



Your 2025 Prescription Drug List

Traditional 4-Tier

Effective May 1, 2025



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of May 1, 2025 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, River Valley, Global Solutions, Oxford, Student Resources, UnitedHealthOne and Surest medical plans with a pharmacy benefit subject to the Traditional 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.....	11
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.....	15
Antiemetics	
Drugs for Nausea and Vomiting.....	16
Antifungals	
Drugs for Fungal Infections.....	16
Antigout Agents	
Drugs for Gout.....	17
Antimigraine Agents	
Drugs for Migraines	17
Antimyasthenic Agents	
Drugs to Treat Myasthenia Gravis.....	17
Antimycobacterials	
Drugs to Treat Infections.....	18
Antineoplastics	
Drugs for Cancer	18
Antiparasitics	
Drugs for Parasitic Infections.....	19
Antiparkinson Agents	
Drugs for Parkinson’s Disease.....	19
Antiplatelets	
Drugs for Heart Attack and Stroke Prevention.....	20
Antipsychotics	
Drugs for Mood Disorders.....	20
Antivirals	
Drugs for Viral Infections	20
Anxiolytics	
Drugs for Anxiety.....	21
Bipolar Agents	
Drugs for Mood Disorders.....	22
Cardiovascular Agents	
Drugs for Heart and Circulation Conditions.....	22
Central Nervous System Agents	
Drugs for Attention Deficit Disorder	26
Drugs for Multiple Sclerosis.....	27
Miscellaneous.....	27



Dental and Oral Agents	
Drugs for Mouth and Throat Conditions	28
Dermatological Agents	
Drugs for Skin Conditions.....	28
Diabetes	
Glucose Monitoring and Supplies.....	32
Insulin.....	35
Non-Insulin Agents.....	36
Drugs for Blood Disorders.....	37
Drugs for Sexual Dysfunction.....	38
Electrolytes / Vitamins.....	38
Gastrointestinal Agents	
Drugs for Acid Reflux and Ulcer.....	40
Drugs for Bowel, Intestine and Stomach Conditions	41
Genetic or Enzyme Disorder	
Drugs for Replacement, Modification, Treatment	42
Genitourinary Agents	
Drugs for Bladder, Genital and Kidney Conditions.....	42
Drugs for Prostate Conditions.....	43
Hormonal Agents	
Hormone Replacement and Birth Control	43
Oral Steroids.....	47
Other.....	48
Testosterone Replacement.....	48
Thyroid.....	49
Immunological Agents	
Drugs for Immune System Stimulation or Suppression	49
Drugs for Vaccination	52
Infertility Agents	52
Inflammatory Bowel Disease Agents	53
Metabolic Bone Disease Agents	
Drugs for Osteoporosis	53
Other.....	54
Ophthalmic Agents	
Drugs for Eye Allergy, Infection and Inflammation	54
Drugs for Eye Infection and Inflammation.....	55
Drugs for Glaucoma.....	55
Drugs for Miscellaneous Eye Conditions	55
Otic Agents	
Drugs for Ear Conditions.....	56
Respiratory	
Drugs for Anaphylaxis	56
Respiratory Tract / Pulmonary Agents	
Drugs for Allergies, Cough, Cold.....	56
Drugs for Asthma and COPD.....	57
Drugs for Cystic Fibrosis	59
Drugs for Pulmonary Fibrosis.....	59
Drugs for Pulmonary Hypertension	59
Skeletal Muscle Relaxants	
Drugs for Muscle Pain and Spasm	59
Sleep Disorder Agents.....	60
Index	61



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

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. Mainly preferred brand-name 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.	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 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) ¹ – 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 ² – The largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program ³ – 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. ²

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

2. Not applicable to certain Student Resources plans.

3. Not applicable to Student Resources plans.



Reading your PDL (continued)

Coverage details

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

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

Coverage is set by the member's prescription drug benefit plan. Please consult plan documents regarding benefit 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 solution 120-12 mg/5ml	1	QL
acetaminophen-codeine oral tablet	1	QL
ALLZITAL	E	QL
apap-caff-dihydrocodeine	1	QL
ascomp-codeine	1	QL
bac	1	QL
BELBUCA	3	PA, QL
BUPAP ORAL TABLET 50-300 MG	E	QL
buprenorphine	1	PA, QL
butalbital-acetaminophen oral tablet 50-300 mg	E	QL
butalbital-acetaminophen oral tablet 50-325 mg	1	QL
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	E	QL
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL
butalbital-apap-caffeine	1	QL
butalbital-asa-caff-codeine	1	QL
butalbital-aspirin-caffeine	1	QL
butorphanol tartrate nasal	1	QL
BUTRANS	E	PA, QL
DILAUDID ORAL TABLET	E	QL
endocet	1	QL
ESGIC	4	QL
ESGIC ORAL CAPSULE 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	1	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	

Drug Name	Drug Tier	Requirements & Limits
glydo	1	
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	1	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydrocodone-ibuprofen	1	QL
hydromorphone hcl oral tablet	1	QL
lidocaine external ointment 5 %	1	QL
lidocaine external patch 5 %	1	PA, QL
lidocaine hcl urethral/mucosal	1	
lidocaine-prilocaine external cream	1	
LIDOCAN	E	PA, QL
LIDODERM	E	PA, QL
LIDOTRAL 1	E	
LORTAB ORAL ELIXIR 10-300 MG/15ML	4	QL
methadone hcl oral tablet	1	PA, QL
morphine sulfate (concentrate)	1	QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	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
oxymorphone hcl er	1	PA, QL
PERCOCET	E	QL
premium lidocaine	1	QL
PROLATE ORAL TABLET	E	QL
ROXICODONE	E	QL
TENCON	3	QL
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	(generic for Ryzolt), QL
tramadol hcl er	1	(generic for Ultram ER), QL
tramadol hcl oral tablet 100 mg, 75 mg, 25 mg	E	QL
tramadol hcl oral tablet 50 mg	1	QL
tramadol-acetaminophen	1	QL
TREZIX	3	QL
TRIDACAINE II	E	PA, QL
TRIDACAINE III	E	PA, QL
XTAMPZA ER	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	
CATAFLAM ORAL TABLET 50 MG	E	
CELEBREX	E	QL
celecoxib oral	1	QL
DAYPRO	4	
diclofenac potassium oral tablet 25 mg	E	QL
diclofenac potassium oral tablet 50 mg	1	

Drug Name	Drug Tier	Requirements & Limits
diclofenac sodium er	1	
diclofenac sodium external gel 1%	E	
diclofenac sodium oral	1	
diclofenac-misoprostol	1	
DICLOFONO	E	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	4	
ec-naproxen	1	
etodolac	1	
etodolac er	1	
FELDENE ORAL CAPSULE 10 MG, 20 MG	4	
flurbiprofen oral	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	1	
INDOMETHACIN ORAL CAPSULE 20 MG	E	
indomethacin oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine oral	1	
LODINE	E	
LOFENA	E	QL
mefenamic acid oral	1	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN ORAL TABLET	E	
naproxen dr	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet	1	
piroxicam oral	1	
RELAFEN DS	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
RELAFEN ORAL TABLET 500 MG, 750 MG	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	1	
bupropion hcl er (smoking det)	1	H
cvs nicotine	1	H
cvs nicotine polacrilex	1	H
disulfiram oral	1	
eq nicotine	1	H
eq nicotine polacrilex	1	H
eq nicotine step 3	1	H
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H
ft nicotine	1	H
ft nicotine mini	1	H
gnp nicotine mini	1	H
gnp nicotine polacrilex mouth/throat gum 2 mg	1	H
gnp nicotine polacrilex mouth/throat lozenge	1	H
gnp nicotine transdermal	1	H
goodsense nicotine	1	H
habitrol	1	H
hm nicotine polacrilex	1	H
hm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	1	H
KLOXXADO	1	QL
kls quit2	1	H
kls quit4	1	H
naloxone hcl injection solution prefilled syringe	1	QL
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	

Drug Name	Drug Tier	Requirements & Limits
NARCAN	1	QL (includes Narcan OTC)
NICODERM CQ	4	H
NICORETTE MINI	2	H
NICORETTE MOUTH/THROAT GUM	4	H
NICORETTE MOUTH/THROAT LOZENGE	2	H
NICORETTE STARTER KIT	4	H
nicotine mini	1	H
nicotine polacrilex mini	1	H
nicotine polacrilex mouth/throat	1	H
nicotine step 1	1	H
nicotine step 2	1	H
nicotine step 3	1	H
nicotine transdermal patch 24 hour	1	H
NICOTROL	4	PA, H
qc nicotine transdermal system	1	H
ra mini nicotine	1	H
ra nicotine mouth/throat gum 4 mg	1	H
ra nicotine polacrilex	1	H
ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H
REXTOVY	1	QL
sm nicotine	1	H
sm nicotine polacrilex	1	H
SUBOXONE	E	PA, QL
THRIVE	4	H
varenicline tartrate	1	PA, H
varenicline tartrate (starter)	1	PA, H
varenicline tartrate(continue)	1	PA, H
ZIMHI	2	QL
ZUBSOLV	1	QL
Antibacterials - Drugs for Infections		
ACTICLATE ORAL TABLET 150 MG, 75 MG	E	
amoxicillin	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
amoxicillin-potassium clavulanate	1		doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
ampicillin	1		doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
AUGMENTIN	E		doxycycline monohydrate oral suspension reconstituted	1	
AUGMENTIN ES-600	E		doxycycline monohydrate oral tablet	1	
AVIDOXY	4		E.E.S. GRANULES	3	
azithromycin oral packet 1 gm	1		ERYPED 200	3	
BACTRIM	4		ERYPED 400	4	
BACTRIM DS	4		ERY-TAB	4	
cefadroxil	1		erythromycin base oral tablet	1	
cefdinir	1		erythromycin base oral tablet delayed release	1	
cefixime	1		erythromycin ethylsuccinate oral suspension reconstituted	1	
cefpodoxime proxetil oral tablet	1		erythromycin oral	1	
cefprozil	1		FIRVANQ	4	
cefuroxime axetil	1		FLAGYL	4	
CENTANY EXTERNAL OINTMENT 2 %	4	QL	fosfomicin tromethamine	1	
cephalexin	1		gentamicin sulfate external	1	QL
CIPRO ORAL TABLET	4		HIPREX	4	
ciprofloxacin hcl oral	1		levofloxacin oral tablet	1	
clarithromycin er	1		LIKMEZ	4	
clarithromycin oral	1		linezolid oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4		LYMEPAK ORAL TABLET 100 MG	E	
CLEOCIN ORAL CAPSULE 75 MG	2		MACROBID	4	
CLEOCIN ORAL SOLUTION RECONSTITUTED	4		MACRODANTIN	4	
CLEOCIN VAGINAL CREAM	4		methenamine hippurate	1	
clindamycin hcl oral	1		metronidazole oral	1	
clindamycin palmitate hcl	1		metronidazole vaginal	1	
clindamycin phosphate vaginal	1		minocycline hcl oral capsule	1	
CLINDESSE	2		MONDOXYNE NL	4	
dicloxacillin sodium	1		MONUROL ORAL PACKET 3 GM	4	
DIFICID ORAL TABLET	3	QL	moxifloxacin hcl oral	1	
doxycycline hyclate oral capsule	1		mupirocin cream	1	QL
doxycycline hyclate oral tablet 100 mg, 20 mg	1		mupirocin ointment	1	QL
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E		neomycin sulfate oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
nitrofurantoin oral suspension 25 mg/5ml	1	
NUVESSA	E	
NUZYRA ORAL	4	QL
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	1	
tinidazole oral	1	
trimethoprim oral	1	
VANCOCIN	4	
vancomycin hcl oral	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	1	QL
ELIQUIS	2	QL

Drug Name	Drug Tier	Requirements & Limits
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	1	QL
fondaparinux sodium	1	QL
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	QL
PRADAXA ORAL CAPSULE	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTIOM	3	PA
BANZEL	4	PA
BRIVIACT ORAL SOLUTION	4	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	4	
clobazam	1	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 INFATABS	3	
DILANTIN ORAL CAPSULE	3	
divalproex sodium er	1	
divalproex sodium oral	1	
ELEPSIA XR	E	PA
EPIDIOLEX	3	PA, SP
epitol	1	
ethosuximide oral	1	
felbamate	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
FELBATOL	4	PA	phenytoin oral tablet chewable	1	
FELBATOL ORAL SUSPENSION 600 MG/5ML	4	PA	phenytoin sodium extended	1	
FINTEPLA	4	PA	primidone oral tablet 125 mg	1	PA
FYCOMPA ORAL SUSPENSION	4	PA	primidone oral tablet 250 mg, 50 mg	1	
FYCOMPA ORAL TABLET	3	PA	roweepra	1	
gabapentin oral capsule	1		rufinamide oral suspension	1	
gabapentin oral solution 250 mg/5ml	1		rufinamide oral tablet	1	PA
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	PA	subvenite	1	
gabapentin oral tablet 600 mg, 800 mg	1		SYMPAZAN	4	PA
KEPPRA ORAL	4	PA	TEGRETOL ORAL TABLET	3	
KEPPRA XR	4	PA	TEGRETOL-XR	4	
lacosamide oral	1		TOPAMAX	4	PA
LAMICTAL	4	PA	TOPAMAX SPRINKLE	4	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE	4	PA	topiramate er oral capsule extended release 24 hour	E	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA	topiramate oral	1	
lamotrigine er	1		TRILEPTAL	4	PA
lamotrigine oral tablet	1		TROKENDI XR	E	
lamotrigine oral tablet chewable	1		valproic acid oral capsule	1	
lamotrigine oral tablet dispersible	1	PA	valproic acid oral solution 250 mg/5ml	1	
levetiracetam er	1		VALTOCO	3	PA, QL
levetiracetam oral	1		vigabatrin oral packet	1	PA, QL, SP
LIBERVANT	3	PA, QL	vigadrone oral packet	1	PA, QL, SP
MOTPOLY XR	3	PA	vigpoder	1	PA, QL, SP
MYSOLINE	2	PA	VIMPAT ORAL	4	PA
NAYZILAM	3	PA, QL	XCOPRI	3	PA
NEURONTIN	4	PA	ZARONTIN	4	
ONFI	4	PA	ZONEGRAN	4	PA
oxcarbazepine	1		zonisamide oral	1	
oxcarbazepine er	E		Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
OXTELLAR XR	E		ARICEPT	E	
phenobarbital oral	1		donepezil hcl oral tablet	1	
phenytek	1		EXELON	E	
phenytoin infatabs	1		galantamine hydrobromide er	1	
			memantine hcl er	1	
			memantine hcl oral tablet	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG	4	
rivastigmine	1	
rivastigmine tartrate	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
ANAFRANIL	E	
AUVELITY	4	ST, QL
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral solution	1	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	1	
CYMBALTA	E	
desipramine hcl oral	1	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	
duloxetine hcl oral capsule delayed release particles 40 mg	E	
EFFEXOR XR	E	
escitalopram oxalate oral	1	
FETZIMA	4	ST, QL

Drug Name	Drug Tier	Requirements & Limits
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	1	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	1	QL
fluoxetine hcl oral tablet 20 mg, 60 mg	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	QL
FORFIVO XL	E	QL
imipramine hcl oral	1	
LEXAPRO	E	
mirtazapine oral	1	
NORPRAMIN	4	
nortriptyline hcl oral capsule	1	
olanzapine-fluoxetine hcl	1	QL
PAMELOR	E	
PARNATE	4	
paroxetine hcl er	1	QL
paroxetine hcl oral tablet	1	
PAXIL CR	E	QL
PAXIL ORAL TABLET	E	
PRISTIQ	E	QL
protriptyline hcl	1	
PROZAC	E	
REMERON	E	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E	
SERTRALINE HCL ORAL CAPSULE	E	QL
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
SPRAVATO (56 MG DOSE)	4	PA, QL
SPRAVATO (84 MG DOSE)	4	PA, QL
SYMBYAX	4	QL
tranylcypromine sulfate	1	
trazodone hcl oral	1	
TRINTELLIX	4	ST, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	E	QL
VIIBRYD	E	QL
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	4	
vilazodone hcl	1	QL
WAINUA	2	PA, QL, SP
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
ZURZUVAE	2	PA, QL, SP

Antiemetics - Drugs for Nausea and Vomiting

ANTIVERT ORAL TABLET	E	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	1	QL
DICLEGIS	E	PA
doxylamine-pyridoxine	E	PA
dronabinol	1	
EMEND ORAL CAPSULE	E	QL
granisetron hcl oral	1	
MARINOL ORAL CAPSULE 10 MG, 5 MG	E	
MARINOL ORAL CAPSULE 2.5 MG	E	
meclizine hcl oral tablet	E	
metoclopramide hcl oral solution	1	
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	1	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	

Drug Name	Drug Tier	Requirements & Limits
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	4	
scopolamine	1	
TRANSDERM-SCOP	E	

Antifungals - Drugs for Fungal Infections

ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
DIFLUCAN	E	
econazole nitrate external	1	
EXELDERM EXTERNAL CREAM	3	
fluconazole oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize	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
LOPROX EXTERNAL CREAM 0.77 %	E	
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	1	
nystop	1	QL
posaconazole oral tablet delayed release	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
SPORANOX ORAL CAPSULE	4	QL
SULCONAZOLE NITRATE EXTERNAL CREAM	3	
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	1	
colchicine-probenecid	1	
COLCRYS ORAL TABLET 0.6 MG	E	
febuxostat	1	
MITIGARE	2	
probenecid	1	
ULORIC	E	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	4	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, ST, QL
AJOVY	E	PA, ST, QL
almotriptan malate	1	QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA, ST, QL
FROVA	E	QL
frovatriptan succinate	1	QL
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	4	QL
IMITREX ORAL	E	QL
IMITREX STATDOSE SYSTEM	E	QL
MAXALT	E	QL

Drug Name	Drug Tier	Requirements & Limits
MAXALT-MLT	E	QL
naratriptan hcl	1	QL
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
RELPAX	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	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge	1	QL
sumatriptan succinate subcutaneous	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	1	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	1	QL
ZOMIG ORAL	E	QL
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis		
MESTINON ORAL TABLET	E	
pyridostigmine bromide er	1	
pyridostigmine bromide oral tablet 30 mg	E	
pyridostigmine bromide oral tablet 60 mg	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Antimycobacterials - Drugs to Treat Infections		
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	4	
MYCOBUTIN ORAL CAPSULE 150 MG	4	
rifabutin	1	
rifampin oral	1	
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	1	PA, QL, SP
abiraterone acetate oral tablet 500 mg	E	PA, QL, SP
AFINITOR	E	PA, QL, SP
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ANKTIVA	E	
ARIMIDEX	E	
AROMASIN	E	
AUGTYRO ORAL CAPSULE	2	PA, QL, SP
bicalutamide	1	
BOSULIF ORAL TABLET	2	PA, ST, QL, SP
BRUKINSA	3	PA, ST, QL, SP
CABOMETYX	2	PA, QL, SP
CALQUENCE	2	PA, QL, SP
CALQUENCE ORAL CAPSULE 100 MG	2	PA, QL, SP
capecitabine	1	QL, SP
CASODEX	4	
COTELLIC	2	PA, QL, SP
cyclophosphamide oral capsule	1	
dasatinib	1	PA, ST, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA, QL, SP
exemestane	1	H-PA
EXKIVITY ORAL CAPSULE 40 MG	4	PA, QL, SP
FEMARA	E	
GAVRETO	4	PA, QL, SP
GLEEVEC	E	PA, QL, SP
HYDREA	4	
hydroxyurea oral	1	
IBRANCE	2	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate	1	PA, QL, SP
IMBRUVICA ORAL CAPSULE	2	PA, QL, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
IMBRUVICA ORAL TABLET 560 MG	2	PA, SP
INLYTA	3	PA, QL, SP
JAKAFI	2	PA, QL, SP
KISQALI (200 MG DOSE)	4	PA, ST, QL, SP
KISQALI (400 MG DOSE)	4	PA, ST, QL, SP
KISQALI (600 MG DOSE)	4	PA, ST, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	1	PA, QL, SP
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	3	PA, QL, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
LONSURF	4	PA, QL, SP
LUMAKRAS ORAL TABLET	4	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
LYNPARZA	2	PA, QL, SP
MEKINIST ORAL TABLET	4	PA, ST, QL, SP
mercaptopurine oral	1	
NERLYNX	2	PA, QL, SP
NINLARO	2	PA, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
pazopanib hcl	1	PA, QL, SP
PIQRAY	2	PA, QL, SP
POMALYST	3	PA, QL, SP
RETEVMO ORAL CAPSULE 40 MG	4	PA, QL, SP
RETEVMO ORAL CAPSULE 80 MG	4	PA, SP
REVLIMID	2	PA, QL, SP
ROZLYTREK ORAL CAPSULE	2	PA, QL, SP
ROZLYTREK ORAL PACKET	2	PA, SP
SPRYCEL	E	PA, ST, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	4	PA, QL, SP
TAFINLAR ORAL CAPSULE	4	PA, ST, QL, SP
TAGRISSE	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	2	PA, ST, QL, SP
TEMODAR ORAL CAPSULE 250 MG	E	PA, SP
temozolomide	1	PA, SP
torpenz	1	PA, QL, SP
TRUQAP ORAL TABLET	2	PA, QL, SP
VENCLEXTA	2	PA, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XELODA	E	QL, SP
XTANDI	2	PA, QL, SP
ZEJULA ORAL CAPSULE 100 MG	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
ZELBORAF	2	PA, QL, SP
ZYTIGA	E	PA, QL, SP
Antiparasitics - Drugs for Parasitic Infections		
albendazole oral	1	PA, QL
ARAKODA	4	QL
atovaquone	1	
atovaquone-proguanil hcl	1	
ELIMITE	4	
hydroxychloroquine sulfate oral	1	
ivermectin oral	1	PA, QL
KRINTAFEL	1	QL
MALARONE	4	
mefloquine hcl	1	
MEPRON	E	
nitazoxanide oral	1	QL
permethrin external	1	
PLAQUENIL	E	
SOVUNA	E	
STROMECTOL	4	PA, QL
Antiparkinson Agents - Drugs for Parkinson's Disease		
amantadine hcl oral	1	
AZILECT	E	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa-entacapone	1	
COMTAN ORAL TABLET 200 MG	4	
CREXONT	E	
DHIVY	E	
entacapone	1	
INBRIJA	3	PA, QL, SP
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	SP
NEUPRO	3	
PARLODEL ORAL TABLET	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
pramipexole dihydrochloride	1	
rasagiline mesylate oral	1	
ropinirole hcl	1	
RYTARY	E	
SINEMET	4	
STALEVO 100 ORAL TABLET 25-100-200 MG	4	
STALEVO 125 ORAL TABLET 31.25-125-200 MG	4	
STALEVO 150 ORAL TABLET 37.5-150-200 MG	4	
STALEVO 200 ORAL TABLET 50-200-200 MG	4	
STALEVO 50 ORAL TABLET 12.5-50-200 MG	4	
STALEVO 75 ORAL TABLET 18.75-75-200 MG	4	
trihexyphenidyl hcl oral tablet	1	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	4	QL
cilostazol	1	
clopidogrel bisulfate oral	1	
EFFIENT	E	
PLAVIX	E	
prasugrel hcl	1	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
aripiprazole oral solution	1	
aripiprazole oral tablet	1	
asenapine maleate	1	QL
CAPLYTA	4	PA, ST, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	4	
fluphenazine hcl oral tablet	1	
GEODON ORAL	E	
haloperidol oral	1	
INVEGA	E	QL

