



Your 2025 Prescription Drug List

Advantage 4-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, Neighborhood Health Partnership Plan, UnitedHealthcare Freedom Plans, River Valley, UnitedHealthcare Level Funded, Global Solutions, Student Resources, Surest, UnitedHealthcare of Nevada, UnitedHealthOne and Oxford medical plans with a pharmacy benefit subject to the Advantage 4-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

Table of contents

Understanding your Prescription Drug List (PDL)	4
Medication tips	5
Reading your PDL.....	6
Questions	8
Analgesics	
Drugs for Pain.....	9
Drugs for Pain and Inflammation.....	10
Anti-Addiction / Substance Abuse Treatment Agents.....	11
Antibacterials	
Drugs for Infections.....	11
Anticoagulants	
Drugs to Treat or Prevent Blood Clots.....	13
Anticonvulsants	
Drugs for Seizures.....	13
Antidementia Agents	
Drugs for Alzheimer’s Disease and Dementia	14
Antidepressants	
Drugs for Depression.....	15
Antiemetics	
Drugs for Nausea and Vomiting.....	16
Antifungals	
Drugs for Fungal Infections.....	16
Antigout Agents	
Drugs for Gout.....	17
Antimigraine Agents	
Drugs for Migraines	17
Antimyasthenic Agents	
Drugs to Treat Myasthenia Gravis.....	18
Antimycobacterials	
Drugs to Treat Infections.....	18
Antineoplastics	
Drugs for Cancer	18
Antiparasitics	
Drugs for Parasitic Infections.....	19
Antiparkinson Agents	
Drugs for Parkinson’s Disease.....	19
Antiplatelets	
Drugs for Heart Attack and Stroke Prevention.....	20
Antipsychotics	
Drugs for Mood Disorders.....	20
Antivirals	
Drugs for Viral Infections	20
Anxiolytics	
Drugs for Anxiety.....	21
Bipolar Agents	
Drugs for Mood Disorders.....	22
Cardiovascular Agents	
Drugs for Heart and Circulation Conditions.....	22
Central Nervous System Agents	
Drugs for Attention Deficit Disorder	26
Drugs for Multiple Sclerosis.....	27
Miscellaneous.....	27



Dental and Oral Agents	
Drugs for Mouth and Throat Conditions	28
Dermatological Agents	
Drugs for Skin Conditions.....	28
Diabetes	
Glucose Monitoring and Supplies.....	32
Insulin.....	35
Non-Insulin Agents.....	36
Drugs for Blood Disorders.....	37
Drugs for Sexual Dysfunction.....	38
Electrolytes / Vitamins.....	38
Gastrointestinal Agents	
Drugs for Acid Reflux and Ulcer.....	41
Drugs for Bowel, Intestine and Stomach Conditions	41
Genetic or Enzyme Disorder	
Drugs for Replacement, Modification, Treatment	42
Genitourinary Agents	
Drugs for Bladder, Genital and Kidney Conditions.....	42
Drugs for Prostate Conditions.....	43
Hormonal Agents	
Hormone Replacement and Birth Control	43
Oral Steroids.....	48
Other.....	48
Testosterone Replacement.....	48
Thyroid.....	49
Immunological Agents	
Drugs for Immune System Stimulation or Suppression	49
Drugs for Vaccination	52
Infertility Agents	53
Inflammatory Bowel Disease Agents	53
Metabolic Bone Disease Agents	
Drugs for Osteoporosis	54
Other.....	54
Ophthalmic Agents	
Drugs for Eye Allergy, Infection and Inflammation	54
Drugs for Eye Infection and Inflammation.....	55
Drugs for Glaucoma.....	55
Drugs for Miscellaneous Eye Conditions	56
Otic Agents	
Drugs for Ear Conditions.....	56
Respiratory	
Drugs for Anaphylaxis	56
Respiratory Tract / Pulmonary Agents	
Drugs for Allergies, Cough, Cold.....	56
Drugs for Asthma and COPD.....	57
Drugs for Cystic Fibrosis	59
Drugs for Pulmonary Fibrosis.....	59
Drugs for Pulmonary Hypertension	59
Skeletal Muscle Relaxants	
Drugs for Muscle Pain and Spasm	60
Sleep Disorder Agents.....	60
Index	61



Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

About this PDL

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

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



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

Using lower-tier medications 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
Tier 1	\$ Lower-cost Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tiers 2 and 3	\$\$ Mid-range cost Medications that provide good overall value. A mix of brand-name and generic drugs.	Use Tier 2 or Tier 3 drugs, instead of Tier 4, to help lower your out-of-pocket costs.
Tier 4	\$\$\$ Highest-cost Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Many Tier 4 drugs have lower-cost options in Tiers 1, 2 or 3. Ask your doctor if they could work for you.



Reading your PDL (continued)

Drug list information

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

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

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

4. Not applicable to Neighborhood Health Plan, some UnitedHealthcare Freedom Plans, Oxford and UnitedHealthOne.



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
Analgesics - Drugs for Pain		
acetaminophen-codeine oral solution 120-12 mg/5ml	1	QL
acetaminophen-codeine oral tablet	1	QL
ALLZITAL	E	QL
apap-caff-dihydrocodeine	4	QL
ascomp-codeine	1	QL
bac	1	QL
BELBUCA	3	PA, QL
BUPAP ORAL TABLET 50-300 MG	E	QL
buprenorphine	3	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 oral capsule 50-300-40 mg	3	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
butalbital-apap-caffeine oral tablet	1	QL
butalbital-asa-caff-codeine	1	QL
butalbital-aspirin-caffeine	1	QL
butorphanol tartrate nasal	2	QL
BUTRANS	E	PA, QL
DILAUDID ORAL TABLET	E	QL
endocet	1	QL
ESGIC	4	QL
ESGIC ORAL CAPSULE 50-325-40 MG	4	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, QL

Drug Name	Drug Tier	Requirements & Limits
FIORICET	4	QL
FIORICET/CODEINE	E	QL
GEN7T EXTERNAL PATCH 3.5 % glydo	E	
	1	
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	2	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydrocodone-ibuprofen	1	QL
hydromorphone hcl oral tablet	1	QL
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	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	4	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	4	QL
NUCYNTA ER	3	PA, QL
OXAYDO ORAL TABLET 5 MG, 7.5 MG	E	QL
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	E	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	E	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	E	PA, QL
oxymorphone hcl er	3	PA, QL
PERCOCET	E	QL
premium lidocaine	2	QL
PROLATE ORAL TABLET	E	QL
ROXICODONE	E	QL
TENCON	3	QL
tramadol hcl (er biphasic) oral tablet extended release 24 hour	2	(generic for Ryzolt), QL
tramadol hcl er	2	(generic for Ultram ER), QL
tramadol hcl oral tablet 100 mg, 75 mg, 25 mg	E	QL
tramadol hcl oral tablet 50 mg	1	QL
tramadol-acetaminophen	1	QL
TREZIX	4	QL
TRIDACAINE II	E	PA, QL
TRIDACAINE III	E	PA, QL
XTAMPZA ER	4	PA, QL
ZEBUTAL ORAL CAPSULE 50-325-40 MG	4	QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for Pain and Inflammation		
ANAPROX DS	E	
ARTHROTEC	E	
CATAFLAM ORAL TABLET 50 MG	E	
CELEBREX	E	QL
celecoxib oral	2	QL
DAYPRO	4	
diclofenac potassium oral tablet 25 mg	E	QL
diclofenac potassium oral tablet 50 mg	2	

Drug Name	Drug Tier	Requirements & Limits
diclofenac sodium er	3	
diclofenac sodium external gel 1 %	E	
diclofenac sodium oral	1	
diclofenac-misoprostol	3	
DICLOFONO	E	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	4	
ec-naproxen	1	
etodolac	2	
etodolac er	3	
FELDENE ORAL CAPSULE 10 MG, 20 MG	4	
flurbiprofen oral	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	2	
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	3	
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	2	
oxaprozin oral tablet	2	
piroxicam oral	2	
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	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	E	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	2	
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	4	H
NICORETTE MINI	2	H

Drug Name	Drug Tier	Requirements & Limits
NICORETTE MOUTH/THROAT GUM	4	H
NICORETTE MOUTH/THROAT LOZENGE	2	H
NICORETTE STARTER KIT	4	H
nicotine mini	1	H
nicotine polacrilex mini	1	H
nicotine polacrilex mouth/throat	1	H
nicotine step 1	1	H
nicotine step 2	1	H
nicotine step 3	1	H
nicotine transdermal patch 24 hour	1	H
NICOTROL	4	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	4	H
varenicline tartrate	3	PA, H
varenicline tartrate (starter)	3	PA, H
varenicline tartrate(continue)	3	PA, H
ZIMHI	2	QL
ZUBSOLV	2	QL
Antibacterials - Drugs for Infections		
ACTICLATE ORAL TABLET 150 MG, 75 MG	E	
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
AUGMENTIN	E	
AUGMENTIN ES-600	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
AVIDOXY	4		doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
azithromycin oral packet 1 gm	1		doxycycline monohydrate oral suspension reconstituted	3	
BACTRIM	4		doxycycline monohydrate oral tablet	1	
BACTRIM DS	4		E.E.S. GRANULES	3	
cefadroxil	1		ERYPED 200	3	
cefdinir	1		ERYPED 400	4	
cefixime	3		ERY-TAB	4	
cefpodoxime proxetil oral tablet	1		erythromycin base oral tablet	1	
cefprozil	1		erythromycin base oral tablet delayed release	3	
cefuroxime axetil	1		erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1	
CENTANY EXTERNAL OINTMENT 2 %	4	QL	erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	3	
cephalexin	1		erythromycin oral	3	
CIPRO ORAL TABLET	4		FIRVANQ	4	
ciprofloxacin hcl oral	1		FLAGYL	4	
clarithromycin er	2		fosfomycin tromethamine	3	
clarithromycin oral suspension reconstituted	2		gentamicin sulfate external	1	QL
clarithromycin oral tablet	1		HIPREX	4	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4		levofloxacin oral tablet	1	
CLEOCIN ORAL CAPSULE 75 MG	2		LIKMEZ	4	
CLEOCIN ORAL SOLUTION RECONSTITUTED	4		linezolid oral tablet	2	
CLEOCIN VAGINAL CREAM	4		LYMEPAK ORAL TABLET 100 MG	E	
clindamycin hcl oral	1		MACROBID	4	
clindamycin palmitate hcl	2		MACRODANTIN	4	
clindamycin phosphate vaginal	2		methenamine hippurate	1	
CLINDESSE	2		metronidazole oral	1	
dicloxacillin sodium	1		metronidazole vaginal	2	
DIFICID ORAL TABLET	3	QL	minocycline hcl oral capsule	1	
doxycycline hyclate oral capsule	2		MONDOXYNE NL	4	
doxycycline hyclate oral tablet 100 mg	2		MONUROL ORAL PACKET 3 GM	4	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E		moxifloxacin hcl oral	3	
doxycycline hyclate oral tablet 20 mg	1		mupirocin cream	3	QL
doxycycline monohydrate oral capsule 100 mg, 50 mg	1		mupirocin ointment	1	QL
			neomycin sulfate oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
nitrofurantoin oral suspension 25 mg/5ml	3	
NUVESSA	E	
NUZYRA ORAL	4	QL
penicillin v potassium	1	
SEYSARA	E	
SILVADENE	4	
silver sulfadiazine external	1	
ssd	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric	1	
TARGADOX	E	
tetracycline hcl oral capsule	3	
tinidazole oral	3	
trimethoprim oral	1	
VANCOCIN	4	
vancomycin hcl oral	1	
VANDAZOLE	4	
VIBRAMYCIN ORAL CAPSULE 100 MG	4	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	4	
XACIATO	2	QL
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN	3	PA, QL
ZITHROMAX ORAL	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
ZYVOX ORAL TABLET	E	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
dabigatran etexilate mesylate	2	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL

Drug Name	Drug Tier	Requirements & Limits
enoxaparin sodium injection solution prefilled syringe	2	QL
fondaparinux sodium	2	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
Anticonvulsants - Drugs for Seizures		
APTIOM	3	PA
BANZEL	4	PA
BRIVIACT ORAL SOLUTION	4	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er oral capsule extended release 12 hour	2	
carbamazepine er oral tablet extended release 12 hour	3	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	4	
clobazam oral suspension	3	PA
clobazam oral tablet	2	PA
DEPAKOTE	4	PA
DEPAKOTE ER	4	PA
DEPAKOTE SPRINKLES	4	PA
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	4	QL
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	QL
diazepam rectal	1	QL
DILANTIN INFATABS	3	
DILANTIN ORAL CAPSULE	3	
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
ELEPSIA XR	E	PA

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
EPIDIOLEX	3	PA, SP
epitol	1	
ethosuximide oral	1	
felbamate	1	
FELBATOL	4	PA
FELBATOL ORAL SUSPENSION 600 MG/5ML	4	PA
FINTEPLA	4	PA
FYCOMPA ORAL SUSPENSION	4	PA
FYCOMPA ORAL TABLET	3	PA
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	PA
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL	4	PA
KEPPRA XR	4	PA
lacosamide oral	2	
LAMICTAL	4	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE	4	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA
lamotrigine er	3	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	PA
levetiracetam er	2	
levetiracetam oral	1	
LIBERVANT	3	PA, QL
MOTPOLY XR	3	PA
MYSOLINE	2	PA
NAYZILAM	3	PA, QL
NEURONTIN	4	PA
ONFI	4	PA
oxcarbazepine	1	
oxcarbazepine er	E	

Drug Name	Drug Tier	Requirements & Limits
OXTELLAR XR	E	
phenobarbital oral	1	
phenytek	1	
phenytoin infatabs	1	
phenytoin oral tablet chewable	1	
phenytoin sodium extended	1	
primidone oral tablet 125 mg	1	PA
primidone oral tablet 250 mg, 50 mg	1	
roweepra	1	
rufinamide oral suspension	3	
rufinamide oral tablet	3	PA
subvenite	1	
SYMPAZAN	4	PA
TEGRETOL ORAL TABLET	3	
TEGRETOL-XR	4	
TOPAMAX	4	PA
TOPAMAX SPRINKLE	4	PA
topiramate er oral capsule extended release 24 hour	E	
topiramate oral	1	
TRILEPTAL	4	PA
TROKENDI XR	E	
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO	3	PA, QL
vigabatrin oral packet	2	PA, QL, SP
vigadrone oral packet	2	PA, QL, SP
vigpoder	2	PA, QL, SP
VIMPAT ORAL	4	PA
XCOPRI	3	PA
ZARONTIN	4	
ZONEGRAN	4	PA
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT	E	
donepezil hcl oral tablet 10 mg, 5 mg	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
donepezil hcl oral tablet 23 mg	2		duloxetine hcl oral capsule delayed release particles 40 mg	E	
EXELON	E		EFFEXOR XR	E	
galantamine hydrobromide er	1		escitalopram oxalate oral solution	3	
memantine hcl er	3		escitalopram oxalate oral tablet	1	
memantine hcl oral tablet	1		FETZIMA	4	ST, QL
NAMENDA ORAL TABLET 10 MG, 5 MG	E		fluoxetine hcl oral capsule	1	
NAMENDA TITRATION PAK	E		fluoxetine hcl oral capsule delayed release	3	QL
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	E		fluoxetine hcl oral solution	1	
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG	4		fluoxetine hcl oral tablet 10 mg	3	QL
rivastigmine	3		fluoxetine hcl oral tablet 20 mg, 60 mg	3	
rivastigmine tartrate	1		fluvoxamine maleate	1	
Antidepressants - Drugs for Depression			fluvoxamine maleate er	3	QL
amitriptyline hcl oral	1		FORFIVO XL	E	QL
ANAFRANIL	E		imipramine hcl oral	1	
AUVELITY	4	ST, QL	LEXAPRO	E	
bupropion hcl er (sr)	1		mirtazapine oral	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1		NORPRAMIN	4	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL	nortriptyline hcl oral capsule	1	
bupropion hcl oral	1		olanzapine-fluoxetine hcl	2	QL
CELEXA	E		PAMELOR	E	
citalopram hydrobromide oral solution	1		PARNATE	4	
citalopram hydrobromide oral tablet	1		paroxetine hcl er	3	QL
clomipramine hcl oral	3		paroxetine hcl oral tablet	1	
CYMBALTA	E		PAXIL CR	E	QL
desipramine hcl oral	1		PAXIL ORAL TABLET	E	
desvenlafaxine succinate er	3	QL	PRISTIQ	E	QL
doxepin hcl oral capsule	1		protriptyline hcl	1	
doxepin hcl oral concentrate	1		PROZAC	E	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2		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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
SPRAVATO (56 MG DOSE)	4	PA, QL
SPRAVATO (84 MG DOSE)	4	PA, QL
SYMBYAX	4	QL
tranylcypromine sulfate	1	
trazodone hcl oral	1	
TRINTELLIX	4	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	E	QL
VIIBRYD	E	QL
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	4	
vilazodone hcl	3	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	2	QL
DICLEGIS	E	PA
doxylamine-pyridoxine	E	PA
dronabinol	1	
EMEND ORAL CAPSULE	E	QL
granisetron hcl oral	2	
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	

Drug Name	Drug Tier	Requirements & Limits
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	4	
scopolamine	3	
TRANSDERM-SCOP	E	
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
DIFLUCAN	E	
econazole nitrate external	2	
EXELDERM EXTERNAL CREAM	3	
fluconazole oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	4	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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	2	
nystop	1	QL
posaconazole oral tablet delayed release	2	
SPORANOX ORAL CAPSULE	4	QL
SULCONAZOLE NITRATE EXTERNAL CREAM	3	
terbinafine hcl oral	1	
terconazole	1	
TOLSURA	E	
VFEND ORAL TABLET 200 MG	4	QL
VFEND ORAL TABLET 50 MG	3	QL
VIVJOA	3	PA, QL
voriconazole oral tablet	1	QL
Antigout Agents - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol oral tablet 200 mg	E	
colchicine oral	2	
colchicine-probenecid	1	
COLCRYS ORAL TABLET 0.6 MG	E	
febuxostat	3	
MITIGARE	2	
probenecid	1	
ULORIC	E	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	4	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, ST, QL
AJOVY	E	PA, ST, QL
almotriptan malate	3	QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA, ST, QL

Drug Name	Drug Tier	Requirements & Limits
FROVA	E	QL
frovatriptan succinate	3	QL
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	4	QL
IMITREX ORAL	E	QL
IMITREX STATDOSE SYSTEM	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
naratriptan hcl	1	QL
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
RELPAX	E	QL
REYVOW	4	PA, ST, QL
rizatriptan benzoate oral tablet 10 mg	1	QL
rizatriptan benzoate oral tablet 5 mg	1	
rizatriptan benzoate oral tablet dispersible 10 mg	1	QL
rizatriptan benzoate oral tablet dispersible 5 mg	1	
sumatriptan nasal	2	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge	1	QL
sumatriptan succinate subcutaneous	1	QL
TOSYMRA	E	QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	4	PA, ST, QL
ZEMBRACE SYMTOUCH	E	QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	QL
zolmitriptan nasal solution 5 mg	E	QL
zolmitriptan oral tablet	2	QL
zolmitriptan oral tablet dispersible	3	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	2	QL
ZOMIG ORAL	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Antimythasthenic Agents - Drugs to Treat Myasthenia Gravis		
MESTINON ORAL TABLET	E	
pyridostigmine bromide er	1	
pyridostigmine bromide oral tablet 30 mg	E	
pyridostigmine bromide oral tablet 60 mg	1	
Antimycobacterials - Drugs to Treat Infections		
dapsone oral	2	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	4	
MYCOBUTIN ORAL CAPSULE 150 MG	4	
rifabutin	1	
rifampin oral	1	
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	2	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	4	
COTELLIC	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
cyclophosphamide oral capsule	2	
dasatinib	3	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	2	PA, QL, SP
exemestane	2	H-PA
EXKIVITY ORAL CAPSULE 40 MG	4	PA, QL, SP
FEMARA	E	
GAVRETO	4	PA, QL, SP
GLEEVEC	E	PA, QL, SP
HYDREA	4	
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)	4	PA, ST, QL, SP
KISQALI (400 MG DOSE)	4	PA, ST, QL, SP
KISQALI (600 MG DOSE)	4	PA, ST, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	2	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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
letrozole oral	1	H-PA
leucovorin calcium oral	1	
LONSURF	4	PA, QL, SP
LUMAKRAS ORAL TABLET	4	PA, QL, SP
LYNPARZA	2	PA, QL, SP
MEKINIST ORAL TABLET	4	PA, ST, QL, SP
mercaptopurine oral	1	
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	3	PA, QL, SP
PIQRAY	2	PA, QL, SP
POMALYST	3	PA, QL, SP
RETEVMO ORAL CAPSULE 40 MG	4	PA, QL, SP
RETEVMO ORAL CAPSULE 80 MG	4	PA, SP
REVLIMID	2	PA, QL, SP
ROZLYTREK ORAL CAPSULE	2	PA, QL, SP
ROZLYTREK ORAL PACKET	2	PA, SP
SPRYCEL	E	PA, ST, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	4	PA, QL, SP
TAFINLAR ORAL CAPSULE	4	PA, ST, QL, SP
TAGRISO	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	2	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

Drug Name	Drug Tier	Requirements & Limits
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
Antiparasitics - Drugs for Parasitic Infections		
albendazole oral	3	PA, QL
ARAKODA	4	QL
atovaquone	2	
atovaquone-proguanil hcl	2	
ELIMITE	4	
hydroxychloroquine sulfate oral	1	
ivermectin oral	1	PA, QL
KRINTAFEL	1	QL
MALARONE	4	
mefloquine hcl	1	
MEPRON	E	
nitazoxanide oral	2	QL
permethrin external	1	
PLAQUENIL	E	
SOVUNA	E	
STROMEKTOL	4	PA, QL
Antiparkinson Agents - Drugs for Parkinson's Disease		
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	4	
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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
NEUPRO	3	
PARLODEL ORAL TABLET	E	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	3	
ropinirole hcl	1	
RYTARY	E	
SINEMET	4	
STALEVO 100 ORAL TABLET 25-100-200 MG	4	
STALEVO 125 ORAL TABLET 31.25-125-200 MG	4	
STALEVO 150 ORAL TABLET 37.5-150-200 MG	4	
STALEVO 200 ORAL TABLET 50-200-200 MG	4	
STALEVO 50 ORAL TABLET 12.5-50-200 MG	4	
STALEVO 75 ORAL TABLET 18.75-75-200 MG	4	
trihexyphenidyl hcl oral tablet	1	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	4	QL
cilostazol	1	
clopidogrel bisulfate oral	1	
EFFIENT	E	
PLAVIX	E	
prasugrel hcl	3	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
aripiprazole oral solution	3	
aripiprazole oral tablet	2	
asenapine maleate	3	QL
CAPLYTA	4	PA, ST, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	4	
fluphenazine hcl oral tablet	1	
GEODON ORAL	E	
haloperidol oral	1	

