



Your 2026 Prescription Drug List

Advantage 3-Tier

Effective January 1, 2026



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of January 1, 2026 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Partnership Plan, UnitedHealthcare Freedom Plans, River Valley, UnitedHealthcare Level Funded, Level2, Global Solutions, Student Resources, Surest, UnitedHealthcare of Nevada, UnitedHealthOne and Oxford medical plans when sold in your market with a pharmacy benefit subject to the Advantage 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

Table of contents

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



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

Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

About this PDL

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

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



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lower-cost Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost Medications that provide good overall value. A mix of brand-name and generic drugs.	Use Tier 2 drugs, instead of Tier 3, to help lower your out-of-pocket costs.
Tier 3	\$\$\$ Highest-cost Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Ask your doctor if a Tier 1 or Tier 2 option could work for you.



Reading your PDL (continued)

Drug list information

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

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

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

4. Not applicable to Neighborhood Health Plan, some UnitedHealthcare Freedom Plans 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	E	
apap-caff-dihydrocodeine	3	QL
ascomp-codeine	1	QL
bac (butalbital-acetamin-caff)	1	QL
BELBUCA	3	PA, QL
BUPAP ORAL TABLET 50-300 MG	E	
buprenorphine	3	PA, QL
butalbital-acetaminophen oral tablet 50-300 mg	E	
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	E	QL
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
butalbital-apap-caffeine oral tablet	1	QL
butalbital-asa-caff-codeine	1	QL
butalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	2	QL
BUTRANS	E	PA, QL
DILAUDID ORAL TABLET	E	QL
endocet	1	QL
ESGIC ORAL CAPSULE 50-325-40 MG	3	QL
ESGIC ORAL TABLET 50-325-40 MG	3	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, QL
FIORICET	3	QL

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

See page 6-8 for coverage details.



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

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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
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	3	H
NICORETTE MINI	2	H

Drug Name	Drug Tier	Requirements & Limits
NICORETTE MOUTH/THROAT GUM	3	H
NICORETTE MOUTH/THROAT LOZENGE	2	H
NICORETTE STARTER KIT	3	H
nicotine mini	1	H
nicotine polacrilex mini	1	H
nicotine polacrilex mouth/throat	1	H
nicotine step 1	1	H
nicotine step 2	1	H
nicotine step 3	1	H
nicotine transdermal patch 24 hour	1	H
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	3	H
varenicline tartrate	3	PA, H
varenicline tartrate (starter)	3	PA, H
varenicline tartrate(continue)	3	PA, H
ZIMHI	2	QL
ZUBSOLV	2	QL
Antibacterials - Drugs for Infections		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
AUGMENTIN	E	

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
penicillin v potassium	1	
SEYSARA	E	
SILVADENE	3	
silver sulfadiazine external	1	
ssd	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric	1	
TARGADOX	E	
tetracycline hcl oral capsule	3	
tinidazole oral	3	
trimethoprim oral	1	
VANCOCIN	3	
vancomycin hcl oral capsule	1	
VANDAZOLE	3	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	3	
XACIATO	2	QL
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN	3	PA, QL
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZYVOX ORAL TABLET	E	

Anticoagulants - Drugs to Treat or Prevent Blood Clots

dabigatran etexilate mesylate	2	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	2	QL
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	QL
PRADAXA ORAL CAPSULE	E	QL

Drug Name	Drug Tier	Requirements & Limits
rivaroxaban	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL

Anticonvulsants - Drugs for Seizures

APTiom	3	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er	2	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	3	
clobazam oral suspension 2.5 mg/ml	3	PA
clobazam oral tablet	2	PA
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA
DEPAKOTE SPRINKLES	3	PA
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	3	QL
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	QL
diazepam rectal	1	QL
DILANTIN	3	
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
ELEPSIA XR	E	PA
EPIDIOLEX	3	PA, SP
epitol	1	
eslicarbazepine acetate	3	PA
ethosuximide oral	1	
FYCOMPA ORAL SUSPENSION	3	PA
FYCOMPA ORAL TABLET	3	PA
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	

See page 6-8 for coverage details.



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

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

Antidementia Agents - Drugs for Alzheimer's Disease and Dementia

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

Antidepressants - Drugs for Depression

amitriptyline hcl oral	1	
ANAFRANIL	E	
AUVELITY	3	ST, QL

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



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

Antifungals - Drugs for Fungal Infections

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

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

Antigout Agents - Drugs for Gout

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

Antimigraine Agents - Drugs for Migraines

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

See page 6-8 for coverage details.



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

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

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
PLAQUENIL	E		CLOZARIL	3	
SOVUNA	E		GEODON ORAL	E	
STROMEKTOL	3	PA, QL	haloperidol oral	1	
Antiparkinson Agents - Drugs for Parkinson's Disease			INVEGA	E	QL
amantadine hcl oral capsule	1		LATUDA	E	QL
amantadine hcl oral tablet	1		lurasidone hcl	2	QL
AZILECT	E		olanzapine oral tablet	1	
benztropine mesylate oral	1		olanzapine oral tablet dispersible	2	
bromocriptine mesylate oral tablet	1		paliperidone er	3	QL
carbidopa-levodopa er	1		quetiapine fumarate	1	
carbidopa-levodopa oral tablet	1		quetiapine fumarate er	2	
CREXONT	3	ST	REXULTI	3	QL
DHIVY	E		RISPERDAL	E	
INBRIJA	3	PA, QL, SP	risperidone	1	
NEUPRO	3		SAPHRIS	E	QL
PARLODEL ORAL TABLET	E		SEROQUEL	E	
pramipexole dihydrochloride	1		SEROQUEL XR	E	
rasagiline mesylate oral	3		VRAYLAR	3	QL
ropinirole hcl	1		ziprasidone hcl	2	
RYTARY	E	ST	ZYPREXA ORAL	E	
SINEMET	3		ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	E	
trihexyphenidyl hcl oral tablet	1		Antivirals - Drugs for Viral Infections		
Antiplatelets - Drugs for Heart Attack and Stroke Prevention			acyclovir external ointment	3	QL
BRILINTA	E	QL	acyclovir oral capsule	1	
cilostazol	1		acyclovir oral suspension 200 mg/5ml	1	
clopidogrel bisulfate oral	1		acyclovir oral tablet	1	
EFFIENT	E		BARACLUDE ORAL TABLET	E	
PLAVIX	E		BIKTARVY	3	QL
prasugrel hcl	3		CIMDUO	2	QL
ticagrelor	3	QL	DESCOVY ORAL TABLET 120-15 MG	3	QL
Antipsychotics - Drugs for Mood Disorders			DESCOVY ORAL TABLET 200-25 MG	3	QL, H
ABILIFY	E		DOVATO	2	QL
aripiprazole oral	2		emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
asenapine maleate	3	QL			
CAPLYTA	3	PA, ST, QL			
chlorpromazine hcl oral tablet	1	QL			
clozapine oral tablet	1				

See page 6-8 for coverage details.



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

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

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2		methylphenidate hcl oral tablet chewable	3	
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	E		MYDAYIS	E	QL
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	E	QL	ONYDA XR	3	QL
EVEKEO	E		QELBREE	E	PA, QL
FOCALIN	3		QUILLICHEW ER	E	QL
FOCALIN XR	E	QL	QUILLIVANT XR	E	QL
guanfacine hcl er	2		RELEXXII	E	QL
INTUNIV	E		RITALIN	E	
JORNAY PM	3	ST, QL	RITALIN LA	E	QL
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	E		STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	E	QL
lisdexamfetamine dimesylate	3	QL	VYVANSE	E	QL
METADATE CD	E	QL	ZENZEDI	E	
METHYLIN	3		Central Nervous System Agents - Drugs for Multiple Sclerosis		
methylphenidate hcl er (cd)	2	QL	AMPYRA	E	PA, QL, SP
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	QL	AUBAGIO	E	PA, QL, SP
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2		AVONEX PEN	2	PA, QL, SP
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	QL	AVONEX PREFILLED	2	PA, QL, SP
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	QL	BAFIERTAM	2	PA, QL, SP
methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	QL	BETASERON	2	PA, QL, SP
methylphenidate hcl er (xr)	E	QL	COPAXONE	E	PA, QL, SP
methylphenidate hcl er oral tablet extended release	2	QL	dalfampridine er	2	PA, QL, SP
methylphenidate hcl er oral tablet extended release 24 hour	E	QL	dimethyl fumarate oral	1	PA, QL, SP
methylphenidate hcl oral solution	1		EXTAVIA SUBCUTANEOUS KIT 0.3 MG	E	PA, ST, QL, SP
methylphenidate hcl oral tablet	1		fingolimod hcl	1	PA, QL, SP
			GILENYA ORAL CAPSULE 0.25 MG	3	PA, QL, SP
			GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP
			glatiramer acetate	2	PA, QL, SP
			glatopa	2	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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE	E	PA, QL, SP
teriflunomide	2	PA, QL, SP

Central Nervous System Agents - Miscellaneous

AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	PA, QL, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	2	PA, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	2	PA, QL, SP
INGREZZA ORAL CAPSULE 40 MG, 80 MG	2	PA, QL, SP
INGREZZA ORAL CAPSULE 60 MG	2	PA, QL
INGREZZA ORAL CAPSULE SPRINKLE	2	PA, QL, SP
INGREZZA ORAL CAPSULE THERAPY PACK	2	PA, QL, SP
LYRICA ORAL CAPSULE	3	PA
NUEDEXTA	2	PA, QL
pregabalin oral capsule	2	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
SAVELLA	3	QL
TEGLUTIK	3	PA
TIGLUTIK	3	PA
VEOZAH	3	PA, QL
ZEPOSIA	3	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT	3	PA, ST, QL, SP

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	3	
DENTAGEL	3	
EVOXAC	E	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL	3	
JUST RIGHT 5000 DENTAL GEL 1.1 %	3	
JUST RIGHT 5000 DENTAL PASTE	3	
KOURZEQ	2	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE	2	
PERIDEX	3	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
SALAGEN	3	
sf 5000 plus	1	
sf gel 1.1%	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
betamethasone dipropionate external ointment	2	
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
BLANCHE	E	
CABTREO	E	QL
calcipotriene external cream	2	QL
calcipotriene external ointment	2	
calcipotriene external solution	1	QL
CALCITRENE	3	
CARAC EXTERNAL CREAM 0.5 %	E	
CIBINQO	2	PA, QL, SP
ciclopirox olamine external suspension	1	
claravis	2	
CLEOCIN-T	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL
clindamycin phos (once-daily) gel 1 % external	2	QL
clindamycin phos (once-daily) gel 1 % external	E	(generic for Clindagel), QL
clindamycin phos (twice-daily) gel 1 % external	2	QL
clindamycin phos (twice-daily) gel 1 % external	2	(generic for Cleocin-T), QL
clindamycin phos (twice-daily) gel 1 % external	E	(generic for Clindagel), QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	E	QL
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
TACLONEX EXTERNAL SUSPENSION	3	QL	WINLEVI	E	PA, QL
tacrolimus external	2	QL	xurea	E	
tazarotene external cream	3	PA, QL	zenatane	2	
TAZORAC EXTERNAL CREAM	3	PA, QL	ZILXI	3	PA, ST, QL
TOLAK	E		ZORYVE EXTERNAL CREAM 0.15 %	3	PA
TOPICORT	3	QL	ZORYVE EXTERNAL CREAM 0.3 %	3	PA, QL
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	3	QL	ZORYVE EXTERNAL FOAM	3	PA, QL
TREMFYA	2	PA, QL, SP	ZYCLARA	E	QL
tretinoin external cream	3	QL	ZYCLARA PUMP	E	QL
tretinoin external gel 0.01 %, 0.025 %	E	QL	Diabetes - Glucose Monitoring and Supplies		
tretinoin external gel 0.05 %	E	PA, QL	ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1		ACCU-CHEK FASTCLIX LANCET	1	
triamcinolone acetonide external cream 0.5 %	1	QL	ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
triamcinolone acetonide external lotion	1		ACCU-CHEK GUIDE KIT W/ DEVICE	2	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1		ACCU-CHEK GUIDE ME METER	2	
triamcinolone acetonide external ointment 0.05 %	E		ACCU-CHEK GUIDE TEST STRIPS	2	QL
triamcinolone in absorbase	E		ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
TRIANEX EXTERNAL OINTMENT 0.05 %	E		ACCU-CHEK SOFTCLIX LANCET	1	
triderm	1	QL	ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
TRIDESILON EXTERNAL CREAM 0.05 %	3	QL	ACCUTREND GLUCOSE	E	QL
tritocin external ointment 0.05 %	E		AGAMATRIX PRESTO TEST	E	QL
urea external cream 20 %, 40 %, 45 %	1		AQ INSULIN SYRINGE	2	QL
urea external cream 39 %, 41 %, 47 %	E		AQINJECT PEN NEEDLE	2	QL
UREA EXTERNAL CREAM 39.5 %	E		BD AUTOSHIELD DUO PEN NEEDLES	2	QL
uredeb	E		BD BLUNT FILL NEEDLE W/ FILTER	2	
UREMEZ-40	3		BD ECLIPSE NEEDLE 18G X 1-1/2" , 25G X 5/8" , 27G X 1/2"	2	
URESOL	E		BD ECLIPSE NEEDLE 23G X 1" (OTC)	2	
VANOS	E	QL	BD ECLIPSE NEEDLE 23G X 1" (RX)	2	
VTAMA	3	PA, QL	BD ECLIPSE SHIELDED NEEDLE	2	