Drug Name	Drug Tier	Requirements & Limits
LATUDA	E	QL
loxapine succinate	1	
lurasidone hcl	1	QL
NUPLAZID ORAL CAPSULE	4	PA
olanzapine oral	1	
paliperidone er	1	QL
pimozide	1	
quetiapine fumarate	1	
quetiapine fumarate er	1	
REXULTI	4	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	E	QL
SEROQUEL	E	
SEROQUEL XR	E	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	E	
VRAYLAR	4	QL
ziprasidone hcl	1	
ZYPREXA ORAL	E	
ZYPREXA ZYDIS	E	
Antivirals - Drugs for Viral Infections		
abacavir sulfate-lamivudine	1	QL
acyclovir external ointment	1	QL
acyclovir oral	1	
BARACLUDE ORAL TABLET	E	
BIKTARVY	4	QL
CIMDUO	2	QL
COMPLERA	4	QL
darunavir	1	
DELSTRIGO	2	QL
DESCOVY	4	QL
DOVATO	2	QL
efavirenz-emtricitab-tenofo df	1	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
etravirine	1	
famciclovir oral	1	
GENVOYA	4	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP
INTELENCE ORAL TABLET 100 MG, 200 MG	4	
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	QL
LAGEVRIO	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET	2	PA, QL, SP
ODEFSEY	4	QL
oseltamivir phosphate oral	1	
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100)	2	QL
PIFELTRO	3	
PREVYMIS ORAL	2	PA
PREZCOBIX	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
ritonavir	1	
RUKOBIA	4	PA
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	4	QL
SYMFI	2	QL
SYMFI LO	2	QL
TAMIFLU	E	
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TRIUMEQ	2	QL

Drug Name	Drug Tier	Requirements & Limits
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	
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	
XOFLUZA (80 MG DOSE)	3	
ZIRGAN	3	
ZOVIRAX EXTERNAL OINTMENT	E	QL
ZOVIRAX ORAL SUSPENSION 200 MG/5ML	4	
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 intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
oxazepam	1	
TRANXENE-T ORAL TABLET 7.5 MG	4	
triazolam	1	
VALIUM	E	
VISTARIL ORAL CAPSULE 25 MG, 50 MG	4	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
EQUETRO	3	
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	
ALDACTAZIDE ORAL TABLET 25-25 MG	4	
ALDACTONE	E	
aliskiren fumarate	1	
ALTACE	E	
amiloride hcl oral	1	
amiloride-hydrochlorothiazide	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	E	
ATACAND	E	
ATACAND HCT	E	
atenolol oral	1	
atenolol-chlorthalidone	1	
ATORVALIQ	4	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA

Drug Name	Drug Tier	Requirements & Limits
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	E	
AVAPRO	E	
AZOR	E	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
BETAPACE	E	
BETAPACE AF	4	
betaxolol hcl oral	1	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BUMEX	3	
BYSTOLIC	E	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG	4	
CAMZYOS	4	PA, QL, SP
candesartan cilexetil	1	
candesartan cilexetil-hctz	1	
captopril oral	1	
CARDIZEM	E	
CARDIZEM CD	E	
CARDIZEM LA	E	
CARDURA	4	
cartia xt	1	
carvedilol	1	
carvedilol phosphate er	E	
CATAPRES-TTS-1	E	
CATAPRES-TTS-2	E	
CATAPRES-TTS-3	E	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	
clonidine hcl oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
clonidine patch weekly 0.1 mg/24hr transdermal	1		EPANED	4	PA
clonidine patch weekly 0.1 mg/24hr transdermal	1	(Patch)	eplerenone	1	
clonidine patch weekly 0.2 mg/24hr transdermal	1		EXFORGE	E	
clonidine patch weekly 0.2 mg/24hr transdermal	1	(Patch)	ezetimibe	1	
clonidine patch weekly 0.3 mg/24hr transdermal	1		ezetimibe-simvastatin	1	
clonidine patch weekly 0.3 mg/24hr transdermal	1	(Patch)	felodipine er	1	
colesevelam hcl oral tablet	1		fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
COLESTID ORAL TABLET	4		FENOFIBRATE MICRONIZED ORAL CAPSULE 30 MG, 90 MG	E	
colestipol hcl oral tablet	1		fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
COREG	E		fenofibrate oral tablet 120 mg, 40 mg	E	
COREG CR	E		fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG	4		fenofibric acid oral capsule delayed release	1	
CORLANOR	3	PA, QL	FENOGLIDE	E	
COZAAR	E		flecainide acetate	1	
CRESTOR	E		fluvastatin sodium	1	
digitek oral tablet 125 mcg, 250 mcg	1		fosinopril sodium	1	
digoxin oral tablet	1		fosinopril sodium-hctz	1	
diltiazem hcl er	1		FUROSCIX	4	PA, QL
diltiazem hcl er beads	1		furosemide oral	1	
diltiazem hcl er coated beads	1		gemfibrozil oral	1	
diltiazem hcl oral	1		guanfacine hcl	1	
dilt-xr	1		HEMANGEOL	3	
DIOVAN	E		hydralazine hcl oral	1	
DIOVAN HCT	E		hydrochlorothiazide oral	1	
dofetilide	1		HYZAAR	E	
doxazosin mesylate oral	1		icosapent ethyl	E	PA
EDARBI	E		indapamide	1	
EDARBYCLOR	E		INDERAL LA	E	
enalapril maleate oral solution	1	PA	INSPRA	E	
enalapril maleate oral tablet	1		irbesartan	1	
enalapril-hydrochlorothiazide	1		irbesartan-hydrochlorothiazide	1	
ENTRESTO ORAL TABLET	4	PA, QL	ISORDIL TITRADOSE	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
isosorb dinitrate-hydralazine	1		metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1		metoprolol-hydrochlorothiazide	1	
isosorbide dinitrate oral tablet 40 mg	E		mexiletine hcl oral	1	
isosorbide mononitrate	1		MICARDIS	E	
isosorbide mononitrate er	1		MICARDIS HCT	E	
ivabradine hcl	1	PA, QL	midodrine hcl	1	
KAPSPARGO SPRINKLE	4		MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	4	
KERENDIA	4	PA, QL	minoxidil oral	1	
labetalol hcl oral	1		moexipril hcl	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3		MULTAQ	4	PA
LANOXIN ORAL TABLET 62.5 MCG	4		nadolol oral	1	
LASIX	4		nebivolol hcl	1	
LIPITOR	E		NEXLETOL	2	PA, ST, QL
lisinopril oral	1		NEXLIZET	2	PA, ST, QL
lisinopril-hydrochlorothiazide	1		niacin er (antihyperlipidemic)	1	
LIVALO	E	ST	nifedipine er	1	
LODOCO	4	QL	nifedipine er osmotic release	1	
LOPID	4		nifedipine oral	1	
LOPRESSOR	4		nisoldipine er	1	
losartan potassium oral	1		NITRO-BID	2	
losartan potassium-hctz	1		NITRO-DUR	3	
LOTENSIN	4		nitroglycerin rectal	1	QL
LOTENSIN HCT	4		nitroglycerin sublingual	1	
LOTREL	E		nitroglycerin transdermal	1	
lovastatin oral	1	H	NITROSTAT	4	
LOVAZA	E		NORLIQVA	4	PA
matzim la	1		NORVASC	E	
MAXZIDE ORAL TABLET 75-50 MG	4		olmesartan medoxomil oral	1	
MAXZIDE-25 ORAL TABLET 37.5-25 MG	4		olmesartan medoxomil-hctz	1	
metolazone	1		olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-25 mg	E	
metoprolol succinate er	1		olmesartan-amlodipine-hctz oral tablet 40-5-12.5 mg	E	QL
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1		omega-3-acid ethyl esters	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	4	
pentoxifylline er	1	
perindopril erbumine	1	
pindolol	1	
pitavastatin calcium	E	ST
PRALUENT	E	PA, ST, QL
pravastatin sodium	1	
prazosin hcl oral	1	
prevalite	1	
PROCARDIA XL	E	
propafenone hcl	1	
propafenone hcl er	1	
propranolol hcl er	1	
propranolol hcl oral	1	
QUESTRAN	4	
QUESTRAN LIGHT	4	
quinapril hcl	1	
ramipril	1	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG	E	
ranolazine er	1	
RECTIV	4	QL
REPATHA	2	PA, ST, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL
REPATHA SURECLICK	2	PA, ST, QL
rosuvastatin calcium oral	1	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	E	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOAANZ	E	QL
sotalol hcl (af)	1	
sotalol hcl oral	1	

Drug Name	Drug Tier	Requirements & Limits
spironolactone oral tablet	1	
spironolactone-hctz	1	
SULAR	4	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
TEKTURNA	3	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 300-12.5 MG, 300-25 MG	3	
telmisartan	1	
telmisartan-hctz	1	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
THALITONE	E	
tiadylt er	1	
TIAZAC	4	
TIKOSYN	4	
TOPROL XL	E	
toremide	1	
trandolapril	1	
triamterene oral	1	
triamterene-hctz	1	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-25 MG	E	
TRIBENZOR ORAL TABLET 40-5-12.5 MG	E	QL
TRICOR	E	
TRILIPIX	E	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	E	PA
VASERETIC	E	
VASOTEC	E	
verapamil hcl er	1	
verapamil hcl oral	1	
VERELAN	4	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
VERELAN PM	4	
VERQUVO	4	PA, QL
VYTORIN	E	
WELCHOL ORAL TABLET	E	
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	4	
ZOCOR	E	

Central Nervous System Agents - Drugs for Attention Deficit Disorder

ADDERALL	E	
ADDERALL XR	E	QL
ADZENYS XR-ODT	E	QL
amphetamine sulfate	1	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	QL
amphet-dextroamphet 3-bead er	1	QL
APTENSIO XR	E	QL
atomoxetine hcl	1	QL
AZSTARYS	3	ST, QL
clonidine hcl er	1	
CONCERTA	E	QL
COTEMPLA XR-ODT	E	QL
DEXEDRINE	E	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	QL
dextroamphetamine sulfate er	1	QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	
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

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	E	QL
ZENZEDI	E	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	E	PA, QL, SP
AUBAGIO	E	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
dalfampridine er	1	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
fingolimod 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	1	PA, QL, SP
glatopa	1	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT ORAL TABLET 0.25 MG, 2 MG	3	PA, QL, SP
MAYZENT ORAL TABLET 1 MG	4	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	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	1	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
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
HORIZANT	E	QL
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	1	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
RELYVRIO ORAL PACKET 3-1 GM	4	PA, QL, SP
riluzole	1	SP
SAVELLA	4	QL
TEGLUTIK	3	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	3	PA
VEOZAH	4	PA, QL
ZEPOSIA	3	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	3	PA, ST, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	3	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE DENTAL PASTE	3	
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	

Drug Name	Drug Tier	Requirements & Limits
triamcinolone acetonide mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	PA
ACANYA	E	QL
accutane	1	
acitretin	1	
ACZONE	E	QL
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	QL
adapalene-benzoyl peroxide external gel 0.3-2.5 %	E	QL
AKLIEF	4	PA, QL
ALA SCALP	4	
ala-cort	E	
alclometasone dipropionate	1	
amnestem	1	
AMZEEQ	4	QL
ATRALIN	E	PA, QL
AVAR CLEANSER	4	
AVAR LS CLEANSER	E	
AVAR-E EMOLLIENT	3	
AVAR-E GREEN EXTERNAL CREAM 10-5 %	3	
AVAR-E LS EXTERNAL CREAM 10-2 %	3	
AVITA EXTERNAL CREAM 0.025 %	E	PA, QL
AVITA EXTERNAL GEL 0.025 %	E	PA
azelaic acid external	1	
AZELEX	3	QL
BENZAMYCIN	2	QL
benzoyl peroxide-erythromycin	1	QL
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external lotion	1	
betamethasone dipropionate aug external ointment	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
betamethasone dipropionate external	1	
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
brimonidine tartrate external	1	PA, QL
calcipotriene external cream	1	QL
calcipotriene external ointment	1	
calcipotriene external solution	1	QL
CALCITRENE	3	
CARAC	E	
CIBINQO	2	PA, QL, SP
ciclopirox olamine external suspension	1	
claravis	1	
CLEOCIN-T	4	
clindacin	1	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	QL
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	E	QL
clindamycin phosphate external foam	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin phosphate gel 1 % external	1	(generic for Cleocin-T), QL
clindamycin phosphate gel 1 % external	1	QL
clindamycin phosphate gel 1 % external	E	(generic for Clindagel), QL

Drug Name	Drug Tier	Requirements & Limits
clobetasol prop emollient base external cream 0.05 %	1	QL
clobetasol propionate e	1	QL
clobetasol propionate external cream	1	QL
clobetasol propionate external foam	E	QL
clobetasol propionate external gel	1	QL
clobetasol propionate external liquid	1	QL
clobetasol propionate external ointment	1	QL
clobetasol propionate external shampoo	E	QL
clobetasol propionate external solution	1	QL
CLOBEX EXTERNAL SHAMPOO	E	QL
CLOBEX SPRAY	E	QL
clodan	E	QL
clotrimazole external cream	E	
clotrimazole-betamethasone	1	
CORDRAN	3	QL
dapsone external	1	QL
DERMACINRX UREA	E	
DERMA-SMOOTH/FS BODY	4	QL
DERMA-SMOOTH/FS SCALP	4	
desonide external cream	1	QL
desonide external lotion	1	QL
desonide external ointment	1	QL
DESOWEN	3	QL
desoximetasone external cream	1	QL
desoximetasone external ointment	1	QL
diclofenac sodium external gel 3 %	1	PA, QL
DIPROLENE	4	
doxycycline	E	
DRYSOL	4	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL	hydrocortisone butyrate external cream	1	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP	hydrocortisone external cream 1 %	E	
EFUDEX	4		hydrocortisone external cream 2.5 %	1	
ELIDEL	E	QL	hydrocortisone external lotion 2%, 2.5 %	1	
ENSTILAR	4	QL	hydrocortisone external ointment 1 %, 2.5 %	1	
EPIDUO	E	QL	hydrocortisone valerate	1	QL
EPIDUO FORTE	E	QL	HYDROXYM EXTERNAL CREAM	E	
ERYGEL	3		imiquimod external cream 3.75 %	E	QL
erythromycin external	1		imiquimod external cream 5 %	1	
EUCRISA	3	ST, QL	imiquimod pump	E	QL
EVOCLIN EXTERNAL FOAM 1 %	4		IMPOYZ	E	QL
FINACEA EXTERNAL FOAM	4		isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
FINACEA EXTERNAL GEL	E		isotretinoin oral capsule 25 mg, 35 mg	E	PA
fluocinolone acetonide body	1	QL	ivermectin external cream	E	QL
fluocinolone acetonide external	1	QL	KLARON	4	
fluocinolone acetonide scalp	1		KLISYRI EXTERNAL OINTMENT 1 %	4	ST, QL
fluocinonide external cream 0.05 %	1		LOPROX EXTERNAL SUSPENSION 0.77 %	E	
fluocinonide external cream 0.1 %	E	QL	METROCREAM	4	
fluocinonide external gel	1		METROGEL	E	
fluocinonide external ointment	1		METROLOTION	4	
fluocinonide external solution	1		metronidazole external cream	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E		metronidazole external gel 0.75 %	1	
fluorouracil external cream 5 %	1		metronidazole external gel 1 %	E	
fluticasone propionate external cream	1		metronidazole external lotion	1	
fluticasone propionate external ointment	1		MIRVASO	2	PA, QL
halobetasol propionate external cream	1	QL	mometasone furoate external	1	
halobetasol propionate external ointment	1	QL	myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
hydrocortisone ace-pramoxine external cream 2.5-1 %	1		neuc	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
NORITATE	E	
OLUX EXTERNAL FOAM 0.05 %	E	QL
ONEXTON	E	QL
OPZELURA	4	PA, QL, SP
ORACEA	E	
OVACE PLUS WASH EXTERNAL LIQUID	4	
OVACE WASH	4	
PANRETIN	3	
pimecrolimus	1	QL
PLEXION CLEANSER	E	
podofilox external solution	1	
PRAMOSONE EXTERNAL CREAM 1-1 %	2	
PRAMOSONE EXTERNAL CREAM 1-2.5 %	4	
RETIN-A	E	PA, QL
RHOFADE	4	PA, QL
rosadan external cream 0.75 %	1	
rosadan external gel 0.75 %	1	
SANTYL	3	QL
selenium sulfide external lotion	1	
sodium sulfacetamide wash	1	
SOOLANTRA	1	QL
spinosad	1	
sss 10-5 external cream	1	
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	

Drug Name	Drug Tier	Requirements & Limits
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	E	
SUMADAN WASH	E	
SYNALAR EXTERNAL OINTMENT	E	QL
SYNALAR EXTERNAL SOLUTION 0.01 %	E	QL
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	E	QL
TACLONEX EXTERNAL SUSPENSION	1	
tacrolimus external	1	QL
tazarotene external cream 0.1 %	1	PA, QL
TAZORAC EXTERNAL CREAM	4	PA, QL
TOLAK	E	
TOPICORT EXTERNAL CREAM	4	QL
TOPICORT EXTERNAL OINTMENT	4	QL
tretinoin external cream	1	QL
tretinoin external gel 0.01 %, 0.025 %	E	QL
tretinoin external gel 0.05 %	E	PA, QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
triamcinolone in absorbbase	E	
TRIANEX EXTERNAL OINTMENT 0.05 %	E	
triderm	1	QL
TRIDESILON EXTERNAL CREAM 0.05 %	3	QL
tritocin external ointment 0.05 %	E	
urea external cream 20 %, 40 %, 45 %	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
urea external cream 39 %, 41 %, 47 %	E	
UREA EXTERNAL CREAM 39.5 %	E	
uredeb	E	
UREMEZ-40	3	
URESOL	E	
VANOS	E	QL
VTAMA	4	PA, QL
WINLEVI	E	PA, QL
xurea	E	
zenatane	1	
ZILXI	4	PA, ST, QL
ZORYVE EXTERNAL CREAM 0.3 %	4	PA, QL
ZORYVE EXTERNAL FOAM	4	PA, QL
ZYCLARA	E	QL
ZYCLARA PUMP	E	QL
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET	1	
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK GUIDE KIT W/ DEVICE	3	
ACCU-CHEK GUIDE ME METER	3	
ACCU-CHEK GUIDE TEST	3	QL
ACCU-CHEK GUIDE TEST STRIPS	3	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCUTREND GLUCOSE	E	QL
ALCOHOL PREP PADS PAD	3	
AQ INSULIN SYRINGE	2	QL
AQINJECT PEN NEEDLE	2	QL
BD AUTOSHIELD DUO PEN NEEDLES	2	

Drug Name	Drug Tier	Requirements & Limits
BD BLUNT FILL NEEDLE W/ FILTER	2	
BD ECLIPSE NEEDLE 18G X 1-1/2" , 25G X 5/8" , 27G X 1/2"	2	
BD ECLIPSE NEEDLE 23G X 1" (OTC)	2	
BD ECLIPSE NEEDLE 23G X 1" (RX)	2	
BD ECLIPSE SHIELDED NEEDLE	2	
BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	2	
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	2	
BD SHARPS COLLECTOR	3	
BD ULTRA-FINE INSULIN SYRINGES	2	
BD ULTRA-FINE PEN NEEDLES	2	QL
BD ULTRA-FINE U-500 INSULIN SYRINGES	2	
BD VEO ULTRA-FINE INSULIN SYRINGES	2	
BIGFOOT UNITY PROGRAM	3	
BIOTEL CARE TEST STRIPS	E	QL
BLOOD GLUCOSE TEST STRIPS	E	QL
BLOOD GLUCOSE TEST STRIPS 333	E	QL
CAREPOINT POLY HUB NEEDLE 18G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2	
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
CAREPOINT SAFETY 1ST NEEDLE	2	
CARETOUCH MONITOR SYSTEM	E	
CARETOUCH TEST	E	QL
CEQUR SIMPLICITY 2U 10PK	3	ST
CONTOUR MONITOR KIT W/ DEVICE	E	
CONTOUR NEXT EZ KIT W/ DEVICE	2	
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	2	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CONTOUR NEXT GEN TEST STRIPS	2	QL	EASYMAX 15 TEST	E	QL
CONTOUR NEXT LINK KIT W/ DEVICE	E		EASYMAX NG BLOOD GLUCOSE KIT	E	
CONTOUR NEXT LINK KIT W/ DEVICE	E	(Contour Next Link 24)	EMBRACE BLOOD GLUCOSE TEST	E	QL
CONTOUR NEXT MONITOR KIT W/DEVICE	2		EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
CONTOUR NEXT ONE DEVICE	2		ENLITE GLUCOSE SENSOR	3	PA
CONTOUR NEXT ONE KIT	2		EQ BLOOD GLUCOSE TEST	E	QL
CONTOUR NEXT TEST STRIPS	2		EVERSENSE 365 SENSOR/ HOLDER	E	PA
CONTOUR PLUS BLUE	E		EVERSENSE 365 SMART TRANSMIT	E	PA
CONTOUR PLUS TEST	E	QL	EVERSENSE E3 SENSOR/ HOLDER	E	PA
CONTOUR TEST STRIPS	E	QL	EVERSENSE E3 SMART TRANSMITTER	E	PA
CVS ADVANCED GLUCOSE TEST	E	QL	EVERSENSE SENSOR/HOLDER	E	PA
CVS GLUCOSE METER TEST STRIPS	E	QL	EVERSENSE SMART TRANSMITTER	E	PA
CVS NEEDLE COLLECTION/ DISPOSAL	3		FORA 6 CONNECT/GTEL TEST	E	QL
D-CARE BLOOD GLUCOSE	E	QL	FORTISCARE G1 TEST STRIP IN VITRO STRIP	E	QL
D-CARE GLUCOMETER	E		FORTISCARE TEST IN VITRO STRIP	E	QL
DEXCOM G6 RECEIVER	3	PA, QL	FREESTYLE LIBRE 14 DAY READER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL	FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL	FREESTYLE LIBRE 2 PLUS SENSOR	3	PA
DEXCOM G7 RECEIVER	3	PA, QL	FREESTYLE LIBRE 2 READER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL	FREESTYLE LIBRE 2 SENSOR	3	PA, QL
DIABETES MONITOR DIGIT ADD-ON	3		FREESTYLE LIBRE 3 PLUS SENSOR	3	PA
DIABETES MONITOR DIGIT SOLN	3		FREESTYLE LIBRE 3 READER	3	PA
DROPSAFE SAFETY SYRINGE/ NEEDLE	2	QL	FREESTYLE LIBRE 3 SENSOR	3	PA, QL
EASY COMFORT SHARPS CONTAINER	3		FREESTYLE LIBRE READER	3	PA, QL
EASY MAX BLOOD GLUCOSE TEST	E	QL	FREESTYLE PRECISION NEO SYSTEM	E	
EASY MAX T1 GLUCOSE SYSTEM	E		FREESTYLE PRECISION NEO TEST	E	QL
EASY TOUCH HEALTHPRO GLUCOSE	E				
EASY TOUCH TEST	E	QL			
EASYGLUCO	E				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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
GUARDIAN 4 TRANSMITTER	3	PA
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
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	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	ST
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	ST
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	ST
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	ST
INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	
INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	ST
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	

Drug Name	Drug Tier	Requirements & Limits
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	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	
MICRODOT TEST	E	QL
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	PA
MM BLOOD GLUCOSE SYSTEM	E	
MM BLOOD GLUCOSE SYSTEM REFILL	E	
MM BLULINK GLUCOSE TEST	E	QL
MM EASY TOUCH GLUCOSE METER	E	
MONOJECT HYPODERMIC NEEDLE 18G X 1"	2	
NEUTEK 2TEK TEST	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOPEN ECHO	3	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	2	PA, QL
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	PA, QL
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL
OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL
OMNIPOD 5 LIBRE2 PLUS G6	2	PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	PA

