



Your 2026 Prescription Drug List

Flex Base 3-Tier

Effective January 1, 2026

This Prescription Drug List (PDL) is accurate as of January 1, 2026 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Surest and Oxford medical plans when sold in your market with a pharmacy benefit subject to the Flex Base 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.

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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.

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.

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.

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

2. For New York and New Jersey plans, a prescription drug product that is therapeutically equal to an over-the-counter drug may be covered if it is determined to be medically necessary.

Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

Drug Tier		Includes	Helpful Tips
Tier 1	\$	Lower-cost Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$	Mid-range cost Medications that provide good overall value. 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.

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

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

Reading your PDL (continued)

Coverage details

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

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

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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

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

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

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
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, 50 mg	1	QL
tramadol hcl oral tablet 75 mg	E	QL
tramadol-acetaminophen	1	QL
TREZIX	3	QL
TRIDACAIN E II	E	PA, QL
TRIDACAIN E 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
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	3	
ec-naproxen	1	
etodolac	1	
FELDENE ORAL CAPSULE 20 MG	3	
ibuprofen oral suspension 100 mg/5ml	E	

Drug Name	Drug Tier	Requirements & Limits
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
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN	E	
naproxen dr	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet	1	
piroxicam oral	1	
RELAFEN DS	E	
sulindac oral	1	

Anti-Addiction / Substance Abuse Treatment Agents

acamprosate calcium	1	
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	E	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	1	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
bupropion hcl er (smoking det)	1	H
cvs nicotine	1	H
cvs nicotine polacrilex	1	H
disulfiram oral	1	
eq nicotine	1	H
eq nicotine mouth/throat gum 4 mg	1	H
eq nicotine polacrilex	1	H
eq nicotine step 3	1	H

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
eqi nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H
ft naloxone hcl	1	QL
ft nicotine	1	H
ft nicotine mini	1	H
gnp naloxone hcl	1	QL
gnp nicotine mini	1	H
gnp nicotine polacrilex mouth/throat gum 2 mg	1	H
gnp nicotine polacrilex mouth/throat lozenge	1	H
gnp nicotine transdermal	1	H
goodsense nicotine	1	H
habitrol	1	H
hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	H
hm nicotine polacrilex mouth/throat lozenge 2 mg	1	H
hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr	1	H
KLOXXADO	1	QL
kls quit2	1	H
kls quit4	1	H
naloxone hcl injection solution prefilled syringe	1	QL
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	QL
NARCAN	1	QL (includes Narcan OTC)
NICODERM CQ	3	H
NICORETTE MINI	2	H
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

Drug Name	Drug Tier	Requirements & Limits
nicotine step 2	1	H
nicotine step 3	1	H
nicotine transdermal patch 24 hour	1	H
OPVEE	1	QL
qc nicotine transdermal system	1	H
ra mini nicotine	1	H
ra nicotine mouth/throat gum 4 mg	1	H
ra nicotine polacrilex	1	H
ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H
REXTOVY	1	QL
sm nicotine	1	H
sm nicotine polacrilex	1	H
sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	1	H
SUBOXONE	E	PA, QL
THRIVE	3	H
varenicline tartrate	1	PA, H
varenicline tartrate (starter)	1	PA, H
varenicline tartrate(continue)	1	PA, H
ZIMHI	2	QL
ZUBSOLV	1	QL
Antibacterials - Drugs for Infections		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
AUGMENTIN	3	
AUGMENTIN ES-600	E	
AVIDOXY	3	
azithromycin oral packet 1 gm	1	
BACTRIM	3	
BACTRIM DS	3	
cefadroxil oral capsule	1	
cefadroxil oral suspension reconstituted	1	

See page 6-7 for coverage details.

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

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
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	QL
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZYVOX ORAL TABLET	E	

Anticoagulants - Drugs to Treat or Prevent Blood Clots

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

Anticonvulsants - Drugs for Seizures

APTOM	3	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	3	
clobazam oral suspension 2.5 mg/ml	1	PA
clobazam oral tablet	1	PA
DEPAKOTE	3	

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

See page 6-7 for coverage details.

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

Drug Name	Drug Tier	Requirements & Limits
ZONEGRAN	3	PA
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT	E	
donepezil hcl oral tablet	1	
EXELON	E	
memantine hcl er	1	
memantine hcl oral tablet	1	
NAMENDA ORAL TABLET 10 MG, 5 MG	E	
NAMENDA TITRATION PAK	E	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	E	
rivastigmine	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	3	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	1	
CYMBALTA	E	
desipramine hcl oral	1	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral	1	

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
EFFEXOR XR	E	
escitalopram oxalate oral solution 5 mg/5ml	1	
escitalopram oxalate oral tablet	1	
FETZIMA	3	ST, QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	1	QL
fluoxetine hcl oral tablet 20 mg, 60 mg	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	QL
FORFIVO XL	3	QL
imipramine hcl oral	1	
LEXAPRO	E	
mirtazapine oral	1	
NORPRAMIN	3	
nortriptyline hcl oral capsule	1	
PAMELOR	E	
paroxetine hcl er	1	QL
paroxetine hcl oral tablet	1	
PAXIL	E	
PAXIL CR	E	QL
PRISTIQ	E	QL
PROZAC	E	
RALDESY	3	PA
REMERON	E	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E	
SERTRALINE HCL ORAL CAPSULE	3	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
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	

Drug Name	Drug Tier	Requirements & Limits
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	1	QL
VIIBRYD	E	QL
vilazodone hcl	1	QL
WAINUA	2	PA, QL, SP
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
ZURZUVAE	2	PA, QL, SP
Antiemetics - Drugs for Nausea and Vomiting		
ANTIVERT ORAL TABLET 50 MG	E	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	1	QL
DICLEGIS	E	
doxylamine-pyridoxine	1	
dronabinol	1	
EMEND BIPACK	E	QL
MARINOL	E	
meclizine hcl oral tablet	E	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral	1	
ondansetron odt oral tablet dispersible 16 mg	E	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine maleate oral	1	
promethazine hcl oral solution	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	3	
scopolamine	1	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	E	
Antifungals - Drugs for Fungal Infections		

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
DIFLUCAN	E	
econazole nitrate external	1	
fluconazole oral	1	
griseofulvin microsize oral suspension	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	3	QL
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	QL
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	3	QL
terbinafine hcl oral	1	
terconazole	1	
TOLSURA	E	
VFEND ORAL TABLET	3	QL
VIVJOA	3	PA, QL
voriconazole oral tablet	1	QL
Antigout Agents - Drugs for Gout		
allopurinol oral	1	
colchicine oral	1	

Drug Name	Drug Tier	Requirements & Limits
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 SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA, ST, QL
AJOVY	E	PA, ST, QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA, ST, QL
FROVA	E	QL
frovatriptan succinate	1	QL
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	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
RELPAX	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

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
sumatriptan succinate subcutaneous solution auto-injector	1	QL
TOSYMRA	3	QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	3	PA, ST, QL
ZEMBRACE SYMTOUCH	3	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	2	QL
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 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	
rifampin oral	1	
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	1	QL, SP
abiraterone acetate oral tablet 500 mg	E	QL, SP
ABIRTEGA	E	QL, SP
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	

Drug Name	Drug Tier	Requirements & Limits
AROMASIN	E	
AUGTYRO	2	PA, QL, SP
BESREMI	3	PA, QL, SP
bicalutamide	1	
BRUKINSA	3	PA, ST, QL, SP
CABOMETYX	2	PA, QL, SP
CALQUENCE	2	PA, SP
capecitabine	1	QL, SP
CASODEX	E	
COTELLIC	2	PA, QL, SP
dasatinib	1	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL
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	QL, SP
HYDREA	E	
hydroxyurea oral	1	
IBRANCE ORAL TABLET	3	PA, ST, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate oral	1	QL, SP
IMBRUVICA ORAL CAPSULE	2	PA, QL, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
IMKELDI	3	QL, SP
JAKAFI	2	PA, QL, SP

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
KISQALI	2	PA, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	1	PA, QL, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
LUMAKRAS	3	PA, QL, SP
LYNPARZA	2	PA, QL, SP
mercaptopurine oral tablet	1	
nilotinib hcl	1	PA, ST, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
PIQRAY	2	PA, QL, SP
POMALYST	3	PA, QL, SP
RETEVMO ORAL CAPSULE 40 MG	3	PA, QL, SP
RETEVMO ORAL CAPSULE 80 MG	3	PA, SP
REVLIMID	2	PA, QL, SP
ROZLYTREK	2	PA, QL, SP
RYDAPT	2	PA, QL, SP
SCEMBLIX	3	PA, QL, SP
SPRYCEL	E	PA, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	3	PA, QL, SP
TAGRISSO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	E	PA, ST, QL, SP
temozolomide	1	SP
torpenz	1	PA, QL, SP
TRUQAP ORAL TABLET	2	PA, QL, SP
VENCLEXTA	2	PA, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XELODA	E	QL, SP

Drug Name	Drug Tier	Requirements & Limits
XTANDI	2	PA, QL, SP
ZEJULA ORAL CAPSULE 100 MG	2	PA, SP
ZELBORAF	2	PA, QL, SP
ZYTIGA	E	QL, SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	3	QL
atovaquone	1	
atovaquone-proguanil hcl	1	
ELIMITE	3	
hydroxychloroquine sulfate oral	1	
ivermectin oral tablet 3 mg	1	PA, QL
ivermectin oral tablet 6 mg	1	PA
KRINTAFEL	1	QL
MALARONE	3	
mefloquine hcl	1	
MEPRON	E	
permethrin external	1	
PLAQUENIL	E	
SOVUNA	E	
STROMECTOL	3	PA, QL
Antiparkinson Agents - Drugs for Parkinson's Disease		
amantadine hcl oral capsule	1	
amantadine hcl oral tablet	1	
AZILECT	E	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
CREXONT	3	ST
DHIVY	E	
INBRIJA	3	PA, QL, SP
NEUPRO	3	
PARLODEL ORAL TABLET	E	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	1	
ropinirole hcl	1	

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
RYTARY	E	ST
SINEMET	3	
trihexyphenidyl hcl oral tablet	1	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	E	QL
cilostazol	1	
clopidogrel bisulfate oral	1	
EFFIENT	E	
PLAVIX	E	
prasugrel hcl	1	
ticagrelor	1	QL
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
aripiprazole oral solution	1	
aripiprazole oral tablet	1	
asenapine maleate	1	QL
CAPLYTA	3	PA, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	3	
GEODON ORAL	E	
haloperidol oral	1	
INVEGA	E	QL
LATUDA	E	QL
lurasidone hcl	1	QL
olanzapine oral	1	
paliperidone er	1	QL
quetiapine fumarate	1	
quetiapine fumarate er	1	
REXULTI	3	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	E	QL
SEROQUEL	E	
SEROQUEL XR	E	
VRAYLAR	3	QL

Drug Name	Drug Tier	Requirements & Limits
ziprasidone hcl	1	
ZYPREXA ORAL	E	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	E	
Antivirals - Drugs for Viral Infections		
acyclovir external ointment	1	QL
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
BARACLUDE ORAL TABLET	E	
BIKTARVY	3	QL
CIMDUO	2	QL
DESCOVY ORAL TABLET 120-15 MG	3	QL
DESCOVY ORAL TABLET 200-25 MG	3	QL, H
DOVATO	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	1	
EPCLUSA ORAL TABLET	2	PA, QL, SP
famciclovir oral	1	
GENVOYA	3	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	QL
LAGEVRIO	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET ORAL PACKET	2	PA, QL, SP
ODEFSEY	3	QL
oseltamivir phosphate oral	1	
PAXLOVID	2	QL
PREVYMIS ORAL TABLET	2	PA

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
PREZCOBIX	2	
RUKOBIA	3	PA
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
SYMFI	2	QL
SYMFI LO ORAL TABLET 400-300-300 MG	2	QL
TAMIFLU	E	
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	QL
VALCYTE ORAL TABLET	E	
valganciclovir hcl oral tablet	1	
VALTREX	E	QL
VEMLIDY	E	PA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZOVIRAX EXTERNAL OINTMENT	E	QL
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
bupirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	

Drug Name	Drug Tier	Requirements & Limits
diazepam oral tablet	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	E	
VISTARIL ORAL CAPSULE 25 MG	3	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTONE	E	
aliskiren fumarate	1	
ALTACE	E	
amiloride hcl oral	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	1	
ATACAND	E	
ATACAND HCT	E	
atenolol oral	1	
atenolol-chlorthalidone	1	
ATORVALIQ	3	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
atorvastatin calcium oral tablet 40 mg, 80 mg	1		clonidine patch weekly 0.2 mg/24hr transdermal	1	
AVALIDE	E		clonidine patch weekly 0.2 mg/24hr transdermal	1	(Patch)
AVAPRO	E		clonidine patch weekly 0.3 mg/24hr transdermal	1	
AZOR	E		clonidine patch weekly 0.3 mg/24hr transdermal	1	(Patch)
benazepril hcl oral	1		colesevelam hcl oral tablet	1	
benazepril-hydrochlorothiazide	1		COLESTID ORAL TABLET	3	
BENICAR	E		colestipol hcl oral tablet	1	
BENICAR HCT	E		COREG	E	
BETAPACE	E		COREG CR	E	
bisoprolol fumarate oral tablet	1		CORGARD ORAL TABLET 20 MG, 40 MG	3	
bisoprolol-hydrochlorothiazide	1		CORLANOR	3	PA, QL
bumetanide oral	1		COZAAR	E	
BUMEX	3		CRESTOR	E	
BYSTOLIC	E		digoxin oral tablet	1	
CAMZYOS	3	PA, QL, SP	diltiazem hcl er	1	
candesartan cilexetil	1		diltiazem hcl er beads	1	
candesartan cilexetil-hctz	1		diltiazem hcl er coated beads	1	
captopril oral	1		diltiazem hcl oral	1	
CARDIZEM	E		dilt-xr	1	
CARDIZEM CD	E		DIOVAN	E	
CARDIZEM LA	E		DIOVAN HCT	E	
CARDURA	3		dofetilide	1	
cartia xt	1		doxazosin mesylate oral	1	
carvedilol	1		EDARBI	3	
carvedilol phosphate er	1		EDARBYCLOR	3	
CATAPRES-TTS-1	E		enalapril maleate oral	1	
CATAPRES-TTS-2	E		enalapril-hydrochlorothiazide	1	
CATAPRES-TTS-3	E		ENTRESTO ORAL TABLET	E	PA, QL
chlorthalidone	1		EPANED	3	
cholestyramine light	1		eplerenone	1	
cholestyramine oral	1		EXFORGE	E	
clonidine hcl oral	1		ezetimibe	1	
clonidine patch weekly 0.1 mg/24hr transdermal	1		ezetimibe-simvastatin	1	
clonidine patch weekly 0.1 mg/24hr transdermal	1	(Patch)			

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
felodipine er	1		KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA, QL
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1		labetalol hcl oral	1	
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	3		LANOXIN ORAL	3	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1		LASIX	3	
fenofibrate oral tablet	1		LIPITOR	E	
fenofibric acid oral capsule delayed release	1		lisinopril oral	1	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	E		lisinopril-hydrochlorothiazide	1	
flecainide acetate	1		LIVALO	E	ST
fosinopril sodium	1		LODOCO	3	QL
FUROSCIX	3	QL	LOPID	3	
furosemide oral	1		LOPRESSOR ORAL TABLET	3	
gemfibrozil oral	1		losartan potassium oral	1	
guanfacine hcl	1		losartan potassium-hctz	1	
HEMANGEOL	3		LOTENSIN	3	
HEMICLOR	E		LOTENSIN HCT	3	
hydralazine hcl oral	1		LOTREL	E	
hydrochlorothiazide oral	1		lovastatin oral	1	H
HYZAAR	E		LOVAZA	E	
icosapent ethyl	E	PA	matzim la	1	
indapamide	1		MAXZIDE ORAL TABLET 75-50 MG	3	
INDERAL LA	E		MAXZIDE-25 ORAL TABLET 37.5-25 MG	3	
INSpra	E		metolazone	1	
INZIRQO	3		metoprolol succinate er	1	
irbesartan	1		metoprolol tartrate oral	1	
irbesartan-hydrochlorothiazide	1		metoprolol-hydrochlorothiazide	1	
ISORDIL TITRADOSE	E		mexiletine hcl oral	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1		MICARDIS	E	
isosorbide dinitrate oral tablet 40 mg	E		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	
			MULTAQ	3	PA
			nadolol oral	1	
			nebivolol hcl	1	

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
NEXLETOL	2	PA, ST, QL	REPATHA SURECLICK	2	QL
NEXLIZET	2	PA, ST, QL	rosuvastatin calcium oral	1	
niacin er (antihyperlipidemic)	1		RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	E	
nifedipine er	1		sacubitril-valsartan	1	PA, QL
nifedipine er osmotic release	1		simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
nifedipine oral	1		simvastatin oral tablet 80 mg	1	
NITRO-BID	2		SOAANZ	3	QL
NITRO-DUR	3		sotalol hcl oral	1	
nitroglycerin rectal	1	QL	spironolactone oral tablet	1	
nitroglycerin sublingual	1		spironolactone-hctz	1	
nitroglycerin transdermal	1		taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
NITROSTAT	3		TEKTURNA	3	
NORLIQVA	3		TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	3	
NORVASC	E		telmisartan	1	
olmesartan medoxomil oral	1		telmisartan-hctz	1	
olmesartan medoxomil-hctz	1		TENORETIC 100	E	
olmesartan-amlodipine-hctz	1		TENORETIC 50	E	
omega-3-acid ethyl esters	1		TENORMIN	E	
PACERONE	3		THALITONE	3	
pentoxifylline er	1		tiadylt er	1	
pitavastatin calcium	E		TIAZAC	3	
PRALUENT	E	PA, ST, QL	TIKOSYN	3	
pravastatin sodium	1		TOPROL XL	E	
prazosin hcl oral	1		torsemide	1	
prevalite	1		trandolapril	1	
PROCARDIA XL	E		triamterene-hctz	1	
propafenone hcl	1		TRIBENZOR	E	
propafenone hcl er	1		TRICOR	E	
propranolol hcl er	1		TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG	E	
propranolol hcl oral	1		VALSARTAN ORAL SOLUTION	3	
QUESTRAN	3		valsartan oral tablet	1	
QUESTRAN LIGHT	3				
ramipril	1				
ranolazine er	1				
RECTIV	3	QL			
REPATHA	2	QL			
REPATHA PUSHTRONEX SYSTEM	2	QL			

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
valsartan-hydrochlorothiazide	1	
VASCEPA	E	PA
VASERETIC	E	
VASOTEC	E	
verapamil hcl er	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3	
VERQUVO	3	PA, QL
VYNDAQEL	2	PA, QL, SP
VYTORIN	E	
WELCHOL ORAL TABLET	E	
ZESTORETIC	E	
ZESTRIL ORAL TABLET 2.5 MG, 30 MG, 40 MG	E	
ZESTRIL TABLET 10 MG ORAL	3	
ZESTRIL TABLET 10 MG ORAL	E	
ZESTRIL TABLET 20 MG ORAL	3	
ZESTRIL TABLET 20 MG ORAL	E	
ZESTRIL TABLET 5 MG ORAL	3	
ZESTRIL TABLET 5 MG ORAL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG	3	
ZOCOR	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	E	QL
ADZENYS XR-ODT	3	QL
amphetamine sulfate	1	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	QL
amphet-dextroamphet 3-bead er	1	QL
APTENSIO XR	3	QL

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

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	QL
methylphenidate hcl er (xr)	1	QL
methylphenidate hcl er oral tablet extended release	1	QL
methylphenidate hcl er oral tablet extended release 24 hour	E	QL
methylphenidate hcl oral	1	
MYDAYIS	3	QL
ONYDA XR	3	QL
QELBREE	E	QL
QUILLICHEW ER	3	QL
QUILLIVANT XR	3	QL
RELEXXII	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	E	QL
VYVANSE	E	QL
ZENZEDI	E	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	E	PA, QL, SP
AUBAGIO	E	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
dalfampridine er	1	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	E	PA, ST, QL, SP
fingolimod hcl	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP
glatiramer acetate	1	PA, QL, SP
glatopa	1	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT STARTER PACK	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE	E	PA, QL, SP
teriflunomide	1	PA, QL, SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	PA, QL, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	2	PA, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	2	PA, QL, SP
INGREZZA ORAL CAPSULE 40 MG, 80 MG	2	PA, QL, SP
INGREZZA ORAL CAPSULE 60 MG	2	PA, QL
INGREZZA ORAL CAPSULE SPRINKLE	2	PA, QL, SP
INGREZZA ORAL CAPSULE THERAPY PACK	2	PA, QL, SP
LYRICA ORAL CAPSULE	3	
NUEDEXTA	2	PA, QL
pregabalin oral capsule	1	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
SAVELLA	3	QL
TEGLUTIK	3	PA
TIGLUTIK	3	PA

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
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	
CLINPRO 5000	3	
DENTA 5000 PLUS	3	
DENTAGEL	3	
EVOXAC	E	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL	3	
JUST RIGHT 5000	3	
JUST RIGHT 5000 DENTAL GEL 1.1 %	3	
KOURZEQ	2	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE	2	
PERIDEX	3	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
SALAGEN	3	
sf 5000 plus	1	
sf gel 1.1%	1	

Drug Name	Drug Tier	Requirements & Limits
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	
triamcinolone acetonide mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	
ACANYA	3	QL
accutane	1	
acitretin	1	
ACZONE	E	QL
ADAINZDE EXTERNAL GEL 0.3-2.5-1 %	E	
adapalene external gel	E	PA, QL
adapalene-benzoyl peroxide external gel	1	QL
ADEINZDE	E	
AKLIEF	3	PA, QL
ALA SCALP	3	
ala-cort	E	
alclometasone dipropionate	1	
ammonium lactate external	E	
amnestem	1	
AMZEEQ	3	QL
ARAZLO	E	PA, QL
ATRALIN	E	PA, QL
AVAR CLEANSER	3	
AVAR LS CLEANSER	3	
AVITA EXTERNAL CREAM 0.025 %	3	PA, QL
azelaic acid external	1	
AZELEX	3	QL
BENZAMYCIN	2	QL
benzoyl peroxide-erythromycin	1	QL
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external lotion	1	

See page 6-7 for coverage details.