Drug Name	Drug Tier	Requirements & Limits
INVEGA	E	QL
LATUDA	E	QL
loxapine succinate	1	
lurasidone hcl	2	QL
NUPLAZID ORAL CAPSULE	4	PA
olanzapine oral tablet	1	
olanzapine oral tablet dispersible	2	
paliperidone er	3	QL
pimozide	2	
quetiapine fumarate	1	
quetiapine fumarate er	2	
REXULTI	4	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	E	QL
SEROQUEL	E	
SEROQUEL XR	E	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	E	
VRAYLAR	4	QL
ziprasidone hcl	2	
ZYPREXA ORAL	E	
ZYPREXA ZYDIS	E	
Antivirals - Drugs for Viral Infections		
abacavir sulfate-lamivudine	2	QL
acyclovir external ointment	3	QL
acyclovir oral	1	
BARACLUDE ORAL TABLET	E	
BIKTARVY	4	QL
CIMDUO	2	QL
COMPLERA	4	QL
darunavir	1	
DELSTRIGO	2	QL
DESCOVY	4	QL
DOVATO	2	QL
efavirenz-emtricitab-tenofo df	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL	TRIUMEQ	2	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	QL
entecavir	1		TRUVADA ORAL TABLET 200-300 MG	E	QL
EPCLUSA ORAL TABLET	2	PA, QL, SP	valacyclovir hcl oral	1	QL
etravirine	2		VALCYTE ORAL TABLET	E	
famciclovir oral	2		valganciclovir hcl oral tablet	1	
GENVOYA	4	QL	VALTREX	E	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP	VEMLIDY	E	PA
INTELENCE ORAL TABLET 100 MG, 200 MG	4		VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
INTELENCE ORAL TABLET 25 MG	2		VIREAD ORAL TABLET 300 MG	E	
ISENTRESS HD	2		VOSEVI	2	PA, QL, SP
ISENTRESS ORAL TABLET	2		XOFLUZA (40 MG DOSE)	3	
JULUCA	2	QL	XOFLUZA (80 MG DOSE)	3	
LAGEVRIO	2	QL	ZIRGAN	3	
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP	ZOVIRAX EXTERNAL OINTMENT	E	QL
MAVYRET	2	PA, QL, SP	ZOVIRAX ORAL SUSPENSION 200 MG/5ML	4	
ODEFSEY	4	QL	Anxiolytics - Drugs for Anxiety		
oseltamivir phosphate oral	2		alprazolam er	1	
PAXLOVID (150/100)	2	QL	alprazolam oral	1	
PAXLOVID (300/100)	2	QL	alprazolam xr	1	
PIFELTRO	3		ATIVAN ORAL	E	
PREVYMIS ORAL	2	PA	buspirone hcl oral	1	
PREZCOBIX	2		chlordiazepoxide hcl	1	
PREZISTA ORAL TABLET 150 MG, 75 MG	2		clonazepam oral	1	
ritonavir	2		clorazepate dipotassium	1	
RUKOBIA	4	PA	diazepam oral solution	1	
SITAVIG	E	QL	diazepam oral tablet	1	
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP	HALCION	4	
STRIBILD	4	QL	hydroxyzine hcl oral	1	
SYMFI	2	QL	hydroxyzine pamoate oral	1	
SYMFI LO	2	QL	KLONOPIN	E	
TAMIFLU	E		lorazepam intensol	1	
tenofovir disoproxil fumarate	1	H-PA	lorazepam oral concentrate 2 mg/ml	1	
TIVICAY	3		lorazepam oral tablet	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
oxazepam	1	
TRANXENE-T ORAL TABLET 7.5 MG	4	
triazolam	1	
VALIUM	E	
VISTARIL ORAL CAPSULE 25 MG, 50 MG	4	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
EQUETRO	3	
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	4	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTAZIDE ORAL TABLET 25-25 MG	4	
ALDACTONE	E	
aliskiren fumarate	3	
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	2	
amlodipine-olmesartan	E	
ATACAND	E	
ATACAND HCT	E	
atenolol oral	1	
atenolol-chlorthalidone	1	
ATORVALIQ	4	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA

Drug Name	Drug Tier	Requirements & Limits
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	E	
AVAPRO	E	
AZOR	E	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
BETAPACE	E	
BETAPACE AF	4	
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	4	
CAMZYOS	4	PA, QL, SP
candesartan cilexetil	3	
candesartan cilexetil-hctz	3	
captopril oral	1	
CARDIZEM	E	
CARDIZEM CD	E	
CARDIZEM LA	E	
CARDURA	4	
cartia xt	2	
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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
clonidine patch weekly 0.1 mg/24hr transdermal	3	
clonidine patch weekly 0.1 mg/24hr transdermal	3	(Patch)
clonidine patch weekly 0.2 mg/24hr transdermal	3	
clonidine patch weekly 0.2 mg/24hr transdermal	3	(Patch)
clonidine patch weekly 0.3 mg/24hr transdermal	3	
clonidine patch weekly 0.3 mg/24hr transdermal	3	(Patch)
colesevelam hcl oral tablet	2	
COLESTID ORAL TABLET	4	
colestipol hcl oral tablet	1	
COREG	E	
COREG CR	E	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG	4	
CORLANOR	3	PA, QL
COZAAR	E	
CRESTOR	E	
digitek oral tablet 125 mcg, 250 mcg	1	
digoxin oral tablet	1	
diltiazem hcl er beads	2	
diltiazem hcl er coated beads	2	
diltiazem hcl er oral capsule extended release 12 hour	1	
diltiazem hcl er oral capsule extended release 24 hour	1	
diltiazem hcl er oral tablet extended release 24 hour	2	
diltiazem hcl oral	1	
dilt-xr	1	
DIOVAN	E	
DIOVAN HCT	E	
dofetilide	2	
doxazosin mesylate oral	1	
EDARBI	E	
EDARBYCLOR	E	

Drug Name	Drug Tier	Requirements & Limits
enalapril maleate oral solution	3	PA
enalapril maleate oral tablet	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO ORAL TABLET	4	PA, QL
EPANED	4	PA
eplerenone	2	
EXFORGE	E	
ezetimibe	2	
ezetimibe-simvastatin	3	
felodipine er	1	
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	2	
FENOFIBRATE MICRONIZED ORAL CAPSULE 30 MG, 90 MG	E	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	
fenofibrate oral tablet 120 mg, 40 mg	E	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
fenofibric acid oral capsule delayed release	3	
FENOGLIDE	E	
flecainide acetate	1	
fluvastatin sodium	1	
fosinopril sodium	1	
fosinopril sodium-hctz	1	
FUROSCIX	4	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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
ISORDIL TITRADOSE	E	
isosorb dinitrate-hydralazine	2	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide dinitrate oral tablet 40 mg	E	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
ivabradine hcl	3	PA, QL
KAPSPARGO SPRINKLE	4	
KERENDIA	4	PA, QL
labetalol hcl oral	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	
LANOXIN ORAL TABLET 62.5 MCG	4	
LASIX	4	
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	E	ST
LODOCO	4	QL
LOPID	4	
LOPRESSOR	4	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	4	
LOTENSIN HCT	4	
LOTREL	E	
lovastatin oral	1	H
LOVAZA	E	
matzim la	2	
MAXZIDE ORAL TABLET 75-50 MG	4	
MAXZIDE-25 ORAL TABLET 37.5-25 MG	4	
metolazone	1	

Drug Name	Drug Tier	Requirements & Limits
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	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	
midodrine hcl	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	4	
minoxidil oral	1	
moexipril hcl	1	
MULTAQ	4	PA
nadolol oral	1	
nebivolol hcl	3	
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
niacin er (antihyperlipidemic)	2	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
nisoldipine er	2	
NITRO-BID	2	
NITRO-DUR	3	
nitroglycerin rectal	3	QL
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
NITROSTAT	4	
NORLIQVA	4	PA
NORVASC	E	
olmesartan medoxomil oral	2	
olmesartan medoxomil-hctz	2	
olmesartan-amlodipine-hctz	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
omega-3-acid ethyl esters	2	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	4	
pentoxifylline er	1	
perindopril erbumine	2	
pindolol	1	
pitavastatin calcium	E	ST
PRALUENT	E	PA, ST, QL
pravastatin sodium	1	
prazosin hcl oral	1	
prevalite	1	
PROCARDIA XL	E	
propafenone hcl	1	
propafenone hcl er	3	
propranolol hcl er	2	
propranolol hcl oral	1	
QUESTRAN	4	
QUESTRAN LIGHT	4	
quinapril hcl	1	
ramipril	1	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG	E	
ranolazine er	2	
RECTIV	4	QL
REPATHA	2	PA, ST, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL
REPATHA SURECLICK	2	PA, ST, QL
rosuvastatin calcium oral	2	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	E	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOANZ	E	QL
sotalol hcl (af)	1	
sotalol hcl oral	1	

Drug Name	Drug Tier	Requirements & Limits
spironolactone oral tablet	1	
spironolactone-hctz	1	
SULAR	4	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	
TEKTURNA	3	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 300-12.5 MG, 300-25 MG	3	
telmisartan	2	
telmisartan-hctz	2	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
THALITONE	E	
tiadylt er	2	
TIAZAC	4	
TIKOSYN	4	
TOPROL XL	E	
toremide	1	
trandolapril	1	
triamterene oral	3	
triamterene-hctz	1	
TRIBENZOR	E	
TRICOR	E	
TRILIPIX	E	
valsartan oral tablet	2	
valsartan-hydrochlorothiazide	1	
VASCEPA	E	PA
VASERETIC	E	
VASOTEC	E	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
verapamil hcl oral	1	
VERELAN	4	
VERELAN PM	4	
VERQUVO	4	PA, QL
VYTORIN	E	
WELCHOL ORAL TABLET	E	
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	4	
ZOCOR	E	

Central Nervous System Agents - Drugs for Attention Deficit Disorder

ADDERALL	E	
ADDERALL XR	E	QL
ADZENYS XR-ODT	E	QL
amphetamine sulfate	2	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	2	QL
amphet-dextroamphet 3-bead er	3	QL
APTENSIO XR	E	QL
atomoxetine hcl	3	QL
AZSTARYS	3	ST, QL
clonidine hcl er	3	
CONCERTA	E	QL
COTEMPLA XR-ODT	E	QL
DEXEDRINE	E	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	2	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	3	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	2	QL

Drug Name	Drug Tier	Requirements & Limits
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	
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	4	
FOCALIN XR	E	QL
guanfacine hcl er	2	
INTUNIV	E	
JORNAY PM	3	ST, QL
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	E	
lisdexamfetamine dimesylate	3	QL
METADATE CD	E	QL
METHYLIN	4	
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	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	2	QL
methylphenidate hcl er oral tablet extended release 24 hour	E	QL
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl oral tablet chewable	3	
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	

Central Nervous System Agents - Drugs for Multiple Sclerosis

AMPYRA	E	PA, QL, SP
AUBAGIO	E	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
dalfampridine er	2	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	4	PA, QL, SP
GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	2	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT ORAL TABLET 0.25 MG, 2 MG	3	PA, QL, SP
MAYZENT ORAL TABLET 1 MG	4	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	4	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE	E	PA, QL, SP
teriflunomide	2	PA, QL, SP

Central Nervous System Agents - Miscellaneous

AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	PA, QL, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	2	PA, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	2	PA, QL, SP
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	4	PA
NUEDEXTA	2	PA, QL
pregabalin oral capsule	2	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
RELYVRIO ORAL PACKET 3-1 GM	4	PA, QL, SP
riluzole	1	SP
SAVELLA	4	QL
TEGLUTIK	3	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	3	PA
VEOZAH	4	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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

Dental and Oral Agents - Drugs for Mouth and Throat Conditions

cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	4	
DENTAGEL	4	
EVOXAC	E	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL	4	
JUST RIGHT 5000 DENTAL GEL 1.1 %	4	
JUST RIGHT 5000 DENTAL PASTE	3	
kourzeq	3	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE DENTAL PASTE	3	
PERIDEX	4	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	4	
PREVIDENT DENTAL	4	

Drug Name	Drug Tier	Requirements & Limits
SALAGEN	4	
sf 5000 plus	1	
sf gel 1.1%	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	
triamcinolone acetonide mouth/throat	1	

Dermatological Agents - Drugs for Skin Conditions

ABSORICA	E	PA
ACANYA	E	QL
accutane	2	
acitretin	1	
ACZONE	E	QL
adapalene-benzoyl peroxide external gel 0.1-2.5 %	3	QL
adapalene-benzoyl peroxide external gel 0.3-2.5 %	E	QL
AKLIEF	4	PA, QL
ALA SCALP	4	
ala-cort	E	
alclometasone dipropionate	1	
amnesteem	2	
AMZEEQ	4	QL
ATRALIN	E	PA, QL
AVAR CLEANSER	4	
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	3	
AZELEX	3	QL
BENZAMYCIN	2	QL
benzoyl peroxide-erythromycin	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
betamethasone dipropionate aug external cream	1		clindamycin phosphate external solution	1	
betamethasone dipropionate aug external lotion	3		clindamycin phosphate external swab	1	
betamethasone dipropionate aug external ointment	3		clindamycin phosphate gel 1 % external	2	(generic for Cleocin-T), QL
betamethasone dipropionate external cream	2		clindamycin phosphate gel 1 % external	2	QL
betamethasone dipropionate external lotion	1		clindamycin phosphate gel 1 % external	E	(generic for Clindagel), QL
betamethasone dipropionate external ointment	2		clobetasol prop emollient base external cream 0.05 %	2	QL
betamethasone valerate external cream	1		clobetasol propionate e	2	QL
betamethasone valerate external lotion	1		clobetasol propionate external cream	2	QL
betamethasone valerate external ointment	1		clobetasol propionate external foam	E	QL
brimonidine tartrate external	3	PA, QL	clobetasol propionate external gel	2	QL
calcipotriene external cream	2	QL	clobetasol propionate external liquid	1	QL
calcipotriene external ointment	2		clobetasol propionate external ointment	2	QL
calcipotriene external solution	1	QL	clobetasol propionate external shampoo	E	QL
CALCITRENE	3		clobetasol propionate external solution	1	QL
CARAC	E		CLOBEX EXTERNAL SHAMPOO	E	QL
CIBINQO	2	PA, QL, SP	CLOBEX SPRAY	E	QL
ciclopirox olamine external suspension	1		clodan	E	QL
claravis	2		clotrimazole external cream	E	
CLEOCIN-T	4		clotrimazole-betamethasone	1	
clindacin	3		CORDRAN	3	QL
clindacin etz external swab	1		dapsone external	3	QL
clindacin-p	1		DERMACINRX UREA	E	
CLINDAGEL	E	QL	DERMA-SMOOTH/FS BODY	4	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL	DERMA-SMOOTH/FS SCALP	4	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	E	QL	desonide external cream	2	QL
clindamycin phosphate external foam	3		desonide external lotion	3	QL
clindamycin phosphate external lotion	3		desonide external ointment	2	QL
			DESOWEN	3	QL
			desoximetasone external cream	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
desoximetasone external ointment	3	QL
diclofenac sodium external gel 3 %	2	PA, QL
DIPROLENE	4	
doxycycline	E	
DRYSOL	4	
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	4	
ELIDEL	E	QL
ENSTILAR	4	QL
EPIDUO	E	QL
EPIDUO FORTE	E	QL
ERYGEL	3	
erythromycin external	1	
EUCRISA	3	ST, QL
EVOCALIN EXTERNAL FOAM 1 %	4	
FINACEA EXTERNAL FOAM	4	
FINACEA EXTERNAL GEL	E	
fluocinolone acetonide body	3	QL
fluocinolone acetonide external cream	3	QL
fluocinolone acetonide external ointment	2	QL
fluocinolone acetonide external solution	3	QL
fluocinolone acetonide scalp	3	
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	

Drug Name	Drug Tier	Requirements & Limits
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	2	QL
halobetasol propionate external ointment	2	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 %	3	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate external cream	2	QL
hydrocortisone valerate external ointment	3	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	2	
isotretinoin oral capsule 25 mg, 35 mg	E	PA
ivermectin external cream	E	QL
KLARON	4	
KLISYRI (250 MG)	4	ST, QL
KLISYRI (350 MG)	4	ST, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
LOPROX EXTERNAL SUSPENSION 0.77 %	E	
METROCREAM	4	
METROGEL	E	
METROLOTION	4	
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	2	
neuac	3	QL
NORITATE	E	
OLUX EXTERNAL FOAM 0.05 %	E	QL
ONEXTON	E	QL
OPZELURA	4	PA, QL, SP
ORACEA	E	
OVACE PLUS WASH EXTERNAL LIQUID	4	
OVACE WASH	4	
PANRETIN	3	
pimecrolimus	3	QL
PLEXION CLEANSER	E	
podofilox external solution	1	
PRAMOSONE EXTERNAL CREAM 1-1 %	2	
PRAMOSONE EXTERNAL CREAM 1-2.5 %	4	
RETIN-A	E	PA, QL
RHOFADE	4	PA, QL
rosadan external cream 0.75 %	1	
rosadan external gel 0.75 %	1	
SANTYL	3	QL
selenium sulfide external lotion	1	
sodium sulfacetamide wash	1	
SOOLANTRA	4	QL
spinosad	3	

Drug Name	Drug Tier	Requirements & Limits
sss 10-5 external cream	1	
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	E	
SUMADAN WASH	E	
SYNALAR EXTERNAL OINTMENT	E	QL
SYNALAR EXTERNAL SOLUTION 0.01 %	E	QL
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	E	QL
TACLONEX EXTERNAL SUSPENSION	3	QL
tacrolimus external	2	QL
tazarotene external cream 0.1 %	3	PA, QL
TAZORAC EXTERNAL CREAM	4	PA, QL
TOLAK	E	
TOPICORT EXTERNAL CREAM	4	QL
TOPICORT EXTERNAL OINTMENT	4	QL
tretinoin external cream	3	QL
tretinoin external gel 0.01 %, 0.025 %	E	QL
tretinoin external gel 0.05 %	E	PA, QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external lotion	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1		ACCU-CHEK GUIDE TEST STRIPS	3	
triamcinolone acetonide external ointment 0.05 %	E		ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
triamcinolone in absorbase	E		ACCU-CHEK SOFTCLIX LANCET	1	
TRIANEX EXTERNAL OINTMENT 0.05 %	E		ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
triderm	1	QL	ACCUTREND GLUCOSE	E	QL
TRIDESILON EXTERNAL CREAM 0.05 %	3	QL	ALCOHOL PREP PADS PAD	3	
triticin external ointment 0.05 %	E		AQ INSULIN SYRINGE	2	QL
urea external cream 20 %, 40 %, 45 %	1		AQINJECT PEN NEEDLE	2	QL
urea external cream 39 %, 41 %, 47 %	E		BD AUTOSHIELD DUO PEN NEEDLES	2	
UREA EXTERNAL CREAM 39.5 %	E		BD BLUNT FILL NEEDLE W/ FILTER	2	
uredeb	E		BD ECLIPSE NEEDLE 18G X 1-1/2" , 25G X 5/8" , 27G X 1/2"	2	
UREMEZ-40	3		BD ECLIPSE NEEDLE 23G X 1" (OTC)	2	
URESOL	E		BD ECLIPSE NEEDLE 23G X 1" (RX)	2	
VANOS	E	QL	BD ECLIPSE SHIELDED NEEDLE	2	
VTAMA	4	PA, QL	BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	2	
WINLEVI	E	PA, QL	BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	2	
xurea	E		BD SHARPS COLLECTOR	3	
zenatane	2		BD ULTRA-FINE INSULIN SYRINGES	2	
ZILXI	4	PA, ST, QL	BD ULTRA-FINE PEN NEEDLES	2	QL
ZORYVE EXTERNAL CREAM 0.3 %	4	PA, QL	BD ULTRA-FINE U-500 INSULIN SYRINGES	2	
ZORYVE EXTERNAL FOAM	4	PA, QL	BD VEO ULTRA-FINE INSULIN SYRINGES	2	
ZYCLARA	E	QL	BIGFOOT UNITY PROGRAM	3	
ZYCLARA PUMP	E	QL	BIOTEL CARE TEST STRIPS	E	QL
Diabetes - Glucose Monitoring and Supplies			BLOOD GLUCOSE TEST STRIPS	E	QL
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL	BLOOD GLUCOSE TEST STRIPS 333	E	QL
ACCU-CHEK FASTCLIX LANCET	1		CAREPOINT POLY HUB NEEDLE 18G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2	
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1				
ACCU-CHEK GUIDE KIT W/ DEVICE	3				
ACCU-CHEK GUIDE ME METER	3				
ACCU-CHEK GUIDE TEST	3	QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2		DIABETES MONITOR DIGIT SOLN	3	
CAREPOINT SAFETY 1ST NEEDLE	2		DROPSAFE SAFETY SYRINGE/ NEEDLE	2	QL
CARETOUCH MONITOR SYSTEM	E		EASY COMFORT SHARPS CONTAINER	3	
CARETOUCH TEST	E	QL	EASY MAX BLOOD GLUCOSE TEST	E	QL
CEQUR SIMPLICITY 2U 10PK	3	ST	EASY MAX T1 GLUCOSE SYSTEM	E	
CONTOUR MONITOR KIT W/ DEVICE	E		EASY TOUCH HEALTHPRO GLUCOSE	E	
CONTOUR NEXT EZ KIT W/ DEVICE	2		EASY TOUCH TEST	E	QL
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	2		EASYGLUCO	E	
CONTOUR NEXT GEN TEST STRIPS	2	QL	EASYMAX 15 TEST	E	QL
CONTOUR NEXT LINK KIT W/ DEVICE	E		EASYMAX NG BLOOD GLUCOSE KIT	E	
CONTOUR NEXT LINK KIT W/ DEVICE	E	(Contour Next Link 24)	EMBRACE BLOOD GLUCOSE TEST	E	QL
CONTOUR NEXT MONITOR KIT W/DEVICE	2		EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
CONTOUR NEXT ONE DEVICE	2		ENLITE GLUCOSE SENSOR	3	PA
CONTOUR NEXT ONE KIT	2		EQ BLOOD GLUCOSE TEST	E	QL
CONTOUR NEXT TEST STRIPS	2		EVERSENSE 365 SENSOR/ HOLDER	E	PA
CONTOUR PLUS BLUE	E		EVERSENSE 365 SMART TRANSMIT	E	PA
CONTOUR PLUS TEST	E	QL	EVERSENSE E3 SENSOR/ HOLDER	E	PA
CONTOUR TEST STRIPS	E	QL	EVERSENSE E3 SMART TRANSMITTER	E	PA
CVS ADVANCED GLUCOSE TEST	E	QL	EVERSENSE SENSOR/HOLDER	E	PA
CVS GLUCOSE METER TEST STRIPS	E	QL	EVERSENSE SMART TRANSMITTER	E	PA
CVS NEEDLE COLLECTION/ DISPOSAL	3		FORA 6 CONNECT/GTEL TEST	E	QL
D-CARE BLOOD GLUCOSE	E	QL	FORTISCARE G1 TEST STRIP IN VITRO STRIP	E	QL
D-CARE GLUCOMETER	E		FORTISCARE TEST IN VITRO STRIP	E	QL
DEXCOM G6 RECEIVER	3	PA, QL	FREESTYLE LIBRE 14 DAY READER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL	FREESTYLE LIBRE 14 DAY 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				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA	INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	
FREESTYLE LIBRE 2 READER	3	PA, QL	INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	ST
FREESTYLE LIBRE 2 SENSOR	3	PA, QL	INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA	INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	ST
FREESTYLE LIBRE 3 READER	3	PA	INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	
FREESTYLE LIBRE 3 SENSOR	3	PA, QL	INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	ST
FREESTYLE LIBRE READER	3	PA, QL	INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	
FREESTYLE PRECISION NEO SYSTEM	E		INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	ST
FREESTYLE PRECISION NEO TEST	E	QL	INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	ST
FREESTYLE TEST	E	QL	INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM, 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL
GLUCOCARD EXPRESSION TEST	E	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
GLUCOCARD SHINE TEST	E	QL	LANCETS	1	
GLUCOCARD VITAL TEST	E	QL	MICRODOT TEST	E	QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA	MINILINK REAL-TIME TRANSMITTER	3	PA
GUARDIAN 4 TRANSMITTER	3	PA	MINIMED 630G GUARDIAN PRESS	3	PA
GUARDIAN CONNECT TRANSMITTER	3	PA, QL	MM BLOOD GLUCOSE SYSTEM	E	
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL	MM BLOOD GLUCOSE SYSTEM REFILL	E	
GUARDIAN REAL-TIME REPLACE PED	3	PA	MM BLULINK GLUCOSE TEST	E	QL
GUARDIAN SENSOR (3)	3	PA, QL	MM EASY TOUCH GLUCOSE METER	E	
GUARDIAN SENSOR 3	3	PA, QL	MONOJECT HYPODERMIC NEEDLE 18G X 1"	2	
GVOKE HYPOPEN 1-PACK	2	QL	NEUTEK 2TEK TEST	E	QL
GVOKE HYPOPEN 2-PACK	2	QL	NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	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			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
NOVOFINE PEN NEEDLE	2	QL	PTS PANELS EGLU TEST	E	QL
NOVOFINE PLUS PEN NEEDLE	2	QL	QUINTET AC BLOOD GLUCOSE TEST	E	QL
NOVOPEN ECHO	3		QUINTET BLOOD GLUCOSE TEST	E	QL
OMNIPOD 5 DEXG7G6 INTRO GEN 5	2	PA, QL	RELION TRUE MET AIR GLUC METER	E	
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	PA, QL	RELION TRUE METRIX TEST STRIPS	E	QL
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL	RELION ULTIMA GLUCOSE SYSTEM	E	
OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL	RELION ULTIMA TEST	E	QL
OMNIPOD 5 LIBRE2 PLUS G6	2	PA	RIGHTEST GT333 GLUCOSE TEST	E	QL
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	PA	SHARPS COLLECTOR	3	
ON CALL EXPRESS BLOOD GLUCOSE	E	QL	SHARPS CONTAINER	3	
ON CALL EXPRESS MONITORING SYS	E		TECHLITE INSULIN SYRINGES	2	QL (Arkay)
ONETOUCH DELICA LANCETS	1	QL	TECHLITE PEN NEEDLES	2	QL (Arkay)
ONETOUCH ULTRA 2 KIT W/ DEVICE	1		TECHLITE PLUS PEN NEEDLES	2	QL (Arkay)
ONETOUCH ULTRA BLUE TEST	1	QL	TEMPO REFILL	E	
ONETOUCH ULTRA TEST STRIPS	1	QL	TEMPO WELCOME	E	
ONETOUCH ULTRASOFT LANCETS	1	QL	TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
ONETOUCH VERIO FLEX SYSTEM KIT	1		TRUE METRIX AIR GLUCOSE METER KIT	E	
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	1		TRUE METRIX BLOOD GLUCOSE TEST	E	QL
ONETOUCH VERIO KIT W/ DEVICE	1		TRUE METRIX GO GLUCOSE METER	E	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1		TRUE METRIX METER KIT	E	
ONETOUCH VERIO TEST STRIPS	1	QL	TRUE METRIX PRO BLOOD GLUCOSE	E	QL
OPTIUMEZ TEST	E	QL	TRUETRACK TEST	E	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA	UNISTRIPI1 GENERIC	E	QL
PIP BLOOD GLUCOSE TEST STRIP	E	QL	VERIFINE SHARPS CONTAINER	3	
PRECISION XTRA	3		VIVAGUARD INO GLUCOSE METER KIT	E	
PRECISION XTRA BLOOD GLUCOSE	E	QL	VIVAGUARD INO TEST STRIPS	E	QL
PREMIUM BLOOD GLUCOSE TEST	E	QL	Diabetes - Insulin		
			ADMELOG	E	QL
			ADMELOG SOLOSTAR	E	QL
			BASAGLAR KWIKPEN	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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
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

