



Your 2026 Prescription Drug List

Advantage 4-Tier

Effective January 1, 2026



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of January 1, 2026 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Partnership Plan, UnitedHealthcare Freedom Plans, River Valley, UnitedHealthcare Level Funded, Global Solutions, Student Resources, Surest, UnitedHealthcare of Nevada, UnitedHealthOne and Oxford medical plans when sold in your market with a pharmacy benefit subject to the Advantage 4-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

Table of contents

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



Dental and Oral Agents	
Drugs for Mouth and Throat Conditions	26
Dermatological Agents	
Drugs for Skin Conditions.....	27
Diabetes	
Glucose Monitoring and Supplies.....	30
Insulin.....	34
Non-Insulin Agents.....	35
Drugs for Blood Disorders.....	36
Drugs for Sexual Dysfunction.....	36
Electrolytes / Vitamins	37
Gastrointestinal Agents	
Drugs for Acid Reflux and Ulcer.....	38
Drugs for Bowel, Intestine and Stomach Conditions	39
Genetic or Enzyme Disorder	
Drugs for Replacement, Modification, Treatment	40
Genitourinary Agents	
Drugs for Bladder, Genital and Kidney Conditions.....	40
Drugs for Prostate Conditions.....	40
Hormonal Agents	
Hormone Replacement and Birth Control	41
Oral Steroids.....	45
Other.....	45
Testosterone Replacement.....	45
Thyroid.....	46
Immunological Agents	
Drugs for Immune System Stimulation or Suppression	46
Drugs for Vaccination	50
Infertility Agents	51
Inflammatory Bowel Disease Agents.....	51
Metabolic Bone Disease Agents	
Drugs for Osteoporosis	52
Other.....	52
Ophthalmic Agents	
Drugs for Eye Allergy, Infection and Inflammation	52
Drugs for Glaucoma.....	53
Drugs for Miscellaneous Eye Conditions	54
Otic Agents	
Drugs for Ear Conditions.....	54
Respiratory	
Drugs for Anaphylaxis.....	54
Respiratory Tract / Pulmonary Agents	
Drugs for Allergies, Cough, Cold.....	54
Drugs for Asthma and COPD.....	55
Drugs for Cystic Fibrosis	57
Drugs for Pulmonary Fibrosis.....	57
Drugs for Pulmonary Hypertension	57
Skeletal Muscle Relaxants	
Drugs for Muscle Pain and Spasm	58
Sleep Disorder Agents.....	58
Index	59

Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

Tiers are the different cost levels you pay for a medication. Your plan sets a cost for each tier. This is how much you will pay when you fill a prescription. See page 6 for more information.

When does the PDL change?

PDL changes typically occur 2-3 times per year. However, changes that have a positive impact for you – such as coverage for new medications or cost savings – may occur at any time. You can log in to your plan's member website listed on your member ID card at any time to check your medication coverage and lower-cost options.

Why are some medications excluded from coverage?

We review treatments based on their total value, including how well they work, how safe they are, their cost and whether options are available to treat the same or similar medical conditions. Certain medications may not be covered or be subject to prior authorization (sometimes referred to as precertification)¹ if your plan covers other lower-cost medications. For example, there may be a lower-cost covered option or an over-the-counter medication that works the same way.² In some cases, the same product can be made by 2 or more drug companies, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to your plan's member website listed on your member ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Who decides which medications are covered?

The UnitedHealthcare® Pharmacy and Therapeutics Committee, which includes both internal and external doctors and pharmacists, meets regularly to provide clinical reviews of all medications. Using this information, senior UnitedHealth Group® doctors and business leaders meet to evaluate overall health care value. They also set coverage and tier status for all medications.

About this PDL

Where differences exist between this PDL and your benefit plan documents, the benefit plan documents rule. This PDL is not a full list of medications, and not all medications listed may be covered by your plan.

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



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

The PDL gives you choices. This allows you and your doctor to decide your best course of treatment. In this PDL, brand-name medications are shown in UPPERCASE. Generics are in lowercase.

Tier information

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.
Tiers 2 and 3	\$\$ Mid-range cost Medications that provide good overall value. A mix of brand-name and generic drugs.	Use Tier 2 or Tier 3 drugs, instead of Tier 4, to help lower your out-of-pocket costs.
Tier 4	\$\$\$ Highest-cost Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Many Tier 4 drugs have lower-cost options in Tiers 1, 2 or 3. Ask your doctor if they could work for you.



Reading your PDL (continued)

Drug list information

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

E	May be excluded from coverage. May be subject to prior authorization for fully insured benefit plans governed by state law in Connecticut, New Jersey, and New York – There are over-the-counter (OTC) or lower-cost covered options available.
H	Health Care Reform Preventive – This medication is part of a health care reform preventive benefit and is generally available at no cost to you.
H-PA	Health Care Reform Preventive with prior authorization – May be part of health care reform preventive benefit and available at no cost to you if prior authorization criteria are met.
PA	Prior authorization (sometimes referred to as precertification)³ – Requires your doctor to provide information about why you are taking a medication before your plan can decide how it may be covered.
QL	Quantity limits – The largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program⁴ – Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
SP	Specialty medication – Specialty medications treat complex or rare conditions and may require special storage and handling. You may 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.

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

4. Not applicable to Neighborhood Health Plan, some UnitedHealthcare Freedom Plans, Oxford and UnitedHealthOne.



Reading your PDL (continued)

Coverage details

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

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

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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



Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	QL
ALLZITAL	E	
apap-caff-dihydrocodeine	4	QL
ascomp-codeine	1	QL
bac (butalbital-acetamin-caff)	1	QL
BELBUCA	3	PA, QL
BUPAP ORAL TABLET 50-300 MG	E	
buprenorphine	3	PA, QL
butalbital-acetaminophen oral tablet 50-300 mg	E	
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	E	QL
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
butalbital-apap-caffeine oral tablet	1	QL
butalbital-asa-caff-codeine	1	QL
butalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	2	QL
BUTRANS	E	PA, QL
DILAUDID ORAL TABLET	E	QL
endocet	1	QL
ESGIC ORAL CAPSULE 50-325-40 MG	4	QL
ESGIC ORAL TABLET 50-325-40 MG	4	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, QL
FIORICET	4	QL

FIORICET/CODEINE	E	QL
GEN7T EXTERNAL PATCH 3.5 %	E	
hydrocodone-acetaminophen oral solution 10-300 mg/15ml	1	QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	2	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydromorphone hcl oral tablet	1	QL
JOURNAVX	4	QL
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine-prilocaine external cream	1	
LIDOCAN	E	PA, QL
LIDODERM	E	PA, QL
LIDOTRAL 1 EXTERNAL PATCH 4.88 %	E	
methadone hcl oral tablet	1	PA, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral tablet	1	QL
MS CONTIN	E	PA, QL
NALOCET	E	QL
NUCYNTA	4	QL
NUCYNTA ER	3	PA, QL
OXAYDO ORAL TABLET 5 MG, 7.5 MG	E	QL
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	E	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	E	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	E	PA, QL
PERCOCET	E	QL
premium lidocaine	2	QL
PROLATE ORAL TABLET	E	QL
ROXICODONE	E	QL
TENCON	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	2	(generic for Ryzolt), QL
tramadol hcl er	2	(generic for Ultram ER), QL
tramadol hcl oral tablet 100 mg, 25 mg, 75 mg	E	QL
tramadol hcl oral tablet 50 mg	1	QL
tramadol-acetaminophen	1	QL
TREZIX	4	QL
TRIDACAINE II	E	PA, QL
TRIDACAINE III	E	PA, QL
XTAMPZA ER	4	PA, QL
ZEBUTAL ORAL CAPSULE 50-325-40 MG	4	QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for Pain and Inflammation		
ANAPROX DS	E	
ARTHROTEC	E	
CELEBREX	E	
celecoxib oral	2	
DAYPRO	4	
diclofenac potassium oral tablet 25 mg	E	QL
diclofenac potassium oral tablet 50 mg	2	
diclofenac sodium er	3	
diclofenac sodium external gel 1 %	E	

Drug Name	Drug Tier	Requirements & Limits
diclofenac sodium oral	1	
diclofenac-misoprostol	3	
DICLOFONO	E	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	4	
ec-naproxen	1	
etodolac	2	
FELDENE ORAL CAPSULE 20 MG	4	
ibuprofen oral suspension 100 mg/5ml	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	2	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	
LODINE	E	
LOFENA	E	QL
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN	E	
naproxen dr	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	2	
oxaprozin oral tablet	2	
piroxicam oral	2	
RELAFEN DS	E	
sulindac oral	1	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	E	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	2	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	QL

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
AUGMENTIN ES-600	E		doxycycline monohydrate oral suspension reconstituted	3	
AVIDOXY	4		doxycycline monohydrate oral tablet	1	
azithromycin oral packet 1 gm	1		E.E.S. GRANULES	3	
BACTRIM	4		ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	3	
BACTRIM DS	4		ERYPED 400	4	
cefadroxil oral capsule	1		erythromycin base oral tablet	1	
cefadroxil oral suspension reconstituted	1		erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1	
cefdinir	1		erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	3	
cefixime oral capsule	3		fidaxomicin oral tablet	3	QL
cefpodoxime proxetil oral tablet	1		fosfomycin tromethamine	3	
cefprozil	1		gentamicin sulfate external	1	QL
cefuroxime axetil	1		HIPREX	4	
cephalexin	1		levofloxacin oral tablet	1	
CIPRO ORAL TABLET	4		LIKMEZ	4	
ciprofloxacin hcl oral	1		linezolid oral tablet	2	
clarithromycin oral tablet	1		MACROBID	4	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4		MACRODANTIN	4	
CLEOCIN ORAL CAPSULE 75 MG	2		methenamine hippurate	1	
CLEOCIN ORAL SOLUTION RECONSTITUTED	4		metronidazole oral tablet 125 mg	E	
CLEOCIN VAGINAL CREAM	4		metronidazole oral tablet 250 mg, 500 mg	1	
clindamycin hcl oral	1		metronidazole vaginal	2	
clindamycin palmitate hcl	2		minocycline hcl oral capsule	1	
clindamycin phosphate vaginal	2		MONDOXYNE NL	E	
CLINDESSE	2		moxifloxacin hcl oral	3	
dicloxacillin sodium	1		mupirocin cream	3	QL
DIFICID ORAL TABLET	E	QL	mupirocin ointment	1	QL
doxycycline hyclate oral capsule	2		neomycin sulfate oral	1	
doxycycline hyclate oral tablet 100 mg	2		nitrofurantoin macrocrystal	1	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E		nitrofurantoin monohydrate macrocrystals	1	
doxycycline hyclate oral tablet 20 mg	1		NUVESSA	E	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1		NUZYRA ORAL	4	QL
doxycycline monohydrate oral capsule 150 mg, 75 mg	E				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
penicillin v potassium	1	
SEYSARA	E	
SILVADENE	4	
silver sulfadiazine external	1	
ssd	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric	1	
TARGADOX	E	
tetracycline hcl oral capsule	3	
tinidazole oral	3	
trimethoprim oral	1	
VANCOCIN	4	
vancomycin hcl oral capsule	1	
VANDAZOLE	4	
VIBRAMYCIN ORAL CAPSULE 100 MG	4	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	4	
XACIATO	2	QL
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN	3	PA, QL
ZITHROMAX ORAL	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
ZYVOX ORAL TABLET	E	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
dabigatran etexilate mesylate	2	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	2	QL
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	QL
PRADAXA ORAL CAPSULE	E	QL

Drug Name	Drug Tier	Requirements & Limits
rivaroxaban	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTiom	4	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er	2	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	4	
clobazam oral suspension 2.5 mg/ml	3	PA
clobazam oral tablet	2	PA
DEPAKOTE	4	PA
DEPAKOTE ER	4	PA
DEPAKOTE SPRINKLES	4	PA
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	4	QL
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	QL
diazepam rectal	1	QL
DILANTIN	3	
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
ELEPSIA XR	E	PA
EPIDIOLEX	3	PA, SP
epitol	1	
eslicarbazepine acetate	3	PA
ethosuximide oral	1	
FYCOMPA ORAL SUSPENSION	4	PA
FYCOMPA ORAL TABLET	3	PA
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	PA
gabapentin oral tablet 600 mg, 800 mg	1	
GABARONE	E	PA
KEPPRA ORAL	4	PA
KEPPRA XR	4	PA
lacosamide oral	2	
LAMICTAL	4	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE	4	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA
lamotrigine er	3	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	PA
levetiracetam er	2	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	PA, QL
MOTPOLY XR	3	PA
MYSOLINE	2	PA
NAYZILAM	3	PA, QL
NEURONTIN	4	PA
ONFI	4	PA
oxcarbazepine	1	
oxcarbazepine er	E	
perampanel	2	PA
phenobarbital oral tablet	1	
phenytek	1	
phenytoin sodium extended	1	
primidone oral tablet 125 mg	1	PA
primidone oral tablet 250 mg, 50 mg	1	
roweepra	1	
subvenite	1	

Drug Name	Drug Tier	Requirements & Limits
SYMPAZAN	4	PA
TEGRETOL ORAL TABLET	4	
TEGRETOL-XR	4	
TOPAMAX	4	PA
TOPAMAX SPRINKLE	4	PA
topiramate er oral capsule extended release 24 hour	E	
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
TRILEPTAL	4	PA
TROKENDI XR	E	
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO	3	PA, QL
VIMPAT ORAL	4	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	PA
ZARONTIN	4	
ZONEGRAN	4	PA
zonisamide oral	1	

Antidementia Agents - Drugs for Alzheimer's Disease and Dementia

ARICEPT	E	
donepezil hcl oral tablet	1	
EXELON	E	
memantine hcl er	1	
memantine hcl oral tablet	1	
NAMENDA ORAL TABLET 10 MG, 5 MG	E	
NAMENDA TITRATION PAK	E	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	E	
rivastigmine	3	
rivastigmine tartrate	1	

Antidepressants - Drugs for Depression

amitriptyline hcl oral	1	
ANAFRANIL	E	
AUVELITY	4	ST, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
bupropion hcl er (sr)	1		paroxetine hcl er	3	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1		paroxetine hcl oral tablet	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL	PAXIL	E	
bupropion hcl oral	1		PAXIL CR	E	QL
CELEXA	E		PRISTIQ	E	QL
citalopram hydrobromide oral tablet	1		PROZAC	E	
clomipramine hcl oral	3		RALDESY	4	PA
CYMBALTA	E		REMERON	E	
desipramine hcl oral	1		REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E	
desvenlafaxine succinate er	3	QL	SERTRALINE HCL ORAL CAPSULE	E	QL
doxepin hcl oral capsule	1		sertraline hcl oral concentrate	1	
doxepin hcl oral concentrate	1		sertraline hcl oral tablet	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2		SPRAVATO (56 MG DOSE)	4	PA, QL
duloxetine hcl oral capsule delayed release particles 40 mg	E		SPRAVATO (84 MG DOSE)	4	PA, QL
EFFEXOR XR	E		trazodone hcl oral	1	
escitalopram oxalate oral solution 5 mg/5ml	2		TRINTELLIX	4	ST, QL
escitalopram oxalate oral tablet	1		venlafaxine hcl	1	
FETZIMA	4	ST, QL	venlafaxine hcl er oral capsule extended release 24 hour	1	
fluoxetine hcl oral capsule	1		venlafaxine hcl er oral tablet extended release 24 hour	E	QL
fluoxetine hcl oral solution	1		VIIBRYD	E	QL
fluoxetine hcl oral tablet 10 mg	3	QL	vilazodone hcl	3	QL
fluoxetine hcl oral tablet 20 mg, 60 mg	3		WAINUA	2	PA, QL, SP
fluvoxamine maleate	1		WELLBUTRIN SR	E	
fluvoxamine maleate er	3	QL	WELLBUTRIN XL	E	
FORFIVO XL	E	QL	ZOLOFT	E	
imipramine hcl oral	1		ZURZUVAE	2	PA, QL, SP
LEXAPRO	E		Antiemetics - Drugs for Nausea and Vomiting		
mirtazapine oral	1		ANTIVERT ORAL TABLET 50 MG	E	
NORPRAMIN	4		aprepitant oral capsule 125 mg, 40 mg, 80 mg	2	QL
nortriptyline hcl oral capsule	1		DICLEGIS	E	PA
PAMELOR	E		doxylamine-pyridoxine	E	PA
			dronabinol	1	
			EMEND BIPACK	E	QL
			MARINOL	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
meclizine hcl oral tablet	E	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral	1	
ondansetron odt oral tablet dispersible 16 mg	E	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine maleate oral	1	
promethazine hcl oral solution	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	4	
scopolamine	3	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	E	

Antifungals - Drugs for Fungal Infections

ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
DIFLUCAN	E	
econazole nitrate external	2	
fluconazole oral	1	
griseofulvin microsize oral suspension	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	4	PA, ST, QL
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	QL

Drug Name	Drug Tier	Requirements & Limits
LOPROX EXTERNAL SHAMPOO 1 %	E	
NOXAFIL ORAL TABLET DELAYED RELEASE	E	
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	2	
nystop	1	QL
posaconazole oral tablet delayed release	2	
SPORANOX	4	QL
terbinafine hcl oral	1	
terconazole	1	
TOLSURA	E	
VFEND ORAL TABLET 200 MG	4	QL
VFEND ORAL TABLET 50 MG	3	QL
VIVJOA	3	PA, QL
voriconazole oral tablet	1	QL

Antigout Agents - Drugs for Gout

allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol oral tablet 200 mg	E	
colchicine oral	2	
colchicine-probenecid	1	
COLCRYS ORAL TABLET 0.6 MG	E	
febuxostat	3	
MITIGARE	2	
probenecid	1	
ULORIC	E	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	4	

Antimigraine Agents - Drugs for Migraines

AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA, ST, QL
AJOVY	E	PA, ST, QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA, ST, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
FROVA	E	QL
frovatriptan succinate	3	QL
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	4	QL
IMITREX ORAL	E	QL
IMITREX STATDOSE SYSTEM	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
naratriptan hcl	1	QL
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
RELPAK	E	QL
REYVOW	4	PA, ST, QL
rizatriptan benzoate oral tablet 10 mg	1	QL
rizatriptan benzoate oral tablet 5 mg	1	
rizatriptan benzoate oral tablet dispersible 10 mg	1	QL
rizatriptan benzoate oral tablet dispersible 5 mg	1	
sumatriptan nasal	2	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous solution auto-injector	1	QL
TOSYMRA	E	QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	4	PA, ST, QL
ZEMBRACE SYMTOUCH	E	QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	QL
zolmitriptan nasal solution 5 mg	E	QL
zolmitriptan oral tablet	2	QL
zolmitriptan oral tablet dispersible	3	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	2	QL
ZOMIG ORAL TABLET 5 MG	E	QL

