



# Your 2025 Prescription Drug List

## Louisiana Advantage 3-Tier

Effective January 1, 2025



**United  
Healthcare**

This Prescription Drug List (PDL) is accurate as of January 1, 2025 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare and Student Resources medical plans with a pharmacy benefit subject to the Louisiana Advantage 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

# Table of contents

Understanding your Prescription Drug List (PDL) .....	4
Medication tips .....	5
Reading your PDL.....	6
Questions .....	8
Analgesics	
Drugs for Pain.....	9
Drugs for Pain and Inflammation.....	10
Anti-Addiction / Substance Abuse Treatment Agents.....	10
Antibacterials	
Drugs for Infections.....	11
Anticoagulants	
Drugs to Treat or Prevent Blood Clots.....	12
Anticonvulsants	
Drugs for Seizures.....	13
Antidementia Agents	
Drugs for Alzheimer’s Disease and Dementia .....	14
Antidepressants	
Drugs for Depression.....	14
Antiemetics	
Drugs for Nausea and Vomiting.....	15
Antifungals	
Drugs for Fungal Infections.....	16
Antigout Agents	
Drugs for Gout.....	16
Antimigraine Agents	
Drugs for Migraines .....	16
Antimyasthenic Agents	
Drugs to Treat Myasthenia Gravis.....	17
Antimycobacterials	
Drugs to Treat Infections.....	17
Antineoplastics	
Drugs for Cancer .....	17
Antiparasitics	
Drugs for Parasitic Infections.....	18
Antiparkinson Agents	
Drugs for Parkinson’s Disease.....	19
Antiplatelets	
Drugs for Heart Attack and Stroke Prevention.....	19
Antipsychotics	
Drugs for Mood Disorders.....	19
Antivirals	
Drugs for Viral Infections .....	20
Anxiolytics	
Drugs for Anxiety.....	21
Bipolar Agents	
Drugs for Mood Disorders.....	21
Cardiovascular Agents	
Drugs for Heart and Circulation Conditions.....	21
Central Nervous System Agents	
Drugs for Attention Deficit Disorder .....	25
Drugs for Multiple Sclerosis.....	26
Miscellaneous.....	27



Dental and Oral Agents	
Drugs for Mouth and Throat Conditions .....	27
Dermatological Agents	
Drugs for Skin Conditions .....	28
Diabetes	
Glucose Monitoring and Supplies .....	32
Insulin .....	35
Non-Insulin Agents .....	36
Drugs for Blood Disorders .....	37
Drugs for Sexual Dysfunction .....	38
Electrolytes / Vitamins .....	38
Gastrointestinal Agents	
Drugs for Acid Reflux and Ulcer .....	40
Drugs for Bowel, Intestine and Stomach Conditions .....	41
Genetic or Enzyme Disorder	
Drugs for Replacement, Modification, Treatment .....	42
Genitourinary Agents	
Drugs for Bladder, Genital and Kidney Conditions .....	42
Drugs for Prostate Conditions .....	43
Hormonal Agents	
Hormone Replacement and Birth Control .....	43
Oral Steroids .....	48
Other .....	48
Testosterone Replacement .....	48
Thyroid .....	49
Immunological Agents	
Drugs for Immune System Stimulation or Suppression .....	49
Drugs for Vaccination .....	52
Infertility Agents .....	52
Inflammatory Bowel Disease Agents .....	53
Metabolic Bone Disease Agents	
Drugs for Osteoporosis .....	53
Other .....	54
Ophthalmic Agents	
Drugs for Eye Allergy, Infection and Inflammation .....	54
Drugs for Eye Infection and Inflammation .....	55
Drugs for Glaucoma .....	55
Drugs for Miscellaneous Eye Conditions .....	56
Otic Agents	
Drugs for Ear Conditions .....	56
Respiratory	
Drugs for Anaphylaxis .....	56
Respiratory Tract / Pulmonary Agents	
Drugs for Allergies, Cough, Cold .....	56
Drugs for Asthma and COPD .....	57
Drugs for Cystic Fibrosis .....	59
Drugs for Pulmonary Fibrosis .....	59
Drugs for Pulmonary Hypertension .....	59
Skeletal Muscle Relaxants	
Drugs for Muscle Pain and Spasm .....	60
Sleep Disorder Agents .....	60
Index .....	61



# Understanding your Prescription Drug List (PDL)

## What is a PDL?

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

## How do I use my PDL?

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

## What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, set by your employer or benefit plan. This is how much you will pay when you fill a prescription. See page 6 for more information.

## When does the PDL change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic becomes available.
- Medications may move to a higher tier or be excluded from coverage most often upon your group's renewal.

You can log in to the member website listed on your member ID card at any time to check your medication coverage and lower-cost options.

## Why are some medications excluded from coverage?

We review medications based on their total value, including effectiveness and safety, how much they cost, and the availability of alternative medications to treat the same or similar medical conditions. Certain medications may be excluded from coverage or be subject to prior authorization (sometimes referred to as precertification) if similar alternatives are available at a lower cost. Examples include medications that work the same way, but one is much more expensive than the other, or options that are available without a prescription (also referred to as over-the-counter medications). There are also some instances where the same product can be made by two or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

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

## Who decides which medications are covered?

Thousands of medications are already available and more come to the market regularly. Often, several medications are available to treat the same condition. The UnitedHealthcare® Pharmacy and Therapeutics Committee, which includes both internal and external doctors and pharmacists, meets regularly to provide clinical reviews of all medications. Using this information, the PDL Management Committee, which includes senior UnitedHealth Group® doctors and business leaders, meets to evaluate overall health care value. They also set coverage and tier status for all medications.

## About this PDL

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

# Medication tips

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

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

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

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

## What if I am taking a specialty medication?

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

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

## Over-the-counter (OTC) medications

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

# Reading your PDL

The PDL gives you choices so you and your doctor can decide your best course of treatment. In this PDL, brand-name medications are shown in UPPERCASE and generic medications in lowercase.

## Tier information

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

In the chart below, overall value indicates medications' effectiveness and safety, cost, and the availability of alternative medications to treat the same or similar medical condition(s).

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



# Reading your PDL (continued)

## Drug list information

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

<b>E</b>	<b>May be excluded from coverage</b> – Lower-cost options are available and covered.
<b>H</b>	<b>Health Care Reform Preventive</b> – This medication is part of a health care reform preventive benefit and is generally available at no additional cost to you.
<b>H-PA</b>	<b>Health Care Reform Preventive with Prior Authorization</b> – May be part of health care reform preventive benefit and available at no additional cost to you if prior authorization criteria is met.
<b>PA</b>	<b>Prior Authorization (sometimes referred to as precertification)<sup>1</sup></b> – Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.
<b>QL</b>	<b>Quantity Limits</b> – Specifies the largest quantity of medication covered per copayment or in a defined period of time.
<b>RS</b>	<b>Refill and Save Program<sup>2</sup></b> – Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
<b>SP</b>	<b>Specialty Medication</b> – Specialty medications treat complex or rare conditions and may require special storage and handling. You may be required to obtain these medications from a specialty pharmacy.
<b>ST</b>	<b>Step Therapy<sup>3</sup></b> – Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered.

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

2. Not applicable to Student Resources plans.

3. Not applicable to certain Student Resources plans.



# Reading your PDL (continued)

## Coverage details

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

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

Coverage is set by the member's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Diabetic self-management items, including continuous glucose monitors, may be covered under the member's pharmacy and/or medical plan depending on the benefit.

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

Coverage under the prescription drug benefit is set by the member's medical benefit plan. Please consult plan documents regarding benefit coverage, exclusions and cost-sharing. Additional information is also available by calling the number on your member ID card.

## Questions

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



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



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

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

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

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





Drug Name	Drug Tier	Requirements & Limits
<b>Analgesics - Drugs for Pain</b>		
acetaminophen-codeine	1	QL
ALLZITAL	E	QL
apap-caff-dihydrocodeine	3	QL
ascomp-codeine	1	QL
bac	1	QL
BELBUCA	3	PA, QL
BUPAP	E	QL
buprenorphine	3	PA, QL
butalbital-acetaminophen oral tablet 50-300 mg	E	QL
butalbital-acetaminophen oral tablet 50-325 mg	1	QL
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	E	QL
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
butalbital-apap-caffeine oral tablet	1	QL
butalbital-asa-caff-codeine	1	QL
butalbital-aspirin-caffeine	1	QL
butorphanol tartrate nasal	2	QL
BUTRANS	E	PA, QL
DILAUDID ORAL TABLET	E	QL
endocet	1	QL
ESGIC	3	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, QL
FIORICET	3	QL
FIORICET/CODEINE	E	QL
glydo	1	

Drug Name	Drug Tier	Requirements & Limits
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydrocodone-ibuprofen	1	QL
hydromorphone hcl oral tablet	1	QL
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine hcl urethral/mucosal	1	
lidocaine-prilocaine external cream	1	
LIDOCAN	E	PA, QL
LIDODERM	E	PA, QL
LORTAB ORAL ELIXIR 10-300 MG/15ML	3	QL
methadone hcl oral tablet	1	PA, QL
morphine sulfate (concentrate)	1	QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	1	QL
MS CONTIN	E	PA, QL
NALOCET	E	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA, QL
OXYCODONE HCL ER	E	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	E	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	E	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
oxymorphone hcl er	3	PA, QL
PERCOCET	E	QL
premium lidocaine	2	QL
PROLATE ORAL TABLET	E	QL
ROXICODONE	E	QL
TENCON	3	QL
tramadol hcl (er biphasic) oral tablet extended release 24 hour	2	(generic for Ryzolt), QL
tramadol hcl er	2	(generic for Ultram ER), QL
tramadol hcl oral tablet 100 mg, 25 mg	E	QL
tramadol hcl oral tablet 50 mg	1	QL
tramadol-acetaminophen	1	QL
TREZIX	3	QL
TRIDACAINE II	E	PA, QL
ULTRACET ORAL TABLET 37.5-325 MG	3	QL
ULTRAM ORAL TABLET 50 MG	E	QL
XTAMPZA ER	3	PA, QL
ZTLIDO	3	PA, QL
<b>Analgesics - Drugs for Pain and Inflammation</b>		
ANAPROX DS	E	
ARTHROTEC	E	
CAMBIA	E	QL
CELEBREX	E	QL
celecoxib oral	2	QL
DAYPRO	3	
diclofenac potassium oral tablet 25 mg	E	QL
diclofenac potassium oral tablet 50 mg	2	
diclofenac potassium(migraine)	E	QL
diclofenac sodium er	3	
diclofenac sodium external gel 1 %	E	
diclofenac sodium oral	1	
diclofenac-misoprostol	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	

Drug Name	Drug Tier	Requirements & Limits
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	3	
ec-naproxen	1	
etodolac	2	
etodolac er	3	
FELDENE ORAL CAPSULE 10 MG, 20 MG	3	
flurbiprofen oral	1	
ibuprofen oral suspension 100 mg/5ml	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	2	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	
LODINE	E	
LOFENA	E	QL
mefenamic acid oral	3	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN ORAL TABLET	E	
naproxen dr	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	2	
oxaprozin oral tablet	2	
piroxicam oral	2	
RELAFEN DS	E	
sulindac oral	1	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	2	QL
bupropion hcl er (smoking det)	1	H
disulfiram oral	1	
KLOXXADO	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
naloxone hcl injection solution prefilled syringe 2 mg/2ml	1	
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	2	QL (include Narcan OTC)
NICOTROL	3	PA, H
REXTOVY	E	
SUBOXONE	E	PA, QL
varenicline tartrate	3	PA, H
varenicline tartrate (starter)	3	PA, H
varenicline tartrate(continue)	3	PA, H
ZIMHI	2	QL
ZUBSOLV	2	QL
<b>Antibacterials - Drugs for Infections</b>		
ACTICLATE ORAL TABLET 150 MG, 75 MG	E	
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
AUGMENTIN	E	
AUGMENTIN ES-600	E	
AVIDOXY	3	
azithromycin oral	1	
BACTRIM	3	
BACTRIM DS	3	
cefadroxil	1	
cefdinir	1	
cefixime	3	
cefpodoxime proxetil oral tablet	1	
cefprozil	1	
cefuroxime axetil	1	
CENTANY EXTERNAL OINTMENT 2 %	3	QL
cephalexin	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
clarithromycin er	2	

Drug Name	Drug Tier	Requirements & Limits
clarithromycin oral suspension reconstituted	2	
clarithromycin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3	
CLEOCIN VAGINAL CREAM	3	
clindamycin hcl oral	1	
clindamycin palmitate hcl	2	
clindamycin phosphate vaginal	2	
CLINDESSE	2	
dicloxacillin sodium	1	
DIFICID ORAL TABLET	3	QL
DORYX MPC	E	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG	E	
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	E	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	E	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	1	
E.E.S. GRANULES	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ERYPED 200	3	
ERYPED 400	3	
ERY-TAB	3	
erythromycin base oral tablet	1	
erythromycin base oral tablet delayed release	3	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1	
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	3	
erythromycin oral	3	
FIRVANQ	3	
FLAGYL	3	
fosfomycin tromethamine	3	
gentamicin sulfate external	1	QL
HIPREX	3	
levofloxacin oral tablet	1	
LIKMEZ	3	
linezolid oral tablet	2	
MACROBID	3	
MACRODANTIN	3	
methenamine hippurate	1	
metronidazole oral	1	
metronidazole vaginal	2	
minocycline hcl oral capsule	1	
minocycline hcl oral tablet	E	
MONDOXYNE NL	3	
MONUROL ORAL PACKET 3 GM	3	
moxifloxacin hcl oral	3	
mupirocin calcium	3	QL
mupirocin external	1	QL
neomycin sulfate oral	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
nitrofurantoin oral suspension 25 mg/5ml	3	

Drug Name	Drug Tier	Requirements & Limits
NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML	E	
NUVESSA	E	
NUZYRA ORAL	3	QL
penicillin v potassium	1	
SEYSARA	E	
SILVADENE	3	
silver sulfadiazine external	1	
ssd	1	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
TARGADOX	E	
tetracycline hcl oral capsule	3	
tinidazole oral	3	
trimethoprim oral	1	
VANCOCIN	3	
vancomycin hcl oral	1	
VANDAZOLE	3	
VIBRAMYCIN	3	
XACIATO	2	QL
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN	3	PA, QL
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG	E	PA
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZYVOX ORAL TABLET	E	

#### Anticoagulants - Drugs to Treat or Prevent Blood Clots

ARIXTRA	E	QL
dabigatran etexilate mesylate	2	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	2	QL
fondaparinux sodium	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	QL
PRADAXA ORAL CAPSULE	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
<b>Anticonvulsants - Drugs for Seizures</b>		
APTIOM	3	PA
BANZEL	3	PA
BRIVIACT ORAL SOLUTION	3	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er oral capsule extended release 12 hour	2	
carbamazepine er oral tablet extended release 12 hour	3	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	3	
clobazam oral suspension	3	PA
clobazam oral tablet	2	PA
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA
DEPAKOTE SPRINKLES	3	PA
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	3	QL
diazepam rectal	1	QL
DILANTIN INFATABS	3	
DILANTIN ORAL CAPSULE	3	
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
ELEPSIA XR	E	PA
EPIDIOLEX	3	PA, SP
epitol	1	
ethosuximide oral	1	
felbamate	1	

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
primidone oral tablet 125 mg	1	PA
primidone oral tablet 250 mg, 50 mg	1	
QUDEXY XR	E	
roweepra	1	
rufinamide oral suspension	3	
rufinamide oral tablet	3	PA
SABRIL ORAL PACKET	E	PA, QL, SP
subvenite	1	
SYMPAZAN	3	PA
TEGRETOL ORAL TABLET	3	
TEGRETOL-XR	3	
TOPAMAX	3	PA
TOPAMAX SPRINKLE	3	PA
topiramate er	E	
topiramate oral	1	
TRILEPTAL	3	PA
TROKENDI XR	E	
valproic acid oral	1	
VALTOCO	3	PA, QL
vigabatrin oral packet	2	PA, QL, SP
vigadrone oral packet	2	PA, QL, SP
vigpoder	2	PA, QL, SP
VIMPAT ORAL	3	PA
XCOPRI	3	PA
ZARONTIN	3	
ZONEGRAN	3	PA
zonisamide oral	1	

#### Antidementia Agents - Drugs for Alzheimer's Disease and Dementia

ARICEPT	E	
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	2	
EXELON	E	
galantamine hydrobromide er	1	
memantine hcl er	3	
memantine hcl oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
NAMENDA ORAL TABLET 10 MG, 5 MG	E	
NAMENDA TITRATION PAK	E	
NAMENDA XR	E	
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG	3	
rivastigmine	3	
rivastigmine tartrate	1	

#### Antidepressants - Drugs for Depression

amitriptyline hcl oral	1	
ANAFRANIL	E	
APLENZIN	E	QL
AUVELITY	3	ST, QL
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral solution	1	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	3	
CYMBALTA	E	
desipramine hcl oral	1	
DESVENLAFAXINE ER	E	
desvenlafaxine succinate er	3	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	
duloxetine hcl oral capsule delayed release particles 40 mg	E	
EFFEXOR XR	E	

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
SPRAVATO (84 MG DOSE)	3	PA, QL
SYMBYAX	3	QL
tranylcypromine sulfate	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	E	QL
VIIBRYD	E	QL
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	3	
vilazodone hcl	3	QL
WAINUA	2	PA, QL, SP
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
ZURZUVAE	2	PA, QL, SP
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
ANTIVERT ORAL TABLET	E	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	2	QL
BONJESTA	E	PA
COMPRO	3	
DICLEGIS	E	PA
doxylamine-pyridoxine	E	PA
dronabinol	1	
EMEND ORAL CAPSULE	E	QL
GIMOTI	E	QL
granisetron hcl oral	2	
MARINOL 2.5 MG	3	
meclizine hcl oral tablet	E	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral	1	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
prochlorperazine	1	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	3	
scopolamine	3	
TRANSDERM-SCOP	E	

### Antifungals - Drugs for Fungal Infections

ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
DIFLUCAN	E	
econazole nitrate external	2	
EXELDERM EXTERNAL CREAM	3	
fluconazole oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	3	PA, ST, QL
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	QL
LOPROX EXTERNAL CREAM 0.77 %	E	
LOPROX EXTERNAL SHAMPOO 1 %	E	
NOXAFIL ORAL TABLET DELAYED RELEASE	E	
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	

Drug Name	Drug Tier	Requirements & Limits
nystatin oral	1	
nystatin-triamcinolone	2	
nystop	1	QL
posaconazole oral tablet delayed release	2	
SPORANOX ORAL CAPSULE	3	QL
SPORANOX PULSEPAK ORAL CAPSULE 100 MG	3	QL
SULCONAZOLE NITRATE EXTERNAL CREAM	3	
terbinafine hcl oral	1	
terconazole	1	
TOLSURA	E	
VFEND ORAL TABLET 200 MG	3	QL
VFEND ORAL TABLET 50 MG	3	QL
VIVJOA	3	PA, QL
voriconazole oral tablet	1	QL

### Antigout Agents - Drugs for Gout

allopurinol oral tablet 100 mg, 300 mg	1	
ALLOPURINOL ORAL TABLET 200 MG	E	
colchicine oral	2	
colchicine-probenecid	1	
febuxostat	3	
MITIGARE	2	
probenecid	1	
ULORIC	E	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	3	

### Antimigraine Agents - Drugs for Migraines

AIMOVIG	2	PA, ST
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, ST, QL
AJOVY	E	PA, ST, QL
almotriptan malate	3	QL
AMERGE ORAL TABLET 1 MG, 2.5 MG	E	QL
eletriptan hydrobromide	2	QL

See page 6-8 for coverage details.





Drug Name	Drug Tier	Requirements & Limits
EMGALITY	2	PA, ST, QL
FROVA	E	QL
frovatriptan succinate	3	QL
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	3	QL
IMITREX ORAL	E	QL
IMITREX STATDOSE REFILL	E	QL
IMITREX STATDOSE SYSTEM	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
naratriptan hcl	1	QL
NURTEC ODT	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
RELPAX	E	QL
REYVOW	3	PA, ST, QL
rizatriptan benzoate	1	QL
sumatriptan nasal	2	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge	1	QL
sumatriptan succinate subcutaneous	1	QL
sumatriptan-naproxen sodium	E	QL
TOSYMRA	E	QL
TREXIMET	E	QL
TRUDHESA	E	PA, QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	3	PA, ST, QL
ZEMBRACE SYMTOUCH	E	QL
zolmitriptan nasal	E	QL
zolmitriptan oral tablet	2	QL
zolmitriptan oral tablet dispersible	3	QL
ZOMIG NASAL	2	QL
<b>Antimychasthenic Agents - Drugs to Treat Myasthenia Gravis</b>		
MESTINON ORAL TABLET	E	
MESTINON ORAL TABLET EXTENDED RELEASE	E	
pyridostigmine bromide er	1	

Drug Name	Drug Tier	Requirements & Limits
pyridostigmine bromide oral tablet 30 mg	E	
pyridostigmine bromide oral tablet 60 mg	1	
<b>Antimycobacterials - Drugs to Treat Infections</b>		
dapsone oral	2	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL	3	
MYCOBUTIN	3	
rifabutin	1	
rifampin oral	1	
<b>Antineoplastics - Drugs for Cancer</b>		
abiraterone acetate oral tablet 250 mg	2	PA, QL, SP
abiraterone acetate oral tablet 500 mg	E	PA, QL, SP
AFINITOR	E	PA, QL, SP
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
AROMASIN	E	
AUGTYRO	2	PA, QL, SP
bicalutamide	1	
BOSULIF ORAL TABLET	2	PA, ST, QL, SP
BRUKINSA	3	PA, ST, QL, SP
CABOMETYX	2	PA, QL, SP
CALQUENCE	2	PA, QL, SP
CALQUENCE ORAL CAPSULE 100 MG	2	PA, QL, SP
capecitabine	1	QL, SP
CASODEX	3	
COTELLIC	2	PA, QL, SP
cyclophosphamide oral capsule	2	
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	2	PA, QL, SP

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
pazopanib hcl	3	PA, QL, SP
PIQRAY	2	PA, QL, SP
POMALYST	3	PA, QL, SP
RETEVMO ORAL CAPSULE 40 MG	3	PA, QL, SP
RETEVMO ORAL CAPSULE 80 MG	3	PA, SP
REVLIMID	2	PA, QL, SP
ROZLYTREK ORAL CAPSULE	2	PA, QL, SP
ROZLYTREK ORAL PACKET	2	PA, SP
SPRYCEL	3	PA, ST, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	3	PA, QL, SP
TAFINLAR ORAL CAPSULE	3	PA, ST, QL, SP
TAGRISSO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	2	PA, ST, QL, SP
TEMODAR ORAL CAPSULE 250 MG	E	PA, SP
temozolomide	1	PA, SP
TRUQAP	2	PA, QL, SP
VENCLEXTA	2	PA, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
VOTRIENT	E	PA, QL, SP
XELODA	E	QL, SP
XTANDI	2	PA, QL, SP
ZEJULA ORAL CAPSULE 100 MG	2	PA, QL, SP
ZELBORAF	2	PA, QL, SP
ZYTIGA	E	PA, QL, SP
<b>Antiparasitics - Drugs for Parasitic Infections</b>		
albendazole oral	3	PA, QL
ALINIA ORAL TABLET	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ARAKODA	3	QL
atovaquone	2	
atovaquone-proguanil hcl	2	
hydroxychloroquine sulfate oral	1	
ivermectin oral	1	PA, QL
KRINTAFEL	1	QL
MALARONE	3	
mefloquine hcl	1	
MEPRON	E	
nitazoxanide oral	2	QL
permethrin external	1	
PLAQUENIL	E	
SOVUNA	E	
STROMEKTOL	3	PA, QL
<b>Antiparkinson Agents - Drugs for Parkinson's Disease</b>		
amantadine hcl oral	1	
AZILECT	E	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa-entacapone	1	
COMTAN ORAL TABLET 200 MG	3	
DHIVY	E	
entacapone	1	
INBRIJA	3	PA, QL, SP
MIRAPEX ER	E	
NEUPRO	3	
NOURIANZ	3	PA, QL
PARLODEL ORAL TABLET	E	
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	E	
rasagiline mesylate oral	3	
ropinirole hcl	1	
ropinirole hcl er	E	
RYTARY	E	

Drug Name	Drug Tier	Requirements & Limits
SINEMET	3	
STALEVO 100 ORAL TABLET 25-100-200 MG	3	
STALEVO 125 ORAL TABLET 31.25-125-200 MG	3	
STALEVO 150	3	
STALEVO 200 ORAL TABLET 50-200-200 MG	3	
STALEVO 50 ORAL TABLET 12.5-50-200 MG	3	
STALEVO 75 ORAL TABLET 18.75-75-200 MG	3	
trihexyphenidyl hcl oral tablet	1	
<b>Antiplatelets - Drugs for Heart Attack and Stroke Prevention</b>		
BRILINTA	3	QL
cilostazol	1	
clopidogrel bisulfate oral	1	
EFFIENT	E	
PLAVIX	E	
prasugrel hcl	3	
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY	E	
aripiprazole oral solution	3	
aripiprazole oral tablet	2	
asenapine maleate	3	QL
CAPLYTA	3	PA, ST, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	3	
fluphenazine hcl oral tablet	1	
GEODON ORAL	E	
haloperidol oral	1	
INVEGA	E	QL
LATUDA	E	QL
loxapine succinate	1	
lurasidone hcl	2	QL
LYBALVI	E	PA, QL
NUPLAZID ORAL CAPSULE	3	PA

