



Your 2026 Prescription Drug List

Access 4-Tier

Effective January 1, 2026



**United
Healthcare**

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

Table of contents

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



Dental and Oral Agents	
Drugs for Mouth and Throat Conditions	26
Dermatological Agents	
Drugs for Skin Conditions.....	26
Diabetes	
Glucose Monitoring and Supplies.....	29
Insulin.....	33
Non-Insulin Agents.....	34
Drugs for Blood Disorders.....	35
Drugs for Sexual Dysfunction.....	36
Electrolytes / Vitamins	36
Gastrointestinal Agents	
Drugs for Acid Reflux and Ulcer.....	37
Drugs for Bowel, Intestine and Stomach Conditions	38
Genetic or Enzyme Disorder	
Drugs for Replacement, Modification, Treatment	39
Genitourinary Agents	
Drugs for Bladder, Genital and Kidney Conditions.....	39
Drugs for Prostate Conditions.....	40
Hormonal Agents	
Hormone Replacement and Birth Control	40
Oral Steroids.....	44
Other.....	44
Testosterone Replacement.....	45
Thyroid.....	45
Immunological Agents	
Drugs for Immune System Stimulation or Suppression	46
Drugs for Vaccination	50
Infertility Agents	50
Inflammatory Bowel Disease Agents	51
Metabolic Bone Disease Agents	
Drugs for Osteoporosis	51
Other.....	51
Ophthalmic Agents	
Drugs for Eye Allergy, Infection and Inflammation	52
Drugs for Glaucoma.....	52
Drugs for Miscellaneous Eye Conditions	53
Otic Agents	
Drugs for Ear Conditions.....	53
Respiratory	
Drugs for Anaphylaxis.....	54
Respiratory Tract / Pulmonary Agents	
Drugs for Allergies, Cough, Cold.....	54
Drugs for Asthma and COPD.....	55
Drugs for Cystic Fibrosis	57
Drugs for Pulmonary Fibrosis.....	57
Drugs for Pulmonary Hypertension	57
Skeletal Muscle Relaxants	
Drugs for Muscle Pain and Spasm	57
Sleep Disorder Agents.....	57
Index	59

Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

About this PDL

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

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



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lower-cost Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tiers 2 and 3	\$\$ Mid-range cost Medications that provide good overall value. Mainly preferred brand name drugs.	Use Tier 2 or Tier 3 drugs, instead of Tier 4, to help reduce 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 specific coverage requirements or limits. Your plan sets how these medications may be covered for you.

E	May be excluded from coverage. May be subject to prior authorization for fully insured benefit plans governed by state law in Connecticut, New Jersey, and New York – There are over-the-counter (OTC) or lower-cost covered options available.
H	Health Care Reform Preventive – This medication is part of a health care reform preventive benefit and is generally available at no cost to you.
H-PA	Health Care Reform Preventive with prior authorization – May be part of health care reform preventive benefit and available at no cost to you if prior authorization criteria are met.
PA	Prior authorization (sometimes referred to as precertification) ³ – Requires your doctor to provide information about why you are taking a medication before your plan can decide how it may be covered.
QL	Quantity limits – The largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program ⁴ – Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
SP	Specialty medication – Specialty medications treat complex or rare conditions and may require special storage and handling. You may have to get these medications from a specialty pharmacy.
ST	Step therapy (referred to as First Start in New Jersey) – Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered.

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

4. Not applicable to Neighborhood Health Plan and Oxford plans.



Reading your PDL (continued)

Coverage details

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

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

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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



Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	QL
ALLZITAL	4	
apap-caff-dihydrocodeine	1	QL
ascomp-codeine	1	QL
bac (butalbital-acetamin-caff)	1	QL
BELBUCA	3	PA, QL
BUPAP ORAL TABLET 50-300 MG	E	
buprenorphine	1	PA, QL
butalbital-acetaminophen oral tablet 50-300 mg	E	
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod	1	QL
butalbital-apap-caffeine	1	QL
butalbital-asa-caff-codeine	1	QL
butalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	1	QL
BUTRANS	E	PA, QL
DILAUDID ORAL TABLET	E	QL
endocet	1	QL
ESGIC ORAL CAPSULE 50-325-40 MG	4	QL
ESGIC ORAL TABLET 50-325-40 MG	4	QL
fentanyl	1	PA, QL
FIORICET	4	QL
FIORICET/CODEINE	E	QL
GEN7T EXTERNAL PATCH 3.5 %	E	
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml	1	QL
hydrocodone-acetaminophen oral tablet	1	QL
hydromorphone hcl oral tablet	1	QL
JOURNAVX	4	QL
lidocaine external ointment 5 %	1	QL

Drug Name	Drug Tier	Requirements & Limits
lidocaine external patch 5 %	1	PA, QL
lidocaine-prilocaine external cream	1	
LIDOCAN	E	PA, QL
LIDODERM	E	PA, QL
LIDOTRAL 1 EXTERNAL PATCH 4.88 %	E	
methadone hcl oral tablet	1	PA, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral tablet	1	QL
MS CONTIN	E	PA, QL
NALOCET	E	QL
NUCYNTA	2	QL
NUCYNTA ER	3	PA, QL
OXAYDO ORAL TABLET 5 MG, 7.5 MG	E	QL
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	E	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	E	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	E	PA, QL
PERCOCET	E	QL
premium lidocaine	1	QL
PROLATE ORAL TABLET	E	QL
ROXICODONE	E	QL
TENCON	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	(generic for Ryzolt), QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
tramadol hcl er	1	(generic for Ultram ER), QL
tramadol hcl oral tablet 100 mg, 25 mg, 50 mg	1	QL
tramadol hcl oral tablet 75 mg	E	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	
CELEBREX	E	
celecoxib oral	1	
DAYPRO	4	
diclofenac potassium oral tablet 25 mg	E	QL
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium external gel 1 %	E	
diclofenac sodium oral	1	
diclofenac-misoprostol	1	
DICLOFONO	E	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	4	
ec-naproxen	1	
etodolac	1	
FELDENE ORAL CAPSULE 20 MG	4	
ibuprofen oral suspension 100 mg/5ml	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	

Drug Name	Drug Tier	Requirements & Limits
indomethacin er	1	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	
LODINE	E	
LOFENA	E	QL
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN	E	
naproxen dr	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet	1	
piroxicam oral	1	
RELAFEN DS	E	
sulindac oral	1	

Anti-Addiction / Substance Abuse Treatment Agents

acamprosate calcium	1	
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	E	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	1	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
bupropion hcl er (smoking det)	1	H
cvs nicotine	1	H
cvs nicotine polacrilex	1	H
disulfiram oral	1	
eq nicotine	1	H
eq nicotine mouth/throat gum 4 mg	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 naloxone hcl	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ft nicotine	1	H
ft nicotine mini	1	H
gnp naloxone hcl	1	QL
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 mouth/throat gum 2 mg, 4 mg	1	H
hm nicotine polacrilex mouth/throat lozenge 2 mg	1	H
hm nicotine transdermal patch 24 hour 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	QL
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

Drug Name	Drug Tier	Requirements & Limits
nicotine transdermal patch 24 hour	1	H
OPVEE	1	QL
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
sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	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

amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
AUGMENTIN	4	
AUGMENTIN ES-600	E	
AVIDOXY	4	
azithromycin oral packet 1 gm	1	
BACTRIM	4	
BACTRIM DS	4	
cefadroxil oral capsule	1	
cefadroxil oral suspension reconstituted	1	
cefdinir	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
cefixime oral capsule	1		linezolid oral tablet	1	
cefpodoxime proxetil oral tablet	1		MACROBID	4	
cefprozil	1		MACRODANTIN	4	
cefuroxime axetil	1		methenamine hippurate	1	
cephalexin	1		metronidazole oral tablet 125 mg	E	
CIPRO ORAL TABLET	4		metronidazole oral tablet 250 mg, 500 mg	1	
ciprofloxacin hcl oral	1		metronidazole vaginal	1	
clarithromycin oral tablet	1		minocycline hcl oral capsule	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4		MONDOXYNE NL	E	
CLEOCIN ORAL CAPSULE 75 MG	2		moxifloxacin hcl oral	1	
CLEOCIN ORAL SOLUTION RECONSTITUTED	4		mupirocin cream	1	
CLEOCIN VAGINAL CREAM	4		mupirocin ointment	1	
clindamycin hcl oral	1		neomycin sulfate oral	1	
clindamycin palmitate hcl	1		nitrofurantoin macrocrystal	1	
clindamycin phosphate vaginal	1		nitrofurantoin monohydrate macrocrystals	1	
CLINDESSE	2		NUVESSA	4	
dicloxacillin sodium	1		NUZYRA ORAL	4	
DIFICID ORAL TABLET	E	QL	penicillin v potassium	1	
doxycycline hyclate oral capsule	1		SEYSARA	E	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1		SILVADENE	4	
doxycycline hyclate oral tablet 50 mg	E		silver sulfadiazine external	1	
doxycycline monohydrate oral	1		ssd	1	
E.E.S. GRANULES	3		sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	3		sulfamethoxazole-trimethoprim oral tablet	1	
ERYPED 400	4		sulfatrim pediatric	1	
erythromycin base oral tablet	1		TARGADOX	E	
erythromycin ethylsuccinate oral suspension reconstituted	1		tetracycline hcl oral capsule	1	
fidaxomicin oral tablet	1	QL	tinidazole oral	1	
fosfomycin tromethamine	1		trimethoprim oral	1	
gentamicin sulfate external	1		VANCOCIN	4	
HIPREX	4		vancomycin hcl oral capsule	1	
levofloxacin oral tablet	1		VANDAZOLE	4	
LIKMEZ	4		VIBRAMYCIN ORAL CAPSULE 100 MG	4	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	4	
XACIATO	2	
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN ORAL TABLET 200 MG	3	
XIFAXAN ORAL TABLET 550 MG	3	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
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	1	
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	
PRADAXA ORAL CAPSULE	E	QL
rivaroxaban	1	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTiom	4	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	4	
clobazam oral suspension 2.5 mg/ml	1	PA
clobazam oral tablet	1	PA
DEPAKOTE	4	
DEPAKOTE ER	4	

Drug Name	Drug Tier	Requirements & Limits
DEPAKOTE SPRINKLES	4	
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	4	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	
diazepam rectal	1	
DILANTIN	3	
divalproex sodium er	1	
divalproex sodium oral	1	
ELEPSIA XR	E	PA
EPIDIOLEX	3	PA, SP
epitol	1	
eslicarbazepine acetate	1	PA
ethosuximide oral	1	
FYCOMPA ORAL SUSPENSION	4	PA
FYCOMPA ORAL TABLET	3	PA
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	
gabapentin oral tablet 600 mg, 800 mg	1	
GABARONE	E	
KEPPRA ORAL	4	
KEPPRA XR	4	
lacosamide oral	1	
LAMICTAL	4	
LAMICTAL ODT ORAL TABLET DISPERSIBLE	4	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
lamotrigine er	1	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	
levetiracetam er	1	
levetiracetam oral solution	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
levetiracetam oral tablet	1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	PA
MOTPOLY XR	3	PA
MYSOLINE	2	
NAYZILAM	3	PA
NEURONTIN	4	
ONFI	4	PA
oxcarbazepine	1	
oxcarbazepine er	E	
perampanel	1	PA
phenobarbital oral tablet	1	
phenytek	1	
phenytoin sodium extended	1	
primidone oral tablet 125 mg	1	PA
primidone oral tablet 250 mg, 50 mg	1	
roweepra	1	
subvenite	1	
SYMPAZAN	4	PA
TEGRETOL ORAL TABLET	4	
TEGRETOL-XR	4	
TOPAMAX	4	PA
TOPAMAX SPRINKLE	4	PA
topiramate er oral capsule extended release 24 hour	E	
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
TRILEPTAL	4	
TROKENDI XR	E	
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO	3	PA, QL
VIMPAT ORAL	4	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	PA
ZARONTIN	4	

Drug Name	Drug Tier	Requirements & Limits
ZONEGRAN	4	PA
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT	E	
donepezil hcl oral tablet	1	
EXELON	E	
memantine hcl er	1	
memantine hcl oral tablet	1	
NAMENDA ORAL TABLET 10 MG, 5 MG	E	
NAMENDA TITRATION PAK	E	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	E	
rivastigmine	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	4	QL
bupropion hcl oral	1	
CELEXA	E	
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	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
EFFEXOR XR	E	
escitalopram oxalate oral solution 5 mg/5ml	1	
escitalopram oxalate oral tablet	1	
FETZIMA	4	ST, QL
fluoxetine hcl oral capsule	1	
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	4	QL
imipramine hcl oral	1	
LEXAPRO	E	
mirtazapine oral	1	
NORPRAMIN	4	
nortriptyline hcl oral capsule	1	
PAMELOR	E	
paroxetine hcl er	1	QL
paroxetine hcl oral tablet	1	
PAXIL	E	
PAXIL CR	E	QL
PRISTIQ	E	QL
PROZAC	E	
RALDESY	4	PA
REMERON	E	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E	
SERTRALINE HCL ORAL CAPSULE	4	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
trazodone hcl oral	1	
TRINTELLIX	4	ST, QL

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	1	QL
VIIBRYD	E	QL
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 50 MG	E	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	1	
DICLEGIS	E	
doxylamine-pyridoxine	1	
dronabinol	1	
EMEND BIPACK	E	
MARINOL	E	
meclizine hcl oral tablet	E	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral	1	
ondansetron odt oral tablet dispersible 16 mg	E	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine maleate oral	1	
promethazine hcl oral solution	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	4	
scopolamine	1	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Antifungals - Drugs for Fungal Infections		
cicloclan	1	
ciclopirox external	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
DIFLUCAN	E	
econazole nitrate external	1	
fluconazole oral	1	
griseofulvin microsize oral suspension	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	4	QL
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	
LOPROX EXTERNAL SHAMPOO 1 %	E	
NOXAFIL ORAL TABLET DELAYED RELEASE	E	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	
posaconazole oral tablet delayed release	1	
SPORANOX	4	QL
terbinafine hcl oral	1	
terconazole	1	
TOLSURA	E	
VFEND ORAL TABLET 200 MG	4	
VFEND ORAL TABLET 50 MG	3	
VIVJOA	3	PA, QL
voriconazole oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Antigout Agents - Drugs for Gout		
allopurinol oral	1	
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 SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA, ST, QL
AJOVY	E	PA, ST, QL
eletriptan hydrobromide	1	
EMGALITY	2	PA, ST, QL
FROVA	E	
frovatriptan succinate	1	
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	4	
IMITREX ORAL	E	
IMITREX STATDOSE SYSTEM	E	
MAXALT	E	
MAXALT-MLT	E	
naratriptan hcl	1	
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
RELPAK	E	
REYVOW	4	PA, ST, QL
rizatriptan benzoate	1	
sumatriptan nasal	1	
sumatriptan succinate oral	1	
sumatriptan succinate subcutaneous solution auto-injector	1	
TOSYMRA	4	
UBRELVY	2	PA, ST, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ZAVZPRET	4	PA, ST
ZEMBRACE SYMTOUCH	4	
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	
zolmitriptan nasal solution 5 mg	E	
zolmitriptan oral	1	
ZOMIG NASAL SOLUTION 2.5 MG	2	
ZOMIG NASAL SOLUTION 5 MG	1	
ZOMIG ORAL TABLET 5 MG	E	
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis		
MESTINON ORAL TABLET	E	
pyridostigmine bromide oral tablet 30 mg	E	
pyridostigmine bromide oral tablet 60 mg	1	
ZILBRYSQ	4	PA, QL, SP
Antimycobacterials - Drugs to Treat Infections		
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	4	
rifampin oral	1	
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	1	QL, SP
abiraterone acetate oral tablet 500 mg	E	QL, SP
ABIRTEGA	E	QL, SP
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
AROMASIN	E	
AUGTYRO	2	PA, QL, SP
BESREMI	4	PA, QL, SP
bicalutamide	1	
BRUKINSA	3	PA, ST, QL, SP

Drug Name	Drug Tier	Requirements & Limits
CABOMETYX	2	PA, QL, SP
CALQUENCE	2	PA, SP
capecitabine	1	SP
CASODEX	E	
COTELLIC	2	PA, QL, SP
dasatinib	1	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL, SP
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA, QL, SP
exemestane	1	H-PA
EXKIVITY ORAL CAPSULE 40 MG	4	SP
FEMARA	E	
GAVRETO	4	PA, QL, SP
GLEEVEC	E	QL, SP
HYDREA	E	
hydroxyurea oral	1	
IBRANCE ORAL TABLET	4	PA, ST, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate oral	1	QL, SP
IMBRUVICA ORAL CAPSULE	2	PA, QL, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
IMKELDI	4	QL, SP
JAKAFI	2	PA, QL, SP
KISQALI	2	PA, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	1	PA, QL, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
LUMAKRAS	4	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
LYNPARZA	2	PA, QL, SP
mercaptopurine oral tablet	1	
nilotinib hcl	1	PA, ST, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
PIQRAY	2	PA, QL, SP
POMALYST	3	PA, QL, SP
RETEVMO ORAL CAPSULE 40 MG	4	PA, QL, SP
RETEVMO ORAL CAPSULE 80 MG	4	PA, SP
REVLIMID	2	PA, QL, SP
ROZLYTREK	2	PA, QL, SP
RYDAPT	2	PA, QL, SP
SCEMBLIX	4	PA, QL, SP
SPRYCEL	E	PA, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	4	PA, QL, SP
TAGRISSO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	E	PA, ST, QL, SP
temozolomide	1	SP
torpenz	1	PA, QL, SP
TRUQAP ORAL TABLET	2	PA, QL, SP
VENCLEXTA	2	PA, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XELODA	E	SP
XTANDI	2	PA, QL, SP
ZEJULA ORAL CAPSULE 100 MG	2	PA, SP
ZELBORAF	2	PA, QL, SP
ZYTIGA	E	QL, SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	4	QL
atovaquone	1	

Drug Name	Drug Tier	Requirements & Limits
atovaquone-proguanil hcl	1	
ELIMITE	4	
hydroxychloroquine sulfate oral	1	
ivermectin oral tablet 3 mg	1	PA, QL
ivermectin oral tablet 6 mg	1	PA
KRINTAFEL	1	
MALARONE	4	
mefloquine hcl	1	
MEPRON	E	
permethrin external	1	
PLAQUENIL	E	
SOVUNA	E	
STROMEKTOL	4	PA, QL
Antiparkinson Agents - Drugs for Parkinson's Disease		
amantadine hcl oral capsule	1	
amantadine hcl oral tablet	1	
AZILECT	E	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
CREXONT	4	ST
DHIVY	E	
INBRIJA	3	PA, QL, SP
NEUPRO	3	
PARLODEL ORAL TABLET	E	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	1	
ropinirole hcl	1	
RYTARY	E	ST
SINEMET	4	
trihexyphenidyl hcl oral tablet	1	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	E	QL
cilostazol	1	
clopidogrel bisulfate oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
EFFIENT	E	
PLAVIX	E	
prasugrel hcl	1	
ticagrelor	1	QL
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
aripiprazole oral solution	1	
aripiprazole oral tablet	1	
asenapine maleate	1	QL
CAPLYTA	4	PA, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	4	
GEODON ORAL	E	
haloperidol oral	1	
INVEGA	E	QL
LATUDA	E	QL
lurasidone hcl	1	QL
olanzapine oral	1	
paliperidone er	1	QL
quetiapine fumarate	1	
quetiapine fumarate er	1	
REXULTI	4	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	E	QL
SEROQUEL	E	
SEROQUEL XR	E	
VRAYLAR	4	QL
ziprasidone hcl	1	
ZYPREXA ORAL	E	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	E	
Antivirals - Drugs for Viral Infections		
acyclovir external ointment	1	
acyclovir oral capsule	1	

Drug Name	Drug Tier	Requirements & Limits
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
BARACLUDE ORAL TABLET	E	
BIKTARVY	4	QL
CIMDUO	2	QL
DESCOVY ORAL TABLET 120-15 MG	4	QL
DESCOVY ORAL TABLET 200-25 MG	4	QL, H
DOVATO	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	1	
EPCLUSA ORAL TABLET	2	PA, QL, SP
famciclovir oral	1	
GENVOYA	4	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	QL
LAGEVRIO	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET ORAL PACKET	2	PA, QL, SP
ODEFSEY	4	QL
oseltamivir phosphate oral	1	
PAXLOVID	2	QL
PREVYMIS ORAL TABLET	2	PA
PREZCOBIX	2	
RUKOBIA	4	PA
SITAVIG	E	
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
SYMFI	2	QL
SYMFI LO ORAL TABLET 400-300-300 MG	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TAMIFLU	E	
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	
VALCYTE ORAL TABLET	E	
valganciclovir hcl oral tablet	1	
VALTREX	E	
VEMLIDY	E	PA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZOVIRAX EXTERNAL OINTMENT	E	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	
HALCION	4	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	
triazolam	1	

