



# Your 2025 Prescription Drug List

## Traditional 3-Tier

Effective May 1, 2025



**United  
Healthcare**

This Prescription Drug List (PDL) is accurate as of May 1, 2025 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, River Valley, Global Solutions, Oxford, Student Resources, UnitedHealthOne and Surest medical plans with a pharmacy benefit subject to the Traditional 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.

## 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)<sup>1</sup> 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.<sup>2</sup> In some cases, the same product can be made by 2 or more drug companies, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

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

## Who decides which medications are covered?

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

## About this PDL

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

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



# Medication tips

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

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

## What if my doctor writes a brand-name prescription?

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

## What if I am taking a specialty medication?

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

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

## Over-the-counter (OTC) medications

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

# Reading your PDL

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

## Tier information

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

Drug Tier	Includes	Helpful Tips
<b>Tier 1</b>	<b>\$ Lower-cost</b> 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.
<b>Tier 2</b>	<b>\$\$ Mid-range cost</b> 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.
<b>Tier 3</b>	<b>\$\$\$ Highest-cost</b> Medications that provide the lowest overall value.	Ask your doctor if a Tier 1 or Tier 2 option could work for you.



# Reading your PDL (continued)

## Drug list information

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

<b>E</b>	<b>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</b> – There are over-the-counter (OTC) or lower-cost covered options available.
<b>H</b>	<b>Health Care Reform Preventive</b> – This medication is part of a health care reform preventive benefit and is generally available at no cost to you.
<b>H-PA</b>	<b>Health Care Reform Preventive with prior authorization</b> – May be part of health care reform preventive benefit and available at no cost to you if prior authorization criteria are met.
<b>PA</b>	<b>Prior authorization (sometimes referred to as precertification)<sup>3</sup></b> – Requires your doctor to provide information about why you are taking a medication before your plan can decide how it may be covered. <sup>4</sup>
<b>QL</b>	<b>Quantity limits<sup>5</sup></b> – The largest quantity of medication covered per copayment or in a defined period of time.
<b>RS</b>	<b>Refill and Save Program<sup>6</sup></b> – Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
<b>SP</b>	<b>Specialty medication</b> – 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.
<b>ST</b>	<b>Step therapy (referred to as First Start in New Jersey)</b> – Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered. <sup>5</sup>

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

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

5. Not applicable to certain Student Resources plans.

6. Not applicable to Oxford and Student Resources plans.



# Reading your PDL (continued)

## Coverage details

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

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

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

## Questions

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



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



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

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

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

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





Drug Name	Drug Tier	Requirements & Limits
<b>Analgesics - Drugs for Pain</b>		
acetaminophen-codeine oral solution 120-12 mg/5ml	1	QL
acetaminophen-codeine oral tablet	1	QL
ALLZITAL	E	QL
apap-caff-dihydrocodeine	1	QL
ascomp-codeine	1	QL
bac	1	QL
BELBUCA	3	PA, QL
BUPAP ORAL TABLET 50-300 MG	E	QL
buprenorphine	1	PA, QL
butalbital-acetaminophen oral tablet 50-300 mg	E	QL
butalbital-acetaminophen oral tablet 50-325 mg	1	QL
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	E	QL
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL
butalbital-apap-caffeine	1	QL
butalbital-asa-caff-codeine	1	QL
butalbital-aspirin-caffeine	1	QL
butorphanol tartrate nasal	1	QL
BUTRANS	E	PA, QL
DILAUDID ORAL TABLET	E	QL
endocet	1	QL
ESGIC	3	QL
ESGIC ORAL CAPSULE 50-325-40 MG	3	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, QL
FIORICET	3	QL
FIORICET/CODEINE	E	QL
GEN7T EXTERNAL PATCH 3.5 %	E	

Drug Name	Drug Tier	Requirements & Limits
glydo	1	
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	1	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydrocodone-ibuprofen	1	QL
hydromorphone hcl oral tablet	1	QL
lidocaine external ointment 5 %	1	QL
lidocaine external patch 5 %	1	PA, QL
lidocaine hcl urethral/mucosal	1	
lidocaine-prilocaine external cream	1	
LIDOCAN	E	PA, QL
LIDODERM	E	PA, QL
LIDOTRAL 1	E	
LORTAB ORAL ELIXIR 10-300 MG/15ML	3	QL
methadone hcl oral tablet	1	PA, QL
morphine sulfate (concentrate)	1	QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	1	QL
MS CONTIN	E	PA, QL
NALOCET	E	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA, QL
OXAYDO ORAL TABLET 5 MG, 7.5 MG	E	QL
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	E	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
diclofenac sodium external gel 1%	E	
diclofenac sodium oral	1	
diclofenac-misoprostol	1	
DICLOFONO	E	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	3	
ec-naproxen	1	
etodolac	1	
etodolac er	1	
FELDENE ORAL CAPSULE 10 MG, 20 MG	3	
flurbiprofen oral	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	1	
INDOMETHACIN ORAL CAPSULE 20 MG	E	
indomethacin oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine oral	1	
LODINE	E	
LOFENA	E	QL
mefenamic acid oral	1	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN ORAL TABLET	E	
naproxen dr	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet	1	
piroxicam oral	1	
RELAFEN DS	E	
RELAFEN ORAL TABLET 500 MG, 750 MG	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
sulindac oral	1	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
acamprosate calcium	1	
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	E	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	
bupropion hcl er (smoking det)	1	H
cvs nicotine	1	H
cvs nicotine polacrilex	1	H
disulfiram oral	1	
eq nicotine	1	H
eq nicotine polacrilex	1	H
eq nicotine step 3	1	H
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H
ft nicotine	1	H
ft nicotine mini	1	H
gnp nicotine mini	1	H
gnp nicotine polacrilex mouth/throat gum 2 mg	1	H
gnp nicotine polacrilex mouth/throat lozenge	1	H
gnp nicotine transdermal	1	H
goodsense nicotine	1	H
habitrol	1	H
hm nicotine polacrilex	1	H
hm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	1	H
KLOXXADO	1	QL
kls quit2	1	H
kls quit4	1	H
naloxone hcl injection solution prefilled syringe	1	QL
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	1	QL (includes Narcan OTC)
NICODERM CQ	3	H

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
AUGMENTIN ES-600	E	
AVIDOXY	3	
azithromycin oral packet 1 gm	1	
BACTRIM	3	
BACTRIM DS	3	
cefadroxil	1	
cefdinir	1	
cefixime	1	
cefepodoxime proxetil oral tablet	1	
cefprozil	1	
cefuroxime axetil	1	
CENTANY EXTERNAL OINTMENT 2 %	3	QL
cephalexin	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3	
CLEOCIN VAGINAL CREAM	3	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate vaginal	1	
CLINDESSE	2	
dicloxacillin sodium	1	
DIFICID ORAL TABLET	3	QL
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	

Drug Name	Drug Tier	Requirements & Limits
doxycycline monohydrate oral suspension reconstituted	1	
doxycycline monohydrate oral tablet	1	
E.E.S. GRANULES	3	
ERYPED 200	3	
ERYPED 400	3	
ERY-TAB	3	
erythromycin base oral tablet	1	
erythromycin base oral tablet delayed release	1	
erythromycin ethylsuccinate oral suspension reconstituted	1	
erythromycin oral	1	
FIRVANQ	3	
FLAGYL	3	
fosfomycin tromethamine	1	
gentamicin sulfate external	1	QL
HIPREX	3	
levofloxacin oral tablet	1	
LIKMEZ	3	
linezolid oral tablet	1	
LYMEPAK ORAL TABLET 100 MG	E	
MACROBID	3	
MACRODANTIN	3	
methenamine hippurate	1	
metronidazole oral	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
MONDOXYNE NL	3	
MONUROL ORAL PACKET 3 GM	3	
moxifloxacin hcl oral	1	
mupirocin cream	1	QL
mupirocin ointment	1	QL
neomycin sulfate oral	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
nitrofurantoin oral suspension 25 mg/5ml	1	
NUVESSA	E	
NUZYRA ORAL	3	QL
penicillin v potassium	1	
SEYSARA	E	
SILVADENE	3	
silver sulfadiazine external	1	
ssd	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric	1	
TARGADOX	E	
tetracycline hcl oral capsule	1	
tinidazole oral	1	
trimethoprim oral	1	
VANCOCIN	3	
vancomycin hcl oral	1	
VANDAZOLE	3	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	3	
XACIATO	2	QL
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN	3	PA, QL
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZYVOX ORAL TABLET	E	
<b>Anticoagulants - Drugs to Treat or Prevent Blood Clots</b>		
dabigatran etexilate mesylate	1	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	1	QL

Drug Name	Drug Tier	Requirements & Limits
fondaparinux sodium	1	QL
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	QL
PRADAXA ORAL CAPSULE	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
<b>Anticonvulsants - Drugs for Seizures</b>		
APTIOM	3	PA
BANZEL	3	PA
BRIVIACT ORAL SOLUTION	3	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	3	
clobazam	1	PA
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA
DEPAKOTE SPRINKLES	3	PA
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	3	QL
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	QL
diazepam rectal	1	QL
DILANTIN INFATABS	3	
DILANTIN ORAL CAPSULE	3	
divalproex sodium er	1	
divalproex sodium oral	1	
ELEPSIA XR	E	PA
EPIDIOLEX	3	PA, SP
epitol	1	
ethosuximide oral	1	
felbamate	1	
FELBATOL	3	PA
FELBATOL ORAL SUSPENSION 600 MG/5ML	3	PA

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
FINTEPLA	3	PA
FYCOMPA ORAL SUSPENSION	3	PA
FYCOMPA ORAL TABLET	3	PA
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	PA
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL	3	PA
KEPPRA XR	3	PA
lacosamide oral	1	
LAMICTAL	3	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA
lamotrigine er	1	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	PA
levetiracetam er	1	
levetiracetam oral	1	
LIBERVANT	3	PA, QL
MOTPOLY XR	3	PA
MYSOLINE	2	PA
NAYZILAM	3	PA, QL
NEURONTIN	3	PA
ONFI	3	PA
oxcarbazepine	1	
oxcarbazepine er	E	
OXTELLAR XR	E	
phenobarbital oral	1	
phenytek	1	
phenytoin infatabs	1	
phenytoin oral tablet chewable	1	
phenytoin sodium extended	1	

Drug Name	Drug Tier	Requirements & Limits
primidone oral tablet 125 mg	1	PA
primidone oral tablet 250 mg, 50 mg	1	
roweepra	1	
rufinamide oral suspension	1	
rufinamide oral tablet	1	PA
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	1	
TRILEPTAL	3	PA
TROKENDI XR	E	
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO	3	PA, QL
vigabatrin oral packet	1	PA, QL, SP
vigadrone oral packet	1	PA, QL, SP
vigpoder	1	PA, QL, SP
VIMPAT ORAL	3	PA
XCOPRI	3	PA
ZARONTIN	3	
ZONEGRAN	3	PA
zonisamide oral	1	
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
ARICEPT	E	
donepezil hcl oral tablet	1	
EXELON	E	
galantamine hydrobromide er	1	
memantine hcl er	1	
memantine hcl oral tablet	1	
NAMENDA ORAL TABLET 10 MG, 5 MG	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
NAMENDA TITRATION PAK	E	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	E	
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG	3	
rivastigmine	1	
rivastigmine tartrate	1	
<b>Antidepressants - Drugs for Depression</b>		
amitriptyline hcl oral	1	
ANAFRANIL	E	
AUVELITY	3	ST, QL
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral solution	1	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	1	
CYMBALTA	E	
desipramine hcl oral	1	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	
duloxetine hcl oral capsule delayed release particles 40 mg	E	
EFFEXOR XR	E	
escitalopram oxalate oral	1	
FETZIMA	3	ST, QL
fluoxetine hcl oral capsule	1	

Drug Name	Drug Tier	Requirements & Limits
fluoxetine hcl oral capsule delayed release	1	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	1	QL
fluoxetine hcl oral tablet 20 mg, 60 mg	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	QL
FORFIVO XL	E	QL
imipramine hcl oral	1	
LEXAPRO	E	
mirtazapine oral	1	
NORPRAMIN	3	
nortriptyline hcl oral capsule	1	
olanzapine-fluoxetine hcl	1	QL
PAMELOR	E	
PARNATE	3	
paroxetine hcl er	1	QL
paroxetine hcl oral tablet	1	
PAXIL CR	E	QL
PAXIL ORAL TABLET	E	
PRISTIQ	E	QL
protriptyline hcl	1	
PROZAC	E	
REMERON	E	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E	
SERTRALINE HCL ORAL CAPSULE	E	QL
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
SPRAVATO (56 MG DOSE)	3	PA, QL
SPRAVATO (84 MG DOSE)	3	PA, QL
SYMBYAX	3	QL
tranylcypromine sulfate	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	

See page 6-8 for coverage details.



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	E	QL
VIIBRYD	E	QL
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	3	
vilazodone hcl	1	QL
WAINUA	2	PA, QL, SP
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
ZURZUVAE	2	PA, QL, SP

#### Antiemetics - Drugs for Nausea and Vomiting

ANTIVERT ORAL TABLET	E	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	1	QL
DICLEGIS	E	PA
doxylamine-pyridoxine	E	PA
dronabinol	1	
EMEND ORAL CAPSULE	E	QL
granisetron hcl oral	1	
MARINOL ORAL CAPSULE 10 MG, 5 MG	E	
MARINOL ORAL CAPSULE 2.5 MG	E	
meclizine hcl oral tablet	E	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral	1	
ondansetron odt oral tablet dispersible 16 mg	E	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	

Drug Name	Drug Tier	Requirements & Limits
PROMETHEGAN	3	
REGLAN	3	
scopolamine	1	
TRANSDERM-SCOP	E	

#### Antifungals - Drugs for Fungal Infections

ciclofanol	1	
ciclopirox external	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
DIFLUCAN	E	
econazole nitrate external	1	
EXELDERM EXTERNAL CREAM	3	
fluconazole oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	3	PA, ST, QL
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	QL
LOPROX EXTERNAL CREAM 0.77 %	E	
LOPROX EXTERNAL SHAMPOO 1%	E	
NOXAFIL ORAL TABLET DELAYED RELEASE	E	
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	QL
posaconazole oral tablet delayed release	1	
SPORANOX ORAL CAPSULE	3	QL

See page 6-8 for coverage details.





Drug Name	Drug Tier	Requirements & Limits
SULCONAZOLE NITRATE EXTERNAL CREAM	3	
terbinafine hcl oral	1	
terconazole	1	
TOLSURA	E	
VFEND ORAL TABLET 200 MG	3	QL
VFEND ORAL TABLET 50 MG	3	QL
VIVJOA	3	PA, QL
voriconazole oral tablet	1	QL
<b>Antigout Agents - Drugs for Gout</b>		
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol oral tablet 200 mg	E	
colchicine oral	1	
colchicine-probenecid	1	
COLCRYS ORAL TABLET 0.6 MG	E	
febuxostat	1	
MITIGARE	2	
probenecid	1	
ULORIC	E	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	3	
<b>Antimigraine Agents - Drugs for Migraines</b>		
AIMOVIG	2	PA, ST
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, ST, QL
AJOVY	E	PA, ST, QL
almotriptan malate	1	QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA, ST, QL
FROVA	E	QL
frovatriptan succinate	1	QL
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	3	QL
IMITREX ORAL	E	QL
IMITREX STATDOSE SYSTEM	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL

Drug Name	Drug Tier	Requirements & Limits
naratriptan hcl	1	QL
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
RELPAK	E	QL
REYVOW	3	PA, ST, QL
rizatriptan benzoate oral tablet 10 mg	1	QL
rizatriptan benzoate oral tablet 5 mg	1	
rizatriptan benzoate oral tablet dispersible 10 mg	1	QL
rizatriptan benzoate oral tablet dispersible 5 mg	1	
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge	1	QL
sumatriptan succinate subcutaneous	1	QL
TOSYMRA	E	QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	3	PA, ST, QL
ZEMBRACE SYMTOUCH	E	QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	QL
zolmitriptan nasal solution 5 mg	E	QL
zolmitriptan oral	1	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	1	QL
ZOMIG ORAL	E	QL
<b>Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis</b>		
MESTINON ORAL TABLET	E	
pyridostigmine bromide er	1	
pyridostigmine bromide oral tablet 30 mg	E	
pyridostigmine bromide oral tablet 60 mg	1	
<b>Antimycobacterials - Drugs to Treat Infections</b>		
dapsone oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN ORAL CAPSULE 150 MG	3	
rifabutin	1	
rifampin oral	1	
<b>Antineoplastics - Drugs for Cancer</b>		
abiraterone acetate oral tablet 250 mg	1	PA, QL, SP
abiraterone acetate oral tablet 500 mg	E	PA, QL, SP
AFINITOR	E	PA, QL, SP
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ANKTIVA	E	
ARIMIDEX	E	
AROMASIN	E	
AUGTYRO ORAL CAPSULE	2	PA, QL, SP
bicalutamide	1	
BOSULIF ORAL TABLET	2	PA, ST, QL, SP
BRUKINSA	3	PA, ST, QL, SP
CABOMETYX	2	PA, QL, SP
CALQUENCE	2	PA, QL, SP
CALQUENCE ORAL CAPSULE 100 MG	2	PA, QL, SP
capecitabine	1	QL, SP
CASODEX	3	
COTELLIC	2	PA, QL, SP
cyclophosphamide oral capsule	1	
dasatinib	1	PA, ST, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA, QL, SP
exemestane	1	H-PA

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

See page 6-8 for coverage details.



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

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ropinirole hcl	1	
RYTARY	E	
SINEMET	3	
STALEVO 100 ORAL TABLET 25-100-200 MG	3	
STALEVO 125 ORAL TABLET 31.25-125-200 MG	3	
STALEVO 150 ORAL TABLET 37.5-150-200 MG	3	
STALEVO 200 ORAL TABLET 50-200-200 MG	3	
STALEVO 50 ORAL TABLET 12.5-50-200 MG	3	
STALEVO 75 ORAL TABLET 18.75-75-200 MG	3	
trihexyphenidyl hcl oral tablet	1	
<b>Antiplatelets - Drugs for Heart Attack and Stroke Prevention</b>		
BRILINTA	3	QL
cilostazol	1	
clopidogrel bisulfate oral	1	
EFFIENT	E	
PLAVIX	E	
prasugrel hcl	1	
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY	E	
aripiprazole oral solution	1	
aripiprazole oral tablet	1	
asenapine maleate	1	QL
CAPLYTA	3	PA, ST, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	3	
fluphenazine hcl oral tablet	1	
GEODON ORAL	E	
haloperidol oral	1	
INVEGA	E	QL
LATUDA	E	QL
loxapine succinate	1	
lurasidone hcl	1	QL

Drug Name	Drug Tier	Requirements & Limits
NUPLAZID ORAL CAPSULE	3	PA
olanzapine oral	1	
paliperidone er	1	QL
pimozide	1	
quetiapine fumarate	1	
quetiapine fumarate er	1	
REXULTI	3	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	E	QL
SEROQUEL	E	
SEROQUEL XR	E	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	E	
VRAYLAR	3	QL
ziprasidone hcl	1	
ZYPREXA ORAL	E	
ZYPREXA ZYDIS	E	
<b>Antivirals - Drugs for Viral Infections</b>		
abacavir sulfate-lamivudine	1	QL
acyclovir external ointment	1	QL
acyclovir oral	1	
BARACLUDE ORAL TABLET	E	
BIKTARVY	3	QL
CIMDUO	2	QL
COMPLERA	3	QL
darunavir	1	
DELSTRIGO	2	QL
DESCOVY	3	QL
DOVATO	2	QL
efavirenz-emtricitab-tenofo df	1	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	1	
EPCLUSA ORAL TABLET	2	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
etravirine	1	
famciclovir oral	1	
GENVOYA	3	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP
INTELENCE ORAL TABLET 100 MG, 200 MG	3	
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	QL
LAGEVRIO	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET	2	PA, QL, SP
ODEFSEY	3	QL
oseltamivir phosphate oral	1	
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100)	2	QL
PIFELTRO	3	
PREVYMIS ORAL	2	PA
PREZCOBIX	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
ritonavir	1	
RUKOBIA	3	PA
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	3	QL
SYMFI	2	QL
SYMFI LO	2	QL
TAMIFLU	E	
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL

Drug Name	Drug Tier	Requirements & Limits
valacyclovir hcl oral	1	QL
VALCYTE ORAL TABLET	E	
valganciclovir hcl oral tablet	1	
VALTREX	E	QL
VEMLIDY	E	PA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	
XOFLUZA (80 MG DOSE)	3	
ZIRGAN	3	
ZOVIRAX EXTERNAL OINTMENT	E	QL
ZOVIRAX ORAL SUSPENSION 200 MG/5ML	3	
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
oxazepam	1	
TRANXENE-T ORAL TABLET 7.5 MG	3	
triazolam	1	
VALIUM	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
VISTARIL ORAL CAPSULE 25 MG, 50 MG	3	
XANAX	E	
XANAX XR	E	
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
EQUETRO	3	
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	PA
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTAZIDE ORAL TABLET 25-25 MG	3	
ALDACTONE	E	
aliskiren fumarate	1	
ALTACE	E	
amiloride hcl oral	1	
amiloride-hydrochlorothiazide	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	E	
ATACAND	E	
ATACAND HCT	E	
atenolol oral	1	
atenolol-chlorthalidone	1	
ATORVALIQ	3	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	E	
AVAPRO	E	
AZOR	E	

