



# 2024 Qualified Health Plan (QHP) Prescription Drug List

**Individual & Family plans**

**Kansas**

Effective as of Jan. 1, 2024

# Table of contents

Understanding your prescription drug list . . . . .	4
Coverage details . . . . .	4
Prior authorization and exception requests . . . . .	6
Medication tips . . . . .	7
Reading your PDL . . . . .	7
Questions . . . . .	7
Analgesics . . . . .	8
Anesthetics . . . . .	9
Anti-addiction/substance abuse treatment agents . . . . .	9
Antibacterials . . . . .	9
Anticonvulsants . . . . .	10
Antidementia agents . . . . .	11
Antidepressants . . . . .	11
Antiemetics . . . . .	11
Antifungals . . . . .	12
Antigout agents . . . . .	12
Antimigraine agents . . . . .	12
Antimyasthenic agents . . . . .	12
Antimycobacterials . . . . .	12
Antineoplastics . . . . .	12
Antiparasitics . . . . .	13
Anti-Parkinson's agents . . . . .	14
Antipsychotics . . . . .	14
Antivirals . . . . .	14
Anxiolytics . . . . .	15
Bipolar agents . . . . .	15
Blood glucose monitoring . . . . .	15
Blood glucose regulators . . . . .	16
Blood products and modifiers . . . . .	17
Cardiovascular agents . . . . .	17
Central nervous system agents . . . . .	19
Dental and oral agents . . . . .	19
Dermatological agents . . . . .	19
Electrolytes/minerals/metals/vitamins . . . . .	20
Gastrointestinal agents . . . . .	21
Genetic or enzyme disorder: replacement, modifiers, treatment . . . . .	22
Genitourinary agents . . . . .	22
Hormonal agents, stimulant/replacement/modifying (adrenal) . . . . .	22
Hormonal agents, stimulant/replacement/modifying (pituitary) . . . . .	23
Hormonal agents, stimulant/replacement/modifying (prostaglandins) . . . . .	23
Hormonal agents, stimulant/replacement/modifying (sex hormones/modifiers) . . . . .	23
Hormonal agents, stimulant/replacement/modifying (thyroid) . . . . .	26
Hormonal agents, suppressant (adrenal) . . . . .	26
Hormonal agents, suppressant (pituitary) . . . . .	26
Hormonal agents, suppressant (thyroid) . . . . .	26



Immunological agents. . . . .	26
Inflammatory bowel disease agents . . . . .	27
Metabolic bone disease agents. . . . .	28
Miscellaneous therapeutic agents. . . . .	28
Ophthalmic agents . . . . .	29
Otic agents. . . . .	30
Respiratory tract/pulmonary agents . . . . .	30
Skeletal muscle relaxants. . . . .	31
Sleep disorder agents. . . . .	31
Index. . . . .	32

# Understanding your prescription drug list

## What is a prescription drug list (PDL)?

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

To create the list, UnitedHealthcare® is guided by the Individual and Family Plan Pharmacy Management Committee. This group reviews which medications will be covered, based on how well the drugs work, and overall value. They also make sure there are safe and covered options.

## How do I use my PDL?

You and your healthcare provider can use the PDL to help you choose the most cost-effective prescription medications. This guide tells you if a medication is generic or brand, and if special rules apply. You can reference this list when you see your healthcare provider. If your medication is not listed here, please visit [myuhc.com/exchange](https://myuhc.com/exchange) or call the Member Services number on your health plan ID card.

## What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, and you can find cost-sharing information in your plan documents. This determines how much you will pay when you fill a prescription at a network pharmacy. Using lower-tier medications can help you pay your lowest out-of-pocket cost. If you are prescribed a medication on a higher tier, you should discuss with your healthcare provider if a lower tier medication may be appropriate for your condition. In the chart below, the overall value is based on factors such as medication's effectiveness, safety, cost, and the availability of alternative medications to treat the same or similar medical condition.

Tier	Cost-share	Includes
1	\$0	<b>\$0 Cost-share</b> Preventive medications are available at no cost to you.
2	\$	<b>Lower cost-shares</b> Medications that offer the greatest overall value, which includes mainly generic medications.
3	\$\$	<b>Mid-range cost-share</b> Medications that offer good overall value, which includes preferred brand name medications.
4	\$\$\$	<b>Highest cost-shares</b>
5	\$\$\$\$	Medications that offer the lowest overall value.

## Coverage details

### What are coverage requirements or limits?

Some medications on your PDL have extra requirements before they can be covered. A few of the most common coverage requirements or limits are prior authorization (PA), step therapy (ST), and quantity limits (QL). We use programs like these to help make sure the medication you take is safe and effective. Check your plan documents for more information.

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan sets how these medications may be covered for you. To get a medication that has a coverage requirement or limit, see the "Prior authorization and exception requests" section.

### About this PDL

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



<b>PA</b>	<b>Prior authorization required</b> UnitedHealthcare requires you or your healthcare provider to obtain prior authorization for certain drugs to be sure the drug is most appropriate for your condition. This means that you will need to get approval from UnitedHealthcare before you fill your prescriptions. If you don't get approval, the drug may not be covered.
<b>QL</b>	<b>Quantity limit</b> For certain drugs, UnitedHealthcare limits the amount of the drug being filled per copayment or over a certain period of time. We update quantity limits based on medical guidance and Food and Drug Administration (FDA) recommendations. This helps reduce waste and ensures medications are used appropriately.
<b>ST</b>	<b>Step therapy</b> In some cases, UnitedHealthcare requires you to first try certain drugs to treat your medical condition before we cover another drug for that condition. Step Therapy makes sure you are filling medically appropriate and affordable medications.
<b>SP</b>	<b>Specialty medication</b> Limited to a 1-month supply per prescription. Your plan may allow more than a 1-month supply. Refer to your Benefit Plan Documents.
<b>MME</b>	<b>Morphine milligram equivalent</b> Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME) and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than 1 opioid drug for pain management. If your healthcare provider prescribes more than this amount, or thinks the limit is not right for your situation, you or your healthcare provider can ask the plan to cover the additional quantity.
<b>7D</b>	<b>7-day limit if you have not filled an opioid prescription recently</b> If you have not filled an opioid prescription recently, you may be limited to a 7-day supply. This limit is intended to minimize initial duration if you do not have recent history of opioid use. For members who are new to the plan and have a recent history of using opioids, the limit may be overridden by the pharmacy.

## Can the PDL change?

Most changes in drug coverage happen on January 1, but during the year UnitedHealthcare may add or remove drugs on the PDL, move them to different cost-sharing tiers, or add or remove restrictions.

When a medication changes tiers, you may have to pay a different amount for that medication. Talk to your healthcare provider to learn about alternatives.

## Why are some medications not covered?

A medication may not be covered under your pharmacy benefit when it works the same as or similar to another prescription or over-the-counter (OTC) medication.

## What medications are covered under my medical benefit?

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

## Which preventive medications are covered?

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

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

- Aspirin to prevent preeclampsia during pregnancy
- Birth control (contraceptives)
- Breast cancer preventive medications



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

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

Preventive medications are listed as Tier 1 or are noted as \$0 Copay medications in this drug list. Some medications are available at no cost to you only when certain requirements are met. As noted in this list, we may need your healthcare provider to provide information about your medical condition to confirm that you meet the requirements to obtain the preventive medication at no cost. Follow the steps in the "Prior authorization and exception requests" section below. If you qualify, you can receive these drugs at \$0 cost-share. If you do not qualify, you are responsible for the customary cost-share amount for your plan.

## Prior authorization and exception requests

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

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

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

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

- Online: [professionals.optumrx.com/prior-authorization.html](https://professionals.optumrx.com/prior-authorization.html)
- Phone: **1-800-711-4555**

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

If you need help, you can also start a request at [myuhc.com/exchange](https://myuhc.com/exchange) or by calling the member services number on your ID card, and we can contact your healthcare provider for information to help process the request.

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

### How can I get a medication not listed on the PDL covered?

You, your authorized representative or your healthcare provider can ask for a coverage request by following the instructions above. Once the request is received, a decision will be provided within 72 hours, unless there are exigent circumstances and an expedited review is requested, in which case a decision will be provided in 24 hours. These responses may be shorter based on state laws. If the request is denied, information will be provided describing the process to appeal that decision and request an external review.



# 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.

## What if my healthcare provider writes a brand-name prescription?

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

## What if I am taking a specialty medication?

Specialty medications are for rare or complex conditions and are usually higher-cost medications. Specialty medications are indicated with SP throughout the PDL. Please note, not all specialty medications may be available at a retail pharmacy. If you have a question on how to access covered specialty medications, call the number on your health plan ID card or visit [myuhc.com/exchange](https://myuhc.com/exchange).

# Reading your PDL

The PDL gives you choices so you and your healthcare provider can decide your best course of treatment. In this PDL, brand-name medications are shown in UPPERCASE (for example, BREO ELLIPTA). Generic medications are shown in lowercase (for example, atorvastatin). There are two ways to find your drug within the PDL:

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

# Questions



Review your Policy for more information about your pharmacy benefit.



Call the Member Services number on your health plan ID card.



Register or login to your online account at [myuhc.com/exchange](https://myuhc.com/exchange) to:

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

## Over-the-counter medications

An over-the-counter (OTC) medication may be the right treatment for some conditions. Talk to your healthcare provider about available OTC options. Even though OTC medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

Drug name	Drug tier	Notes
<b>Analgesics</b>		
<b>Nonsteroidal anti-inflammatory drugs</b>		
aspirin 81 oral tablet delayed release	1	\$0 Copay for members between ages of 16 to 49.
aspirin adult low dose	1	\$0 Copay for members between ages of 16 to 49.
aspirin adult low strength	1	\$0 Copay for members between ages of 16 to 49.
aspirin childrens	1	\$0 Copay for members between ages of 16 to 49.
aspirin ec low dose	1	\$0 Copay for members between ages of 16 to 49.
aspirin ec low strength	1	\$0 Copay for members between ages of 16 to 49.
aspirin low dose	1	\$0 Copay for members between ages of 16 to 49.
aspirin oral tablet chewable	1	\$0 Copay for members between ages of 16 to 49.
aspirin oral tablet delayed release 81 mg	1	\$0 Copay for members between ages of 16 to 49.
aspirin regimen	1	\$0 Copay for members between ages of 16 to 49.
celecoxib oral	2	QL
diclofenac potassium oral tablet 50 mg	2	
diclofenac sodium er	2	
diclofenac sodium external gel 1 %	3	QL
diclofenac sodium oral	2	
diclofenac-misoprostol	3	
diflunisal oral	2	
ec-naproxen	2	
etodolac	2	
etodolac er	3	
fenoprofen calcium oral tablet	4	
flurbiprofen oral tablet 100 mg	2	
goodsense aspirin low dose	1	\$0 Copay for members between ages of 16 to 49.
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	2	
ibuprofen-famotidine	5	ST; QL
indomethacin er	2	
indomethacin oral	2	QL
ketoprofen er	4	ST
ketoprofen oral	3	ST
ketorolac tromethamine oral	2	
meclofenamate sodium oral	4	
mefenamic acid oral	4	
meloxicam oral tablet	2	

Drug name	Drug tier	Notes
mm aspirin	1	\$0 Copay for members between ages of 16 to 49.
nabumetone oral	2	
naproxen dr	2	
naproxen oral suspension	4	PA
naproxen oral tablet	2	
naproxen oral tablet delayed release	2	
naproxen sodium oral tablet 275 mg, 550 mg	2	
oxaprozin	3	
piroxicam oral	2	
salsalate oral	2	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE	1	\$0 Copay for members between ages of 16 to 49.
sulindac oral	2	
tolmetin sodium	4	
<b>Opioid analgesics, long-acting</b>		
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	3	PA; QL; MME; 7D
hydrocodone bitartrate er oral capsule extended release 12 hour	4	PA; QL; MME; 7D
hydromorphone hcl er	4	PA; QL; MME; 7D
levorphanol tartrate oral	4	PA; QL; MME; 7D
methadone hcl intensol	2	PA; QL; MME; 7D
methadone hcl oral concentrate	2	PA; QL; MME; 7D
methadone hcl oral solution	2	PA; QL; MME; 7D
methadone hcl oral tablet	2	PA; QL; MME; 7D
morphine sulfate er oral tablet extended release	2	PA; QL; MME; 7D
NUCYNTA ER	4	PA; QL; MME; 7D
oxymorphone hcl er	4	PA; QL; MME; 7D
tramadol hcl (er biphasic) oral tablet extended release 24 hour	3	PA; QL; MME; 7D
tramadol hcl er	3	PA; QL; MME; 7D
XTAMPZA ER	4	PA; QL; MME; 7D
<b>Opioid analgesics, short-acting</b>		
acetaminophen-codeine	2	QL; MME; 7D
apap-caff-dihydrocodeine	4	QL; MME; 7D
ascomp-codeine	3	QL; MME; 7D
bac	2	QL
butalbital-acetaminophen oral tablet	3	QL
butalbital-apap-caffeine oral tablet	2	QL
butalbital-asa-caff-codeine	3	QL; MME; 7D
butalbital-aspirin-caffeine	2	QL
butorphanol tartrate nasal	2	QL; MME; 7D
codeine sulfate oral tablet 30 mg, 60 mg	2	QL; MME; 7D
endocet	2	QL; MME; 7D
fentanyl citrate buccal lozenge on a handle	4	PA; QL
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	QL; MME; 7D
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	2	QL; MME; 7D
hydrocodone-ibuprofen	4	QL; MME; 7D



KEY:

**7D**—7 Day limit  
**QL**—Quantity Limit

**MME**—Morphine milligram equivalent  
**SP**—Specialty medication

**PA**—Prior authorization required  
**ST**—Step Therapy



Drug name	Drug tier	Notes
hydromorphone hcl oral liquid	3	QL; MME; 7D
hydromorphone hcl oral tablet	2	QL; MME; 7D
morphine sulfate (concentrate)	3	QL; MME; 7D
morphine sulfate oral solution	3	QL; MME; 7D
morphine sulfate oral tablet	2	QL; MME; 7D
oxycodone hcl oral capsule	2	QL; MME; 7D
oxycodone hcl oral concentrate 100 mg/5ml	4	QL; MME; 7D
oxycodone hcl oral solution	2	QL; MME; 7D
oxycodone hcl oral tablet	2	QL; MME; 7D
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	QL; MME; 7D
oxymorphone hcl	3	QL; MME; 7D
pentazocine-naloxone hcl	3	QL; MME; 7D
TENCON	3	QL
tramadol hcl oral tablet 50 mg	2	QL; MME; 7D
tramadol-acetaminophen	2	QL; MME; 7D
<b>Anesthetics</b>		
<b>Local anesthetics</b>		
glydo	2	
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	PA; QL
lidocaine hcl external solution	3	
lidocaine hcl mouth/throat	3	
lidocaine hcl urethral/mucosal	2	
lidocaine viscous hcl	2	
lidocaine-prilocaine external cream	2	
premium lidocaine	2	QL
<b>Anti-addiction/substance abuse treatment agents</b>		
<b>Alcohol deterrents/anti-craving</b>		
acamprosate calcium	3	
disulfiram oral	2	
naltrexone hcl oral	2	
<b>Opioid dependence treatments</b>		
buprenorphine hcl sublingual	2	
buprenorphine hcl-naloxone hcl sublingual film	4	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	
ZUBSOLV	3	
<b>Opioid reversal agents</b>		
naloxone hcl injection	2	
naloxone hcl nasal	2	\$0 Copay
NARCAN	2	\$0 Copay
<b>Smoking cessation agents</b>		
bupropion hcl er (smoking det)	1	QL
goodsense nicotine mouth/throat lozenge 4 mg	1	QL
habitrol	1	QL
NICORETTE MOUTH/THROAT GUM 2 MG	1	QL
NICORETTE MOUTH/THROAT LOZENGE 4 MG	1	QL
nicotine mini	1	QL
nicotine polacriflex mini	1	QL

Drug name	Drug tier	Notes
nicotine polacriflex mouth/throat	1	QL
nicotine step 1	1	QL
nicotine step 2	1	QL
nicotine step 3	1	QL
nicotine transdermal kit	1	QL
nicotine transdermal patch 24 hour 21 mg/24hr	1	QL
NICOTROL	1	PA; QL
NICOTROL NS	1	PA; QL
varenicline tartrate	1	PA; QL
varenicline tartrate (starter)	1	PA; QL
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
gentamicin sulfate external	3	
neomycin sulfate oral	2	
<b>Antibacterials, other</b>		
ALTABAX	4	QL
clindamycin hcl oral	2	
clindamycin palmitate hcl	3	
clindamycin phosphate vaginal	2	
FIRVANQ	3	
fosfomycin tromethamine	4	
linezolid oral suspension reconstituted	4	QL
linezolid oral tablet	3	QL
mafenide acetate external	4	
methenamine hippurate	2	
metronidazole oral tablet	2	
metronidazole vaginal	2	
mupirocin calcium	4	QL
mupirocin external	2	QL
NEO-SYNALAR	4	QL
nitrofurantoin macrocrystal	3	
nitrofurantoin monohydrate macrocrystals	2	
nitrofurantoin oral suspension 25 mg/5ml	4	
silver sulfadiazine external	2	
ssd	2	
SULFAMYLON EXTERNAL CREAM	4	
tinidazole oral	2	
trimethoprim oral	2	
vancomycin hcl oral capsule	2	QL
vancomycin hcl oral solution reconstituted	3	
VANDAZOLE	2	
XEPI	4	QL
XIFAXAN	5	PA; QL
<b>Beta-lactam, cephalosporins</b>		
cefaclor er	3	
cefaclor oral capsule	2	
cefadroxil oral capsule	2	
cefadroxil oral suspension reconstituted	2	
cefadroxil oral tablet	3	
cefdinir	2	



KEY:

**7D**—7 Day limit  
**QL**—Quantity Limit

**MME**—Morphine milligram equivalent  
**SP**—Specialty medication

**PA**—Prior authorization required  
**ST**—Step Therapy

Drug name	Drug tier	Notes
cefixime oral capsule	3	
cefixime oral suspension reconstituted	4	
cefepodoxime proxetil	3	
cefprozil	2	
cefuroxime axetil	2	
cephalexin oral capsule	2	
cephalexin oral suspension reconstituted	2	
<b>Beta-lactam, penicillins</b>		
amoxicillin	2	
amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	2	
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	2	
amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	2	
ampicillin	2	
dicloxacillin sodium	2	
penicillin v potassium	2	
<b>Macrolides</b>		
azithromycin oral	2	
clarithromycin er	3	
clarithromycin oral suspension reconstituted	4	
clarithromycin oral tablet	2	
DIFICID	4	QL
ERYTHROCIN STEARATE	4	
erythromycin base oral capsule delayed release particles	4	
erythromycin base oral tablet	3	
erythromycin base oral tablet delayed release	3	
erythromycin ethylsuccinate oral	4	
erythromycin oral	3	
<b>Quinolones</b>		
BAXDELA ORAL	4	
ciprofloxacin hcl oral	2	
levofloxacin oral solution	4	
levofloxacin oral tablet	2	
moxifloxacin hcl oral	2	
ofloxacin oral	3	
<b>Sulfonamides</b>		
sulfadiazine oral	4	
sulfamethoxazole-trimethoprim oral suspension	2	
sulfamethoxazole-trimethoprim oral tablet	2	
sulfatrim pediatric	2	
<b>Tetracyclines</b>		
avidoxy	2	
demeclocycline hcl	4	
doxycycline hyclate oral capsule	2	

Drug name	Drug tier	Notes
doxycycline hyclate oral tablet 100 mg, 20 mg	2	
doxycycline monohydrate oral capsule 100 mg, 50 mg	2	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	2	
minocycline hcl oral capsule	2	
mondoxyne nl	2	
NUZYRA ORAL	5	QL
tetracycline hcl oral	2	
<b>Anticonvulsants</b>		
<b>Anticonvulsants, other</b>		
levetiracetam er	2	
levetiracetam oral	2	
roweepra	2	
<b>Calcium channel modifying agents</b>		
CELONTIN	3	
ethosuximide oral	3	
methsuximide	3	
zonisamide oral	2	
<b>Gamma-aminobutyric acid (GABA) augmenting agents</b>		
clobazam	4	PA; QL
DIACOMIT	5	PA; QL; SP
diazepam rectal	4	QL
gabapentin oral capsule	2	
gabapentin oral solution 250 mg/5ml	2	
gabapentin oral tablet 600 mg, 800 mg	2	
phenobarbital oral	2	
primidone oral	2	
tiagabine hcl	4	
valproic acid oral	2	
vigabatrin	5	PA; QL; SP
vigadrone	5	PA; QL; SP
<b>Glutamate reducing agents</b>		
felbamate	4	
FYCOMPA ORAL SUSPENSION	4	PA; QL
lamotrigine oral kit	4	PA
lamotrigine oral tablet	2	
lamotrigine oral tablet chewable	2	
lamotrigine oral tablet dispersible	4	PA
lamotrigine starter kit-blue	4	
lamotrigine starter kit-green	4	
lamotrigine starter kit-orange	4	
subvenite	2	
subvenite starter kit-blue	4	
subvenite starter kit-green	4	
subvenite starter kit-orange	4	
topiramate oral capsule sprinkle	3	
topiramate oral tablet	2	
<b>Sodium channel agents</b>		
APTIOM	4	PA; QL
carbamazepine er	3	
carbamazepine oral suspension	3	



KEY:

**7D**—7 Day limit  
**QL**—Quantity Limit

**MME**—Morphine milligram equivalent  
**SP**—Specialty medication

**PA**—Prior authorization required  
**ST**—Step Therapy

Drug name	Drug tier	Notes
carbamazepine oral tablet	2	
carbamazepine oral tablet chewable	2	
DILANTIN ORAL CAPSULE 30 MG	4	
epitol	2	
lacosamide oral	4	PA; QL
oxcarbazepine oral suspension	4	
oxcarbazepine oral tablet	2	
phenytoin infatabs	2	
phenytoin oral suspension 125 mg/5ml	2	
phenytoin oral tablet chewable	2	
phenytoin sodium extended	2	
rufinamide	4	PA
<b>Antidementia agents</b>		
<b>Cholinesterase inhibitors</b>		
donepezil hcl oral tablet 10 mg, 5 mg	2	QL
donepezil hcl oral tablet dispersible	2	QL
galantamine hydrobromide er	3	QL
galantamine hydrobromide oral solution	4	QL
galantamine hydrobromide oral tablet	3	QL
rivastigmine	4	QL
rivastigmine tartrate	2	QL
<b>N-methyl-D-aspartate (NMDA) receptor antagonist</b>		
memantine hcl oral solution	4	QL
memantine hcl oral tablet	2	QL
<b>Antidepressants</b>		
<b>Antidepressants, other</b>		
bupropion hcl er (sr)	2	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	2	QL
bupropion hcl oral	2	
chlordiazepoxide-amitriptyline	2	
mirtazapine oral tablet	2	
mirtazapine oral tablet dispersible	2	
olanzapine-fluoxetine hcl	4	QL
perphenazine-amitriptyline	2	
<b>Monoamine oxidase inhibitors</b>		
MARPLAN	4	
phenelzine sulfate oral	2	
tranylcypromine sulfate	4	
<b>SSRI/SNRI (selective serotonin reuptake inhibitors/serotonin and norepinephrine reuptake inhibitors)</b>		
citalopram hydrobromide oral solution	3	
citalopram hydrobromide oral tablet	2	
desvenlafaxine succinate er	2	QL
duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg	2	QL
duloxetine hcl oral capsule delayed release particles 30 mg	2	QL
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	2	
FETZIMA	4	ST; QL
fluoxetine hcl (pmdd)	3	QL

Drug name	Drug tier	Notes
fluoxetine hcl oral capsule	2	
fluoxetine hcl oral capsule delayed release	3	QL
fluoxetine hcl oral solution	2	
fluoxetine hcl oral tablet 10 mg, 20 mg	3	QL
fluvoxamine maleate	2	
fluvoxamine maleate er	4	QL
nefazodone hcl	3	
paroxetine hcl er	3	QL
paroxetine hcl oral suspension	4	
paroxetine hcl oral tablet	2	
sertraline hcl oral concentrate	2	
sertraline hcl oral tablet	2	
trazodone hcl oral	2	
venlafaxine hcl	2	
venlafaxine hcl er oral capsule extended release 24 hour	2	
VIIBRYD STARTER PACK	4	QL
vilazodone hcl	4	QL
<b>Tricyclics</b>		
amitriptyline hcl oral	2	
amoxapine	2	
clomipramine hcl oral	4	
desipramine hcl oral	3	
doxepin hcl oral capsule	2	
doxepin hcl oral concentrate	2	
imipramine hcl oral	2	
imipramine pamoate	4	
nortriptyline hcl oral capsule	2	
nortriptyline hcl oral solution	3	
protriptyline hcl	3	
trimipramine maleate oral	4	
<b>Antiemetics</b>		
<b>Antiemetics, other</b>		
compro	3	
meclizine hcl oral tablet 25 mg	2	
metoclopramide hcl oral solution	2	
metoclopramide hcl oral tablet	2	
perphenazine oral	2	
prochlorperazine	3	
prochlorperazine maleate oral	2	
promethazine hcl oral	2	
promethazine hcl rectal	3	QL
promethegan	3	QL
scopolamine	3	
trimethobenzamide hcl oral	2	
<b>Emetogenic therapy adjuncts</b>		
aprepitant	4	QL
dronabinol	4	
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
granisetron hcl oral	3	QL
ondansetron hcl oral solution	2	
ondansetron hcl oral tablet	2	
ondansetron odt	2	



