



**Washington
Individual & Family plans**

2026 Prescription Drug List

Effective as of Jan. 1, 2026

Table of contents

Analgesics.....	9
Anesthetics	10
Anti-Addiction/Substance Abuse Treatment Agents.....	10
Antibacterials	11
Anticonvulsants.....	12
Antidementia Agents.....	12
Antidepressants	12
Antiemetics	13
Antifungals.....	13
Antigout Agents	14
Antimigraine Agents.....	14
Antimyasthenic Agents.....	14
Antimycobacterials.....	14
Antineoplastics	14
Antiparasitics	15
Antiparkinson Agents.....	16
Antipsychotics	16
Antivirals	16
Anxiolytics.....	17
Bipolar Agents	17
Blood Glucose Monitoring.....	18
Blood Glucose Regulators.....	19
Blood Products and Modifiers.....	20
Cardiovascular Agents.....	21
Central Nervous System Agents.....	23
Dental and Oral Agents.....	23
Dermatological Agents.....	24
Electrolytes/Minerals/Metals/Vitamins.....	24
Gastrointestinal Agents	25
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	26
Genitourinary Agents.....	26
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal).....	27
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary).....	28
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	28
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	28
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	32

Hormonal Agents, Suppressant (Adrenal)	32
Hormonal Agents, Suppressant (Pituitary)	32
Hormonal Agents, Suppressant (Thyroid).....	32
Immunological Agents	32
Inflammatory Bowel Disease Agents	34
Metabolic Bone Disease Agents.....	34
Miscellaneous Therapeutic Agents	35
Ophthalmic Agents.....	36
Otic Agents	37
Respiratory Tract/Pulmonary Agents	38
Skeletal Muscle Relaxants	39
Sleep Disorder Agents.....	39

Understanding your prescription drug list

What is a prescription drug list (PDL)?

A PDL is a list of prescribed medications or other pharmacy care products or supplies chosen for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications.

To create the list, UnitedHealthcare® is guided by the Prescription Drug List Management Committee (PDL MC). This group reviews which medications will be covered based on their overall value. Medications are chosen for their safety, cost and effectiveness. The committee also makes sure there are safe and covered options.

About this PDL

Where differences between this document and your benefit plan exist, the benefit plan documents rule. This may not be a complete list of medications that are covered by your plan. Please review your benefit plan for full details.

How do I use my PDL?

You and your health care provider can use the PDL to help you choose the most cost-effective prescription medications. This guide tells you if your medication is covered, what tier your medication is considered under your plan, and if your medication has coverage rules or limits. You can reference this list when you see your health care provider. You can also search for medications at myuhc.com/exchange and find the PDL in the **Pharmacies & Prescriptions** section.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, and you can find cost-sharing information in your plan documents. This determines how much you will pay when you fill a prescription at a network pharmacy. Using lower-tier medications may help you pay the lowest out-of-pocket cost. If you are prescribed a medication on a higher tier, you can ask your health care provider if a lower-tier medication can work for your condition. In the chart below, the overall value is based on factors such as medication’s effectiveness, safety, cost, and the availability of alternative medications that can work for your condition.

Tier	Cost-share	Includes
1	\$0	Preventive Medications available at no cost to you, which includes preventive medications .
2	\$	Lower cost-share Medications that offer the highest overall value , which includes generic medications .
3	\$\$	Mid-range cost-share Medications that provide good overall value , which includes preferred brand name and non-preferred generic medications.
4	\$\$\$	Higher cost-share Medications that provide lower overall value , which includes non-preferred brand name and non-preferred generic medications.
5	\$\$\$\$	Highest cost-share Medications that provide the lowest overall value , which includes most specialty medications.

Can the PDL change?

Most changes in drug coverage typically happen on January 1st. However, changes that have a positive impact for you – such as coverage for new medications or cost savings – may occur at any time.

Why are some medications not covered?

Non-formulary medications

Medications that are not covered on your PDL are also called non-formulary medications. 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 if your plan covers other medications for your condition. Talk to your health care provider. They may be able to ask about an exception to get your medication covered or may switch you to a covered medication that can work for your condition. See the Prior authorization and exception requests section.

Excluded medications

Review your benefit plan documents to see if any medications are excluded from your plan. If excluded, ask your health care provider if covered medications may work for you.

Coverage details

What are coverage rules or limits?

Some medications on your PDL have extra rules before they can be covered. A few of the most common coverage rules or limits are prior authorization (PA), quantity limits (QL), and step therapy (ST). We use programs like these to help make sure the medication you take is safe and effective. Check your plan documents for more information. In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage rules or limits. Your benefit plan sets how these medications may be covered for you. To get a medication that has a coverage rule or limit, see the “Prior authorization and exception requests” section.

	Prior authorization required
PA	Requires your health care provider to provide information about why you are taking a medication before your plan can decide how it may be covered.
	Quantity limit
QL	The largest quantity of medication covered per copayment or in a defined period of time.
	Step therapy
ST	Requires you to try one or more medications before the medication you are requesting may be covered.
	Specialty medication
SP	Specialty medications treat complex or rare conditions and may require special storage and handling. Your plan limits specialty medications to a 1-month supply. Specialty medications may not be available at a retail pharmacy. You may have to get these medications from a specialty pharmacy.

MME	Morphine milligram equivalent and 7-day limit if you have not filled an opioid prescription recently
	Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME) and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than 1 opioid drug for pain management. If your health care provider prescribes more than this amount, or thinks the limit is not right for your situation, you or your health care provider can ask the plan to cover the additional quantity.
7D	7 day limit if you have not filled an opioid prescription recently If you have not filled an opioid prescription recently, you may be limited to a 7-day supply. This limit is intended to minimize initial duration if you do not have recent history of opioid use. For members who are new to the plan and have a recent history of using opioids, the limit may be overridden by the pharmacy. For members who have filled an opioid recently, prescriptions are limited to a 1 month supply.

Which preventive medications are covered?

Your UnitedHealthcare Individual & Family plan covers certain preventive medications and supplements at no cost to you when filled at a network pharmacy.

Under the Affordable Care Act (ACA) of 2010, prescription and over-the-counter (OTC) preventive medications and supplements include:

- Aspirin to prevent preeclampsia during pregnancy
- Birth control (contraceptives)
- Bowel preparation for a colonoscopy needed for colon cancer screening
- Breast cancer preventive medications
- Fluoride to prevent dental cavities
- Folic acid to prevent birth defects
- Gonococcal Ophthalmia Neonatorum preventive medications
- Human Immunodeficiency Virus (HIV) infection pre-exposure preventive (PrEP) medications
- Statin medications to prevent cardiovascular events
- Tobacco cessation medications to help you quit smoking
- Vaccines

We follow recommendations by the U.S. Preventive Services Task Force, Health Resources and Services Administration, and Advisory Committee on Immunization Practices.

Preventive medications are listed as Tier 1 or are noted as \$0 Copay medications in this drug list. Some medications are available at no cost to you only when certain requirements are met. As noted in this list, we may need your health care provider to provide information about your medical condition to confirm that you meet the requirements to obtain the preventive medication at no cost. Follow the steps in the “Prior authorization and exception requests” section. If you qualify, you can receive these drugs at \$0 cost-share. If you are using it to treat another medical condition, a cost-share may apply.

What medications are covered under my medical benefit?

To learn about medications covered under your medical benefit, visit uhcprovider.com/content/dam/provider/docs/public/resources/pharmacy/IFP-Clinical-Program-Summary-Drug-List.pdf

Prior authorization and exception requests

Some medications require prior authorization or may need an exception. This includes medications that:

- Require a prior authorization, including compounded prescription medications
- Require step therapy
- Exceed quantity limits
- Exceed opioid safety edits
 - 7-day supply limit for members who have not filled an opioid prescription recently or
 - Opioid use that exceeds the established morphine milligram equivalent (MME) level
- Are not listed in the PDL (also called non-formulary drugs)
- May be covered at no cost when specific requirements are met such as preventive medications

How can I get a medication that requires a prior authorization or an exception?

Optum Rx, our Pharmacy Benefit Manager, processes prior authorization and exception requests on behalf of UnitedHealthcare Individual & Family plans. Contact your health care provider to submit a request. Health care providers can submit a request:

- Online: professionals.optumrx.com/prior-authorization.html
- Phone: 1-800-711-4555

The request should include the diagnosis, medication history, clinical justification, medical records/lab tests as needed and other supporting information. If information is missing, Optum Rx will contact your health care provider and request additional information.

We'll send written notification of the decision to both you and your health care provider. If your health care provider does not agree with the decision, the notification will provide instructions on requesting a peer-to-peer review or requesting an appeal.

You and your health care provider can learn more and find clinical criteria by visiting uhcprovider.com/exchange.

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. If you are taking a non-formulary brand-name medication that has a generic equivalent, you may also be responsible for the difference in cost between the brand-name drug and the generic equivalent. Check your plan documents for more information.

What if my health care provider writes a brand-name prescription?

If your health care provider gives you a prescription for a brand-name medication, ask if a generic or lower-cost option could be right for you. Generic medications are usually your lowest-cost option.

Over-the-counter medications

An over-the-counter (OTC) medication may be the right treatment for some conditions. Talk to your health care provider about available OTC options. Even though OTC 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 so you and your health care provider can decide your best course of treatment. In this PDL, brand-name medications are shown in UPPERCASE (for example, JARDIANCE). Generic medications are shown in lowercase (for example, atorvastatin). There are 2 ways to find your drug within the PDL:

1. By category – the drugs in this formulary are grouped into categories depending on the medical conditions that they are used to treat. For example, drugs used to treat an infection are generally listed under the category, Antibacterial. If you know what your drug is used for, look for the category name, then look under the category name for your drug .
2. By alphabet – if you are not sure what category to look under, you should look for your drug in the Index. The Index provides an alphabetical list of all the drugs included in this document for both brand name drugs and generic drugs. Review the Index to find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to that page listed in the Index and find the name of your drug in the first column of the list .

Questions



Review your policy for more information about your pharmacy benefit



Call the Member Services number on your health plan ID card



Register or login to your online account at myuhc.com/exchange to:

- Find current list of covered medications
- Find a network pharmacy by ZIP code
- Learn about home delivery
- Look up possible lower-cost medication alternatives
- Compare medication pricing and options

Drug name	Tier	Notes
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
aspirin 81 oral tablet delayed release	1	\$0 Copay for members between ages of 15 to 49 years.
aspirin adult low dose	1	\$0 Copay for members between ages of 15 to 49 years.
aspirin adult low strength	1	\$0 Copay for members between ages of 15 to 49 years.
aspirin childrens	1	\$0 Copay for members between ages of 15 to 49 years.
aspirin ec adult low dose	1	\$0 Copay for members between ages of 15 to 49 years.
aspirin ec low dose	1	\$0 Copay for members between ages of 15 to 49 years.
aspirin ec low strength	1	\$0 Copay for members between ages of 15 to 49 years.
aspirin low dose	1	\$0 Copay for members between ages of 15 to 49 years.
aspirin oral tablet chewable	1	\$0 Copay for members between ages of 15 to 49 years.
aspirin oral tablet delayed release 81 mg	1	\$0 Copay for members between ages of 15 to 49 years.
aspirin regimen	1	\$0 Copay for members between ages of 15 to 49 years.
celecoxib oral	1	QL
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	2	
diclofenac sodium oral	1	
diclofenac-misoprostol	2	
diflunisal oral	1	
etodolac	1	
etodolac er	2	
flurbiprofen oral tablet 100 mg	1	
ft aspirin low dose	1	\$0 Copay for members between ages of 15 to 49 years.

Drug name	Tier	Notes
ft aspirin oral tablet chewable	1	\$0 Copay for members between ages of 15 to 49 years.
goodsense aspirin low dose	1	\$0 Copay for members between ages of 15 to 49 years.
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	1	
indomethacin oral capsule	1	QL
ketoprofen er	3	ST
ketoprofen oral	2	ST
ketorolac tromethamine oral	1	
meclofenamate sodium oral	3	
mefenamic acid oral	3	
meloxicam oral tablet	1	
mm aspirin	1	\$0 Copay for members between ages of 15 to 49 years.
nabumetone oral	1	
naproxen dr	1	
naproxen oral suspension	3	PA
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet	2	
piroxicam oral	1	
salsalate oral	1	
ST JOSEPH LOW DOSE	1	\$0 Copay for members between ages of 15 to 49 years.
sulindac oral	1	
tolmetin sodium	3	
Opioid Analgesics, Long-acting		
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA; QL; MME; 7D
hydrocodone bitartrate er oral capsule extended release 12 hour	3	PA; QL; MME; 7D
hydromorphone hcl er	3	PA; QL; MME; 7D
methadone hcl intensol	1	PA; QL; MME; 7D
methadone hcl oral concentrate	1	PA; QL; MME; 7D
methadone hcl oral solution	1	PA; QL; MME; 7D
methadone hcl oral tablet	1	PA; QL; MME; 7D
morphine sulfate er oral tablet extended release	1	PA; QL; MME; 7D
NUCYNTA ER	3	PA; QL; MME; 7D
oxymorphone hcl er	3	PA; QL; MME; 7D
tramadol hcl (er biphasic) oral tablet extended release 24 hour	2	PA; QL; MME; 7D

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
tramadol hcl er	2	PA; QL; MME; 7D
XTAMPZA ER	3	PA; QL; MME; 7D
Opioid Analgesics, Short-acting		
acetaminophen-codeine oral solution 120-12 mg/5ml	1	QL; MME; 7D
acetaminophen-codeine oral tablet	1	QL; MME; 7D
apap-caff-dihydrocodeine	3	QL; MME; 7D
ascomp-codeine	2	QL; MME; 7D
bac (butalbital-acetamin-caff)	1	QL
butalbital-acetaminophen oral tablet	2	QL
butalbital-apap-caff-cod	3	QL; MME; 7D
butalbital-apap-caffeine oral capsule	3	QL
butalbital-apap-caffeine oral tablet	1	QL
butalbital-asa-caff-codeine	2	QL; MME; 7D
butalbital-aspirin-caffeine	2	QL
codeine sulfate	1	QL; MME; 7D
endocet	1	QL; MME; 7D
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml	1	QL; MME; 7D
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL; MME; 7D
hydrocodone-ibuprofen	3	QL; MME; 7D
hydromorphone hcl oral liquid	2	QL; MME; 7D
hydromorphone hcl oral tablet	1	QL; MME; 7D
morphine sulfate (concentrate) oral solution 100 mg/5ml	2	QL; MME; 7D
morphine sulfate oral solution	2	QL; MME; 7D
morphine sulfate oral tablet	1	QL; MME; 7D
oxycodone hcl oral capsule	1	QL; MME; 7D
oxycodone hcl oral concentrate	3	QL; MME; 7D
oxycodone hcl oral solution	1	QL; MME; 7D
oxycodone hcl oral tablet	1	QL; MME; 7D
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL; MME; 7D
oxymorphone hcl	2	QL; MME; 7D
pentazocine-naloxone hcl	2	QL; MME; 7D
TENCON	2	QL
tramadol hcl oral tablet 50 mg	1	QL; MME; 7D
tramadol-acetaminophen	1	QL; MME; 7D
Anesthetics		
Local Anesthetics		
glydo	1	
lidocaine external patch 5 %	2	PA; QL
lidocaine hcl external solution	2	
lidocaine hcl mouth/throat	2	

Drug name	Tier	Notes
lidocaine hcl urethral/mucosal	1	
lidocaine viscous hcl	1	
lidocaine-prilocaine external cream	1	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium	2	
disulfiram oral	1	
naltrexone hcl oral	1	
Opioid Dependence Treatments		
buprenorphine hcl sublingual	1	
buprenorphine hcl-naloxone hcl sublingual film	3	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	
ZUBSOLV	2	
Opioid Reversal Agents		
ft naloxone hcl	1	
naloxone hcl injection	1	
naloxone hcl nasal	1	
NARCAN	1	
REXTOVY	1	
Smoking Cessation Agents		
bupropion hcl er (smoking det)	1	
ft nicotine	1	
ft nicotine mini	1	
goodsense nicotine mouth/throat gum	1	
goodsense nicotine mouth/throat lozenge 4 mg	1	
habitrol	1	
NICORETTE MINI	1	
NICORETTE MOUTH/THROAT GUM 2 MG	1	
NICORETTE MOUTH/THROAT LOZENGE	1	
nicotine mini	1	
nicotine polacrilex mini	1	
nicotine polacrilex mouth/throat	1	
nicotine step 1	1	
nicotine step 2	1	

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
nicotine step 3	1	
nicotine transdermal kit	1	
nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr	1	
NICOTROL	1	PA
NICOTROL NS	1	PA
varenicline tartrate	1	PA
varenicline tartrate (starter)	1	PA
varenicline tartrate(continue)	1	PA
Antibacterials		
Aminoglycosides		
ARIKAYCE	4	PA; QL; SP
gentamicin sulfate external	2	
HUMATIN	3	
neomycin sulfate oral	1	
Antibacterials, Other		
clindamycin hcl oral	1	
clindamycin palmitate hcl	2	
clindamycin phosphate vaginal	1	
fosfomycin tromethamine	3	
linezolid oral suspension reconstituted	3	QL
linezolid oral tablet	2	QL
methenamine hippurate	2	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal	1	
mupirocin cream	3	QL
mupirocin ointment	1	QL
NEO-SYNALAR	3	QL
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	2	
nitrofurantoin macrocrystal oral capsule 25 mg	3	QL
nitrofurantoin monohydrate macrocrystals	1	
nitrofurantoin oral suspension 25 mg/5ml	3	PA
silver sulfadiazine external	1	
SIVEXTRO ORAL	3	PA; QL
ssd	1	
SULFAMYLLON	3	
tinidazole oral	1	
trimethoprim oral	1	
vancomycin hcl oral capsule	1	QL
vancomycin hcl oral solution reconstituted	2	
VANDAZOLE	2	

Drug name	Tier	Notes
XIFAXAN	4	PA; QL
Beta-lactam, Cephalosporins		
cefaclor er	2	
cefaclor oral capsule	1	
cefadroxil oral capsule	1	
cefadroxil oral suspension reconstituted	1	
cefadroxil oral tablet	2	
cefdinir	1	
cefixime oral capsule	2	
cefixime oral suspension reconstituted	3	
cefpodoxime proxetil	2	
cefprozil	1	
cefuroxime axetil	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension reconstituted	1	
Beta-lactam, Penicillins		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
dicloxacillin sodium	1	
penicillin v potassium	1	
Macrolides		
azithromycin oral	1	
clarithromycin er	2	
clarithromycin oral suspension reconstituted	3	
clarithromycin oral tablet	1	
erythromycin base oral capsule delayed release particles	3	
erythromycin base oral tablet	2	
erythromycin base oral tablet delayed release	2	
erythromycin ethylsuccinate oral suspension reconstituted	3	
erythromycin oral	2	
Quinolones		
BAXDELA ORAL	3	
ciprofloxacin hcl oral	1	
levofloxacin oral solution	3	
levofloxacin oral tablet	1	
moxifloxacin hcl oral	1	
ofloxacin oral	2	
Sulfonamides		
sulfadiazine oral	3	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric	1	

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
Tetracyclines		
demeclocycline hcl	3	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted	2	
doxycycline monohydrate oral tablet	1	
minocycline hcl oral capsule	1	
tetracycline hcl oral capsule	1	
Anticonvulsants		
Anticonvulsants, Other		
EPIDIOLEX	4	PA; SP
levetiracetam er	1	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
roweepra	1	
Calcium Channel Modifying Agents		
ethosuximide oral	2	
methsuximide	2	
zonisamide oral	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam oral suspension 2.5 mg/ml	3	PA; QL
clobazam oral tablet	3	PA; QL
diazepam rectal	2	QL
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
NAYZILAM	3	PA; QL
phenobarbital oral elixir 20 mg/5ml	1	
phenobarbital oral tablet	1	
primidone oral	1	
tiagabine hcl	3	
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
vigabatrin	4	PA; QL; SP
Glutamate Reducing Agents		
felbamate	3	
FYCOMPA ORAL SUSPENSION	3	PA; QL
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
subvenite	1	
topiramate oral capsule sprinkle	2	
topiramate oral tablet	1	
Sodium Channel Agents		
carbamazepine er	2	

Drug name	Tier	Notes
carbamazepine oral suspension 100 mg/5ml	2	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable 100 mg	1	
DILANTIN ORAL CAPSULE 30 MG	3	
eslicarbazepine acetate	3	PA; QL
lacosamide oral solution	3	PA; QL
lacosamide oral tablet	1	QL
oxcarbazepine oral suspension	3	
oxcarbazepine oral tablet	1	
phenytek	1	
phenytoin infatabs	1	
phenytoin oral	1	
phenytoin sodium extended	1	
rufinamide	3	PA
Antidementia Agents		
Cholinesterase Inhibitors		
donepezil hcl oral tablet 10 mg, 5 mg	1	QL
donepezil hcl oral tablet dispersible	1	QL
galantamine hydrobromide er	2	QL
galantamine hydrobromide oral solution	3	QL
galantamine hydrobromide oral tablet	2	QL
rivastigmine	3	QL
rivastigmine tartrate	1	QL
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl oral solution 2 mg/ml	3	QL
memantine hcl oral tablet	1	QL
Antidepressants		
Antidepressants, Other		
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
bupropion hcl oral	1	
chlordiazepoxide-amitriptyline	2	
mirtazapine oral tablet	1	
mirtazapine oral tablet dispersible	2	
olanzapine-fluoxetine hcl	3	QL
perphenazine-amitriptyline	2	
Monoamine Oxidase Inhibitors		
EMSAM	3	PA; QL
MARPLAN	3	
phenelzine sulfate oral	1	
tranylcypromine sulfate	3	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)		
citalopram hydrobromide oral solution 10 mg/5ml	2	

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
citalopram hydrobromide oral tablet	1	
desvenlafaxine succinate er	2	QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL
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 capsule delayed release	2	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg, 20 mg	2	QL
fluvoxamine maleate	1	
fluvoxamine maleate er	3	QL
nefazodone hcl	2	
paroxetine hcl er	2	QL
paroxetine hcl oral suspension	3	
paroxetine hcl oral tablet	1	
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
vilazodone hcl	3	QL
Tricyclics		
amitriptyline hcl oral	1	
amoxapine	1	
clomipramine hcl oral	3	
desipramine hcl oral	2	
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
imipramine hcl oral	1	
imipramine pamoate	3	
nortriptyline hcl oral capsule	1	
nortriptyline hcl oral solution	2	
protriptyline hcl	2	
trimipramine maleate oral	3	
Antiemetics		
Antiemetics, Other		
meclizine hcl oral tablet 25 mg	1	
meclizine hcl oral tablet 50 mg	2	
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
perphenazine oral	1	
prochlorperazine	2	