Drug Name	Drug Tier	Requirements & Limits
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis		
MESTINON ORAL TABLET	E	
pyridostigmine bromide oral tablet 30 mg	E	
pyridostigmine bromide oral tablet 60 mg	1	
ZILBRYSQ	4	PA, QL, SP
Antimycobacterials - Drugs to Treat Infections		
dapsone oral	2	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	4	
rifampin oral	1	
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	2	QL, SP
abiraterone acetate oral tablet 500 mg	E	QL, SP
ABIRTEGA	E	QL, SP
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
AROMASIN	E	
AUGTYRO	2	PA, QL, SP
BESREMI	4	PA, QL, SP
bicalutamide	1	
BRUKINSA	3	PA, ST, QL, SP
CABOMETYX	2	PA, QL, SP
CALQUENCE	2	PA, SP
capecitabine	1	QL, SP
CASODEX	E	
COTELLIC	2	PA, QL, SP
dasatinib	2	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	2	PA, QL, SP	RETEVMO ORAL CAPSULE 80 MG	4	PA, SP
exemestane	2	H-PA	REVLIMID	2	PA, QL, SP
EXKIVITY ORAL CAPSULE 40 MG	4	SP	ROZLYTREK	2	PA, QL, SP
FEMARA	E		RYDAPT	2	PA, QL, SP
GAVRETO	4	PA, QL, SP	SCEMBLIX	4	PA, QL, SP
GLEEVEC	E	QL, SP	SPRYCEL	E	PA, QL, SP
HYDREA	E		STIVARGA	2	PA, QL, SP
hydroxyurea oral	1		TABRECTA	4	PA, QL, SP
IBRANCE ORAL TABLET	4	PA, ST, QL, SP	TAGRISSO	3	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL	tamoxifen citrate oral tablet 10 mg	1	
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP	tamoxifen citrate oral tablet 20 mg	1	H-PA
IDHIFA	2	PA, QL, SP	TASIGNA	E	PA, ST, QL, SP
imatinib mesylate oral	1	QL, SP	temozolomide	1	SP
IMBRUVICA ORAL CAPSULE	2	PA, QL, SP	torpenz	2	PA, QL, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	PA, QL, SP	TRUQAP ORAL TABLET	2	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP	VENCLEXTA	2	PA, QL, SP
IMKELDI	4	QL, SP	VERZENIO	2	PA, QL, SP
JAKAFI	2	PA, QL, SP	VITRAKVI	2	PA, QL, SP
KISQALI	2	PA, QL, SP	XELODA	E	QL, SP
KOSELUGO	3	PA, QL, SP	XTANDI	2	PA, QL, SP
lenalidomide	2	PA, QL, SP	ZEJULA ORAL CAPSULE 100 MG	2	PA, SP
letrozole oral	1	H-PA	ZELBORAF	2	PA, QL, SP
leucovorin calcium oral	1		ZYTIGA	E	QL, SP
LUMAKRAS	4	PA, QL, SP	Antiparasitics - Drugs for Parasitic Infections		
LYNPARZA	2	PA, QL, SP	ARAKODA	4	QL
mercaptopurine oral tablet	1		atovaquone	2	
nilotinib hcl	2	PA, ST, QL, SP	atovaquone-proguanil hcl	2	
NUBEQA	2	PA, QL, SP	ELIMITE	4	
ODOMZO	2	PA, QL, SP	hydroxychloroquine sulfate oral	1	
ORGOVYX	3	PA, QL, SP	ivermectin oral tablet 3 mg	1	PA, QL
PIQRAY	2	PA, QL, SP	ivermectin oral tablet 6 mg	1	PA
POMALYST	3	PA, QL, SP	KRINTAFEL	1	QL
RETEVMO ORAL CAPSULE 40 MG	4	PA, QL, SP	MALARONE	4	
			mefloquine hcl	1	
			MEPRON	E	
			permethrin external	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PLAQUENIL	E	
SOVUNA	E	
STROMEKTOL	4	PA, QL
Antiparkinson Agents - Drugs for Parkinson's Disease		
amantadine hcl oral capsule	1	
amantadine hcl oral tablet	1	
AZILECT	E	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
CREXONT	4	ST
DHIVY	E	
INBRIJA	3	PA, QL, SP
NEUPRO	3	
PARLODEL ORAL TABLET	E	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	3	
ropinirole hcl	1	
RYTARY	E	ST
SINEMET	4	
trihexyphenidyl hcl oral tablet	1	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	E	QL
cilostazol	1	
clopidogrel bisulfate oral	1	
EFFIENT	E	
PLAVIX	E	
prasugrel hcl	3	
ticagrelor	3	QL
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
aripiprazole oral	2	
asenapine maleate	3	QL
CAPLYTA	4	PA, ST, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
CLOZARIL	4	
GEODON ORAL	E	
haloperidol oral	1	
INVEGA	E	QL
LATUDA	E	QL
lurasidone hcl	2	QL
olanzapine oral tablet	1	
olanzapine oral tablet dispersible	2	
paliperidone er	3	QL
quetiapine fumarate	1	
quetiapine fumarate er	2	
REXULTI	4	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	E	QL
SEROQUEL	E	
SEROQUEL XR	E	
VRAYLAR	4	QL
ziprasidone hcl	2	
ZYPREXA ORAL	E	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	E	
Antivirals - Drugs for Viral Infections		
acyclovir external ointment	3	QL
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
BARACLUDE ORAL TABLET	E	
BIKTARVY	4	QL
CIMDUO	2	QL
DESCOVY ORAL TABLET 120-15 MG	4	QL
DESCOVY ORAL TABLET 200-25 MG	4	QL, H
DOVATO	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	1	
EPCLUSA ORAL TABLET	2	PA, QL, SP
famciclovir oral	2	
GENVOYA	4	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	QL
LAGEVRIO	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET ORAL PACKET	2	PA, QL, SP
ODEFSEY	4	QL
oseltamivir phosphate oral	2	
PAXLOVID	2	QL
PREVYMIS ORAL TABLET	2	PA
PREZCOBIX	2	
RUKOBIA	4	PA
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
SYMFI	2	QL
SYMFI LO ORAL TABLET 400-300-300 MG	2	QL
TAMIFLU	E	
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	QL
VALCYTE ORAL TABLET	E	
valganciclovir hcl oral tablet	1	
VALTREX	E	QL
VEMLIDY	E	PA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	

Drug Name	Drug Tier	Requirements & Limits
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZOVIRAX EXTERNAL OINTMENT	E	QL
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	
HALCION	4	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	E	
VISTARIL ORAL CAPSULE 25 MG	4	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	4	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTONE	E	
aliskiren fumarate	3	
ALTACE	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
amiloride hcl oral	1		carvedilol phosphate er	E	
amiodarone hcl oral	1		CATAPRES-TTS-1	E	
amlodipine besylate oral	1		CATAPRES-TTS-2	E	
amlodipine besylate-benazepril hcl	1		CATAPRES-TTS-3	E	
amlodipine besylate-valsartan	2		chlorthalidone	1	
amlodipine-olmesartan	E		cholestyramine light	1	
ATACAND	E		cholestyramine oral	1	
ATACAND HCT	E		clonidine hcl oral	1	
atenolol oral	1		clonidine patch weekly 0.1 mg/24hr transdermal	3	
atenolol-chlorthalidone	1		clonidine patch weekly 0.1 mg/24hr transdermal	3	(Patch)
ATORVALIQ	4	PA	clonidine patch weekly 0.2 mg/24hr transdermal	3	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA	clonidine patch weekly 0.2 mg/24hr transdermal	3	(Patch)
atorvastatin calcium oral tablet 40 mg, 80 mg	1		clonidine patch weekly 0.3 mg/24hr transdermal	3	
AVALIDE	E		clonidine patch weekly 0.3 mg/24hr transdermal	3	(Patch)
AVAPRO	E		clonidine patch weekly 0.3 mg/24hr transdermal	3	(Patch)
AZOR	E		colesevelam hcl oral tablet	2	
benazepril hcl oral	1		COLESTID ORAL TABLET	4	
benazepril-hydrochlorothiazide	1		colestipol hcl oral tablet	1	
BENICAR	E		COREG	E	
BENICAR HCT	E		COREG CR	E	
BETAPACE	E		CORGARD ORAL TABLET 20 MG, 40 MG	4	
bisoprolol fumarate oral tablet	1		CORLANOR	3	PA, QL
bisoprolol-hydrochlorothiazide	1		COZAAR	E	
bumetanide oral	1		CRESTOR	E	
BUMEX	3		digoxin oral tablet	1	
BYSTOLIC	E		diltiazem hcl er beads	2	
CAMZYOS	4	PA, QL, SP	diltiazem hcl er coated beads	2	
candesartan cilexetil	3		diltiazem hcl er oral capsule extended release 12 hour	1	
candesartan cilexetil-hctz	3		diltiazem hcl er oral capsule extended release 24 hour	1	
captopril oral	1		diltiazem hcl er oral tablet extended release 24 hour	2	
CARDIZEM	E		diltiazem hcl oral	1	
CARDIZEM CD	E		dilt-xr	1	
CARDIZEM LA	E				
CARDURA	4				
cartia xt	2				
carvedilol	1				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
DIOVAN	E		hydrochlorothiazide oral	1	
DIOVAN HCT	E		HYZAAR	E	
dofetilide	2		icosapent ethyl	E	PA
doxazosin mesylate oral	1		indapamide	1	
EDARBI	E		INDERAL LA	E	
EDARBYCLOR	E		INSPIRA	E	
enalapril maleate oral solution	3	PA	INZIRQO	4	PA
enalapril maleate oral tablet	1		irbesartan	1	
enalapril-hydrochlorothiazide	1		irbesartan-hydrochlorothiazide	1	
ENTRESTO ORAL TABLET	E	PA, QL	ISORDIL TITRADOSE	E	
EPANED	4	PA	isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
eplerenone	2		isosorbide dinitrate oral tablet 40 mg	E	
EXFORGE	E		isosorbide mononitrate er	1	
ezetimibe	2		ivabradine hcl	3	PA, QL
ezetimibe-simvastatin	3		KASPARGO SPRINKLE	4	
felodipine er	1		KERENDIA ORAL TABLET 10 MG, 20 MG	4	PA, QL
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	2		labetalol hcl oral	1	
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	E		LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2		LANOXIN ORAL TABLET 62.5 MCG	4	
fenofibrate oral tablet 120 mg, 40 mg	E		LASIX	4	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2		LIPITOR	E	
fenofibric acid oral capsule delayed release	2		lisinopril oral	1	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	E		lisinopril-hydrochlorothiazide	1	
flecainide acetate	1		LIVALO	E	ST
fosinopril sodium	1		LODOCO	4	QL
FUROSCIX	4	PA, QL	LOPID	4	
furosemide oral	1		LOPRESSOR ORAL TABLET	4	
gemfibrozil oral	1		losartan potassium oral	1	
guanfacine hcl	1		losartan potassium-hctz	1	
HEMANGEOL	3		LOTENSIN	4	
HEMICLOR	E		LOTENSIN HCT	4	
hydralazine hcl oral	1		LOTREL	E	
			lovastatin oral	1	H
			LOVAZA	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
matzim la	2		NORVASC	E	
MAXZIDE ORAL TABLET 75-50 MG	4		olmesartan medoxomil oral	2	
MAXZIDE-25 ORAL TABLET 37.5-25 MG	4		olmesartan medoxomil-hctz	2	
metolazone	1		olmesartan-amlodipine-hctz	E	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2		omega-3-acid ethyl esters	2	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1		PACERONE ORAL TABLET 100 MG, 400 MG	3	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1		PACERONE ORAL TABLET 200 MG	4	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	E		pentoxifylline er	1	
metoprolol-hydrochlorothiazide	1		pitavastatin calcium	E	ST
mexiletine hcl oral	1		PRALUENT	E	PA, ST, QL
MICARDIS	E		pravastatin sodium	1	
MICARDIS HCT	E		prazosin hcl oral	1	
midodrine hcl	1		prevalite	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	4		PROCARDIA XL	E	
minoxidil oral	1		propafenone hcl	1	
MULTAQ	4	PA	propafenone hcl er	3	
nadolol oral	1		propranolol hcl er	2	
nebivolol hcl	3		propranolol hcl oral	1	
NEXLETOL	2	PA, ST, QL	QUESTRAN	4	
NEXLIZET	2	PA, ST, QL	QUESTRAN LIGHT	4	
niacin er (antihyperlipidemic)	2		ramipril	1	
nifedipine er	1		ranolazine er	2	
nifedipine er osmotic release	1		RECTIV	4	QL
nifedipine oral	1		REPATHA	2	QL
NITRO-BID	2		REPATHA PUSHTRONEX SYSTEM	2	QL
NITRO-DUR	3		REPATHA SURECLICK	2	QL
nitroglycerin rectal	3	QL	rosuvastatin calcium oral	2	
nitroglycerin sublingual	1		RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	E	
nitroglycerin transdermal	1		sacubitril-valsartan	3	PA, QL
NITROSTAT	4		simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
NORLIQVA	4	PA	simvastatin oral tablet 80 mg	1	
			SOANZ	E	QL
			sotalol hcl oral	1	
			spironolactone oral tablet	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
spironolactone-hctz	1		VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	4	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2		VERQUVO	4	PA, QL
TEKTRNA	3		VYNDAQEL	2	PA, QL, SP
TEKTRNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	3		VYTORIN	E	
telmisartan	2		WELCHOL ORAL TABLET	E	
telmisartan-hctz	2		ZESTORETIC	E	
TENORETIC 100	E		ZESTRIL	E	
TENORETIC 50	E		ZETIA	E	
TENORMIN	E		ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
THALITONE	E		ZIAC ORAL TABLET 5-6.25 MG	4	
tiadylt er	2		ZOCOR	E	
TIAZAC	4		Central Nervous System Agents - Drugs for Attention Deficit Disorder		
TIKOSYN	4		ADDERALL	E	
TOPROL XL	E		ADDERALL XR	E	QL
torseamide	1		ADZENYS XR-ODT	E	QL
trandolapril	1		amphetamine sulfate	2	
triamterene-hctz	1		amphetamine-dextroamphetamine	1	
TRIBENZOR	E		amphetamine-dextroamphetamine er	2	QL
TRICOR	E		amphet-dextroamphet 3-bead er	3	QL
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG	E		APTENSIO XR	E	QL
VALSARTAN ORAL SOLUTION	4	PA	atomoxetine hcl	3	QL
valsartan oral tablet	2		AZSTARYS	3	ST, QL
valsartan-hydrochlorothiazide	1		clonidine hcl er	2	
VASCEPA	E	PA	CONCERTA	E	QL
VASERETIC	E		COTEMPLA XR-ODT	E	QL
VASOTEC	E		DEXEDRINE	E	QL
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3		dexmethylphenidate hcl	1	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1		dexmethylphenidate hcl er	2	QL
verapamil hcl er oral tablet extended release	1		dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	3	QL
verapamil hcl oral	1		dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	2	QL
VERELAN	4				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	E	
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	E	QL
EVEKEO	E	
FOCALIN	4	
FOCALIN XR	E	QL
guanfacine hcl er	2	
INTUNIV	E	
JORNAY PM	3	ST, QL
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	E	
lisdexamfetamine dimesylate	3	QL
METADATE CD	E	QL
METHYLIN	4	
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	QL
methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	QL
methylphenidate hcl er (xr)	E	QL
methylphenidate hcl er oral tablet extended release	2	QL
methylphenidate hcl er oral tablet extended release 24 hour	E	QL
methylphenidate hcl oral solution	1	

Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl oral tablet	1	
methylphenidate hcl oral tablet chewable	3	
MYDAYIS	E	QL
ONYDA XR	3	QL
QELBREE	E	PA, QL
QUILLICHEW ER	E	QL
QUILLIVANT XR	E	QL
RELEXXII	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	E	QL
VYVANSE	E	QL
ZENZEDI	E	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	E	PA, QL, SP
AUBAGIO	E	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
dalfampridine er	2	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	E	PA, ST, QL, SP
ingolimod hcl	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	4	PA, QL, SP
GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	2	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	4	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE	E	PA, QL, SP
teriflunomide	2	PA, QL, SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	PA, QL, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	2	PA, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	2	PA, QL, SP
INGREZZA ORAL CAPSULE 40 MG, 80 MG	2	PA, QL, SP
INGREZZA ORAL CAPSULE 60 MG	2	PA, QL
INGREZZA ORAL CAPSULE SPRINKLE	2	PA, QL, SP
INGREZZA ORAL CAPSULE THERAPY PACK	2	PA, QL, SP
LYRICA ORAL CAPSULE	4	PA
NUEDEXTA	2	PA, QL
pregabalin oral capsule	2	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
SAVELLA	4	QL
TEGLUTIK	3	PA
TIGLUTIK	3	PA
VEOZAH	4	PA, QL
ZEPOSIA	3	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP

Drug Name	Drug Tier	Requirements & Limits
ZEPOSIA STARTER KIT	3	PA, ST, QL, SP
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	4	
DENTAGEL	4	
EVOXAC	E	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL	4	
JUST RIGHT 5000 DENTAL GEL 1.1 %	4	
JUST RIGHT 5000 DENTAL PASTE	3	
KOURZEQ	2	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE	2	
PERIDEX	4	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	4	
PREVIDENT DENTAL	4	
SALAGEN	4	
sf 5000 plus	1	
sf gel 1.1%	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
triamcinolone acetonide mouth/throat	1		betamethasone dipropionate external ointment	2	
Dermatological Agents - Drugs for Skin Conditions			betamethasone valerate external cream	1	
ABSORICA	E	PA	betamethasone valerate external lotion	1	
ACANYA	E	QL	betamethasone valerate external ointment	1	
accutane	2		BLANCHE	E	
acitretin	1		CABTREO	E	QL
ACZONE	E	QL	calcipotriene external cream	2	QL
ADAINZDE EXTERNAL GEL 0.3-2.5-1 %	E		calcipotriene external ointment	2	
adapalene external gel	E	PA, QL	calcipotriene external solution	1	QL
adapalene-benzoyl peroxide external gel	3	QL	CALCITRENE	3	
ADEINZDE	E		CARAC EXTERNAL CREAM 0.5 %	E	
AKLIEF	4	PA, QL	CIBINQO	2	PA, QL, SP
ALA SCALP	4		ciclopirox olamine external suspension	1	
ala-cort	E		claravis	2	
alclometasone dipropionate	1		CLEOCIN-T	4	
ammonium lactate external	E		clindacin etz external swab	1	
amnestem	2		clindacin-p	1	
AMZEEQ	4	QL	CLINDAGEL	E	QL
ARAZLO	E	PA, QL	clindamycin phos (once-daily) gel 1 % external	2	QL
ATRALIN	E	PA, QL	clindamycin phos (once-daily) gel 1 % external	E	(generic for Clindagel), QL
AVAR CLEANSER	4		clindamycin phos (twice-daily) gel 1 % external	2	QL
AVAR LS CLEANSER	E		clindamycin phos (twice-daily) gel 1 % external	2	(generic for Cleocin-T), QL
AVITA EXTERNAL CREAM 0.025 %	E	PA, QL	clindamycin phos (twice-daily) gel 1 % external	E	(generic for Clindagel), QL
azelaic acid external	3		clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
AZELEX	3	QL	clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	E	QL
BENZAMYCIN	2	QL	clindamycin phosphate external lotion	3	
benzoyl peroxide-erythromycin	1	QL	clindamycin phosphate external solution	1	
betamethasone dipropionate aug external cream	1				
betamethasone dipropionate aug external lotion	3				
betamethasone dipropionate aug external ointment	3				
betamethasone dipropionate external cream	2				
betamethasone dipropionate external lotion	1				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
clindamycin phosphate external swab	1		doxycycline	E	
clobetasol prop emollient base external cream 0.05 %	2	QL	DRYSOL	4	
clobetasol propionate e	2	QL	DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	E	QL	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL
clobetasol propionate external cream 0.05 %	2	QL	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP
clobetasol propionate external foam	E	QL	EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
clobetasol propionate external gel	2	QL	EFUDEX EXTERNAL CREAM 5 %	4	
clobetasol propionate external liquid	1	QL	ELIDEL	E	QL
clobetasol propionate external ointment	2	QL	ENSTILAR	4	QL
clobetasol propionate external shampoo	E	QL	EPIDUO	E	QL
clobetasol propionate external solution	1	QL	EPIDUO FORTE	E	QL
CLOBEX EXTERNAL SHAMPOO	E	QL	ERYGEL	3	
CLOBEX SPRAY	E	QL	erythromycin external	1	
clodan	E	QL	EUCRISA	3	ST, QL
clotrimazole external cream	E		FINACEA EXTERNAL FOAM	4	
clotrimazole-betamethasone	1		FINACEA EXTERNAL GEL	E	
dapsone external	3	QL	fluocinolone acetonide body	3	QL
DERMACINRX UREA	E		fluocinolone acetonide external cream	3	QL
DERMA-SMOOTH/FS BODY	4	QL	fluocinolone acetonide external ointment	2	QL
DERMA-SMOOTH/FS SCALP	4		fluocinolone acetonide external solution	1	QL
desonide external cream	2	QL	fluocinolone acetonide scalp	3	
desonide external lotion	3	QL	fluocinonide external cream 0.05 %	1	
desonide external ointment	2	QL	fluocinonide external cream 0.1 %	E	QL
DESOWEN	3	QL	fluocinonide external gel	1	
desoximetasone external cream	1	QL	fluocinonide external ointment	1	
desoximetasone external ointment	3	QL	fluocinonide external solution	1	
diclofenac sodium external gel 3 %	2	PA, QL	FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
DIFFERIN EXTERNAL GEL 0.3 %	E	PA, QL	fluorouracil external cream 5 %	1	
DIPROLENE	4		fluticasone propionate external cream	1	