KEY:

**7D**—7 Day limit  
**QL**—Quantity Limit

**MME**—Morphine milligram equivalent  
**SP**—Specialty medication

**PA**—Prior authorization required  
**ST**—Step Therapy

Drug name	Drug tier	Notes
VARUBI (180 MG DOSE)	3	QL
<b>Antifungals</b>		
ciclodan	2	
ciclopirox external	2	
ciclopirox olamine external	2	
clotrimazole mouth/throat	2	
clotrimazole-betamethasone external cream	2	QL
clotrimazole-betamethasone external lotion	3	
econazole nitrate external	3	QL
EXELDERM	4	
fluconazole oral suspension reconstituted	2	
fluconazole oral tablet	2	
flucytosine oral	4	
griseofulvin microsize oral	3	
griseofulvin ultramicrosize	3	
GYNAZOLE-1	4	
itraconazole oral	4	QL
ketoconazole external cream	2	QL
ketoconazole external shampoo	2	
ketoconazole oral	2	
LULICONAZOLE	4	QL
miconazole 3	2	
naftifine hcl external cream	4	
nyamyc	2	QL
nystatin external cream	2	
nystatin external ointment	2	
nystatin external powder	2	QL
nystatin mouth/throat	2	
nystatin oral	2	
nystop	2	QL
posaconazole oral tablet delayed release	3	QL
SULCONAZOLE NITRATE	4	
terbinafine hcl oral	2	QL
terconazole vaginal cream	2	
terconazole vaginal suppository	3	
voriconazole oral suspension reconstituted	4	
voriconazole oral tablet	4	QL
<b>Antigout agents</b>		
allopurinol oral tablet 100 mg, 300 mg	2	
COLCHICINE ORAL CAPSULE	2	QL
colchicine-probenecid	2	
febuxostat	3	ST; QL
MITIGARE	3	QL
probenecid	2	
<b>Antimigraine agents</b>		
<b>Calcitonin gene-related peptide (CGRP) receptor antagonist</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	QL

Drug name	Drug tier	Notes
<b>Ergot alkaloids</b>		
dihydroergotamine mesylate injection	4	QL
ergotamine-caffeine	4	
MIGERGOT	4	
<b>Serotonin (5-HT) receptor agonists</b>		
almotriptan malate	3	QL
eletriptan hydrobromide	3	QL
frovatriptan succinate	4	QL
naratriptan hcl	2	QL
rizatriptan benzoate	2	QL
sumatriptan nasal	4	QL
sumatriptan succinate oral	2	QL
sumatriptan succinate refill subcutaneous solution cartridge	4	QL
sumatriptan succinate subcutaneous	4	QL
sumatriptan-naproxen sodium	4	QL
zolmitriptan nasal	4	ST; QL
zolmitriptan oral	3	QL
<b>Antimyasthenic agents</b>		
<b>Parasympathomimetics</b>		
pyridostigmine bromide er	4	
pyridostigmine bromide oral solution	4	
pyridostigmine bromide oral tablet 60 mg	2	
<b>Antimycobacterials</b>		
<b>Antimycobacterials, other</b>		
dapsone oral	2	
rifabutin	4	
<b>Antituberculars</b>		
cycloserine oral	4	
ethambutol hcl oral	2	
isoniazid oral syrup	4	
isoniazid oral tablet	2	
PRIFTIN	3	
pyrazinamide oral	3	
rifampin oral	2	
TRECATOR	3	
<b>Antineoplastics</b>		
<b>Alkylating agents</b>		
cyclophosphamide oral capsule	4	
CYCLOPHOSPHAMIDE ORAL TABLET	4	
GLEOSTINE	5	SP
LEUKERAN	4	
melphalan	4	
MYLERAN	4	
temozolomide	5	PA; SP
VALCHLOR	5	PA; QL; SP
<b>Antiandrogens</b>		
abiraterone acetate	5	PA; QL; SP
bicalutamide	2	
ERLEADA	5	PA; QL; SP
nilutamide	5	SP
NUBEQA	5	PA; QL; SP



KEY:

**7D**—7 Day limit  
**QL**—Quantity Limit

**MME**—Morphine milligram equivalent  
**SP**—Specialty medication

**PA**—Prior authorization required  
**ST**—Step Therapy

Drug name	Drug tier	Notes
<b>Antiangiogenic agents</b>		
lenalidomide	5	PA; QL; SP
POMALYST	5	PA; QL; SP
REVLIMID	5	PA; QL; SP
THALOMID	5	PA; QL; SP
<b>Antiestrogens/modifiers</b>		
EMCYT	4	
tamoxifen citrate oral tablet 10 mg	2	
tamoxifen citrate oral tablet 20 mg	2	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
toremifene citrate	4	
<b>Antimetabolites</b>		
capecitabine	5	SP
DROXIA	4	
hydroxyurea oral	2	
mercaptopurine oral	2	
TABLOID	5	SP
<b>Antineoplastics, other</b>		
FLUOROURACIL EXTERNAL CREAM 0.5 %	4	QL
fluorouracil external cream 5 %	2	QL
fluorouracil external solution	2	
leucovorin calcium oral	2	
PIQRAY	5	PA; QL; SP
ROZLYTREK	5	PA; QL; SP
SYNRIBO	5	PA; QL; SP
VERZENIO	5	PA; QL; SP
ZOLINZA	5	QL; SP
<b>Aromatase inhibitors, 3rd generation</b>		
anastrozole oral	2	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
exemestane	4	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
letrozole oral	2	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
<b>Enzyme inhibitors</b>		
etoposide oral	5	SP
HYCAMTIN ORAL	5	PA; QL; SP
TALZENNA	5	PA; QL; SP

Drug name	Drug tier	Notes
<b>Molecular target inhibitors</b>		
ALECENSA	5	PA; QL; SP
BOSULIF	5	PA; QL; SP
CAPRELSA	5	PA; QL; SP
COMETRIQ	5	PA; QL; SP
erlotinib hcl	5	PA; QL; SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	5	PA; QL; SP
gefitinib	5	PA; QL; SP
imatinib mesylate	5	PA; QL; SP
IMBRUVICA	5	PA; QL; SP
IRESSA	5	PA; QL; SP
JAKAFI	5	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	5	PA; QL; SP
LORBRENA	5	PA; QL; SP
sorafenib tosylate	5	PA; QL; SP
SPRYCEL	5	PA; QL; SP
STIVARGA	5	PA; QL; SP
sunitinib malate	5	PA; QL; SP
VENCLEXTA	5	PA; QL; SP
VENCLEXTA STARTING PACK	5	PA; QL; SP
VITRAKVI	5	PA; QL; SP
XOSPATA	5	PA; QL; SP
ZELBORAF	5	PA; QL; SP
ZYKADIA	5	PA; QL; SP
<b>Retinoids</b>		
bexarotene external	5	QL; SP
bexarotene oral	5	SP
tretinoin oral	5	QL; SP
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
albendazole oral	4	PA; QL
EGATEN	4	PA
ivermectin oral	2	PA; QL
praziquantel oral	4	
<b>Antiprotozoals</b>		
ALINIA ORAL SUSPENSION RECONSTITUTED	3	QL
atovaquone-proguanil hcl	3	
BENZNIDAZOLE	3	PA; QL
chloroquine phosphate oral	2	QL
hydroxychloroquine sulfate oral tablet 200 mg	2	QL
KRINTAFEL	3	QL
mefloquine hcl	2	
nitazoxanide oral	3	QL
pentamidine isethionate inhalation	3	QL
primaquine phosphate	2	
pyrimethamine oral	5	PA; SP
quinine sulfate	3	
<b>Pediculicides/scabicides</b>		
CROTAN	4	
malathion	4	



KEY:

**7D**—7 Day limit  
**QL**—Quantity Limit

**MME**—Morphine milligram equivalent  
**SP**—Specialty medication

**PA**—Prior authorization required  
**ST**—Step Therapy

Drug name	Drug tier	Notes
permethrin external	2	
spinosad	4	
<b>Anti-Parkinson's agents</b>		
<b>Anticholinergics</b>		
benztropine mesylate oral	2	
trihexyphenidyl hcl	2	
<b>Anti-Parkinson's agents, other</b>		
amantadine hcl oral	2	
carbidopa-levodopa-entacapone	4	
entacapone	3	
tolcapone	4	QL
<b>Dopamine agonists</b>		
apomorphine hcl subcutaneous	5	QL; SP
bromocriptine mesylate oral capsule	4	
bromocriptine mesylate oral tablet	3	
pramipexole dihydrochloride	2	
ropinirole hcl	2	
<b>Dopamine precursors/l-amino acid decarboxylase inhibitors</b>		
carbidopa oral	4	
carbidopa-levodopa er	2	
carbidopa-levodopa oral tablet	2	
carbidopa-levodopa oral tablet dispersible	3	
DUOPA	4	PA
<b>Monoamine oxidase B (MAO-B) inhibitors</b>		
rasagiline mesylate oral	4	ST
selegiline hcl oral	3	
<b>Antipsychotics</b>		
<b>1st generation/typical</b>		
ADASUVE	4	
chlorpromazine hcl oral tablet	2	
fluphenazine hcl oral concentrate	3	
fluphenazine hcl oral elixir	3	
fluphenazine hcl oral tablet	2	
haloperidol lactate oral	2	
haloperidol oral	2	
loxapine succinate	2	
molindone hcl	4	
pimozide	3	
thioridazine hcl oral	2	
thiothixene	2	
trifluoperazine hcl	2	
<b>2nd generation/atypical</b>		
aripiprazole oral solution	4	QL
aripiprazole oral tablet	2	QL
asenapine maleate	4	ST; QL
lurasidone hcl	2	QL
olanzapine oral tablet	2	QL
olanzapine oral tablet dispersible	2	QL
paliperidone er	4	QL
quetiapine fumarate	2	QL
quetiapine fumarate er	2	QL
risperidone oral solution	2	

Drug name	Drug tier	Notes
risperidone oral tablet	2	
risperidone oral tablet dispersible	3	
VRAYLAR	4	QL
ziprasidone hcl	2	QL
<b>Treatment-resistant</b>		
clozapine oral tablet	2	
clozapine oral tablet dispersible	4	QL
<b>Antivirals</b>		
LAGEVRIO	4	QL
PAXLOVID (150/100)	4	QL
PAXLOVID (300/100)	4	QL
<b>Anti-cytomegalovirus (CMV) agents</b>		
valganciclovir hcl	4	QL
<b>Anti-hepatitis B (HBV) agents</b>		
adefovir dipivoxil	5	SP
BARACLUDE ORAL SOLUTION	5	SP
entecavir	3	SP
lamivudine oral tablet 100 mg	3	
<b>Anti-hepatitis C (HCV) agents</b>		
EPCLUSA	4	PA; QL; SP
HARVONI	4	PA; QL; SP
LEDIPASVIR-SOFOSBUVIR	4	PA; QL; SP
PEGASYS	5	PA; QL; SP
ribavirin oral	3	
SOFOSBUVIR-VELPATASVIR	4	PA; QL; SP
<b>Antiherpetic agents</b>		
acyclovir external ointment	3	QL
acyclovir oral capsule	2	
acyclovir oral suspension	4	
acyclovir oral tablet	2	
famciclovir oral	2	QL
penciclovir	4	QL
valacyclovir hcl oral	2	QL
<b>Anti-HIV agents, integrase inhibitors (INSTI)</b>		
BIKTARVY	4	QL
DOVATO	4	QL
GENVOYA	4	QL
ISENTRESS ORAL PACKET	4	QL
ISENTRESS ORAL TABLET	4	QL
JULUCA	4	QL
STRIBILD	4	QL
<b>Anti-HIV agents, non-nucleoside reverse transcriptase inhibitors (NNRTI)</b>		
COMPLERA	4	QL
EDURANT	4	QL
efavirenz	4	QL
etravirine	4	QL
INTELENCE ORAL TABLET 25 MG	4	QL
nevirapine oral suspension	2	QL
nevirapine oral tablet	2	QL
<b>Anti-HIV agents, nucleoside and nucleotide reverse transcriptase inhibitors (NRTI)</b>		
abacavir sulfate oral solution	4	QL
abacavir sulfate oral tablet	2	QL



KEY:

**7D**—7 Day limit  
**QL**—Quantity Limit

**MME**—Morphine milligram equivalent  
**SP**—Specialty medication

**PA**—Prior authorization required  
**ST**—Step Therapy



Drug name	Drug tier	Notes
abacavir sulfate-lamivudine	3	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	4	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	2	QL; \$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at high risk of HIV infection.
lamivudine oral solution	2	QL
lamivudine oral tablet 150 mg, 300 mg	2	QL
lamivudine-zidovudine	3	QL
ODEFSEY	4	QL
tenofovir disoproxil fumarate	2	QL; \$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at high risk of HIV infection.
TRIUMEQ	4	QL
zidovudine oral capsule	3	QL
zidovudine oral syrup	3	QL
zidovudine oral tablet	2	QL
<b>Anti-HIV agents, other</b>		
FUZEON	5	QL
maraviroc	4	QL
SELZENTRY ORAL SOLUTION	4	QL
SELZENTRY ORAL TABLET 25 MG, 75 MG	4	QL
<b>Anti-HIV agents, protease inhibitors</b>		
APTIVUS	4	QL
atazanavir sulfate	4	QL
darunavir	4	QL
fosamprenavir calcium	4	QL
LEXIVA ORAL SUSPENSION	4	QL
lopinavir-ritonavir	4	QL
NORVIR ORAL PACKET	4	QL
PREZISTA ORAL SUSPENSION	4	QL
REYATAZ ORAL PACKET	4	QL
ritonavir	4	QL
VIRACEPT	4	QL
<b>Anti-influenza agents</b>		
oseltamivir phosphate oral	3	QL
RELENZA DISKHALER	4	QL
rimantadine hcl	2	
<b>Anxiolytics</b>		
<b>Anxiolytics, other</b>		
bupirone hcl oral	2	
hydroxyzine hcl oral	2	
hydroxyzine pamoate oral	2	

Drug name	Drug tier	Notes
meprobamate	4	
<b>Benzodiazepines</b>		
alprazolam er	2	QL
alprazolam intensol	3	QL
alprazolam oral tablet	2	QL
alprazolam oral tablet dispersible	3	QL
alprazolam xr	2	QL
chlordiazepoxide hcl	2	
clonazepam oral tablet	2	QL
clonazepam oral tablet dispersible	2	QL
clorazepate dipotassium	3	QL
diazepam intensol	2	QL
diazepam oral concentrate	2	QL
diazepam oral solution	2	
diazepam oral tablet	2	QL
lorazepam intensol	2	QL
lorazepam oral concentrate 2 mg/ml	2	QL
lorazepam oral tablet	2	QL
oxazepam	2	
quazepam	4	
<b>Bipolar agents</b>		
<b>Mood stabilizers</b>		
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	2	
EQUETRO	4	
lithium	2	
lithium carbonate er	2	
lithium carbonate oral	2	
<b>Blood glucose monitoring</b>		
ACCU-CHEK AVIVA DEVICE	3	QL
ACCU-CHEK AVIVA PLUS TEST STRIPS	3	QL
ACCU-CHEK FASTCLIX LANCET KIT	3	QL
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK GUIDE CONTROL	3	QL
ACCU-CHEK GUIDE KIT W/DEVICE	3	QL
ACCU-CHEK SMARTVIEW CONTROL	3	QL
ACCU-CHEK SMARTVIEW TEST STRIPS	3	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	3	QL
AUTOLET LANCING DEVICE	3	QL
CARETOUCH CONTROL SOL LEVEL 2	3	QL
CARETOUCH LANCING/EJECTOR	3	QL
CHEMSTRIP K	3	
CHEMSTRIP MICRAL	3	
CHEMSTRIP UGK	3	
CLEVER CHOICE COMFORT EZ	3	
CONTOUR CONTROL SOLUTION	3	QL
CONTOUR NEXT CONTROL SOLUTION	3	QL
CVS KETONE CARE	3	



KEY:

**7D**—7 Day limit  
**QL**—Quantity Limit

**MME**—Morphine milligram equivalent  
**SP**—Specialty medication

**PA**—Prior authorization required  
**ST**—Step Therapy

Drug name	Drug tier	Notes
EASYMAX 15 LEVEL 2-3 CONTROL	3	QL
EASYMAX CONTROL	3	QL
GLUCOSE CONTROL SOLUTIONS	3	QL
FORA TEST N'GO ADV-VOICE-6 CON	3	
FORTISCARE CONTROL	3	QL
KETO-DIASTIX	3	
KETONE TEST	3	
KETOSTIX	3	
LANCETS	3	
MICROLET NEXT LANCING DEVICE	3	QL
NOVOPEN ECHO	3	
ONETOUCH DELICA PLUS LANCING	3	QL
ONETOUCH DELICA SAFETY LANCING	3	QL
ONETOUCH ULTRA TEST STRIPS	3	QL
ONETOUCH ULTRA 2 KIT W/DEVICE	3	QL
ONETOUCH VERIO FLEX SYSTEM KIT	3	QL
ONETOUCH VERIO IN VITRO SOLUTION HIGH	3	QL
ONETOUCH VERIO TEST STRIPS	3	QL
ONETOUCH VERIO REFLECT KIT W/ DEVICE	3	QL
PIP GLUCOSE CONTROL SOLUTION	3	QL
TRUE METRIX LEVEL 1	3	QL
TRUE METRIX LEVEL 2	3	QL
TRUE METRIX LEVEL 3	3	QL
UNISTRIP CONTROL IN VITRO SOLUTION LOW	3	QL
VERIFINE SAFE LANCET MINI 21G	3	
VERIFINE SAFE LANCET MINI 23G	3	
VERIFINE SAFE LANCET MINI 28G	3	
VERIFINE SAFE LANCET MINI 30G	3	
<b>Blood glucose regulators</b>		
<b>Antidiabetic agents</b>		
acarbose oral	2	QL
BYDUREON BCISE AUTOINJECTOR	3	PA; QL
FARXIGA	3	QL
glimepiride	2	QL
glipizide er	2	QL
glipizide ir	2	QL
glipizide xl	2	QL
glyburide micronized	2	QL
glyburide oral	2	QL
JARDIANCE	3	QL
JENTADUETO	3	QL
JENTADUETO XR	3	QL
metformin hcl er	2	QL
metformin hcl oral solution	4	QL
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	2	QL
MOUNJARO	3	PA; QL
nateglinide	3	QL
OZEMPIC	3	PA; QL
pioglitazone hcl	2	QL
repaglinide	2	QL

Drug name	Drug tier	Notes
RYBELSUS	3	PA; QL
saxagliptin hcl	3	QL
saxagliptin-metformin er	3	QL
SOLIQUA	3	QL
SYNJARDY	3	QL
SYNJARDY XR	3	QL
TRADJENTA	3	QL
TRULICITY	3	PA; QL
VICTOZA	3	PA; QL
XIGDUO XR	3	QL
<b>Glycemic agents</b>		
BAQSIMI ONE PACK	2	QL; \$0 Copay
BAQSIMI TWO PACK	2	QL; \$0 Copay
diazoxide oral	4	
glucagon emergency kit 1 mg injection	2	QL; \$0 Copay
GLUCAGON EMERGENCY KIT 1 MG INJECTION	2	QL; \$0 Copay
GLUCAGON EMERGENCY KIT	2	QL; \$0 Copay
GLUCO TO GO	3	
GVOKE HYPOPEN 1-PACK	2	QL; \$0 Copay
GVOKE HYPOPEN 2-PACK	2	QL; \$0 Copay
GVOKE KIT	2	QL; \$0 Copay
GVOKE PFS	2	QL; \$0 Copay
ZEGALOGUE	2	QL; \$0 Copay
<b>Insulins</b>		
BASAGLAR KWIKPEN	3	QL
HUMALOG	3	QL
HUMALOG KWIKPEN	3	QL
HUMALOG MIX 50/50 KWIKPEN	3	QL
HUMALOG MIX 50/50 VIAL	3	QL
HUMALOG MIX 75/25 KWIKPEN	3	QL
HUMALOG MIX 75/25 VIAL	3	QL
HUMALOG U-100 JUNIOR KWIKPEN	3	QL
HUMULIN 70/30 KWIKPEN	3	QL
HUMULIN 70/30 VIAL	3	QL
HUMULIN N KWIKPEN	3	QL
HUMULIN N VIAL	3	QL
HUMULIN R U-500 KWIKPEN	3	QL
HUMULIN R U-500 VIAL	3	QL
HUMULIN R VIAL	3	QL
INSULIN ASPART PROT & ASPART	3	QL
INSULIN DEGLUDEC	3	QL
INSULIN DEGLUDEC FLEXTOUCH	3	QL
INSULIN LISPRO	3	QL
INSULIN LISPRO (1 UNIT DIAL)	3	QL
INSULIN LISPRO JUNIOR KWIKPEN	3	QL
INSULIN LISPRO PROT & LISPRO	3	QL
LEVEMIR FLEXPEN	3	QL
LEVEMIR U-100 VIAL	3	QL
REZVOGLAR KWIKPEN	3	QL
TRESIBA	3	QL
TRESIBA FLEXTOUCH	3	QL



KEY:

**7D**—7 Day limit  
**QL**—Quantity Limit

**MME**—Morphine milligram equivalent  
**SP**—Specialty medication

**PA**—Prior authorization required  
**ST**—Step Therapy



Drug name	Drug tier	Notes
<b>Blood products and modifiers</b>		
<b>Anticoagulants</b>		
ELIQUIS	3	QL
ELIQUIS DVT/PE STARTER PACK	3	QL
enoxaparin sodium	3	QL
fondaparinux sodium	4	QL
heparin sodium (porcine)	2	
heparin sodium (porcine) pf	2	
jantoven	2	
warfarin sodium oral	2	
XARELTO	3	QL
XARELTO STARTER PACK	3	QL
<b>Blood formation modifiers</b>		
anagrelide hcl	4	
ARANESP (ALBUMIN FREE)	5	QL; SP
LEUKINE	5	SP
MULPLETA	5	PA; QL; SP
PROMACTA	5	PA; QL; SP
RETACRIT	5	QL; SP
ZARXIO	5	SP
<b>Hemostasis agents</b>		
aminocaproic acid oral	4	
RECOTHROM	4	
RECOTHROM SPRAY KIT	4	
THROMBIN-JMI EPISTAXIS	4	
THROMBIN-JMI EXTERNAL KIT	4	
tranexamic acid oral	3	QL
<b>Platelet modifying agents</b>		
aspirin-dipyridamole er	4	QL
BRILINTA	4	QL
cilostazol	2	
clopidogrel bisulfate oral	2	QL
dipyridamole oral	2	
prasugrel hcl	2	QL
YOSPRALA	3	QL
<b>Cardiovascular agents</b>		
<b>Alpha-adrenergic agonists</b>		
clonidine	3	
clonidine hcl oral	2	
guanfacine hcl	2	QL
METHYLDOPA	2	
midodrine hcl	2	
<b>Alpha-adrenergic blocking agents</b>		
doxazosin mesylate oral	2	
phenoxybenzamine hcl oral	4	
prazosin hcl oral	2	
<b>Angiotensin II receptor antagonists</b>		
candesartan cilexetil	2	QL
EDARBI	4	QL
irbesartan	2	QL
losartan potassium oral	2	QL
olmesartan medoxomil oral	2	QL
telmisartan	2	QL
valsartan oral tablet	2	QL

Drug name	Drug tier	Notes
<b>Angiotensin-converting enzyme (ACE) inhibitors</b>		
benazepril hcl oral	2	QL
captopril oral	2	QL
enalapril maleate oral tablet	2	QL
fosinopril sodium	2	QL
lisinopril oral	2	QL
moexipril hcl	2	QL
perindopril erbumine	2	QL
quinapril hcl	2	QL
ramipril	2	QL
trandolapril	2	QL
<b>Antiarrhythmics</b>		
amiodarone hcl oral	2	
disopyramide phosphate	3	
dofetilide	4	QL
flecainide acetate	2	
mexiletine hcl oral	3	
MULTAQ	4	PA; QL
NORPACE CR	3	
propafenone hcl	2	
propafenone hcl er	4	
quinidine gluconate er	2	
quinidine sulfate	2	
sotalol hcl (af)	2	
sotalol hcl oral	2	
SOTYLIZE	4	PA
<b>Beta-adrenergic blocking agents</b>		
acebutolol hcl oral	2	
atenolol oral	2	
betaxolol hcl oral	2	
bisoprolol fumarate oral	2	
carvedilol	2	
labetalol hcl oral	2	
metoprolol succinate er	2	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	2	
nadolol oral	2	
pindolol	2	
propranolol hcl er	2	
propranolol hcl oral solution	2	
propranolol hcl oral tablet	2	
timolol maleate oral	2	
<b>Calcium channel blocking agents</b>		
amlodipine besylate oral	2	
cartia xt	2	
diltiazem hcl er	2	
diltiazem hcl er beads	2	
diltiazem hcl er coated beads	2	
diltiazem hcl oral	2	
dilt-xr	2	
felodipine er	2	
isradipine	2	
matzim la	2	
nicardipine hcl oral	3	
nifedipine er	2	QL



