.....	21
zovia 1/35 (28).....	31
ZTLIDO	8
ZUBSOLV	9
zumandimine.....	31
ZURZUVAE.....	12
ZYLET.....	34

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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) សេវាជំនួយភាសាភីតិក្រិច្ច និងការទំនាក់ទំនងភីតិក្រិច្ចក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ចូរសព្វថ្ងៃមកលេខភីតិក្រិច្ចនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

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.

ध्यान आपो: 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.

ATENSIÓN: 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), ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພາສີ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆພາສີ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ໂທຫາເບີໂທພາສີຢູ່ທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

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 عضویتان 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 โทรไปยังหมายเลขโทรฟรีสำหรับสมาชิกตามบัตรประจำตัวของคุณ

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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