Drug Name	Drug Tier	Requirements & Limits
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
BETAPACE	E	
BETAPACE AF	3	
betaxolol hcl oral	1	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BUMEX	3	
BYSTOLIC	E	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG	3	
CAMZYOS	3	PA, QL, SP
candesartan cilexetil	1	
candesartan cilexetil-hctz	1	
captopril oral	1	
CARDIZEM	E	
CARDIZEM CD	E	
CARDIZEM LA	E	
CARDURA	3	
cartia xt	1	
carvedilol	1	
carvedilol phosphate er	E	
CATAPRES-TTS-1	E	
CATAPRES-TTS-2	E	
CATAPRES-TTS-3	E	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	
clonidine hcl oral	1	
clonidine patch weekly 0.1 mg/24hr transdermal	1	
clonidine patch weekly 0.1 mg/24hr transdermal	1	(Patch)
clonidine patch weekly 0.2 mg/24hr transdermal	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
clonidine patch weekly 0.2 mg/24hr transdermal	1	(Patch)
clonidine patch weekly 0.3 mg/24hr transdermal	1	
clonidine patch weekly 0.3 mg/24hr transdermal	1	(Patch)
colesevelam hcl oral tablet	1	
COLESTID ORAL TABLET	3	
colestipol hcl oral tablet	1	
COREG	E	
COREG CR	E	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG	3	
CORLANOR	3	PA, QL
COZAAR	E	
CRESTOR	E	
digitek oral tablet 125 mcg, 250 mcg	1	
digoxin oral tablet	1	
diltiazem hcl er	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads	1	
diltiazem hcl oral	1	
dilt-xr	1	
DIOVAN	E	
DIOVAN HCT	E	
dofetilide	1	
doxazosin mesylate oral	1	
EDARBI	E	
EDARBYCLOR	E	
enalapril maleate oral solution	1	PA
enalapril maleate oral tablet	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO ORAL TABLET	3	PA, QL
EPANED	3	PA
eplerenone	1	
EXFORGE	E	
ezetimibe	1	
ezetimibe-simvastatin	1	

Drug Name	Drug Tier	Requirements & Limits
felodipine er	1	
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
FENOFIBRATE MICRONIZED ORAL CAPSULE 30 MG, 90 MG	E	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet 120 mg, 40 mg	E	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release	1	
FENOGLIDE	E	
flecainide acetate	1	
fluvastatin sodium	1	
fosinopril sodium	1	
fosinopril sodium-hctz	1	
FUROSCIX	3	PA, QL
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
icosapent ethyl	E	PA
indapamide	1	
INDERAL LA	E	
INSPRA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
ISORDIL TITRADOSE	E	
isosorb dinitrate-hydralazine	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide dinitrate oral tablet 40 mg	E	
isosorbide mononitrate	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
isosorbide mononitrate er	1	
ivabradine hcl	1	PA, QL
KASPARGO SPRINKLE	3	
KERENDIA	3	PA, QL
labetalol hcl oral	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	
LANOXIN ORAL TABLET 62.5 MCG	3	
LASIX	3	
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	E	ST
LODOCO	3	QL
LOPID	3	
LOPRESSOR	3	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTENSIN HCT	3	
LOTREL	E	
lovastatin oral	1	H
LOVAZA	E	
matzim la	1	
MAXZIDE ORAL TABLET 75-50 MG	3	
MAXZIDE-25 ORAL TABLET 37.5-25 MG	3	
metolazone	1	
metoprolol succinate er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
metoprolol-hydrochlorothiazide	1	
mexiletine hcl oral	1	
MICARDIS	E	
MICARDIS HCT	E	

Drug Name	Drug Tier	Requirements & Limits
midodrine hcl	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	3	
minoxidil oral	1	
moexipril hcl	1	
MULTAQ	3	PA
nadolol oral	1	
nebivolol hcl	1	
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
niacin er (antihyperlipidemic)	1	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
nisoldipine er	1	
NITRO-BID	2	
NITRO-DUR	3	
nitroglycerin rectal	1	QL
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
NITROSTAT	3	
NORLIQVA	3	PA
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-25 mg	E	
olmesartan-amlodipine-hctz oral tablet 40-5-12.5 mg	E	QL
omega-3-acid ethyl esters	1	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	3	
pentoxifylline er	1	
perindopril erbumine	1	
pindolol	1	

See page 6-8 for coverage details.





Drug Name	Drug Tier	Requirements & Limits
pitavastatin calcium	E	ST
PRALUENT	E	PA, ST, QL
pravastatin sodium	1	
prazosin hcl oral	1	
prevalite	1	
PROCARDIA XL	E	
propafenone hcl	1	
propafenone hcl er	1	
propranolol hcl er	1	
propranolol hcl oral	1	
QUESTRAN	3	
QUESTRAN LIGHT	3	
quinapril hcl	1	
ramipril	1	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG	E	
ranolazine er	1	
RECTIV	3	QL
REPATHA	2	PA, ST, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL
REPATHA SURECLICK	2	PA, ST, QL
rosuvastatin calcium oral	1	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	E	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOAANZ	E	QL
sotalol hcl (af)	1	
sotalol hcl oral	1	
spironolactone oral tablet	1	
spironolactone-hctz	1	
SULAR	3	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
TEKTURNA	3	

Drug Name	Drug Tier	Requirements & Limits
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 300-12.5 MG, 300-25 MG	3	
telmisartan	1	
telmisartan-hctz	1	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
THALITONE	E	
tiadyt er	1	
TIAZAC	3	
TIKOSYN	3	
TOPROL XL	E	
torseamide	1	
trandolapril	1	
triamterene oral	1	
triamterene-hctz	1	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-25 MG	E	
TRIBENZOR ORAL TABLET 40-5-12.5 MG	E	QL
TRICOR	E	
TRILIPIX	E	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	E	PA
VASERETIC	E	
VASOTEC	E	
verapamil hcl er	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM	3	
VERQUVO	3	PA, QL
VYTORIN	E	
WELCHOL ORAL TABLET	E	
ZESTORETIC	E	
ZESTRIL	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	3	
ZOCOR	E	
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL	E	
ADDERALL XR	E	QL
ADZENYS XR-ODT	E	QL
amphetamine sulfate	1	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	QL
amphet-dextroamphet 3-bead er	1	QL
APTENSIO XR	E	QL
atomoxetine hcl	1	QL
AZSTARYS	3	ST, QL
clonidine hcl er	1	
CONCERTA	E	QL
COTEMPLA XR-ODT	E	QL
DEXEDRINE	E	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	QL
dextroamphetamine sulfate er	1	QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	E	
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	E	QL
EVEKEO	E	
FOCALIN	3	
FOCALIN XR	E	QL
guanfacine hcl er	1	
INTUNIV	E	
JORNAY PM	3	ST, QL

Drug Name	Drug Tier	Requirements & Limits
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	E	
lisdexamphetamine 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
methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	QL
methylphenidate hcl er (xr)	E	QL
methylphenidate hcl er oral tablet extended release	1	QL
methylphenidate hcl er oral tablet extended release 24 hour	E	QL
methylphenidate hcl oral	1	
MYDAYIS	E	QL
QELBREE	E	PA, QL
QUILLICHEW ER	E	QL
QUILLIVANT XR	E	QL
RELEXXII	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	E	QL
ZENZEDI	E	
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AMPYRA	E	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
AUBAGIO	E	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
dalfampridine er	1	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
fingolimod hcl	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA, QL, SP
GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP
glatiramer acetate	1	PA, QL, SP
glatopa	1	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT ORAL TABLET 0.25 MG, 2 MG	3	PA, QL, SP
MAYZENT ORAL TABLET 1 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE	E	PA, QL, SP
teriflunomide	1	PA, QL, SP
<b>Central Nervous System Agents - Miscellaneous</b>		
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

Drug Name	Drug Tier	Requirements & Limits
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	2	PA, QL, SP
HORIZANT	E	QL
INGREZZA ORAL CAPSULE 40 MG, 80 MG	2	PA, QL, SP
INGREZZA ORAL CAPSULE 60 MG	2	PA, QL
INGREZZA ORAL CAPSULE SPRINKLE	2	PA, QL, SP
INGREZZA ORAL CAPSULE THERAPY PACK	2	PA, QL, SP
LYRICA ORAL CAPSULE	3	PA
NUDEXTA	2	PA, QL
pregabalin oral capsule	1	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
RELYVRIO ORAL PACKET 3-1 GM	3	PA, QL, SP
riluzole	1	SP
SAVELLA	3	QL
TEGLUTIK	3	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	3	PA
VEOZAH	3	PA, QL
ZEPOSIA	3	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	3	PA, ST, SP
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	3	
DENTAGEL	3	

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Drug Name	Drug Tier	Requirements & Limits
EVOXAC	E	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL	3	
JUST RIGHT 5000 DENTAL GEL 1.1 %	3	
JUST RIGHT 5000 DENTAL PASTE	3	
kourzeq	3	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE DENTAL PASTE	3	
PERIDEX	3	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
SALAGEN	3	
sf 5000 plus	1	
sf gel 1.1%	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	
triamcinolone acetonide mouth/throat	1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
ABSORICA	E	PA
ACANYA	E	QL
accutane	1	
acitretin	1	
ACZONE	E	QL

Drug Name	Drug Tier	Requirements & Limits
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	QL
adapalene-benzoyl peroxide external gel 0.3-2.5 %	E	QL
AKLIEF	3	PA, QL
ALA SCALP	3	
ala-cort	E	
alclometasone dipropionate	1	
amnestem	1	
AMZEEQ	3	QL
ATRALIN	E	PA, QL
AVAR CLEANSER	3	
AVAR LS CLEANSER	E	
AVAR-E EMOLLIENT	3	
AVAR-E GREEN EXTERNAL CREAM 10-5 %	3	
AVAR-E LS EXTERNAL CREAM 10-2 %	3	
AVITA EXTERNAL CREAM 0.025 %	E	PA, QL
AVITA EXTERNAL GEL 0.025 %	E	PA
azelaic acid external	1	
AZELEX	3	QL
BENZAMYCIN	2	QL
benzoyl peroxide-erythromycin	1	QL
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external lotion	1	
betamethasone dipropionate aug external ointment	1	
betamethasone dipropionate external	1	
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
brimonidine tartrate external	1	PA, QL
calcipotriene external cream	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
calcipotriene external ointment	1	
calcipotriene external solution	1	QL
CALCITRENE	3	
CARAC	E	
CIBINQO	2	PA, QL, SP
ciclopirox olamine external suspension	1	
claravis	1	
CLEOCIN-T	3	
clindacin	1	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	QL
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	E	QL
clindamycin phosphate external foam	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin phosphate gel 1 % external	1	(generic for Cleocin-T), QL
clindamycin phosphate gel 1 % external	1	QL
clindamycin phosphate gel 1 % external	E	(generic for Clindagel), QL
clobetasol prop emollient base external cream 0.05 %	1	QL
clobetasol propionate e	1	QL
clobetasol propionate external cream	1	QL
clobetasol propionate external foam	E	QL
clobetasol propionate external gel	1	QL

Drug Name	Drug Tier	Requirements & Limits
clobetasol propionate external liquid	1	QL
clobetasol propionate external ointment	1	QL
clobetasol propionate external shampoo	E	QL
clobetasol propionate external solution	1	QL
CLOBEX EXTERNAL SHAMPOO	E	QL
CLOBEX SPRAY	E	QL
clodan	E	QL
clotrimazole external cream	E	
clotrimazole-betamethasone	1	
CORDRAN	3	QL
dapsone external	1	QL
DERMACINRX UREA	E	
DERMA-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
DIPROLENE	3	
doxycycline	E	
DRYSOL	3	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP
EFUDEX	3	
ELIDEL	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ENSTILAR	3	QL
EPIDUO	E	QL
EPIDUO FORTE	E	QL
ERYGEL	3	
erythromycin external	1	
EUCRISA	3	ST, QL
EVOCLIN EXTERNAL FOAM 1 %	3	
FINACEA EXTERNAL FOAM	3	
FINACEA EXTERNAL GEL	E	
fluocinolone acetonide body	1	QL
fluocinolone acetonide external	1	QL
fluocinolone acetonide scalp	1	
fluocinonide external cream 0.05 %	1	
fluocinonide external cream 0.1 %	E	QL
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
fluorouracil external cream 5 %	1	
fluticasone propionate external cream	1	
fluticasone propionate external ointment	1	
halobetasol propionate external cream	1	QL
halobetasol propionate external ointment	1	QL
hydrocortisone ace-pramoxine external cream 2.5-1 %	1	
hydrocortisone butyrate external cream	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2 %, 2.5 %	1	

Drug Name	Drug Tier	Requirements & Limits
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate	1	QL
HYDROXYM EXTERNAL CREAM	E	
imiquimod external cream 3.75 %	E	QL
imiquimod external cream 5 %	1	
imiquimod pump	E	QL
IMPOYZ	E	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
isotretinoin oral capsule 25 mg, 35 mg	E	PA
ivermectin external cream	E	QL
KLARON	3	
KLISYRI EXTERNAL OINTMENT 1 %	3	ST, QL
LOPROX EXTERNAL SUSPENSION 0.77 %	E	
METROCREAM	3	
METROGEL	E	
METROLOTION	3	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
metronidazole external gel 1 %	E	
metronidazole external lotion	1	
MIRVASO	2	PA, QL
mometasone furoate external	1	
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
neuac	1	QL
NORITATE	E	
OLUX EXTERNAL FOAM 0.05 %	E	QL
ONEXTON	E	QL
OPZELURA	3	PA, QL, SP
ORACEA	E	
OVACE PLUS WASH EXTERNAL LIQUID	3	
OVACE WASH	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
PANRETIN	3		tacrolimus external	1	QL
pimecrolimus	1	QL	tazarotene external cream 0.1 %	1	PA, QL
PLEXION CLEANSER	E		TAZORAC EXTERNAL CREAM	3	PA, QL
podofilox external solution	1		TOLAK	E	
PRAMOSONE EXTERNAL CREAM 1-1 %	2		TOPICORT EXTERNAL CREAM	3	QL
PRAMOSONE EXTERNAL CREAM 1-2.5 %	3		TOPICORT EXTERNAL OINTMENT	3	QL
RETIN-A	E	PA, QL	tretinoin external cream	1	QL
RHOFADE	3	PA, QL	tretinoin external gel 0.01 %, 0.025 %	E	QL
rosadan external cream 0.75 %	1		tretinoin external gel 0.05 %	E	PA, QL
rosadan external gel 0.75 %	1		triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
SANTYL	3	QL	triamcinolone acetonide external cream 0.5 %	1	QL
selenium sulfide external lotion	1		triamcinolone acetonide external lotion	1	
sodium sulfacetamide wash	1		triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
SOOLANTRA	1	QL	triamcinolone acetonide external ointment 0.05 %	E	
spinosad	1		triamcinolone in absorbbase	E	
sss 10-5 external cream	1		TRIANEX EXTERNAL OINTMENT 0.05 %	E	
sulfacetamide sodium (acne)	1		triderm	1	QL
sulfacetamide sodium external	1		TRIDESILON EXTERNAL CREAM 0.05 %	3	QL
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1		tritocin external ointment 0.05 %	E	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	E		urea external cream 20 %, 40 %, 45 %	1	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1		urea external cream 39 %, 41 %, 47 %	E	
sulfacetamide sodium-sulfur external suspension 10-5 %	1		UREA EXTERNAL CREAM 39.5 %	E	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1		uredeb	E	
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	E		UREMEZ-40	3	
SUMADAN WASH	E		URESOL	E	
SYNALAR EXTERNAL OINTMENT	E	QL	VANOS	E	QL
SYNALAR EXTERNAL SOLUTION 0.01 %	E	QL	VTAMA	3	PA, QL
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	E	QL	WINLEVI	E	PA, QL
TACLONEX EXTERNAL SUSPENSION	1		xurea	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
zenatane	1	
ZILXI	3	PA, ST, QL
ZORYVE EXTERNAL CREAM 0.3 %	3	PA, QL
ZORYVE EXTERNAL FOAM	3	PA, QL
ZYCLARA	E	QL
ZYCLARA PUMP	E	QL

### Diabetes - Glucose Monitoring and Supplies

ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET	1	
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK GUIDE KIT W/ DEVICE	3	
ACCU-CHEK GUIDE ME METER	3	
ACCU-CHEK GUIDE TEST	3	QL
ACCU-CHEK GUIDE TEST STRIPS	3	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCUTREND GLUCOSE	E	QL
ALCOHOL PREP PADS PAD	3	
AQ INSULIN SYRINGE	2	QL
AQINJECT PEN NEEDLE	2	QL
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD BLUNT FILL NEEDLE W/ FILTER	2	
BD ECLIPSE NEEDLE 18G X 1-1/2" , 25G X 5/8" , 27G X 1/2"	2	
BD ECLIPSE NEEDLE 23G X 1" (OTC)	2	
BD ECLIPSE NEEDLE 23G X 1" (RX)	2	
BD ECLIPSE SHIELDED NEEDLE	2	
BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	2	

Drug Name	Drug Tier	Requirements & Limits
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	2	
BD SHARPS COLLECTOR	3	
BD ULTRA-FINE INSULIN SYRINGES	2	
BD ULTRA-FINE PEN NEEDLES	2	QL
BD ULTRA-FINE U-500 INSULIN SYRINGES	2	
BD VEO ULTRA-FINE INSULIN SYRINGES	2	
BIGFOOT UNITY PROGRAM	3	
BIOTEL CARE TEST STRIPS	E	QL
BLOOD GLUCOSE TEST STRIPS	E	QL
BLOOD GLUCOSE TEST STRIPS 333	E	QL
CAREPOINT POLY HUB NEEDLE 18G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2	
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
CAREPOINT SAFETY 1ST NEEDLE	2	
CARETOUCH MONITOR SYSTEM	E	
CARETOUCH TEST	E	QL
CEQUR SIMPLICITY 2U 10PK	3	ST
CONTOUR MONITOR KIT W/ DEVICE	E	
CONTOUR NEXT EZ KIT W/ DEVICE	2	
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	2	
CONTOUR NEXT GEN TEST STRIPS	2	QL
CONTOUR NEXT LINK KIT W/ DEVICE	E	
CONTOUR NEXT LINK KIT W/ DEVICE	E	(Contour Next Link 24 )
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT TEST STRIPS	2	

See page 6-8 for coverage details.





Drug Name	Drug Tier	Requirements & Limits
CONTOUR PLUS BLUE	E	
CONTOUR PLUS TEST	E	QL
CONTOUR TEST STRIPS	E	QL
CVS ADVANCED GLUCOSE TEST	E	QL
CVS GLUCOSE METER TEST STRIPS	E	QL
CVS NEEDLE COLLECTION/DISPOSAL	3	
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 MONITOR DIGIT ADD-ON	3	
DIABETES MONITOR DIGIT SOLN	3	
DROPSAFE SAFETY SYRINGE/NEEDLE	2	QL
EASY COMFORT SHARPS CONTAINER	3	
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	
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

Drug Name	Drug Tier	Requirements & Limits
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
GUARDIAN 4 TRANSMITTER	3	PA
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
GUARDIAN REAL-TIME REPLACE PED	3	PA
GUARDIAN SENSOR (3)	3	PA, QL
GUARDIAN SENSOR 3	3	PA, QL
GVOKE HYPOPEN 1-PACK	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE KIT	2	
GVOKE PFS	2	
HEALTHPRO BLOOD GLUCOSE MONITO	E	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	ST
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	ST
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	ST
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	ST
INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	
INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	ST
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	ST
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM, 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL

Drug Name	Drug Tier	Requirements & Limits
LANCETS	1	
MICRODOT TEST	E	QL
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	PA
MM BLOOD GLUCOSE SYSTEM	E	
MM BLOOD GLUCOSE SYSTEM REFILL	E	
MM BLULINK GLUCOSE TEST	E	QL
MM EASY TOUCH GLUCOSE METER	E	
MONOJECT HYPODERMIC NEEDLE 18G X 1"	2	
NEUTEK 2TEK TEST	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOPEN ECHO	3	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	2	PA, QL
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	PA, QL
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL
OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL
OMNIPOD 5 LIBRE2 PLUS G6	2	PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	PA
ON CALL EXPRESS BLOOD GLUCOSE	E	QL
ON CALL EXPRESS MONITORING SYS	E	
ONETOUCH DELICA LANCETS	1	QL
ONETOUCH ULTRA 2 KIT W/ DEVICE	1	
ONETOUCH ULTRA BLUE TEST	1	QL
ONETOUCH ULTRA TEST STRIPS	1	QL
ONETOUCH ULTRASOFT LANCETS	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ONETOUCH VERIO FLEX SYSTEM KIT	1	
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO KIT W/ DEVICE	1	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
OPTIUMEZ TEST	E	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA
PIP BLOOD GLUCOSE TEST STRIP	E	QL
PRECISION XTRA	3	
PRECISION XTRA BLOOD GLUCOSE	E	QL
PREMIUM BLOOD GLUCOSE TEST	E	QL
PTS PANELS EGLU TEST	E	QL
QUINTET AC BLOOD GLUCOSE TEST	E	QL
QUINTET BLOOD GLUCOSE TEST	E	QL
RELION TRUE MET AIR GLUC METER	E	
RELION TRUE METRIX TEST STRIPS	E	QL
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	QL
RIGHTEST GT333 GLUCOSE TEST	E	QL
SHARPS COLLECTOR	3	
SHARPS CONTAINER	3	
TECHLITE INSULIN SYRINGES	2	QL (Arkay)
TECHLITE PEN NEEDLES	2	QL (Arkay)
TECHLITE PLUS PEN NEEDLES	2	QL (Arkay)
TEMPO REFILL	E	
TEMPO WELCOME	E	
TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL

Drug Name	Drug Tier	Requirements & Limits
TRUE METRIX AIR GLUCOSE METER KIT	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	QL
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER KIT	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	QL
TRUETRACK TEST	E	QL
UNISTRIP1 GENERIC	E	QL
VERIFINE SHARPS CONTAINER	3	
VIVAGUARD INO GLUCOSE METER KIT	E	
VIVAGUARD INO TEST STRIPS	E	QL
<b>Diabetes - Insulin</b>		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
BASAGLAR KWIKPEN	E	QL
BASAGLAR TEMPO PEN	E	
HUMALOG CARTRIDGE	2	QL
HUMALOG INJECTION	E	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG SUBCUTANEOUS	2	QL
HUMALOG TEMPO PEN	E	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	1	QL
HUMULIN R VIAL	1	QL
INSULIN ASPART	E	ST, QL

