



# **2023 Essential Plus Prescription Drug List**

## **Colorado Options Plan**

**Effective as of Jan. 1, 2023**

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# Understanding your prescription drug list

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

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

To create the list, UnitedHealthcare® is guided by the 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 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 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.

Some medications on your PDL have extra requirements before they can be covered. A few of the most common coverage programs are prior authorization (PA), step therapy (ST), quantity limits (QL), morphine milligram equivalent (MME) and 7-day limit (7D). We use programs like these to help make sure the medication you take is safe and effective. Check your plan documents for more information. If you want to see if a medication in one of these programs, please visit [myuhc.com/exchange](https://myuhc.com/exchange) or call the Member Services number on your health plan ID card.

- **Prior authorization (PA):** UnitedHealthcare requires you or your physician to obtain prior authorization for certain drugs to be sure the drug is most appropriate for the 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.
- **Step therapy (ST):** 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.
- **Quantity limits (QL):** 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.
- **Morphine milligram equivalent (MME):** 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 doctor prescribes more than this amount, or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.
- **7-day limit (7D):** If you have not filled an opioid prescription recently, you may be limited to a 7-day supply. This limit is intended to minimize long-term 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.

## What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, set by UnitedHealthcare. This determines how much you will pay when you fill a prescription at a network 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 provider to learn about alternatives.

### 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.



## 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.

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

You, your authorized representative or your provider can ask for a coverage request by calling the number on your health plan ID card. 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 doctor writes a brand-name prescription?

If your 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 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).

### Over-the-counter medications

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

# Reading your PDL

The PDL gives you choices so you and your 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.

## Tier information

Using lower tier or preferred medications can help you pay your lowest out-of-pocket cost. Refer to your plan documents for specific Tier cost shares.

Drug Tier	Cost Share	Helpful Tips
Tier 1	\$0	Preventive products listed in the HCR \$0 Tier are available at zero cost.
Tier 2	\$	
Tier 3	\$\$	Drugs in lower tiers will have lower cost shares. If you are prescribed a medication on a higher tier, you should discuss with your provider if a lower tier medication may be appropriate for your condition.
Tier 4	\$\$\$	
Tier 5	\$\$\$\$	

## Drug list information

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

PA	Prior authorization required
QL	Quantity limit
ST	Step therapy
HCR \$0 copay	HCR \$0 copay – These drugs may be available at zero cost if specific requirements are met.
SP	Specialty medication – limited to a 1-month supply per prescription.*
MME	Morphine milligram equivalent
7D	7-day limit if you have not filled an opioid prescription recently

\*Your plan may allow more than a 1-month supply. Refer to your Benefit Plan Documents.

## Questions

**For the most current list of covered medications, information on network pharmacies or home delivery:**



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 participating retail pharmacy by ZIP code
- Look up possible lower-cost medication alternatives
- Compare medication pricing and options



Drug name	Drug tier	Requirements & limits
<b>Analgesics</b>		
<b>Nonsteroidal anti-inflammatory drugs</b>		
adult aspirin regimen	1	HCR \$0 copay for members between ages of 12 to 79.
aspirin adult low dose	1	HCR \$0 copay for members between ages of 12 to 79.
aspirin adult low strength	1	HCR \$0 copay for members between ages of 12 to 79.
aspirin childrens	1	HCR \$0 copay for members between ages of 12 to 79.
aspirin ec low dose	1	HCR \$0 copay for members between ages of 12 to 79.
aspirin ec low strength	1	HCR \$0 copay for members between ages of 12 to 79.
aspirin low dose	1	HCR \$0 copay for members between ages of 12 to 79.
aspirin oral tablet delayed release 81 mg	1	HCR \$0 copay for members between ages of 12 to 79.
BAYER ASPIRIN EC LOW DOSE	1	HCR \$0 copay for members between ages of 12 to 79.
diclofenac-misoprostol	3	
etodolac	2	
goodsense aspirin low dose	1	HCR \$0 copay for members between ages of 12 to 79.
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	2	
INDOCIN RECTAL	4	
indomethacin oral capsule 25 mg, 50 mg	2	QL
ketorolac tromethamine oral	2	
meloxicam oral tablet	2	
naproxen oral tablet	2	
salsalate oral	2	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE	1	HCR \$0 copay for members between ages of 12 to 79.
sulindac oral	2	
<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

Drug name	Drug tier	Requirements & limits
methadone hcl intensol	2	QL; MME; 7D
methadone hcl oral concentrate	2	QL; MME; 7D
methadone hcl oral solution	2	PA; QL; MME; 7D
methadone hcl oral tablet	2	PA; QL; MME; 7D
methadone hcl oral tablet soluble	2	PA; QL; MME; 7D
methadose oral concentrate 10 mg/ml	2	QL; MME; 7D
methadose oral tablet soluble	2	PA; QL; MME; 7D
methadose sugar-free	2	QL; MME; 7D
morphine sulfate er oral tablet extended release	4	PA; QL; MME; 7D
tramadol hcl er oral tablet extended release 24 hour	3	QL; MME; 7D
<b>Opioid analgesics, short-acting</b>		
acetaminophen-codeine	2	QL; MME; 7D
acetaminophen-codeine #2	2	QL; MME; 7D
acetaminophen-codeine #3	2	QL; MME; 7D
acetaminophen-codeine #4	2	QL; MME; 7D
ascomp-codeine	3	QL; MME; 7D
bac	2	QL
butalbital-acetaminophen oral tablet 50-300 mg	3	QL
butalbital-apap-caffeine oral tablet	2	QL
butalbital-asa-caff-codeine	3	QL; MME; 7D
butalbital-aspirin-caffeine	2	QL
codeine sulfate oral tablet 30 mg, 60 mg	2	QL; MME; 7D
endocet	2	QL; MME; 7D
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
hydromorphone hcl oral liquid	3	QL; MME; 7D
hydromorphone hcl oral tablet	2	QL; MME; 7D
hydromorphone hcl rectal	3	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
morphine sulfate rectal	3	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
pentazocine-naloxone hcl	3	QL; MME; 7D
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	

KEY: **\$0**—(HCR \$0 copay) These drugs may be available at zero cost if specific requirements are met  
**7D**—7 Day limit **MME**—Morphine milligram equivalent **PA**—Prior authorization required  
**QL**—Quantity Limit **SP**—Specialty medication **ST**—Step Therapy



Drug name	Drug tier	Requirements & limits
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	1	
<b>Opioid dependence treatments</b>		
buprenorphine hcl sublingual	1	
buprenorphine hcl-naloxone hcl sublingual film	4	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	
<b>Opioid reversal agents</b>		
naloxone hcl injection	2	
naloxone hcl nasal	3	
NARCAN	3	
<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 polacrilex mini	1	QL
nicotine polacrilex mouth/throat	1	QL
nicotine step 1	1	QL
nicotine step 2	1	QL
nicotine step 3	1	QL
nicotine transdermal kit	1	QL
NICOTROL	1	PA; QL
NICOTROL NS	1	PA; QL
varenicline tartrate oral 0.5 mg x 11 & 1 mg x 42	1	PA; QL
varenicline tartrate oral tablet	1	PA; QL
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
gentamicin sulfate external	3	
neomycin sulfate oral	2	
<b>Antibacterials, other</b>		
clindamycin hcl oral	2	
clindamycin palmitate hcl	3	
clindamycin phosphate vaginal	2	
CLINDESSE	3	
linezolid oral suspension reconstituted	4	QL
linezolid oral tablet	3	QL
methenamine mandelate oral	2	
metronidazole oral tablet	2	
metronidazole vaginal	2	
mupirocin calcium	4	QL
mupirocin external	2	QL

Drug name	Drug tier	Requirements & limits
nitrofurantoin	4	
nitrofurantoin macrocrystal	3	
nitrofurantoin monohydrate macrocrystals	2	
silver nitrate external	2	
silver sulfadiazine external	2	
ssd	2	
tinidazole oral	2	
trimethoprim oral	2	
vancomycin hcl oral capsule	2	QL
vancomycin hcl oral solution reconstituted	3	
vandazole	2	
<b>Beta-lactam, cephalosporins</b>		
cefadroxil oral capsule	2	
cefadroxil oral suspension reconstituted	2	
cefadroxil oral tablet	3	
cefdinir	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	
E.E.S. GRANULES	4	
ERYPED 200	4	
ERYTHROCIN STEARATE	4	
erythromycin base oral capsule delayed release particles	4	
erythromycin base oral tablet	4	
erythromycin base oral tablet delayed release	3	
erythromycin ethylsuccinate oral	4	
erythromycin oral	3	
<b>Quinolones</b>		
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%)	4	
ciprofloxacin hcl oral	2	
levofloxacin oral solution	4	

KEY: \$0—(HCR \$0 copay) These drugs may be available at zero cost if specific requirements are met

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	Requirements & limits
levofloxacin oral tablet	2	
moxifloxacin hcl oral	2	
<b>Sulfonamides</b>		
sulfamethoxazole-trimethoprim oral suspension	2	
sulfamethoxazole-trimethoprim oral tablet	2	
sulfatrim pediatric	2	
<b>Tetracyclines</b>		
avidoxy	2	
doxycycline hyclate oral capsule	2	
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	
mondoxylene nl	2	
tetracycline hcl oral	4	
<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	
zonisamide oral	2	
<b>Gamma-aminobutyric acid (GABA) augmenting agents</b>		
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	
valproic acid oral	2	
vigabatrin	4	PA; QL; SP
vigadrone	4	PA; QL; SP
<b>Glutamate reducing agents</b>		
felbamate	4	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG	4	PA
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	

Drug name	Drug tier	Requirements & limits
topiramate oral tablet	2	
<b>Sodium channel agents</b>		
carbamazepine er	3	
carbamazepine oral suspension	3	
carbamazepine oral tablet	2	
carbamazepine oral tablet chewable	2	
DILANTIN ORAL CAPSULE 30 MG	4	
epitol	2	
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	
<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
<b>N-methyl-D-aspartate (NMDA) receptor antagonist</b>		
memantine hcl oral solution 2 mg/ml	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	3	
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	
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	
fluoxetine hcl (pmdd)	3	QL
fluoxetine hcl oral capsule	2	
fluoxetine hcl oral capsule delayed release	3	QL
fluoxetine hcl oral solution	2	

KEY: \$0—(HCR \$0 copay) These drugs may be available at zero cost if specific requirements are met  
**7D**—7 Day limit      **MME**—Morphine milligram equivalent      **PA**—Prior authorization required  
**QL**—Quantity Limit      **SP**—Specialty medication      **ST**—Step Therapy



Drug name	Drug tier	Requirements & limits
fluoxetine hcl oral tablet 10 mg, 20 mg	3	QL
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg	4	QL
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	
<b>Tricyclics</b>		
amitriptyline hcl oral	2	
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	
<b>Antiemetics</b>		
<b>Antiemetics, other</b>		
compro	3	
metoclopramide hcl oral solution	2	
metoclopramide hcl oral tablet	2	
perphenazine oral	2	
prochlorperazine	3	
prochlorperazine maleate oral	2	
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	
<b>Antifungals</b>		
clotrimazole mouth/throat	2	
clotrimazole-betamethasone external cream	2	QL
clotrimazole-betamethasone external lotion	3	
fluconazole oral suspension reconstituted	2	
fluconazole oral tablet	2	
flucytosine oral	4	
griseofulvin microsize oral	3	
griseofulvin ultramicrosize	3	
hydrocortisone-iodoquinol	2	
ketoconazole external cream	2	QL
ketoconazole external shampoo	2	
ketoconazole oral	2	
miconazole 3	2	

Drug name	Drug tier	Requirements & limits
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	3	QL
SULCONAZOLE NITRATE	4	
terbinafine hcl oral	2	QL
voriconazole oral suspension reconstituted	4	
voriconazole oral tablet	4	QL
<b>Antigout agents</b>		
allopurinol oral	2	
COLCHICINE ORAL CAPSULE	2	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
<b>Ergot alkaloids</b>		
dihydroergotamine mesylate injection	4	QL
ergotamine-caffeine	4	
MIGERGOT	4	
<b>Serotonin (5-HT) receptor agonists</b>		
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
<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	
<b>Antituberculars</b>		
ethambutol hcl oral	2	
isoniazid oral syrup	4	
isoniazid oral tablet	2	
pyrazinamide oral	3	
rifampin oral	2	
<b>Antineoplastics</b>		
<b>Alkylating agents</b>		
cyclophosphamide oral capsule	4	
CYCLOPHOSPHAMIDE ORAL TABLET	4	

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Drug name	Drug tier	Requirements & limits
GLEOSTINE	5	SP
LEUKERAN	4	
melphalan	4	
MYLERAN	4	
temozolomide	5	PA; SP
VALCHLOR	4	PA; QL; SP
<b>Antiandrogens</b>		
abiraterone acetate	5	PA; QL; SP
bicalutamide	2	
flutamide	3	
nilutamide	4	SP
<b>Antiangiogenic agents</b>		
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	4	PA; QL; SP
lenalidomide oral capsule 2.5 mg, 20 mg	3	PA; QL; SP
REVLIMID	4	PA; QL; SP
THALOMID	4	PA; QL; SP
<b>Antiestrogens/modifiers</b>		
EMCYT	4	
tamoxifen citrate oral tablet 10 mg	2	
tamoxifen citrate oral tablet 20 mg	2	HCR \$0 Copay after prior authorization for members ages 35 and above who meet breast cancer prevention criteria.
<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
flourouracil external cream 5 %	2	QL
flourouracil external solution	2	
leucovorin calcium oral	2	
<b>Aromatase inhibitors, 3rd generation</b>		
anastrozole oral	2	HCR \$0 Copay after prior authorization for members ages 35 and above who meet breast cancer prevention criteria.
exemestane	4	

Drug name	Drug tier	Requirements & limits
letrozole oral	2	HCR \$0 Copay after prior authorization for members ages 35 and above who meet breast cancer prevention criteria.
<b>Enzyme inhibitors</b>		
etoposide oral	3	SP
<b>Molecular target inhibitors</b>		
BOSULIF	5	PA; QL; SP
CAPRELSA	5	PA; QL; SP
COMETRIQ	5	PA; QL; SP
erlotinib hcl	4	PA; QL; SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	4	PA; QL; SP
imatinib mesylate	4	PA; QL; SP
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 4 MG	5	PA; QL; SP
LENVIMA ORAL CAPSULE THERAPY PACK 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	PA; QL; SP
NEXAVAR	5	PA; QL; SP
sorafenib tosylate	5	PA; QL; SP
STIVARGA	5	PA; QL; SP
sunitinib malate	4	PA; QL; SP
ZELBORAF	5	PA; QL; SP
ZYKADIA	5	PA; QL; SP
<b>Retinoids</b>		
tretinoin oral	4	QL; SP
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
albendazole oral	4	PA; QL
ivermectin oral	2	PA; QL
praziquantel oral	4	
<b>Antiprotozoals</b>		
atovaquone	4	
atovaquone-proguanil hcl	3	
chloroquine phosphate oral	2	QL
hydroxychloroquine sulfate oral tablet 200 mg	2	QL
mefloquine hcl	2	
pentamidine isethionate inhalation	3	QL
primaquine phosphate	2	
quinine sulfate oral	3	
<b>Pediculicides/scabicides</b>		
permethrin external	2	
<b>Antiparkinson agents</b>		
<b>Anticholinergics</b>		
benztropine mesylate oral	2	
trihexyphenidyl hcl	2	
<b>Antiparkinson agents, other</b>		
amantadine hcl oral	2	
carbidopa-levodopa-entacapone	4	
entacapone	3	

