



Your 2026 Prescription Drug List

Advantage 3-Tier

Effective January 1, 2026

This Prescription Drug List (PDL) is accurate as of January 1, 2026 and is subject to change after this date. This PDL applies to members of Surest plans when sold in your market with a pharmacy benefit subject to the Advantage 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

Contents

Analgesics - Drugs for Pain	8
Analgesics - Drugs for Pain and Inflammation	9
Anti-Addiction / Substance Abuse Treatment Agents	10
Antibacterials - Drugs for Infections.	11
Anticoagulants - Drugs to Treat or Prevent Blood Clots.	12
Anticonvulsants - Drugs for Seizures.	12
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia	13
Antidepressants - Drugs for Depression	14
Antiemetics - Drugs for Nausea and Vomiting	15
Antifungals - Drugs for Fungal Infections	15
Antigout Agents - Drugs for Gout	16
Antimigraine Agents - Drugs for Migraines.	16
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis	16
Antimycobacterials - Drugs to Treat Infections.	16
Antineoplastics - Drugs for Cancer.	16
Antiparasitics - Drugs for Parasitic Infections	18
Antiparkinson Agents - Drugs for Parkinson's Disease	18
Antiplatelets - Drugs for Heart Attack and Stroke Prevention	18
Antipsychotics - Drugs for Mood Disorders	18
Antivirals - Drugs for Viral Infections	19
Anxiolytics - Drugs for Anxiety	19
Bipolar Agents - Drugs for Mood Disorders	20
Cardiovascular Agents - Drugs for Heart and Circulation Conditions	20
Central Nervous System Agents - Drugs for Attention Deficit Disorder	24
Central Nervous System Agents - Drugs for Multiple Sclerosis	25
Central Nervous System Agents - Miscellaneous.	25
Dental and Oral Agents - Drugs for Mouth and Throat Conditions.	26
Dermatological Agents - Drugs for Skin Conditions	26
Diabetes - Glucose Monitoring and Supplies	30
Diabetes - Insulin	33
Diabetes - Non-Insulin Agents.	34
Drugs for Blood Disorders	35
Drugs for Sexual Dysfunction	36
Electrolytes / Vitamins.	36
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer.	38

Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions	38
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment.....	39
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions	39
Genitourinary Agents - Drugs for Prostate Conditions	40
Hormonal Agents - Hormone Replacement and Birth Control	40
Hormonal Agents - Oral Steroids	44
Hormonal Agents - Other	45
Hormonal Agents - Testosterone Replacement	45
Hormonal Agents - Thyroid	46
Immunological Agents - Drugs for Immune System Stimulation or Suppression	46
Immunological Agents - Drugs for Vaccination	50
Infertility Agents	51
Inflammatory Bowel Disease Agents.....	51
Metabolic Bone Disease Agents - Drugs for Osteoporosis.....	52
Metabolic Bone Disease Agents - Other	52
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation	52
Ophthalmic Agents - Drugs for Glaucoma	53
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions	54
Otic Agents - Drugs for Ear Conditions	54
Respiratory - Drugs for Anaphylaxis.....	54
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold.....	54
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD.....	55
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis.....	57
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis.....	57
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension	57
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	57
Sleep Disorder Agents	58

Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

About this PDL

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

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

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

Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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

Drug list information

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

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

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

Reading your PDL (continued)

Coverage details

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

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

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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

Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	QL
ALLZITAL	E	
apap-caff-dihydrocodeine	3	QL
ascomp-codeine	1	QL
bac (bupalbital-acetamin-caff)	1	QL
BELBUCA	3	PA, QL
BUPAP ORAL TABLET 50-300 MG	E	
buprenorphine	3	PA, QL
bupalbital-acetaminophen oral tablet 50-300 mg	E	
bupalbital-acetaminophen oral tablet 50-325 mg	1	
bupalbital-apap-caff-cod oral capsule 50-300-40-30 mg	E	QL
bupalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL
bupalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
bupalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
bupalbital-apap-caffeine oral tablet	1	QL
bupalbital-asa-caff-codeine	1	QL
bupalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	2	QL
BUTRANS	E	PA, QL
DILAUDID ORAL TABLET	E	QL
endocet	1	QL
ESGIC ORAL CAPSULE 50-325-40 MG	3	QL
ESGIC ORAL TABLET 50-325-40 MG	3	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL

Drug Name	Drug Tier	Requirements & Limits
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, QL
FIORICET	3	QL
FIORICET/CODEINE	E	QL
GEN7T EXTERNAL PATCH 3.5 %	E	
hydrocodone-acetaminophen oral solution 10-300 mg/15ml	1	QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	2	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydromorphone hcl oral tablet	1	QL
JOURNAVX	3	QL
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine-prilocaine external cream	1	
LIDOCAN	E	PA, QL
LIDODERM	E	PA, QL
LIDOTRAL 1 EXTERNAL PATCH 4.88 %	E	
methadone hcl oral tablet	1	PA, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral tablet	1	QL
MS CONTIN	E	PA, QL
NALOCET	E	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA, QL
OXAYDO ORAL TABLET 5 MG, 7.5 MG	E	QL

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	E	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	E	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	E	PA, QL
PERCOCET	E	QL
premium lidocaine	2	QL
PROLATE ORAL TABLET	E	QL
ROXICODONE	E	QL
TENCON	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	2	(generic for Ryzolt), QL
tramadol hcl er	2	(generic for Ultram ER), QL
tramadol hcl oral tablet 100 mg, 25 mg, 75 mg	E	QL
tramadol hcl oral tablet 50 mg	1	QL
tramadol-acetaminophen	1	QL
TREZIX	3	QL
TRIDACAINE II	E	PA, QL
TRIDACAINE III	E	PA, QL
XTAMPZA ER	3	PA, QL
ZEBUTAL ORAL CAPSULE 50-325-40 MG	3	QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for Pain and Inflammation		
ANAPROX DS	E	
ARTHROTEC	E	
CELEBREX	E	
celecoxib oral	2	

Drug Name	Drug Tier	Requirements & Limits
DAYPRO	3	
diclofenac potassium oral tablet 25 mg	E	QL
diclofenac potassium oral tablet 50 mg	2	
diclofenac sodium er	3	
diclofenac sodium external gel 1 %	E	
diclofenac sodium oral	1	
diclofenac-misoprostol	3	
DICLOFONO	E	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	3	
ec-naproxen	1	
etodolac	2	
FELDENE ORAL CAPSULE 20 MG	3	
ibuprofen oral suspension 100 mg/5ml	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	2	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	
LODINE	E	
LOFENA	E	QL
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN	E	
naproxen dr	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	2	
oxaprozin oral tablet	2	
piroxicam oral	2	
RELAFEN DS	E	

See page 6-7 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 sublingual film	2	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	QL
bupropion hcl er (smoking det)	1	H
cvs nicotine	1	H
cvs nicotine polacrilex	1	H
disulfiram oral	1	
eq nicotine	1	H
eq nicotine mouth/throat gum 4 mg	1	H
eq nicotine polacrilex	1	H
eq nicotine step 3	1	H
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H
ft naloxone hcl	1	QL
ft nicotine	1	H
ft nicotine mini	1	H
gnp naloxone hcl	1	QL
gnp nicotine mini	1	H
gnp nicotine polacrilex mouth/throat gum 2 mg	1	H
gnp nicotine polacrilex mouth/throat lozenge	1	H
gnp nicotine transdermal	1	H
goodsense nicotine	1	H
habitrol	1	H
hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	H
hm nicotine polacrilex mouth/throat lozenge 2 mg	1	H
hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr	1	H

Drug Name	Drug Tier	Requirements & Limits
KLOXXADO	1	QL
kls quit2	1	H
kls quit4	1	H
naloxone hcl injection solution prefilled syringe	1	QL
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	QL
NARCAN	1	QL (includes Narcan OTC)
NICODERM CQ	3	H
NICORETTE MINI	2	H
NICORETTE MOUTH/THROAT GUM	3	H
NICORETTE MOUTH/THROAT LOZENGE	2	H
NICORETTE STARTER KIT	3	H
nicotine mini	1	H
nicotine polacrilex mini	1	H
nicotine polacrilex mouth/throat	1	H
nicotine step 1	1	H
nicotine step 2	1	H
nicotine step 3	1	H
nicotine transdermal patch 24 hour	1	H
OPVEE	1	QL
qc nicotine transdermal system	1	H
ra mini nicotine	1	H
ra nicotine mouth/throat gum 4 mg	1	H
ra nicotine polacrilex	1	H
ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H
REXTOVY	1	QL
sm nicotine	1	H
sm nicotine polacrilex	1	H
sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	1	H
SUBOXONE	E	PA, QL
THRIVE	3	H

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
varenicline tartrate	3	PA, H
varenicline tartrate (starter)	3	PA, H
varenicline tartrate(continue)	3	PA, H
ZIMHI	2	QL
ZUBSOLV	2	QL
Antibacterials - Drugs for Infections		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
AUGMENTIN	E	
AUGMENTIN ES-600	E	
AVIDOXY	3	
azithromycin oral packet 1 gm	1	
BACTRIM	3	
BACTRIM DS	3	
cefadroxil oral capsule	1	
cefadroxil oral suspension reconstituted	1	
cefdinir	1	
cefixime oral capsule	3	
cefpodoxime proxetil oral tablet	1	
cefprozil	1	
cefuroxime axetil	1	
cephalexin	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
clarithromycin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3	
CLEOCIN VAGINAL CREAM	3	
clindamycin hcl oral	1	
clindamycin palmitate hcl	2	
clindamycin phosphate vaginal	2	
CLINDESSE	2	
dicloxacillin sodium	1	

Drug Name	Drug Tier	Requirements & Limits
DIFICID ORAL TABLET	E	QL
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	1	
E.E.S. GRANULES	3	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	3	
ERYPED 400	3	
erythromycin base oral tablet	1	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1	
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	3	
fidaxomicin oral tablet	3	QL
fosfomycin tromethamine	3	
gentamicin sulfate external	1	QL
HIPREX	3	
levofloxacin oral tablet	1	
LIKMEZ	3	
linezolid oral tablet	2	
MACROBID	3	
MACRODANTIN	3	
methenamine hippurate	1	
metronidazole oral tablet 125 mg	E	

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal	2	
minocycline hcl oral capsule	1	
MONDOXYNE NL	E	
moxifloxacin hcl oral	3	
mupirocin cream	3	QL
mupirocin ointment	1	QL
neomycin sulfate oral	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	E	
NUZYRA ORAL	3	QL
penicillin v potassium	1	
SEYSARA	E	
SILVADENE	3	
silver sulfadiazine external	1	
ssd	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric	1	
TARGADOX	E	
tetracycline hcl oral capsule	3	
tinidazole oral	3	
trimethoprim oral	1	
VANCOCIN	3	
vancomycin hcl oral capsule	1	
VANDAZOLE	3	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	3	
XACIATO	2	QL
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZYVOX ORAL TABLET	E	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
dabigatran etexilate mesylate	2	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	2	QL
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	QL
PRADAXA ORAL CAPSULE	E	QL
rivaroxaban	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTiom	3	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er	2	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	3	
clobazam oral suspension 2.5 mg/ml	3	PA
clobazam oral tablet	2	PA
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA
DEPAKOTE SPRINKLES	3	PA
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	3	QL
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	QL
diazepam rectal	1	QL
DILANTIN	3	

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
ELEPSIA XR	E	PA
EPIDIOLEX	3	PA, SP
epitol	1	
eslicarbazepine acetate	3	PA
ethosuximide oral	1	
FYCOMPA ORAL SUSPENSION	3	PA
FYCOMPA ORAL TABLET	3	PA
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	PA
gabapentin oral tablet 600 mg, 800 mg	1	
GABARONE	E	PA
KEPPRA ORAL	3	PA
KEPPRA XR	3	PA
lacosamide oral	2	
LAMICTAL	3	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA
lamotrigine er	3	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	PA
levetiracetam er	2	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	PA, QL
MOTPOLY XR	3	PA

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

Antidementia Agents - Drugs for Alzheimer's Disease and Dementia

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
ARICEPT	E	
donepezil hcl oral tablet	1	
EXELON	E	
memantine hcl er	1	
memantine hcl oral tablet	1	
NAMENDA ORAL TABLET 10 MG, 5 MG	E	
NAMENDA TITRATION PAK	E	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	E	
rivastigmine	3	
rivastigmine tartrate	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
ANAFRANIL	E	
AUVELITY	3	ST, QL
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	3	
CYMBALTA	E	
desipramine hcl oral	1	
desvenlafaxine succinate er	3	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	
duloxetine hcl oral capsule delayed release particles 40 mg	E	
EFFEXOR XR	E	

Drug Name	Drug Tier	Requirements & Limits
escitalopram oxalate oral solution 5 mg/5ml	2	
escitalopram oxalate oral tablet	1	
FETZIMA	3	ST, QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	3	QL
fluoxetine hcl oral tablet 20 mg, 60 mg	3	
fluvoxamine maleate	1	
fluvoxamine maleate er	3	QL
FORFIVO XL	E	QL
imipramine hcl oral	1	
LEXAPRO	E	
mirtazapine oral	1	
NORPRAMIN	3	
nortriptyline hcl oral capsule	1	
PAMELOR	E	
paroxetine hcl er	3	QL
paroxetine hcl oral tablet	1	
PAXIL	E	
PAXIL CR	E	QL
PRISTIQ	E	QL
PROZAC	E	
RALDESY	3	PA
REMERON	E	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E	
SERTRALINE HCL ORAL CAPSULE	E	QL
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
SPRAVATO (56 MG DOSE)	3	PA, QL
SPRAVATO (84 MG DOSE)	3	PA, QL
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	E	QL
VIIBRYD	E	QL
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 50 MG	E	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	2	QL
DICLEGIS	E	PA
doxylamine-pyridoxine	E	PA
dronabinol	1	
EMEND BIPACK	E	QL
MARINOL	E	
meclizine hcl oral tablet	E	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral	1	
ondansetron odt oral tablet dispersible 16 mg	E	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine maleate oral	1	
promethazine hcl oral solution	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	3	
scopolamine	3	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	E	

Antifungals - Drugs for Fungal Infections

Drug Name	Drug Tier	Requirements & Limits
ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
DIFLUCAN	E	
econazole nitrate external	2	
fluconazole oral	1	
griseofulvin microsize oral suspension	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	3	PA, ST, QL
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	QL
LOPROX EXTERNAL SHAMPOO 1 %	E	
NOXAFIL ORAL TABLET DELAYED RELEASE	E	
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	2	
nystop	1	QL
posaconazole oral tablet delayed release	2	
SPORANOX	3	QL
terbinafine hcl oral	1	
terconazole	1	
TOLSURA	E	
VFEND ORAL TABLET 200 MG	3	QL
VFEND ORAL TABLET 50 MG	3	QL
VIVJOA	3	PA, QL
voriconazole oral tablet	1	QL

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
Antigout Agents - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol oral tablet 200 mg	E	
colchicine oral	2	
colchicine-probenecid	1	
COLCRYS ORAL TABLET 0.6 MG	E	
febuxostat	3	
MITIGARE	2	
probenecid	1	
ULORIC	E	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	3	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA, ST, QL
AJOVY	E	PA, ST, QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA, ST, QL
FROVA	E	QL
frovatriptan succinate	3	QL
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	3	QL
IMITREX ORAL	E	QL
IMITREX STATDOSE SYSTEM	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
naratriptan hcl	1	QL
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
RELPAX	E	QL
REYVOW	3	PA, ST, QL
rizatriptan benzoate oral tablet 10 mg	1	QL
rizatriptan benzoate oral tablet 5 mg	1	
rizatriptan benzoate oral tablet dispersible 10 mg	1	QL

Drug Name	Drug Tier	Requirements & Limits
rizatriptan benzoate oral tablet dispersible 5 mg	1	
sumatriptan nasal	2	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous solution auto-injector	1	QL
TOSYMRA	E	QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	3	PA, ST, QL
ZEMBRACE SYMTOUCH	E	QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	QL
zolmitriptan nasal solution 5 mg	E	QL
zolmitriptan oral tablet	2	QL
zolmitriptan oral tablet dispersible	3	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	2	QL
ZOMIG ORAL TABLET 5 MG	E	QL
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis		
MESTINON ORAL TABLET	E	
pyridostigmine bromide oral tablet 30 mg	E	
pyridostigmine bromide oral tablet 60 mg	1	
ZILBRYSQ	3	PA, QL, SP
Antimycobacterials - Drugs to Treat Infections		
dapsone oral	2	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
rifampin oral	1	
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	2	QL, SP
abiraterone acetate oral tablet 500 mg	E	QL, SP

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ABIRTEGA	E	QL, SP	IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	PA, QL, SP
ALECENSA	2	PA, QL	IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
ALUNBRIG	2	PA, QL, SP	IMKELDI	3	QL, SP
anastrozole oral	1	H-PA	JAKAFI	2	PA, QL, SP
ARIMIDEX	E		KISQALI	2	PA, QL, SP
AROMASIN	E		KOSELUGO	3	PA, QL, SP
AUGTYRO	2	PA, QL, SP	lenalidomide	2	PA, QL, SP
BESREMI	3	PA, QL, SP	letrozole oral	1	H-PA
bicalutamide	1		leucovorin calcium oral	1	
BRUKINSA	3	PA, ST, QL, SP	LUMAKRAS	3	PA, QL, SP
CABOMETYX	2	PA, QL, SP	LYNPARZA	2	PA, QL, SP
CALQUENCE	2	PA, QL, SP	mercaptopurine oral tablet	1	
capecitabine	1	QL, SP	nilotinib hcl	2	PA, ST, QL, SP
CASODEX	E		NUBEQA	2	PA, QL, SP
COTELLIC	2	PA, QL, SP	ODOMZO	2	PA, QL, SP
dasatinib	2	PA, QL, SP	ORGOVYX	3	PA, QL, SP
ERIVEDGE	2	PA, QL, SP	PIQRAY	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL, SP	POMALYST	3	PA, QL, SP
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP	RETEVMO ORAL CAPSULE 40 MG	3	PA, QL, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	2	PA, QL, SP	RETEVMO ORAL CAPSULE 80 MG	3	PA, SP
exemestane	2	H-PA	REVLIMID	2	PA, QL, SP
EXKIVITY ORAL CAPSULE 40 MG	3	SP	ROZLYTREK	2	PA, QL, SP
FEMARA	E		RYDAPT	2	PA, QL, SP
GAVRETO	3	PA, QL, SP	SCEMBLIX	3	PA, QL, SP
GLEEVEC	E	QL, SP	SPRYCEL	E	PA, QL, SP
HYDREA	E		STIVARGA	2	PA, QL, SP
hydroxyurea oral	1		TABRECTA	3	PA, QL, SP
IBRANCE ORAL TABLET	3	PA, ST, QL, SP	TAGRISSO	3	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL	tamoxifen citrate oral tablet 10 mg	1	
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP	tamoxifen citrate oral tablet 20 mg	1	H-PA
IDHIFA	2	PA, QL, SP	TASIGNA	E	PA, ST, QL, SP
imatinib mesylate oral	1	QL, SP	temozolomide	1	SP
IMBRUVICA ORAL CAPSULE	2	PA, QL, SP			

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
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
XELODA	E	QL, SP
XTANDI	2	PA, QL, SP
ZEJULA ORAL CAPSULE 100 MG	2	PA, SP
ZELBORAF	2	PA, QL, SP
ZYTIGA	E	QL, SP

Antiparasitics - Drugs for Parasitic Infections

ARAKODA	3	QL
atovaquone	2	
atovaquone-proguanil hcl	2	
ELIMITE	3	
hydroxychloroquine sulfate oral	1	
ivermectin oral tablet 3 mg	1	PA, QL
ivermectin oral tablet 6 mg	1	PA
KRINTAFEL	1	QL
MALARONE	3	
mefloquine hcl	1	
MEPRON	E	
permethrin external	1	
PLAQUENIL	E	
SOVUNA	E	
STROMECTOL	3	PA, QL

Antiparkinson Agents - Drugs for Parkinson's Disease

amantadine hcl oral capsule	1	
amantadine hcl oral tablet	1	
AZILECT	E	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
CREXONT	3	ST
DHIVY	E	

Drug Name	Drug Tier	Requirements & Limits
INBRIJA	3	PA, QL, SP
NEUPRO	3	
PARLODEL ORAL TABLET	E	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	3	
ropinirole hcl	1	
RYTARY	E	ST
SINEMET	3	
trihexyphenidyl hcl oral tablet	1	

Antiplatelets - Drugs for Heart Attack and Stroke Prevention

BRILINTA	E	QL
cilostazol	1	
clopidogrel bisulfate oral	1	
EFFIENT	E	
PLAVIX	E	
prasugrel hcl	3	
ticagrelor	3	QL

Antipsychotics - Drugs for Mood Disorders

ABILIFY	E	
aripiprazole oral	2	
asenapine maleate	3	QL
CAPLYTA	3	PA, ST, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	3	
GEODON ORAL	E	
haloperidol oral	1	
INVEGA	E	QL
LATUDA	E	QL
lurasidone hcl	2	QL
olanzapine oral tablet	1	
olanzapine oral tablet dispersible	2	
paliperidone er	3	QL
quetiapine fumarate	1	
quetiapine fumarate er	2	
REXULTI	3	QL

See page 6-7 for coverage details.