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
olanzapine oral tablet	1	
olanzapine oral tablet dispersible	2	
paliperidone er	3	QL
pimozide	2	
quetiapine fumarate	1	
quetiapine fumarate er	2	
REXULTI	3	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	E	QL
SEROQUEL	E	
SEROQUEL XR	E	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	E	
VRAYLAR	3	QL
ziprasidone hcl	2	
ZYPREXA ORAL	E	
ZYPREXA ZYDIS	E	
<b>Antivirals - Drugs for Viral Infections</b>		
abacavir sulfate-lamivudine	2	QL
acyclovir external cream	E	QL
acyclovir external ointment	3	QL
acyclovir oral	1	
BARACLUDE ORAL TABLET	E	
BIKTARVY	3	QL
CIMDUO	2	QL
COMPLERA	3	QL
darunavir	1	
DELSTRIGO	2	QL
DESCOVY ORAL TABLET 120/15 MG	3	QL
DESCOVY ORAL TABLET 200/25 MG	3	QL, H
DOVATO	2	QL
efavirenz-emtricitab-tenofo df	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL

Drug Name	Drug Tier	Requirements & Limits
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	1	
EPCLUSA ORAL TABLET	2	PA, QL, SP
EPZICOM	E	QL
etravirine	2	
famciclovir oral tablet 125 mg, 500 mg	2	
famciclovir oral tablet 250 mg	2	QL
GENVOYA	3	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP
INTELENCE ORAL TABLET 100 MG, 200 MG	3	
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	QL
LAGEVRIO	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET	2	PA, QL, SP
NORVIR ORAL TABLET	E	
ODEFSEY	3	QL
oseltamivir phosphate oral capsule	2	
oseltamivir phosphate oral suspension reconstituted	2	QL
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100)	2	QL
PIFELTRO	3	
PREVYMIS ORAL	2	PA
PREZCOBIX	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
PREZISTA ORAL TABLET 600 MG, 800 MG	E	
ritonavir	2	
RUKOBIA	3	PA
SITAVIG	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	3	QL
SYMFI	2	QL
SYMFI LO	2	QL
SYMTUZA	E	QL
TAMIFLU ORAL CAPSULE	E	
TAMIFLU ORAL SUSPENSION RECONSTITUTED	E	QL
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	QL
VALCYTE ORAL TABLET	E	
valganciclovir hcl oral tablet	1	
VALTREX	E	QL
VEMLIDY	E	PA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZIRGAN	3	
ZOVIRAX EXTERNAL	E	QL
ZOVIRAX ORAL SUSPENSION 200 MG/5ML	3	
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
bupirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	

Drug Name	Drug Tier	Requirements & Limits
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
oxazepam	1	
triazolam	1	
VALIUM	E	
VISTARIL	3	
XANAX	E	
XANAX XR	E	
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
EQUETRO	3	
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	PA
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
ACCUPRIL	E	
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTAZIDE ORAL TABLET 25-25 MG	3	
ALDACTAZIDE ORAL TABLET 50-50 MG	2	
ALDACTONE	E	
aliskiren fumarate	3	
ALTACE	E	
amiloride hcl oral	1	
amiloride-hydrochlorothiazide	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	E	
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg	E	QL
amlodipine-olmesartan	E	
amlodipine-valsartan-hctz	E	
ANTARA ORAL CAPSULE 30 MG	E	
ATACAND	E	
ATACAND HCT	E	
atenolol oral	1	
atenolol-chlorthalidone	1	
ATORVALIQ	3	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	E	
AVAPRO	E	
AZOR	E	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
BETAPACE	E	
BETAPACE AF	3	
betaxolol hcl oral	1	
BIDIL	E	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BUMEX	3	
BYSTOLIC	E	
CADUET	E	

Drug Name	Drug Tier	Requirements & Limits
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG	3	
CAMZYOS	3	PA, QL, SP
candesartan cilexetil	3	
candesartan cilexetil-hctz	3	
captopril oral	1	
CARDIZEM	E	
CARDIZEM CD	E	
CARDIZEM LA	E	
CARDURA	3	
cartia xt	2	
carvedilol	1	
carvedilol phosphate er	E	
CATAPRES-TTS-1	E	
CATAPRES-TTS-2	E	
CATAPRES-TTS-3	E	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	
clonidine hcl oral	1	
clonidine patch weekly 0.1 mg/24hr transdermal	3	
clonidine patch weekly 0.1 mg/24hr transdermal	3	(Patch)
clonidine patch weekly 0.2 mg/24hr transdermal	3	
clonidine patch weekly 0.2 mg/24hr transdermal	3	(Patch)
clonidine patch weekly 0.3 mg/24hr transdermal	3	
clonidine patch weekly 0.3 mg/24hr transdermal	3	(Patch)
colesevelam hcl oral tablet	2	
COLESTID ORAL TABLET	3	
colestipol hcl oral tablet	1	
COREG	E	
COREG CR	E	
CORGARD	3	
CORLANOR	3	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
COZAAR	E	
CRESTOR	E	
digitek oral tablet 125 mcg, 250 mcg	1	
digox	1	
digoxin oral tablet	1	
diltiazem hcl er beads	2	
diltiazem hcl er coated beads	2	
diltiazem hcl er oral capsule extended release 12 hour	1	
diltiazem hcl er oral capsule extended release 24 hour	1	
diltiazem hcl er oral tablet extended release 24 hour	2	
diltiazem hcl oral	1	
dilt-xr	1	
DIOVAN	E	
DIOVAN HCT	E	
dofetilide	2	
doxazosin mesylate oral	1	
DYRENIUM	E	
EDARBI	E	
EDARBYCLOR	E	
enalapril maleate oral solution	3	PA
enalapril maleate oral tablet	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO ORAL TABLET	3	PA, QL
EPANED	3	PA
eplerenone	2	
EXFORGE	E	
EXFORGE HCT	E	
ezetimibe	2	
ezetimibe-simvastatin	3	
felodipine er	1	
fenofibrate micronized	2	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	
fenofibrate oral capsule 150 mg, 50 mg	E	

Drug Name	Drug Tier	Requirements & Limits
fenofibrate oral tablet 120 mg, 40 mg	E	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
fenofibric acid oral capsule delayed release	3	
FENOGLIDE	E	
flecainide acetate	1	
fluvastatin sodium	1	
fosinopril sodium	1	
fosinopril sodium-hctz	1	
FUROSCIX	3	PA, QL
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
icosapent ethyl	E	PA
indapamide	1	
INDERAL LA	E	
INSPRA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
ISORDIL TITRADOSE	E	
isosorb dinitrate-hydralazine	2	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide dinitrate oral tablet 40 mg	E	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
ivabradine	3	PA, QL
KAPSPARGO SPRINKLE	3	
KERENDIA	3	PA, QL
labetalol hcl oral	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
LANOXIN ORAL TABLET 62.5 MCG	3	
LASIX	3	
LIPITOR	E	
LIPOFEN	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	E	ST
LODOCO	3	QL
LOPID	3	
LOPRESSOR	3	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTENSIN HCT	3	
LOTREL	E	
lovastatin oral	1	H
LOVAZA	E	
matzim la	2	
MAXZIDE ORAL TABLET 75-50 MG	3	
MAXZIDE-25 ORAL TABLET 37.5-25 MG	3	
metolazone	1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
metoprolol-hydrochlorothiazide	1	
mexiletine hcl oral	1	
MICARDIS	E	
MICARDIS HCT	E	
midodrine hcl	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	3	

Drug Name	Drug Tier	Requirements & Limits
minoxidil oral	1	
moexipril hcl	1	
MULTAQ	3	PA
nadolol oral	1	
nebivolol hcl	E	
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
niacin er (antihyperlipidemic)	2	
NIASPAN ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG, 750 MG	E	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
nisoldipine er	2	
NITRO-BID	2	
NITRO-DUR	3	
nitroglycerin rectal	3	QL
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
NITROSTAT	3	
NORLIQVA	3	PA
NORVASC	E	
olmesartan medoxomil oral	2	
olmesartan medoxomil-hctz	2	
olmesartan-amlodipine-hctz	E	
omega-3-acid ethyl esters	2	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	3	
pentoxifylline er	1	
perindopril erbumine	2	
pindolol	1	
pitavastatin calcium	E	ST
PRALUENT	E	PA, ST, QL
pravastatin sodium	1	
prazosin hcl oral	1	
prevalite	1	

See page 6-8 for coverage details.





Drug Name	Drug Tier	Requirements & Limits
PROCARDIA XL	E	
propafenone hcl	1	
propafenone hcl er	3	
propranolol hcl er	2	
propranolol hcl oral	1	
QUESTRAN	3	
QUESTRAN LIGHT	3	
quinapril hcl	1	
ramipril	1	
ranolazine er	2	
RECTIV	3	QL
REPATHA	2	PA, ST, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL
REPATHA SURECLICK	2	PA, ST, QL
rosuvastatin calcium oral	2	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	E	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOAANZ	E	QL
sotalol hcl (af)	1	
sotalol hcl oral	1	
spironolactone oral tablet	1	
spironolactone-hctz	1	
SULAR	3	
TEKTURNA	3	
telmisartan	2	
telmisartan-hctz	2	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
THALITONE	E	
tiadylt er	2	
TIAZAC	3	
TIKOSYN	3	
TOPROL XL	E	
torseamide	1	

Drug Name	Drug Tier	Requirements & Limits
trandolapril	1	
triamterene oral	3	
triamterene-hctz	1	
TRIBENZOR	E	
TRICOR	E	
TRILIPIX	E	
valsartan oral tablet	2	
valsartan-hydrochlorothiazide	1	
VASCEPA	E	PA
VASERETIC	E	
VASOTEC	E	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM	3	
VERQUVO	3	PA, QL
VYTORIN	E	
WELCHOL ORAL TABLET	E	
ZESTORETIC	E	
ZESTRIL	3	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	3	
ZOCOR	E	
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL	E	
ADDERALL XR	E	QL
ADHANZIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ADZENYS XR-ODT	E	QL
amphetamine sulfate	2	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	2	QL
amphet-dextroamphet 3-bead er	E	QL
APTENSIO XR	E	QL
atomoxetine hcl	3	QL
AZSTARYS	3	ST, QL
clonidine hcl er oral tablet extended release 12 hour	3	
CONCERTA	E	QL
COTEMPLA XR-ODT	E	QL
DAYTRANA	E	QL
DEXEDRINE	E	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	2	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	2	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	3	QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	E	
DYANAVEL XR	E	QL
EVEKEO	E	
FOCALIN	3	
FOCALIN XR	E	QL
guanfacine hcl er	2	
INTUNIV	E	
JORNAY PM	3	ST, QL
lisdexamfetamine dimesylate	3	QL
METHYLIN	3	
methylphenidate	E	QL
methylphenidate hcl er (cd)	2	QL

Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	QL
methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	QL
methylphenidate hcl er (xr)	E	QL
methylphenidate hcl er oral tablet extended release	2	QL
methylphenidate hcl er oral tablet extended release 24 hour	E	QL
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	
methylphenidate hcl oral tablet chewable	3	
MYDAYIS	E	QL
QELBREE	E	PA, QL
QUILLICHEW ER	E	QL
QUILLIVANT XR	E	QL
RELEXXII	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	E	QL
ZENZEDI	E	
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AMPYRA	E	PA, QL, SP
AUBAGIO	E	PA, QL, SP
AVONEX PEN	2	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
dalfampridine er	2	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
fingolimod hcl	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA, QL, SP
GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	2	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT ORAL TABLET 0.25 MG, 2 MG	3	PA, QL, SP
MAYZENT ORAL TABLET 1 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
REBIF	E	PA, QL, SP
REBIF TITRATION PACK	E	PA, QL, SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE	E	PA, QL, SP
teriflunomide	2	PA, QL, SP
VUMERITY	E	PA, ST, QL, SP
<b>Central Nervous System Agents - Miscellaneous</b>		
AUSTEDO	2	PA, QL, SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	2	PA, SP
AUSTEDO XR PATIENT TITRATION	2	PA, QL, SP
gabapentin (once-daily)	E	QL
GRALISE ORAL TABLET	E	QL
HORIZANT	E	QL
INGREZZA ORAL CAPSULE 40 MG, 80 MG	2	PA, QL, SP
INGREZZA ORAL CAPSULE 60 MG	2	PA, QL
INGREZZA ORAL CAPSULE SPRINKLE	2	SP
INGREZZA ORAL CAPSULE THERAPY PACK	2	PA, QL, SP
LYRICA ORAL CAPSULE	3	PA
NUEDEXTA	2	PA, QL
pregabalin oral capsule	2	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
RELYVRIO	3	PA, QL, SP
riluzole	1	SP
SAVELLA	3	QL
TEGLUTIK	3	PA
VEOZAH	3	PA, QL
ZEPOSIA	3	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT	3	PA, ST, SP
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	3	
DENTAGEL	3	
EVOXAC	E	
FLUORIDEX	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
JUST RIGHT 5000	3	
KOURZEQ	3	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE	3	
PERIDEX	3	
perio gard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
SALAGEN	3	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride 5000 ppm dental gel 1.1 %	1	
sodium fluoride dental	1	
triamcinolone acetonide mouth/throat	1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
ABSORICA	E	PA
ACANYA	E	QL
accutane	2	
acitretin	1	
ACZONE	E	QL
adapalene external gel	E	PA, QL
adapalene-benzoyl peroxide external gel 0.1-2.5 %	3	QL

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

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
clobetasol propionate external gel	2	QL
clobetasol propionate external liquid	1	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external shampoo	E	QL
clobetasol propionate external solution	1	QL
CLOBEX EXTERNAL SHAMPOO	E	QL
CLOBEX SPRAY	E	QL
clodan	E	QL
clotrimazole external cream	E	
clotrimazole-betamethasone	1	
CORDRAN	3	QL
dapsone external	3	QL
DAZOMON	E	PA
DERMACINRX UREA	E	
DERMA-SMOOTHIE/FS BODY	3	QL
DERMA-SMOOTHIE/FS SCALP	3	
desonide external cream	2	QL
desonide external lotion	3	QL
desonide external ointment	2	QL
DESOWEN	3	QL
desoximetasone external cream	1	QL
desoximetasone external ointment	3	QL
diclofenac sodium external gel 3 %	2	PA, QL
DIFFERIN EXTERNAL GEL 0.3 %	E	PA, QL
DIPROLENE	3	
DOVONEX EXTERNAL CREAM 0.005 %	E	QL
doxycycline	E	
DRYSOL	3	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP
EFUDEX	3	
ELIDEL	E	QL
ENSTILAR	3	QL
EPIDUO	E	QL
EPIDUO FORTE	E	QL
ERYGEL	3	
erythromycin external	1	
EUCRISA	3	ST, QL
EVOCALIN EXTERNAL FOAM 1 %	3	
FABIOR	E	PA, QL
FINACEA EXTERNAL FOAM	3	
FINACEA EXTERNAL GEL	E	
fluocinolone acetonide body	3	QL
fluocinolone acetonide external cream	3	QL
fluocinolone acetonide external ointment	2	QL
fluocinolone acetonide external solution	3	QL
fluocinolone acetonide scalp	3	
fluocinonide external cream 0.05 %	1	
fluocinonide external cream 0.1 %	E	QL
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
fluorouracil external cream 5 %	1	
fluticasone propionate external cream	1	
fluticasone propionate external ointment	1	
halobetasol propionate external cream	2	QL

Drug Name	Drug Tier	Requirements & Limits
halobetasol propionate external ointment	2	QL
hydrocortisone ace-pramoxine external cream 2.5-1 %	1	
hydrocortisone butyrate external cream	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone lotion 2%	3	
hydrocortisone valerate external cream	2	QL
hydrocortisone valerate external ointment	3	QL
HYDROXYM EXTERNAL CREAM	E	
imiquimod external cream 3.75 %	E	QL
imiquimod external cream 5 %	1	
imiquimod pump	E	QL
IMPOYZ	E	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
isotretinoin oral capsule 25 mg, 35 mg	E	PA
ivermectin external cream	E	QL
KLARON	3	
KLISYRI	3	ST, QL
LOPROX EXTERNAL SUSPENSION 0.77 %	E	
METROCREAM	3	
METROGEL	E	
METROLOTION	3	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
metronidazole external gel 1 %	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
metronidazole external lotion	1	
MIRVASO	2	PA, QL
mometasone furoate external	1	
naftifine hcl external gel	E	
NAFTIN	E	
NATROBA	E	
neuac	3	QL
NORITATE	E	
OLUX EXTERNAL FOAM 0.05 %	E	QL
ONEXTON	E	QL
OPZELURA	3	PA, QL, SP
ORACEA	E	
OVACE PLUS WASH EXTERNAL LIQUID	3	
OVACE WASH	3	
PANRETIN	3	
pimecrolimus	3	QL
PLEXION CLEANSER	E	
PLEXION EXTERNAL CREAM	E	
podofilox external solution	1	
PRAMOSONE EXTERNAL CREAM	2	
RETIN-A	E	PA, QL
RETIN-A MICRO GEL 0.04 %, 0.1 %	E	PA, QL
RETIN-A MICRO PUMP	E	PA, QL
RHOFADE	3	PA, QL
rosadan external cream 0.75 %	1	
rosadan external gel 0.75 %	1	
SANTYL	3	QL
selenium sulfide external lotion	1	
sodium sulfacetamide wash	1	
SOOLANTRA	3	QL
spinosad	3	
sss 10-5 external cream	1	
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	

Drug Name	Drug Tier	Requirements & Limits
sulfacetamide sodium-sulfur external cream 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide sodium-sulfur external suspension 8-4 %	E	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	E	
SULFACLEANSE 8/4	E	
SUMADAN WASH	E	
SYNALAR	E	QL
SYNALAR EXTERNAL SOLUTION 0.01 %	E	QL
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	E	QL
TACLONEX EXTERNAL SUSPENSION	3	QL
tacrolimus external	2	QL
tazarotene external cream	3	PA, QL
TAZAROTENE EXTERNAL FOAM	E	PA, QL
TAZORAC EXTERNAL CREAM	3	PA, QL
TEMOVATE EXTERNAL CREAM 0.05 %	3	QL
TOLAK	E	
TOPICORT EXTERNAL CREAM	3	QL
TOPICORT EXTERNAL OINTMENT	3	QL
tretinoin external cream	3	QL
tretinoin external gel 0.01 %, 0.025 %	E	QL
tretinoin external gel 0.05 %	E	PA, QL
tretinoin microsphere	E	PA, QL
tretinoin microsphere pump	E	PA, QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
triamcinolone in absorbase	E	
TRIANEX EXTERNAL OINTMENT 0.05 %	E	
triderm	1	QL
TRIDESILON EXTERNAL CREAM 0.05 %	3	QL
tritocin external ointment 0.05 %	E	
TWYNEO	E	QL
urea external cream 20 %, 40 %, 45 %	1	
urea external cream 41 %, 47 %	E	
UREMEZ-40	3	
VANOS	E	QL
VELTIN EXTERNAL GEL 1.2-0.025 %	E	QL
VTAMA	3	PA, QL
WINLEVI	E	PA, QL
zenatane	2	
ZIANA	E	QL
ZILXI	3	PA, ST, QL
ZORYVE	3	PA, QL
ZYCLARA	E	QL
ZYCLARA PUMP	E	QL
<b>Diabetes - Glucose Monitoring and Supplies</b>		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK FASTCLIX LANCETS	1	
ACCU-CHEK GUIDE KIT W/ DEVICE	3	
ACCU-CHEK GUIDE ME METER	1	

Drug Name	Drug Tier	Requirements & Limits
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK MULTICLIX LANCET DEVICE KIT	1	
ACCU-CHEK MULTICLIX LANCETS	1	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFT TOUCH LANCETS	1	
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCUTREND GLUCOSE	E	QL
ALCOHOL PREP PADS PAD	3	
AQ INSULIN SYRINGE	2	QL
AQINJECT PEN NEEDLE	2	QL
BD AUTOSHIELD DUO PEN NEEDLES	2	QL
BD ECLIPSE NEEDLE 18G X 1-1/2", 25G X 5/8", 27G X 1/2"	2	
BD ECLIPSE NEEDLE 23G X 1" (OTC)	2	
BD ECLIPSE NEEDLE 23G X 1" (RX)	2	
BD ECLIPSE SHIELDED NEEDLE	2	
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	2	
BD SHARPS COLLECTOR	3	
BD ULTRA-FINE insulin syringes	2	QL
BD ULTRA-FINE PEN NEEDLES	2	QL
BD ULTRA-FINE U-500 insulin syringes	2	QL
BD ULTRA-FINE VEO insulin syringes	2	QL
BIGFOOT UNITY PROGRAM	E	
BIOTEL CARE TEST STRIPS	E	QL
BLOOD GLUCOSE TEST STRIPS	E	QL
BLOOD GLUCOSE TEST STRIPS 333	E	QL
CAREPOINT POLY HUB NEEDLE 18G X 1", 20G X 1", 21G X 1", 22G X 1", 23G X 1", 25G X 1", 25G X 5/8"	2	

See page 6-8 for coverage details.





Drug Name	Drug Tier	Requirements & Limits
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
CAREPOINT SAFETY 1ST NEEDLE	2	
CARETOUCH MONITOR SYSTEM	E	
CARETOUCH TEST	E	QL
CEQUR SIMPLICITY 2U 10PK	3	ST
CONTOUR MONITOR KIT W/ DEVICE	E	
CONTOUR NEXT EZ KIT W/ DEVICE	E	
CONTOUR NEXT GEN MONITOR KIT	E	
CONTOUR NEXT GEN TEST STRIPS	2	QL
CONTOUR NEXT GEN TEST STRIPS	2	QL
CONTOUR NEXT LINK KIT W/ DEVICE	E	
CONTOUR NEXT LINK KIT W/ DEVICE	E	(Contour Next Link 24 )
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE DEVICE	E	
CONTOUR NEXT ONE KIT	2	
CONTOUR TEST STRIPS	E	QL
CVS ADVANCED GLUCOSE TEST	E	QL
CVS GLUCOSE METER TEST STRIPS	E	QL
D-CARE BLOOD GLUCOSE	E	QL
D-CARE GLUCOMETER	E	
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
DROPSAFE SAFETY SYRINGE/ NEEDLE	2	QL
EASY MAX BLOOD GLUCOSE TEST	E	QL

Drug Name	Drug Tier	Requirements & Limits
EASY MAX T1 GLUCOSE SYSTEM	E	
EASY TOUCH HEALTHPRO GLUCOSE	E	
EASY TOUCH TEST	E	QL
EASYGLUCO	E	
EASYMAX 15 TEST	E	QL
EASYMAX NG BLOOD GLUCOSE KIT	E	
EMBRACE BLOOD GLUCOSE TEST	E	QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	E	QL
EVERSENSE E3 SENSOR/ HOLDER	E	PA
EVERSENSE E3 SMART TRANSMITTER	E	PA
EVERSENSE SENSOR/HOLDER	E	PA
EVERSENSE SMART TRANSMITTER	E	PA
FORA 6 CONNECT/GTEL TEST	E	QL
FORTISCARE G1 TEST STRIP IN VITRO STRIP	E	QL
FORTISCARE TEST IN VITRO STRIP	E	QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 READER	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA
FREESTYLE LIBRE 3 READER	3	PA
FREESTYLE LIBRE 3 SENSOR	3	PA, QL
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE PRECISION NEO SYSTEM	E	
FREESTYLE PRECISION NEO TEST	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
FREESTYLE TEST	E	QL
GLUCOCARD EXPRESSION TEST	E	QL
GLUCOCARD SHINE TEST	E	QL
GLUCOCARD VITAL TEST	E	QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA
GUARDIAN 4 TRANSMITTER	3	PA
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
GUARDIAN REAL-TIME REPLACE PED	3	PA
GUARDIAN SENSOR (3)	3	PA, QL
GUARDIAN SENSOR 3	3	PA, QL
GVOKE HYOPEN 1-PACK	2	QL
GVOKE HYOPEN 2-PACK	2	QL
GVOKE KIT	2	
GVOKE PFS	2	QL
HEALTHPRO BLOOD GLUCOSE MONITO	E	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	ST
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	ST
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	ST
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	ST
INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	
INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	ST
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	

Drug Name	Drug Tier	Requirements & Limits
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	ST
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	QL
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL
LANCETS	1	
MICRODOT TEST	E	QL
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	PA
MM BLOOD GLUCOSE SYSTEM	E	
MM BLOOD GLUCOSE SYSTEM REFILL	E	
MM BLULINK GLUCOSE TEST	E	QL
MM EASY TOUCH GLUCOSE METER	E	
MONOJECT HYPODERMIC NEEDLE 18G X 1"	2	
NEUTEK 2TEK TEST	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOPEN ECHO	3	
NOVOTWIST PEN NEEDLE	2	QL
OMNIPOD 5 G6 INTRO (GEN 5)	2	PA, QL
OMNIPOD 5 G6 PODS (GEN 5)	2	PA, QL
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA
OMNIPOD 5 G7 PODS (GEN 5)	2	PA
ON CALL EXPRESS BLOOD GLUCOSE	E	QL
ON CALL EXPRESS MONITORING SYS	E	