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

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

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
DIFFERIN EXTERNAL GEL 0.3 %	E	PA, QL	fluticasone propionate external ointment	1	
DIPROLENE	3		halobetasol propionate external cream	1	QL
doxycycline	E		halobetasol propionate external ointment	1	QL
DRYSOL	2		hydrocortisone external cream 1 %	E	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	hydrocortisone external cream 2.5 %	1	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL	hydrocortisone external lotion 2 %, 2.5 %	1	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP	hydrocortisone external ointment 1 %, 2.5 %	1	
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	hydrocortisone valerate external cream	1	QL
EFUDEX EXTERNAL CREAM 5 %	3		hydroquinone external	E	
ELIDEL	E	QL	HYDROXYM EXTERNAL CREAM	E	
ENSTILAR	3	QL	imiquimod external cream 3.75 %	E	QL
EPIDUO	E	QL	imiquimod external cream 5 %	1	
EPIDUO FORTE	E	QL	imiquimod pump	E	QL
ERYGEL	3		IMPOYZ	3	QL
erythromycin external	1		isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
EUCRISA	3	ST, QL	isotretinoin oral capsule 25 mg, 35 mg	E	
FINACEA EXTERNAL FOAM	2		ivermectin external cream	E	QL
FINACEA EXTERNAL GEL	E		KLARON	3	
fluocinolone acetonide body	1	QL	KLISYRI (250 MG)	3	ST, QL
fluocinolone acetonide external	1	QL	KLISYRI (350 MG)	3	ST, QL
fluocinolone acetonide scalp	1		LOPROX EXTERNAL SUSPENSION 0.77 %	E	
fluocinonide external cream 0.05 %	1		METROCREAM	3	
fluocinonide external cream 0.1 %	1	QL	METROGEL	E	
fluocinonide external gel	1		METROLOTION	3	
fluocinonide external ointment	1		metronidazole external	1	
fluocinonide external solution	1		MIRVASO	2	PA, QL
FLUOROURACIL EXTERNAL CREAM 0.5 %	E		mometasone furoate external	1	
fluorouracil external cream 5 %	1		NEMLUVIO	2	PA, QL, SP
fluticasone propionate external cream	1				

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
neuac	1	QL
NORITATE	E	
ONEXTON	3	QL
OPZELURA	3	PA, QL, SP
ORACEA	E	
OVACE PLUS WASH EXTERNAL LIQUID	3	
OVACE WASH	3	
PANRETIN	3	
pimecrolimus	1	QL
PLEXION CLEANSER	3	
podofilox external solution	1	
RETIN-A	E	PA, QL
RHOFADE	3	PA, QL
SANTYL	3	QL
selenium sulfide external lotion	1	
sodium sulfacetamide wash	1	
SOOLANTRA	1	QL
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external liquid 9-4.5 %	E	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	E	
SUMADAN WASH	E	
SYNALAR	3	QL
SYNALAR EXTERNAL SOLUTION 0.01 %	3	QL
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	E	QL
TACLONEX EXTERNAL SUSPENSION	1	QL
tacrolimus external	1	QL
tazarotene external cream	1	PA, QL

Drug Name	Drug Tier	Requirements & Limits
TAZORAC EXTERNAL CREAM	3	PA, QL
TOLAK	3	
TOPICORT	3	QL
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	3	QL
TREMFYA CROHNS INDUCTION	3	PA, QL
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	2	PA, QL
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	2	PA, QL
tretinoin external cream	1	QL
tretinoin external gel 0.01 %, 0.025 %	1	QL
tretinoin external gel 0.05 %	1	PA, QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
triamcinolone in absorbbase	E	
TRIANEX EXTERNAL OINTMENT 0.05 %	E	
triderm	1	QL
TRIDESILON EXTERNAL CREAM 0.05 %	3	QL
tritocin external ointment 0.05 %	E	
urea external cream 20 %, 40 %, 41 %, 45 %	1	
urea external cream 39 %, 47 %	E	
UREA EXTERNAL CREAM 39.5 %	E	
uredeb	E	
UREMEZ-40	3	

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
URESOL	E		BD PEN NEEDLE MICRO ULTRAFINE	2	QL
VANOS	E	QL	BD PEN NEEDLE MINI ULTRAFINE	2	QL
VTAMA	3	PA, QL	BD PEN NEEDLE NANO ULTRAFINE	2	QL
WINLEVI	E	QL	BD PEN NEEDLE ORIG ULTRAFINE	2	QL
xurea	E		BD PEN NEEDLE SHORT ULTRAFINE	2	QL
zenatane	1		BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	2	
ZILXI	3	PA, ST, QL	BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	2	
ZORYVE EXTERNAL CREAM 0.15 %	3	PA	BD ULTRA-FINE PEN NEEDLES	2	QL
ZORYVE EXTERNAL CREAM 0.3 %	3	PA, QL	BD ULTRA-FINE U-500 INSULIN SYRINGES	2	
ZORYVE EXTERNAL FOAM	3	PA, QL	BD VEO ULTRA-FINE INSULIN SYRINGES	2	
ZYCLARA	E	QL	BD-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	2		CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
ACCU-CHEK GUIDE ME METER	2		CAREPOINT SAFETY 1ST NEEDLE	2	
ACCU-CHEK GUIDE TEST STRIPS	2	QL	CARESENS N PLUS BT	E	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL	CARETOUCH MONITOR SYSTEM	E	
ACCU-CHEK SOFTCLIX LANCET	1		CARETOUCH TEST	E	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1		CEQUR SIMPLICITY 2U 8PK	3	ST
ACCUTREND GLUCOSE	E	QL	CONTOUR MONITOR KIT W/ DEVICE	E	
AGAMATRIX PRESTO TEST	E	QL	CONTOUR NEXT EZ KIT W/DEVICE	1	
AQ INSULIN SYRINGE	2	QL	CONTOUR NEXT GEN MONITOR KIT	1	
AQINJECT PEN NEEDLE	2	QL	CONTOUR NEXT GEN TEST STRIPS	1	QL
BD AUTOSHIELD DUO PEN NEEDLES	2	QL			
BD BLUNT FILL NEEDLE W/FILTER	2				
BD ECLIPSE NEEDLE 18G X 1-1/2" , 23G X 1" , 25G X 5/8" , 27G X 1/2"	2				
BD ECLIPSE SHIELDED NEEDLE	2				

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
CONTOUR NEXT LINK KIT W/ DEVICE	E	
CONTOUR NEXT LINK KIT W/ DEVICE	E	(Contour Next Link 24)
CONTOUR NEXT MONITOR KIT W/ DEVICE	1	
CONTOUR NEXT ONE KIT	1	
CONTOUR NEXT TEST STRIPS	1	
CONTOUR PLUS BLUE KIT W/ DEVICE	1	
CONTOUR PLUS TEST STRIP	1	QL
CONTOUR TEST STRIPS	E	QL
CVS ADVANCED GLUCOSE TEST	E	QL
CVS GLUCOSE METER TEST STRIPS	E	QL
CVS TRUE METRIX GLUCOSE TEST	E	QL
D-CARE BLOOD GLUCOSE	E	QL
D-CARE GLUCOMETER	E	
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
DIABETES CARE	E	
DIABETES MONITOR DIGIT ADD-ON	3	
DIABETES MONITOR DIGIT SOLN	3	
DROPSAFE SAFETY SYRINGE/ NEEDLE	2	QL
EASY MAX BLOOD GLUCOSE TEST	E	QL
EASY MAX T1 GLUCOSE SYSTEM	E	
EASY TOUCH HEALTHPRO GLUCOSE	E	
EASY TOUCH TEST	E	QL
EASYGLUCO	E	
EASYMAX 15 TEST	E	QL
EASYMAX NG BLOOD GLUCOSE KIT	E	
EMBECTA INSULIN SYRINGE	2	QL

Drug Name	Drug Tier	Requirements & Limits
EMBRACE BLOOD GLUCOSE TEST	E	QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	E	QL
EVERSENSE 365 SENSOR/HOLDER	E	PA
EVERSENSE 365 SMART TRANSMIT	E	PA
EVERSENSE E3 SENSOR/HOLDER	E	PA
EVERSENSE E3 SMART TRANSMITTER	E	PA
EVERSENSE SENSOR/HOLDER	E	PA
EVERSENSE SMART TRANSMITTER	E	PA
FORA 6 CONNECT/GTEL TEST	E	QL
FORTISCARE G1 TEST STRIP IN VITRO STRIP	E	QL
FORTISCARE TEST IN VITRO STRIP	E	QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA
FREESTYLE LIBRE 2 READER	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA
FREESTYLE LIBRE 3 READER	3	PA
FREESTYLE LIBRE 3 SENSOR	3	PA, QL
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE PRECISION NEO SYSTEM	E	
FREESTYLE PRECISION NEO TEST	E	QL
FREESTYLE TEST	E	QL
GLUCOCARD EXPRESSION TEST	E	QL
GLUCOCARD SHINE TEST	E	QL
GLUCOCARD VITAL TEST	E	QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA, QL
GUARDIAN 4 TRANSMITTER	3	PA, QL
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
GUARDIAN REAL-TIME REPLACE PED	3	PA	NOVOFINE PLUS PEN NEEDLE	2	QL
GUARDIAN SENSOR 3	3	PA, QL	NOVOPEN ECHO	3	
GVOKE HYPOPEN 1-PACK	2	QL	OMNIPOD 5 DEXCOM INTRO KIT	2	PA, QL
GVOKE HYPOPEN 2-PACK	2	QL	OMNIPOD 5 DEXCOM PODS	2	PA
GVOKE KIT	2		OMNIPOD 5 DEXCOM PODS	2	PA, QL
GVOKE PFS	2		OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL
HEALTHPRO BLOOD GLUCOSE MONITO	E		OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL
IHEALTH BLOOD GLUCOSE TEST STR	E	QL	OMNIPOD 5 LIBRE INTRO KIT	2	PA
IHEALTH GLUCO+ KIT 10	E		OMNIPOD 5 LIBRE PODS	2	PA
IHEALTH GLUCO+ KIT 100	E		ON CALL EXPRESS BLOOD GLUCOSE	E	QL
INPEN	3	ST	ON CALL EXPRESS MONITORING SYS	E	
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	ONETOUCH ULTRA 2 KIT W/ DEVICE	E	
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	ONETOUCH ULTRA BLUE TEST	E	QL
LANCETS	1		ONETOUCH ULTRA TEST STRIPS	E	QL
MICRODOT TEST	E	QL	ONETOUCH VERIO FLEX SYSTEM KIT	E	
MINILINK REAL-TIME TRANSMITTER	3	PA	ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	E	
MINIMED 630G GUARDIAN PRESS	3	PA	ONETOUCH VERIO KIT W/DEVICE	E	
MM BLOOD GLUCOSE SYSTEM	E		ONETOUCH VERIO REFLECT KIT W/DEVICE	E	
MM BLOOD GLUCOSE SYSTEM REFILL	E		ONETOUCH VERIO TEST STRIPS	E	QL
MM BLULINK GLUCOSE TEST	E	QL	OPTIUMEZ TEST	E	QL
MM EASY TOUCH GLUCOSE METER	E		PARADIGM REAL-TIME TRANSMITTER	3	PA
MONOJECT HYPODERMIC NEEDLE 18G X 1"	2		PIP BLOOD GLUCOSE TEST STRIP	E	QL
NEUTEK 2TEK TEST	E	QL	PRECISION XTRA BLOOD GLUCOSE	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL	PRECISION XTRA KIT W/DEVICE	E	
NOVOFINE PEN NEEDLE	2	QL	PREMIUM BLOOD GLUCOSE TEST IN VITRO STRIP	E	QL
			PTS PANELS EGLU TEST	E	QL
			QUICK TOUCH BLOOD GLUCOSE	E	
			QUICK TOUCH BLOOD GLUCOSE TEST	E	QL
			QUINTET AC BLOOD GLUCOSE TEST	E	QL

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
QUINTET BLOOD GLUCOSE TEST	E	QL	ADMELOG SOLOSTAR	E	QL
RELION GLUCOSE TEST STRIPS	E	QL	BASAGLAR KWIKPEN	E	QL
RELION TRUE MET AIR GLUC METER	E		BASAGLAR TEMPO PEN	E	
RELION TRUE METRIX TEST STRIPS	E	QL	HUMALOG CARTRIDGE	2	QL
RELION ULTIMA GLUCOSE SYSTEM	E		HUMALOG INJECTION	3	QL
RELION ULTIMA TEST	E	QL	HUMALOG KWIKPEN	2	QL
RIGHTEST GT333 GLUCOSE TEST	E	QL	HUMALOG MIX 50/50 KWIKPEN	2	QL
SIMPLERA SENSOR	E	PA	HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	QL
SIMPLERA SYNC SENSOR	E	PA	HUMALOG MIX 75/25 KWIKPEN	2	QL
SIMPLERA SYSTEM	E	PA	HUMALOG MIX 75/25 VIAL	1	QL
TECHLITE INSULIN SYRINGES	2	QL (Arkay)	HUMALOG SUBCUTANEOUS	2	QL
TECHLITE PEN NEEDLES	2	QL (Arkay)	HUMALOG TEMPO PEN	E	QL
TECHLITE PLUS PEN NEEDLES	2	QL (Arkay)	HUMALOG U-100 JUNIOR KWIKPEN	2	QL
TEMPO REFILL	E		HUMULIN 70/30 KWIKPEN	2	QL
TEMPO WELCOME	E		HUMULIN 70/30 VIAL	1	QL
TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL	HUMULIN N KWIKPEN	2	QL
TRUE METRIX AIR GLUCOSE METER KIT	E		HUMULIN N VIAL	1	QL
TRUE METRIX BLOOD GLUCOSE TEST	E	QL	HUMULIN R U-500 KWIKPEN	2	QL
TRUE METRIX GO GLUCOSE METER	E		HUMULIN R U-500 VIAL	1	QL
TRUE METRIX METER	E		HUMULIN R VIAL	1	QL
TRUE METRIX PRO BLOOD GLUCOSE	E	QL	INSULIN ASPART	E	QL
TWIIST REFILL KIT	2	PA, QL	INSULIN ASPART FLEXPEN	E	ST, QL
TWIIST REFILL KIT/INFUSION SET	2	PA, QL	INSULIN DEGLUDEC FLEXTOUCH	E	QL
TWIIST STARTER KIT	2	PA, QL	INSULIN GLARGINE	E	QL
UNISTRIPI1 GENERIC	E	QL	INSULIN GLARGINE MAX SOLOSTAR	E	QL
VERISAFE SAFETY STERILE NEEDLE	2		INSULIN GLARGINE SOLOSTAR	E	QL
VIVAGUARD INO GLUCOSE METER KIT	E		INSULIN LISPRO	1	QL
VIVAGUARD INO TEST STRIPS	E	QL	INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen), QL
Diabetes - Insulin			INSULIN LISPRO KWIKPEN	2	QL
ADMELOG	E	QL	INSULIN LISPRO PROT & LISPRO	2	QL
			LANTUS SOLOSTAR	1	QL
			LANTUS U-100 VIAL	1	QL
			LYUMJEV KWIKPEN	2	QL

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
LYUMJEV TEMPO PEN	E	QL	BYDUREON BCISE AUTOINJECTOR	2	PA, QL
LYUMJEV VIAL	1	QL	SUBCUTANEOUS AUTO-INJECTOR		
NOVOLIN 70/30 FLEXPEN	E	QL	2 MG/0.85ML		
NOVOLIN 70/30 FLEXPEN RELION	E	QL	DAPAGLIFLOZIN PRO-METFORMIN	E	ST, QL
NOVOLIN 70/30 RELION	E	QL	ER		
NOVOLIN 70/30 VIAL	E	QL	DAPAGLIFLOZIN PROPANEDIOL	E	ST, QL
NOVOLIN N FLEXPEN	E	QL	FARXIGA	E	ST, QL
NOVOLIN N FLEXPEN RELION	E	QL	glimepiride oral tablet 1 mg,	1	
NOVOLIN N RELION	E	QL	2 mg, 4 mg		
NOVOLIN N VIAL	E	QL	glimepiride oral tablet 3 mg	E	
NOVOLIN R FLEXPEN RELION	2	QL	glipizide er	1	
SOLUTION PEN-INJECTOR 100			glipizide ir	1	
UNIT/ML INJECTION			glipizide xl oral tablet extended	1	
NOVOLIN R FLEXPEN RELION	E	QL	release 24 hour 10 mg, 2.5 mg, 5		
SOLUTION PEN-INJECTOR 100			mg		
UNIT/ML INJECTION			glipizide-metformin hcl	1	
NOVOLIN R FLEXPEN SOLUTION	2	QL	glucagon emergency kit 1 mg	1	QL
PEN-INJECTOR 100 UNIT/ML			injection		
INJECTION			GLUCAGON EMERGENCY KIT	3	QL
NOVOLIN R FLEXPEN SOLUTION	E	QL	1 MG INJECTION		
PEN-INJECTOR 100 UNIT/ML			GLUCAGON EMERGENCY KIT for	2	QL (Fresenius)
INJECTION			LOW BLOOD SUGAR		
NOVOLIN R RELION	E	QL	GLUCOTROL XL	3	
NOVOLIN R VIAL	E	QL	GLUMETZA ORAL TABLET	E	
NOVOLOG FLEXPEN	E	ST, QL	EXTENDED RELEASE 24 HOUR		
NOVOLOG FLEXPEN RELION	E	ST, QL	1000 MG, 500 MG		
NOVOLOG RELION	E	ST, QL	glyburide oral	1	
NOVOLOG U-100 VIAL	E	ST, QL	glyburide-metformin	1	
TOUJEO MAX SOLOSTAR	2	QL	GLYXAMBI	2	ST, QL
TOUJEO SOLOSTAR	2	QL	INVOKANA	E	ST, QL
TRESIBA FLEXTOUCH	E	QL	JANUMET	E	ST, QL
Diabetes - Non-Insulin Agents			JANUVIA	E	ST, QL
acarbose oral	1		JARDIANCE	2	QL
ACTOPLUS MET	3	QL	JENTADUETO	2	QL
ACTOS	E	QL	JENTADUETO XR	2	QL
ALOGLIPTIN BENZOATE	2	QL	KOMBIGLYZE XR ORAL TABLET	E	QL
BAQSIMI ONE PACK	2	QL	EXTENDED RELEASE 24 HOUR 2.5-		
BAQSIMI TWO PACK	2	QL	1000 MG, 5-1000 MG,		
			5-500 MG		
			liraglutide	1	PA, QL

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
metformin hcl er	1	
metformin hcl er (mod)	E	
metformin hcl er (osm)	E	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg, 750 mg	E	
MOUNJARO	2	PA, QL
nateglinide	1	QL
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	3	QL
ONGLYZA	E	QL
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	2	PA
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML, 8 MG/3ML	2	PA, QL
pioglitazone hcl	1	QL
pioglitazone hcl-metformin hcl	1	QL
repaglinide	1	QL
RYBELSUS	2	PA, QL
saxagliptin hcl	1	QL
saxagliptin-metformin er	1	QL
SOLQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, QL
XIGDUO XR	E	ST, QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	PA, SP

Drug Name	Drug Tier	Requirements & Limits
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIIO	3	PA, SP
ALVAIZ	3	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
DOPTelet	3	PA, QL, SP
ELOCTATE	3	PA, SP
FABHALTA	2	PA, QL, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	E	PA, SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
HYMPAVZI	2	PA, QL, SP
IDELVION	3	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
NEULASTA	2	
NIVESTYM	2	
NOVOEIGHT	2	SP
NUVIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
NUVIQ INTRAVENOUS KIT 1500 UNIT	2	
NYVEPRIA	E	
RECOMBINATE	2	SP

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
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	2	PA, QL, SP
WILATE	2	
ZARXIO	2	
Drugs for Sexual Dysfunction		
ADDYI	3	QL
avanafil	1	QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	3	PA, QL
OSPHENA	2	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	3	QL
tadalafil oral	1	QL
varденаfil hcl oral tablet	1	QL
VIAGRA	E	QL
VYLEESI	3	QL
Electrolytes / Vitamins		
ACCRUFER	E	
CARNITOR ORAL SOLUTION	3	
CARNITOR SF	3	
CO-NATAL FA	2	
cvs prenatal	E	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	

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

See page 6-7 for coverage details.