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

Drug Name	Drug Tier	Requirements & Limits
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET ORAL PACKET	2	PA, QL, SP
ODEFSEY	3	QL
oseltamivir phosphate oral	2	
PAXLOVID	2	QL
PREVYMIS ORAL TABLET	2	PA
PREZCOBIX	2	
RUKOBIA	3	PA
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
SYMFI	2	QL
SYMFI LO ORAL TABLET 400-300-300 MG	2	QL
TAMIFLU	E	
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	QL
VALCYTE ORAL TABLET	E	
valganciclovir hcl oral tablet	1	
VALTREX	E	QL
VEMLIDY	E	PA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZOVIRAX EXTERNAL OINTMENT	E	QL
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
ATIVAN ORAL	E	
buspirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	E	
VISTARIL ORAL CAPSULE 25 MG	3	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTONE	E	
aliskiren fumarate	3	
ALTACE	E	
amiloride hcl oral	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
amlodipine-olmesartan	E	
ATACAND	E	

Drug Name	Drug Tier	Requirements & Limits
ATACAND HCT	E	
atenolol oral	1	
atenolol-chlorthalidone	1	
ATORVALIQ	3	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	E	
AVAPRO	E	
AZOR	E	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
BETAPACE	E	
bisoprolol fumarate oral tablet	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BUMEX	3	
BYSTOLIC	E	
CAMZYOS	3	PA, QL, SP
candesartan cilexetil	3	
candesartan cilexetil-hctz	3	
captopril oral	1	
CARDIZEM	E	
CARDIZEM CD	E	
CARDIZEM LA	E	
CARDURA	3	
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	

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
cholestyramine oral	1		EDARBI	E	
clonidine hcl oral	1		EDARBYCLOR	E	
clonidine patch weekly 0.1 mg/24hr transdermal	3		enalapril maleate oral solution	3	PA
clonidine patch weekly 0.1 mg/24hr transdermal	3	(Patch)	enalapril maleate oral tablet	1	
clonidine patch weekly 0.2 mg/24hr transdermal	3		enalapril-hydrochlorothiazide	1	
clonidine patch weekly 0.2 mg/24hr transdermal	3	(Patch)	ENTRESTO ORAL TABLET	E	PA, QL
clonidine patch weekly 0.3 mg/24hr transdermal	3		EPANED	3	PA
clonidine patch weekly 0.3 mg/24hr transdermal	3	(Patch)	eplerenone	2	
colesevelam hcl oral tablet	2		EXFORGE	E	
COLESTID ORAL TABLET	3		ezetimibe	2	
colestipol hcl oral tablet	1		ezetimibe-simvastatin	3	
COREG	E		felodipine er	1	
COREG CR	E		fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	2	
CORGARD ORAL TABLET 20 MG, 40 MG	3		FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	E	
CORLANOR	3	PA, QL	fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	
COZAAR	E		fenofibrate oral tablet 120 mg, 40 mg	E	
CRESTOR	E		fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
digoxin oral tablet	1		fenofibric acid oral capsule delayed release	2	
diltiazem hcl er beads	2		FENOGLIDE ORAL TABLET 120 MG, 40 MG	E	
diltiazem hcl er coated beads	2		flecainide acetate	1	
diltiazem hcl er oral capsule extended release 12 hour	1		fosinopril sodium	1	
diltiazem hcl er oral capsule extended release 24 hour	1		FUROSCIX	3	PA, QL
diltiazem hcl er oral tablet extended release 24 hour	2		furosemide oral	1	
diltiazem hcl oral	1		gemfibrozil oral	1	
dilt-xr	1		guanfacine hcl	1	
DIOVAN	E		HEMANGEOL	3	
DIOVAN HCT	E		HEMICLOR	E	
dofetilide	2		hydralazine hcl oral	1	
doxazosin mesylate oral	1		hydrochlorothiazide oral	1	
			HYZAAR	E	
			icosapent ethyl	E	PA

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
indapamide	1		MAXZIDE ORAL TABLET 75-50 MG	3	
INDERAL LA	E		MAXZIDE-25 ORAL TABLET 37.5-25 MG	3	
INSPIRA	E		metolazone	1	
INZIRQO	3	PA	metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
irbesartan	1		metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
irbesartan-hydrochlorothiazide	1		metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
ISORDIL TITRADOSE	E		metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1		metoprolol-hydrochlorothiazide	1	
isosorbide dinitrate oral tablet 40 mg	E		mexiletine hcl oral	1	
isosorbide mononitrate er	1		MICARDIS	E	
ivabradine hcl	3	PA, QL	MICARDIS HCT	E	
KAPSPARGO SPRINKLE	3		midodrine hcl	1	
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA, QL	MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	3	
labetalol hcl oral	1		minoxidil oral	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3		MULTAQ	3	PA
LANOXIN ORAL TABLET 62.5 MCG	3		nadolol oral	1	
LASIX	3		nebivolol hcl	3	
LIPITOR	E		NEXLETOL	2	PA, ST, QL
lisinopril oral	1		NEXLIZET	2	PA, ST, QL
lisinopril-hydrochlorothiazide	1		niacin er (antihyperlipidemic)	2	
LIVALO	E	ST	nifedipine er	1	
LODOCO	3	QL	nifedipine er osmotic release	1	
LOPID	3		nifedipine oral	1	
LOPRESSOR ORAL TABLET	3		NITRO-BID	2	
losartan potassium oral	1		NITRO-DUR	3	
losartan potassium-hctz	1		nitroglycerin rectal	3	QL
LOTENSIN	3		nitroglycerin sublingual	1	
LOTENSIN HCT	3		nitroglycerin transdermal	1	
LOTREL	E		NITROSTAT	3	
lovastatin oral	1	H	NORLIQVA	3	PA
LOVAZA	E		NORVASC	E	
matzim la	2				

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
olmesartan medoxomil oral	2	
olmesartan medoxomil-hctz	2	
olmesartan-amlodipine-hctz	E	
omega-3-acid ethyl esters	2	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	3	
pentoxifylline er	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	3	
QUESTRAN LIGHT	3	
ramipril	1	
ranolazine er	2	
RECTIV	3	QL
REPATHA	2	QL
REPATHA PUSHTRONEX SYSTEM	2	QL
REPATHA SURECLICK	2	QL
rosuvastatin calcium oral	2	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	E	
sacubitril-valsartan	3	PA, QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOAANZ	E	QL
sotalol hcl oral	1	
spironolactone oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
spironolactone-hctz	1	
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 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	3	
TIKOSYN	3	
TOPROL XL	E	
torseamide	1	
trandolapril	1	
triamterene-hctz	1	
TRIBENZOR	E	
TRICOR	E	
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG	E	
VALSARTAN ORAL SOLUTION	3	PA
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 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3	
VERQUVO	3	PA, QL
VYNDAQEL	2	PA, QL, SP
VYTORIN	E	
WELCHOL ORAL TABLET	E	
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	3	
ZOCOR	E	
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	2	
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

Drug Name	Drug Tier	Requirements & Limits
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	2	QL
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	3	
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	3	
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

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl er oral tablet extended release 24 hour	E	QL
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	
methylphenidate hcl oral tablet chewable	3	
MYDAYIS	E	QL
ONYDA XR	3	QL
QELBREE	E	PA, QL
QUILLICHEW ER	E	QL
QUILLIVANT XR	E	QL
RELEXXII	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	E	QL
VYVANSE	E	QL
ZENZEDI	E	

Central Nervous System Agents - Drugs for Multiple Sclerosis

AMPYRA	E	PA, QL, SP
AUBAGIO	E	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
dalfampridine er	2	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	E	PA, ST, QL, SP
fingolimod hcl	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA, QL, SP
GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE	E	PA, QL, SP
teriflunomide	2	PA, QL, SP

Central Nervous System Agents - Miscellaneous

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

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
VEOZAH	3	PA, QL
ZEPOSIA	3	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT	3	PA, ST, QL, SP
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	3	
DENTAGEL	3	
EVOXAC	E	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL	3	
JUST RIGHT 5000 DENTAL GEL 1.1 %	3	
JUST RIGHT 5000 DENTAL PASTE	3	
KOURZEQ	2	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE	2	
PERIDEX	3	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
SALAGEN	3	
sf 5000 plus	1	
sf gel 1.1%	1	

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

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
betamethasone dipropionate aug external ointment	3		clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
betamethasone dipropionate external cream	2		clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	E	QL
betamethasone dipropionate external lotion	1		clindamycin phosphate external lotion	3	
betamethasone dipropionate external ointment	2		clindamycin phosphate external solution	1	
betamethasone valerate external cream	1		clindamycin phosphate external swab	1	
betamethasone valerate external lotion	1		clobetasol prop emollient base external cream 0.05 %	2	QL
betamethasone valerate external ointment	1		clobetasol propionate e	2	QL
BLANCHE	E		CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	E	QL
CABTREO	E	QL	clobetasol propionate external cream 0.05 %	2	QL
calcipotriene external cream	2	QL	clobetasol propionate external foam	E	QL
calcipotriene external ointment	2		clobetasol propionate external gel	2	QL
calcipotriene external solution	1	QL	clobetasol propionate external liquid	1	QL
CALCITRENE	3		clobetasol propionate external ointment	2	QL
CARAC EXTERNAL CREAM 0.5 %	E		clobetasol propionate external shampoo	E	QL
CIBINQO	2	PA, QL, SP	clobetasol propionate external solution	1	QL
ciclopirox olamine external suspension	1		CLOBEX EXTERNAL SHAMPOO	E	QL
claravis	2		CLOBEX SPRAY	E	QL
CLEOCIN-T	3		clodan	E	QL
clindacin etz external swab	1		clotrimazole external cream	E	
clindacin-p	1		clotrimazole-betamethasone	1	
CLINDAGEL	E	QL	dapsone external	3	QL
clindamycin phos (once-daily) gel 1 % external	2	QL	DERMACINRX UREA	E	
clindamycin phos (once-daily) gel 1 % external	E	(generic for Clindagel), QL	DERMA-SMOOTH/FS BODY	3	QL
clindamycin phos (twice-daily) gel 1 % external	2	QL	DERMA-SMOOTH/FS SCALP	3	
clindamycin phos (twice-daily) gel 1 % external	2	(generic for Cleocin-T), QL	desonide external cream	2	QL
clindamycin phos (twice-daily) gel 1 % external	E	(generic for Clindagel), QL	desonide external lotion	3	QL

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
desonide external ointment	2	QL
DESOWEN	3	QL
desoximetasone external cream	1	QL
desoximetasone external ointment	3	QL
diclofenac sodium external gel 3 %	2	PA, QL
DIFFERIN EXTERNAL GEL 0.3 %	E	PA, QL
DIPROLENE	3	
doxycycline	E	
DRYSOL	3	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
EFUDEX EXTERNAL CREAM 5 %	3	
ELIDEL	E	QL
ENSTILAR	3	QL
EPIDUO	E	QL
EPIDUO FORTE	E	QL
ERYGEL	3	
erythromycin external	1	
EUCRISA	3	ST, QL
FINACEA EXTERNAL FOAM	3	
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	1	QL
fluocinolone acetonide scalp	3	

Drug Name	Drug Tier	Requirements & Limits
fluocinonide external cream 0.05 %	1	
fluocinonide external cream 0.1 %	E	QL
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
fluorouracil external cream 5 %	1	
fluticasone propionate external cream	1	
fluticasone propionate external ointment	1	
halobetasol propionate external cream	2	QL
halobetasol propionate external ointment	2	QL
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
hydroquinone external	E	
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

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
KLARON	3		sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	E	
KLISYRI (250 MG)	3	ST, QL	sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1	
KLISYRI (350 MG)	3	ST, QL	sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
LOPROX EXTERNAL SUSPENSION 0.77 %	E		sulfacetamide sod-sulfur wash external liquid 9-4.5 %	E	
METROCREAM	3		SUMADAN WASH	E	
METROGEL	E		SYNALAR	E	QL
METROLOTION	3		SYNALAR EXTERNAL SOLUTION 0.01 %	E	QL
metronidazole external cream	1		TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	E	QL
metronidazole external gel 0.75 %	1		TACLONEX EXTERNAL SUSPENSION	3	QL
metronidazole external gel 1 %	E		tacrolimus external	2	QL
metronidazole external lotion	1		tazarotene external cream	3	PA, QL
MIRVASO	2	PA, QL	TAZORAC EXTERNAL CREAM	3	PA, QL
mometasone furoate external	1		TOLAK	E	
NEMLUVIO	2	PA, QL, SP	TOPICORT	3	QL
neuac	3	QL	TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	3	QL
NORITATE	E		TREMFYA	2	PA, QL, SP
ONEXTON	E	QL	tretinoin external cream	3	QL
OPZELURA	3	PA, QL, SP	tretinoin external gel 0.01 %, 0.025 %	E	QL
ORACEA	E		tretinoin external gel 0.05 %	E	PA, QL
OVACE PLUS WASH EXTERNAL LIQUID	3		triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
OVACE WASH	3		triamcinolone acetonide external cream 0.5 %	1	QL
PANRETIN	3		triamcinolone acetonide external lotion	1	
pimecrolimus	3	QL	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
PLEXION CLEANSER	E		triamcinolone acetonide external ointment 0.05 %	E	
podofilox external solution	1		triamcinolone in absorbbase	E	
RETIN-A	E	PA, QL			
RHOFADE	3	PA, QL			
SANTYL	3	QL			
selenium sulfide external lotion	1				
sodium sulfacetamide wash	1				
SOOLANTRA	3	QL			
sulfacetamide sodium (acne)	1				
sulfacetamide sodium external	1				

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
TRIANEX EXTERNAL OINTMENT 0.05 %	E	
triderm	1	QL
TRIDESILON EXTERNAL CREAM 0.05 %	3	QL
tritocin external ointment 0.05 %	E	
urea external cream 20 %, 40 %, 45 %	1	
urea external cream 39 %, 41 %, 47 %	E	
UREA EXTERNAL CREAM 39.5 %	E	
uredeb	E	
UREMEZ-40	3	
URESOL	E	
VANOS	E	QL
VTAMA	3	PA, QL
WINLEVI	E	PA, QL
xurea	E	
zenatane	2	
ZILXI	3	PA, ST, QL
ZORYVE EXTERNAL CREAM 0.15 %	3	PA
ZORYVE EXTERNAL CREAM 0.3 %	3	PA, QL
ZORYVE EXTERNAL FOAM	3	PA, QL
ZYCLARA	E	QL
ZYCLARA PUMP	E	QL
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET	1	
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK GUIDE KIT W/DEVICE	2	
ACCU-CHEK GUIDE ME METER	2	
ACCU-CHEK GUIDE TEST STRIPS	2	QL
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFTCLIX LANCET	1	

Drug Name	Drug Tier	Requirements & Limits
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCUTREND GLUCOSE	E	QL
AGAMATRIX PRESTO TEST	E	QL
AQ INSULIN SYRINGE	2	QL
AQINJECT PEN NEEDLE	2	QL
BD AUTOSHIELD DUO PEN NEEDLES	2	QL
BD BLUNT FILL NEEDLE W/FILTER	2	
BD ECLIPSE NEEDLE 18G X 1-1/2" , 25G X 5/8" , 27G X 1/2"	2	
BD ECLIPSE NEEDLE 23G X 1" (OTC)	2	
BD ECLIPSE NEEDLE 23G X 1" (RX)	2	
BD ECLIPSE SHIELDED NEEDLE	2	
BD PEN NEEDLE MICRO ULTRAFINE	2	QL
BD PEN NEEDLE MINI ULTRAFINE	2	QL
BD PEN NEEDLE NANO ULTRAFINE	2	QL
BD PEN NEEDLE ORIG ULTRAFINE	2	QL
BD PEN NEEDLE SHORT ULTRAFINE	2	QL
BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	2	
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	2	
BD ULTRA-FINE PEN NEEDLES	2	
BD ULTRA-FINE PEN NEEDLES	2	QL
BD ULTRA-FINE U-500 INSULIN SYRINGES	2	
BD VEO ULTRA-FINE INSULIN SYRINGES	2	
BD-ULTRA FINE INSULIN SYRINGES	2	
BIGFOOT UNITY PROGRAM	3	
BIOTEL CARE TEST STRIPS	E	QL
BLOOD GLUCOSE TEST STRIPS	E	QL
BLOOD GLUCOSE TEST STRIPS 333	E	QL

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
CAREPOINT POLY HUB NEEDLE 18G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2	
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
CAREPOINT SAFETY 1ST NEEDLE	2	
CARESENS N PLUS BT	E	
CARETOUCH MONITOR SYSTEM	E	
CARETOUCH TEST	E	QL
CEQUR SIMPLICITY 2U 8PK	3	ST
CONTOUR MONITOR KIT W/ DEVICE	E	
CONTOUR NEXT EZ KIT W/DEVICE	1	
CONTOUR NEXT GEN MONITOR KIT	1	
CONTOUR NEXT GEN TEST STRIPS	1	QL
CONTOUR NEXT LINK KIT W/ DEVICE	E	
CONTOUR NEXT LINK KIT W/ DEVICE	E	(Contour Next Link 24)
CONTOUR NEXT MONITOR KIT W/ DEVICE	1	
CONTOUR NEXT ONE KIT	1	
CONTOUR NEXT TEST STRIPS	1	
CONTOUR PLUS BLUE KIT W/ DEVICE	1	
CONTOUR PLUS TEST STRIP	1	QL
CONTOUR TEST STRIPS	E	QL
CVS ADVANCED GLUCOSE TEST	E	QL
CVS GLUCOSE METER TEST STRIPS	E	QL
CVS TRUE METRIX GLUCOSE TEST	E	QL
D-CARE BLOOD GLUCOSE	E	QL
D-CARE GLUCOMETER	E	
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
DIABETES CARE	E	
DIABETES MONITOR DIGIT ADD-ON	3	
DIABETES MONITOR DIGIT SOLN	3	
DROPSAFE SAFETY SYRINGE/ NEEDLE	2	QL
EASY MAX BLOOD GLUCOSE TEST	E	QL
EASY MAX T1 GLUCOSE SYSTEM	E	
EASY TOUCH HEALTHPRO GLUCOSE	E	
EASY TOUCH TEST	E	QL
EASYGLUCO	E	
EASYMAX 15 TEST	E	QL
EASYMAX NG BLOOD GLUCOSE KIT	E	
EMBECTA INSULIN SYRINGE	2	QL
EMBRACE BLOOD GLUCOSE TEST	E	QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	E	QL
EVERSENSE 365 SENSOR/HOLDER	E	PA
EVERSENSE 365 SMART TRANSMIT	E	PA
EVERSENSE E3 SENSOR/HOLDER	E	PA
EVERSENSE E3 SMART TRANSMITTER	E	PA
EVERSENSE SENSOR/HOLDER	E	PA
EVERSENSE SMART TRANSMITTER	E	PA
FORA 6 CONNECT/GTEL TEST	E	QL
FORTISCARE G1 TEST STRIP IN VITRO STRIP	E	QL
FORTISCARE TEST IN VITRO STRIP	E	QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA
FREESTYLE LIBRE 2 READER	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA
FREESTYLE LIBRE 3 READER	3	PA

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
FREESTYLE LIBRE 3 SENSOR	3	PA, QL
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE PRECISION NEO SYSTEM	E	
FREESTYLE PRECISION NEO TEST	E	QL
FREESTYLE TEST	E	QL
GLUCOCARD EXPRESSION TEST	E	QL
GLUCOCARD SHINE TEST	E	QL
GLUCOCARD VITAL TEST	E	QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA, QL
GUARDIAN 4 TRANSMITTER	3	PA, QL
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
GUARDIAN REAL-TIME REPLACE PED	3	PA
GUARDIAN SENSOR 3	3	PA, QL
GVOKE HYPOPEN 1-PACK	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE KIT	2	
GVOKE PFS	2	
HEALTHPRO BLOOD GLUCOSE MONITO	E	
IHEALTH BLOOD GLUCOSE TEST STR	E	QL
IHEALTH GLUCO+ KIT 10	E	
IHEALTH GLUCO+ KIT 100	E	
INPEN	3	ST
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM, 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL
LANCETS	1	
MICRODOT TEST	E	QL

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

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
OPTIUMEZ TEST	E	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA
PIP BLOOD GLUCOSE TEST STRIP	E	QL
PRECISION XTRA BLOOD GLUCOSE	E	QL
PRECISION XTRA KIT W/DEVICE	E	
PREMIUM BLOOD GLUCOSE TEST IN VITRO STRIP	E	QL
PTS PANELS EGLU TEST	E	QL
QUICK TOUCH BLOOD GLUCOSE	E	
QUICK TOUCH BLOOD GLUCOSE TEST	E	QL
QUINTET AC BLOOD GLUCOSE TEST	E	QL
QUINTET BLOOD GLUCOSE TEST	E	QL
RELION GLUCOSE TEST STRIPS	E	QL
RELION TRUE MET AIR GLUC METER	E	
RELION TRUE METRIX TEST STRIPS	E	QL
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	QL
RIGHTEST GT333 GLUCOSE TEST	E	QL
SIMPLERA SENSOR	E	PA
SIMPLERA SYNC SENSOR	E	PA
SIMPLERA SYSTEM	E	PA
TECHLITE INSULIN SYRINGES	2	QL (Arkay)
TECHLITE PEN NEEDLES	2	QL (Arkay)
TECHLITE PLUS PEN NEEDLES	2	QL (Arkay)
TEMPO REFILL	E	
TEMPO WELCOME	E	
TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
TRUE METRIX AIR GLUCOSE METER KIT	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	QL
TRUE METRIX GO GLUCOSE METER	E	

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

See page 6-7 for coverage details.