Drug name	Tier	Notes
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	2	QL
scopolamine	2	
trimethobenzamide hcl oral	1	
Emetogenic Therapy Adjuncts		
aprepitant	2	QL
aprepitant oral 80 & 125 mg	2	QL
dronabinol	3	
granisetron hcl oral	2	QL
ondansetron hcl oral	1	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
VARUBI (180 MG DOSE)	3	QL
Antifungals		
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external	1	
clotrimazole mouth/throat	1	
clotrimazole-betamethasone external cream	1	QL
clotrimazole-betamethasone external lotion	2	
CRESEMBA ORAL	3	PA
econazole nitrate external	2	QL
EXELDERM	3	
fluconazole oral	1	
flucytosine oral	3	
griseofulvin microsize oral	2	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	2	
GYNAZOLE-1	3	
itraconazole oral	3	QL
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	QL
LULICONAZOLE	3	QL
miconazole 3	1	
naftifine hcl external cream	3	
nyamyc	1	QL
nystatin external cream	1	
nystatin external ointment	1	
nystatin external powder	1	QL
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	QL
posaconazole oral tablet delayed release	2	QL
SULCONAZOLE NITRATE	3	
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
terconazole vaginal suppository	2	
voriconazole oral suspension reconstituted	3	
voriconazole oral tablet	3	QL
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral tablet	1	QL
colchicine-probenecid	1	
febuxostat	1	QL
probenecid	1	
Antimigraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
EMGALITY	2	PA; QL
UBRELVY	2	PA; QL
Ergot Alkaloids		
dihydroergotamine mesylate injection	3	QL
ERGOMAR	3	QL
ergotamine-caffeine	3	
MIGERGOT	3	
Serotonin (5-HT) Receptor Agonists		
almotriptan malate	2	ST; QL
eletriptan hydrobromide	2	ST; QL
frovatriptan succinate	3	ST; QL
naratriptan hcl	1	QL
rizatriptan benzoate	1	QL
sumatriptan nasal	3	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge	3	QL
sumatriptan succinate subcutaneous	3	QL
sumatriptan-naproxen sodium	3	ST; QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	3	ST; QL
zolmitriptan nasal solution 5 mg	3	ST; QL
zolmitriptan oral	2	ST; QL
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigmine bromide er oral tablet extended release	3	
pyridostigmine bromide oral solution	3	
pyridostigmine bromide oral tablet 60 mg	1	
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral	1	
rifabutin	3	

Drug name	Tier	Notes
Antituberculars		
cycloserine oral	3	
ethambutol hcl oral	1	
isoniazid oral syrup	3	
isoniazid oral tablet	1	
PRIFTIN	2	
pyrazinamide oral	2	
rifampin oral	1	
SIRTURO	3	PA
Antineoplastics		
Alkylating Agents		
cyclophosphamide oral capsule	3	
CYCLOPHOSPHAMIDE ORAL TABLET	3	
GLEOSTINE	4	SP
LEUKERAN	3	
MATULANE	4	SP
MYLERAN	3	
temozolomide	4	SP
Antiandrogens		
abiraterone acetate	4	PA; QL; SP
bicalutamide	1	
ERLEADA	4	PA; QL; SP
nilutamide	4	SP
NUBEQA	4	PA; QL; SP
XTANDI	4	PA; QL; SP
Antiangiogenic Agents		
lenalidomide	4	PA; QL; SP
POMALYST	4	PA; QL; SP
THALOMID	4	PA; QL; SP
Antiestrogens/Modifiers		
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
toremifene citrate	3	
Antimetabolites		
capecitabine	4	SP
DROXIA	3	
hydroxyurea oral	1	
mercaptopurine oral tablet	1	
TABLOID	4	SP
Antineoplastics, Other		
AMELUZ	3	
BESREMI	4	PA; SP
diclofenac sodium external gel 3 %	3	QL
FLUOROURACIL EXTERNAL CREAM 0.5 %	3	QL

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
fluorouracil external cream 5 %	1	QL
fluorouracil external solution	1	
KISQALI (200 MG DOSE)	4	PA; QL; SP
KISQALI (400 MG DOSE)	4	PA; QL; SP
KISQALI (600 MG DOSE)	4	PA; QL; SP
leucovorin calcium oral	1	
PIQRAY	4	PA; QL; SP
VERZENIO	4	PA; QL; SP
ZOLINZA	4	QL; SP

Aromatase Inhibitors, 3rd Generation

anastrozole oral	1	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
exemestane	3	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
letrozole oral	1	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.

Enzyme Inhibitors

etoposide oral	4	SP
HYCANTIN ORAL	4	PA; QL; SP
TALZENNA	4	PA; QL; SP

Molecular Target Inhibitors

ALECENSA	4	PA; QL; SP
BOSULIF ORAL CAPSULE	4	PA; QL; SP
BRUKINSA ORAL CAPSULE	4	PA; QL; SP
CALQUENCE	4	PA; QL; SP
CAPRELSA	4	PA; QL; SP
COMETRIQ	4	PA; QL; SP
COTELLIC	4	PA; QL; SP
dasatinib	4	PA; QL; SP
erlotinib hcl	4	PA; QL; SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	4	PA; QL; SP
gefitinib	4	PA; QL; SP
GILOTTRIF	4	PA; QL; SP
imatinib mesylate oral	4	QL; SP
IMBRUVICA	4	PA; QL; SP

INLYTA	4	PA; QL; SP
JAKAFI	4	PA; QL; SP
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	4	PA; QL; SP
LORBRENA	4	PA; QL; SP
LYNPARZA	4	PA; QL; SP
ROZLYTREK	4	PA; QL; SP
sorafenib tosylate	4	PA; QL; SP
STIVARGA	4	PA; QL; SP
sunitinib malate	4	PA; QL; SP
TAGRISSO	4	PA; QL; SP
TRUQAP	4	PA; QL; SP
VENCLEXTA	4	PA; QL; SP
VENCLEXTA STARTING PACK	4	PA; QL; SP
VITRAKVI	4	PA; QL; SP
XOSPATA	4	PA; QL; SP
ZELBORAF	4	PA; QL; SP
ZYKADIA	4	PA; QL; SP

Retinoids

bexarotene external	4	QL; SP
bexarotene oral	4	SP
PANRETIN	3	
tretinoin oral	4	QL; SP

Treatment Adjuncts

mesna oral	4	SP
------------	---	----

Antiparasitics

Anthelmintics

albendazole oral	3	QL
EMVERM	3	QL
ivermectin oral tablet 3 mg	1	PA; QL
praziquantel oral	3	

Antiprotozoals

atovaquone	3	
atovaquone-proguanil hcl	2	
BENZNIDAZOLE	2	QL
chloroquine phosphate oral	1	QL
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg	1	QL
KRINTAFEL	2	QL
mefloquine hcl	1	
nitazoxanide oral	2	QL
pentamidine isethionate inhalation	2	QL
primaquine phosphate	1	
pyrimethamine oral	4	PA; SP
quinine sulfate	2	

Pediculicides/Scabicides

CROTAN	3	
malathion	3	
permethrin external	1	

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
PRURADIK	3	
spinosad	3	
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate oral	1	
trihexyphenidyl hcl	1	
Antiparkinson Agents, Other		
amantadine hcl oral	1	
carbidopa-levodopa-entacapone	3	
entacapone	2	
tolcapone	3	QL
Dopamine Agonists		
apomorphine hcl subcutaneous	4	QL; SP
bromocriptine mesylate oral capsule	3	
bromocriptine mesylate oral tablet	2	
NEUPRO TRANSDERMAL PATCH 24 HOUR 2 MG/24HR	3	
pramipexole dihydrochloride	1	
ropinirole hcl	1	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
carbidopa oral	3	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa oral tablet dispersible	2	
DUOPA	4	PA
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate oral	3	ST
selegiline hcl oral	2	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl oral tablet	1	
fluphenazine hcl oral	2	
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral	1	
loxapine succinate	1	
pimozide	2	
thioridazine hcl oral	1	
thiothixene	1	
trifluoperazine hcl	1	
2nd Generation/Atypical		
aripiprazole oral solution	3	QL
aripiprazole oral tablet	1	QL
asenapine maleate	3	ST; QL
lurasidone hcl	1	QL
olanzapine oral tablet	1	QL
olanzapine oral tablet dispersible	2	QL
paliperidone er	3	QL
quetiapine fumarate	1	QL
quetiapine fumarate er	2	QL

Drug name	Tier	Notes
risperidone oral solution	1	
risperidone oral tablet	1	
risperidone oral tablet dispersible	2	
VRAYLAR	3	PA; QL
ziprasidone hcl	2	QL
Treatment-Resistant		
clozapine oral tablet	1	
clozapine oral tablet dispersible	3	QL
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
valganciclovir hcl oral solution reconstituted	3	QL
valganciclovir hcl oral tablet	1	QL
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	4	
BARACLUDE ORAL SOLUTION	4	
entecavir	2	
lamivudine oral tablet 100 mg	2	
VEMLIDY	4	ST; QL
Anti-hepatitis C (HCV) Agents		
LEDIPASVIR-SOFOSBUVIR	3	PA; QL; SP
PEGASYS	4	PA; QL; SP
ribavirin oral	2	
SOFOSBUVIR-VELPATASVIR	3	PA; QL; SP
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	3	QL
DOVATO	3	QL
GENVOYA	3	QL
ISENTRESS ORAL PACKET	3	QL
JULUCA	3	QL
TIVICAY	3	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
EDURANT	3	QL
EDURANT PED	3	QL
efavirenz	1	QL
efavirenz-emtricitab-tenofo df	1	QL
efavirenz-lamivudine-tenofovir	2	QL
emtricitab-rilpivir-tenofof df	3	QL
etravirine	3	QL
INTELENCE ORAL TABLET 25 MG	3	QL
nevirapine	1	QL
nevirapine er	1	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate oral solution	2	QL
abacavir sulfate oral tablet	1	QL
abacavir sulfate-lamivudine	1	QL

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
DESCOVY ORAL TABLET 200-25 MG	3	QL; \$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection.
emtricitabine	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; \$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection.
lamivudine oral solution 10 mg/ml	1	QL
lamivudine oral tablet 150 mg, 300 mg	1	QL
lamivudine-zidovudine	1	QL
ODEFSEY	3	QL
tenofovir disoproxil fumarate	1	QL; \$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection.
TRIUMEQ	3	QL
zidovudine	1	QL
Anti-HIV Agents, Other		
FUZEON	4	QL
maraviroc	1	QL
Anti-HIV Agents, Protease Inhibitors		
APTIVUS	3	QL
atazanavir sulfate	1	QL
darunavir	1	QL
EVOTAZ	3	QL
fosamprenavir calcium	3	QL
lopinavir-ritonavir	1	QL
NORVIR ORAL PACKET	3	QL
PREZISTA ORAL SUSPENSION	3	QL
REYATAZ ORAL PACKET	3	QL

Drug name	Tier	Notes
ritonavir	1	QL
VIRACEPT	3	QL
Anti-influenza Agents		
oseltamivir phosphate oral	1	QL
RELENZA DISKHALER	3	QL
rimantadine hcl	2	
Antitherpetic Agents		
acyclovir external ointment	2	QL
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
famciclovir oral	1	QL
valacyclovir hcl oral	1	QL
LAGEVRIO	3	QL
PAXLOVID (150/100)	3	QL
PAXLOVID (300/100 & 150/100)	3	QL
PAXLOVID (300/100)	3	QL
Anxiolytics		
Anxiolytics, Other		
buspirone hcl oral	1	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
meprobamate	3	
Benzodiazepines		
alprazolam er	2	QL
alprazolam intensol	2	QL
alprazolam oral tablet	1	QL
alprazolam oral tablet dispersible	2	QL
alprazolam xr	2	QL
chlordiazepoxide hcl	1	
clonazepam oral tablet	1	QL
clonazepam oral tablet dispersible	2	QL
clorazepate dipotassium	2	QL
diazepam intensol	1	QL
diazepam oral concentrate	1	QL
diazepam oral solution	1	
diazepam oral tablet	1	QL
estazolam	1	QL
lorazepam intensol	1	QL
lorazepam oral concentrate 2 mg/ml	1	QL
lorazepam oral tablet	1	QL
oxazepam	1	
quazepam	3	
Bipolar Agents		
Mood Stabilizers		
divalproex sodium er	1	
divalproex sodium oral	1	
lithium	1	
lithium carbonate er	1	
lithium carbonate oral	1	

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
Blood Glucose Monitoring		
ACCU-CHEK FASTCLIX LANCET KIT	1	QL
ACCU-CHEK GUIDE	2	QL
ACCU-CHEK GUIDE CONTROL	1	QL
ACCU-CHEK GUIDE KIT W/DEVICE	2	QL
ACCU-CHEK GUIDE TEST STRIPS	2	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	QL
ADVOCATE SAFETY LANCETS 21G	1	
ADVOCATE SAFETY LANCETS 23G	1	
ADVOCATE SAFETY LANCETS 28G	1	
AUTOLET LANCING DEVICE	1	
AUTOLET LITE LANCING DEVICE	1	
BLOOD GLUCOSE TEST STRIPS 333	1	QL
CARESENS CONTROL SOLUTION A/B	1	QL
CARESENS LANCETS 30G	1	
CARESENS N PLUS BT	1	QL
CARETOUCH CONTROL SOL LEVEL 2	1	QL
CARETOUCH LANCING/EJECTOR	1	
CARETOUCH TEST	1	QL
CHEMSTRIP K	1	
CHEMSTRIP MICRAL	1	
CHEMSTRIP UGK	1	
CHOSEN LANCETS 30G	1	
CHOSEN LANCING DEVICE	1	
CHOSEN SAFETY LANCETS 28G	1	
CLEVER CHOICE COMFORT EZ	1	
COMFORT TOUCH TWIST LANCET 30G	1	
CONTOUR CONTROL SOLUTION	1	QL
CONTOUR MONITOR KIT W/ DEVICE	1	QL
CONTOUR NEXT CONTROL SOLUTION	1	QL
CONTOUR NEXT EZ KIT W/DEVICE	1	QL

Drug name	Tier	Notes
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	1	QL
CONTOUR NEXT GEN TEST STRIPS	1	QL
CONTOUR NEXT LINK KIT W/ DEVICE	1	QL
CONTOUR NEXT MONITOR KIT W/ DEVICE	1	QL
CONTOUR NEXT ONE KIT	1	QL
CONTOUR PLUS BLUE KIT W/ DEVICE	1	QL
CONTOUR PLUS TEST STRIP	1	QL
CONTOUR TEST STRIPS	1	QL
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
DIASTIX REAGENT	1	
DROPSAFE ACTI-LANCE 23G	1	
EASY MAX BLOOD GLUCOSE TEST	1	QL
EASY MAX T1 GLUCOSE SYSTEM	1	QL
EASY TOUCH HEALTHPRO GLUCOSE	1	QL
EASY TOUCH HEALTHPRO HIGH/ LOW	1	QL
EASYMAX 15 LEVEL 2-3 CONTROL	1	QL
EASYMAX CONTROL	1	QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	1	QL
FORA 6 CONNECT/GTEL TEST	1	QL
FORA TEST N'GO ADV-VOICE-6 CON	1	
FREESTYLE LIBRE 14 DAY READER	3	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA; QL
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA; QL
FREESTYLE LIBRE 2 READER	3	PA; QL
FREESTYLE LIBRE 2 SENSOR	3	PA; QL
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA; QL
FREESTYLE LIBRE 3 READER	3	PA; QL
FREESTYLE LIBRE 3 SENSOR	3	PA; QL
FREESTYLE LIBRE READER	3	PA; QL
FREESTYLE PRECISION NEO SYSTEM	1	QL
FREESTYLE PRECISION NEO TEST STRIPS	1	QL

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
FREESTYLE TEST STRIPS	1	QL
GLUCOCARD EXPRESSION TEST	1	QL
GLUCOCARD SHINE TEST	1	QL
GLUCOCARD VITAL TEST	1	QL
GLUCOSE CONTROL SOLUTIONS	1	QL
IHEALTH BLOOD GLUCOSE TEST STR	1	QL
IHEALTH CONTROL SOLUTION	1	QL
IHEALTH LANCING DEVICE	1	
INPEN 100-BLUE-LILLY-HUMALOG	1	
INPEN 100-BLUE-NOVOLOG-FIASP	1	
INPEN 100-GREY-LILLY-HUMALOG	1	
INPEN 100-GREY-NOVOLOG-FIASP	1	
INPEN 100-PINK-LILLY-HUMALOG	1	
INPEN 100-PINK-NOVOLOG-FIASP	1	
KETO-DIASTIX	1	
KETONE CARE	1	
KETOSTIX	1	
LANCETS	1	
LANCETS 28G THIN	1	
LANCETS SUPER THIN	1	
MICRODOT TEST	1	QL
MICROLET NEXT LANCING DEVICE	1	
MM BLOOD GLUCOSE SYSTEM	1	QL
MM BLULINK GLUCOSE TEST	1	QL
MOBILE LANCETS 30G	1	
NOVOPEN ECHO	1	
PERFECT POINT SAFETY LANCETS	1	
PIP BLOOD GLUCOSE TEST STRIP	1	QL
PIP GLUCOSE CONTROL SOLUTION	1	QL

Drug name	Tier	Notes
PRECISION XTRA BLOOD GLUCOSE STRIPS	1	QL
PTS PANELS EGLU TEST	1	QL
QUICK TOUCH BLOOD GLUCOSE	1	QL
QUICK TOUCH BLOOD GLUCOSE TEST	1	QL
RELION GLUCOSE TEST STRIPS	2	QL
RIGHTTEST GT333 GLUCOSE TEST	1	QL
TECHLITE LANCETS 26G	1	
TEMPO WELCOME	1	QL
TRUE METRIX LEVEL 1	1	QL
TRUE METRIX LEVEL 2	1	QL
TRUE METRIX LEVEL 3	1	QL
TRUE METRIX PRO BLOOD GLUCOSE	1	QL
UNISTrip CONTROL IN VITRO SOLUTION LOW	1	QL
VERIFINE SAFE LANCET MINI 21G	1	
VERIFINE SAFE LANCET MINI 23G	1	
VERIFINE SAFE LANCET MINI 28G	1	
VERIFINE SAFE LANCET MINI 30G	1	
VIVAGUARD INO CONTROL SOLUTION	1	QL
VIVAGUARD INO TEST STRIPS	1	QL
VIVAGUARD LANCETS 30G	1	
VIVAGUARD LANCING DEVICE	1	
VIVAGUARD SAFETY LANCETS 28G	1	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose oral	1	QL
FARXIGA	2	QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	QL
glipizide er	1	QL
glipizide ir	1	QL
glipizide-metformin hcl	2	QL
glyburide micronized	1	QL
glyburide oral	1	QL
glyburide-metformin	1	QL

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
JARDIANCE	2	QL
metformin hcl er	1	QL
metformin hcl oral solution	3	QL
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	QL
MOUNJARO	2	PA; QL
nateglinide	2	QL
OZEMPIC	2	PA; QL
pioglitazone hcl	1	QL
pioglitazone hcl-metformin hcl	2	QL
repaglinide	1	QL
RYBELSUS	2	PA; QL
saxagliptin hcl	2	QL
saxagliptin-metformin er	2	QL
SOLIQUA	2	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRULICITY	2	PA; QL
XIGDUO XR	2	QL
Glycemic Agents		
BAQSIMI ONE PACK	1	QL
BAQSIMI TWO PACK	1	QL
diazoxide oral	3	
ft glucose	2	
glucagon emergency kit	1	QL
GLUCAGON EMERGENCY KIT	1	QL
GLUCO TO GO	2	
GVOKE HYOPEN 1-PACK	1	QL
GVOKE HYOPEN 2-PACK	1	QL
GVOKE KIT	1	QL
GVOKE PFS	1	QL
INSTA-GLUCOSE	2	
ZEGALOGUE	1	QL
Insulins		
BASAGLAR KWIKPEN	1	QL
HUMALOG KWIKPEN	1	QL
HUMALOG MIX 50/50 KWIKPEN	1	QL
HUMALOG MIX 75/25 KWIKPEN	1	QL
HUMALOG MIX 75/25 VIAL	1	QL

Drug name	Tier	Notes
HUMALOG SUBCUTANEOUS	1	QL
HUMALOG U-100 JUNIOR KWIKPEN	1	QL
HUMULIN 70/30 KWIKPEN	1	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	1	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	1	QL
HUMULIN R U-500 VIAL	1	QL
HUMULIN R VIAL	1	QL
INSULIN ASPART PROT & ASPART	1	QL
INSULIN DEGLUDEC	1	QL
INSULIN DEGLUDEC FLEXTOUCH	1	QL
INSULIN LISPRO	1	QL
INSULIN LISPRO (1 UNIT DIAL)	1	QL
INSULIN LISPRO JUNIOR KWIKPEN	1	QL
INSULIN LISPRO PROT & LISPRO	1	QL
NOVOLOG 70/30 FLEXPEN RELION	1	QL
NOVOLOG FLEXPEN	1	QL
NOVOLOG FLEXPEN RELION	1	QL
NOVOLOG MIX 70/30 FLEXPEN	1	QL
NOVOLOG MIX 70/30 RELION	1	QL
NOVOLOG MIX 70/30 VIAL	1	QL
NOVOLOG PENFILL	1	QL
REZVOGLAR KWIKPEN	1	QL
TRESIBA	1	QL
TRESIBA FLEXTOUCH	1	QL
Blood Products and Modifiers		
Anticoagulants		
dabigatran etexilate mesylate	2	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium	2	QL