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Drug name	Drug tier	Requirements & limits
<b>Dopamine agonists</b>		
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-levodopa er	2	
carbidopa-levodopa oral tablet	2	
<b>Monoamine oxidase B (MAO-B) inhibitors</b>		
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 tablet	2	QL
asenapine maleate	4	ST; QL
FANAPT	4	QL
FANAPT TITRATION PACK	4	QL
LATUDA	4	ST; 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	
risperidone oral tablet	2	
risperidone oral tablet dispersible	3	
ziprasidone hcl	2	QL
<b>Treatment-resistant</b>		
clozapine oral tablet	2	
clozapine oral tablet dispersible	4	QL
<b>Antivirals</b>		
LAGEVRIO	3	QL
PAXLOVID (150/100)	3	QL
PAXLOVID (300/100)	3	QL
<b>Anti-cytomegalovirus (CMV) agents</b>		
valganciclovir hcl	4	QL
<b>Anti-hepatitis B (HBV) agents</b>		
adefovir dipivoxil	4	SP
entecavir	3	SP
lamivudine oral tablet 100 mg	3	

Drug name	Drug tier	Requirements & limits
<b>Anti-hepatitis C (HCV) agents, other</b>		
INTRON A	5	PA; SP
<b>Anti-hepatitis C (HCV) agents</b>		
MAVYRET	5	PA; QL; SP
PEGASYS	4	PA; QL; SP
ribavirin oral	3	
SOFOSBUVIR-VELPATASVIR	4	PA; QL; SP
<b>Antiherpetic agents</b>		
acyclovir oral capsule	2	
acyclovir oral suspension	4	
acyclovir oral tablet	2	
famciclovir oral	2	QL
<b>Anti-HIV agents, integrase inhibitors (INSTI)</b>		
BIKTARVY	4	QL
GENVOYA	4	QL
ISENTRESS ORAL PACKET	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	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
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	1	QL; HCR \$0 copay after PA to prevent HIV (human immunodeficiency virus) infections in individuals who are at high risk of HIV acquisition.
lamivudine oral solution	2	QL
lamivudine oral tablet 150 mg, 300 mg	2	QL
lamivudine-zidovudine	3	QL
ODEFSEY	4	QL
stavudine	3	QL
tenofovir disoproxil fumarate	2	QL; HCR \$0 copay after prior authorization to prevent HIV (human immunodeficiency virus) infections in individuals who are at high risk of HIV acquisition.

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zidovudine oral capsule	3	QL
zidovudine oral syrup	3	QL
zidovudine oral tablet	2	QL
<b>Anti-HIV agents, protease inhibitors</b>		
APTIVUS	4	QL
atazanavir sulfate	4	QL
fosamprenavir calcium	4	QL
KALETRA ORAL TABLET	4	QL
LEXIVA ORAL SUSPENSION	4	QL
lopinavir-ritonavir	4	QL
NORVIR ORAL PACKET	4	QL
NORVIR ORAL SOLUTION	4	QL
PREZISTA	4	QL
REYATAZ ORAL PACKET	4	QL
ritonavir	4	QL
VIRACEPT	4	QL
<b>Anti-influenza agents</b>		
oseltamivir phosphate oral	3	QL
rimantadine hcl	2	
<b>Anxiolytics</b>		
<b>Anxiolytics, other</b>		
bupirone hcl oral	2	
hydroxyzine hcl oral	2	
hydroxyzine pamoate oral	2	
<b>Benzodiazepines</b>		
alprazolam oral tablet	2	QL
chlordiazepoxide hcl	2	
clonazepam oral tablet	2	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	
<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	
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 FASTCLIX LANCETS	3	
ACCU-CHEK GUIDE CONTROL	3	QL
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK SAFE-T PRO LANCETS	3	
ACCU-CHEK SMARTVIEW CONTROL	3	QL

Drug name	Drug tier	Requirements & limits
ACCU-CHEK SMARTVIEW TEST STRIPS	3	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	3	QL
ACCU-CHEK SOFTCLIX LANCETS	3	
AUTOLET LANCING DEVICE	3	QL
CARETOUCH CONTROL SOL LEVEL 2	3	QL
CARETOUCH LANCING/EJECTOR	3	QL
CARETOUCH TWIST MC LANCETS 30G	3	
CHEMSTRIP K	3	
CHEMSTRIP MICRAL	3	
CHEMSTRIP UGK	3	
CONTOUR CONTROL SOLUTION	3	QL
CONTOUR NEXT CONTROL SOLUTION	3	QL
CVS KETONE CARE	3	
EASYMAX 15 LEVEL 2-3 CONTROL	3	QL
EASYMAX CONTROL	3	QL
GLUCOSE CONTROL SOLUTIONS	3	QL
FORTISCARE CONTROL	3	QL
KETO-DIASTIX	3	
KETONE TEST	3	
KETOSTIX	3	
LANCETS	3	
MICROLET NEXT LANCING DEVICE	3	QL
NOVOPEN ECHO	3	
ONETOUCH CLUB LANCETS FINE PT	3	
ONETOUCH DELICA LANCETS 30G	3	
ONETOUCH DELICA LANCETS 33G	3	
ONETOUCH DELICA LANCING DEV	3	QL
ONETOUCH DELICA PLUS LANCET30G	3	
ONETOUCH DELICA PLUS LANCET33G	3	
ONETOUCH DELICA PLUS LANCING	3	QL
ONETOUCH FINEPOINT LANCETS	3	
ONETOUCH ULTRA TEST STRIPS	3	QL
ONETOUCH ULTRA 2 KIT W/DEVICE	3	QL
ONETOUCH ULTRA MINI KIT W/DEVICE	3	QL
ONETOUCH ULTRASOFT LANCETS	3	
ONETOUCH VERIO KIT W/DEVICE	3	QL
ONETOUCH VERIO FLEX SYSTEM	3	QL
ONETOUCH VERIO IN VITRO SOLUTION HIGH	3	QL
ONETOUCH VERIO TEST STRIPS	3	QL
ONETOUCH VERIO IQ SYSTEM	3	QL
ONETOUCH VERIO REFLECT KIT W/DEVICE	3	QL
SURESTEP PRO HIGH GLUCOSE	3	QL
SURESTEP PRO LOW GLUCOSE	3	QL
SURESTEP PRO NORMAL GLUCOSE	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

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Drug name	Drug tier	Requirements & limits
<b>Blood glucose regulators</b>		
<b>Antidiabetic agents</b>		
acarbose oral	2	QL
BYDUREON BCISE AUTOINJECTOR	3	QL
FARXIGA	3	QL
glimepiride	2	QL
glipizide er	2	QL
glipizide ir	2	QL
glipizide xl	2	QL
glyburide oral	2	QL
JARDIANCE	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
ONGLYZA	3	QL
pioglitazone hcl	2	QL
repaglinide oral tablet 1 mg, 2 mg	2	QL
SYNJARDY	3	QL
SYNJARDY XR	3	QL
TRADJENTA	3	QL
TRULICITY	3	QL
XIGDUO XR	3	QL
<b>Glycemic agents</b>		
diazoxide oral	4	
GLUCAGEN HYPOKIT	3	QL
glucagon emergency kit 1 mg injection 1 mg	3	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	3	QL
GLUCAGON EMERGENCY KIT	3	QL
<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 LISPRO	3	QL
INSULIN LISPRO (1 UNIT DIAL)	3	QL
INSULIN LISPRO JUNIOR KWIKPEN	3	QL
INSULIN LISPRO PROT & LISPRO	3	QL
<b>Blood products and modifiers</b>		
<b>Anticoagulants</b>		
dabigatran etexilate mesylate	3	QL

Drug name	Drug tier	Requirements & limits
ELIQUIS	3	QL
ELIQUIS DVT/PE STARTER PACK	3	QL
fondaparinux sodium	4	QL
heparin sodium (porcine)	2	
heparin sodium (porcine) pf	2	
jantoven	2	
PRADAXA	3	QL
warfarin sodium oral	2	
<b>Blood formation modifiers</b>		
anagrelide hcl	4	
MOZOBIL	5	SP
PROMACTA	5	PA; QL; SP
RETACRIT	4	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	
THROMBOGEN	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
<b>Cardiovascular agents</b>		
<b>Alpha-adrenergic agonists</b>		
clonidine hcl oral	2	
guanfacine hcl	2	QL
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>		
irbesartan	2	QL
losartan potassium oral	2	QL
olmesartan medoxomil oral	2	QL
valsartan oral tablet	2	QL
<b>Angiotensin-converting enzyme (ACE) inhibitors</b>		
benazepril hcl oral	2	QL
enalapril maleate oral tablet	2	QL
lisinopril oral	2	QL
<b>Antiarrhythmics</b>		
amiodarone hcl oral	2	
disopyramide phosphate	3	
dofetilide	4	QL
flecainide acetate	2	
MULTAQ	4	PA; QL
NORPACE CR	3	

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Drug name	Drug tier	Requirements & limits
PACERONE ORAL TABLET 200 MG	2	
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>		
atenolol 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	
propranolol hcl oral solution	2	
propranolol hcl oral tablet	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	
matzim la	2	
nimodipine oral	4	
NYMALIZE	3	
taztia xt	2	
tiadyt 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
BIDIL	3	QL
bisoprolol-hydrochlorothiazide	2	QL
candesartan cilexetil-hctz	3	QL
digitek oral tablet 125 mcg	2	
digitek oral tablet 250 mcg	2	
digoxin oral solution	3	
digoxin oral tablet 125 mcg	2	
digoxin oral tablet 250 mcg	2	
EDARBYCLOR	4	QL
enalapril-hydrochlorothiazide	2	QL
ENTRESTO	4	PA; QL
fosinopril sodium-hctz	2	QL
irbesartan-hydrochlorothiazide	2	QL

Drug name	Drug tier	Requirements & limits
isosorb dinitrate-hydralazine	3	QL
lisinopril-hydrochlorothiazide	2	QL
losartan potassium-hctz	2	QL
pentoxifylline er	2	
quinapril-hydrochlorothiazide	2	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	
furosemide oral	2	
toremide	2	
<b>Diuretics, potassium-sparing</b>		
amiloride hcl oral	2	
CAROSPIR	4	PA
eplerenone	3	
spironolactone oral	2	
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; HCR \$0 Copay for members between ages 40 to 75.
atorvastatin calcium oral tablet 40 mg, 80 mg	2	QL
lovastatin oral	2	QL; HCR \$0 Copay for members between ages 40 to 75.
pravastatin sodium	2	QL
rosuvastatin calcium	2	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	2	QL; HCR \$0 Copay for members between ages 40 to 75.
simvastatin oral tablet 80 mg	2	QL
<b>Dyslipidemics, other</b>		
cholestyramine light	3	
cholestyramine oral	3	
colesevelam hcl	3	
ezetimibe	2	QL

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Drug name	Drug tier	Requirements & limits
prevalite	3	
<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	
NITROMIST	4	QL
NITRO-TIME	2	
<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-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
<b>Attention deficit hyperactivity disorder agents, non-amphetamines</b>		
atomoxetine hcl	3	QL
dexmethylphenidate hcl	2	PA; QL
methylphenidate hcl oral tablet	2	PA; QL
<b>Central nervous system, other</b>		
caffeine citrate oral	2	
riluzole	4	SP
tetrabenazine	5	PA; QL; SP
<b>Fibromyalgia agents</b>		
pregabalin oral capsule	2	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
glatiramer acetate	4	PA; QL; SP
glatopa	4	PA; QL; SP
<b>Dental and oral agents</b>		
chlorhexidine gluconate mouth/throat	2	
DEBACTEROL	3	
oralone	2	
periogard	2	
triamcinolone acetonide mouth/throat	2	
<b>Dermatological agents</b>		
accutane	4	
acitretin	4	
ammonium lactate external cream	2	
amnestem	4	

Drug name	Drug tier	Requirements & limits
ARZOL SILVER NIT APPLICATORS	2	
azelaic acid external	4	QL
benzoyl peroxide-erythromycin	3	QL
calcipotriene external cream	4	QL
calcipotriene external ointment	4	QL
calcipotriene external solution	3	QL
calcitriol external	4	QL
cerovel	2	
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
coal tar external	4	
EPIFOAM	3	
ery	2	
erythromycin external	3	
ESKATA	3	
GORDOFILM	3	
hydrocortisone ace-pramoxine external cream 2.5-1 %	3	
imiquimod external cream 5 %	2	QL
INOVA 4/1 ACNE CONTROL THERAPY	4	
INOVA 8/2 ACNE CONTROL THERAPY	4	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	
metronidazole external cream	3	
metronidazole external gel 0.75 %	3	
metronidazole external lotion	3	
myorisan	4	
podocon-25	2	
podofilox external	2	
PRAMOSONE EXTERNAL CREAM 1-2.5 %	4	
PRAMOSONE EXTERNAL LOTION	3	
PRAMOSONE EXTERNAL OINTMENT 1-1 %	3	
pramox	2	
PYROGALLIC ACID	3	
rosadan external cream	3	
rosadan external gel	3	
salicylic acid external solution	2	
SCALACORT DK	4	
selenium sulfide external lotion	2	
selenium sulfide external shampoo 2.25 %	2	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA; QL; SP
sulfacetamide sodium (acne)	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
TAZORAC EXTERNAL GEL	4	PA; QL

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7D—7 Day limit

MME—Morphine milligram equivalent

PA—Prior authorization required

QL—Quantity Limit

SP—Specialty medication

ST—Step Therapy





Drug name	Drug tier	Requirements & limits
urea external cream 40 %, 45 %	2	
urea external lotion	2	
urea nail	2	
UREMEZ-40	2	
zenatane	4	
<b>Electrolytes/minerals/metals/vitamins</b>		
<b>Electrolyte/mineral replacement</b>		
cytra k crystals	2	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	
effer-k oral tablet effervescent 25 meq	2	
FLORIVA ORAL LIQUID	1	HCR \$0 copay for members ages 0 to 16 years.
fluoritab	1	HCR \$0 copay for members ages 0 to 16 years.
GALZIN	4	
hematinic/folic acid	2	
hemocyte-f	2	
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-PHOS	3	
K-PHOS NO 2	3	
K-PHOS-NEUTRAL	3	
k-prime	2	
levocarnitine oral solution	3	
levocarnitine oral tablet	2	
levocarnitine sf	3	
nafrinse	1	HCR \$0 copay for members ages 0 to 16 years.
nafrinse drops	1	HCR \$0 copay for members ages 0 to 16 years.
ORACIT	3	
PHOSPHA 250 NEUTRAL	2	
phosphorous	2	
phospho-trin 250 neutral	2	
PHOSPHO-TRIN K500	3	
pot & sod cit-cit ac	2	
potassium chloride crys er	2	
potassium chloride er	2	
potassium chloride oral packet	4	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	2	
potassium citrate er	3	
potassium citrate-citric acid	2	
sod citrate-citric acid	2	

