



Your 2025 Prescription Drug List

Traditional 3-Tier

Effective September 1, 2025



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of September 1, 2025 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, River Valley, Global Solutions, Oxford, Student Resources, UnitedHealthOne and Surest medical plans when sold in your market with a pharmacy benefit subject to the Traditional 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

Table of contents

Understanding your Prescription Drug List (PDL)	4
Medication tips	5
Reading your PDL.....	6
Questions	8
Analgesics	
Drugs for Pain.....	9
Drugs for Pain and Inflammation.....	10
Anti-Addiction / Substance Abuse Treatment Agents.....	11
Antibacterials	
Drugs for Infections.....	12
Anticoagulants	
Drugs to Treat or Prevent Blood Clots.....	13
Anticonvulsants	
Drugs for Seizures	13
Antidementia Agents	
Drugs for Alzheimer’s Disease and Dementia	15
Antidepressants	
Drugs for Depression.....	15
Antiemetics	
Drugs for Nausea and Vomiting.....	16
Antifungals	
Drugs for Fungal Infections.....	16
Antigout Agents	
Drugs for Gout.....	17
Antimigraine Agents	
Drugs for Migraines	17
Antimyasthenic Agents	
Drugs to Treat Myasthenia Gravis.....	18
Antimycobacterials	
Drugs to Treat Infections.....	18
Antineoplastics	
Drugs for Cancer	18
Antiparasitics	
Drugs for Parasitic Infections.....	19
Antiparkinson Agents	
Drugs for Parkinson’s Disease.....	19
Antiplatelets	
Drugs for Heart Attack and Stroke Prevention.....	20
Antipsychotics	
Drugs for Mood Disorders.....	20
Antivirals	
Drugs for Viral Infections	20
Anxiolytics	
Drugs for Anxiety.....	21
Bipolar Agents	
Drugs for Mood Disorders.....	22
Cardiovascular Agents	
Drugs for Heart and Circulation Conditions.....	22
Central Nervous System Agents	
Drugs for Attention Deficit Disorder	26
Drugs for Multiple Sclerosis.....	27
Miscellaneous.....	27



Dental and Oral Agents	
Drugs for Mouth and Throat Conditions	27
Dermatological Agents	
Drugs for Skin Conditions.....	28
Diabetes	
Glucose Monitoring and Supplies.....	32
Insulin.....	36
Non-Insulin Agents.....	36
Drugs for Blood Disorders.....	38
Drugs for Sexual Dysfunction.....	38
Electrolytes / Vitamins	38
Gastrointestinal Agents	
Drugs for Acid Reflux and Ulcer.....	41
Drugs for Bowel, Intestine and Stomach Conditions	41
Genetic or Enzyme Disorder	
Drugs for Replacement, Modification, Treatment	42
Genitourinary Agents	
Drugs for Bladder, Genital and Kidney Conditions.....	42
Drugs for Prostate Conditions.....	43
Hormonal Agents	
Hormone Replacement and Birth Control	43
Oral Steroids.....	48
Other.....	48
Testosterone Replacement.....	48
Thyroid.....	49
Immunological Agents	
Drugs for Immune System Stimulation or Suppression	49
Drugs for Vaccination	53
Infertility Agents	53
Inflammatory Bowel Disease Agents	54
Metabolic Bone Disease Agents	
Drugs for Osteoporosis	54
Other.....	55
Ophthalmic Agents	
Drugs for Eye Allergy, Infection and Inflammation	55
Drugs for Eye Infection and Inflammation.....	56
Drugs for Glaucoma.....	56
Drugs for Miscellaneous Eye Conditions	57
Otic Agents	
Drugs for Ear Conditions.....	57
Respiratory	
Drugs for Anaphylaxis.....	57
Respiratory Tract / Pulmonary Agents	
Drugs for Allergies, Cough, Cold.....	57
Drugs for Asthma and COPD.....	58
Drugs for Cystic Fibrosis	60
Drugs for Pulmonary Fibrosis.....	60
Drugs for Pulmonary Hypertension	60
Skeletal Muscle Relaxants	
Drugs for Muscle Pain and Spasm	61
Sleep Disorder Agents.....	61
Index	62

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

Replace with:

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

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



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. ⁴
QL	Quantity limits ⁵ – The largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program ⁶ – Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
SP	Specialty medication – Specialty medications treat complex or rare conditions and may require special storage and handling. You may have to get these medications from a specialty pharmacy.
ST	Step therapy (referred to as First Start in New Jersey) – Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered. ⁵

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

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

5. Not applicable to certain Student Resources plans.

6. Not applicable to Oxford and Student Resources plans.



Reading your PDL (continued)

Coverage details

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

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

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

Drug Name	Drug Tier	Requirements & Limits
glydo	1	
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	1	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydrocodone-ibuprofen	1	QL
hydromorphone hcl oral tablet	1	QL
lidocaine external ointment 5 %	1	QL
lidocaine external patch 5 %	1	PA, QL
lidocaine hcl urethral/mucosal	1	
lidocaine-prilocaine external cream	1	
LIDOCAN	E	PA, QL
LIDODERM	E	PA, QL
LIDOTRAL 1 EXTERNAL PATCH 4.88 %	E	
LORTAB ORAL ELIXIR 10-300 MG/15ML	3	QL
methadone hcl oral tablet	1	PA, QL
morphine sulfate (concentrate)	1	QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	1	QL
MS CONTIN	E	PA, QL
NALOCET	E	QL
NUCYNTA	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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	E	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	E	PA, QL
oxymorphone hcl er	1	PA, QL
PERCOCET	E	QL
premium lidocaine	1	QL
PROLATE ORAL TABLET	E	QL
ROXICODONE	E	QL
TENCON	3	QL
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	(generic for Ryzolt), QL
tramadol hcl er	1	(generic for Ultram ER), QL
tramadol hcl oral tablet 100 mg, 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	1	
DAYPRO	3	
diclofenac potassium oral tablet 25 mg	E	QL

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	E	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	1	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
bupropion hcl er (smoking det)	1	H
cvs nicotine	1	H
cvs nicotine polacrilex	1	H
disulfiram oral	1	
eq nicotine	1	H
eq nicotine mouth/throat gum 4 mg	1	H
eq nicotine polacrilex	1	H
eq nicotine step 3	1	H
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H
ft nicotine	1	H
ft nicotine mini	1	H
gnp nicotine mini	1	H
gnp nicotine polacrilex mouth/throat gum 2 mg	1	H
gnp nicotine polacrilex mouth/throat lozenge	1	H
gnp nicotine transdermal	1	H
goodsense nicotine	1	H
habitrol	1	H
hm nicotine polacrilex 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

Drug Name	Drug Tier	Requirements & Limits
naloxone hcl injection solution prefilled syringe	1	QL
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	1	QL (includes Narcan OTC)
NICODERM CQ	3	H
NICORETTE MINI	2	H
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
NICOTROL	3	PA, H
qc nicotine transdermal system	1	H
ra mini nicotine	1	H
ra nicotine mouth/throat gum 4 mg	1	H
ra nicotine polacrilex	1	H
ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H
REXTOVY	1	QL
sm nicotine	1	H
sm nicotine polacrilex	1	H
SUBOXONE	E	PA, QL
THRIVE	3	H
varenicline tartrate	1	PA, H
varenicline tartrate (starter)	1	PA, H
varenicline tartrate(continue)	1	PA, H
ZIMHI	2	QL
ZUBSOLV	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Antibacterials - Drugs for Infections					
amoxicillin	1		doxycycline hyclate oral tablet 100 mg, 20 mg	1	
amoxicillin-potassium clavulanate	1		doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	
ampicillin	1		doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
AUGMENTIN	E		doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
AUGMENTIN ES-600	E		doxycycline monohydrate oral suspension reconstituted	1	
AVIDOXY	3		doxycycline monohydrate oral tablet	1	
azithromycin oral packet 1 gm	1		E.E.S. GRANULES	3	
BACTRIM	3		ERYPED 200	3	
BACTRIM DS	3		ERYPED 400	3	
cefadroxil	1		ERY-TAB	3	
cefdinir	1		erythromycin base oral tablet	1	
cefixime	1		erythromycin base oral tablet delayed release	1	
cefepodoxime proxetil oral tablet	1		erythromycin ethylsuccinate oral suspension reconstituted	1	
cefprozil	1		erythromycin oral	1	
cefuroxime axetil	1		FIRVANQ	3	
CENTANY EXTERNAL OINTMENT 2 %	3	QL	FLAGYL	3	
cephalexin	1		fosfomicin tromethamine	1	
CIPRO ORAL TABLET	3		gentamicin sulfate external	1	QL
ciprofloxacin hcl oral	1		HIPREX	3	
clarithromycin er	1		levofloxacin oral tablet	1	
clarithromycin oral	1		LIKMEZ	3	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3		linezolid oral tablet	1	
CLEOCIN ORAL CAPSULE 75 MG	2		LYMEPAK ORAL TABLET 100 MG	E	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3		MACROBID	3	
CLEOCIN VAGINAL CREAM	3		MACRODANTIN	3	
clindamycin hcl oral	1		methenamine hippurate	1	
clindamycin palmitate hcl	1		metronidazole oral capsule	1	
clindamycin phosphate vaginal	1		metronidazole oral tablet 125 mg	E	
CLINDESSE	2		metronidazole oral tablet 250 mg, 500 mg	1	
dicloxacillin sodium	1				
DIFICID ORAL TABLET	3	QL			
doxycycline hyclate oral capsule	1				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
MONDOXYNE NL	E	
moxifloxacin hcl oral	1	
mupirocin cream	1	QL
mupirocin ointment	1	QL
neomycin sulfate oral	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
nitrofurantoin oral suspension 25 mg/5ml	1	
NUVESSA	E	
NUZYRA ORAL	3	QL
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	1	
tinidazole oral	1	
trimethoprim oral	1	
VANCOCIN	3	
vancomycin hcl oral	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

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
DILANTIN ORAL CAPSULE	3		MOTPOLY XR	3	PA
divalproex sodium er	1		MYSOLINE	2	PA
divalproex sodium oral	1		NAYZILAM	3	PA, QL
ELEPSIA XR	E	PA	NEURONTIN	3	PA
EPIDIOLEX	3	PA, SP	ONFI	3	PA
epitol	1		oxcarbazepine	1	
ethosuximide oral	1		oxcarbazepine er	E	
felbamate	1		OXTELLAR XR	E	
FELBATOL	3	PA	phenobarbital oral	1	
FELBATOL ORAL SUSPENSION 600 MG/5ML	3	PA	phenytek	1	
FINTEPLA	3	PA	phenytoin infatabs	1	
FYCOMPA ORAL SUSPENSION	3	PA	phenytoin oral tablet chewable	1	
FYCOMPA ORAL TABLET	3	PA	phenytoin sodium extended	1	
gabapentin oral capsule	1		primidone oral tablet 125 mg	1	PA
gabapentin oral solution 250 mg/5ml	1		primidone oral tablet 250 mg, 50 mg	1	
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	PA	roweepra	1	
gabapentin oral tablet 600 mg, 800 mg	1		rufinamide oral suspension	1	
GABARONE	E	PA	rufinamide oral tablet	1	PA
KEPPRA ORAL	3	PA	subvenite	1	
KEPPRA XR	3	PA	SYMPAZAN	3	PA
lacosamide oral	1		TEGRETOL ORAL TABLET	3	
LAMICTAL	3	PA	TEGRETOL-XR	3	
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	PA	TOPAMAX	3	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA	TOPAMAX SPRINKLE	3	PA
lamotrigine er	1		topiramate er oral capsule extended release 24 hour	E	
lamotrigine oral tablet	1		topiramate oral	1	
lamotrigine oral tablet chewable	1		TRILEPTAL	3	PA
lamotrigine oral tablet dispersible	1	PA	TROKENDI XR	E	
levetiracetam er	1		valproic acid oral capsule	1	
levetiracetam oral solution	1		valproic acid oral solution 250 mg/5ml	1	
levetiracetam oral tablet	1		VALTOCO	3	PA, QL
LIBERVANT	3	PA, QL	vigabatrin oral packet	1	PA, QL, SP
			VIGADRONE ORAL PACKET	1	PA, QL, SP
			vigpoder	1	PA, QL, SP
			VIMPAT ORAL	3	PA

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
XCOPRI	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	
galantamine hydrobromide er	1	
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	
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG	3	
rivastigmine	1	
rivastigmine tartrate	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
ANAFRANIL	E	
AUVELITY	3	ST, QL
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral solution	1	
citalopram hydrobromide oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
clomipramine hcl oral	1	
CYMBALTA	E	
desipramine hcl oral	1	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	
duloxetine hcl oral capsule delayed release particles 40 mg	E	
EFFEXOR XR	E	
escitalopram oxalate oral	1	
FETZIMA	3	ST, QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	1	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	1	QL
fluoxetine hcl oral tablet 20 mg, 60 mg	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	QL
FORFIVO XL	E	QL
imipramine hcl oral	1	
LEXAPRO	E	
mirtazapine oral	1	
NORPRAMIN	3	
nortriptyline hcl oral capsule	1	
olanzapine-fluoxetine hcl	1	QL
PAMELOR	E	
PARNATE	3	
paroxetine hcl er	1	QL
paroxetine hcl oral tablet	1	
PAXIL CR	E	QL
PAXIL ORAL TABLET	E	
PRISTIQ	E	QL
protriptyline hcl	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PROZAC	E	
REMERON	E	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E	
SERTRALINE HCL ORAL CAPSULE	E	QL
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
SPRAVATO (56 MG DOSE)	3	PA, QL
SPRAVATO (84 MG DOSE)	3	PA, QL
SYMBYAX	3	QL
tranylcypromine sulfate	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	E	QL
vilazodone hcl	1	QL
WAINUA	2	PA, QL, SP
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
ZURZUVAE	2	PA, QL, SP
Antiemetics - Drugs for Nausea and Vomiting		
ANTIVERT ORAL TABLET	E	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	1	QL
DICLEGIS	E	PA
doxylamine-pyridoxine	E	PA
dronabinol	1	
EMEND ORAL CAPSULE	E	QL
granisetron hcl oral	1	
MARINOL	E	
meclizine hcl oral tablet	E	
metoclopramide hcl oral solution	1	

Drug Name	Drug Tier	Requirements & Limits
metoclopramide hcl oral tablet	1	
ondansetron hcl oral	1	
ondansetron odt oral tablet dispersible 16 mg	E	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	3	
scopolamine	1	
TRANSDERM-SCOP	E	
Antifungals - Drugs for Fungal Infections		
ciclofanol	1	
ciclopirox external	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
DIFLUCAN	E	
econazole nitrate external	1	
EXELDERM EXTERNAL CREAM	3	
fluconazole oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	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
LOPROX EXTERNAL CREAM 0.77 %	E	

See page 6-8 for coverage details.



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	1	
nystop	1	QL
posaconazole oral tablet delayed release	1	
SPORANOX ORAL CAPSULE	3	QL
SULCONAZOLE NITRATE EXTERNAL CREAM	3	
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	1	
colchicine-probenecid	1	
COLCRYS ORAL TABLET 0.6 MG	E	
febuxostat	1	
MITIGARE	2	
probenecid	1	
ULORIC	E	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	3	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST, QL
AJOVY	E	PA, ST, QL
almotriptan malate	1	QL

Drug Name	Drug Tier	Requirements & Limits
eletriptan hydrobromide	1	QL
EMGALITY	2	PA, ST, QL
FROVA	E	QL
frovatriptan succinate	1	QL
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	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	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge	1	QL
sumatriptan succinate subcutaneous	1	QL
TOSYMRA	E	QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	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	1	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ZOMIG NASAL SOLUTION 5 MG	1	QL
ZOMIG ORAL TABLET 5 MG	E	QL
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis		
MESTINON ORAL TABLET	E	
pyridostigmine bromide er	1	
pyridostigmine bromide oral tablet 30 mg	E	
pyridostigmine bromide oral tablet 60 mg	1	
ZILBRYSQ	3	PA, QL, SP
Antimycobacterials - Drugs to Treat Infections		
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN ORAL CAPSULE 150 MG	3	
rifabutin	1	
rifampin oral	1	
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	1	PA, QL, SP
abiraterone acetate oral tablet 500 mg	E	PA, QL, SP
AFINITOR	E	PA, QL, SP
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
AROMASIN	E	
AUGTYRO	2	PA, QL, SP
bicalutamide	1	
BOSULIF ORAL TABLET	2	PA, ST, QL, SP
BRUKINSA	3	PA, ST, QL, SP
CABOMETYX	2	PA, QL, SP
CALQUENCE	2	PA, QL, SP
capecitabine	1	QL, SP

Drug Name	Drug Tier	Requirements & Limits
CASODEX	E	
COTELLIC	2	PA, QL, SP
cyclophosphamide oral capsule	1	
dasatinib	1	PA, ST, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA, QL, SP
exemestane	1	H-PA
EXKIVITY ORAL CAPSULE 40 MG	3	SP
FEMARA	E	
GAVRETO	3	PA, QL, SP
GLEEVEC	E	PA, QL, SP
HYDREA	3	
hydroxyurea oral	1	
IBRANCE	2	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate	1	PA, QL, SP
IMBRUVICA ORAL CAPSULE	2	PA, QL, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
IMBRUVICA ORAL TABLET 560 MG	2	PA, SP
INLYTA	3	PA, QL, SP
JAKAFI	2	PA, QL, SP
KISQALI (200 MG DOSE)	3	PA, ST, QL, SP
KISQALI (400 MG DOSE)	3	PA, ST, QL, SP
KISQALI (600 MG DOSE)	3	PA, ST, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	1	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	3	PA, QL, SP	VENCLEXTA	2	PA, QL, SP
letrozole oral	1	H-PA	VERZENIO	2	PA, QL, SP
leucovorin calcium oral	1		VITRAKVI	2	PA, QL, SP
LONSURF	3	PA, QL, SP	XELODA	E	QL, SP
LUMAKRAS	3	PA, QL, SP	XTANDI	2	PA, QL, SP
LYNPARZA	2	PA, QL, SP	ZEJULA ORAL CAPSULE 100 MG	2	PA, SP
MEKINIST ORAL TABLET	3	PA, ST, QL, SP	ZELBORAF	2	PA, QL, SP
mercaptopurine oral	1		ZYTIGA	E	PA, QL, SP
NERLYNX	2	PA, QL, SP	Antiparasitics - Drugs for Parasitic Infections		
NINLARO	2	PA, QL, SP	albendazole oral	1	PA, QL
NUBEQA	2	PA, QL, SP	ARAKODA	3	QL
ODOMZO	2	PA, QL, SP	atovaquone	1	
ORGOVYX	3	PA, QL, SP	atovaquone-proguanil hcl	1	
pazopanib hcl	1	PA, QL, SP	ELIMITE	3	
PIQRAY	2	PA, QL, SP	hydroxychloroquine sulfate oral	1	
POMALYST	3	PA, QL, SP	ivermectin oral	1	PA, QL
RETEVMO ORAL CAPSULE 40 MG	3	PA, QL, SP	KRINTAFEL	1	QL
RETEVMO ORAL CAPSULE 80 MG	3	PA, SP	MALARONE	3	
REVLIMID	2	PA, QL, SP	mefloquine hcl	1	
ROZLYTREK	2	PA, QL, SP	MEPRON	E	
SPRYCEL	E	PA, ST, QL, SP	nitazoxanide oral	1	QL
STIVARGA	2	PA, QL, SP	permethrin external	1	
TABRECTA	3	PA, QL, SP	PLAQUENIL	E	
TAFINLAR ORAL CAPSULE	3	PA, ST, QL, SP	SOVUNA	E	
TAGRISSO	3	PA, QL, SP	STROMEKTOL	3	PA, QL
tamoxifen citrate oral tablet 10 mg	1		Antiparkinson Agents - Drugs for Parkinson's Disease		
tamoxifen citrate oral tablet 20 mg	1	H-PA	amantadine hcl oral	1	
TASIGNA	2	PA, ST, QL, SP	AZILECT	E	
temozolomide	1	PA, SP	benztropine mesylate oral	1	
torpenz	1	PA, QL, SP	bromocriptine mesylate oral tablet	1	
TRUQAP ORAL TABLET	2	PA, QL, SP	carbidopa-levodopa er	1	
			carbidopa-levodopa oral tablet	1	
			carbidopa-levodopa- entacapone	1	
			COMTAN ORAL TABLET 200 MG	3	
			CREXONT	3	ST

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
DHIVY	E	
entacapone	1	
INBRIJA	3	PA, QL, SP
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	SP
NEUPRO	3	
PARLODEL ORAL TABLET	E	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	1	
ropinirole hcl	1	
RYTARY	E	ST
SINEMET	3	
STALEVO 100 ORAL TABLET 25-100-200 MG	3	
STALEVO 125 ORAL TABLET 31.25-125-200 MG	3	
STALEVO 150 ORAL TABLET 37.5-150-200 MG	3	
STALEVO 200 ORAL TABLET 50-200-200 MG	3	
STALEVO 50 ORAL TABLET 12.5-50-200 MG	3	
STALEVO 75 ORAL TABLET 18.75-75-200 MG	3	
trihexyphenidyl hcl oral tablet	1	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	3	QL
cilostazol	1	
clopidogrel bisulfate oral	1	
EFFIENT	E	
PLAVIX	E	
prasugrel hcl	1	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
aripiprazole oral solution	1	
aripiprazole oral tablet	1	
asenapine maleate	1	QL
CAPLYTA	3	PA, ST, QL

Drug Name	Drug Tier	Requirements & Limits
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	3	
fluphenazine hcl oral tablet	1	
GEODON ORAL	E	
haloperidol oral	1	
INVEGA	E	QL
LATUDA	E	QL
loxapine succinate	1	
lurasidone hcl	1	QL
NUPLAZID ORAL CAPSULE	3	PA, QL
olanzapine oral	1	
paliperidone er	1	QL
pimozide	1	
quetiapine fumarate	1	
quetiapine fumarate er	1	
REXULTI	3	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	E	QL
SEROQUEL	E	
SEROQUEL XR	E	
VRAYLAR	3	QL
ziprasidone hcl	1	
ZYPREXA ORAL	E	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	E	
Antivirals - Drugs for Viral Infections		
abacavir sulfate-lamivudine	1	QL
acyclovir external ointment	1	QL
acyclovir oral	1	
BARACLUDE ORAL TABLET	E	
BIKTARVY	3	QL
CIMDUO	2	QL
COMPLERA	3	QL
darunavir	1	
DELSTRIGO	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
DESCOVY	3	QL, H
DOVATO	2	QL
efavirenz-emtricitab-tenofo df	1	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	1	
EPCLUSA ORAL TABLET	2	PA, QL, SP
etravirine	1	
famciclovir oral	1	
GENVOYA	3	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP
INTELENCE ORAL TABLET 100 MG, 200 MG	3	
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	QL
LAGEVRIO	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET	2	PA, QL, SP
ODEFSEY	3	QL
oseltamivir phosphate oral	1	
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100)	2	QL
PIFELTRO	3	
PREVYMIS ORAL TABLET	2	PA
PREZCOBIX	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
ritonavir	1	
RUKOBIA	3	PA
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	3	QL
SYMFI	2	QL