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
tacrolimus external	2	QL	UREMEZ-40	3	
tazarotene external cream	3	PA, QL	URESOL	E	
TAZORAC EXTERNAL CREAM	4	PA, QL	VANOS	E	QL
TOLAK	E		VTAMA	4	PA, QL
TOPICORT	4	QL	WINLEVI	E	PA, QL
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	4	QL	xurea	E	
TREMFYA CROHNS INDUCTION	4	PA, QL	zenatane	2	
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	2	PA, QL	ZILXI	4	PA, ST, QL
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	2	PA, QL	ZORYVE EXTERNAL CREAM 0.15 %	4	PA
tretinoin external cream	3	QL	ZORYVE EXTERNAL CREAM 0.3 %	4	PA, QL
tretinoin external gel 0.01 %, 0.025 %	E	QL	ZORYVE EXTERNAL FOAM	4	PA, QL
tretinoin external gel 0.05 %	E	PA, QL	ZYCLARA	E	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1		ZYCLARA PUMP	E	QL
triamcinolone acetonide external cream 0.5 %	1	QL	Diabetes - Glucose Monitoring and Supplies		
triamcinolone acetonide external lotion	1		ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1		ACCU-CHEK FASTCLIX LANCET	1	
triamcinolone acetonide external ointment 0.05 %	E		ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
triamcinolone in absorbase	E		ACCU-CHEK GUIDE KIT W/ DEVICE	2	
TRIANEX EXTERNAL OINTMENT 0.05 %	E		ACCU-CHEK GUIDE ME METER	2	
triderm	1	QL	ACCU-CHEK GUIDE TEST STRIPS	2	QL
TRIDESILON EXTERNAL CREAM 0.05 %	3	QL	ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
tritocin external ointment 0.05 %	E		ACCU-CHEK SOFTCLIX LANCET	1	
urea external cream 20 %, 40 %, 45 %	1		ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
urea external cream 39 %, 41 %, 47 %	E		ACCUTREND GLUCOSE	E	QL
UREA EXTERNAL CREAM 39.5 %	E		AGAMATRIX PRESTO TEST	E	QL
uredeb	E		AQ INSULIN SYRINGE	2	QL
			AQINJECT PEN NEEDLE	2	QL
			BD AUTOSHIELD DUO PEN NEEDLES	2	QL
			BD BLUNT FILL NEEDLE W/ FILTER	2	
			BD ECLIPSE NEEDLE 18G X 1-1/2" , 25G X 5/8" , 27G X 1/2"	2	

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
EASY MAX T1 GLUCOSE SYSTEM	E	
EASY TOUCH HEALTHPRO GLUCOSE	E	
EASY TOUCH TEST	E	QL
EASYGLUCO	E	
EASYMAX 15 TEST	E	QL
EASYMAX NG BLOOD GLUCOSE KIT	E	
EMBECTA INSULIN SYRINGE	2	QL
EMBRACE BLOOD GLUCOSE TEST	E	QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	E	QL
EVERSENSE 365 SENSOR/HOLDER	E	PA
EVERSENSE 365 SMART TRANSMIT	E	PA
EVERSENSE E3 SENSOR/HOLDER	E	PA
EVERSENSE E3 SMART TRANSMITTER	E	PA
EVERSENSE SENSOR/HOLDER	E	PA
EVERSENSE SMART TRANSMITTER	E	PA
FORA 6 CONNECT/GTEL TEST	E	QL
FORTISCARE G1 TEST STRIP IN VITRO STRIP	E	QL
FORTISCARE TEST IN VITRO STRIP	E	QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA
FREESTYLE LIBRE 2 READER	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA
FREESTYLE LIBRE 3 READER	3	PA

Drug Name	Drug Tier	Requirements & Limits
FREESTYLE LIBRE 3 SENSOR	3	PA, QL
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE PRECISION NEO SYSTEM	E	
FREESTYLE PRECISION NEO TEST	E	QL
FREESTYLE TEST	E	QL
GLUCOCARD EXPRESSION TEST	E	QL
GLUCOCARD SHINE TEST	E	QL
GLUCOCARD VITAL TEST	E	QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA, QL
GUARDIAN 4 TRANSMITTER	3	PA, QL
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
GUARDIAN REAL-TIME REPLACE PED	3	PA
GUARDIAN SENSOR 3	3	PA, QL
GVOKE HYOPEN 1-PACK	2	QL
GVOKE HYOPEN 2-PACK	2	QL
GVOKE KIT	2	
GVOKE PFS	2	
HEALTHPRO BLOOD GLUCOSE MONITO	E	
IHEALTH BLOOD GLUCOSE TEST STR	E	QL
IHEALTH GLUCO+ KIT 10	E	
IHEALTH GLUCO+ KIT 100	E	
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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
MICRODOT TEST	E	QL	ONETOUCH VERIO REFLECT KIT W/DEVICE	E	
MINILINK REAL-TIME TRANSMITTER	3	PA	ONETOUCH VERIO TEST STRIPS	E	QL
MINIMED 630G GUARDIAN PRESS	3	PA	OPTIUMEZ TEST	E	QL
MM BLOOD GLUCOSE SYSTEM	E		PARADIGM REAL-TIME TRANSMITTER	3	PA
MM BLOOD GLUCOSE SYSTEM REFILL	E		PIP BLOOD GLUCOSE TEST STRIP	E	QL
MM BLULINK GLUCOSE TEST	E	QL	PRECISION XTRA BLOOD GLUCOSE	E	QL
MM EASY TOUCH GLUCOSE METER	E		PRECISION XTRA KIT W/DEVICE	E	
MONOJECT HYPODERMIC NEEDLE 18G X1"	2		PREMIUM BLOOD GLUCOSE TEST IN VITRO STRIP	E	QL
NEUTEK 2TEK TEST	E	QL	PTS PANELS EGLU TEST	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL	QUICK TOUCH BLOOD GLUCOSE	E	
NOVOFINE PEN NEEDLE	2	QL	QUICK TOUCH BLOOD GLUCOSE TEST	E	QL
NOVOFINE PLUS PEN NEEDLE	2	QL	QUINTET AC BLOOD GLUCOSE TEST	E	QL
NOVOPEN ECHO	3		QUINTET BLOOD GLUCOSE TEST	E	QL
OMNIPOD 5 DEXCOM INTRO KIT	2	PA, QL	RELION GLUCOSE TEST STRIPS	E	QL
OMNIPOD 5 DEXCOM PODS	2	PA	RELION TRUE MET AIR GLUC METER	E	
OMNIPOD 5 DEXCOM PODS	2	PA, QL	RELION TRUE METRIX TEST STRIPS	E	QL
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL	RELION ULTIMA GLUCOSE SYSTEM	E	
OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL	RELION ULTIMA TEST	E	QL
OMNIPOD 5 LIBRE INTRO KIT	2	PA	RIGHTEST GT333 GLUCOSE TEST	E	QL
OMNIPOD 5 LIBRE PODS	2	PA	SIMPLERA SENSOR	E	PA
ON CALL EXPRESS BLOOD GLUCOSE	E	QL	SIMPLERA SYNC SENSOR	E	PA
ON CALL EXPRESS MONITORING SYS	E		SIMPLERA SYSTEM	E	PA
ONETOUCH ULTRA 2 KIT W/ DEVICE	E		TECHLITE INSULIN SYRINGES	2	QL (Arkay)
ONETOUCH ULTRA BLUE TEST	E	QL	TECHLITE PEN NEEDLES	2	QL (Arkay)
ONETOUCH ULTRA TEST STRIPS	E	QL	TECHLITE PLUS PEN NEEDLES	2	QL (Arkay)
ONETOUCH VERIO FLEX SYSTEM KIT	E		TEMPO REFILL	E	
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	E		TEMPO WELCOME	E	
ONETOUCH VERIO KIT W/ DEVICE	E		TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TRUE METRIX AIR GLUCOSE METER KIT	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	QL
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	QL
TWIIST REFILL KIT	2	PA, QL
TWIIST REFILL KIT/INFUSION SET	2	PA, QL
TWIIST STARTER KIT	2	PA, QL
UNISTRIPI1 GENERIC	E	QL
VERISAFE SAFETY STERILE NEEDLE	2	
VIVAGUARD INO GLUCOSE METER KIT	E	
VIVAGUARD INO TEST STRIPS	E	QL
Diabetes - Insulin		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
BASAGLAR KWIKPEN	E	QL
BASAGLAR TEMPO PEN	E	
HUMALOG CARTRIDGE	2	QL
HUMALOG INJECTION	E	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 SUBCUTANEOUS	2	QL
HUMALOG TEMPO PEN	E	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL

Drug Name	Drug Tier	Requirements & Limits
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	1	QL
HUMULIN R VIAL	1	QL
INSULIN ASPART	E	ST, QL
INSULIN ASPART FLEXPEN	E	ST, QL
INSULIN DEGLUDEC FLEXTOUCH	E	QL
INSULIN GLARGINE	E	QL
INSULIN GLARGINE MAX SOLOSTAR	E	QL
INSULIN GLARGINE SOLOSTAR	E	QL
INSULIN LISPRO	1	QL
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen), QL
INSULIN LISPRO KWIKPEN	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV TEMPO PEN	E	QL
LYUMJEV VIAL	1	QL
NOVOLIN 70/30 FLEXPEN	E	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL
NOVOLIN 70/30 RELION	E	ST, QL
NOVOLIN 70/30 VIAL	E	ST, QL
NOVOLIN N FLEXPEN	E	ST, QL
NOVOLIN N FLEXPEN RELION	E	ST, QL
NOVOLIN N RELION	E	ST, QL
NOVOLIN N VIAL	E	ST, QL
NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	2	QL
NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	E	ST, QL
NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	E	ST, QL	GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR	2	QL (Fresenius)
NOVOLIN R RELION	E	ST, QL	GLUCOTROL XL	4	
NOVOLIN R VIAL	E	ST, QL	GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	E	PA
NOVOLOG FLEXPEN	E	ST, QL	glyburide oral	1	
NOVOLOG FLEXPEN RELION	E	ST, QL	glyburide-metformin	1	
NOVOLOG RELION	E	ST, QL	GLYXAMBI	2	ST, QL
NOVOLOG U-100 VIAL	E	ST, QL	INVOKANA	E	ST, QL
TOUJEO MAX SOLOSTAR	2	QL	JANUMET	E	ST, QL
TOUJEO SOLOSTAR	2	QL	JANUVIA	E	ST, QL
TRESIBA FLEXTOUCH	E	QL	JARDIANCE	2	QL
Diabetes - Non-Insulin Agents			JENTADUETO	2	QL
acarbose oral	1		JENTADUETO XR	2	QL
ACTOPLUS MET	4	QL	KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	E	QL
ACTOS	E	QL	liraglutide solution pen-injector 18 mg/3ml subcutaneous	1	PA, QL
ALOGLIPTIN BENZOATE	2	QL	liraglutide solution pen-injector 18 mg/3ml subcutaneous	2	PA, QL
BAQSIMI ONE PACK	2	QL	liraglutide solution pen-injector 18 mg/3ml subcutaneous	3	PA, QL
BAQSIMI TWO PACK	2	QL	metformin hcl er	1	
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	2	PA, QL	metformin hcl er (mod)	E	PA
DAPAGLIFLOZIN PRO-METFORMIN ER	E	ST, QL	metformin hcl er (osm)	E	PA
DAPAGLIFLOZIN PROPANEDIOL	E	ST, QL	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
FARXIGA	E	ST, QL	metformin hcl oral tablet 625 mg, 750 mg	E	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1		MOUNJARO	2	PA, QL
glimepiride oral tablet 3 mg	E		nateglinide	2	QL
glipizide er	1		NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	E	QL
glipizide oral tablet 10 mg, 5 mg	1		ONGLYZA	E	QL
glipizide oral tablet 2.5 mg	E		OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	2	PA
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1		OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML, 8 MG/3ML	2	PA, QL
glipizide-metformin hcl	2				
glucagon emergency kit 1 mg injection	2	QL			
GLUCAGON EMERGENCY KIT 1 MG INJECTION	E	QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
pioglitazone hcl	1	QL	HUMATE-P	2	SP
pioglitazone hcl-metformin hcl	2	QL	HYMPAVZI	2	PA, QL, SP
repaglinide	2	QL	IDELVION	3	SP
RYBELSUS	2	PA, QL	KOATE	2	SP
saxagliptin hcl	2	QL	KOATE-DVI	2	SP
saxagliptin-metformin er	2	QL	KOGENATE FS	2	SP
SOLIQUA	2	QL	KOVALTRY	2	SP
SYMLINPEN 120	3	QL	NEULASTA	2	
SYMLINPEN 60	3	QL	NIVESTYM	2	
SYNJARDY	2	QL	NOVOEIGHT	2	SP
SYNJARDY XR	2	QL	NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
TRADJENTA	2	QL	NUWIQ INTRAVENOUS KIT 1500 UNIT	2	
TRIJARDY XR	2	QL	NYVEPRIA	E	
TRULICITY	2	PA, QL	RECOMBINATE	2	SP
XIGDUO XR	E	ST, QL	RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL	RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
Drugs for Blood Disorders			TAVALISSE	4	PA, QL, SP
ADVATE	2	SP	tranexamic acid oral	2	QL
ADYNOVATE	4	PA, SP	UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	4	PA	VOYDEYA	2	PA, QL, SP
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	4	PA, SP	WILATE	2	
ALPHANATE	2	SP	ZARXIO	2	
ALPROLIX	3	SP	Drugs for Sexual Dysfunction		
ALTUVIIIO	4	PA, SP	ADDYI	4	PA, QL
ALVAIZ	4	PA, SP	avanafil	3	PA, QL
ARANESP (ALBUMIN FREE)	2	QL, SP	CIALIS	E	QL
DOPTELET	4	PA, QL, SP	IMVEXXY MAINTENANCE PACK	2	QL
ELOCTATE	4	PA, SP	IMVEXXY STARTER PACK	2	QL
FABHALTA	2	PA, QL, SP	INTRAROSA	4	PA, QL
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP	OSPHENA	3	PA, QL
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	E	PA, SP	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
HEMOFIL M	2	SP			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
STENDRA	4	PA, QL	levocarnitine oral solution	1	
tadalafil oral	2	QL	levocarnitine sf	1	
vardeafil hcl oral tablet	3	QL	LOKELMA	3	PA, QL
VIAGRA	E	QL	M-NATAL PLUS	3	
VYLEESI	4	PA, QL	multivitamin w/fluoride tablet chewable 0.25 mg oral	1	
Electrolytes / Vitamins			multivitamin w/fluoride tablet chewable 0.25 mg oral	E	
ACCRUFER	E		multivitamin w/fluoride tablet chewable 0.5 mg oral	1	
CARNITOR ORAL SOLUTION	4		multivitamin w/fluoride tablet chewable 0.5 mg oral	E	
CARNITOR SF	4		multivitamin w/fluoride tablet chewable 1 mg oral	1	
CO-NATAL FA	2		multivitamin w/fluoride tablet chewable 1 mg oral	E	
cvs prenatal	E		multi-vitamin/fluoride	1	
cyanocobalamin injection solution 1000 mcg/ml	1		multivitamin/fluoride oral tablet chewable	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3		MULTI-VIT-FLOR	E	
cyanocobalamin nasal	3		NASCOBAL	3	
DAVIMET-FLUORIDE	E		NEONATAL COMPLETE	3	
DENTA 5000 PLUS SENSITIVE	3		NEONATAL PLUS	3	
DODEX INJECTION SOLUTION 1000 MCG/ML	4		NEONATAL PRENATAL	E	
DRISDOL	4		NEONATAL VITAMIN	E	
ergocalciferol oral capsule	1		NIVA-PLUS	3	
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML	3		ONE VITE WOMENS	E	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG	E		ONE VITE WOMENS PLUS	3	
FLORIVA PLUS	E		ORACIT	2	
FLOTREX	E		ORAL CITRATE	2	
FLUORIMAX 5000 SENSITIVE	3		PHOSPHA 250 NEUTRAL	2	
folic acid oral tablet 1 mg	1		phosphorous	1	
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	E		phospho-trin 250 neutral	1	
klor-con	1		pnv 27-ca/fe/fa	1	
klor-con 10	1		POKONZA	E	
klor-con m10	1		POLY-VI-FLOR ORAL TABLET CHEWABLE	E	
klor-con m15	1		potassium chloride crys er	1	
klor-con m20	1		potassium chloride er	1	
K-PHOS-NEUTRAL	2		potassium chloride oral	1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
potassium citrate er	1	
prenatal oral tablet 27-0.8 mg	E	
prenatal oral tablet 27-1 mg	1	
prenatal plus	1	
prenatal plus vitamin/mineral	1	
prenatal vitamins oral tablet 27-0.8 mg	E	
PRENATE MINI	3	
PRENATOL-M	E	
PRENATRIX	E	
PRENATRYL	E	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 SENSITIVE	3	
QUFLORA PEDIATRIC	3	
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
sod fluoride-potassium nitrate	1	
sodium fluoride 5000 enamel	1	
sodium fluoride 5000 sensitive	1	
sodium fluoride oral solution	1	H
sodium fluoride oral tablet chewable	1	H
TRICARE ORAL TABLET	3	
TRINATAL RX 1	3	
TRINATE	3	
tri-vite/fluoride	1	
UROCIT-K 10	4	
UROCIT-K 15	4	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	4	
VELTASSA	3	PA, QL
VITAFOL FE+	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITATHELY WITH GINGER	3	