Drug Name	Drug Tier	Requirements & Limits
VALIUM	E	
VISTARIL ORAL CAPSULE 25 MG	4	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	4	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTONE	E	
aliskiren fumarate	1	
ALTACE	E	
amiloride hcl oral	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	1	
ATACAND	E	
ATACAND HCT	E	
atenolol oral	1	
atenolol-chlorthalidone	1	
ATORVALIQ	4	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	E	
AVAPRO	E	
AZOR	E	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
BENICAR HCT	E		colestipol hcl oral tablet	1	
BETAPACE	E		COREG	E	
bisoprolol fumarate oral tablet	1		COREG CR	E	
bisoprolol-hydrochlorothiazide	1		CORGARD ORAL TABLET 20 MG, 40 MG	4	
bumetanide oral	1		CORLANOR	3	PA, QL
BUMEX	3		COZAAR	E	
BYSTOLIC	E		CRESTOR	E	
CAMZYOS	4	PA, QL, SP	digoxin oral tablet	1	
candesartan cilexetil	1		diltiazem hcl er	1	
candesartan cilexetil-hctz	1		diltiazem hcl er beads	1	
captopril oral	1		diltiazem hcl er coated beads	1	
CARDIZEM	E		diltiazem hcl oral	1	
CARDIZEM CD	E		dilt-xr	1	
CARDIZEM LA	E		DIOVAN	E	
CARDURA	4		DIOVAN HCT	E	
cartia xt	1		dofetilide	1	
carvedilol	1		doxazosin mesylate oral	1	
carvedilol phosphate er	1		EDARBI	4	
CATAPRES-TTS-1	E		EDARBYCLOR	4	
CATAPRES-TTS-2	E		enalapril maleate oral	1	
CATAPRES-TTS-3	E		enalapril-hydrochlorothiazide	1	
chlorthalidone	1		ENTRESTO ORAL TABLET	E	PA, QL
cholestyramine light	1		EPANED	4	
cholestyramine oral	1		eplerenone	1	
clonidine hcl oral	1		EXFORGE	E	
clonidine patch weekly 0.1 mg/24hr transdermal	1		ezetimibe	1	
clonidine patch weekly 0.1 mg/24hr transdermal	1	(Patch)	ezetimibe-simvastatin	1	
clonidine patch weekly 0.2 mg/24hr transdermal	1		felodipine er	1	
clonidine patch weekly 0.2 mg/24hr transdermal	1	(Patch)	fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
clonidine patch weekly 0.3 mg/24hr transdermal	1		FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	4	
clonidine patch weekly 0.3 mg/24hr transdermal	1	(Patch)	fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
colesevelam hcl oral tablet	1		fenofibrate oral tablet	1	
COLESTID ORAL TABLET	4		fenofibric acid oral capsule delayed release	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
FENOGLIDE ORAL TABLET 120 MG, 40 MG	E		LIVALO	E	ST
flecainide acetate	1		LODOCO	4	QL
fosinopril sodium	1		LOPID	4	
FUROSCIX	4		LOPRESSOR ORAL TABLET	4	
furosemide oral	1		losartan potassium oral	1	
gemfibrozil oral	1		losartan potassium-hctz	1	
guanfacine hcl	1		LOTENSIN	4	
HEMANGEOL	3		LOTENSIN HCT	4	
HEMICLOR	E		LOTREL	E	
hydralazine hcl oral	1		lovastatin oral	1	H
hydrochlorothiazide oral	1		LOVAZA	E	
HYZAAR	E		matzim la	1	
icosapent ethyl	E	PA	MAXZIDE ORAL TABLET 75-50 MG	4	
indapamide	1		MAXZIDE-25 ORAL TABLET 37.5-25 MG	4	
INDERAL LA	E		metolazone	1	
INSPRA	E		metoprolol succinate er	1	
INZIRQO	4		metoprolol tartrate oral	1	
irbesartan	1		metoprolol-hydrochlorothiazide	1	
irbesartan-hydrochlorothiazide	1		mexiletine hcl oral	1	
ISORDIL TITRADOSE	E		MICARDIS	E	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1		MICARDIS HCT	E	
isosorbide dinitrate oral tablet 40 mg	E		midodrine hcl	1	
isosorbide mononitrate er	1		MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	4	
ivabradine hcl	1	PA, QL	minoxidil oral	1	
KAPSPARGO SPRINKLE	4		MULTAQ	4	PA
KERENDIA ORAL TABLET 10 MG, 20 MG	4	PA, QL	nadolol oral	1	
labetalol hcl oral	1		nebivolol hcl	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3		NEXLETOL	2	PA, ST, QL
LANOXIN ORAL TABLET 62.5 MCG	4		NEXLIZET	2	PA, ST, QL
LASIX	4		niacin er (antihyperlipidemic)	1	
LIPITOR	E		nifedipine er	1	
lisinopril oral	1		nifedipine er osmotic release	1	
lisinopril-hydrochlorothiazide	1		nifedipine oral	1	
			NITRO-BID	2	
			NITRO-DUR	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
nitroglycerin rectal	1	QL
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
NITROSTAT	4	
NORLIQVA	4	
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	
omega-3-acid ethyl esters	1	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	4	
pentoxifylline er	1	
pitavastatin calcium	E	
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	
ramipril	1	
ranolazine er	1	
RECTIV	4	QL
REPATHA	2	QL
REPATHA PUSHTRONEX SYSTEM	2	QL
REPATHA SURECLICK	2	QL
rosuvastatin calcium oral	1	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	E	
sacubitril-valsartan	1	PA, QL

Drug Name	Drug Tier	Requirements & Limits
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOAANZ	4	QL
sotalol hcl oral	1	
spironolactone oral tablet	1	
spironolactone-hctz	1	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
TEKTURNA	3	
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	3	
telmisartan	1	
telmisartan-hctz	1	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
THALITONE	4	
tiadylt er	1	
TIAZAC	4	
TIKOSYN	4	
TOPROL XL	E	
torse mide	1	
trandolapril	1	
triamterene-hctz	1	
TRIBENZOR	E	
TRICOR	E	
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG	E	
VALSARTAN ORAL SOLUTION	4	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	E	PA
VASERETIC	E	
VASOTEC	E	
verapamil hcl er	1	
verapamil hcl oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
VERELAN	4	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	4	
VERQUVO	4	PA, QL
VYNDAQEL	2	PA, QL, SP
VYTORIN	E	
WELCHOL ORAL TABLET	E	
ZESTORETIC	E	
ZESTRIL ORAL TABLET 2.5 MG, 30 MG, 40 MG	E	
ZESTRIL TABLET 10 MG ORAL	4	
ZESTRIL TABLET 10 MG ORAL	E	
ZESTRIL TABLET 20 MG ORAL	4	
ZESTRIL TABLET 20 MG ORAL	E	
ZESTRIL TABLET 5 MG ORAL	4	
ZESTRIL TABLET 5 MG ORAL	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	4	QL
amphetamine sulfate	1	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	QL
amphet-dextroamphet 3-bead er	1	QL
APTENSIO XR	4	QL
atomoxetine hcl	1	QL
AZSTARYS	2	ST, QL
clonidine hcl er	1	
CONCERTA	E	QL
COTEMPLA XR-ODT	4	QL

Drug Name	Drug Tier	Requirements & Limits
DEXEDRINE	E	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	QL
dextroamphetamine sulfate er	1	QL
dextroamphetamine sulfate oral tablet	1	
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	4	QL
EVEKEO	4	
FOCALIN	4	
FOCALIN XR	E	QL
guanfacine hcl er	1	
INTUNIV	E	
JORNAY PM	2	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)	1	QL
methylphenidate hcl er oral tablet extended release	1	QL
methylphenidate hcl er oral tablet extended release 24 hour	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl oral	1	
MYDAYIS	4	QL
ONYDA XR	3	QL
QELBREE	E	QL
QUILLICHEW ER	4	QL
QUILLIVANT XR	4	QL
RELEXXII	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	E	QL
VYVANSE	E	QL
ZENZEDI	E	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	E	PA, QL, SP
AUBAGIO	E	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
dalfampridine er	1	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	E	PA, ST, QL, SP
fingolimod hcl	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	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 STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
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
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	PA, QL, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	2	PA, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	2	PA, QL, SP
INGREZZA ORAL CAPSULE 40 MG, 80 MG	2	PA, QL, SP
INGREZZA ORAL CAPSULE 60 MG	2	PA, QL
INGREZZA ORAL CAPSULE SPRINKLE	2	PA, QL, SP
INGREZZA ORAL CAPSULE THERAPY PACK	2	PA, QL, SP
LYRICA ORAL CAPSULE	4	
NUEDEXTA	2	PA, QL
pregabalin oral capsule	1	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
SAVELLA	4	QL
TEGLUTIK	3	PA
TIGLUTIK	3	PA
VEOZAH	4	PA, QL
ZEPOSIA	3	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT	3	PA, ST, QL, 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	2	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE	2	
PERIDEX	4	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	4	
PREVIDENT DENTAL	4	
SALAGEN	4	
sf 5000 plus	1	
sf gel 1.1%	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
BLANCHE	E	
CABTREO	E	
calcipotriene external cream	1	
calcipotriene external ointment	1	
calcipotriene external solution	1	
CALCITRENE	3	
CARAC EXTERNAL CREAM 0.5 %	E	
CIBINQO	2	PA, QL, SP
ciclopirox olamine external suspension	1	
claravis	1	
CLEOCIN-T	4	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	4	
clindamycin phos (once-daily) gel 1 % external	1	
clindamycin phos (once-daily) gel 1 % external	1	(generic for Clindagel)
clindamycin phos (twice-daily) gel 1 % external	1	
clindamycin phos (twice-daily) gel 1 % external	1	(generic for Cleocin-T)
clindamycin phos (twice-daily) gel 1 % external	1	(generic for Clindagel)
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 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	

Drug Name	Drug Tier	Requirements & Limits
clobetasol prop emollient base external cream 0.05 %	1	
clobetasol propionate e	1	
CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	4	
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external foam	1	
clobetasol propionate external gel	1	
clobetasol propionate external liquid	1	
clobetasol propionate external ointment	1	
clobetasol propionate external shampoo	1	
clobetasol propionate external solution	1	
CLOBEX EXTERNAL SHAMPOO	E	
CLOBEX SPRAY	E	
clodan	1	
clotrimazole external cream	E	
clotrimazole-betamethasone	1	
dapsone external	1	
DERMACINRX UREA	4	
DERMA-SMOOTHIE/FS BODY	4	
DERMA-SMOOTHIE/FS SCALP	4	
desonide external cream	1	
desonide external lotion	1	
desonide external ointment	1	
DESOWEN	3	
desoximetasone external cream	1	
desoximetasone external ointment	1	
diclofenac sodium external gel 3 %	1	PA
DIFFERIN EXTERNAL GEL 0.3 %	E	PA
DIPROLENE	4	
doxycycline	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
DRYSOL	2	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
EFUDEX EXTERNAL CREAM 5 %	4	
ELIDEL	E	
ENSTILAR	4	
EPIDUO	E	
EPIDUO FORTE	E	
ERYGEL	3	
erythromycin external	1	
EUCRISA	3	ST
FINACEA EXTERNAL FOAM	2	
FINACEA EXTERNAL GEL	E	
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide external	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
fluorouracil external cream 5 %	1	
fluticasone propionate external cream	1	
fluticasone propionate external ointment	1	
halobetasol propionate external cream	1	
halobetasol propionate external ointment	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	

Drug Name	Drug Tier	Requirements & Limits
hydrocortisone external lotion 2 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate external cream	1	
hydroquinone external	E	
HYDROXYM EXTERNAL CREAM	E	
imiquimod external cream 3.75 %	E	
imiquimod external cream 5 %	1	
imiquimod pump	E	
IMPOYZ	4	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
isotretinoin oral capsule 25 mg, 35 mg	E	
ivermectin external cream	E	
KLARON	4	
KLISYRI (250 MG)	4	ST
KLISYRI (350 MG)	4	ST
LOPROX EXTERNAL SUSPENSION 0.77 %	E	
METROCREAM	4	
METROGEL	E	
METROLOTION	4	
metronidazole external	1	
MIRVASO	2	PA
mometasone furoate external	1	
NEMLUVIO	2	PA, QL, SP
neuac	1	QL
NORITATE	E	
ONEXTON	4	
OPZELURA	4	PA, QL, SP
ORACEA	E	
OVACE PLUS WASH EXTERNAL LIQUID	4	
OVACE WASH	4	
PANRETIN	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
pimecrolimus	1	
PLEXION CLEANSER	4	
podofilox external solution	1	
RETIN-A	E	PA
RHOFADE	4	PA
SANTYL	3	
selenium sulfide external lotion	1	
sodium sulfacetamide wash	1	
SOOLANTRA	1	
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external liquid 9-4.5 %	E	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	E	
SUMADAN WASH	E	
SYNALAR	4	
SYNALAR EXTERNAL SOLUTION 0.01 %	4	
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	E	
TACLONEX EXTERNAL SUSPENSION	1	
tacrolimus external	1	
tazarotene external cream	1	PA
TAZORAC EXTERNAL CREAM	4	PA
TOLAK	4	
TOPICORT	4	
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	4	
TREMFYA	2	PA, QL, SP
tretinoin external cream	1	
tretinoin external gel 0.01 %, 0.025 %	1	

Drug Name	Drug Tier	Requirements & Limits
tretinoin external gel 0.05 %	1	PA
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
triamcinolone in absorbase	E	
TRIANEX EXTERNAL OINTMENT 0.05 %	E	
triderm	1	
TRIDESILON EXTERNAL CREAM 0.05 %	3	
tritocin external ointment 0.05 %	E	
urea external cream 20 %, 40 %, 41 %, 45 %	1	
urea external cream 39 %, 47 %	E	
UREA EXTERNAL CREAM 39.5 %	E	
uredeb	E	
UREMEZ-40	3	
URESOL	E	
VANOS	E	
VTAMA	4	PA
WINLEVI	E	
xurea	E	
zenatane	1	
ZILXI	4	PA, ST
ZORYVE EXTERNAL CREAM 0.15 %	4	PA
ZORYVE EXTERNAL CREAM 0.3 %	4	PA, QL
ZORYVE EXTERNAL FOAM	4	PA
ZYCLARA	E	
ZYCLARA PUMP	E	
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ACCU-CHEK FASTCLIX LANCET	1	
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK GUIDE KIT W/ DEVICE	2	
ACCU-CHEK GUIDE ME METER	2	
ACCU-CHEK GUIDE TEST STRIPS	2	QL
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCUTREND GLUCOSE	E	QL
AGAMATRIX PRESTO TEST	E	QL
AQ INSULIN SYRINGE	2	QL
AQINJECT PEN NEEDLE	2	QL
BD AUTOSHIELD DUO PEN NEEDLES	2	QL
BD BLUNT FILL NEEDLE W/ FILTER	2	
BD ECLIPSE NEEDLE 18G X 1-1/2", 23G X 1", 25G X 5/8", 27G X 1/2"	2	
BD ECLIPSE SHIELDED NEEDLE	2	
BD PEN NEEDLE MICRO ULTRAFINE	2	QL
BD PEN NEEDLE MINI ULTRAFINE	2	QL
BD PEN NEEDLE NANO ULTRAFINE	2	QL
BD PEN NEEDLE ORIG ULTRAFINE	2	QL
BD PEN NEEDLE SHORT ULTRAFINE	2	QL
BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	2	
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	2	
BD ULTRA-FINE PEN NEEDLES	2	QL
BD ULTRA-FINE U-500 INSULIN SYRINGES	2	

Drug Name	Drug Tier	Requirements & Limits
BD VEO ULTRA-FINE INSULIN SYRINGES	2	
BD-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	
CARESENS N PLUS BT	E	
CARETOUCH MONITOR SYSTEM	E	
CARETOUCH TEST	E	QL
CEQUR SIMPLICITY 2U 8PK	3	ST
CONTOUR MONITOR KIT W/ DEVICE	E	
CONTOUR NEXT EZ KIT W/ DEVICE	1	
CONTOUR NEXT GEN MONITOR KIT	1	
CONTOUR NEXT GEN TEST STRIPS	1	QL
CONTOUR NEXT LINK KIT W/ DEVICE	E	
CONTOUR NEXT LINK KIT W/ DEVICE	E	(Contour Next Link 24)
CONTOUR NEXT MONITOR KIT W/DEVICE	1	
CONTOUR NEXT ONE KIT	1	
CONTOUR NEXT TEST STRIPS	1	
CONTOUR PLUS BLUE KIT W/ DEVICE	1	
CONTOUR PLUS TEST STRIP	1	QL
CONTOUR TEST STRIPS	E	QL
CVS ADVANCED GLUCOSE TEST	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
CVS GLUCOSE METER TEST STRIPS	E	QL
CVS TRUE METRIX GLUCOSE TEST	E	QL
D-CARE BLOOD GLUCOSE	E	QL
D-CARE GLUCOMETER	E	
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
DIABETES CARE	E	
DIABETES MONITOR DIGIT ADD-ON	3	
DIABETES MONITOR DIGIT SOLN	3	
DROPSAFE SAFETY SYRINGE/ NEEDLE	2	QL
EASY MAX BLOOD GLUCOSE TEST	E	QL
EASY MAX T1 GLUCOSE SYSTEM	E	
EASY TOUCH HEALTHPRO GLUCOSE	E	
EASY TOUCH TEST	E	QL
EASYGLUCO	E	
EASYMAX 15 TEST	E	QL
EASYMAX NG BLOOD GLUCOSE KIT	E	
EMBECTA INSULIN SYRINGE	2	QL
EMBRACE BLOOD GLUCOSE TEST	E	QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	E	QL
EVERSENSE 365 SENSOR/ HOLDER	E	PA
EVERSENSE 365 SMART TRANSMIT	E	PA

Drug Name	Drug Tier	Requirements & Limits
EVERSENSE E3 SENSOR/ HOLDER	E	PA
EVERSENSE E3 SMART TRANSMITTER	E	PA
EVERSENSE SENSOR/HOLDER	E	PA
EVERSENSE SMART TRANSMITTER	E	PA
FORA 6 CONNECT/GTEL TEST	E	QL
FORTISCARE G1 TEST STRIP IN VITRO STRIP	E	QL
FORTISCARE TEST IN VITRO STRIP	E	QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA
FREESTYLE LIBRE 2 READER	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA
FREESTYLE LIBRE 3 READER	3	PA
FREESTYLE LIBRE 3 SENSOR	3	PA, QL
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE PRECISION NEO SYSTEM	E	
FREESTYLE PRECISION NEO TEST	E	QL
FREESTYLE TEST	E	QL
GLUCOCARD EXPRESSION TEST	E	QL
GLUCOCARD SHINE TEST	E	QL
GLUCOCARD VITAL TEST	E	QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA, QL
GUARDIAN 4 TRANSMITTER	3	PA, QL
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
GUARDIAN REAL-TIME REPLACE PED	3	PA
GUARDIAN SENSOR 3	3	PA, QL
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	
HEALTHPRO BLOOD GLUCOSE MONITO	E	
IHEALTH BLOOD GLUCOSE TEST STR	E	QL
IHEALTH GLUCO+ KIT 10	E	
IHEALTH GLUCO+ KIT 100	E	
INPEN	3	ST
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL
LANCETS	1	
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

Drug Name	Drug Tier	Requirements & Limits
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOPEN ECHO	3	
OMNIPOD 5 DEXCOM INTRO KIT	2	PA, QL
OMNIPOD 5 DEXCOM PODS	2	PA
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL
OMNIPOD 5 G7 PODS (GEN 5)	2	PA
OMNIPOD 5 LIBRE INTRO KIT	2	PA
OMNIPOD 5 LIBRE PODS	2	PA
ON CALL EXPRESS BLOOD GLUCOSE	E	QL
ON CALL EXPRESS MONITORING SYS	E	
ONETOUCH ULTRA 2 KIT W/ DEVICE	E	
ONETOUCH ULTRA BLUE TEST	E	QL
ONETOUCH ULTRA TEST STRIPS	E	QL
ONETOUCH VERIO FLEX SYSTEM KIT	E	
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	E	
ONETOUCH VERIO KIT W/ DEVICE	E	
ONETOUCH VERIO REFLECT KIT W/DEVICE	E	
ONETOUCH VERIO TEST STRIPS	E	QL
OPTIUMEZ TEST	E	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA
PIP BLOOD GLUCOSE TEST STRIP	E	QL
PRECISION XTRA BLOOD GLUCOSE	E	QL
PRECISION XTRA KIT W/DEVICE	E	
PREMIUM BLOOD GLUCOSE TEST IN VITRO STRIP	E	QL
PTS PANELS EGLU TEST	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
QUICK TOUCH BLOOD GLUCOSE	E	
QUICK TOUCH BLOOD GLUCOSE TEST	E	QL
QUINTET AC BLOOD GLUCOSE TEST	E	QL
QUINTET BLOOD GLUCOSE TEST	E	QL
RELION GLUCOSE TEST STRIPS	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
RIGHTEST GT333 GLUCOSE TEST	E	QL
SIMPLERA SENSOR	E	PA
SIMPLERA SYNC SENSOR	E	PA
SIMPLERA SYSTEM	E	PA
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	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	QL
TWIIST REFILL KIT	2	PA
TWIIST REFILL KIT/INFUSION SET	2	PA
TWIIST STARTER KIT	2	PA, QL

Drug Name	Drug Tier	Requirements & Limits
UNISTRIPI1 GENERIC	E	QL
VERISAFE SAFETY STERILE NEEDLE	2	
VIVAGUARD INO GLUCOSE METER KIT	E	
VIVAGUARD INO TEST STRIPS	E	QL
Diabetes - Insulin		
ADMELOG	E	
ADMELOG SOLOSTAR	E	
BASAGLAR KWIKPEN	E	
BASAGLAR TEMPO PEN	E	
HUMALOG CARTRIDGE	2	QL
HUMALOG INJECTION	4	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	1	
HUMALOG SUBCUTANEOUS	2	
HUMALOG TEMPO PEN	E	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	1	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	1	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL	1	
HUMULIN R VIAL	1	
INSULIN ASPART	E	ST
INSULIN ASPART FLEXPEN	E	ST
INSULIN DEGLUDEC FLEXTOUCH	E	
INSULIN GLARGINE	E	
INSULIN GLARGINE MAX SOLOSTAR	E	
INSULIN GLARGINE SOLOSTAR	E	