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
<b>Diabetes - Non-Insulin Agents</b>		
acarbose oral	1	
ACTOPLUS MET	3	QL
ACTOS	E	QL
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML	3	
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	3	
ALOGLIPTIN BENZOATE	2	QL
ALOGLIPTIN-METFORMIN HCL	2	QL
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	E	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE AUTOINJECTOR	2	PA, QL
BYETTA 10 MCG PEN	2	PA, QL
BYETTA 5 MCG PEN	2	PA, QL
CYCLOSET	3	
DAPAGLIFLOZIN PRO-METFORMIN ER	E	ST, QL
DAPAGLIFLOZIN PROPANEDIOL	E	ST, QL
FARXIGA	E	ST, QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glimepiride oral tablet 3 mg	E	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide oral tablet 2.5 mg	E	
glipizide xl	1	
glipizide-metformin hcl	1	
glucagon emergency kit 1 mg injection	1	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION	E	QL
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR	2	QL (Fresenius)
GLUCOTROL XL	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
GLUMETZA	E	PA
glyburide micronized	1	
glyburide oral	1	
glyburide-metformin	1	
GLYNASE ORAL TABLET 1.5 MG	3	
GLYNASE ORAL TABLET 3 MG, 6 MG	3	
GLYXAMBI	2	ST, QL
INVOKANA	E	ST, QL
JANUMET	E	ST, QL
JANUMET XR	E	ST, QL
JANUVIA	E	ST, QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	E	QL
LIRAGLUTIDE SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, QL
LIRAGLUTIDE SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, QL
metformin hcl er	1	
metformin hcl er (mod)	E	PA
metformin hcl er (osm)	E	PA
metformin hcl oral solution	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	E	
MOUNJARO	2	PA, QL
nateglinide	1	QL
ONGLYZA	E	QL
OZEMPIC	2	PA, QL
pioglitazone hcl	1	QL
pioglitazone hcl-metformin hcl	1	QL
repaglinide	1	QL
RYBELSUS	2	PA, QL

Drug Name	Drug Tier	Requirements & Limits
saxagliptin hcl	1	QL
saxagliptin-metformin er	1	QL
SOLIQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, QL
XIGDUO XR	E	ST, QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
<b>Drugs for Blood Disorders</b>		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIIIO	3	PA, SP
ALVAIZ	3	PA, SP
anagrelide hcl	1	
ARANESP (ALBUMIN FREE)	2	QL, SP
aspirin-dipyridamole er	1	
DOPTELET	3	PA, QL, SP
ELOCTATE	3	PA, SP
FABHALTA	2	PA, QL, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	E	PA, SP
HEMOFIL M	2	SP
heparin sodium (porcine) injection solution	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
heparin sodium (porcine) pf	1	
HUMATE-P	2	SP
IDELVION	3	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
LYSTEDA ORAL TABLET 650 MG	3	QL
NEULASTA	2	
NIVESTYM	E	
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	2	
NYVEPRIA	E	
PROMACTA ORAL TABLET	E	PA, SP
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
TAVALISSE	3	PA, QL, SP
tranexamic acid oral	1	QL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
VOYDEYA ORAL TABLET	2	PA, QL, SP
VOYDEYA ORAL TABLET THERAPY PACK	2	PA, SP
WILATE	2	
ZARXIO	2	
<b>Drugs for Sexual Dysfunction</b>		
ADDYI	3	PA, QL
avanafil	1	PA, QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL

Drug Name	Drug Tier	Requirements & Limits
IMVEXXY STARTER PACK	2	QL
INTRAROSA	3	PA, QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	3	PA, QL
tadalafil oral	1	QL
varденаfil hcl oral tablet	1	QL
VIAGRA	E	QL
VYLEESI	3	PA, QL
<b>Electrolytes / Vitamins</b>		
ACCRUFER	E	
calcium acetate (phos binder) oral tablet	1	
calcium acetate oral tablet 667 mg	1	
CARNITOR ORAL SOLUTION	3	
CARNITOR SF	3	
CITRANATAL 90 DHA	3	
CITRANATAL ASSURE	3	
CITRANATAL DHA ORAL 27-1 & 250 MG	3	
COMPLETENATE	3	
CO-NATAL FA	2	
CONCEPT DHA	3	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	1	
DAVIMET-FLUORIDE	E	
deferasirox oral tablet	1	PA, SP
DENTA 5000 PLUS SENSITIVE	3	
DODEX	3	
DRISDOL	3	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	2	
ELITE-OB	3	
ergocalciferol oral capsule	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE	E	
FLORIVA PLUS	E	
FLUORIMAX 5000 SENSITIVE	3	
fluoritab oral solution 0.275 (0.125 f) mg/drop	1	H
folic acid oral tablet 1 mg	1	
FRAICHE 5000 SENSITIVE	E	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
kosher prenatal plus iron	1	
K-PHOS-NEUTRAL	2	
K-TAB	3	
levocarnitine oral solution	1	
levocarnitine sf	1	
LOKELMA	3	PA, QL
M-NATAL PLUS	3	
multivitamin w/fluoride tablet chewable 0.25 mg oral	1	
multivitamin w/fluoride tablet chewable 0.25 mg oral	E	
multivitamin w/fluoride tablet chewable 0.5 mg oral	1	
multivitamin w/fluoride tablet chewable 0.5 mg oral	E	
multivitamin w/fluoride tablet chewable 1 mg oral	1	
multivitamin w/fluoride tablet chewable 1 mg oral	E	
multi-vitamin/fluoride	1	
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	1	

Drug Name	Drug Tier	Requirements & Limits
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
MULTI-VIT-FLOR	E	
NAFRINSE CHW 1MG F	1	H
nafrinse drops oral solution 0.275 (0.125 f) mg/drop	1	H
NASCOBAL	3	
NATALVIT	2	
NEONATAL COMPLETE	3	
NEONATAL PLUS	3	
NIVA-PLUS	3	
OB COMPLETE	3	
ONE VITE WOMENS PLUS	3	
ORACIT	2	
ORAL CITRATE	2	
PHOSPHA 250 NEUTRAL	2	
phosphorous	1	
phospho-trin 250 neutral	1	
pnv-dha	1	
POKONZA	E	
POLY-VI-FLOR ORAL TABLET CHEWABLE	E	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
potassium citrate-citric acid	1	
PRENA1 PEARL	3	
prenatal 19 oral tablet 29-1 mg	1	
prenatal 19 oral tablet chewable	1	
prenatal oral tablet 27-1 mg	1	
prenatal plus	1	
prenatal plus vitamin/mineral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
prenatal vitamin plus low iron oral tablet 27-1 mg	1	
PRENATE DHA	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL	3	
PRENATE MINI	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATOL-M	E	
PRENATRIX	E	
PRENATRYL	E	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 SENSITIVE	3	
PREVIDENT MOUTH/THROAT	3	
QUFLORA GUMMIES ORAL TABLET CHEWABLE 0.125 MG	E	
QUFLORA PEDIATRIC	3	
SE-NATAL 19	3	
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
sod fluoride-potassium nitrate	1	
sodium fluoride 5000 enamel	1	
sodium fluoride 5000 sensitive	1	
sodium fluoride mouth/throat	1	
sodium fluoride oral solution	1	H
sodium fluoride oral tablet chewable	1	H
SPS (SODIUM POLYSTYRENE SULF)	3	
TARON-C DHA	3	
THRIVITE RX	3	
TRICARE	3	
TRINATAL RX 1	3	
TRINATE	3	
tri-vite/fluoride	1	
UROCIT-K 10	3	
UROCIT-K 15	3	

Drug Name	Drug Tier	Requirements & Limits
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	
VELTASSA ORAL PACKET 1 GM	3	PA
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	3	PA, QL
virt-pn dha oral capsule 27-0.6-0.4-300 mg	1	
VITAFOL FE+	3	
VITAFOL GUMMIES	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
VITAMEDMD ONE RX/ QUATREFOLIC	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITAPEARL	3	
VITATHELY WITH GINGER	3	
WESCAP-C DHA	3	
WESCAP-PN DHA	3	
wes-phos 250 neutral	1	
WESTAB PLUS	E	
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	3	
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
ACIPHEX	E	QL
bis subcit-metronid-tetracyc	1	QL
bismuth/metronidaz/tetracyclin	1	QL
CARAFATE	E	
cimetidine oral	1	
CYTOTEC	3	
DEXILANT	E	QL
dexlansoprazole	E	QL
esomeprazole magnesium oral capsule delayed release	E	QL
esomeprazole magnesium oral packet	1	PA, ST, QL
famotidine oral suspension reconstituted	1	

See page 6-8 for coverage details.





Drug Name	Drug Tier	Requirements & Limits
famotidine oral tablet 20 mg, 40 mg	E	
lansoprazole oral capsule delayed release	E	QL
lansoprazole oral tablet delayed release dispersible	1	PA, ST, QL
misoprostol oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	QL
NEXIUM ORAL PACKET	3	PA, ST, QL
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PEPCID	E	
PREVACID	E	QL
PREVACID SOLUTAB	E	PA, ST, 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
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
alosetron hcl	1	PA, QL
AMITIZA	E	PA, QL
ANASPAZ	2	
BYLVAY	3	PA, QL, SP
BYLVAY (PELLETS)	3	PA, QL, SP
chlordiazepoxide-clidinium	1	
CLENPIQ	3	QL
constulose	1	
cromolyn sodium oral	1	
CUVPOSA	3	
dicyclomine hcl oral	1	

Drug Name	Drug Tier	Requirements & Limits
diphenoxylate-atropine oral tablet	1	
ED-SPAZ ORAL TABLET DISPERSIBLE 0.125 MG	3	
enulose	1	
GASTROCROM	E	
gavilyte-c	1	H
gavilyte-g	1	QL, H
gavilyte-n with flavor pack	1	QL, H
generlac	1	
GLYCATE	E	
glycopyrrolate oral solution	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
GOLYTELY	1	QL
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sublingual	1	
IBSRELA	E	PA, ST, QL
IQIRVO	3	PA, ST, QL, SP
KRISTALOSE	3	
lactulose encephalopathy	1	
lactulose oral solution	1	
LEVBID	3	
LEVSIN	3	
LEVSIN/SL	3	
LIBRAX	E	
LINZESS	2	PA, QL
LOMOTIL	3	
lubiprostone	1	PA, QL
methscopolamine bromide oral	1	
MOTEGRITY	3	PA, QL
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	1	QL
NULEV	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
OCALIVA	3	PA, ST, QL, SP
opium	1	
OSCIMIN	3	
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	1	QL
peg-kcl-nacl-nasulf-na asc-c	1	QL
PLENVU	3	QL
RELTONE	E	
ROBINUL	E	
ROBINUL-FORTE	E	
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
TRULANCE	E	PA, ST, QL
URSO 250 ORAL TABLET 250 MG	E	
URSO FORTE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA, QL
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
CARNITOR ORAL TABLET	3	
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI	2	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	2	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	2	PA, QL
levocarnitine oral tablet	1	
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST

Drug Name	Drug Tier	Requirements & Limits
PERTZYE	3	ST
sapropterin dihydrochloride oral packet	1	PA, QL, SP
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, QL, SP
VYNDAMAX	2	PA, QL, SP
ZENPEP	2	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
CAVERJECT IMPULSE	3	QL
DETROL	E	
DETROL LA	E	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	E	
EDEX	3	QL
ELMIRON	3	ST
GEMTESA	E	
me/naphos/mb/hyo1	1	
mirabegron er	1	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
REVELA ORAL TABLET	E	
sevelamer carbonate oral tablet	1	
solifenacin succinate	1	
THIOLA	3	SP
THIOLA EC	3	SP
tiopronin oral tablet delayed release	1	SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
tolterodine tartrate	1	
tolterodine tartrate er	E	
tropium chloride	1	
tropium chloride er	E	
UROGESIC-BLUE	2	
VELPHORO	3	ST
VESICARE	E	
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	
RAPAFLO	E	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	
<b>Hormonal Agents - Hormone Replacement and Birth Control</b>		
ACTIVELLA	3	
afirmelle	1	H
aftera	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	1	H
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
amethia oral tablet 0.15-0.03 & 0.01 mg	1	H
amethyst	1	H
ANGELIQ	3	
ANNOVERA	3	QL
apri	1	H
aranelle	1	H
ashlyna	1	H

Drug Name	Drug Tier	Requirements & Limits
aubra eq	1	H
aubra oral tablet 0.1-20 mg-mcg	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN ORAL TABLET 5 MG	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
chateal oral tablet 0.15-30 mg-mcg	1	H
CLIMARA	E	QL
CLIMARA PRO	3	QL
COMBIPATCH	3	QL
COVARYX	2	
COVARYX HS	3	
cryselle-28	1	H
curae	1	H
cyred eq	1	H
cyred oral tablet 0.15-30 mg-mcg	1	H
dasetta 1/35	1	H
dasetta 7/7/7	1	H
daysee	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
deblitane	1	H
DELESTROGEN	3	
delyla	1	H
DEPO-ESTRADIOL	3	
DEPO-PROVERA	3	QL
DEPO-SUBQ PROVERA 104	1	QL
desogestrel-ethinyl estradiol	1	H
DIVIGEL	3	
dolishale	1	H
dotti	1	QL
drospiren-eth estrad-levomefol	1	
drospirenone-ethinyl estradiol	1	H
DUAVEE	3	QL
econtra ez oral tablet 1.5 mg	1	H
econtra one-step	1	H
EEMT	2	
EEMT HS	3	
ELESTRIN	3	
elinest	1	H
ELLA	1	QL, H
eluryng	1	H
emzahn	1	H
enilloring	1	H
enpresse-28	1	H
enskyce	1	H
errin	1	H
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	
est estrogens-methyltest hs	1	
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Minivelle), QL

Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	3	QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	3	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	3	QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	3	QL
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	1	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	1	QL
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
estratest f.s.	1	
ESTRATEST H.S.	3	
ESTRING	2	QL
ESTROGEL	3	QL
ethynodiol diac-eth estradiol	1	H
etonogestrel-ethinyl estradiol	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
EVAMIST	2	
falmina	1	H
fayosim oral tablet 42-21-21-7 days	1	H
FEMRING	3	QL
femynor oral tablet 0.25-35 mg-mcg	1	H
finzala	1	H
fyavolv	1	
gallifrey	1	
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	1	H
heather	1	H
her style	1	H
iclevia	1	H
incassia	1	H
introvale	1	H
isibloom	1	H
jaimiess	1	H
jasmiel	1	H
jencycla	1	H
jinteli	1	
jolessa	1	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kariva	1	H
kelnor 1/35	1	H
kelnor 1/50	1	H
kurvelo	1	H
larin 1.5/30	1	H

Drug Name	Drug Tier	Requirements & Limits
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
leena	1	H
lessina	1	H
levonest	1	H
levonorgest-eth est & eth est	1	H
levonorgest-eth estrad 91-day	1	H
levonorgestrel	1	H
levonorgestrel-ethinyl estrad	1	H
levonorg-eth estrad triphasic	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
lojaimiess	1	H
loryna	1	H
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG	3	
low-ogestrel	1	H
lo-zumandimine	1	H
luteru	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	
MENOSTAR	3	QL
mibelas 24 fe	1	H
microgestin 1.5/30	1	H
microgestin 1/20	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
mimvey	1	
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	E	
MINIVELLE	E	QL
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	E	
mono-lynyah	1	H
my choice	1	H
my way	1	H
MYFEMBREE	2	PA, QL
NATAZIA	1	
necon 0.5/35 (28)	1	H
new day	1	H
NEXTSTELLIS	E	
nikki	1	H
nora-be	1	H
norelgestromin-eth estradiol	1	H
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norethindrone-eth estradiol	1	
norethindron-ethinyl estrad-fe	1	H
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H

Drug Name	Drug Tier	Requirements & Limits
nortrel 1/35 (28)	1	H
nortrel 7/7/7	1	H
NUVARING	E	
nylia 1/35	1	H
nylia 7/7/7	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H
ocella	1	H
opcicon one-step	1	H
option 2	1	H
PHEXXI	E	PA
philith	1	H
pimtrea	1	H
pirmella 1/35 oral tablet 1-35 mg-mcg	1	H
pirmella 7/7/7	1	H
PLAN B ONE-STEP	1	H
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
progesterone intramuscular	1	
progesterone oral	1	
PROMETRIUM	E	
PROVERA	3	
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	E	
react	1	H
reclipsen	1	H
rivelsa	1	H
SAFYRAL	E	
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	E	
setlakin	1	H
sharobel	1	H
simliya	1	H
simpesse	1	H
SLYND	3	PA, ST

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
sprintec 28	1	H
sronyx	1	H
syeda	1	H
take action	1	H
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tarina fe 1/20 oral tablet 1-20 mg-mcg	1	H
tilia fe	1	H
tri femynor	1	H
tri-estarylla	1	H
tri-legest fe	1	H
tri-linyah	1	H
tri-lo-estarylla	1	H
tri-lo-marzia	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec	1	H
trivora (28)	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
turqoz	1	H
TWIRLA	E	
TYBLUME	1	
tydemy	E	
VAGIFEM	E	
velivet	1	H
vestura	1	H
vienva	1	H
viorele	1	H
VIVELLE-DOT	E	QL
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	1	H

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
ZCORT 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (25)	E	
<b>Hormonal Agents - Other</b>		
cabergoline	1	
DDAVP ORAL	E	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA
megestrol acetate oral suspension 40 mg/ml	1	
METHERGINE	3	QL
methylergonovine maleate oral	1	QL
NGENLA	3	PA, QL, SP
NOCDURNA	3	PA, QL
NORDITROPIN FLEXPRO	2	PA, QL, SP
NUTROPIN AQ NUSPIN 10	E	PA, QL, SP
NUTROPIN AQ NUSPIN 20	E	PA, QL, SP
NUTROPIN AQ NUSPIN 5	E	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORLISSA	2	PA, QL
SKYTROFA	3	PA, QL, SP
<b>Hormonal Agents - Testosterone Replacement</b>		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	2	PA, QL
ANDROGEL PUMP	E	PA, QL
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%)	E	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	

Drug Name	Drug Tier	Requirements & Limits
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	E	PA, QL
KYZATREX	3	PA, QL
NATESTO	E	PA, QL
TESTIM	1	PA, QL
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 12.5 mg/act (1%) transdermal	1	PA, QL
testosterone gel 12.5 mg/act (1%) transdermal	E	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	1	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	E	PA, QL
testosterone transdermal gel 1.62 %	1	PA, QL
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	E	PA, QL
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
XYOSTED	E	PA, QL
<b>Hormonal Agents - Thyroid</b>		
ADTHYZA	E	
ARMOUR THYROID	3	
CYTOMEL	E	
ERMEZA	2	PA
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	E	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	

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Drug Name	Drug Tier	Requirements & Limits
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
SYNTHROID	E	
THYQUIDITY	E	PA
thyroid oral	1	
TIROSINT	E	
TIROSINT-SOL	2	PA
unithroid	1	

### Immunological Agents - Drugs for Immune System Stimulation or Suppression

ABRILADA (1 PEN)	E	PA, SP
ABRILADA (2 PEN)	E	PA, SP
ABRILADA (2 SYRINGE)	E	PA, QL, SP
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-AACF (2 PEN)	E	PA, (manufactured by Fresenius), SP
ADALIMUMAB-AACF (2 SYRINGE)	E	PA, (manufactured by Celltrion), QL, SP
ADALIMUMAB-AACF(CD/UC/HS STRT)	E	PA, (manufactured by Fresenius), SP
ADALIMUMAB-AACF(PS/UV STARTER)	E	PA, (manufactured by Fresenius), SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, (manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, (manufactured by Celltrion), SP

Drug Name	Drug Tier	Requirements & Limits
ADALIMUMAB-AATY (2 PEN)	E	PA, (manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY (2 SYRINGE)	E	PA, (manufactured by Celltrion), QL, SP
ADALIMUMAB-ADAZ	2	PA, (manufactured by Sandoz), QL, SP
ADALIMUMAB-ADB (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, (manufactured by Boehringer), QL, SP
ADALIMUMAB-ADB (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, (manufactured by Boehringer), SP
ADALIMUMAB-ADB (2 SYRINGE)	E	PA, (manufactured by Boehringer), QL, SP
ADALIMUMAB-ADB(CD/UC/HS STRT)	E	PA, (manufactured by Boehringer), SP
ADALIMUMAB-ADB(PS/UV STARTER)	E	PA, (manufactured by Boehringer), SP
ADALIMUMAB-FKJP (2 PEN)	E	PA, (manufactured by Biocon), QL, SP
ADALIMUMAB-FKJP (2 SYRINGE)	E	PA, (manufactured by Biocon), QL, SP
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
AMJEVITA FOR NUVAILA	2	PA, QL, SP
ARAVA	E	
AZASAN	3	
azathioprine oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	ENVARUSUS XR	E	
BIMZELX	3	PA, ST, QL, SP	everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	
CELLCEPT ORAL CAPSULE	E		gengraf oral capsule	1	
CELLCEPT ORAL TABLET	E		GRASTEK	3	PA, QL
CIMZIA	E	PA	HADLIMA	E	PA, QL, SP
CIMZIA (2 SYRINGE)	2	PA, QL, SP	HADLIMA PUSHTOUCH	E	PA, QL, SP
CIMZIA-STARTER	2	PA, QL, SP	HAEGARDA	2	PA, QL, SP
CINRYZE	E	PA, QL, SP	HULIO (2 PEN)	E	PA, QL, SP
COSENTYX (300 MG DOSE)	2	PA, QL, SP	HULIO (2 SYRINGE)	E	PA, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS	2	PA, QL, SP	HUMIRA (2 PEN)	2	PA, QL, SP
COSENTYX SENSOREADY (300 MG)	2	PA, QL, SP	HUMIRA (2 SYRINGE)	2	PA, QL, SP
COSENTYX SENSOREADY PEN	2	PA, QL, SP	HUMIRA-CD/UC/HS STARTER	2	PA, QL, SP
COSENTYX UNOREADY	2	PA, QL, SP	HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	2	PA, QL, SP
cyclosporine modified oral capsule	1		HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	2	PA, QL, SP
cyclosporine oral	1		HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	2	PA, QL, SP
CYLTEZO (2 PEN)	E	PA, QL, SP	HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	2	PA, QL, SP
CYLTEZO (2 SYRINGE)	E	PA, QL, SP	HUMIRA-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	2	PA, QL, SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, SP	HYFTOR	3	PA, QL
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	E	PA, QL, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, SP	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	E	PA, QL, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	HYRIMOZ-CROHNS/UC STARTER	E	PA, QL, SP
EMPAVELI	2	PA, QL, SP	HYRIMOZ-PED<40KG CROHN STARTER	E	PA, QL, SP
ENBREL	2	PA, QL, SP			
ENBREL MINI	2	PA, QL, SP			
ENBREL SURECLICK	2	PA, QL, SP			
ENTYVIO PEN	2	PA, (SUBCUTANEOUS), QL, SP			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
HYRIMOZ-PED $\geq$ 40KG CROHN START	E	PA, QL, SP
HYRIMOZ-PLAQ PSOR/UEVEIT START	E	PA, QL, SP
IDACIO (2 PEN)	E	PA, QL, SP
IDACIO (2 SYRINGE)	E	PA, QL, SP
IDACIO-CROHNS/UC STARTER	E	PA, QL, SP
IDACIO-PSORIASIS STARTER	E	PA, QL, SP
IMURAN	E	
JYLAMVO	3	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, ST, QL, SP
KINERET	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	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 SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, (SUBCUTANEOUS), QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
OTEZLA ORAL TABLET 20 MG	2	PA, QL
OTEZLA ORAL TABLET 30 MG	2	PA, QL, SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	2	PA, QL, SP
OTREXUP	E	QL

Drug Name	Drug Tier	Requirements & Limits
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG	3	PA, QL, SP
PROGRAF ORAL CAPSULE	3	
RAPAMUNE ORAL SOLUTION	3	
RAPAMUNE ORAL TABLET	E	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	3	PA, QL, SP
SIMLANDI (1 PEN)	E	PA, QL, SP
SIMLANDI (2 PEN)	E	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral	1	
SKYRIZI PEN	2	PA, QL, SP
SKYRIZI SUBCUTANEOUS	2	PA, QL, SP
SOTYKTU	2	PA, QL, SP
STELARA SUBCUTANEOUS	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO	2	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	2	PA, QL, SP
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	2	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA, QL, SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	2	PA
TREXALL	2	
XELJANZ	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP

See page 6-8 for coverage details.