KEY:

**7D**—7 Day limit  
**QL**—Quantity Limit

**MME**—Morphine milligram equivalent  
**SP**—Specialty medication

**PA**—Prior authorization required  
**ST**—Step Therapy

Drug name	Drug tier	Notes
nifedipine er osmotic release	2	QL
nifedipine oral	2	
nimodipine oral	4	
nisoldipine er	3	
NYMALIZE	3	
taztia xt	2	
tiadylt er	2	
verapamil hcl er oral capsule extended release 24 hour	3	
verapamil hcl er oral tablet extended release	2	
verapamil hcl oral	2	
<b>Cardiovascular agents, other</b>		
amiloride-hydrochlorothiazide	2	
amlodipine besylate-benazepril hcl	2	QL
amlodipine besylate-valsartan	2	QL
atenolol-chlorthalidone	2	
benazepril-hydrochlorothiazide	2	QL
bisoprolol-hydrochlorothiazide	2	QL
candesartan cilexetil-hctz	3	QL
captopril-hydrochlorothiazide	3	QL
CORLANOR	4	PA; QL
digoxin oral solution	3	
digoxin oral tablet 125 mcg	2	
digoxin oral tablet 250 mcg	2	
digoxin oral tablet 62.5 mcg	4	
EDARBYCLOR	4	QL
enalapril-hydrochlorothiazide	2	QL
ENTRESTO	4	PA; QL
fosinopril sodium-hctz	2	QL
irbesartan-hydrochlorothiazide	2	QL
isosorb dinitrate-hydralazine	3	QL
lisinopril-hydrochlorothiazide	2	QL
losartan potassium-hctz	2	QL
metoprolol-hydrochlorothiazide	2	
pentoxifylline er	2	
quinapril-hydrochlorothiazide	2	QL
ranolazine er	4	QL
spironolactone-hctz	2	
telmisartan-hctz	3	QL
triamterene-hctz	2	
valsartan-hydrochlorothiazide	2	QL
<b>Diuretics, carbonic anhydrase inhibitors</b>		
acetazolamide er	3	
acetazolamide oral	3	
methazolamide oral	4	
<b>Diuretics, loop</b>		
bumetanide oral	2	
ethacrynic acid	4	
furosemide oral	2	
torsemide	2	
<b>Diuretics, potassium-sparing</b>		
amiloride hcl oral	2	
eplerenone	3	
spironolactone oral	2	

Drug name	Drug tier	Notes
triamterene oral	3	
<b>Diuretics, thiazide</b>		
chlorthalidone	2	
hydrochlorothiazide oral	2	
indapamide	2	
metolazone	2	
<b>Dyslipidemics, fibric acid derivatives</b>		
fenofibrate oral tablet 160 mg, 54 mg	4	
gemfibrozil oral	2	
<b>Dyslipidemics, HMG COA reductase inhibitors</b>		
atorvastatin calcium oral tablet 10 mg, 20 mg	2	QL; \$0 Copay for members between ages 40 to 75 years.
atorvastatin calcium oral tablet 40 mg, 80 mg	2	QL
fluvastatin sodium	3	QL; \$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.
lovastatin oral	2	QL; \$0 Copay for members between ages 40 to 75 years.
pravastatin sodium	2	QL; \$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.
rosuvastatin calcium oral tablet 10 mg, 5 mg	2	QL; \$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.
rosuvastatin calcium oral tablet 20 mg, 40 mg	2	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	2	QL; \$0 Copay for members between ages 40 to 75 years.
simvastatin oral tablet 80 mg	2	QL
<b>Dyslipidemics, other</b>		
cholestyramine light	3	
cholestyramine oral	3	
colesevelam hcl	3	
colestipol hcl oral granules	3	
colestipol hcl oral packet	3	
colestipol hcl oral tablet	2	
ezetimibe	2	QL
ezetimibe-simvastatin	3	QL
icosapent ethyl	4	PA
niacin (antihyperlipidemic)	3	



KEY:

**7D**—7 Day limit  
**QL**—Quantity Limit

**MME**—Morphine milligram equivalent  
**SP**—Specialty medication

**PA**—Prior authorization required  
**ST**—Step Therapy

Drug name	Drug tier	Notes
niacin er (antihyperlipidemic)	3	
niacor	3	
prevalite	3	
REPATHA	4	PA; QL
REPATHA PUSHTRONEX SYSTEM	4	PA; QL
REPATHA SURECLICK	4	PA; QL
VASCEPA	4	PA
<b>Vasodilators, direct-acting arterial/venous</b>		
isosorbide dinitrate	2	
isosorbide mononitrate	2	
isosorbide mononitrate er	2	
NITRO-BID	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	
nitroglycerin sublingual	2	
nitroglycerin transdermal	2	
RECTIV	4	QL
<b>Vasodilators, direct-acting arterial</b>		
hydralazine hcl oral	2	
minoxidil oral	2	
<b>Central nervous system agents</b>		
<b>Attention deficit hyperactivity disorder agents, amphetamines</b>		
amphetamine sulfate	4	PA
amphetamine-dextroamphetamine	2	PA; QL
amphetamine-dextroamphetamine er	3	PA; QL
dextroamphetamine sulfate er	3	PA; QL
dextroamphetamine sulfate oral solution	3	PA
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	PA; QL
methamphetamine hcl	4	PA
<b>Attention deficit hyperactivity disorder agents, non-amphetamines</b>		
atomoxetine hcl	3	QL
dexmethylphenidate hcl	2	PA; QL
dexmethylphenidate hcl er	3	PA; QL
guanfacine hcl er	2	QL
methylphenidate hcl er (cd)	3	PA; QL
methylphenidate hcl er (la)	3	PA; QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	3	PA; QL
methylphenidate hcl oral solution	3	PA; QL
methylphenidate hcl oral tablet	2	PA; QL
methylphenidate hcl oral tablet chewable	3	PA; QL
<b>Central nervous system, other</b>		
AUSTEDO	5	PA; QL; SP
caffeine citrate oral	2	
INGREZZA	5	PA; QL; SP
riluzole	4	SP
tetrabenazine	5	PA; QL; SP
TIGLUTIK	5	PA; SP
<b>Fibromyalgia agents</b>		
pregabalin oral capsule	2	QL

Drug name	Drug tier	Notes
SAVELLA	4	QL
SAVELLA TITRATION PACK	4	QL
<b>Multiple sclerosis agents</b>		
AVONEX PEN	5	PA; QL; SP
AVONEX PREFILLED	5	PA; QL; SP
BETASERON	5	PA; QL; SP
dalfampridine er	4	PA; QL; SP
dimethyl fumarate oral	4	PA; QL; SP
dimethyl fumarate starter pack	4	PA; QL; SP
ingolimod hcl	5	PA; QL; SP
glatiramer acetate	4	PA; QL; SP
glatopa	4	PA; QL; SP
<b>Dental and oral agents</b>		
cevimeline hcl	4	
chlorhexidine gluconate mouth/throat	2	
kourzeq	2	
oralone	2	
periogard	2	
pilocarpine hcl oral	3	
triamcinolone acetonide mouth/throat	2	
<b>Dermatological agents</b>		
acutane	4	
acitretin	4	
ammonium lactate external cream	2	
amnesteem	4	
AVAR CLEANSER	2	
azelaic acid external	4	QL
benzoyl peroxide-erythromycin	3	QL
bp 10-1	2	
calcipotriene external cream	4	QL
calcipotriene external ointment	4	QL
calcipotriene external solution	3	QL
calcipotriene-betameth diprop	4	QL
calcitriol external	4	QL
claravis	4	
clindacin etz external swab	2	QL
clindacin-p	2	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	4	QL
clindamycin phosphate external lotion	3	QL
clindamycin phosphate external solution	2	QL
clindamycin phosphate external swab	2	QL
CONDYLOX	4	
doxepin hcl external	4	PA; QL
DUPIXENT	4	PA; QL; SP
EPIFOAM	3	
ery	2	
erythromycin external	3	
ESKATA	4	
HYDRO 40	4	
imiquimod external cream 5 %	2	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	
methoxsalen rapid	4	
metronidazole external cream	3	



KEY:

**7D**—7 Day limit  
**QL**—Quantity Limit

**MME**—Morphine milligram equivalent  
**SP**—Specialty medication

**PA**—Prior authorization required  
**ST**—Step Therapy

Drug name	Drug tier	Notes
metronidazole external gel 0.75 %	3	
metronidazole external lotion	3	
pimecrolimus	4	ST; QL
podofilox external	2	
PRAMOSONE EXTERNAL LOTION	3	
RHOFADE	4	PA; QL
SANTYL	4	QL
selenium sulfide external lotion	2	
selenium sulfide external shampoo 2.25 %	2	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; QL; SP
sodium sulfacetamide wash	3	
SODIUM SULFACETAMIDE-BAKUCHIOL	3	
sss 10-5 external cream	2	
STELARA SUBCUTANEOUS	4	PA; QL; SP
sulfacetamide sodium (acne)	2	
sulfacetamide sodium (cleans)	3	
sulfacetamide sodium external	3	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	2	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	2	
sulfacetamide sodium-sulfur external lotion 10-5 %	2	
sulfacetamide sodium-sulfur external pad 10-4 %	2	
sulfacetamide sodium-sulfur external suspension 10-5 %	2	
sulfacetamide sod-sulfur wash external liquid 9-4 %	2	
sulfacetamide-sulfur in urea	2	
sulfamez wash	2	
tacrolimus external	4	ST; QL
tazarotene external cream	4	PA; QL
tazarotene external gel	4	PA; QL
TAZORAC EXTERNAL CREAM 0.05 %	4	PA; QL
tretinoin external cream	3	PA; QL
zenatane	4	

### Electrolytes/minerals/metals/vitamins

#### Electrolyte/mineral replacement

carglumic acid	5	PA; SP
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	
effer-k oral tablet effervescent 25 meq	2	
GALZIN	4	
klor-con 10	2	
klor-con m10	2	
klor-con m15	2	
klor-con m20	2	
klor-con oral packet	4	
klor-con oral tablet extended release	2	
klor-con/ef	2	
k-prime	2	
levocarnitine oral solution	3	
levocarnitine sf	3	

Drug name	Drug tier	Notes
potassium chloride crys er	2	
potassium chloride er	2	
potassium chloride oral packet	4	
potassium chloride oral solution	2	
potassium citrate er	3	

sodium fluoride oral	1	\$0 Copay for members ages 0 to 16 years.
----------------------	---	---

#### Electrolyte/mineral/metal modifiers

CHEMET	3	
deferasirox	5	PA; SP
deferasirox granules	5	PA; SP
LOKELMA	4	PA; QL
sodium polystyrene sulfonate	2	
sps	2	
VELTASSA	4	PA; QL

#### Phosphate binders

AURYXIA	4	
calcium acetate (phos binder)	2	
calcium acetate oral tablet 667 mg	2	
FOSRENOL ORAL PACKET	4	
lanthanum carbonate	4	
sevelamer carbonate	4	
sevelamer hcl	4	
VELPHORO	3	

#### Vitamins

ATABEX OB	3	
CITRANATAL BLOOM	3	
CITRANATAL MEDLEY	3	
cyanocobalamin injection solution 1000 mcg/ml	2	
DODEX	3	
ELITE-OB	3	
ENBRACE HR	3	
ergocalciferol oral capsule	2	
folic acid oral tablet 1 mg	2	
folic acid oral tablet 400 mcg, 800 mcg	1	
M-NATAL PLUS	3	
NEONATAL COMPLETE	3	
NEONATAL PLUS	3	
NESTABS	3	
ONE VITE WOMENS PLUS	3	
phytonadione oral	4	QL
pnv prenatal plus multivit+dha	2	
PREMESISRX	3	
PRENAISSANCE	3	
prenatal oral tablet 27-0.8 mg, 27-1 mg	2	
prenatal plus vitamin/mineral	2	
PRENATE	3	
PRENATE DHA	3	
PRENATE ELITE	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL	3	
PRENATE MINI	3	



KEY:

**7D**—7 Day limit  
**QL**—Quantity Limit

**MME**—Morphine milligram equivalent  
**SP**—Specialty medication

**PA**—Prior authorization required  
**ST**—Step Therapy

Drug name	Drug tier	Notes
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRIMACARE	3	
RELNATE DHA	3	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	3	
TRINATE	3	
TRISTART DHA	3	
VINATE ONE	3	
VITAFOL FE+	3	
VITAFOL STRIPS	3	
VITAFOL-NANO	3	
VITAFOL-OB+DHA	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	2	
VITATHELY WITH GINGER	3	
WESCAP-C DHA	4	
WESCAP-PN DHA	4	
WESNATAL DHA COMPLETE	3	
WESNATE DHA	3	
WESTAB PLUS	3	
WESTGEL DHA	3	
<b>Gastrointestinal agents</b>		
<b>Antispasmodics, gastrointestinal</b>		
dicyclomine hcl oral capsule	2	
dicyclomine hcl oral solution	3	
dicyclomine hcl oral tablet	2	
glycopyrrolate oral tablet 1 mg, 2 mg	2	
methscopolamine bromide oral	3	
<b>Gastrointestinal agents, other</b>		
alvimopan	4	
cromolyn sodium oral	4	
diphenoxylate-atropine oral liquid	3	
diphenoxylate-atropine oral tablet	2	
loperamide hcl oral capsule	2	
MOTOFEN	5	PA
opium	4	QL
RELISTOR SUBCUTANEOUS	4	PA; QL
SYMPROIC	3	PA; QL
ursodiol oral capsule 300 mg	4	
ursodiol oral tablet	3	
XERMELO	5	PA; QL; SP
<b>Histamine2 (H2) receptor antagonists</b>		
cimetidine oral	2	
famotidine oral suspension reconstituted	3	
famotidine oral tablet 20 mg, 40 mg	2	
<b>Irritable bowel syndrome agents</b>		
alosetron hcl	4	PA; QL
LINZESS	3	PA; QL
lubiprostone	4	QL
<b>Laxatives</b>		
bisacodyl ec	1	QL
bisacodyl oral	1	QL
citroma	1	QL

Drug name	Drug tier	Notes
clearlax	1	QL
CLENPIQ	4	\$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
constulose	2	
enulose	2	
ft clearlax	1	QL
ft laxative	1	QL
ft magnesium citrate	1	QL
gavilax oral powder	1	QL
gavilyte-c	2	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
gavilyte-g	2	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
generlac	2	
gentle laxative oral	1	QL
gentlelax	1	QL
glycolax	1	QL
KRISTALOSE	4	
lactulose encephalopathy	2	
lactulose oral packet	4	
lactulose oral solution	2	
magnesium citrate oral solution	1	QL
mm clearlax	1	QL
na sulfate-k sulfate-mg sulf	4	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
ONELAX MAGNESIUM CITRATE	1	QL
peg 3350-kcl-na bicarb-nacl	2	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
peg-3350/electrolytes	2	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
peg-3350/electrolytes/ascorbat	4	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.



KEY:

**7D**—7 Day limit  
**QL**—Quantity Limit

**MME**—Morphine milligram equivalent  
**SP**—Specialty medication

**PA**—Prior authorization required  
**ST**—Step Therapy

Drug name	Drug tier	Notes
peg-kcl-nacl-nasulf-na asc-c	4	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
PLENVU	4	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
polyethylene glycol 3350 oral powder	1	QL
qc magnesium citrate	1	QL
<b>Protectants</b>		
misoprostol oral	2	
sucralfate oral suspension	4	PA
sucralfate oral tablet	2	
<b>Proton pump inhibitors</b>		
dexlansoprazole	4	QL
esomeprazole magnesium oral capsule delayed release 40 mg	2	QL
lansoprazole oral capsule delayed release	3	QL
omeprazole oral capsule delayed release 10 mg	2	QL
omeprazole oral capsule delayed release 20 mg, 40 mg	2	
pantoprazole sodium oral tablet delayed release	2	QL
rabeprazole sodium oral tablet delayed release	2	QL
sm lansoprazole	3	QL
<b>Genetic or enzyme disorder: replacement, modifiers, treatment</b>		
CREON	3	
CYSTAGON	5	SP
MYALEPT	5	PA; QL; SP
ZENPEP	3	
<b>Genitourinary agents</b>		
<b>Antispasmodics, urinary</b>		
darifenacin hydrobromide er	4	ST; QL
fesoterodine fumarate er	4	QL
flavoxate hcl	2	
MYRBETRIQ	4	
oxybutynin chloride er	2	QL
oxybutynin chloride oral solution	2	
oxybutynin chloride oral syrup	2	
oxybutynin chloride oral tablet 5 mg	2	
solifenacin succinate	4	ST; QL
tolterodine tartrate	2	ST
tropium chloride	2	
tropium chloride er	3	
<b>Benign prostatic hypertrophy agents</b>		
alfuzosin hcl er	2	
CARDURA XL	4	QL
dutasteride oral	2	QL
dutasteride-tamsulosin hcl	4	

Drug name	Drug tier	Notes
finasteride oral tablet 5 mg	2	
silodosin	3	QL
tamsulosin hcl	2	
terazosin hcl	2	
<b>Genitourinary agents, other</b>		
bethanechol chloride oral	2	
ELMIRON	3	
ENCARE	1	QL
LITHOSTAT	4	
OPTIONS GYNOL II CONTRACEPTIVE	1	
penicillamine oral	5	SP
phenazo oral tablet 200 mg	2	
phenazopyridine hcl oral	2	
PYRIDIUM	4	
tadalafil oral tablet 2.5 mg, 5 mg	4	QL
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	1	
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	1	
vcf vaginal contraceptive vaginal gel	1	
<b>Hormonal agents, stimulant/replacement/modifying (adrenal)</b>		
ALA SCALP	4	
alclometasone dipropionate	2	
amcinonide	4	
APEXICON E	3	QL
betamethasone dipropionate aug	3	
betamethasone dipropionate external	3	
betamethasone valerate external cream	2	
betamethasone valerate external lotion	2	
betamethasone valerate external ointment	2	
CAPEX	3	
clobetasol prop emollient base	4	QL
clobetasol propionate e	4	QL
clobetasol propionate external cream	3	QL
clobetasol propionate external gel	3	QL
clobetasol propionate external ointment	3	QL
clobetasol propionate external solution	2	QL
clocortolone pivalate	4	ST; QL
CORDRAN EXTERNAL TAPE	4	QL
desonide external cream	2	QL
desonide external lotion	3	QL
desonide external ointment	2	QL
desoximetasone external	3	QL
dexamethasone intensol	2	
dexamethasone oral elixir	2	
dexamethasone oral solution	2	
dexamethasone oral tablet	2	
dexamethasone oral tablet therapy pack	2	
diflorasone diacetate external cream	4	QL



KEY:

**7D**—7 Day limit  
**QL**—Quantity Limit

**MME**—Morphine milligram equivalent  
**SP**—Specialty medication

**PA**—Prior authorization required  
**ST**—Step Therapy



Drug name	Drug tier	Notes
EMFLAZA	5	PA; SP
fludrocortisone acetate oral	2	
fluocinolone acetonide body	3	QL
fluocinolone acetonide external cream	2	QL
fluocinolone acetonide external ointment	2	QL
fluocinolone acetonide external solution	3	QL
fluocinolone acetonide scalp	3	QL
fluocinonide emulsified base	3	QL
fluocinonide external cream 0.05 %	3	QL
fluocinonide external gel	3	QL
fluocinonide external ointment	3	QL
fluocinonide external solution	3	QL
flurandrenolide external lotion	4	ST; QL
fluticasone propionate external cream	2	
fluticasone propionate external ointment	2	
halobetasol propionate external cream	3	QL
halobetasol propionate external ointment	3	QL
hydrocortisone butyrate external cream	4	QL
hydrocortisone butyrate external ointment	4	
hydrocortisone butyrate external solution	4	
hydrocortisone external cream 2.5 %	2	
hydrocortisone external lotion 2.5 %	2	
hydrocortisone external ointment 1 %, 2.5 %	2	
hydrocortisone oral	2	
hydrocortisone valerate	3	QL
methylprednisolone oral	2	
mometasone furoate external	2	
PANDEL	4	
prednisolone oral solution	2	
prednisolone oral tablet	3	
prednisolone sodium phosphate oral solution	2	
prednisolone sodium phosphate oral tablet dispersible	4	
prednisone intensol	3	
prednisone oral solution	3	
prednisone oral tablet	2	
prednisone oral tablet therapy pack	2	
TEXACORT	3	
triamcinolone acetonide external cream	2	QL
triamcinolone acetonide external lotion	2	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	2	
triderm	2	QL
<b>Hormonal agents, stimulant/replacement/modifying (pituitary)</b>		
cabergoline	3	

Drug name	Drug tier	Notes
CHORIONIC GONADOTROPIN INTRAMUSCULAR	4	PA
desmopressin ace spray refrig	3	
desmopressin acetate injection	4	
desmopressin acetate oral	2	
desmopressin acetate pf	4	
desmopressin acetate spray	3	
FOLLISTIM AQ	5	PA; SP
INCRELEX	5	PA; QL; SP
MENOPUR	5	PA; SP
NOCDURNA	4	PA; QL
<b>Selective estrogen receptor modifying agents</b>		
CLOMID	3	PA
<b>Hormonal agents, stimulant/replacement/modifying (prostaglandins)</b>		
PREPIDIL	4	
<b>Hormonal agents, stimulant/replacement/modifying (sex hormones/modifiers)</b>		
<b>Androgens</b>		
ANDRODERM	3	PA; QL
danazol oral	3	
INTRAROSA	4	
METHITEST	3	
methyltestosterone oral	4	
testosterone cypionate intramuscular	2	
testosterone enanthate intramuscular	2	
testosterone transdermal gel 50 mg/5gm (1%)	3	PA; QL
<b>Estrogens</b>		
afirmelle	1	
altavera	1	
alyacen 1/35	1	
alyacen 7/7/7	1	
amabelz	3	
amethia	1	
amethyst	1	
ANGELIQ	4	
ANNOVERA	1	QL
apri	1	
aranelle	1	
ashlyna	1	
aubra eq	1	
aurovela 1.5/30	1	
aurovela 1/20	1	
aurovela 24 fe	1	
aurovela fe 1.5/30	1	
aurovela fe 1/20	1	
aviane	1	
ayuna	1	
azurette	1	
BALCOLTRA	1	
balziva	1	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
blisovi fe 1/20	1	



KEY:

**7D**—7 Day limit  
**QL**—Quantity Limit

**MME**—Morphine milligram equivalent  
**SP**—Specialty medication

**PA**—Prior authorization required  
**ST**—Step Therapy

Drug name	Drug tier	Notes
briellyn	1	
camrese	1	
camrese lo	1	
charlotte 24 fe	1	
chateal eq	1	
CLIMARA PRO	4	QL
COMBIPATCH	4	QL
cryselle-28	1	
cyred eq	1	
dasetta 1/35	1	
dasetta 7/7/7	1	
daysee	1	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	4	
delyla	1	
DEPO-ESTRADIOL	4	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	
dolishale	1	
dotti	3	QL
drospiren-eth estrad-levomefol	1	
drospirenone-ethinyl estradiol	1	
elinest	1	
eluryng	1	
enilloring	1	
enpresse-28	1	
enskyce	1	
estarylla	1	
estradiol oral	2	
estradiol transdermal patch twice weekly	3	QL
estradiol transdermal patch weekly	2	QL
estradiol vaginal cream	3	
estradiol vaginal tablet	3	QL
estradiol valerate intramuscular oil 10 mg/ml	4	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	2	
estradiol-norethindrone acet	3	
ESTRING	3	QL
ethynodiol diac-eth estradiol	1	
etonogestrel-ethinyl estradiol	1	
falmina	1	
FEMRING	4	QL
finzala	1	
fyavolv	3	
gemmily	1	
hailey 1.5/30	1	
hailey 24 fe	1	
hailey fe 1.5/30	1	
hailey fe 1/20	1	
haloette	1	
iclevia	1	
introvale	1	
isibloom	1	
jaimiess	1	