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
TRESIBA FLEXTOUCH	E	
Diabetes - Non-Insulin Agents		
acarbose oral	1	
ACTOPLUS MET	4	QL
ACTOS	E	QL
ALOGLIPTIN BENZOATE	2	QL
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	2	PA, QL
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	
glipizide ir	1	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin hcl	1	
glucagon emergency kit 1 mg injection	1	
GLUCAGON EMERGENCY KIT 1 MG INJECTION	4	
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR	2	(Fresenius)
GLUCOTROL XL	4	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	E	
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST, QL
INVOKANA	E	ST, QL
JANUMET	E	ST, QL
JANUVIA	E	ST, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	1	PA, QL
metformin hcl er	1	
metformin hcl er (mod)	E	
metformin hcl er (osm)	E	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg, 750 mg	E	
MOUNJARO	2	PA, QL
nateglinide	1	QL
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	4	QL
ONGLYZA	E	QL
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	2	PA
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML, 8 MG/3ML	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

Drug Name	Drug Tier	Requirements & Limits
XIGDUO XR	E	ST, QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
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
ALTUVIIIO	4	PA, SP
ALVAIZ	4	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
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
HUMATE-P	2	SP
HYMPAVZI	2	PA, QL, SP
IDELVION	3	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
NEULASTA	2	
NIVESTYM	2	
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
NUWIK INTRAVENOUS KIT 1500 UNIT	2	
NYVEPRIA	E	
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
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
VOYDEYA	2	PA, QL, SP
WILATE	2	
ZARXIO	2	
Drugs for Sexual Dysfunction		
ADDYI	4	QL
avanafil	1	QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	4	PA, QL
OSPHENA	2	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	4	QL
tadalafil oral	1	QL
varafenafil hcl oral tablet	1	QL
VIAGRA	E	QL
VYLEESI	4	QL
Electrolytes / Vitamins		
ACCRUFER	E	
CARNITOR ORAL SOLUTION	4	
CARNITOR SF	4	
CO-NATAL FA	2	
cvs prenatal	E	
cyanocobalamin injection solution 1000 mcg/ml	1	

Drug Name	Drug Tier	Requirements & Limits
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	1	
DAVIMET-FLUORIDE	4	
DENTA 5000 PLUS SENSITIVE	3	
DODEX INJECTION SOLUTION 1000 MCG/ML	4	
DRISDOL	4	
ergocalciferol oral capsule	1	
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML	3	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG	4	
FLORIVA PLUS	4	
FLOTREX	4	
FLUORIMAX 5000 SENSITIVE	3	
folic acid oral tablet 1 mg	1	
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	E	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
K-PHOS-NEUTRAL	2	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
levocarnitine oral solution	1	
levocarnitine sf	1	
LOKELMA	3	QL
M-NATAL PLUS	3	
multivitamin w/fluoride	1	
multi-vitamin/fluoride	1	
multivitamin/fluoride oral tablet chewable	1	
MULTI-VIT-FLOR	4	
NASCOBAL	3	
NEONATAL COMPLETE	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
NEONATAL PLUS	3	
NEONATAL PRENATAL	E	
NEONATAL VITAMIN	E	
NIVA-PLUS	3	
ONE VITE WOMENS	E	
ONE VITE WOMENS PLUS	3	
ORACIT	2	
ORAL CITRATE	2	
PHOSPHA 250 NEUTRAL	2	
phosphorous	1	
phospho-trin 250 neutral	1	
pnv 27-ca/fe/fa	1	
POKONZA	E	
POLY-VI-FLOR ORAL TABLET CHEWABLE	4	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
prenatal oral tablet 27-0.8 mg	E	
prenatal oral tablet 27-1 mg	1	
prenatal plus	1	
prenatal plus vitamin/mineral	1	
prenatal vitamins oral tablet 27-0.8 mg	E	
PRENATE MINI	3	
PRENATOL-M	E	
PRENATRIX	E	
PRENATRYL	E	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 SENSITIVE	3	
QUFLORA PEDIATRIC	3	
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
sod fluoride-potassium nitrate	1	
sodium fluoride 5000 enamel	1	
sodium fluoride 5000 sensitive	1	

Drug Name	Drug Tier	Requirements & Limits
sodium fluoride oral solution	1	H
sodium fluoride oral tablet chewable	1	H
TRICARE ORAL TABLET	3	
TRINATAL RX 1	3	
TRINATE	3	
tri-vite/fluoride	1	
UROCIT-K 10	4	
UROCIT-K 15	4	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	4	
VELTASSA	3	QL
VITAFOL FE+	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITATHELY WITH GINGER	3	
wes-phos 250 neutral	1	
WESTAB PLUS	E	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
bis subcit-metronid-tetracyc	1	QL
bismuth/metronidaz/tetracyclin	1	QL
CARAFATE	E	
cimetidine oral	1	
CYTOTEC	4	
DEXILANT	E	QL
dexlansoprazole	E	QL
esomeprazole magnesium oral capsule delayed release	E	QL
esomeprazole magnesium oral packet	1	QL
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
lansoprazole oral capsule delayed release	E	QL
lansoprazole oral tablet delayed release dispersible	1	QL
misoprostol oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	QL
NEXIUM ORAL PACKET	4	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	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		
AMITIZA	4	PA, QL
ANASPAZ	2	
BYLVAY	4	PA, QL, SP
BYLVAY (PELLETS)	4	PA, QL, SP
chlordiazepoxide-clidinium	1	
CLENPIQ	2	
constulose	1	
cromolyn sodium oral	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
enulose	1	
GASTROCROM	E	
gavilyte-c	1	H
gavilyte-g	1	H
gavilyte-n with flavor pack	1	H
generlac	1	
GLYCATE	E	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
GOLYTELY	1	H
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
lactulose encephalopathy	1	
lactulose oral solution	1	
LEVIBID	4	
LEVSIN	4	
LEVSIN/SL	4	
LIBRAX	E	
LINZESS	2	PA, QL
LIVDELZI	4	PA, ST, QL, SP
LOMOTIL	4	
loperamide hcl oral capsule	E	
lubiprostone	1	PA, QL
MOTEGRITY	E	PA, QL
MOVIPREP	4	
na sulfate-k sulfate-mg sulf	1	
NULEV	4	
OSCIMIN	4	
peg 3350-kcl-na bicarb-nacl	1	H
peg-3350/electrolytes	1	H
peg-3350/electrolytes/ascorbat	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
peg-kcl-nacl-nasulf-na asc-c	1	
PLENVU	2	
prucalopride succinate	1	PA, QL
RELTONE	E	
REZDIFFRA	4	PA, QL
ROBINUL ORAL TABLET 1 MG	E	
ROBINUL-FORTE ORAL TABLET 2 MG	E	
SUFLAVE	3	
SUPREP BOWEL PREP KIT	3	
SUTAB	2	
SYMPROIC	2	PA, QL
TRULANCE	4	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	QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
ATTRUBY	2	PA, QL, SP
CARNITOR ORAL TABLET	4	
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI ORAL SOLUTION RECONSTITUTED	2	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	E	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	E	PA, QL
levocarnitine oral tablet	1	
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
PERTZYE	4	ST

Drug Name	Drug Tier	Requirements & Limits
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, QL, SP
tolvaptan oral tablet therapy pack 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	1	PA, QL, SP
tolvaptan oral tablet therapy pack 30 & 15 mg	1	PA, QL
VYNDAMAX	2	PA, QL, SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
DETROL	E	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	E	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG	E	
ELMIRON	4	ST
GEMTESA	4	
mirabegron er	1	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
RENVELA ORAL TABLET	E	
sevelamer carbonate oral tablet	1	
solifenacin succinate	1	
tolterodine tartrate	1	
tolterodine tartrate er	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
trosipium chloride	1	
trosipium chloride er	1	
VANRAFIA	4	PA, SP
VELPHORO	4	ST
VESICARE	4	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
FLOMAX ORAL CAPSULE 0.4 MG	E	
PROSCAR	E	
RAPAFLO	E	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	
Hormonal Agents - Hormone Replacement and Birth Control		
abigale	1	
abigale lo	1	
ACTIVEVELLA	4	
afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	1	H
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
amethia oral tablet 0.15-0.03 & 0.01 mg	1	H
ANNOVERA	3	QL
apri	1	H
aranelle	1	H
ashlyna	1	H
aubra eq	1	H
aurovela 1.5/30	1	H

Drug Name	Drug Tier	Requirements & Limits
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
CLIMARA	E	QL
CLIMARA PRO	2	QL
COMBIPATCH	2	QL
COVARYX	2	
COVARYX HS	3	
cryselle-28	1	H
cyred eq	1	H
dasetta 1/35 (28)	1	H
dasetta 7/7/7	1	H
daysee	1	H
deblitane	1	H
DELESTROGEN	4	
delyla	1	H
DEPO-PROVERA	4	QL
DEPO-SUBQ PROVERA 104	1	QL, H
desogestrel-ethinyl estradiol	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM	3	
DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM	2	
dotti	1	QL
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	1	
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
drospirenone-ethinyl estradiol	1	H
DUAVEE	3	QL
EEMT	2	
EEMT HS	3	
ELESTRIN	3	
elinest	1	H
ELLA	1	QL, H
eluryng	1	H
emzahh	1	H
enilloring	1	H
enpresse-28	1	H
enskyce	1	H
errin	1	H
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	
est estrogens-methyltest hs	1	
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	QL
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	QL

Drug Name	Drug Tier	Requirements & Limits
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 0.05 mg/24hr transdermal	1	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 0.075 mg/24hr transdermal	1	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 0.1 mg/24hr transdermal	1	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 transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	1	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	1	QL
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
estratest f.s.	1	
ESTRATEST H.S.	3	
ESTRING	2	QL
ESTROGEL	3	QL
ethynodiol diac-eth estradiol	1	H
etonogestrel-ethinyl estradiol	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
EVAMIST	2	
falmina	1	H
fayosim oral tablet 42-21-21-7 days	1	H
feirza 1.5/30	1	H
feirza 1/20	1	H
FEMRING	3	QL
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
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
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

Drug Name	Drug Tier	Requirements & Limits
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 oral tablet 42-21-21-7 days	1	H
levonorgest-eth estrad 91-day	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	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
low-ogestrel	1	H
lo-zumandimine	1	H
lutura	1	H
lyleq	1	H
lyllana	1	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular	1	QL, H
medroxyprogesterone acetate oral	1	
megestrol acetate oral tablet	1	
meleya	1	H
MENOSTAR	3	QL
mibelas 24 fe	1	H
microgestin 1.5/30	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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-lynyah	1	H
MYFEMBREE	2	QL
NATAZIA	1	
necon 0.5/35 (28)	1	H
NEXTSTELLIS	4	
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
norethindrone oral	1	H
norethindrone-eth estradiol	1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 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

Drug Name	Drug Tier	Requirements & Limits
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
PHEXXI	E	
philith	1	H
pimtrea	1	H
portia-28	1	H
PREMARIN ORAL	2	
PREMARIN VAGINAL	3	
PREMPHASE	2	
PREMPRO	2	
progesterone intramuscular	1	
progesterone oral	1	
PROMETRIUM	E	
PROVERA	4	
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	E	
reclipsen	1	H
rivelsa	1	H
rosyrah	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	
sprintec 28	1	H
sronyx	1	H
syeda	1	H
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tilia fe	1	H
tri-estarylla	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	4	
TYBLUME	1	
tydemy oral tablet 3-0.03-0.451 mg	1	H
VAGIFEM	E	
valtya 1/50	1	H
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
xarah 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

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Oral Steroids		
CORTEF	4	
DEXABLISS ORAL TABLET THERAPY PACK 1.5 MG (39)	E	
dexamethasone intensol	1	
dexamethasone oral	1	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	E	
fludrocortisone acetate oral	1	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	4	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	4	
methylprednisolone oral	1	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	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	
Hormonal Agents - Other		
cabergoline	1	
DDAVP ORAL	E	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
megestrol acetate oral suspension 40 mg/ml	1	
NGENLA	4	PA, QL, SP
NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	3	PA, QL
NORDITROPIN FLEXP	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	QL
SKYTROFA	4	PA, QL, SP

Hormonal Agents - Testosterone Replacement

ANDROGEL PUMP	E	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	QL
JATENZO	E	QL
KYZATREX	4	QL
NATESTO	E	QL
TESTIM	1	QL
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 12.5 mg/act (1%) transdermal	1	QL
testosterone gel 12.5 mg/act (1%) transdermal	E	QL
testosterone gel 20.25 mg/act (1.62%) transdermal	1	QL
testosterone gel 20.25 mg/act (1.62%) transdermal	E	QL

Drug Name	Drug Tier	Requirements & Limits
testosterone gel 25 mg/2.5gm (1%) transdermal	1	QL
testosterone gel 25 mg/2.5gm (1%) transdermal	E	QL
testosterone transdermal gel 1.62 %	1	QL
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	E	QL
TLANDO	E	QL
UNDECATREX	E	QL
VOGELXO	E	QL
VOGELXO PUMP	E	QL
XYOSTED	E	QL

Hormonal Agents - Thyroid

ADTHYZA	E	
ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
ARMOUR THYROID TABLET 15 MG ORAL	3	
ARMOUR THYROID TABLET 15 MG ORAL	2	
CYTOMEL	E	
ERMEZA	2	
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	4	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
RENTHYROID	3	
SYNTHROID	E	
THYQUIDITY	4	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
thyroid oral	1	
TIROSINT	4	
TIROSINT-SOL	2	
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, SP
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, SP
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
ABRILADA (2 SYRINGE)	E	PA, QL, SP
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-AACF (2 PEN)	E	PA, (Manufactured by Fresenius), SP
ADALIMUMAB-AACF (2 SYRINGE)	E	PA, (Manufactured by Fresenius), QL, SP
ADALIMUMAB-AACF(CD/UC/HS STRT)	E	PA, (Manufactured by Fresenius), SP
ADALIMUMAB-AACF(PS/UV STARTER)	E	PA, (Manufactured by Fresenius), SP
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

Drug Name	Drug Tier	Requirements & Limits
ADALIMUMAB-AATY (2 PEN)	E	PA, (Manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY (2 SYRINGE)	E	PA, (Manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY CD/UC/HS START	E	PA, (Manufactured by Celltrion), SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA, (manufactured by Sandoz), QL, SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	2	PA, (manufactured by Sandoz), QL, SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, (manufactured by Sandoz), QL, SP
ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP
ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP
ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP
ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP
ADALIMUMAB-ADB (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
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 75MG/0.5ML SUBCUTANEOUS	2	PA, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS	2	PA, QL, SP
COSENTYX SENSOREADY (300 MG)	2	PA, QL, SP
COSENTYX SENSOREADY PEN	2	PA, QL, SP
COSENTYX UNOREADY	2	PA, QL, SP
cyclosporine modified oral capsule	1	
CYLTEZO (2 PEN)	E	PA, QL, SP
CYLTEZO (2 SYRINGE)	E	PA, QL, SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, 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, QL, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
EMPAVELI	2	PA, QL, SP
ENBREL	2	PA, QL, SP
ENBREL MINI	2	PA, QL, SP
ENBREL SURECLICK	2	PA, QL, SP
ENTYVIO PEN	2	PA, QL, SP
ENVARUS XR	E	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	
gengraf oral capsule	1	
HADLIMA	E	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
HADLIMA PUSHTOUCH	E	PA, QL, SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	2	PA, QL, SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	2	PA, SP
HULIO (2 PEN)	E	PA, QL, SP
HULIO (2 SYRINGE)	E	PA, QL, SP
HUMIRA (1 PEN)	E	PA, QL, SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, QL, SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	E	PA, QL, SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	E	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	E	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, QL, SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	E	PA, QL, SP
HUMIRA-CD/UC/HS STARTER	E	PA, QL, SP
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	E	PA, QL, SP
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	E	PA, QL, SP
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
HUMIRA-PSORIASIS/UEVIT STARTER	E	PA, QL, SP
HYFTOR	4	PA, QL
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	E	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML, 80 MG/0.8ML	E	PA, SP
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	E	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	E	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	E	PA, SP
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	E	PA, SP
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	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
HYRIMOZ-PLAQUE PSORIASIS START	E	PA, QL, SP
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	E	PA, QL, SP
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
IMURAN	E	
JYLAMVO	4	PA
KEVZARA SUBCUTANEOUS PREFILLED SYRINGE	4	PA, ST, QL, SP
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	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 capsule	1	
mycophenolate mofetil oral tablet	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, SP
OLUMIANT ORAL TABLET 2 MG	3	PA, ST, QL, SP
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, (SUBCUTANEOUS), QL, SP
OMVOH SUBCUTANEOUS PREFILLED SYRINGE	2	PA, (SUBCUTANEOUS), QL, SP
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, (SUBCUTANEOUS), QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
OTEZLA ORAL TABLET 20 MG	2	PA, QL, SP
OTEZLA ORAL TABLET 30 MG	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
OTREXUP	E	QL
PROGRAF ORAL CAPSULE	4	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	E	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	4	PA, QL, SP
SIMLANDI (1 PEN)	E	PA, QL, SP
SIMLANDI (1 SYRINGE)	E	PA, QL, SP
SIMLANDI (2 PEN)	E	PA, QL, SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	E	PA, QL, SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	E	PA, SP
SIMPONI	2	PA, QL, SP
sirolimus oral tablet	1	
SKYRIZI PEN	2	PA, QL, SP
SKYRIZI SUBCUTANEOUS	2	PA, QL, SP
SOTYKTU	2	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, QL, SP
STEQEYMA SUBCUTANEOUS	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO SUBCUTANEOUS SOLUTION	2	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	
USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, QL, SP
WEZLANA	2	PA, QL, SP
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, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
YESINTEK SUBCUTANEOUS	2	PA, QL, SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, SP
YUFLYMA (2 PEN)	E	PA, QL, SP
YUFLYMA (2 SYRINGE)	E	PA, QL, SP
YUFLYMA-CD/UC/HS STARTER	E	PA, SP
YUSIMRY	E	PA, QL, SP
ZORTRESS	E	

Immunological Agents - Drugs for Vaccination

ABRYSCO	3	H
ADACEL	3	H
AFLURIA PRESERVATIVE FREE	3	H
AREXVY	3	H
BOOSTRIX	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
CAPVAXIVE	3	H
COMIRNATY	3	H
ENGERIX-B	2	H
FLUAD	3	H
FLUARIX	3	H
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL	3	H
FLUZONE HIGH-DOSE	3	H
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
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
PREVNAR 20	3	H
PRIORIX	3	H
RECOMBIVAX HB	2	H
SHINGRIX	3	H
SPIKEVAX	3	H
TENIVAC	3	H
TWINRIX	3	H
VAQTA	2	H
VARIVAX	3	H
VIVOTIF	E	

Infertility Agents

CETROTIDE	4	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral	1	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL, SP
FYREMADEL	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Merck/ Organon), QL, SP
GONAL-F	4	ST, SP
GONAL-F RFF	4	ST, SP
GONAL-F RFF REDIRECT	4	ST, SP
MENOPUR	4	QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	4	
APRISO	1	
AZULFIDINE	4	
AZULFIDINE EN-TABS	4	
balsalazide disodium	1	
budesonide oral	1	
CANASA	E	
COLAZAL	E	
CORTIFOAM	2	
DELZICOL	E	
DIPENTUM	3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	4	
hydrocortisone (perianal) external cream 1 %	E	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	E	
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral capsule delayed release 400 mg	1	
mesalamine oral tablet delayed release 1.2 gm	1	

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
SENSIPAR	E	
YORVIPATH	4	PA, QL, SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	4	
ACULAR LS	4	
ACUVAIL	4	
ALREX	4	
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	1	
bromfenac sodium ophthalmic	1	
BROMSITE	4	
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
epinastine hcl	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	2	
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	4	
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic	1	
ILEVRO	4	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
KLARITY-A	E	
LOTEMAX OPHTHALMIC GEL	4	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	

Drug Name	Drug Tier	Requirements & Limits
LOTEMAX SM	3	
loteprednol etabonate	1	
MAXITROL	4	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth	1	
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	1	
olopatadine hcl ophthalmic solution 0.2 %	E	
POLYCIN	3	
polymyxin b-trimethoprim	1	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
PROLENSA	4	
sulfacetamide sodium ophthalmic solution	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	4	
TOBRADEX ST	4	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
VIGAMOX	E	
XDEMYY	4	PA, QL
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	
AZOPT	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	
BETIMOL OPHTHALMIC SOLUTION 0.5 %	4	
bimatoprost ophthalmic	1	
brimonidine tartrate ophthalmic solution 0.1 %	E	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	1	
brimonidine tartrate-timolol	E	
brinzolamide	1	
COMBIGAN	1	
COSOPT	4	
COSOPT PF	E	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	4	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
ISTALOL	4	
IYUZEH	4	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	
ROCKLATAN	3	
tafluprost (pf)	1	ST
timolol hemihydrate	1	
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
travoprost (bak free)	1	

Drug Name	Drug Tier	Requirements & Limits
VYZULTA	4	ST
XALATAN	E	
ZIOPTAN	3	ST
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %	E	
atropine sulfate ophthalmic solution 1 %	1	
CEQUA	E	PA
cromolyn sodium ophthalmic	1	
CYCLOGYL	4	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	E	PA
difluprednate	1	
DUREZOL	E	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
KLARITY-C DROPS	E	
MIEBO	4	PA, QL
RESTASIS	1	PA
RESTASIS MULTIDOSE	4	PA, QL
TYRVAYA	4	PA, QL
VERKAZIA	4	PA, QL
VEVYE	E	PA, QL
XIIDRA	2	PA
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	1	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	
ciprofloxacin-dexamethasone	1	
DERMOTIC	4	
flac otic oil 0.01 %	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	2	
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick)
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-Single Pack)
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen)
EPIPEN 2-PAK	E	
EPIPEN JR 2-PAK	E	
NEFFY	4	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	2	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl nasal solution 0.15 %	E	
azelastine-fluticasone	E	
benzonatate	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
bromphen-pseudoeph-dm	1	
carbinoxamine maleate oral tablet 4 mg	1	