Drug Name	Drug Tier	Requirements & Limits
SYMFI LO	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	
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZIRGAN	3	
ZOVIRAX EXTERNAL OINTMENT	E	QL
ZOVIRAX ORAL SUSPENSION 200 MG/5ML	3	
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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
oxazepam	1	
triazolam	1	
VALIUM	E	
VISTARIL ORAL CAPSULE 25 MG, 50 MG	3	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
EQUETRO	3	
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	1	
ALTACE	E	
amiloride hcl oral	1	
amiloride-hydrochlorothiazide	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	E	
ATACAND	E	
ATACAND HCT	E	
atenolol oral	1	
atenolol-chlorthalidone	1	

Drug Name	Drug Tier	Requirements & Limits
ATORVALIQ	3	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	E	
AVAPRO	E	
AZOR	E	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
BETAPACE	E	
BETAPACE AF	3	
betaxolol hcl oral	1	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BUMEX	3	
BYSTOLIC	E	
CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG	3	
CAMZYOS	3	PA, QL, SP
candesartan cilexetil	1	
candesartan cilexetil-hctz	1	
captopril oral	1	
CARDIZEM	E	
CARDIZEM CD	E	
CARDIZEM LA	E	
CARDURA	3	
cartia xt	1	
carvedilol	1	
carvedilol phosphate er	E	
CATAPRES-TTS-1	E	
CATAPRES-TTS-2	E	
CATAPRES-TTS-3	E	
chlorthalidone	1	
cholestyramine light	1	

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
olmesartan-amlodipine-hctz oral tablet 40-5-12.5 mg	E	QL
omega-3-acid ethyl esters	1	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	3	
pentoxifylline er	1	
perindopril erbumine	1	
pindolol	1	
pitavastatin calcium	E	ST
PRALUENT	E	PA, ST, QL
pravastatin sodium	1	
prazosin hcl oral	1	
prevalite	1	
PROCARDIA XL	E	
propafenone hcl	1	
propafenone hcl er	1	
propranolol hcl er	1	
propranolol hcl oral	1	
QUESTRAN	3	
QUESTRAN LIGHT	3	
quinapril hcl	1	
ramipril	1	
ranolazine er	1	
RECTIV	3	QL
REPATHA	2	PA, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, QL
REPATHA SURECLICK	2	PA, QL
rosuvastatin calcium oral	1	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	E	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOANZ	E	QL
sotalol hcl (af)	1	
sotalol hcl oral	1	

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
VERELAN PM	3		EVEKEO	E	
VERQUVO	3	PA, QL	FOCALIN	3	
VYTORIN	E		FOCALIN XR	E	QL
WELCHOL ORAL TABLET	E		guanfacine hcl er	1	
ZESTORETIC	E		INTUNIV	E	
ZESTRIL	E		JORNAY PM	3	ST, QL
ZETIA	E		KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3		lisdexamfetamine dimesylate	1	QL
ZIAC ORAL TABLET 5-6.25 MG	3		METADATE CD	E	QL
ZOCOR	E		METHYLIN	3	
Central Nervous System Agents - Drugs for Attention Deficit Disorder			methylphenidate hcl er (cd)	1	QL
ADDERALL	E		methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	1	QL
ADDERALL XR	E	QL	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	1	
ADZENYS XR-ODT	E	QL	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL
amphetamine sulfate	1		METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	QL
amphetamine-dextroamphetamine	1		methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	QL
amphetamine-dextroamphetamine er	1	QL	methylphenidate hcl er (xr)	E	QL
amphet-dextroamphet 3-bead er	1	QL	methylphenidate hcl er oral tablet extended release	1	QL
APTENSIO XR	E	QL	methylphenidate hcl er oral tablet extended release 24 hour	E	QL
atomoxetine hcl	1	QL	methylphenidate hcl oral	1	
AZSTARYS	3	ST, QL	MYDAYIS	E	QL
clonidine hcl er	1		ONYDA XR	3	QL
CONCERTA	E	QL	QELBREE	E	PA, QL
COTEMPLA XR-ODT	E	QL	QUILLICHEW ER	E	QL
DEXEDRINE	E	QL	QUILLIVANT XR	E	QL
dexmethylphenidate hcl	1		RELEXXII	E	QL
dexmethylphenidate hcl er	1	QL			
dextroamphetamine sulfate er	1	QL			
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1				
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	E				
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	E	QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
ZENZEDI	E	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	E	PA, QL, SP
AUBAGIO	E	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
dalfampridine er	1	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	E	PA, ST, QL, SP
fingolimod hcl	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA, QL, SP
GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP
glatiramer acetate	1	PA, QL, SP
glatopa	1	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT ORAL TABLET 0.25 MG, 2 MG	3	PA, QL, SP
MAYZENT ORAL TABLET 1 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	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

Drug Name	Drug Tier	Requirements & Limits
teriflunomide	1	PA, QL, SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	PA, QL, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	2	PA, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	2	PA, QL, SP
HORIZANT	E	QL
INGREZZA ORAL CAPSULE 40 MG, 80 MG	2	PA, QL, SP
INGREZZA ORAL CAPSULE 60 MG	2	PA, QL
INGREZZA ORAL CAPSULE SPRINKLE	2	PA, QL, SP
INGREZZA ORAL CAPSULE THERAPY PACK	2	PA, QL, SP
LYRICA ORAL CAPSULE	3	PA
NUDEXTA	2	PA, QL
pregabalin oral capsule	1	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
RELYVRIO ORAL PACKET 3-1 GM	3	SP
riluzole	1	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
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CLINPRO 5000	3		accutane	1	
DENTA 5000 PLUS	3		acitretin	1	
DENTAGEL	3		ACZONE	E	QL
EVOXAC	E		adapalene-benzoyl peroxide external gel	1	QL
FLUORIDEX	3		AKLIEF	3	PA, QL
FLUORIDEX ENHANCED WHITENING	3		ALA SCALP	3	
FLUORIMAX 5000	3		ala-cort	E	
FRAICHE 5000 DENTAL	3		alclometasone dipropionate	1	
JUST RIGHT 5000 DENTAL GEL 1.1 %	3		amnestem	1	
JUST RIGHT 5000 DENTAL PASTE	3		AMZEEQ	3	QL
KOURZEQ	2		ATRALIN	E	PA, QL
lidocaine hcl mouth/throat	1		AVAR CLEANSER	3	
lidocaine viscous hcl	1		AVAR LS CLEANSER	E	
ORALONE	2		AVAR-E EMOLLIENT	3	
PERIDEX	3		AVAR-E GREEN EXTERNAL CREAM 10-5 %	3	
periogard	1		AVAR-E LS EXTERNAL CREAM 10-2 %	3	
pilocarpine hcl oral	1		AVITA EXTERNAL CREAM 0.025 %	E	PA, QL
PREVIDENT 5000 BOOSTER PLUS	3		AVITA EXTERNAL GEL 0.025 %	E	PA
PREVIDENT 5000 DRY MOUTH	3		azelaic acid external	1	
PREVIDENT 5000 KIDS	3		AZELEX	3	QL
PREVIDENT 5000 ORTHO DEFENSE	3		BENZAMYCIN	2	QL
PREVIDENT 5000 PLUS	3		benzoyl peroxide-erythromycin	1	QL
PREVIDENT DENTAL	3		betamethasone dipropionate aug external cream	1	
SALAGEN	3		betamethasone dipropionate aug external lotion	1	
sf 5000 plus	1		betamethasone dipropionate aug external ointment	1	
sf gel 1.1%	1		betamethasone dipropionate external	1	
sodium fluoride 5000 plus	1		betamethasone valerate external cream	1	
sodium fluoride 5000 ppm	1		betamethasone valerate external lotion	1	
sodium fluoride dental	1		betamethasone valerate external ointment	1	
triamcinolone acetonide mouth/throat	1				
Dermatological Agents - Drugs for Skin Conditions					
ABSORICA	E	PA			
ACANYA	E	QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
brimonidine tartrate external	1	PA, QL	clobetasol propionate external gel	1	QL
calcipotriene external cream	1	QL	clobetasol propionate external liquid	1	QL
calcipotriene external ointment	1		clobetasol propionate external ointment	1	QL
calcipotriene external solution	1	QL	clobetasol propionate external shampoo	E	QL
CALCITRENE	3		clobetasol propionate external solution	1	QL
CARAC EXTERNAL CREAM 0.5 %	E		CLOBEX EXTERNAL SHAMPOO	E	QL
CIBINQO	2	PA, QL, SP	CLOBEX SPRAY	E	QL
ciclopirox olamine external suspension	1		clodan	E	QL
claravis	1		clotrimazole external cream	E	
CLEOCIN-T	3		clotrimazole-betamethasone	1	
clindacin	1		CORDRAN	3	QL
clindacin etz external swab	1		dapsone external	1	QL
clindacin-p	1		DERMACINRX UREA	E	
CLINDAGEL	E	QL	DERMA-SMOOTH/FS BODY	3	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	QL	DERMA-SMOOTH/FS SCALP	3	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	E	QL	desonide external cream	1	QL
clindamycin phosphate external foam	1		desonide external lotion	1	QL
clindamycin phosphate external lotion	1		desonide external ointment	1	QL
clindamycin phosphate external solution	1		DESOWEN	3	QL
clindamycin phosphate external swab	1		desoximetasone external cream	1	QL
clindamycin phosphate gel 1 % external	1	(generic for Cleocin-T), QL	desoximetasone external ointment	1	QL
clindamycin phosphate gel 1 % external	1	QL	diclofenac sodium external gel 3 %	1	PA, QL
clindamycin phosphate gel 1 % external	E	(generic for Clindagel), QL	DIPROLENE	3	
clobetasol prop emollient base external cream 0.05 %	1	QL	doxycycline	E	
clobetasol propionate e	1	QL	DRYSOL	3	
clobetasol propionate external cream	1	QL	DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
clobetasol propionate external foam	E	QL	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL
			DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	hydrocortisone external cream 2.5 %	1	
EFUDEX EXTERNAL CREAM 5 %	3		hydrocortisone external lotion 2 %, 2.5 %	1	
ELIDEL	E	QL	hydrocortisone external ointment 1 %, 2.5 %	1	
ENSTILAR	3	QL	hydrocortisone valerate	1	QL
EPIDUO	E	QL	HYDROXYM EXTERNAL CREAM	E	
EPIDUO FORTE	E	QL	imiquimod external cream 3.75 %	E	QL
ERYGEL	3		imiquimod external cream 5 %	1	
erythromycin external	1		imiquimod pump	E	QL
EUCRISA	3	ST, QL	IMPOYZ	E	QL
EVOCLIN EXTERNAL FOAM 1 %	3		isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
FINACEA EXTERNAL FOAM	3		isotretinoin oral capsule 25 mg, 35 mg	E	PA
FINACEA EXTERNAL GEL	E		ivermectin external cream	E	QL
fluocinolone acetonide body	1	QL	KLARON	3	
fluocinolone acetonide external	1	QL	KLISYRI (250 MG)	3	ST, QL
fluocinolone acetonide scalp	1		KLISYRI (350 MG)	3	ST, QL
fluocinonide external cream 0.05 %	1		LOPROX EXTERNAL SUSPENSION 0.77 %	E	
fluocinonide external cream 0.1 %	E	QL	METROCREAM	3	
fluocinonide external gel	1		METROGEL	E	
fluocinonide external ointment	1		METROLOTION	3	
fluocinonide external solution	1		metronidazole external cream	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E		metronidazole external gel 0.75 %	1	
fluorouracil external cream 5 %	1		metronidazole external gel 1 %	E	
fluticasone propionate external cream	1		metronidazole external lotion	1	
fluticasone propionate external ointment	1		MIRVASO	2	PA, QL
halobetasol propionate external cream	1	QL	mometasone furoate external	1	
halobetasol propionate external ointment	1	QL	myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
hydrocortisone ace-pramoxine external cream 2.5-1 %	1		neuac	1	QL
hydrocortisone butyrate external cream	1		NORITATE	E	
hydrocortisone external cream 1 %	E		OLUX EXTERNAL FOAM 0.05 %	E	QL
			ONEXTON	E	QL

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
SYNALAR EXTERNAL SOLUTION 0.01 %	E	QL
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	E	QL
TACLONEX EXTERNAL SUSPENSION	1	
tacrolimus external	1	QL
tazarotene external cream 0.1 %	1	PA, QL
TAZORAC EXTERNAL CREAM	3	PA, QL
TOLAK	E	
TOPICORT EXTERNAL CREAM	3	QL
TOPICORT EXTERNAL OINTMENT	3	QL
tretinoin external cream	1	QL
tretinoin external gel 0.01 %, 0.025 %	E	QL
tretinoin external gel 0.05 %	E	PA, QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
triamcinolone in absorbase	E	
TRIANEX EXTERNAL OINTMENT 0.05 %	E	
triderm	1	QL
TRIDESILON EXTERNAL CREAM 0.05 %	3	QL
tritocin external ointment 0.05 %	E	
urea external cream 20 %, 40 %, 45 %	1	
urea external cream 39 %, 41 %, 47 %	E	
UREA EXTERNAL CREAM 39.5 %	E	
uredeb	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
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	
WINLEVI	E	PA, QL	BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	2	
xurea	E		BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	2	
zenatane	1		BD SHARPS COLLECTOR	3	
ZILXI	3	PA, ST, QL	BD ULTRA-FINE INSULIN SYRINGES	2	
ZORYVE EXTERNAL CREAM 0.3 %	3	PA, QL	BD ULTRA-FINE PEN NEEDLES	2	QL
ZORYVE EXTERNAL FOAM	3	PA, QL	BD ULTRA-FINE U-500 INSULIN SYRINGES	2	
ZYCLARA	E	QL	BD VEO ULTRA-FINE INSULIN SYRINGES	2	
ZYCLARA PUMP	E	QL	BIGFOOT UNITY PROGRAM	3	
Diabetes - Glucose Monitoring and Supplies			BIOTEL CARE TEST STRIPS	E	QL
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL	BLOOD GLUCOSE TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET	1		BLOOD GLUCOSE TEST STRIPS 333	E	QL
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1		CAREPOINT POLY HUB NEEDLE 18G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2	
ACCU-CHEK GUIDE KIT W/ DEVICE	3		CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
ACCU-CHEK GUIDE ME METER	3		CAREPOINT SAFETY 1ST NEEDLE	2	
ACCU-CHEK GUIDE TEST	3	QL	CARETOUCH MONITOR SYSTEM	E	
ACCU-CHEK GUIDE TEST STRIPS	3		CARETOUCH TEST	E	QL
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL	CEQUR SIMPLICITY 2U 8PK	3	ST
ACCU-CHEK SOFTCLIX LANCET	1		CONTOUR MONITOR KIT W/ DEVICE	E	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1		CONTOUR NEXT EZ KIT W/ DEVICE	2	
ACCUTREND GLUCOSE	E	QL	CONTOUR NEXT GEN MONITOR KIT	2	
AGAMATRIX PRESTO TEST	E	QL	CONTOUR NEXT GEN TEST STRIPS	2	QL
ALCOHOL PREP PADS PAD	3				
AQ INSULIN SYRINGE	2	QL			
AQINJECT PEN NEEDLE	2	QL			
BD AUTOSHIELD DUO PEN NEEDLES	2				
BD BLUNT FILL NEEDLE W/ FILTER	2				

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
FREESTYLE PRECISION NEO TEST	E	QL	INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	
FREESTYLE TEST	E	QL	INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	ST
GLUCOCARD EXPRESSION TEST	E	QL	INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	
GLUCOCARD SHINE TEST	E	QL	INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	ST
GLUCOCARD VITAL TEST	E	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
GUARDIAN 4 GLUCOSE 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
GUARDIAN 4 TRANSMITTER	3	PA, QL	LANCETS	1	
GUARDIAN CONNECT TRANSMITTER	3	PA, QL	MICRODOT TEST	E	QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL	MINILINK REAL-TIME TRANSMITTER	3	PA
GUARDIAN REAL-TIME REPLACE PED	3	PA	MINIMED 630G GUARDIAN PRESS	3	PA
GUARDIAN SENSOR 3	3	PA, QL	MM BLOOD GLUCOSE SYSTEM	E	
GVOKE HYOPEN 1-PACK	2	QL	MM BLOOD GLUCOSE SYSTEM REFILL	E	
GVOKE HYOPEN 2-PACK	2	QL	MM BLULINK GLUCOSE TEST	E	QL
GVOKE KIT	2		MM EASY TOUCH GLUCOSE METER	E	
GVOKE PFS	2		MONOJECT HYPODERMIC NEEDLE 18G X 1"	2	
HEALTHPRO BLOOD GLUCOSE MONITO	E		NEUTEK 2TEK TEST	E	QL
IHEALTH BLOOD GLUCOSE TEST STR	E	QL	NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL
IHEALTH GLUCO+ KIT 10	E		NOVOFINE PEN NEEDLE	2	QL
IHEALTH GLUCO+ KIT 100	E		NOVOFINE PLUS PEN NEEDLE	2	QL
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3		NOVOPEN ECHO	3	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	ST	OMNIPOD 5 DEXG7G6 INTRO GEN 5	2	PA, QL
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3		OMNIPOD 5 DEXG7G6 PODS GEN 5	2	PA
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	ST			
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3				
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	ST			
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3				
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	ST			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	PA, QL	QUICK TOUCH BLOOD GLUCOSE TEST	E	QL
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL	QUINTET AC BLOOD GLUCOSE TEST	E	QL
OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL	QUINTET BLOOD GLUCOSE TEST	E	QL
OMNIPOD 5 LIBRE2 PLUS G6	2	PA	RELION GLUCOSE TEST STRIPS	E	QL
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	PA	RELION TRUE MET AIR GLUC METER	E	
ON CALL EXPRESS BLOOD GLUCOSE	E	QL	RELION TRUE METRIX TEST STRIPS	E	QL
ON CALL EXPRESS MONITORING SYS	E		RELION ULTIMA GLUCOSE SYSTEM	E	
ONETOUCH DELICA LANCETS	1	QL	RELION ULTIMA TEST	E	QL
ONETOUCH ULTRA 2 KIT W/ DEVICE	1		RIGHTEST GT333 GLUCOSE TEST	E	QL
ONETOUCH ULTRA BLUE TEST	1	QL	SHARPS COLLECTOR	3	
ONETOUCH ULTRA TEST STRIPS	1	QL	SHARPS CONTAINER	3	
ONETOUCH ULTRASOFT LANCETS	1	QL	TECHLITE INSULIN SYRINGES	2	QL (Arkay)
ONETOUCH VERIO FLEX SYSTEM KIT	1		TECHLITE PEN NEEDLES	2	QL (Arkay)
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	1		TECHLITE PLUS PEN NEEDLES	2	QL (Arkay)
ONETOUCH VERIO KIT W/ DEVICE	1		TEMPO REFILL	E	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1		TEMPO WELCOME	E	
ONETOUCH VERIO TEST STRIPS	1	QL	TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
OPTIUMEZ TEST	E	QL	TRUE METRIX AIR GLUCOSE METER KIT	E	
PARADIGM REAL-TIME TRANSMITTER	3	PA	TRUE METRIX BLOOD GLUCOSE TEST	E	QL
PIP BLOOD GLUCOSE TEST STRIP	E	QL	TRUE METRIX GO GLUCOSE METER	E	
PRECISION XTRA	E		TRUE METRIX METER	E	
PRECISION XTRA BLOOD GLUCOSE	E	QL	TRUE METRIX PRO BLOOD GLUCOSE	E	QL
PREMIUM BLOOD GLUCOSE TEST	E	QL	UNISTRIPI GENERIC	E	QL
PTS PANELS EGLU TEST	E	QL	VERIFINE SHARPS CONTAINER	3	
QUICK TOUCH BLOOD GLUCOSE	E		VIVAGUARD INO GLUCOSE METER KIT	E	
			VIVAGUARD INO TEST STRIPS	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Diabetes - Insulin		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
BASAGLAR KWIKPEN	E	QL
BASAGLAR TEMPO PEN	E	
HUMALOG CARTRIDGE	2	QL
HUMALOG INJECTION	E	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG SUBCUTANEOUS	2	QL
HUMALOG TEMPO PEN	E	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	1	QL
HUMULIN R VIAL	1	QL
INSULIN ASPART	E	ST, QL
INSULIN ASPART FLEXPEN	E	ST, QL
INSULIN DEGLUDEC FLEXTOUCH	E	QL
INSULIN GLARGINE	E	QL
INSULIN GLARGINE MAX SOLOSTAR	E	QL
INSULIN GLARGINE SOLOSTAR	E	QL
INSULIN LISPRO	1	QL
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen), QL
INSULIN LISPRO JUNIOR KWIKPEN	2	QL

Drug Name	Drug Tier	Requirements & Limits
INSULIN LISPRO PROT & LISPRO	2	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV TEMPO PEN	E	QL
LYUMJEV VIAL	1	QL
NOVOLIN 70/30 FLEXPEN	E	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL
NOVOLIN 70/30 RELION	E	ST, QL
NOVOLIN 70/30 VIAL	E	ST, QL
NOVOLIN N FLEXPEN	E	ST, QL
NOVOLIN N FLEXPEN RELION	E	ST, QL
NOVOLIN N RELION	E	ST, QL
NOVOLIN N VIAL	E	ST, QL
NOVOLIN R FLEXPEN	E	ST, QL
NOVOLIN R FLEXPEN RELION	E	ST, QL
NOVOLIN R RELION	E	ST, QL
NOVOLIN R VIAL	E	ST, QL
NOVOLOG FLEXPEN	E	ST, QL
NOVOLOG FLEXPEN RELION	E	ST, QL
NOVOLOG RELION	E	ST, QL
NOVOLOG U-100 VIAL	E	ST, QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
TRESIBA FLEXTOUCH	E	QL
Diabetes - Non-Insulin Agents		
acarbose oral	1	
ACTOPLUS MET	3	QL
ACTOS	E	QL
ALOGLIPTIN BENZOATE	2	QL
ALOGLIPTIN-METFORMIN HCL	2	QL
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	E	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
BYDUREON BCISE AUTOINJECTOR	2	PA, QL	JARDIANCE	2	QL
BYETTA 10 MCG PEN	2	PA, QL	JENTADUETO	2	QL
BYETTA 5 MCG PEN	2	PA, QL	JENTADUETO XR	2	QL
CYCLOSET	3		KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	E	QL
DAPAGLIFLOZIN PRO-METFORMIN ER	E	ST, QL			
DAPAGLIFLOZIN PROPANEDIOL	E	ST, QL	liraglutide	1	PA, QL
FARXIGA	E	ST, QL	metformin hcl er	1	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1		metformin hcl er (mod)	E	PA
glimepiride oral tablet 3 mg	E		metformin hcl er (osm)	E	PA
glipizide er	1		metformin hcl oral solution	1	
glipizide oral tablet 10 mg, 5 mg	1		metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
glipizide oral tablet 2.5 mg	E		metformin hcl oral tablet 625 mg, 750 mg	E	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1		MOUNJARO	2	PA, QL
glipizide-metformin hcl	1		nateglinide	1	QL
glucagon emergency kit 1 mg injection	1	QL	ONGLYZA	E	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION	E	QL	OZEMPIC	2	PA, QL
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR	2	QL (Fresenius)	pioglitazone hcl	1	QL
GLUCOTROL XL	3		pioglitazone hcl-metformin hcl	1	QL
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	E	PA	repaglinide	1	QL
glyburide micronized	1		RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA, QL
glyburide oral	1		saxagliptin hcl	1	QL
glyburide-metformin	1		saxagliptin-metformin er	1	QL
GLYNASE ORAL TABLET 1.5 MG	3		SOLQUA	2	QL
GLYNASE ORAL TABLET 3 MG, 6 MG	3		SYMLINPEN 120	3	QL
GLYXAMBI	2	ST, QL	SYMLINPEN 60	3	QL
INVOKANA	E	ST, QL	SYNJARDY	2	QL
JANUMET	E	ST, QL	SYNJARDY XR	2	QL
JANUMET XR	E	ST, QL	TRADJENTA	2	QL
JANUVIA	E	ST, QL	TRIJARDY XR	2	QL
			TRULICITY	2	PA, QL
			XIGDUO XR	E	ST, QL
			ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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
ALTUVIIIIO	3	PA, SP
ALVAIZ	3	PA, SP
anagrelide hcl	1	
ARANESP (ALBUMIN FREE)	2	QL, SP
aspirin-dipyridamole er	1	
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
heparin sodium (porcine) injection solution	1	
heparin sodium (porcine) pf	1	
HUMATE-P	2	SP
IDELVION	3	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
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