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
fondaparinux sodium	3	QL
FRAGMIN	4	QL
heparin sodium (porcine)	1	
heparin sodium (porcine) pf	1	
jantoven	1	
rivaroxaban	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Blood Formation Modifiers		
anagrelide hcl	3	
ARANESP (ALBUMIN FREE)	3	QL; SP
eltrombopag olamine	4	PA; QL; SP
NEULASTA	4	SP
NEULASTA ONPRO	4	SP
plerixafor	4	SP
RETACRIT	3	QL; SP
ZARXIO	4	SP
Hemostasis Agents		
aminocaproic acid oral	3	
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 5000 UNIT	3	
RECOTHROM SPRAY KIT	3	
THROMBIN-JMI EPISTAXIS	3	
THROMBIN-JMI EXTERNAL KIT	3	
tranexamic acid oral	2	QL
Platelet Modifying Agents		
aspirin-dipyridamole er	3	QL
cilostazol	1	
clopidogrel bisulfate oral	1	QL
dipyridamole oral	1	
prasugrel hcl	1	QL
ticagrelor	3	QL
YOSPRALA	2	QL
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine	2	
clonidine hcl oral	1	
guanfacine hcl	1	QL
methyl dopa	1	
midodrine hcl	1	
Alpha-adrenergic Blocking Agents		
doxazosin mesylate oral	1	
phenoxybenzamine hcl oral	3	
prazosin hcl oral	1	
Angiotensin II Receptor Antagonists		
candesartan cilexetil	2	QL
irbesartan	1	QL
losartan potassium oral	1	QL

Drug name	Tier	Notes
olmesartan medoxomil oral	1	QL
telmisartan	2	QL
valsartan oral tablet	1	QL
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl oral	1	QL
captopril oral	1	QL
enalapril maleate oral tablet	1	QL
fosinopril sodium	1	QL
lisinopril oral	1	QL
moexipril hcl	1	QL
perindopril erbumine	1	QL
quinapril hcl	1	QL
ramipril	1	QL
trandolapril	1	QL
Antiarrhythmics		
amiodarone hcl oral	1	
disopyramide phosphate	2	
dofetilide	3	QL
flecainide acetate	1	
mexiletine hcl oral	2	
MULTAQ	3	PA; QL
NORPACE CR	2	
propafenone hcl	1	
propafenone hcl er	3	
quinidine gluconate er	1	
quinidine sulfate	1	
sotalol hcl (af)	1	
sotalol hcl oral	1	
SOTYLIZE	3	PA
Beta-adrenergic Blocking Agents		
acebutolol hcl oral	1	
atenolol oral	1	
betaxolol hcl oral	1	
bisoprolol fumarate oral	1	
carvedilol	1	
labetalol hcl oral	1	
metoprolol succinate er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
nadolol oral	1	
nebivolol hcl	1	QL
pindolol	1	
propranolol hcl er	1	
propranolol hcl oral	1	
timolol maleate oral	1	
Calcium Channel Blocking Agents		
amlodipine besylate oral	1	
cartia xt	1	

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
dilt-xr	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads	1	
diltiazem hcl er oral capsule extended release 12 hour	2	
diltiazem hcl er oral capsule extended release 24 hour	1	
diltiazem hcl er oral tablet extended release 24 hour	2	
diltiazem hcl oral	1	
felodipine er	1	
isradipine	1	
matzim la	2	
nicardipine hcl oral	2	
nifedipine er	1	QL
nifedipine er osmotic release	1	QL
nifedipine oral	1	
nimodipine oral capsule	3	
nisoldipine er	2	
NYMALIZE	2	
tiadylt er	1	
verapamil hcl er oral capsule extended release 24 hour	2	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
Cardiovascular Agents, Other		
amiloride-hydrochlorothiazide	1	
amlodipine besylate-benazepril hcl	1	QL
amlodipine besylate-valsartan	2	QL
atenolol-chlorthalidone	1	
benazepril-hydrochlorothiazide	2	QL
bisoprolol-hydrochlorothiazide	1	QL
candesartan cilexetil-hctz	2	QL
captopril-hydrochlorothiazide	2	QL
CORLANOR ORAL SOLUTION	3	PA; QL
digoxin oral solution	2	
digoxin oral tablet 125 mcg, 250 mcg	1	
digoxin oral tablet 62.5 mcg	3	
enalapril-hydrochlorothiazide	1	QL
ENTRESTO ORAL CAPSULE SPRINKLE	3	PA; QL
fosinopril sodium-hctz	2	QL
irbesartan-hydrochlorothiazide	1	QL
isosorb dinitrate-hydralazine	2	QL
ivabradine hcl	3	PA; QL
lisinopril-hydrochlorothiazide	1	QL
losartan potassium-hctz	1	QL
metoprolol-hydrochlorothiazide	2	
olmesartan medoxomil-hctz	1	QL

Drug name	Tier	Notes
pentoxifylline er	1	
quinapril-hydrochlorothiazide	2	QL
ranolazine er	3	QL
sacubitril-valsartan	3	PA; QL
spironolactone-hctz	1	
telmisartan-hctz	2	QL
triamterene-hctz	1	
valsartan-hydrochlorothiazide	1	QL
Diuretics, Carbonic Anhydrase Inhibitors		
acetazolamide er	2	
acetazolamide oral	2	
methazolamide oral	3	
Diuretics, Loop		
bumetanide oral	1	
ethacrynic acid	3	
furosemide oral solution	1	
furosemide oral tablet	1	
torsemide	1	
Diuretics, Potassium-sparing		
amiloride hcl oral	1	
eplerenone	2	
spironolactone oral tablet	1	
Diuretics, Thiazide		
chlorthalidone	1	
DIURIL	2	
hydrochlorothiazide oral	1	
indapamide	1	
metolazone	1	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
gemfibrozil oral	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium oral	1	QL
fluvastatin sodium	2	QL; \$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.
lovastatin oral	1	QL; \$0 Copay for members between ages 40 to 75 years.

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
pravastatin sodium	1	QL; \$0 Copay for members between ages 40 to 75 years.
rosuvastatin calcium oral tablet 10 mg, 5 mg	1	QL; \$0 Copay for members between ages 40 to 75 years.
rosuvastatin calcium oral tablet 20 mg, 40 mg	1	QL
simvastatin oral	1	QL
Dyslipidemics, Other		
cholestyramine light	2	
cholestyramine oral	2	
colesevelam hcl	2	
colestipol hcl oral granules	2	
colestipol hcl oral packet	2	
colestipol hcl oral tablet	1	
ezetimibe	1	QL
ezetimibe-simvastatin	2	QL
icosapent ethyl	3	PA
niacin (antihyperlipidemic)	2	
niacin er (antihyperlipidemic)	2	
niacor	2	
omega-3-acid ethyl esters	1	PA; QL
prevalite	2	
REPATHA	3	PA; QL
REPATHA PUSHTRONEX SYSTEM	3	PA; QL
REPATHA SURECLICK	3	PA; QL
Vasodilators, Direct-acting Arterial		
hydralazine hcl oral	1	
minoxidil oral	1	
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
NITRO-BID	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3	
nitroglycerin rectal	3	QL
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine sulfate	3	PA
amphetamine-dextroamphetamine	1	PA; QL
amphetamine-dextroamphetamine er	2	PA; QL
dextroamphetamine sulfate er	2	PA; QL

Drug name	Tier	Notes
dextroamphetamine sulfate oral solution	2	PA
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	PA; QL
methamphetamine hcl	3	PA
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hcl	2	QL
clonidine hcl er	2	
dexmethylphenidate hcl	1	PA; QL
dexmethylphenidate hcl er	2	PA; QL
guanfacine hcl er	1	QL
methylphenidate hcl er (cd)	2	PA; QL
methylphenidate hcl er (la)	2	PA; QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	PA; QL
methylphenidate hcl er oral tablet extended release	2	PA; QL
methylphenidate hcl oral solution	2	PA; QL
methylphenidate hcl oral tablet	1	PA; QL
methylphenidate hcl oral tablet chewable	2	PA; QL
Central Nervous System, Other		
AUSTEDO	4	PA; QL; SP
AUSTEDO XR	4	PA; QL; SP
AUSTEDO XR PATIENT TITRATION	4	PA; QL; SP
caffeine citrate oral	1	
DAYBUE	4	PA; QL; SP
INGREZZA	4	PA; QL; SP
riluzole	3	SP
tetrabenazine	3	PA; QL; SP
Fibromyalgia Agents		
pregabalin oral capsule	1	QL
SAVELLA	3	ST; QL
SAVELLA TITRATION PACK	3	ST; QL
Multiple Sclerosis Agents		
AVONEX PEN	4	PA; QL; SP
AVONEX PREFILLED	4	PA; QL; SP
BETASERON	4	PA; QL; SP
dalfampridine er	3	PA; QL; SP
dimethyl fumarate oral	3	PA; QL; SP
dimethyl fumarate starter pack	3	PA; QL; SP
fingolimod hcl	4	PA; QL; SP
glatiramer acetate	3	PA; QL; SP
glatopa	3	PA; QL; SP
teriflunomide	4	PA; QL; SP
Dental and Oral Agents		
cevimeline hcl	3	
chlorhexidine gluconate mouth/throat	1	
periogard	1	
pilocarpine hcl oral	2	

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
triamcinolone acetonide mouth/throat	1	
Dermatological Agents		
acutane	3	
acitretin	3	
adapalene external cream	3	PA; QL
adapalene external gel	3	PA; QL
adapalene-benzoyl peroxide external gel 0.1-2.5 %	3	QL
ammonium lactate external cream	1	
amnesteem	3	
azelaic acid external	3	QL
benzoyl peroxide-erythromycin	2	QL
brimonidine tartrate external	3	QL
calcipotriene external cream	3	QL
calcipotriene external ointment	3	QL
calcipotriene external solution	2	QL
calcipotriene-betameth diprop	3	QL
calcitriol external	3	QL
claravis	3	
CLINDACIN ETZ EXTERNAL KIT	1	QL
clindacin etz external swab	1	QL
clindacin-p	1	QL
clindamycin phos (once-daily)	2	QL
clindamycin phos (twice-daily)	2	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	2	QL
clindamycin phosphate external lotion	2	QL
clindamycin phosphate external solution	1	QL
clindamycin phosphate external swab	1	QL
doxepin hcl external	3	PA; QL
DUPIXENT	4	PA; QL; SP
ery pad 2%	1	
erythromycin external	2	
ESKATA	3	
imiquimod external cream 5 %	1	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
ivermectin external cream	3	QL
methoxsalen rapid	3	
metronidazole external cream	2	
metronidazole external gel 0.75 %	2	
metronidazole external lotion	2	
pimecrolimus	3	QL
podofilox external gel	3	
podofilox external solution	1	
SANTYL	3	QL
selenium sulfide external lotion	1	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; QL; SP

Drug name	Tier	Notes
sulfacetamide sodium (acne)	3	
tacrolimus external	3	QL
TALTZ	4	PA; QL; SP
tazarotene external cream 0.1 %	3	PA; QL
tazarotene external gel	3	PA; QL
tretinoin external cream	2	PA; QL
zenatane	3	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
carglumic acid	4	PA; SP
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	2	
effer-k oral tablet effervescent 25 meq	1	
GALZIN	3	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral packet	3	
klor-con oral tablet extended release	1	
klor-con/ef	1	
levocarnitine oral solution	2	
levocarnitine oral tablet	1	
levocarnitine sf	2	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral packet	3	
potassium chloride oral solution	1	
potassium citrate er	2	
sodium fluoride oral	1	\$0 Copay for members ages 0 to 16 years.
Electrolyte/Mineral/Metal Modifiers		
CHEMET	2	
deferasirox granules	4	PA; SP
deferasirox oral packet	4	PA; SP
deferasirox oral tablet	3	PA; SP
deferasirox oral tablet soluble	4	PA; SP
LOKELMA	3	PA; QL
sodium polystyrene sulfonate	1	
tolvaptan tablet 30 mg oral	3	PA; QL; SP
Phosphate Binders		
calcium acetate (phos binder)	1	
calcium acetate oral tablet 667 mg	1	
FERRIC CITRATE	3	SP
FOSRENOL ORAL PACKET	3	
lanthanum carbonate	3	
sevelamer carbonate oral packet	3	
sevelamer carbonate oral tablet	2	
VELPHORO	2	SP

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
Vitamins		
ATABEX OB	1	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	1	
ergocalciferol oral capsule	1	
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	1	
ft folic acid	1	
M-NATAL PLUS	1	
NEONATAL COMPLETE	1	
NEONATAL PLUS	1	
ONE VITE WOMENS PLUS	1	
phytonadione oral	3	QL
pnv 27-ca/fe/fa	1	
pnv prenatal plus multivit+dha	1	
prenatal oral tablet 27-1 mg	1	
prenatal plus vitamin/mineral	1	
PRENATRIX	1	
PRENATRYL	1	
TRINATE	1	
TRUE FOLIC ACID ORAL TABLET 1 MG	1	
TRUE FOLIC ACID ORAL TABLET 400 MCG	1	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITATHELY WITH GINGER	1	
WESNATAL DHA COMPLETE	1	
WESTAB PLUS	1	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral solution 10 mg/5ml	2	
dicyclomine hcl oral tablet 20 mg	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
methscopolamine bromide oral	2	
Gastrointestinal Agents, Other		
alvimopan	3	
amoxicill-clarithro-lansopraz	3	QL
cromolyn sodium oral	3	
diphenoxylate-atropine oral liquid	2	
diphenoxylate-atropine oral tablet	1	
loperamide hcl oral capsule	1	
MOTOFEN	4	PA
opium	3	QL
RELISTOR SUBCUTANEOUS	3	PA; QL
SYMPROIC	2	PA; QL

Drug name	Tier	Notes
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
XERMELO	4	PA; QL; SP
Histamine2 (H2) Receptor Antagonists		
cimetidine hcl	1	
cimetidine oral	1	
famotidine oral suspension reconstituted	2	
famotidine oral tablet 20 mg, 40 mg	1	
nizatidine	2	
Irritable Bowel Syndrome Agents		
alosetron hcl	3	PA; QL
LINZESS	2	PA; QL
lubiprostone	3	QL
Laxatives		
bisacodyl ec	1	QL
citroma	1	QL
clearlax	1	QL
CLENPIQ	3	\$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
constulose	1	
enulose	1	
FRESKARO MAGNESIUM CITRATE	1	QL
ft clearlax	1	QL
ft laxative	1	QL
ft magnesium citrate	1	QL
gavilax oral powder	1	QL
gavilyte-c	1	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
gavilyte-g	1	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
gavilyte-n with flavor pack	1	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
generlac	1	
gentle laxative oral tablet delayed release	1	QL
glycolax	1	QL
KRISTALOSE	3	
lactulose encephalopathy	1	
lactulose oral packet	3	
lactulose oral solution	1	
magnesium citrate oral solution	1	QL
MIRALAX	1	QL
mm clearlax	1	QL
na sulfate-k sulfate-mg sulf	3	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
ONELAX MAGNESIUM CITRATE	1	QL
peg 3350 oral powder	1	QL
peg 3350-kcl-na bicarb-nacl	1	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
peg-3350/electrolytes	1	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
peg-3350/electrolytes/ascorbat	3	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.

Drug name	Tier	Notes
peg-kcl-nacl-nasulf-na asc-c	3	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
PLENVU	3	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
polyethylene glycol 3350 oral powder	1	QL
smooth lax oral powder	1	QL
true laxative	1	QL
Protectants		
misoprostol oral	1	
sucalfate oral suspension	3	PA
sucalfate oral tablet	1	
Proton Pump Inhibitors		
esomeprazole magnesium oral capsule delayed release	1	QL
ft acid reducer oral capsule delayed release 15 mg	1	QL
goodsense lansoprazole oral capsule delayed release	1	QL
lansoprazole oral capsule delayed release	1	QL
omeprazole oral capsule delayed release 10 mg	1	QL
omeprazole oral capsule delayed release 20 mg, 40 mg	1	
pantoprazole sodium oral tablet delayed release	1	QL
rabeprazole sodium oral tablet delayed release	2	QL
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
betaine	4	SP
CREON	2	
CYSTAGON	4	SP
MYALEPT	4	PA; QL; SP
sapropterin dihydrochloride	4	PA; QL; SP
ZENPEP	2	
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin hydrobromide er	2	ST; QL
fesoterodine fumarate er	3	ST; QL
flavoxate hcl	1	
oxybutynin chloride er	1	QL

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet 5 mg	1	
solifenacin succinate	1	QL
tolterodine tartrate	2	
tolterodine tartrate er	2	
tropium chloride	2	
tropium chloride er	2	ST
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	1	
dutasteride oral	1	QL
finasteride oral tablet 5 mg	1	
silodosin	2	QL
tamsulosin hcl	1	
terazosin hcl	1	
Genitourinary Agents, Other		
bethanechol chloride oral	1	
ELMIRON	2	
ENCARE	1	QL
OPTIONS GYNOL II CONTRACEPTIVE	1	
penicillamine oral	4	SP
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
tadalafil oral tablet 2.5 mg, 5 mg	3	QL
TODAY SPONGE	1	
VCF VAGINAL CONTRACEPTIVE	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
alclometasone dipropionate	1	
amcinonide	3	ST
betamethasone dipropionate aug	2	
betamethasone dipropionate external	2	
betamethasone valerate external cream	2	
betamethasone valerate external lotion	2	
betamethasone valerate external ointment	2	
clobetasol propionate e	3	QL
clobetasol propionate external cream 0.05 %	2	QL
clobetasol propionate external gel	2	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external solution	3	QL
clocortolone pivalate	3	ST; QL
deflazacort	4	PA; SP
desonide external cream	2	QL
desonide external lotion	2	QL

Drug name	Tier	Notes
desonide external ointment	2	QL
desoximetasone external	2	QL
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
diflorasone diacetate external cream	3	ST; QL
fludrocortisone acetate oral	1	
fluocinolone acetonide body	2	QL
fluocinolone acetonide external	2	QL
fluocinolone acetonide scalp	2	QL
fluocinonide emulsified base	2	QL
fluocinonide external cream 0.05 %	2	QL
fluocinonide external gel	2	QL
fluocinonide external ointment	2	QL
fluocinonide external solution	2	QL
flurandrenolide	3	ST; QL
fluticasone propionate external cream	1	
fluticasone propionate external ointment	1	
halobetasol propionate external cream	2	QL
halobetasol propionate external ointment	2	QL
hydrocortisone butyrate external cream	3	QL
hydrocortisone butyrate external ointment	3	
hydrocortisone butyrate external solution	3	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone oral	1	
hydrocortisone valerate	2	QL
jaythari	4	PA; SP
methylprednisolone oral	1	
mometasone furoate external	1	
prednisolone oral solution	1	
prednisolone oral tablet	2	
prednisolone sodium phosphate oral solution	1	
prednisone intensol	2	
prednisone oral solution	2	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
triamcinolone acetonide external cream	1	QL

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm	1	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
cabergoline	1	
desmopressin ace spray refrig	2	
desmopressin acetate injection	3	
desmopressin acetate oral	1	
desmopressin acetate pf	3	
desmopressin acetate spray	2	
INCRELEX	4	PA; QL; SP
NORDITROPIN FLEXPOR	3	PA; QL; SP
OMNITROPE	3	PA; QL; SP
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
MIFEPREX	2	
mifepristone oral tablet 200 mg	1	
PREPIDIL	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
danazol oral	2	
methyltestosterone oral	3	
testosterone cypionate intramuscular	1	PA
testosterone enanthate intramuscular	1	PA
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 50 mg/5gm (1%)	2	PA; QL
Estrogens		
abigale	2	
abigale lo	2	
afirmelle	1	
altavera	1	
alyacen 1/35	1	
alyacen 7/7/7	1	
amethyst	1	
ANNOVERA	1	QL
apri	1	
aranelle	1	
ashlyna	1	
aubra eq	1	

Drug name	Tier	Notes
aurovela 1.5/30	1	
aurovela 1/20	1	
aurovela 24 fe	1	
aurovela fe 1.5/30	1	
aurovela fe 1/20	1	
AVERI	1	
aviane	1	
ayuna	1	
azurette	1	
balziva	1	
BIJUVA ORAL CAPSULE 0.5-100 MG	3	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
blisovi fe 1/20	1	
briellyn	1	
camrese	1	
camrese lo	1	
charlotte 24 fe	1	
chateal eq	1	
CLIMARA PRO	3	QL
cryselle-28	1	
cyred eq	1	
dasetta 1/35 (28)	1	
dasetta 7/7/7	1	
daysee	1	
delyla	1	
desogestrel-ethinyl estradiol	1	
dolishale	1	
dotti	2	QL
drospiren-eth estrad-levomefol	1	

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
drospirenone-ethinyl estradiol	1	
DUAVEE	3	QL
elinest	1	
eluryng	1	
enilloring	1	
enpresse-28	1	
enskyce	1	
estarylla	1	
estradiol oral	1	
estradiol transdermal patch twice weekly	2	QL
estradiol transdermal patch weekly	1	QL
estradiol vaginal cream	2	
estradiol vaginal tablet	2	QL
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	2	
ESTRING	2	QL
ethynodiol diac-eth estradiol	1	
etonogestrel-ethinyl estradiol	1	
falmina	1	
feirza 1.5/30	1	
feirza 1/20	1	
FEMLYV	1	
finzala	1	
fyavolv	2	
galbriela	1	
gemmily	1	
hailey 1.5/30	1	
hailey 24 fe	1	
hailey fe 1.5/30	1	
hailey fe 1/20	1	
haloette	1	
iclevia	1	
introvale	1	

Drug name	Tier	Notes
isibloom	1	
jaimiess	1	
jasmiel	1	
jinteli	2	
jolessa	1	
joyeaux	1	
juleber	1	
junel 1.5/30	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
junel fe 24	1	
kaitlib fe	1	
kalliga	1	
kariva	1	
kelnor 1/35	1	
kurvelo	1	
larin 1.5/30	1	
larin 1/20	1	
larin 24 fe	1	
larin fe 1.5/30	1	
larin fe 1/20	1	
leena	1	
lessina	1	
levonest	1	
levonorg-eth estrad triphasic	1	
levonorgest-eth est & eth est	1	
levonorgest-eth estrad 91-day	1	
levonorgest-eth estradiol-iron	1	

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
levonorgestrel-ethinyl estrad	\$0 Copay	
levora 0.15/30 (28)	\$0 Copay	
LO LOESTRIN FE	\$0 Copay	
lo-zumandimine	\$0 Copay	
lojaimiess	\$0 Copay	
loryna	\$0 Copay	
low-ogestrel	\$0 Copay	
lutura	\$0 Copay	
lyllana	2	QL
marlissa	\$0 Copay	
merzee	\$0 Copay	
mibelas 24 fe	\$0 Copay	
microgestin 1.5/30	\$0 Copay	
microgestin 1/20	\$0 Copay	
microgestin fe 1.5/30	\$0 Copay	
microgestin fe 1/20	\$0 Copay	
mili	\$0 Copay	
mimvey	2	
minzoya	\$0 Copay	
mono-lynyah	\$0 Copay	
necon 0.5/35 (28)	\$0 Copay	
NEXTSTELLIS	\$0 Copay	
nikki	\$0 Copay	
norelgestromin-eth estradiol	\$0 Copay	
norethin ace-eth estrad-fe	\$0 Copay	
norethin-eth estradiol-fe	\$0 Copay	
norethindron-ethinyl estrad-fe	\$0 Copay	
norethindrone acet-ethinyl est	\$0 Copay	
norethindrone-eth estradiol	2	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	\$0 Copay	