Drug Name	Drug Tier	Requirements & Limits
carbinoxamine maleate oral tablet 6 mg	E	
cetirizine hcl oral solution	E	
CLARINEX	E	
cypheptadine hcl oral	1	
desloratadine oral tablet	1	
DYMISTA	E	
flunisolide nasal	1	
fluticasone propionate nasal	1	
g tussin ac	1	
guaifenesin ac oral syrup 100-10 mg/5ml	1	
guaifenesin-codeine	1	
HYCODAN ORAL SOLUTION	E	PA
hydrocod poli-chlorphe poli er	1	PA
hydrocodone bit-homatrop mbr oral solution	1	PA
hydromet	1	PA
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral	1	
maxi-tuss ac	1	
mometasone furoate nasal	1	
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
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
PULMOSAL	2	
RYALTRIS	4	
ryvent	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
sodium chloride inhalation	1	
XHANCE	E	ST
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ACCOLATE	4	
ADVAIR DISKUS	E	QL
ADVAIR HFA	2	QL, RS
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU	2	
AEROCHAMBER PLUS FLO-VU INTERM	2	
AEROCHAMBER PLUS FLO-VU LARGE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
AEROCHAMBER PLUS FLO-VU SMALL	2	
AEROCHAMBER PLUS FLO-VU W/MASK	2	
AEROCHAMBER2GO ANTI-STATIC	2	
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT	E	QL
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT	E	QL
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT	E	QL
AIRSUPRA	3	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	

Drug Name	Drug Tier	Requirements & Limits
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for ProAir HFA or Proventil HFA)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for Ventolin HFA)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic ProAir HFA or Proventil HFA)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	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 2 mg/5ml	1	
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	1	QL
ASMANEX HFA	E	QL
ATROVENT HFA	2	QL
BEVESPI AEROSPHERE	2	QL
BREATHE COMFORT CHAMBER/ ADULT	2	
BREATHE COMFORT CHAMBER/ CHILD	2	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT	2	QL, RS
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT, 50-25 MCG/INH	3	QL, RS
breyana	E	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	1	QL
budesonide-formoterol fumarate	E	QL, RS

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
COMBIVENT RESPIMAT	2	QL
DALIRESP	E	QL
DULERA	4	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
FLUTICASONE FUROATE-VILANTEROL	4	QL, RS
FLUTICASONE PROPIONATE HFA	4	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	4	QL, RS
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL
INSPIREASE	2	
ipratropium bromide inhalation	1	
ipratropium-albuterol	1	
levalbuterol hcl inhalation	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
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

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
YUPELRI	4	QL
zafirlukast	1	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	4	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	PA, QL, SP
ADEMPAS	2	PA, QL, SP
alyq	1	PA, QL, SP
OPSUMIT	2	PA, QL, SP
REVATIO ORAL	E	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
tadalafil (pah)	1	PA, QL, SP
TADLIQ	3	PA, QL, SP
TRACLEER	2	PA, QL, SP
TYVASO	2	PA, SP
TYVASO DPI INSTITUTIONAL KIT	2	PA, QL, SP
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL KIT	2	PA, SP
TYVASO STARTER KIT	2	PA, SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet	1	
carisoprodol oral	1	
chlorzoxazone oral tablet 250 mg	E	

Drug Name	Drug Tier	Requirements & Limits
chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
metaxalone oral tablet 400 mg, 800 mg	1	
metaxalone oral tablet 640 mg	E	
methocarbamol oral	1	
orphenadrine citrate er	1	
SOMA	E	
TANLOR	3	
tizanidine hcl oral	1	
VANADOM ORAL TABLET 350 MG	E	
ZANAFLEX	4	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	4	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	1	QL
BELSOMRA	4	ST, QL
DAYVIGO	E	ST, QL
doxepin hcl oral tablet	1	QL
eszopiclone	1	
LUMRYZ	4	PA, QL, SP
LUNESTA	E	
modafinil oral	1	QL
NUVIGIL	E	QL
PROVIGIL	E	QL
QUVIVIQ	E	ST, QL
ramelteon	1	ST, QL
RESTORIL	4	
ROZEREM	E	ST, QL
SILENOR	4	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
SODIUM OXYBATE	4	PA, (Manufactured by Hikma), QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYWAV	4	PA, QL, SP
zaleplon	1	
zolpidem tartrate er	1	
zolpidem tartrate oral tablet	1	

See page 6-8 for coverage details.



Index

A

abigale	40
abigale lo.....	40
ABILIFY	19
abiraterone acetate oral tablet 250 mg	17
abiraterone acetate oral tablet 500 mg.....	17
ABIRTEGA.....	17
ABRILADA (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML	46
ABRILADA (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML	46
ABRILADA (2 SYRINGE)	46
ABRYSVO.....	50
ABSORICA	26
acamprosate calcium	10
ACANYA	26
acarbose oral	34
ACCOLATE.....	55
ACCRUFER.....	36
ACCU-CHEK AVIVA PLUS TEST STRIPS	29
ACCU-CHEK FASTCLIX LANCET ..	30
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	30
ACCU-CHEK GUIDE KIT W/ DEVICE.....	30
ACCU-CHEK GUIDE ME METER...30	
ACCU-CHEK GUIDE TEST STRIPS	30
ACCU-CHEK SMARTVIEW TEST STRIPS	30
ACCU-CHEK SOFTCLIX LANCET .	30
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	30
accutane	26
ACCUTREND GLUCOSE	30
acebutolol hcl oral.....	20

acetaminophen-codeine oral tablet.....	9
acetazolamide er	20
acetazolamide oral	20
acetic acid otic.....	53
ACIPHEX	37
acitretin	26
ACTEMRA ACTPEN	46
ACTEMRA SUBCUTANEOUS.....	46
ACTIVELLA	40
ACTONEL	51
ACTOPLUS MET.....	34
ACTOS.....	34
ACULAR.....	52
ACULAR LS.....	52
ACUVAIL	52
acyclovir external ointment.....	19
acyclovir oral capsule.....	19
acyclovir oral suspension 200 mg/5ml	19
acyclovir oral tablet.....	19
ACZONE.....	26
ADACEL	50
ADAINZDE EXTERNAL GEL 0.3-2.5-1 %.....	26
ADALIMUMAB-AACF (2 PEN)	46
ADALIMUMAB-AACF (2 SYRINGE)	46
ADALIMUMAB-AACF(CD/UC/HS STRT).....	46
ADALIMUMAB-AACF(PS/UV STARTER).....	46
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML	46
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/0.8ML	46
ADALIMUMAB-AATY (2 PEN).....	46
ADALIMUMAB-AATY (2 SYRINGE)	46
ADALIMUMAB-AATY CD/UC/HS START	46

ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML ..	46
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML ..	46
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.....	46
ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS ..	46
ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS ..	46
ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS.....	46
ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS.....	46
ADALIMUMAB-ADB (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	46
ADALIMUMAB-ADB(CD/UC/ HS STRT)	47
ADALIMUMAB-ADB(PS/UV STARTER).....	47
ADALIMUMAB-FKJP (2 PEN).....	47
ADALIMUMAB-FKJP (2 SYRINGE)	47
adapalene external gel	26
adapalene-benzoyl peroxide external gel	26
ADBRY SOLUTION AUTO- INJECTOR.....	47
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE .	47
ADCIRCA.....	57
ADDERALL	24
ADDERALL XR	24
ADDYI	36



ADEINZDE	26	AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT.....	55	alyacen 1/35	40
ADEMPAS	57	AIRSUPRA.....	55	alyacen 7/7/7	40
ADMELOG.....	33	AJOVY.....	16	alyq	57
ADMELOG SOLOSTAR.....	33	AKLIEF	26	amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg.....	40
ADTHYZA.....	45	ALA SCALP.....	26	amantadine hcl oral capsule	18
ADVAIR DISKUS.....	55	ala-cort.....	26	amantadine hcl oral tablet.....	18
ADVAIR HFA.....	55	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	55	AMBIEN	57
ADVATE.....	35	albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	55	AMBIEN CR.....	57
ADYNOVATE	35	ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	55	amethia oral tablet 0.15-0.03 & 0.01 mg	40
ADZENYS XR-ODT	24	albuterol sulfate oral syrup 2 mg/5ml	55	amiloride hcl oral	20
AEROCHAMBER HOLDING CHAMBER.....	55	alclometasone dipropionate.....	26	amiodarone hcl oral	20
AEROCHAMBER PLS FLOVU MTHPIECE	55	ALDACTONE	20	AMITIZA	38
AEROCHAMBER PLUS FLO-VU....	55	ALECENSA	17	amitriptyline hcl oral	14
AEROCHAMBER PLUS FLO-VU INTERM	55	alendronate sodium oral tablet...	51	AMJEVITA 40 MG/0.4ML, 80 MG/0.8ML	47
AEROCHAMBER PLUS FLO-VU LARGE.....	55	alfuzosin hcl er.....	40	AMJEVITA 40 MG/0.8ML	47
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	55	aliskiren fumarate	20	AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION REFILLED SYRINGE 10MG/0.2ML	47
AEROCHAMBER PLUS FLO-VU SMALL.....	55	allopurinol oral.....	16	AMJEVITA-PED 15KG TO <30KG SOLUTION REFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS.....	47
AEROCHAMBER PLUS FLO-VU W/MASK.....	55	ALLZITAL	9	AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION REFILLED SYRINGE 20 MG/0.4ML.....	47
AEROCHAMBER2GO ANTI- STATIC	55	ALOGLIPTIN BENZOATE	34	amlodipine besylate oral	20
afirmelle.....	40	ALORA.....	40	amlodipine besylate-benazepril hcl	20
AFLURIA PRESERVATIVE FREE ...	50	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	52	amlodipine besylate-valsartan....	20
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT.....	35	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %.....	52	amlodipine-olmesartan	20
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	35	ALPHANATE.....	35	ammonium lactate external	26
AGAMATRIX PRESTO TEST	30	alprazolam er	20	amnestem	26
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	16	alprazolam oral	20	amoxicillin.....	11
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT.....	55	alprazolam xr	20	amoxicillin-potassium clavulanate.....	11
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT	55	ALPROLIX.....	35	amphet-dextroamphet 3-bead er.....	24
		ALREX.....	52	amphetamine sulfate.....	24
		ALTACE.....	20	amphetamine- dextroamphetamine	24
		altavera.....	40		
		ALTUVIIIIO	35		
		ALUNBRIG	17		
		ALVAIZ	35		

amphetamine-	ARMOUR THYROID ORAL	AUSTEDO	25
dextroamphetamine er	TABLET 120 MG, 180 MG,	AUSTEDO XR.....	25
ampicillin.....	240 MG, 30 MG, 300 MG, 60 MG,	AUSTEDO XR PATIENT	
AMPYRA.....	90 MG	TITRATION ORAL TABLET	
AMZEEQ.....	45	EXTENDED RELEASE THERAPY	
ANAFRANIL.....	ARMOUR THYROID TABLET	PACK 12 & 18 & 24 & 30 MG	25
ANALPRAM HC.....	15 MG ORAL.....	AUSTEDO XR PATIENT	
ANALPRAM HC SINGLES	45	TITRATION ORAL TABLET	
EXTERNAL CREAM 2.5-1 %	ARNUITY ELLIPTA.....	EXTENDED RELEASE THERAPY	
ANALPRAM-HC EXTERNAL	AROMASIN.....	PACK 6 & 12 & 24 MG.....	25
CREAM	ARTHROTEC	AUVELITY.....	14
ANAPROX DS.....	9	AUVI-Q.....	54
ANASPAZ.....	ascomp-codeine.....	AVALIDE	20
anastrozole oral.....	19	avanafil.....	36
ANDROGEL PUMP	ashlyna.....	AVAPRO	20
ANNOVERA	40	AVAR CLEANSER.....	26
ANORO ELLIPTA.....	ASMANEX HFA.....	AVAR LS CLEANSER	26
ANTIVERT ORAL TABLET 50 MG..	55	aviane	40
15	ATACAND.....	AVIDOXY.....	11
ANUCORT-HC.....	20	AVITA EXTERNAL CREAM	
ANUSOL-HC.....	ATACAND HCT	0.025 %.....	26
51	20	AVODART	40
apap-caff-dihydrocodeine.....	atenolol oral.....	AVONEX PEN.....	25
9	20	AVONEX PREFILLED.....	25
APO-VARENICLINE ORAL	atenolol-chlorthalidone.....	AYGESTIN ORAL TABLET 5 MG ...	40
TABLET 0.5 MG, 1 MG.....	20	ayuna.....	40
10	ATIVAN ORAL.....	AZASAN.....	47
aprepitant oral capsule 125 mg,	atomoxetine hcl	AZASITE.....	52
40 mg, 80 mg	24	azathioprine oral.....	47
15	ATORVALIQ	azelaic acid external	26
apri	20	azelastine hcl nasal solution	
40	atorvastatin calcium oral tablet	0.1 %, 137 mcg/spray	54
APRISO.....	10 mg, 20 mg.....	azelastine hcl nasal solution	
51	20	0.15 %.....	54
APTENSIO XR	40 mg, 80 mg	azelastine hcl ophthalmic	52
24	18	azelastine-fluticasone.....	54
APTIOM	18	AZELEX.....	26
13	26	AZILECT.....	18
AQ INSULIN SYRINGE.....	ATROPINE SULFATE	azithromycin oral packet 1 gm	11
30	OPHTHALMIC SOLUTION	AZOPT.....	52
AQINJECT PEN NEEDLE.....	0.01 %, 0.025 %, 0.05 %.....	AZOR	20
30	53	AZSTARYS.....	24
ARAKODA	atropine sulfate ophthalmic	AZULFIDINE	51
18	solution 1 %.....	AZULFIDINE EN-TABS.....	51
aranelle.....	53		
40	ATROVENT HFA		
ARANESP (ALBUMIN FREE)	55		
35	ATTRUBY		
ARAVA.....	39		
47	25		
ARAZLO	aubagio.....		
26	40		
AREXVY	AUGMENTIN		
50	11		
ARICEPT	AUGMENTIN ES-600.....		
14	11		
ARIMIDEX.....	AUGTYRO		
17	17		
aripiprazole oral solution.....	aurovela 1/20		
19	40		
aripiprazole oral tablet	40		
19	40		
armodafinil.....	aurovela 24 fe.....		
57	40		
	aurovela fe 1/20.....		
	40		
	aurovela fe 1.5/30		
	40		

azurette 40

B

bac (butalbital-acetamin-caff) 9

bacitracin-polymyxin b 52

baclofen oral tablet 57

BACTRIM 11

BACTRIM DS 11

BAFIERTAM 25

balsalazide disodium 51

balziva 40

BAQSIMI ONE PACK 34

BAQSIMI TWO PACK 34

BARACLUDE ORAL TABLET 19

BASAGLAR KWIKPEN 33

BASAGLAR TEMPO PEN 33

BD AUTOSHIELD DUO PEN
NEEDLES 30

BD BLUNT FILL NEEDLE W/
FILTER 30

BD ECLIPSE NEEDLE 18G X
1-1/2", 23G X 1", 25G X 5/8",
27G X 1/2" 30

BD ECLIPSE SHIELDED NEEDLE .. 30

BD PEN NEEDLE MICRO
ULTRAFINE 30

BD PEN NEEDLE MINI
ULTRAFINE 30

BD PEN NEEDLE NANO
ULTRAFINE 30

BD PEN NEEDLE ORIG
ULTRAFINE 30

BD PEN NEEDLE SHORT
ULTRAFINE 30

BD SAFETYGLIDE NEEDLE
23G X 1-1/2" 30

BD SAFETYGLIDE SHIELDED
NEEDLE 21G X 1-1/2" 30

BD ULTRA-FINE PEN NEEDLES ... 30

BD ULTRA-FINE U-500 INSULIN
SYRINGES 30

BD VEO ULTRA-FINE INSULIN
SYRINGES 30

BD-ULTRA FINE INSULIN
SYRINGES 30

BELBUCA 9

BELSOMRA 57

benazepril hcl oral 20

benazepril-hydrochlorothiazide .. 20

BENICAR 20, 21

BENICAR HCT 21

BENLYSTA SUBCUTANEOUS
SOLUTION AUTO-INJECTOR 47

BENZAMYCIN 26

benzonatate 54

benzoyl peroxide-erythromycin .. 26

benztropine mesylate oral 18

BESIVANCE 52

BESREMI 17

betamethasone dipropionate
aug external cream 26

betamethasone dipropionate
aug external lotion 26

betamethasone dipropionate
aug external ointment 26

betamethasone dipropionate
external 26

betamethasone valerate
external cream 27

betamethasone valerate
external lotion 27

betamethasone valerate
external ointment 27

BETAPACE 21

BETASERON 25

bethanechol chloride oral 39

BETIMOL OPHTHALMIC
SOLUTION 0.25 % 53

BETIMOL OPHTHALMIC
SOLUTION 0.5 % 53

BEVESPI AEROSPHERE 55

BEYAZ 40

bicalutamide 17

BIGFOOT UNITY PROGRAM 30

BIJUVA 40

BIKTARVY 19

bimatoprost ophthalmic 53

BIMZELX 47

BIOTEL CARE TEST STRIPS 30

bis subcit-metronid-tetracyc 37

bismuth/metronidaz/tetracyclin . 37

bisoprolol fumarate oral tablet ... 21

bisoprolol-hydrochlorothiazide ... 21

BLANCHE 27

blisovi 24 fe 40

blisovi fe 1/20 40

blisovi fe 1.5/30 40

BLOOD GLUCOSE TEST STRIPS .. 30

BLOOD GLUCOSE TEST STRIPS
333 30

BONSITY 51

BOOSTRIX 50

BOOSTRIX INTRAMUSCULAR
SUSPENSION 5-2.5-18.5

LF-MCG/0.5 50

BREATHE COMFORT CHAMBER/
ADULT 55

BREATHE COMFORT CHAMBER/
CHILD 55

BREO ELLIPTA INHALATION
AEROSOL POWDER BREATH
ACTIVATED 100-25 MCG/ACT 55

BREO ELLIPTA INHALATION
AEROSOL POWDER BREATH
ACTIVATED 200-25 MCG/ACT,
50-25 MCG/INH 55

breyna 55

BREZTRI AEROSPHERE 55

briellyn 40

BRILINTA 18

brimonidine tartrate ophthalmic
solution 0.1 % 53

brimonidine tartrate ophthalmic
solution 0.15 %, 0.2 % 53

brimonidine tartrate-timolol 53

brinzolamide 53

BRIVIACT ORAL TABLET 13

BROMFED DM ORAL SYRUP
2-30-10 MG/5ML 54

bromfenac sodium (once-daily) .. 52

bromfenac sodium ophthalmic ... 52

bromocriptine mesylate oral
tablet 18

bromphen-pseudoeph-dm 54



BROMSITE	52
BRONCHITOL.....	57
BRONCHITOL TOLERANCE TEST.....	57
BRUKINSA.....	17
budesonide inhalation.....	55
budesonide oral	51
budesonide-formoterol fumarate	55
bumetanide oral	21
BUMEX	21
BUPAP ORAL TABLET 50-300 MG ..	9
buprenorphine.....	9,10
buprenorphine hcl sublingual.....	10
buprenorphine hcl-naloxone hcl sublingual film	10
buprenorphine hcl-naloxone hcl sublingual tablet sublingual.....	10
bupropion hcl er (smoking det) ...	10
bupropion hcl er (sr)	14
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	14
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	14
bupropion hcl oral	14
buspirone hcl oral.....	20
butalbital-acetaminophen oral tablet 50-300 mg.....	9
butalbital-acetaminophen oral tablet 50-325 mg	9
butalbital-apap-caff-cod	9
butalbital-apap-caffeine.....	9
butalbital-asa-caff-codeine.....	9
butalbital-aspirin-caffeine	9
butorphanol tartrate nasal	9
BUTRANS	9
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 2 MG/0.85ML.....	34
BYLVAY	38
BYLVAY (PELLETS).....	38
BYSTOLIC.....	21

C

cabergoline	44
CABOMETYX.....	17
CABTREO.....	27
calcipotriene external cream	27
calcipotriene external ointment... 27	
calcipotriene external solution ... 27	
CALCITRENE.....	27
calcitriol oral capsule.....	51
calcium acetate (phos binder) oral capsule	39
CALQUENCE.....	17
camila	40
camrese.....	40
camrese lo	40
CAMZYOS	21
CANASA.....	51
candesartan cilexetil	21
candesartan cilexetil-hctz	21
capecitabine.....	17
CAPLYTA	19
captopril oral.....	21
CAPVAXIVE.....	50
CARAC EXTERNAL CREAM 0.5 % ..	27
CARAFATE.....	37
carbamazepine er	13
carbamazepine oral tablet	13
carbamazepine oral tablet chewable.....	13
CARBATROL.....	13
carbidopa-levodopa er	18
carbidopa-levodopa oral tablet... 18	
carbinoxamine maleate oral tablet 4 mg.....	54
carbinoxamine maleate oral tablet 6 mg.....	54
CARDIZEM	21
CARDIZEM CD	21
CARDIZEM LA.....	21
CARDURA.....	21
CAREPOINT POLY HUB NEEDLE 18G X 1", 21G X 1", 22G X 1", 23G X 1", 25G X 1", 25G X 5/8".....	30

CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	30
CAREPOINT SAFETY 1ST NEEDLE	30
CARESENS N PLUS BT	30
CARETOUCH MONITOR SYSTEM ..	30
CARETOUCH TEST.....	30
carisoprodol oral.....	57
CARNITOR ORAL SOLUTION	36
CARNITOR ORAL TABLET	39
CARNITOR SF	36
cartia xt	21
carvedilol.....	21
carvedilol phosphate er	21
CASODEX	17
CATAPRES-TTS-1.....	21
CATAPRES-TTS-2	21
CATAPRES-TTS-3	21
cefadroxil oral capsule	11
cefadroxil oral suspension reconstituted	11
cefdinir.....	11
cefixime oral capsule.....	12
cefpodoxime proxetil oral tablet ..	12
cefprozil.....	12
cefuroxime axetil	12
CELEBREX	10
celecoxib oral.....	10
CELEXA	14
CELLCEPT ORAL CAPSULE	47
CELLCEPT ORAL TABLET	47
cephalexin	12
CEQUA	53
CEQUR SIMPLICITY 2U 8PK.....	30
CERDELGA.....	39
cetirizine hcl oral solution.....	54
CETROTIDE.....	50
cevimeline hcl	26
charlotte 24 fe	40
chateal eq.....	40
chlordiazepoxide hcl	20
chlordiazepoxide-clidinium.....	38

chlorhexidine gluconate mouth/ throat.....	26	CLEOCIN VAGINAL CREAM.....	12	clobetasol propionate external shampoo.....	27
chlorpromazine hcl oral tablet....	19	CLEOCIN-T.....	27	clobetasol propionate external solution.....	27
chlorthalidone.....	21	CLIMARA.....	40, 41	CLOBEX EXTERNAL SHAMPOO...	27
chlorzoxazone oral tablet 250 mg.....	57	CLIMARA PRO.....	40	CLOBEX SPRAY.....	27
chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg.....	57	clindacin etz external swab.....	27	clodan.....	27
cholestyramine light.....	21	clindacin-p.....	27	CLOMID.....	50
cholestyramine oral.....	21	CLINDAGEL.....	27	clomiphene citrate oral.....	50
CHORIONIC GONADOTROPIN INTRAMUSCULAR.....	50	clindamycin hcl oral.....	12	clomipramine hcl oral.....	14
CIALIS.....	36	clindamycin palmitate hcl.....	12	clonazepam oral.....	20
CIBINQO.....	27	clindamycin phos (once-daily) gel 1 % external.....	27	clonidine hcl er.....	24
ciclodan.....	16	clindamycin phos (twice-daily) gel 1 % external.....	27	clonidine hcl oral.....	21
ciclopirox external.....	16	clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %.....	27	clonidine patch weekly 0.1 mg/24hr transdermal.....	21
ciclopirox olamine external cream.....	16	clindamycin phos-benzoyl perox external gel 1.2-5 %.....	27	clonidine patch weekly 0.2 mg/24hr transdermal.....	21
ciclopirox olamine external suspension.....	27	clindamycin phosphate external lotion.....	27	clonidine patch weekly 0.3 mg/24hr transdermal.....	21
cilostazol.....	18	clindamycin phosphate external solution.....	27	clopidogrel bisulfate oral.....	18
CIMDUO.....	19	clindamycin phosphate external swab.....	27	clorazepate dipotassium.....	20
cimetidine oral.....	37	clindamycin phosphate vaginal...	12	clotrimazole external cream.....	27
CIMZIA (2 SYRINGE).....	47	CLINDESSE.....	12	clotrimazole mouth/throat.....	16
CIMZIA-STARTER.....	47	CLINPRO 5000.....	26	clotrimazole-betamethasone....	27
cinacalcet hcl.....	51	clobazam oral suspension 2.5 mg/ml.....	13	clozapine oral tablet.....	19
CINRYZE.....	47	clobazam oral tablet.....	13	CLOZARIL.....	19
CIPRO ORAL TABLET.....	12	clobetasol prop emollient base external cream 0.05 %.....	27	CO-NATAL FA.....	36
CIPRODEX OTIC SUSPENSION 0.3-0.1 %.....	53	clobetasol propionate e.....	27	COLAZAL.....	51
ciprofloxacin hcl ophthalmic.....	52	CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %.....	27	colchicine oral.....	16
ciprofloxacin hcl oral.....	12	clobetasol propionate external cream 0.05 %.....	27	colchicine-probenecid.....	16
ciprofloxacin-dexamethasone....	53	clobetasol propionate external foam.....	27	COLCRYS ORAL TABLET 0.6 MG..	16
citalopram hydrobromide oral tablet.....	14	clobetasol propionate external gel.....	27	colesevelam hcl oral tablet.....	21
claravis.....	27	clobetasol propionate external liquid.....	27	COLESTID ORAL TABLET.....	21
CLARINEX.....	54	clobetasol propionate external ointment.....	27	colestipol hcl oral tablet.....	21
clarithromycin oral tablet.....	12			COMBIGAN.....	53
CLENPIQ.....	38			COMBIPATCH.....	40
CLEOCIN ORAL CAPSULE 150 MG, 300 MG.....	12			COMBIVENT RESPIMAT.....	56
CLEOCIN ORAL CAPSULE 75 MG.	12			COMIRNATY.....	50
CLEOCIN ORAL SOLUTION RECONSTITUTED.....	12			CONCERTA.....	24
				constulose.....	38
				CONTOUR MONITOR KIT W/ DEVICE.....	30
				CONTOUR NEXT EZ KIT W/ DEVICE.....	30

CONTOUR NEXT GEN MONITOR
KIT.....30

CONTOUR NEXT GEN TEST
STRIPS30

CONTOUR NEXT LINK KIT W/
DEVICE.....30

CONTOUR NEXT MONITOR KIT
W/DEVICE30

CONTOUR NEXT ONE KIT.....30

CONTOUR NEXT TEST STRIPS....30

CONTOUR PLUS BLUE KIT W/
DEVICE.....30

CONTOUR PLUS TEST STRIP.....30

CONTOUR TEST STRIPS.....30

COPAXONE25

COREG21

COREG CR21

CORGARD ORAL TABLET 20 MG,
40 MG21

CORLANOR21

CORTEF44

CORTIFOAM51

COSENTYX (300 MG DOSE)47

COSENTYX 150 MG/ML
SUBCUTANEOUS.....47

COSENTYX 75MG/0.5ML
SUBCUTANEOUS.....47

COSENTYX SENSOREADY
(300 MG).....47

COSENTYX SENSOREADY PEN ...47

COSENTYX UNOREADY47

COSOPT53

COSOPT PF53

COTELLIC.....17

COTEMPLA XR-ODT24

COVARYX40

COVARYX HS.....40

COZAAR.....21

CREON39

CRESEMBA ORAL.....16

CRESTOR.....21

CREXONT18

cromolyn sodium ophthalmic.....53

cromolyn sodium oral38

cryselle-2840

CVS ADVANCED GLUCOSE TEST .30

CVS GLUCOSE METER TEST
STRIPS31

cvs nicotine10

cvs nicotine polacrilex.....10

cvs prenatal.....36

CVS TRUE METRIX GLUCOSE
TEST31

cyanocobalamin injection
solution 1000 mcg/ml.....36

CYANOCOBALAMIN INJECTION
SOLUTION 2000 MCG/ML.....36

cyanocobalamin nasal.....36

cyclobenzaprine hcl oral tablet
10 mg, 5 mg57

cyclobenzaprine hcl oral tablet
7.5 mg57

CYCLOGYL.....53

cyclopentolate hcl ophthalmic ...53

cyclosporine modified oral
capsule.....47

cyclosporine ophthalmic.....53

CYLTEZO (2 PEN)47

CYLTEZO (2 SYRINGE)47

CYLTEZO-CD/UC/HS STARTER
SUBCUTANEOUS AUTO-
INJECTOR KIT 40 MG/0.4ML47

CYLTEZO-CD/UC/HS STARTER
SUBCUTANEOUS AUTO-
INJECTOR KIT 40 MG/0.8ML47

CYLTEZO-PSORIASIS/UV
STARTER SUBCUTANEOUS
AUTO-INJECTOR KIT
40 MG/0.4ML47

CYLTEZO-PSORIASIS/UV
STARTER SUBCUTANEOUS
AUTO-INJECTOR KIT
40 MG/0.8ML47

CYMBALTA14

cyproheptadine hcl oral.....54

cyred eq.....40

CYTOMEL45

CYTOTEC.....37

D

D-CARE BLOOD GLUCOSE.....31

D-CARE GLUCOMETER31

dabigatran etexilate mesylate13

dalfampridine er.....25

DALIRESP56

DAPAGLIFLOZIN PRO-
METFORMIN ER.....34

DAPAGLIFLOZIN PROPANEDIOL .34

dapsone external27

dapsone oral17

dasatinib17

dasetta 1/35 (28)40

dasetta 7/7/740

DAVIMET-FLUORIDE.....36

DAYPRO10

daysee.....40

DAYVIGO.....57

DDAVP ORAL.....44

deblitane.....40

DELESTROGEN40

delyla.....40

DELZICOL51

DENTA 5000 PLUS.....26, 36

DENTA 5000 PLUS SENSITIVE....36

DENTAGEL26

DEPAKOTE13

DEPAKOTE ER.....13

DEPAKOTE SPRINKLES.....13

DEPEN TITRATABS.....39

DEPO-PROVERA.....40

DEPO-SUBQ PROVERA 10440

DEPO-TESTOSTERONE
INTRAMUSCULAR SOLUTION
100 MG/ML45

DEPO-TESTOSTERONE
INTRAMUSCULAR SOLUTION
200 MG/ML45

DERMA-SMOOTH/FS BODY27

DERMA-SMOOTH/FS SCALP27

DERMACINRX UREA.....27

DERMOTIC.....53



DESCOVY ORAL TABLET 120-15 MG.....	19	DIABETES MONITOR DIGIT SOLN.....	31	diphenoxylate-atropine oral tablet.....	38
DESCOVY ORAL TABLET 200-25 MG.....	19	DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG.....	13	DIPROLENE.....	27
desipramine hcl oral.....	14	DIASTAT PEDIATRIC RECTAL GEL 2.5 MG.....	13	disulfiram oral.....	10
desloratadine oral tablet.....	54	diazepam oral solution.....	20	DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG.....	39
desmopressin acetate oral.....	44	diazepam oral tablet.....	20	divalproex sodium er.....	13
desmopressin acetate spray.....	44	diazepam rectal.....	13	divalproex sodium oral.....	13
desogestrel-ethinyl estradiol.....	40	DICLEGIS.....	15	DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM.....	41
desonide external cream.....	27	diclofenac potassium oral tablet 25 mg.....	10	DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM.....	41
desonide external lotion.....	27	diclofenac potassium oral tablet 50 mg.....	10	DODDEX INJECTION SOLUTION 1000 MCG/ML.....	36
desonide external ointment.....	27	diclofenac sodium er.....	10	dofetilide.....	21
DESOWEN.....	27	diclofenac sodium external gel 1 %.....	10	donepezil hcl oral tablet.....	14
desoximetasone external cream.....	27	diclofenac sodium external gel 3 %.....	27	DOPTelet.....	35
desoximetasone external ointment.....	27	diclofenac sodium ophthalmic.....	52	DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC.....	53
desvenlafaxine succinate er.....	14	diclofenac sodium oral.....	10	dorzolamide hcl-timolol mal.....	53
DETROL.....	39	diclofenac sodium oral.....	10	dorzolamide hcl-timolol mal pf...	53
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG.....	39	diclofenac-misoprostol.....	10	dotti.....	41
DEXABLISS ORAL TABLET THERAPY PACK 1.5 MG (39).....	44	DICLOFONO.....	10	DOVATO.....	19
dexamethasone intensol.....	44	dicloxacin sodium.....	12	doxazosin mesylate oral.....	21
dexamethasone oral.....	44	dicyclomine hcl oral capsule.....	38	doxepin hcl oral capsule.....	14
dexamethasone sodium phosphate ophthalmic.....	52	dicyclomine hcl oral tablet 20 mg.....	38	doxepin hcl oral concentrate.....	14
DEXCOM G6 RECEIVER.....	31	DIFFERIN EXTERNAL GEL 0.3 % ..	27	doxepin hcl oral tablet.....	57
DEXCOM G6 SENSOR.....	31	DIFICID ORAL TABLET.....	12	doxycycline.....	12, 27
DEXCOM G6 TRANSMITTER.....	31	DIFLUCAN.....	16	doxycycline hyclate oral capsule..	12
DEXCOM G7 RECEIVER.....	31	difluprednate.....	53	doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg....	12
DEXCOM G7 SENSOR.....	31	digoxin oral tablet.....	21	doxycycline hyclate oral tablet 50 mg.....	12
DEXEDRINE.....	24	DILANTIN.....	13	doxycycline monohydrate oral....	12
DEXILANT.....	37	DILAUDID ORAL TABLET.....	9	doxylamine-pyridoxine.....	15
dexlansoprazole.....	37	dilt-xr.....	21	DRISDOL.....	36
dexmethylphenidate hcl.....	24	diltiazem hcl er.....	21	dronabinol.....	15
dexmethylphenidate hcl er.....	24	diltiazem hcl er beads.....	21	DROPSAFE SAFETY SYRINGE/ NEEDLE.....	31
dextroamphetamine sulfate er...	24	diltiazem hcl er coated beads.....	21	drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg.....	41
dextroamphetamine sulfate oral tablet.....	24	diltiazem hcl oral.....	21		
DHIVY.....	18	dimethyl fumarate oral.....	25		
DIABETES CARE.....	31	DIOVAN.....	21		
DIABETES MONITOR DIGIT ADD-ON.....	31	DIOVAN HCT.....	21		
		DIPENTUM.....	51		

drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg.....	41	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	10	ENERGIX-B.....	50
drospirenone-ethinyl estradiol ...	41	ec-naproxen	10	enilloring	41
DRYSOL	28	econazole nitrate external	16	ENLITE GLUCOSE SENSOR	31
DUAVEE	41	EDARBI.....	21	enoxaparin sodium injection solution prefilled syringe.....	13
DULERA	56	EDARBYCLOR	21	enpresse-28.....	41
duloxetine hcl oral.....	14	EEMT	41	enskyce	41
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	28	EEMT HS.....	41	ENSTILAR.....	28
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML.....	28	EFFEXOR XR	15	entecavir	19
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML.....	28	EFFIENT.....	19	ENTRESTO ORAL TABLET	21
DUREZOL	53	EFUDEX EXTERNAL CREAM 5 % ..	28	ENTYVIO PEN.....	47
dutasteride oral.....	40	ELEPSIA XR	13	enulose.....	38
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	44	ELESTRIN	41	ENVARUS XR.....	47
DYANAVAL XR ORAL TABLET EXTENDED RELEASE.....	24	eletriptan hydrobromide.....	16	EPANED	21
DYMISTA	54	ELIDEL	28	EPCLUSA ORAL TABLET.....	19

E

E.E.S. GRANULES	12	EMBECTA INSULIN SYRINGE	31	epinephrine solution auto- injector 0.15 mg/0.15ml injection.	54
EASIVENT.....	56	EMBRACE BLOOD GLUCOSE TEST	31	epinephrine solution auto- injector 0.15 mg/0.3ml injection..	54
EASIVENT MASK LARGE	56	EMBRACE WAVE BLOOD GLUCOSE IN VITRO	31	epinephrine solution auto- injector 0.3 mg/0.3ml injection...	54
EASIVENT MASK MEDIUM	56	EMEND BIPACK	15	EPIPEN 2-PAK.....	54
EASIVENT MASK SMALL	56	EMGALITY	16	EPIPEN JR 2-PAK	54
EASY MAX BLOOD GLUCOSE TEST.....	31	EMPAVELI.....	47	epitol	13
EASY MAX T1 GLUCOSE SYSTEM .	31	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	19	eplerenone.....	21
EASY TOUCH HEALTHPRO GLUCOSE	31	emtricitabine-tenofovir df oral tablet 200-300 mg	19	EQ BLOOD GLUCOSE TEST	31
EASY TOUCH TEST	31	emzahn.....	41	eq nicotine.....	10
EASYGLUCO	31	enalapril maleate oral	21	eq nicotine mouth/throat gum 4 mg.....	10
EASYMAX 15 TEST	31	enalapril-hydrochlorothiazide	21	eq nicotine polacrilex.....	10
EASYMAX NG BLOOD GLUCOSE KIT.....	31	ENBREL	47	eq nicotine step 3.....	10
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	28	ENBREL MINI	47	eq nicotine polacrilex mouth/ throat lozenge 2 mg, 4 mg	10
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG.....	10	ENBREL SURECLICK.....	47	ergocalciferol oral capsule....	36, 37
		endocet.....	9	ERIVEDGE	17
		ENDOMETRIN	50	ERLEADA ORAL TABLET 240 MG .	17
				ERLEADA ORAL TABLET 60 MG...	17

FIORICET	9	fluoxetine hcl oral tablet 20 mg, 60 mg	15	fosinopril sodium	22
FIORICET/CODEINE	9	FLUTICASONE FUROATE- VILANTEROL	56	FRAICHE 5000 DENTAL.....	26
flac otic oil 0.01 %	53	fluticasone propionate external cream	28	FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	36
FLAREX	52	fluticasone propionate external ointment.....	28	FREESTYLE LIBRE 14 DAY READER	31
flecainide acetate	22	FLUTICASONE PROPIONATE HFA.....	56	FREESTYLE LIBRE 14 DAY SENSOR.....	31
FLEXICHAMBER.....	56	fluticasone propionate nasal.....	54	FREESTYLE LIBRE 2 PLUS SENSOR.....	31
FLOMAX ORAL CAPSULE 0.4 MG.....	40	FLUTICASONE-SALMETEROL INHALATION AEROSOL.....	56	FREESTYLE LIBRE 2 READER	31
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML.....	36	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/ act, 250-50 mcg/act, 500-50 mcg/act.....	56	FREESTYLE LIBRE 2 SENSOR	31
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG.....	36	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ ACT, 55-14 MCG/ACT	56	FREESTYLE LIBRE 3 PLUS SENSOR.....	31
FLORIVA PLUS.....	36	fluvoxamine maleate	15	FREESTYLE LIBRE 3 READER	31
FLOTREX.....	36	fluvoxamine maleate er	15	FREESTYLE LIBRE 3 SENSOR.....	31
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT.....	56	FLUZONE HIGH-DOSE	50	FREESTYLE LIBRE READER.....	31
FLUAD.....	50	FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	50	FREESTYLE PRECISION NEO SYSTEM	31
FLUARIX	50	FML FORTE	52	FREESTYLE PRECISION NEO TEST.....	31
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	50	FML LIQUIFILM	52	FREESTYLE TEST	31
fluconazole oral.....	16	FOCALIN.....	24	FROVA.....	16
fludrocortisone acetate oral	44	FOCALIN XR	24	frovatriptan succinate.....	16
FLULAVAL.....	50	folic acid oral tablet 1 mg.....	36	ft naloxone hcl.....	10
flunisolide nasal.....	54	FOLLISTIM AQ.....	50	ft nicotine.....	11
fluocinolone acetonide body	28	FORA 6 CONNECT/GTEL TEST....	31	ft nicotine mini.....	11
fluocinolone acetonide external..	28	FORFIVO XL	15	FUROSCIX	22
fluocinolone acetonide otic.....	53	FORTEO	51	furosemide oral.....	22
fluocinolone acetonide scalp	28	FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	45	fyavolv.....	42
fluocinonide external.....	28	FORTISCARE G1 TEST STRIP IN VITRO STRIP.....	31	FYCOMPA ORAL SUSPENSION ...	13
FLUORIDEX.....	26	FORTISCARE TEST IN VITRO STRIP.....	31	FYCOMPA ORAL TABLET.....	13
FLUORIDEX ENHANCED WHITENING.....	26	FOSAMAX	51	FYREMADEL	50
FLUORIMAX 5000.....	26, 36	fosfomycin tromethamine	12		
FLUORIMAX 5000 SENSITIVE....	36				
fluorometholone	52				
FLUOROURACIL EXTERNAL CREAM 0.5 %.....	28				
fluorouracil external cream 5 %...	28				
fluoxetine hcl oral capsule	15				
fluoxetine hcl oral solution.....	15				
fluoxetine hcl oral tablet 10 mg...	15				