Drug Name	Drug Tier	Requirements & Limits
wes-phos 250 neutral	1	
WESTAB PLUS	E	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
bis subcit-metronid-tetracyc	3	QL
bismuth/metronidaz/tetracyclin	3	QL
CARAFATE	E	
cimetidine oral	1	
CYTOTEC	4	
DEXILANT	E	QL
dexlansoprazole	E	QL
esomeprazole magnesium oral capsule delayed release	E	QL
esomeprazole magnesium oral packet	3	PA, ST, QL
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	E	
lansoprazole oral capsule delayed release	E	QL
lansoprazole oral tablet delayed release dispersible	3	PA, ST, QL
misoprostol oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	QL
NEXIUM ORAL PACKET	4	PA, ST, QL
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PEPCID	E	
PREVACID	E	QL
PREVACID SOLUTAB	E	PA, ST, QL
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	4	QL
rabeprazole sodium oral tablet delayed release	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
sucralfate oral suspension	3		lactulose oral solution	1	
sucralfate oral tablet	1		LEVBIID	4	
VOQUEZNA	4	PA, QL	LEVSIN	4	
VOQUEZNA DUAL PAK	4	ST, QL	LEVSIN/SL	4	
VOQUEZNA TRIPLE PAK	4	ST, QL	LIBRAX	E	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions			LINZESS	2	PA, QL
AMITIZA	E	PA, QL	LIVDELZI	4	PA, ST, QL, SP
ANASPAZ	2		LOMOTIL	4	
BYLVAY	4	PA, QL, SP	loperamide hcl oral capsule	E	
BYLVAY (PELLETS)	4	PA, QL, SP	lubiprostone	2	PA, QL
chlordiazepoxide-clidinium	4		MOTTEGRITY	E	PA, QL
CLENPIQ	3	QL	MOVIPREP	4	QL
constulose	1		na sulfate-k sulfate-mg sulf	3	QL
cromolyn sodium oral	1		NULEV	4	
dicyclomine hcl oral capsule	1		OSCIMIN	4	
dicyclomine hcl oral tablet 20 mg	1		peg 3350-kcl-na bicarb-nacl	1	QL, H
diphenoxylate-atropine oral tablet	1		peg-3350/electrolytes	1	QL, H
enulose	1		peg-3350/electrolytes/ascorbat	3	QL
GASTROCROM	E		peg-kcl-nacl-nasulf-na asc-c	3	QL
gavilyte-c	1	H	PLENVU	3	QL
gavilyte-g	1	QL, H	prucalopride succinate	3	PA, QL
gavilyte-n with flavor pack	1	QL, H	RELTONE	E	
generlac	1		REZDIFFRA	4	PA, QL
GLYCATE	E		ROBINUL ORAL TABLET 1 MG	E	
glycopyrrolate oral tablet 1 mg, 2 mg	1		ROBINUL-FORTE ORAL TABLET 2 MG	E	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E		SUFLAVE	3	QL
GOLYTELY	1	QL, H	SUPREP BOWEL PREP KIT	3	QL
hyoscyamine sulfate er	1		SUTAB	3	
hyoscyamine sulfate oral tablet	1		SYMPROIC	2	PA, QL
hyoscyamine sulfate oral tablet dispersible	1		TRULANCE	E	PA, ST, QL
hyoscyamine sulfate sublingual	1		URSO 250 ORAL TABLET 250 MG	E	
IBSRELA	E	PA, ST, QL	URSO FORTE	E	
IQIRVO	4	PA, ST, QL, SP	URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	
lactulose encephalopathy	1		ursodiol oral capsule 300 mg	1	
			ursodiol oral tablet	1	
			VIBERZI	3	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
ATTRUBY	2	PA, QL, SP
CARNITOR ORAL TABLET	4	
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI ORAL SOLUTION RECONSTITUTED	2	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	E	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	E	PA, QL
levocarnitine oral tablet	1	
ORFADIN	2	PA, SP
PANCREAZE	3	ST
PERTZYE	4	ST
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, QL, SP
tolvaptan oral tablet therapy pack 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	2	PA, QL, SP
tolvaptan oral tablet therapy pack 30 & 15 mg	2	PA, QL
VYNDAMAX	2	PA, QL, SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
DETROL	E	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	E	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG	E	

Drug Name	Drug Tier	Requirements & Limits
ELMIRON	4	ST
GEMTESA	E	
mirabegron er	3	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
oxybutynin chloride er	2	
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet 2.5 mg	3	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
REVELA ORAL TABLET	E	
sevelamer carbonate oral tablet	2	
solifenacin succinate	2	
tolterodine tartrate	3	
tolterodine tartrate er	E	
tropium chloride	3	
tropium chloride er	E	
VANRAFIA	4	PA, SP
VELPHORO	4	ST
VESICARE	E	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	2	
finasteride oral tablet 5 mg	1	
FLOMAX ORAL CAPSULE 0.4 MG	E	
PROSCAR	E	
RAPAFLO	E	
silodosin	3	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Hormone Replacement and Birth Control		
abigale	2	
abigale lo	2	
ACTIVELLA	4	
afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	1	H
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	2	
amethia oral tablet 0.15-0.03 & 0.01 mg	1	H
ANNOVERA	3	QL
apri	1	H
aranelle	1	H
ashlyna	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN ORAL TABLET 5 MG	4	
ayuna	1	H
azurette	1	H
balziva	1	H
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	1	H
camila	1	H
camrese	1	H
camrese lo	1	H
charlotte 24 fe	1	H

Drug Name	Drug Tier	Requirements & Limits
chateal eq	1	H
CLIMARA	E	QL
CLIMARA PRO	3	QL
COMBIPATCH	3	QL
COVARYX	2	
COVARYX HS	3	
cryselle-28	1	H
cyred eq	1	H
dasetta 1/35 (28)	1	H
dasetta 7/7/7	1	H
daysee	1	H
deblitane	1	H
DELESTROGEN	4	
delyla	1	H
DEPO-PROVERA	4	QL
DEPO-SUBQ PROVERA 104	1	QL, H
desogestrel-ethinyl estradiol	1	H
DIVIGEL	3	
dotti	2	QL
drosipren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	E	
drosipren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
drosiprenone-ethinyl estradiol	3	
DUAVEE	3	QL
EEMT	2	
EEMT HS	3	
ELESTRIN	3	
elinest	1	H
ELLA	1	QL, H
eluryng	1	H
emzahh	1	H
enilloring	1	H
enpresse-28	1	H
enskyce	1	H
errin	1	H
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
junel 1.5/30	1	H	lyleq	1	H
junel 1/20	1	H	lyllana	2	QL
junel fe 1.5/30	1	H	lyza	1	H
junel fe 1/20	1	H	marlissa	1	H
junel fe 24	1	H	medroxyprogesterone acetate intramuscular	1	QL, H
kalliga	1	H	medroxyprogesterone acetate oral	1	
kariva	1	H	megestrol acetate oral tablet	1	
kelnor 1/35	1	H	meleya	1	H
kelnor 1/50	1	H	MENOSTAR	3	QL
kurvelo	1	H	mibelas 24 fe	1	H
larin 1.5/30	1	H	microgestin 1.5/30	1	H
larin 1/20	1	H	microgestin 1/20	1	H
larin 24 fe	1	H	microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
larin fe 1.5/30	1	H	microgestin fe 1.5/30	1	H
larin fe 1/20	1	H	microgestin fe 1/20	1	H
leena	1	H	mili	1	H
lessina	1	H	mimvey	1	
levonest	1	H	MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	E	
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	H	MINIVELLE	E	QL
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	1	H	MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	E	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H	mono-lynyah	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H	MYFEMBREE	2	PA, QL
levonorg-eth estrad triphasic	1	H	NATAZIA	1	
levora 0.15/30 (28)	1	H	necon 0.5/35 (28)	1	H
LO LOESTRIN FE	1	H	NEXTSTELLIS	E	
LOESTRIN 1.5/30 (21)	E		nikki	3	
LOESTRIN 1/20 (21)	E		nora-be	1	H
LOESTRIN FE 1.5/30	E		norelgestromin-eth estradiol	3	H
LOESTRIN FE 1/20	E		norethin ace-eth estrad-fe oral tablet	1	H
lojaimiess	1	H	norethin ace-eth estrad-fe oral tablet chewable	1	H
loryna	3		norethindrone acetate oral	1	
low-ogestrel	1	H	norethindrone acet-ethinyl est	1	H
lo-zumandimine	3		norethindrone oral	1	H
lutra	1	H			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
norethindrone-eth estradiol	1		SAFYRAL	E	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H	SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	E	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H	setlakin	2	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2		sharobel	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H	simliya	1	H
norlyroc	1	H	simpesse	1	H
nortrel 0.5/35 (28)	1	H	SLYND	4	PA, ST
nortrel 1/35 (21)	1	H	sprintec 28	1	H
nortrel 1/35 (28)	1	H	sronyx	1	H
nortrel 7/7/7	1	H	syeda	3	
NUVARING	E		tarina 24 fe	1	H
nylia 1/35	1	H	tarina fe 1/20 eq	1	H
nylia 7/7/7	1	H	tilia fe	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H	tri-estarylla	1	H
ocella	3		tri-legest fe	1	H
PHEXXI	E	PA	tri-lynyah	1	H
philith	1	H	tri-lo-estarylla	2	
pimtrea	1	H	tri-lo-marzia	2	
portia-28	1	H	tri-lo-mili	2	
PREMARIN ORAL	3		tri-lo-sprintec	2	
PREMARIN VAGINAL	3		tri-mili	1	H
PREMPHASE	3		tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
PREMPRO	3		tri-sprintec	1	H
progesterone intramuscular	1		trivora (28)	1	H
progesterone oral	2		tri-vylibra	1	H
PROMETRIUM	E		tri-vylibra lo	2	
PROVERA	4		turqoz	1	H
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	E		TWIRLA	E	
reclipsen	1	H	TYBLUME	1	
rivelsa	1	H	tydemy oral tablet 3-0.03-0.451 mg	1	H
rosyrah	1	H	VAGIFEM	E	
			valtya 1/50	1	H
			velivet	1	H
			vestura	3	
			vienva	1	H
			vioarele	1	H

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL
prednisone oral	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	4	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
Hormonal Agents - Other		
cabergoline	2	
DDAVP ORAL	E	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA
megestrol acetate oral suspension 40 mg/ml	1	
NGENLA	4	PA, QL, SP
NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	3	PA, QL
NORDITROPIN FLEXPROM	2	PA, QL, SP
NUTROPIN AQ NUSPIN 10	E	PA, QL, SP
NUTROPIN AQ NUSPIN 20	E	PA, QL, SP
NUTROPIN AQ NUSPIN 5	E	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
SKYTROFA	4	PA, QL, SP
Hormonal Agents - Testosterone Replacement		
ANDROGEL PUMP	E	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	E	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
JATENZO	E	QL
KYZATREX	4	PA, QL
NATESTO	E	PA, QL
TESTIM	2	PA, QL
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 12.5 mg/act (1%) transdermal	4	PA, QL
testosterone gel 12.5 mg/act (1%) transdermal	E	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	2	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	E	PA, QL
testosterone transdermal gel 1.62 %	2	PA, QL
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	E	PA, QL
TLANDO	E	PA, QL
UNDECATREX	E	PA, QL
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
XYOSTED	E	PA, QL
Hormonal Agents - Thyroid		
ADTHYZA	E	
ARMOUR THYROID	3	
CYTOMEL	E	
ERMEZA	2	PA
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	E	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	

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

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
AZASAN	4	
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
BIMZELX	3	PA, ST, QL, SP
CELLCEPT ORAL CAPSULE	E	
CELLCEPT ORAL TABLET	E	
CIMZIA (2 SYRINGE)	2	PA, QL, SP
CIMZIA-STARTER	2	PA, QL, SP
CINRYZE	E	PA, QL, SP
COSENTYX (300 MG DOSE)	2	PA, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS	2	PA, QL, SP
COSENTYX SENSOREADY (300 MG)	2	PA, QL, SP
COSENTYX SENSOREADY PEN	2	PA, QL, SP
COSENTYX UNOREADY	2	PA, QL, SP
cyclosporine modified oral capsule	1	
CYLTEZO (2 PEN)	E	PA, QL, SP
CYLTEZO (2 SYRINGE)	E	PA, QL, SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
EMPAVELI	2	PA, QL, SP
ENBREL	2	PA, QL, SP
ENBREL MINI	2	PA, QL, SP
ENBREL SURECLICK	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
ENTYVIO PEN	2	PA,; (SUBCUTANEOUS), QL, SP
ENVARUSUS XR	E	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3	
gengraf oral capsule	1	
HADLIMA	E	PA, QL, SP
HADLIMA PUSHTOUCH	E	PA, QL, SP
HAEGARDA	2	PA, QL, SP
HULIO (2 PEN)	E	PA, QL, SP
HULIO (2 SYRINGE)	E	PA, QL, SP
HUMIRA (1 PEN)	E	PA, QL, SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, QL, SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	E	PA, QL, SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	E	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	E	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, QL, SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	E	PA, QL, SP
HUMIRA-CD/UC/HS STARTER	E	PA, QL, SP
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	E	PA, QL, SP
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	E	PA, QL, SP

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	E		XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL
RASUVO	2	QL	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
RINVOQ	2	PA, QL, SP	YESINTEK SUBCUTANEOUS	2	PA, QL, SP
RUCONEST	4	PA, QL, SP	YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP
SIMLANDI (1 PEN)	E	PA, QL, SP	YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, SP
SIMLANDI (1 SYRINGE)	E	PA, QL, SP	YUFLYMA (2 PEN)	E	PA, QL, SP
SIMLANDI (2 PEN)	E	PA, QL, SP	YUFLYMA (2 SYRINGE)	E	PA, QL, SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	E	PA, QL, SP	YUFLYMA-CD/UC/HS STARTER	E	PA, SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	E	PA, SP	YUSIMRY	E	PA, QL, SP
SIMPONI	2	PA, QL, SP	ZORTRESS	E	
sirolimus oral tablet	1		Immunological Agents - Drugs for Vaccination		
SKYRIZI PEN	2	PA, QL, SP	ABRYSVO	3	H
SKYRIZI SUBCUTANEOUS	2	PA, QL, SP	ADACEL	3	H
SOTYKTU	2	PA, QL, SP	AFLURIA PRESERVATIVE FREE	3	H
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, QL, SP	AREXVY	3	H
STEQEYMA SUBCUTANEOUS	2	PA, QL, SP	BOOSTRIX	2	H
tacrolimus oral	1		BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
TAKHZYRO SUBCUTANEOUS SOLUTION	2	PA, QL, SP	CAPVAXIVE	3	H
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP	COMIRNATY	3	H
TREMFYA ONE-PRESS	2	PA, QL, SP	ENGERIX-B	2	H
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	2	PA, QL, SP	FLUAD	3	H
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA, QL, SP	FLUARIX	3	H
TREXALL	2		FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, QL, SP	FLULAVAL	3	H
XELJANZ	2	PA, QL, SP	FLUZONE HIGH-DOSE	3	H
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP	FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
			GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
GONAL-F	4	ST, SP
GONAL-F RFF	4	ST, SP
GONAL-F RFF REDIRECT	4	ST, SP
MENOPUR	4	QL, SP
NOVAREL	3	SP
OVIDREL	4	SP
PREGNYL	3	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	4	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	4	
ANALPRAM-HC EXTERNAL CREAM	4	
ANUCORT-HC	2	
ANUSOL-HC EXTERNAL	4	
ANUSOL-HC RECTAL	E	
APRISO	1	
AZULFIDINE	4	
AZULFIDINE EN-TABS	4	
balsalazide disodium	1	
budesonide oral	2	
CANASA	E	
COLAZAL	E	
CORTIFOAM	2	
DELZICOL	E	
DIPENTUM	3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	E	
hydrocortisone (perianal) external cream 1 %	E	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	2	
hydrocort-pramoxine (perianal)	1	
LIALDA	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral capsule delayed release 400 mg	2	
mesalamine oral tablet delayed release 1.2 gm	2	
mesalamine oral tablet delayed release 800 mg	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	2	QL
PROCORT	E	
PROCTOCORT	E	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	4	
PROCTOZONE-HC	4	
SFROWASA	4	
sulfasalazine oral	1	
UCERIS ORAL	3	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
ACTONEL	E	QL
alendronate sodium oral tablet	1	
BONSITY	3	PA, SP
EVISTA	E	
FORTEO	E	PA, SP
FOSAMAX	4	
ibandronate sodium oral	2	
raloxifene hcl	2	H-PA
risedronate sodium oral tablet 150 mg, 35 mg	3	QL
risedronate sodium oral tablet 30 mg, 5 mg	3	
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	E	PA, SP
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	3	PA, SP
TYMLOS	3	PA, SP

Drug Name	Drug Tier	Requirements & Limits
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
cinacalcet hcl	1	
ROCALTROL ORAL CAPSULE	4	
SENSIPAR	E	
YORVIPATH	4	PA, QL, SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	4	
ACULAR LS	4	
ACUVAIL	E	
ALREX	4	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	3	
bromfenac sodium ophthalmic solution 0.07 %	E	
bromfenac sodium ophthalmic solution 0.075 %	E	QL
BROMSITE	E	QL
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
epinastine hcl	3	QL
erythromycin ophthalmic	1	H-PA
EYSUVIS	4	QL
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	4	
gatifloxacin ophthalmic	3	
gentamicin sulfate ophthalmic	1	QL
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
KLARITY-A	E	
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	E	
loteprednol etabonate ophthalmic suspension	3	QL
MAXITROL	4	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth	1	
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	
olopatadine hcl ophthalmic solution 0.2 %	E	
POLYCIN	3	
polymyxin b-trimethoprim	1	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
PROLENSA	E	
sulfacetamide sodium ophthalmic solution	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	4	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
VIGAMOX	E	
XDEMVEY	4	PA, QL

Drug Name	Drug Tier	Requirements & Limits
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
AZOPT	E	QL
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	QL
BETIMOL OPHTHALMIC SOLUTION 0.5 %	4	QL
bimatoprost ophthalmic	2	QL
brimonidine tartrate ophthalmic solution 0.1 %	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	E	QL
brinzolamide	2	QL
COMBIGAN	2	QL
COSOPT	4	
COSOPT PF	E	QL
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	4	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	4	
IYUZEH	E	QL
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	3	ST, QL
timolol hemihydrate	2	QL
timolol maleate (once-daily)	3	
timolol maleate ocudose	2	
timolol maleate ophthalmic	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
timolol maleate pf	2	
TIMOPTIC OCUDOSE	4	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	4	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	4	
TRAVATAN Z	E	ST, QL
travoprost (bak free)	3	QL
VYZULTA	E	ST, QL
XALATAN	E	
ZIOPTAN	3	ST, QL

Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions

ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %	E	
atropine sulfate ophthalmic solution 1 %	1	
CEQUA	E	PA, QL
cromolyn sodium ophthalmic	1	
CYCLOGYL	4	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	E	PA, QL
difluprednate	3	
DUREZOL	E	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
KLARITY-C DROPS	E	PA
MIEBO	4	PA, QL
RESTASIS	4	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	4	PA, QL
VERKAZIA	4	PA, QL
VEVYE	E	PA, QL
XIIDRA	4	PA, QL

Otic Agents - Drugs for Ear Conditions

acetic acid otic	1	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	

Drug Name	Drug Tier	Requirements & Limits
ciprofloxacin-dexamethasone	3	
DERMOTIC	4	
flac otic oil 0.01 %	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	

Respiratory - Drugs for Anaphylaxis

AUVI-Q	2	QL
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
NEFFY	4	QL
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	2	

Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold

azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	
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See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
azelastine hcl nasal solution 0.15 %	E		NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	E	
azelastine-fluticasone	E	QL	ODACTRA	4	PA, QL
benzonatate oral capsule 100 mg, 200 mg	1		olopatadine hcl nasal	3	
benzonatate oral capsule 150 mg	E		PATANASE NASAL SOLUTION 0.6 %	E	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3		promethazine-codeine	1	PA, QL
bromphen-pseudoeph-dm	1		promethazine-dm	1	
carbinoxamine maleate oral tablet 4 mg	1		pseudoephedrine-bromphen-dm	1	
carbinoxamine maleate oral tablet 6 mg	E		PULMOSAL	2	
cetirizine hcl oral solution	E		RYALTRIS	E	QL
CLARINEX	E		ryvent	E	
cypheptadine hcl oral	1		sodium chloride inhalation	1	
desloratadine oral tablet	E		XHANCE	E	ST, QL
DYMISTA	E	QL	ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3	QL
flunisolide nasal	3		Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
fluticasone propionate nasal	2	QL	ACCOLATE	4	
g tussin ac	1		ADVAIR DISKUS	E	QL
guaifenesin ac oral syrup 100-10 mg/5ml	1		ADVAIR HFA	3	QL, RS
guaifenesin-codeine	1		AEROCHAMBER HOLDING CHAMBER	3	
HYCODAN ORAL SOLUTION	E	PA, QL	AEROCHAMBER PLS FLOVU MTHPIECE	3	
hydrocod poli-chlorphe poli er	3	PA, QL	AEROCHAMBER PLUS FLO-VU	3	
hydrocodone bit-homatrop mbr oral solution	1	PA, QL	AEROCHAMBER PLUS FLO-VU INTERM	3	
hydromet	1	PA, QL	AEROCHAMBER PLUS FLO-VU LARGE	3	
HYPERSAL	2		AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	3	
ipratropium bromide nasal	1		AEROCHAMBER PLUS FLO-VU SMALL	3	
levocetirizine dihydrochloride oral solution	3		AEROCHAMBER PLUS FLO-VU W/MASK	3	
levocetirizine dihydrochloride oral tablet	1		AEROCHAMBER2GO ANTI-STATIC	3	
maxi-tuss ac	1				
mometasone furoate nasal	3	QL			
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT	E	QL	BREATHE COMFORT CHAMBER/ CHILD	3	
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT	E	QL	BREO ELLIPTA	3	QL, RS
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT	E	QL	breyna	E	QL, RS
AIRSUPRA	3	QL	BREZTRI AEROSPHERE	3	QL, RS
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL	budesonide inhalation	2	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic for ProAir HFA or Proventil HFA), QL	budesonide-formoterol fumarate	E	QL, RS
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic for Ventolin HFA), QL	COMBIVENT RESPIMAT	3	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic ProAir HFA or Proventil HFA), QL	DALIRESP	E	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1		DULERA	E	ST, QL
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3		EASIVENT	3	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	E		EASIVENT MASK LARGE	3	
albuterol sulfate oral syrup 2 mg/5ml	1		EASIVENT MASK MEDIUM	3	
ANORO ELLIPTA	3	QL	EASIVENT MASK SMALL	3	
ARNUITY ELLIPTA	1	QL	FASENRA PEN	4	PA, QL
ASMANEX HFA	E	QL	FLEXICHAMBER	3	
ATROVENT HFA	3	QL	FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL
BEVESPI AEROSPHERE	2	QL	FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
BREATHE COMFORT CHAMBER/ ADULT	3		FLUTICASONE PROPIONATE HFA	E	QL
			FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	QL, RS
			fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL, RS
			FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
			INSPIREASE	3	
			ipratropium bromide inhalation	1	
			ipratropium-albuterol	2	
			levalbuterol hcl inhalation	3	QL
			LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
MICROCHAMBER	3	
montelukast sodium oral packet	2	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA, QL
PERFOROMIST	4	QL
PROCHAMBER VHC	3	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	QL
PULMICORT SUSPENSION	E	QL
QVAR REDHALER	1	QL
roflumilast	2	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
tiotropium bromide monohydrate	E	QL
TRELEGY ELLIPTA	3	QL, RS
UMECLIDINIUM-VILANTEROL	E	QL
VENTOLIN HFA	E	QL
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	2	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	2	

Drug Name	Drug Tier	Requirements & Limits
VORTEX VALVE CHAMBER-PEDI MASK	3	
VORTEX VALVED HOLDING CHAMBER DEVICE	3	
VORTEX VALVED HOLDING CHAMBER DEVICE	2	
wixela inhub	3	QL, RS
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
XOPENEX HFA	3	QL
YUPELRI	4	PA, QL
zafirlukast	1	

Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis

BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis

OFEV	4	PA, QL, SP
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Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension

ADCIRCA	E	PA, QL, SP
ADEMPAS	2	PA, QL, SP
alyq	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
REVATIO ORAL	E	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
tadalafil (pah)	1	PA, QL, SP
TADLIQ	3	PA, QL, SP
TRACLEER	2	PA, QL, SP
TYVASO	2	PA, SP
TYVASO DPI INSTITUTIONAL KIT	2	PA, QL, SP
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL KIT	2	PA, SP

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
eszopiclone	2	
LUMRYZ	4	PA, QL, SP
LUNESTA	E	
modafinil oral	2	QL
NUVIGIL	E	QL
PROVIGIL	E	QL
QUVIVIQ	E	ST, QL
ramelteon	3	ST, QL
RESTORIL	4	
ROZEREM	E	ST, QL
SILENOR	E	QL
SODIUM OXYBATE	4	PA, (Manufactured by Hikma), QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYWAV	4	PA, QL, SP
zaleplon	1	
zolpidem tartrate er	2	
zolpidem tartrate oral tablet	1	

See page 6-8 for coverage details.



Index

A

abigale	41
abigale lo.....	41
ABILIFY	19
abiraterone acetate oral tablet 250 mg	17
abiraterone acetate oral tablet 500 mg.....	17
ABIRTEGA.....	17
ABRILADA (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML	46
ABRILADA (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML	46
ABRILADA (2 SYRINGE)	46
ABRYSVO.....	50
ABSORICA	27
acamprosate calcium	10
ACANYA	27
acarbose oral	35
ACCOLATE.....	55
ACCRUFER.....	37
ACCU-CHEK AVIVA PLUS TEST STRIPS	30
ACCU-CHEK FASTCLIX LANCET	30
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	30
ACCU-CHEK GUIDE KIT W/ DEVICE.....	30
ACCU-CHEK GUIDE ME METER.....	30
ACCU-CHEK GUIDE TEST STRIPS	30
ACCU-CHEK SMARTVIEW TEST STRIPS	30
ACCU-CHEK SOFTCLIX LANCET	30
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	30
accutane	27
ACCUTREND GLUCOSE	30
acebutolol hcl oral.....	20
acetaminophen-codeine oral tablet.....	9
acetazolamide er	20

acetazolamide oral	20
acetic acid otic.....	54
ACIPHEX	38
acitretin	27
ACTEMRA ACTPEN	46
ACTEMRA SUBCUTANEOUS.....	46
ACTIVELLA	41
ACTONEL	52
ACTOPLUS MET.....	35
ACTOS.....	35
ACULAR.....	52
ACULAR LS.....	52
ACUVAIL	52
acyclovir external ointment.....	19
acyclovir oral capsule.....	19
acyclovir oral suspension 200 mg/5ml	19
acyclovir oral tablet.....	19
ACZONE.....	27
ADACEL	50
ADAINZDE EXTERNAL GEL 0.3-2.5-1 %.....	27
ADALIMUMAB-AACF (2 PEN)	46
ADALIMUMAB-AACF (2 SYRINGE)	46
ADALIMUMAB-AACF(CD/UC/HS STRT).....	46
ADALIMUMAB-AACF(PS/UV STARTER).....	46
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML	47
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/0.8ML	47
ADALIMUMAB-AATY (2 PEN).....	47
ADALIMUMAB-AATY (2 SYRINGE)	47
ADALIMUMAB-AATY CD/UC/HS START	47
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML ..	47

ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML ..	47
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.....	47
ADALIMUMAB-ADBIM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS ..	47
ADALIMUMAB-ADBIM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	47
ADALIMUMAB-ADBIM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS.....	47
ADALIMUMAB-ADBIM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS.....	47
ADALIMUMAB-ADBIM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	47
ADALIMUMAB-ADBIM(CD/UC/ HS STRT)	47
ADALIMUMAB-ADBIM(PS/UV STARTER).....	47
ADALIMUMAB-FKJP (2 PEN).....	47
ADALIMUMAB-FKJP (2 SYRINGE)	47
adapalene external gel	27
adapalene-benzoyl peroxide external gel	27
ADBRY SOLUTION AUTO- INJECTOR.....	47
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ..	47
ADCIRCA.....	57
ADDERALL	24
ADDERALL XR	24
ADDYI	36
ADEINZDE	27
ADEMPAS	57
ADMELOG.....	34
ADMELOG SOLOSTAR.....	34
ADTHYZA.....	46



ADVAIR DISKUS.....	55	ala-cort.....	27	amantadine hcl oral tablet	19
ADVAIR HFA.....	55	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	56	AMBIEN	58
ADVATE.....	36	albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml.....	56	AMBIEN CR.....	58
ADYNOVATE	36	ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	56	amethia oral tablet 0.15-0.03 &0.01 mg	41
ADZENYS XR-ODT	24	albuterol sulfate oral syrup 2 mg/5ml.....	56	amiloride hcl oral	21
AEROCHAMBER HOLDING CHAMBER.....	55	alclometasone dipropionate.....	27	amiodarone hcl oral	21
AEROCHAMBER PLS FLOVU MTHPIECE	55	ALDACTONE	20	AMITIZA	39
AEROCHAMBER PLUS FLO-VU.....	55	ALECENSA	17	amitriptyline hcl oral	14
AEROCHAMBER PLUS FLO-VU INTERM	55	alendronate sodium oral tablet ...	52	AMJEVITA 40 MG/0.4ML, 80 MG/0.8ML.....	47
AEROCHAMBER PLUS FLO-VU LARGE.....	55	alfuzosin hcl er.....	40	AMJEVITA 40 MG/0.8ML	47
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	55	aliskiren fumarate	20	AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	47
AEROCHAMBER PLUS FLO-VU SMALL.....	55	allopurinol oral tablet 100 mg, 300 mg.....	16	AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS.....	47
AEROCHAMBER PLUS FLO-VU W/MASK.....	55	allopurinol oral tablet 200 mg	16	AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	47
AEROCHAMBER2GO ANTI- STATIC	55	ALLZITAL	9	amlodipine besylate oral	21
afirmelle.....	41	ALOGLIPTIN BENZOATE	35	amlodipine besylate-benazepril hcl	21
AFLURIA PRESERVATIVE FREE ...	50	ALORA.....	41	amlodipine besylate-valsartan....	21
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT.....	36	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	53	amlodipine-olmesartan	21
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	36	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %.....	53	ammonium lactate external	27
AGAMATRIX PRESTO TEST.....	30	ALPHANATE.....	36	amnestem.....	27
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	16	alprazolam er	20	amoxicillin.....	11
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT.....	56	alprazolam oral	20	amoxicillin-potassium clavulanate.....	11
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT	56	alprazolam xr	20	amphet-dextroamphet 3-bead er.....	24
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT.....	56	ALPROLIX.....	36	amphetamine sulfate.....	24
AIRSUPRA.....	56	ALREX.....	52	amphetamine- dextroamphetamine	24
AJOVY.....	16	ALTACE.....	20	amphetamine- dextroamphetamine er	24
AKLIEF	27	altavera.....	41	ampicillin.....	11
ALA SCALP.....	27	ALTUVIIIIO	36	AMPYRA.....	25
		ALUNBRIG	17	AMZEEQ.....	27
		ALVAIZ	36	ANAFRANIL.....	14
		alyacen 1/35	41	ANALPRAM HC.....	51
		alyacen 7/7/7	41		
		alyq.....	57		
		amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg.....	41		
		amantadine hcl oral capsule	19		

ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	51	ATACAND HCT	21	AVAR LS CLEANSER	27
ANALPRAM-HC EXTERNAL CREAM	51	atenolol oral.....	21	aviane	41
ANAPROX DS.....	10	atenolol-chlorthalidone.....	21	AVIDOXY.....	12
ANASPAZ.....	39	ATIVAN ORAL.....	20	AVITA EXTERNAL CREAM 0.025 %.....	27
anastrozole oral.....	17	atomoxetine hcl	24	AVODART	40
ANDROGEL PUMP	45	ATORVALIQ	21	AVONEX PEN.....	25
ANNOVERA	41	atorvastatin calcium oral tablet 10 mg, 20 mg.....	21	AVONEX PREFILLED.....	25
ANORO ELLIPTA.....	56	atorvastatin calcium oral tablet 40 mg, 80 mg	21	AYGESTIN ORAL TABLET 5 MG ...	41
ANTIVERT ORAL TABLET 50 MG..	15	atovaquone	18	ayuna.....	41
ANUCORT-HC.....	51	atovaquone-proguanil hcl.....	18	AZASAN	48
ANUSOL-HC EXTERNAL	51	ATORALIN	27	AZASITE.....	52
ANUSOL-HC RECTAL	51	ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %.....	54	azathioprine oral tablet 100 mg, 75 mg.....	48
apap-caff-dihydrocodeine	9	atropine sulfate ophthalmic solution 1 %.....	54	azathioprine oral tablet 50 mg....	48
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG.....	10	ATROVENT HFA	56	azelaic acid external.....	27
aprepitant oral capsule 125 mg, 40 mg, 80 mg	15	ATTRUBY	40	azelastine hcl nasal solution 0.1 %, 137 mcg/spray	54
apri	41	AUBAGIO.....	25	azelastine hcl nasal solution 0.15 %.....	55
APRISO.....	51	aubra eq.....	41	azelastine hcl ophthalmic	52
APTENSIO XR.....	24	AUGMENTIN	11, 12	azelastine-fluticasone.....	55
APTIOM	13	AUGMENTIN ES-600	12	AZELEX.....	27
AQ INSULIN SYRINGE.....	30	AUGTYRO	17	AZILECT.....	19
AQINJECT PEN NEEDLE.....	30	aurovela 1/20	41	azithromycin oral packet 1 gm ...	12
ARAKODA	18	aurovela 1.5/30	41	AZOPT.....	53
aranelle.....	41	aurovela 24 fe	41	AZOR	21
ARANESP (ALBUMIN FREE).....	36	aurovela fe 1/20.....	41	AZSTARYS.....	24
ARAVA.....	47	aurovela fe 1.5/30	41	AZULFIDINE	51
ARAZLO	27	AUSTEDO	26	AZULFIDINE EN-TABS.....	51
AREXVY	50	AUSTEDO XR.....	26	azurette	41
ARICEPT	14	AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	26		
ARIMIDEX.....	17	AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG.....	26		
aripiprazole oral.....	19	AUVELITY.....	14		
armodafinil.....	58	AUVI-Q.....	54		
ARMOUR THYROID	46	AVALIDE	21		
ARNUITY ELLIPTA.....	56	avanafil.....	36		
AROMASIN.....	17	AVAPRO	21		
ARTHROTEC	10	AVAR CLEANSER.....	27		
ascomp-codeine.....	9				
asenapine maleate	19				
ashlyna	41				
ASMANEX HFA	56				
ATACAND.....	21				

B

bac (butalbital-acetamin-caff) ...	9
bacitracin-polymyxin b.....	52
baclofen oral tablet 10 mg, 20 mg, 5 mg.....	58
baclofen oral tablet 15 mg	58
BACTRIM.....	12
BACTRIM DS	12
BAFIERTAM	25
balsalazide disodium	51
balziva	41
BAQSIMI ONE PACK	35

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

BUPAP ORAL TABLET 50-300 MG .	9	calcipotriene external cream	27	CARETOUCH TEST.	31
buprenorphine.	9, 10	calcipotriene external ointment. .	27	carisoprodol oral tablet 250 mg ..	58
buprenorphine hcl sublingual	10	calcipotriene external solution . .	27	carisoprodol oral tablet 350 mg ..	58
buprenorphine hcl-naloxone hcl sublingual film	10	CALCITRENE.	27	CARNITOR ORAL SOLUTION	37
buprenorphine hcl-naloxone hcl sublingual tablet sublingual.	10	calcitriol oral capsule.	52	CARNITOR ORAL TABLET	40
bupropion hcl er (smoking det) . .	11	calcium acetate (phos binder) oral capsule	40	CARNITOR SF	37
bupropion hcl er (sr)	15	CALQUENCE.	17	cartia xt	21
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	15	camila	41	carvedilol.	21
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	15	camrese.	41	carvedilol phosphate er	21
bupropion hcl oral	15	camrese lo	41	CASODEX	17
buspirone hcl oral.	20	CAMZYOS.	21	CATAPRES-TTS-1.	21
butalbital-acetaminophen oral tablet 50-300 mg.	9	CANASA.	51	CATAPRES-TTS-2	21
butalbital-acetaminophen oral tablet 50-325 mg	9	candesartan cilexetil	21	CATAPRES-TTS-3	21
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg.	9	candesartan cilexetil-hctz	21	cefadroxil oral capsule	12
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	9	capecitabine.	17	cefadroxil oral suspension reconstituted	12
butalbital-apap-caffeine oral capsule 50-300-40 mg.	9	CAPLYTA	19	cefdinir.	12
butalbital-apap-caffeine oral capsule 50-325-40 mg	9	captopril oral.	21	cefixime oral capsule.	12
butalbital-apap-caffeine oral tablet.	9	CAPVAXIVE.	50	cefpodoxime proxetil oral tablet .	12
butalbital-asa-caff-codeine.	9	CARAC EXTERNAL CREAM 0.5 % .	27	cefprozil.	12
butalbital-aspirin-caffeine	9	CARAFATE.	38	cefuroxime axetil	12
butorphanol tartrate nasal	9	carbamazepine er	13	CELEBREX	10
BUTRANS	9	carbamazepine oral tablet	13	celecoxib oral	10
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 2 MG/0.85ML.	35	carbamazepine oral tablet chewable.	13	CELEXA	15
BYLVAY	39	CARBATROL.	13	CELLCEPT ORAL CAPSULE	48
BYLVAY (PELLETS).	39	carbidopa-levodopa er	19	CELLCEPT ORAL TABLET	48
BYSTOLIC.	21	carbidopa-levodopa oral tablet. .	19	cephalexin	12
C		carbinoxamine maleate oral tablet 4 mg.	55	CEQUA	54
cabergoline	45	carbinoxamine maleate oral tablet 6 mg.	55	CEQUR SIMPLICITY 2U 8PK.	31
CABOMETYX.	17	CARDIZEM	21	CERDELGA.	40
CABTREO.	27	CARDIZEM CD	21	cetirizine hcl oral solution	55
		CARDIZEM LA.	21	CETROTIDE.	51
		CARDURA	21	cevimeline hcl	26
		CAREPOINT POLY HUB NEEDLE 18G X 1", 21G X 1", 22G X 1", 23G X 1", 25G X 1", 25G X 5/8".	31	charlotte 24 fe	41
		CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	31	chateal eq.	41
		CAREPOINT SAFETY 1ST NEEDLE	31	chlordiazepoxide hcl	20
		CARESENS N PLUS BT	31	chlordiazepoxide-clidinium	39
		CARETOUCH MONITOR SYSTEM .	31	chlorhexidine gluconate mouth/ throat.	26
				chlorpromazine hcl oral tablet. . .	19
				chlorthalidone	21
				chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	58



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

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

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

drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg.....	41	EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	28	ENBREL MINI	48
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg.....	41	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG.....	10	ENBREL SURECLICK.....	48
drospirenone-ethinyl estradiol ...	41	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	10	endocet	9
DRYSOL	28	ec-naproxen	10	ENDOMETRIN	51
DUAVEE	41	econazole nitrate external	16	ENGERIX-B.....	50
DULERA	56	EDARBI.....	22	enilloring	41
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	15	EDARBYCLOR	22	ENLITE GLUCOSE SENSOR.....	32
duloxetine hcl oral capsule delayed release particles 40 mg ..	15	EEMT	41	enoxaparin sodium injection solution prefilled syringe.....	13
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	28	EEMT HS.....	41	enpresse-28.....	41
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML.....	28	EFFEXOR XR	15	enskyce	41
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML.....	28	EFFIENT.....	19	ENSTILAR.....	28
DUREZOL	54	EFUDEx EXTERNAL CREAM 5 % ..	28	entecavir	20
dutasteride oral.....	40	ELEPSIA XR	13	ENTRESTO ORAL TABLET	22
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	45	ELESTRIN	41	ENTYVIO PEN.....	48
DYANAVEL XR ORAL TABLET EXTENDED RELEASE.....	25	eletriptan hydrobromide.....	16	enulose.....	39
DYMISTA	55	ELIDEL	28	ENVARsus XR.....	48
E		ELIMITE.....	18	EPANED	22
E.E.S. GRANULES	12	elinest.....	41	EPICLUSa ORAL TABLET.....	20
EASIVENT.....	56	ELIQUIS.....	13	EPIDIOLEX.....	13
EASIVENT MASK LARGE	56	ELIQUIS DVT/PE STARTER PACK ..	13	EPIDUO	28
EASIVENT MASK MEDIUM	56	ELLA.....	41	EPIDUO FORTE	28
EASIVENT MASK SMALL	56	ELMIRON.....	40	epinastine hcl	52
EASY MAX BLOOD GLUCOSE TEST.....	31	ELOCTATE.....	36	EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML.....	54
EASY MAX T1 GLUCOSE SYSTEM ..	32	eluryng	41	epinephrine solution auto- injector 0.15 mg/0.15ml injection.	54
EASY TOUCH HEALTHPRO GLUCOSE	32	EMBECTA INSULIN SYRINGE	32	epinephrine solution auto- injector 0.15 mg/0.3ml injection..	54
EASY TOUCH TEST	32	EMBRACE BLOOD GLUCOSE TEST.....	32	epinephrine solution auto- injector 0.3 mg/0.3ml injection ...	54
EASYGLUCO	32	EMBRACE WAVE BLOOD GLUCOSE IN VITRO	32	EPIPEN 2-PAK.....	54
EASYMAX 15 TEST	32	EMEND BIPACK.....	15	EPIPEN JR 2-PAK	54
EASYMAX NG BLOOD GLUCOSE KIT.....	32	EMGALITY	16	epitol	13
		EMPAVELI.....	48	eplerenone.....	22
		emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	19	EQ BLOOD GLUCOSE TEST	32
		emtricitabine-tenofovir df oral tablet 200-300 mg	20	eq nicotine	11
		emzahn.....	41	eq nicotine mouth/throat gum 4 mg.....	11
		enalapril maleate oral solution....	22	eq nicotine polacrilex.....	11
		enalapril maleate oral tablet	22	eq nicotine step 3.....	11
		enalapril-hydrochlorothiazide	22	eq nicotine polacrilex mouth/ throat lozenge 2 mg, 4 mg	11
		ENBREL	48	ergocalciferol oral capsule.....	37, 38