Drug name	Tier	Notes
norgestimate-ethinyl estradiol triphasic	\$0 Copay	
nortrel 0.5/35 (28)	\$0 Copay	
nortrel 1/35 (21)	\$0 Copay	
nortrel 1/35 (28)	\$0 Copay	
nortrel 7/7/7	\$0 Copay	
nylia 1/35	\$0 Copay	
nylia 7/7/7	\$0 Copay	
ocella	\$0 Copay	
philith	\$0 Copay	
pimtrea	\$0 Copay	
portia-28	\$0 Copay	
PREMARIN VAGINAL	3	
reclipsen	\$0 Copay	
rivelsa	\$0 Copay	
rosyrah	\$0 Copay	
setlakin	\$0 Copay	
simliya	\$0 Copay	
simpesse	\$0 Copay	
sprintec 28	\$0 Copay	
sronyx	\$0 Copay	
syeda	\$0 Copay	
tarina 24 fe	\$0 Copay	
tarina fe 1/20 eq	\$0 Copay	
taysofy	\$0 Copay	
tilia fe	\$0 Copay	
tri-estarylla	\$0 Copay	
tri-legest fe	\$0 Copay	
tri-lynyah	\$0 Copay	
tri-lo-estarylla	\$0 Copay	

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
tri-lo-marzia	\$0 Copay	
tri-lo-mili	\$0 Copay	
tri-lo-sprintec	\$0 Copay	
tri-mili	\$0 Copay	
tri-sprintec	\$0 Copay	
tri-vylibra	\$0 Copay	
tri-vylibra lo	\$0 Copay	
turqoz	\$0 Copay	
TWIRLA	\$0 Copay	
TYBLUME	\$0 Copay	
tydemy	\$0 Copay	
valtya 1/50	\$0 Copay	
velivet	\$0 Copay	
vestura	\$0 Copay	
vienva	\$0 Copay	
violele	\$0 Copay	
volnea	\$0 Copay	
vyfemla	\$0 Copay	
vylibra	\$0 Copay	
wera	\$0 Copay	
wymzya fe	\$0 Copay	
xarah fe	\$0 Copay	
xelria fe	\$0 Copay	
xulane	\$0 Copay	
yuvaferm	2	QL
zafemy	\$0 Copay	
zovia 1/35 (28)	\$0 Copay	
zumandimine	\$0 Copay	
Progestins		
aftera	\$0 Copay	

Drug name	Tier	Notes
camila	\$0 Copay	
deblitane	\$0 Copay	
DEPO-SUBQ PROVERA 104	\$0 Copay	QL
econtra one-step	\$0 Copay	
ELLA	\$0 Copay	QL
emzahh	\$0 Copay	
errin	\$0 Copay	
gallifrey	1	
heather	\$0 Copay	
her style	\$0 Copay	
incassia	\$0 Copay	
jencycla	\$0 Copay	
levonorgestrel	\$0 Copay	
lyleq	\$0 Copay	
lyza	\$0 Copay	
medroxyprogesterone acetate intramuscular suspension	\$0 Copay	QL
medroxyprogesterone acetate intramuscular suspension prefilled syringe	\$0 Copay	
medroxyprogesterone acetate oral	1	
megestrol acetate oral suspension 40 mg/ml	1	
megestrol acetate oral suspension 625 mg/5ml	3	
megestrol acetate oral tablet	1	
meleya	\$0 Copay	
my choice	\$0 Copay	
my way	\$0 Copay	
new day	\$0 Copay	
NEXPLANON	\$0 Copay	QL
nora-be	\$0 Copay	
norethindrone acetate oral	1	
norethindrone oral	\$0 Copay	
norlyroc	\$0 Copay	

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
opcicon one-step	1	
OPILL	1	
option 2	1	
orquidea	1	
PLAN B ONE-STEP	1	
progesterone intramuscular	1	
progesterone oral	1	
react	1	
sharobel	1	
SLYND	1	
take action	1	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	PA; QL
raloxifene hcl	1	QL; \$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ARMOUR THYROID	3	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liomny	1	
liothyronine sodium oral	1	
NIVA THYROID	3	
np thyroid	3	
SYNTHROID	2	
THYQUIDITY	3	PA
thyroid oral	3	
TIROSINT-SOL	3	PA
unithroid	1	
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	3	
Hormonal Agents, Suppressant (pituitary)		
ELIGARD	4	PA; SP
leuprolide acetate injection	4	PA; SP
octreotide acetate injection	3	PA; SP
octreotide acetate subcutaneous	3	PA; SP
ORLISSA	3	PA; QL
SIGNIFOR	4	PA; QL; SP
SOMAVERT	4	PA; QL; SP

Drug name	Tier	Notes
SYNAREL	2	
VABRINTY SUBCUTANEOUS KIT 45 MG	4	PA; SP
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole oral	1	
propylthiouracil oral	1	
Immunological Agents		
Angioedema Agents		
HAEGARDA	4	PA; QL; SP
icatibant acetate	3	PA; QL; SP
Immune Suppressants		
ADALIMUMAB-ADAZ	4	PA; QL; SP
ADALIMUMAB-ADBM (2 PEN)	4	PA; QL; SP
ADALIMUMAB-ADBM (2 SYRINGE)	4	PA; QL; SP
ADALIMUMAB-ADBM(CD/UC/HS STRT)	4	PA; SP
ADALIMUMAB-ADBM(PS/UV STARTER)	4	PA; SP
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	4	PA; QL; SP
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	4	PA; QL; SP
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	4	PA; QL; SP
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	4	PA; QL; SP
azathioprine oral tablet 50 mg	1	
CIMZIA	4	PA; QL; SP
CIMZIA (2 SYRINGE)	4	PA; QL; SP
CIMZIA-STARTER	4	PA; SP
cyclosporine modified oral capsule	1	
cyclosporine modified oral solution	2	
cyclosporine oral	3	
engraf oral capsule	1	
engraf oral solution	2	
HADLIMA	4	PA; QL; SP
HADLIMA PUSH TOUCH	4	PA; QL; SP
methotrexate sodium	1	
methotrexate sodium (pf)	1	
mycophenolate mofetil oral capsule	1	
mycophenolate mofetil oral suspension reconstituted	3	
mycophenolate mofetil oral tablet	1	
mycophenolate sodium	3	
mycophenolic acid	3	
OLUMIANT	4	PA; QL; SP
SIMPONI	4	PA; QL; SP

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
sirolimus oral solution	4	
sirolimus oral tablet	3	
SKYRIZI PEN	4	PA; QL; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
STEQEYMA SUBCUTANEOUS	4	PA; QL; SP
tacrolimus oral	1	
XELJANZ	4	PA; QL; SP
XELJANZ XR	4	PA; QL; SP
YESINTEK SUBCUTANEOUS	4	PA; QL; SP
Immunomodulators		
ACTEMRA ACTPEN	4	PA; QL; SP
ACTEMRA SUBCUTANEOUS	4	PA; QL; SP
ACTIMMUNE	4	PA; QL; SP
BEYFORTUS	1	QL; \$0 copay for members 19 months of age or younger.
ENFLONISIA	1	QL; \$0 copay for members 1 year of age or younger.
leflunomide oral	1	
OTEZLA	4	PA; QL; SP
RIDAURA	4	SP
RINVOQ	4	PA; QL; SP
RINVOQ LQ	4	PA; QL; SP
TYENNE SUBCUTANEOUS	4	PA; QL; SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	4	PA; QL; SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	4	PA; QL
Vaccines		
ABRYSVO	1	QL
ACTHIB	1	QL
ADACEL	1	QL
AFLURIA	1	QL; \$0 copay for members 6 months of age or older.
AFLURIA PRESERVATIVE FREE	1	QL; \$0 copay for members 6 months of age or older.
AREXVY	1	QL; \$0 Copay for members 60 years of age or older.

Drug name	Tier	Notes
BEXSERO	1	QL; \$0 copay for members 10 years of age or older.
BOOSTRIX	1	QL
CAPVAXIVE	1	QL; \$0 copay for members 19 years of age or older.
COMIRNATY	1	QL; \$0 copay for members 12 years of age or older.
COMIRNATY 5-11 YEARS	1	QL; \$0 copay for members between ages of 5 to 11 years.
DAPTACEL	1	QL
DENGVAIXIA	1	QL; \$0 copay for members between ages of 9 to 16 years.
ENGRIX-B	1	QL
FLUAD	1	QL; \$0 copay for members 18 years of age or older.
FLUARIX	1	QL; \$0 copay for members 6 months of age or older.
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	QL; \$0 copay for members 6 months of age or older.
FLULAVAL	1	QL; \$0 copay for members 6 months of age or older.
FLUMIST	1	QL; \$0 copay for members between ages of 2 to 49 years.
FLUZONE HIGH-DOSE	1	QL; \$0 copay for members 18 years of age or older.
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	QL; \$0 copay for members 6 months of age or older.
GARDASIL 9	1	QL; \$0 copay for members between ages of 9 to 45 years.
HAVRIX	1	QL

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
HEPLISAV-B	1	QL; \$0 copay for members 18 years of age or older.
HIBERIX	1	QL
INFANRIX	1	QL
IPOL	1	QL
M-M-R II	1	QL
MENQUADFI	1	QL
MENVEO	1	QL
MODERNA COVID-19 VAC 6M-11Y	1	QL; \$0 copay for members between ages of 6 months to 11 years.
PEDIARIX	1	QL; \$0 copay for members 6 years of age or younger.
PEDVAX HIB	1	QL
PENBRAYA	1	QL; \$0 copay for members between ages of 10 to 25 years.
PENTACEL	1	QL; \$0 copay for members 4 years of age or younger.
PNEUMOVAX 23	1	QL
PREVNAR 20	1	QL; \$0 copay for members 1 month of age or older.
PRIORIX	1	QL
PROQUAD	1	QL; \$0 copay for members between ages of 1 to 12 years.
QUADRACEL INTRAMUSCULAR SUSPENSION	1	QL
RECOMBIVAX HB	1	QL
ROTARIX	1	QL; \$0 copay for members 8 months of age or younger.
ROTATEQ	1	QL; \$0 copay for members 8 months of age or younger.

Drug name	Tier	Notes
SHINGRIX	1	QL; \$0 Copay for members 19 years of age or older.
SPIKEVAX	1	QL; \$0 copay for members 12 years of age or older.
TENIVAC	1	QL
TRUMENBA	1	QL; \$0 copay for members 10 years of age or older.
TWINRIX	1	QL
VAQTA	1	QL
VARIVAX	1	QL
VAXELIS	1	QL; \$0 copay for members 4 years of age or younger.
VAXNEUVANCE	1	QL; \$0 copay for members 1 month of age or older.

Inflammatory Bowel Disease Agents

Aminosalicylates

balsalazide disodium	2	
DIPENTUM	3	
mesalamine er oral capsule 0.375 gm	2	QL
mesalamine oral tablet delayed release 1.2 gm	2	QL
mesalamine rectal	3	QL
mesalamine-cleanser	3	QL

Glucocorticoids

ANALPRAM HC EXTERNAL LOTION	3	
budesonide oral	3	
CORTIFOAM	2	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	2	
hydrocortisone rectal	2	
procto-med hc	1	

Sulfonamides

sulfasalazine oral	1	
--------------------	---	--

Metabolic Bone Disease Agents

alendronate sodium oral solution	2	
alendronate sodium oral tablet	1	QL
calcitonin (salmon) nasal	1	QL
calcitriol oral capsule	1	
calcitriol oral solution	2	

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
cinacalcet hcl	2	PA; QL
ibandronate sodium oral	1	QL
paricalcitol oral	2	
risedronate sodium oral tablet	2	QL
TYMLOS	4	PA; QL; SP
Miscellaneous Therapeutic Agents		
AEROCHAMBER HOLDING CHAMBER	1	QL
AEROCHAMBER PLS FLOVU MTHPIECE	1	QL
AEROCHAMBER PLUS FLO-VU INTERM	1	QL
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	1	QL
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	1	QL
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	1	QL
AEROCHAMBER2GO ANTI-STATIC	1	QL
ALCOHOL PREP PADS PAD , 70 %	1	
AQ INSULIN SYRINGE	1	
AQINJECT PEN NEEDLE	1	
ASSURE ID DUO PRO PEN NEEDLES	1	
ASSURE ID PRO PEN NEEDLES	1	
AUM ALCOHOL PREP PADS	1	
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	1	
AUM MINI INSULIN PEN NEEDLE	1	
AUM PEN NEEDLE 32G X 5 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	1	
AUM READYGARD DUO PEN NEEDLE	1	
AUM SAFETY PEN NEEDLE	1	
BD AUTOSHIELD DUO PEN NEEDLES	1	
BD PEN NEEDLE MICRO ULTRAFINE	1	
BD PEN NEEDLE MINI ULTRAFINE	1	
BD PEN NEEDLE NANO ULTRAFINE	1	
BD PEN NEEDLE ORIG ULTRAFINE	1	
BD PEN NEEDLE SHORT ULTRAFINE	1	
BD SHARPS COLLECTOR	1	

Drug name	Tier	Notes
BD ULTRA-FINE INSULIN SYRINGES 29G X 1/2" 0.3 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML	1	
BD ULTRA-FINE PEN NEEDLES	1	
BD VEO INSULIN SYR ULTRAFINE	1	
BREATHE COMFORT CHAMBER/ ADULT	1	QL
BREATHE COMFORT CHAMBER/ CHILD	1	QL
CAYA	1	
COMFORT EZ PRO PEN NEEDLES	1	
CONDOMS	1	QL
DROPLET MICRON	1	
DROPSAFE ALCOHOL PREP	1	
DROPSAFE SAFETY SYRINGE/ NEEDLE	1	
DUREX EXTRA SENSITIVE THIN	1	QL
DUREX TROPICAL	1	QL
EASIVENT	1	QL
EASY COMFORT SHARPS CONTAINER	1	
EMBECTA AUTOSHIELD DUO	1	
EMBECTA INS SYR U/F 1/2 UNIT	1	
EMBECTA INSULIN SYR ULTRAFINE	1	
EMBECTA INSULIN SYRINGE	1	
EMBECTA INSULIN SYRINGE U-100	1	
EMBECTA INSULIN SYRINGE U-500	1	
EMBECTA PEN NEEDLE NANO	1	
EMBECTA PEN NEEDLE NANO 2 GEN	1	
EMBECTA PEN NEEDLE ULTRAFINE	1	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	1	
FC2 FEMALE CONDOM	1	QL
FEMCAP	1	

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
FLEXICHAMBER	1	QL
FLEXICHAMBER ADULT MASK/ SMALL	1	QL
FLEXICHAMBER CHILD MASK/ LARGE	1	QL
FLEXICHAMBER CHILD MASK/ SMALL	1	QL
GOODSENSE ALCOHOL SWABS	1	
INSPIREASE RESERVOIR BAGS	1	QL
INSULIN PEN NEEDLES 29G X 12.7MM , 29G X 12MM , 29G X 4MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	1	
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" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 1 ML	1	
INSUPEN32G EXTR3ME	1	
methylergonovine maleate oral	3	QL
NOVOFINE PEN NEEDLE	1	
NOVOFINE PLUS PEN NEEDLE	1	
OMNIPOD 5 DEXCOM INTRO KIT	3	PA; QL
OMNIPOD 5 DEXCOM PODS	3	PA; QL
OMNIPOD 5 LIBRE PODS	3	PA; QL
OMNIPOD 5 LIBRE2 G6 INTRO G5	3	PA; QL
PARI VORTEX ADULT MASK	1	QL
PARI VORTEX PEDIATRIC MASK	1	QL
PEN NEEDLE/5-BEVEL TIP	1	
PHEXXI	1	QL
PURE COMFORT SAFETY PEN NEEDLE	1	
QUICK TOUCH INSULIN PEN NEEDLE	1	
RADIOGARDASE	4	
RAYA SURE PEN NEEDLE	1	
SAFETY PEN NEEDLES	1	
SHARPS COLLECTOR	1	

Drug name	Tier	Notes
SHARPS CONTAINER	1	
TECHLITE PLUS PEN NEEDLES	1	
TRUE COMFORT SAFETY PEN NEEDLE	1	
TRUE COVER	1	QL
UNIFINE OTC PEN NEEDLES	1	
UNIFINE PROTECT PEN NEEDLE	1	
VERIFINE INSULIN PEN NEEDLE	1	
VERIFINE INSULIN SYRINGE	1	
VERIFINE PLUS PEN NEEDLE	1	
VERIFINE SHARPS CONTAINER	1	
VORTEX VALVE CHAMBER-PEDI MASK	1	QL
VORTEX VALVED HOLDING CHAMBER	1	QL
WIDE-SEAL DIAPHRAGM 60	1	
WIDE-SEAL DIAPHRAGM 65	1	
WIDE-SEAL DIAPHRAGM 70	1	
WIDE-SEAL DIAPHRAGM 75	1	
WIDE-SEAL DIAPHRAGM 80	1	
WIDE-SEAL DIAPHRAGM 85	1	
WIDE-SEAL DIAPHRAGM 90	1	
WIDE-SEAL DIAPHRAGM 95	1	
Ophthalmic Agents		
Aminoglycosides		
gentamicin sulfate ophthalmic	1	
neomycin-polymyxin-gramicidin	1	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	2	
Anti-cytomegalovirus (CMV) Agents		
ZIRGAN	3	
Antibacterials, Other		
bacitra-neomycin-polymyxin-hc	2	
bacitracin ophthalmic	2	
bacitracin-polymyxin b	1	
BETADINE OPHTHALMIC PREP	3	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-dexameth	1	

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
neomycin-polymyxin-hc ophthalmic	2	
polymyxin b-trimethoprim	1	
Antifungals		
NATACYN	3	
Antiherpetic Agents		
trifluridine	2	
Macrolides		
AZASITE	3	
erythromycin ophthalmic	1	\$0 Copay once your healthcare provider confirms use is to prevent gonococcal ophthalmia neonatorum in newborns.
Ophthalmic Agents, Other		
AKTEN	3	
ALTACAINE	1	
atropine sulfate ophthalmic solution 1 %	1	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	3	PA; QL
CYSTARAN	4	PA; QL; SP
MITOSOL	3	
proparacaine hcl ophthalmic	1	
sulfacetamide-prednisolone	1	
tetracaine hcl ophthalmic	1	
ZYLET	3	
Ophthalmic Anti-allergy Agents		
ALOCRIAL	3	
altafrin	1	
azelastine hcl ophthalmic	1	
bepotastine besilate	3	QL
cromolyn sodium ophthalmic	1	
CYCLOMYDRIL	3	
epinastine hcl	1	ST; QL
LASTACAFT	3	QL
olopatadine hcl ophthalmic solution 0.1 %	1	QL
phenylephrine hcl ophthalmic	1	
ZERVIAE	3	QL
Ophthalmic Anti-inflammatories		
bromfenac sodium (once-daily)	2	QL
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
difluprednate	3	
fluorometholone	1	
flurbiprofen sodium	1	
INVELTYS	3	QL
ketorolac tromethamine ophthalmic	1	

Drug name	Tier	Notes
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic suspension 0.5 %	3	QL
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	1	
Ophthalmic Antiglaucoma Agents		
apraclonidine hcl	1	
betaxolol hcl ophthalmic	1	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	1	QL
brimonidine tartrate-timolol	2	QL
brinzolamide	2	QL
carteolol hcl	1	
dorzolamide hcl ophthalmic	1	
dorzolamide hcl-timolol mal	1	QL
dorzolamide hcl-timolol mal pf	2	QL
IOPIDINE	3	
levobunolol hcl	1	
PHOSPHOLINE IODIDE	2	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
SIMBRINZA	3	QL
timolol hemihydrate	2	QL
timolol maleate (once-daily)	2	
timolol maleate ophthalmic solution	1	
Ophthalmic Prostaglandin and Prostanamide Analogs		
latanoprost ophthalmic	1	
LUMIGAN	2	QL
tafluprost (pf)	3	ST; QL
travoprost (bak free)	2	QL
Quinolones		
ciprofloxacin hcl ophthalmic	1	
gatifloxacin ophthalmic	2	
levofloxacin ophthalmic	1	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
ofloxacin ophthalmic	1	
Sulfonamides		
sulfacetamide sodium ophthalmic	1	
Otic Agents		
acetic acid otic	1	
ciprofloxacin hcl otic	2	
ciprofloxacin-dexamethasone	3	ST
CIPROFLOXACIN-FLUOCINOLONE PF	3	
CORTISPORIN-TC	3	
fluocinolone acetonide otic	2	
hydrocortisone-acetic acid	2	
neomycin-polymyxin-hc otic	1	

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
ofloxacin otic	1	
OTOVEL	3	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ALVESCO	3	ST; QL
ARNUITY ELLIPTA	2	QL
ASMANEX (120 METERED DOSES)	2	QL
ASMANEX (14 METERED DOSES)	2	QL
ASMANEX (30 METERED DOSES)	2	QL
ASMANEX (60 METERED DOSES)	2	QL
ASMANEX HFA	2	QL
BEVESPI AEROSPHERE	2	QL
breyna	3	QL
budesonide inhalation	2	QL
budesonide-formoterol fumarate	3	QL
flunisolide nasal	2	
fluticasone propionate nasal	1	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	2	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL
QVAR REDIHALER	2	QL
wixela inhub	2	QL
Antihistamines		
azelastine hcl nasal	1	QL
carbinoxamine maleate oral solution	1	
carbinoxamine maleate oral tablet 4 mg	1	
clemastine fumarate oral tablet	1	
cyproheptadine hcl oral	1	
desloratadine oral tablet	2	
diphenhydramine hcl oral elixir	1	
levocetirizine dihydrochloride oral solution	2	
levocetirizine dihydrochloride oral tablet	1	QL
olopatadine hcl nasal	2	QL
promethazine-phenylephrine	1	
Antileukotrienes		
montelukast sodium oral	1	QL
zafirlukast	2	QL
zileuton er	3	ST
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	QL
INCRUSE ELLIPTA	2	QL
ipratropium bromide inhalation	1	
ipratropium bromide nasal	1	
SPIRIVA RESPIMAT	2	QL