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
EASYMAX 15 TEST	E	QL	FREESTYLE TEST	E	QL
EASYMAX NG BLOOD GLUCOSE KIT	E		GLUCOCARD EXPRESSION TEST	E	QL
EMBECTA INSULIN SYRINGE	2	QL	GLUCOCARD SHINE TEST	E	QL
EMBRACE BLOOD GLUCOSE TEST	E	QL	GLUCOCARD VITAL TEST	E	QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL	GUARDIAN 4 GLUCOSE SENSOR	3	PA, QL
ENLITE GLUCOSE SENSOR	3	PA	GUARDIAN 4 TRANSMITTER	3	PA, QL
EQ BLOOD GLUCOSE TEST	E	QL	GUARDIAN CONNECT TRANSMITTER	3	PA, QL
EVERSENSE 365 SENSOR/HOLDER	E	PA	GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
EVERSENSE 365 SMART TRANSMIT	E	PA	GUARDIAN REAL-TIME REPLACE PED	3	PA
EVERSENSE E3 SENSOR/HOLDER	E	PA	GUARDIAN SENSOR 3	3	PA, QL
EVERSENSE E3 SMART TRANSMITTER	E	PA	GVOKE HYOPEN 1-PACK	2	QL
EVERSENSE SENSOR/HOLDER	E	PA	GVOKE HYOPEN 2-PACK	2	QL
EVERSENSE SMART TRANSMITTER	E	PA	GVOKE KIT	2	
FORA 6 CONNECT/GTEL TEST	E	QL	GVOKE PFS	2	
FORTISCARE G1 TEST STRIP IN VITRO STRIP	E	QL	HEALTHPRO BLOOD GLUCOSE MONITO	E	
FORTISCARE TEST IN VITRO STRIP	E	QL	IHEALTH BLOOD GLUCOSE TEST STR	E	QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL	IHEALTH GLUCO+ KIT 10	E	
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL	IHEALTH GLUCO+ KIT 100	E	
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA	INPEN	3	ST
FREESTYLE LIBRE 2 READER	3	PA, QL	INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM, 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL
FREESTYLE LIBRE 2 SENSOR	3	PA, 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
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA	LANCETS	1	
FREESTYLE LIBRE 3 READER	3	PA	MICRODOT TEST	E	QL
FREESTYLE LIBRE 3 SENSOR	3	PA, QL	MINILINK REAL-TIME TRANSMITTER	3	PA
FREESTYLE LIBRE READER	3	PA, QL	MINIMED 630G GUARDIAN PRESS	3	PA
FREESTYLE PRECISION NEO SYSTEM	E		MM BLOOD GLUCOSE SYSTEM	E	
FREESTYLE PRECISION NEO TEST	E	QL			

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
SOLQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, QL
XIGDUO XR	E	ST, QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIIO	3	PA, SP
ALVAIZ	3	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
DOPTELET	3	PA, QL, SP
ELOCTATE	3	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

Drug Name	Drug Tier	Requirements & Limits
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
NUWIQ 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	3	PA, QL, SP
tranexamic acid oral	2	QL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
VOYDEYA	2	PA, QL, SP
WILATE	2	
ZARXIO	2	
Drugs for Sexual Dysfunction		
ADDYI	3	PA, QL
avanafil	3	PA, QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	3	PA, QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	3	PA, QL
tadalafil oral	2	QL
varafenafil hcl oral tablet	3	QL
VIAGRA	E	QL
VYLEESI	3	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Electrolytes / Vitamins		
ACCRUFER	E	
CARNITOR ORAL SOLUTION	3	
CARNITOR SF	3	
CO-NATAL FA	2	
cvs prenatal	E	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	3	
DAVIMET-FLUORIDE	E	
DENTA 5000 PLUS SENSITIVE	3	
DODEX INJECTION SOLUTION 1000 MCG/ML	3	
DRISDOL	3	
ergocalciferol oral capsule	1	
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML	3	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG	E	
FLORIVA PLUS	E	
FLOTREX	E	
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	PA, QL
M-NATAL PLUS	3	

Drug Name	Drug Tier	Requirements & Limits
multivitamin w/fluoride tablet chewable 0.25 mg oral	1	
multivitamin w/fluoride tablet chewable 0.25 mg oral	E	
multivitamin w/fluoride tablet chewable 0.5 mg oral	1	
multivitamin w/fluoride tablet chewable 0.5 mg oral	E	
multivitamin w/fluoride tablet chewable 1 mg oral	1	
multivitamin w/fluoride tablet chewable 1 mg oral	E	
multi-vitamin/fluoride	1	
multivitamin/fluoride oral tablet chewable	1	
MULTI-VIT-FLOR	E	
NASCOBAL	3	
NEONATAL COMPLETE	3	
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	E	
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	

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
bis subcit-metronid-tetracyc	3	QL
bismuth/metronidaz/tetracyclin	3	QL
CARAFATE	E	
cimetidine oral	1	
CYTOTEC	3	
DEXILANT	E	QL
dexlansoprazole	E	QL
esomeprazole magnesium oral capsule delayed release	E	QL
esomeprazole magnesium oral packet	3	PA, ST, QL
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	E	
lansoprazole oral capsule delayed release	E	QL
lansoprazole oral tablet delayed release dispersible	3	PA, ST, QL
misoprostol oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	QL
NEXIUM ORAL PACKET	3	PA, ST, QL
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PEPCID	E	
PREVACID	E	QL
PREVACID SOLUTAB	E	PA, ST, QL
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	3	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	
VOQUEZNA	3	PA, QL
VOQUEZNA DUAL PAK	3	ST, QL
VOQUEZNA TRIPLE PAK	3	ST, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
AMITIZA	E	PA, QL
ANASPAZ	2	
BYLVAY	3	PA, QL, SP
BYLVAY (PELLETS)	3	PA, QL, SP
chlordiazepoxide-clidinium	3	
CLENPIQ	3	QL
constulose	1	
cromolyn sodium oral	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine oral tablet	1	
enulose	1	
GASTROCROM	E	
gavilyte-c	1	H
gavilyte-g	1	QL, H
gavilyte-n with flavor pack	1	QL, H
generlac	1	
GLYCATÉ	E	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
GOLYTELY	1	QL, H
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sublingual	1	
IBSRELA	E	PA, ST, QL
IQIRVO	3	PA, ST, QL, SP
lactulose encephalopathy	1	
lactulose oral solution	1	
LEVBIÐ	3	
LEVSIN	3	
LEVSIN/SL	3	

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI ORAL SOLUTION RECONSTITUTED	2	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	E	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	E	PA, QL
levocarnitine oral tablet	1	
ORFADIN	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, QL, SP
tolvaptan oral tablet therapy pack 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	2	PA, QL, SP
tolvaptan oral tablet therapy pack 30 & 15 mg	2	PA, QL
VYNDAMAX	2	PA, QL, SP
ZENPEP	2	

Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions

bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
DETROL	E	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	E	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG	E	
ELMIRON	3	ST
GEMTESA	E	
mirabegron er	3	ST

Drug Name	Drug Tier	Requirements & Limits
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
oxybutynin chloride er	2	
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet 2.5 mg	3	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
RENVELA ORAL TABLET	E	
sevelamer carbonate oral tablet	2	
solifenacin succinate	2	
tolterodine tartrate	3	
tolterodine tartrate er	E	
tropium chloride	3	
tropium chloride er	E	
VANRAFIA	3	PA, SP
VELPHORO	3	ST
VESICARE	E	

Genitourinary Agents - Drugs for Prostate Conditions

alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	2	
finasteride oral tablet 5 mg	1	
FLOMAX ORAL CAPSULE 0.4 MG	E	
PROSCAR	E	
RAPAFLO	E	
silodosin	3	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	

Hormonal Agents - Hormone Replacement and Birth Control

abigale	2	
abigale lo	2	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ACTIVELLA	3		COMBIPATCH	3	QL
afirmelle	1	H	COVARYX	2	
ALORA	3	QL	COVARYX HS	3	
altavera	1	H	cryselle-28	1	H
alyacen 1/35	1	H	cyred eq	1	H
alyacen 7/7/7	1	H	dasetta 1/35 (28)	1	H
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	2		dasetta 7/7/7	1	H
amethia oral tablet 0.15-0.03 & 0.01 mg	1	H	daysee	1	H
ANNOVERA	3	QL	deblitane	1	H
apri	1	H	DELESTROGEN	3	
aranelle	1	H	delyla	1	H
ashlyna	1	H	DEPO-PROVERA	3	QL
aubra eq	1	H	DEPO-SUBQ PROVERA 104	1	QL, H
aurovela 1.5/30	1	H	desogestrel-ethinyl estradiol	1	H
aurovela 1/20	1	H	DIVIGEL	3	
aurovela 24 fe	1	H	dotti	2	QL
aurovela fe 1.5/30	1	H	drosipren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	E	
aurovela fe 1/20	1	H	drosipren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
aviane	1	H	drosiprenone-ethinyl estradiol	3	
AYGESTIN ORAL TABLET 5 MG	3		DUAVEE	3	QL
ayuna	1	H	EEMT	2	
azurette	1	H	EEMT HS	3	
balziva	1	H	ELESTRIN	3	
BEYAZ	E		elinest	1	H
BIJUVA	3		ELLA	1	QL, H
blisovi 24 fe	1	H	eluryng	1	H
blisovi fe 1.5/30	1	H	emzabh	1	H
blisovi fe 1/20	1	H	enilloring	1	H
briellyn	1	H	enpresse-28	1	H
camila	1	H	enskyce	1	H
camrese	1	H	errin	1	H
camrese lo	1	H	est estrogens-methyltest	1	
charlotte 24 fe	1	H	est estrogens-methyltest ds	1	
chateal eq	1	H	est estrogens-methyltest hs	1	
CLIMARA	E	QL	estarylla	1	H
CLIMARA PRO	3	QL	ESTRACE	E	

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
nortrel 7/7/7	1	H
NUVARING	E	
nylia 1/35	1	H
nylia 7/7/7	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H
ocella	3	
PHEXXI	E	PA
philith	1	H
pimtrea	1	H
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
progesterone intramuscular	1	
progesterone oral	2	
PROMETRIUM	E	
PROVERA	3	
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	2	H

Drug Name	Drug Tier	Requirements & Limits
sharobel	1	H
simliya	1	H
simpesse	1	H
SLYND	3	PA, ST
sprintec 28	1	H
sronyx	1	H
syeda	3	
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tilia fe	1	H
tri-estarylla	1	H
tri-legest fe	1	H
tri-linyah	1	H
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
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	2	
turqoz	1	H
TWIRLA	E	
TYBLUME	1	
tydemy oral tablet 3-0.03-0.451 mg	1	H
VAGIFEM	E	
valtya 1/50	1	H
velivet	1	H
vestura	3	
vienva	1	H
viorele	1	H
VIVELLE-DOT	E	QL
volnea	1	H
vyfemla	1	H
vylibra	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
wera	1	H
xarah fe	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvaferm	2	
zafemy	3	H
zovia 1/35 (28)	1	H
zumandimine	3	
Hormonal Agents - Oral Steroids		
CORTEF	3	
DEXABLISS ORAL TABLET THERAPY PACK 1.5 MG (39)	E	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	E	
fludrocortisone acetate oral	1	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 5 mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL

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

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
propylthiouracil oral	1	
RENTHYROID	3	
SYNTHROID	E	
THYQUIDITY	E	PA
thyroid oral	1	
TIROSINT	E	
TIROSINT-SOL	2	PA
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, SP
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, SP
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
ABRILADA (2 SYRINGE)	E	PA, QL, SP
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-AACF (2 PEN)	E	PA, (Manufactured by Fresenius), SP
ADALIMUMAB-AACF (2 SYRINGE)	E	PA, (Manufactured by Fresenius), QL, SP
ADALIMUMAB-AACF(CD/UC/HS STRT)	E	PA, (Manufactured by Fresenius), SP
ADALIMUMAB-AACF(PS/UV STARTER)	E	PA, (Manufactured by Fresenius), SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, (Manufactured by Celltrion), QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, (Manufactured by Celltrion), SP	ADALIMUMAB-ADB (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP
ADALIMUMAB-AATY (2 PEN)	E	PA, (Manufactured by Celltrion), QL, SP	ADALIMUMAB-ADB (CD/UC/HS STRT)	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP
ADALIMUMAB-AATY (2 SYRINGE)	E	PA, (Manufactured by Celltrion), QL, SP	ADALIMUMAB-ADB (PS/UV STARTER)	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP
ADALIMUMAB-AATY CD/UC/HS START	E	PA, (Manufactured by Celltrion), SP	ADALIMUMAB-FKJP (2 PEN)	E	PA, (Manufactured by Biocon), QL, SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA, (manufactured by Sandoz), QL, SP	ADALIMUMAB-FKJP (2 SYRINGE)	E	PA, (Manufactured by Biocon), QL, SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	2	PA, (manufactured by Sandoz), QL, SP	ADBRY SOLUTION AUTO-INJECTOR	2	PA, QL, SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, (manufactured by Sandoz), QL, SP	ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP	AMJEVITA 40 MG/0.4ML, 80 MG/0.8ML	2	PA, QL, SP
ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP	AMJEVITA 40 MG/0.8ML	E	PA, QL, SP
ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP	AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	E	PA, QL, SP
ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP	AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	2	PA, SP
			AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	E	PA, QL, SP
			ARAVA	E	
			AZASAN	3	
			azathioprine oral tablet 100 mg, 75 mg	3	
			azathioprine oral tablet 50 mg	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	gengraf oral capsule	1	
BIMZELX	3	PA, ST, QL, SP	HADLIMA	E	PA, QL, SP
CELLCEPT ORAL CAPSULE	E		HADLIMA PUSHTOUCH	E	PA, QL, SP
CELLCEPT ORAL TABLET	E		HAEGARDA	2	PA, QL, SP
CIMZIA (2 SYRINGE)	2	PA, QL, SP	HULIO (2 PEN)	E	PA, QL, SP
CIMZIA-STARTER	2	PA, QL, SP	HULIO (2 SYRINGE)	E	PA, QL, SP
CINRYZE	E	PA, QL, SP	HUMIRA (1 PEN)	E	PA, QL, SP
COSENTYX (300 MG DOSE)	2	PA, QL, SP	HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, QL, SP
COSENTYX 75MG/0.5ML SUBCUTANEOUS	2	PA, QL, SP	HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	E	PA, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS	2	PA, QL, SP	HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
COSENTYX SENSOREADY (300 MG)	2	PA, QL, SP	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	E	PA, QL, SP
COSENTYX SENSOREADY PEN	2	PA, QL, SP	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	E	PA, QL, SP
COSENTYX UNOREADY	2	PA, QL, SP	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, QL, SP
cyclosporine modified oral capsule	1		HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	E	PA, QL, SP
CYLTEZO (2 PEN)	E	PA, QL, SP	HUMIRA-CD/UC/HS STARTER	E	PA, QL, SP
CYLTEZO (2 SYRINGE)	E	PA, QL, SP	HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	E	PA, QL, SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP	HUMIRA-PED≥40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	E	PA, QL, SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	HUMIRA-PED≥40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, QL, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP	HUMIRA-PSORIASIS/UVEIT STARTER	E	PA, QL, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	HYFTOR	3	PA, QL
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	3				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	E	PA, QL, SP	KEVZARA SUBCUTANEOUS PREFILLED SYRINGE	3	PA, ST, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML, 80 MG/0.8ML	E	PA, SP	KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, ST, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	E	PA, QL, SP	leflunomide oral	1	
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	E	PA, QL, SP	LITFULO	3	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	E	PA, SP	LUPKYNIS	3	PA, QL, SP
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	E	PA, SP	methotrexate sodium (pf)	1	
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	E	PA, QL, SP	methotrexate sodium injection solution	1	
HYRIMOZ-PED<40KG CROHN STARTER	E	PA, QL, SP	methotrexate sodium oral	1	
HYRIMOZ-PED>=40KG CROHN START	E	PA, QL, SP	mycophenolate mofetil oral capsule	1	
HYRIMOZ-PLAQ PSOR/UVEIT START	E	PA, QL, SP	mycophenolate mofetil oral tablet	1	
HYRIMOZ-PLAQUE PSORIASIS START	E	PA, QL, SP	mycophenolate sodium	2	
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	mycophenolic acid	2	
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	E	PA, QL, SP	MYFORTIC	E	
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	MYHIBBIN	1	
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	NEORAL ORAL CAPSULE	E	
IMURAN	E		OLUMIANT ORAL TABLET 1 MG, 4 MG	3	PA, ST, QL, SP
JYLAMVO	3	PA	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
			OTREXUP	E	QL
			PROGRAF ORAL CAPSULE	3	
			RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	E	
			RASUVO	2	QL
			RINVOQ	2	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
RUCONEST	3	PA, QL, SP	YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, SP
SIMLANDI (1 PEN)	E	PA, QL, SP	YUFLYMA (2 PEN)	E	PA, QL, SP
SIMLANDI (1 SYRINGE)	E	PA, QL, SP	YUFLYMA (2 SYRINGE)	E	PA, QL, SP
SIMLANDI (2 PEN)	E	PA, QL, SP	YUFLYMA-CD/UC/HS STARTER	E	PA, SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	E	PA, QL, SP	YUSIMRY	E	PA, QL, SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	E	PA, SP	ZORTRESS	E	
SIMPONI	2	PA, QL, SP	Immunological Agents - Drugs for Vaccination		
sirolimus oral tablet	1		ABRYSVO	3	H
SKYRIZI PEN	2	PA, QL, SP	ADACEL	3	H
SKYRIZI SUBCUTANEOUS	2	PA, QL, SP	AFLURIA PRESERVATIVE FREE	3	H
SOTYKTU	2	PA, QL, SP	AREXVY	3	H
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, QL, SP	BOOSTRIX	2	H
STEQEYMA SUBCUTANEOUS	2	PA, QL, SP	BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
tacrolimus oral	1		CAPVAXIVE	3	H
TAKHZYRO SUBCUTANEOUS SOLUTION	2	PA, QL, SP	COMIRNATY	3	H
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP	ENGERIX-B	2	H
TREMFYA	2	PA, QL, SP	FLUAD	3	H
TREXALL	2		FLUARIX	3	H
USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, QL, SP	FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
WEZLANA	2	PA, QL, SP	FLULAVAL	3	H
XELJANZ	2	PA, QL, SP	FLUZONE HIGH-DOSE	3	H
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP	FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL, SP	GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP	HAVRIX	3	H
YESINTEK SUBCUTANEOUS	2	PA, QL, SP	HEPLISAV-B	3	H
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP	IPOL	2	H
			MENQUADFI	3	H
			MENVEO	3	H
			M-M-R II	2	H
			MODERNA COVID-19 VAC 6M-11Y	3	H

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
Inflammatory Bowel Disease Agents		
ANALPRAM HC	3	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	3	
ANALPRAM-HC EXTERNAL CREAM	3	
ANUCORT-HC	2	
ANUSOL-HC EXTERNAL	3	
ANUSOL-HC RECTAL	E	
APRISO	1	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
budesonide oral	2	
CANASA	E	
COLAZAL	E	
CORTIFOAM	2	
DELZICOL	E	
DIPENTUM	3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	E	
hydrocortisone (perianal) external cream 1 %	E	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	2	
hydrocort-pramoxine (perianal)	1	
LIALDA	E	
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral capsule delayed release 400 mg	2	
mesalamine oral tablet delayed release 1.2 gm	2	
mesalamine oral tablet delayed release 800 mg	E	
mesalamine rectal enema	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
mesalamine rectal suppository	2	QL
PROCORT	E	
PROCTOCORT	E	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	3	
PROCTOZONE-HC	3	
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	3	

Metabolic Bone Disease Agents - Drugs for Osteoporosis

ACTONEL	E	QL
alendronate sodium oral tablet	1	
BONSITY	3	PA, SP
EVISTA	E	
FORTEO	E	PA, SP
FOSAMAX	3	
ibandronate sodium oral	2	
raloxifene hcl	2	H-PA
risedronate sodium oral tablet 150 mg, 35 mg	3	QL
risedronate sodium oral tablet 30 mg, 5 mg	3	
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	E	PA, SP
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	3	PA, SP
TYMLOS	3	PA, SP

Metabolic Bone Disease Agents - Other

calcitriol oral capsule	1	
cinacalcet hcl	1	
ROCALtrol ORAL CAPSULE	3	
SENSIPAR	E	
YORVIPATH	3	PA, QL, SP

Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation

ACULAR	3	
--------	---	--

Drug Name	Drug Tier	Requirements & Limits
ACULAR LS	3	
ACUVAIL	E	
ALREX	3	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	3	
bromfenac sodium ophthalmic solution 0.07 %	E	
bromfenac sodium ophthalmic solution 0.075 %	E	QL
BROMSITE	E	QL
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
epinastine hcl	3	QL
erythromycin ophthalmic	1	H-PA
EYSUVIS	3	QL
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	3	
gatifloxacin ophthalmic	3	
gentamicin sulfate ophthalmic	1	QL
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
KLARITY-A	E	
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
loteprednol etabonate ophthalmic suspension	3	QL	BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	QL
MAXITROL	3		bimatoprost ophthalmic	2	QL
moxifloxacin hcl (2x day)	3		brimonidine tartrate ophthalmic solution 0.1 %	E	QL
moxifloxacin hcl ophthalmic	3		brimonidine tartrate ophthalmic solution 0.15 %	2	QL
neomycin-polymyxin-dexameth	1		brimonidine tartrate ophthalmic solution 0.2 %	1	
NEVANAC	3		brimonidine tartrate-timolol	E	QL
OCUFLOX	3		brinzolamide	2	QL
ofloxacin ophthalmic	1		COMBIGAN	2	QL
olopatadine hcl ophthalmic solution 0.1 %	3		COSOPT	3	
olopatadine hcl ophthalmic solution 0.2 %	E		COSOPT PF	E	QL
POLYCIN	3		DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3	
polymyxin b-trimethoprim	1		dorzolamide hcl solution 2 % ophthalmic	1	
PRED FORTE	E		dorzolamide hcl-timolol mal	2	
PRED MILD	3		dorzolamide hcl-timolol mal pf	E	QL
prednisolone acetate ophthalmic	1		ISTALOL	3	
PREDNISOLONE ACETATE P-F	E		IYUZEH	E	QL
PROLENSA	E		latanoprost ophthalmic	1	
sulfacetamide sodium ophthalmic solution	1		LUMIGAN	2	
TOBRADEX OPHTHALMIC OINTMENT	3		RHOPRESSA	3	QL
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	3		ROCKLATAN	3	QL
TOBRADEX ST	E		tafluprost (pf)	3	ST, QL
tobramycin ophthalmic	1	QL	timolol hemihydrate	2	QL
tobramycin-dexamethasone	2		timolol maleate (once-daily)	3	
VIGAMOX	E		timolol maleate ocudose	2	
XDEMVEY	3	PA, QL	timolol maleate ophthalmic	1	
ZYLET	3		timolol maleate pf	2	
Ophthalmic Agents - Drugs for Glaucoma			TIMOPTIC OCUDOSE	3	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL	TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	3	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL	TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	3	
AZOPT	E	QL	TRAVATAN Z	E	ST, QL
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	QL	travoprost (bak free)	3	QL

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
NEFFY	3	QL
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	2	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	
azelastine hcl nasal solution 0.15 %	E	
azelastine-fluticasone	E	QL
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
bromphen-pseudoeph-dm	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	E	
cetirizine hcl oral solution	E	
CLARINEX	E	
cycloheptadine hcl oral	1	
desloratadine oral tablet	E	
DYMISTA	E	QL
flunisolide nasal	3	
fluticasone propionate nasal	2	QL
g tussin ac	1	
guaifenesin ac oral syrup 100-10 mg/5ml	1	
guaifenesin-codeine	1	
HYCODAN ORAL SOLUTION	E	PA, QL
hydrocod poli-chlorphe poli er	3	PA, QL
hydrocodone bit-homatrop mbr oral solution	1	PA, QL
hydromet	1	PA, QL
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
maxi-tuss ac	1	
mometasone furoate nasal	3	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	E	
ODACTRA	3	PA, QL
olopatadine hcl nasal	3	
PATANASE NASAL SOLUTION 0.6 %	E	
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	

Drug Name	Drug Tier	Requirements & Limits
PULMOSAL	2	
RYALTRIS	E	QL
ryvent	E	
sodium chloride inhalation	1	
XHANCE	E	ST, QL
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ACCOLATE	3	
ADVAIR DISKUS	E	QL
ADVAIR HFA	3	QL, RS
AEROCHAMBER HOLDING CHAMBER	3	
AEROCHAMBER PLS FLOVU MTHPIECE	3	
AEROCHAMBER PLUS FLO-VU	3	
AEROCHAMBER PLUS FLO-VU INTERM	3	
AEROCHAMBER PLUS FLO-VU LARGE	3	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	3	
AEROCHAMBER PLUS FLO-VU SMALL	3	
AEROCHAMBER PLUS FLO-VU W/MASK	3	
AEROCHAMBER2GO ANTI-STATIC	3	
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	QL

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
XOPENEX HFA	3	QL
YUPELRI	3	PA, QL
zafirlukast	1	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	3	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	PA, QL, SP
ADEMPAS	2	PA, QL, SP
alyq	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
REVATIO ORAL	E	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
tadalafil (pah)	1	PA, QL, SP
TADLIQ	3	PA, QL, SP
TRACLEER	2	PA, QL, SP
TYVASO	2	PA, SP
TYVASO DPI INSTITUTIONAL KIT	2	PA, QL, SP
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL KIT	2	PA, SP
TYVASO STARTER KIT	2	PA, SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
baclofen oral tablet 15 mg	E	
carisoprodol oral tablet 250 mg	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	E	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
metaxalone oral tablet 400 mg, 800 mg	3	
metaxalone oral tablet 640 mg	E	
methocarbamol oral tablet 1000 mg	E	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	2	
SOMA	E	
TANLOR	3	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
VANADOM ORAL TABLET 350 MG	E	
ZANAFLEX	3	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	3	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	2	QL
BELSOMRA	3	ST, QL
DAYVIGO	E	ST, QL
doxepin hcl oral tablet	E	QL
eszopiclone	2	
LUMRYZ	3	PA, QL, SP
LUNESTA	E	
modafinil oral	2	QL
NUVIGIL	E	QL