ERIVEDGE	17	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.....	42	exemestane.....	18
ERLEADA ORAL TABLET 240 MG ..	17	estradiol transdermal gel 0.75 mg/1.25 gm (0.06%).....	42	EXFORGE	22
ERLEADA ORAL TABLET 60 MG... 17		estradiol transdermal patch weekly.....	42	EXKIVITY ORAL CAPSULE 40 MG.....	18
ERMEZA.....	46	estradiol vaginal cream.....	42	EXTAVIA SUBCUTANEOUS KIT 0.3 MG.....	25
errin	41	estradiol vaginal tablet.....	42	EYSUVIS	52
ERYGEL.....	28	estradiol valerate intramuscular ..	42	ezetimibe	22
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML ..	12	estradiol-norethindrone acet.....	42	ezetimibe-simvastatin.....	22
ERYPED 400	12	estratest f.s.....	42		
erythromycin base oral tablet	12	ESTRATEST H.S.....	42	F	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	12	ESTRING	42	FABHALTA.....	36
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	12	ESTROGEL	42	falmina	42
erythromycin external.....	28	eszopiclone	58	famciclovir oral	20
erythromycin ophthalmic	52	ethambutol hcl oral.....	17	famotidine oral suspension reconstituted	38
escitalopram oxalate oral solution 5 mg/5ml.....	15	ethosuximide oral	13	famotidine oral tablet 20 mg, 40 mg	38
escitalopram oxalate oral tablet ..	15	ethynodiol diac-eth estradiol	42	FARXIGA	35
ESGIC ORAL CAPSULE 50-325-40 MG	9	etodolac.....	10	FASENRA PEN.....	56
ESGIC ORAL TABLET 50- 325-40 MG	9	etonogestrel-ethinyl estradiol....	42	fayosim oral tablet 42-21-21-7 days	42
eslicarbazepine acetate	13	EUCRISA	28	febuxostat	16
esomeprazole magnesium oral capsule delayed release	38	euthyrox.....	46	feirza 1/20.....	42
esomeprazole magnesium oral packet.....	38	EVAMIST	42	feirza 1.5/30.....	42
est estrogens-methyltest	41, 42	EVEKEO	25	FELDENE ORAL CAPSULE 20 MG. 10	
est estrogens-methyltest ds.....	41	everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	48	felodipine er	22
est estrogens-methyltest hs.....	42	everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	18	FEMARA.....	18
estarylla	42	EVERSENSE 365 SENSOR/ HOLDER.....	32	FEMRING	42
ESTRACE.....	42	EVERSENSE 365 SMART TRANSMIT	32	fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg.....	22
estradiol oral.....	42, 44	EVERSENSE E3 SENSOR/ HOLDER.....	32	FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG.....	22
estradiol patch twice weekly 0.025 mg/24hr transdermal.....	42	EVERSENSE E3 SMART TRANSMITTER.....	32	fenofibrate oral capsule 134 mg, 200 mg, 67 mg.....	22
estradiol patch twice weekly 0.0375 mg/24hr transdermal	42	EVERSENSE SENSOR/HOLDER....	32	fenofibrate oral tablet 120 mg, 40 mg	22
estradiol patch twice weekly 0.05 mg/24hr transdermal.....	42	EVERSENSE SMART TRANSMITTER.....	32	fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg.....	22
estradiol patch twice weekly 0.075 mg/24hr transdermal.....	42	EVISTA	52	fenofibric acid oral capsule delayed release	22
estradiol patch twice weekly 0.1 mg/24hr transdermal.....	42	EVOXAC.....	26	FENOGLIDE ORAL TABLET 120 MG, 40 MG.....	22
		EVRYSDI ORAL SOLUTION RECONSTITUTED.....	40	fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr .	9
		EXELON	14		

fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr.....	9	fluocinonide external cream 0.05 %.....	28	FML FORTE	52
FETZIMA	15	fluocinonide external cream 0.1 %.....	28	FML LIQUIFILM	52
FEXMID	58	fluocinonide external gel.....	28	FOCALIN.....	25
fidaxomicin oral tablet	12	fluocinonide external ointment....	28	FOCALIN XR	25
FINACEA EXTERNAL FOAM.....	28	fluocinonide external solution....	28	folic acid oral tablet 1 mg.....	37
FINACEA EXTERNAL GEL	28	FLUORIDEX	26	FOLLISTIM AQ.....	51
finasteride oral tablet 5 mg	40	FLUORIDEX ENHANCED WHITENING.....	26	FORA 6 CONNECT/GTEL TEST....	32
fingolimod hcl	25	FLUORIMAX 5000.....	26, 37	FORFIVO XL	15
finzala	42	FLUORIMAX 5000 SENSITIVE....	37	FORTEO	52
FIORICET	9	fluorometholone	52	FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	45
FIORICET/CODEINE	9	FLUOROURACIL EXTERNAL CREAM 0.5 %.....	28	FORTISCARE G1 TEST STRIP IN VITRO STRIP.....	32
flac otic oil 0.01 %.....	54	fluorouracil external cream 5 %....	28	FORTISCARE TEST IN VITRO STRIP.....	32
FLAREX	52	fluoxetine hcl oral capsule	15	FOSAMAX	52
flecainide acetate	22	fluoxetine hcl oral solution.....	15	fosfomycin tromethamine	12
FLEXICHAMBER.....	56	fluoxetine hcl oral tablet 10 mg....	15	fosinopril sodium	22
FLOMAX ORAL CAPSULE 0.4 MG. 40		fluoxetine hcl oral tablet 20 mg, 60 mg	15	FRAICHE 5000 DENTAL.....	26
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML.....	37	FLUTICASONE FUROATE- VILANTEROL	56	FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	37
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG.....	37	fluticasone propionate external cream	28	FREESTYLE LIBRE 14 DAY READER	32
FLORIVA PLUS	37	fluticasone propionate external ointment.....	29	FREESTYLE LIBRE 14 DAY SENSOR	32
FLOTREX.....	37	FLUTICASONE PROPIONATE HFA.....	56	FREESTYLE LIBRE 2 PLUS SENSOR	32
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT.....	56	fluticasone propionate nasal.....	55	FREESTYLE LIBRE 2 READER	32
FLUAD.....	50	FLUTICASONE-SALMETEROL INHALATION AEROSOL	56	FREESTYLE LIBRE 2 SENSOR	32
FLUARIX	50	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/ act, 250-50 mcg/act, 500-50 mcg/act.....	56	FREESTYLE LIBRE 3 PLUS SENSOR	32
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	50	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ ACT, 55-14 MCG/ACT	56	FREESTYLE LIBRE 3 READER	32
fluconazole oral.....	16	fluvoxamine maleate	15	FREESTYLE LIBRE 3 SENSOR	32
fludrocortisone acetate oral	45	fluvoxamine maleate er	15	FREESTYLE LIBRE READER.....	32
FLULAVAL.....	50	FLUZONE HIGH-DOSE	50	FREESTYLE PRECISION NEO SYSTEM	32
flunisolide nasal.....	55	FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	50	FREESTYLE PRECISION NEO TEST.....	32
fluocinolone acetonide body	28			FREESTYLE TEST	32
fluocinolone acetonide external cream	28			FROVA.....	17
fluocinolone acetonide external ointment	28			frovatriptan succinate.....	17
fluocinolone acetonide external solution	28			ft naloxone hcl.....	11
fluocinolone acetonide otic.....	54			ft nicotine	11
fluocinolone acetonide scalp	28			ft nicotine mini.....	11
				FUROSCIX	22

furosemide oral.....	22
fyavolv.....	42
FYCOMPA ORAL SUSPENSION ...	13
FYCOMPA ORAL TABLET.....	13
FYREMADEL	51

G

g tussin ac.....	55
gabapentin oral capsule.....	13
gabapentin oral solution 250 mg/5ml.....	13
GABAPENTIN ORAL TABLET 25 MG, 50 MG.....	14
gabapentin oral tablet 600 mg, 800 mg.....	14
GABARONE	14
gallifrey.....	42
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous.....	51
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	50
GASTROCROM.....	39
gatifloxacin ophthalmic.....	52
gavilyte-c	39
gavilyte-g	39
gavilyte-n with flavor pack	39
GAVRETO	18
gemfibrozil oral.....	22
GEMTESA	40
GEN7T EXTERNAL PATCH 3.5 %....	9
generlac.....	39
gengraf oral capsule.....	48
gentamicin sulfate external.....	12
gentamicin sulfate ophthalmic ...	52
GENVOYA	20
GEODON ORAL.....	19
GILENYA ORAL CAPSULE 0.25 MG	25
GILENYA ORAL CAPSULE 0.5 MG.	25
glatiramer acetate.....	25
glatopa.....	25
GLEEVEC.....	18

glimepiride oral tablet 1 mg, 2 mg, 4 mg	35
glimepiride oral tablet 3 mg.....	35
glipizide er	35
glipizide oral tablet 10 mg, 5 mg ..	35
glipizide oral tablet 2.5 mg	35
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	35
glipizide-metformin hcl	35
glucagon emergency kit 1 mg injection.....	35
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR.....	35
GLUCOCARD EXPRESSION TEST .	32
GLUCOCARD SHINE TEST	32
GLUCOCARD VITAL TEST.....	32
GLUCOTROL XL	35
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	35
glyburide oral	35
glyburide-metformin.....	35
GLYCATÉ	39
glycopyrrolate oral tablet 1 mg, 2 mg	39
GLYCOPYRROLATE ORAL TABLET 1.5 MG.....	39
GLYXAMBI	35
gnp naloxone hcl	11
gnp nicotine mini	11
gnp nicotine polacrilex mouth/ throat gum 2 mg.....	11
gnp nicotine polacrilex mouth/ throat lozenge	11
gnp nicotine transdermal	11
GOLYTELY	39
GONAL-F	51
GONAL-F RFF	51
GONAL-F RFF REDIRECT	51
goodsense nicotine.....	11
griseofulvin microsize oral suspension.....	16
guaifenesin ac oral syrup 100-10 mg/5ml	55
guaifenesin-codeine	55

guanfacine hcl	22, 25
guanfacine hcl er	25
GUARDIAN 4 GLUCOSE SENSOR .	32
GUARDIAN 4 TRANSMITTER.....	32
GUARDIAN CONNECT TRANSMITTER.....	32
GUARDIAN LINK 3 TRANSMITTER.....	32
GUARDIAN REAL-TIME REPLACE PED.....	32
GUARDIAN SENSOR 3	32
GVOKE HYPOPEN 1-PACK.....	32
GVOKE HYPOPEN 2-PACK.....	32
GVOKE KIT	32
GVOKE PFS.....	32
GYNAZOLE-1.....	16

H

habitrol.....	11
HADLIMA	48
HADLIMA PUSHTOUCH	48
HAEGARDA.....	48
hailey 1.5/30	42
hailey 24 fe.....	42
hailey fe 1/20.....	42
hailey fe 1.5/30.....	42
HALCION.....	20
halobetasol propionate external cream	29
halobetasol propionate external ointment.....	29
haloette	42
haloperidol oral	19
HARVONI ORAL TABLET	20
HAVRIX.....	51
HEALTHPRO BLOOD GLUCOSE MONITO.....	32
heather.....	42
HEMADY.....	45
HEMANGEOL	22
HEMICLOR.....	22
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	36



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

HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	49
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	49
HYRIMOZ-PED<40KG CROHN STARTER	49
HYRIMOZ-PED>=40KG CROHN START	49
HYRIMOZ-PLAQ PSOR/UEVIT START	49
HYRIMOZ-PLAQUE PSORIASIS START	49
HYZAAR	22

I

ibandronate sodium oral	52
IBRANCE ORAL TABLET	18
IBSRELA	39
ibuprofen oral suspension 100 mg/5ml	10
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	10
iclevia	42
ICLUSIG ORAL TABLET 10 MG, 30 MG	18
ICLUSIG ORAL TABLET 15 MG, 45 MG	18
icosapent ethyl	22
IDACIO (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML	49
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	49
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML	49
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML	49
IDELVION	36
IDHIFA	18
IHEALTH BLOOD GLUCOSE TEST STR	32
IHEALTH GLUCO+ KIT 10	32

IHEALTH GLUCO+ KIT 100	32
ILEVRO	52
imatinib mesylate oral	18
IMBRUVICA ORAL CAPSULE	18
IMBRUVICA ORAL TABLET 140 MG, 280 MG	18
IMBRUVICA ORAL TABLET 420 MG	18
imipramine hcl oral	15
imiquimod external cream 3.75 %	29
imiquimod external cream 5 %	29
imiquimod pump	29
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	17
IMITREX ORAL	17
IMITREX STATDOSE SYSTEM	17
IMKELDI	18
IMPOYZ	29
IMURAN	49
IMVEXXY MAINTENANCE PACK	36
IMVEXXY STARTER PACK	36
INBRIJA	19
incassia	42
indapamide	22
INDERAL LA	22
indomethacin er	10
indomethacin oral capsule	10
INGREZZA ORAL CAPSULE 40 MG, 80 MG	26
INGREZZA ORAL CAPSULE 60 MG	26
INGREZZA ORAL CAPSULE SPRINKLE	26
INGREZZA ORAL CAPSULE THERAPY PACK	26
INPEN	32
INSPIREASE	56
INSPIRA	22
INSULIN ASPART	34
INSULIN ASPART FLEXPEN	34
INSULIN DEGLUDEC FLEXTOUCH	34
INSULIN GLARGINE	34

INSULIN GLARGINE MAX SOLOSTAR	34
INSULIN GLARGINE SOLOSTAR	34
INSULIN LISPRO	34
INSULIN LISPRO (1 UNIT DIAL)	34
INSULIN LISPRO KWIKPEN	34
INSULIN LISPRO PROT & LISPRO	34
INSULIN PEN NEEDLES 29G X 12MM, 30G X 5 MM, 31G X 5 MM, 31G X 6 MM, 31G X 8 MM, 32G X 4 MM	32
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	32
INTRAROSA	36
introvale	42
INTUNIV	25
INVEGA	19
INVELTYS	52
INVOKANA	35
INZIRQO	22
IPOL	51
ipratropium bromide inhalation	56
ipratropium bromide nasal	55
ipratropium-albuterol	56
IQIRVO	39
irbesartan	22
irbesartan-hydrochlorothiazide	22
ISENTRESS HD	20
ISENTRESS ORAL TABLET	20
isibloom	42
isoniazid oral tablet	17
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	54
ISORDIL TITRADOSE	22
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	22
isosorbide dinitrate oral tablet 40 mg	22
isosorbide mononitrate er	22
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	29

isotretinoin oral capsule 25 mg, 35 mg.....	29
ISTALOL.....	53
itraconazole oral capsule.....	16
ivabradine hcl.....	22
ivermectin external cream.....	29
ivermectin oral tablet 3 mg.....	18
ivermectin oral tablet 6 mg.....	18
IYUZEH.....	53

J

jaimiess.....	42
JAKAFI.....	18
jantoven.....	13
JANUMET.....	35
JANUVIA.....	35
JARDIANCE.....	35
jasmiel.....	42
JATENZO.....	46
jencycla.....	42
JENTADUETO.....	35
JENTADUETO XR.....	35
jinteli.....	42
jolessa.....	42
JORNAY PM.....	25
JOURNAVX.....	9
JUBLIA.....	16
juleber.....	42
JULUCA.....	20
junel 1/20.....	43
junel 1.5/30.....	43
junel fe 1/20.....	43
junel fe 1.5/30.....	43
junel fe 24.....	43
JUST RIGHT 5000 DENTAL GEL 1.1 %.....	26
JUST RIGHT 5000 DENTAL PASTE.....	26
JYLAMVO.....	49
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG...	40
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG.....	40

K

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

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

L

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

LATUDA	19	LIALDA.....	51	LOPID	22
LEDIPASVIR-SOFOSBUVIR.....	20	LIBERVANT BUCCAL FILM		LOPRESSOR ORAL TABLET	22
leena	43	10 MG, 12.5 MG, 15 MG, 5 MG,		LOPROX EXTERNAL SHAMPOO	
leflunomide oral	49	7.5 MG	14	1 %	16
lenalidomide.....	18	LIBRAX.....	39	LOPROX EXTERNAL	
lessina	43	lidocaine external ointment 5 % ...	9	SUSPENSION 0.77 %.....	29
letrozole oral	18	lidocaine external patch 5 %	9	lorazepam oral tablet.....	20
leucovorin calcium oral.....	18	lidocaine hcl mouth/throat	26	loryna	43
leuprolide acetate injection.....	45	lidocaine viscous hcl.....	26	losartan potassium oral	22
levalbuterol hcl inhalation.....	56	lidocaine-prilocaine external		losartan potassium-hctz	22
LEVALBUTEROL HFA		cream	9	LOTEMAX OPHTHALMIC GEL.....	53
INHALATION AEROSOL 45		LIDOCAN	9	LOTEMAX OPHTHALMIC	
MCG/ACT	56	LIDODERM.....	9	OINTMENT.....	53
LEVBIID.....	39	LIDOTRAL 1 EXTERNAL PATCH		LOTEMAX OPHTHALMIC	
levetiracetam er	14	4.88 %	9	SUSPENSION	53
levetiracetam oral solution.....	14	LIKMEZ.....	12	LOTEMAX SM	53
levetiracetam oral tablet.....	14	linezolid oral tablet	12	LOTENSIN.....	22
levo-t	46	LINZESS.....	39	LOTENSIN HCT	22
levocarnitine oral solution.....	37	liothyronine sodium oral	46	loteprednol etabonate	
levocarnitine oral tablet.....	40	LIPITOR.....	22	ophthalmic gel.....	53
levocarnitine sf	37	liraglutide solution pen-injector		loteprednol etabonate	
levocetirizine dihydrochloride		18 mg/3ml subcutaneous	35	ophthalmic suspension.....	53
oral solution.....	55	lisdexamphetamine dimesylate....	25	LOTREL.....	22
levocetirizine dihydrochloride		lisinopril oral	22	lovastatin oral.....	22
oral tablet.....	55	lisinopril-hydrochlorothiazide....	22	LOVAZA	22
levofloxacin oral tablet.....	12	LITFULO	49	LOVENOX INJECTION	
levonest	43	lithium carbonate er.....	20	SOLUTION PREFILLED SYRINGE. 13	
levonorg-eth estrad triphasic.....	43	lithium carbonate oral.....	20	low-ogestrel	43
levonorgest-eth est & eth est		LITHOBID.....	20	lubiprostone	39
oral tablet 42-21-21-7 days	43	LIVALO	22	LUMAKRAS.....	18
levonorgest-eth estrad 91-day		LIVDELZI	39	LUMIGAN	53
oral tablet 0.1-0.02 & 0.01 mg,		LO LOESTRIN FE.....	43	LUMRYZ.....	58
0.15-0.03 & 0.01 mg	43	lo-zumandimine	43	LUNESTA.....	58
levonorgest-eth estrad 91-day		LODINE	10	LUPKYNIS.....	49
oral tablet 0.15-0.03 mg.....	43	LODOCO	22	lurasidone hcl.....	19
levonorgestrel-ethinyl estrad		LOESTRIN 1/20 (21)	43	lutera.....	43
oral tablet 0.1-20 mg-mcg,		LOESTRIN 1.5/30 (21)	43	lyleq	43
0.15-30 mg-mcg.....	43	LOESTRIN FE 1/20.....	43	lyllana	43
levora 0.15/30 (28)	43	LOESTRIN FE 1.5/30.....	43	LYNPARZA	18
LEVOTHYROXINE SODIUM		LOFENA	10	LYRICA ORAL CAPSULE.....	26
ORAL CAPSULE.....	46	lojaimiess	43	LYUMJEV KWIKPEN	34
levothyroxine sodium oral tablet .	46	LOKELMA	37	LYUMJEV TEMPO PEN.....	34
levoxyl.....	46	LOMOTIL.....	39	LYUMJEV VIAL	34
LEVSIN	39	loperamide hcl oral capsule.....	39	lyza	43
LEVSIN/SL.....	39				
LEXAPRO.....	15				