Drug name	Tier	Notes
tiotropium bromide monohydrate	2	QL
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa	1	
albuterol sulfate inhalation	1	
albuterol sulfate oral syrup 2 mg/5ml	2	
albuterol sulfate oral tablet	2	
arformoterol tartrate	3	QL
epinephrine injection solution auto-injector	1	QL
formoterol fumarate inhalation	3	QL
levalbuterol hcl inhalation	2	QL
STRIVERDI RESPIMAT	2	QL
terbutaline sulfate oral	3	
VENTOLIN HFA	1	
Cystic Fibrosis Agents		
ORKAMBI	4	PA; QL; SP
PULMOZYME	4	PA; QL; SP
tobramycin nebulization solution 300 mg/5ml inhalation	4	PA; QL; SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	4	PA; QL; SP
Mast Cell Stabilizers		
cromolyn sodium inhalation	2	
Phosphodiesterase Inhibitors, Airways Disease		
elixophyllin	2	
roflumilast	3	QL
THEO-24	3	
theophylline er	1	
theophylline oral	2	
Pulmonary Antihypertensives		
ADEMPAS	4	PA; QL; SP
alyq	4	PA; QL; SP
ambrisentan	4	PA; QL; SP
bosentan oral tablet	4	PA; QL; SP
ORENITRAM	4	PA; QL; SP
ORENITRAM MONTH 1	4	PA; QL; SP
ORENITRAM MONTH 2	4	PA; QL; SP
ORENITRAM MONTH 3	4	PA; QL; SP
sildenafil citrate oral suspension reconstituted	4	PA; QL; SP
sildenafil citrate oral tablet 20 mg	3	PA; QL; SP
tadalafil (pah)	4	PA; QL; SP
TYVASO	4	PA; QL; SP
TYVASO DPI INSTITUTIONAL KIT	4	PA; QL; SP
TYVASO DPI MAINTENANCE KIT	4	PA; QL; SP
TYVASO DPI TITRATION KIT	4	PA; QL; SP
TYVASO REFILL KIT	4	PA; QL; SP
TYVASO STARTER KIT	4	PA; QL; SP
VENTAVIS	4	PA; QL; SP

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
Pulmonary Fibrosis Agents		
pirfenidone	3	PA; QL; SP
Respiratory Tract Agents, Other		
acetylcysteine inhalation	1	
benzonatate oral capsule 100 mg, 200 mg	1	
BREZTRI AEROSPHERE	2	QL
bromphen-pseudoeph-dm	1	
guaifenesin-codeine	1	PA; QL
hydrocod poli-chlorphe poli er	3	PA; QL
hydrocodone bit-homatrop mbr	1	PA; QL
hydromet	1	PA; QL
HYPERSAL	2	
ipratropium-albuterol	1	
maxi-tuss ac	1	PA; QL
mometasone furoate nasal	2	QL
NEBUSAL	2	
promethazine-codeine oral solution	1	PA; QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
PULMOSAL	2	
sodium chloride inhalation	1	
STIOLTO RESPIMAT	2	QL
TRELEGY ELLIPTA	2	QL
TUXARIN ER	3	PA; QL
Skeletal Muscle Relaxants		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
carisoprodol oral tablet 350 mg	1	QL
chlorzoxazone oral tablet 500 mg	2	
cyclobenzaprine hcl oral	1	
dantrolene sodium oral	2	
metaxalone oral tablet 800 mg	2	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	1	
orphenadrine-aspirin-cafeine	4	PA
tizanidine hcl oral capsule	2	
tizanidine hcl oral tablet	1	
Sleep Disorder Agents		
GABA Receptor Modulators		
eszopiclone	1	QL
flurazepam hcl	1	QL
temazepam	1	QL
triazolam	1	QL
zaleplon	1	QL
zolpidem tartrate er	2	QL
zolpidem tartrate oral tablet	1	QL
Sleep Disorders, Other		
doxepin hcl oral tablet	3	QL
ramelteon	3	ST; QL
tasimelteon	4	PA; QL; SP

Drug name	Tier	Notes
Wakefulness Promoting Agents		
armodafinil	2	PA; QL
modafinil oral	1	PA; QL
SODIUM OXYBATE	4	PA; QL; SP
SUNOSI	3	PA; QL

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Index

abacavir sulfate-lamivudine.....	16	AEROCHAMBER PLS FLOVU MTHPIECE	35	aminocaproic acid oral	21
abacavir sulfate oral solution.....	16	AEROCHAMBER PLUS FLO-VU INTERM	35	amiodarone hcl oral	21
abacavir sulfate oral tablet	16	AEROCHAMBER PLUS FLO-VU LARGE DEVICE.....	35	amitriptyline hcl oral.....	13
abigale	28	AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	35	AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS.....	32
abigale lo.....	28	AEROCHAMBER PLUS FLO-VU SMALL DEVICE	35	AMJEVITA SOLUTION AUTO- INJECTOR 40 MG/0.4ML SUBCUTANEOUS.....	32
abiraterone acetate.....	14	afirmelle.....	28	AMJEVITA SOLUTION AUTO- INJECTOR 80 MG/0.8ML SUBCUTANEOUS.....	32
ABRYSVO.....	33	AFLURIA.....	33	AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS.....	32
acamprosate calcium.....	10	AFLURIA PRESERVATIVE FREE	33	amlodipine besylate-benazepril hcl....	22
acarbose oral.....	19	aftera.....	31	amlodipine besylate oral	21
ACCU-CHEK FASTCLIX LANCET KIT ..	18	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	14	amlodipine besylate-valsartan	22
ACCU-CHEK GUIDE.....	18	AKTEN.....	37	ammonium lactate external cream ...	24
ACCU-CHEK GUIDE CONTROL	18	albendazole oral	15	amnestem	24
ACCU-CHEK GUIDE KIT W/DEVICE ...	18	albuterol sulfate hfa	38	amoxapine	13
ACCU-CHEK GUIDE TEST STRIPS	18	albuterol sulfate inhalation.....	38	amoxicill-clarithro-lansopraz.....	25
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	18	albuterol sulfate oral syrup 2 mg/5ml.	38	amoxicillin.....	11
accutane	24	albuterol sulfate oral tablet.....	38	amoxicillin-potassium clavulanate....	11
acebutolol hcl oral	21	alclometasone dipropionate	27	amphetamine-dextroamphetamine..	23
acetaminophen-codeine oral solution 120-12 mg/5ml	10	ALCOHOL PREP PADS PAD , 70 %	35	amphetamine-dextroamphetamine er23	23
acetaminophen-codeine oral tablet..	10	ALECENSA	15	amphetamine sulfate.....	23
acetazolamide er	22	alendronate sodium oral solution.....	34	ampicillin.....	11
acetazolamide oral	22	alendronate sodium oral tablet	34	anagrelide hcl.....	21
acetic acid otic.....	37	alfuzosin hcl er.....	27	ANALPRAM HC EXTERNAL LOTION....	34
acetylcysteine inhalation.....	39	allopurinol oral tablet 100 mg, 300 mg	14	anastrozole oral.....	15
acitretin	24	almotriptan malate	14	ANNOVERA.....	28
ACTEMRA ACTPEN.....	33	ALOCRIL	37	apap-caff-dihydrocodeine	10
ACTEMRA SUBCUTANEOUS	33	alosetron hcl	25	apomorphine hcl subcutaneous	16
ACTHIB.....	33	alprazolam er	17	apraclonidine hcl	37
ACTIMMUNE	33	alprazolam intensol.....	17	aprepitant.....	13
acyclovir external ointment	17	alprazolam oral tablet	17	aprepitant oral 80 & 125 mg	13
acyclovir oral capsule.....	17	alprazolam oral tablet dispersible....	17	apri	28
acyclovir oral suspension 200 mg/5ml.	17	alprazolam xr.....	17	APTIVUS.....	17
ADACEL	33	ALTACAINE.....	37	AQINJECT PEN NEEDLE.....	35
ADALIMUMAB-ADAZ	32	altafrin	37	AQ INSULIN SYRINGE	35
ADALIMUMAB-ADBM (2 PEN)	32	altavera.....	28	aranelle.....	28
ADALIMUMAB-ADBM (2 SYRINGE)....	32	ALVESCO	38	ARANESP (ALBUMIN FREE)	21
ADALIMUMAB-ADBM(CD/UC/HS STRT).....	32	alvimopan.....	25	AREXVY.....	33
ADALIMUMAB-ADBM(PS/UV STARTER).....	32	alyacen 1/35	28	arformoterol tartrate	38
adapalene-benzoyl peroxide external gel 0.1-2.5 %.....	24	alyacen 7/7/7.....	28	ARIKAYCE	11
adapalene external cream.....	24	alyq	38	aripiprazole oral solution	16
adapalene external gel	24	amantadine hcl oral.....	16	aripiprazole oral tablet.....	16
adefovir dipivoxil.....	16	ambrisentan	38	armodafinil.....	39
ADEMPAS	38	amcinonide	27	ARMOUR THYROID	32
ADVOCATE SAFETY LANCETS 21G....	18	AMELUZ	14	ARNUITY ELLIPTA	38
ADVOCATE SAFETY LANCETS 23G....	18	amethyst.....	28	ascomp-codeine.....	10
ADVOCATE SAFETY LANCETS 28G ...	18	amiloride hcl oral	22	asenapine maleate	16
AEROCHAMBER2GO ANTI-STATIC....	35	amiloride-hydrochlorothiazide.....	22	ashlyna	28
AEROCHAMBER HOLDING CHAMBER	35				

ASMANEX (14 METERED DOSES).....	38	AZASITE.....	37	bethanechol chloride oral.....	27
ASMANEX (30 METERED DOSES).....	38	azathioprine oral tablet 50 mg.....	32	BEVESPI AEROSPHERE.....	38
ASMANEX (60 METERED DOSES).....	38	azelaic acid external.....	24	bexarotene external.....	15
ASMANEX (120 METERED DOSES).....	38	azelastine hcl nasal.....	38	bexarotene oral.....	15
ASMANEX HFA.....	38	azelastine hcl ophthalmic.....	37	BEXSERO.....	33
aspirin 81 oral tablet delayed release.....	9	azithromycin oral.....	11	BEYFORTUS.....	33
aspirin adult low dose.....	9	azurette.....	28	bicalutamide.....	14
aspirin adult low strength.....	9	bac (butalbital-acetamin-caff).....	10	BIJUVA ORAL CAPSULE 0.5-100 MG..	28
aspirin childrens.....	9	bacitracin ophthalmic.....	36	BIKTARVY.....	16
aspirin-dipyridamole er.....	21	bacitracin-polymyxin b.....	36	bisacodyl ec.....	25
aspirin ec adult low dose.....	9	bacitra-neomycin-polymyxin-hc.....	36	bisoprolol fumarate oral.....	21
aspirin ec low dose.....	9	baclofen oral tablet 10 mg, 20 mg, 5	39	bisoprolol-hydrochlorothiazide.....	22
aspirin ec low strength.....	9	mg.....	39	blisovi 24 fe.....	28
aspirin low dose.....	9	balsalazide disodium.....	34	blisovi fe 1.5/30.....	28
aspirin oral tablet chewable.....	9	balziva.....	28	blisovi fe 1/20.....	28
aspirin oral tablet delayed release 81		BAQSIMI ONE PACK.....	20	BLOOD GLUCOSE TEST STRIPS 333 ..	18
mg.....	9	BAQSIMI TWO PACK.....	20	BOOSTRIX.....	33
aspirin regimen.....	9	BARACLUDE ORAL SOLUTION.....	16	bosentan oral tablet.....	38
ASSURE ID DUO PRO PEN NEEDLES..	35	BASAGLAR KWIKPEN.....	20	BOSULIF ORAL CAPSULE.....	15
ASSURE ID PRO PEN NEEDLES.....	35	BAXDELA ORAL.....	11	BREATHE COMFORT CHAMBER/	
ATABEX OB.....	25	BD AUTOSHIELD DUO PEN NEEDLES.	35	ADULT.....	35
atazanavir sulfate.....	17	BD PEN NEEDLE MICRO ULTRAFINE..	35	BREATHE COMFORT CHAMBER/	
atenolol-chlorthalidone.....	22	BD PEN NEEDLE MINI ULTRAFINE....	35	CHILD.....	35
atenolol oral.....	21	BD PEN NEEDLE NANO ULTRAFINE...	35	breyna.....	38
atomoxetine hcl.....	23	BD PEN NEEDLE ORIG ULTRAFINE...	35	BREZTRI AEROSPHERE.....	39
atorvastatin calcium oral.....	22	BD PEN NEEDLE SHORT ULTRAFINE..	35	briellyn.....	28
atovaquone.....	15	BD SHARPS COLLECTOR.....	35	brimonidine tartrate external.....	24
atovaquone-proguanil hcl.....	15	BD ULTRA-FINE INSULIN SYRINGES		brimonidine tartrate ophthalmic	
atropine sulfate ophthalmic solution		29G X 1/2" 0.3 ML, 30G X 1/2" 0.3 ML,		solution 0.15 %, 0.2 %.....	37
1 %.....	37	30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML,		brimonidine tartrate-timolol.....	37
ATROVENT HFA.....	38	31G X 15/64" 0.3 ML, 31G X 5/16" 0.3		brinzolamide.....	37
aubra eq.....	28	ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1		bromfenac sodium (once-daily).....	37
AUM ALCOHOL PREP PADS.....	35	ML, 31G X 6MM 0.5 ML.....	35	bromocriptine mesylate oral capsule .	16
AUM INSULIN SAFETY PEN NEEDLE		BD ULTRA-FINE PEN NEEDLES.....	35	bromocriptine mesylate oral tablet....	16
31G X 4 MM.....	35	BD VEO INSULIN SYR ULTRAFINE....	35	bromphen-pseudoeph-dm.....	39
AUM MINI INSULIN PEN NEEDLE.....	35	benazepril hcl oral.....	21	BRUKINSA ORAL CAPSULE.....	15
AUM PEN NEEDLE 32G X 5 MM, 33G		benazepril-hydrochlorothiazide.....	22	budesonide-formoterol fumarate	38
X 4 MM, 33G X 5 MM, 33G X 6 MM....	35	BENZNIDAZOLE.....	15	budesonide inhalation.....	38
AUM READYGARD DUO PEN NEEDLE.	35	benzonatate oral capsule 100 mg,		budesonide oral.....	34
AUM SAFETY PEN NEEDLE.....	35	200 mg.....	39	bumetanide oral.....	22
aurovela 1.5/30.....	28	benzoyl peroxide-erythromycin.....	24	buprenorphine hcl-naloxone hcl	
aurovela 1/20.....	28	benztropine mesylate oral.....	16	sublingual film.....	10
aurovela 24 fe.....	28	bepotastine besilate.....	37	buprenorphine hcl-naloxone hcl	
aurovela fe 1.5/30.....	28	BESREMI.....	14	sublingual tablet sublingual.....	10
aurovela fe 1/20.....	28	BETADINE OPHTHALMIC PREP.....	36	buprenorphine hcl sublingual.....	10
AUSTEDO.....	23	betaine.....	26	bupropion hcl er (smoking det).....	10
AUSTEDO XR.....	23	betamethasone dipropionate aug	27	bupropion hcl er (sr).....	12
AUSTEDO XR PATIENT TITRATION....	23	betamethasone dipropionate external	27	bupropion hcl er (xl) oral tablet	
AUTOLET LANCING DEVICE.....	18	betamethasone valerate external		extended release 24 hour 150 mg,	
AUTOLET LITE LANCING DEVICE.....	18	cream.....	27	300 mg.....	12
AVERI.....	28	betamethasone valerate external		bupropion hcl oral.....	12
aviane.....	28	lotion.....	27	buspirone hcl oral.....	17
AVONEX PEN.....	23	betamethasone valerate external		butalbital-acetaminophen oral tablet .	10
AVONEX PREFILLED.....	23	ointment.....	27	butalbital-apap-caff-cod.....	10
ayuna.....	28	BETASERON.....	23	butalbital-apap-caffeine oral capsule .	10
		betaxolol hcl ophthalmic.....	37	butalbital-apap-caffeine oral tablet ..	10
		betaxolol hcl oral.....	21		

butalbital-asa-caff-codeine.....	10	cefadroxil oral suspension reconstituted	11	clarithromycin oral suspension reconstituted	11
butalbital-aspirin-caffeine	10	cefadroxil oral tablet.....	11	clarithromycin oral tablet	11
cabergoline	28	cefdinir.....	11	clearlax	25
caffeine citrate oral.....	23	cefixime oral capsule	11	clemastine fumarate oral tablet.....	38
calcipotriene-betameth diprop	24	cefixime oral suspension reconstituted	11	CLENPIQ.....	25
calcipotriene external cream.....	24	cefpodoxime proxetil.....	11	CLEVER CHOICE COMFORT EZ.....	18
calcipotriene external ointment	24	cefprozil.....	11	CLIMARA PRO.....	28
calcipotriene external solution.....	24	cefuroxime axetil	11	CLINDACIN ETZ EXTERNAL KIT.....	24
calcitonin (salmon) nasal.....	34	celecoxib oral	9	clindacin etz external swab.....	24
calcitriol external	24	cephalexin oral capsule 250 mg, 500 mg.....	11	clindacin-p	24
calcitriol oral capsule	34	cephalexin oral suspension reconstituted	11	clindamycin hcl oral	11
calcitriol oral solution.....	34	cevimeline hcl.....	23	clindamycin palmitate hcl.....	11
calcium acetate oral tablet 667 mg....	24	charlotte 24 fe	28	clindamycin phos-benzoyl perox external gel 1.2-5 %	24
calcium acetate (phos binder)	24	chateau eq.....	28	clindamycin phos (once-daily)	24
CALQUENCE	15	CHEMET.....	24	clindamycin phosphate external lotion	24
camila	31	CHEMSTRIP K	18	clindamycin phosphate external swab	24
camrese	28	CHEMSTRIP MICRAL	18	clindamycin phosphate vaginal	11
camrese lo	28	CHEMSTRIP UGK.....	18	clindamycin phos (twice-daily).....	24
candesartan cilexetil.....	21	chlordiazepoxide-amitriptyline	12	clobazam oral suspension 2.5 mg/ml ..	12
candesartan cilexetil-hctz.....	22	chlordiazepoxide hcl.....	17	clobazam oral tablet.....	12
capecitabine	14	chlorhexidine gluconate mouth/ throat.....	23	clobetasol propionate e	27
CAPRELSA.....	15	chloroquine phosphate oral.....	15	clobetasol propionate external cream 0.05 %.....	27
captopril-hydrochlorothiazide	22	chlorpromazine hcl oral tablet	16	clobetasol propionate external gel....	27
captopril oral.....	21	chlorthalidone	22	clobetasol propionate external ointment.....	27
CAPVAXIVE.....	33	chlorzoxazone oral tablet 500 mg	39	clobetasol propionate external solution.....	27
carbamazepine er.....	12	cholestyramine light.....	23	clocortolone pivalate	27
carbamazepine oral suspension 100 mg/5ml.....	12	cholestyramine oral.....	23	clomipramine hcl oral	13
carbamazepine oral tablet	12	CHOSEN LANCETS 30G	18	clonazepam oral tablet.....	17
carbamazepine oral tablet chewable 100 mg	12	CHOSEN LANCING DEVICE.....	18	clonazepam oral tablet dispersible	17
carbidopa-levodopa-entacapone.....	16	CHOSEN SAFETY LANCETS 28G	18	clonidine	21
carbidopa-levodopa er	16	ciclodan	13	clonidine hcl er.....	23
carbidopa-levodopa oral tablet.....	16	ciclopirox external	13	clonidine hcl oral.....	21
carbidopa-levodopa oral tablet dispersible	16	ciclopirox olamine external.....	13	clopidogrel bisulfate oral.....	21
carbidopa oral	16	cilostazol	21	clorazepate dipotassium	17
carbinoxamine maleate oral solution ..	38	cimetidine hcl.....	25	clotrimazole-betamethasone external cream	13
carbinoxamine maleate oral tablet 4 mg.....	38	cimetidine oral.....	25	clotrimazole-betamethasone external lotion	13
CARESENS CONTROL SOLUTION A/B.....	18	CIMZIA	32	clotrimazole mouth/throat.....	13
CARESENS LANCETS 30G.....	18	CIMZIA (2 SYRINGE).....	32	clozapine oral tablet.....	16
CARESENS N PLUS BT	18	CIMZIA-STARTER	32	clozapine oral tablet dispersible	16
CARETOUCH CONTROL SOL LEVEL 2	18	cinacalcet hcl	35	codeine sulfate	10
CARETOUCH LANCING/EJECTOR.....	18	ciprofloxacin-dexamethasone	37	colchicine oral tablet	14
CARETOUCH TEST.....	18	CIPROFLOXACIN-FLUOCINOLONE PF37	37	colchicine-probenecid	14
carglumic acid	24	ciprofloxacin hcl ophthalmic.....	37	colesevelam hcl.....	23
carisoprodol oral tablet 350 mg.....	39	ciprofloxacin hcl oral	11	colestipol hcl oral granules	23
carteolol hcl.....	37	ciprofloxacin hcl otic	37	colestipol hcl oral packet.....	23
cartia xt	21	citalopram hydrobromide oral solution 10 mg/5ml.....	12	colestipol hcl oral tablet.....	23
carvedilol.....	21	citalopram hydrobromide oral tablet ..	13	COMETRIQ.....	15
CAYA.....	35	citroma.....	25		
cefaclor er.....	11	claravis	24		
cefaclor oral capsule.....	11	clarithromycin er.....	11		
cefadroxil oral capsule.....	11				