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ON CALL EXPRESS BLOOD GLUCOSE	E	QL
ON CALL EXPRESS MONITORING SYS	E	
ONETOUCH DELICA LANCETS	1	QL
ONETOUCH ULTRA 2 KIT W/ DEVICE	1	
ONETOUCH ULTRA BLUE TEST	1	QL
ONETOUCH ULTRA TEST STRIPS	1	QL
ONETOUCH ULTRASOFT LANCETS	1	QL
ONETOUCH VERIO FLEX SYSTEM KIT	1	
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO KIT W/ DEVICE	1	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
OPTIUMEZ TEST	E	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA
PIP BLOOD GLUCOSE TEST STRIP	E	QL
PRECISION XTRA	3	
PRECISION XTRA BLOOD GLUCOSE	E	QL
PREMIUM BLOOD GLUCOSE TEST	E	QL
PTS PANELS EGLU TEST	E	QL
QUINTET AC BLOOD GLUCOSE TEST	E	QL
QUINTET BLOOD GLUCOSE TEST	E	QL
RELION TRUE MET AIR GLUC METER	E	
RELION TRUE METRIX TEST STRIPS	E	QL
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	QL

Drug Name	Drug Tier	Requirements & Limits
RIGHTTEST GT333 GLUCOSE TEST	E	QL
SHARPS COLLECTOR	3	
SHARPS CONTAINER	3	
TECHLITE INSULIN SYRINGES	2	QL (Arkay)
TECHLITE PEN NEEDLES	2	QL (Arkay)
TECHLITE PLUS PEN NEEDLES	2	QL (Arkay)
TEMPO REFILL	E	
TEMPO WELCOME	E	
TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
TRUE METRIX AIR GLUCOSE METER KIT	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	QL
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER KIT	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	QL
TRUETRACK TEST	E	QL
UNISTRIP1 GENERIC	E	QL
VERIFINE SHARPS CONTAINER	3	
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	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG SUBCUTANEOUS	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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
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 JUNIOR KWIKPEN	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV 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	E	ST, QL

Drug Name	Drug Tier	Requirements & Limits
NOVOLIN R FLEXPEN RELION	E	ST, QL
NOVOLIN R RELION	E	ST, QL
NOVOLIN R VIAL	E	ST, QL
NOVOLOG FLEXPEN	E	ST, QL
NOVOLOG FLEXPEN RELION	E	ST, QL
NOVOLOG RELION	E	ST, QL
NOVOLOG U-100 VIAL	E	ST, QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
TRESIBA FLEXTOUCH	E	QL
Diabetes - Non-Insulin Agents		
acarbose oral	1	
ACTOPLUS MET	4	QL
ACTOS	E	QL
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML	4	
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	4	
ALOGLIPTIN BENZOATE	2	QL
ALOGLIPTIN-METFORMIN HCL	2	QL
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	E	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE AUTOINJECTOR	2	PA, QL
BYETTA 10 MCG PEN	2	PA, QL
BYETTA 5 MCG PEN	2	PA, QL
CYCLOSET	3	
DAPAGLIFLOZIN PRO-METFORMIN ER	E	ST, QL
DAPAGLIFLOZIN PROPANEDIOL	E	ST, QL
FARXIGA	E	ST, QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glimepiride oral tablet 3 mg	E	
glipizide er	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
glipizide oral tablet 10 mg, 5 mg	1	
glipizide oral tablet 2.5 mg	E	
glipizide xl	1	
glipizide-metformin hcl	1	
glucagon emergency kit 1 mg injection	1	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION	E	QL
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR	2	QL (Fresenius)
GLUCOTROL XL	4	
GLUMETZA	E	PA
glyburide micronized	1	
glyburide oral	1	
glyburide-metformin	1	
GLYNASE ORAL TABLET 1.5 MG	3	
GLYNASE ORAL TABLET 3 MG, 6 MG	4	
GLYXAMBI	2	ST, QL
INVOKANA	E	ST, QL
JANUMET	E	ST, QL
JANUMET XR	E	ST, QL
JANUVIA	E	ST, QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	E	QL
LIRAGLUTIDE SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, QL
LIRAGLUTIDE SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, QL
metformin hcl er	1	
metformin hcl er (mod)	E	PA
metformin hcl er (osm)	E	PA
metformin hcl oral solution	1	

Drug Name	Drug Tier	Requirements & Limits
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	E	
MOUNJARO	2	PA, QL
nateglinide	1	QL
ONGLYZA	E	QL
OZEMPIC	2	PA, QL
pioglitazone hcl	1	QL
pioglitazone hcl-metformin hcl	1	QL
repaglinide	1	QL
RYBELSUS	2	PA, QL
saxagliptin hcl	1	QL
saxagliptin-metformin er	1	QL
SOLIQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, QL
XIGDUO XR	E	ST, QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	4	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	4	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	4	PA, SP
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIIIO	4	PA, SP
ALVAIZ	4	PA, SP
anagrelide hcl	1	
ARANESP (ALBUMIN FREE)	2	QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
aspirin-dipyridamole er	1	
DOPTELET	4	PA, QL, SP
ELOCTATE	4	PA, SP
FABHALTA	2	PA, QL, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	E	PA, SP
HEMOFIL M	2	SP
heparin sodium (porcine) injection solution	1	
heparin sodium (porcine) pf	1	
HUMATE-P	2	SP
IDELVION	3	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
LYSTEDA ORAL TABLET 650 MG	3	QL
NEULASTA	2	
NIVESTYM	E	
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	2	
NYVEPRIA	E	
PROMACTA ORAL TABLET	E	PA, SP
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
TAVALISSE	4	PA, QL, SP
tranexamic acid oral	1	QL

Drug Name	Drug Tier	Requirements & Limits
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
VOYDEYA ORAL TABLET	2	PA, QL, SP
VOYDEYA ORAL TABLET THERAPY PACK	2	PA, SP
WILATE	2	
ZARXIO	2	
Drugs for Sexual Dysfunction		
ADDYI	4	PA, QL
avanafil	1	PA, QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	4	PA, QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	4	PA, QL
tadalafil oral	1	QL
varденаfil hcl oral tablet	1	QL
VIAGRA	E	QL
VYLEESI	4	PA, QL
Electrolytes / Vitamins		
ACCRUFER	E	
calcium acetate (phos binder) oral tablet	1	
calcium acetate oral tablet 667 mg	1	
CARNITOR ORAL SOLUTION	4	
CARNITOR SF	4	
CITRANATAL 90 DHA	3	
CITRANATAL ASSURE	3	
CITRANATAL DHA ORAL 27-1 & 250 MG	4	
COMPLETENATE	3	
CO-NATAL FA	2	
CONCEPT DHA	4	
cyanocobalamin injection solution 1000 mcg/ml	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	1	
DAVIMET-FLUORIDE	E	
deferasirox oral tablet	1	PA, SP
DENTA 5000 PLUS SENSITIVE	3	
DODEX	4	
DRISDOL	4	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	2	
ELITE-OB	3	
ergocalciferol oral capsule	1	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE	E	
FLORIVA PLUS	E	
FLUORIMAX 5000 SENSITIVE	3	
fluoritab oral solution 0.275 (0.125 f) mg/drop	1	H
folic acid oral tablet 1 mg	1	
FRAICHE 5000 SENSITIVE	E	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
kosher prenatal plus iron	1	
K-PHOS-NEUTRAL	2	
K-TAB	3	
levocarnitine oral solution	1	
levocarnitine sf	1	
LOKELMA	3	PA, QL
M-NATAL PLUS	3	
multivitamin w/fluoride tablet chewable 0.25 mg oral	1	
multivitamin w/fluoride tablet chewable 0.25 mg oral	E	
multivitamin w/fluoride tablet chewable 0.5 mg oral	1	
multivitamin w/fluoride tablet chewable 0.5 mg oral	E	

Drug Name	Drug Tier	Requirements & Limits
multivitamin w/fluoride tablet chewable 1 mg oral	1	
multivitamin w/fluoride tablet chewable 1 mg oral	E	
multi-vitamin/fluoride	1	
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
MULTI-VIT-FLOR	E	
NAFRINSE CHW 1MG F	1	H
nafrinse drops oral solution 0.275 (0.125 f) mg/drop	1	H
NASCOBAL	3	
NATALVIT	2	
NEONATAL COMPLETE	3	
NEONATAL PLUS	3	
NIVA-PLUS	3	
OB COMPLETE	3	
ONE VITE WOMENS PLUS	3	
ORACIT	2	
ORAL CITRATE	2	
PHOSPHA 250 NEUTRAL	2	
phosphorous	1	
phospho-trin 250 neutral	1	
pnv-dha	1	
POKONZA	E	
POLY-VI-FLOR ORAL TABLET CHEWABLE	E	
potassium chloride crys er	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
potassium citrate-citric acid	1	
PRENA1 PEARL	3	
prenatal 19 oral tablet 29-1 mg	1	
prenatal 19 oral tablet chewable	1	
prenatal oral tablet 27-1 mg	1	
prenatal plus	1	
prenatal plus vitamin/mineral	1	
prenatal vitamin plus low iron oral tablet 27-1 mg	1	
PRENATE DHA	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL	3	
PRENATE MINI	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATOL-M	E	
PRENATRIX	E	
PRENATRYL	E	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 SENSITIVE	3	
PREVIDENT MOUTH/THROAT	3	
QUFLORA GUMMIES ORAL TABLET CHEWABLE 0.125 MG	E	
QUFLORA PEDIATRIC	3	
SE-NATAL 19	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 mouth/throat	1	
sodium fluoride oral solution	1	H
sodium fluoride oral tablet chewable	1	H

Drug Name	Drug Tier	Requirements & Limits
SPS (SODIUM POLYSTYRENE SULF)	3	
TARON-C DHA	4	
THRIVITE RX	3	
TRICARE	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 ORAL PACKET 1 GM	3	PA
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	3	PA, QL
virt-pn dha oral capsule 27-0.6-0.4-300 mg	1	
VITAFOL FE+	3	
VITAFOL GUMMIES	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
VITAMEDMD ONE RX/ QUATREFOLIC	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITAPEARL	3	
VITATHELY WITH GINGER	3	
WESCAP-C DHA	4	
WESCAP-PN DHA	4	
wes-phos 250 neutral	1	
WESTAB PLUS	E	
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	4	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
bis subcit-metronid-tetracyc	1	QL
bismuth/metronidaz/tetracyclin	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	1	PA, ST, QL
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	E	
lansoprazole oral capsule delayed release	E	QL
lansoprazole oral tablet delayed release dispersible	1	PA, ST, QL
misoprostol oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	QL
NEXIUM ORAL PACKET	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	1	QL
sucralfate oral	1	
VOQUEZNA	4	PA, QL
VOQUEZNA DUAL PAK	4	ST, QL
VOQUEZNA TRIPLE PAK	4	ST, QL
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl	1	PA, QL

Drug Name	Drug Tier	Requirements & Limits
AMITIZA	E	PA, QL
ANASPAZ	2	
BYLVAY	4	PA, QL, SP
BYLVAY (PELLETS)	4	PA, QL, SP
chlordiazepoxide-clidinium	1	
CLENPIQ	3	QL
constulose	1	
cromolyn sodium oral	1	
CUVPOSA	4	
dicyclomine hcl oral	1	
diphenoxylate-atropine oral tablet	1	
ED-SPAZ ORAL TABLET DISPERSIBLE 0.125 MG	3	
enulose	1	
GASTROCROM	E	
gavilyte-c	1	H
gavilyte-g	1	QL, H
gavilyte-n with flavor pack	1	QL, H
generlac	1	
GLYCATE	E	
glycopyrrolate oral solution	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
GOLYTELY	1	QL
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sublingual	1	
IBSRELA	E	PA, ST, QL
IQIRVO	4	PA, ST, QL, SP
KRISTALOSE	3	
lactulose encephalopathy	1	
lactulose oral solution	1	
LEVBIID	4	
LEVSIN	4	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
LEVSIN/SL	4	
LIBRAX	E	
LINZESS	2	PA, QL
LOMOTIL	4	
lubiprostone	1	PA, QL
methscopolamine bromide oral	1	
MOTEGRITY	3	PA, QL
MOVIPREP	4	QL
na sulfate-k sulfate-mg sulf	1	QL
NULEV	4	
OCALIVA	4	PA, ST, QL, SP
opium	1	
OSCIMIN	4	
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	1	QL
peg-kcl-nacl-nasulf-na asc-c	1	QL
PLENVU	3	QL
RELTONE	E	
ROBINUL	E	
ROBINUL-FORTE	E	
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
TRULANCE	E	PA, ST, QL
URSO 250 ORAL TABLET 250 MG	E	
URSO FORTE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA, QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CARNITOR ORAL TABLET	4	
CERDELGA	2	PA, SP
CREON	2	

Drug Name	Drug Tier	Requirements & Limits
DEPEN TITRATABS	2	SP
EVRYSDI	2	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	2	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	2	PA, QL
levocarnitine oral tablet	1	
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
PERTZYE	4	ST
sapropterin dihydrochloride oral packet	1	PA, QL, SP
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, QL, SP
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	
CAVERJECT IMPULSE	3	QL
DETROL	E	
DETROL LA	E	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	E	
EDEX	3	QL
ELMIRON	4	ST
GEMTESA	E	
me/naphos/mb/hyo1	1	
mirabegron er	1	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	1	
solifenacin succinate	1	
THIOLA	4	SP
THIOLA EC	4	SP
tiopronin oral tablet delayed release	1	SP
tolterodine tartrate	1	
tolterodine tartrate er	E	
tropium chloride	1	
tropium chloride er	E	
UROGESIC-BLUE	2	
VELPHORO	4	ST
VESICARE	E	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	
RAPAFLO	E	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	
Hormonal Agents - Hormone Replacement and Birth Control		
ACTIVELLA	4	
afirmelle	1	H
aftera	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H

Drug Name	Drug Tier	Requirements & Limits
alyacen 7/7/7	1	H
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
amethia oral tablet 0.15-0.03 & 0.01 mg	1	H
amethyst	1	H
ANGELIQ	3	
ANNOVERA	3	QL
apri	1	H
aranelle	1	H
ashlyna	1	H
aubra eq	1	H
aubra oral tablet 0.1-20 mg-mcg	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
chateal eq	1	H
chateal oral tablet 0.15-30 mg-mcg	1	H
CLIMARA	E	QL
CLIMARA PRO	3	QL
COMBIPATCH	3	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
COVARYX	2	
COVARYX HS	3	
cryselle-28	1	H
curae	1	H
cyred eq	1	H
cyred oral tablet 0.15-30 mg-mcg	1	H
dasetta 1/35	1	H
dasetta 7/7/7	1	H
daysee	1	H
deblitane	1	H
DELESTROGEN	4	
delyla	1	H
DEPO-ESTRADIOL	3	
DEPO-PROVERA	4	QL
DEPO-SUBQ PROVERA 104	1	QL
desogestrel-ethinyl estradiol	1	H
DIVIGEL	3	
dolishale	1	H
dotti	1	QL
drospiren-eth estrad-levomefol	1	
drospirenone-ethinyl estradiol	1	H
DUAVEE	3	QL
econtra ez oral tablet 1.5 mg	1	H
econtra one-step	1	H
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	

Drug Name	Drug Tier	Requirements & Limits
est estrogens-methyltest hs	1	
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	4	QL
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	1	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
estratest f.s.	1	
ESTRATEST H.S.	3	
ESTRING	2	QL
ESTROGEL	3	QL
ethynodiol diac-eth estradiol	1	H
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
fayosim oral tablet 42-21-21-7 days	1	H
FEMRING	3	QL
femynor oral tablet 0.25-35 mg-mcg	1	H
finzala	1	H
fyavolv	1	
gallifrey	1	
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	1	H
heather	1	H
her style	1	H
iclevia	1	H
incassia	1	H
introvale	1	H
isibloom	1	H
jaimiess	1	H
jasmiel	1	H
jencycla	1	H
jinteli	1	
jolessa	1	H
juleber	1	H

Drug Name	Drug Tier	Requirements & Limits
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kariva	1	H
kelnor 1/35	1	H
kelnor 1/50	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
leena	1	H
lessina	1	H
levonest	1	H
levonorgest-eth est & eth est	1	H
levonorgest-eth estrad 91-day	1	H
levonorgestrel	1	H
levonorgestrel-ethinyl estrad	1	H
levonorg-eth estrad triphasic	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
lojaimiess	1	H
loryna	1	H
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG	4	
low-ogestrel	1	H
lo-zumandimine	1	H
lutera	1	H
lyleq	1	H
lyllana	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular	1	QL, H
medroxyprogesterone acetate oral	1	
megestrol acetate oral tablet	1	
MENOSTAR	3	QL
mibelas 24 fe	1	H
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
mimvey	1	
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	E	
MINIVELLE	E	QL
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	E	
mono-lynah	1	H
my choice	1	H
my way	1	H
MYFEMBREE	2	PA, QL
NATAZIA	1	
necon 0.5/35 (28)	1	H
new day	1	H
NEXTSTELLIS	E	
nikki	1	H
nora-be	1	H
norelgestromin-eth estradiol	1	H
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H

Drug Name	Drug Tier	Requirements & Limits
norethindrone oral	1	H
norethindrone-eth estradiol	1	
norethindron-ethinyl estrad-fe	1	H
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
nortrel 7/7/7	1	H
NUVARING	E	
nylia 1/35	1	H
nylia 7/7/7	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H
ocella	1	H
opcicon one-step	1	H
option 2	1	H
PHEXXI	E	PA
philith	1	H
pimtrea	1	H
pirmella 1/35 oral tablet 1-35 mg-mcg	1	H
pirmella 7/7/7	1	H
PLAN B ONE-STEP	1	H
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
progesterone intramuscular	1	
progesterone oral	1	
PROMETRIUM	E	
PROVERA	4	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	E	
react	1	H
reclipsen	1	H
rivelsa	1	H
SAFYRAL	E	
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	E	
setlakin	1	H
sharobel	1	H
simliya	1	H
simpesse	1	H
SLYND	4	PA, ST
sprintec 28	1	H
sronyx	1	H
syeda	1	H
take action	1	H
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tarina fe 1/20 oral tablet 1-20 mg-mcg	1	H
tilia fe	1	H
tri femynor	1	H
tri-estarylla	1	H
tri-legest fe	1	H
tri-linyah	1	H
tri-lo-estarylla	1	H
tri-lo-marzia	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec	1	H
trivora (28)	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
turqoz	1	H
TWIRLA	E	

Drug Name	Drug Tier	Requirements & Limits
TYBLUME	1	
tydemy	E	
VAGIFEM	E	
velivet	1	H
vestura	1	H
vienva	1	H
viorele	1	H
VIVELLE-DOT	E	QL
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	1	H
wymzya fe	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvaferm	1	
zafemy	1	H
zovia 1/35 (28)	1	H
zumandimine	1	H
Hormonal Agents - Oral Steroids		
CORTEF	4	
DEXABLISS	E	
dexamethasone intensol	1	
dexamethasone oral	1	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	E	
fludrocortisone acetate oral	1	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	4	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	4	
methylprednisolone oral	1	
ORAPRED ODT	4	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL
prednisolone sodium phosphate oral tablet dispersible	1	
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	
ZCORT 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (25)	E	
Hormonal Agents - Other		
cabergoline	1	
DDAVP ORAL	E	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA
megestrol acetate oral suspension 40 mg/ml	1	
METHERGINE	4	QL
methylergonovine maleate oral	1	QL
NGENLA	4	PA, QL, SP
NOCDURNA	3	PA, QL
NORDITROPIN FLEXPRO	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

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Testosterone Replacement		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	2	PA, QL
ANDROGEL PUMP	E	PA, QL
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%)	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
KYZATREX	4	PA, QL
NATESTO	E	PA, QL
TESTIM	1	PA, QL
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 12.5 mg/act (1%) transdermal	1	PA, QL
testosterone gel 12.5 mg/act (1%) transdermal	E	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	1	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	E	PA, QL
testosterone transdermal gel 1.62 %	1	PA, QL
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	E	PA, QL
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
XYOSTED	E	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Thyroid		
ADTHYZA	E	
ARMOUR THYROID	3	
CYTOMEL	E	
ERMEZA	2	PA
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	E	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
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)	E	PA, SP
ABRILADA (2 PEN)	E	PA, SP
ABRILADA (2 SYRINGE)	E	PA, QL, SP
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-AACF (2 PEN)	E	PA, (manufactured by Fresenius), SP
ADALIMUMAB-AACF (2 SYRINGE)	E	PA, (manufactured by Celltrion), QL, SP
ADALIMUMAB-AACF(CD/UC/HS STRT)	E	PA, (manufactured by Fresenius), SP

Drug Name	Drug Tier	Requirements & Limits
ADALIMUMAB-AACF(PS/UV STARTER)	E	PA, (manufactured by Fresenius), SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, (manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, (manufactured by Celltrion), SP
ADALIMUMAB-AATY (2 PEN)	E	PA, (manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY (2 SYRINGE)	E	PA, (manufactured by Celltrion), QL, SP
ADALIMUMAB-ADAZ	2	PA, (manufactured by Sandoz), QL, SP
ADALIMUMAB-ADBM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, (manufactured by Boehringer), QL, SP
ADALIMUMAB-ADBM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, (manufactured by Boehringer), SP
ADALIMUMAB-ADBM (2 SYRINGE)	E	PA, (manufactured by Boehringer), QL, SP
ADALIMUMAB-ADBM(CD/UC/HS STRT)	E	PA, (manufactured by Boehringer), SP
ADALIMUMAB-ADBM(PS/UV STARTER)	E	PA, (manufactured by Boehringer), SP
ADALIMUMAB-FKJP (2 PEN)	E	PA, (manufactured by Biocon), QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ADALIMUMAB-FKJP (2 SYRINGE)	E	PA, (manufactured by Biocon), QL, SP
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
AMJEVITA FOR NUVAILA	2	PA, QL, SP
ARAVA	E	
AZASAN	4	
azathioprine oral	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
BIMZELX	3	PA, ST, QL, SP
CELLCEPT ORAL CAPSULE	E	
CELLCEPT ORAL TABLET	E	
CIMZIA	E	PA
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	
cyclosporine oral	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

Drug Name	Drug Tier	Requirements & Limits
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
ENTYVIO PEN	2	PA, (SUBCUTANEOUS), QL, SP
ENVARUSUS XR	E	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	
gengraf oral capsule	1	
GRASTEK	4	PA, QL
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 (2 PEN)	2	PA, QL, SP
HUMIRA (2 SYRINGE)	2	PA, QL, SP
HUMIRA-CD/UC/HS STARTER	2	PA, QL, SP
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	2	PA, QL, SP
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	2	PA, QL, SP
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	2	PA, QL, SP
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	2	PA, QL, SP
HUMIRA-PSORIASIS/UEIT STARTER	2	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
HYFTOR	4	PA, QL
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	E	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	E	PA, QL, SP
HYRIMOZ-CROHNS/UC STARTER	E	PA, QL, SP
HYRIMOZ-PED<40KG CROHN STARTER	E	PA, QL, SP
HYRIMOZ-PED>=40KG CROHN START	E	PA, QL, SP
HYRIMOZ-PLAQ PSOR/UEVIT START	E	PA, QL, SP
IDACIO (2 PEN)	E	PA, QL, SP
IDACIO (2 SYRINGE)	E	PA, QL, SP
IDACIO-CROHNS/UC STARTER	E	PA, QL, SP
IDACIO-PSORIASIS STARTER	E	PA, QL, SP
IMURAN	E	
JYLAMVO	4	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, ST, QL, SP
KINERET	3	PA, ST, QL, SP
leflunomide oral	1	
LITFULO	3	PA, QL, SP
LUPKYNIS	4	PA, QL, SP
methotrexate sodium (pf)	1	
methotrexate sodium injection solution	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral	1	
mycophenolate sodium	1	
mycophenolic acid	1	
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