M		
M-M-R II.....	51	MENVEO..... 51
M-NATAL PLUS.....	37	MEPRON..... 18
MACROBID.....	12	mercaptopurine oral tablet..... 18
MACRODANTIN.....	12	mesalamine er oral capsule 0.375 gm..... 52
MALARONE.....	18	mesalamine oral capsule delayed release 400 mg..... 52
MARINOL.....	15	mesalamine oral tablet delayed release 1.2 gm..... 52
marlissa.....	43	mesalamine oral tablet delayed release 800 mg..... 52
matzim la.....	23	mesalamine rectal enema..... 52
MAVENCLAD.....	25	mesalamine rectal suppository... 52
MAVYRET ORAL PACKET.....	20	MESTINON ORAL TABLET..... 17
MAXALT.....	17	METADATE CD..... 25
MAXALT-MLT.....	17	metaxalone oral tablet 400 mg, 800 mg..... 58
maxi-tuss ac.....	55	metaxalone oral tablet 640 mg... 58
MAXITROL.....	53	metformin hcl er..... 35
MAXZIDE ORAL TABLET 75-50 MG.....	23	metformin hcl er (mod)..... 35
MAXZIDE-25 ORAL TABLET 37.5-25 MG.....	23	metformin hcl er (osm)..... 35
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG.....	26	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg..... 35
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG.....	26	metformin hcl oral tablet 625 mg, 750 mg..... 35
meclizine hcl oral tablet.....	16	methadone hcl oral tablet..... 9
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG.....	45	methenamine hippurate..... 12
MEDROL ORAL TABLET 2 MG.....	45	methimazole oral..... 46
MEDROL ORAL TABLET THERAPY PACK.....	45	methocarbamol oral tablet 1000 mg..... 58
medroxyprogesterone acetate intramuscular.....	43	methocarbamol oral tablet 500 mg, 750 mg..... 58
medroxyprogesterone acetate oral.....	43	methotrexate sodium (pf)..... 49
mefloquine hcl.....	18	methotrexate sodium injection solution..... 49
megestrol acetate oral suspension 40 mg/ml.....	45	methotrexate sodium oral..... 49
megestrol acetate oral tablet.....	43	METHYLIN..... 25
meleya.....	43	methylphenidate hcl er (cd)..... 25
meloxicam oral tablet.....	10	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg..... 25
memantine hcl er.....	14	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg..... 25
memantine hcl oral tablet.....	14	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg..... 25
MENOPUR.....	51	
MENOSTAR.....	43	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG..... 25
MENQUADFI.....	51	methylphenidate hcl er (osm) oral tablet extended release 72 mg..... 25
		methylphenidate hcl er (xr)..... 25
		methylphenidate hcl er oral tablet extended release..... 25
		methylphenidate hcl er oral tablet extended release 24 hour.. 25
		methylphenidate hcl oral solution..... 25
		methylphenidate hcl oral tablet.. 25
		methylphenidate hcl oral tablet chewable..... 25
		methylprednisolone oral..... 45
		metoclopramide hcl oral tablet... 16
		metolazone..... 23
		metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg..... 23
		metoprolol succinate er oral tablet extended release 24 hour 25 mg..... 23
		metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg..... 23
		metoprolol tartrate oral tablet 37.5 mg, 75 mg..... 23
		metoprolol-hydrochlorothiazide.. 23
		METROCREAM..... 29
		METROGEL..... 29
		METROLOTION..... 29
		metronidazole external cream.... 29
		metronidazole external gel 0.75 %..... 29
		metronidazole external gel 1 %... 29
		metronidazole external lotion.... 29
		metronidazole oral tablet 125 mg. 12
		metronidazole oral tablet 250 mg, 500 mg..... 12
		metronidazole vaginal..... 12
		mexiletine hcl oral..... 23
		mibelas 24 fe..... 43
		MICARDIS..... 23
		MICARDIS HCT..... 23
		MICROCHAMBER..... 57

MICRODOT TEST	33	montelukast sodium oral tablet ..	57	nabumetone oral	10
microgestin 1/20	43	montelukast sodium oral tablet		nadolol oral	23
microgestin 1.5/30	43	chewable.....	57	NALOCET	9
microgestin 24 fe oral tablet		morphine sulfate er oral tablet		naloxone hcl injection solution	
1-20 mg-mcg.....	43	extended release	9	prefilled syringe	11
microgestin fe 1/20.....	43	morphine sulfate oral tablet	9	naloxone hcl nasal	11
microgestin fe 1.5/30.....	43	MOTEGRITY	39	naltrexone hcl oral.....	11
midodrine hcl	23	MOTPOLY XR.....	14	NAMENDA ORAL TABLET 10 MG,	
MIEBO.....	54	MOUNJARO.....	35	5 MG.....	14
mili	43	MOVIPREP	39	NAMENDA TITRATION PAK	14
mimvey.....	43	moxifloxacin hcl (2x day).....	53	NAMENDA XR ORAL CAPSULE	
MINASTRIN 24 FE ORAL TABLET		moxifloxacin hcl ophthalmic.....	53	EXTENDED RELEASE 24 HOUR	
CHEWABLE 1-20 MG-MCG(24)....	43	moxifloxacin hcl oral	12	14 MG, 21 MG, 28 MG, 7 MG	14
MINILINK REAL-TIME		MS CONTIN	9	NAPROSYN.....	10
TRANSMITTER.....	33	MULTAQ.....	23	naproxen dr	10
MINIMED 630G GUARDIAN		MULTI-VIT-FLOR	37	naproxen oral tablet.....	10
PRESS	33	multi-vitamin/fluoride	37	naproxen oral tablet delayed	
MINIPRESS ORAL CAPSULE		multivitamin w/fluoride tablet		release	10
1 MG, 2 MG, 5 MG	23	chewable 0.25 mg oral	37	naproxen sodium oral tablet	
MINIVELLE	42, 43	multivitamin w/fluoride tablet		275 mg, 550 mg.....	10
minocycline hcl oral capsule	12	chewable 0.5 mg oral.....	37	naratriptan hcl	17
minoxidil oral	23	multivitamin w/fluoride tablet		NARCAN.....	11
mirabegron er.....	40	chewable 1 mg oral	37	NASCOBAL.....	37
MIRCETTE ORAL TABLET		multivitamin/fluoride oral tablet		NATAZIA	43
0.15-0.02/0.01 MG (21/5)	43	chewable.....	37	nateglinide.....	35
mirtazapine oral	15	mupirocin cream	12	NATESTO.....	46
MIRVASO.....	29	mupirocin ointment.....	12	NAYZILAM	14
misoprostol oral	38	MYAMBUTOL ORAL TABLET		nebivolol hcl	23
MITIGARE.....	16	400 MG.....	17	NEBUSAL INHALATION	
MM BLOOD GLUCOSE SYSTEM... 33		mycophenolate mofetil oral		NEBULIZATION SOLUTION 3 %... 55	
MM BLOOD GLUCOSE SYSTEM		capsule.....	49	NEBUSAL INHALATION	
REFILL	33	mycophenolate mofetil oral		NEBULIZATION SOLUTION 6 %... 55	
MM BLULINK GLUCOSE TEST 33		tablet.....	49	necon 0.5/35 (28).....	43
MM EASY TOUCH GLUCOSE		mycophenolate sodium	49	NEFFY	54
METER.....	33	mycophenolic acid	49	NEMLUVIO.....	29
modafinil oral	58	MYDAYIS.....	25	neomycin sulfate oral	12
MODERNA COVID-19 VAC		MYFEMBREE	43	neomycin-polymyxin-dexameth . 53	
6M-11Y	51	MYFORTIC	49	neomycin-polymyxin-hc otic 54	
mometasone furoate external... 29		MYHIBBIN.....	49	NEONATAL COMPLETE.....	37
mometasone furoate nasal	55	MYRBETRIQ ORAL TABLET		NEONATAL PLUS.....	37
MONDOXYNE NL	12	EXTENDED RELEASE 24 HOUR ... 40		NEONATAL PRENATAL.....	37
mono-lynyah	43	MYSOLINE	14	NEONATAL VITAMIN	37
MONOJECT HYPODERMIC				NEORAL ORAL CAPSULE.....	49
NEEDLE 18G X 1".....	33			NESINA ORAL TABLET 12.5 MG,	
montelukast sodium oral packet . 57				25 MG, 6.25 MG	35

N

na sulfate-k sulfate-mg sulf..... 39



neuac.....	29	NIVA-PLUS.....	37	NOVOLIN 70/30 RELION	34
NEULASTA	36	NIVESTYM	36	NOVOLIN 70/30 VIAL.....	34
NEUPRO.....	19	NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG.....	45	NOVOLIN N FLEXPEN	34
NEURONTIN	14	nora-be.....	43	NOVOLIN N FLEXPEN RELION ...	34
NEUTEK 2TEK TEST.....	33	NORDITROPIN FLEXPEN	45	NOVOLIN N RELION.....	34
NEVANAC	53	norelgestromin-eth estradiol.....	43	NOVOLIN N VIAL.....	34
NEXIUM ORAL CAPSULE DELAYED RELEASE.....	38	norethin ace-eth estrad-fe oral tablet.....	43	NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION.....	34
NEXIUM ORAL PACKET	38	norethin ace-eth estrad-fe oral tablet chewable.....	43	NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION.....	34, 35
NEXLETOL	23	norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/ 1-35 mg-mcg.....	44	NOVOLIN R RELION.....	35
NEXLIZET.....	23	norethindrone acet-ethinyl est ...	43	NOVOLIN R VIAL	35
NEXTSTELLIS.....	43	norethindrone acetate oral	43	NOVOLOG FLEXPEN	35
NGENLA.....	45	norethindrone oral	43	NOVOLOG FLEXPEN RELION.....	35
niacin er (antihyperlipidemic)	23	norethindrone-eth estradiol	44	NOVOLOG RELION.....	35
NICODERM CQ	11	norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	44	NOVOLOG U-100 VIAL	35
NICORETTE MINI.....	11	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg.....	44	NOVOPEN ECHO.....	33
NICORETTE MOUTH/THROAT GUM.....	11	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg.....	44	NOXAFIL ORAL TABLET DELAYED RELEASE.....	16
NICORETTE MOUTH/THROAT LOZENGE	11	NORITATE.....	29	np thyroid	46
NICORETTE STARTER KIT.....	11	NORLIQVA	23	NUBEQA.....	18
nicotine mini	11	norlyroc	44	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	57
nicotine polacrilex mini.....	11	NORPRAMIN.....	15	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	57
nicotine polacrilex mouth/throat. .	11	nortrel 0.5/35 (28).....	44	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML.....	57
nicotine step 1	11	nortrel 1/35 (21)	44	NUCYNTA	9
nicotine step 2	11	nortrel 1/35 (28)	44	NUCYNTA ER.....	9
nicotine step 3	11	nortrel 7/7/7	44	NUEDEXTA.....	26
nicotine transdermal patch 24 hour	11	nortriptyline hcl oral capsule.....	15	NULEV.....	39
nifedipine er	23	NORVASC	23	NURTEC.....	17
nifedipine er osmotic release	23	NOVAREL	51	NUTROPIN AQ NUSPIN 10	45
nifedipine oral	23	NOVOEIGHT	36	NUTROPIN AQ NUSPIN 20	45
nikki	43	NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	33	NUTROPIN AQ NUSPIN 5.....	45
nilotinib hcl.....	18	NOVOFINE PEN NEEDLE.....	33	NUVARING.....	44
NITRO-BID.....	23	NOVOFINE PLUS PEN NEEDLE ...	33	NUVESSA.....	12
NITRO-DUR.....	23	NOVOLIN 70/30 FLEXPEN.....	34	NUVIGIL	58
nitrofurantoin macrocrystal	12	NOVOLIN 70/30 FLEXPEN RELION.....	34	NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	36
nitrofurantoin monohydrate macrocrystals.....	12				
nitroglycerin rectal	23				
nitroglycerin sublingual	23				
nitroglycerin transdermal.....	23				
NITROSTAT	23				
NIVA THYROID.....	46				

NUWIIQ INTRAVENOUS KIT 1500 UNIT.....	36
NUZYRA ORAL.....	12
nyamyc.....	16
nylia 1/35.....	44
nylia 7/7/7.....	44
nymyo oral tablet 0.25-35 mg-mcg.....	44
nystatin external.....	16
nystatin mouth/throat.....	16
nystatin oral.....	16
nystatin-triamcinolone.....	16
nystop.....	16
NYVEPRIA.....	36

O

ocella.....	44
OCUFLOX.....	53
ODACTRA.....	55
ODEFSEY.....	20
ODOMZO.....	18
OFEV.....	57
ofloxacin ophthalmic.....	53
ofloxacin otic.....	54
olanzapine oral tablet.....	19
olanzapine oral tablet dispersible.....	19
olmesartan medoxomil oral.....	23
olmesartan medoxomil-hctz.....	23
olmesartan-amlodipine-hctz.....	23
olopatadine hcl nasal.....	55
olopatadine hcl ophthalmic solution 0.1 %.....	53
olopatadine hcl ophthalmic solution 0.2 %.....	53
OLUMIANT ORAL TABLET 1 MG, 4 MG.....	49
OLUMIANT ORAL TABLET 2 MG.....	49
OMECLAMOX-PAK.....	38
omega-3-acid ethyl esters.....	23
omeprazole oral capsule delayed release.....	38
OMNIPOD 5 DEXCOM INTRO KIT.....	33
OMNIPOD 5 DEXCOM PODS.....	33

OMNIPOD 5 G7 INTRO (GEN 5) KIT.....	33
OMNIPOD 5 G7 PODS (GEN 5)....	33
OMNIPOD 5 LIBRE INTRO KIT....	33
OMNIPOD 5 LIBRE PODS.....	33
OMNITROPE.....	45
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	49
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	49
ON CALL EXPRESS BLOOD GLUCOSE.....	33
ON CALL EXPRESS MONITORING SYS.....	33
ondansetron hcl oral.....	16
ondansetron odt oral tablet dispersible 16 mg.....	16
ondansetron odt oral tablet dispersible 4 mg, 8 mg.....	16
ONE VITE WOMENS.....	37
ONE VITE WOMENS PLUS.....	37
ONETOUCH ULTRA 2 KIT W/ DEVICE.....	33
ONETOUCH ULTRA BLUE TEST...	33
ONETOUCH ULTRA TEST STRIPS.....	33
ONETOUCH VERIO FLEX SYSTEM KIT.....	33
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE.....	33
ONETOUCH VERIO KIT W/ DEVICE.....	33
ONETOUCH VERIO REFLECT KIT W/DEVICE.....	33
ONETOUCH VERIO TEST STRIPS.....	33
ONEXTON.....	29
ONFI.....	14
ONGLYZA.....	35
ONYDA XR.....	25
OPSUMIT.....	57
OPTIUMEZ TEST.....	33
OPVEE.....	11
OPZELURA.....	29
ORACEA.....	29
ORACIT.....	37
ORAL CITRATE.....	37

ORALONE.....	26
ORENCIA CLICKJECT.....	49
ORENCIA SUBCUTANEOUS.....	49
ORFADIN.....	40
ORGOVYX.....	18
ORIAHNN.....	45
ORILISSA.....	45
orphenadrine citrate er.....	58
OSCIMIN.....	39
oseltamivir phosphate oral.....	20
OSPHERA.....	36
OTEZLA ORAL TABLET 20 MG....	49
OTEZLA ORAL TABLET 30 MG....	49
OTREXUP.....	49
OVACE PLUS WASH EXTERNAL LIQUID.....	29
OVACE WASH.....	29
OVIDREL.....	51
oxaprozin oral tablet.....	10
OXAYDO ORAL TABLET 5 MG, 7.5 MG.....	9
oxcarbazepine.....	14
oxcarbazepine er.....	14
oxybutynin chloride er.....	40
oxybutynin chloride oral solution.....	40
oxybutynin chloride oral tablet 2.5 mg.....	40
oxybutynin chloride oral tablet 5 mg.....	40
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG.....	9
oxycodone hcl oral capsule.....	9
oxycodone hcl oral solution.....	9
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg.....	9
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG.....	10
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg.....	10
OXYCONTIN.....	10

OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML.....	35
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML, 8 MG/3ML.....	35

P

PACERONE ORAL TABLET 100 MG, 400 MG.....	23
PACERONE ORAL TABLET 200 MG.....	23
paliperidone er.....	19
PAMELOR	15
PANCREAZE.....	40
PANRETIN.....	29
pantoprazole sodium oral tablet delayed release	38
PARADIGM REAL-TIME TRANSMITTER.....	33
PARLODEL ORAL TABLET	19
paroxetine hcl er.....	15
paroxetine hcl oral tablet.....	15
PATANASE NASAL SOLUTION 0.6 %.....	55
PAXIL.....	15
PAXIL CR.....	15
PAXLOVID.....	20
PEDIAPRED	45
peg 3350-kcl-na bicarb-nacl.....	39
peg-3350/electrolytes	39
peg-3350/electrolytes/ascorbat ..	39
peg-kcl-nacl-nasulf-na asc-c	39
penicillin v potassium	13
pentoxifylline er	23
PEPCID.....	38
perampanel.....	14
PERCOCET	10
PERFOROMIST.....	57
PERIDEX	26
periogard	26
permethrin external	18
perphenazine oral	16
PERTZYE	40