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
TEMPO REFILL	E	
TEMPO WELCOME	E	
TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
TRUE METRIX AIR GLUCOSE METER KIT	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	QL
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER KIT	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	QL
TRUETRACK TEST	E	QL
UNISTRIP1 GENERIC	E	QL
VIVAGUARD INO GLUCOSE METER KIT	E	
VIVAGUARD INO TEST STRIPS	E	QL
<b>Diabetes - Insulin</b>		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
AFREZZA	E	PA, QL
BASAGLAR KWIKPEN	E	QL
BASAGLAR TEMPO PEN	E	
FIASP	E	ST, QL
FIASP FLEXTOUCH	E	ST, QL
HUMALOG INJECTION	E	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG SUBCUTANEOUS	2	QL
HUMALOG TEMPO PEN	E	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	1	QL
HUMULIN R VIAL	1	QL
INSULIN ASPART	E	ST, QL
INSULIN ASPART FLEXPEN	E	ST, QL
INSULIN DEGLUDEC FLEXTOUCH	E	QL
INSULIN GLARGINE	E	QL
INSULIN GLARGINE MAX SOLOSTAR	E	QL
INSULIN GLARGINE SOLOSTAR	E	QL
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION PEN-INJECTOR	E	
INSULIN LISPRO	1	QL
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen), QL
INSULIN LISPRO JUNIOR KWIKPEN	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LEVEMIR FLEXPEN	E	PA, QL
LEVEMIR U-100 FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	E	PA, QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV TEMPO PEN	E	QL
LYUMJEV VIAL	1	QL
NOVOLIN 70/30 FLEXPEN	E	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL
NOVOLIN 70/30 RELION	E	ST, QL
NOVOLIN 70/30 VIAL	E	ST, QL
NOVOLIN N FLEXPEN	E	ST, QL
NOVOLIN N FLEXPEN RELION	E	ST, QL
NOVOLIN N RELION	E	ST, QL
NOVOLIN N VIAL	E	ST, QL
NOVOLIN R FLEXPEN	E	ST, QL

Drug Name	Drug Tier	Requirements & Limits
NOVOLIN R FLEXPEN RELION	E	ST, QL
NOVOLIN R RELION	E	ST, QL
NOVOLIN R VIAL	E	ST, QL
NOVOLOG FLEXPEN	E	ST, QL
NOVOLOG FLEXPEN RELION	E	ST, QL
NOVOLOG RELION	E	ST, QL
NOVOLOG U-100 VIAL	E	ST, QL
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR	E	
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
TRESIBA FLEXTOUCH	E	QL
<b>Diabetes - Non-Insulin Agents</b>		
acarbose oral	1	
ACTOPLUS MET	3	QL
ACTOS	E	QL
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML	3	
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	3	
ALOGLIPTIN BENZOATE	2	QL
ALOGLIPTIN-METFORMIN HCL	2	QL
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	E	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE AUTOINJECTOR	2	PA, QL
BYETTA 10 MCG PEN	2	PA, QL
BYETTA 5 MCG PEN	2	PA, QL
CYCLOSET	3	
DAPAGLIFLOZIN PRO-METFORMIN ER	E	ST, QL
DAPAGLIFLOZIN PROPANEDIOL	E	ST, QL
FARXIGA	E	ST, QL
glimepiride	1	
glipizide er	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
glipizide oral tablet 10 mg, 5 mg	1	
glipizide oral tablet 2.5 mg	E	
glipizide xl	1	
glipizide-metformin hcl	2	
GLUCAGON EMERGENCY KIT	2	QL (manufactured by Fresenius)
glucagon emergency kit 1 mg injection	2	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION	E	QL
GLUCOTROL XL	3	
GLUMETZA	E	PA
glyburide micronized	1	
glyburide oral	1	
glyburide-metformin	1	
GLYNASE ORAL TABLET 1.5 MG	3	
GLYNASE ORAL TABLET 3 MG, 6 MG	3	
GLYXAMBI	2	ST, QL
INVOKAMET XR	E	ST, QL
INVOKANA	E	ST, QL
JANUMET	E	ST, QL
JANUMET XR	E	ST, QL
JANUVIA	E	ST, QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	E	QL
LIRAGLUTIDE PEN-INJECTOR 18MG/3ML	2	PA, (2 Pak), QL
LIRAGLUTIDE PEN-INJECTOR 18MG/3ML	3	PA, (3 Pak), QL
metformin hcl er	1	
metformin hcl er (mod)	E	PA
metformin hcl er (osm)	E	PA
metformin hcl oral solution	3	

Drug Name	Drug Tier	Requirements & Limits
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	E	
MOUNJARO	2	PA, QL
nateglinide	2	QL
ONGLYZA	E	QL
OZEMPIC	2	PA, QL
pioglitazone hcl	1	QL
pioglitazone hcl-metformin hcl	2	QL
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG	3	
repaglinide	2	QL
RIOMET	E	
RYBELSUS	2	PA, QL
saxagliptin hcl	2	QL
saxagliptin-metformin er	2	QL
SOLIQUA	2	QL
STEGLATRO	E	ST, QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, QL
XIGDUO XR	E	ST, QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
<b>Drugs for Blood Disorders</b>		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
AGRYLIN	E	
ALPHANATE	2	SP
ALPROLIX	3	SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ALTUVIIIO	3	PA, SP
ALVAIZ	3	PA, SP
anagrelide hcl	1	
ARANESP (ALBUMIN FREE)	2	QL, SP
aspirin-dipyridamole er	3	
DOPTELET	3	PA, QL, SP
ELOCTATE	3	PA, SP
FABHALTA	2	PA, QL, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	E	PA, SP
HEMOFIL M	2	SP
heparin sodium (porcine) injection solution	1	
heparin sodium (porcine) pf	1	
HUMATE-P	2	SP
IDELVION	3	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	3	PA, QL, SP
NEULASTA	2	
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	2	
PROMACTA ORAL TABLET	E	PA, SP
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	

Drug Name	Drug Tier	Requirements & Limits
TAVALISSE	3	PA, QL, SP
tranexamic acid oral	2	QL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
WILATE	2	
ZARXIO	2	
<b>Drugs for Sexual Dysfunction</b>		
ADDYI	3	PA, QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	3	PA, QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	3	PA, QL
tadalafil oral	2	QL
vardenafil hcl oral tablet	3	QL
VIAGRA	E	QL
VYLEESI	3	PA, QL
<b>Electrolytes / Vitamins</b>		
adc/f (0.5mg/ml)	1	
calcium acetate (phos binder) oral tablet	1	
calcium acetate oral tablet 667 mg	1	
CARNITOR ORAL SOLUTION	3	
CARNITOR SF	3	
CITRANATAL 90 DHA	3	
CITRANATAL ASSURE	3	
CITRANATAL DHA ORAL 27-1 & 250 MG	3	
COMPLETENATE	3	
CO-NATAL FA	2	
CONCEPT DHA	3	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
cyanocobalamin nasal	3	
DAVIMET-FLUORIDE	E	
deferasirox oral tablet	2	PA, SP
DODEX	3	
DRISDOL	3	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	2	
ELITE-OB	3	
ergocalciferol oral capsule	1	
FLORIVA PLUS	E	
fluoritab oral solution 0.275 (0.125 f) mg/drop	1	H
folic acid oral tablet 1 mg	1	
JADENU	E	PA, SP
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
kosher prenatal plus iron	1	
K-PHOS-NEUTRAL	2	
K-TAB	3	
levocarnitine oral solution	1	
levocarnitine sf	1	
LOKELMA	3	PA, QL
M-NATAL PLUS	3	
multivitamin w/fluoride tablet chewable 0.25 mg oral	1	
multivitamin w/fluoride tablet chewable 0.25 mg oral	E	
multivitamin w/fluoride tablet chewable 0.5 mg oral	1	
multivitamin w/fluoride tablet chewable 0.5 mg oral	E	
multivitamin w/fluoride tablet chewable 1 mg oral	1	
multivitamin w/fluoride tablet chewable 1 mg oral	E	
multi-vitamin/fluoride	1	

Drug Name	Drug Tier	Requirements & Limits
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
MULTI-VIT-FLOR	E	
nafrinse drops oral solution 0.275 (0.125 f) mg/drop	1	H
NAFRINSE ORAL TABLET CHEWABLE 2.2 (1 F) MG	1	H
NASCOBAL	3	
NATALVIT	2	
NEONATAL COMPLETE	3	
NEONATAL PLUS	3	
NIVA-PLUS	3	
OB COMPLETE	3	
ONE VITE WOMENS PLUS	3	
ORACIT	2	
ORAL CITRATE	2	
PHOSPHA 250 NEUTRAL	2	
phosphorous	1	
phospho-trin 250 neutral	1	
pnv-dha	3	
POKONZA	E	
POLY-VI-FLOR	E	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
potassium citrate-citric acid	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PRENA1 PEARL	3	
prenatal 19 oral tablet 29-1 mg	1	
prenatal 19 oral tablet chewable	1	
prenatal oral tablet 27-1 mg	1	
prenatal plus	1	
prenatal plus vitamin/mineral	1	
PRENATE DHA	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL	3	
PRENATE MINI	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATOL-M	E	
PRENATRIX	E	
PRENATRYL	E	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 SENSITIVE	3	
PREVIDENT MOUTH/THROAT	3	
QUFLORA PEDIATRIC	3	
SE-NATAL 19	3	
sevelamer hcl	E	
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
sodium fluoride 5000 enamel dental gel 1.1-5 %	1	
sodium fluoride 5000 sensitive dental gel 1.1-5 %	1	
sodium fluoride mouth/throat solution 0.2 %	1	
sodium fluoride oral solution	1	H
sodium fluoride oral tablet chewable	1	H
SPS	3	
TARON-C DHA	3	
THRIVITE RX	3	
TRICARE	3	
TRINATAL RX 1	3	
TRINATE	3	

Drug Name	Drug Tier	Requirements & Limits
tri-vite/fluoride	1	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
VELTASSA	3	PA, QL
VINATE ONE	3	
virt-c dha oral capsule 53.5-38-1 mg	1	
virt-pn dha oral capsule 27-0.6-0.4-300 mg	3	
VITAFOL FE+	3	
VITAFOL GUMMIES	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
VITAMEDMD ONE RX/ QUATREFOLIC	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
vitamins acid-fluoride	1	
VITAPEARL	3	
VITATHELY WITH GINGER	3	
WESCAP-C DHA	3	
WESCAP-PN DHA	3	
wes-phos 250 neutral	1	
WESTAB PLUS	E	
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	3	
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
ACIPHEX	E	QL
bis subcit-metronid-tetracyc	3	QL
bismuth/metronidaz/tetracyclin	3	QL
CARAFATE	E	
cimetidine oral	1	
CYTOTEC	3	
DEXILANT	E	QL
dexlansoprazole	E	QL
esomeprazole magnesium oral capsule delayed release	E	QL

See page 6-8 for coverage details.





Drug Name	Drug Tier	Requirements & Limits
esomeprazole magnesium oral packet	3	PA, ST, QL
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	E	
lansoprazole oral capsule delayed release	E	QL
lansoprazole oral tablet delayed release dispersible	3	PA, ST, QL
misoprostol oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	QL
NEXIUM ORAL PACKET	3	PA, ST, QL
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PEPCID	E	
PREVACID	E	QL
PREVACID SOLUTAB	E	PA, ST, QL
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	3	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	
VOQUEZNA	3	PA, QL
VOQUEZNA DUAL PAK	3	ST, QL
VOQUEZNA TRIPLE PAK	3	ST, QL
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
alosetron hcl	2	PA, QL
AMITIZA	3	PA, QL
ANASPAZ	2	
chlordiazepoxide-clidinium	3	
CLENPIQ	3	QL
constulose	1	
cromolyn sodium oral	1	

Drug Name	Drug Tier	Requirements & Limits
CUVPOSA	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine oral tablet	1	
ED-SPAZ ORAL TABLET DISPERSIBLE 0.125 MG	3	
enulose	1	
FIRST-LANSOPRAZOLE	3	PA
FIRST-OMEPRAZOLE	3	PA
GASTROCROM	E	
gavilyte-c	1	H
gavilyte-g	1	QL, H
gavilyte-n with flavor pack	1	QL, H
generlac	1	
GLYCATÉ	E	
glycopyrrolate oral solution	3	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
GOLYTELY	1	QL, H
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sublingual	1	
KRISTALOSE	3	
lactulose encephalopathy oral solution 10 gm/15ml	1	
lactulose oral packet	E	
lactulose oral solution	1	
LEVBIID	3	
LEVSIN	3	
LEVSIN/SL	3	
LIBRAX	E	
LINZESS	2	PA, QL
LOMOTIL	3	
loperamide hcl oral capsule	E	
LOTRONEX	E	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
lubiprostone	2	PA, QL
methscopolamine bromide oral	1	
MOTEGRITY	3	PA, QL
MOVANTIK	E	PA, QL
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	3	QL
NULEV	3	
OCALIVA	3	PA, ST, QL, SP
OMEPRAZOLE+SYRSPEND SF ALKA	3	PA
opium	1	
OSCIMIN	3	
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
RELTONE	E	
ROBINUL	E	
ROBINUL-FORTE	E	
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
TRULANCE	E	PA, ST, QL
URSO 250	E	
URSO FORTE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA, QL
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
CARNITOR ORAL TABLET	3	
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP

Drug Name	Drug Tier	Requirements & Limits
EVRYSDI	2	PA, QL, SP
JAVYGTOR ORAL PACKET	E	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	2	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	2	PA, QL
KUVAN ORAL PACKET	E	PA, QL, SP
levocarnitine oral tablet	1	
ORFADIN	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
sapropterin dihydrochloride oral packet	2	PA, QL, SP
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP
TEGSEDI	2	PA, QL, SP
VYNDAMAX	2	PA, QL, SP
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	2	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT	E	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
AURYXIA	E	
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
CAVERJECT IMPULSE	3	QL
darifenacin hydrobromide er	E	
DETROL	E	
DETROL LA	E	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	E	
EDEX	3	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ELMIRON	3	ST
fesoterodine fumarate er	E	
GEMTESA	E	
me/naphos/mb/hyo1	1	
mirabegron er	3	PA, ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
oxybutynin chloride er	2	
oxybutynin chloride oral tablet 2.5 mg	3	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
RENVELA ORAL TABLET	E	
sevelamer carbonate oral tablet	2	
solifenacin succinate	2	
THIOLA	3	SP
THIOLA EC	3	SP
tiopronin oral tablet delayed release	3	SP
tolterodine tartrate	3	
tolterodine tartrate er	E	
TOVIAZ	E	
tropium chloride	3	
tropium chloride er	E	
UROGESIC-BLUE	2	
VELPHORO	3	ST
VESICARE	E	
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	2	
dutasteride-tamsulosin hcl	E	
finasteride oral tablet 5 mg	1	
FLOMAX	E	

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	1	H
camila	1	H
camrese	3	
camrese lo	3	
caziant oral tablet 0.1/0.125/ 0.15 -0.025 mg	1	H
charlotte 24 fe	1	H
chateal eq	1	H
chateal oral tablet 0.15-30 mg-mcg	1	H
CLIMARA	E	QL
CLIMARA PRO	3	QL
COMBIPATCH	3	QL
COVARYX	2	
COVARYX HS	3	
cryselle-28	1	H
cyred eq	1	H
cyred oral tablet 0.15-30 mg-mcg	1	H
dasetta 1/35	1	H
dasetta 7/7/7	1	H
daysee	3	
deblitane	1	H
DELESTROGEN	3	
delyla	1	H
DEPO-ESTRADIOL	3	
DEPO-PROVERA	3	QL
DEPO-SUBQ PROVERA 104	1	QL, H
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2	
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL	3	
dolishale	1	H
dotti	2	QL

Drug Name	Drug Tier	Requirements & Limits
drospiren-eth estrad-levomefol	E	
drospirenone-ethinyl estradiol	3	
DUAVEE	3	QL
EEMT	2	
EEMT HS	3	
ELESTRIN	3	
elinest	1	H
ELLA	1	QL, H
eluryng	1	H
emoquette oral tablet 0.15-30 mg-mcg	1	H
emzahh	1	H
enilloring	1	H
enpresse-28	1	H
enskyce	1	H
errin	1	H
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	
est estrogens-methyltest hs	1	
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	3	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	3	QL
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal cream	3	
estradiol vaginal tablet	2	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	2	
ESTRING	2	QL
ESTROGEL	3	QL
ethynodiol diac-eth estradiol	1	H
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
fayosim oral tablet 42-21-21-7 days	1	H
FEMRING	3	QL
finzala	1	H
fyavolv	3	
gemmily	E	
GENERESS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	E	
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	1	H
heather	1	H
iclevia	2	H
incassia	1	H
introvale	2	H

Drug Name	Drug Tier	Requirements & Limits
isibloom	1	H
jaimiess	3	
jasmiel	3	
jencycla	1	H
jinteli	3	
jolessa	2	H
joyeaux	E	
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kaitlib fe	1	H
kalliga	1	H
kariva	2	
kelnor 1/35	1	H
kelnor 1/50	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
larissia oral tablet 0.1-20 mg-mcg	1	H
layolis fe	1	H
leena	1	H
lessina	1	H
levonest	1	H
levonorgest-eth est & eth est	1	
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	3	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
levonorgest-eth estradiol-iron	E	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	1	H
levonorg-eth estrad triphasic	1	H
levora 0.15/30 (28)	1	H
lillow oral tablet 0.15-30 mg-mcg	1	H
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
lojaimiess	3	
loryna	3	
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG	3	
low-ogestrel	1	H
lo-zumandimine	3	
lutera	1	H
lyleq	1	H
lyllana	2	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular	1	QL, H
medroxyprogesterone acetate oral	1	
megestrol acetate oral tablet	1	
MENOSTAR	3	QL
merzee	E	
mibelas 24 fe	1	H
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
mimvey	2	
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	E	
MINIVELLE	E	QL

Drug Name	Drug Tier	Requirements & Limits
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	E	
mono-lynyah	1	H
MYFEMBREE	2	PA, QL
NATAZIA	1	
necon 0.5/35 (28)	1	H
NEXTSTELLIS	E	
nikki	3	
nora-be	1	H
norelgestromin-eth estradiol	3	H
norethin ace-eth estrad-fe oral capsule	E	
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norethindrone-eth estradiol	2	(generic for FemHRT/ FemHRT 1/5)
norethindron-ethinyl estrad-fe	1	H
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	1	H
norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyda	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
nortrel 7/7/7	1	H
NUVARING	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
nylia 1/35	1	H
nylia 7/7/7	1	H
nymyo	1	H
ocella	3	
PHEXXI	E	PA
philith	1	H
pimtree	2	
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
previfem oral tablet 0.25-35 mg-mcg	1	H
progesterone intramuscular	1	
progesterone oral	2	
PROMETRIUM	E	
PROVERA	3	
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	E	
reclipsen	1	H
rivelsa	1	H
SAFYRAL	E	
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	E	
setlakin	2	H
sharobel	1	H
simliya	2	
simpesse	3	
SLYND	3	PA, ST
sprintec 28	1	H
sronyx	1	H
syeda	3	
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tarina fe 1/20 oral tablet 1-20 mg-mcg	1	H
taysofy	E	
TAYTULLA	E	

Drug Name	Drug Tier	Requirements & Limits
tilia fe	1	H
tri-estarylla	1	H
tri-legest fe	1	H
tri-lynyah	1	H
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	1	H
tri-nymyo	1	H
tri-sprintec	1	H
trivora (28)	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
tulana oral tablet 0.35 mg	1	H
turqoz	1	H
TWIRLA	E	
TYBLUME	1	
tydemy	1	H
VAGIFEM	E	
velivet	1	H
vestura	3	
vienva	1	H
viorele	2	
VIVELLE-DOT	E	QL
volnea	2	
vyfemla	1	H
vylibra	1	H
wera	1	H
wymzya fe	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvaferm	2	
zafemy	3	H
zovia 1/35 (28)	1	H
zumandimine	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
<b>Hormonal Agents - Oral Steroids</b>		
CORTEF	3	
DEXABLISS	E	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	E	
fludrocortisone acetate oral	1	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
ORAPRED ODT	3	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL
prednisolone sodium phosphate oral tablet dispersible	1	
prednisone oral	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	

Drug Name	Drug Tier	Requirements & Limits
<b>Hormonal Agents - Other</b>		
cabergoline	2	
DDAVP ORAL	E	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
lanreotide acetate solution 120 mg/0.5ml subcutaneous	1	SP
lanreotide acetate solution 120 mg/0.5ml subcutaneous	E	SP
leuprolide acetate injection	1	PA
megestrol acetate oral suspension 40 mg/ml	1	
METHERGINE	3	QL
methylergonovine maleate oral	1	QL
NGENLA	3	PA, QL, SP
NOCDURNA	3	PA, QL
NORDITROPIN FLEXPRO	2	PA, QL, SP
NUTROPIN AQ NUSPIN	E	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
SKYTROFA	3	PA, QL, SP
SOMATULINE DEPOT	3	SP
<b>Hormonal Agents - Testosterone Replacement</b>		
ANDRODERM	2	PA, QL
ANDROGEL PUMP	E	PA, QL
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%)	E	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
JATENZO	E	QL
KYZATREX	3	PA, QL
NATESTO	E	PA, QL

See page 6-8 for coverage details.





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

Drug Name	Drug Tier	Requirements & Limits
THYQUIDITY	E	PA
thyroid oral	1	
TIROSINT	E	
TIROSINT-SOL	2	PA
unithroid	1	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ABRILADA (1 PEN)	E	PA, SP
ABRILADA (2 PEN)	E	PA, QL, SP
ABRILADA (2 SYRINGE)	E	PA, QL, SP
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-AACF (2 PEN)	E	PA, SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, SP
ADALIMUMAB-AATY (2 PEN)	E	PA, QL, SP
ADALIMUMAB-AATY (2 SYRINGE)	E	PA; (manufactured by Celltrion), QL, SP
ADALIMUMAB-ADAZ	2	(manufactured by Sandoz), PA, QL, SP
ADALIMUMAB-ADBM	E	PA, QL, SP
ADALIMUMAB-FKJP	E	PA, QL, SP
ADALIMUMAB-RYVK (2 PEN)	E	PA, SP
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
AMJEVITA FOR NUVAILA	2	PA, QL, SP
ARAVA	E	
AZASAN	3	
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
BIMZELX	3	PA, ST, QL, SP
CELLCEPT	E	
CIMZIA	E	PA
CIMZIA (2 SYRINGE)	2	PA, QL, SP
CIMZIA STARTER KIT	2	PA, QL, SP
CINRYZE	E	PA, QL, SP
COSENTYX SENSOREADY	2	PA, QL, SP
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
COSENTYX UNOREADY	2	PA, QL, SP
cyclosporine modified oral capsule	1	
cyclosporine oral	1	
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	E	PA, QL, SP
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	E	PA, QL, SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
EMPAVELI	2	PA, QL, SP
ENBREL	2	PA, QL, SP
ENBREL MINI	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
ENBREL SURECLICK	2	PA, QL, SP
ENTYVIO	2	PA, QL, SP
ENVARUSUS XR	E	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3	
gengraf oral capsule	1	
GRASTEK	3	PA, QL
HADLIMA	E	PA, QL, SP
HAEGARDA	2	PA, QL, SP
HULIO (2 PEN)	E	PA, QL, SP
HULIO (2 SYRINGE)	E	PA, QL, SP
HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA, QL, SP
HUMIRA (2 PEN) PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	2	PA, QL, SP
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	2	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	2	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA, QL, SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	2	PA, QL, SP
HUMIRA-CD/UC/HS STARTER	2	PA, QL, SP
HUMIRA-PED<40KG CROHNS STARTER	2	PA, QL, SP
HUMIRA-PED>=40KG CROHNS START	2	PA, QL, SP
HUMIRA-PED>=40KG UC STARTER	2	PA, QL, SP
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	PA, QL, SP
HUMIRA-PSORIASIS/UEIT STARTER	2	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
HYFTOR	3	PA, QL
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	E	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML, 80 MG/0.8ML	E	PA, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	E	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	E	PA, SP
HYRIMOZ-CROHNS/UC STARTER	E	PA, QL, SP
HYRIMOZ-PED<40KG CROHN STARTER	E	PA, QL, SP
HYRIMOZ-PED>=40KG CROHN START	E	PA, QL, SP
HYRIMOZ-PLAQUE PSORIASIS START	E	PA, QL, SP
IDACIO (2 PEN)	E	PA, QL, SP
IDACIO (2 SYRINGE)	E	PA, QL, SP
IDACIO-CROHNS/UC STARTER	E	PA, QL, SP
IDACIO-PSORIASIS STARTER	E	PA, QL, SP
IMURAN	E	
JYLAMVO	3	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, ST, QL, SP
KINERET	3	PA, ST, QL, SP
leflunomide oral	1	
LITFULO	3	PA, QL, SP
LUPKYNIS	3	PA, QL, SP
methotrexate sodium (pf)	1	
methotrexate sodium injection solution	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral	1	
mycophenolate sodium	2	
mycophenolic acid	2	
MYFORTIC	E	
NEORAL ORAL CAPSULE	E	

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

See page 6-8 for coverage details.