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

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

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
lansoprazole oral capsule delayed release	E	QL
lansoprazole oral tablet delayed release dispersible	1	QL
misoprostol oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	QL
NEXIUM ORAL PACKET	3	QL
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PEPCID	E	
PREVACID	E	QL
PREVACID SOLUTAB	E	QL
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	3	QL
rabeprazole sodium oral tablet delayed release	1	QL
sucralfate 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		
AMITIZA	3	PA, QL
ANASPAZ	2	
BYLVAY	3	PA, QL, SP
BYLVAY (PELLETS)	3	PA, QL, SP
chlordiazepoxide-clidinium	1	
CLENPIQ	2	QL
constulose	1	
cromolyn sodium oral	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
enulose	1	
GASTROCROM	E	
gavilyte-c	1	H
gavilyte-g	1	QL, H
gavilyte-n with flavor pack	1	QL, H
generlac	1	
GLYCATE	E	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
GOLYTELY	1	QL, H
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sublingual	1	
IBSRELA	E	PA, ST, QL
IQIRVO	3	PA, ST, QL, SP
lactulose encephalopathy	1	
lactulose oral solution	1	
LEVIBID	3	
LEVSIN	3	
LEVSIN/SL	3	
LIBRAX	E	
LINZESS	2	PA, QL
LIVDELZI	3	PA, ST, QL, SP
LOMOTIL	3	
loperamide hcl oral capsule	E	
lubiprostone	1	PA, QL
MOTTEGRITY	E	PA, QL
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	1	QL
NULEV	3	
OSCIMIN	3	
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	1	QL

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
peg-kcl-nacl-nasulf-na asc-c	1	QL
PLENVU	2	QL
prucalopride succinate	1	PA, QL
RELTONE	E	
REZDIFFRA	3	PA, QL
ROBINUL ORAL TABLET 1 MG	E	
ROBINUL-FORTE ORAL TABLET 2 MG	E	
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	2	
SYMPROIC	2	PA, QL
TRULANCE	3	PA, ST, QL
URSO 250 ORAL TABLET 250 MG	E	
URSO FORTE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
ATTRUBY	2	PA, QL, SP
CARNITOR ORAL TABLET	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	E	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	E	PA, QL
levocarnitine oral tablet	1	
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST

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

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

Drug Name	Drug Tier	Requirements & Limits
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
azurette	1	H
balziva	1	H
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	1	H
camila	1	H
camrese	1	H
camrese lo	1	H
charlotte 24 fe	1	H
chateal eq	1	H
CLIMARA	E	QL
CLIMARA PRO	2	QL
COMBIPATCH	2	QL
COVARYX	2	
COVARYX HS	3	
cryselle-28	1	H
cyred eq	1	H
dasetta 1/35 (28)	1	H
dasetta 7/7/7	1	H
daysee	1	H
deblitane	1	H
DELESTROGEN	3	
delyla	1	H
DEPO-PROVERA	3	QL
DEPO-SUBQ PROVERA 104	1	QL, H
desogestrel-ethinyl estradiol	1	H

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM	3		estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM	2		estradiol patch twice weekly 0.05 mg/24hr transdermal	1	QL
dotti	1	QL	estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Minivelle), QL
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	1		estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H	estradiol patch twice weekly 0.075 mg/24hr transdermal	1	QL
drospirenone-ethinyl estradiol	1	H	estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Minivelle), QL
DUAVEE	3	QL	estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
EEMT	2		estradiol patch twice weekly 0.1 mg/24hr transdermal	1	QL
EEMT HS	3		estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle), QL
ELESTRIN	3		estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
elinest	1	H	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	
ELLA	1	QL, H	estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	1	QL
eluryng	1	H	estradiol transdermal patch weekly	1	(generic for Climara), QL
emzahh	1	H	estradiol vaginal	1	
enilloring	1	H	estradiol valerate intramuscular	1	
enpresse-28	1	H	estradiol-norethindrone acet	1	
enskyce	1	H	estratest f.s.	1	
errin	1	H	ESTRATEST H.S.	3	
est estrogens-methyltest	1		ESTRING	2	QL
est estrogens-methyltest ds	1		ESTROGEL	3	QL
est estrogens-methyltest hs	1		ethynodiol diac-eth estradiol	1	H
estarylla	1	H	etonogestrel-ethinyl estradiol	1	H
ESTRACE	E		EVAMIST	2	
estradiol oral	1		falmina	1	H
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	QL	fayosim oral tablet 42-21-21-7 days	1	H
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Minivelle), QL	feirza 1.5/30	1	H
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL			
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	QL			
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Minivelle), QL			

See page 6-7 for coverage details.

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

Drug Name	Drug Tier	Requirements & Limits
lessina	1	H
levonest	1	H
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	H
levonorgest-eth estrad 91-day	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levonorg-eth estrad triphasic	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
lojaimiess	1	H
loryna	1	H
low-ogestrel	1	H
lo-zumandimine	1	H
luteria	1	H
lyleq	1	H
lyllana	1	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular	1	QL, H
medroxyprogesterone acetate oral	1	
megestrol acetate oral tablet	1	
meleya	1	H
MENOSTAR	3	QL
mibelas 24 fe	1	H
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
mili	1	H	nymyo oral tablet 0.25-35 mg-mcg	1	H
mimvey	1		ocella	1	H
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	E		PHEXXI	E	
MINIVELLE	E	QL	philith	1	H
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	E		pimtrea	1	H
mono-lynyah	1	H	portia-28	1	H
MYFEMBREE	2	QL	PREMARIN ORAL	2	
NATAZIA	1		PREMARIN VAGINAL	3	
necon 0.5/35 (28)	1	H	PREMPHASE	2	
NEXTSTELLIS	3		PREMPRO	2	
nikki	1	H	progesterone intramuscular	1	
nora-be	1	H	progesterone oral	1	
norelgestromin-eth estradiol	1	H	PROMETRIUM	E	
norethin ace-eth estrad-fe oral tablet	1	H	PROVERA	3	
norethin ace-eth estrad-fe oral tablet chewable	1	H	QUARTETTE ORAL TABLET 42-21-21-7 DAYS	E	
norethindrone acetate oral	1		reclipsen	1	H
norethindrone acet-ethinyl est	1	H	rivelsa	1	H
norethindrone oral	1	H	rosyrah	1	H
norethindrone-eth estradiol	1		SAFYRAL	E	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H	SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	E	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H	setlakin	1	H
norgestimate-ethinyl estradiol triphasic	1	H	sharobel	1	H
norlyroc	1	H	simliya	1	H
nortrel 0.5/35 (28)	1	H	simpesse	1	H
nortrel 1/35 (21)	1	H	SLYND	3	
nortrel 1/35 (28)	1	H	sprintec 28	1	H
nortrel 7/7/7	1	H	sronyx	1	H
NUVARING	E		syeda	1	H
nylia 1/35	1	H	tarina 24 fe	1	H
nylia 7/7/7	1	H	tarina fe 1/20 eq	1	H
			tilia fe	1	H
			tri-estarylla	1	H
			tri-legest fe	1	H
			tri-lynyah	1	H
			tri-lo-estarylla	1	H

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
tri-lo-marzia	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec	1	H
trivora (28)	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
turqoz	1	H
TWIRLA	3	
TYBLUME	1	
tydemy oral tablet 3-0.03-0.451 mg	1	H
VAGIFEM	E	
valtya 1/50	1	H
velivet	1	H
vestura	1	H
vienva	1	H
viorele	1	H
VIVELLE-DOT	E	QL
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	1	H
xarah fe	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvaferm	1	
zafemy	1	H
zovia 1/35 (28)	1	H
zumandimine	1	H
Hormonal Agents - Oral Steroids		
CORTEF	3	
DEXABLISS ORAL TABLET THERAPY PACK 1.5 MG (39)	E	

Drug Name	Drug Tier	Requirements & Limits
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	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 5 mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL
prednisone oral	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	3	
TAPERDEX 7-DAY	3	
Hormonal Agents - Other		
cabergoline	1	
DDAVP ORAL	E	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA
megestrol acetate oral suspension 40 mg/ml	1	
NGENLA	3	PA, QL, SP

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	3	PA, QL
NORDITROPIN FLEXPPO	2	PA, QL, SP
NUTROPIN AQ NUSPIN 10	E	PA, QL, SP
NUTROPIN AQ NUSPIN 20	E	PA, QL, SP
NUTROPIN AQ NUSPIN 5	E	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	QL
SKYTROFA	3	PA, QL, SP

Hormonal Agents - Testosterone Replacement

ANDROGEL PUMP	E	QL
DEPO-TESTOSTERONE	3	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	E	QL
JATENZO	E	QL
KYZATREX	3	QL
NATESTO	E	QL
TESTIM	1	QL
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 12.5 mg/act (1%) transdermal	1	QL
testosterone gel 12.5 mg/act (1%) transdermal	E	QL
testosterone gel 20.25 mg/act (1.62%) transdermal	1	QL
testosterone gel 20.25 mg/act (1.62%) transdermal	E	QL
testosterone gel 25 mg/2.5gm (1%) transdermal	1	QL
testosterone gel 25 mg/2.5gm (1%) transdermal	E	QL
testosterone transdermal gel 1.62 %	1	QL

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

Hormonal Agents - Thyroid

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

See page 6-7 for coverage details.

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

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

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ADALIMUMAB-ADB(M/UC/HS STRT)	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP	CIMZIA (2 SYRINGE)	2	PA, QL, SP
ADALIMUMAB-ADB(M/PS/UV STARTER)	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP	CIMZIA-STARTER	2	PA, QL, SP
ADALIMUMAB-FKJP (2 PEN)	E	PA, (Manufactured by Biocon), QL, SP	CINRYZE	E	PA, QL, SP
ADALIMUMAB-FKJP (2 SYRINGE)	E	PA, (Manufactured by Biocon), QL, SP	COSENTYX (300 MG DOSE)	2	PA, QL, SP
ADBRY SOLUTION AUTO-INJECTOR	2	PA, QL, SP	COSENTYX 150 MG/ML SUBCUTANEOUS	2	PA, QL, SP
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP	COSENTYX SENSOREADY (300 MG)	2	PA, QL, SP
AMJEVITA 40 MG/0.4ML, 80 MG/0.8ML	2	PA, QL, SP	COSENTYX SENSOREADY PEN	2	PA, QL, SP
AMJEVITA 40 MG/0.8ML	E	PA, QL, SP	COSENTYX UNOREADY	2	PA, QL, SP
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	E	PA, QL, SP	cyclosporine modified oral capsule	1	
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	2	PA, QL, SP	CYLTEZO (2 PEN)	E	PA, QL, SP
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	E	PA, QL, SP	CYLTEZO (2 SYRINGE)	E	PA, QL, SP
ARAVA	E		CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, SP
AZASAN	3		CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
azathioprine oral	1		CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, SP
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
BIMZELX	3	PA, ST, QL, SP	EMPAVELI	2	PA, QL, SP
CELLCEPT ORAL CAPSULE	E		ENBREL	2	PA, QL, SP
CELLCEPT ORAL TABLET	E		ENBREL MINI	2	PA, QL, SP
			ENBREL SURECLICK	2	PA, QL, SP
			ENTYVIO PEN	2	PA, (SUBCUTANEOUS), QL, SP
			ENVARUSUS XR	E	
			everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	
			gengraf oral capsule	1	
			HADLIMA	E	PA, QL, SP
			HADLIMA PUSHTOUCH	E	PA, QL, SP

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	2	PA, QL, SP	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	E	PA, QL, SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	2	PA, SP	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML, 80 MG/0.8ML	E	PA, SP
HULIO (2 PEN)	E	PA, QL, SP	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	E	PA, QL, SP
HULIO (2 SYRINGE)	E	PA, QL, SP	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	E	PA, QL, SP
HUMIRA (1 PEN)	E	PA, QL, SP	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	E	PA, SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, QL, SP	HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	E	PA, SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	E	PA, QL, SP	HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	E	PA, QL, SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	HYRIMOZ-PED<40KG CROHN STARTER	E	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	E	PA, QL, SP	HYRIMOZ-PED>=40KG CROHN START	E	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	E	PA, QL, SP	HYRIMOZ-PLAQ PSOR/UVEIT START	E	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, QL, SP	HYRIMOZ-PLAQUE PSORIASIS START	E	PA, QL, SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	E	PA, QL, SP	IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
HUMIRA-CD/UC/HS STARTER	E	PA, QL, SP	IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	E	PA, QL, SP
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	E	PA, QL, SP	IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	E	PA, QL, SP	IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, QL, SP	IMURAN	E	
HUMIRA-PSORIASIS/UVEIT STARTER	E	PA, QL, SP			
HYFTOR	3	PA, QL			

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
JYLAMVO	3	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, ST, QL, SP
leflunomide oral	1	
LITFULO	3	PA, QL, SP
LUPKYNIS	3	PA, QL, SP
methotrexate sodium (pf)	1	
methotrexate sodium injection solution	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	
mycophenolate mofetil oral tablet	1	
mycophenolate sodium	1	
mycophenolic acid	1	
MYFORTIC	E	
MYHIBBIN	1	
NEORAL ORAL CAPSULE	E	
OLUMIANT ORAL TABLET 1 MG, 4 MG	3	PA, ST, QL
OLUMIANT ORAL TABLET 2 MG	3	PA, ST, QL, SP
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, (SUBCUTANEOUS), QL, SP
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, (SUBCUTANEOUS), QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
OTEZLA ORAL TABLET 20 MG	2	PA, QL
OTEZLA ORAL TABLET 30 MG	2	PA, QL, SP
OTREXUP	E	QL
PROGRAF ORAL CAPSULE	3	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	E	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	3	PA, QL, SP
SIMLANDI (1 PEN)	E	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
SIMLANDI (1 SYRINGE)	E	PA, QL, SP
SIMLANDI (2 PEN)	E	PA, QL, SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	E	PA, QL, SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	E	PA, SP
SIMPONI	2	PA, QL, SP
sirolimus oral tablet	1	
SKYRIZI PEN	2	PA, QL, SP
SKYRIZI SUBCUTANEOUS	2	PA, QL, SP
SOTYKTU	2	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, QL, SP
STEQEYMA SUBCUTANEOUS	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO SUBCUTANEOUS SOLUTION	2	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
TREMFYA ONE-PRESS	2	PA, QL, SP
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	2	PA, QL, SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA, QL, SP
TREXALL	2	
USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, QL, SP
XELJANZ	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
YESINTEK SUBCUTANEOUS	2	PA, QL, SP

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
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		
ABRYSO	3	H
ADACEL	3	H
AFLURIA PRESERVATIVE FREE	3	H
AREXVY	3	H
BOOSTRIX	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
CAPVAXIVE	3	H
COMIRNATY	3	H
ENGRIX-B	2	H
FLUAD	3	H
FLUARIX	3	H
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL	3	H
FLUZONE HIGH-DOSE	3	H
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
HAVRIX	3	H
HEPLISAV-B	3	H
IPOL	2	H
MENQUADFI	3	H
MENVEO	3	H
M-M-R II	2	H
MODERNA COVID-19 VAC 6M-11Y	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H

Drug Name	Drug Tier	Requirements & Limits
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PREVNAR 20	3	H
PRIORIX	3	H
RECOMBIVAX HB	2	H
SHINGRIX	3	H
SPIKEVAX	3	H
TENIVAC	3	H
TWINRIX	3	H
VAQTA	2	H
VARIVAX	3	H
VIVOTIF	E	
Infertility Agents		
CETROTIDE	3	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral	1	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL, SP
FYREMADEL	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Merck/ Organon), QL, SP
GONAL-F	3	ST, SP
GONAL-F RFF	3	ST, SP
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	

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
ANUCORT-HC	2	
ANUSOL-HC	3	
APRISO	1	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
budesonide oral	1	
CANASA	E	
COLAZAL	E	
CORTIFOAM	2	
DELZICOL	E	
DIPENTUM	3	
HEMMOREX-HC	3	
hydrocortisone (perianal) external cream 1 %	E	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	E	
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral capsule delayed release 400 mg	1	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine oral tablet delayed release 800 mg	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	1	QL
PROCORT	3	
PROCTOCORT EXTERNAL	E	
PROCTOCORT RECTAL	3	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	3	
PROCTOZONE-HC	3	

Drug Name	Drug Tier	Requirements & Limits
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	1	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
ACTONEL	E	QL
alendronate sodium oral tablet	1	
BONSITY	3	PA, SP
EVISTA	E	
FORTEO	E	PA, SP
FOSAMAX	3	
ibandronate sodium oral	1	
raloxifene hcl	1	H-PA
risedronate sodium oral tablet 150 mg, 35 mg	1	QL
risedronate sodium oral tablet 30 mg, 5 mg	1	
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	E	PA, SP
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	3	PA, SP
TYMLOS	3	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
cinacalcet hcl	1	
ROCALtrol ORAL CAPSULE	3	
SENSIPAR	E	
YORVIPATH	3	PA, QL, SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	3	
ALREX	3	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
bromfenac sodium (once-daily)	1	
bromfenac sodium ophthalmic solution 0.07 %	1	
bromfenac sodium ophthalmic solution 0.075 %	1	QL
BROMSITE	3	QL
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
epinastine hcl	1	QL
erythromycin ophthalmic	1	H-PA
EYSUVIS	2	QL
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	3	
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic	1	QL
ILEVRO	3	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
KLARITY-A	E	
LOTEMAX OPHTHALMIC GEL	3	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	1	
loteprednol etabonate ophthalmic suspension	1	QL
MAXITROL	3	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth	1	
NEVANAC	3	

Drug Name	Drug Tier	Requirements & Limits
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	1	
olopatadine hcl ophthalmic solution 0.2 %	E	
POLYCIN	3	
polymyxin b-trimethoprim	1	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
PROLENSA	3	
sulfacetamide sodium ophthalmic solution	1	
TOBRADEX	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	3	
TOBRADEX ST	3	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	1	
VIGAMOX	E	
XDEMZY	3	PA, QL
ZYLET	3	
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

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	E	QL
brinzolamide	1	QL
COMBIGAN	1	QL
COSOPT	3	
COSOPT PF	E	QL
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	QL
ISTALOL	3	
IYUZEH	3	QL
latanoprost ophthalmic	1	
LUMIGAN	2	
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
VYZULTA	3	ST, QL
XALATAN	E	
ZIOPTAN	3	ST, QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		

Drug Name	Drug Tier	Requirements & Limits
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	
MIEBO	3	PA, QL
RESTASIS	1	PA, QL
RESTASIS MULTIDOSE	3	PA, QL
TYRVAYA	3	PA, QL
VERKAZIA	3	PA, QL
VEVYE	E	PA, QL
XIIDRA	2	PA, QL
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	1	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	
ciprofloxacin-dexamethasone	1	
DERMOTIC	3	
flac otic oil 0.01 %	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	2	QL
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
NEFFY	3	
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	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
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	
cyproheptadine hcl oral	1	