Drug Name	Drug Tier	Requirements & Limits
PROVIGIL	E	QL
QUVIVIQ	E	ST, QL
ramelteon	3	ST, QL
RESTORIL	3	
ROZEREM	E	ST, QL
SILENOR	E	QL
SODIUM OXYBATE	3	PA, (Manufactured by Hikma), QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYWAV	3	PA, QL, SP
zaleplon	1	
zolpidem tartrate er	2	
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	27	
acamprosate calcium	10	
ACANYA	27	
acarbose oral	35	
ACCOLATE	55	
ACCRUFER	37	
ACCU-CHEK AVIVA PLUS TEST STRIPS	30	
ACCU-CHEK FASTCLIX LANCET ..	30	
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	30	
ACCU-CHEK GUIDE KIT W/ DEVICE.....	30	
ACCU-CHEK GUIDE ME METER...30		
ACCU-CHEK GUIDE TEST STRIPS	30	
ACCU-CHEK SMARTVIEW TEST STRIPS	30	
ACCU-CHEK SOFTCLIX LANCET ..	30	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	30	
accutane	27	
ACCUTREND GLUCOSE	30	
acebutolol hcl oral.....	20	
acetaminophen-codeine oral tablet.....	9	
acetazolamide er	20	
acetazolamide oral	20	
acetic acid otic.....	54	
ACIPHEX	38	
acitretin	27	
ACTEMRA ACTPEN	46	
ACTEMRA SUBCUTANEOUS.....	46	
ACTIVELLA	41	
ACTONEL	52	
ACTOPLUS MET.....	35	
ACTOS.....	35	
ACULAR.....	52	
ACULAR LS.....	52	
ACUVAIL	52	
acyclovir external ointment.....	19	
acyclovir oral capsule.....	19	
acyclovir oral suspension 200 mg/5ml	19	
acyclovir oral tablet.....	19	
ACZONE.....	27	
ADACEL	50	
ADAINZDE EXTERNAL GEL 0.3-2.5-1 %.....	27	
ADALIMUMAB-AACF (2 PEN)	46	
ADALIMUMAB-AACF (2 SYRINGE)	46	
ADALIMUMAB-AACF(CD/UC/HS STRT).....	46	
ADALIMUMAB-AACF(PS/UV STARTER).....	46	
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML	46	
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/0.8ML	47	
ADALIMUMAB-AATY (2 PEN).....	47	
ADALIMUMAB-AATY (2 SYRINGE).....	47	
ADALIMUMAB-AATY CD/UC/HS START	47	
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML ..	47	
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML ..	47	
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.....	47	
ADALIMUMAB-ADBM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS ..	47	
ADALIMUMAB-ADBM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS ..	47	
ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS.....	47	
ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS.....	47	
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	47	
ADALIMUMAB-ADBM(CD/UC/ HS STRT)	47	
ADALIMUMAB-ADBM(PS/UV STARTER).....	47	
ADALIMUMAB-FKJP (2 PEN).....	47	
ADALIMUMAB-FKJP (2 SYRINGE)	47	
adapalene external gel	27	
adapalene-benzoyl peroxide external gel	27	
ADBRY SOLUTION AUTO- INJECTOR.....	47	
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ..	47	
ADCIRCA.....	57	
ADDERALL	24	
ADDERALL XR	24	
ADDYI	36	
ADEINZDE	27	
ADEMPAS	57	
ADMELOG.....	34	
ADMELOG SOLOSTAR.....	34	
ADTHYZA.....	46	



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

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

B

bac (butalbital-acetamin-caff)	9
bacitracin-polymyxin b.....	52
baclofen oral tablet 10 mg, 20 mg, 5 mg.....	57
baclofen oral tablet 15 mg	57
BACTRIM.....	12
BACTRIM DS	12
BAFIERTAM	25
balsalazide disodium	51
balziva.....	41
BAQSIMI ONE PACK	35
BAQSIMI TWO PACK.....	35
BARACLUDE ORAL TABLET	19
BASAGLAR KWIKPEN.....	34



BASAGLAR TEMPO PEN	34	BESREMI	17	BONSITY	52
BD AUTOSHIELD DUO PEN NEEDLES	30	betamethasone dipropionate aug external cream	27	BOOSTRIX	50
BD BLUNT FILL NEEDLE W/ FILTER	30	betamethasone dipropionate aug external lotion	27	BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	50
BD ECLIPSE NEEDLE 18G X 1-1/2", 25G X 5/8", 27G X 1/2"	30	betamethasone dipropionate aug external ointment	27	BREATHE COMFORT CHAMBER/ ADULT	56
BD ECLIPSE NEEDLE 23G X 1" (OTC)	30	betamethasone dipropionate external cream	27	BREATHE COMFORT CHAMBER/ CHILD	56
BD ECLIPSE NEEDLE 23G X 1" (RX)	30	betamethasone dipropionate external lotion	27	BREO ELLIPTA	56
BD ECLIPSE SHIELDED NEEDLE ..	30	betamethasone dipropionate external ointment	27	breyana	56
BD PEN NEEDLE MICRO ULTRAFINE	31	betamethasone valerate external cream	27	BREZTRI AEROSPHERE	56
BD PEN NEEDLE MINI ULTRAFINE	31	betamethasone valerate external lotion	27	briellyn	41
BD PEN NEEDLE NANO ULTRAFINE	31	betamethasone valerate external ointment	27	BRILINTA	19
BD PEN NEEDLE ORIG ULTRAFINE	31	BETAPACE	21	brimonidine tartrate ophthalmic solution 0.1 %	53
BD PEN NEEDLE SHORT ULTRAFINE	31	BETASERON	25	brimonidine tartrate ophthalmic solution 0.15 %	53
BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	31	bethanechol chloride oral	40	brimonidine tartrate ophthalmic solution 0.2 %	53
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	31	BETIMOL OPHTHALMIC SOLUTION 0.25 %	53	brimonidine tartrate-timolol	53
BD ULTRA-FINE PEN NEEDLES ..	31	BETIMOL OPHTHALMIC SOLUTION 0.5 %	53	brinzolamide	53
BD ULTRA-FINE U-500 INSULIN SYRINGES	31	BEVESPI AEROSPHERE	56	BRIVIACT ORAL TABLET	13
BD VEO ULTRA-FINE INSULIN SYRINGES	31	BEYAZ	41	BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	54
BD-ULTRA FINE INSULIN SYRINGES	31	bicalutamide	17	bromfenac sodium (once-daily) ..	52
BELBUCA	9	BIGFOOT UNITY PROGRAM	31	bromfenac sodium ophthalmic solution 0.07 %	52
BELSOMRA	58	BIJUVA	41	bromfenac sodium ophthalmic solution 0.075 %	52
benazepril hcl oral	21	BIKTARVY	19	bromocriptine mesylate oral tablet	19
benazepril-hydrochlorothiazide ..	21	bimatoprost ophthalmic	53	bromphen-pseudoeph-dm	54
BENICAR	21	BIMZELX	48	BROMSITE	52
BENICAR HCT	21	BIOTEL CARE TEST STRIPS	31	BRONCHITOL	57
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	48	bis subcit-metronid-tetracyc	38	BRONCHITOL TOLERANCE TEST ..	57
BENZAMYCIN	27	bismuth/metronidaz/tetracyclin ..	38	BRUKINSA	17
benzonatate oral capsule 100 mg, 200 mg	54	bisoprolol fumarate oral tablet ...	21	budesonide inhalation	56
benzonatate oral capsule 150 mg ..	54	bisoprolol-hydrochlorothiazide ...	21	budesonide oral	51
benzoyl peroxide-erythromycin ..	27	BLANCHE	27	budesonide-formoterol fumarate	56
benztropine mesylate oral	19	blisovi 24 fe	41	bumetanide oral	21
BESIVANCE	52	blisovi fe 1/20	41	BUMEX	21
		blisovi fe 1.5/30	41	BUPAP ORAL TABLET 50-300 MG ..	9
		BLOOD GLUCOSE TEST STRIPS ..	31	buprenorphine	9, 10
		BLOOD GLUCOSE TEST STRIPS 333	31	buprenorphine hcl sublingual	10

buprenorphine hcl-naloxone hcl sublingual film	10
buprenorphine hcl-naloxone hcl sublingual tablet sublingual.....	10
bupropion hcl er (smoking det) ...	11
bupropion hcl er (sr)	15
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	15
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	15
bupropion hcl oral	15
buspirone hcl oral.....	20
butalbital-acetaminophen oral tablet 50-300 mg.....	9
butalbital-acetaminophen oral tablet 50-325 mg	9
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	9
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	9
butalbital-apap-caffeine oral capsule 50-300-40 mg.....	9
butalbital-apap-caffeine oral capsule 50-325-40 mg	9
butalbital-apap-caffeine oral tablet.....	9
butalbital-asa-caff-codeine.....	9
butalbital-aspirin-caffeine	9
butorphanol tartrate nasal	9
BUTRANS	9
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML.....	35
BYLVAY	39
BYLVAY (PELLETS).....	39
BYSTOLIC.....	21

C

cabergoline	45
CABOMETYX.....	17
CABTREO.....	27
calcipotriene external cream	27
calcipotriene external ointment ..	27
calcipotriene external solution ...	27

CALCITRENE.....	27
calcitriol oral capsule.....	52
calcium acetate (phos binder) oral capsule	40
CALQUENCE.....	17
camila	41
camrese.....	41
camrese lo	41
CAMZYOS.....	21
CANASA.....	51
candesartan cilexetil	21
candesartan cilexetil-hctz	21
capecitabine.....	17
CAPLYTA	19
captopril oral.....	21
CAPVAXIVE.....	50
CARAC EXTERNAL CREAM 0.5 % ..	27
CARAFATE.....	38
carbamazepine er	13
carbamazepine oral tablet	13
carbamazepine oral tablet chewable.....	13
CARBATROL.....	13
carbidopa-levodopa er	19
carbidopa-levodopa oral tablet... 19	19
carbinoxamine maleate oral tablet 4 mg.....	55
carbinoxamine maleate oral tablet 6 mg.....	55
CARDIZEM	21
CARDIZEM CD	21
CARDIZEM LA.....	21
CARDURA	21
CAREPOINT POLY HUB NEEDLE 18G X 1", 21G X 1", 22G X 1", 23G X 1", 25G X 1", 25G X 5/8".....	31
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	31
CAREPOINT SAFETY 1ST NEEDLE	31
CARESENS N PLUS BT	31
CARETOUCH MONITOR SYSTEM ..	31
CARETOUCH TEST.....	31
carisoprodol oral tablet 250 mg ..	57
carisoprodol oral tablet 350 mg ..	58

CARNITOR ORAL SOLUTION	37
CARNITOR ORAL TABLET	39
CARNITOR SF	37
cartia xt	21
carvedilol.....	21
carvedilol phosphate er	21
CASODEX	17
CATAPRES-TTS-1.....	21
CATAPRES-TTS-2	21
CATAPRES-TTS-3	21
cefadroxil oral capsule	12
cefadroxil oral suspension reconstituted	12
cefdinir.....	12
cefixime oral capsule.....	12
cefpodoxime proxetil oral tablet ..	12
cefprozil.....	12
cefuroxime axetil	12
CELEBREX	10
celecoxib oral	10
CELEXA	15
CELLCEPT ORAL CAPSULE	48
CELLCEPT ORAL TABLET	48
cephalexin	12
CEQUA	54
CEQUR SIMPLICITY 2U 8PK.....	31
CERDELGA.....	40
cetirizine hcl oral solution	55
CETROTIDE.....	51
cevimeline hcl	26
charlotte 24 fe	41
chateal eq	41
chlordiazepoxide hcl	20
chlordiazepoxide-clidinium	39
chlorhexidine gluconate mouth/throat.....	26
chlorpromazine hcl oral tablet....	19
chlorthalidone	21
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	58
chlorzoxazone oral tablet 500 mg.....	58
cholestyramine light	21
cholestyramine oral	21



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

CONTOUR PLUS BLUE KIT W/ DEVICE.....	31	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML.....	37	dasetta 7/7/7	41
CONTOUR PLUS TEST STRIP.....	31	cyanocobalamin nasal.....	37	DAVIMET-FLUORIDE.....	37
CONTOUR TEST STRIPS.....	31	cyclobenzaprine hcl oral tablet 10 mg, 5 mg	58	DAYPRO	10
COPAXONE	25	cyclobenzaprine hcl oral tablet 7.5 mg	58	daysee.....	41
COREG	21	CYCLOGYL.....	54	DAYVIGO.....	58
COREG CR	21	cyclopentolate hcl ophthalmic ...	54	DDAVP ORAL.....	45
CORGARD ORAL TABLET 20 MG, 40 MG	21	cyclosporine modified oral capsule.....	48	deblitane.....	41
CORLANOR	21	cyclosporine ophthalmic.....	54	DELESTROGEN	41
CORTEF	45	CYLTEZO (2 PEN)	48	delyla	41
CORTIFOAM	51	CYLTEZO (2 SYRINGE)	48	DELZICOL	51
COSENTYX (300 MG DOSE)	48	CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML	48	DENTA 5000 PLUS.....	26, 37
COSENTYX 150 MG/ML SUBCUTANEOUS.....	48	CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML	48	DENTA 5000 PLUS SENSITIVE....	37
COSENTYX 75MG/0.5ML SUBCUTANEOUS.....	48	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML.....	48	DENTAGEL	26
COSENTYX SENSOREADY (300 MG).....	48	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML.....	48	DEPAKOTE	13
COSENTYX SENSOREADY PEN ...	48	CYMBALTA	15	DEPAKOTE ER.....	13
COSENTYX UNOREADY	48	cyproheptadine hcl oral.....	55	DEPAKOTE SPRINKLES.....	13
COSOPT	53	cyred eq.....	41	DEPEN TITRATABS.....	40
COSOPT PF	53	CYTOMEL.....	46	DEPO-PROVERA.....	41
COTELLIC.....	17	CYTOTEC.....	38	DEPO-SUBQ PROVERA 104	41
COTEMPLA XR-ODT	24			DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	45
COVARYX	41			DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	45
COVARYX HS.....	41			DERMA-SMOOTH/FS BODY	28
COZAAR.....	21			DERMA-SMOOTH/FS SCALP	28
CREON	40			DERMACINRX UREA.....	28
CRESEMBA ORAL.....	16			DERMOTIC.....	54
CRESTOR.....	21			DESCOVY ORAL TABLET 120-15 MG.....	19
CREXONT	19			DESCOVY ORAL TABLET 200-25 MG	19
cromolyn sodium ophthalmic.....	54			desipramine hcl oral.....	15
cromolyn sodium oral	39			desloratadine oral tablet	55
cryselle-28	41			desmopressin acetate oral.....	45
CVS ADVANCED GLUCOSE TEST .	31			desmopressin acetate spray	45
CVS GLUCOSE METER TEST STRIPS	31			desogestrel-ethinyl estradiol	41
cvs nicotine	11			desonide external cream.....	28
cvs nicotine polacrilex.....	11			desonide external lotion	28
cvs prenatal.....	37			desonide external ointment	28
CVS TRUE METRIX GLUCOSE TEST.....	31			DESOWEN.....	28
cyanocobalamin injection solution 1000 mcg/ml.....	37			desoximetasone external cream .	28
				desoximetasone external ointment	28