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

Immunological Agents - Drugs for Vaccination		
ADACEL	3	H
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
BEXSERO	3	H
BOOSTRIX	2	H
COMIRNATY INTRAMUSCULAR SUSPENSION	3	H
ENGERIX-B	2	H
FLUAD QUADRIVALENT	3	H
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	H
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	3	H
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	H
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML	3	H

Drug Name	Drug Tier	Requirements & Limits
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
HAVRIX	3	H
HEPLISAV-B	3	H
IPOL	2	H
MENQUADFI	3	H
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	H
M-M-R II	2	H
MODERNA COVID-19 VAC 6M-11Y	3	H
NOVAVAX COVID-19 VACCINE	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PNEUMOVAX 23	2	H
PREVNAR 20	3	H
RECOMBIVAX HB	2	H
SHINGRIX	3	H
SPIKEVAX INTRAMUSCULAR SUSPENSION	3	H
TENIVAC	3	H
TRUMENBA	3	H
TWINRIX	3	H
VAQTA	2	H
VARIVAX	3	H

Infertility Agents		
cetorelix acetate	3	PA, ST, QL, SP
CETROTIDE	3	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral tablet 50 mg	1	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
FYREMADEL	3	QL, SP
ganirelix acetate	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	3	(manufactured by Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(manufactured by Merck/Organon), QL, SP
GONAL-F	3	ST, SP
GONAL-F RFF	3	ST, SP
GONAL-F RFF REDIRECT	3	ST, SP
MENOPUR	3	QL, SP
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	3	SP
<b>Inflammatory Bowel Disease Agents</b>		
ANALPRAM HC	3	
ANALPRAM-HC EXTERNAL CREAM	3	
ANUCORT-HC	2	
ANUSOL-HC EXTERNAL	3	
ANUSOL-HC RECTAL	E	
APRISO	1	
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	E	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
budesonide er	E	
budesonide oral	2	
budesonide rectal	2	
CANASA	E	
COLAZAL	E	
CORTENEMA	3	
CORTIFOAM	2	
DIPENTUM	3	
HEMMOREX-HC	E	

Drug Name	Drug Tier	Requirements & Limits
hydrocortisone (perianal) external cream 1 %	E	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	2	
hydrocortisone rectal	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	E	
mesalamine er	E	
mesalamine oral tablet delayed release 1.2 gm	2	
mesalamine oral tablet delayed release 800 mg	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	2	QL
mesalamine-cleanser	1	QL
PENTASA	E	
PROCORT	E	
PROCTOCORT	E	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	3	
PROCTOZONE-HC	3	
ROWASA	3	QL
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	3	
UCERIS RECTAL	E	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
ACTONEL	E	QL
alendronate sodium oral tablet	1	
calcitonin (salmon) injection	3	
calcitonin (salmon) nasal	2	
EVISTA	E	
FORTEO	E	PA, ST, SP
FOSAMAX	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ibandronate sodium oral	2	
MIACALCIN	3	
raloxifene hcl	2	H
risedronate sodium oral tablet 150 mg, 35 mg	3	QL
risedronate sodium oral tablet 30 mg, 5 mg	3	
teriparatide	E	PA, ST, SP
teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml	E	PA, ST, SP
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA, SP
TYMLOS	3	PA, SP
<b>Metabolic Bone Disease Agents - Other</b>		
calcitriol oral	1	
cinacalcet hcl	3	PA
paricalcitol oral	1	
ROCALTROL	3	
SENSIPAR	E	PA
ZEMPLAR ORAL	3	
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	E	
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	1	
ALREX	3	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
BLEPH-10 OPHTHALMIC SOLUTION 10 %	3	
bromfenac sodium (once-daily)	3	
bromfenac sodium ophthalmic solution 0.07 %	E	

Drug Name	Drug Tier	Requirements & Limits
bromfenac sodium ophthalmic solution 0.075 %	E	QL
BROMSITE	E	QL
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	3	QL
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	3	
gatifloxacin ophthalmic	3	
gentamicin sulfate ophthalmic	1	QL
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
KLARITY-A	E	
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	E	
loteprednol etabonate ophthalmic suspension	3	QL
MAXITROL	3	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	
OCUFLOX	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	
olopatadine hcl ophthalmic solution 0.2 %	E	
POLYCIN	3	
polymyxin b-trimethoprim	1	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
PROLENSA	E	
sulfacetamide sodium ophthalmic solution	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	3	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
VIGAMOX	E	
XDEMVIY	3	PA, QL
ZYLET	3	
ZYMAXID OPHTHALMIC SOLUTION 0.5 %	3	
<b>Ophthalmic Agents - Drugs for Eye Infection and Inflammation</b>		
bacitracin ophthalmic	1	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-hc ophthalmic	1	
NEO-POLYCIN	3	
sulfacetamide-prednisolone	1	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
AZOPT	E	QL

Drug Name	Drug Tier	Requirements & Limits
BETIMOL	2	QL
bimatoprost ophthalmic	2	QL
brimonidine tartrate ophthalmic solution 0.1 %	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	E	QL
brinzolamide	2	QL
COMBIGAN	2	QL
COSOPT	3	
COSOPT PF	E	QL
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	3	
IYUZEH	E	QL
latanoprost ophthalmic	1	
LUMIGAN	2	
methazolamide oral	1	
pilocarpine hcl ophthalmic	1	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
SIMBRINZA	E	QL
tafluprost (pf)	3	ST, QL
timolol maleate (once-daily)	3	
timolol maleate ocudose	2	
timolol maleate ophthalmic	1	
timolol maleate pf	2	
TIMOPTIC OCUDOSE	3	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	3	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TRAVATAN Z	E	ST, QL
travoprost (bak free)	3	QL
TRUSOPT OPHTHALMIC SOLUTION 2 %	3	
VYZULTA	E	ST, QL
XALATAN	E	
ZIOPTAN	3	ST, QL

#### Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions

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

#### Otic Agents - Drugs for Ear Conditions

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

Drug Name	Drug Tier	Requirements & Limits
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	

#### Respiratory - Drugs for Anaphylaxis

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

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

azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl nasal solution 0.15 %	E	
azelastine-fluticasone	E	QL
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
BROMFED DM	3	
carbinoxamine maleate oral tablet 4 mg	1	

See page 6-8 for coverage details.





Drug Name	Drug Tier	Requirements & Limits
carbinoxamine maleate oral tablet 6 mg	E	
cetirizine hcl oral solution	E	
CLARINEX	E	
cyproheptadine hcl oral	1	
desloratadine oral tablet	E	
DYMISTA	E	QL
flunisolide nasal	3	
fluticasone propionate nasal	2	QL
HYCODAN ORAL SOLUTION	E	PA, QL
hydrocod poli-chlorphe poli er	3	PA, QL
hydrocodone bit-homatrop mbr oral solution	1	PA, QL
hydromet	1	PA, QL
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
mometasone furoate nasal	3	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
ODACTRA	3	PA, QL
olopatadine hcl nasal	3	
PATANASE NASAL SOLUTION 0.6 %	E	
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
PULMOSAL	2	
ryvent	E	
sodium chloride inhalation	1	
XHANCE	E	QL, ST
ZETONNA	3	QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD</b>		
ACCOLATE	3	
ADVAIR DISKUS	E	QL

Drug Name	Drug Tier	Requirements & Limits
ADVAIR HFA	3	QL, RS
AEROCHAMBER HOLDING CHAMBER	3	
AEROCHAMBER PLS FLOVU MTHPIECE	3	
AEROCHAMBER PLUS FLO-VU	3	
AEROCHAMBER PLUS FLO-VU INTERM	3	
AEROCHAMBER PLUS FLO-VU LARGE	3	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	3	
AEROCHAMBER PLUS FLO-VU SMALL	3	
AEROCHAMBER PLUS FLO-VU W/MASK	3	
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
AIRSUPRA	3	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic for ProAir HFA or Proventil HFA), QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic ProAir HFA or Proventil HFA), QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(generic for Ventolin HFA), QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
albuterol sulfate oral syrup	1	
ALVESCO	E	QL
ANORO ELLIPTA	3	QL
arformoterol tartrate	3	QL
ARNUITY ELLIPTA	1	QL
ASMANEX (120 METERED DOSES)	E	QL
ASMANEX (14 METERED DOSES)	E	QL
ASMANEX (30 METERED DOSES)	E	QL
ASMANEX (60 METERED DOSES)	E	QL
ASMANEX HFA	E	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL, RS
breyna	E	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
BROVANA	3	QL
budesonide inhalation	2	QL
budesonide-formoterol fumarate	E	QL, RS
COMBIVENT RESPIMAT	3	QL
DALIRESP	3	PA, QL
DULERA	E	ST, QL
EASIVENT	3	
EASIVENT MASK LARGE	3	
EASIVENT MASK MEDIUM	3	
EASIVENT MASK SMALL	3	
FASENRA PEN	3	PA, QL
FLEXICHAMBER	3	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	E	QL
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL
FLUTICASONE FUROATE-VILANTEROL	E	QL, RS

Drug Name	Drug Tier	Requirements & Limits
FLUTICASONE PROPIONATE DISKUS	E	QL
FLUTICASONE PROPIONATE HFA	E	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	QL, RS
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL, RS
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
formoterol fumarate inhalation	3	QL
INSPIREASE	3	
ipratropium bromide inhalation	1	
ipratropium-albuterol	2	
levalbuterol hcl inhalation	3	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
MICROCHAMBER	3	
montelukast sodium oral packet	2	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA, QL
PERFORMIST	3	QL
PROCHAMBER VHC	3	
PROVENTIL HFA	E	QL
PULMICORT FLEXHALER	E	QL
PULMICORT SUSPENSION	E	QL
QNASL	E	QL
QNASL CHILDRENS	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
QVAR REDIHALER	1	QL
roflumilast	3	PA, QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
theophylline er	1	
tiotropium bromide monohydrate	E	QL
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL
VORTEX HOLD CHMBR/MASK/CHILD	2	
VORTEX HOLD CHMBR/MASK/TODDLER	2	
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	3	QL, RS
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML	E	QL
XOPENEX HFA	3	QL
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML	E	QL
YUPELRI	3	PA, QL
zafirlukast	1	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
BETHKIS	E	PA, QL, SP
BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP

Drug Name	Drug Tier	Requirements & Limits
KITABIS PAK	E	PA, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI NEBULIZER	E	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	2	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, (generic for Tobi), QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis</b>		
ESBRIET ORAL TABLET	E	PA, QL, SP
OFEV	3	PA, QL, SP
pirfenidone oral tablet 267 mg, 801 mg	2	PA, QL, SP
pirfenidone oral tablet 534 mg	2	PA, QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
ADCIRCA	E	PA, QL, SP
ADEMPAS	2	PA, QL, SP
alyq	2	PA, QL, SP
ambrisentan	2	PA, QL, SP
LETAIRIS	E	PA, QL, SP
OPSUMIT	2	PA, QL, SP
ORENITRAM	3	PA, QL, SP
REMODULIN	E	PA
REVATIO ORAL TABLET	E	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
tadalafil (pah)	2	PA, QL, SP
TADLIQ	3	PA, QL, SP
TRACLEER 62.5 MG, 125 MG	2	PA, QL, SP
treprostinil	E	PA

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TYVASO	2	PA
TYVASO DPI INSTITUTIONAL KIT	2	PA, QL, SP
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL	2	PA
TYVASO STARTER	2	PA
UPTRAVI ORAL	3	PA, QL

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

baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
baclofen oral tablet 15 mg	E	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	E	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
DANTRIUM ORAL	3	
dantrolene sodium oral	1	
FEXMID	E	
LORZONE	E	
metaxalone	3	
methocarbamol oral tablet 1000 mg	E	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	2	
SOMA	E	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
ZANAFLEX	3	

### Sleep Disorder Agents

AMBIEN	E	
AMBIEN CR	E	

Drug Name	Drug Tier	Requirements & Limits
armodafinil	2	QL
BELSOMRA	3	ST, QL
DAYVIGO	3	ST, QL
doxepin hcl oral tablet	E	QL
estazolam	1	
eszopiclone	2	
LUMRYZ	3	PA, QL, SP
LUNESTA	E	
modafinil oral	2	QL
NUVIGIL	E	QL
PROVIGIL	E	QL
QUVIVIQ	E	ST, QL
ramelteon	3	
RESTORIL	3	
ROZEREM	E	ST, QL
SILENOR	E	QL
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	3	PA; (manufactured by Hikma), QL, SP
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	E	PA; (manufactured by Amneal), QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYREM	E	PA, QL, SP
XYWAV	3	PA, QL, SP
zaleplon	1	
zolpidem tartrate er	2	
zolpidem tartrate oral tablet	1	

See page 6-8 for coverage details.



# Index

## A

abacavir sulfate-lamivudine.....	20	acetic acid otic.....	56	ADDYI.....	38
ABILIFY.....	19	ACIPHEX.....	40	ADEMPAS.....	59
abiraterone acetate oral tablet 250 mg.....	17	acitretin.....	28	ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG.....	25
abiraterone acetate oral tablet 500 mg.....	17	ACTEMRA ACTPEN.....	49	ADLYXIN STARTER PACK SUBCUTANEOUS PEN- INJECTOR KIT 10 & 20 MCG/0.2ML.....	36
ABRILADA (1 PEN).....	49	ACTEMRA SUBCUTANEOUS.....	49	ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML.....	36
ABRILADA (2 PEN).....	49	ACTICLATE ORAL TABLET 150 MG, 75 MG.....	11	ADMELOG.....	35
ABRILADA (2 SYRINGE).....	49	ACTIVELLA.....	43	ADMELOG SOLOSTAR.....	35
ABSORICA.....	28	ACTONEL.....	53	ADTHYZA.....	49
acamprosate calcium.....	10	ACTOPLUS MET.....	36	ADVAIR DISKUS.....	57
ACANYA.....	28	ACTOS.....	36	ADVAIR HFA.....	57
acarbose oral.....	36	ACULAR.....	54	ADVATE.....	37
ACCOLATE.....	57	ACULAR LS.....	54	ADYNOVATE.....	37
ACCU-CHEK AVIVA PLUS TEST STRIPS.....	32	ACUVAIL.....	54	ADZENYS XR-ODT.....	26
ACCU-CHEK FASTCLIX LANCET DEVICE KIT.....	32	acyclovir external cream.....	20	AEROCHAMBER HOLDING CHAMBER.....	57
ACCU-CHEK FASTCLIX LANCETS.....	32	acyclovir external ointment.....	20	AEROCHAMBER PLS FLOVU MTHPIECE.....	57
ACCU-CHEK GUIDE KIT W/ DEVICE.....	32	acyclovir oral.....	20	AEROCHAMBER PLUS FLO-VU... 57	57
ACCU-CHEK GUIDE ME METER... 32	32	ACZONE.....	28	AEROCHAMBER PLUS FLO-VU INTERM.....	57
ACCU-CHEK GUIDE TEST STRIPS.....	32	ADACEL.....	52	AEROCHAMBER PLUS FLO-VU LARGE.....	57
ACCU-CHEK MULTICLIX LANCET DEVICE KIT.....	32	ADALIMUMAB-AACF (2 PEN) ... 49	49	AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE.....	57
ACCU-CHEK MULTICLIX LANCETS.....	32	ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML ... 49	49	AEROCHAMBER PLUS FLO-VU SMALL.....	57
ACCU-CHEK SMARTVIEW TEST STRIPS.....	32	ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/0.8ML ... 49	49	AEROCHAMBER PLUS FLO-VU W/MASK.....	57
ACCU-CHEK SOFT TOUCH LANCETS.....	32	ADALIMUMAB-AATY (2 PEN).... 49	49	AFINITOR.....	17
ACCU-CHEK SOFTCLIX LANCET.....	32	ADALIMUMAB-AATY (2 SYRINGE).....	49	afirmelle.....	43
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT.....	32	ADALIMUMAB-ADAZ.....	49	AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	52
ACCUPRIL.....	21	ADALIMUMAB-ADAZ.....	49	AFREZZA.....	35
accutane.....	28	ADALIMUMAB-ADBAM.....	49	AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT..... 37	37
ACCUTREND GLUCOSE.....	32	ADALIMUMAB-FKJP.....	49	AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT.....	37
acebutolol hcl oral.....	21	ADALIMUMAB-RYVK (2 PEN) ... 49	49		
acetaminophen-codeine.....	9	adapalene external gel.....	28		
acetazolamide er.....	21	adapalene-benzoyl peroxide external gel 0.1-2.5 %.....	28		
acetazolamide oral.....	21	adapalene-benzoyl peroxide external gel 0.3-2.5 %.....	28		
		ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.....	49		
		adc/f (0.5mg/ml).....	38		
		ADCIRCA.....	59		
		ADDERALL.....	25		
		ADDERALL XR.....	25		



AGRYLIN .....	37	alosetron hcl .....	41	amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg .....	22
AIMOVIQ.....	16	ALPHAGAN P OPHTHALMIC SOLUTION 0.1% .....	55	amlodipine-olmesartan .....	22
AIMOVIQ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML .....	16	ALPHAGAN P OPHTHALMIC SOLUTION 0.15%.....	55	amlodipine-valsartan-hctz.....	22
AIRDUO RESPICLICK 113/14.....	57	ALPHANATE.....	37	amnesteem .....	28
AIRDUO RESPICLICK 232/14 .....	57	alprazolam er .....	21	amoxicillin.....	11
AIRDUO RESPICLICK 55/14.....	57	alprazolam oral .....	21	amoxicillin-potassium clavulanate.....	11
AIRSUPRA.....	57	alprazolam xr .....	21	amphet-dextroamphet 3-bead er.....	26
AJOVY.....	16	ALPROLIX.....	37	amphetamine sulfate.....	26
ak-poly-bac ophthalmic ointment 500-10000 unit/gm .....	54	ALREX.....	54	amphetamine- dextroamphetamine .....	26
AKLIEF .....	28	ALTACE.....	21	amphetamine- dextroamphetamine er .....	26
ala-cort.....	28	altavera.....	43	ampicillin.....	11
albendazole oral .....	18	ALTRENO.....	28	AMPYRA.....	26
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation .....	57	ALTUVIIIIO .....	38	AMZEEQ.....	28
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml .....	57	ALUNBRIG .....	17	ANAFRANIL.....	14
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION.....	57, 58	ALVAIZ .....	38	anagrelide hcl.....	38
albuterol sulfate oral syrup.....	58	ALVESCO.....	58	ANALPRAM HC.....	53
alclometasone dipropionate.....	28	alyacen 1/35 .....	43	ANALPRAM-HC EXTERNAL CREAM .....	53
ALCOHOL PREP PADS PAD.....	32	alyacen 7/7/7 .....	43	ANAPROX DS.....	10
ALDACTAZIDE ORAL TABLET 25-25 MG.....	21	alyq.....	59	ANASPAZ.....	41
ALDACTAZIDE ORAL TABLET 50-50 MG .....	21	amantadine hcl oral .....	19	anastrozole oral.....	17
ALDACTONE .....	21	AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG.....	36	ANDRODERM .....	48
ALECENSA .....	17	AMBIEN .....	60	ANDROGEL PUMP.....	48
alendronate sodium oral tablet .....	53	AMBIEN CR.....	60	ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%).....	48
alfuzosin hcl er.....	43	ambrisentan .....	59	ANGELIQ.....	43
ALINIA ORAL TABLET .....	18	AMERGE ORAL TABLET 1 MG, 2.5 MG.....	16	ANNOVERA .....	43
aliskiren fumarate .....	21	amethia oral tablet 0.15-0.03 & 0.01 mg.....	43	ANORO ELLIPTA.....	58
allopurinol oral tablet 100 mg, 300 mg.....	16	amethyst.....	43	ANTARA ORAL CAPSULE 30 MG .....	22
ALLOPURINOL ORAL TABLET 200 MG.....	16	amiloride hcl oral .....	21	ANTIVERT ORAL TABLET.....	15
ALLZITAL .....	9	amiloride-hydrochlorothiazide .....	21	ANUCORT-HC.....	53
almotriptan malate.....	16	amiodarone hcl oral .....	21	ANUSOL-HC EXTERNAL.....	53
ALOGLIPTIN BENZOATE .....	36	AMITIZA .....	41	ANUSOL-HC RECTAL .....	53
ALOGLIPTIN-METFORMIN HCL.....	36	amitriptyline hcl oral .....	14	apap-caff-dihydrocodeine.....	9
ALORA.....	43	AMJEVITA FOR NUVAILA .....	49	ALENZIN.....	14
		amlodipine besylate oral .....	21	aprepitant oral capsule 125 mg, 40 mg, 80 mg .....	15
		amlodipine besylate-benazepril hcl .....	22	apri .....	43
		amlodipine besylate-valsartan... ..	22		
		amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg.....	22		



APRISO.....	53	atorvastatin calcium oral tablet 40 mg, 80 mg .....	22	AYGESTIN ORAL TABLET 5 MG ..	43
APTENSIO XR.....	26	atovaquone .....	19	ayuna.....	43
APTIOM .....	13	atovaquone-proguanil hcl.....	19	AZASAN .....	49
AQ INSULIN SYRINGE.....	32	ATRALIN .....	28	AZASITE.....	54
AQINJECT PEN NEEDLE.....	32	atropine sulfate ophthalmic solution 1 %.....	56	azathioprine oral tablet 100 mg, 75 mg.....	49
ARAKODA .....	19	ATROVENT HFA.....	58	azathioprine oral tablet 50 mg...	49
aranelle.....	43	AUBAGIO.....	26	azelaic acid external.....	28
ARANESP (ALBUMIN FREE) .....	38	aubra eq.....	43	azelastine hcl nasal solution 0.1 %, 137 mcg/spray .....	56
ARAVA.....	49	aubra oral tablet 0.1-20 mg-mcg .....	43	azelastine hcl nasal solution 0.15 %.....	56
ARAZLO .....	28	AUGMENTIN .....	11	azelastine hcl ophthalmic .....	54
arformoterol tartrate.....	58	AUGMENTIN ES-600 .....	11	azelastine-fluticasone.....	56
ARICEPT .....	14	AUGTYRO .....	17	AZELEX.....	28
ARIMIDEX.....	17	aurovela 1/20 .....	43	AZILECT.....	19
aripiprazole oral solution.....	19	aurovela 1.5/30 .....	43	azithromycin oral .....	11
aripiprazole oral tablet .....	19	aurovela 24 fe .....	43	AZOPT.....	55
ARIXTRA .....	12	aurovela fe 1/20.....	43	AZOR .....	22
armodafinil.....	60	aurovela fe 1.5/30 .....	43	AZSTARYS .....	26
ARMOUR THYROID .....	49	AURYXIA .....	42	AZULFIDINE .....	53
ARNUITY ELLIPTA .....	58	AUSTEDO .....	27	AZULFIDINE EN-TABS.....	53
AROMASIN.....	17	AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG .....	27	azurette .....	43
ARTHROTEC .....	10	AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG .....	27		
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG .....	53	AUSTEDO XR PATIENT TITRATION.....	27	<b>B</b>	
ascomp-codeine.....	9	AUVELITY.....	14	bac .....	9
asenapine maleate .....	19	AUVI-Q .....	56	bacitracin ophthalmic .....	55
ashlyna.....	43	AVALIDE .....	22	bacitracin-polymyxin b.....	54
ASMANEX (120 METERED DOSES).....	58	AVAPRO .....	22	baclofen oral tablet 10 mg, 20 mg, 5 mg.....	60
ASMANEX (14 METERED DOSES).....	58	AVAR CLEANSER.....	28	baclofen oral tablet 15 mg .....	60
ASMANEX (30 METERED DOSES).....	58	AVAR LS CLEANSER .....	28	BACTRIM.....	11
ASMANEX (60 METERED DOSES).....	58	AVAR-E EMOLLIENT.....	28	BACTRIM DS .....	11
ASMANEX HFA .....	58	AVAR-E GREEN.....	28	BAFIERTAM .....	27
aspirin-dipyridamole er .....	38	AVAR-E LS.....	28	BALCOLTRA.....	43
ATACAND.....	22	aviane .....	43	balsalazide disodium .....	53
ATACAND HCT .....	22	AVIDOXY.....	11	balziva.....	43
atenolol oral.....	22	AVITA EXTERNAL CREAM 0.025 %.....	28	BANZEL .....	13
atenolol-chlorthalidone.....	22	AVITA EXTERNAL GEL 0.025 %...	28	BAQSIMI ONE PACK .....	36
ATIVAN ORAL.....	21	AVODART .....	43	BAQSIMI TWO PACK.....	36
atomoxetine hcl .....	26	AVONEX PEN.....	26	BARACLUDGE ORAL TABLET .....	20
ATORVALIQ .....	22	AVONEX PREFILLED.....	27	BASAGLAR KWIKPEN.....	35
atorvastatin calcium oral tablet 10 mg, 20 mg.....	22			BASAGLAR TEMPO PEN .....	35
				BD AUTOSHIELD DUO PEN NEEDLES.....	32