G

g tussin ac.....	54
gabapentin oral capsule.....	13
gabapentin oral solution 250 mg/5ml.....	13
GABAPENTIN ORAL TABLET 25 MG, 50 MG.....	13
gabapentin oral tablet 600 mg, 800 mg.....	13
GABARONE	13

gallifrey.....	42	GLUCOCARD VITAL TEST.....	31	GVOKE PFS.....	32
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous.....	50	GLUCOTROL XL.....	34	GYNAZOLE-1.....	16
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	50	GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG.....	34	H	
GASTROCROM.....	38	glyburide oral.....	34	habitrol.....	11
gatifloxacin ophthalmic.....	52	glyburide-metformin.....	34	HADLIMA.....	47, 48
gavilyte-c.....	38	GLYCATÉ.....	38	HADLIMA PUSHTOUCH.....	48
gavilyte-g.....	38	glycopyrrolate oral tablet 1 mg, 2 mg.....	38	HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT.....	48
gavilyte-n with flavor pack.....	38	GLYCOPYRROLATE ORAL TABLET 1.5 MG.....	38	HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT.....	48
GAVRETO.....	17	GLYXAMBI.....	34	hailey 1.5/30.....	42
gemfibrozil oral.....	22	gnp naloxone hcl.....	11	hailey 24 fe.....	42
GEMTESA.....	39	gnp nicotine mini.....	11	hailey fe 1/20.....	42
GEN7T EXTERNAL PATCH 3.5 %....	9	gnp nicotine polacrilex mouth/ throat gum 2 mg.....	11	hailey fe 1.5/30.....	42
generlac.....	38	gnp nicotine polacrilex mouth/ throat lozenge.....	11	HALCION.....	20
gengraf oral capsule.....	47	gnp nicotine transdermal.....	11	halobetasol propionate external cream.....	28
gentamicin sulfate external.....	12	GOLYTELY.....	38	halobetasol propionate external ointment.....	28
gentamicin sulfate ophthalmic....	52	GONAL-F.....	50	haloette.....	42
GENVOYA.....	19	GONAL-F RFF.....	50	haloperidol oral.....	19
GEODON ORAL.....	19	GONAL-F RFF REDIRECT.....	50	HARVONI ORAL TABLET.....	19
GILENYA ORAL CAPSULE 0.25 MG.....	25	goodsense nicotine.....	11	HAVRIX.....	50
GILENYA ORAL CAPSULE 0.5 MG.....	25	griseofulvin microsize oral suspension.....	16	HEALTHPRO BLOOD GLUCOSE MONITO.....	32
glatiramer acetate.....	25	guaifenesin ac oral syrup 100-10 mg/5ml.....	54	heather.....	42
glatopa.....	25	guaifenesin-codeine.....	54	HEMADY.....	44
GLEEVEC.....	17	guanfacine hcl.....	22, 24	HEMANGEOL.....	22
glimepiride oral tablet 1 mg, 2 mg, 4 mg.....	34	guanfacine hcl er.....	24	HEMICLOR.....	22
glimepiride oral tablet 3 mg.....	34	GUARDIAN 4 GLUCOSE SENSOR....	31	HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML.....	35
glipizide er.....	34	GUARDIAN 4 TRANSMITTER.....	31	HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML.....	35
glipizide ir.....	34	GUARDIAN CONNECT TRANSMITTER.....	31	HEMMOREX-HC RECTAL SUPPOSITORY 25 MG.....	51
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg.....	34	GUARDIAN LINK 3 TRANSMITTER.....	31	HEMMOREX-HC RECTAL SUPPOSITORY 30 MG.....	51
glipizide-metformin hcl.....	34	GUARDIAN REAL-TIME REPLACE PED.....	32	HEMOFIL M.....	35
glucagon emergency kit 1 mg injection.....	34	GUARDIAN SENSOR 3.....	32	HEPLISAV-B.....	50
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR.....	34	GVOKE HYPOPEN 1-PACK.....	32		
GLUCOCARD EXPRESSION TEST.....	31	GVOKE HYPOPEN 2-PACK.....	32		
GLUCOCARD SHINE TEST.....	31	GVOKE KIT.....	32		

HIDEX 6-DAY.....	44	HUMIRA-CD/UC/HS STARTER	48	hydrocortisone external cream 2.5 %.....	28
HIPREX.....	12	HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	48	hydrocortisone external lotion 2 %, 2.5 %	28
hm nicotine polacrilex mouth/ throat gum 2 mg, 4 mg	11	HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	48	hydrocortisone external ointment 1 %, 2.5 %	28
hm nicotine polacrilex mouth/ throat lozenge 2 mg	11			hydrocortisone oral.....	44
hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr ...	11	HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	48	hydrocortisone valerate external cream	28
HULIO (2 PEN)	48			hydrocortisone-acetic acid	53
HULIO (2 SYRINGE)	48			hydromet.	54
HUMALOG CARTRIDGE	33	HUMIRA-PSORIASIS/UEVIT STARTER	48	hydromorphone hcl oral tablet	9
HUMALOG INJECTION.....	33	HUMULIN 70/30 KWIKPEN	33	hydroquinone external	28
HUMALOG KWIKPEN	33	HUMULIN 70/30 VIAL.....	33	hydroxychloroquine sulfate oral ..	18
HUMALOG MIX 50/50 KWIKPEN .	33	HUMULIN N KWIKPEN	33	HYDROXYM EXTERNAL CREAM ..	28
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	33	HUMULIN N VIAL.....	33	hydroxyurea oral.....	17
HUMALOG MIX 75/25 KWIKPEN ..	33	HUMULIN R U-500 KWIKPEN	33	hydroxyzine hcl oral	20
HUMALOG MIX 75/25 VIAL	33	HUMULIN R U-500 VIAL	33	hydroxyzine pamoate oral.....	20
HUMALOG SUBCUTANEOUS.....	33	HUMULIN R VIAL	33	HYFTOR	48
HUMALOG TEMPO PEN	33	HYCODAN ORAL SOLUTION.....	54	HYMPAVZI	35
HUMALOG U-100 JUNIOR KWIKPEN.....	33	hydralazine hcl oral	22	hyoscyamine sulfate er.....	38
HUMATE-P	35	HYDREA.....	17	hyoscyamine sulfate oral tablet...38	
HUMIRA (1 PEN)	48	hydrochlorothiazide oral	22	dispersible	38
HUMIRA (2 PEN) AUTO- INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS.....	48	hydrocod poli-chlorphe poli er....	54	hyoscyamine sulfate sublingual...38	
HUMIRA (2 PEN) AUTO- INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS.....	48	hydrocodone bit-homatrop mbr oral solution.....	54	HYPERSAL	54
HUMIRA (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML	48	hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/ 15ml	9	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	48
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS ...	48	hydrocodone-acetaminophen oral tablet	9	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML, 80 MG/0.8ML	48
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS...	48	hydrocort-pramoxine (perianal) ..	51	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	48
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS ..	48	hydrocortisone (perianal) external cream 1 %.....	51	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML.....	48
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML.....	48	hydrocortisone (perianal) external cream 2.5 %.....	51	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	48
		hydrocortisone ace-pramoxine external cream 1-1 %	51	HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	48
		hydrocortisone acetate rectal	51		
		hydrocortisone external cream 1 %	28		

HYRIMOZ-PED<40KG CROHN STARTER	48	IMBRUVICA ORAL TABLET 140 MG, 280 MG	17	INSULIN LISPRO (1 UNIT DIAL) ..	34
HYRIMOZ-PED>=40KG CROHN START	48	IMBRUVICA ORAL TABLET 420 MG	17	INSULIN LISPRO KWIKPEN	34
HYRIMOZ-PLAQ PSOR/UEIT START	48	imipramine hcl oral	15	INSULIN LISPRO PROT & LISPRO	34
HYRIMOZ-PLAQUE PSORIASIS START	48	imiquimod external cream 3.75 %	28	INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 M , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	32
HYZAAR	22	imiquimod external cream 5 %	28	INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	32
I		imiquimod pump	28	INTRAROSA	36
ibandronate sodium oral	51	IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	16	introvale	42
IBRANCE ORAL TABLET	17	IMITREX ORAL	16	INTUNIV	24
IBSRELA	38	IMITREX STATDOSE SYSTEM	16	INVEGA	19
ibuprofen oral suspension 100 mg/5ml	10	IMKELDI	17	INVELTYS	52
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	10	IMPOYZ	28	INVOKANA	34
iclevia	42	IMURAN	49	INZIRQO	22
ICLUSIG ORAL TABLET 10 MG, 30 MG	17	IMVEXXY MAINTENANCE PACK ..	36	IPOLE	50
ICLUSIG ORAL TABLET 15 MG, 45 MG	17	IMVEXXY STARTER PACK	36	ipratropium bromide inhalation ..	56
icosapent ethyl	22	INBRIJA	18	ipratropium bromide nasal	54
IDACIO (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML	48	incassia	42	ipratropium-albuterol	56
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	48	indapamide	22	IQIRVO	38
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML	48	INDERAL LA	22	irbesartan	22
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML	49	indomethacin er	10	irbesartan-hydrochlorothiazide ..	22
IDELVION	35	indomethacin oral capsule	10	ISENTRESS HD	19
IDHIFA	17	INGREZZA ORAL CAPSULE 40 MG, 80 MG	25	ISENTRESS ORAL TABLET	19
IHEALTH BLOOD GLUCOSE TEST STR	32	INGREZZA ORAL CAPSULE 60 MG	25	isibloom	42
IHEALTH GLUCO+ KIT 10	32	INGREZZA ORAL CAPSULE SPRINKLE	25	isoniazid oral tablet	17
IHEALTH GLUCO+ KIT 100	32	INGREZZA ORAL CAPSULE THERAPY PACK	25	ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	53
ILEVRO	52	INPEN	32	ISORDIL TITRADOSE	22
imatinib mesylate oral	17	INSPIREASE	56	isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	22
IMBRUVICA ORAL CAPSULE	17	INSPIRA	22	isosorbide dinitrate oral tablet 40 mg	22
		INSULIN ASPART	33	isosorbide mononitrate er	22
		INSULIN ASPART FLEXPEN	33	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	28
		INSULIN DEGLUDEC FLEXTOUCH	33	isotretinoin oral capsule 25 mg, 35 mg	28
		INSULIN GLARGINE	33		
		INSULIN GLARGINE MAX SOLOSTAR	33		
		INSULIN GLARGINE SOLOSTAR ..	33		
		INSULIN LISPRO	34		

ISTALOL.....	53
itraconazole oral capsule.....	16
ivabradine hcl.....	22
ivermectin external cream.....	28
ivermectin oral tablet 3 mg.....	18
ivermectin oral tablet 6 mg.....	18
IYUZEH.....	53

J

jaimiess.....	42
JAKAFI.....	17
jantoven.....	13
JANUMET.....	34
JANUVIA.....	34
JARDIANCE.....	35
jasmiel.....	42
JATENZO.....	45
jencycla.....	42
JENTADUETO.....	35
JENTADUETO XR.....	35
jinteli.....	42
jolessa.....	42
JORNAY PM.....	24
JOURNAVX.....	9
JUBLIA.....	16
juleber.....	42
JULUCA.....	19
junel 1/20.....	42
junel 1.5/30.....	42
junel fe 1/20.....	42
junel fe 1.5/30.....	42
junel fe 24.....	42
JUST RIGHT 5000 DENTAL GEL 1.1 %.....	26
JUST RIGHT 5000 DENTAL PASTE.....	26
JYLAMVO.....	49
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG... 39	
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG.....	39

K

K-PHOS-NEUTRAL.....	36
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ.....	36
kalliga.....	42
KAPSPARGO SPRINKLE.....	22
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG.....	24
kariva.....	42
kelnor 1/35.....	42
kelnor 1/50.....	42
KEPPRA ORAL.....	13
KEPPRA XR.....	13
KERENDIA ORAL TABLET 10 MG, 20 MG.....	22
KESIMPTA.....	25
ketoconazole external cream.....	16
ketoconazole external shampoo..	16
ketoconazole oral.....	16
ketorolac tromethamine ophthalmic.....	52
ketorolac tromethamine oral.....	10
KEVZARA SUBCUTANEOUS PREFILLED SYRINGE.....	49
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	49
KISQALI.....	17
KLARITY-A.....	52
KLARITY-C DROPS.....	53
KLARON.....	28
klayesta.....	16
KLISYRI (250 MG).....	28
KLISYRI (350 MG).....	28
KLONOPIN.....	20
klor-con.....	36
klor-con 10.....	36
klor-con m10.....	36
klor-con m15.....	36
klor-con m20.....	36
KLOXXADO.....	11
kls quit2.....	11
kls quit4.....	11

KOATE.....	35
KOATE-DVI.....	35
KOGENATE FS.....	35
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG.....	35
KOSELUGO.....	17
KOURZEQ.....	26
KOVALTRY.....	35
KRINTAFEL.....	18
kurvelo.....	42
KYZATREX.....	45

L

labetalol hcl oral.....	22
lacosamide oral.....	13
lactulose encephalopathy.....	38
lactulose oral solution.....	38
LAGEVRIO.....	19
LAMICTAL.....	13
LAMICTAL ODT ORAL TABLET DISPERSIBLE.....	13
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR ...	13
lamotrigine er.....	13
lamotrigine oral tablet.....	13
lamotrigine oral tablet chewable .	13
lamotrigine oral tablet dispersible.....	13
LANCETS.....	32
LANOXIN ORAL TABLET 125 MCG, 250 MCG.....	22
LANOXIN ORAL TABLET 62.5 MCG.....	22
lansoprazole oral capsule delayed release.....	38
lansoprazole oral tablet delayed release dispersible.....	38
LANTUS SOLOSTAR.....	34
LANTUS U-100 VIAL.....	34
larin 1/20.....	42
larin 1.5/30.....	42
larin 24 fe.....	42

larin fe 1/20	42	LIALDA	51	LOPID	22
larin fe 1.5/30	42	LIBERVANT BUCCAL FILM		LOPRESSOR ORAL TABLET	22
LASIX	22	10 MG, 12.5 MG, 15 MG, 5 MG,		LOPROX EXTERNAL SHAMPOO	
latanoprost ophthalmic	53	7.5 MG	14	1 %	16
LATUDA	19	LIBRAX	38	LOPROX EXTERNAL	
LEDIPASVIR-SOFOSBUVIR	19	lidocaine external ointment 5 % ...	9	SUSPENSION 0.77 %	28
leena	42	lidocaine external patch 5 %	9	lorazepam oral tablet	20
leflunomide oral	49	lidocaine hcl mouth/throat	26	loryna	42
lenalidomide	17	lidocaine viscous hcl	26	losartan potassium oral	22
lessina	42	lidocaine-prilocaine external		losartan potassium-hctz	22
letrozole oral	17	cream	9	LOTEMAX OPHTHALMIC GEL	52
leucovorin calcium oral	17	LIDOCAN	9	LOTEMAX OPHTHALMIC	
leuprolide acetate injection	44	LIDODERM	9	OINTMENT	52
levalbuterol hcl inhalation	56	LIDOTRAL 1 EXTERNAL PATCH		LOTEMAX OPHTHALMIC	
LEVALBUTEROL HFA		4.88 %	9	SUSPENSION	52
INHALATION AEROSOL		LIKMEZ	12	LOTEMAX SM	52
45 MCG/ACT	56	linezolid oral tablet	12	LOTENSIN	22
LEVBID	38	LINZESS	38	LOTENSIN HCT	22
levetiracetam er	13	liothyronine sodium oral	45	loteprednol etabonate	52
levetiracetam oral solution	13	LIPITOR	22	LOTREL	22
levetiracetam oral tablet	14	liraglutide	35	lovastatin oral	22
levo-t	45	lisdexamfetamine dimesylate	24	LOVAZA	22
levocarnitine oral solution	36	lisinopril oral	22	LOVENOX INJECTION	
levocarnitine oral tablet	39	lisinopril-hydrochlorothiazide	22	SOLUTION PREFILLED SYRINGE .	13
levocarnitine sf	36	LITFULO	49	low-ogestrel	42
levocetirizine dihydrochloride		lithium carbonate er	20	lubiprostone	38
oral	54	lithium carbonate oral	20	LUMAKRAS	17
levofloxacin oral tablet	12	LITHOBID	20	LUMIGAN	53
levonest	42	LIVALO	22	LUMRYZ	57
levonorg-eth estrad triphasic	42	LIVDELZI	38	LUNESTA	57
levonorgest-eth est & eth est		LO LOESTRIN FE	42	LUPKYNIS	49
oral tablet 42-21-21-7 days	42	lo-zumandimine	42	lurasidone hcl	19
levonorgest-eth estrad 91-day	42	LODINE	10	lutra	42
levonorgestrel-ethinyl estrad		LODOCO	22	lyleq	42
oral tablet 0.1-20 mg-mcg,		LOESTRIN 1/20 (21)	42	lyllana	42
0.15-30 mg-mcg	42	LOESTRIN 1.5/30 (21)	42	LYNPARZA	18
levora 0.15/30 (28)	42	LOESTRIN FE 1/20	42	LYRICA ORAL CAPSULE	25
LEVOTHYROXINE SODIUM		LOESTRIN FE 1.5/30	42	LYUMJEV KWIKPEN	34
ORAL CAPSULE	45	LOFENA	10	LYUMJEV TEMPO PEN	34
levothyroxine sodium oral tablet .	45	lojaimiess	42	LYUMJEV VIAL	34
levoxyl	45	LOKELMA	36	lyza	42
LEVSIN	38	LOMOTIL	38		
LEVSIN/SL	38	loperamide hcl oral capsule	38		
LEXAPRO	15				

M		
M-M-R II.....	50	MENOSTAR..... 42
M-NATAL PLUS.....	36	MENQUADFI..... 50
MACROBID.....	12	MENVEO 50
MACRODANTIN.....	12	MEPRON 18
MALARONE.....	18	mercaptopurine oral tablet 18
MARINOL 15		mesalamine er oral capsule
marlissa 42		0.375 gm 51
matzim la..... 22		mesalamine oral capsule
MAVENCLAD..... 25		delayed release 400 mg..... 51
MAVYRET ORAL PACKET..... 19		mesalamine oral tablet delayed
MAXALT 16		release 1.2 gm..... 51
MAXALT-MLT 16		mesalamine oral tablet delayed
maxi-tuss ac 54		release 800 mg 51
MAXITROL 52		mesalamine rectal enema..... 51
MAXZIDE ORAL TABLET		mesalamine rectal suppository... 51
75-50 MG 22		MESTINON ORAL TABLET 17
MAXZIDE-25 ORAL TABLET		METADATE CD 24
37.5-25 MG 22		metaxalone oral tablet 400 mg,
MAYZENT STARTER PACK ORAL		800 mg..... 57
TABLET THERAPY PACK		metaxalone oral tablet 640 mg... 57
12 X 0.25 MG 25		metformin hcl er..... 35
MAYZENT STARTER PACK ORAL		metformin hcl er (mod) 35
TABLET THERAPY PACK		metformin hcl er (osm)..... 35
7 X 0.25 MG 25		metformin hcl oral tablet
meclizine hcl oral tablet..... 15		1000 mg, 500 mg, 850 mg 35
MEDROL ORAL TABLET 16 MG,		metformin hcl oral tablet
4 MG, 8 MG..... 44		625 mg, 750 mg 35
MEDROL ORAL TABLET 2 MG 44		methadone hcl oral tablet..... 9
MEDROL ORAL TABLET		methenamine hippurate 12
THERAPY PACK 44		methimazole oral 45
medroxyprogesterone acetate		methocarbamol oral..... 57
intramuscular..... 42		methotrexate sodium (pf) 49
medroxyprogesterone acetate		methotrexate sodium injection
oral 42		solution 49
mefloquine hcl..... 18		methotrexate sodium oral 49
megestrol acetate oral		METHYLIN 24
suspension 40 mg/ml 45		methylphenidate hcl er (cd)..... 24
megestrol acetate oral tablet.... 42		methylphenidate hcl er (la) oral
meleya 42		capsule extended release 24
meloxicam oral tablet..... 10		hour 10 mg, 20 mg, 30 mg,
memantine hcl er..... 14		40 mg 24
memantine hcl oral tablet..... 14		methylphenidate hcl er (la) oral
MENOPUR..... 50		capsule extended release 24
		hour 60 mg..... 24
		methylphenidate hcl er (osm)
		oral tablet extended release
		18 mg, 27 mg, 36 mg, 54 mg 24
		METHYLPHENIDATE HCL ER
		(OSM) ORAL TABLET EXTENDED
		RELEASE 45 MG, 63 MG..... 24
		methylphenidate hcl er (osm)
		oral tablet extended release
		72 mg..... 24
		methylphenidate hcl er (xr) 24
		methylphenidate hcl er oral
		tablet extended release..... 24
		methylphenidate hcl er oral
		tablet extended release 24 hour.. 24
		methylphenidate hcl oral..... 25
		methylprednisolone oral 44
		metoclopramide hcl oral tablet... 15
		metolazone 22
		metoprolol succinate er..... 22
		metoprolol tartrate oral..... 22
		metoprolol-hydrochlorothiazide.. 22
		METROCREAM..... 28
		METROGEL 28
		METROLOTION 28
		metronidazole external 28
		metronidazole oral tablet 125 mg. 12
		metronidazole oral tablet
		250 mg, 500 mg 12
		metronidazole vaginal..... 12
		mexiletine hcl oral 22
		mibelas 24 fe..... 42
		MICARDIS..... 22
		MICARDIS HCT 22
		MICROCHAMBER..... 56
		MICRODOT TEST 32
		microgestin 1/20 43
		microgestin 1.5/30 42
		microgestin 24 fe oral tablet
		1-20 mg-mcg..... 43
		microgestin fe 1/20..... 43
		microgestin fe 1.5/30..... 43
		midodrine hcl 22
		MIEBO..... 53
		mili 43

mimvey.....	43	moxifloxacin hcl oral	12	naproxen oral tablet delayed release	10
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)....	43	MS CONTIN	9	naproxen sodium oral tablet 275 mg, 550 mg	10
MINILINK REAL-TIME TRANSMITTER.....	32	MULTAQ.....	22	naratriptan hcl	16
MINIMED 630G GUARDIAN PRESS	32	MULTI-VIT-FLOR	36	NARCAN.....	11
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	22	multi-vitamin/fluoride	36	NASCOBAL.....	36
MINIVELLE	41, 43	multivitamin w/fluoride	36	NATAZIA	43
minocycline hcl oral capsule	12	multivitamin/fluoride oral tablet chewable.....	36	nateglinide.....	35
minoxidil oral	22	mupirocin cream	12	NATESTO.....	45
mirabegron er.....	39	mupirocin ointment.....	12	NAYZILAM	14
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	43	MYAMBUTOL ORAL TABLET 400 MG.....	17	neбиволol hcl	22
mirtazapine oral	15	mycophenolate mofetil oral capsule.....	49	NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %...54	
MIRVASO.....	28	mycophenolate mofetil oral tablet.....	49	NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %...54	
misoprostol oral	38	mycophenolate sodium	49	necon 0.5/35 (28).....	43
MITIGARE.....	16	mycophenolic acid	49	NEFFY	54
MM BLOOD GLUCOSE SYSTEM...32		MYDAYIS.....	25	NEMLUVIO.....	28
MM BLOOD GLUCOSE SYSTEM REFILL	32	MYFEMBREE	43	neomycin sulfate oral	12
MM BLULINK GLUCOSE TEST32		MYFORTIC	49	neomycin-polymyxin-dexameth .52	
MM EASY TOUCH GLUCOSE METER.....	32	MYHIBBIN.....	49	neomycin-polymyxin-hc otic53	
modafinil oral	57	MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR ...39		NEONATAL COMPLETE.....36	
MODERNA COVID-19 VAC 6M-11Y	50	MYSOLINE	14	NEONATAL PLUS.....37	
		N		NEONATAL PRENATAL.....37	
mometasone furoate external....28		na sulfate-k sulfate-mg sulf.....38		NEONATAL VITAMIN	37
mometasone furoate nasal	54	nabumetone oral	10	NEORAL ORAL CAPSULE.....49	
MONDOXYNE NL	12	nadolol oral	22	NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	35
mono-lynyah	43	NALOCET	9	neuac.....	28
MONOJECT HYPODERMIC NEEDLE 18G X 1".....	32	naloxone hcl injection solution prefilled syringe	11	NEULASTA	35
montelukast sodium oral.....56		naloxone hcl nasal	11	NEUPRO.....	18
morphine sulfate er oral tablet extended release	9	naltrexone hcl oral.....	11	NEURONTIN	14
morphine sulfate oral tablet	9	NAMENDA ORAL TABLET 10 MG, 5 MG.....	14	NEUTEK 2TEK TEST.....32	
MOTEGRITY	38	NAMENDA TITRATION PAK	14	NEVANAC	52
MOTPOLY XR.....	14	NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	14	NEXIUM ORAL CAPSULE DELAYED RELEASE.....	38
MOUNJARO.....	35	NAPROSYN.....	10	NEXIUM ORAL PACKET	38
MOVIPREP	38	naproxen dr.....	10	NEXLETOL	22
moxifloxacin hcl (2x day).....52		naproxen oral tablet.....	10	NEXLIZET	22
moxifloxacin hcl ophthalmic.....52				NEXTSTELLIS.....	43
				NGENLA.....	45
				niacin er (antihyperlipidemic).....22	
				NICODERM CQ	11