Drug name	Drug tier	Notes
jasmiel	1	
jinteli	3	
jolessa	1	
joyeaux	1	
juleber	1	
junel 1.5/30	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
junel fe 24	1	
kaitlib fe	1	
kalliga	1	
kariva	1	
kelnor 1/35	1	
kelnor 1/50	1	
kurvelo	1	
larin 1.5/30	1	
larin 1/20	1	
larin 24 fe	1	
larin fe 1.5/30	1	
larin fe 1/20	1	
layolis fe	1	
leena	1	
lessina	1	
levonest	1	
levonorgest-eth est & eth est	1	
levonorgest-eth estrad 91-day	1	
levonorgest-eth estradiol-iron	1	
levonorgestrel-ethinyl estrad	1	
levonorg-eth estrad triphasic	1	
levora 0.15/30 (28)	1	
LO LOESTRIN FE	1	
lojaimiess	1	
loryna	1	
low-ogestrel	1	
lo-zumandimine	1	
lutera	1	
lyllana	3	QL
marlissa	1	
merzee	1	
mibelas 24 fe	1	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin 24 fe	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
mili	1	
mimvey	3	
mono-lynyah	1	
NATAZIA	1	
necon 0.5/35 (28)	1	
NEXTSTELLIS	1	
nikki	1	
norethin ace-eth estrad-fe	1	
norethindrone acet-ethinyl est	1	



KEY:

**7D**—7 Day limit  
**QL**—Quantity Limit

**MME**—Morphine milligram equivalent  
**SP**—Specialty medication

**PA**—Prior authorization required  
**ST**—Step Therapy



Drug name	Drug tier	Notes
norethindrone-eth estradiol	3	
norethindron-ethinyl estrad-fe	1	
norethin-eth estradiol-fe	1	
norgestimate-eth estradiol	1	
norgestimate-ethinyl estradiol triphasic	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
nortrel 7/7/7	1	
nylia 1/35	1	
nylia 7/7/7	1	
nymyo	1	
ocella	1	
philith	1	
pimtrea	1	
portia-28	1	
PREMARIN VAGINAL	4	
PREMPHASE	4	QL
reclipsen	1	
rivelsa	1	
setlakin	1	
simliya	1	
simpesse	1	
sprintec 28	1	
sronyx	1	
syeda	1	
tarina 24 fe	1	
tarina fe 1/20 eq	1	
taysofy	1	
tilia fe	1	
tri-estarylla	1	
tri-legest fe	1	
tri-linyah	1	
tri-lo-estarylla	1	
tri-lo-marzia	1	
tri-lo-mili	1	
tri-lo-sprintec	1	
tri-mili	1	
tri-nymyo	1	
tri-sprintec	1	
trivora (28)	1	
tri-vylibra	1	
tri-vylibra lo	1	
TWIRLA	1	
tyblume	1	
tydemy	1	
velivet	1	
vestura	1	
vienva	1	
viorele	1	
volnea	1	
vyfemla	1	
vylibra	1	
wera	1	
wymzya fe	1	

Drug name	Drug tier	Notes
xulane	1	
yuvafem	3	QL
zafemy	1	
zovia 1/35 (28)	1	
zumandimine	1	
<b>Progestins</b>		
aftera	1	
camila	1	
curae	1	
deblitane	1	
DEPO-SUBQ PROVERA 104	1	QL
econtra one-step	1	
ELLA	1	QL
errin	1	
heather	1	
her style	1	
incassia	1	
jencycla	1	
KYLEENA	1	
levonorgestrel	1	
LILETTA (52 MG)	1	
lyleq	1	
lyza	1	
medroxyprogesterone acetate intramuscular suspension	1	QL
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	
medroxyprogesterone acetate oral	2	
megestrol acetate oral suspension 40 mg/ml	2	
megestrol acetate oral suspension 625 mg/5ml	4	
megestrol acetate oral tablet	2	
MIRENA (52 MG)	1	
my choice	1	
my way	1	
new day	1	
NEXPLANON	1	QL
nora-be	1	
norethindrone acetate oral	2	
norethindrone oral	1	
norlyroc	1	
opcicon one-step	1	
option 2	1	
PLAN B ONE-STEP	1	
progesterone intramuscular	2	
progesterone oral	2	
react	1	
sharobel	1	
SKYLA	1	
SLYND	1	
take action	1	
<b>Selective estrogen receptor modifying agents</b>		
OSPHENA	4	PA; QL



KEY:

**7D**—7 Day limit  
**QL**—Quantity Limit

**MME**—Morphine milligram equivalent  
**SP**—Specialty medication

**PA**—Prior authorization required  
**ST**—Step Therapy

Drug name	Drug tier	Notes
raloxifene hcl	2	QL; \$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.

### Hormonal agents, stimulant/replacement/modifying (thyroid)

ARMOUR THYROID	4	
euthyrox	2	
levo-t	2	
levothyroxine sodium oral tablet	2	
levoxyl	2	
liothyronine sodium oral	2	
NIVA THYROID	4	
np thyroid	4	
SYNTHROID	3	
THYQUIDITY	4	PA
thyroid oral	4	
TIROSINT-SOL	4	PA
unithroid	2	

### Hormonal agents, suppressant (adrenal)

LYSODREN	4	
----------	---	--

### Hormonal agents, suppressant (pituitary)

ELIGARD	5	PA; SP
fyremadel	5	PA; SP
ganirelix acetate	5	PA; SP
leuprolide acetate injection	5	PA; SP
octreotide acetate	4	PA; SP
ORLISSA	4	PA; QL
SIGNIFOR	5	PA; QL; SP
SOMAVERT	5	PA; QL; SP
SYNAREL	3	

### Hormonal agents, suppressant (thyroid)

#### Antithyroid agents

methimazole oral	2	
propylthiouracil oral	2	

#### Immunological agents

##### Angioedema agents

HAEGARDA	5	PA; QL; SP
icatibant acetate	4	PA; QL; SP
sajazir	4	PA; QL; SP

##### Immune suppressants

ADALIMUMAB-ADAZ	4	PA; QL; SP
AMJEVITA	4	PA; QL; SP
azathioprine oral tablet 50 mg	2	
CIMZIA	4	PA; QL; SP
CIMZIA STARTER KIT	4	PA; QL; SP
cyclosporine modified	4	
cyclosporine oral	4	
gengraf	4	
HADLIMA	4	PA; QL; SP
HADLIMA PUSH TOUCH	4	PA; QL; SP
HUMIRA	4	PA; QL; SP

Drug name	Drug tier	Notes
HUMIRA PEDIATRIC CROHNS START	4	PA; QL; SP
HUMIRA PEN	4	PA; QL; SP
HUMIRA PEN-CD/UC/HS STARTER	4	PA; SP
HUMIRA PEN-PEDIATRIC UC START	4	PA; SP
HUMIRA PEN-PS/UV/ADOL HS START	4	PA; SP
HUMIRA PEN-PSOR/UEVIT STARTER	4	PA; QL; SP
methotrexate sodium	2	
methotrexate sodium (pf)	2	
mycophenolate mofetil oral capsule	3	
mycophenolate mofetil oral suspension reconstituted	4	
mycophenolate mofetil oral tablet	3	
mycophenolate sodium	4	
OLUMIANT	4	PA; QL; SP
SANDIMMUNE ORAL SOLUTION	5	
SIMPONI	4	PA; QL; SP
sirolimus oral solution	5	
sirolimus oral tablet	4	
SKYRIZI PEN	4	PA; QL; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
tacrolimus oral	2	
XELJANZ	4	PA; QL; SP
XELJANZ XR	4	PA; QL; SP
<b>Immunomodulators</b>		
ACTEMRA ACTPEN	4	PA; QL; SP
ACTEMRA SUBCUTANEOUS	4	PA; QL; SP
ACTIMMUNE	5	PA; QL; SP
ALFERON N	5	SP
BEYFORTUS	1	QL; \$0 copay for members 2 years of age and younger.
leflunomide oral	4	
OTEZLA	4	PA; QL; SP
RINVOQ	4	PA; QL; SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
<b>Vaccines</b>		
ABRYVVO	1	QL; \$0 copay for members 60 years of age or older.
ACTHIB	1	QL
ADACEL	1	QL
AFLURIA QUADRIVALENT	1	QL
AREXVY	1	QL; \$0 copay for members 60 years of age or older.
BEXSERO	1	QL; \$0 copay for members 10 years of age or older.
BOOSTRIX	1	QL
COMIRNATY	1	QL; \$0 copay for members 12 years of age or older.
DAPTACEL	1	QL



KEY:

**7D**—7 Day limit  
**QL**—Quantity Limit

**MME**—Morphine milligram equivalent  
**SP**—Specialty medication

**PA**—Prior authorization required  
**ST**—Step Therapy

Drug name	Drug tier	Notes
DENGXVAXIA	1	QL; \$0 copay for members between ages of 9 to 16.
ENGERIX-B	1	QL
FLUAD QUADRIVALENT	1	QL; \$0 copay for members 65 years of age or older.
FLUARIX QUADRIVALENT	1	QL
FLUBLOK QUADRIVALENT	1	QL; \$0 copay for members 18 years of age or older.
FLUGELVAX QUADRIVALENT	1	QL
FLULAVAL QUADRIVALENT	1	QL
FLUMIST QUADRIVALENT	1	QL; \$0 copay for members between ages of 2 to 49.
FLUZONE HIGH-DOSE QUADRIVALENT	1	QL; \$0 copay for members 65 years of age or older.
FLUZONE QUADRIVALENT	1	QL
GARDASIL 9	1	QL; \$0 copay for members between ages of 9 to 45.
HAVRIX	1	QL
HEPLISAV-B	1	QL; \$0 copay for members 18 years of age or older.
HIBERIX	1	QL
INFANRIX	1	QL
IPOL	1	QL
MENACTRA	1	QL
MENQUADFI	1	QL
MENVEO	1	QL
M-M-R II	1	QL
MODERNA COVID-19 VAC 6M-11Y	1	QL
NOVAVAX COVID-19 VACCINE	1	QL; \$0 copay for members 12 years of age or older.
PEDIARIX	1	QL; \$0 copay for members 6 years of age or younger.
PEDVAX HIB	1	QL
PENTACEL	1	QL; \$0 copay for members 4 years of age or younger.
PFIZER COVID-19 VAC-TRIS 5-11Y	1	QL; \$0 copay for members between ages of 5 to 11.
PFIZER COVID-19 VAC-TRIS 6M-4Y	1	QL; \$0 copay for members 4 years of age or younger.
PNEUMOVAX 23	1	QL
PREHEVBRIO	1	QL; \$0 copay for members 18 years of age or older.
PREVNAR 13	1	QL
PREVNAR 20	1	QL; \$0 copay for members 19 years of age or older.
PRIORIX	1	QL

Drug name	Drug tier	Notes
PROQUAD	1	QL; \$0 copay for members between ages of 1 to 12.
QUADRACEL INTRAMUSCULAR SUSPENSION	1	QL
RECOMBIVAX HB	1	QL
ROTARIX ORAL SUSPENSION	1	QL
ROTATEQ	1	QL
SHINGRIX	1	QL; \$0 copay for members 50 years of age or older. \$0 Copay for members between ages 19 and 49 years once your healthcare provider confirms use is for an Advisory Committee on Immunization Practices (ACIP) recommended vaccine regimen.
SPIKEVAX	1	QL; \$0 copay for members 12 years of age or older.
TDVAX	1	QL
TENIVAC	1	QL
TETANUS-DIPHThERIA TOXOIDS TD	1	QL
TRUMENBA	1	QL; \$0 copay for members 10 years of age or older.
TWINRIX	1	QL
VAQTA	1	QL
VARIVAX	1	QL
VAXELIS	1	QL; \$0 copay for members 4 years of age or younger.
VAXNEUVANCE	1	QL
<b>Inflammatory bowel disease agents</b>		
<b>Aminosalicylates</b>		
balsalazide disodium	3	
DIPENTUM	4	
mesalamine er	3	QL
mesalamine oral tablet delayed release 1.2 gm	3	QL
mesalamine rectal	4	QL
mesalamine-cleanser	4	QL
<b>Glucocorticoids</b>		
ANALPRAM-HC EXTERNAL LOTION	4	
budesonide oral	4	
budesonide rectal	3	
CORTIFOAM	3	
hydrocortisone (perianal) external cream 2.5 %	2	
hydrocortisone ace-pramoxine external cream 1-1 %	3	
hydrocortisone rectal	3	
PROCTOFOAM HC	3	
procto-med hc	2	
proctosol hc	2	



KEY:

**7D**—7 Day limit  
**QL**—Quantity Limit

**MME**—Morphine milligram equivalent  
**SP**—Specialty medication

**PA**—Prior authorization required  
**ST**—Step Therapy

Drug name	Drug tier	Notes
proctozone-hc	2	
UCERIS RECTAL	3	
<b>Sulfonamides</b>		
sulfasalazine oral tablet	2	
sulfasalazine oral tablet delayed release	2	
<b>Metabolic bone disease agents</b>		
alendronate sodium oral solution	3	
alendronate sodium oral tablet 10 mg, 35 mg, 70 mg	2	QL
calcitonin (salmon) injection	4	
calcitonin (salmon) nasal	2	QL
calcitriol oral capsule	2	
calcitriol oral solution	3	
doxercalciferol oral	4	
ibandronate sodium oral	2	QL
paricalcitol oral	3	
risedronate sodium oral tablet	2	QL
<b>Miscellaneous therapeutic agents</b>		
AEROCHAMBER PLUS FLO-VU	3	
ALCOHOL PREP PADS PAD , 70 %	3	
AQ INSULIN SYRINGE	3	
AQINJECT PEN NEEDLE	3	
ARTISS	4	
AUM INSULIN SAFETY PEN NEEDLE	3	
AUM MINI INSULIN PEN NEEDLE	3	
AUM PEN NEEDLE	3	
AUM READYGARD DUO PEN NEEDLE	3	
AUM SAFETY PEN NEEDLE	3	
BD SHARPS COLLECTOR	3	
BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	
BD ULTRA-FINE PEN NEEDLES	3	
BINAXNOW COVID-19 AG HOME TEST	3	
BREATHE COMFORT CHAMBER/ ADULT	3	
BREATHE COMFORT CHAMBER/ CHILD	3	
CARESTART COVID-19 HOME TEST	3	
CAYA	1	
CLEARDETECT COVID-19 AG HOME	3	
CLINITEST RAPID COVID-19 TEST	3	
COMFORT EZ PRO PEN NEEDLES	3	
CONDOMS	1	QL
COVID-19 AT HOME ANTIGEN TEST	3	
COVID-19 AT-HOME TEST	3	
DIATRUST COVID-19 HOME TEST	3	
DROPSAFE ALCOHOL PREP	3	
DROPSAFE SAFETY SYRINGE/ NEEDLE 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	

Drug name	Drug tier	Notes
DUREX EXTRA SENSITIVE THIN	1	QL
EASIVENT	3	
ELLUME COVID-19 HOME TEST	3	
EMBRACE PEN NEEDLES 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	3	
ergoloid mesylates oral	4	
FASTEP COVID-19 ANTIGEN TEST	3	
FC2 FEMALE CONDOM	1	QL
FEMCAP	1	
FLEXICHAMBER	3	
FLEXICHAMBER ADULT MASK/ SMALL	3	
FLEXICHAMBER CHILD MASK/ LARGE	3	
FLEXICHAMBER CHILD MASK/ SMALL	3	
FLOWFLEX COVID-19 AG HOME TEST	3	
IHEALTH COVID-19 RAPID TEST	3	
INDICAID COVID-19 RAPID TEST	3	
INSPIREASE RESERVOIR BAGS	3	
INSULIN PEN NEEDLES	3	
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" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	
INTELISWAB COVID-19 RAPID TEST	3	
methergine	4	QL
methylegonovine maleate oral	4	QL
NOVOFINE AUTOCOVER PEN NEEDLE	3	
NOVOFINE PEN NEEDLE	3	
NOVOFINE PLUS PEN NEEDLE	3	
ON/GO COVID-19 ANTIGEN TEST	3	
ON/GO ONE COVID-19 HOME TEST	3	
PARAGARD INTRAUTERINE COPPER	1	
PARI VORTEX ADULT MASK	3	
PHEXXI	1	QL
PILOT COVID-19 AT-HOME TEST	3	
PURE COMFORT SAFETY PEN NEEDLE	3	
QUICKVUE AT-HOME COVID-19 TEST	3	
RADIOGARDASE	5	
RAYA SURE PEN NEEDLE	3	
SAFETY PEN NEEDLES 30G X 8 MM	3	
SHARPS COLLECTOR	3	
SHARPS CONTAINER	3	
SPEEDY SWAB COVID-19 ANTIGEN	3	
TISSEEL EXTERNAL KIT	4	
VERIFINE INSULIN PEN NEEDLE	3	
VERIFINE INSULIN SYRINGE	3	



KEY:

**7D**—7 Day limit  
**QL**—Quantity Limit

**MME**—Morphine milligram equivalent  
**SP**—Specialty medication

**PA**—Prior authorization required  
**ST**—Step Therapy

Drug name	Drug tier	Notes
VERIFINE PLUS PEN NEEDLE	3	
VORTEX VALVED HOLDING CHAMBER	3	
WIDE-SEAL DIAPHRAGM 60	1	
WIDE-SEAL DIAPHRAGM 65	1	
WIDE-SEAL DIAPHRAGM 70	1	
WIDE-SEAL DIAPHRAGM 75	1	
WIDE-SEAL DIAPHRAGM 80	1	
WIDE-SEAL DIAPHRAGM 85	1	
WIDE-SEAL DIAPHRAGM 90	1	
WIDE-SEAL DIAPHRAGM 95	1	
<b>Ophthalmic agents</b>		
<b>Aminoglycosides</b>		
gentamicin sulfate ophthalmic	2	
neomycin-polymyxin-gramicidin	2	
TOBRADEX	4	
tobramycin ophthalmic	2	
tobramycin-dexamethasone	3	
TOBREX	4	
<b>Antibacterials, other</b>		
bacitracin ophthalmic	3	
bacitracin-polymyxin b ophthalmic	2	
bacitra-neomycin-polymyxin-hc	3	
BETADINE OPHTHALMIC PREP	4	
neomycin-bacitracin zn-polymyx	2	
neomycin-polymyxin-dexameth ophthalmic ointment	2	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	2	
neomycin-polymyxin-hc ophthalmic	3	
neo-polycin	2	
neo-polycin hc	3	
polycin	2	
polymyxin b-trimethoprim	2	
POVIDONE-IODINE OPHTHALMIC	4	
<b>Anti-cytomegalovirus (CMV) agents</b>		
ZIRGAN	4	
<b>Antifungals</b>		
NATACYN	4	
<b>Antiherpetic agents</b>		
trifluridine	3	
<b>Macrolides</b>		
AZASITE	4	
erythromycin ophthalmic	2	\$0 Copay once your healthcare provider confirms use is to prevent gonococcal ophthalmia neonatorum in newborns.
KLARITY-A	4	
<b>Ophthalmic agents, other</b>		
AKTEN	4	
ALTACAINE	2	
atropine sulfate ophthalmic solution 1 %	2	

Drug name	Drug tier	Notes
cyclopentolate hcl ophthalmic	2	
cyclosporine ophthalmic	4	PA; QL
CYSTARAN	5	PA; QL; SP
ISOPTO ATROPINE	4	
MITOSOL	4	
proparacaine hcl ophthalmic	2	
sulfacetamide-prednisolone	2	
tetracaine hcl ophthalmic	2	
ZYLET	4	
<b>Ophthalmic anti-allergy agents</b>		
ALOCRIAL	4	
ALOMIDE	4	
altafrin	2	
azelastine hcl ophthalmic	2	
bepotastine besilate	4	QL
cromolyn sodium ophthalmic	2	
CYCLOMYDRIL	4	
epinastine hcl	2	ST; QL
olopatadine hcl ophthalmic solution 0.1 %	2	QL
phenylephrine hcl ophthalmic	2	
<b>Ophthalmic antiglaucoma agents</b>		
apraclonidine hcl	2	
betaxolol hcl ophthalmic	2	
BETIMOL	3	QL
BETOPTIC-S	4	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	3	QL
brimonidine tartrate-timolol	3	QL
brinzolamide	3	QL
carteolol hcl	2	
dorzolamide hcl ophthalmic	2	
dorzolamide hcl-timolol mal	2	QL
dorzolamide hcl-timolol mal pf	3	QL
levobunolol hcl	2	
PHOSPHOLINE IODIDE	3	
pilocarpine hcl ophthalmic	2	
SIMBRINZA	4	QL
timolol maleate (once-daily)	2	
timolol maleate ophthalmic gel forming solution	3	
timolol maleate ophthalmic solution	2	
timolol maleate pf	3	
<b>Ophthalmic anti-inflammatories</b>		
ALREX	4	QL
bromfenac sodium (once-daily)	3	QL
dexamethasone sodium phosphate ophthalmic	2	
DEXTENZA	5	SP
diclofenac sodium ophthalmic	2	
difluprednate	4	
FLAREX	3	
fluorometholone	2	
flurbiprofen sodium	2	
FML FORTE	4	
INVELTYS	4	QL



Drug name	Drug tier	Notes
ketorolac tromethamine ophthalmic	2	
LOTEMAX OPHTHALMIC OINTMENT	4	
LOTEMAX SM	4	QL
loteprednol etabonate ophthalmic suspension	4	QL
MAXIDEX	3	
NEVANAC	4	
PRED MILD	4	
prednisolone acetate ophthalmic	2	
prednisolone sodium phosphate ophthalmic	2	
<b>Ophthalmic prostaglandin and prostamide analogs</b>		
latanoprost ophthalmic	2	
LUMIGAN	3	QL
tafluprost (pf)	4	ST; QL
travoprost (bak free)	3	QL
XELPROS	4	QL
<b>Quinolones</b>		
BESIVANCE	4	
CILOXAN	4	
ciprofloxacin hcl ophthalmic	2	
gatifloxacin ophthalmic	3	
levofloxacin ophthalmic	2	
moxifloxacin hcl (2x day)	2	
moxifloxacin hcl ophthalmic	2	
ofloxacin ophthalmic	2	
<b>Sulfonamides</b>		
sulfacetamide sodium ophthalmic ointment	2	
sulfacetamide sodium ophthalmic solution	2	
<b>Otic agents</b>		
acetic acid otic	2	
ciprofloxacin hcl otic	3	
ciprofloxacin-dexamethasone	4	ST
CIPROFLOXACIN-FLUOCINOLONE PF	4	
CORTISPORIN-TC	4	
flac	3	
fluocinolone acetonide otic	3	
hydrocortisone-acetic acid	3	
neomycin-polymyxin-hc otic	2	
ofloxacin otic	2	
OTOVEL	4	
<b>Respiratory tract/pulmonary agents</b>		
<b>Antihistamines</b>		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	QL
carbinoxamine maleate oral solution	2	
carbinoxamine maleate oral tablet 4 mg	2	
clemastine fumarate oral tablet 2.68 mg	2	
cyproheptadine hcl oral	2	
desloratadine oral tablet	2	
diphenhydramine hcl oral elixir	2	

Drug name	Drug tier	Notes
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	2	QL
olopatadine hcl nasal	3	QL
promethazine vc	2	
<b>Anti-inflammatories, inhaled corticosteroids</b>		
ARNUITY ELLIPTA	3	QL
BEVESPI AEROSPHERE	3	QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	4	QL
breyna	4	QL
budesonide inhalation	3	QL
budesonide-formoterol fumarate	4	QL
FLOVENT DISKUS	3	QL
FLOVENT HFA	3	QL
flunisolide nasal	2	
FLUTICASONE FUROATE-VILANTEROL	4	QL
fluticasone propionate nasal	2	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
PULMICORT FLEXHALER	3	QL
QVAR REDIHALER	3	QL
wixela inhub	3	QL
<b>Antileukotrienes</b>		
montelukast sodium oral packet	2	QL
montelukast sodium oral tablet	2	QL
montelukast sodium oral tablet chewable	2	QL
zafirlukast	3	QL
zileuton er	4	ST
<b>Bronchodilators, anticholinergic</b>		
ATROVENT HFA	4	QL
INCRUSE ELLIPTA	3	QL
ipratropium bromide inhalation	2	
ipratropium bromide nasal	2	
SPIRIVA HANDIHALER	3	QL
SPIRIVA RESPIMAT	3	QL
tiotropium bromide monohydrate	3	QL
<b>Bronchodilators, sympathomimetic</b>		
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL; \$0 Copay
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	2	QL; \$0 Copay
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	2	\$0 Copay



KEY:

**7D**—7 Day limit  
**QL**—Quantity Limit

**MME**—Morphine milligram equivalent  
**SP**—Specialty medication

**PA**—Prior authorization required  
**ST**—Step Therapy



Drug name	Drug tier	Notes
albuterol sulfate oral	3	
epinephrine injection solution auto-injector	2	QL; \$0 Copay
levalbuterol hcl inhalation	3	QL
STRIVERDI RESPIMAT	3	QL
SYMJEPI	2	QL; \$0 Copay
terbutaline sulfate oral	4	
VENTOLIN HFA	2	QL; \$0 Copay
<b>Cystic fibrosis agents</b>		
ORKAMBI	5	PA; QL; SP
PULMOZYME	5	PA; QL; SP
tobramycin nebulization solution 300 mg/5ml inhalation	5	PA; QL; SP
<b>Mast cell stabilizers</b>		
cromolyn sodium inhalation	3	
<b>Phosphodiesterase inhibitors, airways disease</b>		
elixophyllin	3	
roflumilast	4	PA; QL
THEO-24	4	
theophylline	3	
theophylline er	2	
<b>Pulmonary antihypertensives</b>		
ADEMPAS	5	PA; QL; SP
alyq	5	PA; QL; SP
ambrisentan	5	PA; QL; SP
bosentan	5	PA; QL; SP
OPSUMIT	5	PA; QL; SP
ORENITRAM	5	PA; QL; SP
ORENITRAM MONTH 1	5	PA; QL; SP
ORENITRAM MONTH 2	5	PA; QL; SP
ORENITRAM MONTH 3	5	PA; QL; SP
sildenafil citrate oral suspension reconstituted	3	PA; QL; SP
sildenafil citrate oral tablet 20 mg	3	PA; QL; SP
tadalafil (pah)	5	PA; QL; SP
TYVASO	5	PA; QL; SP
TYVASO DPI MAINTENANCE KIT	5	PA; QL; SP
TYVASO DPI TITRATION KIT	5	PA; QL; SP
TYVASO REFILL	5	PA; QL; SP
TYVASO STARTER	5	PA; QL; SP
VENTAVIS	5	PA; QL; SP
<b>Pulmonary fibrosis agents</b>		
pirfenidone	4	PA; QL; SP
<b>Respiratory tract agents, other</b>		
acetylcysteine inhalation	2	
benzonatate oral capsule 100 mg, 200 mg	2	
GILPHEX TR ORAL TABLET 10-388 MG	4	
guaifenesin ac	2	PA; QL
guaifenesin-codeine	2	PA; QL
hydrocod poli-chlorophe poli er	4	PA; QL
hydrocodone bit-homatrop mbr	2	PA; QL
hydromet	2	PA; QL
HYPERSAL	3	
ipratropium-albuterol	2	

Drug name	Drug tier	Notes
maxi-tuss ac	2	PA; QL
mometasone furoate nasal	3	QL
nebusal inhalation nebulization solution 3 %	2	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	4	
promethazine vc/codeine	2	PA; QL
promethazine-codeine	2	PA; QL
promethazine-dm	2	
pseudoephedrine-bromphen-dm	2	
pulmosal	2	
sodium chloride inhalation	2	
TRELEGY ELLIPTA	4	QL
TUXARIN ER	4	PA; QL
<b>Skeletal muscle relaxants</b>		
baclofen oral tablet	2	
carisoprodol oral tablet 350 mg	2	QL
chlorzoxazone oral tablet 500 mg	3	
cyclobenzaprine hcl oral	2	
dantrolene sodium oral	3	
metaxalone	3	
methocarbamol oral tablet 500 mg, 750 mg	2	
orphenadrine citrate er	2	
orphenadrine-aspirin-caffeine	5	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	2	
<b>Sleep disorder agents</b>		
<b>GABA receptor modulators</b>		
eszopiclone	2	QL
flurazepam hcl	2	QL
temazepam	2	QL
triazolam	2	QL
zaleplon	2	QL
zolpidem tartrate oral tablet	2	QL
<b>Sleep disorders, other</b>		
BELSOMRA	4	ST; QL
doxepin hcl oral tablet	2	QL
tasimelteon	5	PA; QL; SP
<b>Wakefulness promoting agents</b>		
armodafinil	3	PA; QL
modafinil	2	PA; QL
SODIUM OXYBATE	5	PA; QL; SP
XYREM	5	PA; QL; SP



KEY:

**7D**—7 Day limit  
**QL**—Quantity Limit

**MME**—Morphine milligram equivalent  
**SP**—Specialty medication

**PA**—Prior authorization required  
**ST**—Step Therapy

# Index

abacavir sulfate-lamivudine . . . . .	15	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML. . . . .	12	amantadine hcl oral. . . . .	14
abacavir sulfate oral solution . . . . .	14	AKTEN . . . . .	29	ambrisentan . . . . .	31
abacavir sulfate oral tablet . . . . .	14	ALA SCALP . . . . .	22	amcinonide . . . . .	22
abiraterone acetate . . . . .	12	albendazole oral . . . . .	13	amethia . . . . .	23
ABRYSVO . . . . .	26	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation . . . . .	30	amethyst . . . . .	23
acamprosate calcium . . . . .	9	ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION. . . . .	30	amiloride hcl oral . . . . .	18
acarbose oral . . . . .	16	albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml . . . . .	30	amiloride-hydrochlorothiazide . . . . .	18
ACCU-CHEK AVIVA DEVICE . . . . .	15	albuterol sulfate oral . . . . .	31	aminocaproic acid oral . . . . .	17
ACCU-CHEK AVIVA PLUS TEST STRIPS . . . . .	15	alclometasone dipropionate. . . . .	22	amiodarone hcl oral . . . . .	17
ACCU-CHEK FASTCLIX LANCET KIT 15	15	ALCOHOL PREP PADS PAD , 70 % . . . . .	28	amitriptyline hcl oral . . . . .	11
ACCU-CHEK GUIDE CONTROL . . . . .	15	ALECENSA. . . . .	13	AMJEVITA . . . . .	26
ACCU-CHEK GUIDE KIT W/DEVICE . . . . .	15	alendronate sodium oral solution . . . . .	28	amlodipine besylate-benazepril hcl. . . . .	18
ACCU-CHEK GUIDE TEST STRIPS. . . . .	15	alendronate sodium oral tablet 10 mg, 35 mg, 70 mg . . . . .	28	amlodipine besylate oral. . . . .	17
ACCU-CHEK SMARTVIEW CONTROL . . . . .	15	ALFERON N . . . . .	26	amlodipine besylate-valsartan . . . . .	18
ACCU-CHEK SMARTVIEW TEST STRIPS . . . . .	15	alfuzosin hcl er. . . . .	22	ammonium lactate external cream . . . . .	19
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT . . . . .	15	ALINIA ORAL SUSPENSION RECONSTITUTED. . . . .	13	amnestem . . . . .	19
accutane. . . . .	19	allopurinol oral tablet 100 mg, 300 mg . . . . .	12	amoxapine . . . . .	11
acebutolol hcl oral. . . . .	17	ALMOTRIPTAN MALATE. . . . .	12	amoxicillin. . . . .	10
acetaminophen-codeine. . . . .	8	ALOCRIAL . . . . .	29	amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml. . . . .	10
acetazolamide er . . . . .	18	ALOMIDE . . . . .	29	amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg . . . . .	10
acetazolamide oral . . . . .	18	alosectron hcl . . . . .	21	amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg . . . . .	10
acetic acid otic. . . . .	30	alprazolam er . . . . .	15	amphetamine-dextroamphetamine . . . . .	19
acetylcysteine inhalation . . . . .	31	alprazolam intensol . . . . .	15	amphetamine-dextroamphetamine er . . . . .	19
acitretin. . . . .	19	alprazolam oral tablet . . . . .	15	amphetamine sulfate. . . . .	19
ACTEMRA ACTPEN . . . . .	26	alprazolam oral tablet dispersible . . . . .	15	ampicillin . . . . .	10
ACTEMRA SUBCUTANEOUS . . . . .	26	alprazolam xr . . . . .	15	anagrelide hcl . . . . .	17
ACTHIB. . . . .	26	ALREX . . . . .	29	ANALPRAM-HC EXTERNAL LOTION . . . . .	27
ACTIMMUNE . . . . .	26	ALTABAX . . . . .	9	ANASTROZOLE ORAL . . . . .	13
acyclovir external ointment. . . . .	14	ALTACAINE . . . . .	29	ANDRODERM . . . . .	23
acyclovir oral capsule . . . . .	14	altafrin. . . . .	29	ANGELIQ . . . . .	23
acyclovir oral suspension . . . . .	14	altavera . . . . .	23	ANNOVERA . . . . .	23
acyclovir oral tablet . . . . .	14	alvimopan. . . . .	21	apap-caff-dihydrocodeine . . . . .	8
ADACEL . . . . .	26	alyacen 1/35. . . . .	23	APEXICON E . . . . .	22
ADALIMUMAB-ADAZ . . . . .	26	alyacen 7/7/7 . . . . .	23	apomorphine hcl subcutaneous . . . . .	14
ADASUVE . . . . .	14	alyq . . . . .	31	apraclonidine hcl . . . . .	29
adefovir dipivoxil . . . . .	14	amabelz . . . . .	23	aprepitant . . . . .	11
ADEMPAS . . . . .	31			apri . . . . .	23
AEROCHAMBER PLUS FLO-VU . . . . .	28			APTIOM . . . . .	10
afirmelle . . . . .	23			APTIVUS. . . . .	15
AFLURIA QUADRIVALENT. . . . .	26			AQINJECT PEN NEEDLE . . . . .	28
aftera. . . . .	25				





AQ INSULIN SYRINGE . . . . .	28	aurovela fe 1/20 . . . . .	23	BETADINE OPHTHALMIC PREP . . . . .	29
aranelle . . . . .	23	AURYXIA . . . . .	20	betamethasone dipropionate aug . . . . .	22
ARANESP (ALBUMIN FREE) . . . . .	17	AUSTEDO . . . . .	19	betamethasone dipropionate external	22
AREXVY . . . . .	26	AUTOLET LANCING DEVICE . . . . .	15	betamethasone valerate external	
aripiprazole oral solution . . . . .	14	AVAR CLEANSER . . . . .	19	cream . . . . .	22
aripiprazole oral tablet . . . . .	14	aviane . . . . .	23	betamethasone valerate external	
armodafinil . . . . .	31	avidoxy . . . . .	10	lotion . . . . .	22
ARMOUR THYROID . . . . .	26	AVONEX PEN . . . . .	19	betamethasone valerate external	
ARNUITY ELLIPTA . . . . .	30	AVONEX PREFILLED . . . . .	19	ointment . . . . .	22
ARTISS . . . . .	28	ayuna . . . . .	23	BETASERON . . . . .	19
ascomp-codeine . . . . .	8	AZASITE . . . . .	29	betaxolol hcl ophthalmic . . . . .	29
asenapine maleate . . . . .	14	azathioprine oral tablet 50 mg . . . . .	26	betaxolol hcl oral . . . . .	17
ashlyna . . . . .	23	azelaic acid external . . . . .	19	bethanechol chloride oral . . . . .	22
aspirin 81 oral tablet delayed release . . . . .	8	azelastine hcl nasal solution 0.1 %, 137 mcg/spray . . . . .	30	BETIMOL . . . . .	29
aspirin adult low dose . . . . .	8	azelastine hcl ophthalmic . . . . .	29	BETOPTIC-S . . . . .	29
aspirin adult low strength . . . . .	8	azithromycin oral . . . . .	10	BEVESPI AEROSPHERE . . . . .	30
aspirin childrens . . . . .	8	azurette . . . . .	23	bexarotene external . . . . .	13
aspirin-dipyridamole er . . . . .	17	bac . . . . .	8	bexarotene oral . . . . .	13
aspirin ec low dose . . . . .	8	bacitracin ophthalmic . . . . .	29	BEXSERO . . . . .	26
aspirin ec low strength . . . . .	8	bacitracin-polymyxin b ophthalmic . . . . .	29	BEYFORTUS . . . . .	26
aspirin low dose . . . . .	8	bacitra-neomycin-polymyxin-hc . . . . .	29	bicalutamide . . . . .	12
aspirin oral tablet chewable . . . . .	8	baclofen oral tablet . . . . .	31	BIKTARVY . . . . .	14
aspirin oral tablet delayed release 81 mg . . . . .	8	BALCOLTRA . . . . .	23	BINAXNOW COVID-19 AG HOME TEST . . . . .	28
aspirin regimen . . . . .	8	balsalazide disodium . . . . .	27	bisacodyl ec . . . . .	21
ATABEX OB . . . . .	20	balziva . . . . .	23	bisacodyl oral . . . . .	21
atazanavir sulfate . . . . .	15	BAQSIMI ONE PACK . . . . .	16	bisoprolol fumarate oral . . . . .	17
atenolol-chlorthalidone . . . . .	18	BAQSIMI TWO PACK . . . . .	16	bisoprolol-hydrochlorothiazide . . . . .	18
atenolol oral . . . . .	17	BARACLUDGE ORAL SOLUTION . . . . .	14	blisovi 24 fe . . . . .	23
atomoxetine hcl . . . . .	19	BASAGLAR KWIKPEN . . . . .	16	blisovi fe 1.5/30 . . . . .	23
atorvastatin calcium oral tablet 10 mg, 20 mg . . . . .	18	BAXDELA ORAL . . . . .	10	blisovi fe 1/20 . . . . .	23
atorvastatin calcium oral tablet 40 mg, 80 mg . . . . .	18	BD SHARPS COLLECTOR . . . . .	28	BOOSTRIX . . . . .	26
atovaquone-proguanil hcl . . . . .	13	BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML . . . . .	28	bosentan . . . . .	31
atropine sulfate ophthalmic solution 1 % . . . . .	29	BD ULTRA-FINE PEN NEEDLES . . . . .	28	BOSULIF . . . . .	13
ATROVENT HFA . . . . .	30	BELSOMRA . . . . .	31	bp 10-1 . . . . .	19
abra eq . . . . .	23	benazepril hcl oral . . . . .	17	BREATHE COMFORT CHAMBER/ADULT . . . . .	28
AUM INSULIN SAFETY PEN NEEDLE	28	benazepril-hydrochlorothiazide . . . . .	18	BREATHE COMFORT CHAMBER/CHILD . . . . .	28
AUM MINI INSULIN PEN NEEDLE . . . . .	28	BENZNIDAZOLE . . . . .	13	BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT . . . . .	30
AUM PEN NEEDLE . . . . .	28	benzonatate oral capsule 100 mg, 200 mg . . . . .	31	breyana . . . . .	30
AUM READYGARD DUO PEN NEEDLE . . . . .	28	benzoyl peroxide-erythromycin . . . . .	19	briellyn . . . . .	24
AUM SAFETY PEN NEEDLE . . . . .	28	benztropine mesylate oral . . . . .	14	BRILINTA . . . . .	17
aurovela 1.5/30 . . . . .	23	bepotastine besilate . . . . .	29	brimonidine tartrate ophthalmic solution 0.15 %, 0.2 % . . . . .	29
aurovela 1/20 . . . . .	23	BESIVANCE . . . . .	30	brimonidine tartrate-timolol . . . . .	29
aurovela 24 fe . . . . .	23			brinzolamide . . . . .	29
aurovela fe 1.5/30 . . . . .	23				



bromfenac sodium (once-daily) . . . . .	29	carbamazepine er . . . . .	10	chlordiazepoxide-amitriptyline . . . . .	11
bromocriptine mesylate oral capsule	14	carbamazepine oral suspension . . . . .	10	chlordiazepoxide hcl . . . . .	15
bromocriptine mesylate oral tablet . .	14	carbamazepine oral tablet . . . . .	11	chlorhexidine gluconate mouth/ throat . . . . .	19
budesonide-formoterol fumarate . . . .	30	carbamazepine oral tablet chewable	11	chloroquine phosphate oral . . . . .	13
budesonide inhalation . . . . .	30	carbidopa-levodopa-entacapone . . . .	14	chlorpromazine hcl oral tablet . . . . .	14
budesonide oral . . . . .	27	carbidopa-levodopa er . . . . .	14	chlorthalidone . . . . .	18
budesonide rectal . . . . .	27	carbidopa-levodopa oral tablet . . . . .	14	chlorzoxazone oral tablet 500 mg . . .	31
bumetanide oral . . . . .	18	carbidopa-levodopa oral tablet dispersible . . . . .	14	cholestyramine light . . . . .	18
buprenorphine hcl-naloxone hcl sublingual film . . . . .	9	carbidopa oral . . . . .	14	cholestyramine oral . . . . .	18
buprenorphine hcl-naloxone hcl sublingual tablet sublingual . . . . .	9	carbinoxamine maleate oral solution	30	CHORIONIC GONADOTROPIN INTRAMUSCULAR . . . . .	23
buprenorphine hcl sublingual . . . . .	9	carbinoxamine maleate oral tablet 4 mg . . . . .	30	ciclodan . . . . .	12
bupropion hcl er (smoking det) . . . . .	9	CARDURA XL . . . . .	22	ciclopirox external . . . . .	12
bupropion hcl er (sr) . . . . .	11	CARESTART COVID-19 HOME TEST	28	ciclopirox olamine external . . . . .	12
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg . . . . .	11	CARETOUCH CONTROL SOL LEVEL 2 . . . . .	15	cilostazol . . . . .	17
bupropion hcl oral . . . . .	11	CARETOUCH LANCING/EJECTOR .	15	CILOXAN . . . . .	30
buspirone hcl oral . . . . .	15	carglumic acid . . . . .	20	cimetidine oral . . . . .	21
butalbital-acetaminophen oral tablet .	8	carisoprodol oral tablet 350 mg . . . .	31	CIMZIA . . . . .	26
butalbital-apap-caffeine oral tablet . .	8	carteolol hcl . . . . .	29	CIMZIA STARTER KIT . . . . .	26
butalbital-asa-caff-codeine . . . . .	8	cartia xt . . . . .	17	ciprofloxacin-dexamethasone . . . . .	30
butalbital-aspirin-caffeine . . . . .	8	carvedilol . . . . .	17	CIPROFLOXACIN-FLUOCINOLONE PF . . . . .	30
butorphanol tartrate nasal . . . . .	8	CAYA . . . . .	28	ciprofloxacin hcl ophthalmic . . . . .	30
BYDUREON BCISE AUTOINJECTOR	16	cefaclor er . . . . .	9	ciprofloxacin hcl oral . . . . .	10
cabergoline . . . . .	23	cefaclor oral capsule . . . . .	9	ciprofloxacin hcl otic . . . . .	30
caffeine citrate oral . . . . .	19	cefadroxil oral capsule . . . . .	9	citalopram hydrobromide oral solution . . . . .	11
calcipotriene-betameth diprop . . . . .	19	cefadroxil oral suspension reconstituted . . . . .	9	citalopram hydrobromide oral tablet .	11
calcipotriene external cream . . . . .	19	cefadroxil oral tablet . . . . .	9	CITRANATAL BLOOM . . . . .	20
calcipotriene external ointment . . . .	19	cefdinir . . . . .	9	CITRANATAL MEDLEY . . . . .	20
calcipotriene external solution . . . . .	19	cefdinir . . . . .	9	citroma . . . . .	21
calcitonin (salmon) injection . . . . .	28	cefixime oral capsule . . . . .	10	claravis . . . . .	19
calcitonin (salmon) nasal . . . . .	28	cefixime oral suspension reconstituted . . . . .	10	clarithromycin er . . . . .	10
calcitriol external . . . . .	19	cefopodoxime proxetil . . . . .	10	clarithromycin oral suspension reconstituted . . . . .	10
calcitriol oral capsule . . . . .	28	cefprozil . . . . .	10	clarithromycin oral tablet . . . . .	10
calcitriol oral solution . . . . .	28	cefuroxime axetil . . . . .	10	CLEARDETECT COVID-19 AG HOME28	
calcium acetate oral tablet 667 mg . .	20	celecoxib oral . . . . .	8	clearlax . . . . .	21
calcium acetate (phos binder) . . . . .	20	CELONTIN . . . . .	10	clemastine fumarate oral tablet 2.68 mg . . . . .	30
camila . . . . .	25	cephalexin oral capsule . . . . .	10	CLENPIQ . . . . .	21
camrese . . . . .	24	cephalexin oral suspension reconstituted . . . . .	10	CLEVER CHOICE COMFORT EZ . . . . .	15
camrese lo . . . . .	24	cevimeline hcl . . . . .	19	CLIMARA PRO . . . . .	24
candesartan cilexetil . . . . .	17	charlotte 24 fe . . . . .	24	clindacin etz external swab . . . . .	19
candesartan cilexetil-hctz . . . . .	18	chateal eq . . . . .	24	clindacin-p . . . . .	19
capecitabine . . . . .	13	CHEMET . . . . .	20	clindamycin hcl oral . . . . .	9
CAPEX . . . . .	22	CHEMSTRIP K . . . . .	15	clindamycin palmitate hcl . . . . .	9
CAPRELSA . . . . .	13	CHEMSTRIP MICRAL . . . . .	15		
captopril-hydrochlorothiazide . . . . .	18	CHEMSTRIP UGK . . . . .	15		
captopril oral . . . . .	17				



clindamycin phos-benzoyl perox external gel 1.2-5 % . . . . .	19	CONDYLOX . . . . .	19	DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML . . . . .	24
clindamycin phosphate external lotion . . . . .	19	constulose . . . . .	21	delyla . . . . .	24
clindamycin phosphate external solution . . . . .	19	CONTOUR CONTROL SOLUTION . . . . .	15	demeclocycline hcl . . . . .	10
clindamycin phosphate external swab . . . . .	19	CONTOUR NEXT CONTROL SOLUTION . . . . .	15	DENGVAXIA . . . . .	27
clindamycin phosphate vaginal . . . . .	9	CORDRAN EXTERNAL TAPE . . . . .	22	DEPO-ESTRADIOL . . . . .	24
CLINITEST RAPID COVID-19 TEST . . . . .	28	CORLANOR . . . . .	18	DEPO-SUBQ PROVERA 104 . . . . .	25
clobazam . . . . .	10	CORTIFOAM . . . . .	27	desipramine hcl oral . . . . .	11
clobetasol prop emollient base . . . . .	22	CORTISPORIN-TC . . . . .	30	desloratadine oral tablet . . . . .	30
clobetasol propionate e . . . . .	22	COVID-19 AT HOME ANTIGEN TEST . . . . .	28	desmopressin ace spray refrig. . . . .	23
clobetasol propionate external cream . . . . .	22	COVID-19 AT-HOME TEST . . . . .	28	desmopressin acetate injection . . . . .	23
clobetasol propionate external gel . . . . .	22	CREON . . . . .	22	desmopressin acetate oral . . . . .	23
clobetasol propionate external ointment . . . . .	22	cromolyn sodium inhalation . . . . .	31	desmopressin acetate pf . . . . .	23
clobetasol propionate external solution . . . . .	22	cromolyn sodium ophthalmic . . . . .	29	desmopressin acetate spray . . . . .	23
clocortolone pivalate . . . . .	22	cromolyn sodium oral . . . . .	21	desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5) . . . . .	24
CLOMID . . . . .	23	CROTAN . . . . .	13	desonide external cream . . . . .	22
clomipramine hcl oral . . . . .	11	cryselle-28 . . . . .	24	desonide external lotion . . . . .	22
clonazepam oral tablet . . . . .	15	curae . . . . .	25	desonide external ointment . . . . .	22
clonazepam oral tablet dispersible . . . . .	15	CVS KETONE CARE . . . . .	15	desoximetasone external . . . . .	22
clonidine . . . . .	17	cyanocobalamin injection solution 1000 mcg/ml . . . . .	20	desvenlafaxine succinate er . . . . .	11
clonidine hcl oral . . . . .	17	cyclobenzaprine hcl oral . . . . .	31	dexamethasone intensol . . . . .	22
clopidogrel bisulfate oral . . . . .	17	CYCLOMYDRIL . . . . .	29	dexamethasone oral elixir . . . . .	22
clorazepate dipotassium . . . . .	15	cyclopentolate hcl ophthalmic . . . . .	29	dexamethasone oral solution . . . . .	22
clotrimazole-betamethasone external cream . . . . .	12	cyclophosphamide oral capsule . . . . .	12	dexamethasone oral tablet . . . . .	22
clotrimazole-betamethasone external lotion . . . . .	12	CYCLOPHOSPHAMIDE ORAL TABLET . . . . .	12	dexamethasone oral tablet therapy pack . . . . .	22
clotrimazole mouth/throat . . . . .	12	cycloserine oral . . . . .	12	dexamethasone sodium phosphate ophthalmic . . . . .	29
clozapine oral tablet . . . . .	14	cyclosporine modified . . . . .	26	dexlansoprazole . . . . .	22
clozapine oral tablet dispersible . . . . .	14	cyclosporine ophthalmic . . . . .	29	dexmethylphenidate hcl . . . . .	19
codeine sulfate oral tablet 30 mg, 60 mg . . . . .	8	cyclosporine oral . . . . .	26	dexmethylphenidate hcl er . . . . .	19
COLCHICINE ORAL CAPSULE . . . . .	12	cyproheptadine hcl oral . . . . .	30	DEXTENZA . . . . .	29
colchicine-probenecid . . . . .	12	cyred eq . . . . .	24	dextroamphetamine sulfate er . . . . .	19
colesevelam hcl . . . . .	18	CYTAGON . . . . .	22	dextroamphetamine sulfate oral solution . . . . .	19
colestipol hcl oral granules . . . . .	18	CYSTARAN . . . . .	29	dextroamphetamine sulfate oral tablet 10 mg, 5 mg . . . . .	19
colestipol hcl oral packet . . . . .	18	dalfampridine er . . . . .	19	DIACOMIT . . . . .	10
colestipol hcl oral tablet . . . . .	18	danazol oral . . . . .	23	DIATRUST COVID-19 HOME TEST . . . . .	28
COMBIPATCH . . . . .	24	dantrolene sodium oral . . . . .	31	diazepam intensol . . . . .	15
COMETRIQ . . . . .	13	dapsone oral . . . . .	12	diazepam oral concentrate . . . . .	15
COMFORT EZ PRO PEN NEEDLES . . . . .	28	DAPTACEL . . . . .	26	diazepam oral solution . . . . .	15
COMIRNATY . . . . .	26	darifenacin hydrobromide er . . . . .	22	diazepam oral tablet . . . . .	15
COMPLERA . . . . .	14	darunavir . . . . .	15	diazepam rectal . . . . .	10
compro . . . . .	11	dasetta 1/35 . . . . .	24	diazoxide oral . . . . .	16
CONDOMS . . . . .	28	dasetta 7/7/7 . . . . .	24	diclofenac-misoprostol . . . . .	8
		daysee . . . . .	24	diclofenac potassium oral tablet 50 mg . . . . .	8
		deblitane . . . . .	25		
		deferasirox . . . . .	20		
		deferasirox granules . . . . .	20		