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

#### Immunological Agents - Drugs for Vaccination

ABRYSO	3	H
ADACEL	3	H
AREXVY	3	H
BEXSERO	3	H
BOOSTRIX	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
COMIRNATY	3	H
ENGERIX-B	2	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
HAVRIX	3	H
HEPLISAV-B	3	H
IPOL	2	H
MENQUADFI	3	H
MENVEO	3	H
M-M-R II	2	H
MODERNA COVID-19 VAC 6M-11Y	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H

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

#### Infertility Agents

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

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
mesalamine oral tablet delayed release 800 mg	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	1	QL
mesalamine-cleanser	1	QL
PROCORT	E	
PROCTOCORT	E	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	3	
PROCTOZONE-HC	3	
ROWASA	3	QL
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	1	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
ACTONEL	E	QL
alendronate sodium oral tablet	1	
calcitonin (salmon)	1	
EVISTA	E	
FORTEO	E	PA, ST, SP
FOSAMAX	3	
ibandronate sodium oral	1	
MIACALCIN	3	
raloxifene hcl	1	H
risedronate sodium oral tablet 150 mg, 35 mg	1	QL
risedronate sodium oral tablet 30 mg, 5 mg	1	
teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml	E	PA, ST, SP
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA, SP
TYMLOS	3	PA, SP
<b>Metabolic Bone Disease Agents - Other</b>		
calcitriol oral	1	
cinacalcet hcl	1	PA

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
paricalcitol oral	1	
ROCALTROL	3	
SENSIPAR	E	PA
ZEMPLAR ORAL	3	
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	E	
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	1	
ALREX	3	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	1	
bromfenac sodium ophthalmic solution 0.07 %	E	
bromfenac sodium ophthalmic solution 0.075 %	E	QL
BROMSITE	E	QL
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	3	QL
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	3	
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic	1	QL
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
KLARITY-A	E	

Drug Name	Drug Tier	Requirements & Limits
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	E	
loteprednol etabonate ophthalmic suspension	1	QL
MAXITROL	3	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	1	
POLYCIN	3	
polymyxin b-trimethoprim	1	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
PROLENSA	E	
sulfacetamide sodium ophthalmic solution	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	3	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	1	
VIGAMOX	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
XDEMVY	3	PA, QL
ZYLET	3	
ZYMAXID OPHTHALMIC SOLUTION 0.5 %	3	
<b>Ophthalmic Agents - Drugs for Eye Infection and Inflammation</b>		
bacitracin ophthalmic	1	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-hc ophthalmic	1	
NEO-POLYCIN	3	
sulfacetamide-prednisolone	1	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
AZOPT	E	QL
BETIMOL	3	QL
bimatoprost ophthalmic	1	QL
brimonidine tartrate ophthalmic solution 0.1 %	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	1	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	E	QL
brinzolamide	1	QL
COMBIGAN	1	QL
COSOPT	3	
COSOPT PF	E	QL
dorzolamide hcl solution 2 % ophthalmic	1	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	3	
IYUZEH	E	QL
latanoprost ophthalmic	1	

Drug Name	Drug Tier	Requirements & Limits
LUMIGAN	2	
methazolamide oral	1	
pilocarpine hcl ophthalmic	1	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	1	ST, QL
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	3	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	3	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	3	
TRAVATAN Z	E	ST, QL
travoprost (bak free)	1	QL
TRUSOPT OPHTHALMIC SOLUTION 2 %	3	
VYZULTA	E	ST, QL
XALATAN	E	
ZIOPTAN	3	ST, QL
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
KLARITY-C DROPS	E	PA
MIEBO	3	PA, QL
RESTASIS	1	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	3	PA, QL
VERKAZIA	3	PA, QL
VEVYE	E	PA, QL
XIIDRA	3	PA, QL

#### Otic Agents - Drugs for Ear Conditions

acetic acid otic	1	
CETRAXAL	3	
CIPRO HC	3	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	1	
DERMOTIC	3	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	

#### Respiratory - Drugs for Anaphylaxis

AUVI-Q	2	QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL

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

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

azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl nasal solution 0.15 %	E	
azelastine-fluticasone	E	QL
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	E	
cetirizine hcl oral solution	E	
CLARINEX	E	
cyproheptadine hcl oral	1	
desloratadine oral tablet	E	
DYMISTA	E	QL
flunisolide nasal	1	
fluticasone propionate nasal	1	QL
g tussin ac	1	
guaiaatussin ac	1	
guaifenesin ac oral syrup 100-10 mg/5ml	1	
guaifenesin-codeine	1	
HYCODAN ORAL SOLUTION	E	PA, QL
hydrocod poli-chlorphe poli er	1	PA, QL

See page 6-8 for coverage details.





Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
hydrocodone bit-homatrop mbr oral solution	1	PA, QL	AEROCHAMBER PLUS FLO-VU LARGE	2	
hydromet	1	PA, QL	AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
HYPERSAL	2		AEROCHAMBER PLUS FLO-VU SMALL	2	
ipratropium bromide nasal	1		AEROCHAMBER PLUS FLO-VU W/MASK	2	
levocetirizine dihydrochloride oral	1		AIRDUO RESPICLICK 113/14	E	QL
maxi-tuss ac	1		AIRDUO RESPICLICK 232/14	E	QL
mometasone furoate nasal	1	QL	AIRDUO RESPICLICK 55/14	E	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3		AIRSUPRA	3	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	E		albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for ProAir HFA or Proventil HFA), QL
ODACTRA	3	PA, QL	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic ProAir HFA or Proventil HFA), QL
olopatadine hcl nasal	1		albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL
PATANASE NASAL SOLUTION 0.6 %	E		ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(generic for Ventolin HFA), QL
promethazine-codeine	1	PA, QL	albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
promethazine-dm	1		albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
pseudoephedrine-bromphen-dm	1		ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
PULMOSAL	2		ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	E	
RYALTRIS	E	QL	albuterol sulfate oral syrup	1	
ryvent	E		ANORO ELLIPTA	3	QL
sodium chloride inhalation	1		arformoterol tartrate	1	QL
XHANCE	E	ST, QL	ARNUITY ELLIPTA	1	QL
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3	QL			
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD</b>					
ACCOLATE	3				
ADVAIR DISKUS	E	QL			
ADVAIR HFA	3	QL, RS			
AEROCHAMBER HOLDING CHAMBER	2				
AEROCHAMBER PLS FLOVU MTHPIECE	2				
AEROCHAMBER PLUS FLO-VU	2				
AEROCHAMBER PLUS FLO-VU INTERM	2				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ATROVENT HFA	3	QL	ipratropium bromide inhalation	1	
BEVESPI AEROSPHERE	2	QL	ipratropium-albuterol	1	
BREATHE COMFORT CHAMBER/ ADULT	2		levalbuterol hcl inhalation	1	QL
BREATHE COMFORT CHAMBER/ CHILD	2		LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
BREO ELLIPTA	3	QL, RS	MICROCHAMBER	2	
breyana	E	QL, RS	montelukast sodium oral	1	
BREZTRI AEROSPHERE	3	QL, RS	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
BROVANA	3	QL	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA, QL, SP
budesonide inhalation	1	QL	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA, QL
budesonide-formoterol fumarate	E	QL, RS	PERFOROMIST	3	QL
COMBIVENT RESPIMAT	3	QL	PROCHAMBER VHC	2	
DALIRESP	E	QL	PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	QL
DULERA	E	ST, QL	PULMICORT FLEXHALER	E	QL
EASIVENT	2		PULMICORT SUSPENSION	E	QL
EASIVENT MASK LARGE	2		QVAR REDIHALER	1	QL
EASIVENT MASK MEDIUM	2		roflumilast	1	QL
EASIVENT MASK SMALL	2		SEREVENT DISKUS	2	QL
FASENRA PEN	3	PA, QL	SINGULAIR ORAL PACKET	3	
FLEXICHAMBER	2		SINGULAIR ORAL TABLET	E	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL	SINGULAIR ORAL TABLET CHEWABLE	E	
FLUTICASONE FUROATE- VILANTEROL	E	QL, RS	SPIRIVA HANDIHALER	1	QL
FLUTICASONE PROPIONATE HFA	E	QL	SPIRIVA RESPIMAT	2	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	QL, RS	STIOLTO RESPIMAT	2	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250- 50 mcg/act, 500-50 mcg/act	1	QL	STRIVERDI RESPIMAT	2	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ ACT, 55-14 MCG/ACT	3	QL	SYMBICORT	1	QL, RS
formoterol fumarate inhalation	1	QL	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
INSPIREASE	2		theophylline er	1	
			tiotropium bromide monohydrate	E	QL
			TRELEGY ELLIPTA	3	QL, RS

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
VENTOLIN HFA	E	QL
VORTEX HOLD CHMBR/MASK/CHILD	2	
VORTEX HOLD CHMBR/MASK/TODDLER	2	
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	1	QL
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML	E	QL
XOPENEX HFA	3	QL
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML	E	QL
YUPELRI	3	PA, QL
zafirlukast	1	

#### Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis

BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	1	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP

#### Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis

OFEV	3	PA, QL, SP
pirfenidone oral tablet 267 mg, 801 mg	1	PA, QL, SP
pirfenidone oral tablet 534 mg	1	PA, QL

#### Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension

ADCIRCA	E	PA, QL, SP
ADEMPAS	2	PA, QL, SP
alyq	1	PA, QL, SP
ambrisentan	1	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
OPSUMIT	2	PA, QL, SP
ORENITRAM	3	PA, QL, SP
REMODULIN	E	PA
REVATIO ORAL	E	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
tadalafil (pah)	1	PA, QL, SP
TADLIQ	3	PA, QL, SP
TRACLEER 62.5 MG, 125 MG	2	PA, QL, SP
treprostinil	E	PA
TYVASO	2	PA
TYVASO DPI INSTITUTIONAL KIT	2	PA, QL, SP
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL KIT	2	PA
TYVASO STARTER KIT	2	PA
UPTRAVI ORAL	3	PA, QL

#### Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm

baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
baclofen oral tablet 15 mg	E	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	E	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
DANTRIUM ORAL	3	
dantrolene sodium oral	1	
FEXMID	E	
LORZONE ORAL TABLET 375 MG, 750 MG	E	
metaxalone	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
methocarbamol oral tablet 1000 mg	E	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	1	
SOMA	E	
TANLOR	3	
tizanidine hcl oral	1	
VANADOM ORAL TABLET 350 MG	E	
ZANAFLEX	3	
<b>Sleep Disorder Agents</b>		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	1	QL
BELSOMRA	3	ST, QL
DAYVIGO	3	ST, QL
doxepin hcl oral tablet	E	QL
estazolam	1	
eszopiclone	1	
LUMRYZ	3	PA, QL, SP
LUNESTA	E	
modafinil oral	1	QL
NUVIGIL	E	QL
PROVIGIL	E	QL
ramelteon	1	ST, QL
RESTORIL	3	
ROZEREM	E	ST, QL
SILENOR	E	QL
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	3	PA, (manufactured by Hikma), QL, SP
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	E	PA, (manufactured by Amneal), QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
XYREM	E	PA, QL, SP
XYWAV	3	PA, QL, SP
zaleplon	1	
zolpidem tartrate er	1	
zolpidem tartrate oral tablet	1	

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benzonatate oral capsule 150 mg .....	56	blisovi fe 1/20.....	43	BUMEX.....	22
benzoyl peroxide-erythromycin.....	28	blisovi fe 1.5/30.....	43	BUPAP ORAL TABLET 50-300 MG ..	9
benztropine mesylate oral.....	19	BLOOD GLUCOSE TEST STRIPS.....	32	buprenorphine .....	9, 11
BESIVANCE.....	54	BLOOD GLUCOSE TEST STRIPS 333 .....	32	buprenorphine hcl sublingual .....	11
betamethasone dipropionate aug external cream .....	28	BOOSTRIX.....	52	buprenorphine hcl-naloxone hcl ..	11
betamethasone dipropionate aug external lotion .....	28	BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 .....	52	bupropion hcl er (smoking det)....	11
betamethasone dipropionate aug external ointment .....	28	BOSULIF ORAL TABLET.....	18	bupropion hcl er (sr) .....	15
betamethasone dipropionate external.....	28	BREATHE COMFORT CHAMBER/ ADULT .....	58	bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg .....	15
betamethasone valerate external cream .....	28	BREATHE COMFORT CHAMBER/ CHILD.....	58	BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG .....	15
betamethasone valerate external lotion.....	28	BREO ELLIPTA.....	58	bupropion hcl oral.....	15
betamethasone valerate external ointment.....	28	breyana .....	58	buspirone hcl oral .....	21
BETAPACE .....	22	BREZTRI AEROSPHERE .....	58	butalbital-acetaminophen oral tablet 50-300 mg .....	9
BETAPACE AF.....	22	briellyn.....	43	butalbital-acetaminophen oral tablet 50-325 mg.....	9
BETASERON .....	27	BRILINTA .....	20	butalbital-apap-caff-cod oral capsule 50-300-40-30 mg .....	9
betaxolol hcl oral.....	22	brimonidine tartrate external .....	28	butalbital-apap-caff-cod oral capsule 50-325-40-30 mg.....	9
bethanechol chloride oral .....	42	brimonidine tartrate ophthalmic solution 0.1 % .....	55	butalbital-apap-caffeine .....	9
		brimonidine tartrate ophthalmic solution 0.15 % .....	55	butalbital-asa-caff-codeine .....	9
		brimonidine tartrate ophthalmic solution 0.2 % .....	55		
		brimonidine tartrate-timolol .....	55		
		brinzolamide .....	55		
		BRIVIACT ORAL SOLUTION.....	13		





butalbital-aspirin-caffeine .....	9	carbamazepine oral tablet.....	13	CELEBREX.....	10
butorphanol tartrate nasal .....	9	carbamazepine oral tablet		celecoxib oral .....	10
BUTRANS.....	9	chewable .....	13	CELEXA.....	15
BYDUREON BCISE		CARBATROL .....	13	CELLCEPT ORAL CAPSULE.....	50
AUTOINJECTOR.....	36	carbidopa-levodopa er .....	19	CELLCEPT ORAL TABLET.....	50
BYETTA 10 MCG PEN.....	36	carbidopa-levodopa oral tablet ..	19	CENTANY EXTERNAL	
BYETTA 5 MCG PEN .....	36	carbidopa-levodopa-		OINTMENT 2 % .....	12
BYLVAY.....	41	entacapone .....	19	cephalexin.....	12
BYLVAY (PELLETS) .....	41	carbinoxamine maleate oral		CEQUA.....	55
BYSTOLIC .....	22	tablet 4 mg .....	56	CEQUR SIMPLICITY 2U 10PK.....	32
<b>C</b>					
cabergoline.....	48	carbinoxamine maleate oral		CERDELGA .....	42
CABOMETYX .....	18	tablet 6 mg .....	56	cetirizine hcl oral solution .....	56
CALAN SR ORAL TABLET		CARDIZEM.....	22	CETRAXAL .....	56
EXTENDED RELEASE 120 MG,		CARDIZEM CD.....	22	cetrotelix acetate .....	52
180 MG .....	22	CARDIZEM LA.....	22	CETROTIDE .....	52
calcipotriene external cream.....	28	CARDURA.....	22	cevimeline hcl .....	27
calcipotriene external ointment..	29	CAREPOINT POLY HUB NEEDLE		charlotte 24 fe.....	43
calcipotriene external solution...	29	18G X 1" , 21G X 1" , 22G X 1" ,		chateal eq .....	43
calcitonin (salmon).....	53	23G X 1" , 25G X 1" , 25G X 5/8" .....	32	chateal oral tablet	
CALCITRENE .....	29	CAREPOINT POLY HUB NEEDLE		0.15-30 mg-mcg .....	43
calcitriol oral.....	53	22G X 1-1/2".....	32	chlordiazepoxide hcl .....	21
calcium acetate (phos binder)		CAREPOINT SAFETY 1ST		chlordiazepoxide-clidinium .....	41
oral capsule.....	42	NEEDLE.....	32	chlorhexidine gluconate mouth/	
calcium acetate (phos binder)		CARETOUCH MONITOR SYSTEM..	32	throat.....	27
oral tablet.....	38	CARETOUCH TEST .....	32	chlorpromazine hcl oral tablet ...	20
calcium acetate oral tablet		carisoprodol oral tablet 250 mg..	59	chlorthalidone.....	22
667 mg .....	38	carisoprodol oral tablet 350 mg..	59	chlorzoxazone oral tablet	
CALQUENCE .....	18	CARNITOR ORAL SOLUTION.....	38	250 mg, 375 mg, 750 mg.....	59
CALQUENCE ORAL CAPSULE		CARNITOR ORAL TABLET .....	42	chlorzoxazone oral tablet	
100 MG .....	18	CARNITOR SF .....	38	500 mg .....	59
camila.....	43	cartia xt.....	22	cholestyramine light .....	22
camrese .....	43	carvedilol .....	22	cholestyramine oral.....	22
camrese lo.....	43	carvedilol phosphate er.....	22	CHORIONIC GONADOTROPIN	
CAMZYOS.....	22	CASODEX.....	18	INTRAMUSCULAR.....	52
CANASA .....	53	CATAFLAM ORAL TABLET 50 MG .	10	CIALIS.....	38
candesartan cilexetil.....	22	CATAPRES-TTS-1 .....	22	CIBINQO .....	29
candesartan cilexetil-hctz.....	22	CATAPRES-TTS-2.....	22	ciclodan .....	16
capecitabine .....	18	CATAPRES-TTS-3.....	22	ciclopirox external .....	16
CAPLYTA.....	20	CAVERJECT IMPULSE .....	42	ciclopirox olamine external	
captopril oral .....	22	cefadroxil.....	12	cream .....	16
CARAC.....	29	cefdinir .....	12	ciclopirox olamine external	
CARAFATE.....	40	cefixime .....	12	suspension .....	29
carbamazepine er.....	13	cefpodoxime proxetil oral tablet..	12	cilostazol .....	20
		cefprozil .....	12	CIMDUO .....	20
		cefuroxime axetil.....	12	cimetidine oral .....	40