Drug Name	Drug Tier	Requirements & Limits
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
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	2	PA, QL, SP
OTREXUP	E	QL
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG	3	PA, QL, SP
PROGRAF ORAL CAPSULE	4	
RAPAMUNE ORAL SOLUTION	4	
RAPAMUNE ORAL TABLET	E	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	4	PA, QL, SP
SIMLANDI (1 PEN)	E	PA, QL, SP
SIMLANDI (2 PEN)	E	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral	1	
SKYRIZI PEN	2	PA, QL, SP
SKYRIZI SUBCUTANEOUS	2	PA, QL, SP
SOTYKTU	2	PA, QL, SP
STELARA SUBCUTANEOUS	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO	2	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	2	PA, QL, SP
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	2	PA

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA, QL, SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	2	PA
TREXALL	2	
XELJANZ	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, SP
YUFLYMA (2 PEN)	E	PA, QL, SP
YUFLYMA (2 SYRINGE)	E	PA, QL, SP
YUFLYMA-CD/UC/HS STARTER	E	PA, SP
YUSIMRY	E	PA, QL, SP
ZORTRESS	E	

Immunological Agents - Drugs for Vaccination

ABRYSVO	3	H
ADACEL	3	H
AREXVY	3	H
BEXSERO	3	H
BOOSTRIX	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
COMIRNATY	3	H
ENGERIX-B	2	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
HAVRIX	3	H
HEPLISAV-B	3	H

Drug Name	Drug Tier	Requirements & Limits
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
PNEUMOVAX 23	2	H
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5ML	2	H
PREVNAR 20	3	H
RECOMBIVAX HB	2	H
SHINGRIX	3	H
SPIKEVAX	3	H
TENIVAC	3	H
TRUMENBA	3	H
TWINRIX	3	H
VAQTA	2	H
VARIVAX	3	H

Infertility Agents

cetorelix acetate	1	PA, ST, QL, SP
CETROTIDE	4	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	4	
clomiphene citrate oral tablet 50 mg	1	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL, SP
FYREMADEL	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Merck/Organon), QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	QL, SP
GONAL-F	4	ST, SP
GONAL-F RFF	4	ST, SP
GONAL-F RFF REDIJECT	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	
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	E	
AZULFIDINE	4	
AZULFIDINE EN-TABS	4	
balsalazide disodium	1	
budesonide oral	1	
budesonide rectal	1	
CANASA	E	
COLAZAL	E	
CORTENEMA	4	
CORTIFOAM	2	
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	

Drug Name	Drug Tier	Requirements & Limits
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	1	
hydrocortisone rectal	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	E	
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine oral tablet delayed release 800 mg	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	1	QL
mesalamine-cleanser	1	QL
PROCORT	E	
PROCTOCORT	E	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	4	
PROCTOZONE-HC	4	
ROWASA	4	QL
SFROWASA	4	
sulfasalazine oral	1	
UCERIS ORAL	1	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
ACTONEL	E	QL
alendronate sodium oral tablet	1	
calcitonin (salmon)	1	
EVISTA	E	
FORTEO	E	PA, ST, SP
FOSAMAX	4	
ibandronate sodium oral	1	
MIACALCIN	3	
rалoxifene hcl	1	H
risedronate sodium oral tablet 150 mg, 35 mg	1	QL
risedronate sodium oral tablet 30 mg, 5 mg	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml	E	PA, ST, SP
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA, SP
TYMLOS	3	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral	1	
cinacalcet hcl	1	PA
paricalcitol oral	1	
ROCALTROL	4	
SENSIPAR	E	PA
ZEMPLAR ORAL	4	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	4	
ACULAR LS	4	
ACUVAIL	E	
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	1	
ALREX	4	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	1	
bromfenac sodium ophthalmic solution 0.07 %	E	
bromfenac sodium ophthalmic solution 0.075 %	E	QL
BROMSITE	E	QL
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	4	QL
FLAREX	2	
fluorometholone	1	

Drug Name	Drug Tier	Requirements & Limits
FML FORTE	3	
FML LIQUIFILM	4	
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic	1	QL
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
KLARITY-A	E	
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	E	
loteprednol etabonate ophthalmic suspension	1	QL
MAXITROL	4	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	1	
POLYCIN	3	
polymyxin b-trimethoprim	1	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
PROLENSA	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	1	
VIGAMOX	E	
XDEMYVY	4	PA, QL
ZYLET	3	
ZYMAXID OPHTHALMIC SOLUTION 0.5 %	4	

Ophthalmic Agents - Drugs for Eye Infection and Inflammation

bacitracin ophthalmic	1	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-hc ophthalmic	1	
NEO-POLYICIN	3	
sulfacetamide-prednisolone	1	

Ophthalmic Agents - Drugs for Glaucoma

ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
AZOPT	E	QL
BETIMOL	4	QL
bimatoprost ophthalmic	1	QL
brimonidine tartrate ophthalmic solution 0.1 %	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	1	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	E	QL
brinzolamide	1	QL
COMBIGAN	1	QL
COSOPT	4	

Drug Name	Drug Tier	Requirements & Limits
COSOPT PF	E	QL
dorzolamide hcl solution 2 % ophthalmic	1	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	4	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	4	
IYUZEH	E	QL
latanoprost ophthalmic	1	
LUMIGAN	2	
methazolamide oral	1	
pilocarpine hcl ophthalmic	1	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	1	ST, QL
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic	1	
timolol maleate pf	1	
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)	1	QL
TRUSOPT OPHTHALMIC SOLUTION 2 %	4	
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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
CEQUA	E	PA, QL
cromolyn sodium ophthalmic	1	
CYCLOGYL	4	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	E	PA, QL
difluprednate	1	
DUREZOL	E	
ISOPTO ATROPINE OPTHALMIC SOLUTION 1 %	3	
KLARITY-C DROPS	E	PA
MIEBO	4	PA, QL
RESTASIS	1	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	
CETRAXAL	3	
CIPRO HC	3	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	1	
DERMOTIC	4	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	

Respiratory - Drugs for Anaphylaxis

AUVI-Q	2	QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	QL

Drug Name	Drug Tier	Requirements & Limits
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
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
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	2	QL

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

azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl nasal solution 0.15 %	E	
azelastine-fluticasone	E	QL
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	E	
cetirizine hcl oral solution	E	
CLARINEX	E	
cyproheptadine hcl oral	1	
desloratadine oral tablet	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
DYMISTA	E	QL
flunisolide nasal	1	
fluticasone propionate nasal	1	QL
g tussin ac	1	
guaiaatussin ac	1	
guaifenesin ac oral syrup 100-10 mg/5ml	1	
guaifenesin-codeine	1	
HYCODAN ORAL SOLUTION	E	PA, QL
hydrocod poli-chlorphe poli er	1	PA, QL
hydrocodone bit-homatrop mbr oral solution	1	PA, QL
hydromet	1	PA, QL
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral	1	
maxi-tuss ac	1	
mometasone furoate nasal	1	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	E	
ODACTRA	4	PA, QL
olopatadine hcl nasal	1	
PATANASE NASAL SOLUTION 0.6 %	E	
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
PULMOSAL	2	
RYALTRIS	E	QL
ryvent	E	
sodium chloride inhalation	1	
XHANCE	E	ST, QL
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3	QL

Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ACCOLATE	4	
ADVAIR DISKUS	E	QL
ADVAIR HFA	3	QL, RS
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU	2	
AEROCHAMBER PLUS FLO-VU INTERM	2	
AEROCHAMBER PLUS FLO-VU LARGE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
AEROCHAMBER PLUS FLO-VU SMALL	2	
AEROCHAMBER PLUS FLO-VU W/MASK	2	
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
AIRSUPRA	3	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for ProAir HFA or Proventil HFA), QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic ProAir HFA or Proventil HFA), QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(generic for Ventolin HFA), QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	E	
albuterol sulfate oral syrup	1	
ANORO ELLIPTA	3	QL
arformoterol tartrate	1	QL
ARNUITY ELLIPTA	1	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREATHE COMFORT CHAMBER/ ADULT	2	
BREATHE COMFORT CHAMBER/ CHILD	2	
BREO ELLIPTA	3	QL, RS
breynd	E	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
BROVANA	4	QL
budesonide inhalation	1	QL
budesonide-formoterol fumarate	E	QL, RS
COMBIVENT RESPIMAT	3	QL
DALIRESP	E	QL
DULERA	E	ST, QL
EASIVENT	2	
EASIVENT MASK LARGE	2	
EASIVENT MASK MEDIUM	2	
EASIVENT MASK SMALL	2	
FASENRA PEN	4	PA, QL
FLEXICHAMBER	2	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL
FLUTICASON FUROATE-VILANTEROL	E	QL, RS

Drug Name	Drug Tier	Requirements & Limits
FLUTICASON PROPIONATE HFA	E	QL
FLUTICASON-SALMETEROL INHALATION AEROSOL	E	QL, RS
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL
FLUTICASON-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
formoterol fumarate inhalation	1	QL
INSPIREASE	2	
ipratropium bromide inhalation	1	
ipratropium-albuterol	1	
levalbuterol hcl inhalation	1	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
MICROCHAMBER	2	
montelukast sodium oral	1	
NUCALA 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
PERFORMIST	4	QL
PROCHAMBER VHC	2	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	QL
PULMICORT FLEXHALER	E	QL
PULMICORT SUSPENSION	E	QL
QVAR REDIHALER	1	QL
roflumilast	1	QL
SEREVENT DISKUS	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	1	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
theophylline er	1	
tiotropium bromide monohydrate	E	QL
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL
VORTEX HOLD CHMBR/MASK/CHILD	2	
VORTEX HOLD CHMBR/MASK/TODDLER	2	
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	1	QL
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML	E	QL
XOPENEX HFA	3	QL
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML	E	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
tobramycin inhalation nebulization solution 300 mg/4ml	1	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	4	PA, QL, SP
pirfenidone oral tablet 267 mg, 801 mg	1	PA, QL, SP
pirfenidone oral tablet 534 mg	1	PA, QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	PA, QL, SP
ADEMPAS	2	PA, QL, SP
alyq	1	PA, QL, SP
ambrisentan	1	PA, QL, SP
OPSUMIT	2	PA, QL, SP
ORENITRAM	4	PA, QL, SP
REMODULIN	E	PA
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 62.5 MG, 125 MG	2	PA, QL, SP
treprostinil	E	PA
TYVASO	2	PA
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
TYVASO STARTER KIT	2	PA
UPTRAVI ORAL	4	PA, QL
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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	
DANTRIUM ORAL	4	
dantrolene sodium oral	1	
FEXMID	E	
LORZONE ORAL TABLET 375 MG, 750 MG	E	
metaxalone	1	
methocarbamol oral tablet 1000 mg	E	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	1	
SOMA	E	
TANLOR	3	
tizanidine hcl oral	1	
VANADOM ORAL TABLET 350 MG	E	
ZANAFLEX	4	

Sleep Disorder Agents

AMBIEN	E	
AMBIEN CR	E	
armodafinil	1	QL
BELSOMRA	4	ST, QL
DAYVIGO	4	ST, QL
doxepin hcl oral tablet	E	QL
estazolam	1	
eszopiclone	1	
LUMRYZ	4	PA, QL, SP
LUNESTA	E	
modafinil oral	1	QL
NUVIGIL	E	QL
PROVIGIL	E	QL
ramelteon	1	ST, QL

Drug Name	Drug Tier	Requirements & Limits
RESTORIL	4	
ROZEREM	E	ST, QL
SILENOR	E	QL
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	4	PA, (manufactured by Hikma), QL, SP
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	E	PA, (manufactured by Amneal), QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYREM	E	PA, QL, SP
XYWAV	4	PA, QL, SP
zaleplon	1	
zolpidem tartrate er	1	
zolpidem tartrate oral tablet	1	

See page 6-8 for coverage details.



Index

A

abacavir sulfate-lamivudine	20	acitretin	28	ADALIMUMAB-FKJP (2 SYRINGE)	50
ABILIFY	20	ACTEMRA ACTPEN	49	adapalene-benzoyl peroxide external gel 0.1-2.5 %	28
abiraterone acetate oral tablet 250 mg	18	ACTEMRA SUBCUTANEOUS	49	adapalene-benzoyl peroxide external gel 0.3-2.5 %	28
abiraterone acetate oral tablet 500 mg	18	ACTICLATE ORAL TABLET 150 MG, 75 MG	11	ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	50
ABRILADA (1 PEN)	49	ACTIVELLA	43	ADCIRCA	59
ABRILADA (2 PEN)	49	ACTONEL	53	ADDERALL	26
ABRILADA (2 SYRINGE)	49	ACTOPLUS MET	36	ADDERALL XR	26
ABRYSSVO	52	ACTOS	36	ADDYI	38
ABSORICA	28	ACULAR	54	ADEMPAS	59
acamprosate calcium	11	ACULAR LS	54	ADLYXIN STARTER PACK SUBCUTANEOUS PEN- INJECTOR KIT 10 & 20 MCG/0.2ML	36
ACANYA	28	ACUVAIL	54	ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	36
acarbose oral	36	acyclovir external ointment	20	ADMELOG	35
ACCOLATE	57	acyclovir oral	20	ADMELOG SOLOSTAR	35
ACCRUFER	38	ACZONE	28	ADTHYZA	49
ACCU-CHEK AVIVA PLUS TEST STRIPS	32	ADACEL	52	ADVAIR DISKUS	57
ACCU-CHEK FASTCLIX LANCET	32	ADALIMUMAB-AACF (2 PEN)	49	ADVAIR HFA	57
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	32	ADALIMUMAB-AACF (2 SYRINGE)	49	ADVATE	37
ACCU-CHEK GUIDE KIT W/ DEVICE	32	ADALIMUMAB-AACF(CD/UC/HS STRT)	49	ADYNOVATE	37
ACCU-CHEK GUIDE ME METER	32	ADALIMUMAB-AACF(PS/UV STARTER)	49	ADZENYS XR-ODT	26
ACCU-CHEK GUIDE TEST	32	ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML	49	AEROCHAMBER HOLDING CHAMBER	57
ACCU-CHEK GUIDE TEST STRIPS	32	ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/0.8ML	49	AEROCHAMBER PLS FLOVU MTHPIECE	57
ACCU-CHEK SMARTVIEW TEST STRIPS	32	ADALIMUMAB-AATY (2 PEN)	49	AEROCHAMBER PLUS FLO-VU	57
ACCU-CHEK SOFTCLIX LANCET	32	ADALIMUMAB-AATY	49	AEROCHAMBER PLUS FLO-VU INTERM	57
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	32	ADALIMUMAB-AATY (2 SYRINGE)	49	AEROCHAMBER PLUS FLO-VU LARGE	57
accutane	28	ADALIMUMAB-ADAZ	49	AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	57
ACCUTREND GLUCOSE	32	ADALIMUMAB-ADBM (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML	49	AEROCHAMBER PLUS FLO-VU SMALL	57
acebutolol hcl oral	22	ADALIMUMAB-ADBM (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML	49	AEROCHAMBER PLUS FLO-VU W/MASK	57
acetaminophen-codeine oral solution 120-12 mg/5ml	9	ADALIMUMAB-ADBM (2 SYRINGE)	49	AFINITOR	18
acetaminophen-codeine oral tablet	9	ADALIMUMAB-ADBM(CD/UC/ HS STRT)	49	afirmelle	43
acetazolamide er	22	ADALIMUMAB-ADBM(PS/UV STARTER)	49		
acetazolamide oral	22	ADALIMUMAB-FKJP (2 PEN)	49		
acetic acid otic	56				
ACIPHEX	40				



AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	37	ALORA	43	amphet-dextroamphet 3-bead er	26
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	37	alose tron hcl	41	amphetamine sulfate	26
aftera	43	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	55	amphetamine- dextroamphetamine	26
AIMOVIG	17	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	55	amphetamine- dextroamphetamine er	26
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	17	ALPHANATE	37	ampicillin	12
AIRDUO RESPICLICK 113/14	57	alprazolam er	21	AMPYRA	27
AIRDUO RESPICLICK 232/14	57	alprazolam oral	21	AMZEEQ	28
AIRDUO RESPICLICK 55/14	57	alprazolam xr	21	ANAFRANIL	15
AIRSUPRA	57	ALPROLIX	37	anagrelide hcl	37
AJOVY	17	ALREX	54	ANALPRAM HC	53
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	54	ALTACE	22	ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	53
AKLIEF	28	altavera	43	ANALPRAM-HC EXTERNAL CREAM	53
ALA SCALP	28	ALTUVIIIIO	37	ANAPROX DS	10
ala-cort	28	ALUNBRIG	18	ANASPAZ	41
albendazole oral	19	ALVAIZ	37	anastrozole oral	18
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	57	alyacen 1/35	43	ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	48
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	57	alyacen 7/7/7	43	ANDROGEL PUMP	48
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	58	alyq	59	ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%)	48
albuterol sulfate oral syrup	58	amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	43	ANGELIQ	43
alclometasone dipropionate	28	amantadine hcl oral	19	ANKTIVA	18
ALCOHOL PREP PADS PAD	32	AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	36	ANNOVERA	43
ALDACTAZIDE ORAL TABLET 25-25 MG	22	AMBIEN	60	ANORO ELLIPTA	58
ALDACTONE	22	AMBIEN CR	60	ANTIVERT ORAL TABLET	16
ALECENSA	18	ambrisentan	59	ANUCORT-HC	53
alendronate sodium oral tablet	53	amethia oral tablet 0.15-0.03 &0.01 mg	43	ANUSOL-HC EXTERNAL	53
alfuzosin hcl er	43	amethyst	43	ANUSOL-HC RECTAL	53
aliskiren fumarate	22	amiloride hcl oral	22	apap-caff-dihydrocodeine	9
allopurinol oral tablet 100 mg, 300 mg	17	amiloride-hydrochlorothiazide	22	APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	11
allopurinol oral tablet 200 mg	17	amiodarone hcl oral	22	aprepitant oral capsule 125 mg, 40 mg, 80 mg	16
ALLZITAL	9	AMITIZA	41	apri	43
almotriptan malate	17	amitriptyline hcl oral	15	APRISO	53
ALOGLIPTIN BENZOATE	36	AMJEVITA FOR NUVAILA	50	APTENSIO XR	26
ALOGLIPTIN-METFORMIN HCL	36	amlodipine besylate oral	22	APTIOM	13
		amlodipine besylate-benazepril hcl	22	AQ INSULIN SYRINGE	32
		amlodipine besylate-valsartan	22	AQINJECT PEN NEEDLE	32
		amlodipine-olmesartan	22	ARAKODA	19
		amnesteem	28	aranelle	43
		amoxicillin	11		
		amoxicillin-potassium clavulanate	12		



ARANESP (ALBUMIN FREE).....	37	aurovela 1.5/30.....	43	AZILECT.....	19
ARAVA.....	50	aurovela 24 fe.....	43	azithromycin oral packet 1 gm.....	12
AREXVY.....	52	aurovela fe 1/20.....	43	AZOPT.....	55
arformoterol tartrate.....	58	aurovela fe 1.5/30.....	43	AZOR.....	22
ARICEPT.....	14	AUSTEDO.....	27	AZSTARYS.....	26
ARIMIDEX.....	18	AUSTEDO XR.....	27	AZULFIDINE.....	53
aripiprazole oral solution.....	20	AUSTEDO XR PATIENT		AZULFIDINE EN-TABS.....	53
aripiprazole oral tablet.....	20	TITRATION ORAL TABLET		azurette.....	43
armodafinil.....	60	EXTENDED RELEASE THERAPY			
ARMOUR THYROID.....	49	PACK 12 & 18 & 24 & 30 MG.....	27		
ARNUITY ELLIPTA.....	58	AUSTEDO XR PATIENT			
AROMASIN.....	18	TITRATION ORAL TABLET			
ARTHROTEC.....	10	EXTENDED RELEASE THERAPY			
ASACOL HD ORAL TABLET		PACK 6 & 12 & 24 MG.....	27		
DELAYED RELEASE 800 MG.....	53	AUVELITY.....	15		
ascomp-codeine.....	9	AUVI-Q.....	56		
asenapine maleate.....	20	AVALIDE.....	22		
ashlyna.....	43	avanafil.....	38		
aspirin-dipyridamole er.....	38	AVAPRO.....	22		
ATACAND.....	22	AVAR CLEANSER.....	28		
ATACAND HCT.....	22	AVAR LS CLEANSER.....	28		
atenolol oral.....	22	AVAR-E EMOLLIENT.....	28		
atenolol-chlorthalidone.....	22	AVAR-E GREEN EXTERNAL			
ATIVAN ORAL.....	21	CREAM 10-5 %.....	28		
atomoxetine hcl.....	26	AVAR-E LS EXTERNAL CREAM			
ATORVALIQ.....	22	10-2 %.....	28		
atorvastatin calcium oral tablet		aviane.....	43		
10 mg, 20 mg.....	22	AVIDOXY.....	12		
atorvastatin calcium oral tablet		AVITA EXTERNAL CREAM			
40 mg, 80 mg.....	22	0.025 %.....	28		
atovaquone.....	19	AVITA EXTERNAL GEL 0.025 %.....	28		
atovaquone-proguanil hcl.....	19	AVODART.....	43		
ATRALIN.....	28	AVONEX PEN.....	27		
ATROPINE SULFATE		AVONEX PREFILLED.....	27		
OPHTHALMIC SOLUTION		AYGESTIN ORAL TABLET 5 MG... ..	43		
0.01 %, 0.025 %, 0.05 %.....	55	ayuna.....	43		
atropine sulfate ophthalmic		AZASAN.....	50		
solution 1 %.....	55	AZASITE.....	54		
ATROVENT HFA.....	58	azathioprine oral.....	50		
AUBAGIO.....	27	azelaic acid external.....	28		
aubra eq.....	43	azelastine hcl nasal solution			
aubra oral tablet 0.1-20 mg-mcg.....	43	0.1 %, 137 mcg/spray.....	56		
AUGMENTIN.....	12	azelastine hcl nasal solution			
AUGMENTIN ES-600.....	12	0.15 %.....	56		
AUGTYRO ORAL CAPSULE.....	18	azelastine hcl ophthalmic.....	54		
aurovela 1/20.....	43	azelastine-fluticasone.....	56		
		AZELEX.....	28		

B

bac.....	9
bacitracin ophthalmic.....	55
bacitracin-polymyxin b.....	54
baclofen oral tablet 10 mg,	
20 mg, 5 mg.....	59
baclofen oral tablet 15 mg.....	59
BACTRIM.....	12
BACTRIM DS.....	12
BAFIERTAM.....	27
balsalazide disodium.....	53
balziva.....	43
BANZEL.....	13
BAQSIMI ONE PACK.....	36
BAQSIMI TWO PACK.....	36
BARACLUDE ORAL TABLET.....	20
BASAGLAR KWIKPEN.....	35
BASAGLAR TEMPO PEN.....	35
BD AUTOSHIELD DUO PEN	
NEEDLES.....	32
BD BLUNT FILL NEEDLE W/ FILTER.....	32
BD ECLIPSE NEEDLE 18G X 1-1/2", 25G X 5/8", 27G X 1/2".....	32
BD ECLIPSE NEEDLE 23G X 1" (OTC).....	32
BD ECLIPSE NEEDLE 23G X 1" (RX).....	32
BD ECLIPSE SHIELDED NEEDLE.....	32
BD SAFETYGLIDE NEEDLE 23G X 1-1/2".....	32
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2".....	32
BD SHARPS COLLECTOR.....	32
BD ULTRA-FINE INSULIN SYRINGES.....	32
BD ULTRA-FINE PEN NEEDLES.....	32