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

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

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
glyburide oral	1		RYBELSUS	2	PA, QL
glyburide-metformin	1		saxagliptin hcl	2	QL
GLYXAMBI	2	ST, QL	saxagliptin-metformin er	2	QL
INVOKANA	E	ST, QL	SOLIQUA	2	QL
JANUMET	E	ST, QL	SYMLINPEN 120	3	QL
JANUVIA	E	ST, QL	SYMLINPEN 60	3	QL
JARDIANCE	2	QL	SYNJARDY	2	QL
JENTADUETO	2	QL	SYNJARDY XR	2	QL
JENTADUETO XR	2	QL	TRADJENTA	2	QL
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5- 1000 MG, 5-1000 MG, 5-500 MG	E	QL	TRIJARDY XR	2	QL
liraglutide solution pen-injector 18 mg/3ml subcutaneous	1	PA, QL	TRULICITY	2	PA, QL
liraglutide solution pen-injector 18 mg/3ml subcutaneous	2	PA, QL	XIGDUO XR	E	ST, QL
liraglutide solution pen-injector 18 mg/3ml subcutaneous	3	PA, QL	ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
metformin hcl er	1		Drugs for Blood Disorders		
metformin hcl er (mod)	E	PA	ADVATE	2	SP
metformin hcl er (osm)	E	PA	ADYNOVATE	3	PA, SP
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1		AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA
metformin hcl oral tablet 625 mg, 750 mg	E		AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
MOUNJARO	2	PA, QL	ALPHANATE	2	SP
nateglinide	2	QL	ALPROLIX	3	SP
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	E	QL	ALTUVIIIO	3	PA, SP
ONGLYZA	E	QL	ALVAIZ	3	PA, SP
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	2	PA	ARANESP (ALBUMIN FREE)	2	QL, SP
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML, 8 MG/3ML	2	PA, QL	DOPTelet	3	PA, QL, SP
pioglitazone hcl	1	QL	ELOCTATE	3	PA, SP
pioglitazone hcl-metformin hcl	2	QL	FABHALTA	2	PA, QL, SP
repaglinide	2	QL	HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP
			HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	E	PA, SP
			HEMOFIL M	2	SP
			HUMATE-P	2	SP
			HYMPAVZI	2	PA, QL, SP

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
IDELVION	3	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
NEULASTA	2	
NIVESTYM	2	
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	2	
NYVEPRIA	E	
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
TAVALISSE	3	PA, QL, SP
tranexamic acid oral	2	QL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
VOYDEYA	2	PA, QL, SP
WILATE	2	
ZARXIO	2	

Drugs for Sexual Dysfunction

ADDYI	3	PA, QL
avanafil	3	PA, QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	3	PA, QL
OSPHERA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL

Drug Name	Drug Tier	Requirements & Limits
STENDRA	3	PA, QL
tadalafil oral	2	QL
vardeafil hcl oral tablet	3	QL
VIAGRA	E	QL
VYLEESI	3	PA, QL

Electrolytes / Vitamins

ACCRUFER	E	
CARNITOR ORAL SOLUTION	3	
CARNITOR SF	3	
CO-NATAL FA	2	
cvs prenatal	E	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	3	
DAVIMET-FLUORIDE	E	
DENTA 5000 PLUS SENSITIVE	3	
DODEX INJECTION SOLUTION 1000 MCG/ML	3	
DRISDOL	3	
ergocalciferol oral capsule	1	
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML	3	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG	E	
FLORIVA PLUS	E	
FLOTREX	E	
FLUORIMAX 5000 SENSITIVE	3	
folic acid oral tablet 1 mg	1	
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	E	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
K-PHOS-NEUTRAL	2	

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	PA, QL	potassium chloride crys er	1	
levocarnitine oral solution	1		potassium chloride er	1	
levocarnitine sf	1		potassium chloride oral	1	
LOKELMA	3		potassium citrate er	1	
M-NATAL PLUS	3		prenatal oral tablet 27-0.8 mg	E	
multivitamin w/fluoride tablet chewable 0.25 mg oral	1		prenatal oral tablet 27-1 mg	1	
multivitamin w/fluoride tablet chewable 0.25 mg oral	E		prenatal plus	1	
multivitamin w/fluoride tablet chewable 0.5 mg oral	1		prenatal plus vitamin/mineral	1	
multivitamin w/fluoride tablet chewable 0.5 mg oral	E		prenatal vitamins oral tablet 27-0.8 mg	E	
multivitamin w/fluoride tablet chewable 1 mg oral	1		PRENATE MINI	3	
multivitamin w/fluoride tablet chewable 1 mg oral	E		PRENATOL-M	E	
multi-vitamin/fluoride	1		PRENATRIX	E	
multivitamin/fluoride oral tablet chewable	1		PRENATRYL	E	
MULTI-VIT-FLOR	E		PREVIDENT 5000 ENAMEL PROTECT	3	
NASCOBAL	3		PREVIDENT 5000 SENSITIVE	3	
NEONATAL COMPLETE	3		QUFLORA PEDIATRIC	3	
NEONATAL PLUS	3		sod citrate-citric acid oral solution 500-334 mg/5ml	1	
NEONATAL PRENATAL	E		sod fluoride-potassium nitrate	1	
NEONATAL VITAMIN	E		sodium fluoride 5000 enamel	1	
NIVA-PLUS	3		sodium fluoride 5000 sensitive	1	
ONE VITE WOMENS	E		sodium fluoride oral solution	1	H
ONE VITE WOMENS PLUS	3		sodium fluoride oral tablet chewable	1	H
ORACIT	2		TRICARE ORAL TABLET	3	
ORAL CITRATE	2		TRINATAL RX 1	3	
PHOSPHA 250 NEUTRAL	2		TRINATE	3	
phosphorous	1		tri-vite/fluoride	1	
phospho-trin 250 neutral	1		UROCIT-K 10	3	
pnv 27-ca/fe/fa	1		UROCIT-K 15	3	
POKONZA	E		UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE	E		VELTASSA	3	PA, QL
			VITAFOL FE+	3	
			VITAFOL ULTRA	3	

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
VITAFOL-OB	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITATHELY WITH GINGER	3	
wes-phos 250 neutral	1	
WESTAB PLUS	E	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
bis subcit-metronid-tetracyc	3	QL
bismuth/metronidaz/tetracyclin	3	QL
CARAFATE	E	
cimetidine oral	1	
CYTOTEC	3	
DEXILANT	E	QL
dexlansoprazole	E	QL
esomeprazole magnesium oral capsule delayed release	E	QL
esomeprazole magnesium oral packet	3	PA, ST, QL
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	E	
lansoprazole oral capsule delayed release	E	QL
lansoprazole oral tablet delayed release dispersible	3	PA, ST, QL
misoprostol oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	QL
NEXIUM ORAL PACKET	3	PA, ST, QL
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PEPCID	E	
PREVACID	E	QL

Drug Name	Drug Tier	Requirements & Limits
PREVACID SOLUTAB	E	PA, ST, QL
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	3	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	
VOQUEZNA	3	PA, QL
VOQUEZNA DUAL PAK	3	ST, QL
VOQUEZNA TRIPLE PAK	3	ST, QL
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
AMITIZA	E	PA, QL
ANASPAZ	2	
BYLVAY	3	PA, QL, SP
BYLVAY (PELLETS)	3	PA, QL, SP
chlordiazepoxide-clidinium	3	
CLENPIQ	3	QL
constulose	1	
cromolyn sodium oral	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine oral tablet	1	
enulose	1	
GASTROCROM	E	
gavilyte-c	1	H
gavilyte-g	1	QL, H
gavilyte-n with flavor pack	1	QL, H
generlac	1	
GLYCATE	E	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
GOLYTELY	1	QL, H
hyoscyamine sulfate er	1	

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sublingual	1	
IBSRELA	E	PA, ST, QL
IQIRVO	3	PA, ST, QL, SP
lactulose encephalopathy	1	
lactulose oral solution	1	
LEVBID	3	
LEVSIN	3	
LEVSIN/SL	3	
LIBRAX	E	
LINZESS	2	PA, QL
LIVDELZI	3	PA, ST, QL, SP
LOMOTIL	3	
loperamide hcl oral capsule	E	
lubiprostone	2	PA, QL
MOTEGRITY	E	PA, QL
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	3	QL
NULEV	3	
OSCIMIN	3	
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
prucalopride succinate	3	PA, QL
RELTONE	E	
REZDIFFRA	3	PA, QL
ROBINUL ORAL TABLET 1 MG	E	
ROBINUL-FORTE ORAL TABLET 2 MG	E	
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL

Drug Name	Drug Tier	Requirements & Limits
TRULANCE	E	PA, ST, QL
URSO 250 ORAL TABLET 250 MG	E	
URSO FORTE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA, QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
ATTRUBY	2	PA, QL, SP
CARNITOR ORAL TABLET	3	
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI ORAL SOLUTION RECONSTITUTED	2	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	E	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	E	PA, QL
levocarnitine oral tablet	1	
ORFADIN	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, QL, SP
tolvaptan oral tablet therapy pack 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	2	PA, QL, SP
tolvaptan oral tablet therapy pack 30 & 15 mg	2	PA, QL
VYNDAMAX	2	PA, QL, SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
DETROL	E	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	E	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG	E	
ELMIRON	3	ST
GEMTESA	E	
mirabegron er	3	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
oxybutynin chloride er	2	
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet 2.5 mg	3	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
RENVELA ORAL TABLET	E	
sevelamer carbonate oral tablet	2	
solifenacin succinate	2	
tolterodine tartrate	3	
tolterodine tartrate er	E	
trospium chloride	3	
trospium chloride er	E	
VANRAFIA	3	PA, SP
VELPHORO	3	ST
VESICARE	E	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	2	

Drug Name	Drug Tier	Requirements & Limits
finasteride oral tablet 5 mg	1	
FLOMAX ORAL CAPSULE 0.4 MG	E	
PROSCAR	E	
RAPAFLO	E	
silodosin	3	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	
Hormonal Agents - Hormone Replacement and Birth Control		
abigale	2	
abigale lo	2	
ACTIVELLA	3	
afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	1	H
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	2	
amethia oral tablet 0.15-0.03 & 0.01 mg	1	H
ANNOVERA	3	QL
apri	1	H
aranelle	1	H
ashlyna	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN ORAL TABLET 5 MG	3	
ayuna	1	H
azurette	1	H
balziva	1	H
BEYAZ	E	

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
BIJUVA	3		elinest	1	H
blisovi 24 fe	1	H	ELLA	1	QL, H
blisovi fe 1.5/30	1	H	eluryng	1	H
blisovi fe 1/20	1	H	emzahh	1	H
briellyn	1	H	enilloring	1	H
camila	1	H	enpresse-28	1	H
camrese	1	H	enskyce	1	H
camrese lo	1	H	errin	1	H
charlotte 24 fe	1	H	est estrogens-methyltest	1	
chateal eq	1	H	est estrogens-methyltest ds	1	
CLIMARA	E	QL	est estrogens-methyltest hs	1	
CLIMARA PRO	3	QL	estarylla	1	H
COMBIPATCH	3	QL	ESTRACE	E	
COVARYX	2		estradiol oral	1	
COVARYX HS	3		estradiol patch twice weekly 0.025 mg/24hr transdermal	2	QL
cryselle-28	1	H	estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Minivelle), QL
cyred eq	1	H	estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
dasetta 1/35 (28)	1	H	estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	QL
dasetta 7/7/7	1	H	estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Minivelle), QL
daysee	1	H	estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
deblitane	1	H	estradiol patch twice weekly 0.05 mg/24hr transdermal	2	QL
DELESTROGEN	3		estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Minivelle), QL
delyla	1	H	estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
DEPO-PROVERA	3	QL	estradiol patch twice weekly 0.075 mg/24hr transdermal	2	QL
DEPO-SUBQ PROVERA 104	1	QL, H	estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Minivelle), QL
desogestrel-ethinyl estradiol	1	H	estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
DIVIGEL	3		estradiol patch twice weekly 0.1 mg/24hr transdermal	2	QL
dotti	2	QL			
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	E				
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H			
drospirenone-ethinyl estradiol	3				
DUAVEE	3	QL			
EEMT	2				
EEMT HS	3				
ELESTRIN	3				

See page 6-7 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 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
feirza 1.5/30	1	H
feirza 1/20	1	H
FEMRING	3	QL
finzala	1	H
fyavolv	1	
gallifrey	1	
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	1	H
heather	1	H
iclevia	2	H
incassia	1	H

Drug Name	Drug Tier	Requirements & Limits
introvale	2	H
isibloom	1	H
jaimiess	1	H
jasmiel	3	
jencycla	1	H
jinteli	1	
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	1	H
kelnor 1/35	1	H
kelnor 1/50	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
leena	1	H
lessina	1	H
levonest	1	H
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	H
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	1	H
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levonorg-eth estrad triphasic	1	H
levora 0.15/30 (28)	1	H

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
LO LOESTRIN FE	1	H	necon 0.5/35 (28)	1	H
LOESTRIN 1.5/30 (21)	E		NEXTSTELLIS	E	
LOESTRIN 1/20 (21)	E		nikki	3	
LOESTRIN FE 1.5/30	E		nora-be	1	H
LOESTRIN FE 1/20	E		norelgestromin-eth estradiol	3	H
lojaimiess	1	H	norethin ace-eth estrad-fe oral tablet	1	H
loryna	3		norethin ace-eth estrad-fe oral tablet chewable	1	H
low-ogestrel	1	H	norethindrone acetate oral	1	
lo-zumandimine	3		norethindrone acet-ethinyl est	1	H
luteria	1	H	norethindrone oral	1	H
lyleq	1	H	norethindrone-eth estradiol	1	
lyllana	2	QL	norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
lyza	1	H	norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
marlissa	1	H	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
medroxyprogesterone acetate intramuscular	1	QL, H	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
medroxyprogesterone acetate oral	1		norlyroc	1	H
megestrol acetate oral tablet	1		nortrel 0.5/35 (28)	1	H
meleya	1	H	nortrel 1/35 (21)	1	H
MENOSTAR	3	QL	nortrel 1/35 (28)	1	H
mibelas 24 fe	1	H	nortrel 7/7/7	1	H
microgestin 1.5/30	1	H	NUVARING	E	
microgestin 1/20	1	H	nylia 1/35	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H	nylia 7/7/7	1	H
microgestin fe 1.5/30	1	H	nymyo oral tablet 0.25-35 mg-mcg	1	H
microgestin fe 1/20	1	H	ocella	3	
mili	1	H	PHEXXI	E	PA
mimvey	1		philith	1	H
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	E		pimtrea	1	H
MINIVELLE	E	QL	portia-28	1	H
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	E				
mono-lynyah	1	H			
MYFEMBREE	2	PA, QL			
NATAZIA	1				

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
PREMARIN ORAL	3		trivora (28)	1	H
PREMARIN VAGINAL	3		tri-vylibra	1	H
PREMPHASE	3		tri-vylibra lo	2	
PREMPRO	3		turqoz	1	H
progesterone intramuscular	1		TWIRLA	E	
progesterone oral	2		TYBLUME	1	
PROMETRIUM	E		tydemy oral tablet 3-0.03-0.451 mg	1	H
PROVERA	3		VAGIFEM	E	
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	E		valtya 1/50	1	H
reclipsen	1	H	velivet	1	H
rivelsa	1	H	vestura	3	
rosyrah	1	H	vienva	1	H
SAFYRAL	E		viorele	1	H
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	E		VIVELLE-DOT	E	QL
setlakin	2	H	volnea	1	H
sharobel	1	H	vyfemla	1	H
simliya	1	H	vylibra	1	H
simpesse	1	H	wera	1	H
SLYND	3	PA, ST	xarah fe	1	H
sprintec 28	1	H	xulane	3	H
sronyx	1	H	YASMIN 28	2	
syeda	3		YAZ	2	
tarina 24 fe	1	H	yuvaferm	2	
tarina fe 1/20 eq	1	H	zafemy	3	H
tilia fe	1	H	zovia 1/35 (28)	1	H
tri-estarylla	1	H	zumandimine	3	
tri-legest fe	1	H	Hormonal Agents - Oral Steroids		
tri-lynyah	1	H	CORTEF	3	
tri-lo-estarylla	2		DEXABLISS ORAL TABLET THERAPY PACK 1.5 MG (39)	E	
tri-lo-marzia	2		dexamethasone intensol	1	
tri-lo-mili	2		dexamethasone oral elixir	1	
tri-lo-sprintec	2		dexamethasone oral solution	1	
tri-mili	1	H	dexamethasone oral tablet	1	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H	dexamethasone oral tablet therapy pack	3	
tri-sprintec	1	H			

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	E	
fludrocortisone acetate oral	1	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 5 mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL
prednisone oral	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
Hormonal Agents - Other		
cabergoline	2	
DDAVP ORAL	E	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA
megestrol acetate oral suspension 40 mg/ml	1	
NGENLA	3	PA, QL, SP
NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	3	PA, QL
NORDITROPIN FLEXPPO	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
NUTROPIN AQ NUSPIN 10	E	PA, QL, SP
NUTROPIN AQ NUSPIN 20	E	PA, QL, SP
NUTROPIN AQ NUSPIN 5	E	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
SKYTROFA	3	PA, QL, SP
Hormonal Agents - Testosterone Replacement		
ANDROGEL PUMP	E	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	E	PA, QL
JATENZO	E	QL
KYZATREX	3	PA, QL
NATESTO	E	PA, QL
TESTIM	2	PA, QL
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 12.5 mg/act (1%) transdermal	3	PA, QL
testosterone gel 12.5 mg/act (1%) transdermal	E	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	2	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	E	PA, QL
testosterone transdermal gel 1.62 %	2	PA, QL

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	E	PA, QL
TLANDO	E	PA, QL
UNDECATREX	E	PA, QL
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
XYOSTED	E	PA, QL
Hormonal Agents - Thyroid		
ADTHYZA	E	
ARMOUR THYROID	3	
CYTOMEL	E	
ERMEZA	2	PA
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	E	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
RENTHYROID	3	
SYNTHROID	E	
THYQUIDITY	E	PA
thyroid oral	1	
TIROSINT	E	
TIROSINT-SOL	2	PA
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, SP

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

See page 6-7 for coverage details.

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

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CINRYZE	E	PA, QL, SP	HULIO (2 SYRINGE)	E	PA, QL, SP
COSENTYX (300 MG DOSE)	2	PA, QL, SP	HUMIRA (1 PEN)	E	PA, QL, SP
COSENTYX 75MG/0.5ML SUBCUTANEOUS	2	PA, QL, SP	HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS	2	PA, QL, SP	HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	E	PA, QL, SP
COSENTYX SENSOREADY (300 MG)	2	PA, QL, SP	HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
COSENTYX SENSOREADY PEN	2	PA, QL, SP	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	E	PA, QL, SP
COSENTYX UNOREADY	2	PA, QL, SP	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	E	PA, QL, SP
cyclosporine modified oral capsule	1		HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, QL, SP
CYLTEZO (2 PEN)	E	PA, QL, SP	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	E	PA, QL, SP
CYLTEZO (2 SYRINGE)	E	PA, QL, SP	HUMIRA-CD/UC/HS STARTER	E	PA, QL, SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP	HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	E	PA, QL, SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	E	PA, QL, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP	HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, QL, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	HUMIRA-PSORIASIS/UEIT STARTER	E	PA, QL, SP
EMPAVELI	2	PA, QL, SP	HYFTOR	3	PA, QL
ENBREL	2	PA, QL, SP	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	E	PA, QL, SP
ENBREL MINI	2	PA, QL, SP	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML, 80 MG/0.8ML	E	PA, SP
ENBREL SURECLICK	2	PA, QL, SP			
ENTYVIO PEN	2	PA, QL, SP			
ENVARUS XR	E				
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3				
gengraf oral capsule	1				
HADLIMA	E	PA, QL, SP			
HADLIMA PUSHTOUCH	E	PA, QL, SP			
HAEGARDA	2	PA, QL, SP			
HULIO (2 PEN)	E	PA, QL, SP			

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	E	PA, QL, SP	leflunomide oral	1	
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	E	PA, QL, SP	LITFULO	3	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	E	PA, SP	LUPKYNIS	3	PA, QL, SP
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	E	PA, SP	methotrexate sodium (pf)	1	
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	E	PA, QL, SP	methotrexate sodium injection solution	1	
HYRIMOZ-PED<40KG CROHN STARTER	E	PA, QL, SP	methotrexate sodium oral	1	
HYRIMOZ-PED>=40KG CROHN START	E	PA, QL, SP	mycophenolate mofetil oral capsule	1	
HYRIMOZ-PLAQ PSOR/UEIT START	E	PA, QL, SP	mycophenolate mofetil oral tablet	1	
HYRIMOZ-PLAQUE PSORIASIS START	E	PA, QL, SP	mycophenolate sodium	2	
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	mycophenolic acid	2	
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	E	PA, QL, SP	MYFORTIC	E	
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	MYHIBBIN	1	
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	NEORAL ORAL CAPSULE	E	
IMURAN	E		OLUMIANT ORAL TABLET 1 MG, 4 MG	3	PA, ST, QL, SP
JYLAMVO	3	PA	OLUMIANT ORAL TABLET 2 MG	3	PA, ST, QL, SP
KEVZARA SUBCUTANEOUS PREFILLED SYRINGE	3	PA, ST, QL, SP	OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, (SUBCUTANEOUS), QL, SP
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, ST, QL, SP	OMVOH SUBCUTANEOUS PREFILLED SYRINGE	2	PA, (SUBCUTANEOUS), QL, SP
			OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, (SUBCUTANEOUS), QL, SP
			ORENCIA CLICKJECT	3	PA, ST, QL, SP
			ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
			OTEZLA ORAL TABLET 20 MG	2	PA, QL, SP
			OTEZLA ORAL TABLET 30 MG	2	PA, QL, SP
			OTREXUP	E	QL
			PROGRAF ORAL CAPSULE	3	
			RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	E	
			RASUVO	2	QL
			RINVOQ	2	PA, QL, SP
			RUCONEST	3	PA, QL, SP
			SIMLANDI (1 PEN)	E	PA, QL, SP

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
SIMLANDI (1 SYRINGE)	E	PA, QL, SP
SIMLANDI (2 PEN)	E	PA, QL, SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	E	PA, QL, SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	E	PA, SP
SIMPONI	2	PA, QL, SP
sirolimus oral tablet	1	
SKYRIZI PEN	2	PA, QL, SP
SKYRIZI SUBCUTANEOUS	2	PA, QL, SP
SOTYKTU	2	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, QL, SP
STEQEYMA SUBCUTANEOUS	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO SUBCUTANEOUS SOLUTION	2	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	
USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, QL, SP
WEZLANA	2	PA, QL, SP
XELJANZ	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL, SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
YESINTEK SUBCUTANEOUS	2	PA, QL, SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, SP
YUFLYMA (2 PEN)	E	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
YUFLYMA (2 SYRINGE)	E	PA, QL, SP
YUFLYMA-CD/UC/HS STARTER	E	PA, SP
YUSIMRY	E	PA, QL, SP
ZORTRESS	E	
Immunological Agents - Drugs for Vaccination		
ABRYSVO	3	H
ADACEL	3	H
AFLURIA PRESERVATIVE FREE	3	H
AREXVY	3	H
BOOSTRIX	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
CAPVAXIVE	3	H
COMIRNATY	3	H
ENGRIX-B	2	H
FLUAD	3	H
FLUARIX	3	H
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL	3	H
FLUZONE HIGH-DOSE	3	H
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
HAVRIX	3	H
HEPLISAV-B	3	H
IPOL	2	H
MENQUADFI	3	H
MENVEO	3	H
M-M-R II	2	H
MODERNA COVID-19 VAC 6M-11Y	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PREVNAR 20	3	H
PRIORIX	3	H
RECOMBIVAX HB	2	H

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
SHINGRIX	3	H
SPIKEVAX	3	H
TENIVAC	3	H
TWINRIX	3	H
VAQTA	2	H
VARIVAX	3	H
VIVOTIF	E	

Infertility Agents

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

Inflammatory Bowel Disease Agents

ANALPRAM HC	3	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	3	
ANALPRAM-HC EXTERNAL CREAM	3	
ANUCORT-HC	2	

Drug Name	Drug Tier	Requirements & Limits
ANUSOL-HC EXTERNAL	3	
ANUSOL-HC RECTAL	E	
APRISO	1	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
budesonide oral	2	
CANASA	E	
COLAZAL	E	
CORTIFOAM	2	
DELZICOL	E	
DIPENTUM	3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	E	
hydrocortisone (perianal) external cream 1 %	E	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	2	
hydrocort-pramoxine (perianal)	1	
LIALDA	E	
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral capsule delayed release 400 mg	2	
mesalamine oral tablet delayed release 1.2 gm	2	
mesalamine oral tablet delayed release 800 mg	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	2	QL
PROCORT	E	
PROCTOCORT	E	
PROCTOFOAM HC	2	
procto-med hc	1	

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
PROCTOSOL HC	3	
PROCTOZONE-HC	3	
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	3	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
ACTONEL	E	QL
alendronate sodium oral tablet	1	
BONSITY	3	PA, SP
EVISTA	E	
FORTEO	E	PA, SP
FOSAMAX	3	
ibandronate sodium oral	2	
raloxifene hcl	2	H-PA
risedronate sodium oral tablet 150 mg, 35 mg	3	QL
risedronate sodium oral tablet 30 mg, 5 mg	3	
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	E	PA, SP
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	3	PA, SP
TYMLOS	3	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
cinacalcet hcl	1	
ROCALTROL ORAL CAPSULE	3	
SENSIPAR	E	
YORVIPATH	3	PA, QL, SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	E	
ALREX	3	QL
AZASITE	3	
azelastine hcl ophthalmic	1	

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

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
neomycin-polymyxin-dexameth	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	
olopatadine hcl ophthalmic solution 0.2 %	E	
POLYCIN	3	
polymyxin b-trimethoprim	1	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
PROLENSA	E	
sulfacetamide sodium ophthalmic solution	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	3	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
VIGAMOX	E	
XDEMVY	3	PA, QL
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
AZOPT	E	QL
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	QL
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	QL
bimatoprost ophthalmic	2	QL

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

See page 6-7 for coverage details.