Drug name	Drug tier	Requirements & limits
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	HCR \$0 copay for members ages 0 to 16 years.
sodium fluoride oral tablet	1	HCR \$0 copay for members ages 0 to 16 years.
sodium fluoride oral tablet chewable	1	HCR \$0 copay for members ages 0 to 16 years.
tricitrates	2	
WILZIN	4	
<b>Electrolyte/mineral/metal modifiers</b>		
CHEMET	3	
deferasirox oral tablet	4	PA; SP
deferasirox oral tablet soluble	4	PA; SP
sodium polystyrene sulfonate	2	
sps	2	
<b>Phosphate binders</b>		
AURYXIA	4	
calcium acetate (phos binder)	2	
calcium acetate oral tablet 667 mg	2	
sevelamer carbonate	4	
sevelamer hcl	4	
<b>Vitamins</b>		
ATABEX OB	3	
CITRANATAL BLOOM	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
PREMESISRX	3	
PRENAISSANCE	3	
prenatal oral tablet 27-1 mg	2	
prenatal plus vitamin/mineral	2	
prenatal vitamin plus low iron	2	
PRENATE	3	
PRENATE DHA	3	
PRENATE ELITE	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL	3	
PRENATE MINI	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRIMACARE	3	
RELNATE DHA	3	
TRINATE	3	
TRISTART DHA	3	

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Drug name	Drug tier	Requirements & limits
TRISTART ONE	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	
WESNATE DHA	3	
WESTAB PLUS	3	
WESTGEL DHA	3	
<b>Gastrointestinal agents</b>		
<b>Antispasmodics, gastrointestinal</b>		
belladonna alkaloids-opium	2	MME; 7D
dicyclomine hcl oral capsule	2	
dicyclomine hcl oral solution	3	
dicyclomine hcl oral tablet	2	
ED-SPAZ	2	
glycopyrrolate oral tablet 1 mg, 2 mg	2	
hyoscyamine sulfate er	2	
hyoscyamine sulfate oral	2	
hyoscyamine sulfate sl	2	
hyoscyamine sulfate sublingual	2	
hyosyne	2	
OSCIMIN SUBLINGUAL	2	
<b>Gastrointestinal agents, other</b>		
alvimopan	4	
cromolyn sodium oral	4	
diphenoxylate-atropine oral tablet	2	
loperamide hcl oral capsule	2	
opium	4	QL
ursodiol oral capsule 300 mg	4	
ursodiol oral tablet	3	
<b>Histamine2 (H2) receptor antagonists</b>		
cimetidine hcl	2	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	2	
famotidine oral suspension reconstituted	3	
famotidine oral tablet 20 mg, 40 mg	2	
<b>Irritable bowel syndrome agents</b>		
LINZESS	3	PA; QL
<b>Laxatives</b>		
bisacodyl ec	1	QL
citroma	1	QL
clearlax	1	QL
constulose	2	
enulose	2	
gavilax oral powder	1	QL

Drug name	Drug tier	Requirements & limits
gavilyte-c	2	QL; HCR \$0 Copay after prior authorization if taken to prepare for a preventive colonoscopy.
gavilyte-g	2	QL; HCR \$0 Copay after prior authorization if taken to prepare for a preventive colonoscopy.
generlac	2	
gentle laxative oral	1	QL
gentlelax	1	QL
glycolax	1	QL
lactulose encephalopathy	2	
lactulose oral solution	2	
magnesium citrate oral solution	1	QL
mm clearlax	1	QL
peg 3350-kcl-na bicarb-nacl	2	QL; HCR \$0 Copay after prior authorization if taken to prepare for a preventive colonoscopy.
peg-3350/electrolytes	2	QL; HCR \$0 Copay after prior authorization if taken to prepare for a preventive colonoscopy.
peg-prep	2	HCR \$0 Copay after prior authorization if taken to prepare for a preventive colonoscopy.
polyethylene glycol 3350 oral powder	1	QL
qc magnesium citrate	1	QL
<b>Protectants</b>		
misoprostol oral	2	
sucrafate oral suspension	4	
sucrafate oral tablet	2	
<b>Proton pump inhibitors</b>		
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
<b>Genetic or enzyme disorder: replacement, modifiers, treatment</b>		
CYSTAGON	5	SP
<b>Genitourinary agents</b>		
<b>Antispasmodics, urinary</b>		
HYOPHEN	2	
oxybutynin chloride er	2	QL
oxybutynin chloride oral	2	
tolterodine tartrate	2	ST
URIMAR-T	3	

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Drug name	Drug tier	Requirements & limits
urin ds	2	
URO-MP	2	
USTELL	2	
<b>Benign prostatic hypertrophy agents</b>		
alfuzosin hcl er	2	
finasteride oral tablet 5 mg	2	
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	
phenazo oral tablet 200 mg	2	
phenazopyridine hcl oral tablet 100 mg, 200 mg	2	
PYRIDIUM	4	
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	
ala-cort external cream 2.5 %	2	
alclometasone dipropionate	2	
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
desonide external cream	2	QL
desonide external lotion	3	QL
desonide external ointment	2	QL
desoximetasone external cream	3	QL
desoximetasone external gel	4	QL
desoximetasone external ointment	3	QL
dexamethasone intensol	2	
dexamethasone oral elixir	2	
dexamethasone oral solution	2	
dexamethasone oral tablet	2	
dexamethasone oral tablet therapy pack	2	
EMFLAZA	5	PA; SP
fludrocortisone acetate oral	2	
fluocinolone acetonide body	3	QL
fluocinolone acetonide external cream	2	QL

Drug name	Drug tier	Requirements & limits
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
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	
NUCORT	4	
prednisolone oral	2	
prednisolone sodium phosphate oral solution	2	
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	
desmopressin ace spray refrig	3	
desmopressin acetate injection	4	
desmopressin acetate oral	2	
desmopressin acetate pf	4	
desmopressin acetate spray	3	
INCRELEX	5	PA; QL; SP
<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	

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Drug name	Drug tier	Requirements & limits
METHITEST	3	
methyltestosterone oral	4	
oxandrolone oral	4	QL
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	
ANGELIQ	4	
apri	1	
aranelle	1	
aubra	1	
aubra eq	1	
aurovela 1.5/30	1	
aurovela 24 fe	1	
aurovela fe 1.5/30	1	
aurovela fe 1/20	1	
aviane	1	
ayuna	1	
azurette	1	
balziva	1	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
blisovi fe 1/20	1	
briellyn	1	
camrese lo	1	
chateal	1	
chateal eq	1	
CLIMARA PRO	4	QL
COMBIPATCH	4	QL
COVARYX	2	
COVARYX HS	2	
cryselle-28	1	
cyred	1	
cyred eq	1	
dasetta 1/35	1	
dasetta 7/7/7	1	
delyla	1	
DEPO-ESTRADIOL	4	
desogestrel-ethinyl estradiol	1	
drospirenone-ethinyl estradiol	1	
EEMT	2	
EEMT HS	2	
elinest	1	
eluryng	1	
enpresse-28	1	
enskyce	1	
est estrogens-methyltest	2	
est estrogens-methyltest ds	2	
est estrogens-methyltest hs	2	

Drug name	Drug tier	Requirements & limits
estarylla	1	
estradiol oral	2	
estradiol transdermal patch weekly	2	QL
estradiol vaginal tablet	3	QL
estradiol valerate intramuscular	2	
estradiol-norethindrone acet	3	
ethynodiol diac-eth estradiol	1	
etonogestrel-ethinyl estradiol	1	
falmina	1	
femynor	1	
fyavolv	3	
hailey 1.5/30	1	
hailey 24 fe	1	
hailey fe 1.5/30	1	
hailey fe 1/20	1	
iclevia	1	
introvale	1	
isibloom	1	
jasmiel	1	
jinteli	3	
jolessa	1	
juleber	1	
junel 1.5/30	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
junel fe 24	1	
kalliga	1	
kariva	1	
kelnor 1/35	1	
kelnor 1/50	1	
kurvelo	1	
larin 1.5/30	1	
larin 24 fe	1	
larin fe 1.5/30	1	
larin fe 1/20	1	
leena	1	
lessina	1	
levonest	1	
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 mg	1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	
levonorg-eth estrad triphasic	1	
levora 0.15/30 (28)	1	
lojaimiess	1	
loryna	1	
low-ogestrel	1	
lo-zumandimine	1	
lutera	1	
marlissa	1	
microgestin 1.5/30	1	
microgestin 24 fe	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
mili	1	
mimvey	3	

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Drug name	Drug tier	Requirements & limits
mono-linyah	1	
NATAZIA	1	
necon 0.5/35 (28)	1	
nikki	1	
norethin ace-eth estrad-fe oral tablet	1	
norethindrone acet-ethinyl est oral tablet 1.5-30 mg-mcg	1	
norethindrone-eth estradiol	3	
norethindron-ethinyl estrad-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	
pirmella 1/35	1	
pirmella 7/7/7	1	
portia-28	1	
PREFEST	3	
PREMPHASE	4	QL
reclipsen	1	
setlakin	1	
simliya	1	
sprintec 28	1	
sronyx	1	
syeda	1	
tarina 24 fe	1	
tarina fe 1/20	1	
tarina fe 1/20 eq	1	
tilia fe	1	
tri femynor	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	
velivet	1	
vestura	1	
vienva	1	
vioarele	1	

Drug name	Drug tier	Requirements & limits
volnea	1	
vyfemla	1	
vylibra	1	
wera	1	
xulane	1	
yuvafem	3	QL
zafemy	1	
zovia 1/35 (28)	1	
zumandimine	1	
<b>Progestins</b>		
aftera	1	
camila	1	
deblitane	1	
DEPO-SUBQ PROVERA 104	1	QL
econtra ez	1	
econtra one-step	1	
ELLA	1	QL
errin	1	
heather	1	
incassia	1	
jencycla	1	
KYLEENA	1	
levonorgestrel	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	
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	
react	1	
sharobel	1	
take action	1	
<b>Selective estrogen receptor modifying agents</b>		
OSPHENA	4	PA; QL

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Drug name	Drug tier	Requirements & limits
raloxifene hcl	2	QL; HCR \$0 Copay after prior authorization for members ages 35 and above who meet breast cancer prevention criteria.

### 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	
np thyroid	2	
unithroid	2	

### Hormonal agents, suppressant (adrenal)

LYSODREN	4	
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### Hormonal agents, suppressant (pituitary)

leuprolide acetate injection	5	PA; SP
octreotide acetate	4	PA; SP
SYNAREL	3	

### Hormonal agents, suppressant (thyroid)

#### Antithyroid agents

methimazole oral	2	
propylthiouracil oral	2	

### Immunological agents

#### Angioedema agents

BERINERT	4	PA; QL; SP
RUCONEST	4	PA; QL; SP

#### Immune suppressants

azathioprine oral tablet 50 mg	2	
CIMZIA	5	PA; QL; SP
CIMZIA PREFILLED KIT	5	PA; QL; SP
CIMZIA STARTER KIT	5	PA; QL; SP
cyclosporine modified	4	
cyclosporine oral	4	
gengraf	4	
HUMIRA	5	PA; QL; SP
HUMIRA PEDIATRIC CROHNS START	5	PA; QL; SP
HUMIRA PEN	5	PA; QL; SP
HUMIRA PEN-CD/UC/HS STARTER	5	PA; QL; SP
HUMIRA PEN-PEDIATRIC UC START	5	PA; QL; SP
HUMIRA PEN-PS/UV/ADOL HS START	5	PA; QL; SP
HUMIRA PEN-PSOR/UEVIT STARTER	5	PA; QL; SP
methotrexate oral	2	
methotrexate sodium	2	
methotrexate sodium (pf)	2	
mycophenolate mofetil oral capsule	3	
mycophenolate mofetil oral tablet	3	
mycophenolate sodium	4	
SANDIMMUNE ORAL SOLUTION	4	
SIMPONI	5	PA; QL; SP

Drug name	Drug tier	Requirements & limits
sirolimus oral	4	
SKYRIZI (150 MG DOSE)	5	PA; QL; SP
SKYRIZI PEN	5	PA; QL; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL; SP
tacrolimus oral	2	

### Immunomodulators

ACTEMRA ACTPEN	5	PA; QL; SP
ACTEMRA SUBCUTANEOUS	5	PA; QL; SP
ACTIMMUNE	4	PA; QL; SP
ALFERON N	5	SP
leflunomide oral	4	
OTEZLA	4	PA; QL; SP
RINVOQ	5	PA; QL; SP

### Vaccines

ACTHIB	1	QL
ADACEL	1	QL; HCR \$0 copay for members 7 years of age or older.
AFLURIA QUADRIVALENT	1	QL
BEXSERO	1	QL; HCR \$0 copay for members 9 years of age or older.
BOOSTRIX	1	QL; HCR \$0 copay for members 7 years of age or older.
COMIRNATY	1	QL
ENGERIX-B INJECTION SUSPENSION	1	QL
FLUAD QUADRIVALENT	1	QL; HCR \$0 copay for members 65 years of age or older.
FLUARIX QUADRIVALENT	1	QL
FLUBLOK QUADRIVALENT	1	QL
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	1	QL; HCR \$0 copay for members between age of 2 to 49.
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	QL
FLULAVAL QUADRIVALENT	1	QL
FLUMIST QUADRIVALENT	1	QL; HCR \$0 copay for members between age of 2 to 49.
FLUZONE HIGH-DOSE QUADRIVALENT	1	QL; HCR \$0 copay for members 65 years of age or older.
FLUZONE QUADRIVALENT	1	QL