Drug Name	Drug Tier	Requirements & Limits
NUWIQ INTRAVENOUS KIT 1500 UNIT	2	
NYVEPRIA	E	
PROMACTA ORAL TABLET	E	PA, SP
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
TAVALISSE	3	PA, QL, SP
tranexamic acid oral	1	QL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
VOYDEYA ORAL TABLET	2	PA, QL, SP
VOYDEYA ORAL TABLET THERAPY PACK	2	PA, SP
WILATE	2	
ZARXIO	2	
Drugs for Sexual Dysfunction		
ADDYI	3	PA, QL
avanafil	1	PA, QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	3	PA, QL
OSPHERA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	3	PA, QL
tadalafil oral	1	QL
varafenafil hcl oral tablet	1	QL
VIAGRA	E	QL
VYLEESI	3	PA, QL
Electrolytes / Vitamins		
ACCRUFER	E	
calcium acetate (phos binder) oral tablet	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
calcium acetate oral tablet 667 mg	1		klor-con m10	1	
CARNITOR ORAL SOLUTION	3		klor-con m15	1	
CARNITOR SF	3		klor-con m20	1	
CITRANATAL 90 DHA	3		kosher prenatal plus iron	1	
CITRANATAL ASSURE	3		K-PHOS-NEUTRAL	2	
CITRANATAL DHA ORAL 27-1 & 250 MG	3		K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
COMPLETENATE	3		levocarnitine oral solution	1	
CO-NATAL FA	2		levocarnitine sf	1	
CONCEPT DHA	3		LOKELMA	3	PA, QL
cvs prenatal	E		M-NATAL PLUS	3	
cyanocobalamin injection solution 1000 mcg/ml	1		multivitamin w/fluoride tablet chewable 0.25 mg oral	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3		multivitamin w/fluoride tablet chewable 0.25 mg oral	E	
cyanocobalamin nasal	1		multivitamin w/fluoride tablet chewable 0.5 mg oral	1	
DAVIMET-FLUORIDE	E		multivitamin w/fluoride tablet chewable 0.5 mg oral	E	
deferasirox oral tablet	1	PA, SP	multivitamin w/fluoride tablet chewable 1 mg oral	1	
DENTA 5000 PLUS SENSITIVE	3		multivitamin w/fluoride tablet chewable 1 mg oral	E	
DODEX INJECTION SOLUTION 1000 MCG/ML	3		multi-vitamin/fluoride	1	
DRISDOL	3		multivitamin/fluoride oral tablet chewable	1	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	2		MULTI-VIT-FLOR	E	
ELITE-OB	3		nafrinse drops oral solution 0.275 (0.125 f) mg/drop	1	H
ergocalciferol oral capsule	1		NAFRINSE ORAL TABLET CHEWABLE 2.2 (1 F) MG	1	H
FLORAFOL PEDIATRIC ORAL SOLUTION	3		NASCOBAL	3	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE	E		NATALVIT	2	
FLORIVA PLUS	E		NEONATAL COMPLETE	3	
FLUORIMAX 5000 SENSITIVE	3		NEONATAL PLUS	3	
fluoritab oral solution 0.275 (0.125 f) mg/drop	1	H	NEONATAL PRENATAL	E	
folic acid oral tablet 1 mg	1		NEONATAL VITAMIN	E	
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	E		NIVA-PLUS	3	
klor-con	1		OB COMPLETE	3	
klor-con 10	1		ONE VITE WOMENS	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ONE VITE WOMENS PLUS	3		QUFLORA GUMMIES ORAL TABLET CHEWABLE 0.125 MG	E	
ORACIT	2		QUFLORA PEDIATRIC	3	
ORAL CITRATE	2		SE-NATAL 19	3	
PHOSPHA 250 NEUTRAL	2		sod citrate-citric acid oral solution 500-334 mg/5ml	1	
phosphorous	1		sod fluoride-potassium nitrate	1	
phospho-trin 250 neutral	1		sodium fluoride 5000 enamel	1	
pnv-dha	1		sodium fluoride 5000 sensitive	1	
POKONZA	E		sodium fluoride mouth/throat	1	
POLY-VI-FLOR ORAL TABLET CHEWABLE	E		sodium fluoride oral solution	1	H
potassium chloride crys er	1		sodium fluoride oral tablet chewable	1	H
potassium chloride er	1		SPS (SODIUM POLYSTYRENE SULF)	3	
potassium chloride oral	1		TARON-C DHA	3	
potassium citrate er	1		THRIVITE RX	3	
potassium citrate-citric acid	1		TRICARE ORAL TABLET	3	
PRENA1 PEARL	3		TRINATAL RX 1	3	
prenatal 19 oral tablet 29-1 mg	1		TRINATE	3	
prenatal 19 oral tablet chewable	1		tri-vite/fluoride	1	
prenatal oral tablet 27-0.8 mg	E		UROCIT-K 10	3	
prenatal oral tablet 27-1 mg	1		UROCIT-K 15	3	
prenatal plus	1		UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	
prenatal plus vitamin/mineral	1		VELTASSA	3	PA, QL
prenatal vitamins oral tablet 27-0.8 mg	E		virt-pn dha oral capsule 27-0.6-0.4-300 mg	1	
PRENATE DHA	3		VITAFOL FE+	3	
PRENATE ENHANCE	3		VITAFOL GUMMIES	3	
PRENATE ESSENTIAL	3		VITAFOL ULTRA	3	
PRENATE MINI	3		VITAFOL-OB	3	
PRENATE PIXIE	3		VITAMEDMD ONE RX/ QUATREFOLIC	3	
PRENATE RESTORE	3		vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
PRENATOL-M	E		VITAPEARL	3	
PRENATRIX	E				
PRENATRYL	E				
PREVIDENT 5000 ENAMEL PROTECT	3				
PREVIDENT 5000 SENSITIVE	3				
PREVIDENT MOUTH/THROAT	3				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
VITATHELY WITH GINGER	3	
WESCAP-C DHA	3	
WESCAP-PN DHA	3	
wes-phos 250 neutral	1	
WESTAB PLUS	E	
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	3	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
bis subcit-metronid-tetracyc	1	QL
bismuth/metronidaz/tetracyclin	1	QL
CARAFATE	E	
cimetidine oral	1	
CYTOTEC	3	
DEXILANT	E	QL
dexlansoprazole	E	QL
esomeprazole magnesium oral capsule delayed release	E	QL
esomeprazole magnesium oral packet	1	PA, ST, QL
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	E	
lansoprazole oral capsule delayed release	E	QL
lansoprazole oral tablet delayed release dispersible	1	PA, ST, QL
misoprostol oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	QL
NEXIUM ORAL PACKET	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

Drug Name	Drug Tier	Requirements & Limits
PREVACID SOLUTAB	E	PA, ST, QL
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	3	QL
rabeprazole sodium oral tablet delayed release	1	QL
sucalfate oral	1	
VOQUEZNA	3	PA, QL
VOQUEZNA DUAL PAK	3	ST, QL
VOQUEZNA TRIPLE PAK	3	ST, QL
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl	1	PA, QL
AMITIZA	E	PA, QL
ANASPAZ	2	
BYLVAY	3	PA, QL, SP
BYLVAY (PELLETS)	3	PA, QL, SP
chlordiazepoxide-clidinium	1	
CLENPIQ	3	QL
constulose	1	
cromolyn sodium oral	1	
CUVPOSA	3	
dicyclomine hcl oral	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	
GLYCATE	E	
glycopyrrolate oral solution	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
GOLYTELY	1	QL, H
hyoscyamine sulfate er	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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
KRISTALOSE	3	
lactulose encephalopathy	1	
lactulose oral solution	1	
LEVBIID	3	
LEVSIN	3	
LEVSIN/SL	3	
LIBRAX	E	
LINZESS	2	PA, QL
LIVDELZI	3	PA, ST, QL, SP
LOMOTIL	3	
lubiprostone	1	PA, QL
methscopolamine bromide oral	1	
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	1	QL
NULEV	3	
OCALIVA	3	PA, ST, QL, SP
opium	1	
OSCIMIN	3	
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbate	1	QL
peg-kcl-nacl-nasulf-na asc-c	1	QL
PLENVU	3	QL
prucalopride succinate	1	PA, QL
RELTONE	E	
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

Drug Name	Drug Tier	Requirements & Limits
TRULANCE	E	PA, ST, QL
URSO 250 ORAL TABLET 250 MG	E	
URSO FORTE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA, QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CARNITOR ORAL TABLET	3	
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	2	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	2	PA, QL
levocarnitine oral tablet	1	
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
sapropterin dihydrochloride oral packet	1	PA, QL, SP
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, QL, SP
VYNDAMAX	2	PA, QL, SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
CAVERJECT IMPULSE	3	QL
DETROL	E	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	E	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	E	
EDEX	3	QL
ELMIRON	3	ST
GEMTESA	E	
me/naphos/mb/hyo1	1	
mirabegron er	1	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
RENVELA ORAL TABLET	E	
sevelamer carbonate oral tablet	1	
solifenacin succinate	1	
THIOLA	3	SP
THIOLA EC	3	SP
tiopronin oral tablet delayed release	1	SP
tolterodine tartrate	1	
tolterodine tartrate er	E	
tropium chloride	1	
tropium chloride er	E	
UROGESIC-BLUE	2	
VELPHORO	3	ST
VENXXIVA	E	SP
VESICARE	E	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	

Drug Name	Drug Tier	Requirements & Limits
AVODART	E	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	
RAPAFLO	E	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	
Hormonal Agents - Hormone Replacement and Birth Control		
ACTIVEVELLA	3	
afirmelle	1	H
aftera	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	1	H
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
amethia oral tablet 0.15-0.03 & 0.01 mg	1	H
amethyst	1	H
ANGELIQ	3	
ANNOVERA	3	QL
apri	1	H
aranelle	1	H
ashlyna	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN ORAL TABLET 5 MG	3	
ayuna	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
azurette	1	H	drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
balziva	1	H	drospirenone-ethinyl estradiol	1	H
BEYAZ	E		DUAVEE	3	QL
BIJUVA	3		econtra ez oral tablet 1.5 mg	1	H
blisovi 24 fe	1	H	econtra one-step	1	H
blisovi fe 1.5/30	1	H	EEMT	2	
blisovi fe 1/20	1	H	EEMT HS	3	
briellyn	1	H	ELESTRIN	3	
camila	1	H	elinest	1	H
camrese	1	H	ELLA	1	QL, H
camrese lo	1	H	eluryng	1	H
charlotte 24 fe	1	H	emzahh	1	H
chateal eq	1	H	enilloring	1	H
CLIMARA	E	QL	enpresse-28	1	H
CLIMARA PRO	3	QL	enskyce	1	H
COMBIPATCH	3	QL	errin	1	H
COVARYX	2		est estrogens-methyltest	1	
COVARYX HS	3		est estrogens-methyltest ds	1	
cryselle-28	1	H	est estrogens-methyltest hs	1	
curae	1	H	estarylla	1	H
cyred eq	1	H	ESTRACE	E	
cyred oral tablet 0.15-30 mg-mcg	1	H	estradiol oral	1	
dasetta 1/35 (28)	1	H	estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Minivelle), QL
dasetta 7/7/7	1	H	estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
daysee	1	H	estradiol patch twice weekly 0.025 mg/24hr transdermal	1	QL
deblitane	1	H	estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Minivelle), QL
DELESTROGEN	3		estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
delyla	1	H	estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	QL
DEPO-ESTRADIOL	3		estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Minivelle), QL
DEPO-PROVERA	3	QL			
DEPO-SUBQ PROVERA 104	1	QL, H			
desogestrel-ethinyl estradiol	1	H			
DIVIGEL	3				
dolishale	1	H			
dotti	1	QL			
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	E				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	QL
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	1	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	1	QL
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
estratest f.s.	1	
ESTRATEST H.S.	3	
ESTRING	2	QL
ESTROGEL	3	QL
ethynodiol diac-eth estradiol	1	H
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
fayosim oral tablet 42-21-21-7 days	1	H
feirza 1.5/30	1	H
feirza 1/20	1	H

Drug Name	Drug Tier	Requirements & Limits
FEMRING	3	QL
finzala	1	H
fyavolv	1	
gallifrey	1	
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	1	H
heather	1	H
her style	1	H
iclevia	1	H
incassia	1	H
introvale	1	H
isibloom	1	H
jaimiess	1	H
jasmiel	1	H
jencycla	1	H
jinteli	1	
jolessa	1	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kariva	1	H
kelnor 1/35	1	H
kelnor 1/50	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
leena	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
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	1	H	MINIVELLE	E	QL
levonorgest-eth estrad 91-day	1	H	MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	E	
levonorgestrel	1	H	mono-lynyah	1	H
levonorgestrel-ethinyl estrad	1	H	my choice	1	H
levonorg-eth estrad triphasic	1	H	my way	1	H
levora 0.15/30 (28)	1	H	MYFEMBREE	2	PA, QL
LO LOESTRIN FE	1	H	NATAZIA	1	
LOESTRIN 1.5/30 (21)	E		necon 0.5/35 (28)	1	H
LOESTRIN 1/20 (21)	E		new day	1	H
LOESTRIN FE 1.5/30	E		NEXTSTELLIS	E	
LOESTRIN FE 1/20	E		nikki	1	H
lojaimiess	1	H	nora-be	1	H
loryna	1	H	norelgestromin-eth estradiol	1	H
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG	3		norethin ace-eth estrad-fe oral tablet	1	H
low-ogestrel	1	H	norethin ace-eth estrad-fe oral tablet chewable	1	H
lo-zumandimine	1	H	norethindrone acetate oral	1	
luteria	1	H	norethindrone acet-ethinyl est	1	H
lyleq	1	H	norethindrone oral	1	H
lyllana	1	QL	norethindrone-eth estradiol	1	
lyza	1	H	norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
marlissa	1	H	norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	1	H
medroxyprogesterone acetate intramuscular	1	QL, H	norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
medroxyprogesterone acetate oral	1		norgestimate-ethinyl estradiol triphasic	1	H
megestrol acetate oral tablet	1		norlyroc	1	H
MENOSTAR	3	QL	nortrel 0.5/35 (28)	1	H
mibelas 24 fe	1	H	nortrel 1/35 (21)	1	H
microgestin 1.5/30	1	H	nortrel 1/35 (28)	1	H
microgestin 1/20	1	H	nortrel 7/7/7	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H	NUVARING	E	
microgestin fe 1.5/30	1	H			
microgestin fe 1/20	1	H			
mili	1	H			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
nylia 1/35	1	H	tarina fe 1/20 eq	1	H
nylia 7/7/7	1	H	tilia fe	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H	tri-estarylla	1	H
ocella	1	H	tri-legest fe	1	H
opcicon one-step	1	H	tri-lynyah	1	H
option 2	1	H	tri-lo-estarylla	1	H
PHEXXI	E	PA	tri-lo-marzia	1	H
philith	1	H	tri-lo-mili	1	H
pimtrea	1	H	tri-lo-sprintec	1	H
PLAN B ONE-STEP	1	H	tri-mili	1	H
portia-28	1	H	tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
PREMARIN ORAL	3		tri-sprintec	1	H
PREMARIN VAGINAL	3		trivora (28)	1	H
PREMPHASE	3		tri-vylibra	1	H
PREMPRO	3		tri-vylibra lo	1	H
progesterone intramuscular	1		turqoz	1	H
progesterone oral	1		TWIRLA	E	
PROMETRIUM	E		TYBLUME	1	
PROVERA	3		tydemy oral tablet 3-0.03-0.451 mg	1	H
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	E		VAGIFEM	E	
react	1	H	valtya 1/50	1	H
reclipsen	1	H	velivet	1	H
rivelsa	1	H	vestura	1	H
SAFYRAL	E		vienva	1	H
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	E		viorele	1	H
setlakin	1	H	VIVELLE-DOT	E	QL
sharobel	1	H	volnea	1	H
simliya	1	H	vyfemla	1	H
simpesse	1	H	vylibra	1	H
SLYND	3	PA, ST	wera	1	H
sprintec 28	1	H	wymzya fe	1	H
sronyx	1	H	xarah fe	1	H
syeda	1	H	xulane	1	H
take action	1	H	YASMIN 28	3	
tarina 24 fe	1	H	YAZ	3	
			yuvaferm	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
zafemy	1	H
zovia 1/35 (28)	1	H
zumandimine	1	H
Hormonal Agents - Oral Steroids		
CORTEF	3	
DEXABLISS	E	
dexamethasone intensol	1	
dexamethasone oral	1	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	E	
fludrocortisone acetate oral	1	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
ORAPRED ODT	3	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL
prednisolone sodium phosphate oral tablet dispersible	1	
prednisone oral	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Other		
cabergoline	1	
DDAVP ORAL	E	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA
megestrol acetate oral suspension 40 mg/ml	1	
METHERGINE	3	QL
methylergonovine maleate oral	1	QL
NGENLA	3	PA, QL, SP
NOC DURNA	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
KYZATREX	3	PA, QL
NATESTO	E	PA, QL
TESTIM	1	PA, QL
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ABRILADA (1 PEN)	E	PA, SP
ABRILADA (2 PEN)	E	PA, QL, SP
ABRILADA (2 SYRINGE)	E	PA, QL, SP
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-AACF (2 PEN)	E	PA, (Manufactured by Fresenius), SP
ADALIMUMAB-AACF (2 SYRINGE)	E	PA, (Manufactured by Fresenius), QL, SP
ADALIMUMAB-AACF(CD/UC/HS STRT)	E	PA, (Manufactured by Fresenius), SP
ADALIMUMAB-AACF(PS/UV STARTER)	E	PA, (Manufactured by Fresenius), SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, (Manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, (Manufactured by Celltrion), SP
ADALIMUMAB-AATY (2 PEN)	E	PA, (Manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY (2 SYRINGE)	E	PA, (Manufactured by Celltrion), QL, SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA, (Manufactured by Sandoz), QL, SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	2	PA, (Manufactured by Sandoz), SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, (Manufactured by Sandoz), QL, SP	AMJEVITA 40 MG/0.8ML	E	PA, QL, SP
ADALIMUMAB-ADBIM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), QL, SP	AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	E	PA, QL, SP
ADALIMUMAB-ADBIM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), SP	AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	2	PA, QL, SP
ADALIMUMAB-ADBIM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), QL, SP	AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	E	PA, QL, SP
ADALIMUMAB-ADBIM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), QL, SP	ARAVA	E	
ADALIMUMAB-ADBIM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	E	PA, (Manufactured by Boehringer), QL, SP	AZASAN	3	
ADALIMUMAB-ADBIM(CD/UC/HS STRT)	E	PA, (Manufactured by Boehringer), SP	azathioprine oral	1	
ADALIMUMAB-ADBIM(PS/UV STARTER)	E	PA, (Manufactured by Boehringer), SP	BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
ADALIMUMAB-FKJP (2 PEN)	E	PA, (Manufactured by Biocon), QL, SP	BIMZELX	3	PA, ST, QL, SP
ADALIMUMAB-FKJP (2 SYRINGE)	E	PA, (Manufactured by Biocon), QL, SP	CELLCEPT ORAL CAPSULE	E	
ADBRY SOLUTION AUTO-INJECTOR	2	PA, QL, SP	CELLCEPT ORAL TABLET	E	
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP	CIMZIA (2 SYRINGE)	2	PA, QL, SP
AMJEVITA 40 MG/0.4ML, 80 MG/0.8ML	2	PA, QL, SP	CIMZIA-STARTER	2	PA, QL, SP
			CINRYZE	E	PA, QL, SP
			COSENTYX (300 MG DOSE)	2	PA, QL, SP
			COSENTYX 150 MG/ML SUBCUTANEOUS	2	PA, QL, SP
			COSENTYX SENSOREADY (300 MG)	2	PA, QL, SP
			COSENTYX SENSOREADY PEN	2	PA, QL, SP
			COSENTYX UNOREADY	2	PA, QL, SP
			cyclosporine modified oral capsule	1	
			cyclosporine oral	1	
			CYLTEZO (2 PEN)	E	PA, QL, SP
			CYLTEZO (2 SYRINGE)	E	PA, QL, SP
			CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, SP
			CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, SP	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	2	PA, QL, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	HUMIRA-CD/UC/HS STARTER	2	PA, QL, SP
EMPAVELI	2	PA, QL, SP	HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	2	PA, QL, SP
ENBREL	2	PA, QL, SP	HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	2	PA, QL, SP
ENBREL MINI	2	PA, QL, SP	HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	2	PA, QL, SP
ENBREL SURECLICK	2	PA, QL, SP			
ENTYVIO PEN	2	PA, (SUBCUTANEOUS), QL, SP			
ENVARUSUS XR	E		HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	2	PA, QL, SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1		HUMIRA-PSORIASIS/UEIT STARTER	2	PA, QL, SP
gengraf oral capsule	1		HYFTOR	3	PA, QL
GRASTEK	3	PA, QL	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	E	PA, QL, SP
HADLIMA	E	PA, QL, SP	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	E	PA, SP
HADLIMA PUSHTOUCH	E	PA, QL, SP	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	E	PA, QL, SP
HAEGARDA	2	PA, QL, SP	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	E	PA, SP
HULIO (2 PEN)	E	PA, QL, SP	HYRIMOZ-CROHNS/UC STARTER	E	PA, SP
HULIO (2 SYRINGE)	E	PA, QL, SP	HYRIMOZ-PED<40KG CROHN STARTER	E	PA, QL, SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA, QL, SP	HYRIMOZ-PED>=40KG CROHN START	E	PA, QL, SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	2	PA, QL, SP	HYRIMOZ-PLAQ PSOR/UEIT START	E	PA, QL, SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	2	PA, QL, SP			
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	2	PA, QL, SP			
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	2	PA, QL, SP			
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA, QL, SP			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
HYRIMOZ-PLAQUE PSORIASIS START	E	PA, QL, SP	OTREXUP	E	QL
IDACIO (2 PEN)	E	PA, QL, SP	PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG	3	PA, QL, SP
IDACIO (2 SYRINGE)	E	PA, QL, SP	PROGRAF ORAL CAPSULE	3	
IDACIO-CROHNS/UC STARTER	E	PA, QL, SP	RAPAMUNE ORAL SOLUTION 1 MG/ML	3	
IDACIO-PSORIASIS STARTER	E	PA, QL, SP	RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	E	
IMURAN	E		RASUVO	2	QL
JYLAMVO	3	PA	RINVOQ	2	PA, QL, SP
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, ST, QL, SP	RUCONEST	3	PA, QL, SP
KINERET	3	PA, ST, QL, SP	SIMLANDI (1 PEN)	E	PA, QL, SP
leflunomide oral	1		SIMLANDI (1 SYRINGE)	E	PA, SP
LITFULO	3	PA, QL, SP	SIMLANDI (2 PEN)	E	PA, QL, SP
LUPKYNIS	3	PA, QL, SP	SIMLANDI (2 SYRINGE)	E	PA, SP
methotrexate sodium (pf)	1		SIMPONI	2	PA, QL, SP
methotrexate sodium injection solution	1		sirolimus oral	1	
methotrexate sodium oral	1		SKYRIZI PEN	2	PA, QL, SP
mycophenolate mofetil oral	1		SKYRIZI SUBCUTANEOUS	2	PA, QL, SP
mycophenolate sodium	1		SOTYKTU	2	PA, QL, SP
mycophenolic acid	1		STELARA SUBCUTANEOUS	E	PA, QL, SP
MYFORTIC	E		STEQEYMA SUBCUTANEOUS	2	PA, QL, SP
MYHIBBIN	1		tacrolimus oral	1	
NEORAL ORAL CAPSULE	E		TAKHZYRO	2	PA, QL, SP
OLUMIANT ORAL TABLET 1 MG, 4 MG	3	PA, ST, QL	TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
OLUMIANT ORAL TABLET 2 MG	3	PA, ST, QL, SP	TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	2	PA, QL, SP
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, SP	TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	2	PA
OMVOH SUBCUTANEOUS (100 MG/ML) SOLUTION AUTO-INJECTOR	2	PA, QL, SP	TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP	TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	2	PA
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP			
OTEZLA ORAL TABLET 20 MG	2	PA, QL			
OTEZLA ORAL TABLET 30 MG	2	PA, QL, SP			
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	2	PA, QL, SP			

See page 6-8 for coverage details.