BD ULTRA-FINE U-500 INSULIN SYRINGES	32	bimatoprost ophthalmic	55	BROMSITE	54
BD VEO ULTRA-FINE INSULIN SYRINGES	32	BIMZELX	50	BRONCHITOL	59
BELBUCA	9	BIOTEL CARE TEST STRIPS	32	BRONCHITOL TOLERANCE TEST	59
BELSOMRA	60	bis subcit-metronid-tetracyc.....	40	BROVANA	58
benazepril hcl oral	22	bismuth/metronidaz/tetracyclin.	40	BRUKINSA	18
benazepril-hydrochlorothiazide ..	22	bisoprolol fumarate oral	22	budesonide inhalation	58
BENICAR	22	bisoprolol-hydrochlorothiazide ..	22	budesonide oral	53
BENICAR HCT	22	blisovi 24 fe	43	budesonide rectal	53
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	50	blisovi fe 1/20	43	budesonide-formoterol fumarate	58
BENZAMYCIN	28	blisovi fe 1.5/30	43	bumetanide oral	22
benzonatate oral capsule 100 mg, 200 mg	56	BLOOD GLUCOSE TEST STRIPS	32	BUMEX	22
benzonatate oral capsule 150 mg	56	BLOOD GLUCOSE TEST STRIPS 333	32	BUPAP ORAL TABLET 50-300 MG ..	9
benzoyl peroxide-erythromycin ..	28	BOOSTRIX	52	buprenorphine	9, 11
benztropine mesylate oral	19	BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	52	buprenorphine hcl sublingual	11
BESIVANCE	54	BOSULIF ORAL TABLET	18	buprenorphine hcl-naloxone hcl ..	11
betamethasone dipropionate aug external cream	28	BREATHE COMFORT CHAMBER/ADULT	58	bupropion hcl er (smoking det) ..	11
betamethasone dipropionate aug external lotion	28	BREATHE COMFORT CHAMBER/CHILD	58	bupropion hcl er (sr)	15
betamethasone dipropionate aug external ointment	28	BREO ELLIPTA	58	bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	15
betamethasone dipropionate external	29	breyna	58	BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	15
betamethasone valerate external cream	29	BREZTRI AEROSPHERE	58	bupropion hcl oral	15
betamethasone valerate external lotion	29	briellyn	43	buspirone hcl oral	21
betamethasone valerate external ointment	29	BRILINTA	20	butalbital-acetaminophen oral tablet 50-300 mg	9
BETAPACE	22	brimonidine tartrate external	29	butalbital-acetaminophen oral tablet 50-325 mg	9
BETAPACE AF	22	brimonidine tartrate ophthalmic solution 0.1 %	55	butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	9
BETASERON	27	brimonidine tartrate ophthalmic solution 0.15 %	55	butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	9
betaxolol hcl oral	22	brimonidine tartrate ophthalmic solution 0.2 %	55	butalbital-apap-caffeine	9
bethanechol chloride oral	42	brimonidine tartrate-timolol	55	butalbital-asa-caff-codeine	9
BETIMOL	55	brinzolamide	55	butalbital-aspirin-caffeine	9
BEVESPI AEROSPHERE	58	BRIVIACT ORAL SOLUTION	13	butorphanol tartrate nasal	9
BEXSERO	52	BRIVIACT ORAL TABLET	13	BUTRANS	9
BEYAZ	43	BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	56	BYDUREON BCISE AUTOINJECTOR	36
bicalutamide	18	bromfenac sodium (once-daily) ..	54	BYETTA 10 MCG PEN	36
BIGFOOT UNITY PROGRAM	32	bromfenac sodium ophthalmic solution 0.07 %	54	BYETTA 5 MCG PEN	36
BIJUVA	43	bromfenac sodium ophthalmic solution 0.075 %	54	BYLVAY	41
BIKTARVY	20	bromocriptine mesylate oral tablet	19	BYLVAY (PELLETS)	41
				BYSTOLIC	22



C

cabergoline.....	48	CARDIZEM.....	22	cetorelix acetate	52
CABOMETYX	18	CARDIZEM CD.....	22	CETROTIDE	52
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG	22	CARDIZEM LA.....	22	cevimeline hcl	28
calcipotriene external cream.....	29	CARDURA.....	22	charlotte 24 fe.....	43
calcipotriene external ointment.....	29	CAREPOINT POLY HUB NEEDLE 18G X 1", 21G X 1", 22G X 1", 23G X 1", 25G X 1", 25G X 5/8"	32	chateal eq	43
calcipotriene external solution.....	29	CAREPOINT POLY HUB NEEDLE 22G X 1-1/2".....	32	chateal oral tablet 0.15-30 mg-mcg	43
calcitonin (salmon).....	53	CAREPOINT SAFETY 1ST NEEDLE.....	32	chlordiazepoxide hcl	21
CALCITRENE	29	CARETOUCH MONITOR SYSTEM.....	32	chlordiazepoxide-clidinium	41
calcitriol oral.....	54	CARETOUCH TEST	32	chlorhexidine gluconate mouth/ throat	28
calcium acetate (phos binder) oral capsule.....	42	carisoprodol oral tablet 250 mg..	59	chlorpromazine hcl oral tablet ...	20
calcium acetate (phos binder) oral tablet.....	38	carisoprodol oral tablet 350 mg..	59	chlorthalidone.....	22
calcium acetate oral tablet 667 mg	38	CARNITOR ORAL SOLUTION.....	38	chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg.....	60
CALQUENCE	18	CARNITOR ORAL TABLET	42	chlorzoxazone oral tablet 500 mg	60
CALQUENCE ORAL CAPSULE 100 MG	18	CARNITOR SF	38	cholestyramine light	22
camila.....	43	cartia xt.....	22	cholestyramine oral.....	22
camrese	43	carvedilol	22	CHORIONIC GONADOTROPIN INTRAMUSCULAR.....	52
camrese lo.....	43	carvedilol phosphate er.....	22	CIALIS	38
CAMZYOS.....	22	CASODEX.....	18	CIBINQO	29
CANASA	53	CATAFLAM ORAL TABLET 50 MG	10	ciclodan	16
candesartan cilexetil.....	22	CATAPRES-TTS-1.....	22	ciclopirox external	16
candesartan cilexetil-hctz.....	22	CATAPRES-TTS-2.....	22	ciclopirox olamine external cream.....	16
capecitabine	18	CATAPRES-TTS-3.....	22	ciclopirox olamine external suspension	29
CAPLYTA.....	20	CAVERJECT IMPULSE	42	cilostazol	20
captopril oral	22	cefadroxil.....	12	CIMDUO	20
CARAC.....	29	cefdinir	12	cimetidine oral	41
CARAFATE.....	41	cefixime	12	CIMZIA	50
carbamazepine er.....	13	cefprozil	12	CIMZIA (2 SYRINGE).....	50
carbamazepine oral tablet.....	13	cefuroxime axetil.....	12	CIMZIA-STARTER	50
carbamazepine oral tablet chewable	13	CELEBREX.....	10	cinacalcet hcl.....	54
CARBATROL.....	13	celecoxib oral	10	CINRYZE	50
carbidopa-levodopa er	19	CELEXA.....	15	CIPRO HC.....	56
carbidopa-levodopa oral tablet ...	19	CELLCEPT ORAL CAPSULE.....	50	CIPRO ORAL TABLET	12
carbidopa-levodopa- entacapone	19	CELLCEPT ORAL TABLET.....	50	CIPRODEX OTIC SUSPENSION 0.3-0.1 %	56
carbinoxamine maleate oral tablet 4 mg	56	CENTANY EXTERNAL OINTMENT 2 %	12	ciprofloxacin hcl ophthalmic	54
carbinoxamine maleate oral tablet 6 mg	56	cephalexin.....	12	ciprofloxacin hcl oral.....	12
		CEQUA.....	56	ciprofloxacin hcl otic.....	56
		CEQUR SIMPLICITY 2U 10PK.....	32	ciprofloxacin-dexamethasone ...	56
		CERDELGA	42		
		cetirizine hcl oral solution	56		
		CETRAXAL	56		



citalopram hydrobromide oral solution.....	15	clobetasol prop emollient base external cream 0.05 %	29	colestipol hcl oral tablet	23
citalopram hydrobromide oral tablet	15	clobetasol propionate e	29	COMBIGAN	55
CITRANATAL 90 DHA	38	clobetasol propionate external cream	29	COMBIPATCH	43
CITRANATAL ASSURE.....	38	clobetasol propionate external foam	29	COMBIVENT RESPIMAT	58
CITRANATAL DHA ORAL 27-1 & 250 MG	38	clobetasol propionate external gel.....	29	COMIRNATY.....	52
claravis.....	29	clobetasol propionate external liquid.....	29	COMPLERA	20
CLARINEX.....	56	clobetasol propionate external ointment.....	29	COMPLETENATE.....	38
clarithromycin er	12	clobetasol propionate external shampoo.....	29	COMTAN ORAL TABLET 200 MG ..	19
clarithromycin oral	12	clobetasol propionate external solution	29	CONCEPT DHA	38
CLENPIQ	41	CLOBEX EXTERNAL SHAMPOO ..	29	CONCERTA	26
CLEOCIN ORAL CAPSULE 150 MG, 300 MG.....	12	CLOBEX SPRAY.....	29	constulose.....	41
CLEOCIN ORAL CAPSULE 75 MG ..	12	clodan	29	CONTOUR MONITOR KIT W/ DEVICE	32
CLEOCIN ORAL SOLUTION RECONSTITUTED	12	CLOMID	52	CONTOUR NEXT EZ KIT W/ DEVICE	32
CLEOCIN VAGINAL CREAM	12	clomiphene citrate oral tablet 50 mg	52	CONTOUR NEXT GEN MONITOR KIT W/DEVICE	32
CLEOCIN-T	29	clomipramine hcl oral.....	15	CONTOUR NEXT GEN TEST STRIPS.....	33
CLIMARA	43, 45	clonazepam oral.....	21	CONTOUR NEXT LINK KIT W/ DEVICE	33
CLIMARA PRO.....	43	clonidine hcl er	26	CONTOUR NEXT MONITOR KIT W/DEVICE	33
clindacin.....	29	clonidine hcl oral	22	CONTOUR NEXT ONE DEVICE ...	33
clindacin etz external swab	29	clonidine patch weekly 0.1 mg/24hr transdermal	23	CONTOUR NEXT ONE KIT	33
clindacin-p	29	clonidine patch weekly 0.2 mg/24hr transdermal	23	CONTOUR NEXT TEST STRIPS ...	33
CLINDAGEL	29	clonidine patch weekly 0.3 mg/24hr transdermal	23	CONTOUR PLUS BLUE	33
clindamycin hcl oral.....	12	clopidogrel bisulfate oral	20	CONTOUR PLUS TEST.....	33
clindamycin palmitate hcl	12	clorazepate dipotassium	21	CONTOUR TEST STRIPS	33
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	29	clotrimazole external cream.....	29	COPAXONE.....	27
clindamycin phos-benzoyl perox external gel 1.2-5 %.....	29	clotrimazole mouth/throat	16	CORDRAN	29
clindamycin phosphate external foam	29	clotrimazole-betamethasone	29	COREG.....	23
clindamycin phosphate external lotion.....	29	clozapine oral tablet	20	COREG CR.....	23
clindamycin phosphate external solution	29	CLOZARIL	20	CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG	23
clindamycin phosphate external swab	29	CO-NATAL FA.....	38	CORLANOR.....	23
clindamycin phosphate gel 1 % external.....	29	COLAZAL.....	53	CORTEF.....	47
clindamycin phosphate vaginal ...	12	colchicine oral.....	17	CORTENEMA	53
CLINDESSE.....	12	colchicine-probenecid.....	17	CORTIFOAM.....	53
CLINPRO 5000.....	28	COLCRYS ORAL TABLET 0.6 MG ..	17	COSENTYX (300 MG DOSE).....	50
clobazam	13	colesevelam hcl oral tablet	23	COSENTYX 150 MG/ML SUBCUTANEOUS	50
		COLESTID ORAL TABLET.....	23	COSENTYX SENSOREADY (300 MG)	50
				COSENTYX SENSOREADY PEN ...	50
				COSENTYX UNOREADY.....	50



COSOPT	55	CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML.....	50	DENTA 5000 PLUS SENSITIVE ...	39	
COSOPT PF	55	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML.....	50	DENTAGEL.....	28	
COTELLIC	18	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	50	DEPAKOTE.....	13	
COTEMPLA XR-ODT.....	26	CYMBALTA.....	15	DEPAKOTE ER	13	
COVARYX.....	44	cyproheptadine hcl oral	56	DEPAKOTE SPRINKLES	13	
COVARYX HS	44	cyred eq	44	DEPEN TITRATABS	42	
COZAAR	23	cyred oral tablet 0.15-30 mg-mcg	44	DEPO-ESTRADIOL	44	
CREON.....	42	CYTOMEL.....	49	DEPO-PROVERA	44	
CRESEMBA ORAL	16	CYTOTEC	41	DEPO-SUBQ PROVERA 104.....	44	
CRESTOR	23	D			DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML.....	48
CREXONT.....	19	D-CARE BLOOD GLUCOSE	33	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML.....	48	
cromolyn sodium ophthalmic	56	D-CARE GLUCOMETER.....	33	DERMA-SMOOTH/FS BODY.....	29	
cromolyn sodium oral.....	41	dabigatran etexilate mesylate.....	13	DERMA-SMOOTH/FS SCALP....	29	
cryselles-28.....	44	dalfampridine er	27	DERMACINRX UREA	29	
curae.....	44	DALIRESP	58	DERMOTIC	56	
CUVPOSA.....	41	DANTRIUM ORAL	60	DESCOVY.....	20	
CVS ADVANCED GLUCOSE TEST.....	33	dantrolene sodium oral.....	60	desipramine hcl oral	15	
CVS GLUCOSE METER TEST STRIPS.....	33	DAPAGLIFLOZIN PRO- METFORMIN ER.....	36	desloratadine oral tablet.....	56	
CVS NEEDLE COLLECTION/ DISPOSAL	33	DAPAGLIFLOZIN PROPANEDIOL.	36	desmopressin acetate oral	48	
cvs nicotine.....	11	dapsone external.....	29	desmopressin acetate spray.....	48	
cvs nicotine polacrilex	11	dapsone oral.....	18	desogestrel-ethinyl estradiol.....	44	
cyanocobalamin injection solution 1000 mcg/ml	38	darunavir	20	desonide external cream	29	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	39	dasatinib.....	18	desonide external lotion.....	29	
cyanocobalamin nasal	39	dasetta 1/35.....	44	desonide external ointment.....	29	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg.....	60	dasetta 7/7/7.....	44	DESOWEN	29	
cyclobenzaprine hcl oral tablet 7.5 mg.....	60	DAVIMET-FLUORIDE	39	desoximetasone external cream ..	29	
CYCLOGYL	56	DAYPRO.....	10	desoximetasone external ointment.....	29	
cyclopentolate hcl ophthalmic...	56	daysee	44	desvenlafaxine succinate er.....	15	
cyclophosphamide oral capsule...	18	DAYVIGO	60	DETROL	42	
CYCLOSET.....	36	DDAVP ORAL.....	48	DETROL LA.....	42	
cyclosporine modified oral capsule	50	deblitane	44	DEXABLISS.....	47	
cyclosporine ophthalmic	56	deferasirox oral tablet	39	dexamethasone intensol	47	
cyclosporine oral.....	50	DELESTROGEN.....	44	dexamethasone oral	47	
CYLTEZO (2 PEN).....	50	DELSTRIGO	20	dexamethasone sodium phosphate ophthalmic.....	54	
CYLTEZO (2 SYRINGE).....	50	delyla	44	DEXCOM G6 RECEIVER.....	33	
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML.....	50	DENTA 5000 PLUS	28, 39	DEXCOM G6 SENSOR.....	33	
				DEXCOM G6 TRANSMITTER.....	33	
				DEXCOM G7 RECEIVER.....	33	
				DEXCOM G7 SENSOR.....	33	
				DEXEDRINE	26	



DEXILANT	41	dilt-xr	23	doxycycline monohydrate oral tablet	12
dexlansoprazole	41	diltiazem hcl er	23	doxylamine-pyridoxine	16
dexmethylphenidate hcl	26	diltiazem hcl er beads	23	DRISDOL	39
dexmethylphenidate hcl er	26	diltiazem hcl er coated beads	23	dronabinol	16
dextroamphetamine sulfate er	26	diltiazem hcl oral	23	DROPSAFE SAFETY SYRINGE/ NEEDLE	33
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	26	dimethyl fumarate oral	27	drospiren-eth estrad-levomefol. .	44
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	26	DIOVAN	23	drospirenone-ethinyl estradiol ...	44
DHIVY	19	DIOVAN HCT	23	DRYSOL	29
DIABETES MONITOR DIGIT ADD-ON	33	DIPENTUM	53	DUAVEE	44
DIABETES MONITOR DIGIT SOLN.	33	diphenoxylate-atropine oral tablet	41	DULERA	58
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	13	DIPROLENE	29	duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	15
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	13	disulfiram oral	11	duloxetine hcl oral capsule delayed release particles 40 mg. .	15
diazepam oral solution	21	DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	42	DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR.	29
diazepam oral tablet	21	divalproex sodium er	13	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	30
diazepam rectal	13	divalproex sodium oral	13	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	30
DICLEGIS	16	DIVIGEL	44	DUREZOL	56
diclofenac potassium oral tablet 25 mg	10	DODEX	39	dutasteride oral	43
diclofenac potassium oral tablet 50 mg	10	dofetilide	23	DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	47
diclofenac sodium er	10	dolishale	44	DYANAVEL XR ORAL TABLET EXTENDED RELEASE	26
diclofenac sodium external gel 1 %	10	donepezil hcl oral tablet	14	DYMISTA	57
diclofenac sodium external gel 3 %	29	DOPTelet	38		
diclofenac sodium ophthalmic ...	54	dorzolamide hcl solution 2 % ophthalmic	55	E	
diclofenac sodium oral	10	dorzolamide hcl-timolol mal.	55	E.E.S. GRANULES	12
diclofenac-misoprostol	10	dorzolamide hcl-timolol mal pf. ...	55	EASIVENT	58
DICLOFONO	10	dotti	44	EASIVENT MASK LARGE	58
dicloxacillin sodium	12	DOVATO	20	EASIVENT MASK MEDIUM	58
dicyclomine hcl oral	41	doxazosin mesylate oral	23	EASIVENT MASK SMALL	58
DIFICID ORAL TABLET	12	doxepin hcl oral capsule	15	EASY COMFORT SHARPS CONTAINER	33
DIFLUCAN	16	doxepin hcl oral concentrate	15	EASY MAX BLOOD GLUCOSE TEST	33
difluprednate	56	doxepin hcl oral tablet	60	EASY MAX T1 GLUCOSE SYSTEM. .	33
digitek oral tablet 125 mcg, 250 mcg	23	doxycycline	12, 29	EASY TOUCH HEALTHPRO GLUCOSE	33
digoxin oral tablet	23	doxycycline hyclate oral capsule .	12	EASY TOUCH TEST	33
DILANTIN INFATABS	13	doxycycline hyclate oral tablet 100 mg, 20 mg	12		
DILANTIN ORAL CAPSULE	13	doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	12		
DILAUDID ORAL TABLET	9	doxycycline monohydrate oral capsule 100 mg, 50 mg	12		
		doxycycline monohydrate oral capsule 150 mg, 75 mg	12		
		doxycycline monohydrate oral suspension reconstituted	12		



EASYGLUCO.....	33	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg.....	20	eq nicotine polacrilex.....	11
EASYMAX 15 TEST.....	33	emtricitabine-tenofovir df oral tablet 200-300 mg.....	21	eq nicotine step 3.....	11
EASYMAX NG BLOOD GLUCOSE KIT.....	33	emzahn.....	44	eql nicotine polacrilex mouth/ throat lozenge 2 mg, 4 mg.....	11
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG.....	10	enalapril maleate oral solution.....	23	EQUETRO.....	22
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG.....	10	enalapril maleate oral tablet.....	23	ergocalciferol oral capsule... ..	39, 40
ec-naproxen.....	10	enalapril-hydrochlorothiazide.....	23	ERIVEDGE.....	18
econazole nitrate external.....	16	ENBREL.....	50	ERLEADA ORAL TABLET 240 MG..	18
econtra ez oral tablet 1.5 mg.....	44	ENBREL MINI.....	50	ERLEADA ORAL TABLET 60 MG... ..	18
econtra one-step.....	44	ENBREL SURECLICK.....	50	ERMEZA.....	49
ED-SPAZ ORAL TABLET DISPERSIBLE 0.125 MG.....	41	endocet.....	9	errin.....	44
EDARBI.....	23	ENDOMETRIN.....	52	ERY-TAB.....	12
EDARBYCLOR.....	23	ENGERIX-B.....	52	ERYGEL.....	30
EDEX.....	42	enillorig.....	44	ERYPED 200.....	12
EEMT.....	44	ENLITE GLUCOSE SENSOR.....	33	ERYPED 400.....	12
EEMT HS.....	44	enoxaparin sodium injection solution prefilled syringe.....	13	erythromycin base oral tablet... ..	12
efavirenz-emtricitab-tenofo df... ..	20	enpresse-28.....	44	erythromycin base oral tablet delayed release.....	12
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ.....	39	enskyce.....	44	erythromycin ethylsuccinate oral suspension reconstituted.....	12
EFFEXOR XR.....	15	ENSTILAR.....	30	erythromycin external.....	30
EFFIENT.....	20	entacapone.....	19	erythromycin ophthalmic.....	54
EFUDEX.....	30	entecavir.....	21	erythromycin oral.....	12
ELEPSIA XR.....	13	ENTRESTO ORAL TABLET.....	23	escitalopram oxalate oral.....	15
ELESTRIN.....	44	ENTYVIO PEN.....	50	ESGIC.....	9
eletriptan hydrobromide.....	17	enulose.....	41	ESGIC ORAL CAPSULE 50-325-40 MG.....	9
ELIDEL.....	30	ENVARUS XR.....	50	esomeprazole magnesium oral capsule delayed release.....	41
ELIMITE.....	19	EPANED.....	23	esomeprazole magnesium oral packet.....	41
elinest.....	44	EPCLUSA ORAL TABLET.....	21	est estrogens-methyltest.....	44
ELIQUIS.....	13	EPIDIOLEX.....	13	est estrogens-methyltest ds.....	44
ELIQUIS DVT/PE STARTER PACK... ..	13	EPIDUO.....	30	est estrogens-methyltest hs.....	44
ELITE-OB.....	39	EPIDUO FORTE.....	30	estarylla.....	44
ELLA.....	44	epinephrine solution auto- injector 0.15 mg/0.15ml injection.....	56	estazolam.....	60
ELMIRON.....	42	epinephrine solution auto- injector 0.15 mg/0.3ml injection ..	56	ESTRACE.....	44
ELOCTATE.....	38	epinephrine solution auto- injector 0.3 mg/0.3ml injection ..	56	estradiol oral.....	44, 46
eluryng.....	44	EPIPEN 2-PAK.....	56	estradiol patch twice weekly 0.025 mg/24hr transdermal.....	44
EMBRACE BLOOD GLUCOSE TEST.....	33	EPIPEN JR 2-PAK.....	56	estradiol patch twice weekly 0.0375 mg/24hr transdermal.....	44
EMBRACE WAVE BLOOD GLUCOSE IN VITRO.....	33	epitol.....	13	estradiol patch twice weekly 0.05 mg/24hr transdermal.....	44
EMEND ORAL CAPSULE.....	16	eplerenone.....	23	estradiol patch twice weekly 0.075 mg/24hr transdermal.....	44
EMGALITY.....	17	EQ BLOOD GLUCOSE TEST.....	33		
EMPAVELI.....	50	eq nicotine.....	11		