Drug Name	Drug Tier	Requirements & Limits
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL
NOVOLIN 70/30 RELION	E	ST, QL
NOVOLIN 70/30 VIAL	E	ST, QL
NOVOLIN N FLEXPEN	E	ST, QL
NOVOLIN N FLEXPEN RELION	E	ST, QL
NOVOLIN N RELION	E	ST, QL
NOVOLIN N VIAL	E	ST, QL
NOVOLIN R FLEXPEN	E	ST, QL
NOVOLIN R FLEXPEN RELION	E	ST, QL
NOVOLIN R RELION	E	ST, QL
NOVOLIN R VIAL	E	ST, QL
NOVOLOG FLEXPEN	E	ST, QL
NOVOLOG FLEXPEN RELION	E	ST, QL
NOVOLOG RELION	E	ST, QL
NOVOLOG U-100 VIAL	E	ST, QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
TRESIBA FLEXTOUCH	E	QL
Diabetes - Non-Insulin Agents		
acarbose oral	1	
ACTOPLUS MET	4	QL
ACTOS	E	QL
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML	4	
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	4	
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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CYCLOSET	3		LIRAGLUTIDE SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, QL
DAPAGLIFLOZIN PRO-METFORMIN ER	E	ST, QL	metformin hcl er	1	
DAPAGLIFLOZIN PROPANEDIOL	E	ST, QL	metformin hcl er (mod)	E	PA
FARXIGA	E	ST, QL	metformin hcl er (osm)	E	PA
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1		metformin hcl oral solution	3	
glimepiride oral tablet 3 mg	E		metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
glipizide er	1		metformin hcl oral tablet 625 mg	E	
glipizide oral tablet 10 mg, 5 mg	1		MOUNJARO	2	PA, QL
glipizide oral tablet 2.5 mg	E		nateglinide	2	QL
glipizide xl	1		ONGLYZA	E	QL
glipizide-metformin hcl	2		OZEMPIC	2	PA, QL
glucagon emergency kit 1 mg injection	2	QL	pioglitazone hcl	1	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION	E	QL	pioglitazone hcl-metformin hcl	2	QL
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR	2	QL (Fresenius)	repaglinide	2	QL
GLUCOTROL XL	4		RYBELSUS	2	PA, QL
GLUMETZA	E	PA	saxagliptin hcl	2	QL
glyburide micronized	1		saxagliptin-metformin er	2	QL
glyburide oral	1		SOLIQUA	2	QL
glyburide-metformin	1		SYMLINPEN 120	3	QL
GLYNASE ORAL TABLET 1.5 MG	3		SYMLINPEN 60	3	QL
GLYNASE ORAL TABLET 3 MG, 6 MG	4		SYNJARDY	2	QL
GLYXAMBI	2	ST, QL	SYNJARDY XR	2	QL
INVOKANA	E	ST, QL	TRADJENTA	2	QL
JANUMET	E	ST, QL	TRIJARDY XR	2	QL
JANUMET XR	E	ST, QL	TRULICITY	2	PA, QL
JANUVIA	E	ST, QL	XIGDUO XR	E	ST, QL
JARDIANCE	2	QL	ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
JENTADUETO	2	QL	Drugs for Blood Disorders		
JENTADUETO XR	2	QL	ADVATE	2	SP
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	E	QL	ADYNOVATE	4	PA, SP
LIRAGLUTIDE SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, QL	AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	4	PA
			AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	4	PA, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIO	4	PA, SP
ALVAIZ	4	PA, SP
anagrelide hcl	1	
ARANESP (ALBUMIN FREE)	2	QL, SP
aspirin-dipyridamole er	3	
DOPTELET	4	PA, QL, SP
ELOCTATE	4	PA, SP
FABHALTA	2	PA, QL, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	E	PA, SP
HEMOFIL M	2	SP
heparin sodium (porcine) injection solution	1	
heparin sodium (porcine) pf	1	
HUMATE-P	2	SP
IDELVION	3	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
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

Drug Name	Drug Tier	Requirements & Limits
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
TAVALISSE	4	PA, QL, SP
tranexamic acid oral	2	QL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
VOYDEYA ORAL TABLET	2	PA, QL, SP
VOYDEYA ORAL TABLET THERAPY PACK	2	PA, SP
WILATE	2	
ZARXIO	2	
Drugs for Sexual Dysfunction		
ADDYI	4	PA, QL
avanafil	3	PA, QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	4	PA, QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	4	PA, QL
tadalafil oral	2	QL
vardeafil hcl oral tablet	3	QL
VIAGRA	E	QL
VYLEESI	4	PA, QL
Electrolytes / Vitamins		
ACCRUFER	E	
calcium acetate (phos binder) oral tablet	1	
calcium acetate oral tablet 667 mg	1	
CARNITOR ORAL SOLUTION	4	
CARNITOR SF	4	
CITRANATAL 90 DHA	3	
CITRANATAL ASSURE	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
CITRANATAL DHA ORAL 27-1 & 250 MG	4	
COMPLETENATE	3	
CO-NATAL FA	2	
CONCEPT DHA	4	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	3	
DAVIMET-FLUORIDE	E	
deferasirox oral tablet	2	PA, SP
DENTA 5000 PLUS SENSITIVE	3	
DODEX	4	
DRISDOL	4	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	2	
ELITE-OB	3	
ergocalciferol oral capsule	1	
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	

Drug Name	Drug Tier	Requirements & Limits
multivitamin w/fluoride tablet chewable 0.25 mg oral	1	
multivitamin w/fluoride tablet chewable 0.25 mg oral	E	
multivitamin w/fluoride tablet chewable 0.5 mg oral	1	
multivitamin w/fluoride tablet chewable 0.5 mg oral	E	
multivitamin w/fluoride tablet chewable 1 mg oral	1	
multivitamin w/fluoride tablet chewable 1 mg oral	E	
multi-vitamin/fluoride	1	
multivitamin/fluoride 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	
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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
phosphorous	1	
phospho-trin 250 neutral	1	
pnv-dha	3	
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	
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	

Drug Name	Drug Tier	Requirements & Limits
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	4	
THRIVITE RX	3	
TRICARE	3	
TRINATAL RX 1	3	
TRINATE	3	
tri-vite/fluoride	1	
UROCIT-K 10	4	
UROCIT-K 15	4	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	4	
VELTASSA 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	3	
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	4	
WESCAP-PN DHA	4	
wes-phos 250 neutral	1	
WESTAB PLUS	E	
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	4	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
bis subcit-metronid-tetracyc	3	QL
bismuth/metronidaz/tetracyclin	3	QL
CARAFATE	E	
cimetidine oral	1	
CYTOTEC	4	
DEXILANT	E	QL
dexlansoprazole	E	QL
esomeprazole magnesium oral capsule delayed release	E	QL
esomeprazole magnesium oral packet	3	PA, ST, QL
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	E	
lansoprazole oral capsule delayed release	E	QL
lansoprazole oral tablet delayed release dispersible	3	PA, ST, QL
misoprostol oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	QL
NEXIUM ORAL PACKET	4	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	4	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
VOQUEZNA	4	PA, QL
VOQUEZNA DUAL PAK	4	ST, QL
VOQUEZNA TRIPLE PAK	4	ST, QL
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl	2	PA, QL
AMITIZA	E	PA, QL
ANASPAZ	2	
BYLVAY	4	PA, QL, SP
BYLVAY (PELLETS)	4	PA, QL, SP
chlordiazepoxide-clidinium	4	
CLENPIQ	3	QL
constulose	1	
cromolyn sodium oral	1	
CUVPOSA	4	
dicyclomine hcl oral	1	
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	3	
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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
IQIRVO	4	PA, ST, QL, SP
KRISTALOSE	3	
lactulose encephalopathy	1	
lactulose oral solution	1	
LEVBIID	4	
LEVSIN	4	
LEVSIN/SL	4	
LIBRAX	E	
LINZESS	2	PA, QL
LOMOTIL	4	
lubiprostone	2	PA, QL
methscopolamine bromide oral	1	
MOTEGRITY	3	PA, QL
MOVIPREP	4	QL
na sulfate-k sulfate-mg sulf	3	QL
NULEV	4	
OCALIVA	4	PA, ST, QL, SP
opium	1	
OSCIMIN	4	
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
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

Drug Name	Drug Tier	Requirements & Limits
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CARNITOR ORAL TABLET	4	
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	2	PA, SP
PANCREAZE	3	ST
PERTZYE	4	ST
sapropterin dihydrochloride oral packet	2	PA, QL, SP
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, QL, SP
VYNDAMAX	2	PA, QL, SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
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	4	ST
GEMTESA	E	
me/naphos/mb/hyo1	1	
mirabegron er	3	ST

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
oxybutynin chloride er	2	
oxybutynin chloride oral tablet 2.5 mg	3	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
REVELA ORAL TABLET	E	
sevelamer carbonate oral tablet	2	
solifenacin succinate	2	
THIOLA	4	SP
THIOLA EC	4	SP
tiopronin oral tablet delayed release	3	SP
tolterodine tartrate	3	
tolterodine tartrate er	E	
tropium chloride	3	
tropium chloride er	E	
UROGESIC-BLUE	2	
VELPHORO	4	ST
VESICARE	E	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	2	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	
RAPAFLO	E	
silodosin	3	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Hormone Replacement and Birth Control		
ACTIVELLA	4	
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	2	
amethia oral tablet 0.15-0.03 & 0.01 mg	3	
amethyst	3	
ANGELIQ	3	
ANNOVERA	3	QL
apri	1	H
aranelle	1	H
ashlyna	3	
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	4	
ayuna	1	H
azurette	2	
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	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
camrese lo	3	
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	3	
deblitane	1	H
DELESTROGEN	4	
delyla	1	H
DEPO-ESTRADIOL	3	
DEPO-PROVERA	4	QL
DEPO-SUBQ PROVERA 104	1	QL
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2	
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL	3	
dolishale	3	
dotti	2	QL
drospiren-eth estrad-levomefol	1	
drospirenone-ethinyl estradiol	3	
DUAVEE	3	QL
econtra ez oral tablet 1.5 mg	1	H
econtra one-step	1	H
EEMT	2	
EEMT HS	3	

Drug Name	Drug Tier	Requirements & Limits
ELESTRIN	3	
elinest	1	H
ELLA	1	QL, H
eluryng	1	H
emzahh	1	H
enilloring	1	H
enpresse-28	1	H
enskyce	1	H
errin	1	H
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	
est estrogens-methyltest hs	1	
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	4	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	4	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	3	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	3	QL
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal cream	3	
estradiol vaginal tablet	2	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	2	
estratest f.s.	1	
ESTRATEST H.S.	3	
ESTRING	2	QL
ESTROGEL	3	QL
ethynodiol diac-eth estradiol	1	H
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
fayosim oral tablet 42-21-21-7 days	1	H
FEMRING	3	QL
femynor oral tablet 0.25-35 mg-mcg	1	H
finzala	1	H
fyavolv	3	
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

Drug Name	Drug Tier	Requirements & Limits
her style	1	H
iclevia	2	H
incassia	1	H
introvale	2	H
isibloom	1	H
jaimiess	3	
jasmiel	3	
jencycla	1	H
jinteli	3	
jolessa	2	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	2	
kelnor 1/35	1	H
kelnor 1/50	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
leena	1	H
lessina	1	H
levonest	1	H
levonorgest-eth est & eth est	1	H
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	3	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
levonorgestrel	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	1	
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	3	
loryna	3	
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG	4	
low-ogestrel	1	H
lo-zumandimine	3	
luteria	1	H
lyleq	1	H
lyllana	2	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
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	2	
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	

Drug Name	Drug Tier	Requirements & Limits
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	3	
nora-be	1	H
norelgestromin-eth estradiol	3	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	2	
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 oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
nortrel 7/7/7	1	H
NUVARING	E	
nylia 1/35	1	H
nylia 7/7/7	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ocella	3	
opcicon one-step	1	H
option 2	1	H
PHEXXI	E	PA
philith	1	H
pimtrea	2	
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	2	
PROMETRIUM	E	
PROVERA	4	
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	2	H
sharobel	1	H
simliya	2	
simpesse	3	
SLYND	4	PA, ST
sprintec 28	1	H
sronyx	1	H
syeda	3	
take action	1	H
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H

Drug Name	Drug Tier	Requirements & Limits
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	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	1	H
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec	1	H
trivora (28)	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
turqoz	1	H
TWIRLA	E	
TYBLUME	1	
tydemy	E	
VAGIFEM	E	
velivet	1	H
vestura	3	
vienva	1	H
viorele	2	
VIVELLE-DOT	E	QL
volnea	2	
vyfemla	1	H
vylibra	1	H
wera	1	H
wymzya fe	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvafem	2	
zafemy	3	H

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
TAPERDEX 7-DAY	3	
ZCORT 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (25)	E	
Hormonal Agents - Other		
cabergoline	2	
DDAVP ORAL	E	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA
megestrol acetate oral suspension 40 mg/ml	1	
METHERGINE	4	QL
methylergonovine maleate oral	1	QL
NGENLA	4	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	4	PA, QL, SP
Hormonal Agents - Testosterone Replacement		
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	4	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	E	PA, QL
KYZATREX	4	PA, QL
NATESTO	E	PA, QL
TESTIM	2	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 12.5 mg/act (1%) transdermal	4	PA, QL
testosterone gel 12.5 mg/act (1%) transdermal	E	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	2	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	E	PA, QL
testosterone transdermal gel 1.62 %	2	PA, QL
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	E	PA, QL
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
XYOSTED	E	PA, QL
Hormonal Agents - Thyroid		
ADTHYZA	E	
ARMOUR THYROID	3	
CYTOMEL	E	
ERMEZA	2	PA
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	E	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
SYNTHROID	E	
THYQUIDITY	E	PA

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ADALIMUMAB-ADAZ	2	PA, (manufactured by Sandoz), QL, SP	CIMZIA (2 SYRINGE)	2	PA, QL, SP
ADALIMUMAB-ADBM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, (manufactured by Boehringer), QL, SP	CIMZIA-STARTER	2	PA, QL, SP
ADALIMUMAB-ADBM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, (manufactured by Boehringer), SP	CINRYZE	E	PA, QL, SP
ADALIMUMAB-ADBM (2 SYRINGE)	E	PA, (manufactured by Boehringer), QL, SP	COSENTYX (300 MG DOSE)	2	PA, QL, SP
ADALIMUMAB-ADBM(CD/UC/HS STRT)	E	PA, (manufactured by Boehringer), SP	COSENTYX 150 MG/ML SUBCUTANEOUS	2	PA, QL, SP
ADALIMUMAB-ADBM(PS/UV STARTER)	E	PA, (manufactured by Boehringer), SP	COSENTYX SENSOREADY (300 MG)	2	PA, QL, SP
ADALIMUMAB-FKJP (2 PEN)	E	PA, (manufactured by Biocon), QL, SP	COSENTYX SENSOREADY PEN	2	PA, QL, SP
ADALIMUMAB-FKJP (2 SYRINGE)	E	PA, (manufactured by Biocon), QL, SP	COSENTYX UNOREADY	2	PA, QL, SP
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP	cyclosporine modified oral capsule	1	
AMJEVITA FOR NUVAILA	2	PA, QL, SP	cyclosporine oral	1	
ARAVA	E		CYLTEZO (2 PEN)	E	PA, QL, SP
AZASAN	4		CYLTEZO (2 SYRINGE)	E	PA, QL, SP
azathioprine oral tablet 100 mg, 75 mg	3		CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, SP
azathioprine oral tablet 50 mg	1		CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, SP
BIMZELX	3	PA, ST, QL, SP	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
CELLCEPT ORAL CAPSULE	E		EMPAVELI	2	PA, QL, SP
CELLCEPT ORAL TABLET	E		ENBREL	2	PA, QL, SP
CIMZIA	E	PA	ENBREL MINI	2	PA, QL, SP
			ENBREL SURECLICK	2	PA, QL, SP
			ENTYVIO PEN	2	PA, (SUBCUTANEOUS), QL, SP
			ENVARUSUS XR	E	
			everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3	
			gengraf oral capsule	1	
			GRASTEK	4	PA, QL
			HADLIMA	E	PA, QL, SP
			HADLIMA PUSHTOUCH	E	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
HAEGARDA	2	PA, QL, SP	IMURAN	E	
HULIO (2 PEN)	E	PA, QL, SP	JYLAMVO	4	PA
HULIO (2 SYRINGE)	E	PA, QL, SP	KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, ST, QL, SP
HUMIRA (2 PEN)	2	PA, QL, SP	KINERET	3	PA, ST, QL, SP
HUMIRA (2 SYRINGE)	2	PA, QL, SP	leflunomide oral	1	
HUMIRA-CD/UC/HS STARTER	2	PA, QL, SP	LITFULO	3	PA, QL, SP
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	2	PA, QL, SP	LUPKYNIS	4	PA, QL, SP
HUMIRA-PED≥40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	2	PA, QL, SP	methotrexate sodium (pf)	1	
HUMIRA-PED≥40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	2	PA, QL, SP	methotrexate sodium injection solution	1	
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	2	PA, QL, SP	methotrexate sodium oral	1	
HUMIRA-PSORIASIS/UEVIT STARTER	2	PA, QL, SP	mycophenolate mofetil oral	1	
HYFTOR	4	PA, QL	mycophenolate sodium	2	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	E	PA, QL, SP	mycophenolic acid	2	
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	E	PA, QL, SP	MYFORTIC	E	
HYRIMOZ-CROHNS/UC STARTER	E	PA, QL, SP	MYHIBBIN	1	
HYRIMOZ-PED<40KG CROHN STARTER	E	PA, QL, SP	NEORAL ORAL CAPSULE	E	
HYRIMOZ-PED≥40KG CROHN START	E	PA, QL, SP	OLUMIANT ORAL TABLET 1 MG, 4 MG	3	PA, ST, QL
HYRIMOZ-PLAQ PSOR/UEVIT START	E	PA, QL, SP	OLUMIANT ORAL TABLET 2 MG	3	PA, ST, QL, SP
IDACIO (2 PEN)	E	PA, QL, SP	OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, (SUBCUTANEOUS), QL, SP
IDACIO (2 SYRINGE)	E	PA, QL, SP	ORENCIA CLICKJECT	3	PA, ST, QL, SP
IDACIO-CROHNS/UC STARTER	E	PA, QL, SP	ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
IDACIO-PSORIASIS STARTER	E	PA, 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
			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	4	
			RAPAMUNE ORAL SOLUTION	4	
			RAPAMUNE ORAL TABLET	E	
			RASUVO	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
RINVOQ	2	PA, QL, SP
RUCONEST	4	PA, QL, SP
SIMLANDI (1 PEN)	E	PA, QL, SP
SIMLANDI (2 PEN)	E	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral solution	2	
sirolimus oral tablet	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
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

Drug Name	Drug Tier	Requirements & Limits
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

Drug Name	Drug Tier	Requirements & Limits
ABRYSCO	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
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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TWINRIX	3	H
VAQTA	2	H
VARIVAX	3	H
Infertility Agents		
cetorelix acetate	3	PA, ST, QL, SP
CETROTIDE	4	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	4	
clomiphene citrate oral tablet 50 mg	2	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL, SP
FYREMADEL	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(manufactured by Merck/ Organon), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	3	(manufactured by Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	3	QL, SP
GONAL-F	4	ST, SP
GONAL-F RFF	4	ST, SP
GONAL-F RFF REDIJECT	4	ST, SP
MENOPUR	4	QL, SP
NOVAREL	3	SP
OVIDREL	4	SP
PREGNYL	3	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	4	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	4	
ANALPRAM-HC EXTERNAL CREAM	4	
ANUCORT-HC	2	
ANUSOL-HC EXTERNAL	4	
ANUSOL-HC RECTAL	E	
APRISO	1	