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

Immunological Agents - Drugs for Vaccination

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

Drug Name	Drug Tier	Requirements & Limits
M-M-R II	2	H
MODERNA COVID-19 VAC 6M-11Y	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PNEUMOVAX 23	2	H
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5ML	2	H
PREVNAR 20	3	H
RECOMBIVAX HB	2	H
SHINGRIX	3	H
SPIKEVAX	3	H
TENIVAC	3	H
TRUMENBA	3	H
TWINRIX	3	H
VAQTA	2	H
VARIVAX	3	H

Infertility Agents

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
GONAL-F RFF REDIJECT	3	ST, SP
MENOPUR	3	QL, SP
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	3	SP
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	
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	E	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
budesonide oral	1	
budesonide rectal	1	
CANASA	E	
COLAZAL	E	
CORTENEMA	3	
CORTIFOAM	2	
DIPENTUM	3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	E	
hydrocortisone (perianal) external cream 1 %	E	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	1	
hydrocortisone rectal	1	

Drug Name	Drug Tier	Requirements & Limits
hydrocort-pramoxine (perianal)	1	
LIALDA	E	
mesalamine er	E	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine oral tablet delayed release 800 mg	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	1	QL
mesalamine-cleanser	1	QL
PROCORT	E	
PROCTOCORT	E	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	3	
PROCTOZONE-HC	3	
ROWASA	3	QL
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	1	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
ACTONEL	E	QL
alendronate sodium oral tablet	1	
calcitonin (salmon)	1	
EVISTA	E	
FORTEO	E	PA, ST, SP
FOSAMAX	3	
ibandronate sodium oral	1	
MIACALCIN	3	
raloxifene hcl	1	H
risedronate sodium oral tablet 150 mg, 35 mg	1	QL
risedronate sodium oral tablet 30 mg, 5 mg	1	
teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml	E	PA, ST, SP

See page 6-8 for coverage details.



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

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
sulfacetamide sodium ophthalmic solution	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	3	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	1	
VIGAMOX	E	
XDEMYY	3	PA, QL
ZYLET	3	
ZYMAXID OPHTHALMIC SOLUTION 0.5 %	3	

Ophthalmic Agents - Drugs for Eye Infection and Inflammation

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

Ophthalmic Agents - Drugs for Glaucoma

ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
AZOPT	E	QL
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	QL
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	QL
bimatoprost ophthalmic	1	QL
brimonidine tartrate ophthalmic solution 0.1 %	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	1	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	E	QL

Drug Name	Drug Tier	Requirements & Limits
brinzolamide	1	QL
COMBIGAN	1	QL
COSOPT	3	
COSOPT PF	E	QL
dorzolamide hcl solution 2 % ophthalmic	1	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	3	
IYUZEH	E	QL
latanoprost ophthalmic	1	
LUMIGAN	2	
methazolamide oral	1	
pilocarpine hcl ophthalmic	1	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	1	ST, QL
timolol hemihydrate	1	QL
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	3	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	3	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	3	
TRAVATAN Z	E	ST, QL
travoprost (bak free)	1	QL
TRUSOPT OPHTHALMIC SOLUTION 2 %	3	
VYZULTA	E	ST, QL
XALATAN	E	
ZIOPTAN	3	ST, QL

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	2	QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
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	1	
azelastine hcl nasal solution 0.15 %	E	
azelastine-fluticasone	E	QL
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
bromphen-pseudoeph-dm	1	
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	E	
cetirizine hcl oral solution	E	
CLARINEX	E	
cypheptadine hcl oral	1	
desloratadine oral tablet	E	
DYMISTA	E	QL
flunisolide nasal	1	
fluticasone propionate nasal	1	QL
g tussin ac	1	
guaiaatussin ac	1	
guaifenesin ac oral syrup 100-10 mg/5ml	1	
guaifenesin-codeine	1	
HYCODAN ORAL SOLUTION	E	PA, QL
hydrocod poli-chlorphe poli er	1	PA, QL
hydrocodone bit-homatrop mbr oral solution	1	PA, QL
hydromet	1	PA, QL
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral	1	
maxi-tuss ac	1	
mometasone furoate nasal	1	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	E	
ODACTRA	3	PA, QL
olopatadine hcl nasal	1	
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	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU	2	
AEROCHAMBER PLUS FLO-VU INTERM	2	
AEROCHAMBER PLUS FLO-VU LARGE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
AEROCHAMBER PLUS FLO-VU SMALL	2	
AEROCHAMBER PLUS FLO-VU W/MASK	2	
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
AIRSUPRA	3	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for ProAir HFA or Proventil HFA), QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for Ventolin HFA), QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic ProAir HFA or Proventil HFA), 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	1	QL	FASENRA PEN	3	PA, QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1		FLEXICHAMBER	2	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1		FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3		FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	E		FLUTICASONE PROPIONATE HFA	E	QL
albuterol sulfate oral syrup	1		FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	QL, RS
ANORO ELLIPTA	3	QL	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL
arformoterol tartrate	1	QL	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
ARNUITY ELLIPTA	1	QL	formoterol fumarate inhalation	1	QL
ATROVENT HFA	3	QL	INSPIREASE	2	
BEVESPI AEROSPHERE	2	QL	ipratropium bromide inhalation	1	
BREATHE COMFORT CHAMBER/ADULT	2		ipratropium-albuterol	1	
BREATHE COMFORT CHAMBER/CHILD	2		levalbuterol hcl inhalation	1	QL
BREO ELLIPTA	3	QL, RS	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
breyna	E	QL, RS	MICROCHAMBER	2	
BREZTRI AEROSPHERE	3	QL, RS	montelukast sodium oral	1	
BROVANA	3	QL	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
budesonide inhalation	1	QL	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA, QL, SP
budesonide-formoterol fumarate	E	QL, RS	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA, QL
COMBIVENT RESPIMAT	3	QL	PERFOROMIST	3	QL
DALIRESP	E	QL	PROCHAMBER VHC	2	
DULERA	E	ST, QL	PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	QL
EASIVENT	2				
EASIVENT MASK LARGE	2				
EASIVENT MASK MEDIUM	2				
EASIVENT MASK SMALL	2				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PULMICORT FLEXHALER	E	QL
PULMICORT SUSPENSION	E	QL
QVAR REDHALER	1	QL
roflumilast	1	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	1	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
theophylline er	1	
tiotropium bromide monohydrate	E	QL
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL
VORTEX HOLD CHMBR/MASK/CHILD	2	
VORTEX HOLD CHMBR/MASK/TODDLER	2	
VORTEX VALVE CHAMBER-PEDI MASK	2	
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	1	QL
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML	E	QL
XOPENEX HFA	3	QL
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML	E	QL
YUPELRI	3	PA, QL
zafirlukast	1	

Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	1	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	3	PA, QL, SP
pirfenidone oral tablet 267 mg, 801 mg	1	PA, QL, SP
pirfenidone oral tablet 534 mg	1	PA, QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	PA, QL, SP
ADEMPAS	2	PA, QL, SP
alyq	1	PA, QL, SP
ambrisentan	1	PA, QL, SP
OPSUMIT	2	PA, QL, SP
ORENITRAM	3	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
UPTRAVI ORAL	3	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm			estazolam	1	
baclofen oral tablet 10 mg, 20 mg, 5 mg	1		eszopiclone	1	
baclofen oral tablet 15 mg	E		LUMRYZ	3	PA, QL, SP
carisoprodol oral tablet 250 mg	E		LUNESTA	E	
carisoprodol oral tablet 350 mg	1		modafinil oral	1	QL
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	E		NUVIGIL	E	QL
chlorzoxazone oral tablet 500 mg	1		PROVIGIL	E	QL
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1		ramelteon	1	ST, QL
cyclobenzaprine hcl oral tablet 7.5 mg	E		RESTORIL	3	
DANTRIUM ORAL	3		ROZEREM	E	ST, QL
dantrolene sodium oral	1		SILENOR	E	QL
FEXMID	E		SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	3	PA, (Manufactured by Hikma), QL, SP
metaxalone oral tablet 400 mg, 800 mg	1		SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	E	PA, (Manufactured by Amneal), QL, SP
metaxalone oral tablet 640 mg	E		SUNOSI	2	PA, QL
methocarbamol oral tablet 1000 mg	E		temazepam	1	
methocarbamol oral tablet 500 mg, 750 mg	1		WAKIX	3	PA, QL, SP
orphenadrine citrate er	1		XYREM	E	PA, QL, SP
SOMA	E		XYWAV	3	PA, QL, SP
TANLOR	3		zaleplon	1	
tizanidine hcl oral	1		zolpidem tartrate er	1	
VANADOM ORAL TABLET 350 MG	E		zolpidem tartrate oral tablet	1	
ZANAFLEX	3				
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	3				
Sleep Disorder Agents					
AMBIEN	E				
AMBIEN CR	E				
armodafinil	1	QL			
BELSOMRA	3	ST, QL			
DAYVIGO	3	ST, QL			
doxepin hcl oral tablet	E	QL			

See page 6-8 for coverage details.



Index

A

abacavir sulfate-lamivudine ... 20, 62
 ABILIFY..... 20
 abiraterone acetate oral tablet
 250 mg.....18
 abiraterone acetate oral tablet
 500 mg18
 ABRILADA (1 PEN) 49
 ABRILADA (2 PEN) 49
 ABRILADA (2 SYRINGE) 49
 ABRYVO53
 ABSORICA.....28
 acamprosate calcium11
 ACANYA.....28
 acarbose oral..... 36
 ACCOLATE 58
 ACCRUFER.....38
 ACCU-CHEK AVIVA PLUS TEST
 STRIPS.....32
 ACCU-CHEK FASTCLIX LANCET ..32
 ACCU-CHEK FASTCLIX LANCET
 DEVICE KIT.....32
 ACCU-CHEK GUIDE KIT W/
 DEVICE32
 ACCU-CHEK GUIDE ME METER ...32
 ACCU-CHEK GUIDE TEST.....32
 ACCU-CHEK GUIDE TEST
 STRIPS.....32
 ACCU-CHEK SMARTVIEW TEST
 STRIPS.....32
 ACCU-CHEK SOFTCLIX LANCET..32
 ACCU-CHEK SOFTCLIX LANCET
 DEVICE KIT.....32
 accutane.....28
 ACCUTREND GLUCOSE.....32
 acebutolol hcl oral22
 acetaminophen-codeine oral
 solution 120-12 mg/5ml9
 acetaminophen-codeine oral
 tablet9
 acetazolamide er.....22
 acetazolamide oral.....22
 acetic acid otic57
 ACIPHEX.....41
 acitretin.....28
 ACTEMRA ACTPEN 49
 ACTEMRA SUBCUTANEOUS 49

ACTIVELLA..... 43
 ACTONEL..... 54
 ACTOPLUS MET 36
 ACTOS 36
 ACULAR.....55
 ACULAR LS55
 ACUVAIL.....55
 acyclovir external ointment 20
 acyclovir oral 20
 ACZONE28
 ADACEL.....53
 ADALIMUMAB-AACF (2 PEN)..... 49
 ADALIMUMAB-AACF
 (2 SYRINGE)..... 49
 ADALIMUMAB-AACF(CD/UC/HS
 STRT) 49
 ADALIMUMAB-AACF(PS/UV
 STARTER)..... 49
 ADALIMUMAB-AATY (1 PEN)
 SUBCUTANEOUS AUTO-
 INJECTOR KIT 40 MG/0.4ML..... 49
 ADALIMUMAB-AATY (1 PEN)
 SUBCUTANEOUS AUTO-
 INJECTOR KIT 80 MG/0.8ML..... 49
 ADALIMUMAB-AATY (2 PEN) 49
 ADALIMUMAB-AATY (2 SYRINGE)49
 ADALIMUMAB-ADAZ
 SUBCUTANEOUS SOLUTION
 AUTO-INJECTOR 40 MG/0.4ML.. 49
 ADALIMUMAB-ADAZ
 SUBCUTANEOUS SOLUTION
 AUTO-INJECTOR 80 MG/0.8ML.. 49
 ADALIMUMAB-ADAZ
 SUBCUTANEOUS SOLUTION
 PREFILLED SYRINGE 50
 ADALIMUMAB-ADB (2 PEN)
 AUTO-INJECTOR KIT
 40 MG/0.4ML SUBCUTANEOUS.. 50
 ADALIMUMAB-ADB (2 PEN)
 AUTO-INJECTOR KIT
 40 MG/0.8ML SUBCUTANEOUS.. 50
 ADALIMUMAB-ADB
 (2 SYRINGE) PREFILLED
 SYRINGE KIT 40 MG/0.4ML
 SUBCUTANEOUS 50
 ADALIMUMAB-ADB
 (2 SYRINGE) PREFILLED
 SYRINGE KIT 40 MG/0.8ML
 SUBCUTANEOUS 50

ADALIMUMAB-ADB
 (2 SYRINGE) SUBCUTANEOUS
 PREFILLED SYRINGE KIT
 10 MG/0.2ML, 20 MG/0.4ML..... 50
 ADALIMUMAB-ADB(CD/UC/
 HS STRT)..... 50
 ADALIMUMAB-ADB(PS/UV
 STARTER)..... 50
 ADALIMUMAB-FKJP (2 PEN) 50
 ADALIMUMAB-FKJP
 (2 SYRINGE)..... 50
 adapalene-benzoyl peroxide
 external gel.....28
 ADBRY SOLUTION AUTO-
 INJECTOR..... 50
 ADBRY SUBCUTANEOUS
 SOLUTION PREFILLED
 SYRINGE..... 50
 ADCIRCA 60
 ADDERALL26
 ADDERALL XR.....26
 ADDYI.....38
 ADEMPAS.....60
 ADMELOG 36
 ADMELOG SOLOSTAR 36
 ADTHYZA 49
 ADVAIR DISKUS 58
 ADVAIR HFA 58
 ADVATE38
 ADYNOVATE.....38
 ADZENYS XR-ODT.....26
 AEROCHAMBER HOLDING
 CHAMBER 58
 AEROCHAMBER PLS FLOVU
 MTHPIECE..... 58
 AEROCHAMBER PLUS FLO-VU ... 58
 AEROCHAMBER PLUS FLO-VU
 INTERM..... 58
 AEROCHAMBER PLUS FLO-VU
 LARGE 58
 AEROCHAMBER PLUS FLO-VU
 MEDIUM DEVICE..... 58
 AEROCHAMBER PLUS FLO-VU
 SMALL 58
 AEROCHAMBER PLUS FLO-VU
 W/MASK 58
 AFINITOR.....18
 afirmelle..... 43



AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	38	ALPHANATE	38	amoxicillin	12
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	38	alprazolam er	21	amoxicillin-potassium clavulanate	12
aftera	43	alprazolam oral	21	amphet-dextroamphet 3-bead er	26
AGAMATRIX PRESTO TEST	32	alprazolam xr	21	amphetamine sulfate	26
AIMOVIG	17	ALPROLIX	38	amphetamine- dextroamphetamine	26
AIRDUO RESPICLICK 113/14	58	ALREX	55	amphetamine- dextroamphetamine er	26
AIRDUO RESPICLICK 232/14	58	ALTACE	22	ampicillin	12
AIRDUO RESPICLICK 55/14	58	altavera	43	AMPYRA	27
AIRSUPRA	58	ALTUVIIIO	38	AMZEEQ	28
AJOVY	17	ALUNBRIG	18	ANAFRANIL	15
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	55	ALVAIZ	38	anagrelide hcl	38
AKLIEF	28	alyacen 1/35	43	ANALPRAM HC	54
ALA SCALP	28	alyacen 7/7/7	43	ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	54
ala-cort	28	alyq	60	ANALPRAM-HC EXTERNAL CREAM	54
albendazole oral	19	amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	43	ANAPROX DS	10
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	58, 59	amantadine hcl oral	19	ANASPAZ	41
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	59	AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	36	anastrozole oral	18
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	59	AMBIEN	61	ANDROGEL PUMP	48
albuterol sulfate oral syrup	59	AMBIEN CR	61	ANGELIQ	43
alclometasone dipropionate	28	ambrisentan	60	ANNOVERA	43
ALCOHOL PREP PADS PAD	32	amethia oral tablet 0.15-0.03 & 0.01 mg	43	ANORO ELLIPTA	59
ALDACTONE	22	amethyst	43	ANTIVERT ORAL TABLET	16
ALECENSA	18	amiloride hcl oral	22	ANUCORT-HC	54
alendronate sodium oral tablet	54	amiloride-hydrochlorothiazide	22	ANUSOL-HC EXTERNAL	54
alfuzosin hcl er	43	amiodarone hcl oral	22	ANUSOL-HC RECTAL	54
aliskiren fumarate	22	AMITIZA	41	apap-caff-dihydrocodeine	9
allopurinol oral tablet 100 mg, 300 mg	17	amitriptyline hcl oral	15	APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	11
allopurinol oral tablet 200 mg	17	AMJEVITA 40 MG/0.4ML, 80 MG/0.8ML	50	aprepitant oral capsule 125 mg, 40 mg, 80 mg	16
ALLZITAL	9	AMJEVITA 40 MG/0.8ML	50	apri	43
almotriptan malate	17	AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	50	APRISO	54
ALOGLIPTIN BENZOATE	36	AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	50	APTENSIO XR	26
ALOGLIPTIN-METFORMIN HCL	36	AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	50	APTiom	13
ALORA	43	amlodipine besylate oral	22	AQ INSULIN SYRINGE	32
alosetron hcl	41	amlodipine besylate-benazepril hcl	22	AQINJECT PEN NEEDLE	32
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	56	amlodipine besylate-valsartan	22	ARAKODA	19
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	56	amlodipine-olmesartan	22	aranelle	43
		amnestem	28	ARANESP (ALBUMIN FREE)	38
				ARAVA	50
				AREXVY	53
				arformoterol tartrate	59
				ARICEPT	15
				ARIMIDEX	18



aripiprazole oral solution	20	AUSTEDO XR PATIENT		bacitracin-polymyxin b	55
aripiprazole oral tablet	20	TITRATION ORAL TABLET		baclofen oral tablet 10 mg,	
armodafinil	61	EXTENDED RELEASE THERAPY		20 mg, 5 mg	61
ARMOUR THYROID	49	PACK 6 & 12 & 24 MG	27	baclofen oral tablet 15 mg	61
ARNUITY ELLIPTA	59	AUVELITY	15	BACTRIM	12
AROMASIN	18	AUVI-Q	57	BACTRIM DS	12
ARTHROTEC	10	AVALIDE	22	BAFIERTAM	27
ASACOL HD ORAL TABLET		avanafil	38	balsalazide disodium	54
DELAYED RELEASE 800 MG	54	AVAPRO	22	balziva	44
ascomp-codeine	9	AVAR CLEANSER	28	BANZEL	13
asenapine maleate	20	AVAR LS CLEANSER	28	BAQSIMI ONE PACK	36
ashlyna	43	AVAR-E EMOLLIENT	28	BAQSIMI TWO PACK	36
aspirin-dipyridamole er	38	AVAR-E GREEN EXTERNAL		BARACLUDE ORAL TABLET	20
ATACAND	22	CREAM 10-5 %	28	BASAGLAR KWIKPEN	36
ATACAND HCT	22	AVAR-E LS EXTERNAL CREAM		BASAGLAR TEMPO PEN	36
atenolol oral	22	10-2 %	28	BD AUTOSHIELD DUO PEN	
atenolol-chlorthalidone	22	aviane	43	NEEDLES	32
ATIVAN ORAL	21	AVIDOXY	12	BD BLUNT FILL NEEDLE W/	
atomoxetine hcl	26	AVITA EXTERNAL CREAM		FILTER	32
ATORVALIQ	22	0.025 %	28	BD ECLIPSE NEEDLE 18G X	
atorvastatin calcium oral tablet		AVITA EXTERNAL GEL 0.025 %	28	1-1/2", 25G X 5/8", 27G X 1/2"	32
10 mg, 20 mg	22	AVODART	43	BD ECLIPSE NEEDLE 23G X 1"	
atorvastatin calcium oral tablet		AVONEX PEN	27	(OTC)	32
40 mg, 80 mg	22	AVONEX PREFILLED	27	BD ECLIPSE NEEDLE 23G X 1"	
atovaquone	19	AYGESTIN ORAL TABLET 5 MG	43	(RX)	32
atovaquone-proguanil hcl	19	ayuna	43	BD ECLIPSE SHIELDED NEEDLE	32
ATRALIN	28	AZASAN	50	BD SAFETYGLIDE NEEDLE	
ATROPINE SULFATE		AZASITE	55	23G X 1-1/2"	32
OPHTHALMIC SOLUTION		azathioprine oral	50	BD SAFETYGLIDE SHIELDED	
0.01 %, 0.025 %, 0.05 %	57	azelaic acid external	28	NEEDLE 21G X 1-1/2"	32
atropine sulfate ophthalmic		azelastine hcl nasal solution		BD SHARPS COLLECTOR	32
solution 1 %	57	0.1 %, 137 mcg/spray	57	BD ULTRA-FINE INSULIN	
ATROVENT HFA	59	azelastine hcl nasal solution		SYRINGES	32
AUBAGIO	27	0.15 %	57	BD ULTRA-FINE PEN NEEDLES	32
aubra eq	43	azelastine hcl ophthalmic	55	BD ULTRA-FINE U-500 INSULIN	
AUGMENTIN	12	azelastine-fluticasone	57	SYRINGES	32
AUGMENTIN ES-600	12	AZELEX	28	BD VEO ULTRA-FINE INSULIN	
AUGTYRO	18	AZILECT	19	SYRINGES	32
aurovela 1/20	43	azithromycin oral packet 1 gm	12	BELBUCA	9
aurovela 1.5/30	43	AZOPT	56	BELSOMRA	61
aurovela 24 fe	43	AZOR	22	benazepril hcl oral	22
aurovela fe 1/20	43	AZSTARYS	26	benazepril-hydrochlorothiazide	22
aurovela fe 1.5/30	43	AZULFIDINE	54	BENICAR	22
AUSTEDO	27	AZULFIDINE EN-TABS	54	BENICAR HCT	22
AUSTEDO XR	27	azurette	44	BENLYSTA SUBCUTANEOUS	
AUSTEDO XR PATIENT				SOLUTION AUTO-INJECTOR	50
TITRATION ORAL TABLET				BENZAMYCIN	28
EXTENDED RELEASE THERAPY				benzonatate oral capsule	
PACK 12 & 18 & 24 & 30 MG	27			100 mg, 200 mg	57