BD ECLIPSE NEEDLE 18G X 1-1/2", 25G X 5/8", 27G X 1/2" . . . . .	32	betamethasone valerate external ointment . . . . .	28	brimonidine tartrate ophthalmic solution 0.2 % . . . . .	55
BD ECLIPSE NEEDLE 23G X 1" (OTC) . . . . .	32	BETAPACE . . . . .	22	brimonidine tartrate-timolol . . . . .	55
BD ECLIPSE NEEDLE 23G X 1" (RX) . . . . .	32	BETAPACE AF . . . . .	22	brinzolamide . . . . .	55
BD ECLIPSE SHIELDED NEEDLE . . . . .	32	BETASERON . . . . .	27	BRIVIACT ORAL SOLUTION . . . . .	13
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2" . . . . .	32	betaxolol hcl oral . . . . .	22	BRIVIACT ORAL TABLET . . . . .	13
BD SHARPS COLLECTOR . . . . .	32	bethanechol chloride oral . . . . .	42	BROMFED DM . . . . .	56
BD ULTRA-FINE insulin syringes . . . . .	32	BETHKIS . . . . .	59	bromfenac sodium (once-daily) . . . . .	54
BD ULTRA-FINE PEN NEEDLES . . . . .	32	BETIMOL . . . . .	55	bromfenac sodium ophthalmic solution 0.07 % . . . . .	54
BD ULTRA-FINE U-500 insulin syringes . . . . .	32	BEVESPI AEROSPHERE . . . . .	58	bromfenac sodium ophthalmic solution 0.075 % . . . . .	54
BD ULTRA-FINE VEO insulin syringes . . . . .	32	BEXSERO . . . . .	52	bromocriptine mesylate oral tablet . . . . .	19
BELBUCA . . . . .	9	BEYAZ . . . . .	43	BROMSITE . . . . .	54
BELSOMRA . . . . .	60	bicalutamide . . . . .	17	BRONCHITOL . . . . .	59
benazepril hcl oral . . . . .	22	BIDIL . . . . .	22	BRONCHITOL TOLERANCE TEST . . . . .	59
benazepril-hydrochlorothiazide . . . . .	22	BIGFOOT UNITY PROGRAM . . . . .	32	BROVANA . . . . .	58
BENICAR . . . . .	22	BIJUVA . . . . .	44	BRUKINSA . . . . .	17
BENICAR HCT . . . . .	22	BIKTARVY . . . . .	20	budesonide er . . . . .	53
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR . . . . .	49	bimatoprost ophthalmic . . . . .	55	budesonide inhalation . . . . .	58
BENZAMYCIN . . . . .	28	BIMZELX . . . . .	50	budesonide oral . . . . .	53
benzonatate oral capsule 100 mg, 200 mg . . . . .	56	BIOTEL CARE TEST STRIPS . . . . .	32	budesonide rectal . . . . .	53
benzonatate oral capsule 150 mg . . . . .	56	bis subcit-metronid-tetracyc . . . . .	40	budesonide-formoterol fumarate . . . . .	58
benzoyl peroxide-erythromycin . . . . .	28	bisoprolol fumarate oral . . . . .	22	bumetanide oral . . . . .	22
benztropine mesylate oral . . . . .	19	bisoprolol-hydrochlorothiazide . . . . .	22	BUMEX . . . . .	22
BESIVANCE . . . . .	54	BLEPH-10 OPHTHALMIC SOLUTION 10 % . . . . .	54	BUPAP . . . . .	9
betamethasone dipropionate aug external cream . . . . .	28	blisovi 24 fe . . . . .	44	buprenorphine . . . . .	9, 10
betamethasone dipropionate aug external lotion . . . . .	28	blisovi fe 1/20 . . . . .	44	buprenorphine hcl sublingual . . . . .	10
betamethasone dipropionate aug external ointment . . . . .	28	blisovi fe 1.5/30 . . . . .	44	buprenorphine hcl-naloxone hcl . . . . .	10
betamethasone dipropionate external cream . . . . .	28	BLOOD GLUCOSE TEST STRIPS . . . . .	32	bupropion hcl er (smoking det) . . . . .	10
betamethasone dipropionate external lotion . . . . .	28	BLOOD GLUCOSE TEST STRIPS 333 . . . . .	32	bupropion hcl er (sr) . . . . .	14
betamethasone dipropionate external ointment . . . . .	28	BONJESTA . . . . .	15	bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg . . . . .	14
betamethasone valerate external cream . . . . .	28	BOOSTRIX . . . . .	52	BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG . . . . .	14
betamethasone valerate external lotion . . . . .	28	BOSULIF ORAL TABLET . . . . .	17	bupropion hcl oral . . . . .	14
		BREO ELLIPTA . . . . .	58	buspirone hcl oral . . . . .	21
		brey-na . . . . .	58	butalbital-acetaminophen oral tablet 50-300 mg . . . . .	9
		BREZTRI AEROSPHERE . . . . .	58	butalbital-acetaminophen oral tablet 50-325 mg . . . . .	9
		briellyn . . . . .	44		
		BRILINTA . . . . .	19		
		brimonidine tartrate external . . . . .	29		
		brimonidine tartrate ophthalmic solution 0.1 % . . . . .	55		
		brimonidine tartrate ophthalmic solution 0.15 % . . . . .	55		





butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	9	camrese	44	cartia xt	22
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	9	camrese lo	44	carvedilol	22
butalbital-apap-caffeine oral capsule 50-300-40 mg	9	CAMZYOS	22	carvedilol phosphate er	22
butalbital-apap-caffeine oral capsule 50-325-40 mg	9	CANASA	53	CASODEX	17
butalbital-apap-caffeine oral tablet	9	candesartan cilexetil	22	CATAPRES-TTS-1	22
butalbital-asa-caff-codeine	9	candesartan cilexetil-hctz	22	CATAPRES-TTS-2	22
butalbital-aspirin-caffeine	9	capecitabine	17	CATAPRES-TTS-3	22
butorphanol tartrate nasal	9	CAPLYTA	19	CAVERJECT IMPULSE	42
BUTRANS	9	captopril oral	22	caziant oral tablet 0.1/0.125/0.15 -0.025 mg	44
BYDUREON BCISE AUTOINJECTOR	36	CARAC	29	cefadroxil	11
BYETTA 10 MCG PEN	36	CARAFATE	40	cefdinir	11
BYETTA 5 MCG PEN	36	carbamazepine er oral capsule extended release 12 hour	13	cefixime	11
BYSTOLIC	22	carbamazepine er oral tablet extended release 12 hour	13	cefpodoxime proxetil oral tablet	11
<b>C</b>					
cabergoline	48	carbamazepine oral tablet chewable	13	cefprozil	11
CABOMETYX	17	CARBATROL	13	cefuroxime axetil	11
CADUET	22	carbidopa-levodopa er	19	CELEBREX	10
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG	22	carbidopa-levodopa oral tablet	19	celecoxib oral	10
calcipotriene external cream	29	carbidopa-levodopa-entacapone	19	CELEXA	14
calcipotriene external ointment	29	carbinoxamine maleate oral tablet 4 mg	56	CELLCEPT	50
calcipotriene external solution	29	carbinoxamine maleate oral tablet 6 mg	57	CENTANY EXTERNAL OINTMENT 2 %	11
calcipotriene-betameth diprop external suspension	29	CARDIZEM	22	cephalexin	11
calcitonin (salmon) injection	53	CARDIZEM CD	22	CEQUA	56
calcitonin (salmon) nasal	53	CARDIZEM LA	22	CEQUR SIMPLICITY 2U 10PK	33
CALCITRENE	29	CARDURA	22	CERDELGA	42
calcitriol oral	54	CAREPOINT POLY HUB NEEDLE 18G X 1", 20G X 1", 21G X 1", 22G X 1", 23G X 1", 25G X 1", 25G X 5/8"	32	cetirizine hcl oral solution	57
calcium acetate (phos binder) oral capsule	42	CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	33	CETRAXAL	56
calcium acetate (phos binder) oral tablet	38	CAREPOINT SAFETY 1ST NEEDLE	33	cetrorelix acetate	52
calcium acetate oral tablet 667 mg	38	CARETOUCH MONITOR SYSTEM	33	CETROTIDE	52
CALQUENCE	17	CARETOUCH TEST	33	cevimeline hcl	27
CALQUENCE ORAL CAPSULE 100 MG	17	carisoprodol oral tablet 250 mg	60	charlotte 24 fe	44
CAMBIA	10	carisoprodol oral tablet 350 mg	60	chateal eq	44
camila	44	CARNITOR ORAL SOLUTION	38	chateal oral tablet 0.15-30 mg-mcg	44
		CARNITOR ORAL TABLET	42	chlordiazepoxide hcl	21
		CARNITOR SF	38	chlordiazepoxide-clidinium	41
				chlorhexidine gluconate mouth/throat	27
				chlorpromazine hcl oral tablet	19
				chlorthalidone	22
				chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	60
				chlorzoxazone oral tablet 500 mg	60



cholestyramine light .....	22	CLEOCIN ORAL CAPSULE 150 MG, 300 MG .....	11	clobetasol propionate external shampoo .....	29
cholestyramine oral .....	22	CLEOCIN ORAL CAPSULE 75 MG .....	11	clobetasol propionate external solution .....	29
CHORIONIC GONADOTROPIN INTRAMUSCULAR .....	52	CLEOCIN ORAL SOLUTION RECONSTITUTED .....	11	CLOBEX EXTERNAL SHAMPOO ..	29
CIALIS .....	38	CLEOCIN VAGINAL CREAM .....	11	CLOBEX SPRAY .....	29
CIBINQO .....	29	CLEOCIN-T .....	29	clodan .....	29
ciclodan .....	16	CLIMARA .....	44, 45	CLOMID .....	52
ciclopirox external gel .....	16	CLIMARA PRO .....	44	clomiphene citrate oral tablet 50 mg .....	52
ciclopirox external shampoo .....	16	clindacin .....	29	clomipramine hcl oral .....	14
ciclopirox external solution .....	16	clindacin etz external swab .....	29	clonazepam oral .....	21
ciclopirox olamine external cream .....	16	clindacin-p .....	29	clonidine hcl er oral tablet extended release 12 hour .....	26
ciclopirox olamine external suspension .....	29	CLINDAGEL .....	29	clonidine hcl oral .....	22
cilostazol .....	19	clindamycin hcl oral .....	11	clonidine patch weekly 0.1 mg/24hr transdermal .....	22
CIMDUO .....	20	clindamycin palmitate hcl .....	11	clonidine patch weekly 0.2 mg/24hr transdermal .....	22
cimetidine oral .....	40	clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 % .....	29	clonidine patch weekly 0.3 mg/24hr transdermal .....	22
CIMZIA .....	50	clindamycin phos-benzoyl perox external gel 1.2-5 % .....	29	clonidine patch weekly 0.3 mg/24hr transdermal .....	22
CIMZIA (2 SYRINGE) .....	50	clindamycin phosphate external foam .....	29	clonidine patch weekly 0.3 mg/24hr transdermal .....	22
CIMZIA STARTER KIT .....	50	clindamycin phosphate external lotion .....	29	clopidogrel bisulfate oral .....	19
cinacalcet hcl .....	54	clindamycin phosphate external solution .....	29	clorazepate dipotassium .....	21
CINRYZE .....	50	clindamycin phosphate external swab .....	29	clotrimazole external cream .....	29
CIPRO HC .....	56	clindamycin phosphate gel 1 % external .....	29	clotrimazole mouth/throat .....	16
CIPRO ORAL TABLET .....	11	clindamycin phosphate vaginal ..	11	clotrimazole-betamethasone ..	29
CIPRODEX OTIC SUSPENSION 0.3-0.1 % .....	56	clindamycin-tretinoin .....	29	clozapine oral tablet .....	19
ciprofloxacin hcl ophthalmic .....	54	CLINDESSE .....	11	CLOZARIL .....	19
ciprofloxacin hcl oral .....	11	CLINPRO 5000 .....	27	CO-NATAL FA .....	38
ciprofloxacin hcl otic .....	56	clobazam oral suspension .....	13	COLAZAL .....	53
ciprofloxacin-dexamethasone ..	56	clobazam oral tablet .....	13	colchicine oral .....	16
citalopram hydrobromide oral solution .....	14	clobetasol propionate e .....	29	colchicine-probenecid .....	16
citalopram hydrobromide oral tablet .....	14	clobetasol propionate external cream .....	29	colesevelam hcl oral tablet .....	22
CITRANATAL 90 DHA .....	38	clobetasol propionate external foam .....	29	COLESTID ORAL TABLET .....	22
CITRANATAL ASSURE .....	38	clobetasol propionate external gel .....	29	colestipol hcl oral tablet .....	22
CITRANATAL DHA ORAL 27-1 & 250 MG .....	38	clobetasol propionate external liquid .....	29	COMBIGAN .....	55
claravis .....	29	clobetasol propionate external ointment .....	29	COMBIPATCH .....	44
CLARINEX .....	57			COMBIVENT RESPIMAT .....	58
clarithromycin er .....	11			COMIRNATY INTRAMUSCULAR SUSPENSION .....	52
clarithromycin oral suspension reconstituted .....	11			COMPLERA .....	20
clarithromycin oral tablet .....	11			COMPLETENATE .....	38
CLENPIQ .....	41			COMPRO .....	15
				COMTAN ORAL TABLET 200 MG.	19
				CONCEPT DHA .....	38
				CONCERTA .....	26

constulose .....	41	CVS GLUCOSE METER TEST STRIPS .....	33	cyred oral tablet 0.15-30 mg-mcg .....	44
CONTOUR MONITOR KIT W/ DEVICE .....	33	cyanocobalamin injection solution 1000 mcg/ml .....	38	CYTOMEL .....	49
CONTOUR NEXT EZ KIT W/ DEVICE .....	33	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML .....	38	CYTOTEC .....	40
CONTOUR NEXT GEN MONITOR KIT .....	33	cyanocobalamin nasal .....	39	<b>D</b>	
CONTOUR NEXT GEN TEST STRIPS .....	33	cyclobenzaprine hcl oral tablet 10 mg, 5 mg .....	60	D-CARE BLOOD GLUCOSE .....	33
CONTOUR NEXT LINK KIT W/ DEVICE .....	33	cyclobenzaprine hcl oral tablet 7.5 mg .....	60	D-CARE GLUCOMETER .....	33
CONTOUR NEXT MONITOR KIT W/DEVICE .....	33	CYCLOGYL .....	56	dabigatran etexilate mesylate ...	12
CONTOUR NEXT ONE DEVICE .....	33	cyclopentolate hcl ophthalmic ..	56	dalfampridine er .....	27
CONTOUR NEXT ONE KIT .....	33	cyclophosphamide oral capsule ..	17	DALIRESP .....	58
CONTOUR TEST STRIPS .....	33	CYCLOSET .....	36	DANTRIUM ORAL .....	60
COPAXONE .....	27	cyclosporine modified oral capsule .....	50	dantrolene sodium oral .....	60
CORDRAN .....	29	cyclosporine ophthalmic .....	56	DAPAGLIFLOZIN PRO-METFORMIN ER .....	36
COREG .....	22	cyclosporine oral .....	50	DAPAGLIFLOZIN PROPANEDIOL .....	36
COREG CR .....	22	CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML .....	50	dapsone external .....	29
CORGARD .....	22	CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML .....	50	dapsone oral .....	17
CORLANOR .....	22	CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML .....	50	darifenacin hydrobromide er .....	42
CORTEF .....	48	CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML .....	50	darunavir .....	20
CORTENEMA .....	53	CYLTEZO (2 SYRINGE) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML .....	50	dasetta 1/35 .....	44
CORTIFOAM .....	53	CYLTEZO (2 SYRINGE) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML .....	50	dasetta 7/7/7 .....	44
COSENTYX SENSOREADY .....	50	CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML .....	50	DAVIMET-FLUORIDE .....	39
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE .....	50	CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML .....	50	DAYPRO .....	10
COSENTYX UNOREADY .....	50	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML .....	50	daysee .....	44
COSOPT .....	55	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML .....	50	DAYTRANA .....	26
COSOPT PF .....	55	CYMBALTA .....	14	DAYVIGO .....	60
COTELLIC .....	17	cyproheptadine hcl oral .....	57	DAZOMON .....	29
COTEMPLA XR-ODT .....	26	cyred eq .....	44	DDAVP ORAL .....	48
COVARYX .....	44			deblitane .....	44
COVARYX HS .....	44			deferasirox oral tablet .....	39
COZAAR .....	23			DELESTROGEN .....	44
CREON .....	42			DELSTRIGO .....	20
CRESEMBA ORAL .....	16			delyla .....	44
CRESTOR .....	23			DENTA 5000 PLUS .....	27
cromolyn sodium ophthalmic .....	56			DENTAGEL .....	27
cromolyn sodium oral .....	41			DEPAKOTE .....	13
cryselle-28 .....	44			DEPAKOTE ER .....	13
CUVPOSA .....	41			DEPAKOTE SPRINKLES .....	13
CVS ADVANCED GLUCOSE TEST .....	33			DEPEN TITRATABS .....	42

DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML .....	DEXCOM G7 RECEIVER .....	digox .....
48	33	23
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML .....	DEXCOM G7 SENSOR .....	digoxin oral tablet .....
48	33	23
DERMA-SMOOTHIE/FS BODY ...	DEXEDRINE.....	DILANTIN INFATABS .....
29	26	13
DERMA-SMOOTHIE/FS SCALP ...	DEXILANT .....	DILANTIN ORAL CAPSULE.....
29	40	13
DERMACINRX UREA.....	dexlansoprazole .....	DILAUDID ORAL TABLET.....
29	40	9
DERMOTIC.....	dexmethylphenidate hcl .....	dilt-xr.....
56	26	23
DESCOVY ORAL TABLET 120/15 MG.....	dexmethylphenidate hcl er .....	diltiazem hcl er beads .....
20	26	23
DESCOVY ORAL TABLET 200/25 MG .....	dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg .....	diltiazem hcl er coated beads....
20	26	23
desipramine hcl oral.....	dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg .....	diltiazem hcl er oral capsule extended release 12 hour .....
14	26	23
desloratadine oral tablet.....	dextroamphetamine sulfate oral tablet 10 mg, 5 mg.....	diltiazem hcl er oral capsule extended release 24 hour .....
57	26	23
desmopressin acetate oral.....	dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg .....	diltiazem hcl er oral tablet extended release 24 hour .....
48	26	23
desmopressin acetate spray .....	DHIVY.....	diltiazem hcl oral.....
48	19	23
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5).....	DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG .....	dimethyl fumarate oral.....
44	13	27
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg.....	diazepam oral solution .....	DIOVAN .....
44	21	23
desonide external cream.....	diazepam oral tablet.....	DIOVAN HCT .....
29	21	23
desonide external lotion .....	diazepam rectal.....	DIPENTUM .....
29	13	53
desonide external ointment .....	DICLEGIS .....	diphenoxylate-atropine oral tablet.....
29	15	41
DESOWEN.....	diclofenac potassium oral tablet 25 mg.....	DIPROLENE.....
29	10	29
desoximetasone external cream .....	diclofenac potassium oral tablet 50 mg .....	disulfiram oral .....
29	10	10
desoximetasone external ointment .....	diclofenac potassium(migraine). 10	DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG.....
29	10	42
DESVENLAFAXINE ER.....	diclofenac sodium er .....	divalproex sodium er .....
14	10	13
desvenlafaxine succinate er .....	diclofenac sodium external gel 1 % .....	divalproex sodium oral capsule delayed release sprinkle.....
14	10	13
DETROL .....	diclofenac sodium external gel 3 %.....	divalproex sodium oral tablet delayed release .....
42	29	13
DETROL LA .....	diclofenac sodium ophthalmic... 54	DIVIGEL.....
42	54	44
DEXABLISS .....	diclofenac sodium oral .....	DODEX .....
48	10	39
dexamethasone intensol.....	diclofenac sodium oral .....	dofetilide.....
48	10	23
dexamethasone oral elixir.....	diclofenac-misoprostol .....	dolishale.....
48	10	44
dexamethasone oral solution... 48	dicloxacillin sodium.....	donepezil hcl oral tablet 10 mg, 5 mg .....
48	11	14
dexamethasone oral tablet .....	dicyclomine hcl oral .....	donepezil hcl oral tablet 23 mg ..
48	41	14
dexamethasone oral tablet therapy pack.....	DIFFERIN EXTERNAL GEL 0.3 %.....	DOPTELET .....
48	29	38
dexamethasone sodium phosphate ophthalmic .....	DIFICID ORAL TABLET .....	DORYX MPC.....
54	11	11
DEXCOM G6 RECEIVER .....	DIFLUCAN .....	DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG .....
33	16	11
DEXCOM G6 SENSOR .....	difluprednate .....	DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC.....
33	56	55
DEXCOM G6 TRANSMITTER.....	digitek oral tablet 125 mcg, 250 mcg.....	dorzolamide hcl-timolol mal .....
33	23	55



dotti.....	44	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML.....	29	EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ.....	39	
DOVATO.....	20	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML.....	30	EFFEXOR XR.....	14	
DOVONEX EXTERNAL CREAM 0.005 %.....	29	DUREZOL.....	56	EFFIENT.....	19	
doxazosin mesylate oral.....	23	dutasteride oral.....	43	EFUDEX.....	30	
doxepin hcl oral capsule.....	14	dutasteride-tamsulosin hcl.....	43	ELEPSIA XR.....	13	
doxepin hcl oral concentrate.....	14	DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG.....	48	ELESTRIN.....	44	
doxepin hcl oral tablet.....	60	DYANAVAL XR.....	26	eletriptan hydrobromide.....	16	
doxycycline.....	11, 29	DYMISTA.....	57	ELIDEL.....	30	
doxycycline hyclate oral capsule.....	11	DYRENIUM.....	23	elinest.....	44	
doxycycline hyclate oral tablet 100 mg.....	11	<b>E</b>			ELIQUIS.....	12
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg.....	11	E.E.S. GRANULES.....	11	ELIQUIS DVT/PE STARTER PACK.....	12	
doxycycline hyclate oral tablet 20 mg.....	11	EASIVENT.....	58	ELITE-OB.....	39	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg.....	11	EASIVENT MASK LARGE.....	58	ELLA.....	44	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG.....	11	EASIVENT MASK MEDIUM.....	58	ELMIRON.....	43	
doxycycline monohydrate oral capsule 100 mg, 50 mg.....	11	EASIVENT MASK SMALL.....	58	ELOCTATE.....	38	
doxycycline monohydrate oral capsule 150 mg, 75 mg.....	11	EASY MAX BLOOD GLUCOSE TEST.....	33	eluryng.....	44	
doxycycline monohydrate oral suspension reconstituted.....	11	EASY MAX T1 GLUCOSE SYSTEM.....	33	EMBRACE BLOOD GLUCOSE TEST.....	33	
doxycycline monohydrate oral tablet.....	11	EASY TOUCH HEALTHPRO GLUCOSE.....	33	EMBRACE WAVE BLOOD GLUCOSE IN VITRO.....	33	
doxylamine-pyridoxine.....	15	EASY TOUCH TEST.....	33	EMEND ORAL CAPSULE.....	15	
DRISDOL.....	39	EASYGLUCO.....	33	EMGALITY.....	17	
dronabinol.....	15	EASYMAX 15 TEST.....	33	emoquette oral tablet 0.15-30 mg-mcg.....	44	
DROPSAFE SAFETY SYRINGE/ NEEDLE.....	33	EASYMAX NG BLOOD GLUCOSE KIT.....	33	EMPAVELI.....	50	
drospiren-eth estrad-levomefol.....	44	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG.....	10	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg.....	20	
drospirenone-ethinyl estradiol.....	44	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG.....	10	emtricitabine-tenofovir df oral tablet 200-300 mg.....	20	
DRYSOL.....	29	ec-naproxen.....	10	emzahn.....	44	
DUAVEE.....	44	econazole nitrate external.....	16	enalapril maleate oral solution.....	23	
DULERA.....	58	ED-SPAZ ORAL TABLET DISPERSIBLE 0.125 MG.....	41	enalapril maleate oral tablet.....	23	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg.....	14	EDARBI.....	23	enalapril-hydrochlorothiazide.....	23	
duloxetine hcl oral capsule delayed release particles 40 mg.....	14	EDARBYCLOR.....	23	ENBREL.....	50	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR.....	29	EDEX.....	42	ENBREL MINI.....	50	
		EEMT.....	44	ENBREL SURECLICK.....	50	
		EEMT HS.....	44	endocet.....	9	
		efavirenz-emtricitab-tenofo df.....	20	ENDOMETRIN.....	52	
				ENGERIX-B.....	52	
				enilloring.....	44	
				ENLITE GLUCOSE SENSOR.....	33	
				enoxaparin sodium injection solution prefilled syringe.....	12	



enpresse-28.....	44	erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml .....	12	ethosuximide oral .....	13
enskyce .....	44	erythromycin external.....	30	ethynodiol diac-eth estradiol ...	45
ENSTILAR.....	30	erythromycin ophthalmic .....	54	etodolac.....	10
entacapone .....	19	erythromycin oral.....	12	etodolac er.....	10
entecavir .....	20	ESBRIET ORAL TABLET .....	59	etonogestrel-ethinyl estradiol ...	45
ENTRESTO ORAL TABLET .....	23	escitalopram oxalate oral solution .....	15	etravirine.....	20
ENTYVIO.....	50	escitalopram oxalate oral tablet ..	15	EUCRISA .....	30
enulose.....	41	ESGIC .....	9	euthyrox.....	49
ENVARBUS XR.....	50	esomeprazole magnesium oral capsule delayed release.....	40	EVAMIST .....	45
EPANED .....	23	esomeprazole magnesium oral packet.....	41	EVEKEO .....	26
EPCLUSA ORAL TABLET.....	20	est estrogens-methyltest .....	44	everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg .....	50
EPIDIOLEX.....	13	est estrogens-methyltest ds.....	44	everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg .....	17
EPIDUO .....	30	est estrogens-methyltest hs.....	44	EVERSENSE E3 SENSOR/HOLDER.....	33
EPIDUO FORTE .....	30	estarylla .....	44	EVERSENSE E3 SMART TRANSMITTER.....	33
epinephrine solution auto-injector 0.15 mg/0.15ml injection.....	56	estazolam.....	60	EVERSENSE SENSOR/HOLDER ..	33
epinephrine solution auto-injector 0.15 mg/0.3ml injection.....	56	ESTRACE.....	44	EVERSENSE SMART TRANSMITTER.....	33
epinephrine solution auto-injector 0.3 mg/0.3ml injection ..	56	estradiol oral.....	44	EVISTA .....	53
EPIPEN 2-PAK.....	56	estradiol patch twice weekly 0.025 mg/24hr transdermal.....	44	EVOCLIN EXTERNAL FOAM 1% ..	30
EPIPEN JR 2-PAK .....	56	estradiol patch twice weekly 0.0375 mg/24hr transdermal ...	44	EVOXAC.....	27
epitol .....	13	estradiol patch twice weekly 0.05 mg/24hr transdermal.....	44	EVRYSDI .....	42
eplerenone.....	23	estradiol patch twice weekly 0.075 mg/24hr transdermal.....	44	EXELDERM EXTERNAL CREAM ..	16
EPZICOM.....	20	estradiol patch twice weekly 0.1 mg/24hr transdermal.....	45	EXELON .....	14
EQ BLOOD GLUCOSE TEST .....	33	estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm.....	45	exemestane.....	18
EQUETRO .....	21	estradiol transdermal gel 0.75 mg/1.25 gm (0.06%).....	45	EXFORGE .....	23
ergocalciferol oral capsule ...	39, 40	estradiol transdermal patch weekly.....	45	EXFORGE HCT .....	23
ERIVEDGE .....	17	estradiol vaginal cream.....	45	EXKIVITY ORAL CAPSULE 40 MG .....	18
ERLEADA ORAL TABLET 240 MG.....	17	estradiol vaginal tablet.....	45	EXTAVIA.....	27
ERLEADA ORAL TABLET 60 MG..	17	estradiol valerate intramuscular ..	45	EYSUVIS .....	54
ERMEZA.....	49	ESTRING .....	45	ezetimibe .....	23
errin .....	44	ESTROGEL .....	45	ezetimibe-simvastatin.....	23
ERY-TAB .....	12	eszopiclone .....	60		
ERYGEL.....	30	ethambutol hcl oral.....	17		
ERYPED 200.....	12				
ERYPED 400 .....	12				
erythromycin base oral tablet ...	12				
erythromycin base oral tablet delayed release .....	12				
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml .....	12				