estradiol patch twice weekly 0.1 mg/24hr transdermal	44	EXELDERM EXTERNAL CREAM.....	16	fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr..	9	
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	44	EXELON.....	14	fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr.....	9	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	44	exemestane	18	FETZIMA.....	15	
estradiol transdermal patch weekly	45	EXFORGE	23	FEXMID.....	60	
estradiol vaginal.....	45	EXKIVITY ORAL CAPSULE 40 MG.....	18	FINACEA EXTERNAL FOAM	30	
estradiol valerate intramuscular..	45	EXTAVIA.....	27	FINACEA EXTERNAL GEL.....	30	
estradiol-norethindrone acet	45	EYSUVIS.....	54	finasteride oral tablet 5 mg.....	43	
estratest f.s.....	45	ezetimibe.....	23	finolimod hcl.....	27	
ESTRATEST H.S.....	45	ezetimibe-simvastatin.....	23	FINTEPLA	14	
ESTRING.....	45	F			finzala.....	45
ESTROGEL.....	45	FABHALTA	38	FIORICET.....	9	
eszopiclone.....	60	falmina.....	45	FIORICET/CODEINE.....	9	
ethambutol hcl oral	18	famciclovir oral.....	21	FIRVANQ	12	
ethosuximide oral.....	13	famotidine oral suspension reconstituted.....	41	flac.....	56	
ethynodiol diac-eth estradiol.....	45	famotidine oral tablet 20 mg, 40 mg.....	41	FLAGYL.....	12	
etodolac	10	FARXIGA.....	36	FLAREX.....	54	
etodolac er	10	FASENRA PEN	58	flecainide acetate	23	
etonogestrel-ethinyl estradiol....	45	fayosim oral tablet 42-21-21-7 days.....	45	FLEXICHAMBER.....	58	
etravirine	21	febuxostat.....	17	FLOMAX	43	
EUCRISA.....	30	felbamate	13	FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE.....	39	
euthyrox.....	49	FELBATOL	14	FLORIVA PLUS	39	
EVAMIST.....	45	FELBATOL ORAL SUSPENSION 600 MG/5ML.....	14	FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT.....	58	
EVEKEO.....	26	FELDENE ORAL CAPSULE 10 MG, 20 MG.....	10	fluconazole oral	16	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg.....	50	felodipine er	23	fludrocortisone acetate oral.....	47	
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg.....	18	FEMARA	18	flunisolide nasal	57	
EVERSENSE 365 SENSOR/ HOLDER	33	FEMRING	45	fluocinolone acetonide body.....	30	
EVERSENSE 365 SMART TRANSMIT.....	33	femynor oral tablet 0.25-35 mg-mcg	45	fluocinolone acetonide external .	30	
EVERSENSE E3 SENSOR/ HOLDER	33	fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	23	fluocinolone acetonide otic	56	
EVERSENSE E3 SMART TRANSMITTER	33	FENOFIBRATE MICRONIZED ORAL CAPSULE 30 MG, 90 MG....	23	fluocinolone acetonide scalp.....	30	
EVERSENSE SENSOR/HOLDER....	33	fenofibrate oral capsule 134 mg, 200 mg, 67 mg	23	fluocinonide external cream 0.05 %.....	30	
EVERSENSE SMART TRANSMITTER	33	fenofibrate oral tablet 120 mg, 40 mg.....	23	fluocinonide external cream 0.1 %.....	30	
EVISTA.....	53	fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	23	fluocinonide external gel	30	
EVOCLIN EXTERNAL FOAM 1 % ..	30	fenofibric acid oral capsule delayed release.....	23	fluocinonide external ointment ..	30	
EVOXAC	28	FENOGLIDE	23	fluocinonide external solution ...	30	
EVRYSDI.....	42			FLUORIDEX	28	
				FLUORIDEX ENHANCED WHITENING	28	
				FLUORIMAX 5000	28, 39	
				FLUORIMAX 5000 SENSITIVE ...	39	



fluoritab oral solution 0.275 (0.125 f) mg/drop.....	39	formoterol fumarate inhalation ..	58	gabapentin oral solution 250 mg/5ml	14
fluorometholone.....	54	FORTEO.....	53	GABAPENTIN ORAL TABLET 25 MG, 50 MG	14
FLUOROURACIL EXTERNAL CREAM 0.5 %	30	FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	48	gabapentin oral tablet 600 mg, 800 mg	14
fluorouracil external cream 5 % ..	30	FORTISCARE G1 TEST STRIP IN VITRO STRIP	33	galantamine hydrobromide er.....	14
fluoxetine hcl oral capsule.....	15	FORTISCARE TEST IN VITRO STRIP	33	gallifrey.....	45
fluoxetine hcl oral capsule delayed release.....	15	FOSAMAX.....	53	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	52, 53
fluoxetine hcl oral solution	15	fosfomycin tromethamine.....	12	GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	52
fluoxetine hcl oral tablet 10 mg ...	15	fosinopril sodium.....	23	GASTROCROM	41
fluoxetine hcl oral tablet 20 mg, 60 mg.....	15	fosinopril sodium-hctz.....	23	gatifloxacin ophthalmic	54
fluphenazine hcl oral tablet.....	20	FRAICHE 5000 DENTAL	28	gavilyte-c.....	41
flurbiprofen oral.....	10	FRAICHE 5000 SENSITIVE.....	39	gavilyte-g.....	41
FLUTICASONE FUROATE- VILANTEROL	58	FREESTYLE LIBRE 14 DAY READER.....	33	gavilyte-n with flavor pack.....	41
fluticasone propionate external cream.....	30	FREESTYLE LIBRE 14 DAY SENSOR.....	33	GAVRETO.....	18
fluticasone propionate external ointment.....	30	FREESTYLE LIBRE 2 PLUS SENSOR.....	33	gemfibrozil oral	23
FLUTICASONE PROPIONATE HFA	58	FREESTYLE LIBRE 2 READER.....	33	GEMTESA.....	42
fluticasone propionate nasal	57	FREESTYLE LIBRE 2 SENSOR.....	33	GEN7T EXTERNAL PATCH 3.5 %....	9
FLUTICASONE-SALMETEROL INHALATION AEROSOL	58	FREESTYLE LIBRE 3 PLUS SENSOR.....	33	generlac	41
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/ act, 250-50 mcg/act, 500-50 mcg/act	58	FREESTYLE LIBRE 3 READER.....	33	gengraf oral capsule	50
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ ACT, 55-14 MCG/ACT.....	58	FREESTYLE LIBRE 3 SENSOR.....	33	gentamicin sulfate external	12
fluvastatin sodium	23	FREESTYLE LIBRE READER.....	33	gentamicin sulfate ophthalmic...	54
fluvoxamine maleate.....	15	FREESTYLE PRECISION NEO SYSTEM.....	33	GENVOYA.....	21
fluvoxamine maleate er.....	15	FREESTYLE PRECISION NEO TEST	33	GEODON ORAL	20
FML FORTE.....	54	FREESTYLE TEST.....	34	GILENYA ORAL CAPSULE 0.25 MG.....	27
FML LIQUIFILM.....	54	FROVA	17	GILENYA ORAL CAPSULE 0.5 MG	27
FOCALIN	26	frovatriptan succinate	17	glatiramer acetate	27
FOCALIN XR.....	26	ft nicotine	11	glatopa	27
folic acid oral tablet 1 mg	39	ft nicotine mini	11	GLEEVEC	18
FOLLISTIM AQ.....	52	FUROSCIX.....	23	glimepiride oral tablet 1 mg, 2 mg, 4 mg.....	36
fondaparinux sodium	13	furosemide oral	23	glimepiride oral tablet 3 mg	36
FORA 6 CONNECT/GTEL TEST ...	33	fyavolv	45	glipizide er.....	36
FORFIVO XL.....	15	FYCOMPA ORAL SUSPENSION ...	14	glipizide oral tablet 10 mg, 5 mg...	37
		FYCOMPA ORAL TABLET	14	glipizide oral tablet 2.5 mg.....	37
		FYREMADEL.....	52	glipizide xl	37
				glipizide-metformin hcl.....	37
				glucagon emergency kit 1 mg injection	37

G

g tussin ac	57
gabapentin oral capsule	14



GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR	37	GUARDIAN CONNECT TRANSMITTER	34	HEMOFIL M.....	38
GLUCOCARD EXPRESSION TEST	34	GUARDIAN LINK 3 TRANSMITTER	34	heparin sodium (porcine) injection solution.....	38
GLUCOCARD SHINE TEST	34	GUARDIAN REAL-TIME REPLACE PED	34	heparin sodium (porcine) pf	38
GLUCOCARD VITAL TEST	34	GUARDIAN SENSOR (3).....	34	HEPLISAV-B	52
GLUCOTROL XL.....	37	GUARDIAN SENSOR 3.....	34	her style	45
GLUMETZA.....	37	GVOKE HYPOPEN 1-PACK	34	HIDEX 6-DAY	47
glyburide micronized	37	GVOKE HYPOPEN 2-PACK	34	HIPREX	12
glyburide oral.....	37	GVOKE KIT	34	hm nicotine polacrilex	11
glyburide-metformin	37	GVOKE PFS.....	34	hm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	11
GLYCATE.....	41	GYNAZOLE-1	16	HORIZANT.....	27
glycopyrrolate oral solution	41			HULIO (2 PEN).....	50
glycopyrrolate oral tablet 1 mg, 2 mg.....	41	H		HULIO (2 SYRINGE).....	50
GLYCOPYRROLATE ORAL TABLET 1.5 MG	41	habitrol	11	HUMALOG CARTRIDGE.....	35
glydo.....	9	HADLIMA	50	HUMALOG INJECTION	35
GLYNASE ORAL TABLET 1.5 MG ..	37	HADLIMA PUSH TOUCH.....	50	HUMALOG KWIKPEN	35
GLYNASE ORAL TABLET 3 MG, 6 MG	37	HAEGARDA	50	HUMALOG MIX 50/50 KWIKPEN ..	35
GLYXAMBI.....	37	hailey 1.5/30	45	HUMALOG MIX 50/50 VIAL	35
gnp nicotine mini.....	11	hailey 24 fe.....	45	HUMALOG MIX 75/25 KWIKPEN ..	35
gnp nicotine polacrilex mouth/ throat gum 2 mg	11	hailey fe 1/20	45	HUMALOG MIX 75/25 VIAL.....	35
gnp nicotine polacrilex mouth/ throat lozenge.....	11	hailey fe 1.5/30	45	HUMALOG SUBCUTANEOUS	35
gnp nicotine transdermal.....	11	HALCION	21	HUMALOG TEMPO PEN.....	36
GOLYTELY	41	halobetasol propionate external cream.....	30	HUMALOG U-100 JUNIOR KWIKPEN	36
GONAL-F	53	halobetasol propionate external ointment.....	30	HUMATE-P	38
GONAL-F RFF.....	53	haloette.....	45	HUMIRA (2 PEN).....	50
GONAL-F RFF REDIRECT.....	53	haloperidol oral	20	HUMIRA (2 SYRINGE).....	50
goodsense nicotine	11	HARVONI ORAL TABLET	21	HUMIRA-CD/UC/HS STARTER....	50
granisetron hcl oral	16	HAVRIX	52	HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	50
GRASTEK	50	HEALTHPRO BLOOD GLUCOSE MONITO	34	HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML.....	50
griseofulvin microsize oral.....	16	heather	45	HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML.....	50
griseofulvin ultramicrosize	16	HEMADY	47	HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	50
guaiaatussin ac	57	HEMANGEOL.....	23	HUMIRA-PSORIASIS/UEVIT STARTER.....	50
guaifenesin ac oral syrup 100-10 mg/5ml.....	57	HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML.....	38		
guaifenesin-codeine.....	57	HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	38		
guanfacine hcl.....	23, 26	HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	53		
guanfacine hcl er.....	26	HEMMOREX-HC RECTAL SUPPOSITORY 30 MG.....	53		
GUARDIAN 4 GLUCOSE SENSOR.	34				
GUARDIAN 4 TRANSMITTER	34				

INPEN 100-GREY-NOVOLOG-FIASP DEVICE.....	34	irbesartan	23	junel 1.5/30	45
INPEN 100-PINK-LILLY-HUMALOG DEVICE	34	irbesartan-hydrochlorothiazide ..	23	junel fe 1/20	45
INPEN 100-PINK-NOVOLOG-FIASP DEVICE.....	34	ISENTRESS HD	21	junel fe 1.5/30	45
INSPIREASE	58	ISENTRESS ORAL TABLET	21	junel fe 24.....	45
INSPIRA	23	isibloom	45	JUST RIGHT 5000 DENTAL GEL 1.1 %.....	28
INSULIN ASPART.....	36	isoniazid oral tablet	18	JUST RIGHT 5000 DENTAL PASTE.....	28
INSULIN ASPART FLEXPEN.....	36	ISOPTO ATROPINE OPTHALMIC SOLUTION 1 % ...	56	JYLAMVO.....	51
INSULIN DEGLUDEC FLEXTOUCH.....	36	ISORDIL TITRADOSE	23	JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG ..	42
INSULIN GLARGINE	36	isosorb dinitrate-hydralazine.....	24	JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	42
INSULIN GLARGINE MAX SOLOSTAR.....	36	isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	24		
INSULIN GLARGINE SOLOSTAR ..	36	isosorbide dinitrate oral tablet 40 mg	24	K	
INSULIN LISPRO	36	isosorbide mononitrate.....	24	K-PHOS-NEUTRAL	39
INSULIN LISPRO (1 UNIT DIAL) ..	36	isosorbide mononitrate er.....	24	K-TAB.....	39
INSULIN LISPRO JUNIOR KWIKPEN	36	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg.....	30	kalliga.....	45
INSULIN LISPRO PROT & LISPRO	36	isotretinoin oral capsule 25 mg, 35 mg	30	KAPSPARGO SPRINKLE.....	24
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.....	34	ISTALOL	55	KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	26
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.....	34	itraconazole oral capsule	16	kariva	45
INTELENCE ORAL TABLET 100 MG, 200 MG.....	21	ivabradine hcl	24	kelnor 1/35	45
INTELENCE ORAL TABLET 25 MG.....	21	ivermectin external cream	30	kelnor 1/50	45
INTRAROSA	38	ivermectin oral	19	KEPPRA ORAL.....	14
introvale	45	IYUZEH	55	KEPPRA XR	14
INTUNIV.....	26	J		KERENDIA.....	24
INVEGA	20	jaimiess	45	KESIMPTA	27
INVELTYS.....	54	JAKAFI.....	18	ketoconazole external cream.....	16
INVOKANA	37	jantoven	13	ketoconazole external shampoo ..	16
IPOL	52	JANUMET.....	37	ketoconazole oral	16
ipratropium bromide inhalation ..	58	JANUMET XR.....	37	ketorolac tromethamine ophthalmic	54
ipratropium bromide nasal	57	JANUVIA	37	ketorolac tromethamine oral.....	10
ipratropium-albuterol.....	58	JARDIANCE	37	KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	51
IQIRVO.....	41	jasmiel	45	KINERET	51
		jencycla.....	45	KISQALI (200 MG DOSE).....	18
		JENTADUETO	37	KISQALI (400 MG DOSE).....	18
		JENTADUETO XR.....	37	KISQALI (600 MG DOSE).....	18
		jinteli.....	45	KLARITY-A.....	54
		jolessa	45	KLARITY-C DROPS.....	56
		JORNAY PM.....	26	KLARON	30
		JUBLIA	16	klayesta.....	16
		juleber	45		
		JULUCA.....	21		
		junel 1/20	45		



KLISYRI EXTERNAL OINTMENT 1%.....	30	LANOXIN ORAL TABLET 125 MCG, 250 MCG.....	24	levonorgest-eth est & eth est.....	45
KLONOPIN	21	LANOXIN ORAL TABLET 62.5 MCG	24	levonorgest-eth estrad 91-day ...	45
klor-con.....	39	lansoprazole oral capsule delayed release.....	41	levonorgestrel.....	45
klor-con 10.....	39	lansoprazole oral tablet delayed release dispersible	41	levonorgestrel-ethinyl estrad ...	45
klor-con m10	39	LANTUS SOLOSTAR.....	36	levora 0.15/30 (28).....	45
klor-con m15	39	LANTUS U-100 VIAL	36	LEVOTHYROXINE SODIUM ORAL CAPSULE	49
klor-con m20	39	larin 1/20.....	45	levothyroxine sodium oral tablet .	49
KLOXXADO.....	11	larin 1.5/30.....	45	levoxyl	49
kl5 quit2.....	11	larin 24 fe	45	LEVSIN	41, 42
kl5 quit4.....	11	larin fe 1/20.....	45	LEVSIN/SL.....	42
KOATE	38	larin fe 1.5/30.....	45	LEXAPRO	15
KOATE-DVI	38	LASIX	24	LIALDA	53
KOGENATE FS.....	38	latanoprost ophthalmic.....	55	LIBERVANT	14
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG.....	37	LATUDA.....	20	LIBRAX	42
KOSELUGO	18	LEDIPASVIR-SOFOSBUVIR	21	lidocaine external ointment 5 %....	9
kosher prenatal plus iron.....	39	leena.....	45	lidocaine external patch 5 %.....	9
kourzeq	28	leflunomide oral.....	51	lidocaine hcl mouth/throat.....	28
KOVALTRY	38	lenalidomide	18	lidocaine hcl urethral/mucosal	9
KRINTAFEL	19	LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG.....	18	lidocaine viscous hcl	28
KRISTALOSE.....	41	lessina	45	lidocaine-prilocaine external cream.....	9
kurvelo.....	45	letrozole oral	18	LIDOCAN.....	9
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG.....	19	leucovorin calcium oral	18	LIDODERM	9
KYZATREX	48	leuprolide acetate injection	48	LIDOTRAL 1	9
L		levalbuterol hcl inhalation	58	LIKMEZ	12
labetalol hcl oral.....	24	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	58	linezolid oral tablet.....	12
lacosamide oral	14	LEVBID	41	LINZESS	42
lactulose encephalopathy	41	levetiracetam er.....	14	liothyronine sodium oral	49
lactulose oral solution	41	levetiracetam oral.....	14	LIPITOR	24
LAGEVRIO.....	21	levo-t.....	49	LIRAGLUTIDE SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	37
LAMICTAL	14	levocarnitine oral solution.....	39	lisdexamfetamine dimesylate	26
LAMICTAL ODT ORAL TABLET DISPERSIBLE	14	levocarnitine oral tablet	42	lisinopril oral.....	24
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR.....	14	levocarnitine sf.....	39	lisinopril-hydrochlorothiazide	24
lamotrigine er	14	levocetirizine dihydrochloride oral.....	57	LITFULO.....	51
lamotrigine oral tablet.....	14	levofloxacin oral tablet	12	lithium carbonate er	22
lamotrigine oral tablet chewable..	14	levonest	45	lithium carbonate oral	22
lamotrigine oral tablet dispersible.....	14	levonorg-eth estrad triphasic	45	LITHOBID	22
LANCETS	34, 35			LIVALO	24



LOESTRIN 1/20 (21).....	45	low-ogestrel.....	45	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG.....	27	
LOESTRIN 1.5/30 (21).....	45	loxapine succinate.....	20	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG.....	27	
LOESTRIN FE 1/20.....	45	lubiprostone.....	42	me/naphos/mb/hyo1.....	42	
LOESTRIN FE 1.5/30.....	45	LUMAKRAS ORAL TABLET.....	18	meclizine hcl oral tablet.....	16	
LOFENA.....	10	LUMIGAN.....	55	MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG.....	47	
lojaimiess.....	45	LUMRYZ.....	60	MEDROL ORAL TABLET 2 MG.....	47	
LOKELMA.....	39	LUNESTA.....	60	MEDROL ORAL TABLET THERAPY PACK.....	47	
LOMOTIL.....	42	LUPKYNIS.....	51	medroxyprogesterone acetate intramuscular.....	46	
LONSURF.....	18	lurasidone hcl.....	20	medroxyprogesterone acetate oral.....	46	
LOPID.....	24	lutera.....	45	mefenamic acid oral.....	10	
LOPRESSOR.....	24	lyleq.....	45	mefloquine hcl.....	19	
LOPROX EXTERNAL CREAM 0.77 %.....	16	lyllana.....	45	megestrol acetate oral suspension 40 mg/ml.....	48	
LOPROX EXTERNAL SHAMPOO 1 %.....	16	LYMEPAK ORAL TABLET 100 MG.....	12	megestrol acetate oral tablet.....	46	
LOPROX EXTERNAL SUSPENSION 0.77 %.....	30	LYNPARZA.....	19	MEKINIST ORAL TABLET.....	19	
lorazepam intensol.....	21	LYRICA ORAL CAPSULE.....	27	meloxicam oral tablet.....	10	
lorazepam oral concentrate 2 mg/ml.....	21	LYSTEDA ORAL TABLET 650 MG.....	38	memantine hcl er.....	14	
lorazepam oral tablet.....	21	LYUMJEV KWIKPEN.....	36	memantine hcl oral tablet.....	14	
LORTAB ORAL ELIXIR 10-300 MG/15ML.....	9	LYUMJEV TEMPO PEN.....	36	MENOPUR.....	53	
loryna.....	45	LYUMJEV VIAL.....	36	MENOSTAR.....	46	
LORZONE ORAL TABLET 375 MG, 750 MG.....	60	lyza.....	46	MENQUADFI.....	52	
losartan potassium oral.....	24	M			MENVEO.....	52
losartan potassium-hctz.....	24	M-M-R II.....	52	MEPRON.....	19	
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG.....	45	M-NATAL PLUS.....	39	mercaptapurine oral.....	19	
LOTEMAX OPHTHALMIC GEL.....	54	MACROBID.....	12	mesalamine er oral capsule 0.375 gm.....	53	
LOTEMAX OPHTHALMIC OINTMENT.....	54	MACRODANTIN.....	12	mesalamine oral tablet delayed release 1.2 gm.....	53	
LOTEMAX OPHTHALMIC SUSPENSION.....	54	MALARONE.....	19	mesalamine oral tablet delayed release 800 mg.....	53	
LOTEMAX SM.....	54	MARINOL ORAL CAPSULE 10 MG, 5 MG.....	16	mesalamine rectal enema.....	53	
LOTENSIN.....	24	MARINOL ORAL CAPSULE 2.5 MG.....	16	mesalamine rectal suppository.....	53	
LOTENSIN HCT.....	24	marlissa.....	46	mesalamine-cleanser.....	53	
loteprednol etabonate ophthalmic gel.....	54	matzim la.....	24	MESTINON ORAL TABLET.....	17	
loteprednol etabonate ophthalmic suspension.....	54	MAVENCLAD.....	27	METADATE CD.....	26	
LOTREL.....	24	MAVYRET.....	21	metaxalone.....	60	
lovastatin oral.....	24	MAXALT.....	17	metformin hcl er.....	37	
LOVAZA.....	24	MAXALT-MLT.....	17	metformin hcl er (mod).....	37	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE.....	13	maxi-tuss ac.....	57	metformin hcl er (osm).....	37	
		MAXITROL.....	54			
		MAXZIDE ORAL TABLET 75-50 MG.....	24			
		MAXZIDE-25 ORAL TABLET 37.5-25 MG.....	24			
		MAYZENT ORAL TABLET 0.25 MG, 2 MG.....	27			
		MAYZENT ORAL TABLET 1 MG.....	27			