B

bac	9
bacitracin ophthalmic	56



benzonatate oral capsule 150 mg.....	57	BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5.....	53	buprenorphine hcl-naloxone hcl sublingual film.....	11
benzoyl peroxide-erythromycin.....	28	BOSULIF ORAL TABLET.....	18	buprenorphine hcl-naloxone hcl sublingual tablet sublingual.....	11
benztropine mesylate oral.....	19	BREATHE COMFORT CHAMBER/ ADULT.....	59	bupropion hcl er (smoking det)....	11
BESIVANCE.....	55	BREATHE COMFORT CHAMBER/ CHILD.....	59	bupropion hcl er (sr).....	15
betamethasone dipropionate aug external cream.....	28	BREO ELLIPTA.....	59	bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg.....	15
betamethasone dipropionate aug external lotion.....	28	brey-na.....	59	BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG.....	15
betamethasone dipropionate external.....	28	BREZTRI AEROSPHERE.....	59	bupropion hcl oral.....	15
betamethasone valerate external cream.....	28	briellyn.....	44	buspirone hcl oral.....	21
betamethasone valerate external lotion.....	28	BRILINTA.....	20	butalbital-acetaminophen oral tablet 50-300 mg.....	9
betamethasone valerate external ointment.....	28	brimonidine tartrate external.....	29	butalbital-acetaminophen oral tablet 50-325 mg.....	9
BETAPACE.....	22	brimonidine tartrate ophthalmic solution 0.1 %.....	56	butalbital-apap-caff-cod oral capsule 50-300-40-30 mg.....	9
BETAPACE AF.....	22	brimonidine tartrate ophthalmic solution 0.15 %.....	56	butalbital-apap-caff-cod oral capsule 50-325-40-30 mg.....	9
BETASERON.....	27	brimonidine tartrate ophthalmic solution 0.2 %.....	56	butalbital-apap-caffeine.....	9
betaxolol hcl oral.....	22	brimonidine tartrate-timolol.....	56	butalbital-asa-caff-codeine.....	9
bethanechol chloride oral.....	42	brinzolamide.....	56	butalbital-aspirin-caffeine.....	9
BETIMOL OPHTHALMIC SOLUTION 0.25 %.....	56	BRIVIACT ORAL SOLUTION.....	13	butorphanol tartrate nasal.....	9
BETIMOL OPHTHALMIC SOLUTION 0.5 %.....	56	BRIVIACT ORAL TABLET.....	13	BUTRANS.....	9
BEVESPI AEROSPHERE.....	59	BROMFED DM ORAL SYRUP 2-30-10 MG/5ML.....	57	BYDUREON BCISE AUTOINJECTOR.....	37
BEXSERO.....	53	bromfenac sodium (once-daily)...	55	BYETTA 10 MCG PEN.....	37
BEYAZ.....	44	bromfenac sodium ophthalmic solution 0.07 %.....	55	BYETTA 5 MCG PEN.....	37
bicalutamide.....	18	bromfenac sodium ophthalmic solution 0.075 %.....	55	BYLVAY.....	41
BIGFOOT UNITY PROGRAM.....	32	bromocriptine mesylate oral tablet.....	19	BYLVAY (PELLETS).....	41
BIJUVA.....	44	bromphen-pseudoeph-dm.....	58	BYSTOLIC.....	22
BIKTARVY.....	20	BROMSITE.....	55		
bimatoprost ophthalmic.....	56	BRONCHITOL.....	60		
BIMZELX.....	50	BRONCHITOL TOLERANCE TEST.....	60		
BIOTEL CARE TEST STRIPS.....	32	BROVANA.....	59		
bis subcit-metronid-tetracyc.....	41	BRUKINSA.....	18		
bismuth/metronidaz/tetracyclin...	41	budesonide inhalation.....	59		
bisoprolol fumarate oral.....	22	budesonide oral.....	54		
bisoprolol-hydrochlorothiazide...	22	budesonide rectal.....	54		
blisovi 24 fe.....	44	budesonide-formoterol fumarate.....	59		
blisovi fe 1/20.....	44	bumetanide oral.....	22		
blisovi fe 1.5/30.....	44	BUMEX.....	22		
BLOOD GLUCOSE TEST STRIPS.....	32	BUPAP ORAL TABLET 50-300 MG...	9		
BLOOD GLUCOSE TEST STRIPS 333.....	32	buprenorphine.....	9, 11		
BOOSTRIX.....	53	buprenorphine hcl sublingual.....	11		

C

cabergoline.....	48
CABOMETYX.....	18
CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG.....	22
calcipotriene external cream.....	29
calcipotriene external ointment...	29
calcipotriene external solution...	29
calcitonin (salmon).....	54
CALCITRENE.....	29
calcitriol oral.....	55
calcium acetate (phos binder) oral capsule.....	42
calcium acetate (phos binder) oral tablet.....	38



calcium acetate oral tablet 667 mg	39	CASODEX.....	18	ciclopirox olamine external cream	16
CALQUENCE	18	CATAPRES-TTS-1	22	ciclopirox olamine external suspension	29
camila.....	44	CATAPRES-TTS-2.....	22	cilostazol	20
camrese	44	CATAPRES-TTS-3.....	22	CIMDUO	20
camrese lo.....	44	CAVERJECT IMPULSE	43	cimetidine oral	41
CAMZYOS.....	22	cefadroxil.....	12	CIMZIA (2 SYRINGE).....	50
CANASA	54	cefdinir	12	CIMZIA-STARTER	50
candesartan cilexetil.....	22	cefixime	12	cinacalcet hcl.....	55
candesartan cilexetil-hctz.....	22	cefpodoxime proxetil oral tablet ..	12	CINRYZE.....	50
capecitabine	18	cefprozil	12	CIPRO HC.....	57
CAPLYTA.....	20	cefuroxime axetil.....	12	CIPRO ORAL TABLET	12
captopril oral	22	CELEBREX.....	10	CIPRODEX OTIC SUSPENSION 0.3-0.1 %	57
CARAC EXTERNAL CREAM 0.5 % ..	29	celecoxib oral	10	ciprofloxacin hcl ophthalmic	55
CARAFATE.....	41	CELEXA.....	15	ciprofloxacin hcl oral.....	12
carbamazepine er.....	13	CELLCEPT ORAL CAPSULE.....	50	ciprofloxacin hcl otic.....	57
carbamazepine oral tablet.....	13	CELLCEPT ORAL TABLET.....	50	ciprofloxacin-dexamethasone	57
carbamazepine oral tablet chewable	13	CENTANY EXTERNAL OINTMENT 2 %	12	citalopram hydrobromide oral solution	15
CARBATROL	13	cephalexin.....	12	citalopram hydrobromide oral tablet	15
carbidopa-levodopa er	19	CEQUA.....	57	CITRANATAL 90 DHA	39
carbidopa-levodopa oral tablet ...	19	CEQUR SIMPLICITY 2U 8PK	32	CITRANATAL ASSURE.....	39
carbidopa-levodopa- entacapone	19	CERDELGA	42	CITRANATAL DHA ORAL 27-1 & 250 MG	39
carbinoxamine maleate oral tablet 4 mg	58	cetirizine hcl oral solution	58	claravis.....	29
carbinoxamine maleate oral tablet 6 mg	58	CETRAXAL	57	CLARINEX.....	58
CARDIZEM.....	22	cetrorelix acetate	53	clarithromycin er	12
CARDIZEM CD.....	22	CETROTIDE	53	clarithromycin oral	12
CARDIZEM LA	22	cevimeline hcl	27	CLENPIQ	41
CARDURA.....	22	charlotte 24 fe.....	44	CLEOCIN ORAL CAPSULE 150 MG, 300 MG.....	12
CAREPOINT POLY HUB NEEDLE 18G X 1", 21G X 1", 22G X 1", 23G X 1", 25G X 1", 25G X 5/8"	32	chateal eq	44	CLEOCIN ORAL CAPSULE 75 MG	12
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2".....	32	chlordiazepoxide hcl.....	21	CLEOCIN ORAL SOLUTION RECONSTITUTED	12
CAREPOINT SAFETY 1ST NEEDLE.....	32	chlordiazepoxide-clidinium	41	CLEOCIN VAGINAL CREAM	12
CARETOUCH MONITOR SYSTEM.....	32	chlorhexidine gluconate mouth/ throat	27	CLEOCIN-T	29
CARETOUCH TEST	32	chlorpromazine hcl oral tablet ...	20	CLIMARA	44, 45
carisoprodol oral tablet 250 mg...	61	chlorthalidone.....	22	CLIMARA PRO.....	44
carisoprodol oral tablet 350 mg...	61	chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg.....	61	clindacin	29
CARNITOR ORAL SOLUTION.....	39	chlorzoxazone oral tablet 500 mg	61	clindacin etz external swab	29
CARNITOR ORAL TABLET	42	cholestyramine light.....	22	clindacin-p	29
CARNITOR SF	39	CHORIONIC GONADOTROPIN INTRAMUSCULAR.....	53	CLINDAGEL	29
cartia xt.....	22	CIALIS.....	38	clindamycin hcl oral.....	12
carvedilol	22	CIBINQO	29	clindamycin palmitate hcl	12
carvedilol phosphate er.....	22	ciclodan	16		
		ciclopirox external	16		

clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	29	clonidine hcl er	26	CORLANOR	23
clindamycin phos-benzoyl perox external gel 1.2-5 %	29	clonidine hcl oral	23	CORTEF	48
clindamycin phosphate external foam	29	clonidine patch weekly 0.1 mg/24hr transdermal	23	CORTENEMA	54
clindamycin phosphate external lotion	29	clonidine patch weekly 0.2 mg/24hr transdermal	23	CORTIFOAM	54
clindamycin phosphate external solution	29	clonidine patch weekly 0.3 mg/24hr transdermal	23	COSENTYX (300 MG DOSE)	50
clindamycin phosphate external swab	29	clopidogrel bisulfate oral	20	COSENTYX 150 MG/ML SUBCUTANEOUS	50
clindamycin phosphate gel 1 % external	29	clorazepate dipotassium	21	COSENTYX SENSOREADY (300 MG)	50
clindamycin phosphate vaginal	12	clotrimazole external cream	29	COSENTYX SENSOREADY PEN	50
CLINDESSE	12	clotrimazole mouth/throat	16	COSENTYX UNOREADY	50
CLINPRO 5000	28	clotrimazole-betamethasone	29	COSOPT	56
clobazam	13	clozapine oral tablet	20	COSOPT PF	56
clobetasol prop emollient base external cream 0.05 %	29	CLOZARIL	20	COTELLIC	18
clobetasol propionate e	29	CO-NATAL FA	39	COTEMPLA XR-ODT	26
clobetasol propionate external cream	29	COLAZAL	54	COVARYX	44
clobetasol propionate external foam	29	colchicine oral	17	COVARYX HS	44
clobetasol propionate external gel	29	colchicine-probenecid	17	COZAAR	23
clobetasol propionate external liquid	29	COLCRYST ORAL TABLET 0.6 MG	17	CREON	42
clobetasol propionate external ointment	29	colesevelam hcl oral tablet	23	CRESEMBA ORAL	16
clobetasol propionate external shampoo	29	COLESTID ORAL TABLET	23	CRESTOR	23
clobetasol propionate external solution	29	colestipol hcl oral tablet	23	CREXONT	19
CLOBEX EXTERNAL SHAMPOO	29	COMBIGAN	56	cromolyn sodium ophthalmic	57
CLOBEX SPRAY	29	COMBIPATCH	44	cromolyn sodium oral	41
clodan	29	COMBIVENT RESPIMAT	59	cryselle-28	44
CLOMID	53	COMIRNATY	53	curae	44
clomiphene citrate oral	53	COMPLERA	20	CUVPOSA	41
clomipramine hcl oral	15	COMPLETENATE	39	CVS ADVANCED GLUCOSE TEST	33
clonazepam oral	21	COMTAN ORAL TABLET 200 MG	19	CVS GLUCOSE METER TEST STRIPS	33
clonidine hcl er	26	CONCEPT DHA	39	CVS NEEDLE COLLECTION/ DISPOSAL	33
clonidine hcl oral	23	CONCERTA	26	cvs nicotine	11
clonidine patch weekly 0.1 mg/24hr transdermal	23	constulose	41	cvs nicotine polacrilex	11
clonidine patch weekly 0.2 mg/24hr transdermal	23	CONTOUR MONITOR KIT W/ DEVICE	32	cvs prenatal	39
clonidine patch weekly 0.3 mg/24hr transdermal	23	CONTOUR NEXT EZ KIT W/ DEVICE	32	CVS TRUE METRIX GLUCOSE TEST	33
		CONTOUR NEXT GEN MONITOR KIT	32	cyanocobalamin injection solution 1000 mcg/ml	39
		CONTOUR NEXT GEN TEST STRIPS	32	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	39
		CONTOUR NEXT LINK KIT W/ DEVICE	33	cyanocobalamin nasal	39
		CONTOUR NEXT MONITOR KIT W/DEVICE	33	cyclobenzaprine hcl oral tablet 10 mg, 5 mg	61
		CONTOUR NEXT ONE KIT	33	cyclobenzaprine hcl oral tablet 7.5 mg	61
		CONTOUR NEXT TEST STRIPS	33	CYCLOGYL	57
		CONTOUR PLUS BLUE KIT W/ DEVICE	33	cyclopentolate hcl ophthalmic	57
		CONTOUR PLUS TEST STRIP	33	cyclophosphamide oral capsule	18
		CONTOUR TEST STRIPS	33		
		COPAXONE	27		
		CORDRAN	29		
		COREG	23		
		COREG CR	23		
		CORGARD ORAL TABLET 20 MG, 40 MG	23		

CYCLOSET.....	37	DDAVP ORAL.....	48	DEXCOM G6 RECEIVER.....	33
cyclosporine modified oral capsule.....	50	deblitane.....	44	DEXCOM G6 SENSOR.....	33
cyclosporine ophthalmic.....	57	deferasirox oral tablet.....	39	DEXCOM G6 TRANSMITTER.....	33
cyclosporine oral.....	50	DELESTROGEN.....	44	DEXCOM G7 RECEIVER.....	33
CYLTEZO (2 PEN).....	50	DELSTRIGO.....	20	DEXCOM G7 SENSOR.....	33
CYLTEZO (2 SYRINGE).....	50	delyla.....	44	DEXEDRINE.....	26
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML.....	50	DENTA 5000 PLUS.....	28, 39	DEXILANT.....	41
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML.....	50	DENTA 5000 PLUS SENSITIVE ...	39	dexlansoprazole.....	41
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML.....	51	DENTAGEL.....	28	dexmethylphenidate hcl.....	26
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML.....	51	DEPAKOTE.....	13	dexmethylphenidate hcl er.....	26
CYMBALTA.....	15	DEPAKOTE ER.....	13	dextroamphetamine sulfate er...	26
cyproheptadine hcl oral.....	58	DEPAKOTE SPRINKLES.....	13	dextroamphetamine sulfate oral tablet 10 mg, 5 mg.....	26
cyred eq.....	44	DEPEN TITRATABS.....	42	dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg.....	26
cyred oral tablet 0.15-30 mg-mcg.....	44	DEPO-ESTRADIOL.....	44	DHIVY.....	20
CYTOMEL.....	49	DEPO-PROVERA.....	44	DIABETES CARE.....	33
CYTOTEC.....	41	DEPO-SUBQ PROVERA 104.....	44	DIABETES MONITOR DIGIT ADD-ON.....	33
D		DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML.....	48	DIABETES MONITOR DIGIT SOLN.....	33
D-CARE BLOOD GLUCOSE.....	33	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML.....	48	DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG.....	13
D-CARE GLUCOMETER.....	33	DERMA-SMOOTH/FS BODY.....	29	DIASTAT PEDIATRIC RECTAL GEL 2.5 MG.....	13
dabigatran etexilate mesylate.....	13	DERMA-SMOOTH/FS SCALP.....	29	diazepam oral solution.....	21
dalfampridine er.....	27	DERMACINRX UREA.....	29	diazepam oral tablet.....	21
DALIRESP.....	59	DERMOTIC.....	57	diazepam rectal.....	13
DANTRIUM ORAL.....	61	DESCOVY.....	21	DICLEGIS.....	16
dantrolene sodium oral.....	61	desipramine hcl oral.....	15	diclofenac potassium oral tablet 25 mg.....	10
DAPAGLIFLOZIN PRO- METFORMIN ER.....	37	desloratadine oral tablet.....	58	diclofenac potassium oral tablet 50 mg.....	10
DAPAGLIFLOZIN PROPANEDIOL.....	37	desmopressin acetate oral.....	48	diclofenac sodium er.....	10
dapsone external.....	29	desmopressin acetate spray.....	48	diclofenac sodium external gel 1 %.....	10
dapsone oral.....	18	desogestrel-ethinyl estradiol.....	44	diclofenac sodium external gel 3 %.....	29
darunavir.....	20	desonide external cream.....	29	diclofenac sodium ophthalmic ...	55
dasatinib.....	18	desonide external lotion.....	29	diclofenac sodium oral.....	10
dasetta 1/35 (28).....	44	desonide external ointment.....	29	diclofenac-misoprostol.....	10
dasetta 7/7/7.....	44	DESOWEN.....	29	DICLOFONO.....	10
DAVIMET-FLUORIDE.....	39	desoximetasone external cream..	29	dicloxacin sodium.....	12
DAYPRO.....	10	desoximetasone external ointment.....	29	dicyclomine hcl oral.....	41
daysee.....	44	desvenlafaxine succinate er.....	15	DIFICID ORAL TABLET.....	12
DAYVIGO.....	61	DETROL.....	43	DIFLUCAN.....	16
		DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG.....	43	difluprednate.....	57
		DEXABLISS.....	48	digitek oral tablet 250 mcg.....	23
		dexamethasone intensol.....	48		
		dexamethasone oral.....	48		
		dexamethasone sodium phosphate ophthalmic.....	55		

digoxin oral tablet.....	23	doxycycline monohydrate oral suspension reconstituted	12	EASY TOUCH HEALTHPRO GLUCOSE.....	33
DILANTIN INFATABS.....	13	doxycycline monohydrate oral tablet	12	EASY TOUCH TEST.....	33
DILANTIN ORAL CAPSULE	14	doxylamine-pyridoxine	16	EASYGLUCO.....	33
DILAUDID ORAL TABLET	9	DRISDOL	39	EASYMAX 15 TEST.....	33
dilt-xr	23	dronabinol.....	16	EASYMAX NG BLOOD GLUCOSE KIT	33
diltiazem hcl er	23	DROPSAFE SAFETY SYRINGE/ NEEDLE.....	33	EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	30
diltiazem hcl er beads.....	23	drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	44	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	10
diltiazem hcl er coated beads	23	drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	44	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG.....	10
diltiazem hcl oral	23	drospirenone-ethinyl estradiol... ..	44	ec-naproxen.....	10
dimethyl fumarate oral	27	DRYSOL.....	29	econazole nitrate external.....	16
DIOVAN.....	23	DUAVEE.....	44	econtra ez oral tablet 1.5 mg	44
DIOVAN HCT	23	DULERA.....	59	econtra one-step.....	44
DIPENTUM.....	54	duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg.....	15	EDARBI	23
diphenoxylate-atropine oral tablet	41	duloxetine hcl oral capsule delayed release particles 40 mg...15		EDARBYCLOR.....	23
DIPROLENE	29	DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	29	EDEX.....	43
disulfiram oral.....	11	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	29	EEMT.....	44
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	43	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	29	EEMT HS	44
divalproex sodium er.....	14	DUREZOL.....	57	efavirenz-emtricitab-tenofo df....	21
divalproex sodium oral.....	14	dutasteride oral	43	EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	39
DIVIGEL	44	DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG.....	48	EFFEXOR XR.....	15
DODEX INJECTION SOLUTION 1000 MCG/ML.....	39	DYANAVEL XR ORAL TABLET EXTENDED RELEASE	26	EFFIENT	20
dofetilide	23	DYMISTA.....	58	EFUDEX EXTERNAL CREAM 5 %..	30
dolishale	44	E			
donepezil hcl oral tablet.....	15	E.E.S. GRANULES.....	12	ELEPSIA XR.....	14
DOPTELET.....	38	EASIVENT	59	ELESTRIN.....	44
dorzolamide hcl solution 2 % ophthalmic	56	EASIVENT MASK LARGE	59	eletriptan hydrobromide.....	17
dorzolamide hcl-timolol mal.....	56	EASIVENT MASK MEDIUM.....	59	ELIDEL.....	30
dorzolamide hcl-timolol mal pf... ..	56	EASIVENT MASK SMALL	59	ELIMITE	19
dotti.....	44	EASY COMFORT SHARPS CONTAINER	33	elinest.....	44
DOVATO	21	EASY MAX BLOOD GLUCOSE TEST	33	ELIQUIS	13
doxazosin mesylate oral	23	EASY MAX T1 GLUCOSE SYSTEM..	33	ELIQUIS DVT/PE STARTER PACK ..	13
doxepin hcl oral capsule	15			ELITE-OB.....	39
doxepin hcl oral concentrate	15			ELLA	44
doxepin hcl oral tablet.....	61			ELMIRON	43
doxycycline.....	12, 29			ELOCTATE	38
doxycycline hyclate oral capsule ..	12			eluryng	44
doxycycline hyclate oral tablet 100 mg, 20 mg.....	12			EMBRACE BLOOD GLUCOSE TEST	33
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	12			EMBRACE WAVE BLOOD GLUCOSE IN VITRO.....	33
doxycycline monohydrate oral capsule 100 mg, 50 mg	12			EMEND ORAL CAPSULE	16
doxycycline monohydrate oral capsule 150 mg, 75 mg.....	12			EMGALITY.....	17
				EMPAVELI	51

emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg.....	21	eq nicotine polacrilex mouth/ throat lozenge 2 mg, 4 mg	11	estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	45
emtricitabine-tenofovir df oral tablet 200-300 mg.....	21	EQUETRO.....	22	estradiol transdermal patch weekly	45
emzahh	44	ergocalciferol oral capsule ...	39, 40	estradiol vaginal.....	45
enalapril maleate oral solution ...	23	ERIVEDGE.....	18	estradiol valerate intramuscular. .	45
enalapril maleate oral tablet.....	23	ERLEADA ORAL TABLET 240 MG..	18	estradiol-norethindrone acet	45
enalapril-hydrochlorothiazide	23	ERLEADA ORAL TABLET 60 MG ...	18	estratest f.s.	45
ENBREL.....	51	ERMEZA	49	ESTRATEST H.S.	45
ENBREL MINI.....	51	errin.....	44	ESTRING.....	45
ENBREL SURECLICK	51	ERY-TAB.....	12	ESTROGEL.....	45
endocet.....	9	ERYGEL	30	eszopiclone.....	61
ENDOMETRIN.....	53	ERYPED 200	12	ethambutol hcl oral	18
ENERGIX-B	53	ERYPED 400	12	ethosuximide oral.....	14
enilloring.....	44	erythromycin base oral tablet	12	ethynodiol diac-eth estradiol....	45
ENLITE GLUCOSE SENSOR.....	33	erythromycin base oral tablet delayed release.....	12	etodolac	10
enoxaparin sodium injection solution prefilled syringe	13	erythromycin ethylsuccinate oral suspension reconstituted....	12	etodolac er	10
enpresse-28	44	erythromycin external	30	etonogestrel-ethinyl estradiol....	45
enskyce.....	44	erythromycin ophthalmic.....	55	etravirine	21
ENSTILAR	30	erythromycin oral	12	EUCRISA.....	30
entacapone	20	escitalopram oxalate oral.....	15	euthyrox	49
entecavir.....	21	ESGIC.....	9	EVAMIST.....	45
ENTRESTO ORAL TABLET	23	ESGIC ORAL CAPSULE 50-325-40 MG.....	9	EVEKEO.....	26
ENTYVIO PEN	51	esomeprazole magnesium oral capsule delayed release	41	everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg.....	51
enulose	41	esomeprazole magnesium oral packet	41	everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg.....	18
ENVARUSUS XR	51	est estrogens-methyltest.....	44	EVERSENSE 365 SENSOR/ HOLDER	33
EPANED.....	23	est estrogens-methyltest ds	44	EVERSENSE 365 SMART TRANSMIT.....	33
EPCLUSA ORAL TABLET	21	est estrogens-methyltest hs	44	EVERSENSE E3 SENSOR/ HOLDER	33
EPIDIOLEX	14	estarylla	44	EVERSENSE E3 SMART TRANSMITTER	33
EPIDUO.....	30	estazolam	61	EVERSENSE SENSOR/HOLDER....	33
EPIDUO FORTE.....	30	ESTRACE	44	EVERSENSE SMART TRANSMITTER	33
epinephrine solution auto- injector 0.15 mg/0.15ml injection .	57	estradiol oral	44, 46	EVISTA.....	54
epinephrine solution auto- injector 0.15 mg/0.3ml injection ..	57	estradiol patch twice weekly 0.025 mg/24hr transdermal.....	44	EVOCLIN EXTERNAL FOAM 1 % ..	30
epinephrine solution auto- injector 0.3 mg/0.3ml injection ...	57	estradiol patch twice weekly 0.0375 mg/24hr transdermal.....	44	EVOXAC	28
EPIPEN 2-PAK	57	estradiol patch twice weekly 0.05 mg/24hr transdermal ...	44, 45	EVRYSDI ORAL SOLUTION RECONSTITUTED	42
EPIPEN JR 2-PAK.....	57	estradiol patch twice weekly 0.075 mg/24hr transdermal	45	EXELDERM EXTERNAL CREAM....	16
epitol.....	14	estradiol patch twice weekly 0.1 mg/24hr transdermal	45	EXELON.....	15
eplerenone	23	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	45	exemestane	18
EQ BLOOD GLUCOSE TEST.....	33			EXFORGE.....	23
eq nicotine	11			EXKIVITY ORAL CAPSULE 40 MG.....	18
eq nicotine mouth/throat gum 4 mg	11				
eq nicotine polacrilex	11				
eq nicotine step 3	11				

EXTAVIA SUBCUTANEOUS KIT	
0.3 MG	27
EYSUVIS	55
ezetimibe	23
ezetimibe-simvastatin	23

F

FABHALTA	38
falmina	45
famciclovir oral	21
famotidine oral suspension reconstituted	41
famotidine oral tablet 20 mg, 40 mg	41
FARXIGA	37
FASENRA PEN	59
fayosim oral tablet 42-21-21-7 days	45
febuxostat	17
feirza 1/20	45
feirza 1.5/30	45
felbamate	14
FELBATOL	14
FELBATOL ORAL SUSPENSION 600 MG/5ML	14
FELDENE ORAL CAPSULE 10 MG, 20 MG	10
felodipine er	23
FEMARA	18
FEMRING	45
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	23
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	23
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	23
fenofibrate oral tablet 120 mg, 40 mg	23
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	23
fenofibric acid oral capsule delayed release	23
FENOGLIDE ORAL TABLET 120 MG, 40 MG	23
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr ..	9
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	9

FETZIMA	15
FEXMID	61
FINACEA EXTERNAL FOAM	30
FINACEA EXTERNAL GEL	30
finasteride oral tablet 5 mg	43
fingolimod hcl	27
FINTEPLA	14
finzala	45
FIORICET	9
FIORICET/CODEINE	9
FIRVANQ	12
flac	57
FLAGYL	12
FLAREX	55
flecainide acetate	23
FLEXICHAMBER	59
FLOMAX	43
FLORAFOL PEDIATRIC ORAL SOLUTION	39
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE	39
FLORIVA PLUS	39
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	59
fluconazole oral	16
fludrocortisone acetate oral	48
flunisolide nasal	58
fluocinolone acetonide body	30
fluocinolone acetonide external ..	30
fluocinolone acetonide otic	57
fluocinolone acetonide scalp	30
fluocinonide external cream 0.05 %	30
fluocinonide external cream 0.1 %	30
fluocinonide external gel	30
fluocinonide external ointment ..	30
fluocinonide external solution ...	30
FLUORIDEX	28
FLUORIDEX ENHANCED WHITENING	28
FLUORIMAX 5000	28, 39
FLUORIMAX 5000 SENSITIVE ...	39
fluoritab oral solution 0.275 (0.125 f) mg/drop	39
fluorometholone	55
FLUOROURACIL EXTERNAL CREAM 0.5 %	30

fluorouracil external cream 5 % ..	30
fluoxetine hcl oral capsule	15
fluoxetine hcl oral capsule delayed release	15
fluoxetine hcl oral solution	15
fluoxetine hcl oral tablet 10 mg ...	15
fluoxetine hcl oral tablet 20 mg, 60 mg	15
fluphenazine hcl oral tablet	20
flurbiprofen oral	10
FLUTICASONE FUROATE- VILANTEROL	59
fluticasone propionate external cream	30
fluticasone propionate external ointment	30
FLUTICASONE PROPIONATE HFA	59
fluticasone propionate nasal	58
FLUTICASONE-SALMETEROL INHALATION AEROSOL	59
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/ act, 250-50 mcg/act, 500-50 mcg/act	59
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ ACT, 55-14 MCG/ACT	59
fluvastatin sodium	23
fluvoxamine maleate	15
fluvoxamine maleate er	15
FML FORTE	55
FML LIQUIFILM	55
FOCALIN	26
FOCALIN XR	26
folic acid oral tablet 1 mg	39
FOLLISTIM AQ	53
fondaparinux sodium	13
FORA 6 CONNECT/GTEL TEST ...	33
FORFIVO XL	15
formoterol fumarate inhalation ..	59
FORTEO	54
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	48
FORTISCARE G1 TEST STRIP IN VITRO STRIP	33
FORTISCARE TEST IN VITRO STRIP	33

FOSAMAX.....	54
fosfomycin tromethamine.....	12
fosinopril sodium.....	23
fosinopril sodium-hctz.....	23
FRAICHE 5000 DENTAL	28
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %.....	39
FREESTYLE LIBRE 14 DAY READER.....	33
FREESTYLE LIBRE 14 DAY SENSOR.....	33
FREESTYLE LIBRE 2 PLUS SENSOR.....	33
FREESTYLE LIBRE 2 READER.....	33
FREESTYLE LIBRE 2 SENSOR.....	33
FREESTYLE LIBRE 3 PLUS SENSOR.....	33
FREESTYLE LIBRE 3 READER.....	33
FREESTYLE LIBRE 3 SENSOR.....	33
FREESTYLE LIBRE READER.....	33
FREESTYLE PRECISION NEO SYSTEM.....	33
FREESTYLE PRECISION NEO TEST	34
FREESTYLE TEST.....	34
FROVA	17
frovatriptan succinate	17
ft nicotine	11
ft nicotine mini.....	11
FUROSCIX.....	23
furosemide oral	23
fyavolv	45
FYCOMPA ORAL SUSPENSION....	14
FYCOMPA ORAL TABLET	14
FYREMADEL.....	53

G

g tussin ac	58
gabapentin oral capsule	14
gabapentin oral solution 250 mg/5ml	14
GABAPENTIN ORAL TABLET 25 MG, 50 MG	14
gabapentin oral tablet 600 mg, 800 mg	14
GABARONE.....	14
galantamine hydrobromide er....	15
gallifrey	45

ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	53
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	53
GASTROCROM	41
gatifloxacin ophthalmic	55
gavilyte-c.....	41
gavilyte-g.....	41
gavilyte-n with flavor pack.....	41
GAVRETO.....	18
gemfibrozil oral	23
GEMTESA.....	43
GEN7T EXTERNAL PATCH 3.5 % ...	9
generlac	41
gengraf oral capsule	51
gentamicin sulfate external	12
gentamicin sulfate ophthalmic...	55
GENVOYA.....	21
GEODON ORAL	20
GILENYA ORAL CAPSULE 0.25 MG.....	27
GILENYA ORAL CAPSULE 0.5 MG .	27
glatiramer acetate	27
glatopa	27
GLEEVEC	18
glimepiride oral tablet 1 mg, 2 mg, 4 mg.....	37
glimepiride oral tablet 3 mg	37
glipizide er.....	37
glipizide oral tablet 10 mg, 5 mg...	37
glipizide oral tablet 2.5 mg.....	37
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	37
glipizide-metformin hcl.....	37
glucagon emergency kit 1 mg injection	37
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR	37
GLUCOCARD EXPRESSION TEST	34
GLUCOCARD SHINE TEST	34
GLUCOCARD VITAL TEST	34
GLUCOTROL XL.....	37
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG.....	37
glyburide micronized	37

glyburide oral.....	37
glyburide-metformin	37
GLYCATE.....	41
glycopyrrolate oral solution	41
glycopyrrolate oral tablet 1 mg, 2 mg.....	41
GLYCOPYRROLATE ORAL TABLET 1.5 MG	41
glydo.....	9
GLYNASE ORAL TABLET 1.5 MG...	37
GLYNASE ORAL TABLET 3 MG, 6 MG	37
GLYXAMBI.....	37
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	41
GONAL-F	53, 54
GONAL-F RFF.....	53, 54
GONAL-F RFF REDIJECT.....	54
goodsense nicotine	11
granisetron hcl oral	16
GRASTEK	51
griseofulvin microsize oral.....	16
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	16
guaiaatussin ac	58
guaifenesin ac oral syrup 100-10 mg/5ml.....	58
guaifenesin-codeine	58
guanfacine hcl.....	23, 26
guanfacine hcl er.....	26
GUARDIAN 4 GLUCOSE SENSOR.	34
GUARDIAN 4 TRANSMITTER	34
GUARDIAN CONNECT TRANSMITTER	34
GUARDIAN LINK 3 TRANSMITTER	34
GUARDIAN REAL-TIME REPLACE PED	34
GUARDIAN SENSOR 3.....	34
GVOKE HYPOPEN 1-PACK	34
GVOKE HYPOPEN 2-PACK	34
GVOKE KIT	34
GVOKE PFS	34
GYNAZOLE-1	16

H

habitrol	11	HULIO (2 SYRINGE).....	51	HUMIRA-PSORIASIS/UVEIT STARTER.....	51
HADLIMA.....	51	HUMALOG CARTRIDGE.....	36	HUMULIN 70/30 KWIKPEN.....	36
HADLIMA PUSHTOUCH.....	51	HUMALOG INJECTION.....	36	HUMULIN 70/30 VIAL.....	36
HAEGARDA.....	51	HUMALOG KWIKPEN.....	36	HUMULIN N KWIKPEN.....	36
hailey 1.5/30.....	45	HUMALOG MIX 50/50 KWIKPEN..	36	HUMULIN N VIAL.....	36
hailey 24 fe.....	45	HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML.....	36	HUMULIN R U-500 KWIKPEN.....	36
hailey fe 1/20.....	45	HUMALOG MIX 75/25 KWIKPEN..	36	HUMULIN R U-500 VIAL.....	36
hailey fe 1.5/30.....	45	HUMALOG MIX 75/25 VIAL.....	36	HUMULIN R VIAL.....	36
HALCION.....	21	HUMALOG SUBCUTANEOUS.....	36	HYCODAN ORAL SOLUTION.....	58
halobetasol propionate external cream.....	30	HUMALOG TEMPO PEN.....	36	hydralazine hcl oral.....	23
halobetasol propionate external ointment.....	30	HUMALOG U-100 JUNIOR KWIKPEN.....	36	HYDREA.....	18
haloette.....	45	HUMATE-P.....	38	hydrochlorothiazide oral.....	23
haloperidol oral.....	20	HUMIRA (2 PEN) AUTO- INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS.....	51	hydrocod poli-chlorphe poli er ...	58
HARVONI ORAL TABLET.....	21	HUMIRA (2 PEN) AUTO- INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS.....	51	hydrocodone bit-homatrop mbr oral solution.....	58
HAVRIX.....	53	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS....	51	hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml.....	9
HEALTHPRO BLOOD GLUCOSE MONITO.....	34	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS ...	51	hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg.....	9
heather.....	45	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS...	51	hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg .	9
HEMADY.....	48	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML....	51	hydrocodone-ibuprofen.....	9
HEMANGEOL.....	23	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 80 MG/0.8ML.....	51	hydrocort-pramoxine (perianal)..	54
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML.....	38	HUMIRA-CD/UC/HS STARTER....	51	hydrocortisone (perianal) external cream 1 %.....	54
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML.....	38	HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML....	51	hydrocortisone (perianal) external cream 2.5 %.....	54
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG.....	54	HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML.....	51	hydrocortisone ace-pramoxine external cream 1-1 %.....	54
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG.....	54	HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML.....	51	hydrocortisone ace-pramoxine external cream 2.5-1 %.....	30
HEMOFIL M.....	38			hydrocortisone acetate rectal....	54
heparin sodium (porcine) injection solution.....	38			hydrocortisone butyrate external cream.....	30
heparin sodium (porcine) pf.....	38			hydrocortisone external cream 1 %.....	30
HEPLISAV-B.....	53			hydrocortisone external cream 2.5 %.....	30
her style.....	45			hydrocortisone external lotion 2 %, 2.5 %.....	30
HIDEX 6-DAY.....	48			hydrocortisone external ointment 1 %, 2.5 %.....	30
HIPREX.....	12			hydrocortisone oral.....	48
hm nicotine polacrilex mouth/ throat gum 2 mg, 4 mg.....	11			hydrocortisone rectal.....	54
hm nicotine polacrilex mouth/ throat lozenge 2 mg.....	11			hydrocortisone valerate.....	30
hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr....	11			hydrocortisone-acetic acid.....	57
HORIZANT.....	27				
HULIO (2 PEN).....	51				

hydromet	58	IDACIO (2 PEN).....	52	INPEN 100-BLUE-NOVOLOG- FIASP DEVICE.....	34
hydromorphone hcl oral tablet.....	9	IDACIO (2 SYRINGE).....	52	INPEN 100-GREY-LILLY- HUMALOG DEVICE	34
hydroxychloroquine sulfate oral...19		IDACIO-CROHNS/UC STARTER ...	52	INPEN 100-GREY-NOVOLOG- FIASP DEVICE.....	34
HYDROXYM EXTERNAL CREAM... 30		IDACIO-PSORIASIS STARTER	52	INPEN 100-PINK-LILLY- HUMALOG DEVICE	34
hydroxyurea oral	18	IDELVION.....	38	INPEN 100-PINK-NOVOLOG- FIASP DEVICE.....	34
hydroxyzine hcl oral.....	21	IDHIFA	18	INSPIREASE	59
hydroxyzine pamoate oral	22	IHEALTH BLOOD GLUCOSE TEST STR	34	INSPIRA	23
HYFTOR.....	51	IHEALTH GLUCO+ KIT 10	34	INSULIN ASPART.....	36
hyoscyamine sulfate er	41	IHEALTH GLUCO+ KIT 100	34	INSULIN ASPART FLEXPEN.....	36
hyoscyamine sulfate oral tablet ...	42	ILEVRO	55	INSULIN DEGLUDEC FLEXTOUCH.....	36
hyoscyamine sulfate oral tablet dispersible.....	42	imatinib mesylate	18	INSULIN GLARGINE	36
hyoscyamine sulfate sublingual ...	42	IMBRUVICA ORAL CAPSULE	18	INSULIN GLARGINE MAX SOLOSTAR.....	36
HYPERSAL	58	IMBRUVICA ORAL TABLET 140 MG, 280 MG.....	18	INSULIN GLARGINE SOLOSTAR .	36
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	51	IMBRUVICA ORAL TABLET 420 MG	18	INSULIN LISPRO	36
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	51	IMBRUVICA ORAL TABLET 560 MG	18	INSULIN LISPRO (1 UNIT DIAL)..	36
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML.....	51	imipramine hcl oral.....	15	INSULIN LISPRO JUNIOR KWIKPEN	36
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML.....	51	imiquimod external cream 3.75 %	30	INSULIN LISPRO PROT & LISPRO	36
HYRIMOZ-CROHNS/UC STARTER .	51	imiquimod external cream 5 % ...	30	INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM, 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	34
HYRIMOZ-PED<40KG CROHN STARTER.....	51	imiquimod pump.....	30	INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML.....	34
HYRIMOZ-PED>=40KG CROHN START	51	IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	17	INTELENCE ORAL TABLET 100 MG, 200 MG.....	21
HYRIMOZ-PLAQ PSOR/UVEIT START	51	IMITREX ORAL	17	INTELENCE ORAL TABLET 25 MG	21
HYRIMOZ-PLAQUE PSORIASIS START	52	IMITREX STATDOSE SYSTEM.....	17	INTRAROSA	38
HYZAAR.....	23	IMPOYZ.....	30	introvale	45
I		IMURAN	52	INTUNIV	26
ibandronate sodium oral.....	54	IMVEXXY MAINTENANCE PACK...38		INVEGA.....	20
IBRANCE	18	IMVEXXY STARTER PACK	38	INVELTYS.....	55
IBSRELA	42	INBRIJA	20	INVOKANA	37
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	10	incassia	45	IPOL	53
iclevia	45	indapamide.....	23	ipratropium bromide inhalation ..	59
ICLUSIG ORAL TABLET 10 MG, 30 MG.....	18	INDERAL LA	23	ipratropium bromide nasal	58
ICLUSIG ORAL TABLET 15 MG, 45 MG.....	18	indomethacin er.....	10	ipratropium-albuterol.....	59
icosapent ethyl.....	23	indomethacin oral capsule	10		
		INGREZZA ORAL CAPSULE 40 MG, 80 MG	27		
		INGREZZA ORAL CAPSULE 60 MG.....	27		
		INGREZZA ORAL CAPSULE SPRINKLE	27		
		INGREZZA ORAL CAPSULE THERAPY PACK.....	27		
		INLYTA.....	18		
		INPEN 100-BLUE-LILLY- HUMALOG DEVICE	34		

LANTUS SOLOSTAR.....	36	LEVSIN	42	LOPROX EXTERNAL CREAM	
LANTUS U-100 VIAL	36	LEVSIN/SL.....	42	0.77 %.....	16
larin 1/20.....	45	LEXAPRO	15	LOPROX EXTERNAL SHAMPOO	
larin 1.5/30.....	45	LIALDA	54	1 %.....	17
larin 24 fe	45	LIBERVANT	14	LOPROX EXTERNAL	
larin fe 1/20.....	45	LIBRAX	42	SUSPENSION 0.77 %	30
larin fe 1.5/30.....	45	lidocaine external ointment 5 %....	9	lorazepam intensol.....	22
LASIX.....	24	lidocaine external patch 5 %.....	9	lorazepam oral concentrate	
latanoprost ophthalmic.....	56	lidocaine hcl mouth/throat.....	28	2 mg/ml.....	22
LATUDA.....	20	lidocaine hcl urethral/mucosal.....	9	lorazepam oral tablet	22
LEDIPASVIR-SOFOSBUVIR	21	lidocaine viscous hcl	28	LORTAB ORAL ELIXIR	
leena.....	45	lidocaine-prilocaine external		10-300 MG/15ML	9
leflunomide oral.....	52	cream	9	loryna.....	46
lenalidomide	18	LIDOCAN	9	losartan potassium oral.....	24
LENVIMA ORAL CAPSULE		LIDODERM	9	losartan potassium-hctz.....	24
THERAPY PACK 10 & 4 MG,		LIDOTRAL 1 EXTERNAL PATCH		LOSEASONIQUE ORAL TABLET	
10 MG, 10 MG & 2 X 4 MG, 2 X 10		4.88 %.....	9	0.1-0.02 & 0.01 MG	46
MG, 2 X 10 MG & 4 MG, 2 X 4 MG,		LIKMEZ	12	LOTEMAX OPHTHALMIC GEL	55
3 X 4 MG, 4 MG	19	linezolid oral tablet.....	12	LOTEMAX OPHTHALMIC	
lessina	46	LINZESS	42	OINTMENT	55
letrozole oral	19	liothyronine sodium oral	49	LOTEMAX OPHTHALMIC	
leucovorin calcium oral	19	LIPITOR	24	SUSPENSION.....	55
leuprolide acetate injection	48	liraglutide.....	37	LOTEMAX SM.....	55
levalbuterol hcl inhalation	59	lisdexamfetamine dimesylate	26	LOTENSIN	24
LEVALBUTEROL HFA		lisinopril oral.....	24	LOTENSIN HCT.....	24
INHALATION AEROSOL 45		lisinopril-hydrochlorothiazide	24	loteprednol etabonate	
MCG/ACT.....	59	LITFULO.....	52	ophthalmic gel	55
LEVBID	42	lithium carbonate er	22	loteprednol etabonate	
levetiracetam er.....	14	lithium carbonate oral	22	ophthalmic suspension	55
levetiracetam oral solution	14	LITHOBID	22	LOTREL	24
levetiracetam oral tablet	14	LIVALO	24	lovastatin oral	24
levo-t.....	49	LIVDELZI.....	42	LOVAZA.....	24
levocarnitine oral solution	39	LO LOESTRIN FE.....	46	LOVENOX INJECTION	
levocarnitine oral tablet	42	lo-zumandimine.....	46	SOLUTION PREFILLED SYRINGE .	13
levocarnitine sf.....	39	LODINE.....	10	low-ogestrel.....	46
levocetirizine dihydrochloride		LODOCO.....	24	loxapine succinate	20
oral.....	58	LOESTRIN 1/20 (21).....	46	lubiprostone.....	42
levofloxacin oral tablet	12	LOESTRIN 1.5/30 (21).....	46	LUMAKRAS	19
levonest	46	LOESTRIN FE 1/20	46	LUMIGAN.....	56
levonorg-eth estrad triphasic	46	LOESTRIN FE 1.5/30	46	LUMRYZ	61
levonorgest-eth est & eth est....	46	LOFENA.....	10	LUNESTA	61
levonorgest-eth estrad 91-day ...	46	lojaimiess.....	46	LUPKYNIS	52
levonorgestrel.....	46	LOKELMA.....	39	lurasidone hcl	20
levonorgestrel-ethinyl estrad	46	LOMOTIL	42	lutera	46
levora 0.15/30 (28).....	46	LONSURF.....	19	lyleq.....	46
LEVOTHYROXINE SODIUM		LOPID.....	24	lyllana.....	46
ORAL CAPSULE	49	LOPRESSOR	24	LYMEPAK ORAL TABLET 100 MG .	12
levothyroxine sodium oral tablet .	49			LYNPARZA.....	19
levoxyl	49			LYRICA ORAL CAPSULE	27