COMFORT EZ PRO PEN NEEDLES.....	35	DAPTACEL.....	33	diazepam rectal.....	12
COMFORT TOUCH TWIST LANCET		darifenacin hydrobromide er.....	26	diazoxide oral.....	20
30G.....	18	darunavir.....	17	diclofenac-misoprostol.....	9
COMIRNATY.....	33	dasatinib.....	15	diclofenac potassium oral tablet 50 mg	9
COMIRNATY 5-11 YEARS.....	33	dasetta 1/35 (28).....	28	diclofenac sodium er.....	9
CONDOMS.....	35	dasetta 7/7/7.....	28	diclofenac sodium external gel 3 %	14
constulose.....	25	DAYBUE.....	23	diclofenac sodium ophthalmic.....	37
CONTOUR CONTROL SOLUTION.....	18	daysee.....	28	diclofenac sodium oral.....	9
CONTOUR MONITOR KIT W/DEVICE	18	deblitane.....	31	dicloxacillin sodium.....	11
CONTOUR NEXT CONTROL		deferasirox granules.....	24	dicyclomine hcl oral capsule.....	25
SOLUTION.....	18	deferasirox oral packet.....	24	dicyclomine hcl oral solution 10	
CONTOUR NEXT EZ KIT W/DEVICE ...	18	deferasirox oral tablet.....	24	mg/5ml.....	25
CONTOUR NEXT GEN MONITOR KIT		deferasirox oral tablet soluble.....	24	dicyclomine hcl oral tablet 20 mg.....	25
W/DEVICE.....	18	deflazacort.....	27	diflorasone diacetate external cream.	27
CONTOUR NEXT GEN TEST STRIPS ...	18	delyla.....	28	diflunisal oral.....	9
CONTOUR NEXT LINK KIT W/DEVICE ..	18	demeclocycline hcl.....	12	difluprednate.....	37
CONTOUR NEXT MONITOR KIT W/		DENGVAXIA.....	33	digoxin oral solution.....	22
DEVICE.....	18	DEPO-SUBQ PROVERA 104.....	31	digoxin oral tablet 62.5 mcg.....	22
CONTOUR NEXT ONE KIT.....	18	DESCOVY ORAL TABLET 200-25 MG..	17	digoxin oral tablet 125 mcg, 250 mcg..	22
CONTOUR PLUS BLUE KIT W/DEVICE ..	18	desipramine hcl oral.....	13	dihydroergotamine mesylate injection	14
CONTOUR PLUS TEST STRIP.....	18	desloratadine oral tablet.....	38	DILANTIN ORAL CAPSULE 30 MG.....	12
CONTOUR TEST STRIPS.....	18	desmopressin ace spray refrig.....	28	diltiazem hcl er beads.....	22
CORLANOR ORAL SOLUTION.....	22	desmopressin acetate injection.....	28	diltiazem hcl er coated beads.....	22
CORTIFOAM.....	34	desmopressin acetate oral.....	28	diltiazem hcl er oral capsule	
CORTISPORIN-TC.....	37	desmopressin acetate pf.....	28	extended release 12 hour.....	22
COTELLIC.....	15	desmopressin acetate spray.....	28	diltiazem hcl er oral capsule	
CREON.....	26	desogestrel-ethinyl estradiol.....	28	extended release 24 hour.....	22
CRESEMBA ORAL.....	13	desonide external cream.....	27	diltiazem hcl er oral tablet extended	
cromolyn sodium inhalation.....	38	desonide external lotion.....	27	release 24 hour.....	22
cromolyn sodium ophthalmic.....	37	desonide external ointment.....	27	diltiazem hcl oral.....	22
cromolyn sodium oral.....	25	desoximetasone external.....	27	dilt-xr.....	22
CROTAN.....	15	desvenlafaxine succinate er.....	13	dimethyl fumarate oral.....	23
cryselle-28.....	28	dexamethasone intensol.....	27	dimethyl fumarate starter pack.....	23
cyanocobalamin injection solution		dexamethasone oral elixir.....	27	DIPENTUM.....	34
1000 mcg/ml.....	25	dexamethasone oral solution.....	27	diphenhydramine hcl oral elixir.....	38
CYANOCOBALAMIN INJECTION		dexamethasone oral tablet.....	27	diphenoxylate-atropine oral liquid ...	25
SOLUTION 2000 MCG/ML.....	25	dexamethasone sodium phosphate		diphenoxylate-atropine oral tablet ...	25
cyclobenzaprine hcl oral.....	39	ophthalmic.....	37	dipyridamole oral.....	21
CYCLOMYDRIL.....	37	DEXCOM G6 RECEIVER.....	18	disopyramide phosphate.....	21
cyclopentolate hcl ophthalmic.....	37	DEXCOM G6 SENSOR.....	18	disulfiram oral.....	10
cyclophosphamide oral capsule.....	14	DEXCOM G6 TRANSMITTER.....	18	DIURIL.....	22
CYCLOPHOSPHAMIDE ORAL TABLET ..	14	DEXCOM G7 RECEIVER.....	18	divalproex sodium er.....	17
cycloserine oral.....	14	DEXCOM G7 SENSOR.....	18	divalproex sodium oral.....	17
cyclosporine modified oral capsule...	32	dexmethylphenidate hcl.....	23	dofetilide.....	21
cyclosporine modified oral solution ..	32	dexmethylphenidate hcl er.....	23	dolishale.....	28
cyclosporine ophthalmic.....	37	dextroamphetamine sulfate er.....	23	donepezil hcl oral tablet 10 mg, 5 mg..	12
cyclosporine oral.....	32	dextroamphetamine sulfate oral		donepezil hcl oral tablet dispersible ..	12
cyproheptadine hcl oral.....	38	solution.....	23	dorzolamide hcl ophthalmic.....	37
cyred eq.....	28	dextroamphetamine sulfate oral		dorzolamide hcl-timolol mal.....	37
CYSTAGON.....	26	tablet 10 mg, 5 mg.....	23	dorzolamide hcl-timolol mal pf.....	37
CYSTARAN.....	37	DIASTIX REAGENT.....	18	dotti.....	28
dabigatran etexilate mesylate.....	20	diazepam intensol.....	17	DOVATO.....	16
dalfampridine er.....	23	diazepam oral concentrate.....	17	doxazosin mesylate oral.....	21
danazol oral.....	28	diazepam oral solution.....	17	doxepin hcl external.....	24
dantrolene sodium oral.....	39	diazepam oral tablet.....	17	doxepin hcl oral capsule.....	13
dapsone oral.....	14				

doxepin hcl oral concentrate.....	13	EMBECTA AUTOSHIELD DUO	35	erythromycin ethylsuccinate oral suspension reconstituted	11
doxepin hcl oral tablet	39	EMBECTA INS SYR U/F 1/2 UNIT	35	erythromycin external	24
doxycycline hyclate oral capsule	12	EMBECTA INSULIN SYRINGE.....	35	erythromycin ophthalmic	37
doxycycline hyclate oral tablet 100 mg, 20 mg	12	EMBECTA INSULIN SYRINGE U-100 ..	35	erythromycin oral.....	11
doxycycline monohydrate oral capsule 100 mg, 50 mg	12	EMBECTA INSULIN SYRINGE U-500 ..	35	escitalopram oxalate oral solution 5 mg/5ml.....	13
doxycycline monohydrate oral suspension reconstituted	12	EMBECTA INSULIN SYR ULTRAFINE ..	35	escitalopram oxalate oral tablet	13
doxycycline monohydrate oral tablet ..	12	EMBECTA PEN NEEDLE NANO	35	ESKATA	24
dronabinol	13	EMBECTA PEN NEEDLE NANO 2 GEN.	35	eslicarbazepine acetate	12
DROPLET MICRON	35	EMBECTA PEN NEEDLE ULTRAFINE ..	35	esomeprazole magnesium oral capsule delayed release	26
DROPSAFE ACTI-LANCE 23G	18	EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM.....	35	estarylla	29
DROPSAFE ALCOHOL PREP.....	35	EMBRACE WAVE BLOOD GLUCOSE IN VITRO	18	estazolam	17
DROPSAFE SAFETY SYRINGE/ NEEDLE	35	EMGALITY	14	estradiol-norethindrone acet	29
drospiren-eth estrad-levomefol.....	28	EMSAM	12	estradiol oral	29
drospirenone-ethinyl estradiol.....	29	emtricitabine	17	estradiol transdermal patch twice weekly.....	29
DROXIA.....	14	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167- 250 mg	17	estradiol transdermal patch weekly...	29
DUAVEE	29	emtricitabine-tenofovir df oral tablet 200-300 mg	17	estradiol vaginal cream.....	29
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	13	emtricitab- rilpivir-tenofov df.....	16	estradiol vaginal tablet	29
DUOPA	16	EMVERM	15	estradiol valerate intramuscular	29
DUPIXENT.....	24	emzahh.....	31	ESTRING	29
DUREX EXTRA SENSITIVE THIN.....	35	enalapril-hydrochlorothiazide.....	22	eszopiclone	39
DUREX TROPICAL	35	enalapril maleate oral tablet	21	ethacrynic acid	22
dutasteride oral.....	27	ENCARE	27	ethambutol hcl oral.....	14
EASIVENT	35	endocet	10	ethosuximide oral.....	12
EASY COMFORT SHARPS CONTAINER	35	ENFLONIA	33	ethynodiol diac-eth estradiol.....	29
EASYMAX 15 LEVEL 2-3 CONTROL.....	18	ENGERIX-B.....	33	etodolac.....	9
EASY MAX BLOOD GLUCOSE TEST.....	18	enilloring	29	etodolac er.....	9
EASYMAX CONTROL.....	18	enoxaparin sodium	20	etonogestrel-ethinyl estradiol.....	29
EASY MAX T1 GLUCOSE SYSTEM.....	18	enpresse-28.....	29	etoposide oral.....	15
EASY TOUCH HEALTHPRO GLUCOSE ..	18	enskyce.....	29	etravirine	16
EASY TOUCH HEALTHPRO HIGH/LOW	18	entacapone	16	everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	15
econazole nitrate external.....	13	entecavir	16	EVOTAZ.....	17
econtra one-step	31	ENTRESTO ORAL CAPSULE SPRINKLE	22	EXELDERM.....	13
EDURANT	16	enulose.....	25	exemestane	15
EDURANT PED	16	EPIDIOLEX.....	12	ezetimibe	23
efavirenz	16	epinastine hcl	37	ezetimibe-simvastatin.....	23
efavirenz-emtricitab-tenofo df	16	epinephrine injection solution auto- injector	38	falmina	29
efavirenz-lamivudine-tenofovir	16	eplerenone.....	22	famciclovir oral	17
EFFER-K ORAL TABLET		ergocalciferol oral capsule	25	famotidine oral suspension reconstituted	25
EFFERVESCENT 10 MEQ, 20 MEQ	24	ERGOMAR.....	14	famotidine oral tablet 20 mg, 40 mg..	25
effer-k oral tablet effervescent 25 meq	24	ergotamine-caffeine	14	FARXIGA.....	19
eletriptan hydrobromide	14	ERLEADA	14	FC2 FEMALE CONDOM.....	35
ELIGARD	32	erlotinib hcl	15	febuxostat	14
elinest	29	errin	31	feirza 1.5/30	29
ELIQUIS.....	20	ery pad 2%.....	24	feirza 1/20.....	29
ELIQUIS DVT/PE STARTER PACK	20	erythromycin base oral capsule delayed release particles	11	felbamate	12
elixophyllin	38	erythromycin base oral tablet.....	11	felodipine er.....	22
ELLA.....	31	erythromycin base oral tablet delayed release	11	FEMCAP.....	35
ELMIRON.....	27			FEMLYV.....	29
eltrombopag olamine	21			fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg.....	22
elur yng	29				

fenofibrate oral capsule 134 mg, 200 mg, 67 mg	22	fluticasone propionate nasal	38	furosemide oral tablet	22
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	22	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	38	FUZEON	17
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	9	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	38	fyavolv.	29
FERRIC CITRATE	24	fluvastatin sodium	22	FYCOMPA ORAL SUSPENSION	12
fesoterodine fumarate er.	26	fluvoxamine maleate	13	gabapentin oral capsule	12
FETZIMA	13	fluvoxamine maleate er	13	gabapentin oral solution 250 mg/5ml ..	12
finasteride oral tablet 5 mg	27	FLUZONE HIGH-DOSE	33	gabapentin oral tablet 600 mg, 800 mg	12
fingolimod hcl	23	FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ..	33	galantamine hydrobromide er	12
finzala	29	folic acid oral tablet 1 mg	25	galantamine hydrobromide oral solution	12
flavoxate hcl	26	folic acid oral tablet 400 mcg, 800 mcg	25	galantamine hydrobromide oral tablet ..	12
flecainide acetate	21	fondaparinux sodium	21	galbriela	29
FLEXICHAMBER	36	FORA 6 CONNECT/GTEL TEST	18	gallifrey	31
FLEXICHAMBER ADULT MASK/SMALL ..	36	FORA TEST N'GO ADV-VOICE-6 CON ..	18	GALZIN	24
FLEXICHAMBER CHILD MASK/LARGE ..	36	formoterol fumarate inhalation	38	GARDASIL 9	33
FLEXICHAMBER CHILD MASK/SMALL ..	36	fosamprenavir calcium	17	gatifloxacin ophthalmic	37
FLUAD	33	fosfomycin tromethamine	11	gavilax oral powder	25
FLUARIX	33	fosinopril sodium	21	gavilyte-c.	25
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ..	33	fosinopril sodium-hctz	22	gavilyte-g	25
fluconazole oral	13	FOSRENOL ORAL PACKET	24	gavilyte-n with flavor pack.	26
flucytosine oral	13	FRAGMIN	21	gefitinib	15
fludrocortisone acetate oral	27	FREESTYLE LIBRE 2 PLUS SENSOR ...	18	gemfibrozil oral	22
FLULAVAL	33	FREESTYLE LIBRE 2 READER	18	gemmily	29
FLUMIST	33	FREESTYLE LIBRE 2 SENSOR	18	generlac	26
flunisolide nasal	38	FREESTYLE LIBRE 3 PLUS SENSOR ...	18	gengraf oral capsule	32
fluocinolone acetonide body	27	FREESTYLE LIBRE 3 READER	18	gengraf oral solution	32
fluocinolone acetonide external	27	FREESTYLE LIBRE 3 SENSOR	18	gentamicin sulfate external	11
fluocinolone acetonide otic	37	FREESTYLE LIBRE 14 DAY READER ..	18	gentamicin sulfate ophthalmic	36
fluocinolone acetonide scalp	27	FREESTYLE LIBRE 14 DAY SENSOR ..	18	gentle laxative oral tablet delayed release	26
fluocinonide emulsified base	27	FREESTYLE LIBRE READER	18	GENVOYA	16
fluocinonide external cream 0.05 % ..	27	FREESTYLE PRECISION NEO SYSTEM ..	18	GILOTTRIF	15
fluocinonide external gel	27	FREESTYLE PRECISION NEO TEST STRIPS	18	glatiramer acetate	23
fluocinonide external ointment	27	FREESTYLE TEST STRIPS	19	glatopa	23
fluocinonide external solution	27	FRESKARO MAGNESIUM CITRATE	25	GLEOSTINE	14
fluorometholone	37	frovatriptan succinate	14	glimepiride oral tablet 1 mg, 2 mg, 4 mg	19
FLUOROURACIL EXTERNAL CREAM 0.5 %	14	ft acid reducer oral capsule delayed release 15 mg	26	glipizide er	19
fluorouracil external cream 5 %	15	ft aspirin low dose	9	glipizide ir	19
fluorouracil external solution	15	ft aspirin oral tablet chewable	9	glipizide-metformin hcl	19
fluoxetine hcl oral capsule	13	ft clearlax	25	glucagon emergency kit	20
fluoxetine hcl oral capsule delayed release	13	ft folic acid	25	GLUCAGON EMERGENCY KIT	20
fluoxetine hcl oral solution	13	ft glucose	20	GLUCOCARD EXPRESSION TEST	19
fluoxetine hcl oral tablet 10 mg, 20 mg ..	13	ft laxative	25	GLUCOCARD SHINE TEST	19
fluphenazine hcl oral	16	ft magnesium citrate	25	GLUCOCARD VITAL TEST	19
flurandrenolide	27	ft naloxone hcl	10	GLUCOSE CONTROL SOLUTIONS	19
flurazepam hcl	39	ft nicotine	10	GLUCO TO GO	20
flurbiprofen oral tablet 100 mg	9	ft nicotine mini	10	glyburide-metformin	19
flurbiprofen sodium	37	furosemide oral solution	22	glyburide micronized	19
fluticasone propionate external cream ..	27			glyburide oral	19
fluticasone propionate external ointment	27			glycolax	26
				glycopyrrolate oral tablet 1 mg, 2 mg ..	25
				glydo	10
				GOODSENSE ALCOHOL SWABS	36

goodsense aspirin low dose	9	HYCANTIN ORAL	15	INCRELEX.....	28
goodsense lansoprazole oral capsule delayed release	26	hydralazine hcl oral	23	INCRUSE ELLIPTA	38
goodsense nicotine mouth/throat gum	10	hydrochlorothiazide oral	22	indapamide	22
goodsense nicotine mouth/throat lozenge 4 mg.	10	hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml	10	indomethacin er	9
granisetron hcl oral	13	hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	10	indomethacin oral capsule	9
griseofulvin microsize oral.	13	hydrocodone bitartrate er oral capsule extended release 12 hour	9	INFANRIX	34
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	13	hydrocodone bit-homatrop mbr	39	INGREZZA.....	23
guaifenesin-codeine.....	39	hydrocodone-ibuprofen.....	10	INLYTA.....	15
guanfacine hcl	21	hydrocod poli-chlorphe poli er	39	INPEN 100-BLUE-LILLY-HUMALOG....	19
guanfacine hcl er	23	hydrocortisone ace-pramoxine external cream 1-1 %.....	34	INPEN 100-BLUE-NOVOLOG-FIASP ..	19
GVOKE HYOPEN 1-PACK	20	hydrocortisone-acetic acid.....	37	INPEN 100-GREY-LILLY-HUMALOG....	19
GVOKE HYOPEN 2-PACK.....	20	hydrocortisone butyrate external cream	27	INPEN 100-GREY-NOVOLOG-FIASP ..	19
GVOKE KIT	20	hydrocortisone butyrate external ointment	27	INPEN 100-PINK-LILLY-HUMALOG	19
GVOKE PFS.....	20	hydrocortisone butyrate external solution.....	27	INPEN 100-PINK-NOVOLOG-FIASP....	19
GYNAZOLE-1.....	13	hydrocortisone external cream 2.5 % ..	27	INSPIREASE RESERVOIR BAGS.....	36
habitrol	10	hydrocortisone external lotion 2.5 % ..	27	INSTA-GLUCOSE.....	20
HADLIMA.....	32	hydrocortisone external ointment 1 %, 2.5 %	27	INSULIN ASPART PROT & ASPART.....	20
HADLIMA PUSH TOUCH.....	32	hydrocortisone oral.....	27	INSULIN DEGLUDEC	20
HAEGARDA.....	32	hydrocortisone (perianal) external cream 2.5 %.....	34	INSULIN DEGLUDEC FLEXTOUCH....	20
hailey 1.5/30.....	29	hydrocortisone rectal.....	34	INSULIN LISPRO	20
hailey 24 fe	29	hydrocortisone valerate	27	INSULIN LISPRO (1 UNIT DIAL)	20
hailey fe 1.5/30	29	hydromet.....	39	INSULIN LISPRO JUNIOR KWIKPEN ..	20
hailey fe 1/20.....	29	hydromorphone hcl er.....	9	INSULIN LISPRO PROT & LISPRO	20
halobetasol propionate external cream	27	hydromorphone hcl oral liquid	10	INSULIN PEN NEEDLES 29G X 12.7MM, 29G X 12MM, 29G X 4MM , 29G X 5MM, 29G X 8MM, 30G X 5 MM, 30G X 8 MM, 31G X 4 MM, 31G X 5 MM, 31G X 6 MM, 31G X 8 MM, 32G X 4 MM, 32G X 5 MM, 32G X 6 MM, 32G X 8 MM, 33G X 4 MM, 33G X 5 MM, 33G X 6 MM.....	36
halobetasol propionate external ointment	27	hydroxychloroquine sulfate oral tablet 100 mg, 200 mg	15	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" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 1 ML.....	36
haloette	29	hydroxyurea oral	14	INSUPEN32G EXTR3ME	36
haloperidol lactate oral concentrate 2 mg/ml	16	hydroxyzine hcl oral.....	17	INTELENCE ORAL TABLET 25 MG.....	16
haloperidol oral	16	hydroxyzine pamoate oral	17	introvale.....	29
HAVRIX	33	HYPERSAL	39	INVELTYS.....	37
heather.....	31	ibandronate sodium oral	35	IOPIDINE.....	37
heparin sodium (porcine)	21	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	9	IPOL	34
heparin sodium (porcine) pf	21	icatibant acetate.....	32	ipratropium-albuterol	39
HEPLISAV-B	34	iclevia.....	29	ipratropium bromide inhalation.....	38
her style	31	icosapent ethyl.....	23	ipratropium bromide nasal	38
HIBERIX	34	IHEALTH BLOOD GLUCOSE TEST STR ..	19	irbesartan	21
HUMALOG KWIKPEN	20	IHEALTH CONTROL SOLUTION	19	irbesartan-hydrochlorothiazide.....	22
HUMALOG MIX 50/50 KWIKPEN	20	IHEALTH LANCING DEVICE	19	ISENTRESS ORAL PACKET.....	16
HUMALOG MIX 75/25 KWIKPEN.....	20	imatinib mesylate oral	15	isibloom	29
HUMALOG MIX 75/25 VIAL.....	20	IMBRUVICA	15	isoniazid oral syrup	14
HUMALOG SUBCUTANEOUS	20	imipramine hcl oral	13	isoniazid oral tablet	14
HUMALOG U-100 JUNIOR KWIKPEN..	20	imipramine pamoate	13		
HUMATIN.....	11	imiquimod external cream 5 %	24		
HUMULIN 70/30 KWIKPEN	20	incassia.....	31		
HUMULIN 70/30 VIAL	20				
HUMULIN N KWIKPEN	20				
HUMULIN N VIAL	20				
HUMULIN R U-500 KWIKPEN.....	20				
HUMULIN R U-500 VIAL	20				
HUMULIN R VIAL.....	20				