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

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

See page 6-7 for coverage details.

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

Drug Name	Drug Tier	Requirements & Limits
PULMOSAL	2	
RYALTRIS	E	QL
ryvent	E	
sodium chloride inhalation	1	
XHANCE	E	ST, QL
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ACCOLATE	3	
ADVAIR DISKUS	E	QL
ADVAIR HFA	3	QL, RS
AEROCHAMBER HOLDING CHAMBER	3	
AEROCHAMBER PLS FLOVU MTHPIECE	3	
AEROCHAMBER PLUS FLO-VU	3	
AEROCHAMBER PLUS FLO-VU INTERM	3	
AEROCHAMBER PLUS FLO-VU LARGE	3	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	3	
AEROCHAMBER PLUS FLO-VU SMALL	3	
AEROCHAMBER PLUS FLO-VU W/ MASK	3	
AEROCHAMBER2GO ANTI-STATIC	3	
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ ACT	E	QL
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ ACT	E	QL
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ ACT	E	QL
AIRSUPRA	3	QL

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	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 for Ventolin HFA), QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic ProAir HFA or Proventil HFA), QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	E	
albuterol sulfate oral syrup 2 mg/5ml	1	
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	1	QL
ASMANEX HFA	E	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREATHE COMFORT CHAMBER/ ADULT	3	
BREATHE COMFORT CHAMBER/ CHILD	3	
BREO ELLIPTA	3	QL, RS
breyna	E	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	2	QL
budesonide-formoterol fumarate	E	QL, RS
COMBIVENT RESPIMAT	3	QL
DALIRESP	E	QL
DULERA	E	ST, QL

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

See page 6-7 for coverage details.

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

Drug Name	Drug Tier	Requirements & Limits
XOPENEX HFA	3	QL
YUPELRI	3	PA, QL
zafirlukast	1	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	3	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	PA, QL, SP
ADEMPAS	2	PA, QL, SP
alyq	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
REVATIO ORAL	E	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
tadalafil (pah)	1	PA, QL, SP
TADLIQ	3	PA, QL, SP
TRACLEER	2	PA, QL, SP
TYVASO	2	PA, SP
TYVASO DPI INSTITUTIONAL KIT	2	PA, QL, SP
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL KIT	2	PA, SP
TYVASO STARTER KIT	2	PA, SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
baclofen oral tablet 15 mg	E	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	

See page 6-7 for coverage details.

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

Drug Name	Drug Tier	Requirements & Limits
NUVIGIL	E	QL
PROVIGIL	E	QL
QUVIVIQ	E	ST, QL
ramelteon	3	ST, QL
RESTORIL	3	
ROZEREM	E	ST, QL
SILENOR	E	QL
SODIUM OXYBATE	3	PA, (Manufactured by Hikma), QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYWAV	3	PA, QL, SP
zaleplon	1	
zolpidem tartrate er	2	
zolpidem tartrate oral tablet	1	

See page 6-7 for coverage details.

Index

abigale	40	ACULAR.....	52	ADALIMUMAB-ADB(PS/UV STARTER) ..	47
abigale lo	40	ACULAR LS.....	52	ADALIMUMAB-FKJP (2 PEN)	47
ABILIFY	18	ACUVAIL	52	ADALIMUMAB-FKJP (2 SYRINGE).....	47
abiraterone acetate oral tablet 250 mg ..	16	acyclovir external ointment	19	adapalene-benzoyl peroxide external	
abiraterone acetate oral tablet 500 mg ..	16	acyclovir oral capsule.....	19	gel.....	26
ABIRTEGA.....	17	acyclovir oral suspension		adapalene external gel.....	26
ABRILADA (1 PEN) SUBCUTANEOUS		200 mg/5ml.....	19	ADBRY SOLUTION AUTO-INJECTOR. ...	47
AUTO-INJECTOR KIT 40 MG/0.8ML	46	acyclovir oral tablet	19	ADBRY SUBCUTANEOUS SOLUTION	
ABRILADA (1 PEN) SUBCUTANEOUS		ACZONE	26	PREFILLED SYRINGE	47
AUTO-INJECTOR KIT 40 MG/0.8ML	46	ADACEL.....	50	ADCIRCA.....	57
ABRILADA (2 PEN) SUBCUTANEOUS		ADAINZDE EXTERNAL GEL		ADDERALL	24
AUTO-INJECTOR KIT 40 MG/0.8ML	46	0.3-2.5-1 %.....	26	ADDERALL XR	24
ABRILADA (2 PEN) SUBCUTANEOUS		ADALIMUMAB-AACF (2 PEN)	46	ADDYI.....	36
AUTO-INJECTOR KIT 40 MG/0.8ML	46	ADALIMUMAB-AACF (2 SYRINGE)	46	ADEINZDE.....	26
ABRILADA (2 SYRINGE).....	46	ADALIMUMAB-AACF(CD/UC/HS STRT) .	46	ADEMPAS	57
ABRYSVO	50	ADALIMUMAB-AACF(PS/UV STARTER) ..	46	ADMELOG.....	33
ABSORICA	26	ADALIMUMAB-AATY (1 PEN)		ADMELOG SOLOSTAR.....	33
acamprosate calcium.....	10	SUBCUTANEOUS AUTO-INJECTOR		ADTHYZA	46
ACANYA.....	26	KIT 40 MG/0.4ML.....	46	ADVAIR DISKUS.....	55
acarbose oral	34	ADALIMUMAB-AATY (1 PEN)		ADVAIR HFA	55
ACCOLATE	55	SUBCUTANEOUS AUTO-INJECTOR		ADVATE	35
ACCRUFER	36	KIT 80 MG/0.8ML	46	ADYNOVATE	35
ACCU-CHEK AVIVA PLUS TEST STRIPS..	30	ADALIMUMAB-AATY (2 PEN)	46	ADZENYS XR-ODT.....	24
ACCU-CHEK FASTCLIX LANCET	30	ADALIMUMAB-AATY (2 SYRINGE).....	46	AEROCHAMBER2GO ANTI-STATIC.....	55
ACCU-CHEK FASTCLIX LANCET		ADALIMUMAB-AATY CD/UC/HS START ..	47	AEROCHAMBER HOLDING CHAMBER ..	55
DEVICE KIT.....	30	ADALIMUMAB-ADAZ SUBCUTANEOUS		AEROCHAMBER PLS FLOVU MTHPIECE.	55
ACCU-CHEK GUIDE KIT W/DEVICE	30	SOLUTION AUTO-INJECTOR 40		AEROCHAMBER PLUS FLO-VU	55
ACCU-CHEK GUIDE ME METER.....	30	MG/0.4ML	47	AEROCHAMBER PLUS FLO-VU INTERM .	55
ACCU-CHEK GUIDE TEST STRIPS	30	ADALIMUMAB-ADAZ SUBCUTANEOUS		AEROCHAMBER PLUS FLO-VU LARGE ..	55
ACCU-CHEK SMARTVIEW TEST STRIPS.	30	SOLUTION AUTO-INJECTOR 80		AEROCHAMBER PLUS FLO-VU	
ACCU-CHEK SOFTCLIX LANCET	30	MG/0.8ML.....	47	MEDIUM DEVICE.....	55
ACCU-CHEK SOFTCLIX LANCET		ADALIMUMAB-ADAZ SUBCUTANEOUS		AEROCHAMBER PLUS FLO-VU SMALL ..	55
DEVICE KIT.....	30	SOLUTION PREFILLED SYRINGE	47	AEROCHAMBER PLUS FLO-VU W/MASK	55
accutane.....	26	ADALIMUMAB-ADB(2 PEN) AUTO-		afirmelle	40
ACCUTREND GLUCOSE.....	30	INJECTOR KIT		AFLURIA PRESERVATIVE FREE	50
acebutolol hcl oral	20	40 MG/0.4ML SUBCUTANEOUS	47	AFSTYLA INTRAVENOUS KIT 1000	
acetaminophen-codeine oral tablet	8	ADALIMUMAB-ADB(2 PEN) AUTO-		UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT,	
acetazolamide er.....	20	INJECTOR KIT		500 UNIT.....	35
acetazolamide oral.....	20	40 MG/0.8ML SUBCUTANEOUS	47	AFSTYLA INTRAVENOUS KIT 1500	
acetic acid otic.....	54	ADALIMUMAB-ADB(2 SYRINGE)		UNIT, 2500 UNIT.....	35
ACIPHEX.....	38	PREFILLED		AGAMATRIX PRESTO TEST.....	30
acitretin	26	SYRINGE KIT 40 MG/0.4ML		AIMOVIG SUBCUTANEOUS SOLUTION	
ACTEMRA ACTPEN.....	46	SUBCUTANEOUS	47	AUTO-INJECTOR 140 MG/ML, 70 MG/ML..	16
ACTEMRA SUBCUTANEOUS	46	ADALIMUMAB-ADB(2 SYRINGE)		AIRDUO RESPICLICK 55/14	
ACTIVELLA.....	40	PREFILLED		INHALATION AEROSOL POWDER	
ACTONEL	52	SYRINGE KIT 40 MG/0.8ML		BREATH ACTIVATED 55-14 MCG/ACT ...	55
ACTOPLUS MET	34	SUBCUTANEOUS	47	AIRDUO RESPICLICK 113/14	
ACTOS.....	34	KIT		INHALATION AEROSOL POWDER	
		10 MG/0.2ML, 20 MG/0.4ML	47	BREATH ACTIVATED 113-14 MCG/ACT ..	55
		ADALIMUMAB-ADB(CD/UC/HS STRT) ..	47		

AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT ..	55	ALUNBRIG	17	anastrozole oral	17
AIRSUPRA	55	ALVAIZ	35	ANDROGEL PUMP	45
AJOVY	16	alyacen 1/35	40	ANNOVERA	40
AKLIEF	26	alyacen 7/7/7	40	ANORO ELLIPTA	56
ala-cort	26	alyq	57	ANTIVERT ORAL TABLET 50 MG	15
ALA SCALP	26	amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	40	ANUCORT-HC	51
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	56	amantadine hcl oral capsule	18	ANUSOL-HC EXTERNAL	51
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	56	amantadine hcl oral tablet	18	ANUSOL-HC RECTAL	51
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	56	AMBIEN	58	apap-caff-dihydrocodeine	8
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	56	AMBIEN CR	58	APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	10
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	56	amethia oral tablet 0.15-0.03 & 0.01 mg	40	aprepitant oral capsule 125 mg, 40 mg, 80 mg	15
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	56	amiloride hcl oral	20	apri	40
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	56	amiodarone hcl oral	20	APRISO	51
albuterol sulfate oral syrup 2 mg/5ml	56	AMITIZA	38	APTENSIO XR	24
alclometasone dipropionate	26	amitriptyline hcl oral	14	APTIOM	12
ALDACTONE	20	AMJEVITA 40 MG/0.4ML, 80 MG/0.8ML	47	AQINJECT PEN NEEDLE	30
ALECENSA	17	AMJEVITA 40 MG/0.8ML	47	AQ INSULIN SYRINGE	30
alendronate sodium oral tablet	52	AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	47	ARAKODA	18
alfuzosin hcl er	40	AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	47	aranelle	40
aliskiren fumarate	20	AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	47	ARANESP (ALBUMIN FREE)	35
allopurinol oral tablet 100 mg, 300 mg ..	16	amlodipine besylate-benazepril hcl ...	20	ARAVA	47
allopurinol oral tablet 200 mg	16	amlodipine besylate oral	20	ARAZLO	26
ALLZITAL	8	amlodipine besylate-valsartan	20	AREXVY	50
ALOGLIPTIN BENZOATE	34	amlodipine-olmesartan	20	ARICEPT	14
ALORA	40	ammonium lactate external	26	ARIMIDEX	17
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	53	amnestem	26	aripiprazole oral	18
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	53	amoxicillin	11	armodafinil	58
ALPHANATE	35	amoxicillin-potassium clavulanate	11	ARMOUR THYROID	46
alprazolam er	19	amphetamine-dextroamphetamine	24	ARNUITY ELLIPTA	56
alprazolam oral	19	amphetamine-dextroamphetamine er ..	24	AROMASIN	17
alprazolam xr	19	amphetamine sulfate	24	ARTHROTEC	9
ALPROLIX	35	amphet-dextroamphet 3-bead er	24	ascomp-codeine	8
ALREX	52	ampicillin	11	asenapine maleate	18
ALTACE	20	AMPYRA	25	ashlyna	40
altavera	40	AMZEEQ	26	ASMANEX HFA	56
ALTUVIIIIO	35	ANAFRANIL	14	ATACAND	20
		ANALPRAM HC	51	ATACAND HCT	20
		ANALPRAM-HC EXTERNAL CREAM	51	atenolol-chlorthalidone	20
		ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	51	atenolol oral	20
		ANAPROX DS	9	ATIVAN ORAL	20
		ANASPAZ	38	atomoxetine hcl	24
				ATORVALIQ	20
				atorvastatin calcium oral tablet 10 mg, 20 mg	20
				atorvastatin calcium oral tablet 40 mg, 80 mg	20
				atovaquone	18

atovaquone-proguanil hcl	18	azelastine hcl nasal solution 0.15 %	54	BELSOMRA	58
ATRALIN	26	azelastine hcl ophthalmic	52	benazepril hcl oral	20
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %	54	AZELEX	26	benazepril-hydrochlorothiazide	20
atropine sulfate ophthalmic solution 1 %	54	AZILECT	18	BENICAR	20
ATROVENT HFA	56	azithromycin oral packet 1 gm	11	BENICAR HCT	20
ATTRUBY	39	AZOPT	53	BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	47
AUBAGIO	25	AZOR	20	BENZAMYCIN	26
aubra eq	40	AZSTARYS	24	benzonatate oral capsule 100 mg, 200 mg	54
AUGMENTIN	11	AZULFIDINE	51	benzonatate oral capsule 150 mg	54
AUGMENTIN ES-600	11	AZULFIDINE EN-TABS	51	benzoyl peroxide-erythromycin	26
AUGTYRO	17	azurette	40	benztropine mesylate oral	18
aurovela 1.5/30	40	bac (butalbital-acetamin-caff)	8	BESIVANCE	52
aurovela 1/20	40	bacitracin-polymyxin b	52	BESREMI	17
aurovela 24 fe	40	baclofen oral tablet 10 mg, 20 mg, 5 mg	57	betamethasone dipropionate aug external cream	26
aurovela fe 1.5/30	40	baclofen oral tablet 15 mg	57	betamethasone dipropionate aug external lotion	26
aurovela fe 1/20	40	BACTRIM	11	betamethasone dipropionate aug external ointment	27
AUSTEDO	25	BACTRIM DS	11	betamethasone dipropionate external cream	27
AUSTEDO XR	25	BAFIERTAM	25	betamethasone dipropionate external lotion	27
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	25	balsalazide disodium	51	betamethasone dipropionate external ointment	27
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	25	balziva	40	betamethasone valerate external cream	27
AUVELITY	14	BAQSIMI ONE PACK	34	betamethasone valerate external lotion	27
AUVI-Q	54	BAQSIMI TWO PACK	34	BETAPACE	20
AVALIDE	20	BARACLUDE ORAL TABLET	19	BETASERON	25
avanafil	36	BASAGLAR KWIKPEN	33	bethanechol chloride oral	40
AVAPRO	20	BASAGLAR TEMPO PEN	33	BETIMOL OPHTHALMIC SOLUTION 0.5 %	53
AVAR CLEANSER	26	BD AUTOSHIELD DUO PEN NEEDLES	30	BETIMOL OPHTHALMIC SOLUTION 0.25 %	53
AVAR LS CLEANSER	26	BD BLUNT FILL NEEDLE W/FILTER	30	BEVESPI AEROSPHERE	56
aviane	40	BD ECLIPSE NEEDLE 18G X 1-1/2" , 25G X 5/8" , 27G X 1/2"	30	BEYAZ	40
AVIDOXY	11	BD ECLIPSE NEEDLE 23G X 1" (OTC)	30	bicalutamide	17
AVITA EXTERNAL CREAM 0.025 %	26	BD ECLIPSE NEEDLE 23G X 1" (RX)	30	BIGFOOT UNITY PROGRAM	30
AVODART	40	BD ECLIPSE SHIELDED NEEDLE	30	BIJUVA	41
AVONEX PEN	25	BD PEN NEEDLE MICRO ULTRAFINE	30	BIKTARVY	19
AVONEX PREFILLED	25	BD PEN NEEDLE MINI ULTRAFINE	30	bimatoprost ophthalmic	53
AYGESTIN ORAL TABLET 5 MG	40	BD PEN NEEDLE NANO ULTRAFINE	30	BIMZELX	47
ayuna	40	BD PEN NEEDLE ORIG ULTRAFINE	30	BIOTEL CARE TEST STRIPS	30
AZASAN	47	BD PEN NEEDLE SHORT ULTRAFINE	30	bismuth/metronidaz/tetracyclin	38
AZASITE	52	BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	30	bisoprolol fumarate oral tablet	20
azathioprine oral tablet 50 mg	47	BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	30		
azathioprine oral tablet 100 mg, 75 mg	47	BD-ULTRA FINE INSULIN SYRINGES	30		
azelaic acid external	26	BD ULTRA-FINE PEN NEEDLES	30		
azelastine-fluticasone	54	BD ULTRA-FINE PEN NEEDLES	30		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	54	BD ULTRA-FINE U-500 INSULIN SYRINGES	30		
		BD VEO ULTRA-FINE INSULIN SYRINGES	30		
		BELBUCA	8		

bisoprolol-hydrochlorothiazide	20	buprenorphine hcl-naloxone hcl sublingual film	10	CAMZYOS	20
bis subcit-metronid-tetracyc	38	buprenorphine hcl-naloxone hcl sublingual tablet sublingual	10	CANASA	51
BLANCHE	27	buprenorphine hcl sublingual	10	candesartan cilexetil	20
blisovi 24 fe	41	bupropion hcl er (smoking det)	10	candesartan cilexetil-hctz	20
blisovi fe 1.5/30	41	bupropion hcl er (sr)	14	capecitabine	17
blisovi fe 1/20	41	bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	14	CAPLYTA	18
BLOOD GLUCOSE TEST STRIPS	30	BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	14	captopril oral	20
BLOOD GLUCOSE TEST STRIPS 333	30	bupropion hcl oral	14	CAPVAXIVE	50
BONSITY	52	buspirone hcl oral	20	CARAC EXTERNAL CREAM 0.5 %	27
BOOSTRIX	50	butalbital-acetaminophen oral tablet 50-300 mg	8	CARAFATE	38
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	50	butalbital-acetaminophen oral tablet 50-325 mg	8	carbamazepine er	12
BREATHE COMFORT CHAMBER/ADULT	56	butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	8	carbamazepine oral tablet	12
BREATHE COMFORT CHAMBER/CHILD	56	butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	8	carbamazepine oral tablet chewable	12
BREO ELLIPTA	56	butalbital-apap-caffeine oral capsule 50-300-40 mg	8	CARBATROL	12
breyana	56	butalbital-apap-caffeine oral capsule 50-325-40 mg	8	carbidopa-levodopa er	18
BREZTRI AEROSPHERE	56	butalbital-apap-caffeine oral capsule 50-300-40 mg	8	carbidopa-levodopa oral tablet	18
briellyn	41	butalbital-apap-caffeine oral tablet	8	carbinoxamine maleate oral tablet 4 mg55	
BRILINTA	18	butalbital-asa-caff-codeine	8	carbinoxamine maleate oral tablet 6 mg55	
brimonidine tartrate ophthalmic solution 0.1 %	53	butalbital-aspirin-caffeine	8	CARDIZEM	20
brimonidine tartrate ophthalmic solution 0.2 %	53	butorphanol tartrate nasal	8	CARDIZEM CD	20
brimonidine tartrate ophthalmic solution 0.15 %	53	BUTRANS	8	CARDIZEM LA	20
brimonidine tartrate-timolol	53	BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	34	CARDURA	20
brinzolamide	53	BYLVAY	38	CAREPOINT POLY HUB NEEDLE 18G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	31
BRIVIACT ORAL TABLET	12	BYLVAY (PELLETS)	38	CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	31
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	54	BYSTOLIC	20	CAREPOINT SAFETY 1ST NEEDLE	31
bromfenac sodium (once-daily)	52	cabergoline	45	CARESENS N PLUS BT	31
bromfenac sodium ophthalmic solution 0.07 %	52	CABOMETYX	17	CARETOUCH MONITOR SYSTEM	31
bromfenac sodium ophthalmic solution 0.075 %	52	CABTREO	27	CARETOUCH TEST	31
bromocriptine mesylate oral tablet	18	calcipotriene external cream	27	carisoprodol oral tablet 250 mg	57
bromphen-pseudoeph-dm	54	calcipotriene external ointment	27	carisoprodol oral tablet 350 mg	57
BROMSITE	52	calcipotriene external solution	27	CARNITOR ORAL SOLUTION	36
BRONCHITOL	57	CALCITRENE	27	CARNITOR ORAL TABLET	39
BRONCHITOL TOLERANCE TEST	57	calcitriol oral capsule	52	CARNITOR SF	36
BRUKINSA	17	calcium acetate (phos binder) oral capsule	40	cartia xt	20
budesonide-formoterol fumarate	56	CALQUENCE	17	carvedilol	20
budesonide inhalation	56	camila	41	carvedilol phosphate er	20
budesonide oral	51	camrese	41	CASODEX	17
bumetanide oral	20	camrese lo	41	CATAPRES-TTS-1	20
BUMEX	20			CATAPRES-TTS-2	20
BUPAP ORAL TABLET 50-300 MG	8			CATAPRES-TTS-3	20
buprenorphine	8			cefadroxil oral capsule	11