Drug Name	Drug Tier	Requirements & Limits
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	E	
AZULFIDINE	4	
AZULFIDINE EN-TABS	4	
balsalazide disodium	1	
budesonide oral	2	
budesonide rectal	2	
CANASA	E	
COLAZAL	E	
CORTENEMA	4	
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	2	
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	2	
mesalamine oral tablet delayed release 800 mg	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	2	QL
mesalamine-cleanser	1	QL
PROCORT	E	
PROCTOCORT	E	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	4	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PROCTOZONE-HC	4	
ROWASA	4	QL
SFROWASA	4	
sulfasalazine oral	1	
UCERIS ORAL	3	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
ACTONEL	E	QL
alendronate sodium oral tablet	1	
calcitonin (salmon) injection	3	
calcitonin (salmon) nasal	2	
EVISTA	E	
FORTEO	E	PA, ST, SP
FOSAMAX	4	
ibandronate sodium oral	2	
MIACALCIN	3	
raloxifene hcl	2	H
risedronate sodium oral tablet 150 mg, 35 mg	3	QL
risedronate sodium oral tablet 30 mg, 5 mg	3	
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
Metabolic Bone Disease Agents - Other		
calcitriol oral	1	
cinacalcet hcl	3	PA
paricalcitol oral	1	
ROCALTROL	4	
SENSIPAR	E	PA
ZEMPLAR ORAL	4	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	4	
ACULAR LS	4	
ACUVAIL	E	

Drug Name	Drug Tier	Requirements & Limits
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	1	
ALREX	4	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	3	
bromfenac sodium ophthalmic solution 0.07 %	E	
bromfenac sodium ophthalmic solution 0.075 %	E	QL
BROMSITE	E	QL
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	4	QL
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	4	
gatifloxacin ophthalmic	3	
gentamicin sulfate ophthalmic	1	QL
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
KLARITY-A	E	
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	E	
loteprednol etabonate ophthalmic suspension	3	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
MAXITROL	4	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	
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 %	4	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
VIGAMOX	E	
XDEMYY	4	PA, QL
ZYLET	3	
ZYMAXID OPHTHALMIC SOLUTION 0.5 %	4	
Ophthalmic Agents - Drugs for Eye Infection and Inflammation		
bacitracin ophthalmic	1	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-hc ophthalmic	1	

Drug Name	Drug Tier	Requirements & Limits
NEO-POLYCIN	3	
sulfacetamide-prednisolone	1	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
AZOPT	E	QL
BETIMOL	4	QL
bimatoprost ophthalmic	2	QL
brimonidine tartrate ophthalmic solution 0.1 %	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	E	QL
brinzolamide	2	QL
COMBIGAN	2	QL
COSOPT	4	
COSOPT PF	E	QL
dorzolamide hcl solution 2 % ophthalmic	1	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	4	
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	4	
IYUZEH	E	QL
latanoprost ophthalmic	1	
LUMIGAN	2	
methazolamide oral	1	
pilocarpine hcl ophthalmic	1	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	3	ST, QL
timolol maleate (once-daily)	3	
timolol maleate ocudose	2	
timolol maleate ophthalmic	1	
timolol maleate pf	2	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TIMOPTIC OCUDOSE	4	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	4	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	4	
TRAVATAN Z	E	ST, QL
travoprost (bak free)	3	QL
TRUSOPT OPHTHALMIC SOLUTION 2 %	4	
VYZULTA	E	ST, QL
XALATAN	E	
ZIOPTAN	3	ST, QL

Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions

ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %	E	
atropine sulfate ophthalmic solution 1 %	1	
CEQUA	E	PA, QL
cromolyn sodium ophthalmic	1	
CYCLOGYL	4	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	E	PA, QL
difluprednate	3	
DUREZOL	E	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
KLARITY-C DROPS	E	PA
MIEBO	4	PA, QL
RESTASIS	4	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	4	PA, QL
VERKAZIA	4	PA, QL
VEVYE	E	PA, QL
XIIDRA	4	PA, QL

Otic Agents - Drugs for Ear Conditions

acetic acid otic	1	
CETRAXAL	3	

Drug Name	Drug Tier	Requirements & Limits
CIPRO HC	3	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	3	
DERMOTIC	4	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	

Respiratory - Drugs for Anaphylaxis

AUVI-Q	2	QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
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	2	
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See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	3	
fluticasone propionate nasal	2	QL
HYCODAN ORAL SOLUTION	E	PA, QL
hydrocod poli-chlorphe poli er	3	PA, QL
hydrocodone bit-homatrop mbr oral solution	1	PA, QL
hydromet	1	PA, QL
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
mometasone furoate nasal	3	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	E	
ODACTRA	4	PA, QL
olopatadine hcl nasal	3	
PATANASE NASAL SOLUTION 0.6 %	E	
promethazine-codeine	1	PA, QL

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL	EASIVENT MASK SMALL	3	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(generic for Ventolin HFA), QL	FASENRA PEN	4	PA, QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1		FLEXICHAMBER	3	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1		FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3		FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	E		FLUTICASONE PROPIONATE HFA	E	QL
albuterol sulfate oral syrup	1		FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	QL, RS
ANORO ELLIPTA	3	QL	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL, RS
arformoterol tartrate	3	QL	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
ARNUITY ELLIPTA	1	QL	formoterol fumarate inhalation	3	QL
ATROVENT HFA	3	QL	INSPIREASE	3	
BEVESPI AEROSPHERE	2	QL	ipratropium bromide inhalation	1	
BREATHE COMFORT CHAMBER/ADULT	3		ipratropium-albuterol	2	
BREATHE COMFORT CHAMBER/CHILD	3		levalbuterol hcl inhalation	3	QL
BREO ELLIPTA	3	QL, RS	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
breyna	E	QL, RS	MICROCHAMBER	3	
BREZTRI AEROSPHERE	3	QL, RS	montelukast sodium oral packet	2	
BROVANA	4	QL	montelukast sodium oral tablet	1	
budesonide inhalation	2	QL	montelukast sodium oral tablet chewable	1	
budesonide-formoterol fumarate	E	QL, RS	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
COMBIVENT RESPIMAT	3	QL	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA, QL, SP
DALIRESP	E	QL	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA, QL
DULERA	E	ST, QL	PERFORMIST	4	QL
EASIVENT	3				
EASIVENT MASK LARGE	3				
EASIVENT MASK MEDIUM	3				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PROCHAMBER VHC	3	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	QL
PULMICORT FLEXHALER	E	QL
PULMICORT SUSPENSION	E	QL
QVAR REDIHALER	1	QL
roflumilast	2	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
theophylline er	1	
tiotropium bromide monohydrate	E	QL
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL
VORTEX HOLD CHMBR/MASK/CHILD	2	
VORTEX HOLD CHMBR/MASK/TODDLER	2	
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	3	QL, RS
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	4	PA, QL
zafirlukast	1	

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	4	
dantrolene sodium oral	1	
FEXMID	E	
LORZONE ORAL TABLET 375 MG, 750 MG	E	
metaxalone	3	
methocarbamol oral tablet 1000 mg	E	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	2	
SOMA	E	
TANLOR	3	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
VANADOM ORAL TABLET 350 MG	E	
ZANAFLEX	4	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	2	QL
BELSOMRA	4	ST, QL
DAYVIGO	4	ST, QL
doxepin hcl oral tablet	E	QL
estazolam	1	

Drug Name	Drug Tier	Requirements & Limits
eszopiclone	2	
LUMRYZ	4	PA, QL, SP
LUNESTA	E	
modafinil oral	2	QL
NUVIGIL	E	QL
PROVIGIL	E	QL
ramelteon	3	ST, QL
RESTORIL	4	
ROZEREM	E	ST, QL
SILENOR	E	QL
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	4	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	4	PA, QL, SP
XYREM	E	PA, QL, SP
XYWAV	4	PA, QL, SP
zaleplon	1	
zolpidem tartrate er	2	
zolpidem tartrate oral tablet	1	

See page 6-8 for coverage details.



Index

A

abacavir sulfate-lamivudine.....	20	ACTEMRA ACTPEN	49	adapalene-benzoyl peroxide external gel 0.1-2.5 %	28
ABILIFY	20	ACTEMRA SUBCUTANEOUS.....	49	adapalene-benzoyl peroxide external gel 0.3-2.5 %	28
abiraterone acetate oral tablet 250 mg	18	ACTICLATE ORAL TABLET 150 MG, 75 MG.....	11	ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE .	50
abiraterone acetate oral tablet 500 mg.....	18	ACTIVELLA	43	ADCIRCA.....	59
ABRILADA (1 PEN).....	49	ACTONEL	54	ADDERALL	26
ABRILADA (2 PEN).....	49	ACTOPLUS MET.....	36	ADDERALL XR	26
ABRILADA (2 SYRINGE)	49	ACTOS.....	36	ADDYI	38
ABRYOVO.....	52	ACULAR.....	54	ADEMPAS	59
ABSORICA	28	ACULAR LS.....	54	ADLYXIN STARTER PACK SUBCUTANEOUS PEN- INJECTOR KIT 10 & 20 MCG/0.2ML.....	36
acamprosate calcium	11	ACUVAIL	54	ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML.....	36
ACANYA	28	acyclovir external ointment.....	20	ADMELOG.....	35
acarbose oral	36	acyclovir oral.....	20	ADMELOG SOLOSTAR.....	35
ACCOLATE.....	57	ACZONE.....	28	ADTHYZA.....	49
ACCRUFER.....	38	ADACEL	52	ADVAIR DISKUS.....	57
ACCU-CHEK AVIVA PLUS TEST STRIPS	32	ADALIMUMAB-AACF (2 PEN)	49	ADVAIR HFA.....	57
ACCU-CHEK FASTCLIX LANCET .	32	ADALIMUMAB-AACF (2 SYRINGE)	49	ADVATE.....	37
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	32	ADALIMUMAB-AACF(CD/UC/HS STRT).....	49	ADYNOVATE	37
ACCU-CHEK GUIDE KIT W/ DEVICE.....	32	ADALIMUMAB-AACF(PS/UV STARTER).....	49	ADZENYS XR-ODT	26
ACCU-CHEK GUIDE ME METER...	32	ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML	49	AEROCHAMBER HOLDING CHAMBER.....	57
ACCU-CHEK GUIDE TEST	32	ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/0.8ML	49	AEROCHAMBER PLS FLOVU MTHPIECE	57
ACCU-CHEK GUIDE TEST STRIPS	32	ADALIMUMAB-AATY (2 PEN).....	49	AEROCHAMBER PLUS FLO-VU....	57
ACCU-CHEK SMARTVIEW TEST STRIPS	32	ADALIMUMAB-AATY	49	AEROCHAMBER PLUS FLO-VU INTERM	57
ACCU-CHEK SOFTCLIX LANCET .	32	ADALIMUMAB-AATY (2 SYRINGE)	49	AEROCHAMBER PLUS FLO-VU LARGE.....	57
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	32	ADALIMUMAB-ADAZ	50	AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	57
accutane	28	ADALIMUMAB-ADBM (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML	50	AEROCHAMBER PLUS FLO-VU SMALL.....	57
ACCUTREND GLUCOSE	32	ADALIMUMAB-ADBM (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML	50	AEROCHAMBER PLUS FLO-VU W/MASK.....	57
acebutolol hcl oral.....	22	ADALIMUMAB-ADBM (2 SYRINGE)	50	AFINITOR	18
acetaminophen-codeine oral solution 120-12 mg/5ml	9	ADALIMUMAB-ADBM(CD/UC/ HS STRT)	50	afirmelle.....	43
acetaminophen-codeine oral tablet.....	9	ADALIMUMAB-ADBM(PS/UV STARTER).....	50	AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT.....	37
acetazolamide er	22	ADALIMUMAB-ADBM(PS/UV STARTER).....	50		
acetazolamide oral	22	ADALIMUMAB-FKJP (2 PEN).....	50		
acetic acid otic.....	56	ADALIMUMAB-FKJP			
ACIPHEX	41	(2 SYRINGE)	50		
acitretin	28				



AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	37	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	55	amphetamine- dextroamphetamine	26
aftera	43	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	55	amphetamine- dextroamphetamine er	26
AIMOVIG	17	ALPHANATE	38	ampicillin	11
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	17	alprazolam er	21	AMPYRA	27
AIRDUO RESPICLICK 113/14	57	alprazolam oral	21	AMZEEQ	28
AIRDUO RESPICLICK 232/14	57	alprazolam xr	21	ANAFRANIL	15
AIRDUO RESPICLICK 55/14	57	ALPROLIX	38	anagrelide hcl	38
AIRSUPRA	57	ALREX	54	ANALPRAM HC	53
AJOVY	17	ALTACE	22	ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	53
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	54	altavera	43	ANALPRAM-HC EXTERNAL CREAM	53
AKLIEF	28	ALTUVIIIO	38	ANAPROX DS	10
ALA SCALP	28	ALUNBRIG	18	ANASPAZ	41
ala-cort	28	ALVAIZ	38	anastrozole oral	18
albendazole oral	19	alyacen 1/35	43	ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	48
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	57, 58	alyacen 7/7/7	43	ANDROGEL PUMP	48
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	58	alyq	59	ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%)	48
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	58	amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	43	ANGELIQ	43
albuterol sulfate oral syrup	58	amantadine hcl oral	19	ANKTIVA	18
alclometasone dipropionate	28	AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	36	ANNOVERA	43
ALCOHOL PREP PADS PAD	32	AMBIEN	60	ANORO ELLIPTA	58
ALDACTAZIDE ORAL TABLET 25-25 MG	22	AMBIEN CR	60	ANTIVERT ORAL TABLET	16
ALDACTONE	22	ambrisentan	59	ANUCORT-HC	53
ALECENSA	18	amethia oral tablet 0.15-0.03 & 0.01 mg	43	ANUSOL-HC EXTERNAL	53
alendronate sodium oral tablet ...	54	amethyst	43	ANUSOL-HC RECTAL	53
alfuzosin hcl er	43	amiloride hcl oral	22	apap-caff-dihydrocodeine	9
aliskiren fumarate	22	amiloride-hydrochlorothiazide ...	22	APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	11
allopurinol oral tablet 100 mg, 300 mg	17	amiodarone hcl oral	22	aprepitant oral capsule 125 mg, 40 mg, 80 mg	16
allopurinol oral tablet 200 mg	17	AMITIZA	41	apri	43
ALLZITAL	9	amitriptyline hcl oral	15	APRISO	53
almotriptan malate	17	AMJEVITA FOR NUVAILA	50	APTENSIO XR	26
ALOGLIPTIN BENZOATE	36	amlodipine besylate oral	22	APTIOM	13
ALOGLIPTIN-METFORMIN HCL ..	36	amlodipine besylate-benazepril hcl	22	AQ INSULIN SYRINGE	32
ALORA	43	amlodipine besylate-valsartan ...	22	AQINJECT PEN NEEDLE	32
alosetron hcl	41	amlodipine-olmesartan	22	ARAKODA	19
		amnesteem	28	aranelle	43
		amoxicillin	11	ARANESP (ALBUMIN FREE)	38
		amoxicillin-potassium clavulanate	11	ARAVA	50
		amphet-dextroamphet 3-bead er	26	AREXVY	52
		amphetamine sulfate	26		

arformoterol tartrate.....	58	AUSTEDO	27	AZOR	22
ARICEPT	14	AUSTEDO XR.....	27	AZSTARYS.....	26
ARIMIDEX.....	18	AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	27	AZULFIDINE	53
aripiprazole oral solution.....	20	AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG.....	27	AZULFIDINE EN-TABS.....	53
aripiprazole oral tablet	20	AUVELITY.....	15	azurette	43
armodafinil.....	60	AUVI-Q.....	56		
ARMOUR THYROID	49	AVALIDE	22	B	
ARNUITY ELLIPTA	58	avanafil.....	38	bac	9
AROMASIN.....	18	AVAPRO	22	bacitracin ophthalmic	55
ARTHROTEC	10	AVAR CLEANSER.....	28	bacitracin-polymyxin b.....	54
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	53	AVAR LS CLEANSER	28	baclofen oral tablet 10 mg, 20 mg, 5 mg.....	60
ascomp-codeine.....	9	AVAR-E EMOLLIENT.....	28	baclofen oral tablet 15 mg	60
asenapine maleate	20	AVAR-E GREEN EXTERNAL CREAM 10-5 %	28	BACTRIM.....	12
ashlyna	43	AVAR-E LS EXTERNAL CREAM 10-2 %	28	BACTRIM DS	12
aspirin-dipyridamole er	38	aviane	43	BAFIERTAM	27
ATACAND.....	22	AVIDOXY.....	12	balsalazide disodium	53
ATACAND HCT	22	AVITA EXTERNAL CREAM 0.025 %.....	28	balziva.....	43
atenolol oral.....	22	AVITA EXTERNAL GEL 0.025 %....	28	BANZEL	13
atenolol-chlorthalidone	22	AVODART	43	BAQSIMI ONE PACK.....	36
ATIVAN ORAL.....	21	AVONEX PEN.....	27	BAQSIMI TWO PACK.....	36
atomoxetine hcl	26	AVONEX PREFILLED.....	27	BARACLUDGE ORAL TABLET	20
ATORVALIQ	22	AYGESTIN ORAL TABLET 5 MG ...	43	BASAGLAR KWIKPEN.....	35
atorvastatin calcium oral tablet 10 mg, 20 mg.....	22	ayuna.....	43	BASAGLAR TEMPO PEN	36
atorvastatin calcium oral tablet 40 mg, 80 mg.....	22	AZASAN	50	BD AUTOSHIELD DUO PEN NEEDLES.....	32
atovaquone	19	AZASITE.....	54	BD BLUNT FILL NEEDLE W/ FILTER.....	32
atovaquone-proguanil hcl.....	19	azathioprine oral tablet 100 mg, 75 mg.....	50	BD ECLIPSE NEEDLE 18G X 1-1/2", 25G X 5/8", 27G X 1/2"	32
ATRALIN	28	azathioprine oral tablet 50 mg....	50	BD ECLIPSE NEEDLE 23G X 1" (OTC)	32
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %.....	56	azelaic acid external.....	28	BD ECLIPSE NEEDLE 23G X 1" (RX)	32
atropine sulfate ophthalmic solution 1 %.....	56	azelastine hcl nasal solution 0.1 %, 137 mcg/spray	56	BD ECLIPSE SHIELDED NEEDLE..	32
ATROVENT HFA	58	azelastine hcl nasal solution 0.15 %.....	57	BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	32
AUBAGIO.....	27	azelastine hcl ophthalmic	54	BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2".....	32
aubra eq.....	43	azelastine-fluticasone.....	57	BD SHARPS COLLECTOR.....	32
aubra oral tablet 0.1-20 mg-mcg .	43	AZELEX.....	28	BD ULTRA-FINE INSULIN SYRINGES.....	32
AUGMENTIN	11	AZILECT.....	19	BD ULTRA-FINE PEN NEEDLES ...	32
AUGMENTIN ES-600	11	azithromycin oral packet 1 gm	12	BD ULTRA-FINE U-500 INSULIN SYRINGES.....	32
AUGTYRO ORAL CAPSULE	18	AZOPT.....	55	BD VEO ULTRA-FINE INSULIN SYRINGES.....	32
aurovela 1/20	43			BELBUCA.....	9
aurovela 1.5/30	43				
aurovela 24 fe.....	43				
aurovela fe 1/20.....	43				
aurovela fe 1.5/30	43				



BELSOMRA.....	60	BIOTEL CARE TEST STRIPS	32	BROVANA	58
benazepril hcl oral	22	bis subcit-metronid-tetracyc	41	BRUKINSA.....	18
benazepril-hydrochlorothiazide ..	22	bismuth/metronidaz/tetracyclin .	41	budesonide inhalation.....	58
BENICAR	22	bisoprolol fumarate oral.....	22	budesonide oral	53
BENICAR HCT.....	22	bisoprolol-hydrochlorothiazide...	22	budesonide rectal	53
BENLYSTA SUBCUTANEOUS		blisovi 24 fe	43	budesonide-formoterol	
SOLUTION AUTO-INJECTOR	50	blisovi fe 1/20	43	fumarate	58
BENZAMYCIN.....	28	blisovi fe 1.5/30.....	43	bumetanide oral	22
benzonatate oral capsule		BLOOD GLUCOSE TEST STRIPS ..	32	BUMEX	22
100 mg, 200 mg	57	BLOOD GLUCOSE TEST STRIPS		BUPAP ORAL TABLET 50-300 MG .	9
benzonatate oral capsule		333	32	buprenorphine.....	9, 11
150 mg	57	BOOSTRIX	52	buprenorphine hcl sublingual.....	11
benzoyl peroxide-erythromycin ..	28	BOOSTRIX INTRAMUSCULAR		buprenorphine hcl-naloxone hcl..	11
benztropine mesylate oral	19	SUSPENSION 5-2.5-18.5		bupropion hcl er (smoking det) ...	11
BESIVANCE	54	LF-MCG/0.5.....	52	bupropion hcl er (sr)	15
betamethasone dipropionate		BOSULIF ORAL TABLET	18	bupropion hcl er (xl) oral tablet	
aug external cream.....	29	BREATHE COMFORT CHAMBER/		extended release 24 hour	
betamethasone dipropionate		ADULT.....	58	150 mg, 300 mg	15
aug external lotion.....	29	BREATHE COMFORT CHAMBER/		BUPROPION HCL ER (XL) ORAL	
betamethasone dipropionate		CHILD.....	58	TABLET EXTENDED RELEASE 24	
aug external ointment.....	29	BREO ELLIPTA	58	HOUR 450 MG	15
betamethasone dipropionate		breyna.....	58	bupropion hcl oral	15
external cream.....	29	BREZTRI AEROSPHERE.....	58	buspirone hcl oral.....	21
betamethasone dipropionate		briellyn	43	butalbital-acetaminophen oral	
external lotion	29	BRILINTA.....	20	tablet 50-300 mg.....	9
betamethasone dipropionate		brimonidine tartrate external.....	29	butalbital-acetaminophen oral	
external ointment	29	brimonidine tartrate ophthalmic		tablet 50-325 mg	9
betamethasone valerate		solution 0.1 %	55	butalbital-apap-caff-cod oral	
external cream.....	29	brimonidine tartrate ophthalmic		capsule 50-300-40-30 mg.....	9
betamethasone valerate		solution 0.15 %	55	butalbital-apap-caff-cod oral	
external lotion	29	brimonidine tartrate ophthalmic		capsule 50-325-40-30 mg	9
betamethasone valerate		solution 0.2 %	55	butalbital-apap-caffeine oral	
external ointment	29	brimonidine tartrate-timolol.....	55	capsule 50-300-40 mg.....	9
BETAPACE.....	22	brinzolamide.....	55	butalbital-apap-caffeine oral	
BETAPACE AF	22	BRIVIACT ORAL SOLUTION	13	capsule 50-325-40 mg	9
BETASERON.....	27	BRIVIACT ORAL TABLET.....	13	butalbital-apap-caffeine oral	
betaxolol hcl oral	22	BROMFED DM ORAL SYRUP		tablet.....	9
bethanechol chloride oral.....	42	2-30-10 MG/5ML	57	butalbital-asa-caff-codeine.....	9
BETIMOL.....	55	bromfenac sodium (once-daily) ..	54	butalbital-aspirin-caffeine.....	9
BEVESPI AEROSPHERE.....	58	bromfenac sodium ophthalmic		butorphanol tartrate nasal.....	9
BEXSERO.....	52	solution 0.07 %.....	54	BUTRANS	9
BEYAZ	43	bromfenac sodium ophthalmic		BYDUREON BCISE	
bicalutamide.....	18	solution 0.075 %	54	AUTOINJECTOR	36
BIGFOOT UNITY PROGRAM	32	bromocriptine mesylate oral		BYETTA 10 MCG PEN	36
BIJUVA.....	43	tablet.....	19	BYETTA 5 MCG PEN.....	36
BIKTARVY	20	BROMSITE	54	BYLVAY	41
bimatoprost ophthalmic	55	BRONCHITOL.....	59	BYLVAY (PELLETS).....	41
BIMZELX	50	BRONCHITOL TOLERANCE TEST.	59	BYSTOLIC	22