LYUMJEV KWIKPEN.....	36	meloxicam oral tablet.....	10	hour 10 mg, 20 mg, 30 mg,	
LYUMJEV TEMPO PEN.....	36	memantine hcl er.....	15	40 mg.....	26
LYUMJEV VIAL.....	36	memantine hcl oral tablet.....	15	methylphenidate hcl er (la) oral	
lyza.....	46	MENOPUR.....	54	capsule extended release 24	
M					
M-M-R II.....	53	MENOSTAR.....	46	hour 60 mg.....	26
M-NATAL PLUS.....	39	MENQUADFI.....	53	methylphenidate hcl er (osm)	
MACROBID.....	12	MENVEO.....	53	oral tablet extended release 18	
MACRODANTIN.....	12	MEPRON.....	19	mg, 27 mg, 36 mg, 54 mg.....	26
MALARONE.....	19	mercaptapurine oral.....	19	METHYLPHENIDATE HCL ER	
MARINOL.....	16	mesalamine er.....	54	(OSM) ORAL TABLET EXTENDED	
marlissa.....	46	mesalamine oral tablet delayed		RELEASE 45 MG, 63 MG.....	26
matzim la.....	24	release 1.2 gm.....	54	methylphenidate hcl er (osm)	
MAVENCLAD.....	27	mesalamine oral tablet delayed		oral tablet extended release	
MAVYRET.....	21	release 800 mg.....	54	72 mg.....	26
MAXALT.....	17	mesalamine rectal enema.....	54	methylphenidate hcl er (xr).....	26
MAXALT-MLT.....	17	mesalamine rectal suppository...	54	methylphenidate hcl er oral	
maxi-tuss ac.....	58	mesalamine-cleanser.....	54	tablet extended release.....	26
MAXITROL.....	55	MESTINON ORAL TABLET.....	18	methylphenidate hcl er oral	
MAXZIDE ORAL TABLET		METADATE CD.....	26	tablet extended release 24 hour ..	26
75-50 MG.....	24	metaxalone oral tablet 400 mg,		methylphenidate hcl oral.....	26
MAXZIDE-25 ORAL TABLET		800 mg.....	61	methylprednisolone oral.....	48
37.5-25 MG.....	24	metaxalone oral tablet 640 mg ..	61	metoclopramide hcl oral	
MAYZENT ORAL TABLET		metformin hcl er.....	37	solution.....	16
0.25 MG, 2 MG.....	27	metformin hcl er (mod).....	37	metoclopramide hcl oral tablet ...	16
MAYZENT ORAL TABLET 1 MG....	27	metformin hcl er (osm).....	37	metolazone.....	24
MAYZENT STARTER PACK ORAL		metformin hcl oral solution.....	37	metoprolol succinate er.....	24
TABLET THERAPY PACK		metformin hcl oral tablet 1000		metoprolol tartrate oral tablet	
12 X 0.25 MG.....	27	mg, 500 mg, 850 mg.....	37	100 mg, 25 mg, 50 mg.....	24
MAYZENT STARTER PACK ORAL		metformin hcl oral tablet 625		metoprolol tartrate oral tablet	
TABLET THERAPY PACK		mg, 750 mg.....	37	37.5 mg, 75 mg.....	24
7 X 0.25 MG.....	27	methadone hcl oral tablet.....	9	metoprolol-hydrochlorothiazide ..	24
me/naphos/mb/hyo1.....	43	methazolamide oral.....	56	METROCREAM.....	30
meclizine hcl oral tablet.....	16	methenamine hippurate.....	12	METROGEL.....	30
MEDROL ORAL TABLET 16 MG,		METHERGINE.....	48	METROLOTION.....	30
4 MG, 8 MG.....	48	methimazole oral.....	49	metronidazole external cream ...	30
MEDROL ORAL TABLET 2 MG	48	methocarbamol oral tablet		metronidazole external gel	
MEDROL ORAL TABLET		1000 mg.....	61	0.75 %.....	30
THERAPY PACK.....	48	methocarbamol oral tablet		metronidazole external gel 1 % ...	30
medroxyprogesterone acetate		500 mg, 750 mg.....	61	metronidazole external lotion....	30
intramuscular.....	46	methotrexate sodium (pf).....	52	metronidazole oral capsule.....	12
medroxyprogesterone acetate		methotrexate sodium injection		metronidazole oral tablet 125 mg .	12
oral.....	46	solution.....	52	metronidazole oral tablet 250	
mefenamic acid oral.....	10	methotrexate sodium oral.....	52	mg, 500 mg.....	12
mefloquine hcl.....	19	methscopolamine bromide oral...	42	metronidazole vaginal.....	13
megestrol acetate oral		methylergonovine maleate oral ..	48	mexiletine hcl oral.....	24
suspension 40 mg/ml.....	48	METHYLIN.....	26	MIACALCIN.....	54
megestrol acetate oral tablet	46	methylphenidate hcl er (cd).....	26	mibelas 24 fe.....	46
MEKINIST ORAL TABLET.....	19	methylphenidate hcl er (la) oral		MICARDIS.....	24
		capsule extended release 24		MICARDIS HCT.....	24
				MICROCHAMBER.....	59

MICRODOT TEST.....	34	morphine sulfate oral.....	9	naloxone hcl injection solution prefilled syringe.....	11
microgestin 1/20.....	46	MOTPOLY XR.....	14	naloxone hcl nasal.....	11
microgestin 1.5/30.....	46	MOUNJARO.....	37	naltrexone hcl oral.....	11
microgestin 24 fe oral tablet 1-20 mg-mcg.....	46	MOVIPREP.....	42	NAMENDA ORAL TABLET 10 MG, 5 MG.....	15
microgestin fe 1/20.....	46	moxifloxacin hcl (2x day).....	55	NAMENDA TITRATION PAK.....	15
microgestin fe 1.5/30.....	46	moxifloxacin hcl ophthalmic.....	55	NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG.....	15
midodrine hcl.....	24	moxifloxacin hcl oral.....	13	NAPROSYN.....	10
MIEBO.....	57	MS CONTIN.....	9	naproxen dr.....	10
mili.....	46	MULTAQ.....	24	naproxen oral tablet.....	10
mimvey.....	46	MULTI-VIT-FLOR.....	39	naproxen oral tablet delayed release.....	10
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) ...	46	multi-vitamin/fluoride.....	39	naproxen sodium oral tablet 275 mg, 550 mg.....	10
MINILINK REAL-TIME TRANSMITTER.....	34	multivitamin w/fluoride tablet chewable 0.25 mg oral.....	39	naratriptan hcl.....	17
MINIMED 630G GUARDIAN PRESS.....	34	multivitamin w/fluoride tablet chewable 0.5 mg oral.....	39	NARCAN.....	11
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG.....	24	multivitamin w/fluoride tablet chewable 1 mg oral.....	39	NASCOBAL.....	39
MINIVELLE.....	44-46	multivitamin/fluoride oral tablet chewable.....	39	NATALVIT.....	39
minocycline hcl oral capsule.....	13	mupirocin cream.....	13	NATAZIA.....	46
minoxidil oral.....	24	mupirocin ointment.....	13	nateglinide.....	37
mirabegron er.....	43	my choice.....	46	NATESTO.....	48
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5).....	46	my way.....	46	NAYZILAM.....	14
mirtazapine oral.....	15	MYAMBUTOL ORAL TABLET 400 MG.....	18	neбиволol hcl.....	24
MIRVASO.....	30	MYCOBUTIN ORAL CAPSULE 150 MG.....	18	NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % ..	58
misoprostol oral.....	41	mycophenolate mofetil oral.....	52	NEBUSAL INHALATION NEBULIZATION SOLUTION 6 % ..	58
MITIGARE.....	17	mycophenolate sodium.....	52	necon 0.5/35 (28).....	46
MM BLOOD GLUCOSE SYSTEM ..	34	mycophenolic acid.....	52	NEFFY.....	57
MM BLOOD GLUCOSE SYSTEM REFILL.....	34	MYDAYIS.....	26	NEO-POLYCIN.....	56
MM BLULINK GLUCOSE TEST....	34	MYFEMBREE.....	46	neomycin sulfate oral.....	13
MM EASY TOUCH GLUCOSE METER.....	34	MYFORTIC.....	52	neomycin-bacitracin zn-polymyx.....	56
modafinil oral.....	61	MYHIBBIN.....	52	neomycin-polymyxin-dexameth ophthalmic ointment.....	55
MODERNA COVID-19 VAC 6M-11Y.....	53	myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg.....	30	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1.....	55
moexipril hcl.....	24	MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR...	43	neomycin-polymyxin-hc ophthalmic.....	56
mometasone furoate external ...	30	MYSOLINE.....	14	neomycin-polymyxin-hc otic.....	57
mometasone furoate nasal.....	58	N		NEONATAL COMPLETE.....	39
MONDOXYNE NL.....	13			NEONATAL PLUS.....	39
mono-lyyah.....	46	na sulfate-k sulfate-mg sulf.....	42	NEONATAL PRENATAL.....	39
MONOJECT HYPODERMIC NEEDLE 18G X 1”.....	34	nabumetone oral.....	10	NEONATAL VITAMIN.....	39
montelukast sodium oral.....	59	nadolol oral.....	24	NEORAL ORAL CAPSULE.....	52
morphine sulfate (concentrate)....	9	nafrinse drops oral solution 0.275 (0.125 f) mg/drop.....	39	NERLYNX.....	19
morphine sulfate er oral tablet extended release.....	9	NAFRINSE ORAL TABLET CHEWABLE 2.2 (1 F) MG.....	39		
		NALOCET.....	9		

neuac	30	NITROSTAT	24	NOVOLIN N VIAL	36
NEULASTA.....	38	NIVA THYROID	49	NOVOLIN R FLEXPEN.....	36
NEUPRO	20	NIVA-PLUS	39	NOVOLIN R FLEXPEN RELION ...	36
NEURONTIN.....	14	NIVESTYM.....	38	NOVOLIN R RELION	36
NEUTEK 2TEK TEST	34	NOC DURNA	48	NOVOLIN R VIAL.....	36
NEVANAC.....	55	nora-be	46	NOVOLOG FLEXPEN.....	36
new day	46	NORDITROPIN FLEXPEN.....	48	NOVOLOG FLEXPEN RELION ...	36
NEXIUM ORAL CAPSULE DELAYED RELEASE	41	norelgestromin-eth estradiol	46	NOVOLOG RELION	36
NEXIUM ORAL PACKET.....	41	norethin ace-eth estrad-fe oral tablet	46	NOVOLOG U-100 VIAL.....	36
NEXLETOL.....	24	norethin ace-eth estrad-fe oral tablet chewable	46	NOVOPEN ECHO	34
NEXLIZET	24	norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg .	46	NOXAFIL ORAL TABLET DELAYED RELEASE	17
NEXTSTELLIS	46	norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/ 1-35 mg-mcg	46	np thyroid.....	49
NGENLA	48	norethindrone acet-ethinyl est...	46	NUBEQA	19
niacin er (antihyperlipidemic)	24	norethindrone acetate oral	46	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	59
NICODERM CQ.....	11	norethindrone oral.....	46	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML.....	59
NICORETTE MINI	11	norethindrone-eth estradiol.....	46	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML.....	59
NICORETTE MOUTH/THROAT GUM	11	norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	46	NUCYNTA.....	9
NICORETTE MOUTH/THROAT LOZENGE	11	norgestimate-ethinyl estradiol triphasic	46	NUCYNTA ER	9
NICORETTE STARTER KIT	11	NORITATE	30	NUEDEXTA	27
nicotine mini.....	11	NORLIQVA.....	24	NULEV	42
nicotine polacrilex mini	11	norlyroc.....	46	NUPLAZID ORAL CAPSULE	20
nicotine polacrilex mouth/throat .	11	NORPRAMIN	15	NURTEC.....	17
nicotine step 1.....	11	nortrel 0.5/35 (28)	46	NUTROPIN AQ NUSPIN 10	48
nicotine step 2.....	11	nortrel 1/35 (21).....	46	NUTROPIN AQ NUSPIN 20.....	48
nicotine step 3.....	11	nortrel 1/35 (28).....	46	NUTROPIN AQ NUSPIN 5	48
nicotine transdermal patch 24 hour.....	11	nortrel 7/7/7.....	46	NUVARING	46
NICOTROL.....	11	nortriptyline hcl oral capsule	15	NUVESSA	13
nifedipine er.....	24	NORVASC.....	24	NUVIGIL.....	61
nifedipine er osmotic release.....	24	NOVAREL	54	NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	38
nifedipine oral.....	24	NOVOEIGHT.....	38	NUWIQ INTRAVENOUS KIT 1500 UNIT	38
nikki.....	46	NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM.....	34	NUZYRA ORAL	13
NINLARO	19	NOVOFINE PEN NEEDLE	34	nyamyc	17
nisoldipine er	24	NOVOFINE PLUS PEN NEEDLE ...	34	nylia 1/35	47
nitazoxanide oral.....	19	NOVOLIN 70/30 FLEXPEN	36	nylia 7/7/7	47
NITRO-BID	24	NOVOLIN 70/30 FLEXPEN RELION.....	36	nymyo oral tablet 0.25-35 mg-mcg	47
NITRO-DUR	24	NOVOLIN 70/30 RELION.....	36	nystatin external	17
nitrofurantoin macrocrystal	13	NOVOLIN 70/30 VIAL	36	nystatin mouth/throat.....	17
nitrofurantoin monohydrate macrocrystals	13	NOVOLIN N FLEXPEN	36	nystatin oral	17
nitrofurantoin oral suspension 25 mg/5ml.....	13	NOVOLIN N FLEXPEN RELION ...	36		
nitroglycerin rectal.....	24	NOVOLIN N RELION	36		
nitroglycerin sublingual.....	24				
nitroglycerin transdermal.....	24				

nystatin-triamcinolone	17
nystop	17
NYVEPRIA	38
O	
OB COMPLETE	39
OCALIVA	42
ocella	47
OCUFLOX	55
ODACTRA	58
ODEFSEY	21
ODOMZO	19
OFEV	60
ofloxacin ophthalmic	55
ofloxacin otic	57
olanzapine oral	20
olanzapine-fluoxetine hcl	15
olmesartan medoxomil oral	24
olmesartan medoxomil-hctz	24
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-25 mg	24
olmesartan-amlodipine-hctz oral tablet 40-5-12.5 mg	25
olopatadine hcl nasal	58
olopatadine hcl ophthalmic solution 0.1 %	55
OLUMIANT ORAL TABLET 1 MG, 4 MG	52
OLUMIANT ORAL TABLET 2 MG	52
OLUX EXTERNAL FOAM 0.05 %	30
OMECLAMOX-PAK	41
omega-3-acid ethyl esters	25
omeprazole oral capsule delayed release	41
OMNIPOD 5 DEXG7G6 INTRO GEN 5	34
OMNIPOD 5 DEXG7G6 PODS GEN 5	34, 35
OMNIPOD 5 G7 INTRO (GEN 5) KIT	35
OMNIPOD 5 G7 PODS (GEN 5)	35
OMNIPOD 5 LIBRE2 PLUS G6	35
OMNIPOD 5 LIBRE2 PLUS G6 PODS	35
OMNITROPE	48
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	52

OMVOH SUBCUTANEOUS (100 MG/ML) SOLUTION AUTO- INJECTOR	52
ON CALL EXPRESS BLOOD GLUCOSE	35
ON CALL EXPRESS MONITORING SYS	35
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	39, 40
ONE VITE WOMENS PLUS	40
ONETOUCH DELICA LANCETS	35
ONETOUCH ULTRA 2 KIT W/ DEVICE	35
ONETOUCH ULTRA BLUE TEST	35
ONETOUCH ULTRA TEST STRIPS	35
ONETOUCH ULTRASOFT LANCETS	35
ONETOUCH VERIO FLEX SYSTEM KIT	35
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	35
ONETOUCH VERIO KIT W/ DEVICE	35
ONETOUCH VERIO REFLECT KIT W/DEVICE	35
ONETOUCH VERIO TEST STRIPS	35
ONEXTON	30
ONFI	14
ONGLYZA	37
ONYDA XR	26
opcicon one-step	47
opium	42
OPSUMIT	60
option 2	47
OPTIUMEZ TEST	35
OPZELURA	31
ORACEA	31
ORACIT	40
ORAL CITRATE	40
ORALONE	28
ORAPRED ODT	48
ORENCIA CLICKJECT	52
ORENCIA SUBCUTANEOUS	52
ORENITRAM	60
ORFADIN ORAL CAPSULE	42

ORFADIN ORAL SUSPENSION	42
ORGOVYX	19
ORIAHNN	48
ORILISSA	48
orphenadrine citrate er	61
OSCIMIN	42
oseltamivir phosphate oral	21
OSPHERA	38
OTEZLA ORAL TABLET 20 MG	52
OTEZLA ORAL TABLET 30 MG	52
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	52
OTREXUP	52
OVACE PLUS WASH EXTERNAL LIQUID	31
OVACE WASH	31
OVIDREL	54
oxaprozin oral tablet	10
OXAYDO ORAL TABLET 5 MG, 7.5 MG	9
oxazepam	22
oxcarbazepine	14
oxcarbazepine er	14
OXTELLAR XR	14
oxybutynin chloride er	43
oxybutynin chloride oral tablet	43
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	10
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
oxymorphone hcl er	10
OZEMPIC	37

P

PACERONE ORAL TABLET 100 MG, 400 MG	25
PACERONE ORAL TABLET 200 MG	25



PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG.....	52	phenobarbital oral	14	posaconazole oral tablet delayed release.....	17
paliperidone er	20	phenytek	14	potassium chloride crys er.....	40
PAMELOR.....	15	phenytoin infatabs.....	14	potassium chloride er.....	40
PANCREAZE.....	42	phenytoin oral tablet chewable ..	14	potassium chloride oral.....	40
PANRETIN.....	31	phenytoin sodium extended	14	potassium citrate er.....	40
pantoprazole sodium oral tablet delayed release.....	41	PHEXXI.....	47	potassium citrate-citric acid	40
PARADIGM REAL-TIME TRANSMITTER	35	philith.....	47	PRADAXA ORAL CAPSULE.....	13
paricalcitol oral.....	55	PHOSPHA 250 NEUTRAL.....	40	PRALUENT.....	25
PARLODEL ORAL TABLET.....	20	phospho-trin 250 neutral.....	40	pramipexole dihydrochloride.....	20
PARNATE.....	15	phosphorous	40	PRAMOSONE EXTERNAL CREAM 1-1 %.....	31
paroxetine hcl er	15	PIFELTRO.....	21	PRAMOSONE EXTERNAL CREAM 1-2.5 %.....	31
paroxetine hcl oral tablet	15	pilocarpine hcl ophthalmic	56	prasugrel hcl.....	20
PATANASE NASAL SOLUTION 0.6 %	58	pilocarpine hcl oral.....	28	pravastatin sodium.....	25
PAXIL CR	15	pimecrolimus.....	31	prazosin hcl oral	25
PAXIL ORAL TABLET.....	15	pimozide.....	20	PRECISION XTRA	35
PAXLOVID (150/100)	21	pimtrea	47	PRECISION XTRA BLOOD GLUCOSE.....	35
PAXLOVID (300/100).....	21	pindolol.....	25	PRED FORTE.....	55
pazopanib hcl	19	pioglitazone hcl	37	PRED MILD	55
PEDIAPRED.....	48	pioglitazone hcl-metformin hcl ..	37	prednisolone acetate ophthalmic	55
peg 3350-kcl-na bicarb-nacl	42	PIP BLOOD GLUCOSE TEST STRIP	35	PREDNISOLONE ACETATE P-F ...	55
peg-3350/electrolytes.....	42	PIQRAY	19	prednisolone oral solution	48
peg-3350/electrolytes/ascorbat.	42	pirfenidone oral tablet 267 mg, 801 mg.....	60	prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml.....	48
peg-kcl-nacl-nasulf-na asc-c.....	42	pirfenidone oral tablet 534 mg...	60	prednisolone sodium phosphate oral solution 15 mg/5ml.....	48
penicillin v potassium	13	piroxicam oral	10	prednisolone sodium phosphate oral solution 20 mg/5ml	48
pentoxifylline er	25	pitavastatin calcium	25	prednisolone sodium phosphate oral tablet dispersible.....	48
PEPCID	41	PLAN B ONE-STEP	47	prednisone oral.....	48
PERCOCET	10	PLAQUENIL	19	pregabalin oral capsule	27
PERFOROMIST	59	PLAVIX	20	PREGNYL	54
PERIDEX.....	28	PLEGRIDY INTRAMUSCULAR	27	PREMARIN ORAL.....	47
perindopril erbumine	25	PLEGRIDY STARTER PACK	27	PREMARIN VAGINAL.....	47
periogard	28	PLEGRIDY SUBCUTANEOUS.....	27	PREMIUM BLOOD GLUCOSE TEST	35
permethrin external	19	PLENVU.....	42	premium lidocaine	10
perphenazine oral.....	16	PLEXION CLEANSER.....	31	PREMPHASE.....	47
PERTZYE.....	42	PNEUMOVAX 23.....	53	PREMPRO.....	47
PFIZER COVID-19 VAC-TRIS 5-11Y.....	53	PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5ML	53	PRENA1 PEARL.....	40
PFIZER COVID-19 VAC-TRIS 6M-4Y.....	53	pnv-dha.....	40	prenatal 19 oral tablet 29-1 mg ...	40
phenazo oral tablet 200 mg	43	podofilox external solution	31	prenatal 19 oral tablet chewable .	40
phenazopyridine hcl oral tablet 100 mg, 200 mg	43	POKONZA	40	prenatal oral tablet 27-0.8 mg....	40
		POLY-VI-FLOR ORAL TABLET CHEWABLE	40	prenatal oral tablet 27-1 mg	40
		POLYCIN.....	55		
		polymyxin b-trimethoprim	55		
		POMALYST	19		
		portia-28	47		

REGLAN	16
RELAFEN DS.....	10
RELEXXII	26
RELION GLUCOSE TEST STRIPS ..	35
RELION TRUE MET AIR GLUC METER	35
RELION TRUE METRIX TEST STRIPS	35
RELION ULTIMA GLUCOSE SYSTEM.....	35
RELION ULTIMA TEST	35
RELPAK	17
RELTONE	42
RELYVRIO ORAL PACKET 3-1 GM.	27
REMERON	16
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG.....	16
REVELA ORAL TABLET	43
repaglinide	37
REPATHA.....	25
REPATHA PUSHTRONEX SYSTEM	25
REPATHA SURECLICK.....	25
RESTASIS	57
RESTASIS MULTIDOSE.....	57
RESTORIL	61
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML.	38
RETACRIT INJECTION SOLUTION 20000 UNIT/ML.....	38
RETEVMO ORAL CAPSULE 40 MG.....	19
RETEVMO ORAL CAPSULE 80 MG.....	19
RETIN-A	31
REVATIO ORAL.....	60
REVLIMID	19
REXTOVY	11
REXULTI	20
REYVOW.....	17
RHOFADE.....	31
RHOPRESSA.....	56
rifabutin	18
rifampin oral.....	18
RIGHTEST GT333 GLUCOSE TEST	35
riluzole	27