Drug Name	Drug Tier	Requirements & Limits
desloratadine oral tablet	1	
DYMISTA	E	QL
flunisolide nasal	1	
fluticasone propionate nasal	1	QL
g tussin ac	1	
guaifenesin ac oral syrup 100-10 mg/5ml	1	
guaifenesin-codeine	1	
HYCODAN ORAL SOLUTION	E	PA, QL
hydrocod poli-chlorphe poli er	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	
PULMOSAL	2	
RYALTRIS	3	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	

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ADVAIR DISKUS	E	QL	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic ProAir HFA or Proventil HFA), QL
ADVAIR HFA	2	QL, RS	albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1	
AEROCHAMBER HOLDING CHAMBER	2		ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
AEROCHAMBER PLS FLOVU MTHPIECE	2		ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	E	
AEROCHAMBER PLUS FLO-VU	2		albuterol sulfate oral syrup 2 mg/5ml	1	
AEROCHAMBER PLUS FLO-VU INTERM	2		ANORO ELLIPTA	3	QL
AEROCHAMBER PLUS FLO-VU LARGE	2		ARNUITY ELLIPTA	1	QL
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2		ASMANEX HFA	E	QL
AEROCHAMBER PLUS FLO-VU SMALL	2		ATROVENT HFA	2	QL
AEROCHAMBER PLUS FLO-VU W/ MASK	2		BEVESPI AEROSPHERE	2	QL
AEROCHAMBER2GO ANTI-STATIC	2		BREATHE COMFORT CHAMBER/ ADULT	2	
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ ACT	E	QL	BREATHE COMFORT CHAMBER/ CHILD	2	
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ ACT	E	QL	BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT	2	QL, RS
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ ACT	E	QL	BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT, 50-25 MCG/INH	3	QL, RS
AIRSUPRA	3	QL	breyna	E	QL, RS
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL	BREZTRI AEROSPHERE	3	QL, RS
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for ProAir HFA or Proventil HFA), QL	budesonide inhalation	1	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for Ventolin HFA), QL	budesonide-formoterol fumarate	E	QL, RS
			COMBIVENT RESPIMAT	2	QL
			DALIRESP	E	QL
			DULERA	3	ST, QL
			EASIVENT	2	
			EASIVENT MASK LARGE	2	
			EASIVENT MASK MEDIUM	2	

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
EASIVENT MASK SMALL	2	
FASENRA PEN	3	PA, QL
FLEXICHAMBER	2	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL
FLUTICASONE FUROATE-VILANTEROL	3	QL, RS
FLUTICASONE PROPIONATE HFA	3	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	3	QL, RS
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL
INSPIREASE	2	
ipratropium bromide inhalation	1	
ipratropium-albuterol	1	
levalbuterol hcl inhalation	1	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
MICROCHAMBER	2	
montelukast sodium oral	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA, QL
PERFOROMIST	3	QL
PROCHAMBER VHC	2	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	QL

Drug Name	Drug Tier	Requirements & Limits
PULMICORT SUSPENSION	E	QL
QVAR REDIHALER	1	QL
roflumilast	1	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	1	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
tiotropium bromide monohydrate	E	QL
TRELEGY ELLIPTA	3	QL, RS
UMECLIDINIUM-VILANTEROL	E	QL
VENTOLIN HFA	E	QL
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	2	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	2	
VORTEX VALVE CHAMBER-PEDI MASK	2	
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	1	QL
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
XOPENEX HFA	3	QL
YUPELRI	3	QL
zafirlukast	1	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	3	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	PA, QL, SP
ADEMPAS	2	PA, QL, SP
alyq	1	PA, QL, SP
OPSUMIT	2	PA, QL, SP
REVATIO ORAL	E	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
tadalafil (pah)	1	PA, QL, SP
TADLIQ	3	PA, QL, SP
TRACLEER	2	PA, QL, SP
TYVASO	2	PA, SP
TYVASO DPI INSTITUTIONAL KIT	2	PA, QL, SP
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL KIT	2	PA, SP
TYVASO STARTER KIT	2	PA, SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet	1	
carisoprodol oral	1	
chlorzoxazone oral tablet 250 mg	E	
chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
metaxalone oral tablet 400 mg, 800 mg	1	
metaxalone oral tablet 640 mg	E	
methocarbamol oral	1	

Drug Name	Drug Tier	Requirements & Limits
orphenadrine citrate er	1	
SOMA	E	
TANLOR	3	
tizanidine hcl oral	1	
VANADOM ORAL TABLET 350 MG	E	
ZANAFLEX	3	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	3	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	1	QL
BELSOMRA	3	ST, QL
DAYVIGO	E	ST, QL
doxepin hcl oral tablet	1	QL
eszopiclone	1	
LUMRYZ	3	PA, QL, SP
LUNESTA	E	
modafinil oral	1	QL
NUVIGIL	E	QL
PROVIGIL	E	QL
QUVIVIQ	E	ST, QL
ramelteon	1	ST, QL
RESTORIL	3	
ROZEREM	E	ST, QL
SILENOR	3	QL
SODIUM OXYBATE	3	PA, (Manufactured by Hikma), QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYWAV	3	PA, QL, SP
zaleplon	1	
zolpidem tartrate er	1	
zolpidem tartrate oral tablet	1	

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acamprosate calcium.....	9	ADALIMUMAB-AACF(PS/UV STARTER) ..	45	ADTHYZA	44
ACANYA.....	25	ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML.....	45	ADVAIR DISKUS.....	54
acarbose oral	33	ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	45	ADVAIR HFA	54
ACCOLATE	53	ADALIMUMAB-AATY (2 PEN)	45	ADVATE	34
ACCRUFER	35	ADALIMUMAB-AATY (2 SYRINGE).....	45	ADYNOVATE	34
ACCU-CHEK AVIVA PLUS TEST STRIPS..	29	ADALIMUMAB-AATY CD/UC/HS START ..	45	ADZENYS XR-ODT.....	23
ACCU-CHEK FASTCLIX LANCET	29	ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	45	AEROCHAMBER2GO ANTI-STATIC.....	54
ACCU-CHEK FASTCLIX LANCET DEVICE KIT.....	29	ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML.....	45	AEROCHAMBER HOLDING CHAMBER ..	54
ACCU-CHEK GUIDE KIT W/DEVICE	29	ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML.....	45	AEROCHAMBER PLS FLOVU MTHPIECE.	54
ACCU-CHEK GUIDE ME METER.....	29	ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	45	AEROCHAMBER PLUS FLO-VU	54
ACCU-CHEK GUIDE TEST STRIPS	29	ADALIMUMAB-ADBM (2 PEN) AUTO- INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	45	AEROCHAMBER PLUS FLO-VU INTERM .	54
ACCU-CHEK SMARTVIEW TEST STRIPS..	29	ADALIMUMAB-ADBM (2 PEN) AUTO- INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	45	AEROCHAMBER PLUS FLO-VU LARGE ..	54
ACCU-CHEK SOFTCLIX LANCET	29	ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	45	AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE.....	54
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT.....	29	ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	45	AEROCHAMBER PLUS FLO-VU SMALL ..	54
accutane.....	25	ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	45	AEROCHAMBER PLUS FLO-VU W/MASK	54
ACCUTREND GLUCOSE.....	29	ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	45	afirmelle	39
acebutolol hcl oral	19	ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	45	AFLURIA PRESERVATIVE FREE	49
acetaminophen-codeine oral tablet	8	ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	45	AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT.....	34
acetazolamide er.....	19	ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	45	AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT.....	34
acetazolamide oral.....	19	ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	45	AGAMATRIX PRESTO TEST.....	29
acetic acid otic.....	52	ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	45	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML..	15
ACIPHEX.....	36	ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	45	AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT ...	54
acitretin	25	ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	45	AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT ..	54
ACTEMRA ACTPEN.....	45	ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	45		
ACTEMRA SUBCUTANEOUS	45	ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	45		
ACTIVELLA.....	39	ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	45		
ACTONEL	50	ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	45		
ACTOPLUS MET	33	ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	45		
ACTOS.....	33	ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	45		
		ADALIMUMAB-ADBM(CD/UC/HS STRT). 46			
		ADALIMUMAB-ADBM(PS/UV STARTER) . 46			
		ADALIMUMAB-FKJP (2 PEN)	46		

AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT ..	54	alyacen 1/35	39	ANNOVERA	39
AIRSUPRA	54	alyacen 7/7/7	39	ANORO ELLIPTA	54
AJOVY	15	alyq	56	ANTIVERT ORAL TABLET 50 MG	14
AKLIEF	25	amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	39	ANUCORT-HC	50
ala-cort	25	amantadine hcl oral capsule	17	ANUSOL-HC	50
ALA SCALP	25	amantadine hcl oral tablet	17	apap-caff-dihydrocodeine	8
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	54	AMBIEN	56	APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	9
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	54	AMBIEN CR	56	aprepitant oral capsule 125 mg, 40 mg, 80 mg	14
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	54	amethia oral tablet 0.15-0.03 & 0.01 mg	39	apri	39
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	54	amiloride hcl oral	19	APRISO	50
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	54	amiodarone hcl oral	19	APTENSIO XR	23
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	54	AMITIZA	37	APTIOM	12
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	54	amitriptyline hcl oral	13	AQINJECT PEN NEEDLE	29
albuterol sulfate oral syrup 2 mg/5ml	54	AMJEVITA 40 MG/0.4ML, 80 MG/0.8ML	46	AQ INSULIN SYRINGE	29
alclometasone dipropionate	25	AMJEVITA 40 MG/0.8ML	46	ARAKODA	17
ALDACTONE	19	AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	46	aranelle	39
ALECENSA	16	AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	46	ARANESP (ALBUMIN FREE)	34
alendronate sodium oral tablet	50	AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	46	ARAVA	46
alfuzosin hcl er	39	amlodipine besylate-benazepril hcl	19	ARAZLO	25
aliskiren fumarate	19	amlodipine besylate oral	19	AREXVY	49
allopurinol oral	15	amlodipine besylate-valsartan	19	ARICEPT	13
ALLZITAL	8	amlodipine-olmesartan	19	ARIMIDEX	16
ALOGLIPTIN BENZOATE	33	ammonium lactate external	25	aripiprazole oral solution	18
ALORA	39	amnestem	25	aripiprazole oral tablet	18
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	51	amoxicillin	10	armodafinil	56
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	51	amoxicillin-potassium clavulanate	10	ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	44
ALPHANATE	34	amphetamine-dextroamphetamine	23	ARMOUR THYROID TABLET 15 MG ORAL	44
alprazolam er	19	amphetamine-dextroamphetamine er	23	ARMOUR THYROID TABLET 15 MG ORAL	44
alprazolam oral	19	amphetamine sulfate	23	ARNUITY ELLIPTA	54
alprazolam xr	19	amphet-dextroamphet 3-bead er	23	AROMASIN	16
ALPROLIX	34	ampicillin	10	ARTHROTEC	9
ALREX	50	AMPYRA	24	ascomp-codeine	8
ALTACE	19	AMZEEQ	25	asenapine maleate	18
altavera	39	ANAFRANIL	13	ashlyna	39
ALTUVIIIIO	34	ANALPRAM HC	49	ASMANEX HFA	54
ALUNBRIG	16	ANALPRAM-HC EXTERNAL CREAM	49	ATACAND	19
ALVAIZ	34	ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	49	ATACAND HCT	19
		ANAPROX DS	9	atenolol-chlorthalidone	19
		ANASPAZ	37	atenolol oral	19
		anastrozole oral	16	ATIVAN ORAL	19
		ANDROGEL PUMP	44	atomoxetine hcl	23
				ATORVALIQ	19

atorvastatin calcium oral tablet 10 mg, 20 mg.	19	azelaic acid external.	25	benazepril hcl oral.	20
atorvastatin calcium oral tablet 40 mg, 80 mg.	20	azelastine-fluticasone.	53	benazepril-hydrochlorothiazide.	20
atovaquone.	17	azelastine hcl nasal solution 0.1 %, 137 mcg/spray.	53	BENICAR.	20
atovaquone-proguanil hcl.	17	azelastine hcl nasal solution 0.15 %.	53	BENICAR HCT.	20
ATRALIN.	25	azelastine hcl ophthalmic.	50	BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.	46
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %.	52	AZELEX.	25	BENZAMYCIN.	25
atropine sulfate ophthalmic solution 1 %.	52	AZILECT.	17	benzonatate.	53
ATROVENT HFA.	54	azithromycin oral packet 1 gm.	10	benzoyl peroxide-erythromycin.	25
ATTRUBY.	38	AZOPT.	51	benztropine mesylate oral.	17
AUBAGIO.	24	AZOR.	20	BESIVANCE.	50
aubra eq.	39	AZSTARYS.	23	BESREMI.	16
AUGMENTIN.	10	AZULFIDINE.	50	betamethasone dipropionate aug external cream.	25
AUGMENTIN ES-600.	10	AZULFIDINE EN-TABS.	50	betamethasone dipropionate aug external lotion.	25
AUGTYRO.	16	azurette.	39	betamethasone dipropionate aug external ointment.	26
aurovela 1.5/30.	39	bac (butalbital-acetamin-caff).	8	betamethasone dipropionate external.	26
aurovela 1/20.	39	bacitracin-polymyxin b.	50	betamethasone valerate external cream.	26
aurovela 24 fe.	39	baclofen oral tablet.	56	betamethasone valerate external lotion.	26
aurovela fe 1.5/30.	39	BACTRIM.	10	betamethasone valerate external ointment.	26
aurovela fe 1/20.	39	BACTRIM DS.	10	BETAPACE.	20
AUSTEDO.	24	BAFIERTAM.	24	BETASERON.	24
AUSTEDO XR.	24	balsalazide disodium.	50	bethanechol chloride oral.	38
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG.	24	balziva.	39	BETIMOL OPHTHALMIC SOLUTION 0.5 %.	51
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG.	24	BAQSIMI ONE PACK.	33	BETIMOL OPHTHALMIC SOLUTION 0.25 %.	51
AUVELITY.	13	BAQSIMI TWO PACK.	33	BEVESPI AEROSPHERE.	54
AUVI-Q.	52	BARACLUDE ORAL TABLET.	18	BEYAZ.	39
AVALIDE.	20	BASAGLAR KWIKPEN.	32	bicalutamide.	16
avanafil.	35	BASAGLAR TEMPO PEN.	32	BIGFOOT UNITY PROGRAM.	29
AVAPRO.	20	BD AUTOSHIELD DUO PEN NEEDLES.	29	BIJUVA.	39
AVAR CLEANSER.	25	BD BLUNT FILL NEEDLE W/FILTER.	29	BIKTARVY.	18
AVAR LS CLEANSER.	25	BD ECLIPSE NEEDLE 18G X 1-1/2", 23G X 1", 25G X 5/8", 27G X 1/2".	29	bimatoprost ophthalmic.	51
aviane.	39	BD ECLIPSE SHIELDED NEEDLE.	29	BIMZELX.	46
AVIDOXY.	10	BD PEN NEEDLE MICRO ULTRAFINE.	29	BIOTEL CARE TEST STRIPS.	29
AVITA EXTERNAL CREAM 0.025 %.	25	BD PEN NEEDLE MINI ULTRAFINE.	29	bismuth/metronidaz/tetracyclin.	36
AVODART.	39	BD PEN NEEDLE NANO ULTRAFINE.	29	bisoprolol fumarate oral tablet.	20
AVONEX PEN.	24	BD PEN NEEDLE ORIG ULTRAFINE.	29	bisoprolol-hydrochlorothiazide.	20
AVONEX PREFILLED.	24	BD PEN NEEDLE SHORT ULTRAFINE.	29	bis subcit-metronid-tetracyc.	36
AYGESTIN ORAL TABLET 5 MG.	39	BD SAFETYGLIDE NEEDLE 23G X 1-1/2".	29	BLANCHE.	26
ayuna.	39	BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2".	29	blisovi 24 fe.	39
AZASAN.	46	BD-ULTRA FINE INSULIN SYRINGES.	29	blisovi fe 1.5/30.	39
AZASITE.	50	BD ULTRA-FINE PEN NEEDLES.	29	blisovi fe 1/20.	39
azathioprine oral.	46	BD ULTRA-FINE U-500 INSULIN SYRINGES.	29	BLOOD GLUCOSE TEST STRIPS.	29
		BD VEO ULTRA-FINE INSULIN SYRINGES.	29	BLOOD GLUCOSE TEST STRIPS 333.	29
		BELBUCA.	8		
		BELSOMRA.	56		

BONSITY.....	50	bupropion hcl er (smoking det).....	9	carbamazepine er	12
BOOSTRIX	49	bupropion hcl er (sr)	13	carbamazepine oral tablet	12
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	49	bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	13	carbamazepine oral tablet chewable ..	12
BREATHE COMFORT CHAMBER/ADULT.	54	BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	13	CARBATROL.....	12
BREATHE COMFORT CHAMBER/CHILD .	54	bupropion hcl oral.	13	carbidopa-levodopa er	17
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT	54	buspirone hcl oral	19	carbidopa-levodopa oral tablet	17
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT, 50-25 MCG/INH	54	butalbital-acetaminophen oral tablet 50-300 mg	8	carbinoxamine maleate oral tablet 4 mg	53
breyana.....	54	butalbital-acetaminophen oral tablet 50-325 mg	8	carbinoxamine maleate oral tablet 6 mg	53
BREZTRI AEROSPHERE	54	butalbital-apap-caff-cod.....	8	CARDIZEM	20
briellyn	39	butalbital-apap-caffeine.....	8	CARDIZEM CD	20
BRILINTA.....	18	butalbital-asa-caff-codeine	8	CARDIZEM LA	20
brimonidine tartrate ophthalmic solution 0.1 %.....	51	butalbital-aspirin-caffeine	8	CARDURA.....	20
brimonidine tartrate ophthalmic solution 0.2 %.....	52	butorphanol tartrate nasal.....	8	CAREPOINT POLY HUB NEEDLE 18G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	29
brimonidine tartrate ophthalmic solution 0.15 %.....	51	BUTRANS.....	8	CAREPOINT POLY HUB NEEDLE 22G X 1-1/2".....	29
brimonidine tartrate-timolol	52	BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML.....	33	CAREPOINT SAFETY 1ST NEEDLE	29
brinzolamide.....	52	BYLVAY.....	37	CARESENS N PLUS BT	29
BRIVIACT ORAL TABLET	12	BYLVAY (PELLETS)	37	CARETOUCH MONITOR SYSTEM	29
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML.....	53	BYSTOLIC	20	CARETOUCH TEST.....	29
bromfenac sodium (once-daily)	51	cabergoline	43	carisoprodol oral.....	56
bromfenac sodium ophthalmic solution 0.07 %.....	51	CABOMETYX	16	CARNITOR ORAL SOLUTION.....	35
bromfenac sodium ophthalmic solution 0.075 %.....	51	CABTREO	26	CARNITOR ORAL TABLET.....	38
bromocriptine mesylate oral tablet.....	17	calcipotriene external cream	26	CARNITOR SF.....	35
bromphen-pseudoeph-dm	53	calcipotriene external ointment.....	26	cartia xt.....	20
BROMSITE	51	calcipotriene external solution	26	carvedilol	20
BRONCHITOL	55	CALCITRENE	26	carvedilol phosphate er.....	20
BRONCHITOL TOLERANCE TEST.....	55	calcitriol oral capsule.....	50	CASODEX	16
BRUKINSA	16	calcium acetate (phos binder) oral capsule	38	CATAPRES-TTS-1	20
budesonide-formoterol fumarate	54	CALQUENCE	16	CATAPRES-TTS-2	20
budesonide inhalation.....	54	camila	39	CATAPRES-TTS-3	20
budesonide oral.....	50	camrese	39	cefadroxil oral capsule.....	10
bumetanide oral	20	camrese lo.....	39	cefadroxil oral suspension reconstituted	10
BUMEX.....	20	CAMZYOS.....	20	cefdinir	11
BUPAP ORAL TABLET 50-300 MG	8	CANASA	50	cefixime oral capsule	11
buprenorphine.....	8	candesartan cilexetil	20	cefpodoxime proxetil oral tablet.....	11
buprenorphine hcl-naloxone hcl sublingual film	9	candesartan cilexetil-hctz	20	cefprozil	11
buprenorphine hcl-naloxone hcl sublingual tablet sublingual.....	9	capecitabine.....	16	cefuroxime axetil	11
buprenorphine hcl sublingual	9	CAPLYTA	18	CELEBREX	9
		captopril oral	20	celecoxib oral	9
		CAPVAXIVE.....	49	CELEXA	13
		CARAC EXTERNAL CREAM 0.5 %	26	CELLCEPT ORAL CAPSULE	46
		CARAFATE	36	CELLCEPT ORAL TABLET.....	46
				cephalexin	11
				CEQUA.....	52
				CEQUR SIMPLICITY 2U 8PK.....	29
				CERDELGA	38