diclofenac sodium er. . . . .	8	doxepin hcl external . . . . .	19	ELIQUIS . . . . .	17
diclofenac sodium external gel 1 % . . .	8	doxepin hcl oral capsule. . . . .	11	ELIQUIS DVT/PE STARTER PACK. . .	17
diclofenac sodium ophthalmic . . . . .	29	doxepin hcl oral concentrate . . . . .	11	ELITE-OB . . . . .	20
diclofenac sodium oral . . . . .	8	doxepin hcl oral tablet. . . . .	31	elixophyllin . . . . .	31
dicloxacillin sodium. . . . .	10	doxercalciferol oral . . . . .	28	ELLA . . . . .	25
dicyclomine hcl oral capsule . . . . .	21	doxycycline hyclate oral capsule . . . .	10	ELLUME COVID-19 HOME TEST . . . .	28
dicyclomine hcl oral solution . . . . .	21	doxycycline hyclate oral tablet 100		ELMIRON . . . . .	22
dicyclomine hcl oral tablet . . . . .	21	mg, 20 mg . . . . .	10	eluryng . . . . .	24
DIFICID . . . . .	10	doxycycline monohydrate oral		EMBRACE PEN NEEDLES 30G X	
diflorasone diacetate external cream	22	capsule 100 mg, 50 mg . . . . .	10	8 MM , 31G X 6 MM , 31G X 8 MM ,	
diflunisal oral . . . . .	8	doxycycline monohydrate oral		32G X 4 MM . . . . .	28
difluprednate . . . . .	29	suspension reconstituted . . . . .	10	EMCYT . . . . .	13
digoxin oral solution . . . . .	18	doxycycline monohydrate oral tablet	10	EMEND ORAL SUSPENSION	
digoxin oral tablet 62.5 mcg . . . . .	18	dronabinol . . . . .	11	RECONSTITUTED . . . . .	11
digoxin oral tablet 125 mcg . . . . .	18	DROPSAFE ALCOHOL PREP . . . . .	28	EMFLAZA . . . . .	23
digoxin oral tablet 250 mcg . . . . .	18	DROPSAFE SAFETY SYRINGE/ NEEDLE 29G X 1/2" 1 ML, 31G X		emtricitabine-tenofovir df oral tablet	
dihydroergotamine mesylate injection	12	15/64" 0.3 ML, 31G X 15/64" 0.5		100-150 mg, 133-200 mg, 167-250	
DILANTIN ORAL CAPSULE 30 MG. . . . .	11	ML, 31G X 5/16" 0.3 ML, 31G X		mg . . . . .	15
diltiazem hcl er. . . . .	17	5/16" 0.5 ML, 31G X 5/16" 1 ML. . . .	28	emtricitabine-tenofovir df oral tablet	
diltiazem hcl er beads . . . . .	17	drospiren-eth estrad-levomefol . . . . .	24	200-300 mg . . . . .	15
diltiazem hcl er coated beads . . . . .	17	drospirenone-ethinyl estradiol . . . . .	24	enalapril-hydrochlorothiazide. . . . .	18
diltiazem hcl oral . . . . .	17	DROXIA . . . . .	13	enalapril maleate oral tablet. . . . .	17
dilt-xr . . . . .	17	duloxetine hcl oral capsule delayed		ENBRACE HR . . . . .	20
dimethyl fumarate oral . . . . .	19	release particles 20 mg, 60 mg . . . . .	11	ENCARE . . . . .	22
dimethyl fumarate starter pack . . . . .	19	duloxetine hcl oral capsule delayed		endocet . . . . .	8
DIPENTUM . . . . .	27	release particles 30 mg . . . . .	11	ENGERIX-B . . . . .	27
diphenhydramine hcl oral elixir . . . . .	30	DUOPA . . . . .	14	enilloring . . . . .	24
diphenoxylate-atropine oral liquid . . .	21	DUPIXENT . . . . .	19	enoxaparin sodium . . . . .	17
diphenoxylate-atropine oral tablet. . .	21	DUREX EXTRA SENSITIVE THIN . . . . .	28	enpresse-28 . . . . .	24
dipyridamole oral. . . . .	17	dutasteride oral . . . . .	22	enskyce . . . . .	24
disopyramide phosphate . . . . .	17	dutasteride-tamsulosin hcl . . . . .	22	entacapone . . . . .	14
disulfiram oral . . . . .	9	EASIVENT . . . . .	28	entecavir . . . . .	14
divalproex sodium er. . . . .	15	EASYMAX 15 LEVEL 2-3 CONTROL. 16		ENTRESTO . . . . .	18
divalproex sodium oral capsule		EASYMAX CONTROL . . . . .	16	enulose . . . . .	21
delayed release sprinkle . . . . .	15	ec-naproxen . . . . .	8	EPCLUSA . . . . .	14
divalproex sodium oral tablet		econazole nitrate external . . . . .	12	EPIFOAM . . . . .	19
delayed release . . . . .	15	econtra one-step . . . . .	25	epinastine hcl. . . . .	29
DODEX . . . . .	20	EDARBI . . . . .	17	epinephrine injection solution auto-	
dofetilide . . . . .	17	EDARBYCLOR . . . . .	18	injector . . . . .	31
dolishale . . . . .	24	EDURANT . . . . .	14	epitol . . . . .	11
donepezil hcl oral tablet 10 mg, 5 mg	11	efavirenz . . . . .	14	eplerenone . . . . .	18
donepezil hcl oral tablet dispersible .	11	EFFER-K ORAL TABLET		EQUETRO . . . . .	15
dorzolamide hcl ophthalmic. . . . .	29	EFFERVESCENT 10 MEQ, 20 MEQ . . . .	20	ergocalciferol oral capsule. . . . .	20
dorzolamide hcl-timolol mal . . . . .	29	effer-k oral tablet effervescent 25		ergoloid mesylates oral. . . . .	28
dorzolamide hcl-timolol mal pf. . . . .	29	meq. . . . .	20	ergotamine-caffeine . . . . .	12
dotti . . . . .	24	EGATEN . . . . .	13	ERLEADA . . . . .	12
DOVATO . . . . .	14	eletriptan hydrobromide . . . . .	12	erlotinib hcl. . . . .	13
doxazosin mesylate oral . . . . .	17	ELIGARD . . . . .	26	errin . . . . .	25
		elinest . . . . .	24	ery . . . . .	19





ERYTHROCIN STEARATE . . . . .	10	FARXIGA . . . . .	16	fluocinolone acetonide external cream . . . . .	23
erythromycin base oral capsule delayed release particles . . . . .	10	FASTEP COVID-19 ANTIGEN TEST . . . . .	28	fluocinolone acetonide external ointment . . . . .	23
erythromycin base oral tablet . . . . .	10	FC2 FEMALE CONDOM . . . . .	28	fluocinolone acetonide external solution . . . . .	23
erythromycin base oral tablet delayed release . . . . .	10	febuxostat . . . . .	12	fluocinolone acetonide otic . . . . .	30
erythromycin ethylsuccinate oral . . . . .	10	felbamate . . . . .	10	fluocinolone acetonide scalp . . . . .	23
erythromycin external . . . . .	19	felodipine er . . . . .	17	fluocinonide emulsified base . . . . .	23
erythromycin ophthalmic . . . . .	29	FEMCAP . . . . .	28	fluocinonide external cream 0.05 % . . . . .	23
erythromycin oral . . . . .	10	FEMRING . . . . .	24	fluocinonide external gel . . . . .	23
escitalopram oxalate oral solution . . . . .	11	fenofibrate oral tablet 160 mg, 54 mg . . . . .	18	fluocinonide external ointment . . . . .	23
escitalopram oxalate oral tablet . . . . .	11	fenopropfen calcium oral tablet . . . . .	8	fluocinonide external solution . . . . .	23
ESKATA . . . . .	19	fentanyl citrate buccal lozenge on a handle . . . . .	8	fluorometholone . . . . .	29
esomeprazole magnesium oral capsule delayed release 40 mg . . . . .	22	fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr . . . . .	8	FLUOROURACIL EXTERNAL CREAM 0.5 % . . . . .	13
estarylla . . . . .	24	fesoterodine fumarate er . . . . .	22	fluorouracil external cream 5 % . . . . .	13
estradiol-norethindrone acet . . . . .	24	FETZIMA . . . . .	11	fluorouracil external solution . . . . .	13
estradiol oral . . . . .	24	finasteride oral tablet 5 mg . . . . .	22	fluoxetine hcl oral capsule . . . . .	11
estradiol transdermal patch twice weekly . . . . .	24	fingolimod hcl . . . . .	19	fluoxetine hcl oral capsule delayed release . . . . .	11
estradiol transdermal patch weekly . . . . .	24	finzala . . . . .	24	fluoxetine hcl oral solution . . . . .	11
estradiol vaginal cream . . . . .	24	FIRVANQ . . . . .	9	fluoxetine hcl oral tablet 10 mg, 20 mg . . . . .	11
estradiol vaginal tablet . . . . .	24	flac . . . . .	30	fluoxetine hcl (pmdd) . . . . .	11
estradiol valerate intramuscular oil 10 mg/ml . . . . .	24	FLAREX . . . . .	29	fluphenazine hcl oral concentrate . . . . .	14
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml . . . . .	24	flavoxate hcl . . . . .	22	fluphenazine hcl oral elixir . . . . .	14
ESTRING . . . . .	24	flecainide acetate . . . . .	17	flurandrenolide external lotion . . . . .	23
eszopiclone . . . . .	31	FLEXICHAMBER . . . . .	28	flurazepam hcl . . . . .	31
ethacrynic acid . . . . .	18	FLEXICHAMBER ADULT MASK/SMALL . . . . .	28	flurbiprofen oral tablet 100 mg . . . . .	8
ethambutol hcl oral . . . . .	12	FLEXICHAMBER CHILD MASK/LARGE . . . . .	28	flurbiprofen sodium . . . . .	29
ethosuximide oral . . . . .	10	FLEXICHAMBER CHILD MASK/SMALL . . . . .	28	FLUTICASONE FUROATE-VILANTEROL . . . . .	30
ethynodiol diac-eth estradiol . . . . .	24	FLOVENT DISKUS . . . . .	30	fluticasone propionate external cream . . . . .	23
etodolac . . . . .	8	FLOVENT HFA . . . . .	30	fluticasone propionate external ointment . . . . .	23
etodolac er . . . . .	8	FLOWFLEX COVID-19 AG HOME TEST . . . . .	28	fluticasone propionate nasal . . . . .	30
etonogestrel-ethinyl estradiol . . . . .	24	FLUAD QUADRIVALENT . . . . .	27	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act . . . . .	30
etoposide oral . . . . .	13	FLUARIX QUADRIVALENT . . . . .	27	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT . . . . .	30
etravirine . . . . .	14	FLUBLOK QUADRIVALENT . . . . .	27	fluvastatin sodium . . . . .	18
euthyrox . . . . .	26	FLUCELVAX QUADRIVALENT . . . . .	27	fluvoxamine maleate . . . . .	11
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg . . . . .	13	fluconazole oral suspension reconstituted . . . . .	12	fluvoxamine maleate er . . . . .	11
EXELDERM . . . . .	12	fluconazole oral tablet . . . . .	12		
exemestane . . . . .	13	flucytosine oral . . . . .	12		
ezetimibe . . . . .	18	fludrocortisone acetate oral . . . . .	23		
ezetimibe-simvastatin . . . . .	18	FLULAVAL QUADRIVALENT . . . . .	27		
falmina . . . . .	24	FLUMIST QUADRIVALENT . . . . .	27		
famciclovir oral . . . . .	14	flunisolide nasal . . . . .	30		
famotidine oral suspension reconstituted . . . . .	21	fluocinolone acetonide body . . . . .	23		
famotidine oral tablet 20 mg, 40 mg . . . . .	21				



FLUZONE HIGH-DOSE QUADRIVALENT	27	gentle laxative oral	21	halobetasol propionate external ointment	23
FLUZONE QUADRIVALENT	27	GENVOYA	14	haloette	24
FML FORTE	29	GILPHEX TR ORAL TABLET 10-388 MG	31	haloperidol lactate oral	14
folic acid oral tablet 1 mg	20	glatiramer acetate	19	haloperidol oral	14
folic acid oral tablet 400 mcg, 800 mcg	20	glatopa	19	HARVONI	14
FOLLISTIM AQ	23	GLEOSTINE	12	HAVRIX	27
fondaparinux sodium	17	glimepiride	16	heather	25
FORA TEST N'GO ADV-VOICE-6 CON	16	glipizide er	16	heparin sodium (porcine)	17
FORTISCARE CONTROL	16	glipizide ir	16	heparin sodium (porcine) pf	17
fosamprenavir calcium	15	glipizide xl	16	HEPLISAV-B	27
fosfomycin tromethamine	9	GLUCAGON EMERGENCY KIT	16	her style	25
fosinopril sodium	17	glucagon emergency kit 1 mg injection	16	HIBERIX	27
fosinopril sodium-hctz	18	GLUCAGON EMERGENCY KIT 1 MG INJECTION	16	HUMALOG	16
FOSRENOL ORAL PACKET	20	GLUCOSE CONTROL SOLUTIONS	16	HUMALOG KWIKPEN	16
frovatriptan succinate	12	GLUCO TO GO	16	HUMALOG MIX 50/50 KWIKPEN	16
ft clearlax	21	glyburide micronized	16	HUMALOG MIX 50/50 VIAL	16
ft laxative	21	glyburide oral	16	HUMALOG MIX 75/25 KWIKPEN	16
ft magnesium citrate	21	glycolax	21	HUMALOG MIX 75/25 VIAL	16
furosemide oral	18	glycopyrrolate oral tablet 1 mg, 2 mg	21	HUMALOG U-100 JUNIOR KWIKPEN	16
FUZEON	15	glydo	9	HUMIRA	26
fyavolv	24	goodsense aspirin low dose	8	HUMIRA PEDIATRIC CROHNS START	26
FYCOMPA ORAL SUSPENSION	10	goodsense nicotine mouth/throat lozenge 4 mg	9	HUMIRA PEN	26
fyremadel	26	granisetron hcl oral	11	HUMIRA PEN-CD/UC/HS STARTER	26
gabapentin oral capsule	10	griseofulvin microsize oral	12	HUMIRA PEN-PEDIATRIC UC STARTER	26
gabapentin oral solution 250 mg/5ml	10	griseofulvin ultramicrosize	12	HUMIRA PEN-PSOR/UVEIT STARTER	26
gabapentin oral tablet 600 mg, 800 mg	10	guaifenesin ac	31	HUMIRA PEN-PS/UV/ADOL HS START	26
galantamine hydrobromide er	11	guaifenesin-codeine	31	HUMULIN 70/30 KWIKPEN	16
galantamine hydrobromide oral solution	11	guanfacine hcl	17	HUMULIN 70/30 VIAL	16
galantamine hydrobromide oral tablet	11	guanfacine hcl er	19	HUMULIN N KWIKPEN	16
GALZIN	20	GVOKE HYPOPEN 1-PACK	16	HUMULIN N VIAL	16
ganirelix acetate	26	GVOKE HYPOPEN 2-PACK	16	HUMULIN R U-500 KWIKPEN	16
GARDASIL 9	27	GVOKE KIT	16	HUMULIN R U-500 VIAL	16
gatifloxacin ophthalmic	30	GVOKE PFS	16	HUMULIN R VIAL	16
gavilax oral powder	21	GYNAZOLE-1	12	HYCANTIN ORAL	13
gavilyte-c	21	habitrol	9	hydralazine hcl oral	19
gavilyte-g	21	HADLIMA	26	HYDRO 40	19
gefitinib	13	HADLIMA PUSH TOUCH	26	hydrochlorothiazide oral	18
gemfibrozil oral	18	HAEGARDA	26	hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	8
gemmily	24	hailey 1.5/30	24	hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	8
generlac	21	hailey 24 fe	24	hydrocodone bitartrate er oral capsule extended release 12 hour	8
gengraf	26	hailey fe 1.5/30	24	hydrocodone bit-homatrop mbr	31
gentamicin sulfate external	9	hailey fe 1/20	24	hydrocodone-ibuprofen	8
gentamicin sulfate ophthalmic	29	halobetasol propionate external cream	23		
gentlelax	21				



hydrocod poli-chlorphe poli er . . . . .	31	INGREZZA . . . . .	19	jantoven . . . . .	17
hydrocortisone ace-pramoxine external cream 1-1 % . . . . .	27	INSPIREASE RESERVOIR BAGS. . . . .	28	JARDIANCE . . . . .	16
hydrocortisone-acetic acid . . . . .	30	INSULIN ASPART PROT & ASPART . . . . .	16	jasmiel . . . . .	24
hydrocortisone butyrate external cream . . . . .	23	INSULIN DEGLUDEC . . . . .	16	jencycla . . . . .	25
hydrocortisone butyrate external ointment . . . . .	23	INSULIN DEGLUDEC FLEXTOUCH . . . . .	16	JENTADUETO . . . . .	16
hydrocortisone butyrate external solution . . . . .	23	INSULIN LISPRO . . . . .	16	JENTADUETO XR . . . . .	16
hydrocortisone external cream 2.5 %	23	INSULIN LISPRO (1 UNIT DIAL). . . . .	16	jinteli . . . . .	24
hydrocortisone external lotion 2.5 %	23	INSULIN LISPRO JUNIOR KWIKPEN	16	jolessa . . . . .	24
hydrocortisone external ointment 1 %, 2.5 % . . . . .	23	INSULIN LISPRO PROT & LISPRO . . . . .	16	joyeaux . . . . .	24
hydrocortisone oral . . . . .	23	INSULIN PEN NEEDLES . . . . .	28	juleber . . . . .	24
hydrocortisone (perianal) external cream 2.5 % . . . . .	27	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" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML . . . . .	28	JULUCA . . . . .	14
hydrocortisone rectal . . . . .	27	INTELENCE ORAL TABLET 25 MG. . . . .	14	junel 1.5/30 . . . . .	24
hydrocortisone valerate . . . . .	23	INTELISWAB COVID-19 RAPID TEST	28	junel 1/20 . . . . .	24
hydromet . . . . .	31	INTRAROSA . . . . .	23	junel fe 1.5/30 . . . . .	24
hydromorphone hcl er . . . . .	8	introvale . . . . .	24	junel fe 1/20 . . . . .	24
hydromorphone hcl oral liquid . . . . .	9	INVELTYS . . . . .	29	junel fe 24 . . . . .	24
hydromorphone hcl oral tablet . . . . .	9	IPOL . . . . .	27	kaitlib fe . . . . .	24
hydroxychloroquine sulfate oral tablet 200 mg . . . . .	13	ipratropium-albuterol . . . . .	31	kalliga . . . . .	24
hydroxyurea oral . . . . .	13	ipratropium bromide inhalation . . . . .	30	kariva . . . . .	24
hydroxyzine hcl oral . . . . .	15	ipratropium bromide nasal . . . . .	30	kelnor 1/35 . . . . .	24
hydroxyzine pamoate oral . . . . .	15	irbesartan . . . . .	17	kelnor 1/50 . . . . .	24
HYPERSAL . . . . .	31	irbesartan-hydrochlorothiazide . . . . .	18	ketoconazole external cream . . . . .	12
ibandronate sodium oral . . . . .	28	IRESSA . . . . .	13	ketoconazole external shampoo . . . . .	12
ibuprofen-famotidine . . . . .	8	ISENTRESS ORAL PACKET . . . . .	14	ketoconazole oral . . . . .	12
ibuprofen oral tablet 400 mg, 600 mg, 800 mg . . . . .	8	ISENTRESS ORAL TABLET . . . . .	14	KETO-DIASTIX . . . . .	16
icatibant acetate . . . . .	26	isibloom . . . . .	24	KETONE TEST . . . . .	16
iclevia . . . . .	24	isoniazid oral syrup . . . . .	12	ketoprofen er . . . . .	8
icosapent ethyl . . . . .	18	isoniazid oral tablet . . . . .	12	ketoprofen oral . . . . .	8
IHEALTH COVID-19 RAPID TEST . . . . .	28	ISOPTO ATROPINE . . . . .	29	ketorolac tromethamine ophthalmic . . . . .	30
imatinib mesylate . . . . .	13	isosorb dinitrate-hydralazine . . . . .	18	ketorolac tromethamine oral . . . . .	8
IMBRUVICA . . . . .	13	isosorbide dinitrate . . . . .	19	KETOSTIX . . . . .	16
imipramine hcl oral . . . . .	11	isosorbide mononitrate . . . . .	19	KLARITY-A . . . . .	29
imipramine pamoate . . . . .	11	isosorbide mononitrate er . . . . .	19	klor-con 10 . . . . .	20
imiquimod external cream 5 % . . . . .	19	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg . . . . .	19	klor-con/ef . . . . .	20
incassia . . . . .	25	isradipine . . . . .	17	klor-con m10 . . . . .	20
INCRELEX . . . . .	23	itraconazole oral . . . . .	12	klor-con m15 . . . . .	20
INCRUSE ELLIPTA . . . . .	30	ivermectin oral . . . . .	13	klor-con m20 . . . . .	20
indapamide . . . . .	18	jaimiess . . . . .	24	klor-con oral packet . . . . .	20
INDICAID COVID-19 RAPID TEST . . . . .	28	JAKAFI . . . . .	13	klor-con oral tablet extended release	20
indomethacin er . . . . .	8			kourzeq . . . . .	19
indomethacin oral . . . . .	8			k-prime . . . . .	20
INFANRIX . . . . .	27			KRINTAFEL . . . . .	13
				KRISTALOSE . . . . .	21
				kurvelo . . . . .	24
				KYLEENA . . . . .	25
				labetalol hcl oral . . . . .	17
				lacosamide oral . . . . .	11
				lactulose encephalopathy . . . . .	21