## F

FABHALTA .....	38
FABIOR .....	30
falmina .....	45
famciclovir oral tablet 125 mg, 500 mg.....	20
famciclovir oral tablet 250 mg ...	20
famotidine oral suspension reconstituted .....	41



famotidine oral tablet 20 mg, 40 mg .....	41	FIRST-LANSOPRAZOLE .....	41	fluocinonide external solution ...	30
FARXIGA .....	36	FIRST-OMEPRAZOLE .....	41	FLUORIDEX .....	27, 28
FASENRA PEN .....	58	FIRVANQ .....	12	FLUORIDEX ENHANCED WHITENING .....	28
fayosim oral tablet 42-21-21-7 days .....	45	flac .....	56	FLUORIMAX 5000 .....	28
febuxostat .....	16	FLAGYL .....	12	fluoritab oral solution 0.275 (0.125 f) mg/drop .....	39
felbamate .....	13	FLAREX .....	54	fluorometholone .....	54
FELBATOL .....	13	flecainide acetate .....	23	FLUOROURACIL EXTERNAL CREAM 0.5 % .....	30
FELBATOL ORAL SUSPENSION 600 MG/5ML .....	13	FLEXICHAMBER .....	58	fluorouracil external cream 5 % ..	30
FELDENE ORAL CAPSULE 10 MG, 20 MG .....	10	FLOMAX .....	43	fluoxetine hcl oral capsule .....	15
felodipine er .....	23	FLORIVA PLUS .....	39	fluoxetine hcl oral capsule delayed release .....	15
FEMARA .....	18	FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT .....	58	fluoxetine hcl oral solution .....	15
FEMRING .....	45	FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT .....	58	fluoxetine hcl oral tablet 10 mg ..	15
fenofibrate micronized .....	23	FLUAD QUADRIVALENT .....	52	fluoxetine hcl oral tablet 20 mg, 60 mg .....	15
fenofibrate oral capsule 134 mg, 200 mg, 67 mg .....	23	FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML .....	52	fluphenazine hcl oral tablet .....	19
fenofibrate oral capsule 150 mg, 50 mg .....	23	FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML .....	52	flurbiprofen oral .....	10
fenofibrate oral tablet 120 mg, 40 mg .....	23	FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE .....	52	FLUTICASONE FUROATE- VILANTEROL .....	58
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg .....	23	fluconazole oral .....	16	FLUTICASONE PROPIONATE DISKUS .....	58
fenofibric acid oral capsule delayed release .....	23	fludrocortisone acetate oral .....	48	fluticasone propionate external cream .....	30
FENOGLIDE .....	23	FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML .....	52	fluticasone propionate external ointment .....	30
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr 9	9	flunisolide nasal .....	57	FLUTICASONE PROPIONATE HFA .....	58
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr .....	9	fluocinolone acetonide body ...	30	fluticasone propionate nasal .....	57
fesoterodine fumarate er .....	43	fluocinolone acetonide external cream .....	30	FLUTICASONE-SALMETEROL INHALATION AEROSOL .....	58
FETZIMA .....	15	fluocinolone acetonide external ointment .....	30	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/ act, 250-50 mcg/act, 500-50 mcg/act .....	58
FEXMID .....	60	fluocinolone acetonide external solution .....	30	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ ACT, 55-14 MCG/ACT .....	58
FIASP .....	35	fluocinolone acetonide otic .....	56	fluvastatin sodium .....	23
FIASP FLEXTOUCH .....	35	fluocinolone acetonide scalp ...	30	fluvoxamine maleate .....	15
FINACEA EXTERNAL FOAM .....	30	fluocinonide external cream 0.05 % .....	30	fluvoxamine maleate er .....	15
FINACEA EXTERNAL GEL .....	30	fluocinonide external cream 0.1 % .....	30	FLUZONE HIGH- DOSE QUADRIVALENT	
finasteride oral tablet 5 mg .....	43	fluocinonide external gel .....	30		
fingolimod hcl .....	27	fluocinonide external ointment ..	30		
FINTEPLA .....	13				
finzala .....	45				
FIORICET .....	9				
FIORICET/CODEINE .....	9				

INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML.....	52	FYREMADEL .....	53	glipizide oral tablet 2.5 mg .....	37	
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML.....	52			glipizide xl.....	37	
FML FORTE .....	54	<b>G</b>			glipizide-metformin hcl .....	37
FML LIQUIFILM .....	54	gabapentin (once-daily).....	27	GLUCAGON EMERGENCY KIT ...	37	
FOCALIN.....	26	gabapentin oral capsule.....	13	glucagon emergency kit 1 mg injection.....	37	
FOCALIN XR .....	26	gabapentin oral solution 250 mg/5ml.....	13	GLUCOCARD EXPRESSION TEST.....	34	
folic acid oral tablet 1 mg.....	39	GABAPENTIN ORAL TABLET 25 MG, 50 MG .....	13	GLUCOCARD SHINE TEST .....	34	
FOLLISTIM AQ.....	52	gabapentin oral tablet 600 mg, 800 mg.....	13	GLUCOCARD VITAL TEST.....	34	
fondaparinux sodium.....	12	galantamine hydrobromide er ...	14	GLUCOTROL XL .....	37	
FORA 6 CONNECT/GTEL TEST...	33	ganirelix acetate.....	53	GLUMETZA .....	37	
FORFIVO XL .....	15	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous.....	53	glyburide micronized.....	37	
formoterol fumarate inhalation.	58	GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE .....	52	glyburide oral .....	37	
FORTEO .....	53	GASTROCROM.....	41	glyburide-metformin.....	37	
FORTISCARE G1 TEST STRIP IN VITRO STRIP.....	33	gatifloxacin ophthalmic.....	54	GLYCATE .....	41	
FORTISCARE TEST IN VITRO STRIP .....	33	gavilyte-c .....	41	glycopyrrolate oral solution .....	41	
FOSAMAX .....	53	gavilyte-g .....	41	glycopyrrolate oral tablet 1 mg, 2 mg .....	41	
fosfomycin tromethamine .....	12	gavilyte-n with flavor pack .....	41	GLYCOPYRROLATE ORAL TABLET 1.5 MG.....	41	
fosinopril sodium .....	23	GAVRETO .....	18	glydo .....	9	
fosinopril sodium-hctz .....	23	gemfibrozil oral.....	23	GLYNASE ORAL TABLET 1.5 MG .	37	
FREESTYLE LIBRE 14 DAY READER .....	33	gemmily.....	45	GLYNASE ORAL TABLET 3 MG, 6 MG.....	37	
FREESTYLE LIBRE 14 DAY SENSOR .....	33	GEMTESA .....	43	GLYXAMBI .....	37	
FREESTYLE LIBRE 2 READER .....	33	GENERESS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG.....	45	GOLYTELY .....	41	
FREESTYLE LIBRE 2 SENSOR .....	33	generlac.....	41	GONAL-F.....	53	
FREESTYLE LIBRE 3 PLUS SENSOR .....	33	gengraf oral capsule.....	50	GONAL-F RFF .....	53	
FREESTYLE LIBRE 3 READER .....	33	gentamicin sulfate external.....	12	GONAL-F RFF REDIJECT .....	53	
FREESTYLE LIBRE 3 SENSOR .....	33	gentamicin sulfate ophthalmic ..	54	GRALISE ORAL TABLET.....	27	
FREESTYLE LIBRE READER .....	33	GENVOYA .....	20	granisetron hcl oral.....	15	
FREESTYLE PRECISION NEO SYSTEM .....	33	GEODON ORAL.....	19	GRASTEK.....	50	
FREESTYLE PRECISION NEO TEST.....	33	GILENYA ORAL CAPSULE 0.25 MG .....	27	griseofulvin microsize oral .....	16	
FREESTYLE TEST .....	34	GILENYA ORAL CAPSULE 0.5 MG.....	27	griseofulvin ultramicrosize .....	16	
FROVA.....	17	GIMOTI .....	15	guanfacine hcl .....	23, 26	
frovatriptan succinate.....	17	glatiramer acetate.....	27	guanfacine hcl er .....	26	
FUROSCIX .....	23	glatopa.....	27	GUARDIAN 4 GLUCOSE SENSOR.....	34	
furosemide oral.....	23	GLEEVEC.....	18	GUARDIAN 4 TRANSMITTER.....	34	
fyavolv.....	45	glimepiride.....	36	GUARDIAN CONNECT TRANSMITTER.....	34	
FYCOMPA ORAL SUSPENSION ..	13	glipizide er .....	36	GUARDIAN LINK 3 TRANSMITTER.....	34	
FYCOMPA ORAL TABLET.....	13	glipizide oral tablet 10 mg, 5 mg	37	GUARDIAN REAL-TIME REPLACE PED.....	34	
				GUARDIAN SENSOR (3) .....	34	





GUARDIAN SENSOR 3	34
GVOKE HYPOPEN 1-PACK	34
GVOKE HYPOPEN 2-PACK	34
GVOKE KIT	34
GVOKE PFS	34
GYNAZOLE-1	16

## H

HADLIMA	50
HAEGARDA	50
hailey 1.5/30	45
hailey 24 fe	45
hailey fe 1/20	45
hailey fe 1.5/30	45
HALCION	21
halobetasol propionate external cream	30
halobetasol propionate external ointment	30
haloette	45
haloperidol oral	19
HARVONI ORAL TABLET	20
HAVRIX	52
HEALTHPRO BLOOD GLUCOSE MONITO	34
heather	45
HEMADY	48
HEMANGEOL	23
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	38
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	38
HEMMOREX-HC	53
HEMOPIL M	38
heparin sodium (porcine) injection solution	38
heparin sodium (porcine) pf	38
HEPLISAV-B	52
HIDEX 6-DAY	48
HIPREX	12
HORIZANT	27
HULIO (2 PEN)	50
HULIO (2 SYRINGE)	50
HUMALOG INJECTION	35

HUMALOG KWIKPEN	35
HUMALOG MIX 50/50 KWIKPEN	35
HUMALOG MIX 50/50 VIAL	35
HUMALOG MIX 75/25 KWIKPEN	35
HUMALOG MIX 75/25 VIAL	35
HUMALOG SUBCUTANEOUS	35
HUMALOG TEMPO PEN	35
HUMALOG U-100 JUNIOR KWIKPEN	35
HUMATE-P	38
HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	50
HUMIRA (2 PEN) PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	50
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	50
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	50
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	50
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	50
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	50
HUMIRA-CD/UC/HS STARTER	50
HUMIRA-PED<40KG CROHNS STARTER	50
HUMIRA-PED>=40KG CROHNS START	50
HUMIRA-PED>=40KG UC STARTER	50
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	50
HUMIRA-PSORIASIS/UVEIT STARTER	50
HUMULIN 70/30 KWIKPEN	35
HUMULIN 70/30 VIAL	35
HUMULIN N KWIKPEN	35
HUMULIN N VIAL	36
HUMULIN R U-500 KWIKPEN	36

HUMULIN R U-500 VIAL	36
HUMULIN R VIAL	36
HYCODAN ORAL SOLUTION	57
hydralazine hcl oral	23
HYDREA	18
hydrochlorothiazide oral	23
hydrocod poli-chlorphe poli er	57
hydrocodone bit-homatrop mbr oral solution	57
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	9
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	9
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	9
hydrocodone-ibuprofen	9
hydrocort-pramoxine (perianal)	53
hydrocortisone (perianal) external cream 1%	53
hydrocortisone (perianal) external cream 2.5%	53
hydrocortisone ace-pramoxine external cream 1-1%	53
hydrocortisone ace-pramoxine external cream 2.5-1%	30
hydrocortisone acetate rectal	53
hydrocortisone butyrate external cream	30
hydrocortisone external cream 1%	30
hydrocortisone external cream 2.5%	30
hydrocortisone external lotion 2%, 2.5%	30
hydrocortisone external ointment 1%, 2.5%	30
hydrocortisone lotion 2%	30
hydrocortisone oral	48
hydrocortisone rectal	53
hydrocortisone valerate external cream	30
hydrocortisone valerate external ointment	30
hydrocortisone-acetic acid	56
hydromet	57
hydromorphone hcl oral tablet	9



hydroxychloroquine sulfate oral .	19	IDACIO (2 SYRINGE) .....	51	INPEN 100-GREY-NOVOLOG- FIASP DEVICE .....	34
HYDROXYM EXTERNAL CREAM .	30	IDACIO-CROHNS/UC STARTER..	51	INPEN 100-PINK-LILLY- HUMALOG DEVICE .....	34
hydroxyurea oral.....	18	IDACIO-PSORIASIS STARTER....	51	INPEN 100-PINK-NOVOLOG- FIASP DEVICE .....	34
hydroxyzine hcl oral .....	21	IDELVION .....	38	INSPIREASE.....	58
hydroxyzine pamoate oral.....	21	IDHIFA .....	18	INSPRA.....	23
HYFTOR .....	51	ILEVRO.....	54	INSULIN ASPART .....	36
hyoscyamine sulfate er.....	41	imatinib mesylate.....	18	INSULIN ASPART FLEXPEN .....	36
hyoscyamine sulfate oral tablet..	41	IMBRUVICA ORAL CAPSULE.....	18	INSULIN DEGLUDEC FLEXTOUCH .....	36
hyoscyamine sulfate oral tablet dispersible .....	41	IMBRUVICA ORAL TABLET 140 MG, 280 MG .....	18	INSULIN GLARGINE.....	36
hyoscyamine sulfate sublingual..	41	IMBRUVICA ORAL TABLET 420 MG.....	18	INSULIN GLARGINE MAX SOLOSTAR .....	36
HYPERSAL .....	57	imipramine hcl oral .....	15	INSULIN GLARGINE SOLOSTAR.	36
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML .....	51	imiquimod external cream 3.75 %.....	30	INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION PEN-INJECTOR.....	36
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML, 80 MG/0.8ML ....	51	imiquimod external cream 5 %...	30	INSULIN LISPRO .....	36
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML.....	51	imiquimod pump .....	30	INSULIN LISPRO (1 UNIT DIAL) .	36
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML .....	51	IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT .....	17	INSULIN LISPRO JUNIOR KWIKPEN.....	36
HYRIMOZ-CROHNS/UC STARTER .....	51	IMITREX ORAL.....	17	INSULIN LISPRO PROT & LISPRO.....	36
HYRIMOZ-PED<40KG CROHN STARTER .....	51	IMITREX STATDOSE REFILL .....	17	INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM .....	34
HYRIMOZ-PED>=40KG CROHN START .....	51	IMITREX STATDOSE SYSTEM ....	17	INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML .....	34
HYRIMOZ-PLAQUE PSORIASIS START .....	51	IMPOYZ .....	30	INTELENCE ORAL TABLET 100 MG, 200 MG .....	20
HYZAAR .....	23	IMURAN .....	51	INTELENCE ORAL TABLET 25 MG .....	20
<b>I</b>					
ibandronate sodium oral .....	54	IMVEXXY MAINTENANCE PACK .	38	INTRAROSA.....	38
IBRANCE.....	18	IMVEXXY STARTER PACK.....	38	introvale.....	45
ibuprofen oral suspension 100 mg/5ml.....	10	INBRIJA.....	19	INTUNIV .....	26
ibuprofen oral tablet 400 mg, 600 mg, 800 mg.....	10	incassia.....	45	INVEGA .....	19
iclevia .....	45	indapamide .....	23	INVELTYS .....	54
ICLUSIG ORAL TABLET 10 MG, 30 MG .....	18	INDERAL LA .....	23	INVOKAMET XR.....	37
ICLUSIG ORAL TABLET 15 MG, 45 MG .....	18	indomethacin er .....	10	INVOKANA.....	37
icosapent ethyl .....	23	indomethacin oral capsule.....	10	IPOL.....	52
IDACIO (2 PEN) .....	51	INGREZZA ORAL CAPSULE 40 MG, 80 MG.....	27	ipratropium bromide inhalation .	58
		INGREZZA ORAL CAPSULE 60 MG .....	27	ipratropium bromide nasal.....	57
		INGREZZA ORAL CAPSULE SPRINKLE .....	27		
		INGREZZA ORAL CAPSULE THERAPY PACK .....	27		
		INLYTA .....	18		
		INPEN 100-BLUE-LILLY- HUMALOG DEVICE.....	34		
		INPEN 100-BLUE-NOVOLOG- FIASP DEVICE .....	34		
		INPEN 100-GREY-LILLY- HUMALOG DEVICE.....	34		



ipratropium-albuterol	58
irbesartan	23
irbesartan-hydrochlorothiazide	23
ISENTRESS HD	20
ISENTRESS ORAL TABLET	20
isibloom	45
isoniazid oral tablet	17
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	56
ISORDIL TITRADOSE	23
isosorb dinitrate-hydralazine	23
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	23
isosorbide dinitrate oral tablet 40 mg	23
isosorbide mononitrate	23
isosorbide mononitrate er	23
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	30
isotretinoin oral capsule 25 mg, 35 mg	30
ISTALOL	55
itraconazole oral capsule	16
ivabradine	23
ivermectin external cream	30
ivermectin oral	19
IYUZEH	55

## J

JADENU	39
jaimiess	45
JAKAFI	18
JALYN ORAL CAPSULE 0.5-0.4 MG	43
jantoven	13
JANUMET	37
JANUMET XR	37
JANUVIA	37
JARDIANCE	37
jasmiel	45
JATENZO	48
JAVYGTOR ORAL PACKET	42
jencycla	45
JENTADUETO	37
JENTADUETO XR	37
jinteli	45

jolessa	45
JORNAY PM	26
joyeaux	45
JUBLIA	16
juleber	45
JULUCA	20
junel 1/20	45
junel 1.5/30	45
junel fe 1/20	45
junel fe 1.5/30	45
junel fe 24	45
JUST RIGHT 5000	28
JYLAMVO	51
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	42
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	42

## K

K-PHOS-NEUTRAL	39
K-TAB	39
kaitlib fe	45
kalliga	45
KAPSPARGO SPRINKLE	23
kariva	45
kelnor 1/35	45
kelnor 1/50	45
KEPPRA ORAL	13
KEPPRA XR	13
KERENDIA	23
KESIMPTA	27
ketoconazole external cream	16
ketoconazole external shampoo	16
ketoconazole oral	16
ketorolac tromethamine ophthalmic	54
ketorolac tromethamine oral	10
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	51
KINERET	51
KISQALI ORAL TABLET THERAPY PACK 200 MG	18
KITABIS PAK	59
KLARITY-A	54
KLARITY-C DROPS	56

KLARON	30
klayesta	16
KLISYRI	30
KLONOPIN	21
klor-con	39
klor-con 10	39
klor-con m10	39
klor-con m15	39
klor-con m20	39
KLOXXADO	10
KOATE	38
KOATE-DVI	38
KOGENATE FS	38
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	37
KOSELUGO	18
kosher prenatal plus iron	39
KOURZEQ	28
KOVALTRY	38
KRINTAFEL	19
KRISTALOSE	41
kurvelo	45
KUVAN ORAL PACKET	42
KYZATREX	48

## L

labetalol hcl oral	23
lacosamide oral	13
lactulose encephalopathy oral solution 10 gm/15ml	41
lactulose oral packet	41
lactulose oral solution	41
LAGEVRIO	20
LAMICTAL	13
LAMICTAL ODT ORAL TABLET DISPERSIBLE	13
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	13
lamotrigine er	13
lamotrigine oral tablet	13
lamotrigine oral tablet chewable	13
lamotrigine oral tablet dispersible	13



LANCETS.....	32, 34, 35	levetiracetam oral .....	13	LINZESS.....	41
LANOXIN ORAL TABLET		levo-t.....	49	liothyronine sodium oral .....	49
125 MCG, 250 MCG .....	23	levocarnitine oral solution.....	39	LIPITOR.....	24
LANOXIN ORAL TABLET		levocarnitine oral tablet.....	42	LIPOFEN .....	24
62.5 MCG.....	24	levocarnitine sf .....	39	LIRAGLUTIDE PEN-INJECTOR	
lanreotide acetate solution		levocetirizine dihydrochloride		18MG/3ML.....	37
120 mg/0.5ml subcutaneous ....	48	oral solution.....	57	lisdexamfetamine dimesylate....	26
lansoprazole oral capsule		levocetirizine dihydrochloride		lisinopril oral .....	24
delayed release .....	41	oral tablet .....	57	lisinopril-hydrochlorothiazide....	24
lansoprazole oral tablet delayed		levofloxacin oral tablet .....	12	LITFULO .....	51
release dispersible.....	41	levonest.....	45	lithium carbonate er.....	21
LANTUS SOLOSTAR .....	36	levonorg-eth estrad triphasic....	46	lithium carbonate oral.....	21
LANTUS U-100 VIAL.....	36	levonorgest-eth est & eth est ...	45	LITHOBID.....	21
larin 1/20 .....	45	levonorgest-eth estrad 91-day		LIVALO.....	24
larin 1.5/30 .....	45	oral tablet 0.1-0.02 & 0.01 mg,		LO LOESTRIN FE.....	46
larin 24 fe.....	45	0.15-0.03 & 0.01 mg .....	45	lo-zumandimine .....	46
larin fe 1/20 .....	45	levonorgest-eth estrad 91-day		LODINE .....	10
larin fe 1.5/30 .....	45	oral tablet 0.15-0.03 mg.....	45	LODOCO .....	24
larissia oral tablet		levonorgest-eth estradiol-iron...	45	LOESTRIN 1/20 (21) .....	46
0.1-20 mg-mcg .....	45	levonorgestrel-ethinyl estrad		LOESTRIN 1.5/30 (21) .....	46
LASIX.....	24	oral tablet 0.1-20 mg-mcg,		LOESTRIN FE 1/20.....	46
latanoprost ophthalmic .....	55	0.15-30 mg-mcg .....	45	LOESTRIN FE 1.5/30.....	46
LATUDA .....	19	levonorgestrel-ethinyl estrad		LOFENA.....	10
layolis fe.....	45	oral tablet 90-20 mcg.....	46	lojaimiess .....	46
LEDIPASVIR-SOFOSBUVIR.....	20	levora 0.15/30 (28) .....	46	LOKELMA .....	39
leena .....	45	LEVOTHYROXINE SODIUM		LOMOTIL.....	41
leflunomide oral .....	51	ORAL CAPSULE.....	49	LONSURF .....	18
lenalidomide.....	18	levothyroxine sodium oral tablet	49	loperamide hcl oral capsule.....	41
LENVIMA ORAL CAPSULE		levoxyll.....	49	LOPID .....	24
THERAPY PACK 10 & 4 MG,		LEVSIN .....	41	LOPRESSOR.....	24
10 MG, 10 MG & 2 X 4 MG,		LEVSIN/SL.....	41	LOPROX EXTERNAL CREAM	
2 X 10 MG, 2 X 10 MG & 4 MG,		LEXAPRO.....	15	0.77 % .....	16
2 X 4 MG, 3 X 4 MG, 4 MG .....	18	LIALDA.....	53	LOPROX EXTERNAL SHAMPOO	
lessina.....	45	LIBRAX.....	41	1 %.....	16
LETAIRIS.....	59	lidocaine external ointment 5 % ..	9	LOPROX EXTERNAL	
letrozole oral.....	18	lidocaine external patch 5 % .....	9	SUSPENSION 0.77 %.....	30
leucovorin calcium oral.....	18	lidocaine hcl mouth/throat .....	28	lorazepam intensol .....	21
leuprolide acetate injection.....	48	lidocaine hcl urethral/mucosal ...	9	lorazepam oral concentrate	
levalbuterol hcl inhalation.....	58	lidocaine viscous hcl.....	28	2 mg/ml .....	21
LEVALBUTEROL HFA		lidocaine-prilocaine external		lorazepam oral tablet.....	21
INHALATION AEROSOL		cream .....	9	LORTAB ORAL ELIXIR	
45 MCG/ACT.....	58	LIDOCAN .....	9	10-300 MG/15ML.....	9
LEVBID.....	41	LIDODERM.....	9	loryna .....	46
LEVEMIR FLEXPEN .....	36	LIKMEZ.....	12	LORZONE .....	60
LEVEMIR U-100 FLEXTOUCH		lillow oral tablet		losartan potassium oral .....	24
SUBCUTANEOUS SOLUTION		0.15-30 mg-mcg .....	46	losartan potassium-hctz .....	24
PEN-INJECTOR 100 UNIT/ML....	36	linezolid oral tablet .....	12		
levetiracetam er .....	13				



LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG	46	MALARONE	19	MEPRON	19
LOTEMAX OPHTHALMIC GEL	54	MARINOL 2.5 MG	15	mercaptapurine oral	18
LOTEMAX OPHTHALMIC OINTMENT	54	marlissa	46	merzee	46
LOTEMAX OPHTHALMIC SUSPENSION	54	matzim la	24	mesalamine er	53
LOTEMAX SM	54	MAVENCLAD	27	mesalamine oral tablet delayed release 1.2 gm	53
LOTENSIN	24	MAVYRET	20	mesalamine oral tablet delayed release 800 mg	53
LOTENSIN HCT	24	MAXALT	17	mesalamine rectal enema	53
loteprednol etabonate ophthalmic gel	54	MAXALT-MLT	17	mesalamine rectal suppository	53
loteprednol etabonate ophthalmic suspension	54	MAXITROL	54	mesalamine-cleanser	53
LOTREL	24	MAXZIDE ORAL TABLET 75-50 MG	24	MESTINON ORAL TABLET	17
LOTRONEX	41	MAXZIDE-25 ORAL TABLET 37.5-25 MG	24	MESTINON ORAL TABLET EXTENDED RELEASE	17
lovastatin oral	24	MAYZENT ORAL TABLET 0.25 MG, 2 MG	27	metaxalone	60
LOVAZA	24	MAYZENT ORAL TABLET 1 MG	27	metformin hcl er	37
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	13	MAYZENT ORAL TABLET 1 MG ...	27	metformin hcl er (mod)	37
low-ogestrel	46	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	27	metformin hcl er (osm)	37
loxapine succinate	19	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	27	metformin hcl oral solution	37
lubiprostone	42	me/naphos/mb/hyo1	43	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	37
LUMAKRAS	18	meclizine hcl oral tablet	15	metformin hcl oral tablet 625 mg	37
LUMIGAN	55	MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	48	methadone hcl oral tablet	9
LUMRYZ	60	MEDROL ORAL TABLET 2 MG	48	methazolamide oral	55
LUNESTA	60	MEDROL ORAL TABLET THERAPY PACK	48	methenamine hippurate	12
LUPKYNIS	51	medroxyprogesterone acetate intramuscular	46	METHERGINE	48
lurasidone hcl	19	medroxyprogesterone acetate oral	46	methimazole oral	49
lutera	46	mefenamic acid oral	10	methocarbamol oral tablet 1000 mg	60
LYBALVI	19	mefloquine hcl	19	methocarbamol oral tablet 500 mg, 750 mg	60
lyleq	46	megestrol acetate oral suspension 40 mg/ml	48	methotrexate sodium (pf)	51
lyllana	46	megestrol acetate oral tablet	46	methotrexate sodium injection solution	51
LYNPARZA	18	MEKINIST ORAL TABLET	18	methotrexate sodium oral	51
LYRICA ORAL CAPSULE	27	meloxicam oral tablet	10	methscopolamine bromide oral	42
LYUMJEV KWIKPEN	36	memantine hcl er	14	methylergonovine maleate oral	48
LYUMJEV TEMPO PEN	36	memantine hcl oral tablet	14	METHYLIN	26
LYUMJEV VIAL	36	MENOPUR	53	methylphenidate	26
lyza	46	MENOSTAR	46	methylphenidate hcl er (cd)	26
<b>M</b>		MENQUADFI	52	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	26
M-M-R II	52	MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	52		
M-NATAL PLUS	39				
MACROBID	12				
MACRODANTIN	12				

methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg.....	26	mexiletine hcl oral.....	24	mometasone furoate external... ..	31
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg .....	26	MIACALCIN.....	54	mometasone furoate nasal .....	57
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG .....	26	mibelas 24 fe.....	46	MONDOXYNE NL.....	12
methylphenidate hcl er (osm) oral tablet extended release 72 mg.....	26	MICARDIS.....	24	mono-lynyah .....	46
methylphenidate hcl er (xr) .....	26	MICARDIS HCT .....	24	MONOJECT HYPODERMIC NEEDLE 18G X 1” .....	34
methylphenidate hcl er oral tablet extended release .....	26	MICROCHAMBER.....	58	montelukast sodium oral packet.....	58
methylphenidate hcl er oral tablet extended release 24 hour .....	26	MICRODOT TEST .....	34	montelukast sodium oral tablet .....	58
methylphenidate hcl oral solution .....	26	microgestin 1/20 .....	46	montelukast sodium oral tablet chewable.....	58
methylphenidate hcl oral tablet .....	26	microgestin 1.5/30 .....	46	MONUROL ORAL PACKET 3 GM .....	12
methylphenidate hcl oral tablet chewable.....	26	microgestin 24 fe.....	46	morphine sulfate (concentrate).. ..	9
methylprednisolone oral .....	48	microgestin fe 1/20.....	46	morphine sulfate er oral tablet extended release .....	9
metoclopramide hcl oral solution .....	15	microgestin fe 1.5/30.....	46	morphine sulfate oral.....	9
metoclopramide hcl oral tablet .....	15	midodrine hcl .....	24	MOTEGRITY .....	42
metolazone .....	24	MIEBO.....	56	MOTPOLY XR.....	13
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg .....	24	mili .....	46	MOUNJARO.....	37
metoprolol succinate er oral tablet extended release 24 hour 25 mg.....	24	mimvey.....	46	MOVANTIK.....	42
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg .....	24	MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24).....	46	MOVIPREP .....	42
metoprolol tartrate oral tablet 37.5 mg, 75 mg.....	24	MINILINK REAL-TIME TRANSMITTER.....	34	moxifloxacin hcl (2x day).....	54
metoprolol-hydrochlorothiazide .....	24	MINIMED 630G GUARDIAN PRESS .....	34	moxifloxacin hcl ophthalmic.....	54
METROCREAM.....	30	MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG .....	24	moxifloxacin hcl oral .....	12
METROGEL .....	30	MINIVELLE .....	44-46	MS CONTIN.....	9
METROLOTION.....	30	minocycline hcl oral capsule .....	12	MULPLETA .....	38
metronidazole external cream... ..	30	minocycline hcl oral tablet.....	12	MULTAQ.....	24
metronidazole external gel 0.75 % .....	30	minoxidil oral .....	24	MULTI-VIT-FLOR .....	39
metronidazole external gel 1 %... ..	30	mirabegron er.....	43	multi-vitamin/fluoride .....	39
metronidazole external lotion ... ..	31	MIRAPEX ER .....	19	multivitamin w/fluoride tablet chewable 0.25 mg oral .....	39
metronidazole oral .....	12	MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5) .....	46	multivitamin w/fluoride tablet chewable 0.5 mg oral.....	39
metronidazole vaginal.....	12	mirtazapine oral .....	15	multivitamin w/fluoride tablet chewable 1 mg oral .....	39
		MIRVASO.....	31	multivitamin/fluoride tablet chewable 0.25 mg oral (rx).....	39
		misoprostol oral .....	41	multivitamin/fluoride tablet chewable 0.5 mg oral (rx).....	39
		MITIGARE.....	16	multivitamin/fluoride tablet chewable 1 mg oral (rx).....	39
		MM BLOOD GLUCOSE SYSTEM .....	34	mupirocin calcium.....	12
		MM BLOOD GLUCOSE SYSTEM REFILL .....	34	mupirocin external .....	12
		MM BLULINK GLUCOSE TEST ... ..	34	MYAMBUTOL.....	17
		MM EASY TOUCH GLUCOSE METER.....	34	MYCOBUTIN .....	17
		modafinil oral .....	60	mycophenolate mofetil oral .....	51
		MODERNA COVID-19 VAC 6M-11Y .....	52	mycophenolate sodium .....	51
		moexipril hcl .....	24		



mycophenolic acid .....	51	necon 0.5/35 (28).....	46	nitrofurantoin oral suspension 25 mg/5ml .....	12
MYDAYIS .....	26	NEO-POLYCIN .....	55	NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML .....	12
MYFEMBREE .....	46	neomycin sulfate oral .....	12	nitroglycerin rectal .....	24
MYFORTIC .....	51	neomycin-bacitracin zn- polymyx.....	55	nitroglycerin sublingual .....	24
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR ..	43	neomycin-polymyxin-dexameth ophthalmic ointment.....	54	nitroglycerin transdermal .....	24
MYSOLINE .....	13	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1.....	54	NITROSTAT .....	24
<b>N</b>					
na sulfate-k sulfate-mg sulf.....	42	neomycin-polymyxin-hc ophthalmic.....	55	NIVA THYROID.....	49
nabumetone oral .....	10	neomycin-polymyxin-hc otic .....	56	NIVA-PLUS.....	39
nadolol oral .....	24	NEONATAL COMPLETE.....	39	NOCDURNA.....	48
nafrinse drops oral solution 0.275 (0.125 f) mg/drop .....	39	NEONATAL PLUS.....	39	nora-be.....	46
NAFRINSE ORAL TABLET CHEWABLE 2.2 (1 F) MG .....	39	NEORAL ORAL CAPSULE.....	51	NORDITROPIN FLEXPRO .....	48
naftifine hcl external gel .....	31	NERLYNX.....	18	norelgestromin-eth estradiol....	46
NAFTIN .....	31	neuac.....	31	norethin ace-eth estrad-fe oral capsule .....	46
NALOCET .....	9	NEULASTA .....	38	norethin ace-eth estrad-fe oral tablet.....	46
naloxone hcl injection solution prefilled syringe 2 mg/2ml .....	11	NEUPRO.....	19	norethin ace-eth estrad-fe oral tablet chewable.....	46
naloxone hcl nasal .....	11	NEURONTIN .....	13	norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg.	46
naltrexone hcl oral.....	11	NEUTEK 2TEK TEST.....	34	norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg.	46
NAMENDA ORAL TABLET 10 MG, 5 MG.....	14	NEVANAC .....	54	norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg.	46
NAMENDA TITRATION PAK .....	14	NEXIUM ORAL CAPSULE DELAYED RELEASE.....	41	norethindron-ethinyl estrad-fe ..	46
NAMENDA XR.....	14	NEXIUM ORAL PACKET .....	41	norethindrone acet-ethinyl est ..	46
NAPROSYN ORAL TABLET .....	10	NEXLETOL.....	24	norethindrone acetate oral .....	46
naproxen dr.....	10	NEXLIZET.....	24	norethindrone oral .....	46
naproxen oral tablet.....	10	NEXTSTELLIS.....	46	norethindrone-eth estradiol .....	46
naproxen oral tablet delayed release .....	10	NGENLA.....	48	norgestimate-eth estradiol .....	46
naproxen sodium oral tablet 275 mg, 550 mg.....	10	niacin er (antihyperlipidemic)....	24	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg.....	46
naratriptan hcl .....	17	NIASPAN ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG, 750 MG.....	24	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg.....	46
NARCAN.....	11	NICOTROL .....	11	NORITATE.....	31
NASCOBAL.....	39	nifedipine er .....	24	NORLIQVA .....	24
NATALVIT .....	39	nifedipine er osmotic release .....	24	norlyda .....	46
NATAZIA .....	46	nifedipine oral .....	24	norlyroc .....	46
nateglinide.....	37	nikki .....	46	NORPRAMIN .....	15
NATESTO.....	48	NINLARO.....	18	nortrel 0.5/35 (28).....	46
NATROBA .....	31	nisoldipine er.....	24	nortrel 1/35 (21) .....	46
NAYZILAM .....	13	nitazoxanide oral .....	19	nortrel 1/35 (28) .....	46
nebivolol hcl .....	24	NITRO-BID.....	24	nortrel 7/7/7 .....	46
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %..	57	NITRO-DUR.....	24	nortriptyline hcl oral capsule....	15
		nitrofurantoin macrocrystal .....	12	NORVASC .....	24
		nitrofurantoin monohydrate macrocrystals.....	12		



NORVIR ORAL TABLET .....	20	NUTROPIN AQ NUSPIN.....	48	OLUX EXTERNAL FOAM 0.05 % ..	31
NOURIANZ.....	19	NUVARING.....	46	OMECLAMOX-PAK.....	41
NOVAREL .....	53	NUVESSA.....	12	omega-3-acid ethyl esters.....	24
NOVAVAX COVID-19 VACCINE...	52	NUVIGIL .....	60	omeprazole oral capsule delayed	
NOVOEIGHT .....	38	NUWIQ INTRAVENOUS KIT 1000		release .....	41
NOVOFINE AUTOCOVERT PEN		UNIT, 2000 UNIT, 250 UNIT,		OMEPRAZOLE+SYRSPEND SF	
NEEDLE 30G X 8 MM .....	34	2500 UNIT, 3000 UNIT, 4000		ALKA .....	42
NOVOFINE PEN NEEDLE.....	34	UNIT, 500 UNIT.....	38	OMNIPOD 5 G6 INTRO (GEN 5)..	34
NOVOFINE PLUS PEN NEEDLE ..	34	NUWIQ INTRAVENOUS KIT 1500		OMNIPOD 5 G6 PODS (GEN 5)...	34
NOVOLIN 70/30 FLEXPEN .....	36	UNIT.....	38	OMNIPOD 5 G7 INTRO (GEN 5)	
NOVOLIN 70/30 FLEXPEN		NUZYRA ORAL.....	12	KIT.....	34
RELION.....	36	nyamyc.....	16	OMNIPOD 5 G7 PODS (GEN 5)...	34
NOVOLIN 70/30 RELION .....	36	nylia 1/35.....	47	OMNITROPE .....	48
NOVOLIN 70/30 VIAL.....	36	nylia 7/7/7 .....	47	OMVOH SUBCUTANEOUS	
NOVOLIN N FLEXPEN .....	36	nymyo.....	47	SOLUTION AUTO-INJECTOR ....	51
NOVOLIN N FLEXPEN RELION ..	36	nystatin external.....	16	ON CALL EXPRESS BLOOD	
NOVOLIN N RELION.....	36	nystatin mouth/throat .....	16	GLUCOSE .....	34
NOVOLIN N VIAL .....	36	nystatin oral.....	16	ON CALL EXPRESS	
NOVOLIN R FLEXPEN .....	36	nystatin-triamcinolone.....	16	MONITORING SYS.....	34
NOVOLIN R FLEXPEN RELION...	36	nystop.....	16	ondansetron hcl oral .....	15
NOVOLIN R RELION.....	36			ondansetron odt oral tablet	
NOVOLIN R VIAL .....	36			dispersible 4 mg, 8 mg .....	15
NOVOLOG FLEXPEN .....	36			ONE VITE WOMENS PLUS.....	39
NOVOLOG FLEXPEN RELION ....	36			ONETOUCH DELICA PLUS	
NOVOLOG RELION.....	36			LANCETS.....	35
NOVOLOG U-100 VIAL .....	36			ONETOUCH ULTRA 2 KIT W/	
NOVOPEN ECHO.....	34			DEVICE.....	35
NOVOTWIST PEN NEEDLE .....	34			ONETOUCH ULTRA TEST.....	35
NOXAFIL ORAL TABLET				ONETOUCH ULTRA TEST	
DELAYED RELEASE.....	16			STRIPS .....	35
np thyroid .....	49			ONETOUCH ULTRASOFT	
NUBEQA.....	18			LANCETS.....	35
NUCALA SUBCUTANEOUS				ONETOUCH VERIO FLEX	
SOLUTION AUTO-INJECTOR ....	58			SYSTEM KIT.....	35
NUCALA SUBCUTANEOUS				ONETOUCH VERIO IQ SYSTEM	
SOLUTION PREFILLED SYRINGE				KIT W/DEVICE.....	35
100 MG/ML .....	58			ONETOUCH VERIO REFLECT KIT	
NUCALA SUBCUTANEOUS				W/DEVICE .....	35
SOLUTION PREFILLED SYRINGE				ONETOUCH VERIO TEST	
40 MG/0.4ML .....	58			STRIPS .....	35
NUCYNTA .....	9			ONEXTON.....	31
NUCYNTA ER.....	9			ONFI .....	13
NUDEXTA.....	27			ONGLYZA .....	37
NULEV.....	42			opium .....	42
NUPLAZID ORAL CAPSULE.....	19			OPSUMIT.....	59
NURTEC ODT .....	17			OPTIUMEZ TEST.....	35
				OPZELURA.....	31
				ORACEA.....	31

## O





ORACIT .....	39	OZEMPIC.....	37	perindopril erbumine.....	24
ORAL CITRATE.....	39			periogard .....	28
ORALONE.....	28	<b>P</b>			
ORAPRED ODT.....	48	PACERONE ORAL TABLET		permethrin external.....	19
ORENCIA CLICKJECT.....	51	100 MG, 400 MG.....	24	perphenazine oral .....	15
ORENCIA SUBCUTANEOUS .....	51	PACERONE ORAL TABLET		PERTZYE .....	42
ORENITRAM .....	59	200 MG.....	24	PFIZER COVID-19 VAC-TRIS	
ORFADIN.....	42	PALFORZIA ORAL 0.5 & 1 & 1.5 &		5-11Y.....	52
ORGOVYX.....	18	3 & 6 MG, 2 X 1 MG & 10 MG, 2 X		PFIZER COVID-19 VAC-TRIS	
ORIAHNN .....	48	100 MG, 2 X 20 MG, 2 X 20 MG &		6M-4Y .....	52
ORILISSA .....	48	2 X 100 MG, 20 MG, 20 MG & 100		phenazo oral tablet 200 mg.....	43
orphenadrine citrate er.....	60	MG, 3 X 1 MG, 3 X 20 MG & 100		phenazopyridine hcl oral tablet	
OSCIMIN.....	42	MG, 4 X 20 MG, 6 X 1 MG.....	51	100 mg, 200 mg .....	43
oseltamivir phosphate oral		paliperidone er.....	20	phenobarbital oral.....	13
capsule.....	20	PAMELOR .....	15	phenytek.....	13
oseltamivir phosphate oral		PANCREAZE.....	42	phenytoin infatabs .....	13
suspension reconstituted.....	20	PANRETIN.....	31	phenytoin oral tablet chewable..	13
OSPHENA .....	38	pantoprazole sodium oral tablet		phenytoin sodium extended.....	13
OTEZLA .....	51	delayed release.....	41	PHEXXI.....	47
OTREXUP.....	51	PARADIGM REAL-TIME		philith .....	47
OVACE PLUS WASH EXTERNAL		TRANSMITTER.....	35	PHOSPHA 250 NEUTRAL .....	39
LIQUID.....	31	paricalcitol oral .....	54	phospho-trin 250 neutral .....	39
OVACE WASH .....	31	PARLODEL ORAL TABLET .....	19	phosphorous.....	39
OVIDREL.....	53	PARNATE.....	15	PIFELTRO .....	20
oxaprozin oral tablet.....	10	paroxetine hcl er.....	15	pilocarpine hcl ophthalmic.....	55
oxazepam.....	21	paroxetine hcl oral tablet.....	15	pilocarpine hcl oral .....	28
oxcarbazepine .....	13	paroxetine mesylate.....	15	pimecrolimus .....	31
OXTELLAR XR.....	13	PATANASE NASAL SOLUTION		pimozide .....	20
oxybutynin chloride er .....	43	0.6 %.....	57	pimtree.....	47
oxybutynin chloride oral tablet		PAXIL CR.....	15	pindolol .....	24
2.5 mg .....	43	PAXIL ORAL TABLET .....	15	pioglitazone hcl.....	37
oxybutynin chloride oral tablet		PAXLOVID (150/100).....	20	pioglitazone hcl-metformin hcl..	37
5 mg.....	43	PAXLOVID (300/100) .....	20	PIP BLOOD GLUCOSE TEST	
OXYCODONE HCL ER .....	9	pazopanib hcl .....	18	STRIP.....	35
oxycodone hcl oral capsule .....	9	PEDIAPRED .....	48	PIQRAY.....	18
oxycodone hcl oral solution.....	9	peg 3350-kcl-na bicarb-nacl.....	42	pirfenidone oral tablet 267 mg,	
oxycodone hcl oral tablet 10 mg,		peg-3350/electrolytes .....	42	801 mg .....	59
15 mg, 20 mg, 30 mg, 5 mg.....	9	peg-3350/electrolytes/		pirfenidone oral tablet 534 mg ..	59
OXYCODONE-ACETAMINOPHEN		ascorbat.....	42	piroxicam oral.....	10
ORAL TABLET 10-300 MG,		peg-kcl-nacl-nasulf-na asc-c .....	42	pitavastatin calcium.....	24
2.5-300 MG, 5-300 MG,		penicillin v potassium .....	12	PLAQUENIL.....	19
7.5-300 MG.....	9	PENTASA.....	53	PLAVIX.....	19
oxycodone-acetaminophen oral		pentoxifylline er .....	24	PLEGRIDY INTRAMUSCULAR....	27
tablet 10-325 mg, 2.5-325 mg,		PEPCID.....	41	PLEGRIDY STARTER PACK.....	27
5-325 mg, 7.5-325 mg .....	9	PERCOCET.....	10	PLEGRIDY SUBCUTANEOUS .....	27
OXYCONTIN .....	9	PERFOROMIST.....	58	PLENVU .....	42
oxymorphone hcl er .....	10	PERIDEX .....	28	PLEXION CLEANSER.....	31