metformin hcl oral solution.....	37	metoprolol succinate er	24	MIRCETTE ORAL TABLET	
metformin hcl oral tablet		metoprolol tartrate oral tablet		0.15-0.02/0.01 MG (21/5).....	46
1000 mg, 500 mg, 850 mg.....	37	100 mg, 25 mg, 50 mg	24	mirtazapine oral.....	15
metformin hcl oral tablet 625 mg	37	metoprolol tartrate oral tablet		MIRVASO	30
methadone hcl oral tablet.....	9	37.5 mg, 75 mg	24	misoprostol oral.....	41
methazolamide oral.....	55	metoprolol-hydrochlorothiazide ..	24	MITIGARE	17
methenamine hippurate.....	12	METROCREAM	30	MM BLOOD GLUCOSE SYSTEM ..	34
METHERGINE	48	METROGEL.....	30	MM BLOOD GLUCOSE SYSTEM	
methimazole oral.....	49	METROLOTION	30	REFILL.....	34
methocarbamol oral tablet		metronidazole external cream ...	30	MM BLULINK GLUCOSE TEST ...	34
1000 mg	60	metronidazole external gel		MM EASY TOUCH GLUCOSE	
methocarbamol oral tablet		0.75 %.....	30	METER.....	34
500 mg, 750 mg.....	60	metronidazole external gel 1 % ...	30	modafinil oral.....	60
methotrexate sodium (pf).....	51	metronidazole external lotion ...	30	MODERNA COVID-19 VAC	
methotrexate sodium injection		metronidazole oral.....	12	6M-11Y.....	52
solution.....	51	metronidazole vaginal	12	moexipril hcl.....	24
methotrexate sodium oral.....	51	mexiletine hcl oral.....	24	mometasone furoate external ...	30
methscopolamine bromide oral...	42	MIACALCIN	53	mometasone furoate nasal.....	57
methylergonovine maleate oral ..	48	mibelas 24 fe	46	MONDOXYNE NL.....	12
METHYLIN.....	26	MICARDIS	24	mono-linyah	46
methylphenidate hcl er (cd)	26	MICARDIS HCT	24	MONOJECT HYPODERMIC	
methylphenidate hcl er (la) oral		MICROCHAMBER	58	NEEDLE 18G X 1"	34
capsule extended release 24		MICRODOT TEST.....	34	montelukast sodium oral	58
hour 10 mg, 20 mg, 30 mg,		microgestin 1/20.....	46	MONUROL ORAL PACKET 3 GM...	12
40 mg.....	26	microgestin 1.5/30.....	46	morphine sulfate (concentrate)....	9
methylphenidate hcl er (la) oral		microgestin 24 fe oral tablet		extended release.....	9
capsule extended release 24		1-20 mg-mcg	46	morphine sulfate oral	9
hour 60 mg	26	microgestin fe 1/20	46	MOTEGRITY	42
methylphenidate hcl er (osm)		microgestin fe 1.5/30	46	MOTPOLY XR.....	14
oral tablet extended release		midodrine hcl.....	24	MOUNJARO	37
18 mg, 27 mg, 36 mg, 54 mg	26	MIEBO	56	MOVIPREP.....	42
METHYLPHENIDATE HCL ER		mili.....	46	moxifloxacin hcl (2x day)	54
(OSM) ORAL TABLET EXTENDED		mimvey	46	moxifloxacin hcl ophthalmic	54
RELEASE 45 MG, 63 MG	26	MINASTRIN 24 FE ORAL TABLET		moxifloxacin hcl oral.....	12
methylphenidate hcl er (osm)		CHEWABLE 1-20 MG-MCG(24) ...	46	MS CONTIN	9
oral tablet extended release		MINILINK REAL-TIME		MULTAQ	24
72 mg	26	TRANSMITTER	34	MULTI-VIT-FLOR.....	39
methylphenidate hcl er (xr).....	26	MINIMED 630G GUARDIAN		multi-vitamin/fluoride.....	39
methylphenidate hcl er oral		PRESS.....	34	multivitamin w/fluoride tablet	
tablet extended release	26	MINIPRESS ORAL CAPSULE		chewable 0.25 mg oral	39
methylphenidate hcl er oral		1 MG, 2 MG, 5 MG.....	24	multivitamin w/fluoride tablet	
tablet extended release 24 hour ..	26	MINIVELLE	44, 46	chewable 0.5 mg oral	39
methylphenidate hcl oral	26	minocycline hcl oral capsule.....	12	multivitamin w/fluoride tablet	
methylprednisolone oral.....	47	minoxidil oral	24	chewable 1 mg oral.....	39
metoclopramide hcl oral		mirabegron er.....	42	multivitamin/fluoride tablet	
solution.....	16			chewable 0.25 mg oral (rx).....	39
metoclopramide hcl oral tablet ...	16				
metolazone.....	24				



multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	39	naproxen oral tablet delayed release	10	NGENLA	48
multivitamin/fluoride tablet chewable 1 mg oral (rx)	39	naproxen sodium oral tablet 275 mg, 550 mg	10	niacin er (antihyperlipidemic)	24
mupirocin cream	12	naratriptan hcl	17	NICODERM CQ	11
mupirocin ointment	12	NARCAN	11	NICORETTE MINI	11
my choice	46	NASCOBAL	39	NICORETTE MOUTH/THROAT GUM	11
my way	46	NATALVIT	39	NICORETTE MOUTH/THROAT LOZENGE	11
MYAMBUTOL ORAL TABLET 400 MG	18	NATAZIA	46	NICORETTE STARTER KIT	11
MYCOBUTIN ORAL CAPSULE 150 MG	18	nateglinide	37	nicotine mini	11
mycophenolate mofetil oral	51	NATESTO	48	nicotine polacrilex mini	11
mycophenolate sodium	51	NAYZILAM	14	nicotine polacrilex mouth/throat	11
mycophenolic acid	51	nebivolol hcl	24	nicotine step 1	11
MYDAYIS	26	NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	57	nicotine step 2	11
MYFEMBREE	46	NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	57	nicotine step 3	11
MYFORTIC	51	necon 0.5/35 (28)	46	nicotine transdermal patch 24 hour	11
MYHIBBIN	51	NEO-POLYCIN	55	NICOTROL	11
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	30	neomycin sulfate oral	12	nifedipine er	24
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	42	neomycin-bacitracin zn-polymyx	55	nifedipine er osmotic release	24
MYSOLINE	14	neomycin-polymyxin-dexameth ophthalmic	54	nifedipine oral	24
N		neomycin-polymyxin-dexameth ophthalmic suspension 3.5- 10000-0.1	54	nikki	46
na sulfate-k sulfate-mg sulf	42	neomycin-polymyxin-hc ophthalmic	55	NINLARO	19
nabumetone oral	10	neomycin-polymyxin-hc otic	56	nisoldipine er	24
nadolol oral	24	NEONATAL COMPLETE	39	nitazoxanide oral	19
NAFRINSE CHW 1MG F	39	NEONATAL PLUS	39	NITRO-BID	24
nafrinse drops oral solution 0.275 (0.125 f) mg/drop	39	NEORAL ORAL CAPSULE	51	NITRO-DUR	24
NALOCET	9	NERLYNX	19	nitrofurantoin macrocrystal	13
naloxone hcl injection solution prefilled syringe	11	neuac	30	nitrofurantoin monohydrate macrocrystals	13
naloxone hcl nasal	11	NEULASTA	38	nitrofurantoin oral suspension 25 mg/5ml	13
naltrexone hcl oral	11	NEUPRO	19	nitroglycerin rectal	24
NAMENDA ORAL TABLET 10 MG, 5 MG	15	NEURONTIN	14	nitroglycerin sublingual	24
NAMENDA TITRATION PAK	15	NEUTEK 2TEK TEST	34	nitroglycerin transdermal	24
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	15	NEVANAC	54	NITROSTAT	24
NAPROSYN ORAL TABLET	10	new day	46	NIVA THYROID	49
naproxen dr	10	NEXIUM ORAL CAPSULE DELAYED RELEASE	41	NIVA-PLUS	39
naproxen oral tablet	10	NEXIUM ORAL PACKET	41	NIVESTYM	38
		NEXLETOL	24	NOCDURNA	48
		NEXLIZET	24	nora-be	46
		NEXTSTELLIS	46	NORDITROPIN FLEXPRO	48
				norelgestromin-eth estradiol	46
				norethin ace-eth estrad-fe oral tablet	46



norethin ace-eth estrad-fe oral tablet chewable	46
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg .	46
norethindron-ethinyl estrad-fe...	46
norethindrone acet-ethinyl est...	46
norethindrone acetate oral	46
norethindrone oral	46
norethindrone-eth estradiol.....	46
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	46
norgestimate-ethinyl estradiol triphasic	46
NORITATE	31
NORLIQVA.....	24
norlyroc.....	46
NORPRAMIN	15
nortrel 0.5/35 (28)	46
nortrel 1/35 (21)	46
nortrel 1/35 (28).....	46
nortrel 7/7/7.....	46
nortriptyline hcl oral capsule	15
NORVASC.....	24
NOVAREL	53
NOVOEIGHT.....	38
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM.....	34
NOVOFINE PEN NEEDLE	34
NOVOFINE PLUS PEN NEEDLE ...	34
NOVOLIN 70/30 FLEXPEN	36
NOVOLIN 70/30 FLEXPEN RELION	36
NOVOLIN 70/30 RELION	36
NOVOLIN 70/30 VIAL	36
NOVOLIN N FLEXPEN	36
NOVOLIN N FLEXPEN RELION ...	36
NOVOLIN N RELION	36
NOVOLIN N VIAL	36
NOVOLIN R FLEXPEN.....	36
NOVOLIN R FLEXPEN RELION ...	36
NOVOLIN R RELION	36
NOVOLIN R VIAL.....	36
NOVOLOG FLEXPEN.....	36
NOVOLOG FLEXPEN RELION ...	36
NOVOLOG RELION	36
NOVOLOG U-100 VIAL.....	36
NOVOPEN ECHO	34
NOXAFIL ORAL TABLET DELAYED RELEASE	16
np thyroid.....	49
NUBEQA	19
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	58
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML.....	58
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML.....	58
NUCYNTA.....	9
NUCYNTA ER	9
NUDEXTA	27
NULEV	42
NUPLAZID ORAL CAPSULE	20
NURTEC.....	17
NUTROPIN AQ NUSPIN 10.....	48
NUTROPIN AQ NUSPIN 20.....	48
NUTROPIN AQ NUSPIN 5	48
NUVARING	46
NUVESSA	13
NUVIGIL	60
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	38
NUWIQ INTRAVENOUS KIT 1500 UNIT	38
NUZYRA ORAL	13
nyamyc	16
nylia 1/35	46
nylia 7/7/7	46
nymyo oral tablet 0.25-35 mg-mcg	46
nystatin external	16
nystatin mouth/throat.....	16
nystatin oral	16
nystatin-triamcinolone	16
nystop	16
NYVEPRIA.....	38
O	
OB COMPLETE	39
OCALIVA	42
ocella	46
OCUFLOX.....	54
ODACTRA.....	57
ODEFSEY	21
ODOMZO	19
OFEV.....	59
ofloxacin ophthalmic	54
ofloxacin otic.....	56
olanzapine oral	20
olanzapine-fluoxetine hcl.	15
olmesartan medoxomil oral	24
olmesartan medoxomil-hctz	24
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-25 mg.....	24
olmesartan-amlodipine-hctz oral tablet 40-5-12.5 mg	24
olopatadine hcl nasal	57
olopatadine hcl ophthalmic solution 0.1%.....	54
OLUMIANT ORAL TABLET 1 MG, 4 MG	51
OLUMIANT ORAL TABLET 2 MG... ..	51
OLUX EXTERNAL FOAM 0.05%.....	31
OMECLAMOX-PAK	41
omega-3-acid ethyl esters.....	24
omeprazole oral capsule delayed release	41
OMNIPOD 5 DEXG7G6 INTRO GEN 5	34
OMNIPOD 5 DEXG7G6 PODS GEN 5	34
OMNIPOD 5 G7 INTRO (GEN 5) KIT	34
OMNIPOD 5 G7 PODS (GEN 5) ...	34
OMNIPOD 5 LIBRE2 PLUS G6	34
OMNIPOD 5 LIBRE2 PLUS G6 PODS	34
OMNITROPE.....	48
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	51
ON CALL EXPRESS BLOOD GLUCOSE.....	35
ON CALL EXPRESS MONITORING SYS	35
ondansetron hcl oral	16

ondansetron odt oral tablet dispersible 16 mg.....	16	OSPHENA.....	38	paliperidone er.....	20
ondansetron odt oral tablet dispersible 4 mg, 8 mg.....	16	OTEZLA ORAL TABLET 20 MG.....	51	PAMELOR.....	15
ONE VITE WOMENS PLUS.....	39	OTEZLA ORAL TABLET 30 MG.....	51	PANCREAZE.....	42
ONETOUCH DELICA LANCETS.....	35	OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG.....	51	PANRETIN.....	31
ONETOUCH ULTRA 2 KIT W/ DEVICE.....	35	OTREXUP.....	51	pantoprazole sodium oral tablet delayed release.....	41
ONETOUCH ULTRA BLUE TEST.....	35	OVACE PLUS WASH EXTERNAL LIQUID.....	31	PARADIGM REAL-TIME TRANSMITTER.....	35
ONETOUCH ULTRA TEST STRIPS.....	35	OVACE WASH.....	31	paricalcitol oral.....	54
ONETOUCH ULTRASOFT LANCETS.....	35	OVIDREL.....	53	PARLODEL ORAL TABLET.....	19
ONETOUCH VERIO FLEX SYSTEM KIT.....	35	oxaprozin oral tablet.....	10	PARNATE.....	15
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE.....	35	OXAYDO ORAL TABLET 5 MG, 7.5 MG.....	9	paroxetine hcl er.....	15
ONETOUCH VERIO KIT W/ DEVICE.....	35	oxazepam.....	22	paroxetine hcl oral tablet.....	15
ONETOUCH VERIO REFLECT KIT W/DEVICE.....	35	oxcarbazepine.....	14	PATANASE NASAL SOLUTION 0.6 %.....	57
ONETOUCH VERIO TEST STRIPS.....	35	oxcarbazepine er.....	14	PAXIL CR.....	15
ONEXTON.....	31	OXTELLAR XR.....	14	PAXIL ORAL TABLET.....	15
ONFI.....	14	oxybutynin chloride er.....	42	PAXLOVID (150/100).....	21
ONGLYZA.....	37	oxybutynin chloride oral tablet.....	42	PAXLOVID (300/100).....	21
opcicon one-step.....	46	OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG.....	9	pazopanib hcl.....	19
opium.....	42	oxycodone hcl oral capsule.....	9	PEDIAPRED.....	48
OPSUMIT.....	59	oxycodone hcl oral solution.....	9	peg 3350-kcl-na bicarb-nacl.....	42
option 2.....	46	oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg.....	9	peg-3350/electrolytes.....	42
OPTIUMEZ TEST.....	35	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG.....	10	peg-3350/electrolytes/ascorbat.....	42
OPZELURA.....	31	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg.....	10	peg-kcl-nacl-nasulf-na asc-c.....	42
ORACEA.....	31	OXYCONTIN.....	10	penicillin v potassium.....	13
ORACIT.....	39	oxymorphone hcl er.....	10	pentoxifylline er.....	25
ORAL CITRATE.....	39	OZEMPIC.....	37	PEPCID.....	41
ORALONE DENTAL PASTE.....	28			PERCOCET.....	10
ORAPRED ODT.....	47			PERFOROMIST.....	58
ORENCIA CLICKJECT.....	51			PERIDEX.....	28
ORENCIA SUBCUTANEOUS.....	51			perindopril erbumine.....	25
ORENITRAM.....	59			periogard.....	28
ORFADIN ORAL CAPSULE.....	42			permethrin external.....	19
ORFADIN ORAL SUSPENSION.....	42			perphenazine oral.....	16
ORGOVYX.....	19			PERTZYE.....	42
ORIAHNN.....	48			PFIZER COVID-19 VAC-TRIS 5-11Y.....	52
ORLISSA.....	48			PFIZER COVID-19 VAC-TRIS 6M-4Y.....	52
orphenadrine citrate er.....	60			phenazo oral tablet 200 mg.....	43
OSCIMIN.....	42			phenazopyridine hcl oral tablet 100 mg, 200 mg.....	43
oseltamivir phosphate oral.....	21			phenobarbital oral.....	14
				phenytek.....	14
				phenytoin infatabs.....	14

P



phenytoin oral tablet chewable . . .	14	portia-28	46	prenatal 19 oral tablet 29-1 mg . . .	40
phenytoin sodium extended	14	posaconazole oral tablet		prenatal 19 oral tablet chewable .	40
PHEXXI	46	delayed release.	16	prenatal oral tablet 27-1 mg	40
philith	46	potassium chloride crys er.	39	prenatal plus	39, 40
PHOSPHA 250 NEUTRAL	39	potassium chloride er.	40	prenatal plus vitamin/mineral	40
phospho-trin 250 neutral	39	potassium chloride oral.	40	prenatal vitamin plus low iron	
phosphorous	39	potassium citrate er.	40	oral tablet 27-1 mg	40
PIFELTRO	21	potassium citrate-citric acid	40	PRENATE DHA	40
pilocarpine hcl ophthalmic	55	PRADAXA ORAL CAPSULE.	13	PRENATE ENHANCE.	40
pilocarpine hcl oral.	28	PRALUENT.	25	PRENATE ESSENTIAL	40
pimecrolimus.	31	pramipexole dihydrochloride. . . .	20	PRENATE MINI	40
pimozide.	20	PRAMOSONE EXTERNAL		PRENATE PIXIE.	40
pimtree	46	CREAM 1-1 %	31	PRENATE RESTORE	40
pindolol.	25	PRAMOSONE EXTERNAL		PRENATOL-M	40
pioglitazone hcl	37	CREAM 1-2.5 %	31	PRENATRIX	40
pioglitazone hcl-metformin hcl . . .	37	prasugrel hcl.	20	PRENATRYL.	40
PIP BLOOD GLUCOSE TEST		pravastatin sodium.	25	PREVACID	41
STRIP	35	prazosin hcl oral.	25	PREVACID SOLUTAB	41
PIQRAY	19	PRECISION XTRA	35	prevalite	25
pirfenidone oral tablet 267 mg,		PRECISION XTRA BLOOD		PREVIDENT 5000 BOOSTER	
801 mg	59	GLUCOSE.	35	PLUS	28
pirfenidone oral tablet 534 mg. . .	59	PRED FORTE.	54	PREVIDENT 5000 DRY MOUTH . . .	28
pirmella 1/35 oral tablet 1-35		PRED MILD	54	PREVIDENT 5000 ENAMEL	
mg-mcg	46	prednisolone acetate		PROTECT	40
pirmella 7/7/7	46	ophthalmic	54	PREVIDENT 5000 KIDS	28
piroxicam oral	10	PREDNISOLONE ACETATE P-F . . .	54	PREVIDENT 5000 ORTHO	
pitavastatin calcium	25	prednisolone oral solution.	48	DEFENSE	28
PLAN B ONE-STEP	46	prednisolone sodium phosphate		PREVIDENT 5000 PLUS.	28
PLAQUENIL	19	oral solution 10 mg/5ml, 25		PREVIDENT 5000 SENSITIVE	40
PLAVIX	20	mg/5ml, 6.7 (5 base) mg/5ml. . . .	48	PREVIDENT DENTAL.	28
PLEGRIDY INTRAMUSCULAR	27	prednisolone sodium phosphate		PREVIDENT MOUTH/THROAT	40
PLEGRIDY STARTER PACK	27	oral solution 15 mg/5ml.	48	PREVNAR 20.	52
PLEGRIDY SUBCUTANEOUS.	27	prednisolone sodium phosphate		PREVYMIS ORAL.	21
PLENVU.	42	oral solution 20 mg/5ml	48	PREZCOBIX.	21
PLEXION CLEANSER.	31	prednisolone sodium phosphate		PREZISTA ORAL TABLET	
PNEUMOVAX 23	52	oral tablet dispersible.	48	150 MG, 75 MG	21
PNEUMOVAX 23 INJECTION		prednisone oral.	48	primidone oral tablet 125 mg. . . .	14
SOLUTION 25 MCG/0.5ML	52	pregabalin oral capsule	27	primidone oral tablet 250 mg,	
pnv-dha.	39	PREGNYL	53	50 mg	14
podofilox external solution	31	PREMARIN ORAL.	46	PRISTIQ	15
POKONZA	39	PREMARIN VAGINAL.	46	probenecid	17
POLY-VI-FLOR ORAL TABLET		PREMIUM BLOOD GLUCOSE		PROCARDIA XL.	25
CHEWABLE	39	TEST	35	PROCHAMBER VHC	58
POLYCIN.	54	premium lidocaine	10	prochlorperazine	16
polymyxin b-trimethoprim	54	PREMPHASE.	46	prochlorperazine maleate oral . . .	16
POMALYST	19	PREMPRO.	46	PROCORT.	53
		PRENA1 PEARL	40		



procto-med hc	53
PROCTOCORT	53
PROCTOFOAM HC	53
PROCTOSOL HC	53
PROCTOZONE-HC	53
progesterone intramuscular	46
progesterone oral	46
PROGRAF ORAL CAPSULE	51
PROLATE ORAL TABLET	10
PROLENSA	54
PROMACTA ORAL TABLET	38
promethazine hcl oral	16
promethazine hcl rectal	16
promethazine-codeine	57
promethazine-dm	57
PROMETHEGAN	16
PROMETRIUM	46
propafenone hcl	25
propafenone hcl er	25
propranolol hcl er	25
propranolol hcl oral	25
propylthiouracil oral	49
PROSCAR	43
PROTONIX ORAL TABLET DELAYED RELEASE	41
protriptyline hcl	15
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	58
PROVERA	44, 46
PROVIGIL	60
PROZAC	15
pseudoephedrine- bromphen-dm	57
PTS PANELS EGLU TEST	35
PULMICORT FLEXHALER	58
PULMICORT SUSPENSION	58
PULMOSAL	57
PULMOZYME	59
PYLERA	41
PYRIDIDIUM	43
pyridostigmine bromide er	17
pyridostigmine bromide oral tablet 30 mg	17
pyridostigmine bromide oral tablet 60 mg	17

Q

qc nicotine transdermal system	11
QELBREE	26
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	47
QUESTRAN	25
QUESTRAN LIGHT	25
quetiapine fumarate	20
quetiapine fumarate er	20
QUFLORA GUMMIES ORAL TABLET CHEWABLE 0.125 MG	40
QUFLORA PEDIATRIC	40
QUILLICHEW ER	26
QUILLIVANT XR	26
quinapril hcl	25
QUINTET AC BLOOD GLUCOSE TEST	35
QUINTET BLOOD GLUCOSE TEST	35
QULIPTA	17
QVAR REDHALER	58

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	41
RADICAVA ORS	27
RADICAVA ORS STARTER KIT	27
raloxifene hcl	53
ramelteon	60
ramipril	25
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG	25
ranolazine er	25
RAPAFLO	43
RAPAMUNE ORAL SOLUTION	51
RAPAMUNE ORAL TABLET	51
rasagiline mesylate oral	20
RASUVO	51

RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG	15
react	47
reclipsen	47
RECOMBINATE	38
RECOMBIVAX HB	52
RECTIV	25
REGLAN	16
RELAFEN DS	10
RELAFEN ORAL TABLET 500 MG, 750 MG	11
RELEXXII	26
RELION TRUE MET AIR GLUC METER	35
RELION TRUE METRIX TEST STRIPS	35
RELION ULTIMA GLUCOSE SYSTEM	35
RELION ULTIMA TEST	35
RELPAK	17
RELTONE	42
RELYVRIO ORAL PACKET 3-1 GM	27
REMERON	15
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	15
REMODULIN	59
REVELA ORAL TABLET	43
repaglinide	37
REPATHA	25
REPATHA PUSHTRONEX SYSTEM	25
REPATHA SURECLICK	25
RESTASIS	56
RESTASIS MULTIDOSE	56
RESTORIL	60
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	38
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	38
RETEVMO ORAL CAPSULE 40 MG	19
RETEVMO ORAL CAPSULE 80 MG	19
RETIN-A	31