C

cabergoline	48	carbinoxamine maleate oral tablet 4 mg	57	CERDELGA	42
CABOMETYX	18	carbinoxamine maleate oral tablet 6 mg	57	cetirizine hcl oral solution	57
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG	22	CARDIZEM	22	CETRAXAL	56
calcipotriene external cream	29	CARDIZEM CD	22	cetorelix acetate	53
calcipotriene external ointment	29	CARDIZEM LA	22	CETROTIDE	53
calcipotriene external solution	29	CARDURA	22	cevimeline hcl	28
calcitonin (salmon) injection	54	CAREPOINT POLY HUB NEEDLE 18G X 1", 21G X 1", 22G X 1", 23G X 1", 25G X 1", 25G X 5/8"	32	charlotte 24 fe	44
calcitonin (salmon) nasal	54	CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	33	chateal eq	44
CALCITRENE	29	CAREPOINT SAFETY 1ST NEEDLE	33	chateal oral tablet 0.15-30 mg-mcg	44
calcitriol oral	54	CARETOUCH MONITOR SYSTEM	33	chlordiazepoxide hcl	21
calcium acetate (phos binder) oral capsule	42	CARETOUCH TEST	33	chlordiazepoxide-clidinium	41
calcium acetate (phos binder) oral tablet	38	carisoprodol oral tablet 250 mg	60	chlorhexidine gluconate mouth/ throat	28
calcium acetate oral tablet 667 mg	38	carisoprodol oral tablet 350 mg	60	chlorpromazine hcl oral tablet	20
CALQUENCE	18	CARNITOR ORAL SOLUTION	38	chlorthalidone	22
CALQUENCE ORAL CAPSULE 100 MG	18	CARNITOR ORAL TABLET	42	chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	60
camila	43	CARNITOR SF	38	chlorzoxazone oral tablet 500 mg	60
camrese	43, 44	cartia xt	22	cholestyramine light	22
camrese lo	44	carvedilol	22	cholestyramine oral	22
CAMZYOS	22	carvedilol phosphate er	22	CHORIONIC GONADOTROPIN INTRAMUSCULAR	53
CANASA	53	CASODEX	18	CIALIS	38
candesartan cilexetil	22	CATAFLAM ORAL TABLET 50 MG	10	CIBINQO	29
candesartan cilexetil-hctz	22	CATAPRES-TTS-1	22	ciclodan	16
capecitabine	18	CATAPRES-TTS-2	22	ciclopirox external gel	16
CAPLYTA	20	CATAPRES-TTS-3	22	ciclopirox external shampoo	16
captopril oral	22	CAVERJECT IMPULSE	42	ciclopirox external solution	16
CARAC	29	cefadroxil	12	ciclopirox olamine external cream	16
CARAFATE	41	cefdinir	12	ciclopirox olamine external suspension	29
carbamazepine er oral capsule extended release 12 hour	13	cefixime	12	cilostazol	20
carbamazepine er oral tablet extended release 12 hour	13	cefepodoxime proxetil oral tablet	12	CIMDUO	20
carbamazepine oral tablet	13	cefprozil	12	cimetidine oral	41
carbamazepine oral tablet chewable	13	cefuroxime axetil	12	CIMZIA	50
CARBATROL	13	CELEBREX	10	CIMZIA (2 SYRINGE)	50
carbidopa-levodopa er	19	celecoxib oral	10	CIMZIA-STARTER	50
carbidopa-levodopa oral tablet	19	CELEXA	15	cinacalcet hcl	54
carbidopa-levodopa- entacapone	19	CELLCEPT ORAL CAPSULE	50	CINRYZE	50
		CELLCEPT ORAL TABLET	50	CIPRO HC	56
		CENTANY EXTERNAL OINTMENT 2%	12	CIPRO ORAL TABLET	12
		cephalexin	12	CIPRODEX OTIC SUSPENSION 0.3-0.1%	56
		CEQUA	56	ciprofloxacin hcl ophthalmic	54
		CEQUR SIMPLICITY 2U 10PK	33		



ciprofloxacin hcl oral	12	clindamycin phosphate vaginal ...	12	colchicine-probenecid	17
ciprofloxacin hcl otic	56	CLINDESSE	12	COLCRYS ORAL TABLET 0.6 MG..	17
ciprofloxacin-dexamethasone....	56	CLINPRO 5000	28	colesevelam hcl oral tablet.....	23
citalopram hydrobromide oral solution	15	clobazam oral suspension.....	13	COLESTID ORAL TABLET	23
citalopram hydrobromide oral tablet.....	15	clobazam oral tablet.....	13	colestipol hcl oral tablet.....	23
CITRANATAL 90 DHA.....	38	clobetasol prop emollient base external cream 0.05 %.....	29	COMBIGAN	55
CITRANATAL ASSURE	38	clobetasol propionate e.....	29	COMBIPATCH.....	44
CITRANATAL DHA ORAL 27-1 & 250 MG.....	39	clobetasol propionate external cream	29	COMBIVENT RESPIMAT.....	58
claravis	29	clobetasol propionate external foam.....	29	COMIRNATY	52
CLARINEX	57	clobetasol propionate external gel	29	COMPLERA	20
clarithromycin er	12	clobetasol propionate external liquid	29	COMPLETENATE	39
clarithromycin oral suspension reconstituted.....	12	clobetasol propionate external ointment.....	29	COMTAN ORAL TABLET 200 MG..	19
clarithromycin oral tablet.....	12	clobetasol propionate external shampoo.....	29	CONCEPT DHA.....	39
CLENPIQ	41	clobetasol propionate external solution	29	CONCERTA.....	26
CLEOCIN ORAL CAPSULE 150 MG, 300 MG.....	12	CLOBEX EXTERNAL SHAMPOO... 29		constulose	41
CLEOCIN ORAL CAPSULE 75 MG. 12		CLOBEX SPRAY	29	CONTOUR MONITOR KIT W/ DEVICE.....	33
CLEOCIN ORAL SOLUTION RECONSTITUTED.....	12	clodan.....	29	CONTOUR NEXT EZ KIT W/ DEVICE.....	33
CLEOCIN VAGINAL CREAM.....	12	CLOMID	53	CONTOUR NEXT GEN MONITOR KIT W/DEVICE.....	33
CLEOCIN-T.....	29	clomiphene citrate oral tablet 50 mg	53	CONTOUR NEXT GEN TEST STRIPS	33
CLIMARA.....	44, 45	clomipramine hcl oral	15	CONTOUR NEXT LINK KIT W/ DEVICE.....	33
CLIMARA PRO	44	clonazepam oral	21	CONTOUR NEXT MONITOR KIT W/DEVICE	33
clindacin	29	clonidine hcl er.....	26	CONTOUR NEXT ONE DEVICE....	33
clindacin etz external swab	29	clonidine hcl oral.....	22	CONTOUR NEXT ONE KIT.....	33
clindacin-p.....	29	clonidine patch weekly 0.1 mg/24hr transdermal.....	23	CONTOUR NEXT TEST STRIPS....	33
CLINDAGEL.....	29	clonidine patch weekly 0.2 mg/24hr transdermal	23	CONTOUR PLUS BLUE.....	33
clindamycin hcl oral	12	clonidine patch weekly 0.3 mg/24hr transdermal	23	CONTOUR PLUS TEST	33
clindamycin palmitate hcl.....	12	clopidogrel bisulfate oral.....	20	CONTOUR TEST STRIPS.....	33
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %.....	29	clorazepate dipotassium.....	21	COPAXONE	27
clindamycin phos-benzoyl perox external gel 1.2-5 %.....	29	clotrimazole external cream	29	CORDRAN.....	29
clindamycin phosphate external foam.....	29	clotrimazole mouth/throat	16	COREG	23
clindamycin phosphate external lotion	29	clotrimazole-betamethasone....	29	COREG CR	23
clindamycin phosphate external solution	29	clozapine oral tablet.....	20	CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG.....	23
clindamycin phosphate external swab.....	29	CLOZARIL.....	20	CORLANOR.....	23
clindamycin phosphate gel 1 % external	29	CO-NATAL FA	39	CORTEF	48
		COLAZAL	53	CORTENEMA.....	53
		colchicine oral	17	CORTIFOAM	53
				COSENTYX (300 MG DOSE)	50
				COSENTYX 150 MG/ML SUBCUTANEOUS.....	50

COSENTYX SENSOREADY (300 MG).....	50	CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	50	delyla.....	44	
COSENTYX SENSOREADY PEN	50	CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	50	DENTA 5000 PLUS.....	28, 39	
COSENTYX UNOREADY	50	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	50	DENTA 5000 PLUS SENSITIVE.....	39	
COSOPT.....	55	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	50	DENTAGEL	28	
COSOPT PF	55	CYMBALTA	15	DEPAKOTE	13	
COTELLIC.....	18	cyproheptadine hcl oral.....	57	DEPAKOTE ER.....	13	
COTEMPLA XR-ODT	26	cyred eq.....	44	DEPAKOTE SPRINKLES.....	13	
COVARYX	44	cyred oral tablet 0.15-30 mg-mcg.....	44	DEPEN TITRATABS.....	42	
COVARYX HS.....	44	CYTOMEL.....	49	DEPO-ESTRADIOL	44	
COZAAR.....	23	CYTOTEC.....	41	DEPO-PROVERA.....	44	
CREON	42	D			DEPO-SUBQ PROVERA 104	44
CRESEMBA ORAL.....	16	D-CARE BLOOD GLUCOSE.....	33	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	48	
CRESTOR.....	23	D-CARE GLUCOMETER	33	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	48	
CREXONT	19	dabigatran etexilate mesylate	13	DERMA-SMOOTH/FS BODY	29	
cromolyn sodium ophthalmic.....	56	dalfampridine er	27	DERMA-SMOOTH/FS SCALP	29	
cromolyn sodium oral	41	DALIRESP.....	58	DERMACINRX UREA.....	29	
cryselle-28	44	DANTRIUM ORAL.....	60	DERMOTIC.....	56	
curae	44	dantrolene sodium oral.....	60	DESCOVY	20	
CUVPOSA	41	DAPAGLIFLOZIN PRO-METFORMIN ER.....	37	desipramine hcl oral.....	15	
CVS ADVANCED GLUCOSE TEST	33	DAPAGLIFLOZIN PROPANEDIOL	37	desloratadine oral tablet.....	57	
CVS GLUCOSE METER TEST STRIPS	33	dapsone external	29	desmopressin acetate oral.....	48	
CVS NEEDLE COLLECTION/DISPOSAL.....	33	dapsone oral.....	18	desmopressin acetate spray	48	
cvs nicotine	11	darunavir.....	20	desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5).....	44	
cvs nicotine polacrilex.....	11	dasatinib	18	desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg.....	44	
cyanocobalamin injection solution 1000 mcg/ml.....	39	dasetta 1/35	44	desonide external cream.....	29	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML.....	39	dasetta 7/7/7	44	desonide external lotion	29	
cyanocobalamin nasal.....	39	DAVIMET-FLUORIDE.....	39	desonide external ointment	29	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	60	DAYPRO	10	DESOWEN.....	29	
cyclobenzaprine hcl oral tablet 7.5 mg	60	daysee.....	44	desoximetasone external cream	29	
CYCLOGYL.....	56	DAYVIGO.....	60	desoximetasone external ointment.....	30	
cyclopentolate hcl ophthalmic	56	DDAVP ORAL	48	desvenlafaxine succinate er	15	
cyclophosphamide oral capsule	18	deblitane.....	44	DETROL.....	42	
CYCLOSET	37	deferasirox oral tablet.....	39	DETROL LA	42	
cyclosporine modified oral capsule.....	50	DELESTROGEN.....	44	DEXABLISS	48	
cyclosporine ophthalmic.....	56	DELSTRIGO.....	20	dexamethasone intensol.....	48	
cyclosporine oral	50			dexamethasone oral elixir.....	48	
CYLTEZO (2 PEN)	50			dexamethasone oral solution	48	
CYLTEZO (2 SYRINGE)	50			dexamethasone oral tablet	48	

dexamethasone oral tablet therapy pack.....	48	diclofenac-misoprostol	10	dorzolamide hcl solution 2 % ophthalmic.....	55
dexamethasone sodium phosphate ophthalmic	54	DICLOFONO	10	dorzolamide hcl-timolol mal	55
DEXCOM G6 RECEIVER	33	dicloxacillin sodium.....	12	dorzolamide hcl-timolol mal pf ...	55
DEXCOM G6 SENSOR	33	dicyclomine hcl oral	41	dotti	44
DEXCOM G6 TRANSMITTER.....	33	DIFICID ORAL TABLET	12	DOVATO.....	20
DEXCOM G7 RECEIVER	33	DIFLUCAN	16	doxazosin mesylate oral.....	23
DEXCOM G7 SENSOR	33	difluprednate	56	doxepin hcl oral capsule.....	15
DEXEDRINE.....	26	digitek oral tablet 125 mcg, 250 mcg	23	doxepin hcl oral concentrate	15
DEXILANT	41	digoxin oral tablet	23	doxepin hcl oral tablet.....	60
dexlansoprazole	41	DILANTIN INFATABS	13	doxycycline	12, 30
dexmethylphenidate hcl	26	DILANTIN ORAL CAPSULE.....	13	doxycycline hyclate oral capsule..	12
dexmethylphenidate hcl er	26	DILAUDID ORAL TABLET.....	9	doxycycline hyclate oral tablet 100 mg	12
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	26	dilt-xr.....	23	doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	12
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	26	diltiazem hcl er beads	23	doxycycline hyclate oral tablet 20 mg	12
dextroamphetamine sulfate oral tablet 10 mg, 5 mg.....	26	diltiazem hcl er coated beads.....	23	doxycycline monohydrate oral capsule 100 mg, 50 mg.....	12
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	26	diltiazem hcl er oral capsule extended release 12 hour	23	doxycycline monohydrate oral capsule 150 mg, 75 mg	12
DHIVY	19	diltiazem hcl er oral capsule extended release 24 hour	23	doxycycline monohydrate oral suspension reconstituted	12
DIABETES MONITOR DIGIT ADD-ON.....	33	diltiazem hcl er oral tablet extended release 24 hour	23	doxycycline monohydrate oral tablet.....	12
DIABETES MONITOR DIGIT SOLN	33	diltiazem hcl er oral tablet extended release 24 hour	23	doxylamine-pyridoxine.....	16
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	13	diltiazem hcl oral.....	23	DRISDOL.....	39
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG.....	13	dimethyl fumarate oral.....	27	dronabinol	16
diazepam oral solution	21	DIOVAN	23	DROPSAFE SAFETY SYRINGE/ NEEDLE	33
diazepam oral tablet.....	21	DIOVAN HCT.....	23	drospiren-eth estrad-levomefol ..	44
diazepam rectal.....	13	DIPENTUM	53	drospirenone-ethinyl estradiol ...	44
DICLEGIS	16	diphenoxylate-atropine oral tablet.....	41	DRYSOL	30
diclofenac potassium oral tablet 25 mg.....	10	DIPROLENE.....	30	DUAVEE	44
diclofenac potassium oral tablet 50 mg	10	disulfiram oral	11	DULERA	58
diclofenac sodium er	10	DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG.....	42	duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	15
diclofenac sodium external gel 1 %	10	divalproex sodium er	13	duloxetine hcl oral capsule delayed release particles 40 mg ..	15
diclofenac sodium external gel 3 %.....	30	divalproex sodium oral capsule delayed release sprinkle.....	13	DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	30
diclofenac sodium ophthalmic....	54	divalproex sodium oral tablet delayed release	13	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML.....	30
diclofenac sodium oral	10	DIVIGEL.....	44	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML.....	30
		DODEX.....	39		
		dofetilide.....	23		
		dolishale.....	44		
		donepezil hcl oral tablet 10 mg, 5 mg	14		
		donepezil hcl oral tablet 23 mg ...	15		
		DOPTELET	38		



DUREZOL	56	ELEPSIA XR	13	enulose.....	41
dutasteride oral.....	43	ELESTRIN	44	ENVARUSUS XR.....	50
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	48	eletriptan hydrobromide.....	17	EPANED	23
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	26	ELIDEL	30	EPCLUSA ORAL TABLET.....	21
DYMISTA	57	ELIMITE.....	19	EPIDIOLEX.....	14
E					
E.E.S. GRANULES	12	elinest.....	44	EPIDUO	30
EASIVENT.....	58	ELIQUIS.....	13	EPIDUO FORTE	30
EASIVENT MASK LARGE	58	ELIQUIS DVT/PE STARTER PACK ..	13	epinephrine solution auto- injector 0.15 mg/0.15ml injection.....	56
EASIVENT MASK MEDIUM	58	ELITE-OB	39	epinephrine solution auto- injector 0.15 mg/0.3ml injection..	56
EASIVENT MASK SMALL	58	ELLA.....	44	epinephrine solution auto- injector 0.3 mg/0.3ml injection ...	56
EASY COMFORT SHARPS CONTAINER.....	33	ELMIRON.....	42	EPIPEN 2-PAK.....	56
EASY MAX BLOOD GLUCOSE TEST.....	33	ELOCTATE.....	38	EPIPEN JR 2-PAK	56
EASY MAX T1 GLUCOSE SYSTEM ..	33	eluryng.....	44	epitol	14
EASY TOUCH HEALTHPRO GLUCOSE	33	EMBRACE BLOOD GLUCOSE TEST	33	eplerenone.....	23
EASY TOUCH TEST	33	EMBRACE WAVE BLOOD GLUCOSE IN VITRO	33	EQ BLOOD GLUCOSE TEST	33
EASYGLUCO	33	EMEND ORAL CAPSULE.....	16	eq nicotine.....	11
EASYMAX 15 TEST	33	EMGALITY	17	eq nicotine polacrilex.....	11
EASYMAX NG BLOOD GLUCOSE KIT.....	33	EMPAVELI.....	50	eq nicotine step 3.....	11
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG.....	10	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	21	eq nicotine polacrilex mouth/ throat lozenge 2 mg, 4 mg	11
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	10	emtricitabine-tenofovir df oral tablet 200-300 mg	21	EQUETRO	22
ec-naproxen	10	emzahn.....	44	ergocalciferol oral capsule....	39, 40
econazole nitrate external	16	enalapril maleate oral solution....	23	ERIVEDGE	18
econtra ez oral tablet 1.5 mg.....	44	enalapril maleate oral tablet	23	ERLEADA ORAL TABLET 240 MG .	18
econtra one-step	44	enalapril-hydrochlorothiazide ...	23	ERLEADA ORAL TABLET 60 MG...	18
ED-SPAZ ORAL TABLET DISPERSIBLE 0.125 MG	41	ENBREL	50	ERMEZA.....	49
EDARBI.....	23	ENBREL MINI	50	errin	44
EDARBYCLOR.....	23	ENBREL SURECLICK.....	50	ERY-TAB	12
EDEX	42	endocet	9	ERYGEL.....	30
EEMT	44	ENDOMETRIN	53	ERYPED 200.....	12
EEMT HS.....	44	ENGERIX-B.....	52	ERYPED 400	12
efavirenz-emtricitab-tenofo df ...	20	enillorig	44	erythromycin base oral tablet	12
EFFER-K ORAL TABLET		ENLITE GLUCOSE SENSOR.....	33	erythromycin base oral tablet delayed release	12
EFFERVESCENT 10 MEQ, 20 MEQ .	39	enoxaparin sodium injection solution prefilled syringe.....	13	erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	12
EFFEXOR XR	15	enpresse-28.....	44	erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	12
EFFIENT.....	20	enskyce	44	erythromycin external.....	30
EFUDEX	30	ENSTILAR.....	30	erythromycin ophthalmic.....	54
		entacapone.....	19	erythromycin oral.....	12
		entecavir.....	21		
		ENTRESTO ORAL TABLET	23		
		ENTYVIO PEN.....	50		

escitalopram oxalate oral solution	15	etodolac er	10	fayosim oral tablet 42-21-21-7 days	45
escitalopram oxalate oral tablet ..	15	etonogestrel-ethinyl estradiol	45	febuxostat	17
ESGIC	9	etravirine	21	felbamate	14
ESGIC ORAL CAPSULE 50-325-40 MG	9	EUCRISA	30	FELBATOL	14
esomeprazole magnesium oral capsule delayed release	41	euthyrox	49	FELBATOL ORAL SUSPENSION 600 MG/5ML	14
esomeprazole magnesium oral packet	41	EVAMIST	45	FELDENE ORAL CAPSULE 10 MG, 20 MG	10
est estrogens-methyltest	44	EVEKEO	26	felodipine er	23
est estrogens-methyltest ds	44	everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	50	FEMARA	18
est estrogens-methyltest hs	44	everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	18	FEMRING	45
estarylla	44	EVERSENSE 365 SENSOR/HOLDER	33	femynor oral tablet 0.25-35 mg-mcg	45
estazolam	60	EVERSENSE 365 SMART TRANSMIT	33	fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	23
ESTRACE	44	EVERSENSE E3 SENSOR/HOLDER	33	FENOFIBRATE MICRONIZED ORAL CAPSULE 30 MG, 90 MG ...	23
estradiol oral	44, 46	EVERSENSE E3 SMART TRANSMITTER	33	fenofibrate oral capsule 134 mg, 200 mg, 67 mg	23
estradiol patch twice weekly 0.025 mg/24hr transdermal	44	EVERSENSE SENSOR/HOLDER	33	fenofibrate oral tablet 120 mg, 40 mg	23
estradiol patch twice weekly 0.0375 mg/24hr transdermal	44	EVERSENSE SMART TRANSMITTER	33	fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	23
estradiol patch twice weekly 0.05 mg/24hr transdermal	44	EVISTA	54	fenofibric acid oral capsule delayed release	23
estradiol patch twice weekly 0.075 mg/24hr transdermal	44	EVOCLIN EXTERNAL FOAM 1 %	30	FENOGLIDE	23
estradiol patch twice weekly 0.1 mg/24hr transdermal	45	EVOXAC	28	fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr .	9
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	45	EVRYSDI	42	fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	9
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	45	EXELDERM EXTERNAL CREAM	16	FETZIMA	15
estradiol transdermal patch weekly	45	EXELON	15	FEXMID	60
estradiol vaginal cream	45	exemestane	18	FINACEA EXTERNAL FOAM	30
estradiol vaginal tablet	45	EXFORGE	23	FINACEA EXTERNAL GEL	30
estradiol valerate intramuscular ..	45	EXKIVITY ORAL CAPSULE 40 MG	18	finasteride oral tablet 5 mg	43
estradiol-norethindrone acet	45	EXTAVIA	27	fingolimod hcl	27
estratest f.s	45	EYSUVIS	54	FINTEPLA	14
ESTRATEST H.S	45	ezetimibe	23	finzala	45
ESTRING	45	ezetimibe-simvastatin	23	FIORICET	9
ESTROGEL	45			FIORICET/CODEINE	9
eszopiclone	60			FIRVANQ	12
ethambutol hcl oral	18			flac	56
ethosuximide oral	14			FLAGYL	12
ethynodiol diac-eth estradiol	45			FLAREX	54
etodolac	10				