CIMZIA .....	50	clindamycin phos-benzoyl perox external gel 1.2-5 % .....	29	clonidine patch weekly 0.3 mg/24hr transdermal .....	23
CIMZIA (2 SYRINGE) .....	50	clindamycin phosphate external foam .....	29	clopidogrel bisulfate oral .....	20
CIMZIA-STARTER .....	50	clindamycin phosphate external lotion .....	29	clorazepate dipotassium .....	21
cinacalcet hcl .....	53	clindamycin phosphate external solution .....	29	clotrimazole external cream .....	29
CINRYZE .....	50	clindamycin phosphate external swab .....	29	clotrimazole mouth/throat .....	16
CIPRO HC .....	56	clindamycin phosphate external swab .....	29	clotrimazole-betamethasone .....	29
CIPRO ORAL TABLET .....	12	clindamycin phosphate gel 1 % external .....	29	clozapine oral tablet .....	20
CIPRODEX OTIC SUSPENSION 0.3-0.1 % .....	56	clindamycin phosphate vaginal .....	12	CLOZARIL .....	20
ciprofloxacin hcl ophthalmic .....	54	CLINDESSE .....	12	CO-NATAL FA .....	38
ciprofloxacin hcl oral .....	12	CLINPRO 5000 .....	27	COLAZAL .....	53
ciprofloxacin hcl otic .....	56	clobazam .....	13	colchicine oral .....	17
ciprofloxacin-dexamethasone .....	56	clobetazol prop emollient base external cream 0.05 % .....	29	colchicine-probenecid .....	17
citalopram hydrobromide oral solution .....	15	clobetazol propionate e .....	29	COLCRYS ORAL TABLET 0.6 MG .....	17
citalopram hydrobromide oral tablet .....	15	clobetazol propionate external cream .....	29	colesevelam hcl oral tablet .....	23
CITRANATAL 90 DHA .....	38	clobetazol propionate external foam .....	29	COLESTID ORAL TABLET .....	23
CITRANATAL ASSURE .....	38	clobetazol propionate external gel .....	29	colestipol hcl oral tablet .....	23
CITRANATAL DHA ORAL 27-1 & 250 MG .....	38	clobetazol propionate external liquid .....	29	COMBIGAN .....	55
claravis .....	29	clobetazol propionate external ointment .....	29	COMBIPATCH .....	43
CLARINEX .....	56	clobetazol propionate external shampoo .....	29	COMBIVENT RESPIMAT .....	58
clarithromycin er .....	12	clobetazol propionate external solution .....	29	COMIRNATY .....	52
clarithromycin oral .....	12	CLOBEX EXTERNAL SHAMPOO .....	29	COMPLERA .....	20
CLENPIQ .....	41	CLOBEX SPRAY .....	29	COMPLETENATE .....	38
CLEOCIN ORAL CAPSULE 150 MG, 300 MG .....	12	clodan .....	29	COMTAN ORAL TABLET 200 MG .....	19
CLEOCIN ORAL CAPSULE 75 MG .....	12	CLOMID .....	52	CONCEPT DHA .....	38
CLEOCIN ORAL SOLUTION RECONSTITUTED .....	12	clomiphene citrate oral tablet 50 mg .....	52	CONCERTA .....	26
CLEOCIN VAGINAL CREAM .....	12	clomipramine hcl oral .....	15	constulose .....	41
CLEOCIN-T .....	29	clonazepam oral .....	21	CONTOUR MONITOR KIT W/ DEVICE .....	32
CLIMARA .....	43, 44	clonidine hcl er .....	26	CONTOUR NEXT EZ KIT W/ DEVICE .....	32
CLIMARA PRO .....	43	clonidine hcl oral .....	22	CONTOUR NEXT GEN MONITOR KIT W/DEVICE .....	32
clindacin .....	29	clonidine patch weekly 0.1 mg/24hr transdermal .....	22	CONTOUR NEXT GEN TEST STRIPS .....	32
clindacin etz external swab .....	29	clonidine patch weekly 0.2 mg/24hr transdermal .....	22, 23	CONTOUR NEXT LINK KIT W/ DEVICE .....	32
clindacin-p .....	29			CONTOUR NEXT MONITOR KIT W/DEVICE .....	32
CLINDAGEL .....	29			CONTOUR NEXT MONITOR KIT W/DEVICE .....	32
clindamycin hcl oral .....	12			CONTOUR NEXT ONE DEVICE .....	32
clindamycin palmitate hcl .....	12			CONTOUR NEXT ONE KIT .....	32
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 % .....	29			CONTOUR NEXT TEST STRIPS .....	32
				CONTOUR PLUS BLUE .....	33
				CONTOUR PLUS TEST .....	33
				CONTOUR TEST STRIPS .....	33



COPAXONE.....	27	cyclobenzaprine hcl oral tablet 10 mg, 5 mg.....	59	dapsone external.....	29	
CORDRAN.....	29	cyclobenzaprine hcl oral tablet 7.5 mg.....	59	dapsone oral.....	17	
COREG.....	23	CYCLOGYL.....	55	darunavir.....	20	
COREG CR.....	23	cyclopentolate hcl ophthalmic.....	55	dasatinib.....	18	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG.....	23	cyclophosphamide oral capsule.....	18	dasetta 1/35.....	43	
CORLANOR.....	23	CYCLOSET.....	36	dasetta 7/7/7.....	43	
CORTEF.....	47	cyclosporine modified oral capsule.....	50	DAVIMET-FLUORIDE.....	38	
CORTENEMA.....	53	cyclosporine ophthalmic.....	55	DAYPRO.....	10	
CORTIFOAM.....	53	cyclosporine oral.....	50	daysee.....	43	
COSENTYX (300 MG DOSE).....	50	CYLTEZO (2 PEN).....	50	DAYVIGO.....	60	
COSENTYX 150 MG/ML SUBCUTANEOUS.....	50	CYLTEZO (2 SYRINGE).....	50	DDAVP ORAL.....	48	
COSENTYX SENSOREADY (300 MG).....	50	CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML.....	50	deblitane.....	44	
COSENTYX SENSOREADY PEN.....	50	CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML.....	50	deferasirox oral tablet.....	38	
COSENTYX UNOREADY.....	50	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML.....	50	DELESTROGEN.....	44	
COSOPT.....	55	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML.....	50	DELSTRIGO.....	20	
COSOPT PF.....	55	CYMBALTA.....	15	delyla.....	44	
COTELLIC.....	18	cyproheptadine hcl oral.....	56	DENTA 5000 PLUS.....	27, 38	
COTEMPLA XR-ODT.....	26	cyred eq.....	43	DENTA 5000 PLUS SENSITIVE.....	38	
COVARYX.....	43	cyred oral tablet 0.15-30 mg-mcg.....	43	DENTAGEL.....	27	
COVARYX HS.....	43	CYTOMEL.....	48	DEPAKOTE.....	13	
COZAAR.....	23	CYTOTEC.....	40	DEPAKOTE ER.....	13	
CREON.....	42	<b>D</b>			DEPAKOTE SPRINKLES.....	13
CRESEMBA ORAL.....	16	D-CARE BLOOD GLUCOSE.....	33	DEPEN TITRATABS.....	42	
CRESTOR.....	23	D-CARE GLUCOMETER.....	33	DEPO-ESTRADIOL.....	44	
CREXONT.....	19	dabigatran etexilate mesylate.....	13	DEPO-PROVERA.....	44	
cromolyn sodium ophthalmic.....	55	dalfampridine er.....	27	DEPO-SUBQ PROVERA 104.....	44	
cromolyn sodium oral.....	41	DALIRESP.....	58	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML.....	48	
cryselle-28.....	43	DANTRIUM ORAL.....	59	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML.....	48	
curae.....	43	dantrolene sodium oral.....	59	DERMA-SMOOTH/FS BODY.....	29	
CUVPOSA.....	41	DAPAGLIFLOZIN PRO- METFORMIN ER.....	36	DERMA-SMOOTH/FS SCALP.....	29	
CVS ADVANCED GLUCOSE TEST.....	33	DAPAGLIFLOZIN PROPANEDIOL.....	36	DERMACINRX UREA.....	29	
CVS GLUCOSE METER TEST STRIPS.....	33				DERMOTIC.....	56
CVS NEEDLE COLLECTION/ DISPOSAL.....	33				DESCOVY.....	20
cvs nicotine.....	11				desipramine hcl oral.....	15
cvs nicotine polacrilex.....	11				desloratadine oral tablet.....	56
cyanocobalamin injection solution 1000 mcg/ml.....	38				desmopressin acetate oral.....	48
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML.....	38				desmopressin acetate spray.....	48
cyanocobalamin nasal.....	38				desogestrel-ethinyl estradiol.....	44
					desonide external cream.....	29
					desonide external lotion.....	29

desonide external ointment . . . . .	29	diclofenac sodium external gel 1 % . . . . .	10	dorzolamide hcl-timolol mal. . . . .	55
DESOWEN . . . . .	29	diclofenac sodium external gel 3 % . . . . .	29	dorzolamide hcl-timolol mal pf. . . . .	55
desoximetasone external cream . . . . .	29	diclofenac sodium ophthalmic . . . . .	54	dotti . . . . .	44
desoximetasone external ointment . . . . .	29	diclofenac sodium oral . . . . .	10	DOVATO . . . . .	20
desvenlafaxine succinate er . . . . .	15	diclofenac-misoprostol . . . . .	10	doxazosin mesylate oral . . . . .	23
DETROL . . . . .	42	DICLOFONO . . . . .	10	doxepin hcl oral capsule . . . . .	15
DETROL LA . . . . .	42	dicloxacillin sodium . . . . .	12	doxepin hcl oral concentrate . . . . .	15
DEXABLISS . . . . .	47	dicyclomine hcl oral . . . . .	41	doxepin hcl oral tablet . . . . .	60
dexamethasone intensol . . . . .	47	DIFICID ORAL TABLET . . . . .	12	doxycycline . . . . .	12, 29
dexamethasone oral . . . . .	47	DIFLUCAN . . . . .	16	doxycycline hyclate oral capsule . . . . .	12
dexamethasone sodium phosphate ophthalmic . . . . .	54	difluprednate . . . . .	55	doxycycline hyclate oral tablet 100 mg, 20 mg . . . . .	12
DEXCOM G6 RECEIVER . . . . .	33	digitek oral tablet 125 mcg, 250 mcg . . . . .	23	doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg . . . . .	12
DEXCOM G6 SENSOR . . . . .	33	digoxin oral tablet . . . . .	23	doxycycline monohydrate oral capsule 100 mg, 50 mg . . . . .	12
DEXCOM G6 TRANSMITTER . . . . .	33	DILANTIN INFATABS . . . . .	13	doxycycline monohydrate oral capsule 150 mg, 75 mg . . . . .	12
DEXCOM G7 RECEIVER . . . . .	33	DILANTIN ORAL CAPSULE . . . . .	13	doxycycline monohydrate oral suspension reconstituted . . . . .	12
DEXCOM G7 SENSOR . . . . .	33	DILAUDID ORAL TABLET . . . . .	9	doxycycline monohydrate oral tablet . . . . .	12
DEXEDRINE . . . . .	26	dilt-xr . . . . .	23	doxycycline monohydrate oral tablet . . . . .	12
DEXILANT . . . . .	40	diltiazem hcl er . . . . .	23	doxylamine-pyridoxine . . . . .	16
dexlansoprazole . . . . .	40	diltiazem hcl er beads . . . . .	23	DRISDOL . . . . .	38
dexmethylphenidate hcl . . . . .	26	diltiazem hcl er coated beads . . . . .	23	dronabinol . . . . .	16
dexmethylphenidate hcl er . . . . .	26	diltiazem hcl oral . . . . .	23	DROPSAFE SAFETY SYRINGE/ NEEDLE . . . . .	33
dextroamphetamine sulfate er . . . . .	26	dimethyl fumarate oral . . . . .	27	drospiren-eth estrad-levomefol. . . . .	44
dextroamphetamine sulfate oral tablet 10 mg, 5 mg . . . . .	26	DIOVAN . . . . .	23	drospirenone-ethinyl estradiol . . . . .	44
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg . . . . .	26	DIOVAN HCT . . . . .	23	DRYSOL . . . . .	29
DHIVY . . . . .	19	DIPENTUM . . . . .	53	DUAVEE . . . . .	44
DIABETES MONITOR DIGIT ADD-ON . . . . .	33	diphenoxylate-atropine oral tablet . . . . .	41	DULERA . . . . .	58
DIABETES MONITOR DIGIT SOLN33		DIPROLENE . . . . .	29	duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg . . . . .	15
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG . . . . .	13	disulfiram oral . . . . .	11	duloxetine hcl oral capsule delayed release particles 40 mg. . . . .	15
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG . . . . .	13	DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG . . . . .	42	DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR . . . . .	29
diazepam oral solution . . . . .	21	divalproex sodium er . . . . .	13	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML . . . . .	29
diazepam oral tablet . . . . .	21	divalproex sodium oral . . . . .	13	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML . . . . .	29
diazepam rectal . . . . .	13	DIVIGEL . . . . .	44	DUREZOL . . . . .	55
DICLEGIS . . . . .	16	DODEX . . . . .	38		
diclofenac potassium oral tablet 25 mg . . . . .	10	dofetilide . . . . .	23		
diclofenac potassium oral tablet 50 mg . . . . .	10	dolishale . . . . .	44		
diclofenac sodium er . . . . .	10	donepezil hcl oral tablet . . . . .	14		
		DOPTELET . . . . .	37		
		dorzolamide hcl solution 2 % ophthalmic . . . . .	55		



dutasteride oral	43	ELEPSIA XR	13	ENTYVIO PEN	50
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	47	ELESTRIN	44	enulose	41
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	26	eletriptan hydrobromide	17	ENVARUSUS XR	50
DYMISTA	56	ELIDEL	29	EPANED	23
<b>E</b>					
E.E.S. GRANULES	12	ELIMITE	19	EPCLUSA ORAL TABLET	20
EASIVENT	58	elinest	44	EPIDIOLEX	13
EASIVENT MASK LARGE	58	ELIQUIS	13	EPIDUO	30
EASIVENT MASK MEDIUM	58	ELIQUIS DVT/PE STARTER PACK	13	EPIDUO FORTE	30
EASIVENT MASK SMALL	58	ELITE-OB	38	epinephrine solution auto- injector 0.15 mg/0.15ml injection	56
EASY COMFORT SHARPS CONTAINER	33	ELLA	44	epinephrine solution auto- injector 0.15 mg/0.3ml injection	56
EASY MAX BLOOD GLUCOSE TEST	33	ELMIRON	42	epinephrine solution auto- injector 0.3 mg/0.3ml injection	56
EASY MAX T1 GLUCOSE SYSTEM	33	ELOCTATE	37	EPIPEN 2-PAK	56
EASY TOUCH HEALTHPRO GLUCOSE	33	eluryng	44	EPIPEN JR 2-PAK	56
EASY TOUCH TEST	33	EMBRACE BLOOD GLUCOSE TEST	33	epitol	13
EASYGLUCO	33	EMBRACE WAVE BLOOD GLUCOSE IN VITRO	33	epiprenone	23
EASYMAX 15 TEST	33	EMEND ORAL CAPSULE	16	EQ BLOOD GLUCOSE TEST	33
EASYMAX NG BLOOD GLUCOSE KIT	33	EMGALITY	17	eq nicotine	11
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	10	EMPAVELI	50	eq nicotine polacrilex	11
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	10	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	20	eq nicotine step 3	11
ec-naproxen	10	emtricitabine-tenofovir df oral tablet 200-300 mg	20	eql nicotine polacrilex mouth/ throat lozenge 2 mg, 4 mg	11
econazole nitrate external	16	emzahn	44	EQUETRO	22
econtra ez oral tablet 1.5 mg	44	enalapril maleate oral solution	23	ergocalciferol oral capsule	38, 40
econtra one-step	44	enalapril maleate oral tablet	23	ERIVEDGE	18
ED-SPAZ ORAL TABLET DISPERSIBLE 0.125 MG	41	enalapril-hydrochlorothiazide	23	ERLEADA ORAL TABLET 240 MG	18
EDARBI	23	ENBREL	50	ERLEADA ORAL TABLET 60 MG	18
EDARBYCLOR	23	ENBREL MINI	50	ERMEZA	48
EDEX	42	ENBREL SURECLICK	50	errin	44
EEMT	44	endocet	9	ERY-TAB	12
EEMT HS	44	ENDOMETRIN	52	ERYGEL	30
efavirenz-emtricitab-tenofo df	20	ENGERIX-B	52	ERYPED 200	12
EFFER-K ORAL TABLET		enillorig	44	ERYPED 400	12
EFFERVESCENT 10 MEQ, 20 MEQ	38	ENLITE GLUCOSE SENSOR	33	erythromycin base oral tablet	12
EFFEXOR XR	15	enoxaparin sodium injection solution prefilled syringe	13	erythromycin base oral tablet delayed release	12
EFFIENT	20	enpresse-28	44	erythromycin ethylsuccinate oral suspension reconstituted	12
EFUDEX	29	enskyce	44	erythromycin external	30
		ENSTILAR	30	erythromycin ophthalmic	54
		entacapone	19	erythromycin oral	12
		entecavir	20	escitalopram oxalate oral	15
		ENTRESTO ORAL TABLET	23		





ESGIC.....	9	etravirine .....	21	fayosim oral tablet 42-21-21-7	
ESGIC ORAL CAPSULE		EUCRISA.....	30	days.....	45
50-325-40 MG.....	9	euthyrox.....	48	febuxostat.....	17
esomeprazole magnesium oral		EVAMIST.....	45	felbamate .....	13
capsule delayed release .....	40	EVEKEO.....	26	FELBATOL .....	13
esomeprazole magnesium oral		everolimus oral tablet 0.25 mg,		FELBATOL ORAL SUSPENSION	
packet .....	40	0.5 mg, 0.75 mg, 1 mg .....	50	600 MG/5ML.....	13
est estrogens-methyltest.....	44	everolimus oral tablet 10 mg,		FELDENE ORAL CAPSULE	
est estrogens-methyltest ds .....	44	2.5 mg, 5 mg, 7.5 mg.....	18	10 MG, 20 MG.....	10
est estrogens-methyltest hs .....	44	EVERSENSE 365 SENSOR/ HOLDER .....	33	felodipine er.....	23
estarylla .....	44	EVERSENSE 365 SMART TRANSMIT.....	33	FEMARA .....	18
estazolam .....	60	EVERSENSE E3 SENSOR/ HOLDER .....	33	FEMRING.....	45
ESTRACE .....	44	EVERSENSE E3 SMART TRANSMITTER .....	33	femynor oral tablet	
estradiol oral .....	44, 46	EVERSENSE SENSOR/HOLDER... 33		0.25-35 mg-mcg .....	45
estradiol patch twice weekly		EVERSENSE SMART TRANSMITTER .....	33	fenofibrate micronized oral	
0.025 mg/24hr transdermal .....	44	EVISTA.....	53	capsule 130 mg, 134 mg,	
estradiol patch twice weekly		EVOCLIN EXTERNAL FOAM 1 % ..	30	200 mg, 43 mg, 67 mg .....	23
0.0375 mg/24hr transdermal.....	44	EVOXAC .....	28	FENOFIBRATE MICRONIZED	
estradiol patch twice weekly		EVRYSDI.....	42	ORAL CAPSULE 30 MG, 90 MG... 23	
0.05 mg/24hr transdermal .....	44	EXELDERM EXTERNAL CREAM... 16		fenofibrate oral capsule 134 mg,	
estradiol patch twice weekly		EXELON.....	14	200 mg, 67 mg .....	23
0.075 mg/24hr transdermal .....	44	exemestane .....	18	fenofibrate oral tablet 120 mg,	
estradiol patch twice weekly		EXFORGE.....	23	40 mg.....	23
0.1 mg/24hr transdermal .....	44	EXKIVITY ORAL CAPSULE		fenofibrate oral tablet 145 mg,	
estradiol transdermal gel		40 MG.....	18	160 mg, 48 mg, 54 mg .....	23
0.25 mg/0.25gm, 0.5 mg/0.5gm,		EXTAVIA.....	27	fenofibric acid oral capsule	
0.75 mg/0.75gm, 1 mg/gm,		EYSUVIS.....	54	delayed release.....	23
1.25 mg/1.25gm .....	44	ezetimibe .....	23	FENOGLIDE .....	23
estradiol transdermal gel		ezetimibe-simvastatin .....	23	fentanyl transdermal patch 72	
0.75 mg/1.25 gm (0.06%) .....	44			hour 100 mcg/hr, 12 mcg/hr,	
estradiol transdermal patch				25 mcg/hr, 50 mcg/hr, 75 mcg/hr... 9	
weekly .....	44			fentanyl transdermal patch 72	
estradiol vaginal.....	44			hour 37.5 mcg/hr, 62.5 mcg/hr,	
estradiol valerate intramuscular..	44			87.5 mcg/hr.....	9
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estratest f.s. ....	44			FEXMID.....	59
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ESTRING.....	44			FINACEA EXTERNAL GEL.....	30
ESTROGEL.....	44			finasteride oral tablet 5 mg.....	43
eszopiclone.....	60			fingolimod hcl.....	27
ethambutol hcl oral .....	18			FINTEPLA .....	14
ethosuximide oral.....	13			finzala.....	45
ethynodiol diac-eth estradiol....	44			FIORICET.....	9
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flecainide acetate.....	23	fluticasone propionate external ointment.....	30	FREESTYLE LIBRE 2 PLUS SENSOR.....	33
FLEXICHAMBER.....	58	FLUTICASONE PROPIONATE HFA.....	58	FREESTYLE LIBRE 2 READER.....	33
FLOMAX.....	43	fluticasone propionate nasal.....	56	FREESTYLE LIBRE 2 SENSOR.....	33
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FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT.....	58	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT.....	58	FREESTYLE LIBRE 3 SENSOR.....	33
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fludrocortisone acetate oral.....	47	fluvoxamine maleate.....	15	FREESTYLE PRECISION NEO SYSTEM.....	33
flunisolide nasal.....	56	fluvoxamine maleate er.....	15	FREESTYLE PRECISION NEO TEST.....	33
fluocinolone acetonide body.....	30	FML FORTE.....	54	FREESTYLE TEST.....	33
fluocinolone acetonide external.....	30	FML LIQUIFILM.....	54	FROVA.....	17
fluocinolone acetonide otic.....	56	FOCALIN.....	26	frovatriptan succinate.....	17
fluocinolone acetonide scalp.....	30	FOCALIN XR.....	26	ft nicotine.....	11
fluocinonide external cream 0.05%.....	30	folic acid oral tablet 1 mg.....	39	ft nicotine mini.....	11
fluocinonide external cream 0.1%.....	30	FOLLISTIM AQ.....	52	FUROSCIX.....	23
fluocinonide external gel.....	30	fondaparinux sodium.....	13	furosemide oral.....	23
fluocinonide external ointment.....	30	FORA 6 CONNECT/GTEL TEST.....	33	fyavolv.....	45
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fluorouracil external cream 5%.....	30	fosinopril sodium.....	23	GABAPENTIN ORAL TABLET 25 MG, 50 MG.....	14
fluoxetine hcl oral capsule.....	15	fosinopril sodium-hctz.....	23	gabapentin oral tablet 600 mg, 800 mg.....	14
fluoxetine hcl oral capsule delayed release.....	15	FRAICHE 5000 DENTAL.....	28	galantamine hydrobromide er.....	14
fluoxetine hcl oral solution.....	15	FRAICHE 5000 SENSITIVE.....	39	gallifrey.....	45
fluoxetine hcl oral tablet 10 mg.....	15	FREESTYLE LIBRE 14 DAY READER.....	33	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous.....	52
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gavilyte-g.....	41	TABLET 1.5 MG.....	41
gavilyte-n with flavor pack.....	41	glydo.....	9
GAVRETO.....	18	GLYNASE ORAL TABLET 1.5 MG...37	
gemfibrozil oral.....	23	GLYNASE ORAL TABLET 3 MG, 6 MG.....	37
GEMTESA.....	42	GLYXAMBI.....	37
GEN7T EXTERNAL PATCH 3.5 %....	9	gnp nicotine mini.....	11
generlac.....	41	gnp nicotine polacrilex mouth/ throat gum 2 mg.....	11
gengraf oral capsule.....	50	gnp nicotine polacrilex mouth/ throat lozenge.....	11
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GILENYA ORAL CAPSULE		granisetron hcl oral.....	16
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glatiramer acetate.....	27	griseofulvin microsize oral.....	16
glatopa.....	27	griseofulvin ultramicrosize.....	16
GLEEVEC.....	18	guaiaatussin ac.....	56
glimepiride oral tablet 1 mg, 2 mg, 4 mg.....	36	guaifenesin ac oral syrup 100-10 mg/5ml.....	56
glimepiride oral tablet 3 mg.....	36	guaifenesin-codeine.....	56
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glipizide-metformin hcl.....	36	GUARDIAN CONNECT TRANSMITTER.....	33
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GLUCOCARD EXPRESSION TEST.....	33	GUARDIAN SENSOR (3).....	34
GLUCOCARD SHINE TEST.....	33	GUARDIAN SENSOR 3.....	34
GLUCOCARD VITAL TEST.....	33	GVOKE HYPOPEN 1-PACK.....	34
GLUCOTROL XL.....	36	GVOKE HYPOPEN 2-PACK.....	34
GLUMETZA.....	37	GVOKE KIT.....	34
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glyburide oral.....	37	GYNAZOLE-1.....	16
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GLYCATE.....	41		
glycopyrrolate oral solution.....	41		
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HEMANGEOL.....	23
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML.....	37
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hm nicotine polacrilex.....	11
hm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr.....	11
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HULIO (2 PEN).....	50	hydrocodone bit-homatrop mbr oral solution .....	57	hyoscyamine sulfate sublingual ...	41
HULIO (2 SYRINGE).....	50	hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml .....	9	HYPERSAL .....	57
HUMALOG CARTRIDGE.....	35	hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg .....	9	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML .....	50
HUMALOG INJECTION .....	35	hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg.....	9	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML .....	50
HUMALOG KWIKPEN .....	35	hydrocodone-ibuprofen .....	9	HYRIMOZ-CROHNS/UC STARTER .....	50
HUMALOG MIX 50/50 KWIKPEN ..	35	hydrocort-pramoxine (perianal)..	53	HYRIMOZ-PED<40KG CROHN STARTER .....	50
HUMALOG MIX 50/50 VIAL .....	35	hydrocortisone (perianal) external cream 1 % .....	53	HYRIMOZ-PED>=40KG CROHN START .....	51
HUMALOG MIX 75/25 KWIKPEN ..	35	hydrocortisone (perianal) external cream 2.5 % .....	53	HYRIMOZ-PLAQ PSOR/UEVIT START .....	51
HUMALOG MIX 75/25 VIAL.....	35	hydrocortisone ace-pramoxine external cream 1-1 % .....	53	HYZAAR .....	23
HUMALOG SUBCUTANEOUS .....	35	hydrocortisone ace-pramoxine external cream 2.5-1 % .....	30	<b>I</b>	
HUMALOG TEMPO PEN.....	35	hydrocortisone acetate rectal.....	53	ibandronate sodium oral.....	53
HUMALOG U-100 JUNIOR KWIKPEN .....	35	hydrocortisone butyrate external cream .....	30	IBRANCE .....	18
HUMATE-P .....	38	hydrocortisone external cream 1%.....	30	IBSRELA .....	41
HUMIRA (2 PEN).....	50	hydrocortisone external cream 2.5 % .....	30	ibuprofen oral tablet 400 mg, 600 mg, 800 mg .....	10
HUMIRA (2 SYRINGE).....	50	hydrocortisone external lotion 2 %, 2.5 %.....	30	iclevia .....	45
HUMIRA-CD/UC/HS STARTER....	50	hydrocortisone external ointment 1 %, 2.5 % .....	30	ICLUSIG ORAL TABLET 10 MG, 30 MG.....	18
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML....	50	hydrocortisone oral .....	47	ICLUSIG ORAL TABLET 15 MG, 45 MG.....	18
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML.....	50	hydrocortisone rectal .....	53	icosapent ethyl.....	23
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML.....	50	hydrocortisone valerate .....	30	IDACIO (2 PEN).....	51
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML .....	50	hydrocortisone-acetic acid.....	56	IDACIO (2 SYRINGE).....	51
HUMIRA-PSORIASIS/UEVIT STARTER.....	50	hydromet .....	57	IDACIO-CROHNS/UC STARTER ...	51
HUMULIN 70/30 KWIKPEN.....	35	hydromorphone hcl oral tablet .....	9	IDACIO-PSORIASIS STARTER .....	51
HUMULIN 70/30 VIAL .....	35	hydroxychloroquine sulfate oral...19		IDELVION.....	38
HUMULIN N KWIKPEN .....	35	HYDROXYM EXTERNAL CREAM ..	30	IDHIFA .....	18
HUMULIN N VIAL .....	35	hydroxyurea oral .....	18	ILEVRO .....	54
HUMULIN R U-500 KWIKPEN.....	35	hydroxyzine hcl oral.....	21	imatinib mesylate .....	18
HUMULIN R U-500 VIAL.....	35	hydroxyzine pamoate oral .....	21	IMBRUVICA ORAL CAPSULE .....	18
HUMULIN R VIAL.....	35	HYFTOR.....	50	IMBRUVICA ORAL TABLET 140 MG, 280 MG.....	18
HYCODAN ORAL SOLUTION .....	56	hyoscyamine sulfate er .....	41	IMBRUVICA ORAL TABLET 420 MG .....	18
hydralazine hcl oral.....	23	hyoscyamine sulfate oral tablet ..	41	IMBRUVICA ORAL TABLET 560 MG .....	18
HYDREA .....	18	hyoscyamine sulfate oral tablet dispersible.....	41	imipramine hcl oral.....	15
hydrochlorothiazide oral.....	23				
hydrocod poli-chlorphe poli er ...	56				