isosorb dinitrate-hydralazine.....	22	KRISTALOSE.....	26	levonest.....	29
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg.....	23	kurvelo.....	29	levonorgest-eth est & eth est.....	29
isosorbide mononitrate.....	23	labetalol hcl oral.....	21	levonorgest-eth estrad 91-day.....	29
isosorbide mononitrate er.....	23	lacosamide oral solution.....	12	levonorgest-eth estradiol-iron.....	29
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg.....	24	lacosamide oral tablet.....	12	levonorgestrel.....	31
isradipine.....	22	lactulose encephalopathy.....	26	levonorgestrel-ethinyl estrad.....	30
itraconazole oral.....	13	lactulose oral packet.....	26	levonorg-eth estrad triphasic.....	29
ivabradine hcl.....	22	lactulose oral solution.....	26	levora 0.15/30 (28).....	30
ivermectin external cream.....	24	LAGEVRIO.....	17	levo-t.....	32
ivermectin oral tablet 3 mg.....	15	lamivudine oral solution 10 mg/ml.....	17	levothyroxine sodium oral tablet.....	32
jaimiess.....	29	lamivudine oral tablet 100 mg.....	16	levoxyl.....	32
JAKAFI.....	15	lamivudine oral tablet 150 mg, 300 mg.....	17	lidocaine external patch 5 %.....	10
jantoven.....	21	lamivudine-zidovudine.....	17	lidocaine hcl external solution.....	10
JARDIANCE.....	20	lamotrigine oral tablet.....	12	lidocaine hcl mouth/throat.....	10
jasmiel.....	29	lamotrigine oral tablet chewable.....	12	lidocaine hcl urethral/mucosal.....	10
jaythari.....	27	LANCETS.....	19	lidocaine-prilocaine external cream.....	10
jencycla.....	31	LANCETS 28G THIN.....	19	lidocaine viscous hcl.....	10
jinteli.....	29	LANCETS SUPER THIN.....	19	linezolid oral suspension reconstituted.....	11
jolessa.....	29	lansoprazole oral capsule delayed release.....	26	linezolid oral tablet.....	11
joyeaux.....	29	lanthanum carbonate.....	24	LINZESS.....	25
juleber.....	29	larin 1.5/30.....	29	liomny.....	32
JULUCA.....	16	larin 1/20.....	29	liothyronine sodium oral.....	32
junel 1.5/30.....	29	larin 24 fe.....	29	lisinopril-hydrochlorothiazide.....	22
junel 1/20.....	29	larin fe 1.5/30.....	29	lisinopril oral.....	21
junel fe 1.5/30.....	29	larin fe 1/20.....	29	lithium.....	17
junel fe 1/20.....	29	LASTACRAFT.....	37	lithium carbonate er.....	17
junel fe 24.....	29	latanoprost ophthalmic.....	37	lithium carbonate oral.....	17
kaitlib fe.....	29	LEDIPASVIR-SOFOSBUVIR.....	16	lojaimiess.....	30
kalliga.....	29	leena.....	29	LOKELMA.....	24
kariva.....	29	leflunomide oral.....	33	LO LOESTRIN FE.....	30
kelnor 1/35.....	29	lenalidomide.....	14	loperamide hcl oral capsule.....	25
ketoconazole external cream.....	13	LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG.....	15	lopinavir-ritonavir.....	17
ketoconazole external shampoo.....	13	lessina.....	29	lorazepam intensol.....	17
ketoconazole oral.....	13	letrozole oral.....	15	lorazepam oral concentrate 2 mg/ml.....	17
KETO-DIASTIX.....	19	leucovorin calcium oral.....	15	lorazepam oral tablet.....	17
KETONE CARE.....	19	LEUKERAN.....	14	LORBRENA.....	15
ketoprofen er.....	9	leuprolide acetate injection.....	32	loryna.....	30
ketoprofen oral.....	9	levalbuterol hcl inhalation.....	38	losartan potassium-hctz.....	22
ketorolac tromethamine ophthalmic.....	37	levetiracetam er.....	12	losartan potassium oral.....	21
ketorolac tromethamine oral.....	9	levetiracetam oral solution.....	12	LOTEMAX OPHTHALMIC OINTMENT.....	37
KETOSTIX.....	19	levetiracetam oral tablet.....	12	LOTEMAX SM.....	37
KISQALI (200 MG DOSE).....	15	levobunolol hcl.....	37	loteprednol etabonate ophthalmic suspension 0.5 %.....	37
KISQALI (400 MG DOSE).....	15	levocarnitine oral solution.....	24	lovastatin oral.....	22
KISQALI (600 MG DOSE).....	15	levocarnitine oral tablet.....	24	low-ogestrel.....	30
klayesta.....	13	levocarnitine sf.....	24	loxapine succinate.....	16
klor-con 10.....	24	levocetirizine dihydrochloride oral solution.....	38	lo-zumandimine.....	30
klor-con/ef.....	24	levocetirizine dihydrochloride oral tablet.....	38	lubiprostone.....	25
klor-con m10.....	24	levofloxacin ophthalmic.....	37	LULICONAZOLE.....	13
klor-con m15.....	24	levofloxacin oral solution.....	11	LUMIGAN.....	37
klor-con m20.....	24	levofloxacin oral tablet.....	11	lurasidone hcl.....	16
klor-con oral packet.....	24			lutra.....	30
klor-con oral tablet extended release.....	24			lyleq.....	31
KRINTAFEL.....	15			lyllana.....	30
				LYNPARZA.....	15

LYSODREN	32	methotrexate sodium	32	MITOSOL.....	37
lyza	31	methotrexate sodium (pf).....	32	mm aspirin	9
magnesium citrate oral solution	26	methoxsalen rapid	24	MM BLOOD GLUCOSE SYSTEM	19
malathion	15	methscopolamine bromide oral.....	25	MM BLULINK GLUCOSE TEST	19
maraviroc	17	methsuximide	12	mm clearlax.....	26
marlissa	30	methyl dopa	21	M-M-R II.....	34
MARPLAN	12	methylergonovine maleate oral.....	36	M-NATAL PLUS	25
MATULANE.....	14	methylphenidate hcl er (cd).....	23	MOBILE LANCETS 30G.....	19
matzim la.....	22	methylphenidate hcl er (la).....	23	modafinil oral	39
maxi-tuss ac.....	39	methylphenidate hcl er oral tablet extended release	23	MODERNA COVID-19 VAC 6M-11Y	34
meclizine hcl oral tablet 25 mg.....	13	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg.....	23	moexipril hcl	21
meclizine hcl oral tablet 50 mg	13	methylphenidate hcl oral solution	23	mometasone furoate external	27
meclofenamate sodium oral	9	methylphenidate hcl oral tablet.....	23	mometasone furoate nasal.....	39
medroxyprogesterone acetate intramuscular suspension	31	methylphenidate hcl oral tablet chewable.....	23	mono-lynyah	30
medroxyprogesterone acetate intramuscular suspension prefilled syringe	31	methylprednisolone oral	27	montelukast sodium oral.....	38
medroxyprogesterone acetate oral....	31	methyltestosterone oral.....	28	morphine sulfate (concentrate) oral solution 100 mg/5ml	10
mefenamic acid oral.....	9	metoclopramide hcl oral solution 5 mg/5ml.....	13	morphine sulfate er oral tablet extended release	9
mefloquine hcl	15	metoclopramide hcl oral tablet	13	morphine sulfate oral solution	10
megestrol acetate oral suspension 40 mg/ml.....	31	metolazone	22	morphine sulfate oral tablet.....	10
megestrol acetate oral suspension 625 mg/5ml.....	31	metoprolol-hydrochlorothiazide	22	MOTOFEN.....	25
megestrol acetate oral tablet	31	metoprolol succinate er	21	MOUNJARO	20
meleya	31	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg.....	21	moxifloxacin hcl (2x day)	37
meloxicam oral tablet	9	metronidazole external cream	24	moxifloxacin hcl ophthalmic	37
memantine hcl oral solution 2 mg/ml. 12		metronidazole external gel 0.75 %	24	moxifloxacin hcl oral.....	11
memantine hcl oral tablet.....	12	metronidazole external lotion.....	24	MULTAQ	21
MENQUADFI	34	metronidazole oral tablet 250 mg, 500 mg.....	11	mupirocin cream.....	11
MENVEO	34	metronidazole vaginal.....	11	mupirocin ointment	11
meprobamate.....	17	mexiletine hcl oral	21	MYALEPT.....	26
mercaptopurine oral tablet.....	14	mibelas 24 fe.....	30	my choice	31
merzee	30	miconazole 3.....	13	mycophenolate mofetil oral capsule..	32
mesalamine-cleanser.....	34	MICRODOT TEST.....	19	mycophenolate mofetil oral suspension reconstituted	32
mesalamine er oral capsule 0.375 gm. 34		microgestin 1.5/30	30	mycophenolate mofetil oral tablet....	32
mesalamine oral tablet delayed release 1.2 gm.....	34	microgestin 1/20.....	30	mycophenolate sodium	32
mesalamine rectal	34	microgestin fe 1.5/30	30	mycophenolic acid.....	32
mesna oral	15	microgestin fe 1/20.....	30	MYLERAN	14
metaxalone oral tablet 800 mg	39	MICROLET NEXT LANCING DEVICE ..	19	my way	31
metformin hcl er.....	20	midodrine hcl	21	nabumetone oral	9
metformin hcl oral solution	20	MIFEPREX.....	28	nadolol oral	21
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	20	MIGERGOT.....	14	naftifine hcl external cream.....	13
methadone hcl intensol	9	mili	30	naloxone hcl injection	10
methadone hcl oral concentrate.....	9	mimvey.....	30	naloxone hcl nasal	10
methadone hcl oral solution	9	minocycline hcl oral capsule	12	naltrexone hcl oral	10
methadone hcl oral tablet.....	9	minoxidil oral.....	23	naproxen dr	9
methamphetamine hcl.....	23	minzoya	30	naproxen oral suspension	9
methazolamide oral	22	MIRALAX.....	26	naproxen oral tablet.....	9
methenamine hippurate	11	mirtazapine oral tablet	12	naproxen oral tablet delayed release ...	9
methimazole oral	32	mirtazapine oral tablet dispersible....	12	naproxen sodium oral tablet 275 mg, 550 mg	9
methocarbamol oral tablet 500 mg, 750 mg	39	misoprostol oral.....	26	naratriptan hcl	14

nateglinide	20	nitrofurantoin macrocrystal oral capsule 25 mg.....	11	nystatin mouth/throat.....	13
NAYZILAM.....	12	nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg.....	11	nystatin oral.....	13
nebivolol hcl.....	21	nitrofurantoin monohydrate macrocrystals.....	11	nystatin-triamcinolone.....	13
NEBUSAL.....	39	nitrofurantoin oral suspension 25 mg/5ml.....	11	nystop.....	13
necon 0.5/35 (28).....	30	nitroglycerin rectal.....	23	ocella.....	30
nefazodone hcl.....	13	nitroglycerin sublingual.....	23	octreotide acetate injection.....	32
neomycin-bacitracin zn-polymyx.....	36	nitroglycerin transdermal.....	23	octreotide acetate subcutaneous.....	32
neomycin-polymyxin-dexameth.....	36	NIVA THYROID.....	32	ODEFSEY.....	17
neomycin-polymyxin-gramicidin.....	36	nizatidine.....	25	ofloxacin ophthalmic.....	37
neomycin-polymyxin-hc ophthalmic.....	37	nora-be.....	31	ofloxacin oral.....	11
neomycin-polymyxin-hc otic.....	37	NORDITROPIN FLEXPOR.....	28	ofloxacin otic.....	38
neomycin sulfate oral.....	11	norelgestromin-eth estradiol.....	30	olanzapine-fluoxetine hcl.....	12
NEONATAL COMPLETE.....	25	norethin ace-eth estrad-fe.....	30	olanzapine oral tablet.....	16
NEONATAL PLUS.....	25	norethindrone acetate oral.....	31	olanzapine oral tablet dispersible.....	16
NEO-SYNALAR.....	11	norethindrone acet-ethinyl est.....	30	olmesartan medoxomil-hctz.....	22
NEULASTA.....	21	norethindrone-eth estradiol.....	30	olmesartan medoxomil oral.....	21
NEULASTA ONPRO.....	21	norethindrone oral.....	31	olopatadine hcl nasal.....	38
NEUPRO TRANSDERMAL PATCH 24 HOUR 2 MG/24HR.....	16	norethindrone-ethinyl estrad-fe.....	30	olopatadine hcl ophthalmic solution 0.1 %.....	37
nevirapine.....	16	norethin-eth estradiol-fe.....	30	OLUMIANT.....	32
nevirapine er.....	16	norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg.....	30	omega-3-acid ethyl esters.....	23
new day.....	31	norgestimate-ethinyl estradiol triphasic.....	30	omeprazole oral capsule delayed release 10 mg.....	26
NEXPLANON.....	31	norlyroc.....	31	omeprazole oral capsule delayed release 20 mg, 40 mg.....	26
NEXTSTELLIS.....	30	NORPACE CR.....	21	OMNIPOD 5 DEXCOM INTRO KIT.....	36
niacin (antihyperlipidemic).....	23	nortrel 0.5/35 (28).....	30	OMNIPOD 5 DEXCOM PODS.....	36
niacin er (antihyperlipidemic).....	23	nortrel 1/35 (21).....	30	OMNIPOD 5 LIBRE2 G6 INTRO G5.....	36
niacor.....	23	nortrel 1/35 (28).....	30	OMNIPOD 5 LIBRE PODS.....	36
nicardipine hcl oral.....	22	nortrel 7/7/7.....	30	OMNITROPE.....	28
NICORETTE MINI.....	10	nortriptyline hcl oral capsule.....	13	ondansetron hcl oral.....	13
NICORETTE MOUTH/THROAT GUM 2 MG.....	10	nortriptyline hcl oral solution.....	13	ondansetron odt oral tablet dispersible 4 mg, 8 mg.....	13
NICORETTE MOUTH/THROAT LOZENGE.....	10	NORVIR ORAL PACKET.....	17	ONELAX MAGNESIUM CITRATE.....	26
nicotine mini.....	10	NOVOFINE PEN NEEDLE.....	36	ONE VITE WOMENS PLUS.....	25
nicotine polacrilex mini.....	10	NOVOFINE PLUS PEN NEEDLE.....	36	opcicon one-step.....	32
nicotine polacrilex mouth/throat.....	10	NOVOLOG 70/30 FLEXPEN RELION.....	20	OPILL.....	32
nicotine step 1.....	10	NOVOLOG FLEXPEN.....	20	opium.....	25
nicotine step 2.....	10	NOVOLOG FLEXPEN RELION.....	20	option 2.....	32
nicotine step 3.....	11	NOVOLOG MIX 70/30 FLEXPEN.....	20	OPTIONS GYNOL II CONTRACEPTIVE.....	27
nicotine transdermal kit.....	11	NOVOLOG MIX 70/30 RELION.....	20	ORENITRAM.....	38
nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr.....	11	NOVOLOG MIX 70/30 VIAL.....	20	ORENITRAM MONTH 1.....	38
NICOTROL.....	11	NOVOLOG MIX 70/30 RELION.....	20	ORENITRAM MONTH 2.....	38
NICOTROL NS.....	11	NOVOLOG PENFILL.....	20	ORENITRAM MONTH 3.....	38
nifedipine er.....	22	NOVOLOG ECHO.....	19	ORILISSA.....	32
nifedipine er osmotic release.....	22	np thyroid.....	32	ORKAMBI.....	38
nifedipine oral.....	22	NUBEQA.....	14	orphenadrine-aspirin-caffeine.....	39
nikki.....	30	NUCYNTA ER.....	9	orphenadrine citrate er.....	39
nilutamide.....	14	nyamyc.....	13	orquidea.....	32
nimodipine oral capsule.....	22	nylia 1/35.....	30	oseltamivir phosphate oral.....	17
nisoldipine er.....	22	nylia 7/7/7.....	30	OSPHENA.....	32
nitazoxanide oral.....	15	NYMALIZE.....	22	OTEZLA.....	33
NITRO-BID.....	23	nystatin external cream.....	13	OTOVEL.....	38
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR.....	23	nystatin external ointment.....	13	oxaprozin oral tablet.....	9
		nystatin external powder.....	13	oxazepam.....	17

oxcarbazepine oral suspension.....	12	phenoxybenzamine hcl oral.....	21	prednisolone sodium phosphate oral solution.....	27
oxcarbazepine oral tablet.....	12	phenylephrine hcl ophthalmic.....	37	prednisone intensol.....	27
oxybutynin chloride er.....	26	phenytek.....	12	prednisone oral solution.....	27
oxybutynin chloride oral solution.....	27	phenytoin infatabs.....	12	prednisone oral tablet.....	27
oxybutynin chloride oral tablet 5 mg.....	27	phenytoin oral.....	12	prednisone oral tablet therapy pack.....	27
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg.....	10	phenytoin sodium extended.....	12	pregabalin oral capsule.....	23
oxycodone hcl oral capsule.....	10	PHEXXI.....	36	PREMARIN VAGINAL.....	30
oxycodone hcl oral concentrate.....	10	philith.....	30	prenatal oral tablet 27-1 mg.....	25
oxycodone hcl oral solution.....	10	PHOSPHOLINE IODIDE.....	37	prenatal plus vitamin/mineral.....	25
oxycodone hcl oral tablet.....	10	phytonadione oral.....	25	PRENATRIX.....	25
oxymorphone hcl.....	10	pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %.....	37	PRENATRYL.....	25
oxymorphone hcl er.....	9	pilocarpine hcl oral.....	23	PREPIDIL.....	28
OZEMPIC.....	20	pimecrolimus.....	24	prevalite.....	23
paliperidone er.....	16	pimozide.....	16	PREVNAR 20.....	34
PANRETIN.....	15	pimtrea.....	30	PREZISTA ORAL SUSPENSION.....	17
pantoprazole sodium oral tablet delayed release.....	26	pindolol.....	21	PRIFTIN.....	14
paricalcitol oral.....	35	pioglitazone hcl.....	20	primaquine phosphate.....	15
PARI VORTEX ADULT MASK.....	36	pioglitazone hcl-metformin hcl.....	20	primidone oral.....	12
PARI VORTEX PEDIATRIC MASK.....	36	PIP BLOOD GLUCOSE TEST STRIP.....	19	PRIORIX.....	34
paroxetine hcl er.....	13	PIP GLUCOSE CONTROL SOLUTION.....	19	probenecid.....	14
paroxetine hcl oral suspension.....	13	PIQRAY.....	15	prochlorperazine.....	13
paroxetine hcl oral tablet.....	13	pirfenidone.....	39	prochlorperazine maleate oral.....	13
PAXLOVID (150/100).....	17	piroxicam oral.....	9	procto-med hc.....	34
PAXLOVID (300/100).....	17	PLAN B ONE-STEP.....	32	progesterone intramuscular.....	32
PAXLOVID (300/100 & 150/100).....	17	PLENVU.....	26	progesterone oral.....	32
PEDIARIX.....	34	plerixafor.....	21	promethazine-codeine oral solution.....	39
PEDVAX HIB.....	34	PNEUMOVAX 23.....	34	promethazine-dm.....	39
peg-3350/electrolytes.....	26	pnv 27-ca/fe/fa.....	25	promethazine hcl oral.....	13
peg-3350/electrolytes/ascorbat.....	26	pnv prenatal plus multivit+dha.....	25	promethazine hcl rectal.....	13
peg 3350-kcl-na bicarb-nacl.....	26	podofilox external gel.....	24	promethazine-phenylephrine.....	38
peg 3350 oral powder.....	26	podofilox external solution.....	24	propafenone hcl.....	21
PEGASYS.....	16	polyethylene glycol 3350 oral powder.....	26	propafenone hcl er.....	21
peg-kcl-nacl-nasulf-na asc-c.....	26	polymyxin b-trimethoprim.....	37	proparacaine hcl ophthalmic.....	37
PENBRAYA.....	34	POMALYST.....	14	propranolol hcl er.....	21
penicillamine oral.....	27	portia-28.....	30	propranolol hcl oral.....	21
penicillin v potassium.....	11	posaconazole oral tablet delayed release.....	13	propylthiouracil oral.....	32
PEN NEEDLE/5-BEVEL TIP.....	36	potassium chloride crys er.....	24	PROQUAD.....	34
PENTACEL.....	34	potassium chloride er.....	24	protriptyline hcl.....	13
pentamidine isethionate inhalation.....	15	potassium chloride oral packet.....	24	PRURADIK.....	16
pentazocine-naloxone hcl.....	10	potassium chloride oral solution.....	24	pseudoephedrine-bromphen-dm.....	39
pentoxifylline er.....	22	potassium citrate er.....	24	PTS PANELS EGLU TEST.....	19
PERFECT POINT SAFETY LANCETS.....	19	pramipexole dihydrochloride.....	16	PULMOSAL.....	39
perindopril erbumine.....	21	prasugrel hcl.....	21	PULMOZYME.....	38
periogard.....	23	pravastatin sodium.....	23	PURE COMFORT SAFETY PEN NEEDLE36	
permethrin external.....	15	praziquantel oral.....	15	pyrazinamide oral.....	14
perphenazine-amitriptyline.....	12	prazosin hcl oral.....	21	pyridostigmine bromide er oral tablet extended release.....	14
perphenazine oral.....	13	PRECISION XTRA BLOOD GLUCOSE STRIPS.....	19	pyridostigmine bromide oral solution.....	14
phenazopyridine hcl oral tablet 100 mg, 200 mg.....	27	prednisolone acetate ophthalmic.....	37	pyridostigmine bromide oral tablet 60 mg.....	14
phenelzine sulfate oral.....	12	prednisolone oral solution.....	27	pyrimethamine oral.....	15
phenobarbital oral elixir 20 mg/5ml.....	12	prednisolone oral tablet.....	27	QUADRACEL INTRAMUSCULAR SUSPENSION.....	34
phenobarbital oral tablet.....	12	prednisolone sodium phosphate ophthalmic.....	37	quazepam.....	17