lactulose oral packet . . . . .	21	levocetirizine dihydrochloride oral solution . . . . .	30	losartan potassium-hctz . . . . .	18
lactulose oral solution . . . . .	21	levocetirizine dihydrochloride oral tablet . . . . .	30	losartan potassium oral . . . . .	17
LAGEVRIO . . . . .	14	levofloxacin ophthalmic . . . . .	30	LOTEMAX OPHTHALMIC OINTMENT . . . . .	30
lamivudine oral solution . . . . .	15	levofloxacin oral solution . . . . .	10	LOTEMAX SM . . . . .	30
lamivudine oral tablet 100 mg . . . . .	14	levofloxacin oral tablet . . . . .	10	loteprednol etabonate ophthalmic suspension . . . . .	30
lamivudine oral tablet 150 mg, 300 mg . . . . .	15	levonest . . . . .	24	lovastatin oral . . . . .	18
lamivudine-zidovudine . . . . .	15	levonorgest-eth est & eth est . . . . .	24	low-ogestrel . . . . .	24
lamotrigine oral kit . . . . .	10	levonorgest-eth estrad 91-day . . . . .	24	loxapine succinate . . . . .	14
lamotrigine oral tablet . . . . .	10	levonorgest-eth estradiol-iron . . . . .	24	lo-zumandimine . . . . .	24
lamotrigine oral tablet chewable . . . . .	10	levonorgestrel . . . . .	25	lubiprostone . . . . .	21
lamotrigine oral tablet dispersible . . . . .	10	levonorgestrel-ethinyl estrad . . . . .	24	LULICONAZOLE . . . . .	12
lamotrigine starter kit-blue . . . . .	10	levonorg-eth estrad triphasic . . . . .	24	LUMIGAN . . . . .	30
lamotrigine starter kit-green . . . . .	10	levora 0.15/30 (28) . . . . .	24	lurasidone hcl . . . . .	14
lamotrigine starter kit-orange . . . . .	10	levorphanol tartrate oral . . . . .	8	lutera . . . . .	24
LANCETS . . . . .	16	levo-t . . . . .	26	lyleq . . . . .	25
lansoprazole oral capsule delayed release . . . . .	22	levothyroxine sodium oral tablet . . . . .	26	lyllana . . . . .	24
lanthanum carbonate . . . . .	20	levoxyl . . . . .	26	LYSODREN . . . . .	26
larin 1.5/30 . . . . .	24	LEXIVA ORAL SUSPENSION . . . . .	15	lyza . . . . .	25
larin 1/20 . . . . .	24	lidocaine external ointment 5 % . . . . .	9	mafenide acetate external . . . . .	9
larin 24 fe . . . . .	24	lidocaine external patch 5 % . . . . .	9	magnesium citrate oral solution . . . . .	21
larin fe 1.5/30 . . . . .	24	lidocaine hcl external solution . . . . .	9	malathion . . . . .	13
larin fe 1/20 . . . . .	24	lidocaine hcl mouth/throat . . . . .	9	maraviroc . . . . .	15
latanoprost ophthalmic . . . . .	30	lidocaine hcl urethral/mucosal . . . . .	9	marlissa . . . . .	24
layolis fe . . . . .	24	lidocaine-prilocaine external cream . . . . .	9	MARPLAN . . . . .	11
LEDIPASVIR-SOFOSBUVIR . . . . .	14	lidocaine viscous hcl . . . . .	9	matzim la . . . . .	17
leena . . . . .	24	LILETTA (52 MG) . . . . .	25	MAXIDEX . . . . .	30
leflunomide oral . . . . .	26	linezolid oral suspension reconstituted9 . . . . .	9	maxi-tuss ac . . . . .	31
lenalidomide . . . . .	13	linezolid oral tablet . . . . .	9	meclizine hcl oral tablet 25 mg . . . . .	11
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 . . . . .	13	LINZESS . . . . .	21	meclofenamate sodium oral . . . . .	8
lessina . . . . .	24	liothyronine sodium oral . . . . .	26	medroxyprogesterone acetate intramuscular suspension . . . . .	25
letrozole oral . . . . .	13	lisinopril-hydrochlorothiazide . . . . .	18	medroxyprogesterone acetate intramuscular suspension prefilled syringe . . . . .	25
leucovorin calcium oral . . . . .	13	lisinopril oral . . . . .	17	medroxyprogesterone acetate oral . . . . .	25
LEUKERAN . . . . .	12	lithium . . . . .	15	mefenamic acid oral . . . . .	8
LEUKINE . . . . .	17	lithium carbonate er . . . . .	15	mefloquine hcl . . . . .	13
leuprolide acetate injection . . . . .	26	lithium carbonate oral . . . . .	15	megestrol acetate oral suspension 40 mg/ml . . . . .	25
levabuterol hcl inhalation . . . . .	31	LITHOSTAT . . . . .	22	megestrol acetate oral suspension 625 mg/5ml . . . . .	25
LEVEMIR FLEXPEN . . . . .	16	lojaimiess . . . . .	24	megestrol acetate oral tablet . . . . .	25
LEVEMIR U-100 VIAL . . . . .	16	LOKELMA . . . . .	20	meloxicam oral tablet . . . . .	8
levetiracetam er . . . . .	10	LO LOESTRIN FE . . . . .	24	melphalan . . . . .	12
levetiracetam oral . . . . .	10	loperamide hcl oral capsule . . . . .	21	memantine hcl oral solution . . . . .	11
levobunolol hcl . . . . .	29	lopinavir-ritonavir . . . . .	15	memantine hcl oral tablet . . . . .	11
levocarnitine oral solution . . . . .	20	lorazepam intensol . . . . .	15	MENACTRA . . . . .	27
levocarnitine sf . . . . .	20	lorazepam oral concentrate 2 mg/ml . . . . .	15		
		lorazepam oral tablet . . . . .	15		
		LORBRENA . . . . .	13		
		loryna . . . . .	24		



MENOPUR . . . . .	23	metoprolol-hydrochlorothiazide. . . . .	18	morphine sulfate oral solution . . . . .	9
MENQUADFI . . . . .	27	metoprolol succinate er . . . . .	17	morphine sulfate oral tablet . . . . .	9
MENVEO . . . . .	27	metoprolol tartrate oral tablet 100		MOTOFEN . . . . .	21
meprobamate . . . . .	15	mg, 25 mg, 50 mg . . . . .	17	MOUNJARO. . . . .	16
mercaptopurine oral . . . . .	13	metronidazole external cream . . . . .	19	moxifloxacin hcl (2x day). . . . .	30
merzee . . . . .	24	metronidazole external gel 0.75 % . . . . .	20	moxifloxacin hcl ophthalmic. . . . .	30
mesalamine-cleanser . . . . .	27	metronidazole external lotion. . . . .	20	moxifloxacin hcl oral . . . . .	10
mesalamine er . . . . .	27	metronidazole oral tablet . . . . .	9	MULPLETA. . . . .	17
mesalamine oral tablet delayed		metronidazole vaginal. . . . .	9	MULTAQ . . . . .	17
release 1.2 gm . . . . .	27	mexiletine hcl oral . . . . .	17	mupirocin calcium. . . . .	9
mesalamine rectal . . . . .	27	mibelas 24 fe . . . . .	24	mupirocin external. . . . .	9
metaxalone . . . . .	31	miconazole 3 . . . . .	12	MYALEPT . . . . .	22
metformin hcl er . . . . .	16	microgestin 1.5/30 . . . . .	24	my choice . . . . .	25
metformin hcl oral solution. . . . .	16	microgestin 1/20 . . . . .	24	mycophenolate mofetil oral capsule .	26
metformin hcl oral tablet 1000 mg,		microgestin 24 fe. . . . .	24	mycophenolate mofetil oral	
500 mg, 850 mg. . . . .	16	microgestin fe 1.5/30 . . . . .	24	suspension reconstituted. . . . .	26
methadone hcl intensol . . . . .	8	microgestin fe 1/20 . . . . .	24	mycophenolate mofetil oral tablet . .	26
methadone hcl oral concentrate . . . . .	8	MICROLET NEXT LANCING DEVICE	16	mycophenolate sodium . . . . .	26
methadone hcl oral solution. . . . .	8	midodrine hcl. . . . .	17	MYLERAN . . . . .	12
methadone hcl oral tablet. . . . .	8	MIGERGOT . . . . .	12	MYRBETRIQ . . . . .	22
methamphetamine hcl . . . . .	19	mili. . . . .	24	my way . . . . .	25
methazolamide oral. . . . .	18	mimvey . . . . .	24	nabumetone oral . . . . .	8
methenamine hippurate . . . . .	9	minocycline hcl oral capsule . . . . .	10	nadolol oral . . . . .	17
methergine . . . . .	28	minoxidil oral . . . . .	19	naftifine hcl external cream . . . . .	12
methimazole oral . . . . .	26	MIRENA (52 MG) . . . . .	25	naloxone hcl injection . . . . .	9
METHITEST . . . . .	23	mirtazapine oral tablet . . . . .	11	naloxone hcl nasal. . . . .	9
methocarbamol oral tablet 500 mg,		mirtazapine oral tablet dispersible . .	11	naltrexone hcl oral. . . . .	9
750 mg . . . . .	31	misoprostol oral. . . . .	22	naproxen dr . . . . .	8
methotrexate sodium . . . . .	26	MITIGARE . . . . .	12	naproxen oral suspension . . . . .	8
methotrexate sodium (pf) . . . . .	26	MITOSOL . . . . .	29	naproxen oral tablet . . . . .	8
methoxsalen rapid. . . . .	19	mm aspirin . . . . .	8	naproxen oral tablet delayed release .	8
methscopolamine bromide oral. . . . .	21	mm clearlax . . . . .	21	naproxen sodium oral tablet 275	
methsuximide . . . . .	10	M-M-R II . . . . .	27	mg, 550 mg . . . . .	8
METHYLDOPA. . . . .	17	M-NATAL PLUS . . . . .	20	naratriptan hcl . . . . .	12
methylergonovine maleate oral . . . . .	28	modafinil. . . . .	31	NARCAN . . . . .	9
methylphenidate hcl er (cd) . . . . .	19	MODERNA COVID-19 VAC 6M-11Y . .	27	na sulfate-k sulfate-mg sulf. . . . .	21
methylphenidate hcl er (la). . . . .	19	moexipril hcl. . . . .	17	NATACYN . . . . .	29
methylphenidate hcl er (osm) oral		molindone hcl . . . . .	14	NATAZIA. . . . .	24
tablet extended release 18 mg, 27		mometasone furoate external . . . . .	23	nateglinide . . . . .	16
mg, 36 mg, 54 mg . . . . .	19	mometasone furoate nasal. . . . .	31	nebusal inhalation nebulization	
methylphenidate hcl oral solution . . .	19	mondoxyne nl . . . . .	10	solution 3 % . . . . .	31
methylphenidate hcl oral tablet . . . . .	19	mono-linyah . . . . .	24	NEBUSAL INHALATION	
methylphenidate hcl oral tablet		montelukast sodium oral packet . . . .	30	NEBULIZATION SOLUTION 6 % . . . .	31
chewable . . . . .	19	montelukast sodium oral tablet . . . . .	30	necon 0.5/35 (28) . . . . .	24
methylprednisolone oral . . . . .	23	montelukast sodium oral tablet		nefazodone hcl . . . . .	11
methyltestosterone oral . . . . .	23	chewable . . . . .	30	neomycin-bacitracin zn-polymyx. . . .	29
metoclopramide hcl oral solution . . .	11	morphine sulfate (concentrate) . . . . .	9	neomycin-polymyxin-dexameth	
metoclopramide hcl oral tablet . . . . .	11	morphine sulfate er oral tablet		ophthalmic ointment. . . . .	29
metolazone. . . . .	18	extended release. . . . .	8		



neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.129	nitrofurantoin macrocrystal . . . . . 9	nystop . . . . . 12
neomycin-polymyxin-gramicidin . . . . 29	nitrofurantoin monohydrate macrocrystals . . . . . 9	ocella . . . . . 25
neomycin-polymyxin-hc ophthalmic . 29	nitrofurantoin oral suspension 25 mg/5ml . . . . . 9	octreotide acetate . . . . . 26
neomycin-polymyxin-hc otic. . . . . 30	nitroglycerin sublingual. . . . . 19	ODEFSEY . . . . . 15
neomycin sulfate oral . . . . . 9	nitroglycerin transdermal . . . . . 19	ofloxacin ophthalmic. . . . . 30
NEONATAL COMPLETE . . . . . 20	NIVA THYROID . . . . . 26	ofloxacin oral . . . . . 10
NEONATAL PLUS . . . . . 20	NOCDURNA. . . . . 23	ofloxacin otic . . . . . 30
neo-polycin. . . . . 29	nora-be . . . . . 25	olanzapine-fluoxetine hcl . . . . . 11
neo-polycin hc . . . . . 29	norethin ace-eth estrad-fe . . . . . 24	olanzapine oral tablet . . . . . 14
NEO-SYNALAR . . . . . 9	norethindrone acetate oral . . . . . 25	olanzapine oral tablet dispersible . . 14
NESTABS . . . . . 20	norethindrone acet-ethinyl est . . . . . 24	olmesartan medoxomil oral . . . . . 17
NEVANAC. . . . . 30	norethindrone-eth estradiol . . . . . 25	olopatadine hcl nasal . . . . . 30
nevirapine oral suspension. . . . . 14	norethindrone oral. . . . . 25	olopatadine hcl ophthalmic solution 0.1 % . . . . . 29
nevirapine oral tablet. . . . . 14	norethindron-ethinyl estrad-fe . . . . . 25	OLUMIANT . . . . . 26
new day . . . . . 25	norethin-eth estradiol-fe . . . . . 25	omeprazole oral capsule delayed release 10 mg . . . . . 22
NEXPLANON . . . . . 25	norgestimate-eth estradiol . . . . . 25	omeprazole oral capsule delayed release 20 mg, 40 mg . . . . . 22
NEXTSTELLIS . . . . . 24	norgestimate-ethinyl estradiol triphasic . . . . . 25	ondansetron hcl oral solution. . . . . 11
niacin (antihyperlipidemic) . . . . . 18	norlyroc . . . . . 25	ondansetron hcl oral tablet . . . . . 11
niacin er (antihyperlipidemic) . . . . . 19	NORPACE CR . . . . . 17	ondansetron odt . . . . . 11
niacor . . . . . 19	nortrel 0.5/35 (28) . . . . . 25	ONELAX MAGNESIUM CITRATE . . . 21
nicardipine hcl oral . . . . . 17	nortrel 1/35 (21) . . . . . 25	ONETOUCH DELICA PLUS LANCING . . . . . 16
NICORETTE MOUTH/THROAT GUM 2 MG . . . . . 9	nortrel 1/35 (28) . . . . . 25	ONETOUCH DELICA SAFETY LANCING . . . . . 16
NICORETTE MOUTH/THROAT LOZENGE 4 MG. . . . . 9	nortrel 7/7/7 . . . . . 25	ONETOUCH ULTRA 2 KIT W/DEVICE16
nicotine mini. . . . . 9	nortriptyline hcl oral capsule . . . . . 11	ONETOUCH ULTRA TEST STRIPS . . 16
nicotine polacrilex mini . . . . . 9	nortriptyline hcl oral solution . . . . . 11	ONETOUCH VERIO FLEX SYSTEM KIT . . . . . 16
nicotine polacrilex mouth/throat . . . . 9	NORVIR ORAL PACKET. . . . . 15	ONETOUCH VERIO IN VITRO SOLUTION HIGH. . . . . 16
nicotine step 1 . . . . . 9	NOVAVAX COVID-19 VACCINE . . . . . 27	ONETOUCH VERIO REFLECT KIT W/DEVICE . . . . . 16
nicotine step 2 . . . . . 9	NOVOFINE AUTOCOVER PEN NEEDLE . . . . . 28	ONETOUCH VERIO TEST STRIPS . . 16
nicotine step 3 . . . . . 9	NOVOFINE PEN NEEDLE . . . . . 28	ONE VITE WOMENS PLUS . . . . . 20
nicotine transdermal kit . . . . . 9	NOVOFINE PLUS PEN NEEDLE . . . . . 28	ON/GO COVID-19 ANTIGEN TEST . . 28
nicotine transdermal patch 24 hour 21 mg/24hr. . . . . 9	NOVOPEN ECHO . . . . . 16	ON/GO ONE COVID-19 HOME TEST 28
NICOTROL . . . . . 9	np thyroid . . . . . 26	opcicon one-step. . . . . 25
NICOTROL NS. . . . . 9	NUBEQA. . . . . 12	opium . . . . . 21
nifedipine er . . . . . 17	NUCYNTA ER. . . . . 8	OPSUMIT . . . . . 31
nifedipine er osmotic release . . . . . 18	NUZYRA ORAL . . . . . 10	option 2. . . . . 25
nifedipine oral . . . . . 18	nyamyc . . . . . 12	OPTIONS GYNOL II CONTRACEPTIVE. . . . . 22
nikki. . . . . 24	nylia 1/35 . . . . . 25	oralone . . . . . 19
nilutamide. . . . . 12	nylia 7/7/7. . . . . 25	ORENITRAM . . . . . 31
nimodipine oral . . . . . 18	NYMALIZE . . . . . 18	ORENITRAM MONTH 1 . . . . . 31
nisoldipine er . . . . . 18	nymyo . . . . . 25	ORENITRAM MONTH 2 . . . . . 31
nitazoxanide oral . . . . . 13	nystatin external cream. . . . . 12	ORENITRAM MONTH 3 . . . . . 31
NITRO-BID . . . . . 19	nystatin external ointment . . . . . 12	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR. . . . . 19	nystatin external powder. . . . . 12	
	nystatin mouth/throat . . . . . 12	
	nystatin oral . . . . . 12	



ORLISSA . . . . .	26	penicillin v potassium . . . . .	10	POMALYST . . . . .	13
ORKAMBI . . . . .	31	PENTACEL . . . . .	27	portia-28 . . . . .	25
orphenadrine-aspirin-caffeine . . . . .	31	pentamidine isethionate inhalation . . . . .	13	posaconazole oral tablet delayed release . . . . .	12
orphenadrine citrate er . . . . .	31	pentazocine-naloxone hcl . . . . .	9	potassium chloride crys er . . . . .	20
oseltamivir phosphate oral . . . . .	15	pentoxifylline er . . . . .	18	potassium chloride er . . . . .	20
OSPHENA . . . . .	25	perindopril erbumine . . . . .	17	potassium chloride oral packet . . . . .	20
OTEZLA . . . . .	26	periogard . . . . .	19	potassium chloride oral solution . . . . .	20
OTOVEL . . . . .	30	permethrin external . . . . .	14	potassium citrate er . . . . .	20
oxaprozin . . . . .	8	perphenazine-amitriptyline . . . . .	11	POVIDONE-IODINE OPHTHALMIC . . . . .	29
oxazepam . . . . .	15	perphenazine oral . . . . .	11	pramipexole dihydrochloride . . . . .	14
oxcarbazepine oral suspension . . . . .	11	PFIZER COVID-19 VAC-TRIS 5-11Y . . . . .	27	PRAMOSONE EXTERNAL LOTION . . . . .	20
oxcarbazepine oral tablet . . . . .	11	PFIZER COVID-19 VAC-TRIS 6M-4Y . . . . .	27	prasugrel hcl . . . . .	17
oxybutynin chloride er . . . . .	22	phenazo oral tablet 200 mg . . . . .	22	pravastatin sodium . . . . .	18
oxybutynin chloride oral solution . . . . .	22	phenazopyridine hcl oral . . . . .	22	praziquantel oral . . . . .	13
oxybutynin chloride oral syrup . . . . .	22	phenelzine sulfate oral . . . . .	11	prazosin hcl oral . . . . .	17
oxybutynin chloride oral tablet 5 mg . . . . .	22	phenobarbital oral . . . . .	10	PRED MILD . . . . .	30
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg . . . . .	9	phenoxybenzamine hcl oral . . . . .	17	prednisolone acetate ophthalmic . . . . .	30
oxycodone hcl oral capsule . . . . .	9	phenylephrine hcl ophthalmic . . . . .	29	prednisolone oral solution . . . . .	23
oxycodone hcl oral concentrate 100 mg/5ml . . . . .	9	phenytoin infatabs . . . . .	11	prednisolone oral tablet . . . . .	23
oxycodone hcl oral solution . . . . .	9	phenytoin oral suspension 125 mg/5ml . . . . .	11	prednisolone sodium phosphate ophthalmic . . . . .	30
oxycodone hcl oral tablet . . . . .	9	phenytoin oral tablet chewable . . . . .	11	prednisolone sodium phosphate oral solution . . . . .	23
oxymorphone hcl . . . . .	9	phenytoin sodium extended . . . . .	11	prednisolone sodium phosphate oral tablet dispersible . . . . .	23
oxymorphone hcl er . . . . .	8	PHEXXI . . . . .	28	prednisone intensol . . . . .	23
OZEMPIC . . . . .	16	philith . . . . .	25	prednisone oral solution . . . . .	23
paliperidone er . . . . .	14	PHOSPHOLINE IODIDE . . . . .	29	prednisone oral tablet . . . . .	23
PANDEL . . . . .	23	phytonadione oral . . . . .	20	prednisone oral tablet therapy pack . . . . .	23
pantoprazole sodium oral tablet delayed release . . . . .	22	pilocarpine hcl ophthalmic . . . . .	29	pregabalin oral capsule . . . . .	19
PARAGARD INTRAUTERINE COPPER . . . . .	28	pilocarpine hcl oral . . . . .	19	PREHEVBRIO . . . . .	27
paricalcitol oral . . . . .	28	PILOT COVID-19 AT-HOME TEST . . . . .	28	PREMARIN VAGINAL . . . . .	25
PARI VORTEX ADULT MASK . . . . .	28	pimecrolimus . . . . .	20	PREMESISRX . . . . .	20
paroxetine hcl er . . . . .	11	pimozide . . . . .	14	premium lidocaine . . . . .	9
paroxetine hcl oral suspension . . . . .	11	pimtreea . . . . .	25	PREMPHASE . . . . .	25
paroxetine hcl oral tablet . . . . .	11	pindolol . . . . .	17	PRENAISSANCE . . . . .	20
PAXLOVID (150/100) . . . . .	14	pioglitazone hcl . . . . .	16	prenatal oral tablet 27-0.8 mg, 27-1 mg . . . . .	20
PAXLOVID (300/100) . . . . .	14	PIP GLUCOSE CONTROL SOLUTION . . . . .	16	prenatal plus vitamin/mineral . . . . .	20
PEDIARIX . . . . .	27	PIQRAY . . . . .	13	PRENATE . . . . .	20
PEDVAX HIB . . . . .	27	pirfenidone . . . . .	31	PRENATE DHA . . . . .	20
peg-3350/electrolytes . . . . .	21	piroxicam oral . . . . .	8	PRENATE ELITE . . . . .	20
peg-3350/electrolytes/ascorbat . . . . .	21	PLAN B ONE-STEP . . . . .	25	PRENATE ENHANCE . . . . .	20
peg 3350-kcl-na bicarb-nacl . . . . .	21	PLENVU . . . . .	22	PRENATE ESSENTIAL . . . . .	20
PEGASYS . . . . .	14	PNEUMOVAX 23 . . . . .	27	PRENATE MINI . . . . .	20
peg-kcl-nacl-nasulf-na asc-c . . . . .	22	pnv prenatal plus multivit+dha . . . . .	20	PRENATE PIXIE . . . . .	21
penciclovir . . . . .	14	podofilox external . . . . .	20	PRENATE RESTORE . . . . .	21
penicillamine oral . . . . .	22	polycin . . . . .	29	PREPIDIL . . . . .	23
		polyethylene glycol 3350 oral powder . . . . .	22		
		polymyxin b-trimethoprim . . . . .	29		