D



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

drosipren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg.....	41
drosiprenone-ethinyl estradiol ...	41
DRYSOL	28
DUAVEE	41
DULERA	56
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	15
duloxetine hcl oral capsule delayed release particles 40 mg ..	15
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	28
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML.....	28
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML.....	28
DUREZOL	54
dutasteride oral.....	40
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	45
DYANAVAL XR ORAL TABLET EXTENDED RELEASE.....	25
DYMISTA	55

E

E.E.S. GRANULES	12
EASIVENT.....	56
EASIVENT MASK LARGE	56
EASIVENT MASK MEDIUM	56
EASIVENT MASK SMALL	56
EASY MAX BLOOD GLUCOSE TEST.....	31
EASY MAX T1 GLUCOSE SYSTEM .	31
EASY TOUCH HEALTHPRO GLUCOSE	31
EASY TOUCH TEST	31
EASYGLUCO	31
EASYMAX 15 TEST	32
EASYMAX NG BLOOD GLUCOSE KIT.....	32
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	28

EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG.....	10
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	10
ec-naproxen	10
econazole nitrate external	16
EDARBI.....	22
EDARBYCLOR.....	22
EEMT	41
EEMT HS.....	41
EFFEXOR XR	15
EFFIENT.....	19
EFUDEX EXTERNAL CREAM 5 % ..	28
ELEPSIA XR	13
ELESTRIN	41
eletriptan hydrobromide.....	16
ELIDEL	28
ELIMITE.....	18
elinest.....	41
ELIQUIS.....	13
ELIQUIS DVT/PE STARTER PACK. .	13
ELLA.....	41
ELMIRON.....	40
ELOCTATE.....	36
eluryng	41
EMBECTA INSULIN SYRINGE	32
EMBRACE BLOOD GLUCOSE TEST.....	32
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	32
EMEND BIPACK.....	15
EMGALITY	16
EMPAVELI.....	48
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	19
emtricitabine-tenofovir df oral tablet 200-300 mg	20
emzahh.....	41
enalapril maleate oral solution....	22
enalapril maleate oral tablet	22
enalapril-hydrochlorothiazide ...	22
ENBREL	48
ENBREL MINI	48
ENBREL SURECLICK.....	48

endocet	9
ENDOMETRIN	51
ENERGIX-B.....	50
enilloring	41
ENLITE GLUCOSE SENSOR.....	32
enoxaparin sodium injection solution prefilled syringe.....	13
enpresse-28.....	41
enskyce	41
ENSTILAR.....	28
entecavir	20
ENTRESTO ORAL TABLET	22
ENTYVIO PEN.....	48
enulose.....	39
ENVARUS XR.....	48
EPANED	22
EPCLUSA ORAL TABLET.....	20
EPIDIOLEX.....	13
EPIDUO	28
EPIDUO FORTE	28
epinastine hcl.....	52
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML.....	54
epinephrine solution auto- injector 0.15 mg/0.15ml injection.	54
epinephrine solution auto- injector 0.15 mg/0.3ml injection..	54
epinephrine solution auto- injector 0.3 mg/0.3ml injection ...	54
EPIPEN 2-PAK.....	54
EPIPEN JR 2-PAK	54
epitol	13
eplerenone.....	22
EQ BLOOD GLUCOSE TEST	32
eq nicotine.....	11
eq nicotine mouth/throat gum 4 mg.....	11
eq nicotine polacrilex.....	11
eq nicotine step 3.....	11
eq nicotine polacrilex mouth/ throat lozenge 2 mg, 4 mg	11
ergocalciferol oral capsule	37, 38
ERIVEDGE	17
ERLEADA ORAL TABLET 240 MG .	17

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

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

fyavolv.....	42
FYCOMPA ORAL SUSPENSION ...	13
FYCOMPA ORAL TABLET.....	13
FYREMADEL	51

G

g tussin ac.....	55
gabapentin oral capsule.....	13
gabapentin oral solution 250 mg/5ml.....	13
GABAPENTIN ORAL TABLET 25 MG, 50 MG.....	14
gabapentin oral tablet 600 mg, 800 mg.....	14
GABARONE	14
gallifrey.....	42
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous.....	51
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	50
GASTROCROM.....	39
gatifloxacin ophthalmic.....	52
gavilyte-c	39
gavilyte-g	39
gavilyte-n with flavor pack	39
GAVRETO	18
gemfibrozil oral.....	22
GEMTESA	40
GEN7T EXTERNAL PATCH 3.5 %....	9
generlac.....	39
gengraf oral capsule.....	48
gentamicin sulfate external.....	12
gentamicin sulfate ophthalmic ...	52
GENVOYA	20
GEODON ORAL.....	19
GILENYA ORAL CAPSULE 0.25 MG	25
GILENYA ORAL CAPSULE 0.5 MG.....	25
glatiramer acetate.....	25
glatopa.....	25
GLEEVEC.....	18
glimepiride oral tablet 1 mg, 2 mg, 4 mg	35

glimepiride oral tablet 3 mg.....	35
glipizide er	35
glipizide oral tablet 10 mg, 5 mg ..	35
glipizide oral tablet 2.5 mg	35
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	35
glipizide-metformin hcl	35
glucagon emergency kit 1 mg injection.....	35
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR.....	35
GLUCOCARD EXPRESSION TEST.....	32
GLUCOCARD SHINE TEST	32
GLUCOCARD VITAL TEST.....	32
GLUCOTROL XL	35
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	35
glyburide oral	35
glyburide-metformin.....	35
GLYCATÉ	39
glycopyrrolate oral tablet 1 mg, 2 mg	39
GLYCOPYRROLATE ORAL TABLET 1.5 MG.....	39
GLYXAMBI	35
gnp naloxone hcl	11
gnp nicotine mini	11
gnp nicotine polacrilex mouth/ throat gum 2 mg.....	11
gnp nicotine polacrilex mouth/ throat lozenge	11
gnp nicotine transdermal	11
GOLYTELY	39
GONAL-F	51
GONAL-F RFF	51
GONAL-F RFF REDIRECT	51
goodsense nicotine.....	11
griseofulvin microsize oral suspension.....	16
guaifenesin ac oral syrup 100-10 mg/5ml	55
guaifenesin-codeine	55
guanfacine hcl	22, 25

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

H

habitrol.....	11
HADLIMA	48
HADLIMA PUSHTOUCH	48
HAEGARDA.....	48
hailey 1.5/30	42
hailey 24 fe.....	42
hailey fe 1/20.....	42
hailey fe 1.5/30.....	42
HALCION.....	20
halobetasol propionate external cream	29
halobetasol propionate external ointment.....	29
haloette	42
haloperidol oral.....	19
HARVONI ORAL TABLET	20
HAVRIX.....	50
HEALTHPRO BLOOD GLUCOSE MONITO.....	32
heather.....	42
HEMADY.....	45
HEMANGEOL	22
HEMICLOR.....	22
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	36
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML.....	36



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

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

I

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

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

INSULIN LISPRO	34
INSULIN LISPRO (1 UNIT DIAL) ..	34
INSULIN LISPRO KWIKPEN	34
INSULIN LISPRO PROT & LISPRO ..	34
INSULIN PEN NEEDLES 29G X 12MM, 30G X 5 MM, 31G X 5 MM, 31G X 6 MM, 31G X 8 MM, 32G X 4 MM	32
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	32
INTRAROSA	36
introvale	42
INTUNIV	25
INVEGA	19
INVELTYS	52
INVOKANA	35
INZIRQO	22
IPOL	50
ipratropium bromide inhalation ..	56
ipratropium bromide nasal	55
ipratropium-albuterol	56
IQIRVO	39
irbesartan	22
irbesartan-hydrochlorothiazide ..	22
ISENTRESS HD	20
ISENTRESS ORAL TABLET	20
isibloom	42
isoniazid oral tablet	17
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	54
ISORDIL TITRADOSE	22
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	22
isosorbide dinitrate oral tablet 40 mg	22
isosorbide mononitrate er	22
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	29
isotretinoin oral capsule 25 mg, 35 mg	29
ISTALOL	53

itraconazole oral capsule.....	16
ivabradine hcl.....	22
ivermectin external cream.....	29
ivermectin oral tablet 3 mg.....	18
ivermectin oral tablet 6 mg.....	18
IYUZEH.....	53

J

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

K

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

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

KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG.....	35
KOSELUGO.....	18
KOURZEQ.....	26
KOVALTRY.....	36
KRINTAFEL.....	18
kurvelo.....	43
KYZATREX.....	45

L

labetalol hcl oral.....	22
lacosamide oral.....	14
lactulose encephalopathy.....	39
lactulose oral solution.....	39
LAGEVRIO.....	20
LAMICTAL.....	14
LAMICTAL ODT ORAL TABLET DISPERSIBLE.....	14
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR ...	14
lamotrigine er.....	14
lamotrigine oral tablet.....	14
lamotrigine oral tablet chewable .	14
lamotrigine oral tablet dispersible.....	14
LANCETS.....	32
LANOXIN ORAL TABLET 125 MCG, 250 MCG.....	22
LANOXIN ORAL TABLET 62.5 MCG.....	22
lansoprazole oral capsule delayed release.....	38
lansoprazole oral tablet delayed release dispersible.....	38
LANTUS SOLOSTAR.....	34
LANTUS U-100 VIAL.....	34
larin 1/20.....	43
larin 1.5/30.....	43
larin 24 fe.....	43
larin fe 1/20.....	43
larin fe 1.5/30.....	43
LASIX.....	22
latanoprost ophthalmic.....	53
LATUDA.....	19



LEDIPASVIR-SOFOSBUVIR.....	20	LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG.....	14	LOPRESSOR ORAL TABLET	22
leena	43	LIBRAX.....	39	LOPROX EXTERNAL SHAMPOO 1 %.....	16
leflunomide oral	49	lidocaine external ointment 5 % ...	9	LOPROX EXTERNAL SUSPENSION 0.77 %.....	29
lenalidomide.....	18	lidocaine external patch 5 %	9	lorazepam oral tablet.....	20
lessina	43	lidocaine hcl mouth/throat	26	loryna	43
letrozole oral.....	18	lidocaine viscous hcl.....	26	losartan potassium oral	22
leucovorin calcium oral.....	18	lidocaine-prilocaine external cream	9	losartan potassium-hctz	22
leuprolide acetate injection.....	45	LIDOCAN	9	LOTEMAX OPHTHALMIC GEL.....	52
levalbuterol hcl inhalation.....	56	LIDODERM.....	9	LOTEMAX OPHTHALMIC OINTMENT.....	52
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT.....	56	LIDOTRAL 1 EXTERNAL PATCH 4.88 %	9	LOTEMAX OPHTHALMIC SUSPENSION	52
LEVBIID.....	39	LIKMEZ.....	12	LOTEMAX SM	52
levetiracetam er	14	linezolid oral tablet	12	LOTENSIN.....	22
levetiracetam oral solution.....	14	LINZESS.....	39	LOTENSIN HCT	22
levetiracetam oral tablet.....	14	liothyronine sodium oral	46	loteprednol etabonate ophthalmic gel.....	52
levo-t	46	LIPITOR.....	22	loteprednol etabonate ophthalmic suspension.....	53
levocarnitine oral solution.....	37	liraglutide solution pen-injector 18 mg/3ml subcutaneous	35	LOTREL.....	22
levocarnitine oral tablet.....	40	lisdexamfetamine dimesylate.....	25	lovastatin oral.....	22
levocarnitine sf	37	lisinopril oral	22	LOVAZA	22
levocetirizine dihydrochloride oral solution.....	55	lisinopril-hydrochlorothiazide.....	22	LOVENOX INJECTION SOLUTION PREFILLED SYRINGE. 13	
levocetirizine dihydrochloride oral tablet.....	55	LITFULO	49	low-ogestrel	43
levofloxacin oral tablet.....	12	lithium carbonate er.....	20	lubiprostone	39
levonest	43	lithium carbonate oral.....	20	LUMAKRAS.....	18
levonorg-eth estrad triphasic.....	43	LITHOBID.....	20	LUMIGAN	53
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	43	LIVALO	22	LUMRYZ.....	58
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	43	LIVDELZI	39	LUNESTA	58
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg.....	43	LO LOESTRIN FE.....	43	LUPKYNIS.....	49
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg.....	43	lo-zumandimine	43	lurasidone hcl.....	19
levora 0.15/30 (28)	43	LODINE	10	lutura.....	43
LEVOTHYROXINE SODIUM ORAL CAPSULE.....	46	LODOCO	22	lyleq	43
levothyroxine sodium oral tablet ..	46	LOESTRIN 1/20 (21)	43	lyllana	43
levoxyl.....	46	LOESTRIN 1.5/30 (21)	43	LYNPARZA	18
LEVSIN	39	LOESTRIN FE 1/20.....	43	LYRICA ORAL CAPSULE.....	26
LEVSIN/SL	39	LOESTRIN FE 1.5/30.....	43	LYUMJEV KWIKPEN	34
LEXAPRO.....	15	LOFENA	10	LYUMJEV TEMPO PEN.....	34
LIALDA.....	51	lojaimiess	43	LYUMJEV VIAL	34
		LOKELMA	37	lyza	43
		LOMOTIL.....	39		
		loperamide hcl oral capsule.....	39		
		LOPID	22		