cetirizine hcl oral solution.....	53	CLIMARA PRO	39	clonidine hcl oral.....	20
CETROTIDE	49	clindacin etz external swab	26	clonidine patch weekly	
cevimeline hcl.....	25	clindacin-p.....	26	0.1 mg/24hr transdermal.....	20
charlotte 24 fe.....	39	CLINDAGEL.....	26	clonidine patch weekly	
chateal eq	39	clindamycin hcl oral	11	0.1 mg/24hr transdermal.....	20
chlordiazepoxide-clidinium	37	clindamycin palmitate hcl.....	11	clonidine patch weekly	
chlordiazepoxide hcl.....	19	clindamycin phos (once-daily) gel 1 %		0.2 mg/24hr transdermal	20
chlorhexidine gluconate mouth/throat	25	external.....	26	clonidine patch weekly	
chlorpromazine hcl oral tablet	18	clindamycin phos (once-daily) gel 1 %		0.2 mg/24hr transdermal	20
chlorthalidone	20	external.....	26	clonidine patch weekly	
chlorzoxazone oral tablet		clindamycin phosphate-benzoyl		0.3 mg/24hr transdermal	20
250 mg	56	peroxide	26	clonidine patch weekly	
chlorzoxazone oral tablet		clindamycin phosphate external lotion	26	0.3 mg/24hr transdermal	20
375 mg, 500 mg, 750 mg	56	clindamycin phosphate external		clonidine patch weekly	
cholestyramine light.....	20	solution.....	26	0.3 mg/24hr transdermal	20
cholestyramine oral	20	clindamycin phosphate external swab ..	26	clonidine patch weekly	
CHORIONIC GONADOTROPIN		clindamycin phosphate vaginal.....	11	0.3 mg/24hr transdermal	20
INTRAMUSCULAR	49	clindamycin phos (twice-daily) gel 1		clonidine patch weekly	
CIALIS	35	% external	26	0.3 mg/24hr transdermal	20
CIBINQO.....	26	clindamycin phos (twice-daily) gel 1		clonidine patch weekly	
ciclodan	15	% external	26	0.3 mg/24hr transdermal	20
ciclopirox external.....	15	clindamycin phos (twice-daily) gel 1		clonidine patch weekly	
ciclopirox olamine external cream.....	15	% external	26	0.3 mg/24hr transdermal	20
ciclopirox olamine external suspension	26	CLINDESSE.....	11	clonidine patch weekly	
cilostazol	18	CLINPRO 5000.....	25	0.3 mg/24hr transdermal	20
CIMDUO	18	clobazam oral suspension		clonidine patch weekly	
cimetidine oral	36	2.5 mg/ml.....	12	0.3 mg/24hr transdermal	20
CIMZIA (2 SYRINGE)	46	clobazam oral tablet.....	12	clonidine patch weekly	
CIMZIA-STARTER	46	clobetasol prop emollient base		0.3 mg/24hr transdermal	20
cinacalcet hcl	50	external cream 0.05 %	26	clonidine patch weekly	
CINRYZE	46	clobetasol propionate e	26	0.3 mg/24hr transdermal	20
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	52	clobetasol propionate external cream		0.3 mg/24hr transdermal	20
ciprofloxacin-dexamethasone.....	52	0.05 %	26	0.3 mg/24hr transdermal	20
ciprofloxacin hcl ophthalmic	51	CLOBETASOL PROPIONATE		0.3 mg/24hr transdermal	20
ciprofloxacin hcl oral	11	EXTERNAL CREAM 0.025 %	26	0.3 mg/24hr transdermal	20
CIPRO ORAL TABLET.....	11	clobetasol propionate external foam ..	26	0.3 mg/24hr transdermal	20
citalopram hydrobromide oral tablet ..	13	clobetasol propionate external gel	26	0.3 mg/24hr transdermal	20
claravis	26	clobetasol propionate external liquid ..	26	0.3 mg/24hr transdermal	20
CLARINEX.....	53	clobetasol propionate external		0.3 mg/24hr transdermal	20
clarithromycin oral tablet.....	11	ointment.....	26	0.3 mg/24hr transdermal	20
CLENPIQ.....	37	clobetasol propionate external		0.3 mg/24hr transdermal	20
CLEOCIN ORAL CAPSULE		shampoo	26	0.3 mg/24hr transdermal	20
75 MG.....	11	clobetasol propionate external		0.3 mg/24hr transdermal	20
CLEOCIN ORAL CAPSULE		shampoo	26	0.3 mg/24hr transdermal	20
150 MG, 300 MG	11	clobetasol propionate external solution	26	0.3 mg/24hr transdermal	20
CLEOCIN ORAL SOLUTION		CLOBEX EXTERNAL SHAMPOO	26	0.3 mg/24hr transdermal	20
RECONSTITUTED.....	11	CLOBEX SPRAY	26	0.3 mg/24hr transdermal	20
CLEOCIN-T.....	26	clodan	26	0.3 mg/24hr transdermal	20
CLEOCIN VAGINAL CREAM.....	11	CLOMID.....	49	0.3 mg/24hr transdermal	20
CLIMARA.....	39	clomiphene citrate oral	49	0.3 mg/24hr transdermal	20
		clomipramine hcl oral	13	0.3 mg/24hr transdermal	20
		clonazepam oral	19	0.3 mg/24hr transdermal	20
		clonidine hcl er.....	23	0.3 mg/24hr transdermal	20

CORGARD ORAL TABLET 20 MG, 40 MG.....	20	CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	46	DESCOVY ORAL TABLET 120-15 MG	18
CORLANOR	20	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	46	DESCOVY ORAL TABLET 200-25 MG	18
CORTEF.....	43	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	46	desipramine hcl oral.....	13
CORTIFOAM.....	50	CYMBALTA	13	desloratadine oral tablet.....	53
COSENTYX 150 MG/ML SUBCUTANEOUS	46	cyproheptadine hcl oral	53	desmopressin acetate oral.....	43
COSENTYX (300 MG DOSE)	46	cyred eq	39	desmopressin acetate spray	43
COSENTYX SENSOREADY (300 MG)	46	CYTOMEL	44	desogestrel-ethinyl estradiol.....	39
COSENTYX SENSOREADY PEN.....	46	CYTOTEC	36	desonide external cream.....	26
COSENTYX UNOREADY.....	46	dabigatran etexilate mesylate	12	desonide external lotion.....	26
COSOPT	52	dalfampridine er	24	desonide external ointment.....	26
COSOPT PF	52	DALIRESP	54	DESOWEN	26
COTELLIC	16	DAPAGLIFLOZIN PRO-METFORMIN ER..	33	desoximetasone external cream.....	26
COTEMPLA XR-ODT	23	DAPAGLIFLOZIN PROPANEDIOL.....	33	desoximetasone external ointment.	26
COVARYX.....	39	dapsone external.....	26	desvenlafaxine succinate er.....	13
COVARYX HS	39	dapsone oral.....	16	DETROL.....	38
COZAAR	20	dasatinib.....	16	DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	38
CREON.....	38	dasetta 1/35 (28)	39	DEXABLISS ORAL TABLET THERAPY PACK 1.5 MG (39)	43
CRESEMBA ORAL	15	dasetta 7/7/7.....	39	dexamethasone intensol.....	43
CRESTOR	20	DAVIMET-FLUORIDE	35	dexamethasone oral.....	43
CREXONT	17	DAYPRO.....	9	dexamethasone sodium phosphate ophthalmic	51
cromolyn sodium ophthalmic.....	52	daysee.....	39	DEXCOM G6 RECEIVER	30
cromolyn sodium oral	37	DAYVIGO	56	DEXCOM G6 SENSOR	30
cryselle-28	39	D-CARE BLOOD GLUCOSE.....	30	DEXCOM G6 TRANSMITTER.....	30
CVS ADVANCED GLUCOSE TEST	30	D-CARE GLUCOMETER.....	30	DEXCOM G7 RECEIVER	30
CVS GLUCOSE METER TEST STRIPS.....	30	DDAVP ORAL	43	DEXCOM G7 SENSOR	30
cvs nicotine	9	deblitane	39	DEXEDRINE	23
cvs nicotine polacrilex	9	DELESTROGEN.....	39	DEXILANT.....	36
cvs prenatal.....	35	delyla.....	39	dexlansoprazole.....	36
CVS TRUE METRIX GLUCOSE TEST	30	DELZICOL.....	50	dexmethylphenidate hcl	23
cyanocobalamin injection solution 1000 mcg/ml.....	35	DENTA 5000 PLUS	25	dexmethylphenidate hcl er.....	23
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	35	DENTA 5000 PLUS SENSITIVE.....	35	dextroamphetamine sulfate er	23
cyanocobalamin nasal.....	35	DENTAGEL	25	dextroamphetamine sulfate oral tablet	23
cyclobenzaprine hcl oral tablet 7.5 mg.	56	DEPAKOTE	12	DHIVY.....	17
cyclobenzaprine hcl oral tablet 10 mg, 5 mg.....	56	DEPAKOTE ER	12	DIABETES CARE	30
CYCLOGYL	52	DEPAKOTE SPRINKLES.....	12	DIABETES MONITOR DIGIT ADD-ON.	30
cyclopentolate hcl ophthalmic	52	DEPEN TITRATABS.....	38	DIABETES MONITOR DIGIT SOLN	30
cyclosporine modified oral capsule....	46	DEPO-PROVERA.....	39	DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG.....	12
cyclosporine ophthalmic.....	52	DEPO-SUBQ PROVERA 104	39	DIASTAT PEDIATRIC RECTAL GEL 2.5 MG.	12
CYLTEZO (2 PEN)	46	DEPO-TESTOSTERONE	44	diazepam oral solution	19
CYLTEZO (2 SYRINGE)	46	DERMACINRX UREA.....	26	diazepam oral tablet.....	19
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML.....	46	DERMA-SMOOTHE/FS BODY.....	26	diazepam rectal.....	12
		DERMA-SMOOTHE/FS SCALP.....	26	DICLEGIS.....	14
		DERMOTIC	52	diclofenac-misoprostol	9

diclofenac potassium oral tablet 25 mg. .9	dorzolamide hcl-timolol mal52	EASY MAX T1 GLUCOSE SYSTEM 30
diclofenac potassium oral tablet 50 mg. .9	dorzolamide hcl-timolol mal pf.52	EASY TOUCH HEALTHPRO GLUCOSE. . . 30
diclofenac sodium er9	dotti 40	EASY TOUCH TEST 30
diclofenac sodium external gel 1 %9	DOVATO.18	EBGLYSS SUBCUTANEOUS SOLUTION
diclofenac sodium external gel 3 %26	doxazosin mesylate oral20	AUTO-INJECTOR27
diclofenac sodium ophthalmic51	doxepin hcl oral capsule13	EC-NAPROSYN9
diclofenac sodium oral9	doxepin hcl oral concentrate13	ec-naproxen9
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dicloxacillin sodium11	doxycycline27	EDARBI20
dicyclomine hcl oral capsule37	doxycycline hyclate oral capsule11	EDARBYCLOR.20
dicyclomine hcl oral tablet	doxycycline hyclate oral tablet 50 mg. .11	EEMT 40
20 mg.37	doxycycline hyclate oral tablet 100	EEMT HS. 40
DIFFERIN EXTERNAL GEL 0.3 %27	mg, 150 mg, 20 mg, 75 mg11	E.E.S. GRANULES.11
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difluprednate52	DRISDOL. 35	EFUDEX EXTERNAL CREAM 5 %27
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DILAUDID ORAL TABLET8	drospiren-eth estrad-levomefol oral	eletriptan hydrobromide.15
diltiazem hcl er.20	tablet 3-0.02-0.451 mg. 40	ELIDEL.27
diltiazem hcl er beads20	drospiren-eth estrad-levomefol oral	ELIMITE17
diltiazem hcl er coated beads20	tablet 3-0.03-0.451 mg. 40	elinest 40
diltiazem hcl oral20	drospirenone-ethinyl estradiol 40	ELIQUIS.12
dilt-xr20	DRYSOL.27	ELIQUIS DVT/PE STARTER PACK12
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DIPROLENE27	DUPIXENT SUBCUTANEOUS	EMBRACE BLOOD GLUCOSE TEST 30
disulfiram oral.9	SOLUTION PREFILLED SYRINGE 100	EMBRACE WAVE BLOOD GLUCOSE IN
DITROPAN XL ORAL TABLET	MG/0.67ML.27	VITRO. 30
EXTENDED RELEASE 24 HOUR 5 MG . . 38	DUPIXENT SUBCUTANEOUS	EMEND BIPACK.14
divalproex sodium er12	SOLUTION PREFILLED SYRINGE 200	EMGALITY.15
divalproex sodium oral12	MG/1.14ML,	EMPAVELI 46
DIVIGEL TRANSDERMAL GEL 0.25	300 MG/2ML.27	emtricitabine-tenofovir df oral tablet
MG/0.25GM,	DUREZOL52	100-150 mg, 133-200 mg, 167-250 mg. .18
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MG/0.75GM. 40	DYANAVEL XR ORAL TABLET	enalapril-hydrochlorothiazide.20
DODEX INJECTION SOLUTION 1000	EXTENDED RELEASE. 23	enalapril maleate oral20
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dofetilide20	EASIVENT 54	ENBREL MINI. 46
donepezil hcl oral tablet.13	EASIVENT MASK LARGE 54	ENBREL SURECLICK 46
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dorzolamide hcl solution 2 %	EASIVENT MASK SMALL. 55	ENDOMETRIN49
ophthalmic52	EASYGLUCO. 30	ENGERIX-B.49
DORZOLAMIDE HCL SOLUTION 2 %	EASYMAX 15 TEST 30	enilloring 40
OPHTHALMIC52	EASY MAX BLOOD GLUCOSE TEST 30	
	EASYMAX NG BLOOD GLUCOSE KIT 30	

ENLITE GLUCOSE SENSOR	30	ERMEZA	44	estradiol patch twice weekly 0.0375	
enoxaparin sodium injection solution		errin	40	mg/24hr transdermal	40
prefilled syringe	12	ERYGEL	27	estradiol patch twice weekly 0.0375	
enpresse-28	40	ERYPED 200 ORAL SUSPENSION		mg/24hr transdermal	40
enskyce	40	RECONSTITUTED 200 MG/5ML	11	estradiol patch twice weekly 0.0375	
ENSTILAR	27	ERYPED 400	11	mg/24hr transdermal	40
entecavir	18	erythromycin base oral tablet	11	estradiol transdermal gel	
ENTRESTO ORAL TABLET	20	erythromycin ethylsuccinate oral		0.25 mg/0.25gm, 0.5 mg/	
ENTYVIO PEN	46	suspension reconstituted	11	0.5gm, 0.75 mg/0.75gm, 1 mg/gm,	
enulose	37	erythromycin external	27	1.25 mg/1.25gm	40
ENVARUS XR	46	erythromycin ophthalmic	51	estradiol transdermal gel	
EPANED	20	escitalopram oxalate oral solution 5		0.75 mg/1.25 gm (0.06%)	40
EPCLUSA ORAL TABLET	18	mg/5ml	14	estradiol transdermal patch weekly . . .	40
EPIDIOLEX	12	escitalopram oxalate oral tablet	14	estradiol vaginal	40
EPIDUO	27	ESGIC ORAL CAPSULE		estradiol valerate intramuscular	40
EPIDUO FORTE	27	50-325-40 MG	8	estratest f.s.	40
epinastine hcl	51	ESGIC ORAL TABLET		ESTRATEST H.S.	40
EPINEPHRINE INJECTION SOLUTION		50-325-40 MG	8	ESTRING	40
PREFILLED SYRINGE 0.3 MG/0.3ML	52	eslicarbazepine acetate	12	ESTROGEL	40
epinephrine solution auto-injector		esomeprazole magnesium oral		eszopiclone	56
0.3 mg/0.3ml injection	53	capsule delayed release	36	ethambutol hcl oral	16
epinephrine solution auto-injector		esomeprazole magnesium oral packet .	36	ethosuximide oral	12
0.3 mg/0.3ml injection	53	estarylla	40	ethynodiol diac-eth estradiol	40
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0.3 mg/0.3ml injection	53	est estrogens-methyltest ds.	40	etonogestrel-ethinyl estradiol	40
epinephrine solution auto-injector		est estrogens-methyltest hs.	40	EUCRISA	27
0.3 mg/0.3ml injection	53	ESTRACE	40	euthyrox	44
epinephrine solution auto-injector		estradiol-norethindrone acet	40	EVAMIST	40
0.15 mg/0.3ml injection	53	estradiol oral	40	EVEKEO	23
epinephrine solution auto-injector		estradiol patch twice weekly		everolimus oral tablet 0.25 mg, 0.5	
0.15 mg/0.3ml injection	53	0.1 mg/24hr transdermal	40	mg, 0.75 mg, 1 mg	46
epinephrine solution auto-injector		estradiol patch twice weekly		everolimus oral tablet 10 mg,	
0.15 mg/0.15ml injection	52	0.1 mg/24hr transdermal	40	2.5 mg, 5 mg, 7.5 mg	16
epinephrine solution auto-injector		estradiol patch twice weekly		EVERSENSE 365 SENSOR/HOLDER	30
0.15 mg/0.15ml injection	53	0.1 mg/24hr transdermal	40	EVERSENSE 365 SMART TRANSMIT	30
EPIPEN 2-PAK	53	estradiol patch twice weekly 0.05		EVERSENSE E3 SENSOR/HOLDER	30
EPIPEN JR 2-PAK	53	mg/24hr transdermal	40	EVERSENSE E3 SMART TRANSMITTER .	30
epitol	12	estradiol patch twice weekly 0.05		EVERSENSE SENSOR/HOLDER	30
eplerenone	20	mg/24hr transdermal	40	EVERSENSE SMART TRANSMITTER	30
EQ BLOOD GLUCOSE TEST	30	estradiol patch twice weekly 0.05		EVISTA	50
eq nicotine polacrilex mouth/throat		mg/24hr transdermal	40	EVOXAC	25
lozenge 2 mg, 4 mg	10	estradiol patch twice weekly 0.025		EVRYSDI ORAL SOLUTION	
eq nicotine	9	mg/24hr transdermal	40	RECONSTITUTED	38
eq nicotine mouth/throat gum 4 mg	9	estradiol patch twice weekly 0.025		EXELON	13
eq nicotine polacrilex	9	mg/24hr transdermal	40	exemestane	16
eq nicotine step 3	9	estradiol patch twice weekly 0.025		EXFORGE	20
ergocalciferol oral capsule	35	mg/24hr transdermal	40	EXKIVITY ORAL CAPSULE	
ERIVEDGE	16	estradiol patch twice weekly 0.075		40 MG	16
ERLEADA ORAL TABLET 60 MG	16	mg/24hr transdermal	40	EXTAVIA SUBCUTANEOUS KIT 0.3 MG . .	24
ERLEADA ORAL TABLET		estradiol patch twice weekly 0.075		EYSUVIS	51
240 MG	16	mg/24hr transdermal	40	ezetimibe	20