prevalite . . . . .	19	qc magnesium citrate . . . . .	22	risperidone oral tablet dispersible. . .	14
PREVNAR 13 . . . . .	27	QUADRACEL INTRAMUSCULAR		ritonavir. . . . .	15
PREVNAR 20 . . . . .	27	SUSPENSION . . . . .	27	rivastigmine . . . . .	11
PREZISTA ORAL SUSPENSION . . . . .	15	quazepam . . . . .	15	rivastigmine tartrate . . . . .	11
PRIFTIN . . . . .	12	quetiapine fumarate . . . . .	14	rivelsa . . . . .	25
PRIMACARE . . . . .	21	quetiapine fumarate er . . . . .	14	rizatriptan benzoate. . . . .	12
primaquine phosphate . . . . .	13	QUICKVUE AT-HOME COVID-19		roflumilast. . . . .	31
primidone oral . . . . .	10	TEST . . . . .	28	ropinirole hcl . . . . .	14
PRIORIX . . . . .	27	quinapril hcl . . . . .	17	rosuvastatin calcium oral tablet 10	
probenecid . . . . .	12	quinapril-hydrochlorothiazide . . . . .	18	mg, 5 mg . . . . .	18
prochlorperazine . . . . .	11	quinidine gluconate er . . . . .	17	rosuvastatin calcium oral tablet 20	
prochlorperazine maleate oral . . . . .	11	quinidine sulfate . . . . .	17	mg, 40 mg . . . . .	18
PROCTOFOAM HC . . . . .	27	quinine sulfate . . . . .	13	ROTARIX ORAL SUSPENSION . . . . .	27
procto-med hc . . . . .	27	QVAR REDIHALER . . . . .	30	ROTATEQ . . . . .	27
proctosol hc . . . . .	27	rabeprazole sodium oral tablet		roweepra . . . . .	10
proctozone-hc . . . . .	28	delayed release . . . . .	22	ROZLYTREK. . . . .	13
progesterone intramuscular. . . . .	25	RADIOGARDASE . . . . .	28	rufinamide . . . . .	11
progesterone oral . . . . .	25	raloxifene hcl . . . . .	26	RYBELSUS . . . . .	16
PROMACTA . . . . .	17	ramipril . . . . .	17	SAFETY PEN NEEDLES 30G X 8 MM	
promethazine-codeine . . . . .	31	ranolazine er . . . . .	18	28 . . . . .	26
promethazine-dm . . . . .	31	rasagiline mesylate oral . . . . .	14	sajazir . . . . .	26
promethazine hcl oral . . . . .	11	RAYA SURE PEN NEEDLE . . . . .	28	salsalate oral . . . . .	8
promethazine hcl rectal . . . . .	11	react . . . . .	25	SANDIMMUNE ORAL SOLUTION. . . . .	26
promethazine vc . . . . .	30	reclipsen. . . . .	25	SANTYL . . . . .	20
promethazine vc/codeine. . . . .	31	RECOMBIVAX HB . . . . .	27	SAVELLA . . . . .	19
promethegan . . . . .	11	RECOTHROM . . . . .	17	SAVELLA TITRATION PACK . . . . .	19
propafenone hcl . . . . .	17	RECOTHROM SPRAY KIT . . . . .	17	saxagliptin hcl . . . . .	16
propafenone hcl er . . . . .	17	RECTIV . . . . .	19	saxagliptin-metformin er. . . . .	16
proparacaine hcl ophthalmic . . . . .	29	RELENZA DISKHALER. . . . .	15	scopolamine . . . . .	11
propranolol hcl er . . . . .	17	RELISTOR SUBCUTANEOUS . . . . .	21	SELECT-OB ORAL TABLET	
propranolol hcl oral solution . . . . .	17	RELNATE DHA. . . . .	21	CHEWABLE 29-1 MG . . . . .	21
propranolol hcl oral tablet . . . . .	17	repaglinide . . . . .	16	selegiline hcl oral. . . . .	14
propylthiouracil oral . . . . .	26	REPATHA . . . . .	19	selenium sulfide external lotion . . . . .	20
PROQUAD . . . . .	27	REPATHA PUSHTRONEX SYSTEM. . . . .	19	selenium sulfide external shampoo	
protriptyline hcl . . . . .	11	REPATHA SURECLICK. . . . .	19	2.25 % . . . . .	20
pseudoephedrine-bromphen-dm . . . . .	31	RETACRIT . . . . .	17	SELZENTRY ORAL SOLUTION . . . . .	15
PULMICORT FLEXHALER . . . . .	30	REVLIMID. . . . .	13	SELZENTRY ORAL TABLET 25	
pulmosal. . . . .	31	REYATAZ ORAL PACKET. . . . .	15	MG, 75 MG. . . . .	15
PULMOZYME . . . . .	31	REZVOGLAR KWIKPEN. . . . .	16	sertraline hcl oral concentrate . . . . .	11
PURE COMFORT SAFETY PEN		RHOFADE. . . . .	20	sertraline hcl oral tablet . . . . .	11
NEEDLE . . . . .	28	ribavirin oral . . . . .	14	setlakin . . . . .	25
pyrazinamide oral . . . . .	12	rifabutin . . . . .	12	sevelamer carbonate. . . . .	20
PYRIDIUM . . . . .	22	rifampin oral . . . . .	12	sevelamer hcl. . . . .	20
pyridostigmine bromide er . . . . .	12	riluzole . . . . .	19	sharobel . . . . .	25
pyridostigmine bromide oral solution		rimantadine hcl . . . . .	15	SHARPS COLLECTOR . . . . .	28
12 . . . . .		RINVOQ . . . . .	26	SHARPS CONTAINER . . . . .	28
pyridostigmine bromide oral tablet		risedronate sodium oral tablet. . . . .	28	SHINGRIX. . . . .	27
60 mg . . . . .	12	risperidone oral solution. . . . .	14	SIGNIFOR. . . . .	26
pyrimethamine oral . . . . .	13	risperidone oral tablet. . . . .	14	sildenafil citrate oral suspension	
				reconstituted . . . . .	31



sildenafil citrate oral tablet 20 mg . . .	31	STIVARGA . . . . .	13	sunitinib malate . . . . .	13
silodosin . . . . .	22	ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE . . . . .	8	syeda . . . . .	25
silver sulfadiazine external . . . . .	9	STRIBILD . . . . .	14	SYMJEPI . . . . .	31
SIMBRINZA . . . . .	29	STRIVERDI RESPIMAT . . . . .	31	SYMPROIC . . . . .	21
simliya . . . . .	25	subvenite . . . . .	10	SYNAREL . . . . .	26
simpesse . . . . .	25	subvenite starter kit-blue . . . . .	10	SYNJARDY . . . . .	16
SIMPONI . . . . .	26	subvenite starter kit-green . . . . .	10	SYNJARDY XR . . . . .	16
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg . . . . .	18	subvenite starter kit-orange . . . . .	10	SYNRIBO . . . . .	13
simvastatin oral tablet 80 mg . . . . .	18	sucrafate oral suspension . . . . .	22	SYNTHROID . . . . .	26
sirolimus oral solution . . . . .	26	sucrafate oral tablet . . . . .	22	TABLOID . . . . .	13
sirolimus oral tablet . . . . .	26	SULCONAZOLE NITRATE . . . . .	12	tacrolimus external . . . . .	20
SKYLA . . . . .	25	sulfacetamide-prednisolone . . . . .	29	tacrolimus oral . . . . .	26
SKYRIZI PEN . . . . .	26	sulfacetamide sodium (acne) . . . . .	20	tadalafil oral tablet 2.5 mg, 5 mg . . . . .	22
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE . . . . .	20	sulfacetamide sodium (cleans) . . . . .	20	tadalafil (pah) . . . . .	31
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE . . . . .	26	sulfacetamide sodium external . . . . .	20	tafluprost (pf) . . . . .	30
SLYND . . . . .	25	sulfacetamide sodium ophthalmic ointment . . . . .	30	take action . . . . .	25
sm lansoprazole . . . . .	22	sulfacetamide sodium ophthalmic solution . . . . .	30	TALZENNA . . . . .	13
sodium chloride inhalation . . . . .	31	sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 % . . . . .	20	tamoxifen citrate oral tablet 10 mg . . . . .	13
sodium fluoride oral . . . . .	20	sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 % . . . . .	20	tamoxifen citrate oral tablet 20 mg . . . . .	13
SODIUM OXYBATE . . . . .	31	sulfacetamide sodium-sulfur external lotion 10-5 % . . . . .	20	tamsulosin hcl . . . . .	22
sodium polystyrene sulfonate . . . . .	20	sulfacetamide sodium-sulfur external pad 10-4 % . . . . .	20	tarina 24 fe . . . . .	25
SODIUM SULFACETAMIDE- BAKUCHIOL . . . . .	20	sulfacetamide sodium-sulfur external suspension 10-5 % . . . . .	20	tarina fe 1/20 eq . . . . .	25
sodium sulfacetamide wash . . . . .	20	sulfacetamide sod-sulfur wash external liquid 9-4 % . . . . .	20	tasimelteon . . . . .	31
SOFOSBUVIR-VELPATASVIR . . . . .	14	sulfacetamide-sulfur in urea . . . . .	20	taysofy . . . . .	25
solifenacin succinate . . . . .	22	sulfadiazine oral . . . . .	10	tazarotene external cream . . . . .	20
SOLQUA . . . . .	16	sulfamethoxazole-trimethoprim oral suspension . . . . .	10	tazarotene external gel . . . . .	20
SOMAVERT . . . . .	26	sulfamethoxazole-trimethoprim oral tablet . . . . .	10	TAZORAC EXTERNAL CREAM 0.05 % . . . . .	20
sorafenib tosylate . . . . .	13	sulfamez wash . . . . .	20	taztia xt . . . . .	18
sotalol hcl (af) . . . . .	17	SULFAMYLON EXTERNAL CREAM . . . . .	9	TDVAX . . . . .	27
sotalol hcl oral . . . . .	17	sulfasalazine oral tablet . . . . .	28	telmisartan . . . . .	17
SOTYLIZE . . . . .	17	sulfasalazine oral tablet delayed release . . . . .	28	telmisartan-hctz . . . . .	18
SPEEDY SWAB COVID-19 ANTIGEN . . . . .	28	sulfatrim pediatric . . . . .	10	temazepam . . . . .	31
SPIKEVAX . . . . .	27	sulindac oral . . . . .	8	temozolomide . . . . .	12
spinosad . . . . .	14	sumatriptan-naproxen sodium . . . . .	12	TENCON . . . . .	9
SPIRIVA HANDIHALER . . . . .	30	sumatriptan nasal . . . . .	12	TENIVAC . . . . .	27
SPIRIVA RESPIMAT . . . . .	30	sumatriptan succinate oral . . . . .	12	tenofovir disoproxil fumarate . . . . .	15
spironolactone-hctz . . . . .	18	sumatriptan succinate refill subcutaneous solution cartridge . . . . .	12	terazosin hcl . . . . .	22
spironolactone oral . . . . .	18	sumatriptan succinate subcutaneous	12	terbinafine hcl oral . . . . .	12
sprintec 28 . . . . .	25			terbutaline sulfate oral . . . . .	31
SPRYCEL . . . . .	13			terconazole vaginal cream . . . . .	12
sps . . . . .	20			terconazole vaginal suppository . . . . .	12
sronyx . . . . .	25			testosterone cypionate intramuscular	23
ssd . . . . .	9			testosterone enanthate intramuscular	23
sss 10-5 external cream . . . . .	20			testosterone transdermal gel 50 mg/5gm (1%) . . . . .	23
STELARA SUBCUTANEOUS . . . . .	20			TETANUS-DIPHThERIA TOXOIDS TD . . . . .	27
				tetrabenazine . . . . .	19





tetracaine hcl ophthalmic . . . . .	29	tranexamic acid oral . . . . .	17	TRULICITY . . . . .	16
tetracycline hcl oral . . . . .	10	tranylcyromine sulfate . . . . .	11	TRUMENBA . . . . .	27
TEXACORT . . . . .	23	travoprost (bak free) . . . . .	30	TUXARIN ER . . . . .	31
THALOMID . . . . .	13	trazodone hcl oral . . . . .	11	TWINRIX . . . . .	27
THEO-24 . . . . .	31	TRECTOR . . . . .	12	TWIRLA . . . . .	25
theophylline . . . . .	31	TRELEGY ELLIPTA . . . . .	31	tyblume . . . . .	25
theophylline er . . . . .	31	TRESIBA . . . . .	16	tydemy . . . . .	25
thioridazine hcl oral . . . . .	14	TRESIBA FLEXTOUCH . . . . .	16	TYVASO . . . . .	31
thiothixene . . . . .	14	tretinoin external cream . . . . .	20	TYVASO DPI MAINTENANCE KIT . . . . .	31
THROMBIN-JMI EPISTAXIS . . . . .	17	tretinoin oral . . . . .	13	TYVASO DPI TITRATION KIT . . . . .	31
THROMBIN-JMI EXTERNAL KIT . . . . .	17	triamcinolone acetonide external cream . . . . .	23	TYVASO REFILL . . . . .	31
THYQUIDITY . . . . .	26	triamcinolone acetonide external lotion . . . . .	23	TYVASO STARTER . . . . .	31
thyroid oral . . . . .	26	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % . . . . .	23	UCERIS RECTAL . . . . .	28
tiadylt er . . . . .	18	triamcinolone acetonide mouth/ throat . . . . .	19	UNISTRIP CONTROL IN VITRO SOLUTION LOW . . . . .	16
tiagabine hcl . . . . .	10	triamterene-hctz . . . . .	18	unithroid . . . . .	26
TIGLUTIK . . . . .	19	triamterene oral . . . . .	18	ursodiol oral capsule 300 mg . . . . .	21
tilia fe . . . . .	25	triazolam . . . . .	31	ursodiol oral tablet . . . . .	21
timolol maleate (once-daily) . . . . .	29	triderm . . . . .	23	valacyclovir hcl oral . . . . .	14
timolol maleate ophthalmic gel forming solution . . . . .	29	tri-estarylla . . . . .	25	VALCHLOR . . . . .	12
timolol maleate ophthalmic solution . . . . .	29	trifluoperazine hcl . . . . .	14	valganciclovir hcl . . . . .	14
timolol maleate oral . . . . .	17	trifluridine . . . . .	29	valproic acid oral . . . . .	10
timolol maleate pf . . . . .	29	trihexyphenidyl hcl . . . . .	14	valsartan-hydrochlorothiazide . . . . .	18
tinidazole oral . . . . .	9	tri-legest fe . . . . .	25	valsartan oral tablet . . . . .	17
tiotropium bromide monohydrate . . . . .	30	tri-linyah . . . . .	25	vancomycin hcl oral capsule . . . . .	9
TIROSINT-SOL . . . . .	26	tri-lo-estarylla . . . . .	25	vancomycin hcl oral solution reconstituted . . . . .	9
TISSEEL EXTERNAL KIT . . . . .	28	tri-lo-marzia . . . . .	25	VANDAZOLE . . . . .	9
tizanidine hcl oral capsule . . . . .	31	tri-lo-mili . . . . .	25	VAQTA . . . . .	27
tizanidine hcl oral tablet . . . . .	31	tri-lo-sprintec . . . . .	25	varenicline tartrate . . . . .	9
TOBRADEX . . . . .	29	trimethobenzamide hcl oral . . . . .	11	varenicline tartrate (starter) . . . . .	9
tobramycin-dexamethasone . . . . .	29	trimethoprim oral . . . . .	9	VARIVAX . . . . .	27
tobramycin nebulization solution 300 mg/5ml inhalation . . . . .	31	tri-mili . . . . .	25	VARUBI (180 MG DOSE) . . . . .	12
tobramycin ophthalmic . . . . .	29	trimipramine maleate oral . . . . .	11	VASCEPA . . . . .	19
TOBREX . . . . .	29	TRINATE . . . . .	21	VAXELIS . . . . .	27
tolcapone . . . . .	14	tri-nymyo . . . . .	25	VAXNEUVANCE . . . . .	27
tolmetin sodium . . . . .	8	tri-sprintec . . . . .	25	VCF VAGINAL CONTRACEPTIVE VAGINAL FILM . . . . .	22
tolterodine tartrate . . . . .	22	TRISTART DHA . . . . .	21	VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM . . . . .	22
topiramate oral capsule sprinkle . . . . .	10	TRIUMEQ . . . . .	15	vcf vaginal contraceptive vaginal gel . . . . .	22
topiramate oral tablet . . . . .	10	trivora (28) . . . . .	25	velivet . . . . .	25
toremifene citrate . . . . .	13	tri-vylibra . . . . .	25	VELPHORO . . . . .	20
toremide . . . . .	18	tri-vylibra lo . . . . .	25	VELTASSA . . . . .	20
TRADJENTA . . . . .	16	trospium chloride . . . . .	22	VENCLEXTA . . . . .	13
tramadol-acetaminophen . . . . .	9	trospium chloride er . . . . .	22	VENCLEXTA STARTING PACK . . . . .	13
tramadol hcl er . . . . .	8	TRUE METRIX LEVEL 1 . . . . .	16	venlafaxine hcl . . . . .	11
tramadol hcl (er biphasic) oral tablet extended release 24 hour . . . . .	8	TRUE METRIX LEVEL 2 . . . . .	16	venlafaxine hcl er oral capsule extended release 24 hour . . . . .	11
tramadol hcl oral tablet 50 mg . . . . .	9	TRUE METRIX LEVEL 3 . . . . .	16		
trandolapril . . . . .	17				



VENTAVIS . . . . .	31	WESTAB PLUS . . . . .	21	zovia 1/35 (28) . . . . .	25
VENTOLIN HFA . . . . .	31	WESTGEL DHA . . . . .	21	ZUBSOLV . . . . .	9
verapamil hcl er oral capsule extended release 24 hour . . . . .	18	WIDE-SEAL DIAPHRAGM 60 . . . . .	29	zumandimine . . . . .	25
verapamil hcl er oral tablet extended release . . . . .	18	WIDE-SEAL DIAPHRAGM 65 . . . . .	29	ZYKADIA . . . . .	13
verapamil hcl oral . . . . .	18	WIDE-SEAL DIAPHRAGM 70 . . . . .	29	ZYLET . . . . .	29
VERIFINE INSULIN PEN NEEDLE . . . . .	28	WIDE-SEAL DIAPHRAGM 75 . . . . .	29		
VERIFINE INSULIN SYRINGE . . . . .	28	WIDE-SEAL DIAPHRAGM 80 . . . . .	29		
VERIFINE PLUS PEN NEEDLE . . . . .	29	WIDE-SEAL DIAPHRAGM 85 . . . . .	29		
VERIFINE SAFE LANCET MINI 21G . . . . .	16	WIDE-SEAL DIAPHRAGM 90 . . . . .	29		
VERIFINE SAFE LANCET MINI 23G . . . . .	16	WIDE-SEAL DIAPHRAGM 95 . . . . .	29		
VERIFINE SAFE LANCET MINI 28G . . . . .	16	wixela inhub . . . . .	30		
VERIFINE SAFE LANCET MINI 30G . . . . .	16	wymzya fe . . . . .	25		
VERZENIO . . . . .	13	XARELTO . . . . .	17		
vestura . . . . .	25	XARELTO STARTER PACK . . . . .	17		
VICTOZA . . . . .	16	XELJANZ . . . . .	26		
vienva . . . . .	25	XELJANZ XR . . . . .	26		
vigabatrin . . . . .	10	XELPROS . . . . .	30		
vigadrone . . . . .	10	XEPI . . . . .	9		
VIIBRYD STARTER PACK . . . . .	11	XERMELO . . . . .	21		
vilazodone hcl . . . . .	11	XIFAXAN . . . . .	9		
VINATE ONE . . . . .	21	XIGDUO XR . . . . .	16		
viorele . . . . .	25	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE . . . . .	26		
VIRACEPT . . . . .	15	XOSPATA . . . . .	13		
VITAFOL FE+ . . . . .	21	XTAMPZA ER . . . . .	8		
VITAFOL-NANO . . . . .	21	xulane . . . . .	25		
VITAFOL-OB+DHA . . . . .	21	XYREM . . . . .	31		
VITAFOL STRIPS . . . . .	21	YOSPRALA . . . . .	17		
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit . . . . .	21	yuvafem . . . . .	25		
VITATHELY WITH GINGER . . . . .	21	zafemy . . . . .	25		
VITRAKVI . . . . .	13	zafirlukast . . . . .	30		
volnea . . . . .	25	zaleplon . . . . .	31		
voriconazole oral suspension reconstituted . . . . .	12	ZARXIO . . . . .	17		
voriconazole oral tablet . . . . .	12	ZEGALOGUE . . . . .	16		
VORTEX VALVED HOLDING CHAMBER . . . . .	29	ZELBORAF . . . . .	13		
VRAYLAR . . . . .	14	zenatane . . . . .	20		
vyfemla . . . . .	25	ZENPEP . . . . .	22		
vylibra . . . . .	25	zidovudine oral capsule . . . . .	15		
warfarin sodium oral . . . . .	17	zidovudine oral syrup . . . . .	15		
wera . . . . .	25	zidovudine oral tablet . . . . .	15		
WESCAP-C DHA . . . . .	21	zileuton er . . . . .	30		
WESCAP-PN DHA . . . . .	21	ziprasidone hcl . . . . .	14		
WESNATAL DHA COMPLETE . . . . .	21	ZIRGAN . . . . .	29		
WESNATE DHA . . . . .	21	ZOLINZA . . . . .	13		
		zolmitriptan nasal . . . . .	12		
		zolmitriptan oral . . . . .	12		
		zolpidem tartrate oral tablet . . . . .	31		
		zonisamide oral . . . . .	10		





# Language Assistance Services

English
If you need help in another language or you need another format, like large print, please call the member number on your health plan ID card, TTY / RTT 711. Translation services and interpreters are available at no cost to you.
Español
Si necesita ayuda en otro idioma o en otro formato, como letra grande, llame al número para miembros en su tarjeta de ID del plan de salud, TTY/RTT 711. Los servicios de traducción y de interpretación están disponibles sin costo para usted.
中文
如果您需要以其他語言提供的協助，或您需要其他形式版本，例如大字體，請撥健保計劃會員卡上的會員電話，聽力語言殘障服務專線 / 即時訊息 (TTY / RTT) 711。可免費向您提供翻譯服務和口譯員服務。
Tiếng Việt
Nếu quý vị cần trợ giúp bằng ngôn ngữ khác hoặc quý vị cần định dạng khác, như bản in cỡ lớn, vui lòng gọi đến số điện thoại dành cho hội viên trên thẻ ID chương trình hiểm y tế của quý vị, TTY/RTT 711. Có sẵn các dịch vụ dịch thuật và thông dịch viên miễn phí cho quý vị.
한국어
귀하가 다른 언어로 도움이 필요하거나 큰 활자와 같은 다른 형식으로 필요한 경우 귀하의 건강보험 ID 카드에 기재된 회원 번호, TTY / RTT 711 번으로 전화하십시오. 귀하는 번역 서비스 및 통역사를 무료로 이용하실 수 있습니다.
Tagalog
Kung kailangan ninyo ng tulong sa ibang wika o kailangan ninyo ng ibang format, tulad ng malalaking titik, pakitawagan ang numero para sa miyembro na makikita sa inyong ID card sa planong pangkalusugan, para sa gumagamit ng TTY / RTT, tumawag sa 711. Available para sa inyo ang mga serbisyo sa pagsasalin at interpreter nang wala kayong babayaran.
Русский
Если Вам нужна помощь на другом языке или Вы хотели бы получить этот документ в другом формате (например, крупным шрифтом), позвоните по телефону, указанному на Вашей идентификационной карте участника плана медицинского страхования, линия TTY/RTT: 711. Услуги устного и письменного перевода предоставляются бесплатно.
اللغة العربية
إذا كنت بحاجة إلى مساعدة بلغة أخرى أو تحتاج إلى تنسيق آخر مثل الطباعة بأحرف كبيرة، فيرجى الاتصال برقم هاتف الأعضاء المُدرج على بطاقة معرف العضوية الخاص بخطتك الصحية، TTY/RTT 711. تتوفر خدمات الترجمة التحريرية والمترجمين الفوريين دون أن تتحمل أي تكلفة.
Français
Si vous avez besoin d'aide dans une autre langue ou souhaitez un autre format, par exemple en gros caractères, veuillez appeler le numéro d'assuré figurant sur votre carte d'assurance, ATS / RTT (texte en temps réel) 711. Des services de traduction et des interprètes sont disponibles gratuitement.
አንገሊዝኛ
በሌላ ቋንቋ እርዳታ የሚፈልጉ ከሆነ ወይም በሌላ ፎርማት የተዘጋጀ ካስፈለግዎት፣ ለምሳሌ በትልቅ የተጻፈ፣ እባክዎን በአንገሊዝኛ ካርድዎ ላይ ባለው የአባል አገልግሎት መስጫ ስልክ ቁጥር ይደውሉ፣ መስማት ለተሳናቸው (TTY/RTT) በ 711። የጽሑፍ ትርጉም አገልግሎት እንዲሁም የቃል አስተርጓሚዎች ምንም ሳይከፍሉ መጠቀም ይችላሉ።

Diné
<p>łá' nááná saad bee shika'a'doowot nínízingo doodago t'áá łahgo át'éego anályaago, nitsaago bee bik'e'ashchijígo da, t'áá shoḡdí nits'íís nánel'ijh naaltsoos bee ha'dít'éhígíí bił ninaaltsoos nit'izí bee nééhizinígíí béésh bee hane'í biká'ígíí bee hodílnih, TTY / RTT 711. T'áá ni nizaad bee ha'dilyaago dóó atah hane'ígíí t'áá jiik'eh bee ná'agot'i.</p>
فارسی
<p>اگر به زبان دیگری به کمک نیاز دارید یا به فرمت متفاوتی از قبیل چاپ درشت نیاز دارید، لطفاً با شماره مرفوم شده بر روی کارت شناسایی برنامه درمانی خود، TTY / RTT 711 تماس بگیرید. خدمات ترجمه و مترجمین شفاهی بدون اخذ هزینه در اختیار شما می باشند.</p>
اردو
<p>اگر آپ کو کسی دوسری زبان میں معاونت کی ضرورت ہے یا آپ کو کسی اور فارمیٹ کی ضرورت ہے جیسے بڑے پرنٹ کی، تو براہ کرم اپنے ہیلتھ پلان ID کارڈ پر دئے گئے نمبر پر کال کریں، TTY / RTT 711۔ آپ کے لئے ترجمہ خدمات اور ترجمان بغیر کسی معاوضہ کے دستیاب ہیں۔</p>
Deutsch
<p>Wenn Sie Hilfe in einer anderen Sprache oder ein anderes Format benötigen, z. B. Großdruck, rufen Sie bitte die Telefonnummer für Mitglieder an, die auf Ihrer Versicherungskarte angegeben ist, TTY / RTT 711. Übersetzer- und Dolmetscherdienste stehen Ihnen kostenlos zur Verfügung.</p>
日本語
<p>他の言語でのお手伝いや他の形式（大きな文字など）が必要な場合は、医療保険プラン ID カードに記載されている電話番号（TTY/RTT は 711）にお電話ください。翻訳サービスと通訳は無料でご利用いただけます。</p>
ភាសាខ្មែរ
<p>បើសិនអ្នកត្រូវការជំនួយ ជាភាសាមួយទៀត ឬអ្នកត្រូវការទម្រង់មួយទៀត ដូចជាអក្សរពុម្ពធំៗ សូមទូរស័ព្ទទៅលេខសមាជិក មាននៅលើប័ណ្ណ ID គំរោងសុខភាពរបស់អ្នក, TTY / RTT 711។ សេវាការបកប្រែ និងអ្នកបកប្រែ គឺមានផ្តល់ជូនដោយ ឥតអស់ថ្លៃដល់អ្នក។</p>



---

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