quetiapine fumarate.....	16	rivelsa	30	SLYND	32
quetiapine fumarate er.....	16	rizatriptan benzoate	14	smooth lax oral powder.....	26
QUICK TOUCH BLOOD GLUCOSE.....	19	roflumilast.....	38	sodium chloride inhalation	39
QUICK TOUCH BLOOD GLUCOSE TEST	19	ropinirole hcl	16	sodium fluoride oral	24
QUICK TOUCH INSULIN PEN NEEDLE	36	rosuvastatin calcium oral tablet 10 mg, 5 mg	23	SODIUM OXYBATE	39
quinapril hcl.....	21	rosuvastatin calcium oral tablet 20 mg, 40 mg.....	23	sodium polystyrene sulfonate.....	24
quinapril-hydrochlorothiazide	22	rosyrah	30	SOFOSBUVIR-VELPATASVIR.....	16
quinidine gluconate er.....	21	ROTARIX.....	34	solifenacin succinate	27
quinidine sulfate	21	ROTATEQ	34	SOLQUA.....	20
quinine sulfate	15	roweepra	12	SOMAVERT	32
QVAR REDHALER.....	38	ROZLYTREK	15	sorafenib tosylate.....	15
rabeprazole sodium oral tablet delayed release	26	rufinamide	12	sotalol hcl (af).....	21
RADIOGARDASE	36	RYBELSUS.....	20	sotalol hcl oral.....	21
raloxifene hcl.....	32	sacubitril-valsartan	22	SOTYLIZE	21
ramelteon	39	SAFETY PEN NEEDLES	36	SPIKEVAX	34
ramipril	21	salsalate oral	9	spinosad.....	16
ranolazine er	22	SANTYL.....	24	SPIRIVA RESPIMAT.....	38
rasagiline mesylate oral.....	16	sapropterin dihydrochloride.....	26	spironolactone-hctz.....	22
RAYA SURE PEN NEEDLE	36	SAVELLA	23	spironolactone oral tablet.....	22
react.....	32	SAVELLA TITRATION PACK.....	23	sprintec 28	30
reclipsen	30	saxagliptin hcl.....	20	sronyx	30
RECOMBIVAX HB	34	saxagliptin-metformin er.....	20	ssd.....	11
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 5000 UNIT	21	scopolamine	13	STEQEYMA SUBCUTANEOUS.....	33
RECOTHROM SPRAY KIT.....	21	selegiline hcl oral	16	STIOLTO RESPIMAT	39
RELENZA DISKHALER	17	selenium sulfide external lotion.....	24	STIVARGA	15
RELION GLUCOSE TEST STRIPS	19	sertraline hcl oral concentrate	13	ST JOSEPH LOW DOSE	9
RELISTOR SUBCUTANEOUS.....	25	sertraline hcl oral tablet	13	STRIVERDI RESPIMAT	38
repaglinide.....	20	setlakin.....	30	subvenite.....	12
REPATHA	23	sevelamer carbonate oral packet	24	sucalfate oral suspension.....	26
REPATHA PUSHTRONEX SYSTEM.....	23	sevelamer carbonate oral tablet	24	sucalfate oral tablet.....	26
REPATHA SURECLICK.....	23	sharobel.....	32	SULCONAZOLE NITRATE.....	13
RETACRIT	21	SHARPS COLLECTOR.....	36	sulfacetamide-prednisolone	37
REXTOVY.....	10	SHARPS CONTAINER	36	sulfacetamide sodium (acne)	24
REYATAZ ORAL PACKET	17	SHINGRIX	34	sulfacetamide sodium ophthalmic....	37
REZVOGLAR KWIKPEN	20	SIGNIFOR	32	sulfadiazine oral.....	11
ribavirin oral.....	16	sildenafil citrate oral suspension reconstituted	38	sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml.....	11
RIDAURA	33	sildenafil citrate oral tablet 20 mg	38	sulfamethoxazole-trimethoprim oral tablet.....	11
rifabutin.....	14	silodosin.....	27	SULFAMYLON.....	11
rifampin oral	14	silver sulfadiazine external	11	sulfasalazine oral.....	34
RIGHTEST GT333 GLUCOSE TEST.....	19	SIMBRINZA.....	37	sulfatrim pediatric	11
riluzole	23	simliya	30	sulindac oral.....	9
rimantadine hcl	17	simpesse	30	sumatriptan-naproxen sodium.....	14
RINVOQ	33	SIMPONI	32	sumatriptan nasal.....	14
RINVOQ LQ	33	simvastatin oral	23	sumatriptan succinate oral	14
risedronate sodium oral tablet.....	35	sirolimus oral solution	33	sumatriptan succinate refill subcutaneous solution cartridge	14
risperidone oral solution.....	16	sirolimus oral tablet.....	33	sumatriptan succinate subcutaneous ..	14
risperidone oral tablet	16	SIRTURO	14	sunitinib malate.....	15
risperidone oral tablet dispersible	16	SIVEXTRO ORAL	11	SUNOSI.....	39
ritonavir	17	SKYRIZI PEN	33	syeda	30
rivaroxaban	21	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	24	SYMPROIC	25
rivastigmine.....	12	SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	33	SYNAREL	32
rivastigmine tartrate.....	12			SYNJARDY.....	20

SYNJARDY XR.....	20	tiagabine hcl.....	12	trifluoperazine hcl.....	16
SYNTHROID.....	32	ticagrelor.....	21	trifluridine.....	37
TABLOID.....	14	tilia fe.....	30	trihexyphenidyl hcl.....	16
tacrolimus external.....	24	timolol hemihydrate.....	37	tri-legest fe.....	30
tacrolimus oral.....	33	timolol maleate (once-daily).....	37	tri-lynyah.....	30
tadalafil oral tablet 2.5 mg, 5 mg.....	27	timolol maleate ophthalmic solution.....	37	tri-lo-estarylla.....	30
tadalafil (pah).....	38	timolol maleate oral.....	21	tri-lo-marzia.....	31
tafluprost (pf).....	37	tinidazole oral.....	11	tri-lo-mili.....	31
TAGRISSO.....	15	tiotropium bromide monohydrate.....	38	tri-lo-sprintec.....	31
take action.....	32	TIROSINT-SOL.....	32	trimethobenzamide hcl oral.....	13
TALTZ.....	24	TIVICAY.....	16	trimethoprim oral.....	11
TALZENNA.....	15	tizanidine hcl oral capsule.....	39	tri-mili.....	31
tamoxifen citrate oral tablet 10 mg.....	14	tizanidine hcl oral tablet.....	39	trimipramine maleate oral.....	13
tamoxifen citrate oral tablet 20 mg.....	14	tobramycin-dexamethasone.....	36	TRINATE.....	25
tamsulosin hcl.....	27	tobramycin nebulization solution.....	38	tri-sprintec.....	31
tarina 24 fe.....	30	300 mg/5ml inhalation.....	38	TRIUMEQ.....	17
tarina fe 1/20 eq.....	30	TOBRAMYCIN NEBULIZATION.....	38	tri-vylibra.....	31
tasimelteon.....	39	SOLUTION 300 MG/5ML INHALATION.....	38	tri-vylibra lo.....	31
taysofy.....	30	tobramycin ophthalmic.....	36	tropium chloride.....	27
tazarotene external cream 0.1 %.....	24	TODAY SPONGE.....	27	tropium chloride er.....	27
tazarotene external gel.....	24	tolcapone.....	16	TRUE COMFORT SAFETY PEN NEEDLE.....	36
TECHLITE LANCETS 26G.....	19	tolmetin sodium.....	9	TRUE COVER.....	36
TECHLITE PLUS PEN NEEDLES.....	36	tolterodine tartrate.....	27	TRUE FOLIC ACID ORAL TABLET 1 MG 25.....	25
telmisartan.....	21	tolterodine tartrate er.....	27	TRUE FOLIC ACID ORAL TABLET.....	25
telmisartan-hctz.....	22	tolvaptan tablet 30 mg oral.....	24	400 MCG.....	26
temazepam.....	39	topiramate oral capsule sprinkle.....	12	true laxative.....	26
temozolomide.....	14	topiramate oral tablet.....	12	TRUE METRIX LEVEL 1.....	19
TEMPO WELCOME.....	19	toremifene citrate.....	14	TRUE METRIX LEVEL 2.....	19
TENCON.....	10	torsemide.....	22	TRUE METRIX LEVEL 3.....	19
TENIVAC.....	34	tramadol-acetaminophen.....	10	TRUE METRIX PRO BLOOD GLUCOSE.....	19
tenofovir disoproxil fumarate.....	17	tramadol hcl er.....	10	TRULICITY.....	20
terazosin hcl.....	27	tramadol hcl (er biphasic) oral tablet.....	9	TRUMENBA.....	34
terbinafine hcl oral.....	13	extended release 24 hour.....	9	TRUQAP.....	15
terbutaline sulfate oral.....	38	tramadol hcl oral tablet 50 mg.....	10	turqoz.....	31
terconazole vaginal cream.....	13	trandolapril.....	21	TUXARIN ER.....	39
terconazole vaginal suppository.....	14	tranexamic acid oral.....	21	TWINRIX.....	34
teriflunomide.....	23	tranylcypromine sulfate.....	12	TWIRLA.....	31
testosterone cypionate intramuscular.....	28	travoprost (bak free).....	37	TYBLUME.....	31
testosterone enanthate intramuscular.....	28	trazodone hcl oral.....	13	tydemy.....	31
testosterone transdermal gel 1.62 %,.....	28	TRELEGY ELLIPTA.....	39	TYENNE SUBCUTANEOUS.....	33
20.25 mg/act (1.62%), 50 mg/5gm (1%).....	28	TRESIBA.....	20	TYMLOS.....	35
tetrabenazine.....	23	TRESIBA FLEXTOUCH.....	20	TYVASO.....	38
tetracaine hcl ophthalmic.....	37	tretinoin external cream.....	24	TYVASO DPI INSTITUTIONAL KIT.....	38
tetracycline hcl oral capsule.....	12	tretinoin oral.....	15	TYVASO DPI MAINTENANCE KIT.....	38
THALOMID.....	14	triamcinolone acetonide external.....	27	TYVASO DPI TITRATION KIT.....	38
THEO-24.....	38	cream.....	27	TYVASO REFILL KIT.....	38
theophylline er.....	38	triamcinolone acetonide external.....	28	TYVASO STARTER KIT.....	38
theophylline oral.....	38	ointment 0.025 %, 0.1 %, 0.5 %.....	28	UBRELVY.....	14
thioridazine hcl oral.....	16	triamcinolone acetonide mouth/.....	24	UNIFINE OTC PEN NEEDLES.....	36
thiothixene.....	16	throat.....	24	UNIFINE PROTECT PEN NEEDLE.....	36
THROMBIN-JMI EPISTAXIS.....	21	triamterene-hctz.....	22	UNISTRIP CONTROL IN VITRO.....	19
THROMBIN-JMI EXTERNAL KIT.....	21	triazolam.....	39	SOLUTION LOW.....	19
THYQUIDITY.....	32	triderm.....	28	unithroid.....	32
thyroid oral.....	32	tri-estarylla.....	30	ursodiol oral capsule 300 mg.....	25
tiadylt er.....	22			ursodiol oral tablet.....	25

VABRINTY SUBCUTANEOUS KIT 45 MG.....	32	vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit.....	25	yuvaferm.....	31
valacyclovir hcl oral.....	17	VITATHELY WITH GINGER.....	25	zafemy.....	31
valganciclovir hcl oral solution reconstituted.....	16	VITRAKVI.....	15	zafirlukast.....	38
valganciclovir hcl oral tablet.....	16	VIVAGUARD INO CONTROL SOLUTION.....	19	zaleplon.....	39
valproic acid oral capsule.....	12	VIVAGUARD INO TEST STRIPS.....	19	ZARXIO.....	21
valproic acid oral solution 250 mg/5ml.....	12	VIVAGUARD LANCETS 30G.....	19	ZEGALOGUE.....	20
valsartan-hydrochlorothiazide.....	22	VIVAGUARD LANCING DEVICE.....	19	ZELBORAF.....	15
valsartan oral tablet.....	21	VIVAGUARD SAFETY LANCETS 28G.....	19	zenatane.....	24
valtya 1/50.....	31	volnea.....	31	ZENPEP.....	26
vancomycin hcl oral capsule.....	11	voriconazole oral suspension reconstituted.....	14	ZERVIAE.....	37
vancomycin hcl oral solution reconstituted.....	11	voriconazole oral tablet.....	14	zidovudine.....	17
VANDAZOLE.....	11	VORTEX VALVE CHAMBER-PEDI MASK.....	36	zileuton er.....	38
VAQTA.....	34	VORTEX VALVED HOLDING CHAMBER.....	36	ziprasidone hcl.....	16
varenicline tartrate.....	11	VRAYLAR.....	16	ZIRGAN.....	36
varenicline tartrate(continue).....	11	vyfemla.....	31	ZOLINZA.....	15
varenicline tartrate (starter).....	11	vylibra.....	31	ZOLMITRIPTAN NASAL SOLUTION 2.5 MG.....	14
VARIVAX.....	34	warfarin sodium oral.....	21	zolmitriptan nasal solution 5 mg.....	14
VARUBI (180 MG DOSE).....	13	wera.....	31	zolmitriptan oral.....	14
VAXELIS.....	34	WESNATAL DHA COMPLETE.....	25	zolpidem tartrate er.....	39
VAXNEUVANCE.....	34	WESTAB PLUS.....	25	zolpidem tartrate oral tablet.....	39
VCF VAGINAL CONTRACEPTIVE.....	27	WIDE-SEAL DIAPHRAGM 60.....	36	zonisamide oral.....	12
velivet.....	31	WIDE-SEAL DIAPHRAGM 65.....	36	zovia 1/35 (28).....	31
VELPHORO.....	24	WIDE-SEAL DIAPHRAGM 70.....	36	ZUBSOLV.....	10
VEMLIDY.....	16	WIDE-SEAL DIAPHRAGM 75.....	36	zumandimine.....	31
VENCLEXTA.....	15	WIDE-SEAL DIAPHRAGM 80.....	36	ZYKADIA.....	15
VENCLEXTA STARTING PACK.....	15	WIDE-SEAL DIAPHRAGM 85.....	36	ZYLET.....	37
venlafaxine hcl.....	13	WIDE-SEAL DIAPHRAGM 90.....	36		
venlafaxine hcl er oral capsule extended release 24 hour.....	13	WIDE-SEAL DIAPHRAGM 95.....	36		
VENTAVIS.....	38	wixela inhub.....	38		
VENTOLIN HFA.....	38	wymzya fe.....	31		
verapamil hcl er oral capsule extended release 24 hour.....	22	xarah fe.....	31		
verapamil hcl er oral tablet extended release.....	22	XARELTO.....	21		
verapamil hcl oral.....	22	XARELTO STARTER PACK.....	21		
VERIFINE INSULIN PEN NEEDLE.....	36	XELJANZ.....	33		
VERIFINE INSULIN SYRINGE.....	36	XELJANZ XR.....	33		
VERIFINE PLUS PEN NEEDLE.....	36	xelria fe.....	31		
VERIFINE SAFE LANCET MINI 21G.....	19	XERMELO.....	25		
VERIFINE SAFE LANCET MINI 23G.....	19	XIFAXAN.....	11		
VERIFINE SAFE LANCET MINI 28G.....	19	XIGDUO XR.....	20		
VERIFINE SAFE LANCET MINI 30G.....	19	XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	33		
VERIFINE SHARPS CONTAINER.....	36	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML.....	33		
VERZENIO.....	15	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML.....	33		
vestura.....	31	XOSPATA.....	15		
vienva.....	31	XTAMPZA ER.....	10		
vigabatrin.....	12	XTANDI.....	14		
vilazodone hcl.....	13	xulane.....	31		
viorele.....	31	YESINTEK SUBCUTANEOUS.....	33		
VIRACEPT.....	17	YOSPRALA.....	21		

Language Assistance Services

1-877-265-9199, TTY 711

English: Translation services and interpreters are available at no cost to you. If you need help, please call the number above or the Member Services number on your health plan ID card.

Spanish: Hay servicios de traducción e interpretación disponibles sin costo para usted. Si necesita ayuda, llame al número anterior o al número de Servicios para Miembros que figura en la tarjeta de identificación de su plan de salud.

Chinese: 翻译服务和口译员免费供您使用。如果您需要帮助，请拨打上述号码或拨打您健康计划 ID 卡上的会员服务号码。

Vietnamese: Dịch vụ dịch thuật và thông dịch viên được cung cấp miễn phí cho quý vị. Nếu quý vị cần trợ giúp, vui lòng gọi số ở trên hoặc số bộ phận Dịch vụ Thành viên trên thẻ ID chương trình sức khỏe của quý vị.

Korean: 번역 서비스와 통역사는 비용 부담 없이 이용하실 수 있습니다. 도움이 필요하신 경우, 전술한 번호 또는 의료 플랜 ID 카드에 기재된 가입자 서비스 번호로 전화하십시오.

Arabic: تتوفر خدمات الترجمة والمترجمون الفوريون لك مجانًا. إذا كنت بحاجة إلى المساعدة، فيُرجى الاتصال بالرقم أعلاه أو رقم خدمات الأعضاء الموجود على بطاقة معرف الخطة الصحية الخاصة بك.

French Creole: Sèvis tradiksyon ak entèprèt disponib pou ou gratis. Si w bezwen èd, tanpri rele nimewo ki anwo a oswa nimewo Sèvis Manm ki sou kat idantite (ID) plan sante w la.

Tagalog: Ang mga serbisyo sa pagsasalin at mga tagapagsalin ay magagamit mo nang walang bayad. Kung kailangan mo ng tulong, mangyaring tawagan ang numero sa itaas o ang numero ng mga Serbisyo sa Miyembro na nasa iyang ID kard ng planong pangkalusugan.

French: Les services de traduction et d'interprétation vous sont fournis gratuitement. Si vous avez besoin d'aide, veuillez appeler le numéro ci-dessus ou le numéro de services aux membres figurant sur votre carte d'assurance maladie.

Russian: Вам доступны бесплатные услуги перевода и устные переводчики. Если вам нужна помощь, позвоните по указанному выше номеру или по номеру отдела обслуживания участников, указанному на вашей идентификационной карте программы страхования здоровья.

Polish: Mogą Państwo bezpłatnie skorzystać z usługi tłumaczenia pisemnego lub ustnego. Jeśli potrzebują Państwo pomocy, należy zadzwonić pod numer podany powyżej lub numer usług dla członków podany na karcie identyfikacyjnej członka planu ubezpieczenia zdrowotnego.



German: Übersetzungsdienste und Dolmetscher stehen Ihnen kostenlos zur Verfügung. Wenn Sie Hilfe benötigen, rufen Sie bitte die oben genannte Nummer oder die Nummer des Mitgliederservices auf Ihrer Versichertenkarte an.

Gujarati: અનુવાદ સેવાઓ અને દુભાષિયા તમારા માટે નિ:શુલ્ક ઉપલબ્ધ છે. જો તમને મદદની જરૂર હોય, તો કૃપા કરીને ઉપરના નંબર પર અથવા તમારા હેલ્થ પ્લાન આઈડી કાર્ડ પરના સભ્ય સેવાઓ નંબર પર કૉલ કરો.

Urdu: آپ کے لیے بغیر کسی فیس یا اخراجات کے ترجمہ کی خدمات اور ترجمان دستیاب ہیں۔ اگر آپ کو مدد کی ضرورت ہو، تو برائے مہربانی اوپر دیئے گئے نمبر یا اپنے ہیلتھ پلان آئی ڈی کارڈ پر موجود Member Services کے نمبر پر کال کریں۔

Portuguese: Você tem à disposição serviços gratuitos de tradução e intérpretes. Caso precise de ajuda, ligue para o número acima ou para o número de Atendimento a Membros exibido em seu cartão de identificação do plano de saúde.

Japanese: 翻訳サービスと通訳サービスを利用できます。サポートが必要な場合は、上記の電話番号か、保険プラン ID カードのメンバーサービス番号に電話してください。

Hindi: अनुवाद सेवाएँ और दुभाषिए आपके लिए नि:शुल्क उपलब्ध हैं। यदि आपको सहायता की आवश्यकता है, तो कृपया अपने स्वास्थ्य योजना आईडी कार्ड पर ऊपर दिए गए नंबर या सदस्य सेवा नंबर पर कॉल करें।

Persian: خدمات ترجمه کتبی و شفاهی به صورت رایگان برای شما فراهم است. اگر به کمک نیاز دارید، با شماره تلفن بالا یا شماره تلفن خدمات مشتری درج شده روی کارت شناسایی برنامه درمانی خود تماس بگیرید.

Amharic: የትርጉም አገልግሎቶች እና አስተርጓሚዎች ለእርስዎ ያለ ምንም ወጪ ይገኛሉ። እርዳታ ከፈለጉ፣ እባክዎን ከላይ ባለው ቁጥር ወይም በጤና እቅድ መታወቂያ ካርድዎ ላይ ባለው የአባላት አገልግሎት ቁጥር ይደውሉ።

Italian: Sono disponibili gratuitamente servizi di traduzione e interpreti. Se hai bisogno di aiuto, chiama il numero sopra oppure il numero di assistenza presente sulla tua tessera sanitaria.

Pennsylvania Dutch: Wann du Deutsch schwetzscht un Druwwel hoscht fer Englisch verschtehe, kenne mer epper beigriege fer dich helfe unni as es dich ennich eppes koschte zeelt. Wann du Hilf brauchscht, ruf die Nummer drowwe uff odder die Nummer fer Member Services as uf dei Health Plan ID Card is.

Navajo: Naaltsoos hazaad bee hadilnééh bee áka'anída'awo'í dóó ata' dahalne'í t'áá jiik'eh ná hóló. Shika'adoowoł nínízingo, t'áá shqódi hódahdi námboo biki'ágíí doodago Bit Ha'dít'éhí Bika'aná'awo' nits'íis bee ha'dít'éhí ID ninaaltsoos nítł'izí baqah námboo biki'ágíí bee hodílnih.

Notice of non-discrimination

The company complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently based on race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes.

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

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

Email: UHC_Civil_Rights@uhc.com

If you need help with your complaint, please call toll-free **1-877-265-9199** or the toll-free number on your health plan ID card (TTY/RTT **711**).

You can also file a complaint with the U.S. Department of Health and Human services.

Online: <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>

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

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

We provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified American Sign Language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

We also provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please call toll-free **1-877-265-9199** or the toll-free number on your health plan ID card (TTY/RTT **711**).

This notice is available at <https://www.uhc.com/legal/nondiscrimination-and-language-assistance-notices>.





UnitedHealthcare Individual & Family plans medical plan coverage offered by: UnitedHealthcare of Arizona, Inc.; Rocky Mountain Health Maintenance Organization Incorporated in CO; UnitedHealthcare of Florida, Inc.; UnitedHealthcare of Georgia, Inc.; UnitedHealthcare of Illinois, Inc.; UnitedHealthcare Insurance Company in AL, IN, KS, LA, MO, NE, NH, NJ, NY, OR, SD, TN, and WY; Optimum Choice, Inc. in MD and VA; UnitedHealthcare Community Plan, Inc. in MI; UnitedHealthcare of Midlands, Inc. in ND; UnitedHealthcare of Mississippi, Inc.; UnitedHealthcare of New Mexico, Inc.; UnitedHealthcare of New York, Inc.; UnitedHealthcare of North Carolina, Inc.; UnitedHealthcare of Ohio, Inc.; UnitedHealthcare of Oklahoma, Inc.; UnitedHealthcare of South Carolina, Inc.; UnitedHealthcare of Texas, Inc.; UnitedHealthcare of Oregon, Inc. in WA; UnitedHealthcare of Wisconsin, Inc., and UnitedHealthcare Plan of the River Valley in Iowa. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

10/25 © 2025 United HealthCare Services, Inc. All Rights Reserved. IFP2895550-WA