imiquimod external cream 3.75 %	30	INSULIN GLARGINE	36	isosorbide dinitrate oral tablet	10 mg, 20 mg, 30 mg, 5 mg	23
imiquimod external cream 5 %	30	INSULIN GLARGINE MAX		isosorbide dinitrate oral tablet	40 mg	23
imiquimod pump	30	SOLOSTAR	36	isosorbide mononitrate		23, 24
IMITREX NASAL SOLUTION		INSULIN GLARGINE SOLOSTAR	36	isosorbide mononitrate er		24
20 MG/ACT, 5 MG/ACT	17	INSULIN LISPRO	36	isotretinoin oral capsule 10 mg,	20 mg, 30 mg, 40 mg	30
IMITREX ORAL	17	INSULIN LISPRO (1 UNIT DIAL)	36	isotretinoin oral capsule 25 mg,	35 mg	30
IMITREX STATDOSE SYSTEM	17	INSULIN LISPRO JUNIOR		ISTALOL		55
IMPOYZ	30	KWIKPEN	36	itraconazole oral capsule		16
IMURAN	51	INSULIN LISPRO PROT &		ivabradine hcl		24
IMVEXXY MAINTENANCE PACK	38	LISPRO	36	ivermectin external cream		30
IMVEXXY STARTER PACK	38	INSULIN PEN NEEDLES 29G X		ivermectin oral		19
INBRIJA	19	12MM, 30G X 5 MM, 31G X 5 MM,		IYUZEH		55
incassia	45	31G X 6 MM, 31G X 8 MM, 32G X				
indapamide	23	4 MM	34			
INDERAL LA	23	INSULIN SYRINGES 27G X 1/2"				
indomethacin er	10	0.5 ML, 27G X 1/2" 1 ML, 28G X				
INDOMETHACIN ORAL		1/2" 0.5 ML, 28G X 1/2" 1 ML,				
CAPSULE 20 MG	10	29G X 1/2" 0.5 ML, 29G X 1/2" 1				
indomethacin oral capsule	10	ML, 30G X 1/2" 1 ML, 30G X 5/16"				
25 mg, 50 mg	10	0.5 ML, 31G X 5/16" 0.5 ML, 31G X				
INGREZZA ORAL CAPSULE		5/16" 1 ML	34			
40 MG, 80 MG	27	INTELENCE ORAL TABLET				
INGREZZA ORAL CAPSULE		100 MG, 200 MG	21			
60 MG	27	INTELENCE ORAL TABLET				
INGREZZA ORAL CAPSULE		25 MG	21			
SPRINKLE	27	INTRAROSA	38			
INGREZZA ORAL CAPSULE		introvale	45			
SPRINKLE	27	INTUNIV	26			
INGREZZA ORAL CAPSULE		INVEGA	20			
THERAPY PACK	27	INVELTYS	54			
INLYTA	18	INVOKANA	37			
INPEN 100-BLUE-LILLY-		IPOL	52			
HUMALOG DEVICE	34	ipratropium bromide inhalation	58			
INPEN 100-BLUE-NOVOLOG-		ipratropium bromide nasal	57			
FIASP DEVICE	34	ipratropium-albuterol	58			
INPEN 100-GREY-LILLY-		IQIRVO	41			
HUMALOG DEVICE	34	irbesartan	23			
INPEN 100-GREY-NOVOLOG-		irbesartan-hydrochlorothiazide	23			
FIASP DEVICE	34	ISENTRESS HD	21			
INPEN 100-PINK-LILLY-		ISENTRESS ORAL TABLET	21			
HUMALOG DEVICE	34	isibloom	45			
INPEN 100-PINK-NOVOLOG-		isoniazid oral tablet	18			
FIASP DEVICE	34	ISOPTO ATROPINE				
INSPIREASE	58	OPHTHALMIC SOLUTION 1 %	55			
INSPRA	23	ISORDIL TITRADOSE	23			
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INSULIN ASPART FLEXPEN	36					
INSULIN DEGLUDEC						
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JANUMET	37
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JANUVIA	37
JARDIANCE	37
jasmiel	45
jencycla	45
JENTADUETO	37
JENTADUETO XR	37
jinteli	45
jolessa	45
JORNAY PM	26
JUBLIA	16
juleber	45
JULUCA	21
junel 1/20	45
junel 1.5/30	45
junel fe 1/20	45
junel fe 1.5/30	45
junel fe 24	45
JUST RIGHT 5000 DENTAL GEL	
1.1 %	28
JUST RIGHT 5000 DENTAL	
PASTE	28
JYLAMVO	51



JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	42
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	42

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kalliga	45
KAPSPARGO SPRINKLE	24
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	26
kariva	45
kelnor 1/35	45
kelnor 1/50	45
KEPPRA ORAL	14
KEPPRA XR	14
KERENDIA	24
KESIMPTA	27
ketoconazole external cream	16
ketoconazole external shampoo	16
ketoconazole oral	16
ketorolac tromethamine ophthalmic	54
ketorolac tromethamine oral	10
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	51
KINERET	51
KISQALI (200 MG DOSE)	18
KISQALI (400 MG DOSE)	18
KISQALI (600 MG DOSE)	18
KLARITY-A	54
KLARITY-C DROPS	56
KLARON	30
klayesta	16
KLISYRI EXTERNAL OINTMENT 1 %	30
KLONOPIN	21
klor-con	39
klor-con 10	39
klor-con m10	39
klor-con m15	39
klor-con m20	39

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klus quit2	11
klus quit4	11
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KOATE-DVI	38
KOGENATE FS	38
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	37
KOSELUGO	18
kosher prenatal plus iron	39
kourzeq	28
KOVALTRY	38
KRINTAFEL	19
KRISTALOSE	41
kurvelo	45
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	19
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lacosamide oral	14
lactulose encephalopathy	41
lactulose oral solution	41
LAGEVRIO	21
LAMICTAL	14
LAMICTAL ODT ORAL TABLET DISPERSIBLE	14
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	14
lamotrigine er	14
lamotrigine oral tablet	14
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larin 1.5/30	45
larin 24 fe	45
larin fe 1/20	45
larin fe 1.5/30	45
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levocarnitine sf	39
levocetirizine dihydrochloride oral	57
levofloxacin oral tablet	12
levonest	45
levonorg-eth estrad triphasic	45
levonorgest-eth est & eth est	45
levonorgest-eth estrad 91-day	45
levonorgestrel	45
levonorgestrel-ethinyl estrad	45



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LEVOTHYROXINE SODIUM ORAL CAPSULE.....	48	LOFENA.....	10	LUMAKRAS ORAL TABLET.....	18
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levoxyl.....	48	LOKELMA.....	39	LUMRYZ.....	60
LEVSIN.....	41	LOMOTIL.....	41	LUNESTA.....	60
LEVSIN/SL.....	41	LONSURF.....	18	LUPKYNIS.....	51
LEXAPRO.....	15	LOPID.....	24	lurasidone hcl.....	20
LIALDA.....	53	LOPRESSOR.....	24	lutera.....	45
LIBERVANT.....	14	LOPROX EXTERNAL CREAM 0.77 %.....	16	lyleq.....	45
LIBRAX.....	41	LOPROX EXTERNAL SHAMPOO 1 %.....	16	lyllana.....	45
lidocaine external ointment 5 %.....	9	LOPROX EXTERNAL SUSPENSION 0.77 %.....	30	LYMEPAK ORAL TABLET 100 MG.....	12
lidocaine external patch 5 %.....	9	lorazepam intensol.....	21	LYNPARZA.....	18
lidocaine hcl mouth/throat.....	28	lorazepam oral concentrate 2 mg/ml.....	21	LYRICA ORAL CAPSULE.....	27
lidocaine hcl urethral/mucosal.....	9	lorazepam oral tablet.....	21	LYSTEDA ORAL TABLET 650 MG.....	38
lidocaine viscous hcl.....	28	LORTAB ORAL ELIXIR 10-300 MG/15ML.....	9	LYUMJEV KWIKPEN.....	36
lidocaine-prilocaine external cream.....	9	loryna.....	45	LYUMJEV TEMPO PEN.....	36
LIDOCAN.....	9	LORZONE ORAL TABLET 375 MG, 750 MG.....	59	LYUMJEV VIAL.....	36
LIDODERM.....	9	losartan potassium oral.....	24	lyza.....	45
LIDOTRAL 1.....	9	losartan potassium-hctz.....	24		
LIKMEZ.....	12	LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG.....	45	<b>M</b>	
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LINZESS.....	41	LOTEMAX OPHTHALMIC OINTMENT.....	54	M-NATAL PLUS.....	39
liothyronine sodium oral.....	48	LOTEMAX OPHTHALMIC SUSPENSION.....	54	MACROBID.....	12
LIPITOR.....	24	LOTEMAX SM.....	54	MACRODANTIN.....	12
LIRAGLUTIDE SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS.....	37	LOTENSIN.....	24	MALARONE.....	19
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lisinopril oral.....	24	loteprednol etabonate ophthalmic gel.....	54	MARINOL ORAL CAPSULE 2.5 MG.....	16
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LITFULO.....	51	LOTREL.....	24	matzim la.....	24
lithium carbonate er.....	22	lovastatin oral.....	24	MAVENCLAD.....	27
lithium carbonate oral.....	22	LOVAZA.....	24	MAVYRET.....	21
LITHOBID.....	22	LOVENOX INJECTION SOLUTION PREFILLED SYRINGE.....	13	MAXALT.....	17
LIVALO.....	24	low-ogestrel.....	45	MAXALT-MLT.....	17
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lo-zumandimine.....	45			MAXITROL.....	54
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LOESTRIN 1.5/30 (21).....	45			MAYZENT ORAL TABLET 1 MG.....	27
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MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG.....	27	metformin hcl er (osm) .....	37	metolazone.....	24
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG.....	27	metformin hcl oral solution.....	37	metoprolol succinate er .....	24
me/naphos/mb/hyo1 .....	42	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg.....	37	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg .....	24
meclizine hcl oral tablet .....	16	metformin hcl oral tablet 625 mg	37	metoprolol tartrate oral tablet 37.5 mg, 75 mg .....	24
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG .....	47	methadone hcl oral tablet.....	9	metoprolol-hydrochlorothiazide ..	24
MEDROL ORAL TABLET 2 MG .....	47	methazolamide oral.....	55	METROCREAM .....	30
MEDROL ORAL TABLET THERAPY PACK.....	47	methenamine hippurate.....	12	METROGEL.....	30
medroxyprogesterone acetate intramuscular .....	45	METHERGINE .....	48	METROLOTION .....	30
medroxyprogesterone acetate oral.....	45	methimazole oral.....	49	metronidazole external cream ...	30
mefenamic acid oral .....	10	methocarbamol oral tablet 1000 mg .....	60	metronidazole external gel 0.75 %.....	30
mefloquine hcl .....	19	methocarbamol oral tablet 500 mg, 750 mg.....	60	metronidazole external gel 1 %...	30
megestrol acetate oral suspension 40 mg/ml.....	48	methotrexate sodium (pf).....	51	metronidazole external lotion....	30
megestrol acetate oral tablet ...	45	methotrexate sodium injection solution .....	51	metronidazole oral.....	12
MEKINIST ORAL TABLET .....	18	methotrexate sodium oral.....	51	metronidazole vaginal .....	12
meloxicam oral tablet.....	10	methotrexate sodium oral.....	51	mexiletine hcl oral.....	24
memantine hcl er .....	14	methscopolamine bromide oral...	41	MIACALCIN .....	53
memantine hcl oral tablet .....	14	methylergonovine maleate oral..	48	mibelas 24 fe .....	45
MENOPUR .....	52	METHYLIN.....	26	MICARDIS .....	24
MENOSTAR .....	45	methylphenidate hcl er (cd) .....	26	MICARDIS HCT .....	24
MENQUADFI .....	52	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg.....	26	MICROCHAMBER .....	58
MENVEO.....	52	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg .....	26	MICRODOT TEST.....	34
MEPRON.....	19	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg .....	26	microgestin 1/20 .....	45
mercaptopurine oral.....	18	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG .....	26	microgestin 1.5/30.....	45
mesalamine er oral capsule 0.375 gm.....	53	methylphenidate hcl er (osm) oral tablet extended release 72 mg .....	26	microgestin 24 fe oral tablet 1-20 mg-mcg.....	46
mesalamine oral tablet delayed release 1.2 gm .....	53	methylphenidate hcl er (xr).....	26	microgestin fe 1/20 .....	46
mesalamine oral tablet delayed release 800 mg.....	53	methylphenidate hcl er oral tablet extended release .....	26	microgestin fe 1.5/30 .....	46
mesalamine rectal enema .....	53	methylphenidate hcl er oral tablet extended release 24 hour ..	26	midodrine hcl.....	24
mesalamine rectal suppository...	53	methylphenidate hcl er oral tablet extended release 24 hour ..	26	MIEBO .....	56
mesalamine-cleanser.....	53	methylphenidate hcl oral .....	26	mili .....	46
MESTINON ORAL TABLET .....	17	methylprednisolone oral.....	47	mimvey .....	46
METADATE CD.....	26	metoclopramide hcl oral solution.....	16	MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) ...	46
metaxalone.....	59	metoclopramide hcl oral tablet ...	16	MINILINK REAL-TIME TRANSMITTER .....	34
metformin hcl er .....	37			MINIMED 630G GUARDIAN PRESS.....	34
metformin hcl er (mod).....	37			MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG .....	24





mirabegron er.....	42	multivitamin w/fluoride tablet chewable 1 mg oral.....	39	NAPROSYN ORAL TABLET.....	10	
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5).....	46	multivitamin/fluoride tablet chewable 0.25 mg oral (rx).....	39	naproxen dr.....	10	
mirtazapine oral.....	15	multivitamin/fluoride tablet chewable 0.5 mg oral (rx).....	39	naproxen oral tablet.....	10	
MIRVASO.....	30	multivitamin/fluoride tablet chewable 1 mg oral (rx).....	39	naproxen oral tablet delayed release.....	10	
misoprostol oral.....	41	mupirocin cream.....	12	naproxen sodium oral tablet 275 mg, 550 mg.....	10	
MITIGARE.....	17	mupirocin ointment.....	12	naratriptan hcl.....	17	
MM BLOOD GLUCOSE SYSTEM ..	34	my choice.....	46	NARCAN.....	11	
MM BLOOD GLUCOSE SYSTEM REFILL.....	34	my way.....	46	NASCOBAL.....	39	
MM BLULINK GLUCOSE TEST....	34	MYAMBUTOL ORAL TABLET 400 MG.....	18	NATALVIT.....	39	
MM EASY TOUCH GLUCOSE METER.....	34	MYCOBUTIN ORAL CAPSULE 150 MG.....	18	NATAZIA.....	46	
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moexipril hcl.....	24	mycophenolic acid.....	51	NAYZILAM.....	14	
mometasone furoate external ...	30	MYDAYIS.....	26	nebivolol hcl.....	24	
mometasone furoate nasal.....	57	MYFEMBREE.....	46	NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %...	57	
MONDOXYNE NL.....	12	MYFORTIC.....	51	NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %...	57	
mono-lyyah.....	46	MYHIBBIN.....	51	necon 0.5/35 (28).....	46	
MONOJECT HYPODERMIC NEEDLE 18G X 1”.....	34	myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg.....	30	NEO-POLYCIN.....	55	
montelukast sodium oral.....	58	MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR....	42	neomycin sulfate oral.....	12	
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morphine sulfate (concentrate)....	9	<b>N</b>			neomycin-polymyxin-dexameth ophthalmic ointment.....	54
morphine sulfate er oral tablet extended release.....	9	na sulfate-k sulfate-mg sulf.....	41	neomycin-polymyxin-dexameth ophthalmic suspension 3.5- 10000-0.1.....	54	
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MOTEGRITY.....	41	nadolol oral.....	24	neomycin-polymyxin-hc otic.....	56	
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MOUNJARO.....	37	nafrinse drops oral solution 0.275 (0.125 f) mg/drop.....	39	NEONATAL PLUS.....	39	
MOVIPREP.....	41	NALOCET.....	9	NEORAL ORAL CAPSULE.....	51	
moxifloxacin hcl (2x day).....	54	naloxone hcl injection solution prefilled syringe.....	11	NERLYNX.....	19	
moxifloxacin hcl ophthalmic.....	54	naloxone hcl nasal.....	11	neuac.....	30	
moxifloxacin hcl oral.....	12	naltrexone hcl oral.....	11	NEULASTA.....	38	
MS CONTIN.....	9	NAMENDA ORAL TABLET 10 MG, 5 MG.....	14	NEUPRO.....	19	
MULTAQ.....	24	NAMENDA TITRATION PAK.....	15	NEURONTIN.....	14	
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multivitamin w/fluoride tablet chewable 0.25 mg oral.....	39			new day.....	46	
multivitamin w/fluoride tablet chewable 0.5 mg oral.....	39			NEXIUM ORAL CAPSULE DELAYED RELEASE.....	41	