cefprozil	11	citalopram hydrobromide oral tablet . . .	14	clobetasol propionate external gel	27
cefuroxime axetil	11	claravis	27	clobetasol propionate external liquid . .	27
CELEBREX	9	CLARINEX	55	clobetasol propionate external ointment	27
celecoxib oral	9	clarithromycin oral tablet	11	clobetasol propionate external shampoo	27
CELEXA	14	CLENPIQ	38	clobetasol propionate external solution	27
CELLCEPT ORAL CAPSULE	47	CLEOCIN ORAL CAPSULE 75 MG	11	CLOBEX EXTERNAL SHAMPOO	27
CELLCEPT ORAL TABLET	47	CLEOCIN ORAL CAPSULE 150 MG, 300 MG	11	CLOBEX SPRAY	27
cephalexin	11	CLEOCIN ORAL SOLUTION RECONSTITUTED	11	clodan	27
CEQUA	54	CLEOCIN-T	27	CLOMID	51
CEQUR SIMPLICITY 2U 8PK	31	CLEOCIN VAGINAL CREAM	11	clomiphene citrate oral	51
CERDELGA	39	CLIMARA	41	clomipramine hcl oral	14
cetirizine hcl oral solution	55	CLIMARA PRO	41	clonazepam oral	20
CETROTIDE	51	clindacin etz external swab	27	clonidine hcl er	24
cevimeline hcl	26	clindacin-p	27	clonidine hcl oral	21
charlotte 24 fe	41	CLINDAGEL	27	clonidine patch weekly 0.1 mg/24hr transdermal	21
chateal eq	41	clindamycin hcl oral	11	clonidine patch weekly 0.1 mg/24hr transdermal	21
chlordiazepoxide-clidinium	38	clindamycin palmitate hcl	11	clonidine patch weekly 0.2 mg/24hr transdermal	21
chlordiazepoxide hcl	20	clindamycin phos-benzoyl perox external gel 1.2-5 %	27	clonidine patch weekly 0.2 mg/24hr transdermal	21
chlorhexidine gluconate mouth/throat .	26	clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	27	clonidine patch weekly 0.3 mg/24hr transdermal	21
chlorpromazine hcl oral tablet	18	clindamycin phos (once-daily) gel 1 % external	27	clonidine patch weekly 0.3 mg/24hr transdermal	21
chlorthalidone	20	clindamycin phos (once-daily) gel 1 % external	27	clonidine patch weekly 0.3 mg/24hr transdermal	21
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	58	clindamycin phosphate external lotion .	27	clonidine patch weekly 0.3 mg/24hr transdermal	21
chlorzoxazone oral tablet 500 mg	58	clindamycin phosphate external solution	27	clonidine patch weekly 0.3 mg/24hr transdermal	21
cholestyramine light	20	clindamycin phosphate external swab .	27	clonidine patch weekly 0.3 mg/24hr transdermal	21
cholestyramine oral	21	clindamycin phosphate vaginal	11	clonidine patch weekly 0.3 mg/24hr transdermal	21
CHORIONIC GONADOTROPIN INTRAMUSCULAR	51	clindamycin phos (twice-daily) gel 1 % external	27	clonidine patch weekly 0.3 mg/24hr transdermal	21
CIALIS	36	clindamycin phos (twice-daily) gel 1 % external	27	clonidine patch weekly 0.3 mg/24hr transdermal	21
CIBINQO	27	clindamycin phos (twice-daily) gel 1 % external	27	clonidine patch weekly 0.3 mg/24hr transdermal	21
ciclodan	15	CLINDESSE	11	clonidine patch weekly 0.3 mg/24hr transdermal	21
ciclopirox external gel	15	CLINPRO 5000	26	clonidine patch weekly 0.3 mg/24hr transdermal	21
ciclopirox external shampoo	15	clobazam oral suspension 2.5 mg/ml	12	clonidine patch weekly 0.3 mg/24hr transdermal	21
ciclopirox external solution	15	clobazam oral tablet	12	clonidine patch weekly 0.3 mg/24hr transdermal	21
ciclopirox olamine external cream	15	clobetasol prop emollient base external cream 0.05 %	27	clonidine patch weekly 0.3 mg/24hr transdermal	21
ciclopirox olamine external suspension .	27	clobetasol propionate e	27	clonidine patch weekly 0.3 mg/24hr transdermal	21
cilostazol	18	clobetasol propionate external cream 0.05 %	27	clonidine patch weekly 0.3 mg/24hr transdermal	21
CIMDUO	19	CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	27	clonidine patch weekly 0.3 mg/24hr transdermal	21
cimetidine oral	38	clobetasol propionate external foam . .	27	clonidine patch weekly 0.3 mg/24hr transdermal	21
CIMZIA (2 SYRINGE)	47			clonidine patch weekly 0.3 mg/24hr transdermal	21
CIMZIA-STARTER	47			clonidine patch weekly 0.3 mg/24hr transdermal	21
cinacalcet hcl	52			clonidine patch weekly 0.3 mg/24hr transdermal	21
CINRYZE	48			clonidine patch weekly 0.3 mg/24hr transdermal	21
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	54			clonidine patch weekly 0.3 mg/24hr transdermal	21
ciprofloxacin-dexamethasone	54			clonidine patch weekly 0.3 mg/24hr transdermal	21
ciprofloxacin hcl ophthalmic	52			clonidine patch weekly 0.3 mg/24hr transdermal	21
ciprofloxacin hcl oral	11			clonidine patch weekly 0.3 mg/24hr transdermal	21
CIPRO ORAL TABLET	11			clonidine patch weekly 0.3 mg/24hr transdermal	21

CONTOUR NEXT EZ KIT W/DEVICE	31	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	36	DENTA 5000 PLUS SENSITIVE	36
CONTOUR NEXT GEN MONITOR KIT	31	cyanocobalamin nasal	36	DENTAGEL	26
CONTOUR NEXT GEN TEST STRIPS	31	cyclobenzaprine hcl oral tablet 7.5 mg.	58	DEPAKOTE	12
CONTOUR NEXT LINK KIT W/DEVICE	31	cyclobenzaprine hcl oral tablet 10 mg, 5 mg.	58	DEPAKOTE ER	12
CONTOUR NEXT LINK KIT W/DEVICE	31	CYCLOGYL	54	DEPAKOTE SPRINKLES	12
CONTOUR NEXT MONITOR KIT W/ DEVICE	31	cyclopentolate hcl ophthalmic	54	DEPEN TITRATABS	39
CONTOUR NEXT ONE KIT	31	cyclosporine modified oral capsule	48	DEPO-PROVERA	41
CONTOUR NEXT TEST STRIPS	31	cyclosporine ophthalmic	54	DEPO-SUBQ PROVERA 104	41
CONTOUR PLUS BLUE KIT W/DEVICE	31	CYLTEZO (2 PEN)	48	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ ML	45
CONTOUR PLUS TEST STRIP	31	CYLTEZO (2 SYRINGE)	48	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ ML	45
CONTOUR TEST STRIPS	31	CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	48	DERMACINRX UREA	27
COPAXONE	25	CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	48	DERMA-SMOOTH/FS BODY	27
COREG	21	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	48	DERMA-SMOOTH/FS SCALP	27
COREG CR	21	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	48	DERMOTIC	54
CORGARD ORAL TABLET 20 MG, 40 MG.	21	CYMBALTA	14	DESCOVY ORAL TABLET 120-15 MG	19
CORLANOR	21	cyproheptadine hcl oral	55	DESCOVY ORAL TABLET 200-25 MG	19
CORTEF	44	cyred eq	41	desipramine hcl oral	14
CORTIFOAM	51	CYTOMEL	46	desloratadine oral tablet	55
COSENTYX 75MG/0.5ML SUBCUTANEOUS	48	CYTOTEC	38	desmopressin acetate oral	45
COSENTYX 150 MG/ML SUBCUTANEOUS	48	dabigatran etexilate mesylate	12	desmopressin acetate spray	45
COSENTYX (300 MG DOSE)	48	dalfampridine er	25	desogestrel-ethinyl estradiol	41
COSENTYX SENSOREADY (300 MG)	48	DALIRESP	56	desonide external cream	27
COSENTYX SENSOREADY PEN	48	DAPAGLIFLOZIN PRO-METFORMIN ER	34	desonide external lotion	27
COSENTYX UNOREADY	48	DAPAGLIFLOZIN PROPANEDIOL	34	desonide external ointment	28
COSOPT	53	dapsone external	27	DESOWEN	28
COSOPT PF	53	dapsone oral	16	desoximetasone external cream	28
COTELLIC	17	dasatinib	17	desoximetasone external ointment	28
COTEMPLA XR-ODT	24	dasetta 1/35 (28)	41	desvenlafaxine succinate er	14
COVARYX	41	dasetta 7/7/7	41	DETROL	40
COVARYX HS	41	DAVIMET-FLUORIDE	36	DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	40
COZAAR	21	DAYPRO	9	DEXABLISS ORAL TABLET THERAPY PACK 1.5 MG (39)	44
CREON	39	daysee	41	dexamethasone intensol	44
CRESEMBA ORAL	15	DAYVIGO	58	dexamethasone oral elixir	44
CRESTOR	21	D-CARE BLOOD GLUCOSE	31	dexamethasone oral solution	44
CREXONT	18	D-CARE GLUCOMETER	31	dexamethasone oral tablet	44
cromolyn sodium ophthalmic	54	DDAVP ORAL	45	dexamethasone oral tablet therapy pack	44
cromolyn sodium oral	38	deblitane	41	dexamethasone sodium phosphate ophthalmic	52
cryselle-28	41	DELESTROGEN	41	DEXCOM G6 RECEIVER	31
CVS ADVANCED GLUCOSE TEST	31	delyla	41	DEXCOM G6 SENSOR	31
CVS GLUCOSE METER TEST STRIPS	31	DELZICOL	51	DEXCOM G6 TRANSMITTER	31
cvs nicotine	10	DENTA 5000 PLUS	26		
cvs nicotine polacrilex	10				
cvs prenatal	36				
CVS TRUE METRIX GLUCOSE TEST	31				
cyanocobalamin injection solution 1000 mcg/ml	36				

DEXCOM G7 RECEIVER	31	diltiazem hcl er oral capsule extended release 12 hour	21	doxycycline monohydrate oral suspension reconstituted	11
DEXCOM G7 SENSOR	31	diltiazem hcl er oral capsule extended release 24 hour	21	doxycycline monohydrate oral tablet	11
DEXEDRINE	24	diltiazem hcl er oral tablet extended release 24 hour	21	doxylamine-pyridoxine	15
DEXILANT	38	diltiazem hcl oral	21	DRISDOL	36
dexlansoprazole	38	dilt-xr	21	dronabinol	15
dexmethylphenidate hcl	24	dimethyl fumarate oral	25	DROPSAFE SAFETY SYRINGE/NEEDLE	31
dexmethylphenidate hcl er	24	DIOVAN	21	drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	41
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	24	DIOVAN HCT	21	drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	41
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	24	DIPENTUM	51	drospirenone-ethinyl estradiol	41
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	24	diphenoxylate-atropine oral tablet	38	DRYSOL	28
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	24	DIPROLENE	28	DUAVEE	41
DHIVY	18	disulfiram oral	10	DULERA	56
DIABETES CARE	31	DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG ...	40	duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg ..	14
DIABETES MONITOR DIGIT ADD-ON	31	divalproex sodium er	13	duloxetine hcl oral capsule delayed release particles 40 mg	14
DIABETES MONITOR DIGIT SOLN	31	divalproex sodium oral capsule delayed release sprinkle	13	DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	28
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	12	divalproex sodium oral tablet delayed release	13	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	28
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	12	DIVIGEL	41	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	28
diazepam oral solution	20	DODEx INJECTION SOLUTION 1000 MCG/ML	36	DUREZOL	54
diazepam oral tablet	20	dofetilide	21	dutasteride oral	40
diazepam rectal	12	donepezil hcl oral tablet	14	DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	45
DICLEGIS	15	DOPTELET	35	DYANA VEL XR ORAL TABLET EXTENDED RELEASE	24
diclofenac-misoprostol	9	dorzolamide hcl solution 2 % ophthalmic	53	DYMISTA	55
diclofenac potassium oral tablet 25 mg ..	9	DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	53	EASIVENT	56
diclofenac potassium oral tablet 50 mg ..	9	dorzolamide hcl-timolol mal	53	EASIVENT MASK LARGE	56
diclofenac sodium er	9	dorzolamide hcl-timolol mal pf	53	EASIVENT MASK MEDIUM	56
diclofenac sodium external gel 1 %	9	dotti	41	EASIVENT MASK SMALL	56
diclofenac sodium external gel 3 %	28	DOVATO	19	EASYGLUCO	31
diclofenac sodium ophthalmic	52	doxazosin mesylate oral	21	EASYMAX 15 TEST	31
diclofenac sodium oral	9	doxepin hcl oral capsule	14	EASY MAX BLOOD GLUCOSE TEST	31
DICLOFONO	9	doxepin hcl oral concentrate	14	EASYMAX NG BLOOD GLUCOSE KIT	31
dicloxacin sodium	11	doxepin hcl oral tablet	58	EASY MAX T1 GLUCOSE SYSTEM	31
dicyclomine hcl oral capsule	38	doxycycline	28	EASY TOUCH HEALTHPRO GLUCOSE	31
dicyclomine hcl oral tablet 20 mg	38	doxycycline hyclate oral capsule	11	EASY TOUCH TEST	31
DIFFERIN EXTERNAL GEL 0.3 %	28	doxycycline hyclate oral tablet 20 mg ..	11	EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	28
DIFICID ORAL TABLET	11	doxycycline hyclate oral tablet 100 mg ..	11	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	9
DIFLUCAN	15	doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	11	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	9
difluprednate	54	doxycycline monohydrate oral capsule 100 mg, 50 mg	11	ec-naproxen	9
digoxin oral tablet	21	doxycycline monohydrate oral capsule 150 mg, 75 mg	11		
DILANTIN	12				
DILAUDID ORAL TABLET	8				
diltiazem hcl er beads	21				
diltiazem hcl er coated beads	21				

econazole nitrate external	15	entecavir	19	erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	11
EDARBI	21	ENTRESTO ORAL TABLET	21	erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	11
EDARBYCLOR	21	ENTYVIO PEN	48	erythromycin external	28
EEMT	41	enulose	38	erythromycin ophthalmic	52
EEMT HS	41	ENVARUS XR	48	escitalopram oxalate oral solution 5 mg/5ml	14
E.E.S. GRANULES	11	EPANED	21	escitalopram oxalate oral tablet	14
EFFEXOR XR	14	EPCLUSA ORAL TABLET	19	ESGIC ORAL CAPSULE 50-325-40 MG	8
EFFIENT	18	EPIDIOLEX	13	ESGIC ORAL TABLET 50-325-40 MG	8
EFUDEX EXTERNAL CREAM 5 %	28	EPIDUO	28	eslicarbazepine acetate	13
ELEPSIA XR	13	EPIDUO FORTE	28	esomeprazole magnesium oral capsule delayed release	38
ELESTRIN	41	epinastine hcl	52	esomeprazole magnesium oral packet	38
eletriptan hydrobromide	16	EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	54	estarylla	41
ELIDEL	28	epinephrine solution auto-injector 0.3 mg/0.3ml injection	54	est estrogens-methyltest	41
ELIMITE	18	epinephrine solution auto-injector 0.3 mg/0.3ml injection	54	est estrogens-methyltest ds	41
elinest	41	epinephrine solution auto-injector 0.3 mg/0.3ml injection	54	est estrogens-methyltest hs	41
ELIQUIS	12	epinephrine solution auto-injector 0.3 mg/0.3ml injection	54	ESTRACE	41
ELIQUIS DVT/PE STARTER PACK	12	epinephrine solution auto-injector 0.3 mg/0.3ml injection	54	estradiol-norethindrone acet	42
ELLA	41	epinephrine solution auto-injector 0.3 mg/0.3ml injection	54	estradiol oral	41
ELMIRON	40	epinephrine solution auto-injector 0.15 mg/0.3ml injection	54	estradiol patch twice weekly 0.1 mg/24hr transdermal	41
ELOCTATE	35	epinephrine solution auto-injector 0.15 mg/0.3ml injection	54	estradiol patch twice weekly 0.1 mg/24hr transdermal	42
eluryng	41	epinephrine solution auto-injector 0.15 mg/0.3ml injection	54	estradiol patch twice weekly 0.1 mg/24hr transdermal	42
EMBECTA INSULIN SYRINGE	31	epinephrine solution auto-injector 0.15 mg/0.15ml injection	54	estradiol patch twice weekly 0.05 mg/24hr transdermal	41
EMBRACE BLOOD GLUCOSE TEST	31	epinephrine solution auto-injector 0.15 mg/0.15ml injection	54	estradiol patch twice weekly 0.05 mg/24hr transdermal	41
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	31	epinephrine solution auto-injector 0.15 mg/0.15ml injection	54	estradiol patch twice weekly 0.05 mg/24hr transdermal	41
EMEND BIPACK	15	EPIPEN 2-PAK	54	estradiol patch twice weekly 0.05 mg/24hr transdermal	41
EMGALITY	16	EPIPEN JR 2-PAK	54	estradiol patch twice weekly 0.025 mg/24hr transdermal	41
EMPAVELI	48	epitol	13	estradiol patch twice weekly 0.025 mg/24hr transdermal	41
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	19	eplerenone	21	estradiol patch twice weekly 0.025 mg/24hr transdermal	41
emtricitabine-tenofovir df oral tablet 200-300 mg	19	EQ BLOOD GLUCOSE TEST	31	estradiol patch twice weekly 0.075 mg/24hr transdermal	41
emzahh	41	eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	10	estradiol patch twice weekly 0.075 mg/24hr transdermal	41
enalapril-hydrochlorothiazide	21	eq nicotine	10	estradiol patch twice weekly 0.0375 mg/24hr transdermal	41
enalapril maleate oral solution	21	eq nicotine mouth/throat gum 4 mg	10	estradiol patch twice weekly 0.0375 mg/24hr transdermal	41
enalapril maleate oral tablet	21	eq nicotine polacrilex	10	estradiol patch twice weekly 0.0375 mg/24hr transdermal	41
ENBREL	48	eq nicotine step 3	10	estradiol patch twice weekly 0.0375 mg/24hr transdermal	41
ENBREL MINI	48	ergocalciferol oral capsule	36	ERYGEL	28
ENBREL SURECLICK	48	ERIVEDGE	17	ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	11
endocet	8	ERLEADA ORAL TABLET 60 MG	17	ERYPED 400	11
ENDOMETRIN	51	ERLEADA ORAL TABLET 240 MG	17	erythromycin base oral tablet	11
ENGERIX-B	50	ERMEZA	46		
enilloring	41	errin	41		
ENLITE GLUCOSE SENSOR	31	ERYGEL	28		
enoxaparin sodium injection solution prefilled syringe	12	ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	11		
enpresse-28	41	ERYPED 400	11		
enskyce	41				
ENSTILAR	28				

estradiol patch twice weekly 0.0375 mg/24hr transdermal.	41	falmina	42	FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML	36
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	42	famciclovir oral.	19	FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG	36
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	42	famotidine oral suspension reconstituted	38	FLORIVA PLUS	36
estradiol transdermal patch weekly ...	42	famotidine oral tablet 20 mg, 40 mg	38	FLOTREX	36
estradiol vaginal cream	42	FARXIGA	34	FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	56
estradiol vaginal tablet	42	FASENRA PEN	56	FLUAD	50
estradiol valerate intramuscular.	42	fayosim oral tablet 42-21-21-7 days ...	42	FLUARIX	50
estratest f.s.	42	febuxostat	16	FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	50
ESTRATEST H.S.	42	feirza 1.5/30	42	fluconazole oral	15
ESTRING	42	feirza 1/20	42	fludrocortisone acetate oral	45
ESTROGEL	42	FELDENE ORAL CAPSULE 20 MG	9	FLULAVAL	50
eszopiclone	58	felodipine er	21	flunisolide nasal	55
ethambutol hcl oral	16	FEMARA	17	fluocinolone acetonide body	28
ethosuximide oral	13	FEMRING	42	fluocinolone acetonide external cream ..	28
ethynodiol diac-eth estradiol.	42	FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	21	fluocinolone acetonide external ointment	28
etodolac	9	fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	21	fluocinolone acetonide external solution	28
etonogestrel-ethinyl estradiol.	42	fenofibrate oral capsule 134 mg, 200 mg, 67 mg	21	fluocinolone acetonide otic	54
EUCRISA	28	fenofibrate oral tablet 120 mg, 40 mg ..	21	fluocinolone acetonide scalp	28
euthyrox	46	fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	21	fluocinonide external cream 0.1 %	28
EVAMIST	42	fenofibric acid oral capsule delayed release	21	fluocinonide external cream 0.05 % ...	28
EVEKEO	24	FENOGLIDE ORAL TABLET 120 MG, 40 MG	21	fluocinonide external gel	28
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	48	fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr ...	8	fluocinonide external ointment	28
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	17	fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	8	fluocinonide external solution	28
EVERSENSE 365 SENSOR/HOLDER	31	FETZIMA	14	FLUORIDEX	26
EVERSENSE 365 SMART TRANSMIT	31	FEXMID	58	FLUORIDEX ENHANCED WHITENING ...	26
EVERSENSE E3 SENSOR/HOLDER	31	fidaxomicin oral tablet	11	FLUORIMAX 5000	26
EVERSENSE E3 SMART TRANSMITTER .	31	FINACEA EXTERNAL FOAM	28	FLUORIMAX 5000 SENSITIVE	36
EVERSENSE SENSOR/HOLDER	31	FINACEA EXTERNAL GEL	28	fluorometholone	52
EVERSENSE SMART TRANSMITTER	31	finasteride oral tablet 5 mg	40	FLUOROURACIL EXTERNAL CREAM 0.5 %	28
EVISTA	52	finolimid hcl	25	fluorouracil external cream 5 %	28
EVOXAC	26	finzala	42	fluoxetine hcl oral capsule	14
EVRYSDI ORAL SOLUTION RECONSTITUTED	39	FIORICET	8	fluoxetine hcl oral solution	14
EXELON	14	FIORICET/CODEINE	8	fluoxetine hcl oral tablet 10 mg	14
exemestane	17	flac otic oil 0.01 %	54	fluoxetine hcl oral tablet 20 mg, 60 mg. .	14
EXFORGE	21	FLAREX	52	FLUTICASONE FUROATE-VILANTEROL ..	56
EXKIVITY ORAL CAPSULE 40 MG	17	flecainide acetate	21	fluticasone propionate external cream. .	28
EXTAVIA SUBCUTANEOUS KIT 0.3 MG ..	25	FLEXICHAMBER	56	fluticasone propionate external ointment	28
EYSUVIS	52	FLOMAX ORAL CAPSULE 0.4 MG	40	FLUTICASONE PROPIONATE HFA	56
ezetimibe	21			fluticasone propionate nasal	55
ezetimibe-simvastatin	21				
FABHALTA	35				