RINVOQ	52
risedronate sodium oral tablet 150 mg, 35 mg.....	54
risedronate sodium oral tablet 30 mg, 5 mg	54
RISPERDAL	20
risperidone	20
RITALIN	27
RITALIN LA	27
ritonavir.....	21
rivastigmine	15
rivastigmine tartrate.....	15
rivelsa	47
rizatriptan benzoate oral tablet 10 mg	17
rizatriptan benzoate oral tablet 5 mg	17
rizatriptan benzoate oral tablet dispersible 10 mg	17
rizatriptan benzoate oral tablet dispersible 5 mg.....	17
ROBINUL ORAL TABLET 1 MG	42
ROBINUL-FORTE ORAL TABLET 2 MG	42
ROCALTROL.....	55
ROCKLATAN	56
roflumilast.....	60
ropinirole hcl	20
rosadan external cream 0.75 %....	31
rosadan external gel 0.75 %.....	31
rosuvastatin calcium oral.....	25
ROWASA	54
roweepra	14
ROXICODONE.....	10
ROZEREM.....	61
ROZLYTREK.....	19
RUCONEST	52
rufinamide oral suspension.....	14
rufinamide oral tablet.....	14
RUKOBIA	21
RYALTRIS	58
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	37
RYTARY	20
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	25
ryvent.....	58

S

SAFYRAL	47
SALAGEN	28
SANTYL	31
SAPHRIS	20
sapropterin dihydrochloride oral packet	42
SAVELLA.....	27
saxagliptin hcl	37
saxagliptin-metformin er.....	37
scopolamine.....	16
SE-NATAL 19.....	40
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	47
selenium sulfide external lotion ...	31
SENSIPAR.....	55
SEREVENT DISKUS.....	60
SEROQUEL	20
SEROQUEL XR.....	20
SERTRALINE HCL ORAL CAPSULE	16
sertraline hcl oral concentrate	16
sertraline hcl oral tablet	16
setlakin	47
sevelamer carbonate oral tablet .	43
SEYSARA.....	13
sf 5000 plus	28
sf gel 1.1%.....	28
SFROWASA	54
sharobel	47
SHARPS COLLECTOR	32, 35
SHARPS CONTAINER.....	33, 35
SHINGRIX	53
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	38
sildenafil citrate oral tablet 20 mg	60
SILENOR.....	61
silodosin	43
SILVADENE	13
silver sulfadiazine external.....	13
SIMLANDI (1 PEN).....	52
SIMLANDI (1 SYRINGE).....	52
SIMLANDI (2 PEN)	52
SIMLANDI (2 SYRINGE).....	52
simliya	47
simpesse.....	47
SIMPONI.....	52

simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	25	SPORANOX ORAL CAPSULE.....	17	sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	31
simvastatin oral tablet 80 mg	25	SPRAVATO (56 MG DOSE)	16	sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	31
SINEMET.....	20	SPRAVATO (84 MG DOSE)	16	sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	31
SINGULAIR ORAL PACKET	60	sprintec 28.....	47	sulfacetamide sodium-sulfur external suspension 10-5 %	31
SINGULAIR ORAL TABLET.....	60	SPRYCEL.....	19	sulfacetamide-prednisolone	56
SINGULAIR ORAL TABLET CHEWABLE	60	SPS (SODIUM POLYSTYRENE SULF)	40	sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml ..	13
sirolimus oral	52	sronyx.....	47	sulfamethoxazole-trimethoprim oral tablet.....	13
SITAVIG.....	21	ssd	13	sulfasalazine oral	54
SKYRIZI PEN	52	sss 10-5 external cream.....	31	sulfatrim pediatric	13
SKYRIZI SUBCUTANEOUS	52	STALEVO 100 ORAL TABLET 25-100-200 MG	20	sulindac oral	10
SKYTROFA.....	48	STALEVO 125 ORAL TABLET 31.25-125-200 MG.....	20	SUMADAN WASH	31
SLYND	47	STALEVO 150 ORAL TABLET 37.5-150-200 MG.....	20	sumatriptan nasal.....	17
sm nicotine	11	STALEVO 200 ORAL TABLET 50-200-200 MG.....	20	sumatriptan succinate oral	17
sm nicotine polacrilex.....	11	STALEVO 50 ORAL TABLET 12.5-50-200 MG.....	20	sumatriptan succinate refill subcutaneous solution cartridge..	17
SOAANZ	25	STALEVO 75 ORAL TABLET 18.75-75-200 MG.....	20	sumatriptan succinate subcutaneous	17
sod citrate-citric acid oral solution 500-334 mg/5ml	40	STELARA SUBCUTANEOUS	52	SUNOSI	61
sod fluoride-potassium nitrate...	40	STENDRA	38	SUPREP BOWEL PREP KIT	42
sodium chloride inhalation	58	STEQEYMA SUBCUTANEOUS.....	52	SUTAB.....	42
sodium fluoride 5000 enamel....	40	STIOLTO RESPIMAT.....	60	syeda.....	47
sodium fluoride 5000 plus.....	28	STIVARGA	19	SYMBICORT	60
sodium fluoride 5000 ppm	28	STRATTERA.....	27	SYMBYAX	16
sodium fluoride 5000 sensitive ..	40	STRENSIQ	42	SYMFI.....	21
sodium fluoride dental.....	28	STRIBILD	21	SYMFI LO	21
sodium fluoride mouth/throat ...	40	STRIVERDI RESPIMAT	60	SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	57
sodium fluoride oral solution	40	STROMECTOL.....	19	SYMLINPEN 120.....	37
sodium fluoride oral tablet chewable	40	SUBOXONE	11	SYMLINPEN 60.....	37
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	61	subvenite	14	SYMPAZAN	14
sodium sulfacetamide wash	31	SUCRAID	42	SYMPROIC.....	42
SOFOSBUVIR-VELPATASVIR.....	21	sucralfate oral	41	SYNALAR EXTERNAL OINTMENT ..	31
solifenacin succinate.....	43	SUFLAVE.....	42	SYNALAR EXTERNAL SOLUTION 0.01 %	31
SOLIQUA	37	SULAR	25	SYNJARDY.....	37
SOMA	61	SULCONAZOLE NITRATE EXTERNAL CREAM.....	17	SYNJARDY XR	37
SOOLANTRA	31	sulfacetamide sod-sulfur wash external liquid 9-4 %	31	SYNTHROID	49
sotalol hcl (af)	25	sulfacetamide sod-sulfur wash external liquid 9-4.5 %	31		
sotalol hcl oral.....	25	sulfacetamide sodium (acne).....	31		
SOTYKTU	52	sulfacetamide sodium external ...	31		
SOVUNA	19	sulfacetamide sodium ophthalmic solution.....	56		
SPIKEVAX.....	53				
spinosad	31				
SPIRIVA HANDIHALER.....	60				
SPIRIVA RESPIMAT.....	60				
spironolactone oral tablet	25				
spironolactone-hctz	25				

T

TABRECTA	19
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	31



TACLONEX EXTERNAL SUSPENSION.....	31	TEKTURNA.....	25	THIOLA EC.....	43
tacrolimus external	31	TEKTURNA HCT ORAL TABLET 150-12.5 MG, 300-12.5 MG, 300-25 MG	25	THRIVE	11
tacrolimus oral	52	telmisartan	25	THRIVITE RX	40
tadalafil (pah)	60	telmisartan-hctz	25	THYQUIDITY	49
tadalafil oral	38	temazepam.....	61	thyroid oral	49
TADLIQ	60	temozolomide.....	19	tiadylt er	25
TAFINLAR ORAL CAPSULE	19	TEMPO REFILL	35	TIAZAC	25
tafluprost (pf)	56	TEMPO WELCOME	35	TIGLUTIK.....	27
TAGRISSE	19	TENCON	10	TIKOSYN.....	25
take action	47	TENIVAC.....	53	tilia fe	47
TAKHZYRO.....	52	tenofovir disoproxil fumarate	21	timolol hemihydrate	56
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	52	TENORETIC 100.....	25	timolol maleate (once-daily).....	56
TAMIFLU.....	21	TENORETIC 50.....	25	timolol maleate ocudose	56
tamoxifen citrate oral tablet 10 mg	19	TENORMIN	25	timolol maleate ophthalmic	56
tamoxifen citrate oral tablet 20 mg	19	terazosin hcl.....	43	timolol maleate pf.....	56
tamsulosin hcl.....	43	terbinafine hcl oral.....	17	TIMOPTIC OCUDOSE.....	56
TANLOR.....	61	terconazole.....	17	TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	56
TAPERDEX 12-DAY.....	48	teriflunomide.....	27	TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	56
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG.....	48	teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml.....	54	tinidazole oral	13
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21).....	48	TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	55	tiopronin oral tablet delayed release.....	43
TAPERDEX 7-DAY.....	48	TESTIM	48	tiotropium bromide monohydrate.....	60
TARGADOX	13	TESTOSTERONE CYPIONATE INJECTION.....	48	TIROSINT.....	49
tarina 24 fe	47	testosterone cypionate intramuscular	48	TIROSINT-SOL	49
tarina fe 1/20 eq.....	47	testosterone enanthate intramuscular	48	TIVICAY	21
TARON-C DHA.....	40	testosterone gel 12.5 mg/act (1%) transdermal	49	tizanidine hcl oral	61
TASIGNA.....	19	testosterone gel 20.25 mg/act (1.62%) transdermal.....	49	TOBI PODHALER	60
TAVALISSE.....	38	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%)	49	TOBRADEX OPHTHALMIC OINTMENT	56
tazarotene external cream 0.1 % ..	31	testosterone transdermal gel 1.62 %	49	TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	56
TAZORAC EXTERNAL CREAM	31	tetracycline hcl oral capsule.....	13	TOBRADEX ST	56
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	25	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	60	tobramycin inhalation nebulization solution 300 mg/4ml	60
TECFIDERA ORAL CAPSULE DELAYED RELEASE	27	THALITONE	25	tobramycin ophthalmic.....	56
TECHLITE INSULIN SYRINGES...35		theophylline er	60	tobramycin-dexamethasone	56
TECHLITE PEN NEEDLES	35	THIOLA.....	43	TOLAK	31
TECHLITE PLUS PEN NEEDLES...35				TOLSURA	17
TEGLUTIK	27			tolterodine tartrate	43
TEGRETOL ORAL TABLET	14			tolterodine tartrate er	43
TEGRETOL-XR	14			TOPAMAX.....	14
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML.....	42			TOPAMAX SPRINKLE.....	14
				TOPICORT EXTERNAL CREAM	31

TOPICORT EXTERNAL OINTMENT	31	tri-lo-estarylla	47	TRINATE	40
topiramate er oral capsule extended release 24 hour	14	tri-lo-marzia	47	TRINTELLIX	16
topiramate oral	14	tri-lo-mili	47	tritocin external ointment 0.05 %	31
TOPROL XL	25	tri-lo-sprintec	47	TRIUMEQ	21
torpenz	19	tri-mili	47	trivora (28)	47
torsemide	25	tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	47	TROKENDI XR	14
TOSYMRA	17	tri-sprintec	47	tropium chloride	43
TOUJEO MAX SOLOSTAR	36	tri-vite/fluoride	40	tropium chloride er	43
TOUJEO SOLOSTAR	36	tri-vylibra	47	TRUE FOCUS BLOOD GLUCOSE STRIP	35
TRACLEER	60	tri-vylibra lo	47	TRUE METRIX AIR GLUCOSE METER KIT	35
TRADJENTA	37	triamcinolone acetonide external cream 0.025 %, 0.1 %	31	TRUE METRIX BLOOD GLUCOSE TEST	35
tramadol hcl (er biphasic) oral tablet extended release 24 hour	10	triamcinolone acetonide external cream 0.5 %	31	TRUE METRIX GO GLUCOSE METER	35
tramadol hcl er	10	triamcinolone acetonide external lotion	31	TRUE METRIX METER	35
tramadol hcl oral tablet 100 mg, 25 mg, 75 mg	10	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	31	TRUE METRIX PRO BLOOD GLUCOSE	35
tramadol hcl oral tablet 50 mg	10	triamcinolone acetonide external ointment 0.05 %	31	TRULANCE	42
tramadol-acetaminophen	10	triamcinolone acetonide mouth/throat	28	TRULICITY	37
trandolapril	25	triamcinolone in absorbbase	31	TRUMENBA	53
tranexamic acid oral	38	triamterene oral	25	TRUQAP ORAL TABLET	19
TRANSDERM-SCOP	16	triamterene-hctz	25	TRUSOPT OPHTHALMIC SOLUTION 2 %	56
tranylcypromine sulfate	16	TRIANEX EXTERNAL OINTMENT 0.05 %	31	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	21
TRAVATAN Z	56	triazolam	22	TRUVADA ORAL TABLET 200-300 MG	21
travoprost (bak free)	56	TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-25 MG	25	turqoz	47
trazodone hcl oral	16	TRIBENZOR ORAL TABLET 40-5-12.5 MG	25	TWINRIX	53
TRELEGY ELLIPTA	60	TRICARE ORAL TABLET	40	TWIRLA	47
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	52	TRICOR	25	TYBLUME	47
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	52	TRIDACAIN II	10	tydemy oral tablet 3-0.03-0.451 mg	47
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	52	TRIDACAIN III	10	TYMLOS	55
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	52	triderm	31	TYRVAYA	57
TRESIBA FLEXTOUCH	36	TRIDESILON EXTERNAL CREAM 0.05 %	31	TYVASO	60
tretinoin external cream	31	trihexyphenidyl hcl oral tablet	20	TYVASO DPI INSTITUTIONAL KIT	60
tretinoin external gel 0.01 %, 0.025 %	31	TRIJARDY XR	37	TYVASO DPI MAINTENANCE KIT	60
tretinoin external gel 0.05 %	31	TRIKAFTA ORAL TABLET THERAPY PACK	60	TYVASO DPI TITRATION KIT	60
TREXALL	53	TRILEPTAL	14	TYVASO REFILL KIT	60
TREZIX	10	TRILIPIX	25	TYVASO STARTER KIT	60
tri-estarylla	47	trimethoprim oral	13		
tri-legest fe	47	TRINATAL RX1	40		
tri-linyah	47				

U

UBRELVY	17
UCERIS ORAL	54



UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	38	varafenil hcl oral tablet.....	38	viorele	47
ULORIC.....	17	varenicline tartrate.....	11	VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	21
UNISTRIP1 GENERIC.....	35	varenicline tartrate (starter).....	11	VIREAD ORAL TABLET 300 MG.....	21
unithroid.....	49	varenicline tartrate(continue).....	11	virt-pn dha oral capsule 27-0.6-0.4-300 mg.....	40
UPTRAVI ORAL.....	60	VARIVAX.....	53	VISTARIL ORAL CAPSULE 25 MG, 50 MG	22
urea external cream 20 %, 40 %, 45 %.....	31	VASCEPA.....	25	VITAFOL FE+	40
urea external cream 39 %, 41 %, 47 %.....	31	VASERETIC.....	25	VITAFOL GUMMIES.....	40
UREA EXTERNAL CREAM 39.5 % ..	31	VASOTEC.....	25	VITAFOL ULTRA.....	40
uredeb.....	31	velivet.....	47	VITAFOL-OB.....	40
UREMEZ-40.....	32	VELPHORO.....	43	VITAMEDMD ONE RX/ QUATREFOLIC	40
URESOL.....	32	VELTASSA.....	40	vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	40
UROCIT-K 10	40	VEMLIDY	21	VITAPEARL.....	40
UROCIT-K 15.....	40	VENCLEXTA	19	VITATHELY WITH GINGER.....	41
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	40	venlafaxine hcl	16	VITRAKVI.....	19
UROGESIC-BLUE.....	43	venlafaxine hcl er oral capsule extended release 24 hour.....	16	VIVAGUARD INO GLUCOSE METER KIT.....	35
UROXATRAL.....	43	venlafaxine hcl er oral tablet extended release 24 hour.....	16	VIVAGUARD INO TEST STRIPS ...	35
URSO 250 ORAL TABLET 250 MG	42	VENTOLIN HFA.....	58, 60	VIVELLE-DOT	44, 45, 47
URSO FORTE	42	VENXXIVA.....	43	VIVJOA	17
URSODIOL ORAL CAPSULE 200 MG, 400 MG	42	VEOZAH.....	27	VOGELXO.....	49
ursodiol oral capsule 300 mg.....	42	verapamil hcl er	25	VOGELXO PUMP	49
ursodiol oral tablet.....	42	verapamil hcl oral	25	volnea.....	47
V		VERELAN	25, 26	VOQUEZNA.....	41
VAGIFEM	47	VERELAN PM	26	VOQUEZNA DUAL PAK.....	41
valacyclovir hcl oral	21	VERIFINE SHARPS CONTAINER...	35	VOQUEZNA TRIPLE PAK.....	41
VALCYTE ORAL TABLET	21	VERKAZIA	57	voriconazole oral tablet.....	17
valganciclovir hcl oral tablet.....	21	VERQUVO.....	26	VORTEX HOLD CHMBR/MASK/ CHILD.....	60
VALIUM.....	22	VERZENIO	19	VORTEX HOLD CHMBR/MASK/ TODDLER.....	60
valproic acid oral capsule	14	VESICARE	43	VORTEX VALVE CHAMBER-PEDI MASK	60
valproic acid oral solution 250 mg/5ml	14	vestura.....	47	VORTEX VALVED HOLDING CHAMBER	60
valsartan oral tablet.....	25	VEVYE	57	VOSEVI	21
valsartan-hydrochlorothiazide ...	25	VFEND ORAL TABLET 200 MG.....	17	VOYDEYA ORAL TABLET.....	38
VALTOCO	14	VFEND ORAL TABLET 50 MG.....	17	VOYDEYA ORAL TABLET THERAPY PACK.....	38
VALTRES.....	21	VIAGRA.....	38	VRAYLAR	20
valtya 1/50.....	47	VIBERZI.....	42	VTAMA.....	32
VANADOM ORAL TABLET 350 MG	61	VIBRAMYCIN ORAL CAPSULE 100 MG	13	vyfemla	47
VANCOCIN	13	VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML.....	13	VYLEESI	38
vancomycin hcl oral.....	13	vienva	47	vylibra.....	47
VANDAZOLE.....	13	vigabatrin oral packet.....	14		
VANOS.....	32	VIGADRONE ORAL PACKET	14		
VAQTA	53	VIGAMOX.....	56		
		vigpoder	14		
		vilazodone hcl	16		
		VIMPAT ORAL	14		

VYNDAMAX.....	42
VYTORIN	26
VYZULTA.....	56

W

WAINUA	16
WAKIX	61
warfarin sodium oral	13
WELCHOL ORAL TABLET	26
WELLBUTRIN SR	16
WELLBUTRIN XL	16
wera.....	47
wes-phos 250 neutral	41
WESCAP-C DHA	41
WESCAP-PN DHA	41
WESTAB PLUS	41
WILATE	38
WINLEVI.....	32
wixela inhub	60
wymzya fe	47

X

XACIATO.....	13
XALATAN	56
XANAX	22
XANAX XR	22
xarah fe	47
XARELTO	13
XARELTO STARTER PACK	13
XCOPRI.....	15
XDEMVI	56
XELJANZ.....	53
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	53
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	53
XELODA.....	19
XENLETA ORAL TABLET 600 MG ..	13
XHANCE	58
XIFAXAN.....	13
XIGDUO XR.....	37
XIIDRA.....	57
XOFLUZA (40 MG DOSE).....	21
XOFLUZA (80 MG DOSE)	21

XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.....	53
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML	60
XOPENEX HFA	60
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML	60
XTAMPZA ER.....	10
XTANDI	19
xulane.....	47
xurea.....	32
XYOSTED	49
XYREM.....	61
XYWAV.....	61

Y

YASMIN 28.....	47
YAZ.....	47
YESINTEK SUBCUTANEOUS	53
YORVIPATH.....	55
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML.....	53
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/0.8ML.....	53
YUFLYMA (2 PEN)	53
YUFLYMA (2 SYRINGE)	53
YUFLYMA-CD/UC/HS STARTER ..	53
YUPELRI	60
YUSIMRY.....	53
yuvafem	47

Z

zafemy.....	48
zafirlukast	60
zaleplon.....	61
ZANAFLEX.....	61
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	61
ZARONTIN.....	15
ZARXIO	38
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	41
ZAVZPRET	17

ZEBUTAL ORAL CAPSULE 50-325-40 MG.....	10
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	37
ZEJULA ORAL CAPSULE 100 MG ..	19
ZELBORAF.....	19
ZEMBRACE SYMTOUCH	17
ZEMPLAR ORAL	55
zenatane.....	32
ZENPEP	42
ZENZEDI.....	27
ZEPOSIA.....	27
ZEPOSIA 7-DAY STARTER PACK ..	27
ZEPOSIA STARTER KIT.....	27
ZESTORETIC	26
ZESTRIL	26
ZETIA	26
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT.....	58
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	26
ZIAC ORAL TABLET 5-6.25 MG ..	26
ZILBRYSQ	18
ZILXI.....	32
ZIMHI.....	11
ZIOPTAN.....	56
ziprasidone hcl	20
ZIRGAN	21
ZITHROMAX ORAL.....	13
ZITHROMAX TRI-PAK.....	13
ZITHROMAX Z-PAK.....	13
ZOCOR.....	26
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	17
zolmitriptan nasal solution 5 mg ..	17
zolmitriptan oral.....	17
ZOLOFT.....	16
zolpidem tartrate er.....	61
zolpidem tartrate oral tablet	61
ZOMIG NASAL SOLUTION 2.5 MG	17
ZOMIG NASAL SOLUTION 5 MG ..	18
ZOMIG ORAL TABLET 5 MG	18
ZONEGRAN.....	15
zonisamide oral	15
ZORTRESS	53
ZORYVE EXTERNAL CREAM 0.3 %	32
ZORYVE EXTERNAL FOAM.....	32

zovia 1/35 (28).....	48
ZOVIRAX EXTERNAL OINTMENT..	21
ZOVIRAX ORAL SUSPENSION 200 MG/5ML	21
ZTLIDO	10
ZUBSOLV	11
zumandimine.....	48
ZURZUVAE.....	16
ZYCLARA	32
ZYCLARA PUMP.....	32
ZYLET.....	56
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	17
ZYMAXID OPHTHALMIC SOLUTION 0.5 %	56
ZYPREXA ORAL	20
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG.....	20
ZYTIGA	19
ZYVOX ORAL TABLET.....	13

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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.

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.

FIIRO GAAR AH: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda bilaashka ah iyo isgaarsiino bilaash ah oo qaabab kale ah, sida far waaweyn, ayaa diyaar kuu ah. Ka wac lambarka wicitaanka bilaashka ah kaarkaaga aqoonsiga xubinta.

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.

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

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