NICORETTE MINI.....	11	norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/ 1-35 mg-mcg.....	43	NOVOLOG FLEXPEN	34
NICORETTE MOUTH/THROAT GUM.....	11	norethindrone acet-ethinyl est ...	43	NOVOLOG FLEXPEN RELION.....	34
NICORETTE MOUTH/THROAT LOZENGE	11	norethindrone acetate oral	43	NOVOLOG RELION	34
NICORETTE STARTER KIT.....	11	norethindrone oral	43	NOVOLOG U-100 VIAL	34
nicotine mini	11	norethindrone-eth estradiol	43	NOVOPEN ECHO.....	32
nicotine polacrilex mini.....	11	norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	43	NOXAFIL ORAL TABLET DELAYED RELEASE.....	16
nicotine polacrilex mouth/ throat.....	10, 11	norgestimate-ethinyl estradiol triphasic.....	43	np thyroid	45
nicotine step 1	11	NORITATE.....	28	NUBEQA.....	18
nicotine step 2	11	NORLIQVA	23	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	56
nicotine step 3	10, 11	norlyroc	43	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	56
nicotine transdermal patch 24 hour	11	NORPRAMIN.....	15	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML.....	56
nifedipine er	22	nortrel 0.5/35 (28).....	43	NUCYNTA	9
nifedipine er osmotic release	22	nortrel 1/35 (21)	43	NUCYNTA ER.....	9
nifedipine oral	22	nortrel 1/35 (28)	43	NUEDEXTA.....	25
nikki	43	nortrel 7/7/7	43	NULEV.....	38
nilotinib hcl.....	18	nortriptyline hcl oral capsule.....	15	NURTEC	16
NITRO-BID.....	22	NORVASC	23	NUTROPIN AQ NUSPIN 10	45
NITRO-DUR.....	22	NOVAREL	51	NUTROPIN AQ NUSPIN 20	45
nitrofurantoin macrocrystal	12	NOVOEIGHT	35	NUTROPIN AQ NUSPIN 5.....	45
nitrofurantoin monohydrate macrocrystals.....	12	NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	32	NUVARING.....	43
nitroglycerin rectal	23	NOVOFINE PEN NEEDLE.....	32	NUVESSA.....	12
nitroglycerin sublingual	23	NOVOFINE PLUS PEN NEEDLE ...	32	NUVIGIL	57
nitroglycerin transdermal.....	23	NOVOLIN 70/30 FLEXPEN.....	34	NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	35
NITROSTAT	23	NOVOLIN 70/30 FLEXPEN RELION.....	34	NUWIQ INTRAVENOUS KIT 1500 UNIT.....	36
NIVA THYROID.....	45	NOVOLIN 70/30 RELION	34	NUZYRA ORAL	12
NIVA-PLUS.....	37	NOVOLIN 70/30 VIAL.....	34	nyamyc.....	16
NIVESTYM	35	NOVOLIN N FLEXPEN.....	34	nylia 1/35.....	43
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG.....	45	NOVOLIN N FLEXPEN RELION ...	34	nylia 7/7/7.....	43
nora-be.....	43	NOVOLIN N RELION.....	34	nymyo oral tablet 0.25-35 mg-mcg.....	43
NORDITROPIN FLEXPEN	45	NOVOLIN N VIAL	34	nystatin external.....	16
norelgestromin-eth estradiol	43	NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION.....	34	nystatin mouth/throat	16
norethin ace-eth estrad-fe oral tablet.....	43	NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION.....	34	nystatin oral.....	16
norethin ace-eth estrad-fe oral tablet chewable.....	43	NOVOLIN R RELION.....	34	nystatin-triamcinolone.....	16
		NOVOLIN R VIAL	34		

nystop..... 16
 NYVEPRIA..... 36

O

ocella..... 43
 OCUFLOX..... 52
 ODACTRA..... 54
 ODEFSEY..... 19
 ODOMZO..... 18
 OFEV..... 57
 ofloxacin ophthalmic..... 52
 ofloxacin otic..... 53
 olanzapine oral..... 19
 olmesartan medoxomil oral..... 23
 olmesartan medoxomil-hctz..... 23
 olmesartan-amlodipine-hctz..... 23
 olopatadine hcl nasal..... 54
 olopatadine hcl ophthalmic
 solution 0.1 %..... 52
 olopatadine hcl ophthalmic
 solution 0.2 %..... 52
 OLUMIANT ORAL TABLET 1 MG,
 4 MG..... 49
 OLUMIANT ORAL TABLET 2 MG .. 49
 OMECLAMOX-PAK..... 38
 omega-3-acid ethyl esters..... 23
 omeprazole oral capsule delayed
 release..... 38
 OMNIPOD 5 DEXCOM INTRO
 KIT..... 32
 OMNIPOD 5 DEXCOM PODS..... 32
 OMNIPOD 5 G7 INTRO (GEN 5)
 KIT..... 32
 OMNIPOD 5 G7 PODS (GEN 5).... 32
 OMNIPOD 5 LIBRE INTRO KIT.... 32
 OMNIPOD 5 LIBRE PODS..... 32
 OMNITROPE..... 45
 OMVOH (300 MG DOSE)
 SUBCUTANEOUS SOLUTION
 AUTO-INJECTOR..... 49
 OMVOH SUBCUTANEOUS
 PREFILLED SYRINGE..... 49
 OMVOH SUBCUTANEOUS
 SOLUTION AUTO-INJECTOR..... 49

ON CALL EXPRESS BLOOD
 GLUCOSE..... 32
 ON CALL EXPRESS
 MONITORING SYS..... 32
 ondansetron hcl oral..... 15
 ondansetron odt oral tablet
 dispersible 16 mg..... 15
 ondansetron odt oral tablet
 dispersible 4 mg, 8 mg..... 15
 ONE VITE WOMENS..... 37
 ONE VITE WOMENS PLUS..... 37
 ONETOUCH ULTRA 2 KIT W/
 DEVICE..... 32
 ONETOUCH ULTRA BLUE TEST... 32
 ONETOUCH ULTRA TEST STRIPS. 32
 ONETOUCH VERIO FLEX
 SYSTEM KIT..... 32
 ONETOUCH VERIO IQ SYSTEM
 KIT W/DEVICE..... 32
 ONETOUCH VERIO KIT W/
 DEVICE..... 32
 ONETOUCH VERIO REFLECT KIT
 W/DEVICE..... 32
 ONETOUCH VERIO TEST STRIPS. 32
 ONEXTON..... 28
 ONFI..... 14
 ONGLYZA..... 35
 ONYDA XR..... 25
 OPSUMIT..... 57
 OPTIUMEZ TEST..... 32
 OPVEE..... 11
 OPZELURA..... 28
 ORACEA..... 28
 ORACIT..... 37
 ORAL CITRATE..... 37
 ORALONE..... 26
 ORENCIA CLICKJECT..... 49
 ORENCIA SUBCUTANEOUS..... 49
 ORFADIN ORAL CAPSULE..... 39
 ORFADIN ORAL SUSPENSION.... 39
 ORGOVYX..... 18
 ORIAHNN..... 45
 ORILISSA..... 45
 orphenadrine citrate er..... 57

OSCIMIN..... 38
 oseltamivir phosphate oral..... 19
 OSPHENA..... 36
 OTEZLA ORAL TABLET 20 MG 49
 OTEZLA ORAL TABLET 30 MG 49
 OTREXUP..... 49
 OVACE PLUS WASH EXTERNAL
 LIQUID..... 28
 OVACE WASH..... 28
 OVIDREL..... 51
 oxaprozin oral tablet..... 10
 OXAYDO ORAL TABLET 5 MG,
 7.5 MG..... 9
 oxcarbazepine..... 14
 oxcarbazepine er..... 14
 oxybutynin chloride er..... 39
 oxybutynin chloride oral..... 39
 OXYCODONE HCL ER ORAL
 TABLET ER 12 HOUR ABUSE-
 DETERRENT 10 MG, 20 MG,
 40 MG, 80 MG..... 9
 oxycodone hcl oral capsule..... 9
 oxycodone hcl oral solution..... 9
 oxycodone hcl oral tablet 10 mg,
 15 mg, 20 mg, 30 mg, 5 mg..... 9
 OXYCODONE-ACETAMINOPHEN
 ORAL TABLET 10-300 MG,
 2.5-300 MG, 5-300 MG,
 7.5-300 MG..... 9
 oxycodone-acetaminophen oral
 tablet 10-325 mg, 2.5-325 mg,
 5-325 mg, 7.5-325 mg..... 9
 OXYCONTIN..... 9
 OZEMPIC SUBCUTANEOUS
 SOLUTION PEN-INJECTOR
 2 MG/3ML..... 35
 OZEMPIC SUBCUTANEOUS
 SOLUTION PEN-INJECTOR
 4 MG/3ML, 8 MG/3ML..... 35

P

PACERONE ORAL TABLET
 100 MG, 400 MG..... 23
 PACERONE ORAL TABLET
 200 MG..... 23



paliperidone er.....	19	PHOSPHA 250 NEUTRAL.....	37	PRECISION XTRA KIT W/DEVICE..	32
PAMELOR.....	15	phospho-trin 250 neutral.....	37	PRED FORTE.....	52
PANCREAZE.....	39	phosphorous.....	37	PRED MILD.....	52
PANRETIN.....	28	pilocarpine hcl oral.....	26	prednisolone acetate	
pantoprazole sodium oral tablet		pimecrolimus.....	29	ophthalmic.....	52
delayed release.....	38	pimtrea.....	43	PREDNISOLONE ACETATE P-F....	52
PARADIGM REAL-TIME		pioglitazone hcl.....	35	prednisolone oral solution.....	44
TRANSMITTER.....	32	pioglitazone hcl-metformin hcl...	35	prednisolone sodium phosphate	
PARLODEL ORAL TABLET.....	18	PIP BLOOD GLUCOSE TEST		oral solution 10 mg/5ml, 20	
paroxetine hcl er.....	15	STRIP.....	32	mg/5ml, 25 mg/5ml, 5 mg/5ml ...	44
paroxetine hcl oral tablet.....	15	PIQRAY.....	18	prednisolone sodium phosphate	
PATANASE NASAL SOLUTION		piroxicam oral.....	10	oral solution 15 mg/5ml.....	44
0.6 %.....	54	pitavastatin calcium.....	23	prednisone oral.....	44
PAXIL.....	15	PLAQUENIL.....	18	pregabalin oral capsule.....	25
PAXIL CR.....	15	PLAVIX.....	19	PREGNYL.....	51
PAXLOVID.....	19	PLEGRIDY INTRAMUSCULAR.....	25	PREMARIN ORAL.....	43
PEDIAPRED.....	44	PLEGRIDY STARTER PACK.....	25	PREMARIN VAGINAL.....	43
peg 3350-kcl-na bicarb-nacl.....	38	PLEGRIDY SUBCUTANEOUS.....	25	PREMIUM BLOOD GLUCOSE	
peg-3350/electrolytes.....	38	PLENVU.....	39	TEST IN VITRO STRIP.....	32
peg-3350/electrolytes/ascorbat..	38	PLEXION CLEANSER.....	29	premium lidocaine.....	9
peg-kcl-nacl-nasulf-na asc-c.....	39	pnv 27-ca/fe/fa.....	37	PREMPHASE.....	43
penicillin v potassium.....	12	podofilox external solution.....	29	PREMPRO.....	43
pentoxifylline er.....	23	POKONZA.....	37	prenatal oral tablet 27-0.8 mg....	37
PEPCID.....	38	POLY-VI-FLOR ORAL TABLET		prenatal oral tablet 27-1 mg.....	37
perampanel.....	14	CHEWABLE.....	37	prenatal plus.....	37
PERCOCET.....	9	POLYCIN.....	52	prenatal plus vitamin/mineral....	37
PERFOROMIST.....	56	polymyxin b-trimethoprim.....	52	prenatal vitamins oral tablet	
PERIDEX.....	26	POMALYST.....	18	27-0.8 mg.....	37
periogard.....	26	portia-28.....	43	PRENATE MINI.....	37
permethrin external.....	18	posaconazole oral tablet		PRENATOL-M.....	37
perphenazine oral.....	15	delayed release.....	16	PRENATRIX.....	37
PERTZYE.....	39	potassium chloride crys er.....	37	PRENATRYL.....	37
PFIZER COVID-19 VAC-TRIS		potassium chloride er.....	37	PREVACID.....	38
5-11Y.....	50	potassium chloride oral.....	37	PREVACID SOLUTAB.....	38
PFIZER COVID-19 VAC-TRIS		potassium citrate er.....	37	prevalite.....	23
6M-4Y.....	50	PRADAXA ORAL CAPSULE.....	13	PREVIDENT 5000 BOOSTER	
phenazo oral tablet 200 mg.....	39	PRALUENT.....	23	PLUS.....	26
phenazopyridine hcl oral tablet		pramipexole dihydrochloride.....	18	PREVIDENT 5000 DRY MOUTH... ..	26
100 mg, 200 mg.....	39	prasugrel hcl.....	19	PREVIDENT 5000 ENAMEL	
phenobarbital oral tablet.....	14	pravastatin sodium.....	23	PROTECT.....	37
phenytek.....	14	prazosin hcl oral.....	23	PREVIDENT 5000 KIDS.....	26
phenytoin sodium extended.....	14	PRECISION XTRA BLOOD		PREVIDENT 5000 ORTHO	
PHEXXI.....	43	GLUCOSE.....	32	DEFENSE.....	26
philith.....	43			PREVIDENT 5000 PLUS.....	26

PREVIDENT 5000 SENSITIVE	37
PREVIDENT DENTAL	26
PREVNAR 20	50
PREVYMIS ORAL TABLET	19
PREZCOBIX	19
primidone oral tablet 125 mg	14
primidone oral tablet 250 mg, 50 mg	14
PRIORIX	50
PRISTIQ	15
probenecid	16
PROCARDIA XL	23
PROCHAMBER VHC	56
prochlorperazine maleate oral . . .	15
PROCORT	51
procto-med hc	51
PROCTOCORT EXTERNAL	51
PROCTOCORT RECTAL	51
PROCTOFOAM HC	51
PROCTOSOL HC	51
PROCTOZONE-HC	51
progesterone intramuscular	43
progesterone oral	43
PROGRAF ORAL CAPSULE	49
PROLATE ORAL TABLET	9
PROLENSA	52
promethazine hcl oral solution . . .	15
promethazine hcl oral tablet	15
promethazine hcl rectal	15
promethazine-codeine	54
promethazine-dm	54
PROMETHEGAN	15
PROMETRIUM	43
propafenone hcl	23
propafenone hcl er	23
propranolol hcl er	23
propranolol hcl oral	23
propylthiouracil oral	45
PROSCAR	40
PROTONIX ORAL TABLET DELAYED RELEASE	38

PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	56
PROVERA	40, 43
PROVIGIL	57
PROZAC	15
prucalopride succinate	39
pseudoephedrine- bromphen-dm	54
PTS PANELS EGLU TEST	32
PULMICORT SUSPENSION	56
PULMOSAL	54
PULMOZYME	57
PYLERA	38
PYRIDIUM	39
pyridostigmine bromide oral tablet 30 mg	17
pyridostigmine bromide oral tablet 60 mg	17

Q

qc nicotine transdermal system . .	11
QELBREE	25
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	43
QUESTRAN	23
QUESTRAN LIGHT	23
quetiapine fumarate	19
quetiapine fumarate er	19
QUFLORA PEDIATRIC	37
QUICK TOUCH BLOOD GLUCOSE	33
QUICK TOUCH BLOOD GLUCOSE TEST	33
QUILLICHEW ER	25
QUILLIVANT XR	25
QUINTET AC BLOOD GLUCOSE TEST	33
QUINTET BLOOD GLUCOSE TEST	33
QULIPTA	16
QUVIVIQ	57
QVAR REDHALER	56

R

ra mini nicotine	11
ra nicotine mouth/throat gum 4 mg	11
ra nicotine polacrilex	11
ra nicotine transdermal patch 24 hour 21 mg/24hr	11
rabeprazole sodium oral tablet delayed release	38
RADICAVA ORS	25
RADICAVA ORS STARTER KIT	25
RALDESY	15
raloxifene hcl	51
ramelteon	57
ramipril	23
ranolazine er	23
RAPAFLO	40
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	49
rasagiline mesylate oral	18
RASUVO	49
reclipsen	43
RECOMBINATE	36
RECOMBIVAX HB	50
RECTIV	23
REGLAN	15
RELAFEN DS	10
RELEXXII	25
RELION GLUCOSE TEST STRIPS . .	33
RELION TRUE MET AIR GLUC METER	33
RELION TRUE METRIX TEST STRIPS	33
RELION ULTIMA GLUCOSE SYSTEM	33
RELION ULTIMA TEST	33
RELPAK	16
RELTONE	39
REMERON	15
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	15
RENTHYROID	45
REVELA ORAL TABLET	39



repaglinide.....	35	ROBINUL-FORTE ORAL TABLET 2 MG.....	39	sertraline hcl oral concentrate....	15
REPATHA.....	23	ROCALTROL ORAL CAPSULE.....	51	sertraline hcl oral tablet.....	15
REPATHA PUSHTRONEX SYSTEM.....	23	ROCKLATAN.....	53	setlakin.....	43
REPATHA SURECLICK.....	23	roflumilast.....	56	sevelamer carbonate oral tablet..	39
RESTASIS.....	53	ropinirole hcl.....	18	SEYSARA.....	12
RESTASIS MULTIDOSE.....	53	rosuvastatin calcium oral.....	23	sf 5000 plus.....	26
RESTORIL.....	57	rosyrah.....	43	sf gel 1.1%.....	26
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML.....	36	roweepra.....	14	SFROWASA.....	51
RETACRIT INJECTION SOLUTION 20000 UNIT/ML.....	36	ROXICODONE.....	9	sharobel.....	43
RETEVMO ORAL CAPSULE 40 MG.....	18	ROZEREM.....	57	SHINGRIX.....	50
RETEVMO ORAL CAPSULE 80 MG.....	18	ROZLYTREK.....	18	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg.....	36
RETIN-A.....	29	RUCONEST.....	49	sildenafil citrate oral tablet 20 mg.....	57
REVATIO ORAL.....	57	RUKOBIA.....	19	SILENOR.....	57
REVLIMID.....	18	RYALTRIS.....	54	silodosin.....	40
REXTOVY.....	11	RYBELSUS.....	35	SILVADENE.....	12
REXULTI.....	19	RYDAPT.....	18	silver sulfadiazine external.....	12
REYVOW.....	16	RYTARY.....	18	SIMLANDI (1 PEN).....	49
REZDIFFRA.....	39	RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG.....	23	SIMLANDI (1 SYRINGE).....	49
RHOFADE.....	29	ryvent.....	54	SIMLANDI (2 PEN).....	49
RHOPRESSA.....	53	S		SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML.....	49
rifampin oral.....	17	sacubitril-valsartan.....	23	SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML.....	49
RIGHTEST GT333 GLUCOSE TEST.....	33	SAFYRAL.....	43	simliya.....	43
RINVOQ.....	49	SALAGEN.....	26	simpesse.....	43
risedronate sodium oral tablet 150 mg, 35 mg.....	51	SANTYL.....	29	SIMPLERA SENSOR.....	33
risedronate sodium oral tablet 30 mg, 5 mg.....	51	SAPHRIS.....	19	SIMPLERA SYNC SENSOR.....	33
RISPERDAL.....	19	SAVELLA.....	25	SIMPLERA SYSTEM.....	33
risperidone.....	19	saxagliptin hcl.....	35	SIMPONI.....	49
RITALIN.....	25	saxagliptin-metformin er.....	35	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg.....	23
RITALIN LA.....	25	SCEMBLIX.....	18	simvastatin oral tablet 80 mg.....	23
rivaroxaban.....	13	scopolamine.....	15	SINEMET.....	18
rivastigmine.....	14	SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG.....	43	SINGULAIR ORAL PACKET.....	56
rivastigmine tartrate.....	14	selenium sulfide external lotion ..	29	SINGULAIR ORAL TABLET.....	56
rivelsa.....	43	SENSIPAR.....	52	SINGULAIR ORAL TABLET CHEWABLE.....	56
rizatriptan benzoate.....	16	SEREVENT DISKUS.....	56	sirolimus oral tablet.....	49
ROBINUL ORAL TABLET 1 MG.....	39	SEROQUEL.....	19	SITAVIG.....	19
		SEROQUEL XR.....	19	SKYRIZI PEN.....	49
		SERTRALINE HCL ORAL CAPSULE.....	15		