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NEXLETOL .....	24	NORDITROPIN FLEXPEN .....	48	NOVOLIN R VIAL .....	36
NEXLIZET .....	24	norelgestromin-eth estradiol ....	46	NOVOLOG FLEXPEN .....	36
NEXTSTELLIS .....	46	norethin ace-eth estrad-fe oral		NOVOLOG FLEXPEN RELION ....	36
NGENLA .....	48	tablet .....	46	NOVOLOG RELION .....	36
niacin er (antihyperlipidemic) ....	24	norethin ace-eth estrad-fe oral		NOVOLOG U-100 VIAL .....	36
NICODERM CQ .....	11	tablet chewable .....	46	NOVOPEN ECHO .....	34
NICORETTE MINI .....	11	norethin-eth estradiol-fe oral		NOXAFIL ORAL TABLET	
NICORETTE MOUTH/THROAT		tablet chewable 0.4-35 mg-mcg .	46	DELAYED RELEASE .....	16
GUM .....	11	norethindron-ethinyl estrad-fe...	46	np thyroid.....	49
NICORETTE MOUTH/THROAT		norethindrone acet-ethinyl est...	46	NUBEQA .....	19
LOZENGE .....	11	norethindrone acetate oral .....	46	NUCALA SUBCUTANEOUS	
NICORETTE STARTER KIT .....	11	norethindrone oral .....	46	SOLUTION AUTO-INJECTOR.....	58
nicotine mini .....	11	norethindrone-eth estradiol.....	46	NUCALA SUBCUTANEOUS	
nicotine polacrilex mini .....	11	norgestimate-eth estradiol oral		SOLUTION PREFILLED SYRINGE	
nicotine polacrilex mouth/throat .	11	tablet 0.25-35 mg-mcg .....	46	100 MG/ML .....	58
nicotine step 1.....	11	norgestimate-ethinyl estradiol		NUCALA SUBCUTANEOUS	
nicotine step 2.....	11	triphasic .....	46	SOLUTION PREFILLED SYRINGE	
nicotine step 3.....	11	NORITATE .....	30	40 MG/0.4ML .....	58
nicotine transdermal patch 24		NORLIQVA.....	24	NUCYNTA.....	9
hour.....	11	norlyroc.....	46	NUCYNTA ER .....	9
NICOTROL.....	11	NORPRAMIN .....	15	NUEDEXTA .....	27
nifedipine er .....	24	nortrel 0.5/35 (28) .....	46	NULEV .....	41
nifedipine er osmotic release.....	24	nortrel 1/35 (21) .....	46	NUPLAZID ORAL CAPSULE .....	20
nifedipine oral.....	24	nortrel 1/35 (28).....	46	NURTEC.....	17
nikki .....	46	nortrel 7/7/7.....	46	NUTROPIN AQ NUSPIN 10 .....	48
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nitazoxanide oral.....	19	NOVAREL .....	52	NUVARING .....	46
NITRO-BID .....	24	NOVOEIGHT.....	38	NUVESSA .....	13
NITRO-DUR .....	24	NOVOFINE AUTOCOVER PEN		NUVIGIL .....	60
nitrofurantoin macrocrystal .....	12	NEEDLE 30G X 8 MM.....	34	NUWIQ INTRAVENOUS KIT 1000	
nitrofurantoin monohydrate		NOVOFINE PEN NEEDLE .....	34	UNIT, 2000 UNIT, 250 UNIT,	
macrocrystals .....	12	NOVOFINE PLUS PEN NEEDLE ...	34	2500 UNIT, 3000 UNIT, 4000	
nitrofurantoin oral suspension		NOVOLIN 70/30 FLEXPEN .....	36	UNIT, 500 UNIT .....	38
25 mg/5ml.....	13	NOVOLIN 70/30 FLEXPEN		NUWIQ INTRAVENOUS KIT 1500	
nitroglycerin rectal.....	24	RELION .....	36	UNIT .....	38
nitroglycerin sublingual.....	24	NOVOLIN 70/30 RELION .....	36	NUZYRA ORAL .....	13
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NITROSTAT .....	24	NOVOLIN N FLEXPEN .....	36	nylia 1/35 .....	46
NIVA THYROID .....	49	NOVOLIN N FLEXPEN RELION ...	36	nylia 7/7/7 .....	46
NIVA-PLUS .....	39	NOVOLIN N RELION .....	36	nymyo oral tablet 0.25-35 mg-	
NIVESTYM.....	38	NOVOLIN N VIAL .....	36	mcg .....	46
NOCDURNA .....	48	NOVOLIN R FLEXPEN.....	36	nystatin external .....	16
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				nystatin oral .....	16





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nystop	16	OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	51	ORFADIN ORAL CAPSULE	42
NYVEPRIA	38	ON CALL EXPRESS BLOOD GLUCOSE	34	ORFADIN ORAL SUSPENSION	42
<b>O</b>					
OB COMPLETE	39	ON CALL EXPRESS MONITORING SYS	34	ORGOVYX	19
OCALIVA	42	ondansetron hcl oral	16	ORIAHNN	48
ocella	46	ondansetron odt oral tablet dispersible 16 mg	16	ORILISSA	48
OCUFLOX	54	ondansetron odt oral tablet dispersible 4 mg, 8 mg	16	orphenadrine citrate er	60
ODACTRA	57	ONE VITE WOMENS PLUS	39	OSCIMIN	42
ODEFSEY	21	ONETOUCH DELICA LANCETS	34	oseltamivir phosphate oral	21
ODOMZO	19	ONETOUCH ULTRA 2 KIT W/ DEVICE	34	OSPHENA	38
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ofloxacin otic	56	ONETOUCH ULTRASOFT LANCETS	34	OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	51
olanzapine oral	20	ONETOUCH VERIO FLEX SYSTEM KIT	35	OTREXUP	51
olanzapine-fluoxetine hcl	15	ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	35	OVACE PLUS WASH EXTERNAL LIQUID	30
olmesartan medoxomil oral	24	ONETOUCH VERIO KIT W/ DEVICE	35	OVACE WASH	30
olmesartan medoxomil-hctz	24	ONETOUCH VERIO REFLECT KIT W/DEVICE	35	OVIDREL	52
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-25 mg	24	ONETOUCH VERIO TEST STRIPS	35	oxaprozin oral tablet	10
olmesartan-amlodipine-hctz oral tablet 40-5-12.5 mg	24	ONEXTON	30	OXAYDO ORAL TABLET 5 MG, 7.5 MG	9
olopatadine hcl nasal	57	ONFI	14	oxazepam	21
olopatadine hcl ophthalmic solution 0.1 %	54	ONGLYZA	37	oxcarbazepine	14
OLUMIANT ORAL TABLET 1 MG, 4 MG	51	opcicon one-step	46	oxcarbazepine er	14
OLUMIANT ORAL TABLET 2 MG	51	opium	42	OXTELLAR XR	14
OLUX EXTERNAL FOAM 0.05 %	30	OPSUMIT	59	oxybutynin chloride er	42
OMECLAMOX-PAK	41	option 2	46	oxybutynin chloride oral tablet	42
omega-3-acid ethyl esters	24	OPTIUMEZ TEST	35	OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	9
omeprazole oral capsule delayed release	41	OPZELURA	30	oxycodone hcl oral capsule	9
OMNIPOD 5 DEXG7G6 INTRO GEN 5	34	ORACEA	30	oxycodone hcl oral solution	9
OMNIPOD 5 DEXG7G6 PODS GEN 5	34	ORACIT	39	oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	9
OMNIPOD 5 G7 INTRO (GEN 5) KIT	34	ORAL CITRATE	39	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	10
OMNIPOD 5 G7 PODS (GEN 5)	34	ORALONE DENTAL PASTE	28	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	10
OMNIPOD 5 LIBRE2 PLUS G6	34	ORAPRED ODT	47	OXYCONTIN	10
OMNIPOD 5 LIBRE2 PLUS G6 PODS	34	ORENCIA CLICKJECT	51	oxymorphone hcl er	10
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PACERONE ORAL TABLET 100 MG, 400 MG .....	24	PERTZYE.....	42	PLEXION CLEANSER.....	31
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paliperidone er .....	20	phenazo oral tablet 200 mg .....	42	pnv-dha.....	39
PAMELOR.....	15	phenazopyridine hcl oral tablet 100 mg, 200 mg.....	42	podofilox external solution .....	31
PANCREAZE.....	42	phenobarbital oral .....	14	POKONZA .....	39
PANRETIN .....	31	phenytek .....	14	POLY-VI-FLOR ORAL TABLET CHEWABLE.....	39
pantoprazole sodium oral tablet delayed release.....	41	phenytoin infatabs.....	14	POLYCIN.....	54
PARADIGM REAL-TIME TRANSMITTER .....	35	phenytoin oral tablet chewable .....	14	polymyxin b-trimethoprim .....	54
paricalcitol oral.....	54	phenytoin sodium extended .....	14	POMALYST .....	19
PARLODEL ORAL TABLET.....	19	PHEXXI .....	46	portia-28 .....	46
PARNATE.....	15	philith .....	46	posaconazole oral tablet delayed release.....	16
paroxetine hcl er .....	15	PHOSPHA 250 NEUTRAL.....	39	potassium chloride crys er.....	39
paroxetine hcl oral tablet .....	15	phospho-trin 250 neutral.....	39	potassium chloride er.....	39
PATANASE NASAL SOLUTION 0.6 % .....	57	phosphorous .....	39	potassium chloride oral.....	39
PAXIL CR .....	15	PIFELTRO.....	21	potassium citrate er.....	39
PAXIL ORAL TABLET.....	15	pilocarpine hcl ophthalmic .....	55	potassium citrate-citric acid .....	39
PAXLOVID (150/100) .....	21	pilocarpine hcl oral.....	28	PRADAXA ORAL CAPSULE.....	13
PAXLOVID (300/100).....	21	pimecrolimus.....	31	PRALUENT.....	25
pazopanib hcl .....	19	pimozide.....	20	pramipexole dihydrochloride.....	19
PEDIAPRED.....	47	pimtrea .....	46	PRAMOSONE EXTERNAL CREAM 1-1 %.....	31
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peg-3350/electrolytes.....	42	pioglitazone hcl .....	37	prasugrel hcl.....	20
peg-3350/electrolytes/ascorbat.....	42	pioglitazone hcl-metformin hcl .....	37	pravastatin sodium.....	25
peg-kcl-nacl-nasulf-na asc-c .....	42	PIP BLOOD GLUCOSE TEST STRIP .....	35	prazosin hcl oral.....	25
penicillin v potassium .....	13	PIQRAY .....	19	PRECISION XTRA .....	35
pentoxifylline er .....	24	pirfenidone oral tablet 267 mg, 801 mg.....	59	PRECISION XTRA BLOOD GLUCOSE.....	35
PEPCID .....	41	pirfenidone oral tablet 534 mg... ..	59	PRED FORTE.....	54
PERCOCET .....	10	pirmella 1/35 oral tablet 1-35 mg-mcg .....	46	PRED MILD .....	54
PERFOROMIST .....	58	pirmella 7/7/7 .....	46	prednisolone acetate ophthalmic .....	54
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perio gard .....	28	PLAN B ONE-STEP .....	46	prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml.....	47
permethrin external .....	19	PLAQUENIL .....	19	prednisolone sodium phosphate oral solution 15 mg/5ml.....	47
perphenazine oral.....	16	PLAVIX .....	20	prednisolone sodium phosphate oral solution 20 mg/5ml .....	47
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		PLEGRIDY STARTER PACK .....	27		
		PLEGRIDY SUBCUTANEOUS.....	27		
		PLENVU.....	42		



prednisolone sodium phosphate oral tablet dispersible.....	47	PREVYMIS ORAL.....	21	PROVIGIL.....	60
prednisone oral.....	47	PREZCOBIX.....	21	PROZAC.....	15
pregabalin oral capsule.....	27	PREZISTA ORAL TABLET 150 MG, 75 MG.....	21	pseudoephedrine-bromphen-dm.....	57
PREGNYL.....	52	primidone oral tablet 125 mg.....	14	PTS PANELS EGLU TEST.....	35
PREMARIN ORAL.....	46	primidone oral tablet 250 mg, 50 mg.....	14	PULMICORT FLEXHALER.....	58
PREMARIN VAGINAL.....	46	PRISTIQ.....	15	PULMICORT SUSPENSION.....	58
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PREMPHASE.....	46	PROCHAMBER VHC.....	58	PYLERA.....	41
PREMPRO.....	46	prochlorperazine.....	16	PYRIDIDIUM.....	42
PRENA1 PEARL.....	39	prochlorperazine maleate oral.....	16	pyridostigmine bromide er.....	17
prenatal 19 oral tablet 29-1 mg.....	39	PROCORT.....	53	pyridostigmine bromide oral tablet 30 mg.....	17
prenatal 19 oral tablet chewable.....	39	procto-med hc.....	53	pyridostigmine bromide oral tablet 60 mg.....	17
prenatal oral tablet 27-1 mg.....	39	PROCTOCORT.....	53		
prenatal plus.....	39	PROCTOFOAM HC.....	53		
prenatal plus vitamin/mineral.....	39	PROCTOSOL HC.....	53		
prenatal vitamin plus low iron oral tablet 27-1 mg.....	40	PROCTOZONE-HC.....	53		
PRENATE DHA.....	40	progesterone intramuscular.....	46		
PRENATE ENHANCE.....	40	progesterone oral.....	46	qc nicotine transdermal system.....	11
PRENATE ESSENTIAL.....	40	PROGRAF ORAL CAPSULE.....	51	QELBREE.....	26
PRENATE MINI.....	40	PROLATE ORAL TABLET.....	10	QUARTETTE ORAL TABLET 42-21-21-7 DAYS.....	46
PRENATE PIXIE.....	40	PROLENSA.....	54	QUESTRAN.....	25
PRENATE RESTORE.....	40	PROMACTA ORAL TABLET.....	38	QUESTRAN LIGHT.....	25
PRENATOL-M.....	40	promethazine hcl oral.....	16	quetiapine fumarate.....	20
PRENATRIX.....	40	promethazine hcl rectal.....	16	quetiapine fumarate er.....	20
PRENATRYL.....	40	promethazine-codeine.....	57	QUFLORA GUMMIES ORAL TABLET CHEWABLE 0.125 MG.....	40
PREVACID.....	41	promethazine-dm.....	57	QUFLORA PEDIATRIC.....	40
PREVACID SOLUTAB.....	41	PROMETHEGAN.....	16	QUILLICHEW ER.....	26
prevalite.....	25	PROMETRIUM.....	46	QUILLIVANT XR.....	26
PREVIDENT 5000 BOOSTER PLUS.....	28	propafenone hcl.....	25	quinapril hcl.....	25
PREVIDENT 5000 DRY MOUTH.....	28	propafenone hcl er.....	25	QUINTET AC BLOOD GLUCOSE TEST.....	35
PREVIDENT 5000 ENAMEL PROTECT.....	40	propranolol hcl er.....	25	QUINTET BLOOD GLUCOSE TEST.....	35
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PREVIDENT 5000 PLUS.....	28	PROSCAR.....	43		
PREVIDENT 5000 SENSITIVE.....	40	PROTONIX ORAL TABLET DELAYED RELEASE.....	41		
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ra nicotine polacrilex.....	11
ra nicotine transdermal patch 24 hour 21 mg/24hr.....	11

## R

ra mini nicotine.....	11
ra nicotine mouth/throat gum 4 mg.....	11
ra nicotine polacrilex.....	11
ra nicotine transdermal patch 24 hour 21 mg/24hr.....	11



rabeprazole sodium oral tablet delayed release.....	41	REPATHA.....	25	rizatriptan benzoate oral tablet dispersible 10 mg.....	17
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RADICAVA ORS STARTER KIT.....	27	REPATHA SURECLICK.....	25	ROBINUL.....	42
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ramelteon.....	60	RESTASIS MULTIDOSE.....	56	ROCALTROL.....	54
ramipril.....	25	RESTORIL.....	60	ROCKLATAN.....	55
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG.....	25	RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML.....	38	roflumilast.....	58
ranolazine er.....	25	RETACRIT INJECTION SOLUTION 20000 UNIT/ML.....	38	ropinirole hcl.....	20
RAPAFLO.....	43	RETEVMO ORAL CAPSULE 40 MG.....	19	rosadan external cream 0.75 %....	31
RAPAMUNE ORAL SOLUTION.....	51	RETEVMO ORAL CAPSULE 80 MG.....	19	rosadan external gel 0.75 %.....	31
RAPAMUNE ORAL TABLET.....	51	RETIN-A.....	31	rosuvastatin calcium oral.....	25
rasagiline mesylate oral.....	19	REVATIO ORAL.....	59	ROWASA.....	53
RASUVO.....	51	REVLIMID.....	19	rowepra.....	14
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG.....	15	REXTOVY.....	11	ROXICODONE.....	10
react.....	46	REYVOW.....	17	ROZEREM.....	60
reclipsen.....	46	RHOFADE.....	31	ROZLYTREK ORAL CAPSULE.....	19
RECOMBINATE.....	38	RHOPRESSA.....	55	ROZLYTREK ORAL PACKET.....	19
RECOMBIVAX HB.....	52	rifabutin.....	18	RUCONEST.....	51
RECTIV.....	25	rifampin oral.....	18	rufinamide oral suspension.....	14
REGLAN.....	16	RIGHTEST GT333 GLUCOSE TEST.....	35	rufinamide oral tablet.....	14
RELAFEN DS.....	10	riluzole.....	27	RUKOBIA.....	21
RELAFEN ORAL TABLET 500 MG, 750 MG.....	10	RINVOQ.....	51	RYALTRIS.....	57
RELEXXII.....	26	risedronate sodium oral tablet 150 mg, 35 mg.....	53	RYBELSUS.....	37
RELION TRUE MET AIR GLUC METER.....	35	risedronate sodium oral tablet 30 mg, 5 mg.....	53	RYTARY.....	20
RELION TRUE METRIX TEST STRIPS.....	35	RISPERDAL.....	20	RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG.....	25
RELION ULTIMA GLUCOSE SYSTEM.....	35	risperidone.....	20	ryvent.....	57
RELION ULTIMA TEST.....	35	RITALIN.....	26		
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RELYVRIO ORAL PACKET 3-1 GM.	27	rivastigmine.....	15	SALAGEN.....	28
REMERON.....	15	rivastigmine tartrate.....	15	SANTYL.....	31
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG.....	15	rivelsa.....	46	SAPHRIS.....	20
REMODULIN.....	59	rizatriptan benzoate oral tablet 10 mg.....	17	sapropterin dihydrochloride oral packet.....	42
REVELA ORAL TABLET.....	42	rizatriptan benzoate oral tablet 5 mg.....	17	SAVELLA.....	27
repaglinide.....	37			saxagliptin hcl.....	37
				saxagliptin-metformin er.....	37
				scopolamine.....	16
				SE-NATAL 19.....	40
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SENSIPAR . . . . .	54	SLYND . . . . .	46	sss 10-5 external cream . . . . .	31
SEREVENT DISKUS . . . . .	58	sm nicotine . . . . .	11	STALEVO 100 ORAL TABLET 25-100-200 MG . . . . .	20
SEROQUEL . . . . .	20	sm nicotine polacrilex . . . . .	11	STALEVO 125 ORAL TABLET 31.25-125-200 MG . . . . .	20
SEROQUEL XR . . . . .	20	SOANZ . . . . .	25	STALEVO 150 ORAL TABLET 37.5-150-200 MG . . . . .	20
SERTRALINE HCL ORAL CAPSULE . . . . .	15	sod citrate-citric acid oral solution 500-334 mg/5ml . . . . .	40	STALEVO 200 ORAL TABLET 50-200-200 MG . . . . .	20
sertraline hcl oral concentrate . . .	15	sod fluoride-potassium nitrate . . .	40	STALEVO 50 ORAL TABLET 12.5-50-200 MG . . . . .	20
setlakin . . . . .	46	sodium chloride inhalation . . . . .	57	STALEVO 75 ORAL TABLET 18.75-75-200 MG . . . . .	20
sevelamer carbonate oral tablet . .	42	sodium fluoride 5000 enamel . . . .	40	STELARA SUBCUTANEOUS . . . . .	51
SEYSARA . . . . .	13	sodium fluoride 5000 plus . . . . .	28	STENDRA . . . . .	38
sf 5000 plus . . . . .	28	sodium fluoride 5000 ppm . . . . .	28	STIOLTO RESPIMAT . . . . .	58
sf gel 1.1% . . . . .	28	sodium fluoride 5000 sensitive . . .	40	STIVARGA . . . . .	19
SFROWASA . . . . .	53	sodium fluoride dental . . . . .	28	STRATTERA . . . . .	26
sharobel . . . . .	46	sodium fluoride mouth/throat . . . .	40	STRENSIQ . . . . .	42
SHARPS COLLECTOR . . . . .	32, 35	sodium fluoride oral solution . . . .	40	STRIBILD . . . . .	21
SHARPS CONTAINER . . . . .	33, 35	sodium fluoride oral tablet chewable . . . . .	40	STRIVERDI RESPIMAT . . . . .	58
SHINGRIX . . . . .	52	SODIUM OXYBATE SOLUTION 500 MG/ML ORAL . . . . .	60	STROMECTOL . . . . .	19
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg . . . . .	38	sodium sulfacetamide wash . . . . .	31	SUBOXONE . . . . .	11
sildenafil citrate oral tablet 20 mg . . . . .	59	SOFOSBUVIR-VELPATASVIR . . . . .	21	subvenite . . . . .	14
SILENOR . . . . .	60	solifenacin succinate . . . . .	42	SUCRAID . . . . .	42
silodosin . . . . .	43	SOLQUA . . . . .	37	sucralfate oral . . . . .	41
SILVADENE . . . . .	13	SOMA . . . . .	60	SUFLAVE . . . . .	42
silver sulfadiazine external . . . . .	13	SOOLANTRA . . . . .	31	SULAR . . . . .	25
SIMLANDI (1 PEN) . . . . .	51	sotalol hcl (af) . . . . .	25	SULCONAZOLE NITRATE EXTERNAL CREAM . . . . .	17
SIMLANDI (2 PEN) . . . . .	51	sotalol hcl oral . . . . .	25	sulfacetamide sod-sulfur wash external liquid 9-4 % . . . . .	31
simliya . . . . .	46	SOTYKTU . . . . .	51	sulfacetamide sod-sulfur wash external liquid 9-4.5 % . . . . .	31
simpesse . . . . .	46	SOVUNA . . . . .	19	sulfacetamide sodium (acne) . . . . .	31
SIMPONI . . . . .	51	SPIKEVAX . . . . .	52	sulfacetamide sodium external . . .	31
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg . . . . .	25	spinosad . . . . .	31	sulfacetamide sodium ophthalmic solution . . . . .	54
simvastatin oral tablet 80 mg . . . .	25	SPIRIVA HANDIHALER . . . . .	58	sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 % . . . .	31
SINEMET . . . . .	20	SPIRIVA RESPIMAT . . . . .	58	sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 % . . . . .	31
SINGULAIR ORAL PACKET . . . . .	58	spironolactone oral tablet . . . . .	25	sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 % . . . . .	31
SINGULAIR ORAL TABLET . . . . .	58	spironolactone-hctz . . . . .	25		
SINGULAIR ORAL TABLET CHEWABLE . . . . .	58	SPORANOX ORAL CAPSULE . . . . .	16		
sirolimus oral . . . . .	51	SPRAVATO (56 MG DOSE) . . . . .	15		
SITAVIG . . . . .	21	SPRAVATO (84 MG DOSE) . . . . .	15		
SKYRIZI PEN . . . . .	51	sprintec 28 . . . . .	47		
SKYRIZI SUBCUTANEOUS . . . . .	51	SPRYCEL . . . . .	19		
		SPS (SODIUM POLYSTYRENE SULF) . . . . .	40		
		sronyx . . . . .	47		