F

FABHALTA	38
falmina	45
famciclovir oral	21
famotidine oral suspension reconstituted	41
famotidine oral tablet 20 mg, 40 mg	41
FARXIGA	37
FASENRA PEN	58



flecainide acetate	23	FLUTICASON FUROATE- VILANTEROL	58	FREESTYLE LIBRE 14 DAY SENSOR	33
FLEXICHAMBER	58	fluticasone propionate external cream	30	FREESTYLE LIBRE 2 PLUS SENSOR	34
FLOMAX	43	fluticasone propionate external ointment	30	FREESTYLE LIBRE 2 READER	34
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE	39	FLUTICASON PROPIONATE HFA	58	FREESTYLE LIBRE 2 SENSOR	34
FLORIVA PLUS	39	fluticasone propionate nasal	57	FREESTYLE LIBRE 3 PLUS SENSOR	34
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	58	FLUTICASON-SALMETEROL INHALATION AEROSOL	58	FREESTYLE LIBRE 3 READER	34
fluconazole oral	16	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/ act, 250-50 mcg/act, 500-50 mcg/act	58	FREESTYLE LIBRE 3 SENSOR	34
fludrocortisone acetate oral	48	FLUTICASON-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ ACT, 55-14 MCG/ACT	58	FREESTYLE LIBRE READER	34
flunisolide nasal	57	fluvastatin sodium	23	FREESTYLE PRECISION NEO SYSTEM	34
fluocinolone acetonide body	30	fluvoxamine maleate	15	FREESTYLE PRECISION NEO TEST	34
fluocinolone acetonide external cream	30	fluvoxamine maleate er	15	FREESTYLE TEST	34
fluocinolone acetonide external ointment	30	FML FORTE	54	FROVA	17
fluocinolone acetonide external solution	30	FML LIQUIFILM	54	frovatriptan succinate	17
fluocinolone acetonide otic	56	FOCALIN	26	ft nicotine	11
fluocinolone acetonide scalp	30	FOCALIN XR	26	ft nicotine mini	11
fluocinonide external cream 0.05 %	30	folic acid oral tablet 1 mg	39	FUROSCIX	23
fluocinonide external cream 0.1 %	30	FOLLISTIM AQ	53	furosemide oral	23
fluocinonide external gel	30	fondaparinux sodium	13	fyavolv	45
fluocinonide external ointment	30	FORA 6 CONNECT/GTEL TEST	33	FYCOMPA ORAL SUSPENSION ...	14
fluocinonide external solution	30	FORFIVO XL	15	FYCOMPA ORAL TABLET	14
FLUORIDEX	28	formoterol fumarate inhalation	58	FYREMADEL	53
FLUORIDEX ENHANCED WHITENING	28	FORTEO	54		
FLUORIMAX 5000	28, 39	FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	48	G	
FLUORIMAX 5000 SENSITIVE	39	FORTISCARE G1 TEST STRIP IN VITRO STRIP	33	gabapentin oral capsule	14
fluoritab oral solution 0.275 (0.125 f) mg/drop	39	FORTISCARE TEST IN VITRO STRIP	33	gabapentin oral solution 250 mg/5ml	14
fluorometholone	54	FOSAMAX	54	GABAPENTIN ORAL TABLET 25 MG, 50 MG	14
FLUOROURACIL EXTERNAL CREAM 0.5 %	30	fosfomycin tromethamine	12	gabapentin oral tablet 600 mg, 800 mg	14
fluorouracil external cream 5 %	30	fosinopril sodium	23	galantamine hydrobromide er	15
fluoxetine hcl oral capsule	15	fosinopril sodium-hctz	23	gallifrey	45
fluoxetine hcl oral capsule delayed release	15	FRAICHE 5000 DENTAL	28	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	53
fluoxetine hcl oral solution	15	FRAICHE 5000 SENSITIVE	39	GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	52
fluoxetine hcl oral tablet 10 mg ...	15	FREESTYLE LIBRE 14 DAY READER	33	GASTROCROM	41
fluoxetine hcl oral tablet 20 mg, 60 mg	15			gatifloxacin ophthalmic	54
fluphenazine hcl oral tablet	20			gavilyte-c	41
flurbiprofen oral	10			gavilyte-g	41
				gavilyte-n with flavor pack	41



GAVRETO	18	gnp nicotine mini	11	haloette	45	
gemfibrozil oral	23	gnp nicotine polacrilex mouth/ throat gum 2 mg	11	haloperidol oral	20	
GEMTESA	42	gnp nicotine polacrilex mouth/ throat lozenge	11	HARVONI ORAL TABLET	21	
GEN7T EXTERNAL PATCH 3.5 %...	9	gnp nicotine transdermal	11	HAVRIX	52	
generlac	41	GOLYTELY	41	HEALTHPRO BLOOD GLUCOSE MONITO	34	
gengraf oral capsule	50	GONAL-F	53	heather	45	
gentamicin sulfate external	12	GONAL-F RFF	53	HEMADY	48	
gentamicin sulfate ophthalmic ...	54	GONAL-F RFF REDIJECT	53	HEMANGEOL	23	
GENVOYA	21	goodsense nicotine	11	HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	38	
GEODON ORAL	20	granisetron hcl oral	16	HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	38	
GILENYA ORAL CAPSULE 0.25 MG	27	GRASTEK	50	HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	53	
GILENYA ORAL CAPSULE 0.5 MG	27	griseofulvin microsize oral	16	HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	53	
glatiramer acetate	27	griseofulvin ultramicrosize	16	HEMOPIL M	38	
glatopa	27	guanfacine hcl	23, 26	heparin sodium (porcine) injection solution	38	
GLEEVEC	18	guanfacine hcl er	26	heparin sodium (porcine) pf	38	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	37	GUARDIAN 4 GLUCOSE SENSOR	34	HEPLISAV-B	52	
glimepiride oral tablet 3 mg	37	GUARDIAN 4 TRANSMITTER	34	her style	45	
glipizide er	37	GUARDIAN CONNECT TRANSMITTER	34	HIDEX 6-DAY	48	
glipizide oral tablet 10 mg, 5 mg ..	37	GUARDIAN LINK 3 TRANSMITTER	34	HIPREX	12	
glipizide oral tablet 2.5 mg	37	GUARDIAN REAL-TIME REPLACE PED	34	hm nicotine polacrilex	11	
glipizide xl	37	GUARDIAN SENSOR (3)	34	hm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	11	
glipizide-metformin hcl	37	GUARDIAN SENSOR 3	34	HORIZANT	27	
glucagon emergency kit 1 mg injection	37	GVOKE HYPOPEN 1-PACK	34	HULIO (2 PEN)	51	
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR	37	GVOKE HYPOPEN 2-PACK	34	HULIO (2 SYRINGE)	51	
GLUCOCARD EXPRESSION TEST	34	GVOKE KIT	34	HUMALOG CARTRIDGE	36	
GLUCOCARD SHINE TEST	34	GVOKE PFS	34	HUMALOG INJECTION	36	
GLUCOCARD VITAL TEST	34	GYNAZOLE-1	16	HUMALOG KWIKPEN	36	
GLUCOTROL XL	37	H			HUMALOG MIX 50/50 KWIKPEN	36
GLUMETZA	37	habitrol	11	HUMALOG MIX 50/50 VIAL	36	
glyburide micronized	37	HADLIMA	50	HUMALOG MIX 75/25 KWIKPEN ..	36	
glyburide oral	37	HADLIMA PUSH TOUCH	50	HUMALOG MIX 75/25 VIAL	36	
glyburide-metformin	37	HAEGARDA	51	HUMALOG SUBCUTANEOUS	36	
GLYCATE	41	hailey 1.5/30	45	HUMALOG TEMPO PEN	36	
glycopyrrolate oral solution	41	hailey 24 fe	45	HUMALOG U-100 JUNIOR KWIKPEN	36	
glycopyrrolate oral tablet 1 mg, 2 mg	41	hailey fe 1/20	45	HUMATE-P	38	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	41	hailey fe 1.5/30	45	HUMIRA (2 PEN)	51	
glydo	9	HALCION	21	HUMIRA (2 SYRINGE)	51	
GLYNASE ORAL TABLET 1.5 MG ..	37	halobetasol propionate external cream	30			
GLYNASE ORAL TABLET 3 MG, 6 MG	37	halobetasol propionate external ointment	30			
GLYXAMBI	37					



HUMIRA-CD/UC/HS STARTER	51	hydrocortisone ace-pramoxine external cream 2.5-1 %	30	HYRIMOZ-PLAQ PSOR/UEVIT START	51
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	51	hydrocortisone acetate rectal	53	HYZAAR	23
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	51	hydrocortisone butyrate external cream	30		
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	51	hydrocortisone external cream 1 %	30	I	
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	51	hydrocortisone external cream 2.5 %	30	ibandronate sodium oral	54
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	51	hydrocortisone external lotion 2 %	30	IBRANCE	18
HUMIRA-PSORIASIS/UEVIT STARTER	51	hydrocortisone external lotion 2.5 %	30	IBSRELA	41
HUMULIN 70/30 KWIKPEN	36	hydrocortisone external ointment 1 %, 2.5 %	30	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	10
HUMULIN 70/30 VIAL	36	hydrocortisone oral	48	iclevia	45
HUMULIN N KWIKPEN	36	hydrocortisone rectal	53	ICLUSIG ORAL TABLET 10 MG, 30 MG	18
HUMULIN N VIAL	36	hydrocortisone valerate external cream	30	ICLUSIG ORAL TABLET 15 MG, 45 MG	18
HUMULIN R U-500 KWIKPEN	36	hydrocortisone valerate external ointment	30	icosapent ethyl	23
HUMULIN R U-500 VIAL	36	hydrocortisone-acetic acid	56	IDACIO (2 PEN)	51
HUMULIN R VIAL	36	hydromet	57	IDACIO (2 SYRINGE)	51
HYCODAN ORAL SOLUTION	57	hydromorphone hcl oral tablet	9	IDACIO-CROHNS/UC STARTER	51
hydralazine hcl oral	23	hydroxychloroquine sulfate oral . . .	19	IDACIO-PSORIASIS STARTER	51
HYDREA	18	HYDROXYM EXTERNAL CREAM	30	IDELVION	38
hydrochlorothiazide oral	23	hydroxyurea oral	18	IDHIFA	18
hydrocod poli-chlorophe poli er . . .	57	hydroxyzine hcl oral	21	ILEVRO	54
hydrocodone bit-homatrop mbr oral solution	57	hydroxyzine pamoate oral	21	imatinib mesylate	18
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	9	HYFTOR	51	IMBRUVICA ORAL CAPSULE	18
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	9	hyoscyamine sulfate er	41	IMBRUVICA ORAL TABLET 140 MG, 280 MG	18
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	9	hyoscyamine sulfate oral tablet . . .	41	IMBRUVICA ORAL TABLET 420 MG	18
hydrocodone-ibuprofen	9	hyoscyamine sulfate oral tablet dispersible	41	IMBRUVICA ORAL TABLET 560 MG	18
hydrocort-pramoxine (perianal) . . .	53	hyoscyamine sulfate sublingual . . .	41	imipramine hcl oral	15
hydrocortisone (perianal) external cream 1 %	53	HYPERSAL	57	imiquimod external cream 3.75 %	30
hydrocortisone (perianal) external cream 2.5 %	53	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	51	imiquimod external cream 5 % . . .	30
hydrocortisone ace-pramoxine external cream 1-1 %	53	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	51	imiquimod pump	30
		HYRIMOZ-CROHNS/UC STARTER . . .	51	IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	17
		HYRIMOZ-PED<40KG CROHN STARTER	51	IMITREX ORAL	17
		HYRIMOZ-PED>=40KG CROHN START	51	IMITREX STATDOSE SYSTEM	17
				IMPOYZ	30
				IMURAN	51
				IMVEXXY MAINTENANCE PACK	38
				IMVEXXY STARTER PACK	38
				INBRIJA	19
				incassia	45
				indapamide	23

INDERAL LA	23
indomethacin er	10
INDOMETHACIN ORAL CAPSULE 20 MG	10
indomethacin oral capsule 25 mg, 50 mg	10
INGREZZA ORAL CAPSULE 40 MG, 80 MG	27
INGREZZA ORAL CAPSULE 60 MG	27
INGREZZA ORAL CAPSULE SPRINKLE	27
INGREZZA ORAL CAPSULE THERAPY PACK	27
INLYTA	18
INPEN 100-BLUE-LILLY- HUMALOG DEVICE	34
INPEN 100-BLUE-NOVOLOG- FIASP DEVICE	34
INPEN 100-GREY-LILLY- HUMALOG DEVICE	34
INPEN 100-GREY-NOVOLOG- FIASP DEVICE	34
INPEN 100-PINK-LILLY- HUMALOG DEVICE	34
INPEN 100-PINK-NOVOLOG- FIASP DEVICE	34
INSPIREASE	58
INSPIRA	23
INSULIN ASPART	36
INSULIN ASPART FLEXPEN	36
INSULIN DEGLUDEC FLEXTOUCH	36
INSULIN GLARGINE	36
INSULIN GLARGINE MAX SOLOSTAR	36
INSULIN GLARGINE SOLOSTAR ..	36
INSULIN LISPRO	36
INSULIN LISPRO (1 UNIT DIAL) ..	36
INSULIN LISPRO JUNIOR KWIKPEN	36
INSULIN LISPRO PROT & LISPRO	36
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM, 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	34

INSULIN SYRINGES 27G X 1/2” 0.5 ML, 27G X 1/2” 1 ML, 28G X 1/2” 0.5 ML, 28G X 1/2” 1 ML, 29G X 1/2” 0.5 ML, 29G X 1/2” 1 ML, 30G X 1/2” 1 ML, 30G X 5/16” 0.5 ML, 31G X 5/16” 0.5 ML, 31G X 5/16” 1 ML	34
INTELENCE ORAL TABLET 100 MG, 200 MG	21
INTELENCE ORAL TABLET 25 MG	21
INTRAROSA	38
introvale	45
INTUNIV	26
INVEGA	20
INVELTYS	54
INVOKANA	37
IPOL	52
ipratropium bromide inhalation ..	58
ipratropium bromide nasal	57
ipratropium-albuterol	58
IQIRVO	42
irbesartan	24
irbesartan-hydrochlorothiazide ..	24
ISENTRESS HD	21
ISENTRESS ORAL TABLET	21
isibloom	45
isoniazid oral tablet	18
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	56
ISORDIL TITRADOSE	24
isosorb dinitrate-hydralazine	24
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	24
isosorbide dinitrate oral tablet 40 mg	24
isosorbide mononitrate	24
isosorbide mononitrate er	24
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	30
isotretinoin oral capsule 25 mg, 35 mg	30
ISTALOL	55
itraconazole oral capsule	16
ivabradine hcl	24
ivermectin external cream	30
ivermectin oral	19
IYUZEH	55

J

jaimiess	45
JAKAFI	18
jantoven	13
JANUMET	37
JANUMET XR	37
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

K

K-PHOS-NEUTRAL	39
K-TAB	39
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	KYZATREX.....	48	letrozole oral.....	19	
KERENDIA.....	24			leucovorin calcium oral.....	19	
KESIMPTA.....	27	L			leuprolide acetate injection.....	48
ketoconazole external cream.....	16	labetalol hcl oral.....	24	levabuterol hcl inhalation.....	58	
ketoconazole external shampoo..	16	lacosamide oral.....	14	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT.....	58	
ketoconazole oral.....	16	lactulose encephalopathy.....	42	LEVVID.....	42	
ketorolac tromethamine ophthalmic.....	54	lactulose oral solution.....	42	levetiracetam er.....	14	
ketorolac tromethamine oral.....	10	LAGEVRIO.....	21	levetiracetam oral.....	14	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	51	LAMICTAL.....	14	levo-t.....	49	
KINERET.....	51	LAMICTAL ODT ORAL TABLET DISPERSIBLE.....	14	levocarnitine oral solution.....	39	
KISQALI (200 MG DOSE).....	18	LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR... ..	14	levocarnitine oral tablet.....	42	
KISQALI (400 MG DOSE).....	18	lamotrigine er.....	14	levocarnitine sf.....	39	
KISQALI (600 MG DOSE).....	18	lamotrigine oral tablet.....	14	levocetirizine dihydrochloride oral solution.....	57	
KLARITY-A.....	54	lamotrigine oral tablet chewable .	14	levocetirizine dihydrochloride oral tablet.....	57	
KLARITY-C DROPS.....	56	lamotrigine oral tablet dispersible.....	14	levofloxacin oral tablet.....	12	
KLARON.....	30	LANCETS.....	34, 35	levonest.....	45	
klayesta.....	16	LANOXIN ORAL TABLET 125 MCG, 250 MCG.....	24	levonorg-eth estrad triphasic.....	46	
KLISYRI (250 MG).....	30	LANOXIN ORAL TABLET 62.5 MCG.....	24	levonorgest-eth est & eth est.....	45	
KLISYRI (350 MG).....	30	lansoprazole oral capsule delayed release.....	41	levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg.....	45	
KLONOPIN.....	21	lansoprazole oral tablet delayed release dispersible.....	41	levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg.....	45	
klor-con.....	39	LANTUS SOLOSTAR.....	36	levonorgestrel.....	45	
klor-con 10.....	39	LANTUS U-100 VIAL.....	36	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg.....	45	
klor-con m10.....	39	larin 1/20.....	45	levonorgestrel-ethinyl estrad oral tablet 90-20 mcg.....	46	
klor-con m15.....	39	larin 1.5/30.....	45	levora 0.15/30 (28).....	46	
klor-con m20.....	39	larin 24 fe.....	45	LEVOTHYROXINE SODIUM ORAL CAPSULE.....	49	
KLOXXADO.....	11	larin fe 1/20.....	45	levothyroxine sodium oral tablet .	49	
kls quit2.....	11	larin fe 1.5/30.....	45	levoxyl.....	49	
kls quit4.....	11	LASIX.....	24	LEVSIN.....	42	
KOATE.....	38	latanoprost ophthalmic.....	55	LEVSIN/SL.....	42	
KOATE-DVI.....	38	LATUDA.....	20	LEXAPRO.....	15	
KOGENATE FS.....	38	LEDIPASVIR-SOFOSBUVIR.....	21	LIALDA.....	53	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG.....	37	leena.....	45	LIBERVANT.....	14	
KOSELUGO.....	18	leflunomide oral.....	51	LIBRAX.....	42	
kosher prenatal plus iron.....	39	lenalidomide.....	18	lidocaine external ointment 5 % ...	9	
kourzeq.....	28	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.....	18	lidocaine external patch 5 %.....	9	
KOVALTRY.....	38	lessina.....	45	lidocaine hcl mouth/throat.....	28	
KRINTAFEL.....	19			lidocaine hcl urethral/mucosal	9	
KRISTALOSE.....	42					
kurvelo.....	45					
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG.....	19					

lidocaine viscous hcl.....	28
lidocaine-prilocaine external cream	9
LIDOCAN	9
LIDODERM.....	9
LIDOTRAL 1.....	9
LIKMEZ.....	12
linezolid oral tablet	12
LINZESS.....	42
liothyronine sodium oral	49
LIPITOR.....	24
LIRAGLUTIDE SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS.....	37
lisdexamphetamine dimesylate.....	26
lisinopril oral	24
lisinopril-hydrochlorothiazide.....	24
LITFULO	51
lithium carbonate er.....	22
lithium carbonate oral.....	22
LITHOBID.....	22
LIVALO.....	24
LO LOESTRIN FE.....	46
lo-zumandimine	46
LODINE	10
LODOCO	24
LOESTRIN 1/20 (21)	46
LOESTRIN 1.5/30 (21)	46
LOESTRIN FE 1/20.....	46
LOESTRIN FE 1.5/30.....	46
LOFENA	10
lojaimiess	46
LOKELMA	39
LOMOTIL.....	42
LONSURF	19
LOPID	24
LOPRESSOR.....	24
LOPROX EXTERNAL CREAM 0.77 %	16
LOPROX EXTERNAL SHAMPOO 1 %	16
LOPROX EXTERNAL SUSPENSION 0.77 %.....	31
lorazepam intensol	21
lorazepam oral concentrate 2 mg/ml	21
lorazepam oral tablet.....	21

LORTAB ORAL ELIXIR 10-300 MG/15ML.....	9
loryna	46
LORZONE ORAL TABLET 375 MG, 750 MG	60
losartan potassium oral	24
losartan potassium-hctz.....	24
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG.....	46
LOTEMAX OPHTHALMIC GEL.....	54
LOTEMAX OPHTHALMIC OINTMENT.....	54
LOTEMAX OPHTHALMIC SUSPENSION	54
LOTEMAX SM	54
LOTENSIN.....	24
LOTENSIN HCT	24
loteprednol etabonate ophthalmic gel.....	54
loteprednol etabonate ophthalmic suspension.....	54
LOTREL.....	24
lovastatin oral.....	24
LOVAZA	24
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE.....	13
low-ogestrel	46
loxapine succinate.....	20
lubiprostone	42
LUMAKRAS ORAL TABLET	19
LUMIGAN	55
LUMRYZ.....	60
LUNESTA.....	60
LUPKYNIS.....	51
lurasidone hcl.....	20
lutura	46
lyleq	46
lyllana	46
LYMEPAK ORAL TABLET 100 MG..	12
LYNPARZA	19
LYRICA ORAL CAPSULE.....	27
LYSTEDA ORAL TABLET 650 MG..	38
LYUMJEV KWIKPEN	36
LYUMJEV TEMPO PEN.....	36
LYUMJEV VIAL	36
lyza	46