REVATIO ORAL.....	59	ROZLYTREK ORAL CAPSULE	19	SHINGRIX	52
REVLIMID	19	ROZLYTREK ORAL PACKET	19	sildenafil citrate oral tablet	
REXTOVY	11	RUCONEST	51	100 mg, 25 mg, 50 mg	38
REXULTI	20	rufinamide oral suspension.....	14	sildenafil citrate oral tablet	
REYVOW	17	rufinamide oral tablet.....	14	20 mg	59
RHOFADE.....	31	RUKOBIA	21	SILENOR.....	60
RHOPRESSA.....	55	RYALTRIS	57	silodosin	43
rifabutin	18	RYBELSUS	37	SILVADENE	13
rifampin oral.....	18	RYTARY	20	silver sulfadiazine external.....	13
RIGHTEST GT333 GLUCOSE		RYTHMOL SR ORAL CAPSULE		SIMLANDI (1 PEN).....	51
TEST	35	EXTENDED RELEASE 12 HOUR		SIMLANDI (2 PEN)	51
riluzole	27	225 MG, 325 MG, 425 MG	25	simliya	47
RINVOQ	51	ryvent.....	57	simpesse.....	47
risedronate sodium oral tablet				SIMPONI.....	51
150 mg, 35 mg.....	53	S			simvastatin oral tablet 10 mg,
risedronate sodium oral tablet		SAFYRAL	47	20 mg, 40 mg, 5 mg	25
30 mg, 5 mg	53	SALAGEN	28	simvastatin oral tablet 80 mg	25
RISPERDAL	20	SANTYL.....	31	SINEMET.....	20
risperidone	20	SAPHRIS	20	SINGULAIR ORAL PACKET	59
RITALIN	26, 27	sapropterin dihydrochloride oral		SINGULAIR ORAL TABLET.....	59
RITALIN LA.....	27	packet	42	SINGULAIR ORAL TABLET	
ritonavir.....	21	SAVELLA.....	27	CHEWABLE	59
rivastigmine	15	saxagliptin hcl.....	37	sirolimus oral	51
rivastigmine tartrate.....	15	saxagliptin-metformin er.....	37	SITAVIG.....	21
rivelsa.....	47	scopolamine.....	16	SKYRIZI PEN	51
rizatriptan benzoate oral tablet		SE-NATAL 19.....	40	SKYRIZI SUBCUTANEOUS	51
10 mg	17	SEASONIQUE ORAL TABLET		SKYTROFA.....	48
rizatriptan benzoate oral tablet		0.15-0.03 & 0.01 MG	47	SLYND	47
5 mg	17	selenium sulfide external lotion...	31	sm nicotine	11
rizatriptan benzoate oral tablet		SENSIPAR.....	54	sm nicotine polacrilex.....	11
dispersible 10 mg	17	SEREVENT DISKUS.....	58	SOAANZ	25
rizatriptan benzoate oral tablet		SEROQUEL	20	sod citrate-citric acid oral	
dispersible 5 mg.....	17	SEROQUEL XR.....	20	solution 500-334 mg/5ml	40
ROBINUL	42	SERTRALINE HCL ORAL		sod fluoride-potassium nitrate...	40
ROBINUL-FORTE	42	CAPSULE	15	sodium chloride inhalation	57
ROCALTROL.....	54	sertraline hcl oral concentrate ...	15	sodium fluoride 5000 enamel....	40
ROCKLATAN.....	55	sertraline hcl oral tablet	15	sodium fluoride 5000 plus.....	28
roflumilast.....	58	setlakin	47	sodium fluoride 5000 ppm	28
ropinirole hcl	20	sevelamer carbonate oral tablet .	43	sodium fluoride 5000 sensitive ..	40
rosadan external cream 0.75 %...	31	SEYSARA.....	13	sodium fluoride dental.....	28
rosadan external gel 0.75 %.....	31	sf 5000 plus	28	sodium fluoride mouth/throat ...	40
rosuvastatin calcium oral	25	sf gel 1.1%.....	28	sodium fluoride oral solution	40
ROWASA.....	53	SFROWASA	53	sodium fluoride oral tablet	
roweepra	14	sharobel	47	chewable	40
ROXICODONE.....	10	SHARPS COLLECTOR	32, 35	SODIUM OXYBATE SOLUTION	
ROZEREM.....	60	SHARPS CONTAINER.....	33, 35	500 MG/ML ORAL	60

sodium sulfacetamide wash	31	STROMECTOL	19	SYMFI	21
SOFOSBUVIR-VELPATASVIR	21	SUBOXONE	11	SYMFI LO	21
solifenacin succinate	43	subvenite	14	SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	56
SOLIQUA	37	SUCRAID	42	SYMLINPEN 120	37
SOMA	60	sucralfate oral	41	SYMLINPEN 60	37
SOOLANTRA	31	SUFLAVE	42	SYMPAZAN	14
sotalol hcl (af)	25	SULAR	25	SYMPROIC	42
sotalol hcl oral	25	SULCONAZOLE NITRATE EXTERNAL CREAM	17	SYNLAR EXTERNAL OINTMENT	31
SOTYKTU	51	sulfacetamide sod-sulfur wash external liquid 9-4 %	31	SYNLAR EXTERNAL SOLUTION 0.01 %	31
SOVUNA	19	sulfacetamide sod-sulfur wash external liquid 9-4.5 %	31	SYNJARDY	37
SPIKEVAX	52	sulfacetamide sodium (acne)	31	SYNJARDY XR	37
spinosad	31	sulfacetamide sodium external	31	SYNTHROID	49
SPIRIVA HANDIHALER	59	sulfacetamide sodium ophthalmic solution	55		
SPIRIVA RESPIMAT	59	sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	31	T	
spironolactone oral tablet	25	sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	31	TABRECTA	19
spironolactone-hctz	25	sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	31	TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	31
SPORANOX ORAL CAPSULE	17	sulfacetamide sodium-sulfur external suspension 10-5 %	31	TACLONEX EXTERNAL SUSPENSION	31
SPRAVATO (56 MG DOSE)	15	sulfacetamide-prednisolone	55	tacrolimus external	31
SPRAVATO (84 MG DOSE)	15	sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	13	tacrolimus oral	51
sprintec 28	47	sulfamethoxazole-trimethoprim oral tablet	13	tadalafil (pah)	59
SPRYCEL	19	sulfasalazine oral	53	tadalafil oral	38
SPS (SODIUM POLYSTYRENE SULF)	40	sulfatrim pediatric	13	TADLIQ	59
sronyx	47	sulindac oral	11	TAFINLAR ORAL CAPSULE	19
ssd	13	SUMADAN WASH	31	tafluprost (pf)	55
sss 10-5 external cream	31	sumatriptan nasal	17	TAGRISSO	19
STALEVO 100 ORAL TABLET 25-100-200 MG	20	sumatriptan succinate oral	17	take action	47
STALEVO 125 ORAL TABLET 31.25-125-200 MG	20	sumatriptan succinate refill subcutaneous solution cartridge	17	TAKHZYRO	51
STALEVO 150 ORAL TABLET 37.5-150-200 MG	20	sumatriptan succinate subcutaneous	17	TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	51
STALEVO 200 ORAL TABLET 50-200-200 MG	20	SUNOSI	60	TAMIFLU	21
STALEVO 50 ORAL TABLET 12.5-50-200 MG	20	SUPREP BOWEL PREP KIT	42	tamoxifen citrate oral tablet 10 mg	19
STALEVO 75 ORAL TABLET 18.75-75-200 MG	20	SUTAB	42	tamoxifen citrate oral tablet 20 mg	19
STELARA SUBCUTANEOUS	51	syeda	47	tamsulosin hcl	43
STENDRA	38	SYMBICORT	59	TANLOR	60
STIOLTO RESPIMAT	59	SYMBYAX	15	TAPERDEX 12-DAY	48
STIVARGA	19			TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	48
STRATTERA	27			TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	48
STRENSIQ	42			TAPERDEX 7-DAY	48
STRIBILD	21				
STRIVERDI RESPIMAT	59				



TARGADOX	13	teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml.....	54	TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	55
tarina 24 fe	47	TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	54	tinidazole oral	13
tarina fe 1/20 eq.....	47	TESTIM	48	tiopronin oral tablet delayed release	43
tarina fe 1/20 oral tablet 1-20 mg-mcg	47	TESTOSTERONE CYPIONATE INJECTION.....	48	tiotropium bromide monohydrate.....	59
TARON-C DHA.....	40	testosterone cypionate intramuscular	48	TIROSINT.....	49
TASIGNA.....	19	testosterone enanthate intramuscular	48	TIROSINT-SOL	49
TAVALISSE.....	38	testosterone gel 12.5 mg/act (1%) transdermal	48	TIVICAY	21
tazarotene external cream 0.1 % ..	31	testosterone gel 20.25 mg/act (1.62%) transdermal.....	48	tizanidine hcl oral	60
TAZORAC EXTERNAL CREAM	31	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%)	48	TOBI PODHALER	59
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	25	testosterone transdermal gel 1.62 %	48	TOBRADEX OPHTHALMIC OINTMENT	55
TECFIDERA ORAL CAPSULE DELAYED RELEASE	27	tetracycline hcl oral capsule.....	13	TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	55
TECHLITE INSULIN SYRINGES.....	35	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	59	TOBRADEX ST	55
TECHLITE PEN NEEDLES	35	THALITONE	25	tobramycin inhalation nebulization solution 300 mg/4ml.....	59
TECHLITE PLUS PEN NEEDLES.....	35	theophylline er	59	tobramycin ophthalmic.....	55
TEGLUTIK	27	THIOLA	43	tobramycin-dexamethasone	55
TEGRETOL ORAL TABLET	14	THIOLA EC.....	43	TOLAK	31
TEGRETOL-XR	14	THRIVE	11	TOLSURA	17
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML.....	42	THRIVITE RX	40	tolterodine tartrate	43
TEKURNA.....	25	THYQUIDITY	49	tolterodine tartrate er	43
TEKURNA HCT ORAL TABLET 150-12.5 MG, 300-12.5 MG, 300-25 MG	25	thyroid oral	49	TOPAMAX.....	14
telmisartan	25	tiadyt er	25	TOPAMAX SPRINKLE.....	14
telmisartan-hctz	25	TIAZAC	25	TOPICORT EXTERNAL CREAM	31
temazepam.....	60	TIGLUTIK ORAL SUSPENSION 50 MG/10ML	27	TOPICORT EXTERNAL OINTMENT	31
TEMODAR ORAL CAPSULE 250 MG	19	TIKOSYN.....	25	topiramate er oral capsule extended release 24 hour.....	14
temozolomide.....	19	tilia fe	47	topiramate oral.....	14
TEMPO REFILL.....	35	timolol maleate (once-daily).....	55	TOPROL XL	25
TEMPO WELCOME	35	timolol maleate ocudose	55	torpenz	19
TENCON	10	timolol maleate ophthalmic	55	torseamide	25
TENIVAC.....	52	timolol maleate pf.....	55	TOSYMRA.....	17
tenofovir disoproxil fumarate	21	TIMOPTIC OCUDOSE.....	55	TOUJEO MAX SOLOSTAR.....	36
TENORETIC 100.....	25	TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	55	TOUJEO SOLOSTAR.....	36
TENORETIC 50.....	25			TRACLEER 62.5 MG, 125 MG.....	59
TENORMIN	25			TRADJENTA	37
terazosin hcl.....	43			tramadol hcl (er biphasic) oral tablet extended release 24 hour ..	10
terbinafine hcl oral	17			tramadol hcl er	10
terconazole.....	17				
teriflunomide.....	27				

tramadol hcl oral tablet 100 mg, 75 mg, 25 mg	47	trospium chloride	43
tramadol hcl oral tablet 50 mg	10	trospium chloride er	43
tramadol-acetaminophen	10	TRUE FOCUS BLOOD GLUCOSE STRIP	35
trandolapril	25	TRUE METRIX AIR GLUCOSE METER KIT	35
tranexamic acid oral	38	TRUE METRIX BLOOD GLUCOSE TEST	35
TRANSDERM-SCOP	16	TRUE METRIX GO GLUCOSE METER	35
TRANXENE-T ORAL TABLET 7.5 MG.	22	TRUE METRIX METER KIT	35
tranylcyromine sulfate	15	TRUE METRIX PRO BLOOD GLUCOSE	35
TRAVATAN Z	55	TRUETRACK TEST	35
travoprost (bak free)	55	TRULANCE	42
trazodone hcl oral	15	TRULICITY	37
TRELEGY ELLIPTA	59	TRUMENBA	52
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	51	TRUQAP ORAL TABLET	19
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	51	TRUSOPT OPHTHALMIC SOLUTION 2%	55
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	52	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	21
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	52	TRUVADA ORAL TABLET 200-300 MG	21
treprostinil	59	turqoz	47
TRESIBA FLEXTOUCH	36	TWINRIX	52
tretinoin external cream	31	TWIRLA	47
tretinoin external gel 0.01 %, 0.025 %	31	TYBLUME	47
tretinoin external gel 0.05 %	31	tydemy	47
TREXALL	52	TYMLOS	54
TREZIX	10	TYRVAYA	56
tri femynor	47	TYVASO	59
tri-estarylla	47	TYVASO DPI INSTITUTIONAL KIT	59
tri-legest fe	47	TYVASO DPI MAINTENANCE KIT	59
tri-linyah	47	TYVASO DPI TITRATION KIT	59
tri-lo-estarylla	47	TYVASO REFILL KIT	59
tri-lo-marzia	47	TYVASO STARTER KIT	59
tri-lo-mili	47		
tri-lo-sprintec	47		
tri-mili	47		
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	47		
tri-sprintec	47		
tri-vite/fluoride	40		
tri-vylibra	47		
tri-vylibra lo	47		
triamcinolone acetonide external cream 0.025 %, 0.1 %	31		
triamcinolone acetonide external cream 0.5 %	31		
triamcinolone acetonide external lotion	31		
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	31		
triamcinolone acetonide external ointment 0.05 %	31		
triamcinolone acetonide mouth/ throat	28		
triamcinolone in absorbbase	31		
triamterene oral	25		
triamterene-hctz	25		
TRIANEX EXTERNAL OINTMENT 0.05 %	31		
triazolam	22		
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-25 MG	25		
TRIBENZOR ORAL TABLET 40-5-12.5 MG	25		
TRICARE	40		
TRICOR	25		
TRIDACAINE II	10		
TRIDACAINE III	10		
triderm	31		
TRIDESILON EXTERNAL CREAM 0.05 %	31		
trihexyphenidyl hcl oral tablet	20		
TRIJDARDY XR	37		
TRIKAFTA ORAL TABLET THERAPY PACK	59		
TRILEPTAL	14		
TRILIPIX	25		
trimethoprim oral	13		
TRINATAL RX 1	40		
TRINATE	40		
TRINTELLIX	15		
tritocin external ointment 0.05 %	31		
TRIUMEQ	21		
trivora (28)	47		
TROKENDI XR	14		

U

UBRELVY	17
UCERIS ORAL	53
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	38
ULORIC	17



UNISTRIP1 GENERIC.....	35	VAQTA	52	VIGAMOX.....	55
unithroid.....	49	vardenafil hcl oral tablet.....	38	vigpoder	14
UPTRAVI ORAL.....	59	varenicline tartrate.....	11	VIIBRYD	16
urea external cream 20 %, 40 %, 45 %.....	31	varenicline tartrate (starter).....	11	VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG.....	16
urea external cream 39 %, 41 %, 47 %.....	32	varenicline tartrate(continue).....	11	vilazodone hcl	16
UREA EXTERNAL CREAM 39.5 % ..	32	VARIVAX.....	52	VIMPAT ORAL	14
uredeb	32	VASCEPA.....	25	viorele	47
UREMEZ-40.....	32	VASERETIC.....	25	VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	21
URESOL.....	32	VASOTEC	25	VIREAD ORAL TABLET 300 MG....	21
UROCIT-K 10	40	velivet.....	47	virt-pn dha oral capsule 27-0.6-0.4-300 mg.....	40
UROCIT-K 15.....	40	VELPHORO	43	VISTARIL ORAL CAPSULE 25 MG, 50 MG	22
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	40	VELTASSA ORAL PACKET 1 GM... 40		VITAFOL FE+	40
UROGESIC-BLUE.....	43	VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM.....	40	VITAFOL GUMMIES.....	40
UROXATRAL.....	43	VEMLIDY	21	VITAFOL ULTRA.....	40
URSO 250 ORAL TABLET 250 MG ..	42	VENCLEXTA	19	VITAFOL-OB.....	40
URSO FORTE	42	venlafaxine hcl	16	VITAMEDMD ONE RX/ QUATREFOLIC	40
URSODIOL ORAL CAPSULE 200 MG, 400 MG	42	venlafaxine hcl er oral capsule extended release 24 hour.....	16	vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	40
ursodiol oral capsule 300 mg.....	42	venlafaxine hcl er oral tablet extended release 24 hour.....	16	VITAPEARL	40
ursodiol oral tablet.....	42	VENTOLIN HFA.....	57, 59	VITATHELY WITH GINGER.....	40
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML.....	20	VEOZAH.....	27	VITRAKVI.....	19
V					
VAGIFEM	47	verapamil hcl er	25	VIVAGUARD INO GLUCOSE METER KIT.....	35
valacyclovir hcl oral	21	verapamil hcl oral	25	VIVAGUARD INO TEST STRIPS ...	35
VALCYTE ORAL TABLET	21	VERELAN	25, 26	VIVELLE-DOT	44, 47
valganciclovir hcl oral tablet.....	21	VERELAN PM	26	VIVJOA	17
VALIUM.....	22	VERIFINE SHARPS CONTAINER... 35		VOGELXO.....	48
valproic acid oral capsule	14	VERKAZIA	56	VOGELXO PUMP	48
valproic acid oral solution 250 mg/5ml	14	VERQUVO.....	26	volnea.....	47
valsartan oral tablet.....	25	VERZENIO.....	19	VOQUEZNA.....	41
valsartan-hydrochlorothiazide ...	25	VESICARE	43	VOQUEZNA DUAL PAK.....	41
VALTOCO.....	14	vestura.....	47	VOQUEZNA TRIPLE PAK	41
VALTRESX.....	21	VEVYE	56	voriconazole oral tablet.....	17
VANADOM ORAL TABLET 350 MG	60	VFEND ORAL TABLET 200 MG....	17	VORTEX HOLD CHMBR/MASK/ CHILD.....	59
VANCOCIN	13	VFEND ORAL TABLET 50 MG.....	17	VORTEX HOLD CHMBR/MASK/ TODDLER.....	59
vancomycin hcl oral.....	13	VIAGRA.....	38	VORTEX VALVED HOLDING CHAMBER	59
VANDAZOLE.....	13	VIBERZI.....	42	VOSEVI	21
VANOS.....	32	VIBRAMYCIN ORAL CAPSULE 100 MG	13	VOYDEYA ORAL TABLET.....	38
		VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML.....	13		
		vienna	47		
		vigabatrin oral packet.....	14		
		vigadrone oral packet.....	14		



VOYDEYA ORAL TABLET THERAPY PACK.....	38	XENLETA ORAL TABLET 600 MG..	13	ZARXIO	38
VRAYLAR	20	XHANCE	57	ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	40
VTAMA	32	XIFAXAN.....	13	ZAVZPRET	17
vyfemla	47	XIGDUO XR.....	37	ZCORT 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (25).....	48
VYLEESI	38	XIIDRA.....	56	ZEBUTAL ORAL CAPSULE 50-325-40 MG.....	10
vylibra.....	47	XOFLUZA (40 MG DOSE).....	21	ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	37
VYNDAMAX.....	42	XOFLUZA (80 MG DOSE)	21	ZEJULA ORAL CAPSULE 100 MG..	19
VYTORIN	26	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE .	52	ZELBORAF.....	19
VYVANSE	27	XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML	59	ZEMBRACE SYMTOUCH	17
VYZULTA.....	55	XOPENEX HFA	59	ZEMPLAR ORAL	54
W					
WAINUA	16	XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML	59	zenatane.....	32
WAKIX	60	XTAMPZA ER.....	10	ZENPEP	42
warfarin sodium oral	13	XTANDI	19	ZENZEDI	27
WELCHOL ORAL TABLET	26	xulane.....	47	ZEPOSIA.....	27
WELLBUTRIN SR	16	xurea.....	32	ZEPOSIA 7-DAY STARTER PACK ..	27
WELLBUTRIN XL	16	XYOSTED	48	ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	27
wera.....	47	XYREM.....	60	ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21).....	27
wes-phos 250 neutral	40	XYWAV.....	60	ZESTORETIC	26
WESCAP-C DHA	40	Y			
WESCAP-PN DHA	40	YASMIN 28.....	47	ZESTRIL	26
WESTAB PLUS	40	YAZ.....	47	ZETIA	26
WILATE	38	YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML.....	52	ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT.....	57
WINLEVI.....	32	YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML.....	52	ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	26
wixela inhub	59	YUFLYMA (2 PEN)	52	ZIAC ORAL TABLET 5-6.25 MG ..	26
wymzya fe	47	YUFLYMA (2 SYRINGE)	52	ZILXI.....	32
X					
XACIATO.....	13	YUFLYMA-CD/UC/HS STARTER ..	52	ZIMHI	11
XALATAN	55	YUPELRI	59	ZIOPTAN.....	55
XANAX.....	22	YUSIMRY.....	52	ziprasidone hcl	20
XANAX XR	22	yuvaferm	47	ZIRGAN	21
XARELTO	13	Z			
XARELTO STARTER PACK	13	zafemy.....	47	ZITHROMAX ORAL.....	13
XCOPRI.....	14	zafirlukast	59	ZITHROMAX TRI-PAK.....	13
XDEMVY.....	55	zaleplon.....	60	ZITHROMAX Z-PAK.....	13
XELJANZ.....	52	ZANAFLEX.....	60	ZOCOR.....	26
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	52	ZARONTIN.....	14	ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	17
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG.....	52				
XELODA.....	19				



zolpidem tartrate er.....	60
zolpidem tartrate oral tablet	60
ZOMIG NASAL SOLUTION	
2.5 MG	17
ZOMIG NASAL SOLUTION 5 MG ..	17
ZOMIG ORAL	17
ZONEGRAN.....	14
zonisamide oral	14
ZORTRESS	52
ZORYVE EXTERNAL CREAM	
0.3 %	32
ZORYVE EXTERNAL FOAM.....	32
zovia 1/35 (28).....	47
ZOVIRAX EXTERNAL OINTMENT..	21
ZOVIRAX ORAL SUSPENSION	
200 MG/5ML	21
ZTLIDO	10
ZUBSOLV	11
zumandimine.....	47
ZURZUVAE.....	16
ZYCLARA	32
ZYCLARA PUMP	32
ZYLET.....	55
ZYLOPRIM ORAL TABLET	
100 MG, 300 MG	17
ZYMAXID OPHTHALMIC	
SOLUTION 0.5 %	55
ZYPREXA ORAL	20
ZYPREXA ZYDIS.....	20
ZYTIGA	19
ZYVOX ORAL TABLET.....	13

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Room 509F, HHH Building
Washington, D.C. 20201

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ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LU'U Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

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تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرف العضوية.

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ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia **l'italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

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をご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សូមជំនួយភាសាដទៃយកតម្កល់ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខគតតិគតុល ដល់មានលេខស័ក្តុសព្វញ្ញាណប័ណ្ណរបស់អ្នក។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍI BAA'AKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániit'igo, saad beę áka'anída'awo'ígíí, t'áa jíík'eh, bee ná'ahóót'i'. T'áa shòqdí ninaaltsoos nit'i'izí bee nééhozinígíí bine'déę t'áa jíík'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

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