SKYRIZI SUBCUTANEOUS.....	49	STELARA SUBCUTANEOUS		SUTAB	39
SKYTROFA	45	SOLUTION PREFILLED SYRINGE.	49	syeda	43
SLYND.....	43	STENDRA.....	36	SYMBICORT.....	56
sm nicotine.....	11	STEQEYMA SUBCUTANEOUS	49	SYMFI	19
sm nicotine polacrilex	11	STIOLTO RESPIMAT	56	SYMFI LO ORAL TABLET	
sm nicotine transdermal patch		STIVARGA.....	18	400-300-300 MG.....	19
24 hour 14 mg/24hr, 21 mg/24hr,		STRATTERA ORAL CAPSULE		SYMJEPI INJECTION SOLUTION	
7 mg/24hr.....	11	10 MG, 100 MG, 18 MG, 25 MG,		PREFILLED SYRINGE 0.15	
SOAANZ.....	23	40 MG, 60 MG, 80 MG.....	25	MG/0.3ML, 0.3 MG/0.3ML.....	54
sod citrate-citric acid oral		STRENSIQ.....	39	SYMLINPEN 120	35
solution 500-334 mg/5ml.....	37	STRIVERDI RESPIMAT.....	56	SYMLINPEN 60	35
sod fluoride-potassium nitrate ...	37	STROMECTOL	18	SYMPAZAN.....	14
sodium chloride inhalation.....	55	SUBOXONE	11	SYMPROIC	39
sodium fluoride 5000 enamel	37	subvenite.....	14	SYNALAR.....	29
sodium fluoride 5000 plus	26	SUCRAID.....	39	SYNALAR EXTERNAL SOLUTION	
sodium fluoride 5000 ppm	26	sucalfate oral	38	0.01 %.....	29
sodium fluoride 5000 sensitive...	37	SUFLAVE	39	SYNJARDY	35
sodium fluoride dental	26	sulfacetamide sod-sulfur wash		SYNJARDY XR.....	35
sodium fluoride oral solution	37	external liquid 9-4 %.....	29	SYNTHROID.....	45
sodium fluoride oral tablet		sulfacetamide sod-sulfur wash			
chewable.....	37	external liquid 9-4.5 %.....	29		
SODIUM OXYBATE.....	58	sulfacetamide sodium (acne)	29		
sodium sulfacetamide wash	29	sulfacetamide sodium external...	29		
SOFOSBUVIR-VELPATASVIR.....	19	sulfacetamide sodium			
solifenacin succinate	39	ophthalmic solution	52		
SOLQUA.....	35	sulfacetamide sodium-sulfur			
SOMA.....	57	external liquid 10-2 %, 10-5 %,			
SOOLANTRA.....	29	9-4 %, 9.8-4.8 %.....	29		
sotalol hcl oral	23	sulfacetamide sodium-sulfur			
SOTYKTU.....	49	external liquid 9-4.5 %.....	29		
SOVUNA.....	18	sulfamethoxazole-trimethoprim			
SPIKEVAX	50	oral suspension 200-40 mg/5ml. .	12		
SPIRIVA HANDIHALER	56	sulfamethoxazole-trimethoprim			
SPIRIVA RESPIMAT	56	oral tablet.....	12		
spironolactone oral tablet.....	23	sulfasalazine oral	51		
spironolactone-hctz.....	23	sulfatrim pediatric.....	12		
SPORANOX	16	sulindac oral	10		
SPRAVATO (56 MG DOSE).....	15	SUMADAN WASH	29		
SPRAVATO (84 MG DOSE).....	15	sumatriptan nasal	16		
sprintec 28	43	sumatriptan succinate oral.....	16		
SPRYCEL	18	sumatriptan succinate			
sronyx	43	subcutaneous solution auto-			
ssd.....	12	injector	16		
		SUNOSI	58		
		SUPREP BOWEL PREP KIT.....	39		

T

TABRECTA.....	18
TACLONEX EXTERNAL	
OINTMENT 0.005-0.064 %.....	29
TACLONEX EXTERNAL	
SUSPENSION	29
tacrolimus external.....	29
tacrolimus oral.....	49
tadalafil (pah).....	57
tadalafil oral.....	36
TADLIQ.....	57
tafluprost (pf).....	53
TAGRISSO.....	18
TAKHZYRO SUBCUTANEOUS	
SOLUTION	49
TALTZ SUBCUTANEOUS	
SOLUTION AUTO-INJECTOR	49
TAMIFLU	20
tamoxifen citrate oral tablet	
10 mg.....	18
tamoxifen citrate oral tablet	
20 mg	18
tamsulosin hcl	40
TANLOR	57

TAPERDEX 12-DAY	44	terconazole	16	TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %.....	53
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	44	teriflunomide	25	tinidazole oral.....	12
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	44	teriparatide solution pen- injector 560 mcg/2.24ml subcutaneous.....	51	tiotropium bromide monohydrate	56
TAPERDEX 7-DAY	44	TESTIM.....	45	TIROSINT	46
TARGADOX.....	12	TESTOSTERONE CYPIONATE INJECTION	45	TIROSINT-SOL.....	46
tarina 24 fe	43	testosterone cypionate intramuscular.....	45	TIVICAY	20
tarina fe 1/20 eq	43	testosterone enanthate intramuscular.....	45	tizanidine hcl oral.....	57
TASIGNA	18	testosterone gel 12.5 mg/act (1%) transdermal.....	45	TLANDO.....	45
TAVALISSE	36	testosterone gel 20.25 mg/act (1.62%) transdermal	45	TOBI PODHALER.....	57
tazarotene external cream	29	testosterone gel 25 mg/2.5gm (1%) transdermal.....	45	TOBRADEX OPHTHALMIC OINTMENT.....	52
TAZORAC EXTERNAL CREAM.....	29	testosterone transdermal gel 10 mg/act (2%), 20.25 mg/ 1.25gm (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%).....	45	TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %.....	52
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg.....	23	testosterone transdermal gel 1.62 %.....	45	TOBRADEX ST	52
TECFIDERA ORAL CAPSULE DELAYED RELEASE.....	25	tetracycline hcl oral capsule	12	tobramycin ophthalmic	52
TECHLITE INSULIN SYRINGES ...	33	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	56	tobramycin-dexamethasone.....	52
TECHLITE PEN NEEDLES.....	33	THALITONE.....	23	TOLAK.....	29
TECHLITE PLUS PEN NEEDLES ...	33	THRIVE	11	TOLSURA.....	16
TEGLUTIK.....	25	THYQUIDITY.....	45	tolterodine tartrate.....	39
TEGRETOL ORAL TABLET	14	thyroid oral.....	45, 46	tolterodine tartrate er.....	39
TEGRETOL-XR.....	14	tiadylt er.....	23	tolvaptan oral tablet therapy pack 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg.....	39
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	39	TIAZAC	23	tolvaptan oral tablet therapy pack 30 & 15 mg	39
TEKTURNA	23	ticagrelor.....	19	TOPAMAX	14
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG.....	23	TIGLUTIK	25	TOPAMAX SPRINKLE	14
telmisartan.....	23	TIKOSYN	23	TOPICORT	29
telmisartan-hctz.....	23	tilia fe.....	43	TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	29
temazepam	58	timolol hemihydrate.....	53	topiramate er oral capsule extended release 24 hour	14
temozolomide	18	timolol maleate (once-daily)	53	topiramate oral capsule sprinkle..	14
TEMPO REFILL.....	33	timolol maleate ocudose.....	53	topiramate oral tablet.....	14
TEMPO WELCOME.....	33	timolol maleate ophthalmic.....	53	TOPROL XL.....	23
TENCON	9	timolol maleate pf	53	torpenz.....	18
TENIVAC	50	TIMOPTIC OCUDOSE	53	torsemide.....	23
tenofovir disoproxil fumarate	20	TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %.....	53	TOSYMRA	16
TENORETIC 100	23			TOUJEO MAX SOLOSTAR	34
TENORETIC 50	23			TOUJEO SOLOSTAR	34
TENORMIN.....	23			TRACLEER	57
terazosin hcl	40				
terbinafine hcl oral	16				

TRADJENTA.....	35	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %.....	29	TRUE METRIX GO GLUCOSE METER.....	33
tramadol hcl (er biphasic) oral tablet extended release 24 hour ...	9	triamcinolone acetonide external ointment 0.05 %.....	29	TRUE METRIX METER	33
tramadol hcl er.....	9, 10	triamcinolone acetonide mouth/ throat.....	26	TRUE METRIX PRO BLOOD GLUCOSE	33
tramadol hcl oral tablet 100 mg, 25 mg, 50 mg	10	triamcinolone in absorbase	29	TRULANCE.....	39
tramadol hcl oral tablet 75 mg....	10	triamterene-hctz	23	TRULICITY.....	35
tramadol-acetaminophen	10	TRIANEX EXTERNAL OINTMENT 0.05 %	29	TRUQAP ORAL TABLET.....	18
trandolapril	23	triazolam	20	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	20
tranexamic acid oral.....	36	TRIBENZOR	23	TRUVADA ORAL TABLET 200-300 MG	20
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	15	TRICARE ORAL TABLET	37	turqoz	44
TRAVATAN Z.....	53	TRICOR.....	23	TWIIST REFILL KIT.....	33
travoprost (bak free)	53	TRIDACAINE II.....	10	TWIIST REFILL KIT/INFUSION SET	33
trazodone hcl oral	15	TRIDACAINE III.....	10	TWIIST STARTER KIT	33
TRELEGY ELLIPTA.....	56	triderm	29	TWINRIX	50
TREMFYA.....	29, 49	TRIDESILON EXTERNAL CREAM 0.05 %	29	TWIRLA	44
TRESIBA FLEXTOUCH.....	34	trihexyphenidyl hcl oral tablet	18	TYBLUME	44
tretinoin external cream	29	TRIJARDY XR.....	35	tydemy oral tablet 3-0.03-0.451 mg.....	44
tretinoin external gel 0.01 %, 0.025 %.....	29	TRIKAFTA ORAL TABLET THERAPY PACK	57	TYMLOS.....	51
TREXALL.....	49	TRILEPTAL.....	14	TYRVAYA	53
TREZIX.....	10	TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG	23	TYVASO	57
tri-estarylla	43	trimethoprim oral	12	TYVASO DPI INSTITUTIONAL KIT.....	57
tri-legest fe	44	TRINATAL RX 1.....	37	TYVASO DPI MAINTENANCE KIT ..	57
tri-linyah.....	44	TRINATE.....	37	TYVASO DPI TITRATION KIT	57
tri-lo-estarylla	44	TRINTELLIX.....	15	TYVASO REFILL KIT.....	57
tri-lo-marzia	44	tritocin external ointment 0.05 %.	29	TYVASO STARTER KIT	57
tri-lo-mili.....	44	TRIUMEQ.....	20		
tri-lo-sprintec.....	44	trivora (28).....	44		
tri-mili	44	TROKENDI XR.....	14		
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg.....	44	trosipium chloride.....	40		
tri-sprintec.....	44	trosipium chloride er.....	40		
tri-vite/fluoride.....	37	TRUE FOCUS BLOOD GLUCOSE STRIP.....	33		
tri-vylibra.....	44	TRUE METRIX AIR GLUCOSE METER KIT	33		
tri-vylibra lo	44	TRUE METRIX BLOOD GLUCOSE TEST.....	33		
triamcinolone acetonide external cream.....	29				
triamcinolone acetonide external lotion	29				

U

UBRELVY	16
UCERIS ORAL.....	51
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	36
ULORIC	16
UMECLIDINIUM-VILANTEROL ...	56
UNDECATREX.....	45
UNISTRIPI1 GENERIC.....	33
unithroid	46

urea external cream 20 %, 40 %, 41 %, 45 %	29
urea external cream 39 %, 47 %	29
UREA EXTERNAL CREAM 39.5 %	29
uredeb	29
UREMEZ-40	29
URESOL	29
UROCIT-K 10	37
UROCIT-K 15	37
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	37
UROXATRAL	40
URSO 250 ORAL TABLET 250 MG	39
URSO FORTE	39
URSODIOL ORAL CAPSULE 200 MG, 400 MG	39
ursodiol oral capsule 300 mg	39
ursodiol oral tablet	39
USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	49

V

VAGIFEM	44
valacyclovir hcl oral	20
VALCYTE ORAL TABLET	20
valganciclovir hcl oral tablet	20
VALIUM	20
valproic acid oral capsule	14
valproic acid oral solution 250 mg/5ml	14
VALSARTAN ORAL SOLUTION	23
valsartan oral tablet	23
valsartan-hydrochlorothiazide	23
VALTOCO	14
VALTREX	20
valtya 1/50	44
VANADOM ORAL TABLET 350 MG	57
VANCOCIN	12
vancomycin hcl oral capsule	12
VANDAZOLE	12
VANOS	29

VANRAFIA	40
VAQTA	50
vardenafil hcl oral tablet	36
varenicline tartrate	11
varenicline tartrate (starter)	11
varenicline tartrate(continue)	11
VARIVAX	50
VASCEPA	23
VASERETIC	23
VASOTEC	23
velivet	44
VELPHORO	40
VELTASSA	37
VEMLIDY	20
VENCLEXTA	18
venlafaxine hcl	15
venlafaxine hcl er oral capsule extended release 24 hour	15
venlafaxine hcl er oral tablet extended release 24 hour	15
VENTOLIN HFA	55, 56
VEOZAH	25
verapamil hcl er	23
verapamil hcl oral	23
VERELAN	24
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	24
VERISAFE SAFETY STERILE NEEDLE	33
VERKAZIA	53
VERQUVO	24
VERZENIO	18
VESICARE	40
vestura	44
VEVYE	53
VFEND ORAL TABLET 200 MG	16
VFEND ORAL TABLET 50 MG	16
VIAGRA	36
VIBERZI	39
VIBRAMYCIN ORAL CAPSULE 100 MG	12

VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	13
vienva	44
VIGAMOX	52
VIIBRYD	15
vilazodone hcl	15
VIMPAT ORAL	14
viorele	44
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	20
VIREAD ORAL TABLET 300 MG	20
VISTARIL ORAL CAPSULE 25 MG	20
VITAFOL FE+	37
VITAFOL ULTRA	37
VITAFOL-OB	37
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	37
VITATHELY WITH GINGER	37
VITRAKVI	18
VIVAGUARD INO GLUCOSE METER KIT	33
VIVAGUARD INO TEST STRIPS	33
VIVELLE-DOT	41, 44
VIVJOA	16
VIVOTIF	50
VOGELXO	45
VOGELXO PUMP	45
volnea	44
VOQUEZNA	38
VOQUEZNA DUAL PAK	38
VOQUEZNA TRIPLE PAK	38
voriconazole oral tablet	16
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	56
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	56
VORTEX VALVE CHAMBER-PEDI MASK	56
VORTEX VALVED HOLDING CHAMBER	56
VOSEVI	20

VOYDEYA.....	36
VRAYLAR.....	19
VTAMA.....	29
vyfemla.....	44
VYLEESI.....	36
vylibra.....	44
VYNDAMAX.....	39
VYNDAQEL.....	24
VYTORIN.....	24
VYVANSE.....	25
VYZULTA.....	53

W

WAINUA.....	15
WAKIX.....	58
warfarin sodium oral.....	13
WELCHOL ORAL TABLET.....	24
WELLBUTRIN SR.....	15
WELLBUTRIN XL.....	15
wera.....	44
wes-phos 250 neutral.....	37
WESTAB PLUS.....	37
WEZLANA.....	49
WILATE.....	36
WINLEVI.....	29
wixela inhub.....	56

X

XACIATO.....	13
XALATAN.....	53
XANAX.....	20
XANAX XR.....	20
xarah fe.....	44
XARELTO.....	13
XARELTO STARTER PACK.....	13
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG ..	14
XDEMVI.....	52
XELJANZ.....	49
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG.....	49

XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG.....	49
XELODA.....	18
XENLETA ORAL TABLET 600 MG ..	13
XHANCE.....	55
XIFAXAN ORAL TABLET 200 MG..	13
XIFAXAN ORAL TABLET 550 MG..	13
XIGDUO XR.....	35
XIIDRA.....	53
XOFLUZA (40 MG DOSE).....	20
XOFLUZA (80 MG DOSE).....	20
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	56
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.....	50
XOPENEX HFA.....	56
XTAMPZA ER.....	10
XTANDI.....	18
xulane.....	44
xurea.....	29
XYOSTED.....	45
XYWAV.....	58

Y

YASMIN 28.....	44
YAZ.....	44
YESINTEK SUBCUTANEOUS.....	50
YORVIPATH.....	52
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML	50
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/0.8ML	50
YUFLYMA (2 PEN).....	50
YUFLYMA (2 SYRINGE).....	50
YUFLYMA-CD/UC/HS STARTER... ..	50
YUPELRI.....	57
YUSIMRY.....	50
yuvaferm.....	44

Z

zafemy.....	44
zafirlukast.....	57
zaleplon.....	58
ZANAFLEX.....	57
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG.....	57
ZARONTIN.....	14
ZARXIO.....	36
ZAVZPRET.....	17
ZEBUTAL ORAL CAPSULE 50-325-40 MG.....	10
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	35
ZEJULA ORAL CAPSULE 100 MG ..	18
ZELBORAF.....	18
ZEMBRACE SYMTOUCH.....	17
zenatane.....	29
ZENPEP.....	39
ZENZEDI.....	25
ZEPOSIA.....	25
ZEPOSIA 7-DAY STARTER PACK... ..	25
ZEPOSIA STARTER KIT	25
ZESTORETIC.....	24
ZESTRIL ORAL TABLET 2.5 MG, 30 MG, 40 MG.....	24
ZESTRIL TABLET 10 MG ORAL	24
ZESTRIL TABLET 20 MG ORAL	24
ZESTRIL TABLET 5 MG ORAL	24
ZETIA.....	24
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	55
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG.....	24
ZIAC ORAL TABLET 5-6.25 MG ...	24
ZILBRYSQ.....	17
ZILXI.....	29
ZIMHI.....	11
ZIOPTAN.....	53
ziprasidone hcl.....	19
ZITHROMAX ORAL.....	13
ZITHROMAX TRI-PAK.....	13
ZITHROMAX Z-PAK.....	13

ZOCOR	24
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG.....	17
zolmitriptan nasal solution 5 mg..	17
zolmitriptan oral	17
ZOLOFT	15
zolpidem tartrate er	58
zolpidem tartrate oral tablet.....	58
ZOMIG NASAL SOLUTION 2.5 MG.....	17
ZOMIG NASAL SOLUTION 5 MG..	17
ZOMIG ORAL TABLET 5 MG	17
ZONEGRAN	14
zonisamide oral.....	14
ZORTRESS.....	50
ZORYVE EXTERNAL CREAM 0.15 %.....	29
ZORYVE EXTERNAL CREAM 0.3 %.....	29
ZORYVE EXTERNAL FOAM	29
zovia 1/35 (28)	44
ZOVIRAX EXTERNAL OINTMENT .	20
ZTLIDO.....	10
ZUBSOLV.....	11
zumandimine	44
ZURZUVAE	15
ZYCLARA.....	29
ZYCLARA PUMP	29
ZYLET	52
ZYLOPRIM ORAL TABLET 100 MG, 300 MG.....	16
ZYPREXA ORAL.....	19
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	19
ZYTIGA.....	18
ZYVOX ORAL TABLET	13

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

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

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

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

ចំណាំ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (Cambodian-Mon-Khmer) សេវាជំនួយភាសាគតិកថ្លែ និងការទំនាក់ទំនងគតិកថ្លែក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ចូរសព្វធុមកលេខគតិកថ្លែនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

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

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

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

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

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

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

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

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

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

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

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

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

ໝາຍເຫດ: ຖ້າຫາກທ່ານເວົ້າພາສາລາວ (Lao), ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພຣີ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆພຣີ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ໂທຫາເບີໂທພຣີຢູ່ທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

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

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

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

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

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

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

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

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

โปรดทราบ หากคุณพูดภาษาไทย (Thai) ได้

คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรีเช่น

การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรศัพท์สำหรับสมาชิกตามบัตรประจำตัวของคุณ

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

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

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

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