ezetimibe-simvastatin	20	FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG.	35	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	55
FABHALTA.	34	FLORIVA PLUS.	35	fluvoxamine maleate	14
falmina	40	FLOTREX.	35	fluvoxamine maleate er.	14
famciclovir oral.	18	FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT.	55	FLUZONE HIGH-DOSE.	49
famotidine oral suspension reconstituted	36	FLUAD	49	FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.	49
famotidine oral tablet 20 mg, 40 mg	36	FLUARIX.	49	FML FORTE.	51
FARXIGA	33	FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.	49	FML LIQUIFILM	51
FASENRA PEN	55	fluconazole oral	15	FOCALIN	23
fayosim oral tablet 42-21-21-7 days	40	fludrocortisone acetate oral	43	FOCALIN XR.	23
febuxostat	15	FLULAVAL.	49	folic acid oral tablet 1 mg	35
feirza 1.5/30.	40	flunisolide nasal	53	FOLLISTIM AQ.	49
feirza 1/20	41	fluocinolone acetonide body.	27	FORA 6 CONNECT/GTEL TEST	30
FELDENE ORAL CAPSULE 20 MG.	9	fluocinolone acetonide external.	27	FORFIVO XL	14
felodipine er	21	fluocinolone acetonide otic	52	FORTEO.	50
FEMARA.	16	fluocinolone acetonide scalp.	27	FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	44
FEMRING.	41	fluocinonide external cream 0.1 %	27	FORTISCARE G1 TEST STRIP IN VITRO STRIP.	30
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	21	fluocinonide external cream 0.05 %	27	FORTISCARE TEST IN VITRO STRIP.	30
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg.	21	fluocinonide external gel.	27	FOSAMAX	50
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	21	fluocinonide external ointment	27	fosfomycin tromethamine	11
fenofibrate oral tablet	21	fluocinonide external solution	27	fosinopril sodium.	21
fenofibric acid oral capsule delayed release.	21	FLUORIDEX	25	FRAICHE 5000 DENTAL.	25
FENOGLIDE ORAL TABLET 120 MG, 40 MG	21	FLUORIDEX ENHANCED WHITENING	25	FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	35
fentanyl.	8	FLUORIMAX 5000	25	FREESTYLE LIBRE 2 PLUS SENSOR.	30
FETZIMA.	14	FLUORIMAX 5000 SENSITIVE	35	FREESTYLE LIBRE 2 READER	30
FEXMID	56	fluorometholone	51	FREESTYLE LIBRE 2 SENSOR	30
fidaxomicin oral tablet.	11	FLUOROURACIL EXTERNAL CREAM 0.5 %	27	FREESTYLE LIBRE 3 PLUS SENSOR.	30
FINACEA EXTERNAL FOAM	27	fluorouracil external cream 5 %	27	FREESTYLE LIBRE 3 READER	30
FINACEA EXTERNAL GEL	27	fluoxetine hcl oral capsule	14	FREESTYLE LIBRE 3 SENSOR	30
finasteride oral tablet 5 mg.	39	fluoxetine hcl oral solution.	14	FREESTYLE LIBRE 14 DAY READER	30
fingolimod hcl.	24	fluoxetine hcl oral tablet 10 mg.	14	FREESTYLE LIBRE 14 DAY SENSOR	30
finzala	41	fluoxetine hcl oral tablet 20 mg, 60 mg.	14	FREESTYLE LIBRE READER	30
FIORICET	8	FLUTICASONE FUROATE-VILANTEROL	55	FREESTYLE PRECISION NEO SYSTEM.	30
FIORICET/CODEINE.	8	fluticasone propionate external cream.	27	FREESTYLE PRECISION NEO TEST	30
flac otic oil 0.01 %	52	fluticasone propionate external ointment.	27	FREESTYLE TEST	30
FLAREX	51	FLUTICASONE PROPIONATE HFA	55	FROVA	15
flecainide acetate	21	fluticasone propionate nasal.	53	frovatriptan succinate	15
FLEXICHAMBER	55	FLUTICASONE-SALMETEROL INHALATION AEROSOL.	55	ft naloxone hcl	10
FLOMAX ORAL CAPSULE 0.4 MG	39	fluticasone-salmeterol inhalation aerosol powder breath activated 100- 50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	55	ft nicotine	10
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML	35			ft nicotine mini	10
				FUROSCIX.	21
				furosemide oral	21
				fyavolv.	41
				FYCOMPA	12

FYREMADEL.....	49	GLUCOCARD SHINE TEST	30	hailey fe 1.5/30	41
gabapentin oral capsule	12	GLUCOCARD VITAL TEST	30	hailey fe 1/20.....	41
gabapentin oral solution 250 mg/5ml.....	12	GLUCOTROL XL.....	33	HALCION.....	19
GABAPENTIN ORAL TABLET 25 MG, 50 MG.....	12	GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG...	33	halobetasol propionate external cream	27
gabapentin oral tablet 600 mg, 800 mg	12	glyburide-metformin	33	halobetasol propionate external ointment.....	27
GABARONE	12	glyburide oral	33	haloette	41
gallifrey.....	41	GLYCATE	37	haloperidol oral	18
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous ..	49	GLYCOPYRROLATE ORAL TABLET 1.5 MG	37	HARVONI ORAL TABLET.....	18
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous ..	49	glycopyrrolate oral tablet 1 mg, 2 mg ...	37	HAVRIX.....	49
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	49	GLYXAMBI.....	33	HEALTHPRO BLOOD GLUCOSE MONITO	31
GASTROCROM	37	gnp naloxone hcl.....	10	heather	41
gatifloxacin ophthalmic.....	51	gnp nicotine mini.....	10	HEMADY	43
gavilyte-c	37	gnp nicotine polacrilex mouth/throat gum 2 mg.....	10	HEMANGEOL.....	21
gavilyte-g	37	gnp nicotine polacrilex mouth/throat lozenge	10	HEMICLOR	21
gavilyte-n with flavor pack	37	gnp nicotine transdermal	10	HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	34
GAVRETO	16	GOLYTELY.....	37	HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	34
gemfibrozil oral	21	GONAL-F	49	HEMMOREX-HC	50
GEMTESA	38	GONAL-F RFF.....	49	HEMOFIL M.....	34
GEN7T EXTERNAL PATCH 3.5 %.....	8	GONAL-F RFF REDIRECT.....	49	HEPLISAV-B	49
generlac	37	goodsense nicotine.....	10	HIDEX 6-DAY	43
gengraf oral capsule	46	griseofulvin microsize oral suspension ..	15	HIPREX	11
gentamicin sulfate external	11	g tussin ac	53	hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	10
gentamicin sulfate ophthalmic	51	guaifenesin ac oral syrup 100-10 mg/5ml	53	hm nicotine polacrilex mouth/throat lozenge 2 mg.....	10
GENVOYA	18	guaifenesin-codeine.....	53	hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr.....	10
GEODON ORAL.....	18	guanfacine hcl	21	HULIO (2 PEN).....	47
GILENYA ORAL CAPSULE 0.5 MG	24	guanfacine hcl er.....	23	HULIO (2 SYRINGE)	47
GILENYA ORAL CAPSULE 0.25 MG.....	24	GUARDIAN 4 GLUCOSE SENSOR	30	HUMALOG CARTRIDGE.....	32
glatiramer acetate.....	24	GUARDIAN 4 TRANSMITTER	30	HUMALOG INJECTION	32
glatopa	24	GUARDIAN CONNECT TRANSMITTER ..	30	HUMALOG KWIKPEN.....	32
GLEEEVEC.....	16	GUARDIAN LINK 3 TRANSMITTER	30	HUMALOG MIX 50/50 KWIKPEN	32
glimepiride oral tablet 1 mg, 2 mg, 4 mg	33	GUARDIAN REAL-TIME REPLACE PED.....	31	HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50- 50) 100 UNIT/ML.....	32
glimepiride oral tablet 3 mg	33	GUARDIAN SENSOR 3	31	HUMALOG MIX 75/25 KWIKPEN	32
glipizide er	33	GVOKE HYPOPEN 1-PACK	31	HUMALOG MIX 75/25 VIAL	32
glipizide ir.....	33	GVOKE HYPOPEN 2-PACK	31	HUMALOG SUBCUTANEOUS.....	32
glipizide-metformin hcl.....	33	GVOKE KIT	31	HUMALOG TEMPO PEN	32
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg ...	33	GVOKE PFS.....	31	HUMALOG U-100 JUNIOR KWIKPEN.....	32
glucagon emergency kit 1 mg injection	33	GYNAZOLE-1	15	HUMATE-P	34
GLUCAGON EMERGENCY KIT 1 MG INJECTION.....	33	habitrol.....	10	HUMIRA (1 PEN)	47
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR	33	HADLIMA.....	46	HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	47
GLUCOCARD EXPRESSION TEST.....	30	HADLIMA PUSHTOUCH	46		
		HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	47		
		HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	47		
		hailey 1.5/30	41		
		hailey 24 fe.....	41		

HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	47	hydrocortisone external lotion 2 %, 2.5 %	27	HYZAAR	21
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	47	hydrocortisone external ointment 1 %, 2.5 %	27	ibandronate sodium oral	50
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	47	hydrocortisone oral	43	IBRANCE ORAL TABLET	16
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	47	hydrocortisone (perianal) external cream 1 %	50	IBSRELA	37
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	47	hydrocortisone (perianal) external cream 2.5 %	50	ibuprofen oral suspension 100 mg/5ml	9
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	47	hydrocortisone valerate external cream 27		ibuprofen oral tablet 400 mg, 600 mg, 800 mg	9
HUMIRA-CD/UC/HS STARTER	47	hydrocort-pramoxine (perianal)	50	iclevia	41
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	47	hydromet	53	ICLUSIG ORAL TABLET 10 MG, 30 MG	16
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	47	hydromorphone hcl oral tablet	8	ICLUSIG ORAL TABLET 15 MG, 45 MG	16
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	47	hydroquinone external	27	icosapent ethyl	21
HUMIRA-PSORIASIS/UEIT STARTER	47	hydroxychloroquine sulfate oral	17	IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	47
HUMULIN 70/30 KWIKPEN	32	HYDROXYM EXTERNAL CREAM	27	IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	47
HUMULIN 70/30 VIAL	32	hydroxyurea oral	16	IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	47
HUMULIN N KWIKPEN	32	hydroxyzine hcl oral	19	IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	47
HUMULIN N VIAL	32	hydroxyzine pamoate oral	19	IDELVION	34
HUMULIN R U-500 KWIKPEN	32	HYFTOR	47	IDHIFA	16
HUMULIN R U-500 VIAL	32	HYMPAVZI	34	IHEALTH BLOOD GLUCOSE TEST STR	31
HUMULIN R VIAL	32	hyoscyamine sulfate er	37	IHEALTH GLUCO+ KIT 10	31
HYCODAN ORAL SOLUTION	53	hyoscyamine sulfate oral tablet	37	IHEALTH GLUCO+ KIT 100	31
hydralazine hcl oral	21	hyoscyamine sulfate oral tablet dispersible	37	ILEVRO	51
HYDREA	16	hyoscyamine sulfate sublingual	37	imatinib mesylate oral	16
hydrochlorothiazide oral	21	HYPERSAL	53	IMBRUVICA ORAL CAPSULE	16
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml	8	HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO- INJECTOR 80 MG/0.8ML	47	IMBRUVICA ORAL TABLET 140 MG, 280 MG	16
hydrocodone-acetaminophen oral tablet8		HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO- INJECTOR 80 MG/0.8ML	47	IMBRUVICA ORAL TABLET 420 MG	16
hydrocodone bit-homatrop mbr oral solution	53	HYRIMOZ-PED<40KG CROHN STARTER	47	imipramine hcl oral	14
hydrocod poli-chlorphe poli er	53	HYRIMOZ-PLAQ PSOR/UEIT START	47	imiquimod external cream 3.75 %	27
hydrocortisone ace-pramoxine external cream 1-1 %	50	HYRIMOZ-PLAQUE PSORIASIS START	47	imiquimod external cream 5 %	27
hydrocortisone acetate rectal	50	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	47	imiquimod pump	27
hydrocortisone-acetic acid	52	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML, 80 MG/0.8ML	47	IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	15
hydrocortisone external cream 1 %	27	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	47	IMITREX ORAL	15
hydrocortisone external cream 2.5 %	27	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	47	IMITREX STATDOSE SYSTEM	15
		HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	47	IMKELDI	16
				IMPOYZ	27
				IMURAN	47
				IMVEXXY MAINTENANCE PACK	35
				IMVEXXY STARTER PACK	35
				INBRIJA	17
				incassia	41
				indapamide	21

INDERAL LA	21	ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	52	KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG.	23
indomethacin er.	9	ISORDIL TITRADOSE	21	kariva.	41
indomethacin oral capsule.	9	isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	21	kelnor 1/35.	41
INGREZZA ORAL CAPSULE 40 MG, 80 MG.	24	isosorbide dinitrate oral tablet 40 mg. .	21	kelnor 1/50.	41
INGREZZA ORAL CAPSULE 60 MG.	24	isosorbide mononitrate er	21	KEPPRA ORAL.	12
INGREZZA ORAL CAPSULE SPRINKLE .	24	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg.	27	KEPPRA XR.	12
INGREZZA ORAL CAPSULE THERAPY PACK	24	isotretinoin oral capsule 25 mg, 35 mg. .	27	KERENDIA ORAL TABLET 10 MG, 20 MG	21
INPEN	31	ISTALOL.	52	KESIMPTA.	24
INSPIREASE	55	itraconazole oral capsule	15	ketoconazole external cream.	15
INSPIRA	21	ivabradine hcl.	21	ketoconazole external shampoo	15
INSULIN ASPART	32	ivermectin external cream	27	ketoconazole oral	15
INSULIN ASPART FLEXPEN	32	ivermectin oral tablet 3 mg	17	ketorolac tromethamine ophthalmic .	51
INSULIN DEGLUDEC FLEXTOUCH	32	ivermectin oral tablet 6 mg	17	ketorolac tromethamine oral.	9
INSULIN GLARGINE	32	IYUZEH	52	KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.	48
INSULIN GLARGINE MAX SOLOSTAR .	32	jaimiess.	41	KISQALI	17
INSULIN GLARGINE SOLOSTAR	32	JAKAFI.	16	KLARITY-A	51
INSULIN LISPRO	32	jantoven	12	KLARITY-C DROPS.	52
INSULIN LISPRO (1 UNIT DIAL)	32	JANUMET	33	KLARON	27
INSULIN LISPRO KWIKPEN	32	JANUVIA	33	klayesta.	15
INSULIN LISPRO PROT & LISPRO.	32	JARDIANCE	33	KLISYRI (250 MG)	27
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.	31	jasmiel.	41	KLISYRI (350 MG)	27
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	31	JATENZO.	44	KLONOPIN	19
INTRAROSA	35	jencycla.	41	klor-con	35
introvale	41	JENTADUETO	33	klor-con 10.	35
INTUNIV	23	JENTADUETO XR	33	klor-con m10.	35
INVEGA	18	jinteli	41	klor-con m15.	35
INVELTYS	51	jolessa.	41	klor-con m20.	35
INVOKANA	33	JORNAY PM	23	KLOXXADO.	10
INZIRQO	21	JOURNAVX.	8	kl's quit2	10
IPOL	49	JUBLIA.	15	kl's quit4	10
ipratropium-albuterol	55	juleber.	41	KOATE	34
ipratropium bromide inhalation	55	JULUCA.	18	KOATE-DVI	34
ipratropium bromide nasal.	53	junel 1.5/30	41	KOGENATE FS.	34
IQIRVO	37	junel 1/20	41	KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5- 1000 MG, 5-1000 MG, 5-500 MG	33
irbesartan	21	junel fe 1.5/30	41	KOSELUGO.	17
irbesartan-hydrochlorothiazide	21	junel fe 1/20.	41	KOURZEQ.	25
ISENTRESS HD	18	junel fe 24.	41	KOVALTRY.	34
ISENTRESS ORAL TABLET	18	JUST RIGHT 5000.	25	K-PHOS-NEUTRAL.	35
isibloom	41	JUST RIGHT 5000 DENTAL GEL 1.1 %. .	25	KRINTAFEL.	17
isoniazid oral tablet	16	JYLAMVO	48	K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	35
		JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	38	kurvelo	41
		JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	38	KYZATREX	44
		kalliga	41	labetalol hcl oral	21
		KAPSPARGO SPRINKLE	21		

lacosamide oral	12	levonest	41	LOESTRIN FE 1/20	41
lactulose encephalopathy	37	levonorgest-eth est & eth est oral tablet 42-21-21-7 days	41	LOFENA	9
lactulose oral solution	37	levonorgest-eth estrad 91-day	41	lojaimiess	41
LAGEVRIO	18	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg,	41	LOKELMA	35
LAMICTAL	12	0.15-30 mg-mcg	41	LO LOESTRIN FE	41
LAMICTAL ODT ORAL TABLET DISPERSIBLE	12	levonorg-eth estrad triphasic	41	LOMOTIL	37
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	12	levora 0.15/30 (28)	41	loperamide hcl oral capsule	37
lamotrigine er	12	levo-t	44	LOPID	21
lamotrigine oral tablet	12	LEVOTHYROXINE SODIUM ORAL CAPSULE	44	LOPRESSOR ORAL TABLET	21
lamotrigine oral tablet chewable	12	levothyroxine sodium oral tablet	44	LOPROX EXTERNAL SHAMPOO 1 %	15
lamotrigine oral tablet dispersible	12	levoxyl	44	LOPROX EXTERNAL SUSPENSION 0.77 %	27
LANCETS	31	LEVSIN	37	lorazepam oral tablet	19
LANOXIN ORAL	21	LEVSIN/SL	37	loryna	41
lansoprazole oral capsule delayed release	37	LEXAPRO	14	losartan potassium-hctz	21
lansoprazole oral tablet delayed release dispersible	37	LIALDA	50	losartan potassium oral	21
LANTUS SOLOSTAR	32	LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	13	LOTEMAX OPHTHALMIC GEL	51
LANTUS U-100 VIAL	32	LIBRAX	37	LOTEMAX OPHTHALMIC OINTMENT	51
larin 1.5/30	41	lidocaine external ointment 5 %	8	LOTEMAX OPHTHALMIC SUSPENSION	51
larin 1/20	41	lidocaine external patch 5 %	8	LOTEMAX SM	51
larin 24 fe	41	lidocaine hcl mouth/throat	25	LOTENSIN	21
larin fe 1.5/30	41	lidocaine-prilocaine external cream	8	LOTENSIN HCT	21
larin fe 1/20	41	lidocaine viscous hcl	25	loteprednol etabonate ophthalmic gel	51
LASIX	21	LIDOCAN	8	loteprednol etabonate ophthalmic suspension	51
latanoprost ophthalmic	52	LIDODERM	8	LOTREL	21
LATUDA	18	LIDOTRAL 1 EXTERNAL PATCH 4.88 %	8	lovastatin oral	21
LEDIPASVIR-SOFOSBUVIR	18	LIKMEZ	11	LOVAZA	21
leena	41	linezolid oral tablet	11	LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	12
leflunomide oral	48	LINZESS	37	low-ogestrel	41
lenalidomide	17	liothyronine sodium oral	44	lo-zumandimine	41
lessina	41	LIPITOR	21	lubiprostone	37
letrozole oral	17	liraglutide	33	LUMAKRAS	17
leucovorin calcium oral	17	lisdexamphetamine dimesylate	23	LUMIGAN	52
leuprolide acetate injection	43	lisinopril-hydrochlorothiazide	21	LUMRYZ	56
levabuterol hcl inhalation	55	lisinopril oral	21	LUNESTA	56
LEVALBUTEROL HFA INHALATION AEROSOL	55	LITFULO	48	LUPKYNIS	48
LEVBIID	37	lithium carbonate er	19	lurasidone hcl	18
levetiracetam er	12	lithium carbonate oral	19	lutera	41
levetiracetam oral solution	12	LITHOBID	19	lyleq	41
levetiracetam oral tablet	12	LIVALO	21	lyllana	41
levocarnitine oral solution	35	LIVDELZI	37	LYNPARZA	17
levocarnitine oral tablet	38	LODINE	9	LYRICA ORAL CAPSULE	24
levocarnitine sf	35	LODOCO	21	LYUMJEV KWIKPEN	32
levocetirizine dihydrochloride oral	53	LOESTRIN 1.5/30 (21)	41	LYUMJEV TEMPO PEN	33
levofloxacin oral tablet	11	LOESTRIN 1/20 (21)	41	LYUMJEV VIAL	33
		LOESTRIN FE 1.5/30	41	lyza	41
				MACROBID	11