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Drug name	Drug tier	Requirements & limits
GARDASIL 9	1	QL; HCR \$ 0 copay for members between ages of 9 to 45.
HAVRIX	1	QL
HEPLISAV-B	1	QL; HCR \$ 0 copay for members 18 years of age or older.
HIBERIX	1	QL
IPOL	1	QL
JANSSEN COVID-19 VACCINE	1	QL
MENACTRA	1	QL
MENQUADFI	1	QL
MENVEO	1	QL
M-M-R II	1	QL
MODERNA COVID-19 VACC 6M-5Y	1	QL
MODERNA COVID-19 VACCINE	1	QL
NOVAVAX COVID-19 VACCINE	1	QL
PEDVAX HIB	1	QL
PFIZER COVID-19 VAC BIVALENT	1	QL
PFIZER COVID-19 VAC-TRIS 5-11Y	1	QL
PFIZER COVID-19 VAC-TRIS 6M-4Y	1	QL
PFIZER-BIONT COVID-19 VAC-TRIS	1	QL
PFIZER-BIONTECH COVID-19 VACC	1	QL
PNEUMOVAX 23	1	QL; HCR \$ 0 copay for members 2 years of age or older.
PREHEVBRIO	1	QL; HCR \$ 0 copay for members 18 years of age or older.
PREVNAR 13	1	QL
PREVNAR 20	1	QL
RECOMBIVAX HB INJECTION SUSPENSION	1	QL
SHINGRIX	1	QL; HCR \$ 0 copay for members 50 years of age or older.
SPIKEVAX COVID-19 VACCINE	1	QL
TENIVAC	1	QL; HCR \$ 0 copay for members 7 years of age or older.
TRUMENBA	1	QL; HCR \$ 0 copay for members 9 years of age or older.
TWINRIX	1	QL; HCR \$ 0 copay for members 18 years of age or older.
VAQTA	1	QL

Drug name	Drug tier	Requirements & limits
VARIVAX	1	QL
VAXNEUVANCE	1	QL
<b>Inflammatory bowel disease agents</b>		
<b>Aminosalicylates</b>		
balsalazide disodium	3	
mesalamine er oral capsule 0.375 gm	3	QL
mesalamine rectal suppository	4	QL
<b>Glucocorticoids</b>		
ANALPRAM-HC EXTERNAL LOTION	4	
anucort-hc	2	
budesonide oral	4	
CORTIFOAM	3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	2	
hydrocortisone (perianal) external cream 2.5 %	2	
hydrocortisone ace-pramoxine external cream 1-1 %	3	
hydrocortisone acetate rectal	2	
hydrocortisone rectal	3	
hydrocort-pramoxine (perianal)	3	
PROCTOFOAM HC	3	
procto-med hc	2	
proctosol hc	2	
proctozone-hc	2	
UCERIS RECTAL	3	
<b>Sulfonamides</b>		
AZULFIDINE EN-TABS	4	
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	2	QL
calcitonin (salmon) injection	4	
calcitonin (salmon) nasal	2	QL
calcitriol oral capsule	2	
MIACALCIN	4	
NATPARA	5	PA; QL; SP
paricalcitol oral capsule 4 mcg	3	
<b>Miscellaneous therapeutic agents</b>		
AEROCHAMBER PLUS FLO-VU	3	
ALCOHOL PREP PADS PAD , 70 %	3	
ARTISS	4	
ASTRINGYN	4	
AUM MINI INSULIN PEN NEEDLE	3	
AUM READYGARD DUO PEN NEEDLE	3	
AUM SAFETY PEN NEEDLE	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	

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Drug name	Drug tier	Requirements & limits
CONDOMS	1	QL
COVID-19 AT-HOME TEST	3	
COVID-19 RAPID SELF TEST KIT	3	
DIATRUST COVID-19 HOME TEST	3	
DROPSAFE ALCOHOL PREP	3	
EASIVENT	3	
ELLUME COVID-19 HOME TEST	3	
ENFAGROW PREMIUM TODDLER GENTL	4	
ENFAMIL GENTLEASE ORAL POWDER	4	
ENFAMIL INFANT ORAL POWDER	4	
ENFAMIL NEUROPRO GENTLEASE ORAL POWDER	4	
ENFAMIL NEUROPRO INFANT ORAL PACKET	4	
ENFAMIL NEUROPRO INFANT ORAL POWDER	4	
ENFAMIL NEUROPRO SENSITIVE	4	
ENFAMIL NUTRAMIGEN PROBIOT LGG	4	
ENU PRO3 PLUS	4	
EQUACARE JR	4	
ergoloid mesylates oral	4	
ESSENTIAL CARE JR	4	
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 29G X 12.7MM , 29G X 12MM , 29G X 5MM , 29G X 8MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	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" 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
methylergonovine 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	
PILOT COVID-19 AT-HOME TEST	3	

Drug name	Drug tier	Requirements & limits
PREMIUM CONDOMS LUBRICATED	1	QL
PURAMINO DHA/ARA	4	
QUICKVUE AT-HOME COVID-19 TEST	3	
SAFETY PEN NEEDLES 30G X 8 MM	3	
SHARPS CONTAINER	3	
TISSEEL EXTERNAL KIT	4	
TYROS 2	4	
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>		
gentak	2	
gentamicin sulfate ophthalmic	2	
neomycin-polymyxin-gramicidin	2	
tobramycin ophthalmic	2	
tobramycin-dexamethasone	3	
<b>Antibacterials, other</b>		
ak-poly-bac	2	
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>Antiherpetic agents</b>		
trifluridine	3	
<b>Macrolides</b>		
erythromycin ophthalmic	2	
<b>Ophthalmic agents, other</b>		
AKTEN	4	
ALTACAINE	2	
atropine sulfate ophthalmic ointment	2	
atropine sulfate ophthalmic solution 1 %	2	
BLEPHAMIDE S.O.P.	3	
cyclopentolate hcl ophthalmic	2	
homatropaire	2	
ISOPTO ATROPINE	4	
MITOSOL	4	
PRED-G	4	

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Drug name	Drug tier	Requirements & limits
PRED-G S.O.P.	4	
proparacaine hcl ophthalmic	2	
sulfacetamide-prednisolone	2	
tetracaine hcl ophthalmic	2	
ZYLET	4	
<b>Ophthalmic anti-allergy agents</b>		
altafrin	2	
azelastine hcl ophthalmic	2	
cromolyn sodium ophthalmic	2	
CYCLOMYDRIL	4	
phenylephrine hcl ophthalmic	2	
<b>Ophthalmic antiglaucoma agents</b>		
betaxolol hcl ophthalmic	2	
brimonidine tartrate ophthalmic	3	QL
brimonidine tartrate-timolol	3	QL
carteolol hcl	2	
COMBIGAN	3	QL
dorzolamide hcl ophthalmic	2	
dorzolamide hcl-timolol mal	2	QL
levobunolol hcl	2	
pilocarpine hcl ophthalmic	2	
SIMBRINZA	4	QL
timolol maleate (once-daily)	2	
timolol maleate oculosol	3	
timolol maleate ophthalmic gel forming solution	3	
timolol maleate ophthalmic solution	2	
timolol maleate pf	3	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %	3	
<b>Ophthalmic anti-inflammatories</b>		
diclofenac sodium ophthalmic	2	
fluorometholone	2	
flurbiprofen sodium	2	
ketorolac tromethamine ophthalmic	2	
LOTEMAX OPHTHALMIC OINTMENT	4	
LOTEMAX SM	4	QL
loteprednol etabonate ophthalmic suspension	4	QL
<b>Ophthalmic prostaglandin and prostamide analogs</b>		
latanoprost ophthalmic	2	
<b>Quinolones</b>		
ciprofloxacin hcl ophthalmic	2	
levofloxacin ophthalmic solution 0.5 %	2	
moxifloxacin hcl (2x day)	2	
moxifloxacin hcl ophthalmic solution	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	

Drug name	Drug tier	Requirements & limits
cortic-nd	2	
CORTISPORIN-TC	4	
flac	3	
fluocinolone acetonide otic	3	
hydrocortisone-acetic acid	3	
neomycin-polymyxin-hc otic	2	
ofloxacin otic	2	
<b>Respiratory tract/pulmonary agents</b>		
<b>Antihistamines</b>		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	QL
clemastine fumarate oral tablet 2.68 mg	2	
cyproheptadine hcl oral	2	
levocetirizine dihydrochloride oral tablet	2	QL
promethazine hcl oral	2	
promethazine hcl rectal	3	QL
promethazine vc	2	
promethazine-phenylephrine	2	
promethegan	3	QL
<b>Anti-inflammatories, inhaled corticosteroids</b>		
ARNUITY ELLIPTA	3	QL
BEVESPI AEROSPHERE	3	QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	4	QL
budesonide inhalation	3	QL
BUDESONIDE-FORMOTEROL FUMARATE	4	QL
DULERA	3	QL
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	3	QL
FLOVENT HFA	3	QL
flunisolide nasal	2	
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	4	QL
FLUTICASONE PROPIONATE HFA	3	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
SYMBICORT	4	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
<b>Bronchodilators, anticholinergic</b>		
ATROVENT HFA	4	QL

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Drug name	Drug tier	Requirements & limits
ipratropium bromide inhalation	2	
ipratropium bromide nasal	2	
SPIRIVA HANDIHALER	3	QL
SPIRIVA RESPIMAT	3	QL
<b>Bronchodilators, sympathomimetic</b>		
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	3	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	QL
albuterol sulfate inhalation	2	
albuterol sulfate oral	3	
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	4	QL
STRIVERDI RESPIMAT	3	QL
SYMJEPI	3	QL
terbutaline sulfate oral	4	
VENTOLIN HFA	3	QL
<b>Cystic fibrosis agents</b>		
ORKAMBI ORAL PACKET	4	PA; QL; SP
ORKAMBI ORAL TABLET	5	PA; QL; SP
PULMOZYME	5	PA; QL; SP
tobramycin nebulization solution 300 mg/5ml inhalation	4	PA; QL; SP
<b>Mast cell stabilizers</b>		
cromolyn sodium inhalation	3	
<b>Phosphodiesterase inhibitors, airways disease</b>		
elixophyllin	3	
theophylline er	2	
theophylline oral solution	3	
<b>Pulmonary antihypertensives</b>		
ambrisentan	5	PA; QL; SP
bosentan	5	PA; QL; SP
ORENITRAM	4	PA; QL; SP
sildenafil citrate oral suspension reconstituted	3	PA; QL; SP
sildenafil citrate oral tablet 20 mg	3	PA; QL; SP
TRACLEER 32 MG	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>		
ESBRIET	4	PA; QL; SP
pirfenidone	4	PA; QL; SP
<b>Respiratory tract agents, other</b>		
acetylcysteine inhalation	2	
ADRENALIN NASAL	3	
benzonatate oral capsule 100 mg, 200 mg	2	
GILPHEX TR	4	
guaifenesin ac	2	QL
guaifenesin ac	2	QL
guaifenesin-codeine	2	QL

Drug name	Drug tier	Requirements & limits
hydrocodone bit-homatrop mbr	2	PA; QL
hydromet	2	PA; QL
HYPERSAL	3	
ipratropium-albuterol	2	
maxi-tuss ac	2	QL
NEBUSAL	4	
potassium iodide oral	4	
promethazine vc/codeine	2	PA; QL
promethazine-codeine	2	PA; QL
promethazine-dm	2	
promethazine-phenyleph-codeine	2	PA; QL
pseudoephedrine-bromphen-dm	2	
sodium chloride inhalation	2	
SSKI	4	
<b>Skeletal muscle relaxants</b>		
baclofen oral tablet	2	
cyclobenzaprine hcl oral	2	
metaxalone oral tablet 400 mg	3	
methocarbamol oral tablet 500 mg, 750 mg	2	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	2	
<b>Sleep disorder agents</b>		
<b>GABA receptor modulators</b>		
flurazepam hcl	2	QL
temazepam	2	QL
triazolam	2	QL
zolpidem tartrate oral	2	QL
<b>Sleep disorders, other</b>		
doxepin hcl oral tablet	2	QL
<b>Wakefulness promoting agents</b>		
armodafinil	2	PA; QL

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atovaquone-proguanil hcl. . . . .	11	betamethasone dipropionate external	19	buprenorphine hcl sublingual . . . . .	8
atropine sulfate ophthalmic ointment	24	betamethasone valerate external		bupropion hcl er (smoking det) . . . . .	8
atropine sulfate ophthalmic solution		cream . . . . .	19	bupropion hcl er (sr) . . . . .	9
1 % . . . . .	24	betamethasone valerate external		bupropion hcl er (xl) oral tablet	
ATROVENT HFA . . . . .	25	lotion . . . . .	19	extended release 24 hour 150 mg,	
aubra. . . . .	20	betamethasone valerate external		300 mg . . . . .	9
aubra eq . . . . .	20	ointment . . . . .	19	bupropion hcl oral . . . . .	9
AUM MINI INSULIN PEN NEEDLE . . . . .	23	BETASERON . . . . .	16	bupropion hcl oral . . . . .	13
AUM READYGARD DUO PEN		betaxolol hcl ophthalmic. . . . .	25	butalbital-acetaminophen oral	
NEEDLE . . . . .	23	bethanechol chloride oral. . . . .	19	tablet 50-300 mg . . . . .	7
AUM SAFETY PEN NEEDLE . . . . .	23	BEVESPI AEROSPHERE . . . . .	25	butalbital-apap-caffeine oral tablet . . . . .	7
aurovela 1.5/30 . . . . .	20	BEXSERO. . . . .	22	butalbital-asa-caff-codeine. . . . .	7
aurovela 24 fe. . . . .	20	bicalutamide . . . . .	11	butalbital-aspirin-caffeine. . . . .	7
aurovela fe 1.5/30 . . . . .	20	BIDIL . . . . .	15	BYDUREON BCISE AUTOINJECTOR	14
aurovela fe 1/20. . . . .	20	BIKTARVY . . . . .	12	cabergoline . . . . .	19
AURYXIA . . . . .	17	BINAXNOW COVID-19 AG HOME		caffeine citrate oral . . . . .	16
AUTOLET LANCING DEVICE. . . . .	13	TEST . . . . .	23	calcipotriene external cream . . . . .	16
aviane . . . . .	20	bisacodyl ec. . . . .	18	calcipotriene external ointment . . . . .	16
avidoxy . . . . .	9	bisoprolol fumarate oral . . . . .	15	calcipotriene external solution. . . . .	16
AVONEX PEN. . . . .	16	bisoprolol-hydrochlorothiazide . . . . .	15	calcitonin (salmon) injection. . . . .	23
AVONEX PREFILLED . . . . .	16	BLEPHAMIDE S.O.P. . . . .	24	calcitonin (salmon) nasal . . . . .	23
ayuna . . . . .	20	blisovi 24 fe . . . . .	20	calcitriol external . . . . .	16
azathioprine oral tablet 50 mg . . . . .	22	blisovi fe 1.5/30 . . . . .	20	calcitriol oral capsule . . . . .	23
azelaic acid external . . . . .	16	blisovi fe 1/20. . . . .	20	calcium acetate oral tablet 667 mg . . . . .	17
azelastine hcl nasal solution 0.1 %,		BOOSTRIX. . . . .	22	calcium acetate (phos binder) . . . . .	17
137 mcg/spray. . . . .	25	bosentan . . . . .	26	camila. . . . .	21
azelastine hcl ophthalmic. . . . .	25	BOSULIF . . . . .	11	camrese lo . . . . .	20
azithromycin oral . . . . .	8	BREATHE COMFORT CHAMBER/		candesartan cilexetil-hctz. . . . .	15
AZULFIDINE EN-TABS . . . . .	23	ADULT . . . . .	23	capecitabine . . . . .	11
azurette. . . . .	20	BREATHE COMFORT CHAMBER/		CAPEX . . . . .	19
bac . . . . .	7	CHILD . . . . .	23	CAPRELSA. . . . .	11
bacitracin ophthalmic . . . . .	24	BREO ELLIPTA INHALATION		carbamazepine er . . . . .	9
bacitracin-polymyxin b ophthalmic . . . . .	24	AEROSOL POWDER BREATH		carbamazepine oral suspension . . . . .	9
bacitra-neomycin-polymyxin-hc. . . . .	24	ACTIVATED 100-25 MCG/INH, 200-		carbamazepine oral tablet . . . . .	9
baclofen oral tablet . . . . .	26	25 MCG/INH . . . . .	25	carbamazepine oral tablet chewable	9
balsalazide disodium . . . . .	23	briellyn . . . . .	20	carbidopa-levodopa-entacapone . . . . .	11
balziva. . . . .	20	BRILINTA . . . . .	14	carbidopa-levodopa er . . . . .	12
BASAGLAR KWIKPEN . . . . .	14	brimonidine tartrate ophthalmic. . . . .	25	carbidopa-levodopa oral tablet . . . . .	12
BAYER ASPIRIN EC LOW DOSE . . . . .	7	brimonidine tartrate-timolol . . . . .	25	CARESTART COVID-19 HOME TEST	23
belladonna alkaloids-opium. . . . .	18	bromocriptine mesylate oral capsule	12	CARETOUCH CONTROL SOL	
benazepril hcl oral. . . . .	14	bromocriptine mesylate oral tablet . . . . .	12	LEVEL 2 . . . . .	13
benazepril-hydrochlorothiazide . . . . .	15	BUDESONIDE-FORMOTEROL		CARETOUCH LANCING/EJECTOR	13
benzonatate oral capsule 100 mg,		FUMARATE . . . . .	25	CARETOUCH TWIST MC	
200 mg . . . . .	26	budesonide inhalation. . . . .	25	LANCETS 30G. . . . .	13
benzoyl peroxide-erythromycin . . . . .	16	budesonide oral. . . . .	23	CAROSPIR . . . . .	15
benztropine mesylate oral . . . . .	11	bumetanide oral. . . . .	15	carteolol hcl . . . . .	25
BERINERT . . . . .	22	buprenorphine hcl-naloxone hcl		cartia xt. . . . .	15
BETADINE OPHTHALMIC PREP . . . . .	24	sublingual film . . . . .	8	carvedilol . . . . .	15
betamethasone dipropionate aug . . . . .	19	buprenorphine hcl-naloxone hcl		CAYA. . . . .	23
		sublingual tablet sublingual . . . . .	8		