M

M-M-R II.....	52
M-NATAL PLUS.....	39
MACROBID.....	12
MACRODANTIN.....	12
MALARONE	19
MARINOL ORAL CAPSULE 10 MG, 5 MG.....	16
MARINOL ORAL CAPSULE 2.5 MG	16
marlissa	46
matzim la.....	24
MAVENCLAD.....	27
MAVYRET	21
MAXALT.....	17
MAXALT-MLT	17
MAXITROL.....	55
MAXZIDE ORAL TABLET 75-50 MG	24
MAXZIDE-25 ORAL TABLET 37.5-25 MG.....	24
MAYZENT ORAL TABLET 0.25 MG, 2 MG	27
MAYZENT ORAL TABLET 1 MG	27
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	27
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	27
me/naphos/mb/hyo1.....	42
meclizine hcl oral tablet.....	16
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG.....	48
MEDROL ORAL TABLET 2 MG.....	48
MEDROL ORAL TABLET THERAPY PACK	48
medroxyprogesterone acetate intramuscular.....	46
medroxyprogesterone acetate oral	46
mefenamic acid oral.....	10
mefloquine hcl.....	19
megestrol acetate oral suspension 40 mg/ml	48
megestrol acetate oral tablet.....	46
MEKINIST ORAL TABLET.....	19
meloxicam oral tablet	10



memantine hcl er	15	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	26	MIACALCIN	54
memantine hcl oral tablet	15	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	26	mibelas 24 fe	46
MENOPUR	53	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	26	MICARDIS	24
MENOSTAR	46	methylphenidate hcl er (osm) oral tablet extended release 72 mg	26	MICARDIS HCT	24
MENQUADFI	52	methylphenidate hcl er (xr)	26	MICROCHAMBER	58
MENVEO	52	methylphenidate hcl er oral tablet extended release	26	MICRODOT TEST	34
MEPRON	19	methylphenidate hcl er oral tablet extended release 24 hour ..	26	microgestin 1/20	46
mercaptopurine oral	19	methylphenidate hcl oral solution	26	microgestin 1.5/30	46
mesalamine er oral capsule 0.375 gm	53	methylphenidate hcl oral tablet	26, 27	microgestin 24 fe oral tablet 1-20 mg-mcg	46
mesalamine oral tablet delayed release 1.2 gm	53	methylphenidate hcl oral tablet chewable	27	microgestin fe 1/20	46
mesalamine oral tablet delayed release 800 mg	53	methylprednisolone oral	48	microgestin fe 1.5/30	46
mesalamine rectal enema	53	metoclopramide hcl oral solution	16	midodrine hcl	24
mesalamine rectal suppository ..	53	metoclopramide hcl oral tablet ..	16	MIEBO	56
mesalamine-cleanser	53	metolazone	24	mili	46
MESTINON ORAL TABLET	18	metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	24	mimvey	46
METADATE CD	26	metoprolol succinate er oral tablet extended release 24 hour 25 mg	24	MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) ..	46
metaxalone	60	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	24	MINILINK REAL-TIME TRANSMITTER	34
metformin hcl er	37	metoprolol tartrate oral tablet 37.5 mg, 75 mg	24	MINIMED 630G GUARDIAN PRESS	34
metformin hcl er (mod)	37	METROCREAM	31	MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	24
metformin hcl er (osm)	37	METROGEL	31	MINIVELLE	44-46
metformin hcl oral solution	37	METROLOTION	31	minocycline hcl oral capsule	12
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	37	metronidazole external cream ..	31	minoxidil oral	24
metformin hcl oral tablet 625 mg	37	metronidazole external gel 0.75 %	31	mirabegron er	42
methadone hcl oral tablet	9	metronidazole external gel 1 % ..	31	MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	46
methazolamide oral	55	metronidazole external lotion ..	31	mirtazapine oral	15
methenamine hippurate	12	metronidazole oral	12	MIRVASO	31
METHERGINE	48	metronidazole vaginal	12	misoprostol oral	41
methimazole oral	49	mexiletine hcl oral	24	MITIGARE	17
methocarbamol oral tablet 1000 mg	60			MM BLOOD GLUCOSE SYSTEM ...	34
methocarbamol oral tablet 500 mg, 750 mg	60			MM BLOOD GLUCOSE SYSTEM REFILL	34
methotrexate sodium (pf)	51			MM BLULINK GLUCOSE TEST ...	34
methotrexate sodium injection solution	51			MM EASY TOUCH GLUCOSE METER	34
methotrexate sodium oral	51			modafinil oral	60
methscopolamine bromide oral ..	42			MODERNA COVID-19 VAC 6M-11Y	52
methylergonovine maleate oral ..	48			moexipril hcl	24
METHYLIN	26			mometasone furoate external ...	31
methylphenidate hcl er (cd)	26			mometasone furoate nasal	57
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	26			MONDOXYNE NL	12



mono-linyah	46	MYFORTIC	51	NEO-POLYCIN	55
MONOJECT HYPODERMIC NEEDLE 18G X 1"	34	MYHIBBIN	51	neomycin sulfate oral	12
montelukast sodium oral packet ..	58	myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	31	neomycin-bacitracin zn- polymyx	55
montelukast sodium oral tablet ..	58	MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR ...	43	neomycin-polymyxin-dexameth ophthalmic ointment	55
montelukast sodium oral tablet chewable	58	MYSOLINE	14	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	55
MONUROL ORAL PACKET 3 GM ..	12	N			
morphine sulfate (concentrate) ...	9	na sulfate-k sulfate-mg sulf	42	neomycin-polymyxin-hc ophthalmic	55
morphine sulfate er oral tablet extended release	9	nabumetone oral	10	neomycin-polymyxin-hc otic	56
morphine sulfate oral	9	nadolol oral	24	NEONATAL COMPLETE	39
MOTEGRITY	42	NAFRINSE CHW 1MG F	39	NEONATAL PLUS	39
MOTPOLY XR	14	nafrinse drops oral solution 0.275 (0.125 f) mg/drop	39	NEORAL ORAL CAPSULE	51
MOUNJARO	37	NALOCET	9	NERLYNX	19
MOVIPREP	42	naloxone hcl injection solution prefilled syringe	11	neuac	31
moxifloxacin hcl (2x day)	55	naloxone hcl nasal	11	NEULASTA	38
moxifloxacin hcl ophthalmic	55	naltrexone hcl oral	11	NEUPRO	20
moxifloxacin hcl oral	12	NAMENDA ORAL TABLET 10 MG, 5 MG	15	NEURONTIN	14
MS CONTIN	9	NAMENDA TITRATION PAK	15	NEUTEK 2TEK TEST	34
MULTAQ	24	NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	15	NEVANAC	55
MULTI-VIT-FLOR	39	NAPROSYN ORAL TABLET	10	new day	46
multi-vitamin/fluoride	39	naproxen dr	10	NEXIUM ORAL CAPSULE DELAYED RELEASE	41
multivitamin w/fluoride tablet chewable 0.25 mg oral	39	naproxen oral tablet	10	NEXIUM ORAL PACKET	41
multivitamin w/fluoride tablet chewable 0.5 mg oral	39	naproxen oral tablet delayed release	10	NEXLETOL	24
multivitamin w/fluoride tablet chewable 1 mg oral	39	naproxen sodium oral tablet 275 mg, 550 mg	10	NEXLIZET	24
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	39	naratriptan hcl	17	NEXTSTELLIS	46
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	39	NARCAN	11	NGENLA	48
multivitamin/fluoride tablet chewable 1 mg oral (rx)	39	NASCOBAL	39	niacin er (antihyperlipidemic)	24
mupirocin cream	12	NATALVIT	39	NICODERM CQ	11
mupirocin ointment	12	NATAZIA	46	NICORETTE MINI	11
my choice	46	nateglinide	37	NICORETTE MOUTH/THROAT GUM	11
my way	46	NATESTO	48	NICORETTE MOUTH/THROAT LOZENGE	11
MYAMBUTOL ORAL TABLET 400 MG	18	NAYZILAM	14	NICORETTE STARTER KIT	11
MYCOBUTIN ORAL CAPSULE 150 MG	18	nebivolol hcl	24	nicotine mini	11
mycophenolate mofetil oral	51	NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % ..	57	nicotine polacrilex mini	11
mycophenolate sodium	51	NEBUSAL INHALATION NEBULIZATION SOLUTION 6 % ..	57	nicotine polacrilex mouth/throat ..	11
mycophenolic acid	51	necon 0.5/35 (28)	46	nicotine step 1	11
MYDAYIS	27			nicotine step 2	11
MYFEMBREE	46			nicotine step 3	11
				nicotine transdermal patch 24 hour	11
				NICOTROL	11



nifedipine er	24	NORPRAMIN	15	NUPLAZID ORAL CAPSULE	20
nifedipine er osmotic release	24	nortrel 0.5/35 (28)	46	NURTEC	17
nifedipine oral	24	nortrel 1/35 (21)	46	NUTROPIN AQ NUSPIN 10	48
nikki	46	nortrel 1/35 (28)	46	NUTROPIN AQ NUSPIN 20	48
NINLARO	19	nortrel 7/7/7	46	NUTROPIN AQ NUSPIN 5	48
nisoldipine er	24	nortriptyline hcl oral capsule	15	NUVARING	46
nitazoxanide oral	19	NORVASC	24	NUVESSA	13
NITRO-BID	24	NOVAREL	53	NUVIGIL	60
NITRO-DUR	24	NOVOEIGHT	38	NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	38
nitrofurantoin macrocrystal	13	NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	34	NUWIQ INTRAVENOUS KIT 1500 UNIT	38
nitrofurantoin monohydrate macrocrystals	13	NOVOFINE PEN NEEDLE	35	NUZYRA ORAL	13
nitrofurantoin oral suspension 25 mg/5ml	13	NOVOFINE PLUS PEN NEEDLE	35	nyamyc	17
nitroglycerin rectal	24	NOVOLIN 70/30 FLEXPEN	36	nylia 1/35	46
nitroglycerin sublingual	24	NOVOLIN 70/30 FLEXPEN RELION	36	nylia 7/7/7	46
nitroglycerin transdermal	24	NOVOLIN 70/30 RELION	36	nymyo oral tablet 0.25-35 mg- mcg	46
NITROSTAT	24	NOVOLIN 70/30 VIAL	36	nystatin external	17
NIVA THYROID	49	NOVOLIN N FLEXPEN	36	nystatin mouth/throat	17
NIVA-PLUS	39	NOVOLIN N FLEXPEN RELION	36	nystatin oral	17
NIVESTYM	38	NOVOLIN N RELION	36	nystatin-triamcinolone	17
NOC DURNA	48	NOVOLIN N VIAL	36	nystop	17
nora-be	46	NOVOLIN R FLEXPEN	36	NYVEPRIA	38
NORDITROPIN FLEXPEN	48	NOVOLIN R FLEXPEN RELION	36		
norelgestromin-eth estradiol	46	NOVOLIN R RELION	36		
norethin ace-eth estrad-fe oral tablet	46	NOVOLIN R VIAL	36		
norethin ace-eth estrad-fe oral tablet chewable	46	NOVOLOG FLEXPEN	36		
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	46	NOVOLOG FLEXPEN RELION	36		
norethindron-ethinyl estrad-fe	46	NOVOLOG RELION	36		
norethindrone acet-ethinyl est	46	NOVOLOG U-100 VIAL	36		
norethindrone acetate oral	46	NOVOPEN ECHO	35		
norethindrone oral	46	NOXAFIL ORAL TABLET DELAYED RELEASE	16		
norethindrone-eth estradiol	46	np thyroid	49		
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	46	NUBEQA	19		
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	46	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	58		
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	46	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	58		
NORITATE	31	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	58		
NORLIQVA	24	NUCYNTA	9		
norlyroc	46	NUCYNTA ER	9		
		NUDEXTA	27		
		NULEV	42		

O

OB COMPLETE	39
OCALIVA	42
ocella	47
OCUFLOX	55
ODACTRA	57
ODEFSEY	21
ODOMZO	19
OFEV	59
ofloxacin ophthalmic	55
ofloxacin otic	56
olanzapine oral tablet	20
olanzapine oral tablet dispersible	20
olanzapine-fluoxetine hcl	15
olmesartan medoxomil oral	24
olmesartan medoxomil-hctz	24
olmesartan-amlodipine-hctz	24
olopatadine hcl nasal	57

olopatadine hcl ophthalmic solution 0.1 %	55	ONEXTON	31	OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	9
OLUMIANT ORAL TABLET 1 MG, 4 MG	51	ONFI	14	oxycodone hcl oral capsule	9
OLUMIANT ORAL TABLET 2 MG	51	ONGLYZA	37	oxycodone hcl oral solution	9
OLUX EXTERNAL FOAM 0.05 %	31	opcicon one-step	47	oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	10
OMECLAMOX-PAK	41	opium	42	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	10
omega-3-acid ethyl esters	25	OPSUMIT	59	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	10
omeprazole oral capsule delayed release	41	option 2	47	OXYCONTIN	10
OMNIPOD 5 DEXG7G6 INTRO GEN 5	35	OPTIUMEZ TEST	35	oxymorphone hcl er	10
OMNIPOD 5 DEXG7G6 PODS GEN 5	35	OPZELURA	31	OZEMPIC	37
OMNIPOD 5 G7 INTRO (GEN 5) KIT	35	ORACEA	31		
OMNIPOD 5 G7 PODS (GEN 5)	35	ORACIT	39	P	
OMNIPOD 5 LIBRE2 PLUS G6	35	ORAL CITRATE	39	PACERONE ORAL TABLET 100 MG, 400 MG	25
OMNIPOD 5 LIBRE2 PLUS G6 PODS	35	ORALONE DENTAL PASTE	28	PACERONE ORAL TABLET 200 MG	25
OMNITROPE	48	ORAPRED ODT	48	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	51
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	51	ORENCIA CLICKJECT	51	paliperidone er	20
ON CALL EXPRESS BLOOD GLUCOSE	35	ORENCIA SUBCUTANEOUS	51	PAMELOR	15
ON CALL EXPRESS MONITORING SYS	35	ORENITRAM	59	PANCREAZE	42
ondansetron hcl oral	16	ORFADIN	42	PANRETIN	31
ondansetron odt oral tablet dispersible 16 mg	16	ORGOVYX	19	pantoprazole sodium oral tablet delayed release	41
ondansetron odt oral tablet dispersible 4 mg, 8 mg	16	ORIAHNN	48	PARADIGM REAL-TIME TRANSMITTER	35
ONE VITE WOMENS PLUS	39	ORILISSA	48	paricalcitol oral	54
ONETOUCH DELICA LANCETS	35	orphenadrine citrate er	60	PARLODEL ORAL TABLET	20
ONETOUCH ULTRA 2 KIT W/ DEVICE	35	OSCIMIN	42	PARNATE	15
ONETOUCH ULTRA BLUE TEST	35	oseltamivir phosphate oral	21	paroxetine hcl er	15
ONETOUCH ULTRA TEST STRIPS	35	OSPHERA	38	paroxetine hcl oral tablet	15
ONETOUCH ULTRASOFT LANCETS	35	OTEZLA ORAL TABLET 20 MG	51	PATANASE NASAL SOLUTION 0.6 %	57
ONETOUCH VERIO FLEX SYSTEM KIT	35	OTEZLA ORAL TABLET 30 MG	51	PAXIL CR	15
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	35	OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	51	PAXIL ORAL TABLET	15
ONETOUCH VERIO KIT W/ DEVICE	35	OTREXUP	51	PAXLOVID (150/100)	21
ONETOUCH VERIO REFLECT KIT W/DEVICE	35	OVACE PLUS WASH EXTERNAL LIQUID	31	PAXLOVID (300/100)	21
ONETOUCH VERIO TEST STRIPS	35	OVACE WASH	31		
		OVIDREL	53		
		oxaprozin oral tablet	10		
		OXAYDO ORAL TABLET 5 MG, 7.5 MG	9		
		oxazepam	22		
		oxcarbazepine	14		
		oxcarbazepine er	14		
		OXTELLAR XR	14		
		oxybutynin chloride er	43		
		oxybutynin chloride oral tablet 2.5 mg	43		
		oxybutynin chloride oral tablet 5 mg	43		



pazopanib hcl.....	19	pirfenidone oral tablet 267 mg, 801 mg.....	59	PRECISION XTRA BLOOD GLUCOSE.....	35
PEDIAPRED.....	48	pirfenidone oral tablet 534 mg ...	59	PRED FORTE.....	55
peg 3350-kcl-na bicarb-nacl.....	42	pirmella 1/35 oral tablet 1-35 mg-mcg.....	47	PRED MILD.....	55
peg-3350/electrolytes.....	42	pirmella 7/7/7.....	47	prednisolone acetate ophthalmic.....	55
peg-3350/electrolytes/ascorbat .	42	piroxicam oral.....	10	PREDNISOLONE ACETATE P-F....	55
peg-kcl-nacl-nasulf-na asc-c.....	42	pitavastatin calcium.....	25	prednisolone oral solution.....	48
penicillin v potassium.....	13	PLAN B ONE-STEP.....	47	prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml.....	48
pentoxifylline er.....	25	PLAQUENIL.....	19	prednisolone sodium phosphate oral solution 15 mg/5ml.....	48
PEPCID.....	41	PLAVIX.....	20	prednisolone sodium phosphate oral solution 20 mg/5ml.....	48
PERCOCET.....	10	PLEGRIDY INTRAMUSCULAR.....	27	prednisolone sodium phosphate oral tablet dispersible.....	48
PERFOROMIST.....	58	PLEGRIDY STARTER PACK.....	27	prednisone oral.....	48
PERIDEX.....	28	PLEGRIDY SUBCUTANEOUS.....	27	pregabalin oral capsule.....	27
perindopril erbumine.....	25	PLENVU.....	42	PREGNYL.....	53
perio gard.....	28	PLEXION CLEANSER.....	31	PREMARIN ORAL.....	47
permethrin external.....	19	PNEUMOVAX 23.....	52	PREMARIN VAGINAL.....	47
perphenazine oral.....	16	PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5ML.....	52	PREMIUM BLOOD GLUCOSE TEST.....	35
PERTZYE.....	42	pnv-dha.....	40	premium lidocaine.....	10
PFIZER COVID-19 VAC-TRIS 5-11Y.....	52	podofilox external solution.....	31	PREMPHASE.....	47
PFIZER COVID-19 VAC-TRIS 6M-4Y.....	52	POKONZA.....	40	PREMPRO.....	47
phenazo oral tablet 200 mg.....	43	POLY-VI-FLOR ORAL TABLET CHEWABLE.....	40	PRENA1 PEARL.....	40
phenazopyridine hcl oral tablet 100 mg, 200 mg.....	43	POLYCIN.....	55	prenatal 19 oral tablet 29-1 mg ...	40
phenobarbital oral.....	14	polymyxin b-trimethoprim.....	55	prenatal 19 oral tablet chewable..	40
phenytek.....	14	POMALYST.....	19	prenatal oral tablet 27-1 mg.....	40
phenytoin infatabs.....	14	portia-28.....	47	prenatal plus.....	39, 40
phenytoin oral tablet chewable...	14	posaconazole oral tablet delayed release.....	17	prenatal plus vitamin/mineral....	40
phenytoin sodium extended.....	14	potassium chloride crys er.....	40	prenatal vitamin plus low iron oral tablet 27-1 mg.....	40
PHEXXI.....	47	potassium chloride er.....	40	PRENATE DHA.....	40
philith.....	47	potassium chloride oral.....	40	PRENATE ENHANCE.....	40
PHOSPHA 250 NEUTRAL.....	39	potassium citrate er.....	40	PRENATE ESSENTIAL.....	40
phospho-trin 250 neutral.....	40	potassium citrate-citric acid.....	40	PRENATE MINI.....	40
phosphorous.....	40	PRADAXA ORAL CAPSULE.....	13	PRENATE PIXIE.....	40
PIFELTRO.....	21	PRALUENT.....	25	PRENATE RESTORE.....	40
pilocarpine hcl ophthalmic.....	55	pramipexole dihydrochloride.....	20	PRENATOL-M.....	40
pilocarpine hcl oral.....	28	PRAMOSONE EXTERNAL CREAM 1-1 %.....	31	PRENATRIX.....	40
pimecrolimus.....	31	PRAMOSONE EXTERNAL CREAM 1-2.5 %.....	31	PRENATRYL.....	40
pimozide.....	20	prasugrel hcl.....	20	PREVACID.....	41
pimtree.....	47	pravastatin sodium.....	25	PREVACID SOLUTAB.....	41
pindolol.....	25	prazosin hcl oral.....	25	prevalite.....	25
pioglitazone hcl.....	37	PRECISION XTRA.....	35		
pioglitazone hcl-metformin hcl...	37				
PIP BLOOD GLUCOSE TEST STRIP.....	35				
PIQRAY.....	19				



PREVIDENT 5000 BOOSTER PLUS.....	28	propranolol hcl er.....	25	QULIPTA	17
PREVIDENT 5000 DRY MOUTH.....	28	propranolol hcl oral.....	25	QVAR REDIHALER	59
PREVIDENT 5000 ENAMEL PROTECT.....	40	propylthiouracil oral.....	49		
PREVIDENT 5000 KIDS	28	PROSCAR	43	R	
PREVIDENT 5000 ORTHO DEFENSE.....	28	PROTONIX ORAL TABLET DELAYED RELEASE.....	41	ra mini nicotine	11
PREVIDENT 5000 PLUS	28	protriptyline hcl.....	15	ra nicotine mouth/throat gum 4 mg.....	11
PREVIDENT 5000 SENSITIVE	40	PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT.....	59	ra nicotine polacrilex	11
PREVIDENT DENTAL	28	PROVERA.....	44, 47	ra nicotine transdermal patch 24 hour 21 mg/24hr.....	11
PREVIDENT MOUTH/THROAT	40	PROVIGIL.....	60	rabeprazole sodium oral tablet delayed release	41
PREVNAR 20	52	PROZAC	15	RADICAVA ORS	27
PREVYMIS ORAL	21	pseudoephedrine-bromphen-dm.....	57	RADICAVA ORS STARTER KIT	27
PREZCOBIX.....	21	PTS PANELS EGLU TEST.....	35	raloxifene hcl	54
PREZISTA ORAL TABLET 150 MG, 75 MG.....	21	PULMICORT FLEXHALER	59	ramelteon.....	60
primidone oral tablet 125 mg	14	PULMICORT SUSPENSION.....	59	ramipril.....	25
primidone oral tablet 250 mg, 50 mg	14	PULMOSAL.....	57	RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG	25
PRISTIQ.....	15	PULMOZYME.....	59	ranolazine er	25
probenecid.....	17	PYLERA.....	41	RAPAFLO.....	43
PROCARDIA XL.....	25	PYRIDIUM.....	43	RAPAMUNE ORAL SOLUTION	51
PROCHAMBER VHC.....	59	pyridostigmine bromide er.....	18	RAPAMUNE ORAL TABLET	51
prochlorperazine	16	pyridostigmine bromide oral tablet 30 mg	18	rasagiline mesylate oral	20
prochlorperazine maleate oral.....	16	pyridostigmine bromide oral tablet 60 mg.....	18	RASUVO.....	51
PROCORT	53			RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG	15
procto-med hc.....	53	Q		react.....	47
PROCTOCORT	53	qc nicotine transdermal system	11	reclipsen	47
PROCTOFOAM HC.....	53	QELBREE.....	27	RECOMBINATE	38
PROCTOSOL HC.....	53	QUARTETTE ORAL TABLET 42-21-21-7 DAYS.....	47	RECOMBIVAX HB	52
PROCTOZONE-HC.....	54	QUESTRAN.....	25	RECTIV.....	25
progesterone intramuscular	47	QUESTRAN LIGHT.....	25	REGLAN.....	16
progesterone oral	47	quetiapine fumarate	20	RELAFEN DS	10
PROGRAF ORAL CAPSULE	51	quetiapine fumarate er.....	20	RELAFEN ORAL TABLET 500 MG, 750 MG.....	10
PROLATE ORAL TABLET.....	10	QUFLORA GUMMIES ORAL TABLET CHEWABLE 0.125 MG	40	RELEXII.....	27
PROLENSA.....	55	QUFLORA PEDIATRIC.....	40	RELION TRUE MET AIR GLUC METER.....	35
PROMACTA ORAL TABLET	38	QUILLICHEW ER.....	27	RELION TRUE METRIX TEST STRIPS	35
promethazine hcl oral	16	QUILLIVANT XR	27	RELION ULTIMA GLUCOSE SYSTEM	35
promethazine hcl rectal.....	16	quinapril hcl.....	25	RELION ULTIMA TEST.....	35
promethazine-codeine.....	57	QUINTET AC BLOOD GLUCOSE TEST.....	35	RELPAK.....	17
promethazine-dm	57	QUINTET BLOOD GLUCOSE TEST.....	35		
PROMETHEGAN	16				
PROMETRIUM	47				
propafenone hcl.....	25				
propafenone hcl er	25				