FLUTICASONE-SALMETEROL INHALATION AEROSOL.....	56	ft nicotine mini	10	glipizide oral tablet 2.5 mg.....	34
fluticasone-salmeterol inhalation aerosol powder breath activated 100- 50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	56	FUROSCIX.....	21	glipizide oral tablet 10 mg, 5 mg.....	34
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	56	furosemide oral	21	glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg.....	34
fluvoxamine maleate	14	fyavolv.....	42	glucagon emergency kit 1 mg injection	34
fluvoxamine maleate er	14	FYCOMPA ORAL SUSPENSION	13	GLUCAGON EMERGENCY KIT 1 MG INJECTION.....	34
FLUZONE HIGH-DOSE.....	50	FYCOMPA ORAL TABLET	13	GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR	34
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	50	FYREMADEL.....	51	GLUCOCARD EXPRESSION TEST.....	32
FML FORTE.....	52	gabapentin oral capsule	13	GLUCOCARD SHINE TEST	32
FML LIQUIFILM	52	gabapentin oral solution 250 mg/5ml	13	GLUCOCARD VITAL TEST	32
FOCALIN	24	GABAPENTIN ORAL TABLET 25 MG, 50 MG.....	13	GLUCOTROL XL.....	34
FOCALIN XR.....	24	gabapentin oral tablet 600 mg, 800 mg	13	GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG...	34
folic acid oral tablet 1 mg	36	GABARONE	13	glyburide-metformin	35
FOLLISTIM AQ	51	gallifrey	42	glyburide oral	35
FORA 6 CONNECT/GTEL TEST	31	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous ..	51	GLYCATE	38
FORFIVO XL	14	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous ..	51	GLYCOPYRROLATE ORAL TABLET 1.5 MG	38
FORTEO.....	52	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous ..	51	glycopyrrolate oral tablet 1 mg, 2 mg ..	38
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	45	GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	50	GLYXAMBI.....	35
FORTISCARE G1 TEST STRIP IN VITRO STRIP.....	31	GASTROCROM	38	gnp naloxone hcl	10
FORTISCARE TEST IN VITRO STRIP.....	31	gatifloxacin ophthalmic.....	52	gnp nicotine mini.....	10
FOSAMAX	52	gavilyte-c	38	gnp nicotine polacrilex mouth/throat gum 2 mg.....	10
fosfomycin tromethamine	11	gavilyte-g	38	gnp nicotine polacrilex mouth/throat lozenge	10
fosinopril sodium.....	21	gavilyte-n with flavor pack	38	gnp nicotine transdermal	10
FRAICHE 5000 DENTAL.....	26	GAVRETO	17	GOLYTELY.....	38
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %.....	36	gemfibrozil oral	21	GONAL-F	51
FREESTYLE LIBRE 2 PLUS SENSOR.....	31	GEMTESA	40	GONAL-F RFF.....	51
FREESTYLE LIBRE 2 READER	31	GEN7T EXTERNAL PATCH 3.5 %.....	8	GONAL-F RFF REDIRECT	51
FREESTYLE LIBRE 2 SENSOR	31	generlac	38	goodsense nicotine.....	10
FREESTYLE LIBRE 3 PLUS SENSOR.....	31	engraf oral capsule.....	48	griseofulvin microsize oral suspension ..	15
FREESTYLE LIBRE 3 READER	31	gentamicin sulfate external	11	g tussin ac	55
FREESTYLE LIBRE 3 SENSOR	32	gentamicin sulfate ophthalmic	52	guaifenesin ac oral syrup 100-10 mg/5ml	55
FREESTYLE LIBRE 14 DAY READER	31	GENVOYA	19	guaifenesin-codeine.....	55
FREESTYLE LIBRE 14 DAY SENSOR	31	GEODON ORAL.....	18	guanfacine hcl	21
FREESTYLE LIBRE READER	32	GILENYA ORAL CAPSULE 0.5 MG	25	guanfacine hcl er	24
FREESTYLE PRECISION NEO SYSTEM.....	32	GILENYA ORAL CAPSULE 0.25 MG.....	25	GUARDIAN 4 GLUCOSE SENSOR	32
FREESTYLE PRECISION NEO TEST	32	glatiramer acetate.....	25	GUARDIAN 4 TRANSMITTER	32
FREESTYLE TEST	32	glatopa	25	GUARDIAN CONNECT TRANSMITTER ..	32
FROVA	16	GLEEVEC.....	17	GUARDIAN LINK 3 TRANSMITTER	32
frovatriptan succinate	16	glimepiride oral tablet 1 mg, 2 mg, 4 mg.....	34	GUARDIAN REAL-TIME REPLACE PED....	32
ft naloxone hcl	10	glimepiride oral tablet 3 mg.....	34	GUARDIAN SENSOR 3	32
ft nicotine	10	glipizide er	34	GVOKE HYPOPEN 1-PACK	32
		glipizide-metformin hcl.....	34	GVOKE HYPOPEN 2-PACK	32

GVOKE KIT	32	HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50- 50) 100 UNIT/ML	33	hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	8
GVOKE PFS.....	32	HUMALOG MIX 75/25 KWIKPEN	33	hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	8
GYNAZOLE-1	15	HUMALOG MIX 75/25 VIAL	33	hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	8
habitrol	10	HUMALOG SUBCUTANEOUS	33	hydrocodone bit-homatrop mbr oral solution	55
HADLIMA	48	HUMALOG TEMPO PEN	33	hydrocod poli-chlorphe poli er	55
HADLIMA PUSH TOUCH	48	HUMALOG U-100 JUNIOR KWIKPEN	33	hydrocortisone ace-pramoxine external cream 1-1 %	51
HAEGARDA	48	HUMATE-P	35	hydrocortisone acetate rectal	51
hailey 1.5/30	42	HUMIRA (1 PEN)	48	hydrocortisone-acetic acid	54
hailey 24 fe	42	HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	48	hydrocortisone external cream 1 %	28
hailey fe 1.5/30	42	HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	48	hydrocortisone external cream 2.5 %	28
hailey fe 1/20	42	HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	48	hydrocortisone external lotion 2 %	28
HALCION	20	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	48	hydrocortisone external lotion 2.5 %	28
halobetasol propionate external cream	28	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	48	hydrocortisone external ointment 1 %, 2.5 %	28
halobetasol propionate external ointment	28	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	48	hydrocortisone oral	45
haloette	42	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	48	hydrocortisone (perianal) external cream 1 %	51
haloperidol oral	18	HUMIRA-CD/UC/HS STARTER	48	hydrocortisone (perianal) external cream 2.5 %	51
HARVONI ORAL TABLET	19	HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	48	hydrocortisone valerate external cream	28
HAVRIX	50	HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	48	hydrocort-pramoxine (perianal)	51
HEALTHPRO BLOOD GLUCOSE MONITO	32	HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	48	hydromet	55
heather	42	HUMULIN 70/30 KWIKPEN	33	hydromorphone hcl oral tablet	8
HEMADY	45	HUMULIN 70/30 VIAL	33	hydroquinone external	28
HEMANGEOL	21	HUMULIN N KWIKPEN	33	hydroxychloroquine sulfate oral	18
HEMICLOR	21	HUMULIN N VIAL	33	HYDROXYM EXTERNAL CREAM	28
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	35	HUMULIN R U-500 KWIKPEN	33	hydroxyurea oral	17
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	35	HUMULIN R U-500 VIAL	33	hydroxyzine hcl oral	20
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	51	HUMULIN R VIAL	33	hydroxyzine pamoate oral	20
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	51	HYCODAN ORAL SOLUTION	55	HYFTOR	48
HEMOFIL M	35	hydralazine hcl oral	21	HYMPAVZI	35
HEPLISAV-B	50	HYDREA	17	hyoscyamine sulfate er	38
HIDEX 6-DAY	45	hydrochlorothiazide oral	21	hyoscyamine sulfate oral tablet	39
HIPREX	11	hydrocodone-acetaminophen oral solution 10-300 mg/15ml	8	hyoscyamine sulfate oral tablet dispersible	39
hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	10			hyoscyamine sulfate sublingual	39
hm nicotine polacrilex mouth/throat lozenge 2 mg	10			HYPERSAL	55
hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr	10			HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO- INJECTOR 80 MG/0.8ML	49
HULIO (2 PEN)	48			HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-	
HULIO (2 SYRINGE)	48				
HUMALOG CARTRIDGE	33				
HUMALOG INJECTION	33				
HUMALOG KWIKPEN	33				
HUMALOG MIX 50/50 KWIKPEN	33				

INJECTOR		IMBRUVICA ORAL TABLET		X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G	
80 MG/0.8ML	49	140 MG, 280 MG	17	X 5/16" 1 ML	32
HYRIMOZ-PED<40KG CROHN STARTER..	49	IMBRUVICA ORAL TABLET		INTRAROSA	36
HYRIMOZ-PED>=40KG CROHN START ..	49	420 MG.	17	introvale	42
HYRIMOZ-PLAQ PSOR/UEIT START ...	49	imipramine hcl oral.....	14	INTUNIV	24
HYRIMOZ-PLAQUE PSORIASIS START ...	49	imiquimod external cream		INVEGA	18
HYRIMOZ SUBCUTANEOUS SOLUTION		3.75 %	28	INVELTYS	52
AUTO-INJECTOR		imiquimod external cream 5 %	28	INVOKANA	35
40 MG/0.4ML	48	imiquimod pump.....	28	INZIRQO	22
HYRIMOZ SUBCUTANEOUS SOLUTION		IMITREX NASAL SOLUTION		IPOL.....	50
AUTO-INJECTOR		20 MG/ACT, 5 MG/ACT.....	16	ipratropium-albuterol	56
40 MG/0.8ML, 80 MG/0.8ML.....	48	IMITREX ORAL.....	16	ipratropium bromide inhalation	56
HYRIMOZ SUBCUTANEOUS SOLUTION		IMITREX STATDOSE SYSTEM.....	16	ipratropium bromide nasal.....	55
AUTO-INJECTOR		IMKELDI.....	17	IQIRVO.....	39
80 MG/0.8ML	49	IMPOYZ	28	irbesartan	22
HYRIMOZ SUBCUTANEOUS SOLUTION		IMURAN.....	49	irbesartan-hydrochlorothiazide	22
PREFILLED SYRINGE 10 MG/0.1ML, 20		IMVEXXY MAINTENANCE PACK.....	36	ISENTRESS HD	19
MG/0.2ML,		IMVEXXY STARTER PACK	36	ISENTRESS ORAL TABLET	19
40 MG/0.4ML	49	INBRIJA.....	18	isibloom	42
HYRIMOZ SUBCUTANEOUS SOLUTION		incassia.....	42	isoniazid oral tablet	16
PREFILLED SYRINGE 40 MG/0.8ML	49	indapamide.....	22	ISOPTO ATROPINE OPHTHALMIC	
HYZAAR.....	21	INDERAL LA	22	SOLUTION 1 %	54
ibandronate sodium oral.....	52	indomethacin er.....	9	ISORDIL TITRADOSE.....	22
IBRANCE ORAL TABLET	17	indomethacin oral capsule.....	9	isosorbide dinitrate oral tablet 10 mg,	
IBSRELA	39	INGREZZA ORAL CAPSULE		20 mg, 30 mg, 5 mg.....	22
ibuprofen oral suspension		40 MG, 80 MG.....	25	isosorbide dinitrate oral tablet 40 mg..	22
100 mg/5ml	9	INGREZZA ORAL CAPSULE		isosorbide mononitrate er	22
ibuprofen oral tablet 400 mg, 600 mg,		60 MG.....	25	isotretinoin oral capsule 10 mg, 20	
800 mg	9	INGREZZA ORAL CAPSULE SPRINKLE ..	25	mg, 30 mg, 40 mg.....	28
iclevia	42	INGREZZA ORAL CAPSULE THERAPY		isotretinoin oral capsule 25 mg, 35 mg..	28
ICLUSIG ORAL TABLET 10 MG, 30 MG....	17	PACK	25	ISTALOL.....	53
ICLUSIG ORAL TABLET 15 MG, 45 MG....	17	INPEN	32	itraconazole oral capsule	15
icosapent ethyl.....	21	INSPIREASE	56	ivabradine hcl.....	22
IDACIO (2 PEN) SUBCUTANEOUS		INSPIRA	22	ivermectin external cream	28
AUTO-INJECTOR KIT		INSULIN ASPART	33	ivermectin oral tablet 3 mg	18
40 MG/0.8ML	49	INSULIN ASPART FLEXPEN	34	ivermectin oral tablet 6 mg	18
IDACIO (2 SYRINGE) SUBCUTANEOUS		INSULIN DEGLUDEC FLEXTOUCH	34	IYUZEH	53
PREFILLED SYRINGE KIT 40 MG/0.8ML ..	49	INSULIN GLARGINE	34	jaimiess.....	42
IDACIO-CROHNS/UC STARTER		INSULIN GLARGINE MAX SOLOSTAR ...	34	JAKAFI.....	17
SUBCUTANEOUS AUTO-INJECTOR		INSULIN GLARGINE SOLOSTAR	34	jantoven	12
KIT 40 MG/0.8ML	49	INSULIN LISPRO	34	JANUMET	35
IDACIO-PSORIASIS STARTER		INSULIN LISPRO KWIKPEN	34	JANUVIA	35
SUBCUTANEOUS AUTO-INJECTOR		INSULIN LISPRO PROT & LISPRO.....	34	JARDIANCE	35
KIT 40 MG/0.8ML	49	INSULIN PEN NEEDLES 29G X 12MM ,		jasmiel.....	42
IDELVION	36	30G X 5 MM , 31G X 5 MM, 31G X 6 MM ,		JATENZO.....	45
IDHIFA	17	31G X 8 MM , 32G X 4 MM.....	32	jencycla.....	42
IHEALTH BLOOD GLUCOSE TEST STR ...	32	INSULIN SYRINGES 27G X 1/2" 0.5 ML,		JENTADUETO	35
IHEALTH GLUCO+ KIT 10	32	27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML,		JENTADUETO XR	35
IHEALTH GLUCO+ KIT 100	32	28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML,		jinteli	42
ILEVRO	52	29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G			
imatinib mesylate oral	17				
IMBRUVICA ORAL CAPSULE	17				

jolessa.....	42	klor-con m15.....	36	LASIX.....	22
JORNAY PM.....	24	klor-con m20.....	36	latanoprost ophthalmic.....	53
JOURNAVX.....	8	KLOXXADO.....	10	LATUDA.....	18
JUBLIA.....	15	kls quit2.....	10	LEDIPASVIR-SOFOSBUVIR.....	19
juleber.....	42	kls quit4.....	10	leena.....	42
JULUCA.....	19	KOATE.....	36	leflunomide oral.....	49
junel 1.5/30.....	42	KOATE-DVI.....	36	lenalidomide.....	17
junel 1/20.....	42	KOGENATE FS.....	36	lessina.....	42
junel fe 1.5/30.....	42	KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5- 1000 MG, 5-1000 MG, 5-500 MG.....	35	letrozole oral.....	17
junel fe 1/20.....	42	KOSELUGO.....	17	leucovorin calcium oral.....	17
junel fe 24.....	42	KOURZEQ.....	26	leuprolide acetate injection.....	45
JUST RIGHT 5000 DENTAL GEL 1.1 %....	26	KOVALTRY.....	36	levalbuterol hcl inhalation.....	56
JUST RIGHT 5000 DENTAL PASTE.....	26	K-PHOS-NEUTRAL.....	36	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT.....	56
JYLAMVO.....	49	KRINTAFEL.....	18	LEVVID.....	39
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG.....	39	K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ.....	37	levetiracetam er.....	13
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG.....	39	kurvelo.....	42	levetiracetam oral solution.....	13
kalliga.....	42	KYZATREX.....	45	levetiracetam oral tablet.....	13
KAPSPARGO SPRINKLE.....	22	labetalol hcl oral.....	22	levocarnitine oral solution.....	37
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG.....	24	lacosamide oral.....	13	levocarnitine oral tablet.....	39
kariva.....	42	lactulose encephalopathy.....	39	levocarnitine sf.....	37
kelnor 1/35.....	42	lactulose oral solution.....	39	levocetirizine dihydrochloride oral solution.....	55
kelnor 1/50.....	42	LAGEVRIO.....	19	levocetirizine dihydrochloride oral tablet.....	55
KEPPRA ORAL.....	13	LAMICTAL.....	13	levofloxacin oral tablet.....	11
KEPPRA XR.....	13	LAMICTAL ODT ORAL TABLET DISPERSIBLE.....	13	levonest.....	42
KERENDIA ORAL TABLET 10 MG, 20 MG	22	LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR.....	13	levonorgest-eth est & eth est oral tablet 42-21-21-7 days.....	42
KESIMPTA.....	25	lamotrigine er.....	13	levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg.....	42
ketoconazole external cream.....	15	lamotrigine oral tablet.....	13	levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg.....	42
ketoconazole external shampoo.....	15	lamotrigine oral tablet chewable.....	13	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg.....	42
ketoconazole oral.....	15	lamotrigine oral tablet dispersible.....	13	levonorg-eth estrad triphasic.....	42
ketorolac tromethamine ophthalmic...	52	LANCETS.....	32	levora 0.15/30 (28).....	42
ketorolac tromethamine oral.....	9	LANOXIN ORAL TABLET 62.5 MCG.....	22	levo-t.....	46
KEVZARA SUBCUTANEOUS PREFILLED SYRINGE.....	49	LANOXIN ORAL TABLET 125 MCG, 250 MCG.....	22	LEVOTHYROXINE SODIUM ORAL CAPSULE.....	46
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	49	lansoprazole oral capsule delayed release.....	38	levothyroxine sodium oral tablet.....	46
KISQALI.....	17	lansoprazole oral tablet delayed release dispersible.....	38	levoxyl.....	46
KLARITY-A.....	52	LANTUS SOLOSTAR.....	34	LEVSIN.....	39
KLARITY-C DROPS.....	54	LANTUS U-100 VIAL.....	34	LEVSIN/SL.....	39
KLARON.....	29	larin 1.5/30.....	42	LEXAPRO.....	14
klayesta.....	15	larin 1/20.....	42	LIALDA.....	51
KLISYRI (250 MG).....	29	larin 24 fe.....	42		
KLISYRI (350 MG).....	29	larin fe 1.5/30.....	42		
KLONOPIN.....	20	larin fe 1/20.....	42		
klor-con.....	36				
klor-con 10.....	36				
klor-con m10.....	36				

LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	13	loryna	43	MAXZIDE ORAL TABLET 75-50 MG	22
LIBRAX	39	losartan potassium-hctz	22	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	25
lidocaine external ointment 5 %	8	losartan potassium oral	22	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	25
lidocaine external patch 5 %	8	LOTEMAX OPHTHALMIC GEL	52	meclizine hcl oral tablet	15
lidocaine hcl mouth/throat	26	LOTEMAX OPHTHALMIC OINTMENT	52	MEDROL ORAL TABLET 2 MG	45
lidocaine-prilocaine external cream	8	LOTEMAX OPHTHALMIC SUSPENSION	52	MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	45
lidocaine viscous hcl	26	LOTEMAX SM	52	MEDROL ORAL TABLET THERAPY PACK	45
LIDOCAN	8	LOTENSIN	22	medroxyprogesterone acetate intramuscular	43
LIDODERM	8	LOTENSIN HCT	22	medroxyprogesterone acetate oral	43
LIDOTRAL 1 EXTERNAL PATCH 4.88 %	8	loteprednol etabonate ophthalmic gel	52	mefloquine hcl	18
LIKMEZ	11	loteprednol etabonate ophthalmic suspension	52	megestrol acetate oral suspension 40 mg/ml	45
linezolid oral tablet	11	LOTREL	22	megestrol acetate oral tablet	43
LINZESS	39	lovastatin oral	22	meleya	43
liothyronine sodium oral	46	LOVAZA	22	meloxicam oral tablet	9
LIPITOR	22	LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	12	memantine hcl er	14
liraglutide solution pen-injector 18 mg/3ml subcutaneous	35	low-ogestrel	43	memantine hcl oral tablet	14
liraglutide solution pen-injector 18 mg/3ml subcutaneous	35	lo-zumandimine	43	MENOPUR	51
liraglutide solution pen-injector 18 mg/3ml subcutaneous	35	lubiprostone	39	MENOSTAR	43
lisdexamphetamine dimesylate	24	LUMAKRAS	17	MENQUADFI	50
lisinopril-hydrochlorothiazide	22	LUMIGAN	53	MENVEO	50
lisinopril oral	22	LUMRYZ	58	MEPRON	18
LITFULO	49	LUNESTA	58	mercaptapurine oral tablet	17
lithium carbonate er	20	LUPKYNIS	49	mesalamine er oral capsule 0.375 gm	51
lithium carbonate oral	20	lurasidone hcl	18	mesalamine oral capsule delayed release 400 mg	51
LITHOBID	20	lutura	43	mesalamine oral tablet delayed release 1.2 gm	51
LIVALO	22	lyleq	43	mesalamine oral tablet delayed release 800 mg	51
LIVDELZI	39	lyllana	43	mesalamine rectal enema	51
LODINE	9	LYNPARZA	17	mesalamine rectal suppository	51
LODOCO	22	LYRICA ORAL CAPSULE	25	MESTINON ORAL TABLET	16
LOESTRIN 1.5/30 (21)	43	LYUMJEV KWIKPEN	34	METADATE CD	24
LOESTRIN 1/20 (21)	43	LYUMJEV TEMPO PEN	34	metaxalone oral tablet 400 mg, 800 mg	58
LOESTRIN FE 1.5/30	43	LYUMJEV VIAL	34	metaxalone oral tablet 640 mg	58
LOESTRIN FE 1/20	43	lyza	43	metformin hcl er	35
LOFENA	9	MACROBID	11	metformin hcl er (mod)	35
lojaimiess	43	MACRODANTIN	11	metformin hcl er (osm)	35
LOKELMA	37	MALARONE	18	metformin hcl oral tablet 625 mg, 750 mg	35
LO LOESTRIN FE	43	MARINOL	15	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	35
LOMOTIL	39	marlissa	43	methadone hcl oral tablet	8
loperamide hcl oral capsule	39	matzim la	22		
LOPID	22	MAVENCLAD	25		
LOPRESSOR ORAL TABLET	22	MAVYRET ORAL PACKET	19		
LOPROX EXTERNAL SHAMPOO 1 %	15	MAXALT	16		
LOPROX EXTERNAL SUSPENSION 0.77 %	29	MAXALT-MLT	16		
lorazepam oral tablet	20	MAXITROL	52		
		maxi-tuss ac	55		
		MAXZIDE-25 ORAL TABLET 37.5-25 MG	22		