MACRODANTIN.....	11	metformin hcl er	34	metronidazole vaginal	11
MALARONE	17	metformin hcl er (mod)	34	mexiletine hcl oral.....	21
MARINOL	14	metformin hcl er (osm)	34	mibelas 24 fe.....	41
marlissa	41	metformin hcl oral tablet		MICARDIS	21
matzim la	21	625 mg, 750 mg	34	MICARDIS HCT	21
MAVENCLAD	24	metformin hcl oral tablet		MICROCHAMBER	55
MAVYRET ORAL PACKET	18	1000 mg, 500 mg, 850 mg.....	34	MICRODOT TEST	31
MAXALT.....	15	methadone hcl oral tablet	8	microgestin 1.5/30.....	41
MAXALT-MLT	15	methenamine hippurate	11	microgestin 1/20	41
MAXITROL	51	methimazole oral.....	44	microgestin 24 fe oral tablet 1-20 mg-	
maxi-tuss ac	53	methocarbamol oral	56	mcg	41
MAXZIDE-25 ORAL TABLET 37.5-25 MG ..	21	methotrexate sodium injection solution	48	microgestin fe 1.5/30	41
MAXZIDE ORAL TABLET		methotrexate sodium oral	48	microgestin fe 1/20	41
75-50 MG	21	methotrexate sodium (pf).....	48	midodrine hcl	21
MAYZENT STARTER PACK	24	METHYLIN	23	MIEBO	52
meclizine hcl oral tablet	14	methylphenidate hcl er (cd)	23	mili	42
MEDROL ORAL TABLET 2 MG	43	methylphenidate hcl er (la) oral		mimvey.....	42
MEDROL ORAL TABLET 16 MG, 4 MG, 8		capsule extended release 24 hour 10		MINASTRIN 24 FE ORAL TABLET	
MG	43	mg, 20 mg, 30 mg,		CHEWABLE	
MEDROL ORAL TABLET THERAPY PACK	43	40 mg.....	23	1-20 MG-MCG(24)	42
medroxyprogesterone acetate		methylphenidate hcl er (la) oral		MINILINK REAL-TIME TRANSMITTER.	31
intramuscular	41	capsule extended release 24 hour 60		MINIMED 630G GUARDIAN PRESS.....	31
medroxyprogesterone acetate oral....	41	mg	23	MINIPRESS ORAL CAPSULE	
mefloquine hcl.....	17	methylphenidate hcl er oral tablet		1 MG, 2 MG, 5 MG	21
megestrol acetate oral suspension 40		extended release	24	MINIVELLE	42
mg/ml	43	methylphenidate hcl er oral tablet		minocycline hcl oral capsule	11
megestrol acetate oral tablet.....	41	extended release 24 hour	24	minoxidil oral	21
meleya	41	methylphenidate hcl er (osm) oral		mirabegron er.....	38
meloxicam oral tablet	9	tablet extended release		MIRCETTE ORAL TABLET	
memantine hcl er.....	13	18 mg, 27 mg, 36 mg, 54 mg.....	23	0.15-0.02/0.01 MG (21/5)	42
memantine hcl oral tablet	13	METHYLPHENIDATE HCL ER (OSM)		mirtazapine oral.....	14
MENOPUR	49	ORAL TABLET EXTENDED RELEASE		MIRVASO.....	27
MENOSTAR.....	41	45 MG,		misoprostol oral.....	37
MENQUADFI.....	49	63 MG.....	23	MITIGARE	15
MENVEO	49	methylphenidate hcl er (osm) oral		MM BLOOD GLUCOSE SYSTEM.....	31
MEPRON.....	17	tablet extended release		MM BLOOD GLUCOSE SYSTEM REFILL...	31
mercaptopurine oral tablet	17	72 mg.....	24	MM BLULINK GLUCOSE TEST	31
mesalamine er oral capsule 0.375 gm..	50	methylphenidate hcl er (xr).....	24	MM EASY TOUCH GLUCOSE METER	31
mesalamine oral capsule delayed		methylphenidate hcl oral	24	M-M-R II.....	49
release 400 mg.....	50	methylprednisolone oral.....	43	M-NATAL PLUS	35
mesalamine oral tablet delayed		metoclopramide hcl oral tablet	14	modafinil oral	56
release 1.2 gm.....	50	metolazone	21	MODERNA COVID-19 VAC 6M-11Y.....	49
mesalamine oral tablet delayed		metoprolol-hydrochlorothiazide	21	mometasone furoate external.....	27
release 800 mg.....	50	metoprolol succinate er.....	21	mometasone furoate nasal	53
mesalamine rectal enema	50	metoprolol tartrate oral	21	MONDOXYNE NL.....	11
mesalamine rectal suppository.....	50	METROCREAM	27	MONOJECT HYPODERMIC NEEDLE	
MESTINON ORAL TABLET	16	METROGEL.....	27	18G X 1"	31
METADATE CD.....	23	METROLOTION.....	27	mono-lynyah	42
metaxalone oral tablet 400 mg, 800 mg.	56	metronidazole external	27	montelukast sodium oral	55
metaxalone oral tablet 640 mg	56	metronidazole oral tablet			
		125 mg	11		
		metronidazole oral tablet			
		250 mg, 500 mg	11		

morphine sulfate er oral tablet extended release	8	naratriptan hcl	15	nicotine step 2	10
morphine sulfate oral tablet	8	NARCAN	10	nicotine step 3	10
MOTEGRITY	37	NASCOBAL	35	nicotine transdermal patch 24 hour.	10
MOTPOLY XR	13	na sulfate-k sulfate-mg sulf.	37	nifedipine er	22
MOUNJARO	34	NATAZIA	42	nifedipine er osmotic release	22
MOVIPREP	37	nateglinide	34	nifedipine oral	22
moxifloxacin hcl (2x day)	51	NATESTO	44	nikki	42
moxifloxacin hcl ophthalmic	51	NAYZILAM	13	nilotinib hcl	17
moxifloxacin hcl oral	11	nebivolol hcl	21	NITRO-BID	22
MS CONTIN	8	NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	53	NITRO-DUR	22
MULTAQ	21	NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	53	nitrofurantoin macrocrystal	11
multi-vitamin/fluoride	35	necon 0.5/35 (28)	42	nitrofurantoin monohydrate macrocrystals	11
multivitamin/fluoride oral tablet chewable	35	NEFFY	53	nitroglycerin rectal	22
multivitamin w/fluoride	35	NEMLUVIO	27	nitroglycerin sublingual	22
MULTI-VIT-FLOR	35	neomycin-polymyxin-dexameth	51	nitroglycerin transdermal	22
mupirocin cream	11	neomycin-polymyxin-hc otic	52	NITROSTAT	22
mupirocin ointment	11	neomycin sulfate oral	11	NIVA-PLUS	36
MYAMBUTOL ORAL TABLET 400 MG	16	NEONATAL COMPLETE	35	NIVA THYROID	44
mycophenolate mofetil oral capsule	48	NEONATAL PLUS	35	NIVESTYM	34
mycophenolate mofetil oral tablet	48	NEONATAL PRENATAL	35	NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	44
mycophenolate sodium	48	NEONATAL VITAMIN	36	nora-be	42
mycophenolic acid	48	NEORAL ORAL CAPSULE	48	NORDITROPIN FLEXPPO	44
MYDAYIS	24	NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	34	norelgestromin-eth estradiol	42
MYFEMBREE	42	neuac	28	norethin ace-eth estrad-fe oral tablet	42
MYFORTIC	48	NEULASTA	34	norethin ace-eth estrad-fe oral tablet chewable	42
MYHIBBIN	48	NEUPRO	17	norethindrone acetate oral	42
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	38	NEURONTIN	13	norethindrone acet-ethinyl est	42
MYSOLINE	13	NEUTEK 2TEK TEST	31	norethindrone-eth estradiol	42
nabumetone oral	9	NEVANAC	51	norethindrone oral	42
nadolol oral	21	NEXIUM ORAL CAPSULE DELAYED RELEASE	37	norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	42
NALOCET	8	NEXIUM ORAL PACKET	37	norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	42
naloxone hcl injection solution prefilled syringe	10	NEXLETOL	22	norgestimate-ethinyl estradiol triphasic	42
naloxone hcl nasal	10	NEXLIZET	22	NORITATE	28
naltrexone hcl oral	10	NEXTSTELLIS	42	NORLIQVA	22
NAMENDA ORAL TABLET 10 MG, 5 MG	13	NGENLA	43	norlyroc	42
NAMENDA TITRATION PAK	13	niacin er (antihyperlipidemic)	22	NORPRAMIN	14
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	13	NICODERM CQ	10	nortrel 0.5/35 (28)	42
NAPROSYN	9	NICORETTE MINI	10	nortrel 1/35 (21)	42
naproxen dr	9	NICORETTE MOUTH/THROAT GUM	10	nortrel 1/35 (28)	42
naproxen oral tablet	9	NICORETTE MOUTH/THROAT LOZENGE	10	nortrel 7/7/7	42
naproxen oral tablet delayed release	9	NICORETTE STARTER KIT	10	nortriptyline hcl oral capsule	14
naproxen sodium oral tablet 275 mg, 550 mg	9	nicotine mini	10	NORVASC	22
		nicotine polacrilex mini	10	NOVAREL	49
		nicotine polacrilex mouth/throat	10	NOVOEIGHT	34
		nicotine step 1	10		

NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM.	31	NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	34	OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	48
NOVOFINE PEN NEEDLE.....	31	NUWIQ INTRAVENOUS KIT 1500 UNIT ..	34	ON CALL EXPRESS BLOOD GLUCOSE ...	31
NOVOFINE PLUS PEN NEEDLE	31	NUZYRA ORAL.....	11	ON CALL EXPRESS MONITORING SYS ...	31
NOVOLIN 70/30 FLEXPEN	33	nyamyc	15	ondansetron hcl oral	14
NOVOLIN 70/30 FLEXPEN RELION.....	33	nylia 1/35	42	ondansetron odt oral tablet dispersible 4 mg, 8 mg	14
NOVOLIN 70/30 RELION	33	nylia 7/7/7.....	42	ondansetron odt oral tablet dispersible 16 mg.	14
NOVOLIN 70/30 VIAL	33	nymyo oral tablet 0.25-35 mg-mcg	42	ONETOUCH ULTRA 2 KIT W/DEVICE.....	31
NOVOLIN N FLEXPEN	33	nystatin external	15	ONETOUCH ULTRA BLUE TEST	31
NOVOLIN N FLEXPEN RELION	33	nystatin mouth/throat	15	ONETOUCH ULTRA TEST STRIPS	31
NOVOLIN N RELION.....	33	nystatin oral	15	ONETOUCH VERIO FLEX SYSTEM KIT.....	31
NOVOLIN N VIAL.....	33	nystatin-triamcinolone	15	ONETOUCH VERIO IQ SYSTEM KIT W/ DEVICE	31
NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ ML INJECTION.....	33	nystop.....	15	ONETOUCH VERIO KIT W/DEVICE	31
NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ ML INJECTION.....	33	NYVEPRIA.....	34	ONETOUCH VERIO REFLECT KIT W/ DEVICE	31
NOVOLIN R FLEXPEN SOLUTION PEN- INJECTOR 100 UNIT/ML INJECTION ...	33	ocella	42	ONETOUCH VERIO TEST STRIPS.....	31
NOVOLIN R FLEXPEN SOLUTION PEN- INJECTOR 100 UNIT/ML INJECTION	33	OCUFLOX	51	ONE VITE WOMENS	36
NOVOLIN R RELION	33	ODACTRA	53	ONE VITE WOMENS PLUS	36
NOVOLIN R VIAL	33	ODEFSEY.....	18	ONEXTON.....	28
NOVOLOG FLEXPEN	33	ODOMZO.....	17	ONFI.....	13
NOVOLOG FLEXPEN RELION.....	33	OFEV	56	ONGLYZA	34
NOVOLOG RELION.....	33	ofloxacin ophthalmic	51	ONYDA XR.....	24
NOVOLOG U-100 VIAL	33	ofloxacin otic.....	52	OPSUMIT	56
NOVOPEN ECHO.....	31	olanzapine oral.	18	OPTIUMEZ TEST.....	31
NOXAFIL ORAL TABLET DELAYED RELEASE.....	15	olmesartan-amlodipine-hctz.....	22	OPVEE	10
np thyroid.....	44	olmesartan medoxomil-hctz.....	22	OPZELURA	28
NUBEQA	17	olmesartan medoxomil oral.....	22	ORACEA	28
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	55	olopatadine hcl nasal.....	53	ORACIT	36
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	55	olopatadine hcl ophthalmic solution 0.1 %	51	ORAL CITRATE.....	36
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	55	olopatadine hcl ophthalmic solution 0.2 %	51	ORALONE.....	25
NUCYNTA	8	OLUMIANT ORAL TABLET 1 MG, 4 MG ..	48	ORENCIA CLICKJECT.....	48
NUCYNTA ER	8	OLUMIANT ORAL TABLET 2 MG	48	ORENCIA SUBCUTANEOUS.....	48
NUDEXTA.....	24	OMECLAMOX-PAK	37	ORFADIN ORAL CAPSULE	38
NULEV	37	omega-3-acid ethyl esters	22	ORFADIN ORAL SUSPENSION.....	38
NURTEC	15	omeprazole oral capsule delayed release.....	37	ORGOVYX.....	17
NUTROPIN AQ NUSPIN 5.....	44	OMNIPOD 5 DEXCOM INTRO KIT	31	ORIAHNN	44
NUTROPIN AQ NUSPIN 10.....	44	OMNIPOD 5 DEXCOM PODS	31	ORLISSA.....	44
NUTROPIN AQ NUSPIN 20.....	44	OMNIPOD 5 DEXCOM PODS	31	orphenadrine citrate er	56
NUVARING	42	OMNIPOD 5 G7 INTRO (GEN 5) KIT	31	OSCIMIN	37
NUVESSA	11	OMNIPOD 5 G7 PODS (GEN 5).....	31	oseltamivir phosphate oral.....	18
NUVIGIL.....	56	OMNIPOD 5 LIBRE INTRO KIT.....	31	OSPHENA.....	35
		OMNIPOD 5 LIBRE PODS	31	OTEZLA ORAL TABLET 20 MG.....	48
		OMNITROPE.....	44	OTEZLA ORAL TABLET 30 MG.....	48
		OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO- INJECTOR.....	48	OTREXUP	48
				OVACE PLUS WASH EXTERNAL LIQUID ..	28
				OVACE WASH.....	28

OVIDREL	49	pentoxifylline er	22	potassium chloride crys er	36
oxaprozin oral tablet	9	PEPCID	37	potassium chloride er	36
OXAYDO ORAL TABLET 5 MG, 7.5 MG	8	perampanel	13	potassium chloride oral	36
oxcarbazepine	13	PERCOCET	8	potassium citrate er	36
oxcarbazepine er	13	PERFOROMIST	55	PRADAXA ORAL CAPSULE	12
oxybutynin chloride er	38	PERIDEX	25	PRALUENT	22
oxybutynin chloride oral	38	periogard	25	pramipexole dihydrochloride	17
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	8	permethrin external	17	prasugrel hcl	18
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	8	perphenazine oral	14	pravastatin sodium	22
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	8	PERTZYE	38	prazosin hcl oral	22
oxycodone hcl oral capsule	8	PFIZER COVID-19 VAC-TRIS 5-11Y	49	PRECISION XTRA BLOOD GLUCOSE	31
oxycodone hcl oral solution	8	PFIZER COVID-19 VAC-TRIS 6M-4Y	49	PRECISION XTRA KIT W/DEVICE	31
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	8	phenazo oral tablet 200 mg	38	PRED FORTE	51
OXYCONTIN	8	phenazopyridine hcl oral tablet 100 mg, 200 mg	38	PRED MILD	51
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	34	phenobarbital oral tablet	13	prednisolone acetate ophthalmic	51
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML, 8 MG/3ML	34	phenytek	13	PREDNISOLONE ACETATE P-F	51
PACERONE	22	phenytoin sodium extended	13	prednisolone oral solution	43
paliperidone er	18	PHEXXI	42	prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 5 mg/5ml	43
PAMELOR	14	philith	42	prednisolone sodium phosphate oral solution 15 mg/5ml	43
PANCREAZE	38	PHOSPHA 250 NEUTRAL	36	prednisolone sodium phosphate oral solution 20 mg/5ml	43
PANRETIN	28	phosphorus	36	prednisone oral	43
pantoprazole sodium oral tablet delayed release	37	phospho-trin 250 neutral	36	pregabalin oral capsule	24
PARADIGM REAL-TIME TRANSMITTER	31	pilocarpine hcl oral	25	PREGNYL	49
PARLODEL ORAL TABLET	17	pimecrolimus	28	PREMARIN ORAL	42
paroxetine hcl er	14	pimtrea	42	PREMARIN VAGINAL	42
paroxetine hcl oral tablet	14	pioglitazone hcl	34	PREMIUM BLOOD GLUCOSE TEST IN VITRO STRIP	31
PATANASE NASAL SOLUTION 0.6 %	53	pioglitazone hcl-metformin hcl	34	premium lidocaine	8
PAXIL	14	PIP BLOOD GLUCOSE TEST STRIP	31	PREMPHASE	42
PAXIL CR	14	PIQRAY	17	PREMPRO	42
PAXLOVID	18	piroxicam oral	9	prenatal oral tablet 27-0.8 mg	36
PEDIAPRED	43	pitavastatin calcium	22	prenatal oral tablet 27-1 mg	36
peg-3350/electrolytes	37	PLAQUENIL	17	prenatal plus	36
peg-3350/electrolytes/ascorbat	37	PLAVIX	18	prenatal plus vitamin/mineral	36
peg 3350-kcl-na bicarb-nacl	37	PLEGRIDY INTRAMUSCULAR	24	prenatal vitamins oral tablet 27-0.8 mg	36
peg-kcl-nacl-nasulf-na asc-c	38	PLEGRIDY STARTER PACK	24	PRENATE MINI	36
penicillin v potassium	11	PLEGRIDY SUBCUTANEOUS	24	PRENATOL-M	36
		PLENVU	38	PRENATRIX	36
		PLEXION CLEANSER	28	PRENATRYL	36
		pnv 27-ca/fe/fa	36	PREVACID	37
		podofilox external solution	28	PREVACID SOLUTAB	37
		POKONZA	36	prevalite	22
		POLYCIN	51	PREVIDENT 5000 BOOSTER PLUS	25
		polymyxin b-trimethoprim	51		
		POLY-VI-FLOR ORAL TABLET CHEWABLE	36		
		POMALYST	17		
		portia-28	42		
		posaconazole oral tablet delayed release	15		