RELTONE.....	42	rivastigmine.....	15	saxagliptin-metformin er	37	
RELYVRIO ORAL PACKET 3-1 GM .	27	rivastigmine tartrate	15	scopolamine	16	
REMERON.....	15	rivelsa	47	SE-NATAL 19	40	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	15	rizatriptan benzoate oral tablet 10 mg.....	17	SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG.....	47	
REMODULIN.....	59	rizatriptan benzoate oral tablet 5 mg.....	17	selenium sulfide external lotion ..	31	
RENEVELA ORAL TABLET	43	rizatriptan benzoate oral tablet dispersible 10 mg.....	17	SENSIPAR	54	
repaglinide.....	37	rizatriptan benzoate oral tablet dispersible 5 mg	17	SEREVENT DISKUS	59	
REPATHA	25	ROBINUL.....	42	SEROQUEL.....	20	
REPATHA PUSHTRONEX SYSTEM .	25	ROBINUL-FORTE.....	42	SEROQUEL XR	20	
REPATHA SURECLICK	25	ROCALTROL	54	SERTRALINE HCL ORAL CAPSULE.....	15	
RESTASIS.....	56	ROCKLATAN	55	sertraline hcl oral concentrate....	15	
RESTASIS MULTIDOSE	56	roflumilast	59	sertraline hcl oral tablet.....	15	
RESTORIL.....	60	ropinirole hcl.....	20	setlakin.....	47	
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML .	38	rosadan external cream 0.75 % ...	31	sevelamer carbonate oral tablet..	43	
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	38	rosadan external gel 0.75 %.....	31	SEYSARA	13	
RETEVMO ORAL CAPSULE 40 MG	19	rosuvastatin calcium oral	25	sf 5000 plus.....	28	
RETEVMO ORAL CAPSULE 80 MG	19	ROWASA.....	54	sf gel 1.1%	28	
RETIN-A.....	31	roweepra.....	14	SFROWASA.....	54	
REVATIO ORAL	59	ROXICODONE	10	sharobel.....	47	
REVLIMID.....	19	ROZEREM	60	SHARPS COLLECTOR.....	32, 35	
REXTOVY.....	11	ROZLYTREK ORAL CAPSULE.....	19	SHARPS CONTAINER.....	33, 35	
REXULTI.....	20	ROZLYTREK ORAL PACKET.....	19	SHINGRIX.....	52	
REYVOW	17	RUCONEST.....	52	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg.....	38	
RHOFADE	31	rufinamide oral suspension	14	sildenafil citrate oral tablet 20 mg	59	
RHOPRESSA.....	55	rufinamide oral tablet.....	14	SILENOR	60	
rifabutin.....	18	RUKOBIA.....	21	silodosin.....	43	
rifampin oral	18	RYALTRIS.....	57	SILVADENE.....	13	
RIGHTEST GT333 GLUCOSE TEST.....	35	RYBELSUS.....	37	silver sulfadiazine external	13	
riluzole	27	RYTARY.....	20	SIMLANDI (1 PEN)	52	
RINVOQ.....	52	RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG.....	25	SIMLANDI (2 PEN).....	52	
risedronate sodium oral tablet 150 mg, 35 mg	54	ryvent	57	simliya	47	
risedronate sodium oral tablet 30 mg, 5 mg.....	54	S			simpesse	47
RISPERDAL	20	SAFYRAL.....	47	SIMPONI	52	
risperidone.....	20	SALAGEN	28	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg.....	25	
RITALIN	27	SANTYL	31	simvastatin oral tablet 80 mg.....	25	
RITALIN LA	27	SAPHRIS	20	SINEMET	20	
ritonavir	21	sapropterin dihydrochloride oral packet.....	42	SINGULAIR ORAL PACKET.....	59	
		SAVELLA	27	SINGULAIR ORAL TABLET	59	
		saxagliptin hcl	37	SINGULAIR ORAL TABLET CHEWABLE.....	59	
				sirolimus oral solution	52	



sirolimus oral tablet	52	SPS (SODIUM POLYSTYRENE SULF)	40	sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	31
SITAVIG	21	sronyx	47	sulfacetamide sodium-sulfur external suspension 10-5 %	31
SKYRIZI PEN	52	ssd	13	sulfacetamide-prednisolone	55
SKYRIZI SUBCUTANEOUS	52	sss 10-5 external cream	31	sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	13
SKYTROFA	48	STALEVO 100 ORAL TABLET 25-100-200 MG	20	sulfamethoxazole-trimethoprim oral tablet	13
SLYND	47	STALEVO 125 ORAL TABLET 31.25-125-200 MG	20	sulfasalazine oral	54
sm nicotine	11	STALEVO 150 ORAL TABLET 37.5-150-200 MG	20	sulfatrim pediatric	13
sm nicotine polacrilex	11	STALEVO 200 ORAL TABLET 50-200-200 MG	20	sulindac oral	11
SOAANZ	25	STALEVO 50 ORAL TABLET 12.5-50-200 MG	20	SUMADAN WASH	31
sod citrate-citric acid oral solution 500-334 mg/5ml	40	STALEVO 75 ORAL TABLET 18.75-75-200 MG	20	sumatriptan nasal	17
sod fluoride-potassium nitrate	40	STELARA SUBCUTANEOUS	52	sumatriptan succinate oral	17
sodium chloride inhalation	57	STENDRA	38	sumatriptan succinate refill subcutaneous solution cartridge	17
sodium fluoride 5000 enamel	40	STIOLTO RESPIMAT	59	sumatriptan succinate subcutaneous	17
sodium fluoride 5000 plus	28	STIVARGA	19	SUNOSI	60
sodium fluoride 5000 ppm	28	STRATTERA	27	SUPREP BOWEL PREP KIT	42
sodium fluoride 5000 sensitive	40	STRENSIQ	42	SUTAB	42
sodium fluoride dental	28	STRIBILD	21	syeda	47
sodium fluoride mouth/throat	40	STRIVERDI RESPIMAT	59	SYMBICORT	59
sodium fluoride oral solution	40	STROMECTOL	19	SYMBYAX	16
sodium fluoride oral tablet chewable	40	SUBOXONE	11	SYMFI	21
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	60	subvenite	14	SYMFI LO	21
sodium sulfacetamide wash	31	SUCRAID	42	SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	56
SOFOSBUVIR-VELPATASVIR	21	sucalfate oral suspension	41	SYMLINPEN 120	37
solifenacin succinate	43	sucalfate oral tablet	41	SYMLINPEN 60	37
SOLIQUA	37	SUFLAVE	42	SYMPAZAN	14
SOMA	60	SULAR	25	SYMPROIC	42
SOOLANTRA	31	SULCONAZOLE NITRATE EXTERNAL CREAM	17	SYNALAR EXTERNAL OINTMENT	31
sotalol hcl (af)	25	sulfacetamide sod-sulfur wash external liquid 9-4 %	31	SYNALAR EXTERNAL SOLUTION 0.01 %	31
sotalol hcl oral	25	sulfacetamide sod-sulfur wash external liquid 9-4.5 %	31	SYNJARDY	37
SOTYKTU	52	sulfacetamide sodium (acne)	31	SYNJARDY XR	37
SOVUNA	19	sulfacetamide sodium external	31	SYNTHROID	49
SPIKEVAX	52	sulfacetamide sodium ophthalmic solution	55		
spinosad	31	sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	31		
SPIRIVA HANDIHALER	59	sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	31		
SPIRIVA RESPIMAT	59				
spironolactone oral tablet	25				
spironolactone-hctz	25				
SPORANOX ORAL CAPSULE	17				
SPRAVATO (56 MG DOSE)	16				
SPRAVATO (84 MG DOSE)	16				
sprintec 28	47				
SPRYCEL	19				

T

TABRECTA	19
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	31
TACLONEX EXTERNAL SUSPENSION	31



tacrolimus external.....	31	TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML.....	42	tetracycline hcl oral capsule	13
tacrolimus oral.....	52	TEKTURNA	25	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	59
tadalafil (pah).....	59	TEKTURNA HCT ORAL TABLET 150-12.5 MG, 300-12.5 MG, 300-25 MG.....	25	THALITONE.....	25
tadalafil oral.....	38	telmisartan.....	25	theophylline er.....	59
TADLIQ.....	59	telmisartan-hctz.....	25	THIOLA.....	43
TAFINLAR ORAL CAPSULE.....	19	temazepam	60	THIOLA EC.....	43
tafluprost (pf).....	55	TEMODAR ORAL CAPSULE 250 MG.....	19	THRIVE.....	11
TAGRISSE.....	19	temozolomide	19	THRIVITE RX.....	40
take action.....	47	TEMPO REFILL.....	35	THYQUIDITY.....	49
TAKHZYRO	52	TEMPO WELCOME.....	35	thyroid oral.....	49
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	52	TENCON	10	tiadylt er.....	25
TAMIFLU	21	TENIVAC	52	TIAZAC.....	25
tamoxifen citrate oral tablet 10 mg.....	19	tenofovir disoproxil fumarate.....	21	TIGLUTIK ORAL SUSPENSION 50 MG/10ML.....	27
tamoxifen citrate oral tablet 20 mg	19	TENORETIC 100	25	TIKOSYN	25
tamsulosin hcl	43	TENORETIC 50	25	tilia fe.....	47
TANLOR	60	TENORMIN.....	25	timolol maleate (once-daily)	55
TAPERDEX 12-DAY	48	terazosin hcl	43	timolol maleate ocudose.....	55
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	48	terbinafine hcl oral	17	timolol maleate ophthalmic.....	55
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	48	terconazole	17	timolol maleate pf	55
TAPERDEX 7-DAY	48	teriflunomide	27	TIMOPTIC OCUDOSE	56
TARGADOX.....	13	teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml.....	54	TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %.....	56
tarina 24 fe.....	47	TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML.....	54	TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %.....	56
tarina fe 1/20 eq.....	47	TESTIM.....	48	tinidazole oral.....	13
tarina fe 1/20 oral tablet 1-20 mg-mcg.....	47	TESTOSTERONE CYPIONATE INJECTION	49	tiopronin oral tablet delayed release	43
TARON-C DHA	40	testosterone cypionate intramuscular.....	49	tiotropium bromide monohydrate	59
TASIGNA	19	testosterone enanthate intramuscular.....	49	TIROSINT	49
TAVALISSE	38	testosterone gel 12.5 mg/act (1%) transdermal.....	49	TIROSINT-SOL.....	49
tazarotene external cream 0.1 %..	31	testosterone gel 20.25 mg/act (1.62%) transdermal	49	TIVICAY.....	21
TAZORAC EXTERNAL CREAM.....	31	testosterone gel 20.25 mg/act (1.62%) transdermal	49	tizanidine hcl oral capsule.....	60
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%).....	49	tizanidine hcl oral tablet.....	60
TECFIDERA ORAL CAPSULE DELAYED RELEASE.....	27	testosterone transdermal gel 1.62 %.....	49	TOBI PODHALER.....	59
TECHLITE INSULIN SYRINGES ..	35			TOBRADEX OPHTHALMIC OINTMENT.....	55
TECHLITE PEN NEEDLES.....	35			TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %.....	55
TECHLITE PLUS PEN NEEDLES ..	35			TOBRADEX ST	55
TEGLUTIK.....	27			tobramycin inhalation nebulization solution 300 mg/4ml.....	59
TEGRETOL ORAL TABLET.....	14			tobramycin ophthalmic	55
TEGRETOL-XR.....	14			tobramycin-dexamethasone.....	55



TOLAK.....	31	TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML.....	52	TRIDACAINA II.....	10
TOLSURA.....	17	treprostinil.....	59	TRIDACAINA III.....	10
tolterodine tartrate.....	43	TRESIBA FLEXTOUCH.....	36	triderm.....	32
tolterodine tartrate er.....	43	tretinoin external cream.....	31	TRIDESILON EXTERNAL CREAM 0.05 %.....	32
TOPAMAX.....	14	tretinoin external gel 0.01 %, 0.025 %.....	31	trihexyphenidyl hcl oral tablet....	20
TOPAMAX SPRINKLE.....	14	tretinoin external gel 0.05 %.....	31	TRIJARDY XR.....	37
TOPICORT EXTERNAL CREAM.....	31	TREXALL.....	52	TRIKAFTA ORAL TABLET THERAPY PACK.....	59
TOPICORT EXTERNAL OINTMENT.....	31	TREZIX.....	10	TRILEPTAL.....	14
topiramate er oral capsule extended release 24 hour.....	14	tri femynor.....	47	TRILIPIX.....	25
topiramate oral.....	14	tri-estarylla.....	47	trimethoprim oral.....	13
TOPROL XL.....	25	tri-legest fe.....	47	TRINATAL RX 1.....	40
torpenz.....	19	tri-linyah.....	47	TRINATE.....	40
toremide.....	25	tri-lo-estarylla.....	47	TRINTELLIX.....	16
TOSYMRA.....	17	tri-lo-marzia.....	47	tritocin external ointment 0.05 %.	32
TOUJEO MAX SOLOSTAR.....	36	tri-lo-mili.....	47	TRIUMEQ.....	21
TOUJEO SOLOSTAR.....	36	tri-lo-sprintec.....	47	trivora (28).....	47
TRACLEER 62.5 MG, 125 MG.....	59	tri-mili.....	47	TROKENDI XR.....	14
TRADJENTA.....	37	tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg.....	47	tropium chloride.....	43
tramadol hcl (er biphasic) oral tablet extended release 24 hour..	10	tri-sprintec.....	47	tropium chloride er.....	43
tramadol hcl er.....	10	tri-vite/fluoride.....	40	TRUE FOCUS BLOOD GLUCOSE STRIP.....	35
tramadol hcl oral tablet 100 mg, 75 mg, 25 mg.....	10	tri-vylibra.....	47	TRUE METRIX AIR GLUCOSE METER KIT.....	35
tramadol hcl oral tablet 50 mg....	10	tri-vylibra lo.....	47	TRUE METRIX BLOOD GLUCOSE TEST.....	35
tramadol-acetaminophen.....	10	triamcinolone acetone external cream 0.025 %, 0.1 %.....	31	TRUE METRIX GO GLUCOSE METER.....	35
trandolapril.....	25	triamcinolone acetone external cream 0.5 %.....	31	TRUE METRIX METER KIT.....	35
tranexamic acid oral.....	38	triamcinolone acetone external lotion.....	31	TRUE METRIX PRO BLOOD GLUCOSE.....	35
TRANSDERM-SCOP.....	16	triamcinolone acetone external ointment 0.025 %, 0.1 %, 0.5 %.....	32	TRUETRACK TEST.....	35
TRANXENE-T ORAL TABLET 7.5 MG.....	22	triamcinolone acetone external ointment 0.05 %.....	32	TRULANCE.....	42
tranylcypromine sulfate.....	16	triamcinolone acetone mouth/throat.....	28	TRULICITY.....	37
TRAVATAN Z.....	56	triamcinolone in absorbase.....	32	TRUMENBA.....	52
travoprost (bak free).....	56	triamterene oral.....	25	TRUQAP ORAL TABLET.....	19
trazodone hcl oral.....	16	triamterene-hctz.....	25	TRUSOPT OPHTHALMIC SOLUTION 2 %.....	56
TRELEGY ELLIPTA.....	59	TRIANEX EXTERNAL OINTMENT 0.05 %.....	32	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG.....	21
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML.....	52	triazolam.....	22	TRUVADA ORAL TABLET 200-300 MG.....	21
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML.....	52	TRIBENZOR.....	25	turqoz.....	47
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML.....	52	TRICARE.....	40	TWINRIX.....	53
		TRICOR.....	25	TWIRLA.....	47
				TYBLUME.....	47

tydemy.....	47	valacyclovir hcl oral.....	21	verapamil hcl er oral tablet extended release.....	25
TYMLOS.....	54	VALCYTE ORAL TABLET.....	21	verapamil hcl oral.....	26
TYRVAYA.....	56	valganciclovir hcl oral tablet.....	21	VERELAN.....	26
TYVASO.....	59	VALIUM.....	22	VERELAN PM.....	26
TYVASO DPI INSTITUTIONAL KIT.....	59	valproic acid oral capsule.....	14	VERIFINE SHARPS CONTAINER ..	35
TYVASO DPI MAINTENANCE KIT.....	59	valproic acid oral solution 250 mg/5ml.....	14	VERKAZIA.....	56
TYVASO DPI TITRATION KIT.....	59	valsartan oral tablet.....	25	VERQUOVO.....	26
TYVASO REFILL KIT.....	59	valsartan-hydrochlorothiazide.....	25	VERZENIO.....	19
TYVASO STARTER KIT.....	59	VALTOCO.....	14	VESICARE.....	43
U					
UBRELVY.....	17	VALTREX.....	21	vestura.....	47
UCERIS ORAL.....	54	VANADOM ORAL TABLET 350 MG.....	60	VEVYE.....	56
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	38	VANOCOCIN.....	13	VFEND ORAL TABLET 200 MG....	17
ULORIC.....	17	vancomycin hcl oral.....	13	VFEND ORAL TABLET 50 MG....	17
UNISTRIP1 GENERIC.....	35	VANDAZOLE.....	13	VIAGRA.....	38
unithroid.....	49	VANOS.....	32	VIBERZI.....	42
UPTRAVI ORAL.....	59	VAQTA.....	53	VIBRAMYCIN ORAL CAPSULE 100 MG.....	13
urea external cream 20 %, 40 %, 45 %.....	32	vardenafil hcl oral tablet.....	38	VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML.....	13
urea external cream 39 %, 41 %, 47 %.....	32	varenicline tartrate.....	11	vienna.....	47
UREA EXTERNAL CREAM 39.5 %.....	32	varenicline tartrate (starter).....	11	vigabatrin oral packet.....	14
uredeb.....	32	varenicline tartrate(continue).....	11	vigadrone oral packet.....	14
UREMEZ-40.....	32	VARIVAX.....	53	VIGAMOX.....	55
URESOL.....	32	VASCEPA.....	25	vigpoder.....	14
UROCIT-K 10.....	40	VASERETIC.....	25	VIIBRYD.....	16
UROCIT-K 15.....	40	VASOTEC.....	25	VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG.....	16
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG).....	40	velivet.....	47	vilazodone hcl.....	16
UROGESIC-BLUE.....	43	VELPHORO.....	43	VIMPAT ORAL.....	14
UROXATRAL.....	43	VELTASSA ORAL PACKET 1 GM ...	40	viorele.....	47
URSO 250 ORAL TABLET 250 MG.....	42	VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM.....	40	VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG.....	21
URSO FORTE.....	42	VEMLIDY.....	21	VIREAD ORAL TABLET 300 MG ...	21
URSODIOL ORAL CAPSULE 200 MG, 400 MG.....	42	VENCLEXTA.....	19	virt-pn dha oral capsule 27-0.6-0.4-300 mg.....	40
ursodiol oral capsule 300 mg.....	42	venlafaxine hcl.....	16	VISTARIL ORAL CAPSULE 25 MG, 50 MG.....	22
ursodiol oral tablet.....	42	venlafaxine hcl er oral capsule extended release 24 hour.....	16	VITAFOL FE+.....	40
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML.....	20	venlafaxine hcl er oral tablet extended release 24 hour.....	16	VITAFOL GUMMIES.....	40
V					
VAGIFEM.....	47	VENTOLIN HFA.....	58, 59	VITAFOL ULTRA.....	40
		VEOZAH.....	27	VITAFOL-OB.....	40
		verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg.....	25	VITAMEDMD ONE RX/ QUATREFOLIC.....	40
		verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg.....	25	vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit.....	40



VITAPEARL.....	40
VITATHELY WITH GINGER	40
VITRAKVI	19
VIVAGUARD INO GLUCOSE METER KIT	35
VIVAGUARD INO TEST STRIPS.....	35
VIVELLE-DOT.....	44, 45, 47
VIVJOA.....	17
VOGELXO.....	49
VOGELXO PUMP.....	49
volnea	47
VOQUEZNA	41
VOQUEZNA DUAL PAK	41
VOQUEZNA TRIPLE PAK.....	41
voriconazole oral tablet	17
VORTEX HOLD CHMBR/MASK/ CHILD	59
VORTEX HOLD CHMBR/MASK/ TODDLER	59
VORTEX VALVED HOLDING CHAMBER.....	59
VOSEVI.....	21
VOYDEYA ORAL TABLET	38
VOYDEYA ORAL TABLET THERAPY PACK	38
VRAYLAR.....	20
VTAMA	32
vyfemla	47
VYLEESI.....	38
vylibra	47
VYNDAMAX	42
VYTORIN.....	26
VYVANSE.....	27
VYZULTA	56

W

WAINUA.....	16
WAKIX.....	60
warfarin sodium oral.....	13
WELCHOL ORAL TABLET.....	26
WELLBUTRIN SR.....	16
WELLBUTRIN XL.....	16
wera	47
wes-phos 250 neutral.....	40
WESCAP-C DHA	40
WESCAP-PN DHA	40

WESTAB PLUS.....	40
WILATE.....	38
WINLEVI.....	32
wixela inhub.....	59
wymzya fe.....	47

X

XACIATO	13
XALATAN.....	56
XANAX	22
XANAX XR.....	22
XARELTO	13
XARELTO STARTER PACK.....	13
XCOPRI.....	14
XDEMVY.....	55
XELJANZ	52
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG.....	52
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	52
XELODA	19
XENLETA ORAL TABLET 600 MG .	13
XHANCE.....	57
XIFAXAN	13
XIGDUO XR	37
XIIDRA	56
XOFLUZA (40 MG DOSE).....	21
XOFLUZA (80 MG DOSE).....	21
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE .	52
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML.....	59
XOPENEX HFA	59
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML	59
XTAMPZA ER.....	10
XTANDI.....	19
xulane	47
xurea	32
XYOSTED.....	49
XYREM	60
XYWAV	60

Y

YASMIN 28	47
YAZ	47
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML	52
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/0.8ML	52
YUFLYMA (2 PEN).....	52
YUFLYMA (2 SYRINGE).....	52
YUFLYMA-CD/UC/HS STARTER ...	52
YUPELRI.....	59
YUSIMRY	52
yuvafem.....	47

Z

zafemy	47
zafirlukast.....	59
zaleplon	60
ZANAFLEX	60
ZARONTIN	14
ZARXIO.....	38
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG.....	40
ZAVZPRET.....	17
ZCORT 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (25)	48
ZEBUTAL ORAL CAPSULE 50-325-40 MG	10
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	37
ZEJULA ORAL CAPSULE 100 MG .	19
ZELBORAF	19
ZEMBRACE SYMTOUCH.....	17
ZEMPLAR ORAL.....	54
zenatane	32
ZENPEP.....	42
ZENZEDI	27
ZEPOSIA	28
ZEPOSIA 7-DAY STARTER PACK... 28	
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	28
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	28
ZESTORETIC	26



ZESTRIL.....	26	ZYLOPRIM ORAL TABLET 100 MG, 300 MG	17
ZETIA.....	26	ZYMAXID OPHTHALMIC SOLUTION 0.5 %.....	55
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	57	ZYPREXA ORAL.....	20
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	26	ZYPREXA ZYDIS	20
ZIAC ORAL TABLET 5-6.25 MG ...	26	ZYTIGA.....	19
ZILXI	32	ZYVOX ORAL TABLET	13
ZIMHI	11		
ZIOPTAN	56		
ziprasidone hcl.....	20		
ZIRGAN	21		
ZITHROMAX ORAL	13		
ZITHROMAX TRI-PAK.....	13		
ZITHROMAX Z-PAK	13		
ZOCOR.....	26		
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG.....	17		
zolmitriptan nasal solution 5 mg..	17		
zolmitriptan oral tablet.....	17		
zolmitriptan oral tablet dispersible	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		
ZOMIG ORAL.....	17		
ZONEGRAN	14		
zonisamide oral	14		
ZORTRESS.....	52		
ZORYVE EXTERNAL CREAM 0.3 %.....	32		
ZORYVE EXTERNAL FOAM	32		
zovia 1/35 (28)	48		
ZOVIRAX EXTERNAL OINTMENT .	21		
ZOVIRAX ORAL SUSPENSION 200 MG/5ML.....	21		
ZTLIDO.....	10		
ZUBSOLV.....	11		
zumandimine	48		
ZURZUVAE	16		
ZYCLARA.....	32		
ZYCLARA PUMP	32		
ZYLET	55		



Nondiscrimination notice and access to communication services

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If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

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, 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 LU'U 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 معرف 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。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नि:शुल्क 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 ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ខ្មែរ(Khmer)**សូមជំនួយភាសាដទៃយុត្តិធម៌ខ្មែរ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទំនាក់ទំនងលើខ្សែគិតថ្លៃ ដើម្បីមាននូវលិខិតសញ្ញាណប័ណ្ណរបស់អ្នក។

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'AKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániit'igo, saad beę áka'anída'awo'ígíí, t'áa jíík'eh, bee ná'ahóót'i'. T'áa shòqdí ninaaltsoos nit'i'izí bee nééhozinígíí bine'déę t'áa jíík'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (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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