methenamine hippurate	11	metronidazole external gel 0.75 %	29	mometasone furoate nasal	55
methimazole oral	46	metronidazole external gel 1 %	29	MONDOXYNE NL	12
methocarbamol oral tablet 500 mg, 750 mg	58	metronidazole external lotion	29	MONOJECT HYPODERMIC NEEDLE 18G X 1"	32
methocarbamol oral tablet 1000 mg	58	metronidazole oral tablet 125 mg	11	mono-lyyah	43
methotrexate sodium injection solution	49	metronidazole oral tablet 250 mg, 500 mg	12	montelukast sodium oral packet	56
methotrexate sodium oral	49	metronidazole vaginal	12	montelukast sodium oral tablet	56
methotrexate sodium (pf)	49	mexiletine hcl oral	22	montelukast sodium oral tablet chewable	56
METHYLIN	24	mibelas 24 fe	43	morphine sulfate er oral tablet extended release	8
methylphenidate hcl er (cd)	24	MICARDIS	22	morphine sulfate oral tablet	8
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	24	MICARDIS HCT	22	MOTEGRITY	39
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	24	MICROCHAMBER	56	MOTPOLY XR	13
methylphenidate hcl er oral tablet extended release	24	MICRODOT TEST	32	MOUNJARO	35
methylphenidate hcl er oral tablet extended release 24 hour	25	microgestin 1.5/30	43	MOVIPREP	39
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	24	microgestin 1/20	43	moxifloxacin hcl (2x day)	52
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	24	microgestin 24 fe oral tablet 1-20 mg- mcg	43	moxifloxacin hcl ophthalmic	52
methylphenidate hcl er (osm) oral tablet extended release 72 mg	24	microgestin fe 1.5/30	43	moxifloxacin hcl oral	12
methylphenidate hcl er (xr)	24	microgestin fe 1/20	43	MS CONTIN	8
methylphenidate hcl oral solution	25	midodrine hcl	22	MULTAQ	22
methylphenidate hcl oral tablet	25	MIEBO	54	multi-vitamin/fluoride	37
methylphenidate hcl oral tablet chewable	25	mili	43	multivitamin/fluoride oral tablet chewable	37
methylprednisolone oral	45	mimvey	43	multivitamin w/fluoride tablet chewable 0.5 mg oral	37
metoclopramide hcl oral tablet	15	MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	43	multivitamin w/fluoride tablet chewable 0.5 mg oral	37
metolazone	22	MINILINK REAL-TIME TRANSMITTER	32	multivitamin w/fluoride tablet chewable 0.25 mg oral	37
metoprolol-hydrochlorothiazide	22	MINIMED 630G GUARDIAN PRESS	32	multivitamin w/fluoride tablet chewable 0.25 mg oral	37
metoprolol succinate er oral tablet extended release 24 hour 25 mg	22	MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	22	multivitamin w/fluoride tablet chewable 1 mg oral	37
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	22	MINIVELLE	43	MULTI-VIT-FLOR	37
metoprolol tartrate oral tablet 37.5 mg, 75 mg	22	minocycline hcl oral capsule	12	mupirocin cream	12
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	22	minoxidil oral	22	mupirocin ointment	12
METROCREAM	29	mirabegron er	40	MYAMBUTOL ORAL TABLET 400 MG	16
METROGEL	29	MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	43	mycophenolate mofetil oral capsule	49
METROLOTION	29	mirtazapine oral	14	mycophenolate mofetil oral tablet	49
metronidazole external cream	29	MIRVASO	29	mycophenolate sodium	49
		misoprostol oral	38	mycophenolic acid	49
		MITIGARE	16	MYDAYIS	25
		MM BLOOD GLUCOSE SYSTEM	32	MYFEMBREE	43
		MM BLOOD GLUCOSE SYSTEM REFILL	32	MYFORTIC	49
		MM BLULINK GLUCOSE TEST	32	MYHIBBIN	49
		MM EASY TOUCH GLUCOSE METER	32	MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	40
		M-M-R II	50		
		M-NATAL PLUS	37		
		modafinil oral	58		
		MODERNA COVID-19 VAC 6M-11Y	50		
		mometasone furoate external	29		

MYSOLINE	13	NEVANAC	53	norethindrone oral	43
nabumetone oral.....	9	NEXIUM ORAL CAPSULE DELAYED RELEASE.....	38	norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/ 1-35 mg-mcg.....	43
nadolol oral.....	22	NEXIUM ORAL PACKET.....	38	norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg.....	43
NALOCET	8	NEXLETOL	22	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg.....	43
naloxone hcl injection solution prefilled syringe	10	NEXLIZET	22	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg.....	43
naloxone hcl nasal.....	10	NEXTSTELLIS	43	NORITATE.....	29
naltrexone hcl oral	10	NGENLA	45	NORLIQVA	22
NAMENDA ORAL TABLET 10 MG, 5 MG...14		niacin er (antihyperlipidemic)	22	norlyroc	43
NAMENDA TITRATION PAK	14	NICODERM CQ.....	10	NORPRAMIN	14
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG.....	14	NICORETTE MINI	10	nortrel 0.5/35 (28)	43
NAPROSYN.....	9	NICORETTE MOUTH/THROAT GUM	10	nortrel 1/35 (21)	43
naproxen dr.....	9	NICORETTE MOUTH/THROAT LOZENGE.....	10	nortrel 1/35 (28)	43
naproxen oral tablet	9	NICORETTE STARTER KIT	10	nortrel 7/7/7	43
naproxen oral tablet delayed release	9	nicotine mini	10	nortriptyline hcl oral capsule.....	14
naproxen sodium oral tablet 275 mg, 550 mg	9	nicotine polacrilex mini	10	NORVASC	22
naratriptan hcl	16	nicotine polacrilex mouth/throat	10	NOVAREL	51
NARCAN	10	nicotine step 1	10	NOVOEIGHT.....	36
NASCOBAL.....	37	nicotine step 2	10	NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM.....	32
na sulfate-k sulfate-mg sulf.	39	nicotine step 3	10	NOVOFINE PEN NEEDLE.....	32
NATAZIA	43	nicotine transdermal patch 24 hour.....	10	NOVOFINE PLUS PEN NEEDLE	32
nateglinide.....	35	nifedipine er	22	NOVOLIN 70/30 FLEXPEN	34
NATESTO	45	nifedipine er osmotic release.....	22	NOVOLIN 70/30 FLEXPEN RELION.....	34
NAYZILAM.....	13	nifedipine oral.....	22	NOVOLIN 70/30 RELION.....	34
nebivolol hcl	22	nikki	43	NOVOLIN 70/30 VIAL.....	34
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	55	nilotinib hcl	17	NOVOLIN N FLEXPEN	34
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	55	NITRO-BID	22	NOVOLIN N FLEXPEN RELION	34
necon 0.5/35 (28).....	43	NITRO-DUR	22	NOVOLIN N RELION.....	34
NEFFY	54	nitrofurantoin macrocrystal.....	12	NOVOLIN N VIAL.....	34
NEMLUVIO	29	nitrofurantoin monohydrate macrocrystals.....	12	NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ ML INJECTION.....	34
neomycin-polymyxin-dexameth	53	nitroglycerin rectal	22	NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ ML INJECTION.....	34
neomycin-polymyxin-hc otic.....	54	nitroglycerin sublingual.....	22	NOVOLIN R FLEXPEN SOLUTION PEN- INJECTOR 100 UNIT/ML INJECTION	34
neomycin sulfate oral.....	12	nitroglycerin transdermal.....	22	NOVOLIN R RELION	34
NEONATAL COMPLETE.....	37	NITROSTAT.....	22	NOVOLIN R VIAL	34
NEONATAL PLUS.....	37	NIVA-PLUS	37	NOVOLOG FLEXPEN	34
NEONATAL PRENATAL.....	37	NIVA THYROID.....	46	NOVOLOG FLEXPEN RELION.....	34
NEONATAL VITAMIN.....	37	NIVESTYM.....	36	NOVOLOG RELION.....	34
NEORAL ORAL CAPSULE	49	NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG.....	45	NOVOLOG U-100 VIAL.....	34
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG.....	35	nora-be.....	43		
neuac.....	29	NORDITROPIN FLEXPEN	45		
NEULASTA	36	norelgestromin-eth estradiol.....	43		
NEUPRO	18	norethin ace-eth estrad-fe oral tablet.....	43		
NEURONTIN.....	13	norethin ace-eth estrad-fe oral tablet chewable	43		
NEUTEK 2TEK TEST.....	32	norethindrone acetate oral	43		
		norethindrone acet-ethinyl est	43		
		norethindrone-eth estradiol	43		

NOVOPEN ECHO.....	32	olmesartan medoxomil oral.....	23	OPTIUMEZ TEST.....	33
NOXAFIL ORAL TABLET DELAYED RELEASE.....	15	olopatadine hcl nasal.....	55	OPVEE.....	10
np thyroid.....	46	olopatadine hcl ophthalmic solution 0.1 %	53	OPZELURA.....	29
NUBEQA.....	17	olopatadine hcl ophthalmic solution 0.2 %	53	ORACEA.....	29
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	56	OLUMIANT ORAL TABLET 1 MG, 4 MG ..	49	ORACIT.....	37
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	57	OLUMIANT ORAL TABLET 2 MG	49	ORAL CITRATE.....	37
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	56	OMECLAMOX-PAK	38	ORALONE.....	26
NUCYNTA.....	8	omega-3-acid ethyl esters	23	ORENCIA CLICKJECT.....	49
NUCYNTA ER.....	8	omeprazole oral capsule delayed release.....	38	ORENCIA SUBCUTANEOUS.....	49
NUEDEXTA.....	25	OMNIPOD 5 DEXCOM INTRO KIT	32	ORFADIN.....	39
NULEV.....	39	OMNIPOD 5 DEXCOM PODS	32	ORGOVYX.....	17
NURTEC.....	16	OMNIPOD 5 DEXCOM PODS	32	ORIAHNN.....	45
NUTROPIN AQ NUSPIN 5.....	45	OMNIPOD 5 G7 INTRO (GEN 5) KIT	32	ORILISSA.....	45
NUTROPIN AQ NUSPIN 10.....	45	OMNIPOD 5 G7 PODS (GEN 5).....	32	orphenadrine citrate er	58
NUTROPIN AQ NUSPIN 20.....	45	OMNIPOD 5 LIBRE INTRO KIT.....	32	OSCIMIN.....	39
NUVARING.....	43	OMNIPOD 5 LIBRE PODS	32	oseltamivir phosphate oral.....	19
NUVESSA.....	12	OMNITROPE.....	45	OSPHENA.....	36
NUVIGIL.....	58	OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO- INJECTOR.....	49	OTEZLA ORAL TABLET 20 MG.....	49
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	36	OMVOH SUBCUTANEOUS PREFILLED SYRINGE	49	OTEZLA ORAL TABLET 30 MG.....	49
NUWIQ INTRAVENOUS KIT 1500 UNIT ..	36	OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	49	OTREXUP.....	49
NUZYRA ORAL.....	12	ON CALL EXPRESS BLOOD GLUCOSE ..	32	OVACE PLUS WASH EXTERNAL LIQUID .	29
nyamyc.....	15	ON CALL EXPRESS MONITORING SYS ..	32	OVACE WASH.....	29
nylia 1/35.....	43	ondansetron hcl oral	15	OVIDREL.....	51
nylia 7/7/7.....	43	ondansetron odt oral tablet dispersible 4 mg, 8 mg.....	15	oxaprozin oral tablet.....	9
nymyo oral tablet 0.25-35 mg-mcg.....	43	ondansetron odt oral tablet dispersible 16 mg.....	15	OXAYDO ORAL TABLET 5 MG, 7.5 MG	8
nystatin external	15	ONETOUCH ULTRA 2 KIT W/DEVICE.....	32	oxcarbazepine	13
nystatin mouth/throat.....	15	ONETOUCH ULTRA BLUE TEST	32	oxcarbazepine er.....	13
nystatin oral	15	ONETOUCH ULTRA TEST STRIPS	32	oxybutynin chloride er.....	40
nystatin-triamcinolone	15	ONETOUCH VERIO FLEX SYSTEM KIT.....	32	oxybutynin chloride oral solution	40
nystop.....	15	ONETOUCH VERIO IQ SYSTEM KIT W/ DEVICE	32	oxybutynin chloride oral tablet 2.5 mg.	40
NYVEPRIA.....	36	ONETOUCH VERIO KIT W/DEVICE.....	32	oxybutynin chloride oral tablet 5 mg ..	40
ocella.....	43	ONETOUCH VERIO REFLECT KIT W/ DEVICE	32	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG.....	9
OCUFLOX.....	53	ONETOUCH VERIO TEST STRIPS.....	32	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg.....	9
ODACTRA.....	55	ONE VITE WOMENS.....	37	OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG.....	9
ODEFSEY.....	19	ONE VITE WOMENS PLUS	37	oxycodone hcl oral capsule	9
ODOMZO.....	17	ONEXTON.....	29	oxycodone hcl oral solution.....	9
OFEV.....	57	ONFI.....	13	oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg.....	9
ofloxacin ophthalmic	53	ONGLYZA.....	35	OXYCONTIN.....	9
ofloxacin otic.....	54	ONYDA XR.....	25	OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	35
olanzapine oral tablet	18	OPSUMIT	57		
olanzapine oral tablet dispersible	18				
olmesartan-amlodipine-hctz.....	23				
olmesartan medoxomil-hctz.....	23				

OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML, 8 MG/3ML	35	pilocarpine hcl oral	26	prednisolone sodium phosphate oral solution 20 mg/5ml	45
PACERONE ORAL TABLET 100 MG, 400 MG	23	pimecrolimus	29	prednisone oral	45
PACERONE ORAL TABLET 200 MG	23	pimtrex	43	pregabalin oral capsule	25
paliperidone er	18	pioglitazone hcl	35	PREGNYL	51
PAMELOR	14	pioglitazone hcl-metformin hcl	35	PREMARIN ORAL	44
PANCREAZE	39	PIP BLOOD GLUCOSE TEST STRIP	33	PREMARIN VAGINAL	44
PANRETIN	29	PIQRAY	17	PREMIUM BLOOD GLUCOSE TEST IN VITRO STRIP	33
pantoprazole sodium oral tablet delayed release	38	piroxicam oral	9	premium lidocaine	9
PARADIGM REAL-TIME TRANSMITTER	33	pitavastatin calcium	23	PREMPHASE	44
PARLODEL ORAL TABLET	18	PLAQUENIL	18	PREMPRO	44
paroxetine hcl er	14	PLAVIX	18	prenatal oral tablet 27-0.8 mg	37
paroxetine hcl oral tablet	14	PLEGRIDY INTRAMUSCULAR	25	prenatal oral tablet 27-1 mg	37
PATANASE NASAL SOLUTION 0.6 %	55	PLEGRIDY STARTER PACK	25	prenatal plus	37
PAXIL	14	PLEGRIDY SUBCUTANEOUS	25	prenatal plus vitamin/mineral	37
PAXIL CR	14	PLENVU	39	prenatal vitamins oral tablet 27-0.8 mg	37
PAXLOVID	19	PLEXION CLEANSER	29	PRENATE MINI	37
PEDIAPRED	45	pnr 27-ca/fe/fa	37	PRENATOL-M	37
peg-3350/electrolytes	39	podofilox external solution	29	PRENATRIX	37
peg-3350/electrolytes/ascorbat	39	POKONZA	37	PRENATRYL	37
peg 3350-kcl-na bicarb-nacl	39	POLYCN	53	PREVACID	38
peg-kcl-nacl-nasulf-na asc-c	39	polymyxin b-trimethoprim	53	PREVACID SOLUTAB	38
penicillin v potassium	12	POLY-VI-FLOR ORAL TABLET CHEWABLE	37	prevalite	23
pentoxifylline er	23	POMALYST	17	PREVIDENT 5000 BOOSTER PLUS	26
PEPCID	38	portia-28	43	PREVIDENT 5000 DRY MOUTH	26
perampanel	13	posaconazole oral tablet delayed release	15	PREVIDENT 5000 ENAMEL PROTECT	37
PERCOCET	9	potassium chloride crys er	37	PREVIDENT 5000 KIDS	26
PERFOROMIST	57	potassium chloride er	37	PREVIDENT 5000 ORTHO DEFENSE	26
PERIDEX	26	potassium chloride oral	37	PREVIDENT 5000 PLUS	26
periogard	26	potassium citrate er	37	PREVIDENT 5000 SENSITIVE	37
permethrin external	18	PRADAXA ORAL CAPSULE	12	PREVIDENT DENTAL	26
perphenazine oral	15	PRALUENT	23	PREVNAR 20	50
PERTZYE	39	pramipexole dihydrochloride	18	PREVYMIS ORAL TABLET	19
PFIZER COVID-19 VAC-TRIS 5-11Y	50	prasugrel hcl	18	PREZCOBIX	19
PFIZER COVID-19 VAC-TRIS 6M-4Y	50	pravastatin sodium	23	primidone oral tablet 125 mg	13
phenazo oral tablet 200 mg	40	prazosin hcl oral	23	primidone oral tablet 250 mg, 50 mg	13
phenazopyridine hcl oral tablet 100 mg, 200 mg	40	PRECISION XTRA BLOOD GLUCOSE	33	PRIORIX	50
phenobarbital oral tablet	13	PRECISION XTRA KIT W/DEVICE	33	PRISTIQ	14
phenytek	13	PRED FORTE	53	probenecid	16
phenytoin sodium extended	13	PRED MILD	53	PROCARDIA XL	23
PHEXXI	43	prednisolone acetate ophthalmic	53	PROCHAMBER VHC	57
philith	43	PREDNISOLONE ACETATE P-F	53	prochlorperazine maleate oral	15
PHOSPHA 250 NEUTRAL	37	prednisolone oral solution	45	PROCORT	51
phosphorous	37	prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 5 mg/5ml	45	PROCTOCORT	51
phospho-trin 250 neutral	37	prednisolone sodium phosphate oral solution 15 mg/5ml	45	PROCTOFOAM HC	51
				procto-med hc	51
				PROCTOSOL HC	52

PROCTOZONE-HC	52	QUILLICHEW ER	25	REPATHA SURECLICK	23
progesterone intramuscular.....	44	QUILLIVANT XR.....	25	RESTASIS	54
progesterone oral	44	QUINTET AC BLOOD GLUCOSE TEST...	33	RESTASIS MULTIDOSE	54
PROGRAF ORAL CAPSULE.....	49	QUINTET BLOOD GLUCOSE TEST.....	33	RESTORIL.....	58
PROLATE ORAL TABLET.....	9	QULIPTA	16	RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ ML.....	36
PROLENSA.....	53	QUVIVIQ	58	RETACRIT INJECTION SOLUTION 20000 UNIT/ML.....	36
promethazine-codeine	55	QVAR REDHALER.....	57	RETEVMO ORAL CAPSULE 40 MG.....	17
promethazine-dm.....	55	rabeprazole sodium oral tablet delayed release	38	RETEVMO ORAL CAPSULE 80 MG.....	17
promethazine hcl oral solution	15	RADICAVA ORS	25	RETIN-A.....	29
promethazine hcl oral tablet.....	15	RADICAVA ORS STARTER KIT	25	REVATIO ORAL	57
promethazine hcl rectal	15	RALDESY.....	14	REVLIMID	17
PROMETHEGAN	15	raloxifene hcl.....	52	REXTOVY.....	10
PROMETRIUM	44	ramelteon	58	REXULTI	18
propafenone hcl	23	ra mini nicotine	10	REYVOW	16
propafenone hcl er	23	ramipril	23	REZDIFFRA.....	39
propranolol hcl er	23	ra nicotine mouth/throat gum 4 mg ...	10	RHOFADE	29
propranolol hcl oral	23	ra nicotine polacrilex	10	RHOPRESSA	53
propylthiouracil oral.....	46	ra nicotine transdermal patch 24 hour 21 mg/24hr	10	rifampin oral	16
PROSCAR	40	ranolazine er.....	23	RIGHTEST GT333 GLUCOSE TEST.....	33
PROTONIX ORAL TABLET DELAYED RELEASE.....	38	RAPAFLO.....	40	RINVOQ.....	49
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	57	RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	49	risedronate sodium oral tablet 30 mg, 5 mg.....	52
PROVERA	44	rasagiline mesylate oral.....	18	risedronate sodium oral tablet 150 mg, 35 mg	52
PROVIGIL	58	RASUVO	49	RISPERDAL.....	19
PROZAC	14	reclipsen.....	44	risperidone	19
prucalopride succinate	39	RECOMBINATE	36	RITALIN	25
pseudoephedrine-bromphen-dm	55	RECOMBIVAX HB	50	RITALIN LA	25
PTS PANELS EGLU TEST	33	RECTIV.....	23	rivaroxaban	12
PULMICORT SUSPENSION.....	57	REGLAN.....	15	rivastigmine.....	14
PULMOSAL.....	55	RELAFEN DS	9	rivastigmine tartrate.....	14
PULMOZYME	57	RELEXXII	25	rivelsa	44
PYLERA	38	RELION GLUCOSE TEST STRIPS	33	rizatriptan benzoate oral tablet 5 mg ...	16
PYRIDIUM	40	RELION TRUE MET AIR GLUC METER ...	33	rizatriptan benzoate oral tablet 10 mg ..	16
pyridostigmine bromide oral tablet 30 mg.....	16	RELION TRUE METRIX TEST STRIPS....	33	rizatriptan benzoate oral tablet dispersible 5 mg.....	16
pyridostigmine bromide oral tablet 60 mg.....	16	RELION ULTIMA GLUCOSE SYSTEM	33	rizatriptan benzoate oral tablet dispersible 10 mg.....	16
qc nicotine transdermal system	10	RELION ULTIMA TEST	33	ROBINUL-FORTE ORAL TABLET 2 MG...	39
QELBREE	25	RELPAK	16	ROBINUL ORAL TABLET 1 MG.....	39
QUARTETTE ORAL TABLET 42-21-21-7 DAYS.....	44	RELSTONE.....	39	ROCALTROL ORAL CAPSULE	52
QUESTRAN.....	23	REMERON.....	14	ROCKLATAN.....	53
QUESTRAN LIGHT	23	REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG.....	14	roflumilast	57
quetiapine fumarate.....	18	RENTHYROID.....	46	ropinirole hcl.....	18
quetiapine fumarate er	18	REVELA ORAL TABLET.....	40	rosuvastatin calcium oral	23
QUFLORA PEDIATRIC	37	repaglinide.....	35		
QUICK TOUCH BLOOD GLUCOSE	33	REPATHA.....	23		
QUICK TOUCH BLOOD GLUCOSE TEST.	33	REPATHA PUSHTRONEX SYSTEM	23		