PLEXION EXTERNAL CREAM . . . . .	31	prednisone oral . . . . .	48	PREZISTA ORAL TABLET 150 MG, 75 MG . . . . .	20
PNEUMOVAX 23 . . . . .	52	pregabalin oral capsule . . . . .	27	PREZISTA ORAL TABLET 600 MG, 800 MG . . . . .	20
pnv-dha . . . . .	39	PREGNYL . . . . .	53	primidone oral tablet 125 mg . . . . .	14
podofilox external solution . . . . .	31	PREMARIN ORAL . . . . .	47	primidone oral tablet 250 mg, 50 mg . . . . .	14
POKONZA . . . . .	39	PREMARIN VAGINAL . . . . .	47	PRISTIQ . . . . .	15
POLY-VI-FLOR . . . . .	39	PREMIUM BLOOD GLUCOSE TEST . . . . .	35	probenecid . . . . .	16
POLYCIN . . . . .	55	premium lidocaine . . . . .	10	PROCARDIA XL . . . . .	25
polymyxin b-trimethoprim . . . . .	55	PREMPHASE . . . . .	47	PROCHAMBER VHC . . . . .	58
POMALYST . . . . .	18	PREMPRO . . . . .	47	prochlorperazine . . . . .	16
portia-28 . . . . .	47	PRENA1 PEARL . . . . .	40	prochlorperazine maleate oral . . . . .	16
posaconazole oral tablet delayed release . . . . .	16	prenatal 19 oral tablet 29-1 mg . . . . .	40	PROCORT . . . . .	53
potassium chloride crys er . . . . .	39	prenatal 19 oral tablet chewable . . . . .	40	procto-med hc . . . . .	53
potassium chloride er . . . . .	39	prenatal oral tablet 27-1 mg . . . . .	40	PROCTOCORT . . . . .	53
potassium chloride oral . . . . .	39	prenatal plus . . . . .	39, 40	PROCTOFOAM HC . . . . .	53
potassium citrate er . . . . .	39	prenatal plus vitamin/mineral . . . . .	40	PROCTOSOL HC . . . . .	53
potassium citrate-citric acid . . . . .	39	PRENATE DHA . . . . .	40	PROCTOZONE-HC . . . . .	53
PRADAXA ORAL CAPSULE . . . . .	13	PRENATE ENHANCE . . . . .	40	progesterone intramuscular . . . . .	47
PRALUENT . . . . .	24	PRENATE ESSENTIAL . . . . .	40	progesterone oral . . . . .	47
pramipexole dihydrochloride . . . . .	19	PRENATE MINI . . . . .	40	PROGRAF ORAL CAPSULE . . . . .	51
pramipexole dihydrochloride er . . . . .	19	PRENATE PIXIE . . . . .	40	PROLATE ORAL TABLET . . . . .	10
PRAMOSONE EXTERNAL CREAM . . . . .	31	PRENATE RESTORE . . . . .	40	PROLENSA . . . . .	55
prasugrel hcl . . . . .	19	PRENATOL-M . . . . .	40	PROMACTA ORAL TABLET . . . . .	38
pravastatin sodium . . . . .	24	PRENATRIX . . . . .	40	promethazine hcl oral . . . . .	16
prazosin hcl oral . . . . .	24	PRENATRYL . . . . .	40	promethazine hcl rectal . . . . .	16
PRECISION XTRA . . . . .	35	PREVACID . . . . .	41	promethazine-codeine . . . . .	57
PRECISION XTRA BLOOD GLUCOSE . . . . .	35	PREVACID SOLUTAB . . . . .	41	promethazine-dm . . . . .	57
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG . . . . .	37	prevalite . . . . .	24	PROMETHEGAN . . . . .	16
PRED FORTE . . . . .	55	PREVIDENT 5000 BOOSTER PLUS . . . . .	28	PROMETRIUM . . . . .	47
PRED MILD . . . . .	55	PREVIDENT 5000 DRY MOUTH . . . . .	28	propafenone hcl . . . . .	25
prednisolone acetate ophthalmic . . . . .	55	PREVIDENT 5000 ENAMEL PROTECT . . . . .	40	propafenone hcl er . . . . .	25
PREDNISOLONE ACETATE P-F . . . . .	55	PREVIDENT 5000 KIDS . . . . .	28	propranolol hcl er . . . . .	25
prednisolone oral solution . . . . .	48	PREVIDENT 5000 ORTHO DEFENSE . . . . .	28	propranolol hcl oral . . . . .	25
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml . . . . .	48	PREVIDENT 5000 PLUS . . . . .	28	propylthiouracil oral . . . . .	49
prednisolone sodium phosphate oral solution 15 mg/5ml . . . . .	48	PREVIDENT 5000 SENSITIVE . . . . .	40	PROSCAR . . . . .	43
prednisolone sodium phosphate oral solution 20 mg/5ml . . . . .	48	PREVIDENT DENTAL . . . . .	28	PROTONIX ORAL TABLET DELAYED RELEASE . . . . .	41
prednisolone sodium phosphate oral tablet dispersible . . . . .	48	PREVIDENT MOUTH/THROAT . . . . .	40	protriptyline hcl . . . . .	15
		previfem oral tablet 0.25-35 mg-mcg . . . . .	47	PROVENTIL HFA . . . . .	57, 58
		PREVNAR 20 . . . . .	52	PROVERA . . . . .	44, 47
		PREVYMIS ORAL . . . . .	20	PROVIGIL . . . . .	60
		PREZCOBIX . . . . .	20	PROZAC . . . . .	15

pseudoephedrine-bromphen-dm .....	57	ranolazine er .....	25	RETACRIT INJECTION SOLUTION 20000 UNIT/ML .....	38
PTS PANELS EGLU TEST .....	35	RAPAFLO .....	43	RETEVMO ORAL CAPSULE 40 MG .....	18
PULMICORT FLEXHALER .....	58	RAPAMUNE ORAL SOLUTION ...	51	RETEVMO ORAL CAPSULE 80 MG .....	18
PULMICORT SUSPENSION .....	58	RAPAMUNE ORAL TABLET .....	51	RETIN-A .....	31
PULMOSAL .....	57	rasagiline mesylate oral .....	19	RETIN-A MICRO GEL 0.04 %, 0.1 % .....	31
PULMOZYME .....	59	RASUVO .....	51	RETIN-A MICRO PUMP .....	31
PYLERA .....	41	RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG .....	14	REVATIO ORAL TABLET .....	59
PYRIDIDIUM .....	43	REBIF .....	27	REVLIMID .....	18
pyridostigmine bromide er .....	17	REBIF TITRATION PACK .....	27	REXTOVY .....	11
pyridostigmine bromide oral tablet 30 mg .....	17	reclipsen .....	47	REXULTI .....	20
pyridostigmine bromide oral tablet 60 mg .....	17	RECOMBINATE .....	38	REYVOW .....	17
<b>Q</b>					
QELBREE .....	26	RECOMBIVAX HB .....	52	RHOFADE .....	31
QNASL .....	58	RECTIV .....	25	RHOPRESSA .....	55
QNASL CHILDRENS .....	58	REGLAN .....	16	rifabutin .....	17
QUARTETTE ORAL TABLET 42-21-21-7 DAYS .....	47	RELAFEN DS .....	10	rifampin oral .....	17
QUDEXY XR .....	14	RELEXXII .....	26	RIGHTEST GT333 GLUCOSE TEST .....	35
QUESTRAN .....	25	RELION TRUE MET AIR GLUC METER .....	35	riluzole .....	27
QUESTRAN LIGHT .....	25	RELION TRUE METRIX TEST STRIPS .....	35	RINVOQ .....	51
quetiapine fumarate .....	20	RELION ULTIMA GLUCOSE SYSTEM .....	35	RIOMET .....	37
quetiapine fumarate er .....	20	RELION ULTIMA TEST .....	35	risedronate sodium oral tablet 150 mg, 35 mg .....	54
QUFLORA PEDIATRIC .....	40	RELPAK .....	17	risedronate sodium oral tablet 30 mg, 5 mg .....	54
QUILLICHEW ER .....	26	RELTONE .....	42	RISPERDAL .....	20
QUILLIVANT XR .....	26	RELYVRIO .....	27	risperidone .....	20
quinapril hcl .....	25	REMERON .....	15	RITALIN .....	26
QUINTET AC BLOOD GLUCOSE TEST .....	35	REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG .....	15	RITALIN LA .....	26
QUINTET BLOOD GLUCOSE TEST .....	35	REMODULIN .....	59	ritonavir .....	20
QULIPTA .....	17	REVELA ORAL TABLET .....	43	rivastigmine .....	14
QUVIVIQ .....	60	repaglinide .....	37	rivastigmine tartrate .....	14
QVAR REDIHALER .....	59	REPATHA .....	25	rivelsa .....	47
<b>R</b>					
rabeprazole sodium oral tablet delayed release .....	41	REPATHA PUSHTRONEX SYSTEM .....	25	rizatRIPTAN benzoate .....	17
RADICAVA ORS .....	27	REPATHA SURECLICK .....	25	ROBINUL .....	42
RADICAVA ORS STARTER KIT ...	27	RESTASIS .....	56	ROBINUL-FORTE .....	42
raloxifene hcl .....	54	RESTASIS MULTIDOSE .....	56	ROCALTROL .....	54
ramelteon .....	60	RESTORIL .....	60	ROCKLATAN .....	55
ramipril .....	25	RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML .....	38	roflumilast .....	59
				ropinirole hcl .....	19
				ropinirole hcl er .....	19
				rosadan external cream 0.75 % ..	31
				rosadan external gel 0.75 % .....	31



rosuvastatin calcium oral	25	setlakin	47	sodium fluoride 5000 ppm	28
ROWASA	53	sevelamer carbonate oral tablet	43	sodium fluoride 5000 ppm dental gel 1.1 %	28
roweepra	14	sevelamer hcl	40	sodium fluoride 5000 sensitive dental gel 1.1-5 %	40
ROXICODONE	10	SEYSARA	12	sodium fluoride dental	28
ROZEREM	60	sf	28, 38, 39, 42	sodium fluoride mouth/throat solution 0.2 %	40
ROZLYTREK ORAL CAPSULE	18	sf 5000 plus	28	sodium fluoride oral solution	40
ROZLYTREK ORAL PACKET	18	SFROWASA	53	sodium fluoride oral tablet chewable	40
RUCONEST	51	sharobel	47	SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	60
rufinamide oral suspension	14	SHARPS CONTAINER	35	sodium sulfacetamide wash	31
rufinamide oral tablet	14	SHINGRIX	52	SOFOSBUVIR-VELPATASVIR	21
RUKOBIA	20	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	38	solifenacin succinate	43
RYBELSUS	37	sildenafil citrate oral tablet 20 mg	59	SOLQUA	37
RYTARY	19	SILENOR	60	SOMA	60
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	25	silodosin	43	SOMATULINE DEPOT	48
ryvent	57	SILVADENE	12	SOOLANTRA	31
<b>S</b>					
SABRIL ORAL PACKET	14	silver sulfadiazine external	12	sotalol hcl (af)	25
SAFYRAL	47	SIMBRINZA	55	sotalol hcl oral	25
SALAGEN	28	SIMLANDI (1 PEN)	51	SOTYKTU	51
SANDIMMUNE ORAL	51	SIMLANDI (2 PEN)	51	SOVUNA	19
SANTYL	31	simliya	47	SPIKEVAX INTRAMUSCULAR SUSPENSION	52
SAPHRIS	20	simpesse	47	spinosad	31
sapropterin dihydrochloride oral packet	42	SIMPONI	51	SPIRIVA HANDIHALER	59
SAVELLA	27	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	25	SPIRIVA RESPIMAT	59
saxagliptin hcl	37	simvastatin oral tablet 80 mg	25	spironolactone oral tablet	25
saxagliptin-metformin er	37	SINEMET	19	spironolactone-hctz	25
scopolamine	16	SINGULAIR ORAL PACKET	59	SPORANOX ORAL CAPSULE	16
SE-NATAL 19	40	SINGULAIR ORAL TABLET CHEWABLE	59	SPORANOX PULSEPAK ORAL CAPSULE 100 MG	16
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	47	sirolimus oral solution	51	SPRAVATO (56 MG DOSE)	15
selenium sulfide external lotion	31	sirolimus oral tablet	51	SPRAVATO (84 MG DOSE)	15
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR	36	SITAVIG	20	sprintec 28	47
SENSIPAR	54	SKYRIZI PEN	51	SPRYCEL	18
SEREVENT DISKUS	59	SKYRIZI SUBCUTANEOUS	51	SPS	40
SEROQUEL	20	SKYTROFA	48	sronyx	47
SEROQUEL XR	20	SLYND	47	ssd	12
SERTRALINE HCL ORAL CAPSULE	15	SOAANZ	25	sss 10-5 external cream	31
sertraline hcl oral concentrate	15	sod citrate-citric acid oral solution 500-334 mg/5ml	40	STALEVO 100 ORAL TABLET 25-100-200 MG	19
sertraline hcl oral tablet	15	sodium chloride inhalation	57	STALEVO 125 ORAL TABLET 31.25-125-200 MG	19
		sodium fluoride 5000 enamel dental gel 1.1-5 %	40	STALEVO 150	19
		sodium fluoride 5000 plus	28		



STALEVO 200 ORAL TABLET 50-200-200 MG .....	19	SULFACLEANSE 8/4 .....	31	TAFINLAR ORAL CAPSULE.....	18
STALEVO 50 ORAL TABLET 12.5-50-200 MG .....	19	sulfamethoxazole-trimethoprim oral .....	12	tafluprost (pf).....	55
STALEVO 75 ORAL TABLET 18.75-75-200 MG .....	19	sulfasalazine oral .....	53	TAGRISSO.....	18
STEGLATRO.....	37	sulfatrim pediatric.....	12	TAKHZYRO .....	51
STELARA SUBCUTANEOUS .....	51	sulindac oral .....	10	TALTZ.....	51
STENDRA.....	38	SUMADAN WASH .....	31	TAMIFLU ORAL CAPSULE .....	21
STIOLTO RESPIMAT .....	59	sumatriptan nasal .....	17	TAMIFLU ORAL SUSPENSION RECONSTITUTED.....	21
STIVARGA.....	18	sumatriptan succinate oral.....	17	tamoxifen citrate oral tablet 10 mg.....	18
STRATTERA .....	26	sumatriptan succinate refill subcutaneous solution cartridge .....	17	tamoxifen citrate oral tablet 20 mg .....	18
STRENSIQ.....	42	sumatriptan succinate subcutaneous.....	17	tamsulosin hcl .....	43
STRIBILD.....	21	sumatriptan-naproxen sodium ..	17	TAPERDEX 12-DAY .....	48
STRIVERDI RESPIMAT.....	59	SUNOSI .....	60	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG .....	48
STROMECTOL .....	19	SUPREP BOWEL PREP KIT.....	42	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21) .....	48
SUBOXONE .....	11	SUTAB.....	42	TAPERDEX 7-DAY .....	48
subvenite.....	14	syeda.....	47	TARGADOX.....	12
SUCRAID.....	42	SYMBICORT.....	59	tarina 24 fe.....	47
sucralfate oral suspension .....	41	SYMBYAX.....	15	tarina fe 1/20 eq .....	47
sucralfate oral tablet .....	41	SYMFI.....	21	tarina fe 1/20 oral tablet 1-20 mg-mcg.....	47
SUFLAVE .....	42	SYMFI LO .....	21	TARON-C DHA .....	40
SULAR.....	25	SYMLINPEN 120 .....	37	TASIGNA .....	18
SULCONAZOLE NITRATE EXTERNAL CREAM .....	16	SYMLINPEN 60 .....	37	TAVALISSE .....	38
sulfacetamide sod-sulfur wash external liquid 9-4 %.....	31	SYMPAZAN.....	14	taysofy .....	47
sulfacetamide sod-sulfur wash external liquid 9-4.5 %.....	31	SYMPROIC .....	42	TAYTULLA.....	47
sulfacetamide sodium (acne) ....	31	SYMTUZA .....	21	tazarotene external cream.....	31
sulfacetamide sodium external ..	31	SYNALAR.....	31	TAZAROTENE EXTERNAL FOAM .	31
sulfacetamide sodium ophthalmic solution .....	55	SYNALAR EXTERNAL SOLUTION 0.01 %.....	31	TAZORAC EXTERNAL CREAM....	31
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 % ...	31	SYNJARDY .....	37	TECFIDERA ORAL CAPSULE DELAYED RELEASE .....	27
sulfacetamide sodium-sulfur external cream 9.8-4.8 %.....	31	SYNJARDY XR.....	37	TECHLITE INSULIN SYRINGES ..	35
sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 % .....	31	SYNTHROID.....	49	TECHLITE PEN NEEDLES.....	35
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 % .....	31	<b>T</b>		TEGLUTIK.....	27
sulfacetamide sodium-sulfur external suspension 10-5 % .....	31	TABRECTA.....	18	TEGRETOL ORAL TABLET .....	14
sulfacetamide sodium-sulfur external suspension 8-4 % .....	31	TACLONEX EXTERNAL OINTMENT 0.005-0.064 %.....	31	TEGRETOL-XR.....	14
sulfacetamide-prednisolone.....	55	TACLONEX EXTERNAL SUSPENSION .....	31	TEGSEDI .....	42
		tacrolimus external.....	31	TEKTURNA.....	25
		tacrolimus oral.....	51	telmisartan.....	25
		tadalafil (pah) .....	59	telmisartan-hctz.....	25
		tadalafil oral.....	38	temazepam .....	60
		TADLIQ.....	59	TEMODAR ORAL CAPSULE 250 MG.....	18



TEMOVATE EXTERNAL CREAM 0.05 % .....	31	THRIVITE RX.....	40	TOPAMAX SPRINKLE .....	14
temozolomide .....	18	THYQUIDITY.....	49	TOPICORT EXTERNAL CREAM... 31	
TEMPO REFILL.....	35	thyroid oral.....	49	TOPICORT EXTERNAL OINTMENT.....	31
TEMPO WELCOME.....	35	tiadylt er.....	25	topiramate er .....	14
TENCON .....	10	TIAZAC.....	25	topiramate oral .....	14
TENIVAC .....	52	TIKOSYN .....	25	TOPROL XL.....	25
tenofovir disoproxil fumarate....	21	tilia fe.....	47	toremide .....	25
TENORETIC 100 .....	25	timolol maleate (once-daily) .....	55	TOSYMRA .....	17
TENORETIC 50 .....	25	timolol maleate ocudose.....	55	TOUJEO MAX SOLOSTAR .....	36
TENORMIN.....	25	timolol maleate ophthalmic.....	55	TOUJEO SOLOSTAR .....	36
terazosin hcl .....	43	timolol maleate pf.....	55	TOVIAZ.....	43
terbinafine hcl oral .....	16	TIMOPTIC OCUDOSE .....	55	TRACLEER 62.5 MG, 125 MG .....	59
terconazole .....	16	TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %.....	55	TRADJENTA.....	37
teriflunomide .....	27	TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %.....	55	tramadol hcl (er biphasic) oral tablet extended release 24 hour . 10	
teriparatide .....	54	tinidazole oral.....	12	tramadol hcl er.....	10
teriparatide (recombinant) subcutaneous solution pen- injector 600 mcg/2.4ml.....	54	tiopronin oral tablet delayed release .....	43	tramadol hcl oral tablet 100 mg, 25 mg.....	10
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/ 2.48ML .....	54	tiotropium bromide monohydrate .....	59	tramadol hcl oral tablet 50 mg... 10	
TESTIM.....	49	TIROSINT .....	49	tramadol-acetaminophen .....	10
TESTOSTERONE CYPIONATE INJECTION .....	49	TIROSINT-SOL.....	49	trandolapril .....	25
testosterone cypionate intramuscular.....	49	TIVICAY.....	21	tranexamic acid oral.....	38
testosterone enanthate intramuscular.....	49	tizanidine hcl oral capsule.....	60	TRANSDERM-SCOP.....	16
testosterone gel 20.25 mg/act (1.62%) transdermal .....	49	tizanidine hcl oral tablet.....	60	tranylcypropramine sulfate.....	15
testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%).....	49	TLANDO.....	49	TRAVATAN Z.....	56
testosterone transdermal gel 1.62 %.....	49	TOBI NEBULIZER .....	59	travoprost (bak free) .....	56
testosterone transdermal solution .....	49	TOBI PODHALER.....	59	trazodone hcl oral .....	15
tetracycline hcl oral capsule .....	12	TOBRADEX OPHTHALMIC OINTMENT.....	55	TRELEGY ELLIPTA .....	59
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR ....	59	TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %.....	55	TREMFYA.....	51
THALITONE.....	25	TOBRADEX ST .....	55	treprostinil .....	59
theophylline er.....	59	tobramycin inhalation nebulization solution 300 mg/4ml.....	59	TRESIBA FLEXTOUCH .....	36
THIOLA.....	43	tobramycin nebulization solution 300 mg/5ml inhalation.....	59	tretinoin external cream .....	31
THIOLA EC.....	43	tobramycin ophthalmic .....	55	tretinoin external gel 0.01 %, 0.025 %.....	31
		tobramycin-dexamethasone.....	55	tretinoin external gel 0.05 % .....	31
		TOLAK.....	31	tretinoin microsphere .....	31
		TOLSURA.....	16	tretinoin microsphere pump.....	31
		tolterodine tartrate.....	43	TREXALL .....	51
		tolterodine tartrate er.....	43	TREXIMET.....	17
		TOPAMAX .....	14	TREZIX .....	10
				tri-estarylla .....	47
				tri-legest fe .....	47
				tri-linyah.....	47
				tri-lo-estarylla .....	47



tri-lo-marzia	47
tri-lo-mili	47
tri-lo-sprintec	47
tri-mili	47
tri-nymyo	47
tri-sprintec	47
tri-vite/fluoride	40
tri-vylibra	47
tri-vylibra lo	47
triamcinolone acetonide external cream 0.025 %, 0.1 %	31
triamcinolone acetonide external cream 0.5 %	32
triamcinolone acetonide external lotion	32
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	32
triamcinolone acetonide external ointment 0.05 %	32
triamcinolone acetonide mouth/throat	28
triamcinolone in absorbase	32
triamterene oral	25
triamterene-hctz	25
TRIANEX EXTERNAL OINTMENT 0.05 %	32
triazolam	21
TRIBENZOR	25
TRICARE	40
TRICOR	25
TRIDACAINE II	10
triderm	32
TRIDESILON EXTERNAL CREAM 0.05 %	32
trihexyphenidyl hcl oral tablet	19
TRIJARDY XR	37
TRIKAFTA ORAL TABLET THERAPY PACK	59
TRILEPTAL	14
TRILIPIX	25
trimethoprim oral	12
TRINATAL RX 1	40
TRINATE	40
TRINTELLIX	15
tritocin external ointment 0.05 %	32

TRIUMEQ	21
trivora (28)	47
TROKENDI XR	14
trosipium chloride	43
trosipium chloride er	43
TRUDHESA	17
TRUE FOCUS BLOOD GLUCOSE STRIP	35
TRUE METRIX AIR GLUCOSE METER KIT	35
TRUE METRIX BLOOD GLUCOSE TEST	35
TRUE METRIX GO GLUCOSE METER	35
TRUE METRIX METER KIT	35
TRUE METRIX PRO BLOOD GLUCOSE	35
TRUETRACK TEST	35
TRULANCE	42
TRULICITY	37
TRUMENBA	52
TRUQAP	18
TRUSOPT OPHTHALMIC SOLUTION 2 %	56
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	21
TRUVADA ORAL TABLET 200-300 MG	21
tulana oral tablet 0.35 mg	47
turqoz	47
TWINRIX	52
TWIRLA	47
TWYNEO	32
TYBLUME	47
tydemy	47
TYMLOS	54
TYRVAYA	56
TYVASO	60
TYVASO DPI INSTITUTIONAL KIT	60
TYVASO DPI MAINTENANCE KIT	60
TYVASO DPI TITRATION KIT	60
TYVASO REFILL	60
TYVASO STARTER	60

## U

UBRELVY	17
UCERIS ORAL	53
UCERIS RECTAL	53
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	38
ULORIC	16
ULTRACET ORAL TABLET 37.5-325 MG	10
ULTRAM ORAL TABLET 50 MG	10
UNISTRIP1 GENERIC	35
unithroid	49
UPTRAVI ORAL	60
urea external cream 20 %, 40 %, 45 %	32
urea external cream 41 %, 47 %	32
UREMEZ-40	32
UROCIT-K 10	40
UROCIT-K 15	40
UROCIT-K 5	40
UROGESIC-BLUE	43
UROXATRAL	43
URSO 250	42
URSO FORTE	42
URSODIOL ORAL CAPSULE 200 MG, 400 MG	42
ursodiol oral capsule 300 mg	42
ursodiol oral tablet	42
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	20

## V

VAGIFEM	47
valacyclovir hcl oral	21
VALCYTE ORAL TABLET	21
valganciclovir hcl oral tablet	21
VALIUM	21
valproic acid oral	14
valsartan oral tablet	25
valsartan-hydrochlorothiazide	25
VALTOCO	14
VALTRESX	21
VANCOGIN	12
vancomycin hcl oral	12
VANDAZOLE	12







XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG .....	51
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG .....	52
XELODA .....	18
XENLETA ORAL TABLET 600 MG .....	12
XHANCE .....	57
XIFAXAN .....	12
XIGDUO XR .....	37
XIIDRA .....	56
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG .....	12
XOFLUZA (40 MG DOSE) .....	21
XOFLUZA (80 MG DOSE) .....	21
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE .....	52
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML .....	59
XOPENEX HFA .....	59
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML .....	59
XTAMPZA ER .....	10
XTANDI .....	18
xulane .....	47
XYOSTED .....	49
XYREM .....	60
XYWAV .....	60

## Y

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

YUSIMRY .....	52
yuvafem .....	47
<b>Z</b>	
zafemy .....	47
zafirlukast .....	59
zaleplon .....	60
ZANAFLEX .....	60
ZARONTIN .....	14
ZARXIO .....	38
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG .....	40
ZAVZPRET .....	17
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR .....	37
ZEJULA ORAL CAPSULE 100 MG .....	18
ZELBORAF .....	18
ZEMBRACE SYMTOUCH .....	17
ZEMPLAR ORAL .....	54
zenatane .....	32
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000- 47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000- 10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT .....	42
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT .....	42
ZENZEDI .....	26
ZEPOSIA .....	27
ZEPOSIA 7-DAY STARTER PACK ..	27
ZEPOSIA STARTER KIT .....	27
ZESTORETIC .....	25
ZESTRIL .....	25
ZETIA .....	25
ZETONNA .....	57
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG .....	25
ZIAC ORAL TABLET 5-6.25 MG ..	25
ZIANA .....	32
ZILXI .....	32
ZIMHI .....	11
ZIOPTAN .....	56
ziprasidone hcl .....	20

ZIRGAN .....	21
ZITHROMAX ORAL .....	12
ZITHROMAX TRI-PAK .....	12
ZITHROMAX Z-PAK .....	12
ZOCOR .....	25
zolmitriptan nasal .....	17
zolmitriptan oral tablet .....	17
zolmitriptan oral tablet dispersible .....	17
ZOLOFT .....	15
zolpidem tartrate er .....	60
zolpidem tartrate oral tablet .....	60
ZOMIG NASAL .....	17
ZONEGRAN .....	14
zonisamide oral .....	14
ZORTRESS .....	52
ZORYVE .....	32
zovia 1/35 (28) .....	47
ZOVIRAX EXTERNAL .....	21
ZOVIRAX ORAL SUSPENSION 200 MG/5ML .....	21
ZTLIDO .....	10
ZUBSOLV .....	11
zumandimine .....	47
ZURZUVAE .....	15
ZYCLARA .....	32
ZYCLARA PUMP .....	32
ZYLET .....	55
ZYLOPRIM ORAL TABLET 100 MG, 300 MG .....	16
ZYMAXID OPHTHALMIC SOLUTION 0.5 % .....	55
ZYPREXA ORAL .....	20
ZYPREXA ZYDIS .....	20
ZYTIGA .....	18
ZYVOX ORAL TABLET .....	12



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P.O. Box 30608  
Salt Lake City, UT 84130

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

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

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



# Multi-language interpreter services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សូមជំនួយភាសាដទៃយកតម្កល់ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខគតតិគតុល្ល ដល់មាន់លើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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

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

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

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