PFIZER COVID-19 VAC-TRIS 5-11Y.....	51
PFIZER COVID-19 VAC-TRIS 6M-4Y	51
phenazo oral tablet 200 mg.....	40
phenazopyridine hcl oral tablet 100 mg, 200 mg	40
phenobarbital oral tablet.....	14
phenytek.....	14
phenytoin sodium extended	14
PHEXXI.....	44
philith	44
PHOSPHA 250 NEUTRAL	37
phospho-trin 250 neutral	37
phosphorous.....	37
pilocarpine hcl oral	26
pimecrolimus	29
pimtrea.....	44
pioglitazone hcl.....	36
pioglitazone hcl-metformin hcl...	36
PIP BLOOD GLUCOSE TEST STRIP.....	33
PIQRAY.....	18
piroxicam oral.....	10
pitavastatin calcium.....	23
PLAQUENIL.....	19
PLAVIX	19
PLEGRIDY INTRAMUSCULAR.....	26
PLEGRIDY STARTER PACK.....	26
PLEGRIDY SUBCUTANEOUS	26
PLENVU	39
PLEXION CLEANSER.....	29
pnv 27-ca/fe/fa	37
podofilox external solution	29
POKONZA.....	37
POLY-VI-FLOR ORAL TABLET CHEWABLE.....	37
POLYCIN	53
polymyxin b-trimethoprim.....	53
POMALYST.....	18
portia-28.....	44
posaconazole oral tablet delayed release	16
potassium chloride crys er.....	37

potassium chloride er	37
potassium chloride oral	37
potassium citrate er	38
PRADAXA ORAL CAPSULE	13
PRALUENT	23
pramipexole dihydrochloride	19
prasugrel hcl.....	19
pravastatin sodium	23
prazosin hcl oral	23
PRECISION XTRA BLOOD GLUCOSE	33
PRECISION XTRA KIT W/DEVICE ..	33
PRED FORTE	53
PRED MILD.....	53
prednisolone acetate ophthalmic.....	53
PREDNISOLONE ACETATE P-F....	53
prednisolone oral solution	45
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 5 mg/5ml	45
prednisolone sodium phosphate oral solution 15 mg/5ml	45
prednisolone sodium phosphate oral solution 20 mg/5ml.....	45
prednisone oral	45
pregabalin oral capsule.....	26
PREGNYL.....	51
PREMARIN ORAL	44
PREMARIN VAGINAL	44
PREMIUM BLOOD GLUCOSE TEST IN VITRO STRIP	33
premium lidocaine.....	10
PREMPHASE	44
PREMPRO	44
prenatal oral tablet 27-0.8 mg	38
prenatal oral tablet 27-1 mg	38
prenatal plus	38
prenatal plus vitamin/mineral.....	38
prenatal vitamins oral tablet 27-0.8 mg	38
PRENATE MINI.....	38
PRENATOL-M.....	38
PRENATRIX	38
PRENATRYL	38

PREVACID.....	38	propafenone hcl	23	QUINTET AC BLOOD GLUCOSE TEST.....	33
PREVACID SOLUTAB.....	38	propafenone hcl er	23	QUINTET BLOOD GLUCOSE TEST.....	33
prevalite.....	23	propranolol hcl er.....	23	QULIPTA	17
PREVIDENT 5000 BOOSTER PLUS.....	26	propranolol hcl oral.....	23	QUVIVIQ	58
PREVIDENT 5000 DRY MOUTH.....	26	propylthiouracil oral.....	46	QVAR REDHALER	57
PREVIDENT 5000 ENAMEL PROTECT.....	38	PROSCAR	40		
PREVIDENT 5000 KIDS	26	PROTONIX ORAL TABLET DELAYED RELEASE	38		
PREVIDENT 5000 ORTHO DEFENSE.....	26	PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	57		
PREVIDENT 5000 PLUS	26	PROVERA.....	41, 44		
PREVIDENT 5000 SENSITIVE	38	PROVIGIL	58		
PREVIDENT DENTAL	26	PROZAC.....	15		
PREVNAR 20	51	prucalopride succinate.....	39		
PREVYMIS ORAL TABLET	20	pseudoephedrine-bromphen-dm	55		
PREZCOBIX.....	20	PTS PANELS EGLU TEST.....	33		
primidone oral tablet 125 mg	14	PULMICORT SUSPENSION.....	57		
primidone oral tablet 250 mg, 50 mg	14	PULMOSAL.....	55		
PRIORIX.....	51	PULMOZYME.....	57		
PRISTIQ.....	15	PYLERA.....	38		
probenecid.....	16	PYRIDIUM.....	40		
PROCARDIA XL	23	pyridostigmine bromide oral tablet 30 mg	17		
PROCHAMBER VHC.....	57	pyridostigmine bromide oral tablet 60 mg	17		
prochlorperazine maleate oral....	16				
PROCORT	52				
procto-med hc.....	52				
PROCTOCORT	52				
PROCTOFOAM HC.....	52				
PROCTOSOL HC.....	52				
PROCTOZONE-HC.....	52				
progesterone intramuscular	44				
progesterone oral	44				
PROGRAF ORAL CAPSULE	49				
PROLATE ORAL TABLET.....	10				
PROLENSA	53				
promethazine hcl oral solution....	16				
promethazine hcl oral tablet.....	16				
promethazine hcl rectal.....	16				
promethazine-codeine.....	55				
promethazine-dm	55				
PROMETHEGAN	16				
PROMETRIUM	44				

R

ra mini nicotine	11
ra nicotine mouth/throat gum 4 mg.....	11
ra nicotine polacrilex	11
ra nicotine transdermal patch 24 hour 21 mg/24hr.....	11
rabeprazole sodium oral tablet delayed release	38
RADICAVA ORS	26
RADICAVA ORS STARTER KIT	26
RALDESY.....	15
raloxifene hcl	52
ramelteon.....	58
ramipril.....	23
ranolazine er.....	23
RAPAFLO.....	40
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	50
rasagiline mesylate oral	19
RASUVO.....	50
reclipsen	44
RECOMBINATE	36
RECOMBIVAX HB	51
RECTIV.....	23
REGLAN.....	16
RELAFEN DS	10
RELEXXII.....	25
RELION GLUCOSE TEST STRIPS..	33
RELION TRUE MET AIR GLUC METER.....	33
RELION TRUE METRIX TEST STRIPS	33
RELION ULTIMA GLUCOSE SYSTEM	33
RELION ULTIMA TEST.....	33
RELPAK.....	17

Q

qc nicotine transdermal system ..	11
QELBREE.....	25
QUARTETTE ORAL TABLET 42-21-21-7 DAYS.....	44
QUESTRAN.....	23
QUESTRAN LIGHT.....	23
quetiapine fumarate	19
quetiapine fumarate er.....	19
QUFLORA PEDIATRIC.....	38
QUICK TOUCH BLOOD GLUCOSE	33
QUICK TOUCH BLOOD GLUCOSE TEST.....	33
QUILLICHEW ER.....	25
QUILLIVANT XR	25



RELTONE.....	39	rivastigmine.....	14	SCSEMBLIX	18
REMERON.....	15	rivastigmine tartrate	14	scopolamine	16
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	15	rivelsa	44	SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG.....	44
RENTHYROID	46	rizatriptan benzoate oral tablet 10 mg.....	17	selenium sulfide external lotion ..	29
REVELA ORAL TABLET	40	rizatriptan benzoate oral tablet 5 mg	17	SENSIPAR	52
repaglinide.....	36	rizatriptan benzoate oral tablet dispersible 10 mg	17	SEREVENT DISKUS	57
REPATHA	23	rizatriptan benzoate oral tablet dispersible 5 mg	17	SEROQUEL.....	19
REPATHA PUSHTRONEX SYSTEM .	23	ROBINUL ORAL TABLET 1 MG.....	39	SEROQUEL XR	19
REPATHA SURECLICK	23	ROBINUL-FORTE ORAL TABLET 2 MG.....	39	SERTRALINE HCL ORAL CAPSULE.....	15
RESTASIS.....	54	ROCALTROL ORAL CAPSULE.....	52	sertraline hcl oral concentrate....	15
RESTASIS MULTIDOSE	54	ROCKLATAN	53	sertraline hcl oral tablet.....	15
RESTORIL.....	58	roflumilast	57	setlakin.....	44
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML .	36	ropinirole hcl.....	19	sevelamer carbonate oral tablet..	40
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	36	rosuvastatin calcium oral	23	SEYSARA.....	13
RETEVMO ORAL CAPSULE 40 MG	18	rosyrah	44	sf 5000 plus.....	26
RETEVMO ORAL CAPSULE 80 MG	18	roweepra.....	14	sf gel 1.1%	26
RETIN-A.....	29	ROXICODONE	10	SFROWASA.....	52
REVATIO ORAL	57	ROZEREM	58	sharobel.....	44
REVLIMID.....	18	ROZLYTREK.....	18	SHINGRIX.....	51
REXTOVY.....	11	RUCONEST.....	50	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg.....	36
REXULTI.....	19	RUKOBIA.....	20	sildenafil citrate oral tablet 20 mg	57
REYVOW	17	RYALTRIS.....	55	SILENOR	58
REZDIFFRA.....	39	RYBELSUS.....	36	silodosin.....	40
RHOFADE	29	RYDAPT	18	SILVADENE.....	13
RHOPRESSA.....	53	RYTARY.....	19	silver sulfadiazine external	13
rifampin oral	17	RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG.....	23	SIMLANDI (1 PEN).....	50
RIGHTEST GT333 GLUCOSE TEST.....	33	ryvent	55	SIMLANDI (1 SYRINGE)	50
RINVOQ	50			SIMLANDI (2 PEN).....	50
risedronate sodium oral tablet 150 mg, 35 mg	52			SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML.....	50
risedronate sodium oral tablet 30 mg, 5 mg.....	52			SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML.....	50
RISPERDAL	19			simliya	44
risperidone.....	19			simpesse	44
RITALIN	25			SIMPLERA SENSOR.....	33
RITALIN LA	25			SIMPLERA SYNC SENSOR.....	33
rivaroxaban	13			SIMPLERA SYSTEM	33
				SIMPONI	50

S

sacubitril-valsartan	23
SAFYRAL.....	44
SALAGEN	26
SANTYL	29
SAPHRIS	19
SAVELLA	26
saxagliptin hcl	36
saxagliptin-metformin er	36



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

T

TABRECTA.....	18
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %.....	29
TACLONEX EXTERNAL SUSPENSION	29
tacrolimus external.....	30
tacrolimus oral.....	50
tadalafil (pah).....	57
tadalafil oral.....	37
TADLIQ.....	57
tafluprost (pf).....	53
TAGRISSO.....	18
TAKHZYRO SUBCUTANEOUS SOLUTION	50

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

TOSYMRA	17	tri-lo-marzia	44	TRINATE.....	38
TOUJEO MAX SOLOSTAR	35	tri-lo-mili	44	TRINTELLIX.....	15
TOUJEO SOLOSTAR	35	tri-lo-sprintec.....	44	tritocin external ointment 0.05 %.	30
TRACLEER	57	tri-mili	44	TRIUMEQ.....	20
TRADJENTA.....	36	tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg.....	44	trivora (28).....	44
tramadol hcl (er biphasic) oral tablet extended release 24 hour ..	10	tri-sprintec.....	44	TROKENDI XR.....	14
tramadol hcl er.....	10	tri-vite/fluoride	38	tropium chloride.....	40
tramadol hcl oral tablet 100 mg, 25 mg, 75 mg.....	10	tri-vylibra.....	44	tropium chloride er.....	40
tramadol hcl oral tablet 50 mg.....	10	tri-vylibra lo	44	TRUE FOCUS BLOOD GLUCOSE STRIP.....	33
tramadol-acetaminophen	10	triamcinolone acetonide external cream 0.025 %, 0.1 %.....	30	TRUE METRIX AIR GLUCOSE METER KIT	34
trandolapril	24	triamcinolone acetonide external cream 0.5 %	30	TRUE METRIX BLOOD GLUCOSE TEST.....	34
tranexamic acid oral.....	36	triamcinolone acetonide external lotion	30	TRUE METRIX GO GLUCOSE METER.....	34
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	16	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %.....	30	TRUE METRIX METER	34
TRAVATAN Z.....	54	triamcinolone acetonide external ointment 0.05 %.....	30	TRUE METRIX PRO BLOOD GLUCOSE	34
travoprost (bak free)	54	triamcinolone acetonide mouth/throat.....	27	TRULANCE.....	39
trazodone hcl oral	15	triamcinolone in absorbase	30	TRULICITY.....	36
TRELEGY ELLIPTA	57	triamterene-hctz	24	TRUQAP ORAL TABLET.....	18
TREMFYA CROHNS INDUCTION..	30	TRIANEX EXTERNAL OINTMENT 0.05 %	30	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	20
TREMFYA ONE-PRESS.....	50	triazolam	20	TRUVADA ORAL TABLET 200-300 MG	20
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	50	TRIBENZOR.....	24	turqoz	44
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML.....	30	TRICARE ORAL TABLET	38	TWIIST REFILL KIT	34
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	50	TRICOR.....	24	TWIIST REFILL KIT/INFUSION SET	34
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML.....	30	TRIDACAINE II.....	10	TWIIST STARTER KIT	34
TRESIBA FLEXTOUCH.....	35	TRIDACAINE III.....	10	TWINRIX	51
tretinoin external cream	30	triderm	30	TWIRLA	44
tretinoin external gel 0.01 %, 0.025 %.....	30	TRIDESILON EXTERNAL CREAM 0.05 %	30	TYBLUME	44
tretinoin external gel 0.05 %	30	trihexyphenidyl hcl oral tablet	19	tydemy oral tablet 3-0.03-0.451 mg.....	44
TREXALL.....	50	TRIJARDY XR.....	36	TYMLOS.....	52
TREZIX	10	TRIKAFTA ORAL TABLET THERAPY PACK	57	TYRVAYA	54
tri-estarylla	44	TRILEPTAL	14	TYVASO	57, 58
tri-legest fe	44	TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG	24	TYVASO DPI INSTITUTIONAL KIT.....	57
tri-linyah.....	44	trimethoprim oral	13	TYVASO DPI MAINTENANCE KIT ..	57
tri-lo-estarylla	44	TRINATAL RX1.....	38	TYVASO DPI TITRATION KIT	57
				TYVASO REFILL KIT	57
				TYVASO STARTER KIT	58

U		
UBRELVY	17	
UCERIS ORAL	52	
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	36	
ULORIC	16	
UMECLIDINIUM-VILANTEROL	57	
UNDECATREX	46	
UNISTRIPI1 GENERIC	34	
unithroid	46	
urea external cream 20 %, 40 %, 45 %	30	
urea external cream 39 %, 41 %, 47 %	30	
UREA EXTERNAL CREAM 39.5 %	30	
uredeb	30	
UREMEZ-40	30	
URESOL	30	
UROCIT-K 10	38	
UROCIT-K 15	38	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	38	
UROXATRAL	40	
URSO 250 ORAL TABLET 250 MG	39	
URSO FORTE	39	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	39	
ursodiol oral capsule 300 mg	39	
ursodiol oral tablet	39	
USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	50	
V		
VAGIFEM	44	
valacyclovir hcl oral	20	
VALCYTE ORAL TABLET	20	
valganciclovir hcl oral tablet	20	
VALIUM	20	
valproic acid oral capsule	14	
valproic acid oral solution 250 mg/5ml	14	
VALSARTAN ORAL SOLUTION	24	
valsartan oral tablet	24	
valsartan-hydrochlorothiazide	24	
VALTOCO	14	
VALTREX	20	
valtya 1/50	44	
VANADOM ORAL TABLET 350 MG	58	
VANCOCIN	13	
vancomycin hcl oral capsule	13	
VANDAZOLE	13	
VANOS	30	
VANRAFIA	40	
VAQTA	51	
vardenafil hcl oral tablet	37	
varenicline tartrate	11	
varenicline tartrate (starter)	11	
varenicline tartrate(continue)	11	
VARIVAX	51	
VASCEPA	24	
VASERETIC	24	
VASOTEC	24	
velivet	44	
VELPHORO	40	
VELTASSA	38	
VEMLIDY	20	
VENCLEXTA	18	
venlafaxine hcl	15	
venlafaxine hcl er oral capsule extended release 24 hour	15	
venlafaxine hcl er oral tablet extended release 24 hour	15	
VENTOLIN HFA	56, 57	
VEOZAH	26	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	24	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	24	
verapamil hcl er oral tablet extended release	24	
verapamil hcl oral	24	
VERELAN	24	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	24	
VERISAFE SAFETY STERILE NEEDLE	34	
VERKAZIA	54	
VERQUVO	24	
VERZENIO	18	
VESICARE	40	
vestura	44	
VEVYE	54	
VFEND ORAL TABLET 200 MG	16	
VFEND ORAL TABLET 50 MG	16	
VIAGRA	37	
VIBERZI	39	
VIBRAMYCIN ORAL CAPSULE 100 MG	13	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	13	
vienna	44	
VIGAMOX	53	
VIIBRYD	15	
vilazodone hcl	15	
VIMPAT ORAL	14	
viorele	44	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	20	
VIREAD ORAL TABLET 300 MG	20	
VISTARIL ORAL CAPSULE 25 MG	20	
VITAFOL FE+	38	
VITAFOL ULTRA	38	
VITAFOL-OB	38	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	38	
VITATHELY WITH GINGER	38	
VITRAKVI	18	
VIVAGUARD INO GLUCOSE METER KIT	34	
VIVAGUARD INO TEST STRIPS	34	
VIVELLE-DOT	42, 45	
VIVJOA	16	
VIVOTIF	51	
VOGELXO	46	
VOGELXO PUMP	46	
volnea	45	
VOQUEZNA	39	

VOQUEZNA DUAL PAK	39	xarah fe	45	YUFLYMA (2 SYRINGE).....	50
VOQUEZNA TRIPLE PAK.....	39	XARELTO	13	YUFLYMA-CD/UC/HS STARTER...50	
voriconazole oral tablet	16	XARELTO STARTER PACK.....	13	YUPELRI.....	57
VORTEX HOLD CHMBR/MASK/ CHILD DEVICE.....	57	XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG ..	14	YUSIMRY	50
VORTEX HOLD CHMBR/MASK/ TODDLER DEVICE.....	57	XDEMVY.....	53	yuvaferm.....	45
VORTEX VALVE CHAMBER-PEDI MASK.....	57	XELJANZ	50		
VORTEX VALVED HOLDING CHAMBER DEVICE	57	XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG.....	50	Z	
VOSEVI.....	20	XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	50	zafemy	45
VOYDEYA.....	36	XELODA	18	zafirlukast.....	57
VRAYLAR.....	19	XENLETA ORAL TABLET 600 MG .	13	zaleplon	58
VTAMA	30	XHANCE.....	55	ZANAFLEX	58
vyfemla	45	XIFAXAN	13	ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG.....	58
VYLEESI.....	37	XIGDUO XR	36	ZARONTIN	14
vylibra	45	XIIDRA	54	ZARXIO.....	36
VYNDAMAX	40	XOFLUZA (40 MG DOSE).....	20	ZAVZPRET.....	17
VYNDAQEL.....	24	XOFLUZA (80 MG DOSE).....	20	ZEBUTAL ORAL CAPSULE 50-325-40 MG	10
VYTORIN.....	24	XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	57	ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	36
VYVANSE.....	25	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.	50	ZEJULA ORAL CAPSULE 100 MG .	18
VYZULTA	54	XOPENEX HFA	57	ZELBORAF	18
		XTAMPZA ER.....	10	ZEMBRACE SYMTOUCH.....	17
W		XTANDI.....	18	zenatane	30
WAINUA	15	xulane	45	ZENPEP.....	40
WAKIX.....	58	xurea	30	ZENZEDI	25
warfarin sodium oral.....	13	XYOSTED.....	46	ZEPOSIA	26
WELCHOL ORAL TABLET.....	24	XYWAV	58	ZEPOSIA 7-DAY STARTER PACK...26	
WELLBUTRIN SR.....	15			ZEPOSIA STARTER KIT	26
WELLBUTRIN XL.....	15			ZESTORETIC.....	24
wera	45	Y		ZESTRIL.....	24
wes-phos 250 neutral.....	38	YASMIN 28	45	ZETIA.....	24
WESTAB PLUS.....	38	YAZ	45	ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	55
WILATE.....	36	YESINTEK SUBCUTANEOUS.....	50	ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	24
WINLEVI	30	YORVIPATH	52	ZIAC ORAL TABLET 5-6.25 MG ...	24
wixela inhub.....	57	YUFLYMA (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML	50	ZILBRYSQ	17
		YUFLYMA (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/0.8ML	50	ZILXI	30
X		YUFLYMA (2 PEN).....	50	ZIMHI	11
XACIATO	13			ZIOPTAN	54
XALATAN.....	54			ziprasidone hcl.....	19
XANAX	20			ZITHROMAX ORAL	13
XANAX XR.....	20			ZITHROMAX TRI-PAK.....	13

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

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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) សេវាជំនួយភាសាភាគតិចផ្លែ និងការទំនាក់ទំនងភាគតិចផ្លែក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ទូរសព្ទមកលេខភាគតិចផ្លែនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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