PREVIDENT 5000 DRY MOUTH.....	25	PROVIGIL	56	RASUVO	48
PREVIDENT 5000 ENAMEL PROTECT	36	PROZAC	14	reclipsen.....	42
PREVIDENT 5000 KIDS	25	prucalopride succinate	38	RECOMBINATE	34
PREVIDENT 5000 ORTHO DEFENSE	25	pseudoephedrine-bromphen-dm	53	RECOMBIVAX HB	49
PREVIDENT 5000 PLUS.....	25	PTS PANELS EGLU TEST	31	RECTIV.....	22
PREVIDENT 5000 SENSITIVE.....	36	PULMICORT SUSPENSION.....	55	REGLAN.....	14
PREVIDENT DENTAL	25	PULMOSAL.....	53	RELAFEN DS	9
PREVNAR 20.....	49	PULMOZYME	55	RELEXII	24
PREVYMIS ORAL TABLET	18	PYLERA	37	RELION GLUCOSE TEST STRIPS	32
PREZCOBIX	19	PYRIDIUM	38	RELION TRUE MET AIR GLUC METER ...	32
primidone oral tablet 125 mg	13	pyridostigmine bromide oral tablet		RELION TRUE METRIX TEST STRIPS....	32
primidone oral tablet 250 mg, 50 mg ...	13	30 mg.....	16	RELION ULTIMA GLUCOSE SYSTEM	32
PRIORIX.....	49	pyridostigmine bromide oral tablet		RELION ULTIMA TEST	32
PRISTIQ.....	14	60 mg.....	16	RELPAK	15
probenecid	15	qc nicotine transdermal system	10	RELTONE.....	38
PROCARDIA XL	22	QELBREE	24	REMERON.....	14
PROCHAMBER VHC	55	QUARTETTE ORAL TABLET		REMERON SOLTAB ORAL TABLET	
prochlorperazine maleate oral	14	42-21-21-7 DAYS.....	42	DISPERSIBLE 15 MG, 30 MG.....	14
PROCORT	50	QUESTRAN.....	22	RENTHYROID.....	44
PROCTOCORT EXTERNAL.....	50	QUESTRAN LIGHT	22	RENVELA ORAL TABLET.....	38
PROCTOCORT RECTAL.....	50	quetiapine fumarate.....	18	repaglinide.....	34
PROCTOFOAM HC	50	quetiapine fumarate er	18	REPATHA.....	22
procto-med hc.....	50	QUFLORA PEDIATRIC	36	REPATHA PUSHTRONEX SYSTEM	22
PROCTOSOL HC.....	50	QUICK TOUCH BLOOD GLUCOSE	31	REPATHA SURECLICK	22
PROCTOZONE-HC	50	QUICK TOUCH BLOOD GLUCOSE TEST ..	31	RESTASIS	52
progesterone intramuscular.....	42	QUILLICHEW ER	24	RESTASIS MULTIDOSE	52
progesterone oral	42	QUILLIVANT XR.....	24	RESTORIL.....	56
PROGRAF ORAL CAPSULE.....	48	QUINTET AC BLOOD GLUCOSE TEST....	31	RETACRIT INJECTION SOLUTION	
PROLATE ORAL TABLET	8	QUINTET BLOOD GLUCOSE TEST.....	32	10000 UNIT/ML, 2000 UNIT/ML, 3000	
PROLENSA	51	QULIPTA	15	UNIT/ML, 4000 UNIT/ML, 40000 UNIT/	
promethazine-codeine	53	QUVIVIQ	56	ML.....	35
promethazine-dm.....	53	QVAR REDIHALER.....	55	RETACRIT INJECTION SOLUTION	
promethazine hcl oral solution	14	rabeprazole sodium oral tablet		20000 UNIT/ML.....	35
promethazine hcl oral tablet.....	14	delayed release	37	RETEVMO ORAL CAPSULE	
promethazine hcl rectal	14	RADICAVA ORS	24	40 MG.....	17
PROMETHEGAN	14	RADICAVA ORS STARTER KIT	24	RETEVMO ORAL CAPSULE	
PROMETRIUM	42	RALDESY.....	14	80 MG.....	17
propafenone hcl.....	22	raloxifene hcl.....	50	RETIN-A.....	28
propafenone hcl er.....	22	ramelteon	56	REVATIO ORAL	56
propranolol hcl er	22	ra mini nicotine	10	REVLIMID	17
propranolol hcl oral	22	ramipril.....	22	REXTOVY.....	10
propylthiouracil oral.....	44	ra nicotine mouth/throat gum 4 mg ...	10	REXULTI	18
PROSCAR	39	ra nicotine polacrilex	10	REYVOW	15
PROTONIX ORAL TABLET DELAYED		ra nicotine transdermal patch 24 hour		REZDIFFRA.....	38
RELEASE.....	37	21 mg/24hr	10	RHOFADE	28
PROVENTIL HFA INHALATION		ranolazine er.....	22	RHOPRESSA	52
AEROSOL SOLUTION 108 (90 BASE)		RAPAFLO.....	39	rifampin oral	16
MCG/ACT	55	RAPAMUNE ORAL TABLET		RIGHTEST GT333 GLUCOSE TEST.....	32
PROVERA	42	0.5 MG, 1 MG, 2 MG	48	RINVOQ.....	48
		rasagiline mesylate oral.....	17		

risedronate sodium oral tablet 30 mg, 5 mg.	50	SEASONIQUE ORAL TABLET 0.15-0.03 &0.01 MG.	42	SKYRIZI PEN.	48
risedronate sodium oral tablet 150 mg, 35 mg	50	selenium sulfide external lotion	28	SKYRIZI SUBCUTANEOUS	48
RISPERDAL.	18	SENSIPAR.	50	SKYTROFA	44
risperidone	18	SEREVENT DISKUS.	55	SLYND	42
RITALIN	24	SEROQUEL.	18	sm nicotine	10
RITALIN LA	24	SEROQUEL XR.	18	sm nicotine polacrilex	10
rivaroxaban	12	SERTRALINE HCL ORAL CAPSULE.	14	sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	10
rivastigmine.	13	sertraline hcl oral concentrate	14	SOAANZ	22
rivastigmine tartrate.	13	sertraline hcl oral tablet	14	sod citrate-citric acid oral solution 500-334 mg/5ml.	36
rivelsa	42	setlakin	42	sod fluoride-potassium nitrate	36
rizatriptan benzoate oral tablet 5 mg ...	15	sevelamer carbonate oral tablet.	38	sodium chloride inhalation.	53
rizatriptan benzoate oral tablet 10 mg ...	15	SEYSARA.	11	sodium fluoride 5000 enamel	36
rizatriptan benzoate oral tablet dispersible 5 mg.	15	sf 5000 plus	25	sodium fluoride 5000 plus	25
rizatriptan benzoate oral tablet dispersible 10 mg.	15	sf gel 1.1%	25	sodium fluoride 5000 ppm	25
ROBINUL-FORTE ORAL TABLET 2 MG. ...	38	SFROWASA.	50	sodium fluoride 5000 sensitive	36
ROBINUL ORAL TABLET 1 MG.	38	sharobel	42	sodium fluoride dental	25
ROCALTROL ORAL CAPSULE	50	SHINGRIX	49	sodium fluoride oral solution	36
ROCKLATAN.	52	sildenafil citrate oral tablet 20 mg.	56	sodium fluoride oral tablet chewable. ...	36
roflumilast	55	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg.	35	SODIUM OXYBATE	56
ropinirole hcl.	17	SILENOR.	56	sodium sulfacetamide wash	28
rosuvastatin calcium oral	22	silodosin	39	SOFOSBUVIR-VELPATASVIR	19
rosyrah	42	SILVADENE.	11	solifenacin succinate	38
roweepra	13	silver sulfadiazine external	11	SOLQUA.	34
ROXICODONE	8	SIMLANDI (1 PEN).	48	SOMA.	56
ROZEREM	56	SIMLANDI (1 SYRINGE)	48	SOOLANTRA	28
ROZLYTREK	17	SIMLANDI (2 PEN).	48	sotalol hcl oral	22
RUCONEST.	48	SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML.	48	SOTYKTU	48
RUKOBIA.	19	SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML.	48	SOVUNA	17
RYALTRIS.	53	simliya	42	SPIKEVAX	49
RYBELSUS	34	simpesse	42	SPIRIVA HANDIHALER.	55
RYDAPT.	17	SIMPLERA SENSOR	32	SPIRIVA RESPIMAT	55
RYTARY	18	SIMPLERA SYNC SENSOR	32	spironolactone-hctz.	22
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	22	SIMPLERA SYSTEM.	32	spironolactone oral tablet	22
ryvent	53	SIMPONI	48	SPORANOX	15
sacubitril-valsartan.	22	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg.	22	SPRAVATO (56 MG DOSE).	14
SAFYRAL.	42	simvastatin oral tablet 80 mg	22	SPRAVATO (84 MG DOSE).	14
SALAGEN	25	SINEMET	18	sprintec 28.	42
SANTYL.	28	SINGULAIR ORAL PACKET.	55	SPRYCEL	17
SAPHRIS.	18	SINGULAIR ORAL TABLET	55	sronyx	42
SAVELLA	24	SINGULAIR ORAL TABLET CHEWABLE. ...	55	ssd	11
saxagliptin hcl.	34	sirolimus oral tablet	48	STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	48
saxagliptin-metformin er.	34	SITAVIG	19	STENDRA	35
SCEMBLIX.	17			STEQEYMA SUBCUTANEOUS	48
scopolamine.	14			STIOLTO RESPIMAT.	55
				STIVARGA.	17

STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG.....	24	SYNALAR EXTERNAL SOLUTION 0.01 % ..28	TEKTURNA HCT ORAL TABLET 300- 12.5 MG, 300-25 MG.....	22
STRENSIQ.....	38	SYNJARDY	telmisartan	22
STRIVERDI RESPIMAT	55	SYNJARDY XR.....	telmisartan-hctz	22
STROMEKTOL	17	SYNTHROID	temazepam	56
SUBOXONE	10	TABRECTA	temozolomide	17
subvenite	13	TACLONEX EXTERNAL OINTMENT 0.005-0.064 %.....	TEMPO REFILL.....	32
SUCRAID.....	38	TACLONEX EXTERNAL SUSPENSION ...	TEMPO WELCOME	32
sucralfate oral.....	37	tacrolimus external.....	TENCON	8
SUFLAVE.....	38	tacrolimus oral.....	TENIVAC	49
sulfacetamide sodium (acne).....	28	tadalafil oral	tenofovir disoproxil fumarate.....	19
sulfacetamide sodium external.....	28	tadalafil (pah)	TENORETIC 50	22
sulfacetamide sodium ophthalmic solution.....	51	TADLIQ	TENORETIC 100	22
sulfacetamide sodium-sulfur external liquid 9-4.5 %	28	tafluprost (pf)	TENORMIN.....	22
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9.8-4.8 % ..	28	TAGRISO.....	terazosin hcl	39
sulfacetamide sod-sulfur wash external liquid 9-4 %.....	28	TAKHZYRO SUBCUTANEOUS SOLUTION	terbinafine hcl oral	15
sulfacetamide sod-sulfur wash external liquid 9-4.5 %.....	28	TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	terconazole	15
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	11	TAMIFLU	teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous.....	50
sulfamethoxazole-trimethoprim oral tablet.....	11	tamoxifen citrate oral tablet 10 mg.....	TERIPARATIDE SOLUTION PEN- INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	50
sulfasalazine oral.....	50	tamoxifen citrate oral tablet 20 mg.....	TESTIM	44
sulfatrim pediatric.....	11	tamsulosin hcl	TESTOSTERONE CYPIONATE INJECTION	44
sulindac oral	9	TANLOR.....	testosterone cypionate intramuscular .	44
SUMADAN WASH	28	TAPERDEX 6-DAY	testosterone enanthate intramuscular .	44
sumatriptan nasal.....	15	TAPERDEX 7-DAY	testosterone gel 12.5 mg/act (1%) transdermal.....	44
sumatriptan succinate oral.....	15	TAPERDEX 12-DAY	testosterone gel 12.5 mg/act (1%) transdermal.....	44
sumatriptan succinate subcutaneous solution auto-injector	16	TARGADOX.....	testosterone gel 20.25 mg/act (1.62%) transdermal.....	44
SUNOSI.....	56	tarina 24 fe.....	testosterone gel 20.25 mg/act (1.62%) transdermal.....	44
SUPREP BOWEL PREP KIT.....	38	tarina fe 1/20 eq.....	testosterone gel 25 mg/2.5gm (1%) transdermal.....	44
SUTAB	38	TASIGNA	testosterone gel 25 mg/2.5gm (1%) transdermal.....	44
syeda.....	42	TAVALISSE	testosterone transdermal gel 1.62 %...	44
SYMBICORT	55	tazarotene external cream	testosterone transdermal gel 10 mg/act (2%), 20.25 mg/ 1.25gm (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%).....	44
SYMFI.....	19	TAZORAC EXTERNAL CREAM	tetracycline hcl oral capsule	11
SYMFI LO ORAL TABLET 400-300-300 MG.....	19	taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	55
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	53	TECFIDERA ORAL CAPSULE DELAYED RELEASE.....	THALITONE	22
SYMLINPEN 60	34	TECHLITE INSULIN SYRINGES	THRIVE	10
SYMLINPEN 120	34	TECHLITE PEN NEEDLES	THYQUIDITY.....	44
SYMPAZAN.....	13	TECHLITE PLUS PEN NEEDLES.....	thyroid oral	44
SYMPROIC	38	TEGLUTIK.....	tiadylt er.....	22
SYNALAR	28	TEGRETOL ORAL TABLET		
		TEGRETOL-XR		
		TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML ...		
		TEKTURNA.....		

TIAZAC	22	torsemide.....	22	TRIANEX EXTERNAL OINTMENT 0.05 % ..	28
ticagrelor	18	TOSYMRA	16	triazolam	19
TIGLUTIK	24	TOUJEO MAX SOLOSTAR.....	33	TRIBENZOR	22
TIKOSYN	22	TOUJEO SOLOSTAR.....	33	TRICARE ORAL TABLET	36
tilia fe.....	42	TRACLEER	56	TRICOR	22
timolol hemihydrate	52	TRADJENTA	34	TRIDACAINE II	9
timolol maleate ocudose	52	tramadol-acetaminophen	9	TRIDACAINE III.....	9
timolol maleate (once-daily)	52	tramadol hcl er.....	9	triderm	28
timolol maleate ophthalmic.....	52	tramadol hcl (er biphasic) oral tablet extended release 24 hour	9	TRIDESILON EXTERNAL CREAM 0.05 % ..	28
timolol maleate pf.....	52	tramadol hcl oral tablet 75 mg	9	tri-estarylla	42
TIMOPTIC OCUDOSE.....	52	tramadol hcl oral tablet 100 mg, 25 mg, 50 mg	9	trihexyphenidyl hcl oral tablet	18
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %.....	52	trandolapril	22	TRIJARDY XR	34
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %.....	52	tranexamic acid oral.....	35	TRIKAFTA ORAL TABLET THERAPY PACK	56
tinidazole oral.....	11	TRANSERM-SCOP TRANSERMAL PATCH 72 HOUR 1 MG/3DAYS.....	14	tri-legest fe.....	42
tiotropium bromide monohydrate.....	55	TRAVATAN Z.....	52	TRILEPTAL	13
TIROSINT	44	travoprost (bak free).....	52	tri-lynyah.....	42
TIROSINT-SOL.....	44	trazodone hcl oral.....	14	TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG.....	22
TIVICAY	19	TRELEGY ELLIPTA.....	55	tri-lo-estarylla.....	42
tizanidine hcl oral	56	TREMFYA CROHNS INDUCTION.....	28	tri-lo-marzia	43
TLANDO	44	TREMFYA ONE-PRESS.....	48	tri-lo-mili	43
TOBI PODHALER.....	55	TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	48	tri-lo-sprintec	43
TOBRADEX.....	51	TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML.....	28	trimethoprim oral	11
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	51	TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML.....	48	tri-mili	43
TOBRADEX ST.....	51	TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML.....	28	TRINATAL RX 1.....	36
tobramycin-dexamethasone.....	51	TRESIBA FLEXTOUCH.....	33	TRINATE	36
tobramycin ophthalmic.....	51	tretinoin external cream	28	TRINTELLIX	14
TOLAK	28	tretinoin external gel 0.01 %, 0.025 % ..	28	tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg.....	43
TOLSURA	15	tretinoin external gel 0.05 %.....	28	tri-sprintec.....	43
tolterodine tartrate	38	TREXALL.....	48	tritocin external ointment 0.05 %	28
tolterodine tartrate er	39	TREZIX.....	9	TRIUMEQ	19
tolvaptan oral tablet therapy pack 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg.....	38	triamcinolone acetonide external cream 0.5 %.....	28	tri-vite/fluoride.....	36
tolvaptan oral tablet therapy pack 30 & 15 mg.....	38	triamcinolone acetonide external cream 0.025 %, 0.1 %	28	trivora (28)	43
TOPAMAX	13	triamcinolone acetonide external lotion	28	tri-vylibra	43
TOPAMAX SPRINKLE	13	triamcinolone acetonide external ointment 0.05 %.....	28	tri-vylibra lo.....	43
TOPICORT	28	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	28	TROKENDI XR	13
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	28	triamcinolone acetonide mouth/throat	25	trospium chloride	39
topiramate er oral capsule extended release 24 hour.....	13	triamcinolone in absorbase.....	28	trospium chloride er.....	39
topiramate oral capsule sprinkle	13	triamterene-hctz	22	TRUE FOCUS BLOOD GLUCOSE STRIP ..	32
topiramate oral tablet	13			TRUE METRIX AIR GLUCOSE METER KIT ..	32
TOPROL XL.....	22			TRUE METRIX BLOOD GLUCOSE TEST...	32
torpenz.....	17			TRUE METRIX GO GLUCOSE METER.....	32
				TRUE METRIX METER	32
				TRUE METRIX PRO BLOOD GLUCOSE...	32
				TRULANCE.....	38
				TRULICITY	34

TRUQAP ORAL TABLET.....	17	URSO FORTE.....	38	VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG.....	23
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG.....	19	USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.....	48	VERISAFE SAFETY STERILE NEEDLE.....	32
TRUVADA ORAL TABLET 200-300 MG.....	19	VAGIFEM.....	43	VERKAZIA.....	52
turqoz.....	43	valacyclovir hcl oral.....	19	VERQUVO.....	23
TWIIST REFILL KIT.....	32	VALCYTE ORAL TABLET.....	19	VERZENIO.....	17
TWIIST REFILL KIT/INFUSION SET.....	32	valganciclovir hcl oral tablet.....	19	VESICARE.....	39
TWIIST STARTER KIT.....	32	VALIUM.....	19	vestura.....	43
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UBRELVY.....	16	VANOS.....	29	VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG.....	19
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VORTEX VALVE CHAMBER-PEDI MASK ..	55	XOFLUZA (80 MG DOSE)	19	ZESTRIL ORAL TABLET 2.5 MG, 30 MG, 40 MG	23
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VTAMA	29	XTANDI	17	ZESTRIL TABLET 20 MG ORAL	23
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VYNDAQEL	23	YASMIN 28	43	ZILBRYSQ	16
VYTORIN	23	YAZ	43	ZILXI	29
VYVANSE	24	YESINTEK SUBCUTANEOUS	48	ZIMHI	10
VYZULTA	52	YORVIPATH	50	ZIOPTAN	52
WAINUA	14	YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	49	ziprasidone hcl	18
WAKIX	56	YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	49	ZITHROMAX ORAL	12
warfarin sodium oral	12	YUFLYMA (2 PEN)	49	ZITHROMAX TRI-PAK	12
WELCHOL ORAL TABLET	23	YUFLYMA (2 SYRINGE)	49	ZITHROMAX Z-PAK	12
WELLBUTRIN SR	14	YUFLYMA-CD/UC/HS STARTER	49	ZOCOR	23
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wes-phos 250 neutral	36	yuvaferm	43	zolmitriptan oral	16
WESTAB PLUS	36	zafemy	43	ZOLOFT	14
WILATE	35	zafirlukast	55	zolpidem tartrate er	56
WINLEVI	29	zaleplon	56	zolpidem tartrate oral tablet	56
wixela inhub	55	ZANAFLEX	56	ZOMIG NASAL SOLUTION 2.5 MG	16
XACIATO	12	ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	56	ZOMIG NASAL SOLUTION 5 MG	16
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XANAX XR	19	ZAVZPRET	16	zonisamide oral	13
xarah fe	43	ZEBUTAL ORAL CAPSULE 50-325-40 MG	9	ZORTRESS	49
XARELTO	12	ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	34	ZORYVE EXTERNAL CREAM 0.3 %	29
XARELTO STARTER PACK	12	ZEJULA ORAL CAPSULE 100 MG	17	ZORYVE EXTERNAL CREAM 0.15 %	29
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	13	ZELBORAF	17	ZORYVE EXTERNAL FOAM	29
XDEMVI	51	ZEMBRACE SYMTOUCH	16	zovia 1/35 (28)	43
XELJANZ	48	zenatane	29	ZOVIRAX EXTERNAL OINTMENT	19
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XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	48	ZENZEDI	24	ZUBSOLV	10
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XIFAXAN	12	ZESTORETIC	23	ZYCLARA PUMP	29
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ZYPREXA ZYDIS ORAL TABLET	
DISPERSIBLE 10 MG, 15 MG,	
20 MG, 5 MG.....	18
ZYTIGA	17
ZYVOX ORAL TABLET	12

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

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

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

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

ចំណាំ: ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ (Cambodian-Mon-Khmer)** សេវាជំនួយភាសាគតិគន្លឹះ និងការទំនាក់ទំនងគតិគន្លឹះក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ចូរសព្វមកលេខគតិគន្លឹះនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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Self-Funded: Administrative services provided by United HealthCare Services, Inc. or its affiliates.

Fully Insured: Insurance coverage provided by UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or its affiliates.

Level Funded: Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Stop-loss insurance is underwritten by UnitedHealthcare Insurance Company or their affiliates, including UnitedHealthcare Life Insurance Company in NJ, and UnitedHealthcare Insurance Company of New York in NY.

All Fully Insured Plans in California: If medically appropriate care from a qualified provider cannot be provided within the Network, we will arrange for the required care with an available and accessible out-of-Network provider. You will only be responsible for paying the cost sharing in an amount equal to the cost sharing you would have otherwise paid for that service or a similar service if you had received the Covered Health Care Service from a Network provider.

Surest Fully Insured Plans in California: A complete Network and timely access to care may only be available by obtaining treatment through providers available at the maximum Copayment shown for each service at the lowest cost-sharing tier. While some network providers are available at lower Copayments (reduced cost-sharing rates), there is no guarantee of a complete Network or timely access to care at any specific reduced cost-sharing rate.