M		
M-M-R II.....	50	MENQUADFI.....50
M-NATAL PLUS.....	37	MENVEO50
MACROBID.....	12	MEPRON18
MACRODANTIN.....	12	mercaptopurine oral tablet18
MALARONE.....	18	mesalamine er oral capsule 0.375 gm51
MARINOL.....	15	mesalamine oral capsule delayed release 400 mg.....51
marlissa.....	43	mesalamine oral tablet delayed release 1.2 gm.....51
matzim la.....	23	mesalamine oral tablet delayed release 800 mg51
MAVENCLAD.....	25	mesalamine rectal enema.....51
MAVYRET ORAL PACKET.....	20	mesalamine rectal suppository...52
MAXALT.....	17	MESTINON ORAL TABLET.....17
MAXALT-MLT.....	17	METADATE CD.....25
maxi-tuss ac.....	55	metaxalone oral tablet 400 mg, 800 mg.....58
MAXITROL.....	53	metaxalone oral tablet 640 mg...58
MAXZIDE ORAL TABLET 75-50 MG.....	23	metformin hcl er.....35
MAXZIDE-25 ORAL TABLET 37.5-25 MG.....	23	metformin hcl er (mod).....35
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG.....	25	metformin hcl er (osm).....35
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG.....	26	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg.....35
meclizine hcl oral tablet.....	16	metformin hcl oral tablet 625 mg, 750 mg35
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG.....	45	methadone hcl oral tablet.....9
MEDROL ORAL TABLET 2 MG.....	45	methenamine hippurate.....12
MEDROL ORAL TABLET THERAPY PACK.....	45	methimazole oral.....46
medroxyprogesterone acetate intramuscular.....	43	methocarbamol oral tablet 1000 mg.....58
medroxyprogesterone acetate oral.....	43	methocarbamol oral tablet 500 mg, 750 mg58
mefloquine hcl.....	18	methotrexate sodium (pf).....49
megestrol acetate oral suspension 40 mg/ml.....	45	methotrexate sodium injection solution.....49
megestrol acetate oral tablet.....	43	methotrexate sodium oral.....49
meleya.....	43	METHYLIN.....25
meloxicam oral tablet.....	10	methylphenidate hcl er (cd).....25
memantine hcl er.....	14	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg25
memantine hcl oral tablet.....	14	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg.....25
MENOPUR.....	51	
MENOSTAR.....	43	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg25
		METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG.....25
		methylphenidate hcl er (osm) oral tablet extended release 72 mg.....25
		methylphenidate hcl er (xr)25
		methylphenidate hcl er oral tablet extended release.....25
		methylphenidate hcl er oral tablet extended release 24 hour..25
		methylphenidate hcl oral solution.....25
		methylphenidate hcl oral tablet..25
		methylphenidate hcl oral tablet chewable.....25
		methylprednisolone oral.....45
		metoclopramide hcl oral tablet...16
		metolazone.....23
		metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg23
		metoprolol succinate er oral tablet extended release 24 hour 25 mg.....23
		metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg.....23
		metoprolol tartrate oral tablet 37.5 mg, 75 mg.....23
		metoprolol-hydrochlorothiazide..23
		METROCREAM.....29
		METROGEL.....29
		METROLOTION.....29
		metronidazole external cream...29
		metronidazole external gel 0.75 %29
		metronidazole external gel 1 %...29
		metronidazole external lotion29
		metronidazole oral tablet 125 mg. 12
		metronidazole oral tablet 250 mg, 500 mg12
		metronidazole vaginal.....12
		mexiletine hcl oral.....23
		mibelas 24 fe.....43
		MICARDIS.....23

MICARDIS HCT	23
MICROCHAMBER.....	56
MICRODOT TEST	32
microgestin 1/20	43
microgestin 1.5/30	43
microgestin 24 fe oral tablet 1-20 mg-mcg.....	43
microgestin fe 1/20.....	43
microgestin fe 1.5/30.....	43
midodrine hcl	23
MIEBO.....	54
mili	43
mimvey.....	43
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)....	43
MINILINK REAL-TIME TRANSMITTER.....	32
MINIMED 630G GUARDIAN PRESS	32
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	23
MINIVELLE	42, 43
minocycline hcl oral capsule	12
minoxidil oral	23
mirabegron er.....	40
MIRCETTE ORAL TABLET 0.15- 0.02/0.01 MG (21/5)	43
mirtazapine oral	15
MIRVASO.....	29
misoprostol oral	38
MITIGARE.....	16
MM BLOOD GLUCOSE SYSTEM..	32, 33
MM BLOOD GLUCOSE SYSTEM REFILL	33
MM BLULINK GLUCOSE TEST	33
MM EASY TOUCH GLUCOSE METER.....	33
modafinil oral	58
MODERNA COVID-19 VAC 6M-11Y	50
mometasone furoate external....	29
mometasone furoate nasal	55
MONDOXYNE NL	12
mono-lynyah	43

MONOJECT HYPODERMIC NEEDLE 18G X 1"	33
montelukast sodium oral packet .	56
montelukast sodium oral tablet ..	56
montelukast sodium oral tablet chewable.....	56
morphine sulfate er oral tablet extended release	9
morphine sulfate oral tablet	9
MOTEGRITY	39
MOTPOLY XR.....	14
MOUNJARO.....	35
MOVIPREP	39
moxifloxacin hcl (2x day).....	53
moxifloxacin hcl ophthalmic.....	53
moxifloxacin hcl oral	12
MS CONTIN	9
MULTAQ.....	23
MULTI-VIT-FLOR	37
multi-vitamin/fluoride	37
multivitamin w/fluoride tablet chewable 0.25 mg oral	37
multivitamin w/fluoride tablet chewable 0.5 mg oral.....	37
multivitamin w/fluoride tablet chewable 1 mg oral	37
multivitamin/fluoride oral tablet chewable.....	37
mupirocin cream	12
mupirocin ointment	12
MYAMBUTOL ORAL TABLET 400 MG.....	17
mycophenolate mofetil oral capsule	49
mycophenolate mofetil oral tablet.....	49
mycophenolate sodium	49
mycophenolic acid	49
MYDAYIS.....	25
MYFEMBREE	43
MYFORTIC	49
MYHIBBIN.....	49
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR ...	40
MYSOLINE	14

N	
na sulfate-k sulfate-mg sulf	39
nabumetone oral	10
nadolol oral	23
NALOCET	9
naloxone hcl injection solution prefilled syringe	11
naloxone hcl nasal	11
naltrexone hcl oral.....	11
NAMENDA ORAL TABLET 10 MG, 5 MG.....	14
NAMENDA TITRATION PAK	14
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	14
NAPROSYN.....	10
naproxen dr	10
naproxen oral tablet.....	10
naproxen oral tablet delayed release	10
naproxen sodium oral tablet 275 mg, 550 mg.....	10
naratriptan hcl	17
NARCAN.....	11
NASCOBAL.....	37
NATAZIA	43
nateglinide.....	35
NATESTO.....	45
NAYZILAM	14
neбиволol hcl	23
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %...55	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %...55	
necon 0.5/35 (28).....	43
NEFFY	54
NEMLUVIO.....	29
neomycin sulfate oral	12
neomycin-polymyxin-dexameth .	53
neomycin-polymyxin-hc otic	54
NEONATAL COMPLETE.....	37
NEONATAL PLUS.....	37
NEONATAL PRENATAL.....	37
NEONATAL VITAMIN	37
NEORAL ORAL CAPSULE.....	49

NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	35	NIVA THYROID.....	46	NOVOLIN 70/30 RELION	34
neuac.....	29	NIVA-PLUS	37	NOVOLIN 70/30 VIAL.....	34
NEULASTA	36	NIVESTYM	36	NOVOLIN N FLEXPEN	34
NEUPRO.....	19	NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG.....	45	NOVOLIN N FLEXPEN RELION ...	34
NEURONTIN	14	nora-be.....	43	NOVOLIN N RELION.....	34
NEUTEK 2TEK TEST.....	33	NORDITROPIN FLEXPEN	45	NOVOLIN N VIAL	34
NEVANAC	53	norelgestromin-eth estradiol.....	43	NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION.....	34
NEXIUM ORAL CAPSULE DELAYED RELEASE.....	38	norethin ace-eth estrad-fe oral tablet.....	43	NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION.....	34
NEXIUM ORAL PACKET	38	norethin ace-eth estrad-fe oral tablet chewable.....	43	NOVOLIN R RELION.....	34
NEXLETOL	23	norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg- mcg	43	NOVOLIN R VIAL	34
NEXLIZET.....	23	norethindrone acet-ethinyl est ...	43	NOVOLOG FLEXPEN	34, 35
NEXTSTELLIS.....	43	norethindrone acetate oral	43	NOVOLOG FLEXPEN RELION.....	35
NGENLA.....	45	norethindrone oral	43	NOVOLOG RELION.....	35
niacin er (antihyperlipidemic)....	23	norethindrone-eth estradiol	43	NOVOLOG U-100 VIAL	35
NICODERM CQ	11	norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	44	NOVOPEN ECHO.....	33
NICORETTE MINI.....	11	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg.....	44	NOXAFIL ORAL TABLET DELAYED RELEASE.....	16
NICORETTE MOUTH/THROAT GUM.....	11	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg.....	44	np thyroid	46
NICORETTE MOUTH/THROAT LOZENGE	11	NORITATE.....	29	NUBEQA.....	18
NICORETTE STARTER KIT.....	11	NORLIQVA	23	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	56
nicotine mini	11	norlyroc	44	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	56
nicotine polacrilex mini.....	11	NORPRAMIN.....	15	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML.....	57
nicotine polacrilex mouth/throat. .	11	nortrel 0.5/35 (28).....	44	NUCYNTA	9
nicotine step 1	11	nortrel 1/35 (21)	44	NUCYNTA ER.....	9
nicotine step 2	11	nortrel 1/35 (28)	44	NUDEXTA.....	26
nicotine step 3	11	nortrel 7/7/7	44	NULEV.....	39
nicotine transdermal patch 24 hour	11	nortriptyline hcl oral capsule.....	15	NURTEC.....	17
nifedipine er	23	NORVASC	23	NUTROPIN AQ NUSPIN 10	45
nifedipine er osmotic release	23	NOVAREL	51	NUTROPIN AQ NUSPIN 20	45
nifedipine oral	23	NOVOEIGHT	36	NUTROPIN AQ NUSPIN 5.....	45
nikki	43	NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	33	NUVARING.....	44
nilotinib hcl.....	18	NOVOFINE PEN NEEDLE.....	33	NUVESSA.....	12
NITRO-BID.....	23	NOVOFINE PLUS PEN NEEDLE ...	33	NUVIGIL	58
NITRO-DUR.....	23	NOVOLIN 70/30 FLEXPEN.....	34	NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	36
nitrofurantoin macrocrystal	12	NOVOLIN 70/30 FLEXPEN RELION.....	34		
nitrofurantoin monohydrate macrocrystals.....	12				
nitroglycerin rectal	23				
nitroglycerin sublingual	23				
nitroglycerin transdermal.....	23				
NITROSTAT	23				



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

O

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

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

ORACIT	37
ORAL CITRATE.....	37
ORALONE	26
ORENCIA CLICKJECT	49
ORENCIA SUBCUTANEOUS	49
ORFADIN.....	40
ORGOVYX.....	18
ORIAHNN	45
ORILISSA	45
orphenadrine citrate er.....	58
OSCIMIN	39
oseltamivir phosphate oral.....	20
OSPHERA	36
OTEZLA ORAL TABLET 20 MG	49
OTEZLA ORAL TABLET 30 MG	49
OTREXUP.....	49
OVACE PLUS WASH EXTERNAL LIQUID	29
OVACE WASH	29
OVIDREL	51
oxaprozin oral tablet.....	10
OXAYDO ORAL TABLET 5 MG, 7.5 MG	9
oxcarbazepine	14
oxcarbazepine er	14
oxybutynin chloride er	40
oxybutynin chloride oral solution.....	40
oxybutynin chloride oral tablet 2.5 mg	40
oxybutynin chloride oral tablet 5 mg	40
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG.....	9
oxycodone hcl oral capsule	9
oxycodone hcl oral solution.....	9
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg.....	9
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG.....	10
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	10

OXYCONTIN	10
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML.....	35
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML, 8 MG/3ML.....	35