sulfacetamide sodium-sulfur external suspension 10-5 %.....	31	tacrolimus oral .....	51	TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML.....	42
sulfacetamide-prednisolone .....	55	tadalafil (pah) .....	59	TEKURNA.....	25
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml ..	13	tadalafil oral .....	38	TEKURNA HCT ORAL TABLET 150-12.5 MG, 300-12.5 MG, 300-25 MG .....	25
sulfamethoxazole-trimethoprim oral tablet .....	13	TADLIQ .....	59	telmisartan .....	25
sulfasalazine oral .....	53	TAFINLAR ORAL CAPSULE .....	19	telmisartan-hctz .....	25
sulfatrim pediatric .....	13	tafluprost (pf).....	55	temazepam.....	60
sulindac oral .....	11	TAGRISSO .....	19	TEMODAR ORAL CAPSULE 250 MG .....	19
SUMADAN WASH.....	31	take action .....	47	temozolomide.....	19
sumatriptan nasal .....	17	TAKHZYRO.....	51	TEMPO REFILL .....	35
sumatriptan succinate oral .....	17	TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	51	TEMPO WELCOME .....	35
sumatriptan succinate refill subcutaneous solution cartridge. .	17	TAMIFLU.....	21	TENCON .....	10
sumatriptan succinate subcutaneous .....	17	tamoxifen citrate oral tablet 10 mg .....	19	TENIVAC.....	52
SUNOSI.....	60	tamoxifen citrate oral tablet 20 mg .....	19	tenofovir disoproxil fumarate .....	21
SUPREP BOWEL PREP KIT .....	42	tamsulosin hcl.....	43	TENORETIC 100.....	25
SUTAB.....	42	TANLOR.....	60	TENORETIC 50.....	25
syeda.....	47	TAPERDEX 12-DAY.....	47	TENORMIN .....	25
SYMBICORT .....	58	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG.....	48	terazosin hcl.....	43
SYMBYAX .....	15	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21).....	48	terbinafine hcl oral.....	17
SYMFI.....	21	TAPERDEX 7-DAY.....	48	terconazole.....	17
SYMFI LO .....	21	TARGADOX .....	13	teriflunomide.....	27
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML ...	56	tarina 24 fe .....	47	teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml.....	53
SYMLINPEN 120.....	37	tarina fe 1/20 eq.....	47	TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML .....	53
SYMLINPEN 60.....	37	tarina fe 1/20 oral tablet 1-20 mg-mcg .....	47	TESTIM .....	48
SYMPAZAN .....	14	TARON-C DHA.....	40	TESTOSTERONE CYPIONATE INJECTION.....	48
SYMPROIC.....	42	TASIGNA.....	19	testosterone cypionate intramuscular .....	48
SYNALAR EXTERNAL OINTMENT .	31	TAVALISSE.....	38	testosterone enanthate intramuscular .....	48
SYNALAR EXTERNAL SOLUTION 0.01 % .....	31	tazarotene external cream 0.1 % ..	31	testosterone gel 12.5 mg/act (1%) transdermal .....	48
SYNJARDY.....	37	TAZORAC EXTERNAL CREAM .....	31	testosterone gel 20.25 mg/act (1.62%) transdermal.....	48
SYNJARDY XR .....	37	taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg .....	25	testosterone transdermal gel 10 mg/act (2%), 20.25 mg/ 1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%) .....	48
SYNTHROID .....	49	TECFIDERA ORAL CAPSULE DELAYED RELEASE .....	27		
<b>T</b>		TECHLITE INSULIN SYRINGES... .	35		
TABRECTA .....	19	TECHLITE PEN NEEDLES.....	35		
TACLONEX EXTERNAL OINTMENT 0.005-0.064 % .....	31	TECHLITE PLUS PEN NEEDLES... .	35		
TACLONEX EXTERNAL SUSPENSION .....	31	TEGLUTIK .....	27		
tacrolimus external .....	31	TEGRETOL ORAL TABLET .....	14		
		TEGRETOL-XR.....	14		



testosterone transdermal gel 1.62 % .....	48	tobramycin inhalation nebulization solution 300 mg/4ml .....	59	TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML .....	51
tetracycline hcl oral capsule .....	13	tobramycin ophthalmic .....	54	TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML .....	51
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR .....	58	tobramycin-dexamethasone .....	54	TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML .....	51
THALITONE .....	25	TOLAK .....	31	treprostinil .....	59
theophylline er .....	58	TOLSURA .....	17	TRESIBA FLEXTOUCH .....	36
THIOLA .....	42	tolterodine tartrate .....	43	tretinoin external cream .....	31
THIOLA EC .....	42	tolterodine tartrate er .....	43	tretinoin external gel 0.01 %, 0.025 % .....	31
THRIVE .....	11	TOPAMAX .....	14	tretinoin external gel 0.05 % .....	31
THRIVITE RX .....	40	TOPAMAX SPRINKLE .....	14	TREXALL .....	51
THYQUIDITY .....	49	TOPICORT EXTERNAL CREAM .....	31	TREZIX .....	10
thyroid oral .....	49	TOPICORT EXTERNAL OINTMENT .....	31	tri femynor .....	47
tiadylt er .....	25	topiramate er oral capsule extended release 24 hour .....	14	tri-estarylla .....	47
TIAZAC .....	25	topiramate oral .....	14	tri-legest fe .....	47
TIGLUTIK ORAL SUSPENSION 50 MG/10ML .....	27	TOPROL XL .....	25	tri-linyah .....	47
TIKOSYN .....	25	torpenz .....	19	tri-lo-estarylla .....	47
tilia fe .....	47	torsemide .....	25	tri-lo-marzia .....	47
timolol maleate (once-daily) .....	55	TOSYMRA .....	17	tri-lo-mili .....	47
timolol maleate ocudose .....	55	TOUJEO MAX SOLOSTAR .....	36	tri-lo-sprintec .....	47
timolol maleate ophthalmic .....	55	TOUJEO SOLOSTAR .....	36	tri-mili .....	47
timolol maleate pf .....	55	TRACLEER 62.5 MG, 125 MG .....	59	tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg .....	47
TIMOPTIC OCUDOSE .....	55	TRADJENTA .....	37	tri-sprintec .....	47
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 % .....	55	tramadol hcl (er biphasic) oral tablet extended release 24 hour .....	10	tri-vite/fluoride .....	40
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 % .....	55	tramadol hcl er .....	10	tri-vylibra .....	47
tinidazole oral .....	13	tramadol hcl oral tablet 100 mg, 75 mg, 25 mg .....	10	tri-vylibra lo .....	47
tiopronin oral tablet delayed release .....	42	tramadol hcl oral tablet 50 mg .....	10	triamcinolone acetonide external cream 0.025 %, 0.1 % .....	31
tiotropium bromide monohydrate .....	58	tramadol-acetaminophen .....	10	triamcinolone acetonide external cream 0.5 % .....	31
TIROSINT .....	49	trandolapril .....	25	triamcinolone acetonide external lotion .....	31
TIROSINT-SOL .....	49	tranexamic acid oral .....	38	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % .....	31
TIVICAY .....	21	TRANSDERM-SCOP .....	16	triamcinolone acetonide external ointment 0.05 % .....	31
tizanidine hcl oral .....	60	TRANXENE-T ORAL TABLET 7.5 MG .....	21	triamcinolone acetonide mouth/ throat .....	28
TOBI PODHALER .....	59	tranlycypromine sulfata .....	15	triamcinolone in absorbbase .....	31
TOBRADEX OPHTHALMIC OINTMENT .....	54	TRAVATAN Z .....	55	triamterene oral .....	25
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 % .....	54	travoprost (bak free) .....	55		
TOBRADEX ST .....	54	trazodone hcl oral .....	15		
		TRELEGY ELLIPTA .....	58		
		TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML .....	51		



triamterene-hctz.....	25	TRUMENBA.....	52	UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG).....	40
TRIANEX EXTERNAL OINTMENT 0.05 %.....	31	TRUQAP ORAL TABLET.....	19	UROGESIC-BLUE.....	43
triazolam.....	21	TRUSOPT OPHTHALMIC SOLUTION 2 %.....	55	UROXATRAL.....	43
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-25 MG.....	25	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG.....	21	URSO 250 ORAL TABLET 250 MG	42
TRIBENZOR ORAL TABLET 40-5-12.5 MG.....	25	TRUVADA ORAL TABLET 200-300 MG.....	21	URSO FORTE.....	42
TRICARE.....	40	turqoz.....	47	URSODIOL ORAL CAPSULE 200 MG, 400 MG.....	42
TRICOR.....	25	TWINRIX.....	52	ursodiol oral capsule 300 mg.....	42
TRIDACAINE II.....	10	TWIRLA.....	47	ursodiol oral tablet.....	42
TRIDACAINE III.....	10	TYBLUME.....	47	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML.....	20
triderm.....	31	tydemy.....	47		
TRIDESILON EXTERNAL CREAM 0.05 %.....	31	TYMLOS.....	53	<b>V</b>	
trihexyphenidyl hcl oral tablet.....	20	TYRVAYA.....	56	VAGIFEM.....	47
TRIJARDY XR.....	37	TYVASO.....	59	valacyclovir hcl oral.....	21
TRIKAFTA ORAL TABLET THERAPY PACK.....	59	TYVASO DPI INSTITUTIONAL KIT.....	59	VALCYTE ORAL TABLET.....	21
TRILEPTAL.....	14	TYVASO DPI MAINTENANCE KIT.....	59	valganciclovir hcl oral tablet.....	21
TRILIPIX.....	25	TYVASO DPI TITRATION KIT.....	59	VALIUM.....	21
trimethoprim oral.....	13	TYVASO DPI REFILL KIT.....	59	valproic acid oral capsule.....	14
TRINATAL RX 1.....	40	TYVASO STARTER KIT.....	59	valproic acid oral solution 250 mg/5ml.....	14
TRINATE.....	40			valsartan oral tablet.....	25
TRINTELLIX.....	15	<b>U</b>		valsartan-hydrochlorothiazide.....	25
tritocin external ointment 0.05 %	31	UBRELVY.....	17	VALTOCO.....	14
TRIUMEQ.....	21	UCERIS ORAL.....	53	VALTREX.....	21
trivora (28).....	47	UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	38	VANADOM ORAL TABLET 350 MG.....	60
TROKENDI XR.....	14	ULORIC.....	17	VANCOGIN.....	13
tropium chloride.....	43	UNISTRIP1 GENERIC.....	35	vancomycin hcl oral.....	13
tropium chloride er.....	43	unithroid.....	49	VANDAZOLE.....	13
TRUE FOCUS BLOOD GLUCOSE STRIP.....	35	UPTRAVI ORAL.....	59	VANOS.....	31
TRUE METRIX AIR GLUCOSE METER KIT.....	35	urea external cream 20 %, 40 %, 45 %.....	31	VAQTA.....	52
TRUE METRIX BLOOD GLUCOSE TEST.....	35	urea external cream 39 %, 41 %, 47 %.....	31	vardenafil hcl oral tablet.....	38
TRUE METRIX GO GLUCOSE METER.....	35	UREA EXTERNAL CREAM 39.5 %.....	31	varenicline tartrate.....	11
TRUE METRIX METER KIT.....	35	uredeb.....	31	varenicline tartrate (starter).....	11
TRUE METRIX PRO BLOOD GLUCOSE.....	35	UREMEZ-40.....	31	varenicline tartrate(continue).....	11
TRUETRACK TEST.....	35	URESOL.....	31	VARIVAX.....	52
TRULANCE.....	42	UROCIT-K 10.....	40	VASCEPA.....	25
TRULICITY.....	37	UROCIT-K 15.....	40	VASERETIC.....	25
				VASOTEC.....	25
				velivet.....	47
				VELPHORO.....	43



VELTASSA ORAL PACKET 1 GM ...	40	VIREAD ORAL TABLET 300 MG ...	21	VYVANSE .....	26
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM .....	40	virt-pn dha oral capsule 27-0.6-0.4-300 mg .....	40	VYZULTA .....	55
VEMLIDY .....	21	VISTARIL ORAL CAPSULE 25 MG, 50 MG .....	22	<b>W</b>	
VENCLEXTA .....	19	VITAFOL FE+ .....	40	WAINUA .....	16
venlafaxine hcl .....	15, 16	VITAFOL GUMMIES .....	40	WAKIX .....	60
venlafaxine hcl er oral capsule extended release 24 hour .....	16	VITAFOL ULTRA .....	40	warfarin sodium oral .....	13
venlafaxine hcl er oral tablet extended release 24 hour .....	16	VITAFOL-OB .....	40	WELCHOL ORAL TABLET .....	25
VENTOLIN HFA .....	57, 59	VITAMEDMD ONE RX/ QUATREFOLIC .....	40	WELLBUTRIN SR .....	16
VEOZAH .....	27	vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit .....	40	WELLBUTRIN XL .....	16
verapamil hcl er .....	25	VITAPEARL .....	40	wera .....	47
verapamil hcl oral .....	25	VITATHELY WITH GINGER .....	40	wes-phos 250 neutral .....	40
VERELAN .....	25	VITRAKVI .....	19	WESCAP-C DHA .....	40
VERELAN PM .....	25	VIVAGUARD INO GLUCOSE METER KIT .....	35	WESCAP-PN DHA .....	40
VERIFINE SHARPS CONTAINER ...	35	VIVAGUARD INO TEST STRIPS ...	35	WESTAB PLUS .....	40
VERKAZIA .....	56	VIVELLE-DOT .....	44, 47	WILATE .....	38
VERQUVO .....	25	VIVJOA .....	17	WINLEVI .....	31
VERZENIO .....	19	VOGELXO .....	48	wixela inhub .....	59
VESICARE .....	43	VOGELXO PUMP .....	48	wymzya fe .....	47
vestura .....	47	volnea .....	47	<b>X</b>	
VEVYE .....	56	VOQUEZNA .....	41	XACIATO .....	13
VFEND ORAL TABLET 200 MG ...	17	VOQUEZNA DUAL PAK .....	41	XALATAN .....	55
VFEND ORAL TABLET 50 MG ...	17	VOQUEZNA TRIPLE PAK .....	41	XANAX .....	22
VIAGRA .....	38	voriconazole oral tablet .....	17	XANAX XR .....	22
VIBERZI .....	42	VORTEX HOLD CHMBR/MASK/ CHILD .....	59	XARELTO .....	13
VIBRAMYCIN ORAL CAPSULE 100 MG .....	13	VORTEX HOLD CHMBR/MASK/ TODDLER .....	59	XARELTO STARTER PACK .....	13
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML .....	13	VORTEX VALVED HOLDING CHAMBER .....	59	XCOPRI .....	14
vienna .....	47	VOSEVI .....	21	XDEMVY .....	55
vigabatrin oral packet .....	14	VOYDEYA ORAL TABLET .....	38	XELJANZ .....	51, 52
vigadrone oral packet .....	14	VOYDEYA ORAL TABLET THERAPY PACK .....	38	XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG .....	51
VIGAMOX .....	54	VRAYLAR .....	20	XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG .....	52
vigpoder .....	14	VTAMA .....	31	XELODA .....	19
VIIBRYD .....	16	vyfemla .....	47	XENLETA ORAL TABLET 600 MG ..	13
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG .....	16	VYLEESI .....	38	XHANCE .....	57
vilazodone hcl .....	16	vylibra .....	47	XIFAXAN .....	13
VIMPAT ORAL .....	14	VYNDAMAX .....	42	XIGDUO XR .....	37
viorele .....	47	VYTORIN .....	25	XIIDRA .....	56
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG .....	21			XOFLUZA (40 MG DOSE) .....	21
				XOFLUZA (80 MG DOSE) .....	21



XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	.52	ZEBUTAL ORAL CAPSULE 50-325-40 MG	10	ZOMIG ORAL	17
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML	59	ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	37	ZONEGRAN	14
XOPENEX HFA	59	ZEJULA ORAL CAPSULE 100 MG	19	zonisamide oral	14
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML	59	ZELBORAF	19	ZORTRESS	52
XTAMPZA ER	10	ZEMBRACE SYMTOUCH	17	ZORYVE EXTERNAL CREAM 0.3 %	32
XTANDI	19	ZEMPLAR ORAL	54	ZORYVE EXTERNAL FOAM	32
xulane	47	zenatane	32	zovia 1/35 (28)	47
xurea	31	ZENPEP	42	ZOVIRAX EXTERNAL OINTMENT	21
XYOSTED	48	ZENZEDI	26	ZOVIRAX ORAL SUSPENSION 200 MG/5ML	21
XYREM	60	ZEPOSIA	27	ZTLIDO	10
XYWAV	60	ZEPOSIA 7-DAY STARTER PACK	27	ZUBSOLV	11
<b>Y</b>				zumandimine	47
YASMIN 28	47	ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	27	ZURZUVAE	16
YAZ	47	ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	27	ZYCLARA	32
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	52	ZESTORETIC	25	ZYCLARA PUMP	32
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	52	ZESTRIL	25	ZYLET	55
YUFLYMA (2 PEN)	52	ZETIA	26	ZYLOPRIM ORAL TABLET 100 MG, 300 MG	17
YUFLYMA (2 SYRINGE)	52	ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	57	ZYMAXID OPHTHALMIC SOLUTION 0.5 %	55
YUFLYMA-CD/UC/HS STARTER	52	ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	26	ZYPREXA ORAL	20
YUPELRI	59	ZIAC ORAL TABLET 5-6.25 MG	26	ZYPREXA ZYDIS	20
YUSIMRY	52	ZILXI	32	ZYTIGA	19
yuvaferm	47	ZIMHI	11	ZYVOX ORAL TABLET	13
<b>Z</b>					
zafemy	47	ZIOPTAN	55		
zafirlukast	59	ziprasidone hcl	20		
zaleplon	60	ZIRGAN	21		
ZANAFLEX	60	ZITHROMAX ORAL	13		
ZARONTIN	14	ZITHROMAX TRI-PAK	13		
ZARXIO	38	ZITHROMAX Z-PAK	13		
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	40	ZOCOR	26		
ZAVZPRET	17	ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	17		
ZCORT 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (25)	48	zolmitriptan nasal solution 5 mg	17		
		zolmitriptan oral	17		
		ZOLOFT	16		
		zolpidem tartrate er	60		
		zolpidem tartrate oral tablet	60		
		ZOMIG NASAL SOLUTION 2.5 MG	17		
		ZOMIG NASAL SOLUTION 5 MG	17		

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**Mail:** Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UT 84130

You must send the complaint within 60 days of your experience. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on your member ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Complaint forms are available at  
<https://www.hhs.gov/ocr/complaints/index.html>

**Phone:** Toll-free **1-800-368-1019**, **1-800-537-7697 (TDD)**

**Mail:** U.S. Dept. of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, D.C. 20201

We provide free services to help you communicate with us, including letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your member ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.



# Multi-language interpreter services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

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

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

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

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

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

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

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

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

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

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

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

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

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

注意事項：日本語**(Japanese)**を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)**សម្រាប់ជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីស្នើសុំសេវាជំនួយភាសាឥតគិតថ្លៃសម្រាប់អ្នក។

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

DÍI BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yánílt'igo, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'í. T'áá shq'odí ninaaltsoos nit'ízi bee nééhozíníí bine'déé' t'áá jíík'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

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

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