cefadroxil oral capsule . . . . .	8	clemastine fumarate oral tablet 2.68 mg. . . . .	25	CONTOUR NEXT CONTROL SOLUTION . . . . .	13
cefadroxil oral suspension reconstituted . . . . .	8	CLIMARA PRO . . . . .	20	cortic-nd . . . . .	25
cefadroxil oral tablet . . . . .	8	clindacin etz external swab . . . . .	16	CORTIFOAM . . . . .	23
cefdinir . . . . .	8	clindacin-p . . . . .	16	CORTISPORIN-TC. . . . .	25
cefuroxime axetil . . . . .	8	clindamycin hcl oral . . . . .	8	COVARYX. . . . .	20
CELONTIN . . . . .	9	clindamycin palmitate hcl . . . . .	8	COVARYX HS . . . . .	20
cephalexin oral capsule . . . . .	8	clindamycin phos-benzoyl perox external gel 1.2-5 % . . . . .	16	COVID-19 AT-HOME TEST . . . . .	24
cephalexin oral suspension reconstituted . . . . .	8	clindamycin phosphate external lotion . . . . .	16	COVID-19 RAPID SELF TEST KIT . . . . .	24
cerovel . . . . .	16	clindamycin phosphate external solution . . . . .	16	cromolyn sodium inhalation . . . . .	26
chateal . . . . .	20	clindamycin phosphate external swab . . . . .	16	cromolyn sodium ophthalmic . . . . .	25
chateal eq. . . . .	20	clindamycin phosphate vaginal . . . . .	8	cromolyn sodium oral . . . . .	18
CHEMET. . . . .	17	CLINDESSE . . . . .	8	cryselle-28 . . . . .	20
CHEMSTRIP K. . . . .	13	CLINITEST RAPID COVID-19 TEST . . . . .	23	CVS KETONE CARE . . . . .	13
CHEMSTRIP MICRAL. . . . .	13	clobetasol prop emollient base . . . . .	19	cyclobenzaprine hcl oral. . . . .	26
CHEMSTRIP UGK. . . . .	13	clobetasol propionate e . . . . .	19	CYCLOMYDRIL . . . . .	25
chlordiazepoxide-amitriptyline. . . . .	9	clobetasol propionate external cream	19	cyclopentolate hcl ophthalmic . . . . .	24
chlordiazepoxide hcl. . . . .	13	clobetasol propionate external gel . . . . .	19	cyclophosphamide oral capsule . . . . .	10
chlorhexidine gluconate mouth/ throat. . . . .	16	clobetasol propionate external ointment . . . . .	19	CYCLOPHOSPHAMIDE ORAL TABLET . . . . .	10
chloroquine phosphate oral . . . . .	11	clobetasol propionate external solution . . . . .	19	cyclosporine modified . . . . .	22
chlorpromazine hcl oral tablet . . . . .	12	clonazepam oral tablet . . . . .	13	cyclosporine oral . . . . .	22
chlorthalidone . . . . .	15	clonidine hcl oral . . . . .	14	cyproheptadine hcl oral . . . . .	25
cholestyramine light . . . . .	15	clopidogrel bisulfate oral . . . . .	14	cyred . . . . .	20
cholestyramine oral. . . . .	15	clotrimazole-betamethasone external cream. . . . .	10	cyred eq . . . . .	20
cilostazol . . . . .	14	clotrimazole-betamethasone external lotion . . . . .	10	CYSTAGON . . . . .	18
cimetidine hcl. . . . .	18	clotrimazole mouth/throat . . . . .	10	cytra k crystals. . . . .	17
cimetidine oral tablet 300 mg, 400 mg, 800 mg . . . . .	18	clozapine oral tablet . . . . .	12	dabigatran etexilate mesylate . . . . .	14
CIMZIA . . . . .	22	clozapine oral tablet dispersible . . . . .	12	dalfampridine er. . . . .	16
CIMZIA PREFILLED KIT . . . . .	22	coal tar external. . . . .	16	danazol oral . . . . .	19
CIMZIA STARTER KIT. . . . .	22	codeine sulfate oral tablet 30 mg, 60 mg . . . . .	7	dapsone oral . . . . .	10
ciprofloxacin hcl ophthalmic . . . . .	25	COLCHICINE ORAL CAPSULE . . . . .	10	dasetta 1/35. . . . .	20
ciprofloxacin hcl oral. . . . .	8	colesevelam hcl. . . . .	15	dasetta 7/7/7 . . . . .	20
ciprofloxacin hcl otic. . . . .	25	COMBIGAN . . . . .	25	DEBACTEROL . . . . .	16
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%)	8	COMBIPATCH . . . . .	20	deblitane. . . . .	21
citalopram hydrobromide oral solution	9	COMETRIQ . . . . .	11	deferasirox oral tablet . . . . .	17
citalopram hydrobromide oral tablet. . . . .	9	COMIRNATY . . . . .	22	deferasirox oral tablet soluble . . . . .	17
CITRANATAL BLOOM . . . . .	17	COMPLERA . . . . .	12	delyla . . . . .	20
citroma . . . . .	18	compro . . . . .	10	DEPO-ESTRADIOL . . . . .	20
claravis . . . . .	16	CONDOMS. . . . .	24	DEPO-SUBQ PROVERA 104 . . . . .	21
clarithromycin er . . . . .	8	constulose . . . . .	18	desipramine hcl oral . . . . .	10
clarithromycin oral suspension reconstituted . . . . .	8	CONTOUR CONTROL SOLUTION . . . . .	13	desmopressin ace spray refrig. . . . .	19
clarithromycin oral tablet . . . . .	8			desmopressin acetate injection. . . . .	19
CLEARDETECT COVID-19 AG HOME23				desmopressin acetate oral. . . . .	19
clearlax. . . . .	18			desmopressin acetate pf . . . . .	19
				desmopressin acetate spray . . . . .	19
				desogestrel-ethinyl estradiol . . . . .	20
				desonide external cream . . . . .	19





desonide external lotion . . . . .	19	divalproex sodium oral tablet delayed release . . . . .	13	ELLUME COVID-19 HOME TEST . . . . .	24
desonide external ointment . . . . .	19	dofetilide . . . . .	14	ELMIRON . . . . .	19
desoximetasone external cream . . . . .	19	donepezil hcl oral tablet 10 mg, 5 mg	9	eluryng . . . . .	20
desoximetasone external gel . . . . .	19	donepezil hcl oral tablet dispersible .	9	EMCYT . . . . .	11
desoximetasone external ointment .	19	dorzolamide hcl ophthalmic . . . . .	25	EMEND ORAL SUSPENSION RECONSTITUTED . . . . .	10
dexamethasone intensol . . . . .	19	dorzolamide hcl-timolol mal . . . . .	25	EMFLAZA . . . . .	19
dexamethasone oral elixir . . . . .	19	doxazosin mesylate oral . . . . .	14	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg . . . . .	12
dexamethasone oral solution . . . . .	19	doxepin hcl oral capsule . . . . .	10	emtricitabine-tenofovir df oral tablet 200-300 mg . . . . .	12
dexamethasone oral tablet . . . . .	19	doxepin hcl oral concentrate . . . . .	10	enalapril-hydrochlorothiazide . . . . .	15
dexamethasone oral tablet therapy pack . . . . .	19	doxepin hcl oral tablet . . . . .	26	enalapril maleate oral tablet . . . . .	14
dexmethylphenidate hcl . . . . .	16	doxycycline hyclate oral capsule . . . . .	9	ENBRACE HR . . . . .	17
dextroamphetamine sulfate er . . . . .	16	doxycycline hyclate oral tablet 100 mg, 20 mg . . . . .	9	ENCARE . . . . .	19
dextroamphetamine sulfate oral solution . . . . .	16	doxycycline monohydrate oral capsule 100 mg, 50 mg . . . . .	9	endocet . . . . .	7
dextroamphetamine sulfate oral tablet 10 mg, 5 mg . . . . .	16	doxycycline monohydrate oral suspension reconstituted . . . . .	9	ENFAGROW PREMIUM TODDLER GENTL . . . . .	24
DIATRUST COVID-19 HOME TEST .	24	doxycycline monohydrate oral tablet	9	ENFAMIL GENTLEASE ORAL POWDER . . . . .	24
diazepam intensol . . . . .	13	dronabinol . . . . .	10	ENFAMIL INFANT ORAL POWDER .	24
diazepam oral concentrate . . . . .	13	DROPSAFE ALCOHOL PREP . . . . .	24	ENFAMIL NEUROPRO GENTLEASE ORAL POWDER . . . . .	24
diazepam oral solution . . . . .	13	drospirenone-ethinyl estradiol . . . . .	20	ENFAMIL NEUROPRO INFANT ORAL PACKET . . . . .	24
diazepam oral tablet . . . . .	13	DROXIA . . . . .	11	ENFAMIL NEUROPRO INFANT ORAL POWDER . . . . .	24
diazepam rectal . . . . .	9	DULERA . . . . .	25	ENFAMIL NEUROPRO SENSITIVE .	24
diazoxide oral . . . . .	14	duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg . . . . .	9	ENFAMIL NUTRAMIGEN PROBIOT LGG . . . . .	24
diclofenac-misoprostol . . . . .	7	duloxetine hcl oral capsule delayed release particles 30 mg . . . . .	9	ENGERIX-B INJECTION SUSPENSION . . . . .	22
diclofenac sodium ophthalmic . . . . .	25	EASIVENT . . . . .	24	enpresse-28 . . . . .	20
dicloxacillin sodium . . . . .	8	EASYMAX 15 LEVEL 2-3 CONTROL	13	enskyce . . . . .	20
dicyclomine hcl oral capsule . . . . .	18	EASYMAX CONTROL . . . . .	13	entacapone . . . . .	11
dicyclomine hcl oral solution . . . . .	18	econtra ez . . . . .	21	entecavir . . . . .	12
dicyclomine hcl oral tablet . . . . .	18	econtra one-step . . . . .	21	ENTRESTO . . . . .	15
digitek oral tablet 125 mcg . . . . .	15	EDARBYCLOR . . . . .	15	enulose . . . . .	18
digitek oral tablet 250 mcg . . . . .	15	ED-SPAZ . . . . .	18	ENU PRO3 PLUS . . . . .	24
digoxin oral solution . . . . .	15	EDURANT . . . . .	12	EPIFOAM . . . . .	16
digoxin oral tablet 125 mcg . . . . .	15	EEMT . . . . .	20	epinephrine injection solution auto- injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	26
digoxin oral tablet 250 mcg . . . . .	15	EEMT HS . . . . .	20	epitol . . . . .	9
dihydroergotamine mesylate injection	10	E.E.S. GRANULES . . . . .	8	eplerenone . . . . .	15
DILANTIN ORAL CAPSULE 30 MG . .	9	efavirenz . . . . .	12	EQUACARE JR . . . . .	24
diltiazem hcl er . . . . .	15	EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ .	17	ergocalciferol oral capsule . . . . .	17
diltiazem hcl er beads . . . . .	15	effer-k oral tablet effervescent 25 meq . . . . .	17	ergoloid mesylates oral . . . . .	24
diltiazem hcl er coated beads . . . . .	15	elinest . . . . .	20	ergotamine-caffeine . . . . .	10
diltiazem hcl oral . . . . .	15	ELIQUIS . . . . .	14	erlotinib hcl . . . . .	11
dilt-xr . . . . .	15	ELIQUIS DVT/PE STARTER PACK .	14		
diphenoxylate-atropine oral tablet . .	18	ELITE-OB . . . . .	17		
dipyridamole oral . . . . .	14	elixophyllin . . . . .	26		
disopyramide phosphate . . . . .	14	ELLA . . . . .	21		
disulfiram oral . . . . .	8				
divalproex sodium er . . . . .	13				
divalproex sodium oral capsule delayed release sprinkle . . . . .	13				