P

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

PFIZER COVID-19 VAC-TRIS 5-11Y.....	51
PFIZER COVID-19 VAC-TRIS 6M-4Y	51
phenazo oral tablet 200 mg.....	40
phenazopyridine hcl oral tablet 100 mg, 200 mg	40
phenobarbital oral tablet.....	14
phenytek.....	14
phenytoin sodium extended	14
PHEXXI.....	44
philith	44
PHOSPHA 250 NEUTRAL	37
phospho-trin 250 neutral	37
phosphorous.....	37
pilocarpine hcl oral	26
pimecrolimus	29
pimtrea.....	44
pioglitazone hcl.....	35
pioglitazone hcl-metformin hcl...	35
PIP BLOOD GLUCOSE TEST STRIP.....	33
PIQRAY.....	18
piroxicam oral.....	10
pitavastatin calcium.....	23
PLAQUENIL.....	19
PLAVIX	19
PLEGRIDY INTRAMUSCULAR.....	26
PLEGRIDY STARTER PACK.....	26
PLEGRIDY SUBCUTANEOUS	26
PLENVU	39
PLEXION CLEANSER.....	29
pnv 27-ca/fe/fa.....	37
podofilox external solution	29
POKONZA.....	37
POLY-VI-FLOR ORAL TABLET CHEWABLE.....	37
POLYCIN	53
polymyxin b-trimethoprim.....	53
POMALYST.....	18
portia-28.....	44
posaconazole oral tablet delayed release	16
potassium chloride crys er.....	37

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

PREVACID.....	38	propafenone hcl	23	QUINTET AC BLOOD GLUCOSE TEST.....	33
PREVACID SOLUTAB.....	38	propafenone hcl er	23	QUINTET BLOOD GLUCOSE TEST.....	33
prevalite.....	23	propranolol hcl er.....	23	QULIPTA	17
PREVIDENT 5000 BOOSTER PLUS.....	26	propranolol hcl oral.....	23	QUVIVIQ	58
PREVIDENT 5000 DRY MOUTH.....	26	propylthiouracil oral.....	46	QVAR REDHALER	57
PREVIDENT 5000 ENAMEL PROTECT.....	38	PROSCAR	40		
PREVIDENT 5000 KIDS	26	PROTONIX ORAL TABLET DELAYED RELEASE.....	38	R	
PREVIDENT 5000 ORTHO DEFENSE.....	26	PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	57	ra mini nicotine	11
PREVIDENT 5000 PLUS	26	PROVERA.....	41, 44	ra nicotine mouth/throat gum 4 mg.....	11
PREVIDENT 5000 SENSITIVE	38	PROVIGIL	58	ra nicotine polacrilex	11
PREVIDENT DENTAL	26	PROZAC.....	15	ra nicotine transdermal patch 24 hour 21 mg/24hr.....	11
PREVNAR 20	51	prucalopride succinate.....	39	rabeprazole sodium oral tablet delayed release	38
PREVYMIS ORAL TABLET	20	pseudoephedrine-bromphen-dm.....	55	RADICAVA ORS	26
PREZCOBIX.....	20	PTS PANELS EGLU TEST.....	33	RADICAVA ORS STARTER KIT	26
primidone oral tablet 125 mg	14	PULMICORT SUSPENSION.....	57	RALDESY.....	15
primidone oral tablet 250 mg, 50 mg.....	14	PULMOSAL.....	55	raloxifene hcl	52
PRIORIX.....	51	PULMOZYME.....	57	ramelteon.....	58
PRISTIQ.....	15	PYLERA.....	38	ramipril.....	23
probenecid.....	16	PYRIDIUM.....	40	ranolazine er.....	23
PROCARDIA XL	23	pyridostigmine bromide oral tablet 30 mg	17	RAPAFLO.....	40
PROCHAMBER VHC.....	57	pyridostigmine bromide oral tablet 60 mg	17	RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	49
prochlorperazine maleate oral....	16			rasagiline mesylate oral	19
PROCORT	52			RASUVO.....	49
procto-med hc.....	52	Q		reclipsen	44
PROCTOCORT	52	qc nicotine transdermal system ..	11	RECOMBIMATE	36
PROCTOFOAM HC.....	52	QELBREE.....	25	RECOMBIVAX HB	51
PROCTOSOL HC.....	52	QUARTETTE ORAL TABLET 42-21-21-7 DAYS	44	RECTIV.....	23
PROCTOZONE-HC.....	52	QUESTRAN.....	23	REGLAN.....	16
progesterone intramuscular	44	QUESTRAN LIGHT.....	23	RELAFEN DS	10
progesterone oral	44	quetiapine fumarate	19	RELEXXII.....	25
PROGRAF ORAL CAPSULE	49	quetiapine fumarate er.....	19	RELION GLUCOSE TEST STRIPS..	33
PROLATE ORAL TABLET.....	10	QUFLORA PEDIATRIC	38	RELION TRUE MET AIR GLUC METER.....	33
PROLENSA	53	QUICK TOUCH BLOOD GLUCOSE	33	RELION TRUE METRIX TEST STRIPS	33
promethazine hcl oral solution....	16	QUICK TOUCH BLOOD GLUCOSE TEST.....	33	RELION ULTIMA GLUCOSE SYSTEM	33
promethazine hcl oral tablet.....	16	QUILLICHEW ER.....	25	RELION ULTIMA TEST.....	33
promethazine hcl rectal.....	16	QUILLIVANT XR	25	RELPAK.....	17
promethazine-codeine.....	55				
promethazine-dm	55				
PROMETHEGAN	16				
PROMETRIUM	44				

RELTONE.....	39	rivastigmine.....	14	scopolamine.....	16
REMERON.....	15	rivastigmine tartrate.....	14	SEASONIQUE ORAL TABLET	
REMERON SOLTAB ORAL		rivelsa.....	44	0.15-0.03 & 0.01 MG.....	44
TABLET DISPERSIBLE 15 MG,		rizatriptan benzoate oral tablet		selenium sulfide external lotion ..	29
30 MG.....	15	10 mg.....	17	SENSIPAR.....	52
RENTHYROID.....	46	rizatriptan benzoate oral tablet		SEREVENT DISKUS.....	57
REVELA ORAL TABLET.....	40	5 mg.....	17	SEROQUEL.....	19
repaglinide.....	35	rizatriptan benzoate oral tablet		SEROQUEL XR.....	19
REPATHA.....	23	dispersible 10 mg.....	17	SERTRALINE HCL ORAL	
REPATHA PUSHTRONEX SYSTEM.....	23	rizatriptan benzoate oral tablet		CAPSULE.....	15
REPATHA SURECLICK.....	23	dispersible 5 mg.....	17	sertraline hcl oral concentrate....	15
RESTASIS.....	54	ROBINUL ORAL TABLET 1 MG.....	39	sertraline hcl oral tablet.....	15
RESTASIS MULTIDOSE.....	54	ROBINUL-FORTE ORAL TABLET		setlakin.....	44
RESTORIL.....	58	2 MG.....	39	sevelamer carbonate oral tablet..	40
RETACRIT INJECTION		ROCALTROL ORAL CAPSULE.....	52	SEYSARA.....	13
SOLUTION 10000 UNIT/ML,		ROCKLATAN.....	53	sf 5000 plus.....	26
2000 UNIT/ML, 3000 UNIT/ML,		roflumilast.....	57	sf gel 1.1%.....	26
4000 UNIT/ML, 40000 UNIT/ML.....	36	ropinirole hcl.....	19	SFROWASA.....	52
RETACRIT INJECTION		rosuvastatin calcium oral.....	23	sharobel.....	44
SOLUTION 20000 UNIT/ML.....	36	rosyrah.....	44	SHINGRIX.....	51
RETEVMO ORAL CAPSULE		roweepra.....	14	sildenafil citrate oral tablet	
40 MG.....	18	ROXICODONE.....	10	100 mg, 25 mg, 50 mg.....	36
RETEVMO ORAL CAPSULE		ROZEREM.....	58	sildenafil citrate oral tablet	
80 MG.....	18	ROZLYTREK.....	18	20 mg.....	57
RETIN-A.....	29	RUCONEST.....	50	SILENOR.....	58
REVATIO ORAL.....	57	RUKOBIA.....	20	silodosin.....	40
REVLIMID.....	18	RYALTRIS.....	55	SILVADENE.....	13
REXTOVY.....	11	RYBELSUS.....	35	silver sulfadiazine external.....	13
REXULTI.....	19	RYDAPT.....	18	SIMLANDI (1 PEN).....	50
REYVOW.....	17	RYTARY.....	19	SIMLANDI (1 SYRINGE).....	50
REZDIFFRA.....	39	RYTHMOL SR ORAL CAPSULE		SIMLANDI (2 PEN).....	50
RHOFADE.....	29	EXTENDED RELEASE 12 HOUR		SIMLANDI (2 SYRINGE)	
RHOPRESSA.....	53	225 MG, 325 MG, 425 MG.....	23	SUBCUTANEOUS PREFILLED	
rifampin oral.....	17	ryvent.....	55	SYRINGE KIT 20 MG/0.2ML.....	50
RIGHTEST GT333 GLUCOSE				SIMLANDI (2 SYRINGE)	
TEST.....	33			SUBCUTANEOUS PREFILLED	
RINVOQ.....	49			SYRINGE KIT 40 MG/0.4ML.....	50
risedronate sodium oral tablet				simliya.....	44
150 mg, 35 mg.....	52			simpesse.....	44
risedronate sodium oral tablet				SIMPLERA SENSOR.....	33
30 mg, 5 mg.....	52			SIMPLERA SYNC SENSOR.....	33
RISPERDAL.....	19			SIMPLERA SYSTEM.....	33
risperidone.....	19			SIMPONI.....	50
RITALIN.....	25			simvastatin oral tablet 10 mg,	
RITALIN LA.....	25			20 mg, 40 mg, 5 mg.....	23
rivaroxaban.....	13				

S

sacubitril-valsartan.....	23
SAFYRAL.....	44
SALAGEN.....	26
SANTYL.....	29
SAPHRIS.....	19
SAVELLA.....	26
saxagliptin hcl.....	35
saxagliptin-metformin er.....	35
SCSEMBLIX.....	18



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

T

TABRECTA.	18
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %.	29
TACLONEX EXTERNAL SUSPENSION	30
tacrolimus external.	30
tacrolimus oral.	50
tadalafil (pah)	57
tadalafil oral.	36
TADLIQ.	57
tafluprost (pf).	53
TAGRISSO.	18
TAKHZYRO SUBCUTANEOUS SOLUTION	50
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	50
TAMIFLU	20



tamoxifen citrate oral tablet 10 mg	18	TENORETIC 100	24	TIMOPTIC OCUDOSE	53
tamoxifen citrate oral tablet 20 mg	18	TENORETIC 50	24	TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	53
tamsulosin hcl	40	TENORMIN	24	TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	53
TANLOR	58	terazosin hcl	40	tinidazole oral	13
TAPERDEX 12-DAY	45	terbinafine hcl oral	16	tiotropium bromide monohydrate	57
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	45	terconazole	16	TIROSINT	46
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	45	teriflunomide	26	TIROSINT-SOL	46
TAPERDEX 7-DAY	45	teriparatide solution pen- injector 560 mcg/2.24ml subcutaneous	52	TIVICAY	20
TARGADOX	13	TESTIM	45	tizanidine hcl oral capsule	58
tarina 24 fe	44	TESTOSTERONE CYPIONATE INJECTION	46	tizanidine hcl oral tablet	58
tarina fe 1/20 eq	44	testosterone cypionate intramuscular	46	TLANDO	46
TASIGNA	18	testosterone enanthate intramuscular	46	TOBI PODHALER	57
TAVALISSE	36	testosterone gel 12.5 mg/act (1%) transdermal	46	TOBRADEX OPHTHALMIC OINTMENT	53
tazarotene external cream	30	testosterone gel 20.25 mg/act (1.62%) transdermal	46	TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	53
TAZORAC EXTERNAL CREAM	30	testosterone transdermal gel 10 mg/act (2%), 20.25 mg/ 1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	46	TOBRADEX ST	53
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	24	testosterone transdermal gel 1.62 %	46	tobramycin ophthalmic	53
TECFIDERA ORAL CAPSULE DELAYED RELEASE	26	tetracycline hcl oral capsule	13	tobramycin-dexamethasone	53
TECHLITE INSULIN SYRINGES	33	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	57	TOLAK	30
TECHLITE PEN NEEDLES	33	THALITONE	24	TOLSURA	16
TECHLITE PLUS PEN NEEDLES	33	THRIVE	11	tolterodine tartrate	40
TEGLUTIK	26	THYQUIDITY	46	tolterodine tartrate er	40
TEGRETOL ORAL TABLET	14	thyroid oral	46	tolvaptan oral tablet therapy pack 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	40
TEGRETOL-XR	14	tiadylt er	24	tolvaptan oral tablet therapy pack 30 & 15 mg	40
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	40	TIAZAC	24	TOPAMAX	14
TEKTRUNA	24	ticagrelor	19	TOPAMAX SPRINKLE	14
TEKTRUNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	24	TIGLUTIK	26	TOPICORT	30
telmisartan	24	TIKOSYN	24	TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	30
telmisartan-hctz	24	tilia fe	44	topiramate er oral capsule extended release 24 hour	14
temazepam	58	timolol hemihydrate	53	topiramate oral capsule sprinkle ..	14
temozolomide	18	timolol maleate (once-daily)	53	topiramate oral tablet	14
TEMPO REFILL	33	timolol maleate ocudose	53	TOPROL XL	24
TEMPO WELCOME	33	timolol maleate ophthalmic	53	torpenz	18
TENCON	10	timolol maleate pf	53	torsemide	24
TENIVAC	51			TOSYMRA	17
tenofovir disoproxil fumarate	20			TOUJEO MAX SOLOSTAR	35