rosyrah	44	SILVADENE	12	solifenacin succinate	40
roweepra	13	silver sulfadiazine external	12	SOLQUA	35
ROXICODONE	9	SIMLANDI (1 PEN)	49	SOMA	58
ROZEREM	58	SIMLANDI (1 SYRINGE)	50	SOOLANTRA	29
ROZLYTREK	17	SIMLANDI (2 PEN)	50	sotalol hcl oral	23
RUCONEST	49	SIMLANDI (2 SYRINGE)		SOTYKTU	50
RUKOBIA	19	SUBCUTANEOUS PREFILLED SYRINGE		SOVUNA	18
RYALTRIS	55	KIT 20 MG/0.2ML	50	SPIKEVAX	51
RYBELSUS	35	SIMLANDI (2 SYRINGE)		SPIRIVA HANDIHALER	57
RYDAPT	17	SUBCUTANEOUS PREFILLED SYRINGE		SPIRIVA RESPIMAT	57
RYTARY	18	KIT 40 MG/0.4ML	50	spironolactone-hctz	23
RYTHMOL SR ORAL CAPSULE		simliya	44	spironolactone oral tablet	23
EXTENDED RELEASE 12 HOUR 225		simpesse	44	SPORANOX	15
MG, 325 MG, 425 MG	23	SIMPLERA SENSOR	33	SPRAVATO (56 MG DOSE)	14
ryvent	55	SIMPLERA SYNC SENSOR	33	SPRAVATO (84 MG DOSE)	14
sacubitril-valsartan	23	SIMPLERA SYSTEM	33	sprintec 28	44
SAFYRAL	44	SIMPONI	50	SPRYCEL	17
SALAGEN	26	simvastatin oral tablet 10 mg,		sronyx	44
SANTYL	29	20 mg, 40 mg, 5 mg	23	ssd	12
SAPHRIS	19	simvastatin oral tablet 80 mg	23	STELARA SUBCUTANEOUS SOLUTION	
SAVELLA	25	SINEMET	18	PREFILLED SYRINGE	50
saxagliptin hcl	35	SINGULAIR ORAL PACKET	57	STENDRA	36
saxagliptin-metformin er	35	SINGULAIR ORAL TABLET	57	STEQEYMA SUBCUTANEOUS	50
SCEMBLIX	17	SINGULAIR ORAL TABLET CHEWABLE	57	STIOLTO RESPIMAT	57
scopolamine	15	sirolimus oral tablet	50	STIVARGA	17
SEASONIQUE ORAL TABLET 0.15-0.03		SITAVIG	19	STRATTERA ORAL CAPSULE	
&0.01 MG	44	SKYRIZI PEN	50	10 MG, 100 MG, 18 MG, 25 MG, 40 MG,	
selenium sulfide external lotion	29	SKYRIZI SUBCUTANEOUS	50	60 MG, 80 MG	25
SENSIPAR	52	SKYTROFA	45	STRENSIQ	39
SEREVENT DISKUS	57	SLYND	44	STRIVERDI RESPIMAT	57
SEROQUEL	19	sm nicotine	10	STROMECTOL	18
SEROQUEL XR	19	sm nicotine polacrilex	10	SUBOXONE	10
SERTRALINE HCL ORAL CAPSULE	14	sm nicotine transdermal patch 24		subvenite	13
sertraline hcl oral concentrate	14	hour 14 mg/24hr, 21 mg/24hr, 7		SUCRAID	39
sertraline hcl oral tablet	14	mg/24hr	10	sucralfate oral suspension	38
setlakin	44	SOANZ	23	sucralfate oral tablet	38
sevelamer carbonate oral tablet	40	sod citrate-citric acid oral solution		SUFLAVE	39
SEYSARA	12	500-334 mg/5ml	37	sulfacetamide sodium (acne)	29
sf 5000 plus	26	sod fluoride-potassium nitrate	37	sulfacetamide sodium external	29
sf gel 1.1%	26	sodium chloride inhalation	55	sulfacetamide sodium ophthalmic	
SFROWASA	52	sodium fluoride 5000 enamel	37	solution	53
sharobel	44	sodium fluoride 5000 plus	26	sulfacetamide sodium-sulfur external	
SHINGRIX	51	sodium fluoride 5000 ppm	26	liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	29
sildenafil citrate oral tablet		sodium fluoride 5000 sensitive	37	sulfacetamide sodium-sulfur external	
20 mg	57	sodium fluoride dental	26	liquid 10-5 %, 9-4 %	29
sildenafil citrate oral tablet		sodium fluoride oral solution	37	sulfacetamide sod-sulfur wash	
100 mg, 25 mg, 50 mg	36	sodium fluoride oral tablet chewable	37	external liquid 9-4 %	29
SILENOR	58	SODIUM OXYBATE	58	sulfacetamide sod-sulfur wash	
silodosin	40	sodium sulfacetamide wash	29	external liquid 9-4.5 %	29
		SOFOSBUVIR-VELPATASVIR	19		

sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	12	tamsulosin hcl	40	TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	52
sulfamethoxazole-trimethoprim oral tablet	12	TANLOR	58	TESTIM	45
sulfasalazine oral	52	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	45	TESTOSTERONE CYPIONATE INJECTION45	
sulfatrim pediatric	12	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	45	testosterone cypionate intramuscular . .	45
sulindac oral	10	TAPERDEX 7-DAY	45	testosterone enanthate intramuscular .	45
SUMADAN WASH	29	TAPERDEX 12-DAY	45	testosterone gel 12.5 mg/act (1%) transdermal	45
sumatriptan nasal	16	TARGADOX	12	testosterone gel 12.5 mg/act (1%) transdermal	45
sumatriptan succinate oral	16	tarina 24 fe	44	testosterone gel 20.25 mg/act (1.62%) transdermal	45
sumatriptan succinate subcutaneous solution auto-injector	16	tarina fe 1/20 eq	44	testosterone gel 20.25 mg/act (1.62%) transdermal	45
SUNOSI	58	TASIGNA	17	testosterone gel 20.25 mg/act (1.62%) transdermal	45
SUPREP BOWEL PREP KIT	39	TAVALISSE	36	testosterone transdermal gel 1.62 % . .	45
SUTAB	39	tazarotene external cream	29	testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	46
syeda	44	TAZORAC EXTERNAL CREAM	29	tetracycline hcl oral capsule	12
SYMBICORT	57	taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	23	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	57
SYMFI	19	TECFIDERA ORAL CAPSULE DELAYED RELEASE	25	THALITONE	23
SYMFI LO ORAL TABLET 400-300-300 MG	19	TECHLITE INSULIN SYRINGES	33	THRIVE	10
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	54	TECHLITE PEN NEEDLES	33	THYQUIDITY	46
SYMLINPEN 60	35	TECHLITE PLUS PEN NEEDLES	33	thyroid oral	46
SYMLINPEN 120	35	TEGLUTIK	25	tiadylt er	23
SYMPAZAN	13	TEGRETOL ORAL TABLET	13	TIAZAC	23
SYMPROIC	39	TEGRETOL-XR	13	ticagrelor	18
SYNALAR	29	TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML . .	39	TIGLUTIK	25
SYNALAR EXTERNAL SOLUTION 0.01 %	29	TEKTURNA	23	TIKOSYN	23
SYNJARDY	35	TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	23	tilia fe	44
SYNJARDY XR	35	telmisartan	23	timolol hemihydrate	53
SYNTHROID	46	telmisartan-hctz	23	timolol maleate ocudose	53
TABRECTA	17	temazepam	58	timolol maleate (once-daily)	53
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	29	temozolomide	17	timolol maleate ophthalmic	53
TACLONEX EXTERNAL SUSPENSION . .	29	TEMPO REFILL	33	timolol maleate pf	53
tacrolimus external	29	TEMPO WELCOME	33	TIMOPTIC OCUDOSE	53
tacrolimus oral	50	TENCON	9	TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	53
tadalafil oral	36	TENIVAC	51	TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	53
tadalafil (pah)	57	tenofovir disoproxil fumarate	19	tinidazole oral	12
TADLIQ	57	TENORETIC 50	23	tiotropium bromide monohydrate . . .	57
tafluprost (pf)	53	TENORETIC 100	23	TIROSINT	46
TAGRISSO	17	TENORMIN	23	TIROSINT-SOL	46
TAKHZYRO SUBCUTANEOUS SOLUTION	50	terazosin hcl	40	TIVICAY	19
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	50	terbinafine hcl oral	15	tizanidine hcl oral capsule	58
TAMIFLU	19	terconazole	15	tizanidine hcl oral tablet	58
tamoxifen citrate oral tablet 10 mg	17	teriflunomide	25		
tamoxifen citrate oral tablet 20 mg	17	teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	52		

TLANDO	46	TREMFYA	50	tritocin external ointment 0.05 %	30
TOBI PODHALER	57	TRESIBA FLEXTOUCH	34	TRIUMEQ	19
TOBRADEX OPHTHALMIC OINTMENT ..	53	tretinoin external cream	29	tri-vite/fluoride	37
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	53	tretinoin external gel 0.01 %, 0.025 % ..	29	trivora (28)	44
TOBRADEX ST	53	tretinoin external gel 0.05 %	29	tri-vylibra	44
tobramycin-dexamethasone	53	TREXALL	50	tri-vylibra lo	44
tobramycin ophthalmic	53	TREZIX	9	TROKENDI XR	13
TOLAK	29	triamcinolone acetonide external cream 0.5 %	29	tropium chloride	40
TOLSURA	15	triamcinolone acetonide external cream 0.025 %, 0.1 %	29	tropium chloride er	40
tolterodine tartrate	40	triamcinolone acetonide external lotion	29	TRUE FOCUS BLOOD GLUCOSE STRIP ..	33
tolterodine tartrate er	40	triamcinolone acetonide external ointment 0.05 %	29	TRUE METRIX AIR GLUCOSE METER KIT	33
tolvaptan oral tablet therapy pack 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	39	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	29	TRUE METRIX BLOOD GLUCOSE TEST ..	33
tolvaptan oral tablet therapy pack 30 & 15 mg	39	triamcinolone acetonide mouth/throat	26	TRUE METRIX GO GLUCOSE METER	33
TOPAMAX	13	triamcinolone in absorbase	29	TRUE METRIX METER	33
TOPAMAX SPRINKLE	13	triamterene-hctz	23	TRUE METRIX PRO BLOOD GLUCOSE ...	33
TOPICORT	29	TRIANEX EXTERNAL OINTMENT 0.05 %	30	TRULANCE	39
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	29	triazolam	20	TRULICITY	35
topiramate er oral capsule extended release 24 hour	13	TRIBENZOR	23	TRUQAP ORAL TABLET	18
topiramate oral capsule sprinkle	13	TRICARE ORAL TABLET	37	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	19
topiramate oral tablet	13	TRICOR	23	TRUVADA ORAL TABLET 200-300 MG	19
TOPROL XL	23	TRIDACAIN II	9	turqoz	44
torpenz	18	TRIDACAIN III	9	TWIIST REFILL KIT	33
torsemide	23	triderm	30	TWIIST REFILL KIT/INFUSION SET	33
TOSYMRA	16	TRIDESILON EXTERNAL CREAM 0.05 %	30	TWIIST STARTER KIT	33
TOUJEO MAX SOLOSTAR	34	tri-estarylla	44	TWINRIX	51
TOUJEO SOLOSTAR	34	trihexyphenidyl hcl oral tablet	18	TWIRLA	44
TRACLEER	57	TRIJARDY XR	35	TYBLUME	44
TRADJENTA	35	TRIKAFTA ORAL TABLET THERAPY PACK	57	tydemy oral tablet 3-0.03-0.451 mg	44
tramadol-acetaminophen	9	tri-legest fe	44	TYMLOS	52
tramadol hcl er	9	TRILEPTAL	13	TYRVAYA	54
tramadol hcl (er biphasic) oral tablet extended release 24 hour	9	tri-lynyah	44	TYVASO	57
tramadol hcl oral tablet 50 mg	9	TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG	23	TYVASO DPI INSTITUTIONAL KIT	57
tramadol hcl oral tablet 100 mg, 25 mg, 75 mg	9	tri-lo-estarylla	44	TYVASO DPI MAINTENANCE KIT	57
trandolapril	23	tri-lo-marzia	44	TYVASO DPI TITRATION KIT	57
tranexamic acid oral	36	tri-lo-mili	44	TYVASO REFILL KIT	57
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	15	tri-lo-sprintec	44	TYVASO STARTER KIT	57
TRAVATAN Z	53	trimethoprim oral	12	UBRELVY	16
travoprost (bak free)	53	tri-mili	44	UCERIS ORAL	52
trazodone hcl oral	14	TRINATAL RX 1	37	UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	36
TRELEGY ELLIPTA	57	TRINATE	37	ULORIC	16
TREMFYA	29	TRINTELLIX	14	UMECLIDINIUM-VILANTEROL	57
		tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	44	UNDECATREX	46
		tri-sprintec	44	UNISTRIPI1 GENERIC	33
				unithroid	46

urea external cream 20 %, 40 %, 45 %..	30	velivet	44	VITAFOL ULTRA.....	37
UREA EXTERNAL CREAM 39.5 %	30	VELPHORO.....	40	vitamin d (ergocalciferol) oral capsule	
urea external cream 39 %, 41 %, 47 %..	30	VELTASSA.....	37	1.25 mg (50000 ut), 50000 unit.	38
uredeb.....	30	VELMIDY	19	VITATHELY WITH GINGER.....	38
UREMEZ-40	30	VENCLEXTA	18	VITRAKVI.....	18
URESOL.....	30	venlafaxine hcl	14	VIVAGUARD INO GLUCOSE METER KIT..	33
UROCIT-K 5 ORAL TABLET EXTENDED		venlafaxine hcl er oral capsule		VIVAGUARD INO TEST STRIPS	33
RELEASE 5 MEQ (540 MG)	37	extended release 24 hour	15	VIVELLE-DOT.....	44
UROCIT-K 10	37	venlafaxine hcl er oral tablet		VIVJOA.....	15
UROCIT-K 15	37	extended release 24 hour	15	VIVOTIF	51
UROXATRAL.....	40	VENTOLIN HFA	57	VOGELXO	46
URSO 250 ORAL TABLET 250 MG.....	39	VEOZAH	26	VOGELXO PUMP.....	46
URSODIOL ORAL CAPSULE		verapamil hcl er oral capsule		volnea	44
200 MG, 400 MG	39	extended release 24 hour 100 mg, 200		VOQUEZNA	38
ursodiol oral capsule 300 mg.	39	mg, 300 mg	23	VOQUEZNA DUAL PAK	38
ursodiol oral tablet.....	39	verapamil hcl er oral capsule		VOQUEZNA TRIPLE PAK.....	38
URSO FORTE.....	39	extended release 24 hour 120 mg, 180		voriconazole oral tablet.....	15
USTEKINUMAB SUBCUTANEOUS		mg, 240 mg, 360 mg	23	VORTEX HOLD CHMBR/MASK/CHILD	
SOLUTION PREFILLED SYRINGE	50	verapamil hcl er oral tablet extended		DEVICE	57
VAGIFEM	44	release.....	23	VORTEX HOLD CHMBR/MASK/	
valacyclovir hcl oral	19	verapamil hcl oral	24	TODDLER DEVICE.....	57
VALCYTE ORAL TABLET	19	VERELAN.....	24	VORTEX VALVE CHAMBER-PEDI MASK..	57
valganciclovir hcl oral tablet	19	VERELAN PM ORAL CAPSULE		VORTEX VALVED HOLDING CHAMBER	
VALIUM	20	EXTENDED RELEASE 24 HOUR 100		DEVICE	57
valproic acid oral capsule	13	MG, 200 MG, 300 MG	24	VORTEX VALVED HOLDING CHAMBER	
valproic acid oral solution		VERISAFE SAFETY STERILE NEEDLE....	33	DEVICE	57
250 mg/5ml.....	13	VERKAZIA.....	54	VOSEVI.....	19
valsartan-hydrochlorothiazide	23	VERQUVO	24	VOYDEYA.....	36
VALSARTAN ORAL SOLUTION.....	23	VERZENIO.....	18	VRAYLAR.....	19
valsartan oral tablet	23	VESICARE	40	VTAMA.....	30
VALTOCO.....	13	vestura	44	vyfemla.....	44
VALTREX	19	VEVYE	54	VYLEESI.....	36
valtya 1/50.....	44	VFEND ORAL TABLET 50 MG.....	15	vylibra	44
VANADOM ORAL TABLET		VFEND ORAL TABLET 200 MG.....	15	VYNDAMAX.....	39
350 MG	58	VIAGRA	36	VYNDAQEL	24
VANCOCIN	12	VIBERZI	39	VYTORIN	24
vancomycin hcl oral capsule	12	VIBRAMYCIN ORAL CAPSULE 100 MG....	12	VYVANSE.....	25
VANDAZOLE.....	12	VIBRAMYCIN ORAL SUSPENSION		VYZULTA	53
VANOS.....	30	RECONSTITUTED 25 MG/5ML.....	12	WAINUA.....	15
VANRAFIA	40	vienva	44	WAKIX	58
VAQTA	51	VIGAMOX.....	53	warfarin sodium oral	12
vardenafil hcl oral tablet.....	36	VIIBRYD	15	WELCHOL ORAL TABLET	24
varenicline tartrate	11	vilazodone hcl.....	15	WELLBUTRIN SR.....	15
varenicline tartrate(continue)	11	VIMPAT ORAL.....	13	WELLBUTRIN XL.....	15
varenicline tartrate (starter)	11	viorele	44	wera.....	44
VARIVAX.....	51	VIREAD ORAL TABLET 150 MG, 200		wes-phos 250 neutral.....	38
VASCEPA.....	23	MG, 250 MG	19	WESTAB PLUS.....	38
VASERETIC.....	23	VIREAD ORAL TABLET 300 MG	19	WEZLANA.....	50
VASOTEC.....	23	VISTARIL ORAL CAPSULE 25 MG	20	WILATE	36
		VITAFOL FE+.....	37		
		VITAFOL-OB	38		

WINLEVI	30	zafemy.....	44	ZONEGRAN	13
wixela inhub	57	zafirlukast.....	57	zonisamide oral	13
XACIATO	12	zaleplon	58	ZORTRESS	50
XALATAN.....	53	ZANAFLEX	58	ZORYVE EXTERNAL CREAM	
XANAX.....	20	ZANAFLEX ORAL CAPSULE		0.3 %	30
XANAX XR	20	2 MG, 4 MG, 6 MG	58	ZORYVE EXTERNAL CREAM	
xarah fe.....	44	ZARONTIN	13	0.15 %	30
XARELTO.....	12	ZARXIO	36	ZORYVE EXTERNAL FOAM	30
XARELTO STARTER PACK.....	12	ZAVZPRET	16	zovia 1/35 (28).....	44
XCOPRI ORAL TABLET 100 MG, 150		ZEBUTAL ORAL CAPSULE 50-325-40 MG .	9	ZOVIRAX EXTERNAL OINTMENT	19
MG, 200 MG, 25 MG, 50 MG	13	ZEGALOGUE SUBCUTANEOUS		ZTLIDO	9
XDEMVY.....	53	SOLUTION AUTO-INJECTOR.....	35	ZUBSOLV	11
XELJANZ.....	50	ZEJULA ORAL CAPSULE 100 MG	18	zumandimine	44
XELJANZ XR ORAL TABLET EXTENDED		ZELBORAF	18	ZURZUVAE.....	15
RELEASE 24 HOUR 11 MG	50	ZEMBRACE SYMTOUCH	16	ZYCLARA.....	30
XELJANZ XR ORAL TABLET EXTENDED		zenatane.....	30	ZYCLARA PUMP	30
RELEASE 24 HOUR 22 MG	50	ZENPEP.....	39	ZYLET	53
XELODA.....	18	ZENZEDI	25	ZYLOPRIM ORAL TABLET	
XENLETA ORAL TABLET 600 MG.....	12	ZEPOSIA	26	100 MG, 300 MG	16
XHANCE	55	ZEPOSIA 7-DAY STARTER PACK	26	ZYPREXA ORAL.....	19
XIFAXAN	12	ZEPOSIA STARTER KIT	26	ZYPREXA ZYDIS ORAL TABLET	
XIGDUO XR.....	35	ZESTORETIC	24	DISPERSIBLE 10 MG, 15 MG,	
XIIDRA	54	ZESTRIL.....	24	20 MG, 5 MG	19
XOFLUZA (40 MG DOSE).....	19	ZETIA.....	24	ZYTIGA	18
XOFLUZA (80 MG DOSE).....	19	ZETONNA NASAL AEROSOL		ZYVOX ORAL TABLET	12
XOLAIR SUBCUTANEOUS SOLUTION		SOLUTION 37 MCG/ACT	55		
AUTO-INJECTOR	57	ZIAC ORAL TABLET 5-6.25 MG	24		
XOLAIR SUBCUTANEOUS SOLUTION		ZIAC ORAL TABLET 10-6.25 MG, 2.5-			
PREFILLED SYRINGE	50	6.25 MG	24		
XOPENEX HFA	57	ZILBRYSQ.....	16		
XTAMPZA ER	9	ZILXI.....	30		
XTANDI	18	ZIMHI	11		
xulane	44	ZIOPTAN	54		
xurea	30	ziprasidone hcl.....	19		
XYOSTED.....	46	ZITHROMAX ORAL.....	12		
XYWAV	58	ZITHROMAX TRI-PAK.....	12		
YASMIN 28	44	ZITHROMAX Z-PAK.....	12		
YAZ.....	44	ZOCOR.....	24		
YESINTEK SUBCUTANEOUS	50	ZOLMITRIPTAN NASAL SOLUTION 2.5			
YORVIPATH.....	52	MG	16		
YUFLYMA (1 PEN) SUBCUTANEOUS		zolmitriptan nasal solution 5 mg	16		
AUTO-INJECTOR KIT 40 MG/0.4ML	50	zolmitriptan oral tablet	16		
YUFLYMA (1 PEN) SUBCUTANEOUS		zolmitriptan oral tablet dispersible	16		
AUTO-INJECTOR KIT 80 MG/0.8ML	50	ZOLOFT.....	15		
YUFLYMA (2 PEN)	50	zolpidem tartrate er	58		
YUFLYMA (2 SYRINGE).....	50	zolpidem tartrate oral tablet	58		
YUFLYMA-CD/UC/HS STARTER.....	50	ZOMIG NASAL SOLUTION			
YUPELRI	57	2.5 MG	16		
YUSIMRY	50	ZOMIG NASAL SOLUTION 5 MG	16		
yuvaferm	44	ZOMIG ORAL TABLET 5 MG	16		

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

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

ចំណាំ: ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ (Cambodian-Mon-Khmer)** សេវាជំនួយភាសាគតិកតិច្លែ នឹងការទំនាក់ទំនងគតិកតិច្លែក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ចូរសព្វមកលេខគតិកតិច្លែនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



This document applies to commercial group members of Surest plans with a pharmacy benefit subject to the Advantage 3-Tier PDL.

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

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

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

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