errin. . . . .	21	felodipine er . . . . .	15	fluocinonide external cream 0.05 %	19
ery . . . . .	16	FEMCAP . . . . .	24	fluocinonide external gel . . . . .	19
ERYPED 200 . . . . .	8	femynor. . . . .	20	fluocinonide external ointment. . . . .	19
ERYTHROCIN STEARATE . . . . .	8	fenofibrate oral tablet 160 mg, 54 mg/15		fluocinonide external solution . . . . .	19
erythromycin base oral capsule		fentanyl transdermal patch 72 hour		fluoritab . . . . .	17
delayed release particles . . . . .	8	100 mcg/hr, 12 mcg/hr, 25 mcg/hr,		fluorometholone . . . . .	25
erythromycin base oral tablet . . . . .	8	50 mcg/hr, 75 mcg/hr. . . . .	7	FLUOROURACIL EXTERNAL	
erythromycin base oral tablet		finasteride oral tablet 5 mg. . . . .	19	CREAM 0.5 % . . . . .	11
delayed release . . . . .	8	flac . . . . .	25	fluorouracil external cream 5 % . . . . .	11
erythromycin ethylsuccinate oral. . . . .	8	flecainide acetate . . . . .	14	fluorouracil external solution . . . . .	11
erythromycin external. . . . .	16	FLEXICHAMBER . . . . .	24	fluoxetine hcl oral capsule . . . . .	9
erythromycin ophthalmic . . . . .	24	FLEXICHAMBER ADULT MASK/		fluoxetine hcl oral capsule delayed	
erythromycin oral . . . . .	8	SMALL . . . . .	24	release . . . . .	9
ESBRIET. . . . .	26	FLEXICHAMBER CHILD MASK/		fluoxetine hcl oral solution . . . . .	9
escitalopram oxalate oral solution. . . . .	9	LARGE . . . . .	24	fluoxetine hcl oral tablet 10 mg, 20	
escitalopram oxalate oral tablet. . . . .	9	FLEXICHAMBER CHILD MASK/		mg . . . . .	10
ESKATA . . . . .	16	SMALL . . . . .	24	fluoxetine hcl (pmdd) . . . . .	9
ESSENTIAL CARE JR. . . . .	24	FLORIVA ORAL LIQUID . . . . .	17	fluphenazine hcl oral concentrate . . . . .	12
estarylla . . . . .	20	FLOVENT DISKUS INHALATION		fluphenazine hcl oral elixir . . . . .	12
est estrogens-methyltest . . . . .	20	AEROSOL POWDER BREATH		fluphenazine hcl oral tablet . . . . .	12
est estrogens-methyltest ds. . . . .	20	ACTIVATED 100 MCG/BLIST, 250		flurazepam hcl . . . . .	26
est estrogens-methyltest hs. . . . .	20	MCG/BLIST, 50 MCG/BLIST . . . . .	25	flurbiprofen sodium. . . . .	25
estradiol-norethindrone acet . . . . .	20	FLOVENT HFA . . . . .	25	flutamide. . . . .	11
estradiol oral . . . . .	20	FLOWFLEX COVID-19 AG HOME		FLUTICASONE FUROATE-	
estradiol transdermal patch weekly. . . . .	20	TEST . . . . .	24	VILANTEROL INHALATION	
estradiol vaginal tablet . . . . .	20	FLUAD QUADRIVALENT . . . . .	22	AEROSOL POWDER BREATH	
estradiol valerate intramuscular. . . . .	20	FLUARIX QUADRIVALENT . . . . .	22	ACTIVATED 100-25 MCG/INH, 200-	
ethambutol hcl oral . . . . .	10	FLUBLOK QUADRIVALENT . . . . .	22	25 MCG/INH . . . . .	25
ethosuximide oral . . . . .	9	FLUCELVAX QUADRIVALENT		FLUTICASONE PROPIONATE HFA. . . . .	25
ethynodiol diac-eth estradiol . . . . .	20	INTRAMUSCULAR SUSPENSION . . . . .	22	fluticasone propionate nasal . . . . .	25
etodolac . . . . .	7	FLUCELVAX QUADRIVALENT		fluticasone-salmeterol inhalation	
etonogestrel-ethinyl estradiol. . . . .	20	INTRAMUSCULAR SUSPENSION		aerosol powder breath activated	
etoposide oral . . . . .	11	PREFILLED SYRINGE. . . . .	22	100-50 mcg/act, 250-50 mcg/act,	
etravirine. . . . .	12	fluconazole oral suspension		500-50 mcg/act. . . . .	25
euthyrox . . . . .	22	reconstituted . . . . .	10	FLUTICASONE-SALMETEROL	
everolimus oral tablet 10 mg, 2.5		fluconazole oral tablet. . . . .	10	INHALATION AEROSOL POWDER	
mg, 5 mg, 7.5 mg. . . . .	11	flucytosine oral . . . . .	10	BREATH ACTIVATED 113-14 MCG/	
exemestane . . . . .	11	fludrocortisone acetate oral . . . . .	19	ACT, 232-14 MCG/ACT, 55-14	
ezetimibe . . . . .	15	FLULAVAL QUADRIVALENT . . . . .	22	MCG/ACT. . . . .	25
falmina . . . . .	20	FLUMIST QUADRIVALENT. . . . .	22	flvoxamine maleate er oral	
famciclovir oral. . . . .	12	flunisolide nasal. . . . .	25	capsule extended release 24 hour	
famotidine oral suspension		fluocinolone acetate body . . . . .	19	100 mg . . . . .	10
reconstituted . . . . .	18	fluocinolone acetate external		FLUZONE HIGH-DOSE	
famotidine oral tablet 20 mg, 40 mg		cream . . . . .	19	QUADRIVALENT . . . . .	22
FANAPT . . . . .	12	fluocinolone acetate external		FLUZONE QUADRIVALENT . . . . .	22
FANAPT TITRATION PACK . . . . .	12	ointment . . . . .	19	folic acid oral tablet 1 mg . . . . .	17
FARXIGA . . . . .	14	fluocinolone acetate external		folic acid oral tablet 400 mcg, 800	
FC2 FEMALE CONDOM . . . . .	24	solution. . . . .	19	mcg. . . . .	17
felbamate . . . . .	9	fluocinolone acetate otic . . . . .	25	fondaparinux sodium . . . . .	14
		fluocinolone acetate scalp . . . . .	19	FORTISCARE CONTROL. . . . .	13
		fluocinonide emulsified base . . . . .	19	fosamprenavir calcium . . . . .	13
				fosinopril sodium-hctz. . . . .	15



furosemide oral . . . . .	15	griseofulvin ultramicrosize . . . . .	10	HUMULIN R U-500 VIAL . . . . .	14
fyavolv . . . . .	20	guaiaitussin ac . . . . .	26	HUMULIN R VIAL . . . . .	14
gabapentin oral capsule . . . . .	9	guaifenesin ac . . . . .	26	hydralazine hcl oral . . . . .	16
gabapentin oral solution 250 mg/5ml	9	guaifenesin-codeine . . . . .	26	hydrochlorothiazide oral . . . . .	15
gabapentin oral tablet 600 mg, 800	9	guanfacine hcl . . . . .	14	hydrocodone-acetaminophen oral	
mg . . . . .	9	habitrol . . . . .	8	solution 7.5-325 mg/15ml . . . . .	7
galantamine hydrobromide er . . . . .	9	hailey 1.5/30 . . . . .	20	hydrocodone-acetaminophen oral	
galantamine hydrobromide oral		hailey 24 fe . . . . .	20	tablet 10-325 mg, 5-325 mg, 7.5-	
solution . . . . .	9	hailey fe 1.5/30 . . . . .	20	325 mg . . . . .	7
galantamine hydrobromide oral tablet	9	hailey fe 1/20 . . . . .	20	hydrocodone bitartrate er oral	
GALZIN . . . . .	17	halobetasol propionate external		capsule extended release 12 hour . .	7
GARDASIL 9 . . . . .	23	cream . . . . .	19	hydrocodone bit-homatrop mbr . . . .	26
gavilax oral powder . . . . .	18	halobetasol propionate external		hydrocortisone ace-pramoxine	
gavilyte-c . . . . .	18	ointment . . . . .	19	external cream 1-1 % . . . . .	23
gavilyte-g . . . . .	18	haloperidol lactate oral . . . . .	12	hydrocortisone ace-pramoxine	
gemfibrozil oral . . . . .	15	haloperidol oral . . . . .	12	external cream 2.5-1 % . . . . .	16
generlac . . . . .	18	HAVRIX . . . . .	23	hydrocortisone acetate rectal . . . . .	23
gengraf . . . . .	22	heather . . . . .	21	hydrocortisone-acetic acid . . . . .	25
gentak . . . . .	24	hematinic/folic acid . . . . .	17	hydrocortisone butyrate external	
gentamicin sulfate external . . . . .	8	HEMMOREX-HC RECTAL		cream . . . . .	19
gentamicin sulfate ophthalmic . . . . .	24	SUPPOSITORY 25 MG . . . . .	23	hydrocortisone butyrate external	
gentlelax . . . . .	18	hemocyte-f . . . . .	17	ointment . . . . .	19
gentle laxative oral . . . . .	18	heparin sodium (porcine) . . . . .	14	hydrocortisone butyrate external	
GENVOYA . . . . .	12	heparin sodium (porcine) pf . . . . .	14	solution . . . . .	19
GILPHEX TR . . . . .	26	HEPLISAV-B . . . . .	23	hydrocortisone external cream 2.5 %	19
glatiramer acetate . . . . .	16	HIBERIX . . . . .	23	hydrocortisone external lotion 2.5 %	19
glatopa . . . . .	16	homatropaire . . . . .	24	hydrocortisone external ointment 1	
GLEOSTINE . . . . .	11	HUMALOG . . . . .	14	%, 2.5 % . . . . .	19
glimepiride . . . . .	14	HUMALOG KWIKPEN . . . . .	14	hydrocortisone-iodoquinol . . . . .	10
glipizide er . . . . .	14	HUMALOG MIX 50/50 KWIKPEN . . . . .	14	hydrocortisone oral . . . . .	19
glipizide ir . . . . .	14	HUMALOG MIX 50/50 VIAL . . . . .	14	hydrocortisone (perianal) external	
glipizide xl . . . . .	14	HUMALOG MIX 75/25 KWIKPEN . . . . .	14	cream 2.5 % . . . . .	23
GLUCAGEN HYPOKIT . . . . .	14	HUMALOG MIX 75/25 VIAL . . . . .	14	hydrocortisone rectal . . . . .	23
GLUCAGON EMERGENCY KIT . . . . .	14	HUMALOG U-100 JUNIOR KWIKPEN	14	hydrocortisone valerate . . . . .	19
glucagon emergency kit 1 mg		HUMIRA . . . . .	22	hydrocort-pramoxine (perianal) . . . .	23
injection 1 mg . . . . .	14	HUMIRA PEDIATRIC CROHNS		hydromet . . . . .	26
GLUCAGON EMERGENCY KIT 1		START . . . . .	22	hydromorphone hcl oral liquid . . . . .	7
MG INJECTION 1 MG . . . . .	14	HUMIRA PEN . . . . .	22	hydromorphone hcl oral tablet . . . . .	7
GLUCOSE CONTROL SOLUTIONS	13	HUMIRA PEN-CD/UC/HS STARTER	22	hydromorphone hcl rectal . . . . .	7
glyburide oral . . . . .	14	HUMIRA PEN-PEDIATRIC UC STARTER	22	hydroxychloroquine sulfate oral	
glycolax . . . . .	18	HUMIRA PEN-PSOR/UEIT		tablet 200 mg . . . . .	11
glycopyrrolate oral tablet 1 mg, 2 mg	18	STARTER . . . . .	22	hydroxyurea oral . . . . .	11
glydo . . . . .	7	HUMIRA PEN-PS/UV/ADOL HS		hydroxyzine hcl oral . . . . .	13
goodsense aspirin low dose . . . . .	7	START . . . . .	22	hydroxyzine pamoate oral . . . . .	13
goodsense nicotine mouth/throat		HUMULIN 70/30 KWIKPEN . . . . .	14	HYOPHEN . . . . .	18
lozenge 4 mg . . . . .	8	HUMULIN 70/30 VIAL . . . . .	14	hyoscyamine sulfate er . . . . .	18
GORDOFILM . . . . .	16	HUMULIN N KWIKPEN . . . . .	14	hyoscyamine sulfate oral . . . . .	18
granisetron hcl oral . . . . .	10	HUMULIN N VIAL . . . . .	14	hyoscyamine sulfate sl . . . . .	18
griseofulvin microsize oral . . . . .	10	HUMULIN R U-500 KWIKPEN . . . . .	14	hyoscyamine sulfate sublingual . . . .	18
				hyosyne . . . . .	18





HYPERSAL . . . . .	26	ivermectin oral . . . . .	11	lamivudine oral tablet 150 mg, 300 mg . . . . .	12
ibuprofen oral tablet 400 mg, 600 mg, 800 mg . . . . .	7	JANSSEN COVID-19 VACCINE . . . . .	23	lamivudine-zidovudine . . . . .	12
iclevia . . . . .	20	jantoven . . . . .	14	lamotrigine oral kit . . . . .	9
IHEALTH COVID-19 RAPID TEST . . . . .	24	JARDIANCE . . . . .	14	lamotrigine oral tablet . . . . .	9
imatinib mesylate . . . . .	11	jasmiel . . . . .	20	lamotrigine oral tablet chewable . . . . .	9
imipramine hcl oral . . . . .	10	jencycla . . . . .	21	lamotrigine oral tablet dispersible . . . . .	9
imipramine pamoate . . . . .	10	jinteli . . . . .	20	lamotrigine starter kit-blue . . . . .	9
imiquimod external cream 5 % . . . . .	16	jolessa . . . . .	20	lamotrigine starter kit-green . . . . .	9
incassia . . . . .	21	juleber . . . . .	20	lamotrigine starter kit-orange . . . . .	9
INCRELEX . . . . .	19	junel 1.5/30 . . . . .	20	LANCETS . . . . .	13
indapamide . . . . .	15	junel fe 1.5/30 . . . . .	20	larin 1.5/30 . . . . .	20
INDICAID COVID-19 RAPID TEST . . . . .	24	junel fe 1/20 . . . . .	20	larin 24 fe . . . . .	20
INDOCIN RECTAL . . . . .	7	junel fe 24 . . . . .	20	larin fe 1.5/30 . . . . .	20
indomethacin oral capsule 25 mg, 50 mg . . . . .	7	KALETRA ORAL TABLET . . . . .	13	larin fe 1/20 . . . . .	20
INOVA 4/1 ACNE CONTROL THERAPY . . . . .	16	kalliga . . . . .	20	latanoprost ophthalmic . . . . .	25
INOVA 8/2 ACNE CONTROL THERAPY . . . . .	16	kariva . . . . .	20	LATUDA . . . . .	12
INSPIREASE RESERVOIR BAGS . . . . .	24	kelnor 1/35 . . . . .	20	leena . . . . .	20
INSULIN ASPART PROT & ASPART . . . . .	14	kelnor 1/50 . . . . .	20	leflunomide oral . . . . .	22
INSULIN LISPRO . . . . .	14	ketoconazole external cream . . . . .	10	lenalidomide oral capsule 2.5 mg, 20 mg . . . . .	11
INSULIN LISPRO (1 UNIT DIAL) . . . . .	14	ketoconazole external shampoo . . . . .	10	lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg . . . . .	11
INSULIN LISPRO JUNIOR KWIKPEN . . . . .	14	ketoconazole oral . . . . .	10	LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 4 MG . . . . .	11
INSULIN LISPRO PROT & LISPRO . . . . .	14	KETO-DIASTIX . . . . .	13	LENVIMA ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG . . . . .	11
INSULIN PEN NEEDLES . . . . .	24	KETONE TEST . . . . .	13	lessina . . . . .	20
INSULIN SYRINGES . . . . .	24	ketorolac tromethamine ophthalmic . . . . .	25	letrozole oral . . . . .	11
INTELENCE . . . . .	12	ketorolac tromethamine oral . . . . .	7	leucovorin calcium oral . . . . .	11
INTELISWAB COVID-19 RAPID TEST . . . . .	24	KETOSTIX . . . . .	13	LEUKERAN . . . . .	11
INTRON A . . . . .	12	klor-con 10 . . . . .	17	leuprolide acetate injection . . . . .	22
introvale . . . . .	20	klor-con/ef . . . . .	17	levetiracetam er . . . . .	9
IPOL . . . . .	23	klor-con m10 . . . . .	17	levetiracetam oral . . . . .	9
ipratropium-albuterol . . . . .	26	klor-con m15 . . . . .	17	levobunolol hcl . . . . .	25
ipratropium bromide inhalation . . . . .	26	klor-con m20 . . . . .	17	levocarnitine oral solution . . . . .	17
ipratropium bromide nasal . . . . .	26	klor-con oral packet . . . . .	17	levocarnitine oral tablet . . . . .	17
irbesartan . . . . .	14	klor-con oral tablet extended release . . . . .	17	levocarnitine sf . . . . .	17
irbesartan-hydrochlorothiazide . . . . .	15	K-PHOS . . . . .	17	levocetirizine dihydrochloride oral tablet . . . . .	25
ISENTRESS ORAL PACKET . . . . .	12	K-PHOS-NEUTRAL . . . . .	17	levofloxacin ophthalmic solution 0.5 % . . . . .	25
isibloom . . . . .	20	K-PHOS NO 2 . . . . .	17	levofloxacin oral solution . . . . .	8
isoniazid oral syrup . . . . .	10	k-prime . . . . .	17	levofloxacin oral tablet . . . . .	9
isoniazid oral tablet . . . . .	10	kurvelo . . . . .	20	levonest . . . . .	20
ISOPTO ATROPINE . . . . .	24	KYLEENA . . . . .	21		
isosorb dinitrate-hydralazine . . . . .	15	labetalol hcl oral . . . . .	15		
isosorbide dinitrate . . . . .	16	lactulose encephalopathy . . . . .	18		
isosorbide mononitrate . . . . .	16	lactulose oral solution . . . . .	18		
isosorbide mononitrate er . . . . .	16	LAGEVRIO . . . . .	12		
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg . . . . .	16	LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG . . . . .	9		
		lamivudine oral solution . . . . .	12		
		lamivudine oral tablet 100 mg . . . . .	12		

levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 mg . . . . .	20	LYSODREN . . . . .	22	methocarbamol oral tablet 500 mg, 750 mg . . . . .	26
levonorgestrel . . . . .	21	lyza . . . . .	21	methotrexate oral . . . . .	22
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg . . . . .	20	magnesium citrate oral solution. . . . .	18	methotrexate sodium . . . . .	22
levonorg-eth estrad triphasic . . . . .	20	marlissa . . . . .	20	methotrexate sodium (pf) . . . . .	22
levora 0.15/30 (28) . . . . .	20	MARPLAN . . . . .	9	methylergonovine maleate oral . . . . .	24
levo-t . . . . .	22	matzim la . . . . .	15	methylphenidate hcl oral tablet . . . . .	16
levothyroxine sodium oral tablet . . . . .	22	MAVYRET . . . . .	12	methylprednisolone oral . . . . .	19
levoxyl . . . . .	22	maxi-tuss ac . . . . .	26	methyltestosterone oral . . . . .	20
LEXIVA ORAL SUSPENSION . . . . .	13	medroxyprogesterone acetate intramuscular suspension . . . . .	21	metoclopramide hcl oral solution . . . . .	10
lidocaine external ointment 5 % . . . . .	7	medroxyprogesterone acetate intramuscular suspension prefilled syringe . . . . .	21	metoclopramide hcl oral tablet . . . . .	10
lidocaine external patch 5 % . . . . .	7	medroxyprogesterone acetate oral . . . . .	21	metolazone . . . . .	15
lidocaine hcl external solution . . . . .	7	mefloquine hcl . . . . .	11	metoprolol succinate er . . . . .	15
lidocaine hcl mouth/throat . . . . .	8	megestrol acetate oral suspension 40 mg/ml . . . . .	21	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg . . . . .	15
lidocaine hcl urethral/mucosal . . . . .	8	megestrol acetate oral suspension 625 mg/5ml . . . . .	21	metronidazole external cream . . . . .	16
lidocaine-prilocaine external cream . . . . .	8	megestrol acetate oral tablet . . . . .	21	metronidazole external gel 0.75 % . . . . .	16
lidocaine viscous hcl . . . . .	8	meloxicam oral tablet . . . . .	7	metronidazole external lotion . . . . .	16
linezolid oral suspension reconstituted	8	melphalan . . . . .	11	metronidazole oral tablet . . . . .	8
linezolid oral tablet . . . . .	8	memantine hcl oral solution 2 mg/ml	9	metronidazole vaginal . . . . .	8
LINZESS . . . . .	18	memantine hcl oral tablet . . . . .	9	MIACALCIN . . . . .	23
liothyronine sodium oral . . . . .	22	MENACTRA . . . . .	23	miconazole 3 . . . . .	10
lisinopril-hydrochlorothiazide . . . . .	15	MENQUADFI . . . . .	23	microgestin 1.5/30 . . . . .	20
lisinopril oral . . . . .	14	MENVEO . . . . .	23	microgestin 24 fe . . . . .	20
lithium carbonate er . . . . .	13	mercaptapurine oral . . . . .	11	microgestin fe 1.5/30 . . . . .	20
lithium carbonate oral . . . . .	13	mesalamine oral . . . . .	11	microgestin fe 1/20 . . . . .	20
LITHOSTAT . . . . .	19	mesalamine er oral capsule 0.375 gm	23	MICROLET NEXT LANCING DEVICE	13
lojaimiess . . . . .	20	mesalamine rectal suppository . . . . .	23	midodrine hcl . . . . .	14
loperamide hcl oral capsule . . . . .	18	metaxalone oral tablet 400 mg . . . . .	26	MIGERGOT . . . . .	10
lopinavir-ritonavir . . . . .	13	metformin hcl er . . . . .	14	mili . . . . .	20
lorazepam intensol . . . . .	13	metformin hcl oral solution . . . . .	14	mimvey . . . . .	20
lorazepam oral concentrate 2 mg/ml	13	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg . . . . .	14	minocycline hcl oral capsule . . . . .	9
lorazepam oral tablet . . . . .	13	methadone hcl intensol . . . . .	7	minoxidil oral . . . . .	16
loryna . . . . .	20	methadone hcl oral concentrate . . . . .	7	mirtazapine oral tablet . . . . .	9
losartan potassium-hctz . . . . .	15	methadone hcl oral solution . . . . .	7	mirtazapine oral tablet dispersible . . . . .	9
losartan potassium oral . . . . .	14	methadone hcl oral tablet . . . . .	7	misoprostol oral . . . . .	18
LOTEMAX OPHTHALMIC OINTMENT . . . . .	25	methadone hcl oral tablet soluble . . . . .	7	MITIGARE . . . . .	10
LOTEMAX SM . . . . .	25	methadose oral concentrate 10 mg/ml	7	MITOSOL . . . . .	24
loteprednol etabonate ophthalmic suspension . . . . .	25	methadose oral tablet soluble . . . . .	7	mm clearlax . . . . .	18
lovastatin oral . . . . .	15	methadose sugar-free . . . . .	7	M-M-R II . . . . .	23
low-ogestrel . . . . .	20	methazolamide oral . . . . .	15	M-NATAL PLUS . . . . .	17
loxapine succinate . . . . .	12	methenamine mandelate oral . . . . .	8	MODERNA COVID-19 VACC 6M-5Y	23
lo-zumandimine . . . . .	20	methergine . . . . .	24	MODERNA COVID-19 VACCINE . . . . .	23
lutera . . . . .	20	methimazole oral . . . . .	22	molindone hcl . . . . .	12
lyleq . . . . .	21	METHITEST . . . . .	20	mometasone furoate external . . . . .	19



montelukast sodium oral tablet . . . . .	25	nevirapine oral suspension. . . . .	12	nortriptyline hcl oral capsule . . . . .	10
montelukast sodium oral tablet chewable . . . . .	25	nevirapine oral tablet. . . . .	12	nortriptyline hcl oral solution . . . . .	10
morphine sulfate (concentrate) . . . . .	7	new day . . . . .	21	NORVIR ORAL PACKET. . . . .	13
morphine sulfate er oral tablet extended release. . . . .	7	NEXAVAR. . . . .	11	NORVIR ORAL SOLUTION . . . . .	13
morphine sulfate oral solution . . . . .	7	NEXPLANON . . . . .	21	NOVAVAX COVID-19 VACCINE . . . . .	23
morphine sulfate oral tablet . . . . .	7	NICORETTE MOUTH/THROAT GUM 2 MG. . . . .	8	NOVOFINE AUTOCOVER PEN NEEDLE . . . . .	24
morphine sulfate rectal . . . . .	7	NICORETTE MOUTH/THROAT LOZENGE 4 MG. . . . .	8	NOVOFINE PEN NEEDLE . . . . .	24
moxifloxacin hcl (2x day). . . . .	25	nicotine polacrilex mini. . . . .	8	NOVOFINE PLUS PEN NEEDLE . . . . .	24
moxifloxacin hcl ophthalmic solution	25	nicotine polacrilex mouth/throat . . . . .	8	NOVOPEN ECHO . . . . .	13
moxifloxacin hcl oral . . . . .	9	nicotine step 1 . . . . .	8	np thyroid . . . . .	22
MOZOBIL . . . . .	14	nicotine step 2 . . . . .	8	NUCORT . . . . .	19
MULTAQ . . . . .	14	nicotine step 3 . . . . .	8	nyamyc . . . . .	10
mupirocin calcium. . . . .	8	nicotine transdermal kit . . . . .	8	nylia 1/35 . . . . .	21
mupirocin external. . . . .	8	NICOTROL. . . . .	8	nylia 7/7/7. . . . .	21
my choice. . . . .	21	NICOTROL NS. . . . .	8	NYMALIZE . . . . .	15
mycophenolate mofetil oral capsule	22	nikki. . . . .	21	nymyo . . . . .	21
mycophenolate mofetil oral tablet . . . . .	22	nilutamide. . . . .	11	nystatin external cream. . . . .	10
mycophenolate sodium . . . . .	22	nimodipine oral . . . . .	15	nystatin external ointment . . . . .	10
MYLERAN . . . . .	11	NITRO-BID . . . . .	16	nystatin external powder. . . . .	10
myorisan. . . . .	16	NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR . . . . .	16	nystatin mouth/throat . . . . .	10
my way . . . . .	21	nitrofurantoin . . . . .	8	nystatin oral . . . . .	10
nafrinse. . . . .	17	nitrofurantoin macrocrystal . . . . .	8	nystop. . . . .	10
nafrinse drops . . . . .	17	nitrofurantoin monohydrate macrocrystals . . . . .	8	ocella . . . . .	21
naloxone hcl injection . . . . .	8	nitroglycerin sublingual. . . . .	16	octreotide acetate . . . . .	22
naloxone hcl nasal. . . . .	8	nitroglycerin transdermal . . . . .	16	ODEFSEY. . . . .	12
naltrexone hcl oral. . . . .	8	NITROMIST . . . . .	16	ofloxacin ophthalmic. . . . .	25
naproxen oral tablet . . . . .	7	NITRO-TIME. . . . .	16	ofloxacin otic . . . . .	25
naratriptan hcl . . . . .	10	nora-be . . . . .	21	olanzapine-fluoxetine hcl . . . . .	9
NARCAN . . . . .	8	norethin ace-eth estrad-fe oral tablet	21	olanzapine oral tablet . . . . .	12
NATAZIA. . . . .	21	norethindrone acetate oral . . . . .	21	olanzapine oral tablet dispersible . . . . .	12
NATPARA. . . . .	23	norethindrone acet-ethinyl est oral tablet 1.5-30 mg-mcg . . . . .	21	olmesartan medoxomil oral . . . . .	14
NEBUSAL. . . . .	26	norethindrone-eth estradiol . . . . .	21	omeprazole oral capsule delayed release 10 mg . . . . .	18
necon 0.5/35 (28) . . . . .	21	norethindrone oral. . . . .	21	omeprazole oral capsule delayed release 20 mg, 40 mg . . . . .	18
neomycin-bacitracin zn-polymyx. . . . .	24	norethindrone-ethinyl estrad-fe . . . . .	21	ondansetron hcl oral solution. . . . .	10
neomycin-polymyxin-dexameth ophthalmic ointment. . . . .	24	norgestimate-eth estradiol . . . . .	21	ondansetron hcl oral tablet . . . . .	10
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.124	24	norgestimate-ethinyl estradiol triphasic . . . . .	21	ondansetron odt . . . . .	10
neomycin-polymyxin-gramicidin . . . . .	24	norlyroc . . . . .	21	ONETOUCH CLUB LANCETS FINE PT . . . . .	13
neomycin-polymyxin-hc ophthalmic	24	NORPACE CR . . . . .	14	ONETOUCH DELICA LANCETS 30G13	
neomycin-polymyxin-hc otic. . . . .	25	nortrel 0.5/35 (28) . . . . .	21	ONETOUCH DELICA LANCETS 33G13	
neomycin sulfate oral . . . . .	8	nortrel 1/35 (21). . . . .	21	ONETOUCH DELICA LANCING DEV13	
NEONATAL COMPLETE. . . . .	17	nortrel 1/35 (28). . . . .	21	ONETOUCH DELICA PLUS LANCET30G . . . . .	13
NEONATAL PLUS . . . . .	17	nortrel 7/7/7 . . . . .	21	ONETOUCH DELICA PLUS LANCET33G . . . . .	13
neo-polycin. . . . .	24				
neo-polycin hc. . . . .	24				
NESTABS . . . . .	17				