TOUJEO SOLOSTAR	35	triamcinolone acetonide external lotion	30	TRUE METRIX GO GLUCOSE METER.....	33
TRACLEER	57	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %.....	30	TRUE METRIX METER	34
TRADJENTA.....	36	triamcinolone acetonide external ointment 0.05 %	30	TRUE METRIX PRO BLOOD GLUCOSE	34
tramadol hcl (er biphasic) oral tablet extended release 24 hour ..	10	triamcinolone acetonide mouth/ throat.....	27	TRULANCE.....	39
tramadol hcl er.....	10	triamcinolone acetonide in absorbbase	30	TRULICITY.....	36
tramadol hcl oral tablet 100 mg, 25 mg, 75 mg.....	10	triamterene-hctz	24	TRUQAP ORAL TABLET.....	18
tramadol hcl oral tablet 50 mg....	10	TRIANEX EXTERNAL OINTMENT 0.05 %	30	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	20
tramadol-acetaminophen	10	triazolam.....	20	TRUVADA ORAL TABLET 200- 300 MG.....	20
trandolapril	24	TRIBENZOR	24	turqoz	44
tranexamic acid oral.....	36	TRICARE ORAL TABLET	38	TWIIST REFILL KIT	34
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	16	TRICOR.....	24	TWIIST REFILL KIT/INFUSION SET	34
TRAVATAN Z.....	53	TRIDACAIN II.....	10	TWIIST STARTER KIT	34
travoprost (bak free)	53	TRIDACAIN III.....	10	TWINRIX	51
trazodone hcl oral	15	triderm.....	30	TWIRLA	44
TRELEGY ELLIPTA	57	TRIDESILON EXTERNAL CREAM 0.05 %	30	TYBLUME	44
TREMFYA.....	30, 50	trihexyphenidyl hcl oral tablet	19	tydemy oral tablet 3-0.03-0.451 mg.....	44
TRESIBA FLEXTOUCH.....	35	TRIJARDY XR	36	TYMLOS.....	52
tretinoin external cream	30	TRIKAFTA ORAL TABLET THERAPY PACK	57	TYRVAYA	54
tretinoin external gel 0.01 %, 0.025 %.....	30	TRILEPTAL	14	TYVASO	57
tretinoin external gel 0.05 %	30	TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG.....	24	TYVASO DPI INSTITUTIONAL KIT.....	57
TREXALL.....	50	trimethoprim oral	13	TYVASO DPI MAINTENANCE KIT .	57
TREZIX	10	TRINATAL RX1.....	38	TYVASO DPI TITRATION KIT	57
tri-estarylla	44	TRINATE.....	38	TYVASO REFILL KIT.....	57
tri-legest fe	44	TRINTELLIX.....	15	TYVASO STARTER KIT	57
tri-linyah.....	44	tritocin external ointment 0.05 %.	30		
tri-lo-estarylla	44	TRIUMEQ.....	20		
tri-lo-marzia	44	trivora (28)	44		
tri-lo-mili.....	44	TROKENDI XR.....	14		
tri-lo-sprintec.....	44	trospium chloride.....	40		
tri-mili	44	trospium chloride er.....	40		
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg.....	44	TRUE FOCUS BLOOD GLUCOSE STRIP.....	33		
tri-sprintec.....	44	TRUE METRIX AIR GLUCOSE METER KIT	33		
tri-vite/fluoride	38	TRUE METRIX BLOOD GLUCOSE TEST.....	33		
tri-vylibra.....	44				
tri-vylibra lo	44				
triamcinolone acetonide external cream 0.025 %, 0.1 %	30				
triamcinolone acetonide external cream 0.5 %	30				

U

UBRELVY	17
UCERIS ORAL.....	52
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	36
ULORIC	16
UMECLIDINIUM-VILANTEROL ...	57
UNDECATREX.....	46
UNISTRIPI1 GENERIC	34
unithroid	46
urea external cream 20 %, 40 %, 45 %	30

urea external cream 39 %, 41 %, 47 %	30
UREA EXTERNAL CREAM 39.5 % ..	30
uredeb	30
UREMEZ-40	30
URESOL	30
UROCIT-K 10	38
UROCIT-K 15	38
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	38
UROXATRAL	40
URSO 250 ORAL TABLET 250 MG ..	39
URSO FORTE	39
URSODIOL ORAL CAPSULE 200 MG, 400 MG	39
ursodiol oral capsule 300 mg	39
ursodiol oral tablet	39
USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ..	50

V

VAGIFEM	44
valacyclovir hcl oral	20
VALCYTE ORAL TABLET	20
valganciclovir hcl oral tablet	20
VALIUM	20
valproic acid oral capsule	14
valproic acid oral solution 250 mg/5ml	14
VALSARTAN ORAL SOLUTION	24
valsartan oral tablet	24
valsartan-hydrochlorothiazide	24
VALTOCO	14
VALTREX	20
valtya 1/50	44
VANADOM ORAL TABLET 350 MG	58
VANCOCIN	13
vancomycin hcl oral capsule	13
VANDAZOLE	13
VANOS	30
VANRAFIA	40
VAQTA	51

varafenil hcl oral tablet	36
varenicline tartrate	11
varenicline tartrate (starter)	11
varenicline tartrate(continue)	11
VARIVAX	51
VASCEPA	24
VASERETIC	24
VASOTEC	24
velivet	44
VELPHORO	40
VELTASSA	38
VELLIDY	20
VENCLEXTA	18
venlafaxine hcl	15
venlafaxine hcl er oral capsule extended release 24 hour	15
venlafaxine hcl er oral tablet extended release 24 hour	15
VENTOLIN HFA	56, 57
VEOZAH	26
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	24
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg ..	24
verapamil hcl er oral tablet extended release	24
verapamil hcl oral	24
VERELAN	24
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	24
VERISAFE SAFETY STERILE NEEDLE	34
VERKAZIA	54
VERQUVO	24
VERZENIO	18
VESICARE	40
vestura	44
VEVYE	54
VFEND ORAL TABLET 200 MG	16
VFEND ORAL TABLET 50 MG	16
VIAGRA	36
VIBERZI	39

VIBRAMYCIN ORAL CAPSULE 100 MG	13
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	13
vienva	44
VIGAMOX	53
VIIBRYD	15
vilazodone hcl	15
VIMPAT ORAL	14
viorele	44
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	20
VIREAD ORAL TABLET 300 MG ...	20
VISTARIL ORAL CAPSULE 25 MG ..	20
VITAFOL FE+	38
VITAFOL ULTRA	38
VITAFOL-OB	38
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	38
VITATHELY WITH GINGER	38
VITRAKVI	18
VIVAGUARD INO GLUCOSE METER KIT	34
VIVAGUARD INO TEST STRIPS	34
VIVELLE-DOT	42, 44
VIVJOA	16
VIVOTIF	51
VOGELXO	46
VOGELXO PUMP	46
volnea	44
VOQUEZNA	38
VOQUEZNA DUAL PAK	38
VOQUEZNA TRIPLE PAK	38
voriconazole oral tablet	16
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	57
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	57
VORTEX VALVE CHAMBER-PEDI MASK	57
VORTEX VALVED HOLDING CHAMBER DEVICE	57
VOSEVI	20
VOYDEYA	36



VRAYLAR.....	19	XELODA.....	18	ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG.....	58
VTAMA.....	30	XENLETA ORAL TABLET 600 MG .	13	ZARONTIN.....	14
vyfemla.....	44	XHANCE.....	55	ZARXIO.....	36
VYLEESI.....	36	XIFAXAN.....	13	ZAVZPRET.....	17
vylibra.....	44	XIGDUO XR.....	36	ZEBUTAL ORAL CAPSULE 50-325-40 MG.....	10
VYNDAMAX.....	40	XIIDRA.....	54	ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	36
VYNDAQEL.....	24	XOFLUZA (40 MG DOSE).....	20	ZEJULA ORAL CAPSULE 100 MG .	18
VYTORIN.....	24	XOFLUZA (80 MG DOSE).....	20	ZELBORAF.....	18
VYVANSE.....	25	XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	57	ZEMBRACE SYMTOUCH.....	17
VYZULTA.....	54	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.	50	zenatane.....	30
W		XOPENEX HFA.....	57	ZENPEP.....	40
WAINUA.....	15	XTAMPZA ER.....	10	ZENZEDI.....	25
WAKIX.....	58	XTANDI.....	18	ZEPOSIA.....	26
warfarin sodium oral.....	13	xulane.....	45	ZEPOSIA 7-DAY STARTER PACK...	26
WELCHOL ORAL TABLET.....	24	xurea.....	30	ZEPOSIA STARTER KIT.....	26
WELLBUTRIN SR.....	15	XYOSTED.....	46	ZESTORETIC.....	24
WELLBUTRIN XL.....	15	XYWAV.....	58	ZESTRIL.....	24
wera.....	45	Y		ZETIA.....	24
wes-phos 250 neutral.....	38	YASMIN 28.....	45	ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT.....	55
WESTAB PLUS.....	38	YAZ.....	45	ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG.....	24
WEZLANA.....	50	YESINTEK SUBCUTANEOUS.....	50	ZIAC ORAL TABLET 5-6.25 MG ...	24
WILATE.....	36	YORVIPATH.....	52	ZILBRYSQ.....	17
WINLEVI.....	30	YUFLYMA (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML.....	50	ZILXI.....	30
wixela inhub.....	57	YUFLYMA (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/0.8ML.....	50	ZIMHI.....	11
X		YUFLYMA (2 PEN).....	50	ZIOPTAN.....	54
XACIATO.....	13	YUFLYMA (2 SYRINGE).....	50	ziprasidone hcl.....	19
XALATAN.....	54	YUFLYMA-CD/UC/HS STARTER...	50	ZITHROMAX ORAL.....	13
XANAX.....	20	YUPELRI.....	57	ZITHROMAX TRI-PAK.....	13
XANAX XR.....	20	YUSIMRY.....	50	ZITHROMAX Z-PAK.....	13
xarah fe.....	45	yuvaferm.....	45	ZOCOR.....	24
XARELTO.....	13	Z		ZOLMITRIPTAN NASAL SOLUTION 2.5 MG.....	17
XARELTO STARTER PACK.....	13	zafemy.....	45	zolmitriptan nasal solution 5 mg..	17
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG ..	14	zafirlukast.....	57	zolmitriptan oral tablet.....	17
XDEMVY.....	53	zaleplon.....	58	zolmitriptan oral tablet dispersible.....	17
XELJANZ.....	50	ZANAFLEX.....	58	ZOLOFT.....	15
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG.....	50			zolpidem tartrate er.....	58
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG.....	50			zolpidem tartrate oral tablet.....	58

ZOMIG NASAL SOLUTION	
2.5 MG.....	17
ZOMIG NASAL SOLUTION 5 MG ..	17
ZOMIG ORAL TABLET 5 MG	17
ZONEGRAN	14
zonisamide oral	14
ZORTRESS.....	50
ZORYVE EXTERNAL CREAM	
0.15 %.....	30
ZORYVE EXTERNAL CREAM	
0.3 %.....	30
ZORYVE EXTERNAL FOAM	30
zovia 1/35 (28)	45
ZOVIRAX EXTERNAL OINTMENT .	20
ZTLIDO.....	10
ZUBSOLV.....	11
zumandimine	45
ZURZUVAE	15
ZYCLARA.....	30
ZYCLARA PUMP	30
ZYLET	53
ZYLOPRIM ORAL TABLET	
100 MG, 300 MG.....	16
ZYPREXA ORAL.....	19
ZYPREXA ZYDIS ORAL TABLET	
DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	19
ZYTIGA.....	18
ZYVOX ORAL TABLET	13

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

This document applies to commercial group members of UnitedHealthcare and Oxford New York and New Jersey plans.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates, including but not limited to: UnitedHealthcare Freedom Insurance Company; UnitedHealthcare Insurance Companies of Illinois, New York, and Ohio, Inc.; UnitedHealthcare Insurance Company of the River Valley; UnitedHealthcare Life Insurance Company; All Savers Insurance Company; Golden Rule Insurance Company; Oxford Health Insurance, Inc.; and Sierra Health & Life Insurance Company, Inc. Health plan coverage provided by or through a UnitedHealthcare company, including but not limited to: UnitedHealthcare of Alabama, Arizona, Arkansas, California, Colorado, Florida, Georgia, Illinois, Louisiana, Michigan, Mississippi, Nebraska, New England, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Texas, Utah, Washington, or Wisconsin, Inc.; UnitedHealthcare Benefits Plan of California; UnitedHealthcare of Kentucky, Ltd.; UnitedHealthcare of the Mid-Atlantic, Midlands, Midwest, or River Valley, Inc.; Health Plan of Nevada, Inc.; MAMSI Life and Health Insurance Company; Neighborhood Health Partnership, Inc.; Optimum Choice, Inc. Administrative services provided by or through United HealthCare Services, Inc. or its affiliates, including but not limited to: UnitedHealthcare Service LLC; UnitedHealthcare Services Company of the River Valley, Inc.; Oxford Health Plans LLC; and Bind Benefits, Inc. d/b/a Surest d/b/a Surest Administrators Services in CA. For level-funded plans, stop-loss insurance underwritten by UnitedHealthcare Insurance Company or its affiliates, including but not limited to: United HealthCare Life Insurance Company (NJ); and UnitedHealthcare Insurance Company of New York (NY).

UnitedHealthcare and the dimensional U logo are registered trademarks owned by UnitedHealth Group Incorporated. All other trademarks are the property of their respective owners.