ONETOUCH DELICA PLUS LANCING . . . . .	13	pantoprazole sodium oral tablet delayed release . . . . .	18	pirfenidone . . . . .	26
ONETOUCH FINEPOINT LANCETS	13	PARAGARD INTRAUTERINE COPPER . . . . .	24	pirmella 1/35 . . . . .	21
ONETOUCH ULTRA 2 KIT W/DEVICE13		paricalcitol oral capsule 4 mcg . . . . .	23	pirmella 7/7/7 . . . . .	21
ONETOUCH ULTRA MINI KIT W/ DEVICE . . . . .	13	paroxetine hcl oral tablet . . . . .	10	PLAN B ONE-STEP . . . . .	21
ONETOUCH ULTRASOFT LANCETS13		PAXLOVID (150/100) . . . . .	12	PNEUMOVAX 23 . . . . .	23
ONETOUCH ULTRA TEST STRIPS .	13	PAXLOVID (300/100) . . . . .	12	pdocon-25 . . . . .	16
ONETOUCH VERIO FLEX SYSTEM	13	PEDVAX HIB. . . . .	23	podofilox external . . . . .	16
ONETOUCH VERIO IN VITRO SOLUTION HIGH . . . . .	13	peg-3350/electrolytes . . . . .	18	polycin . . . . .	24
ONETOUCH VERIO IQ SYSTEM . . .	13	peg 3350-kcl-na bicarb-nacl . . . . .	18	polyethylene glycol 3350 oral powder18	
ONETOUCH VERIO KIT W/DEVICE	13	PEGASYS . . . . .	12	polymyxin b-trimethoprim . . . . .	24
ONETOUCH VERIO REFLECT KIT W/DEVICE . . . . .	13	peg-prep . . . . .	18	portia-28 . . . . .	21
ONETOUCH VERIO TEST STRIPS .	13	penicillin v potassium . . . . .	8	posaconazole . . . . .	10
ONE VITE WOMENS PLUS . . . . .	17	pentamidine isethionate inhalation .	11	potassium chloride crys er . . . . .	17
ONGLYZA . . . . .	14	pentazocine-naloxone hcl . . . . .	7	potassium chloride er . . . . .	17
ON/GO COVID-19 ANTIGEN TEST .	24	pentoxifylline er . . . . .	15	potassium chloride oral packet . . . .	17
ON/GO ONE COVID-19 HOME TEST24		periogard . . . . .	16	potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)17	
opcicon one-step . . . . .	21	permethrin external . . . . .	11	potassium citrate-citric acid . . . . .	17
opium . . . . .	18	perphenazine-amitriptyline . . . . .	9	potassium citrate er . . . . .	17
option 2 . . . . .	21	perphenazine oral . . . . .	10	potassium iodide oral . . . . .	26
OPTIONS GYNOL II CONTRACEPTIVE . . . . .	19	PFIZER-BIONT COVID-19 VAC-TRIS	23	pot & sod cit-cit ac . . . . .	17
ORACIT . . . . .	17	PFIZER-BIONTECH COVID-19 VACC23		POVIDONE-IODINE OPHTHALMIC .	24
oralone . . . . .	16	PFIZER COVID-19 VAC BIVALENT . .	23	PRADAXA . . . . .	14
ORENITRAM . . . . .	26	PFIZER COVID-19 VAC-TRIS 5-11Y .	23	pramipexole dihydrochloride . . . . .	12
ORKAMBI ORAL PACKET . . . . .	26	PFIZER COVID-19 VAC-TRIS 6M-4Y	23	PRAMOSONE EXTERNAL CREAM 1-2.5 % . . . . .	16
ORKAMBI ORAL TABLET . . . . .	26	phenazo oral tablet 200 mg . . . . .	19	PRAMOSONE EXTERNAL LOTION	16
OSCIMIN SUBLINGUAL . . . . .	18	phenazopyridine hcl oral tablet 100 mg, 200 mg . . . . .	19	PRAMOSONE EXTERNAL OINTMENT 1-1 % . . . . .	16
oseltamivir phosphate oral . . . . .	13	phenelzine sulfate oral . . . . .	9	pramox . . . . .	16
OSPHENA . . . . .	21	phenobarbital oral . . . . .	9	prasugrel hcl . . . . .	14
OTEZLA . . . . .	22	phenoxybenzamine hcl oral . . . . .	14	pravastatin sodium . . . . .	15
oxandrolone oral . . . . .	20	phenylephrine hcl ophthalmic . . . .	25	praziquantel oral . . . . .	11
oxazepam . . . . .	13	phenytoin infatabs . . . . .	9	prazosin hcl oral . . . . .	14
oxcarbazepine oral suspension . . . .	9	phenytoin oral suspension 125 mg/5ml . . . . .	9	PRED-G . . . . .	24
oxcarbazepine oral tablet . . . . .	9	phenytoin oral tablet chewable . . . .	9	PRED-G S.O.P . . . . .	25
oxybutynin chloride er . . . . .	18	phenytoin sodium extended . . . . .	9	prednisolone oral . . . . .	19
oxybutynin chloride oral . . . . .	18	phillith . . . . .	21	prednisolone sodium phosphate oral solution . . . . .	19
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg . . . . .	7	PHOSPHA 250 NEUTRAL . . . . .	17	prednisone intensol . . . . .	19
oxycodone hcl oral capsule . . . . .	7	phosphorous . . . . .	17	prednisone oral solution . . . . .	19
oxycodone hcl oral concentrate 100 mg/5ml . . . . .	7	phospho-trin 250 neutral . . . . .	17	prednisone oral tablet . . . . .	19
oxycodone hcl oral solution . . . . .	7	PHOSPHO-TRIN K500 . . . . .	17	prednisone oral tablet therapy pack	19
oxycodone hcl oral tablet . . . . .	7	phytonadione oral . . . . .	17	PREFEST . . . . .	21
PACERONE ORAL TABLET 200 MG	15	pilocarpine hcl ophthalmic . . . . .	25	pregabalin oral capsule . . . . .	16
paliperidone er . . . . .	12	PILOT COVID-19 AT-HOME TEST . .	24	PREHEVBRIO . . . . .	23
		pimozide . . . . .	12	PREMESISRX . . . . .	17
		pimtreea . . . . .	21	PREMIUM CONDOMS LUBRICATED24	
		pioglitazone hcl . . . . .	14	premium lidocaine . . . . .	8



PREMPHASE . . . . .	21	PULMOZYME . . . . .	26	SANDIMMUNE ORAL SOLUTION. . . . .	22
PRENAISSANCE . . . . .	17	PURAMINO DHA/ARA . . . . .	24	SAVELLA TITRATION PACK . . . . .	16
prenatal oral tablet 27-1 mg . . . . .	17	pyrazinamide oral . . . . .	10	SCALACORT DK . . . . .	16
prenatal plus vitamin/mineral. . . . .	17	PYRIDIDIUM . . . . .	19	scopolamine . . . . .	10
prenatal vitamin plus low iron. . . . .	17	pyridostigmine bromide er . . . . .	10	selegiline hcl oral. . . . .	12
PRENATE . . . . .	17	pyridostigmine bromide oral solution	10	selenium sulfide external lotion . . . . .	16
PRENATE DHA . . . . .	17	pyridostigmine bromide oral tablet		selenium sulfide external shampoo	
PRENATE ELITE . . . . .	17	60 mg . . . . .	10	2.25 % . . . . .	16
PRENATE ENHANCE . . . . .	17	PYROGALLIC ACID. . . . .	16	sertraline hcl oral concentrate . . . . .	10
PRENATE ESSENTIAL . . . . .	17	qc magnesium citrate . . . . .	18	sertraline hcl oral tablet . . . . .	10
PRENATE MINI . . . . .	17	quetiapine fumarate . . . . .	12	setlakin . . . . .	21
PRENATE PIXIE . . . . .	17	quetiapine fumarate er . . . . .	12	sevelamer carbonate. . . . .	17
PRENATE RESTORE. . . . .	17	QUICKVUE AT-HOME COVID-19		sevelamer hcl. . . . .	17
PREPIDIL . . . . .	19	TEST . . . . .	24	sharobel . . . . .	21
prevalite . . . . .	16	quinapril-hydrochlorothiazide . . . . .	15	SHARPS CONTAINER . . . . .	24
PREVNAR 13 . . . . .	23	quinidine gluconate er . . . . .	15	SHINGRIX. . . . .	23
PREVNAR 20 . . . . .	23	quinidine sulfate . . . . .	15	sildenafil citrate oral suspension	
PREZISTA. . . . .	13	quinine sulfate oral . . . . .	11	reconstituted . . . . .	26
PRIMACARE . . . . .	17	raloxifene hcl . . . . .	22	sildenafil citrate oral tablet 20 mg . . . . .	26
primaquine phosphate . . . . .	11	react . . . . .	21	silver nitrate external. . . . .	8
primidone oral . . . . .	9	reclipsen. . . . .	21	silver sulfadiazine external . . . . .	8
probenecid. . . . .	10	RECOMBIVAX HB INJECTION		SIMBRINZA . . . . .	25
prochlorperazine . . . . .	10	SUSPENSION . . . . .	23	simliya. . . . .	21
prochlorperazine maleate oral . . . . .	10	RECOTHROM . . . . .	14	SIMPONI. . . . .	22
PROCTOFOAM HC . . . . .	23	RECOTHROM SPRAY KIT . . . . .	14	simvastatin oral tablet 10 mg, 20	
procto-med hc. . . . .	23	RELNATE DHA. . . . .	17	mg, 40 mg, 5 mg . . . . .	15
proctosol hc. . . . .	23	repaglinide oral tablet 1 mg, 2 mg. . . . .	14	simvastatin oral tablet 80 mg . . . . .	15
proctozone-hc . . . . .	23	RETACRIT . . . . .	14	sirolimus oral . . . . .	22
progesterone intramuscular. . . . .	21	REVLIMID. . . . .	11	SKYRIZI (150 MG DOSE) . . . . .	22
PROMACTA . . . . .	14	REYATAZ ORAL PACKET. . . . .	13	SKYRIZI PEN . . . . .	22
promethazine-codeine . . . . .	26	ribavirin oral . . . . .	12	SKYRIZI SUBCUTANEOUS	
promethazine-dm . . . . .	26	rifampin oral . . . . .	10	SOLUTION CARTRIDGE . . . . .	16
promethazine hcl oral . . . . .	25	riluzole . . . . .	16	SKYRIZI SUBCUTANEOUS	
promethazine hcl rectal . . . . .	25	rimantadine hcl . . . . .	13	SOLUTION PREFILLED SYRINGE. . . . .	22
promethazine-phenyleph. . . . .	26	RINVOQ . . . . .	22	sod citrate-citric acid. . . . .	17
promethazine-phenylephrine . . . . .	25	risperidone oral solution. . . . .	12	sodium chloride inhalation . . . . .	26
promethazine vc . . . . .	25	risperidone oral tablet. . . . .	12	sodium fluoride oral solution 1.1	
promethazine vc/codeine. . . . .	26	risperidone oral tablet dispersible. . . . .	12	(0.5 f) mg/ml. . . . .	17
promethegan . . . . .	25	ritonavir. . . . .	13	sodium fluoride oral tablet . . . . .	17
propafenone hcl . . . . .	15	rizatriptan benzoate. . . . .	10	sodium fluoride oral tablet chewable	17
propafenone hcl er . . . . .	15	ropinirole hcl . . . . .	12	sodium polystyrene sulfonate . . . . .	17
proparacaine hcl ophthalmic . . . . .	25	rosadan external cream . . . . .	16	SOFOSBUVIR-VELPATASVIR. . . . .	12
propranolol hcl oral solution . . . . .	15	rosadan external gel . . . . .	16	sorafenib tosylate . . . . .	11
propranolol hcl oral tablet . . . . .	15	rosuvastatin calcium . . . . .	15	sotalol hcl (af). . . . .	15
propylthiouracil oral . . . . .	22	roweepra . . . . .	9	sotalol hcl oral . . . . .	15
protriptyline hcl . . . . .	10	RUCONEST . . . . .	22	SOTYLIZE. . . . .	15
pseudoephedrine-bromphen-dm . . . . .	26	SAFETY PEN NEEDLES 30G X 8 MM	24	SPIKEVAX COVID-19 VACCINE . . . . .	23
PULMICORT FLEXHALER . . . . .	25	salicylic acid external solution . . . . .	16	SPIRIVA HANDIHALER. . . . .	26
		salsalate oral . . . . .	7	SPIRIVA RESPIMAT . . . . .	26





spironolactone-hctz . . . . .	15	SYNJARDY XR. . . . .	14	TIMOPTIC OCUDOSE	
spironolactone oral . . . . .	15	TABLOID. . . . .	11	OPHTHALMIC SOLUTION 0.25 % . . . . .	25
sprintec 28 . . . . .	21	tacrolimus external . . . . .	16	tinidazole oral. . . . .	8
sps . . . . .	17	tacrolimus oral . . . . .	22	TISSEEL EXTERNAL KIT . . . . .	24
sronyx. . . . .	21	take action . . . . .	21	tizanidine hcl oral capsule . . . . .	26
ssd . . . . .	8	tamoxifen citrate oral tablet 10 mg . . . . .	11	tizanidine hcl oral tablet . . . . .	26
SSKI . . . . .	26	tamoxifen citrate oral tablet 20 mg . . . . .	11	tobramycin-dexamethasone. . . . .	24
stavudine . . . . .	12	tamsulosin hcl . . . . .	19	tobramycin nebulization solution	
STIVARGA . . . . .	11	tarina 24 fe . . . . .	21	300 mg/5ml inhalation . . . . .	26
ST JOSEPH LOW DOSE ORAL		tarina fe 1/20 . . . . .	21	tobramycin ophthalmic . . . . .	24
TABLET CHEWABLE . . . . .	7	tarina fe 1/20 eq. . . . .	21	tolterodine tartrate. . . . .	18
STRIBILD . . . . .	12	tazarotene external cream . . . . .	16	topiramate oral capsule sprinkle . . . . .	9
STRIVERDI RESPIMAT . . . . .	26	tazarotene external gel . . . . .	16	topiramate oral tablet . . . . .	9
subvenite . . . . .	9	TAZORAC EXTERNAL CREAM		torsemide . . . . .	15
subvenite starter kit-blue . . . . .	9	0.05 % . . . . .	16	TRACLEER 32 MG . . . . .	26
subvenite starter kit-green . . . . .	9	TAZORAC EXTERNAL GEL . . . . .	16	TRADJENTA. . . . .	14
subvenite starter kit-orange . . . . .	9	taztia xt. . . . .	15	tramadol-acetaminophen . . . . .	7
sucralfate oral suspension . . . . .	18	telmisartan-hctz. . . . .	15	tramadol hcl er oral tablet extended	
sucralfate oral tablet . . . . .	18	temazepam . . . . .	26	release 24 hour . . . . .	7
SULCONAZOLE NITRATE . . . . .	10	temozolomide . . . . .	11	tramadol hcl oral tablet 50 mg . . . . .	7
sulfacetamide-prednisolone. . . . .	25	TENIVAC. . . . .	23	tranexamic acid oral . . . . .	14
sulfacetamide sodium (acne) . . . . .	16	tenofovir disoproxil fumarate . . . . .	12	tranylcypramine sulfate. . . . .	9
sulfacetamide sodium ophthalmic		terazosin hcl. . . . .	19	trazodone hcl oral . . . . .	10
ointment . . . . .	25	terbinafine hcl oral. . . . .	10	tretinoin oral. . . . .	11
sulfacetamide sodium ophthalmic		terbutaline sulfate oral . . . . .	26	triamcinolone acetonide external	
solution. . . . .	25	testosterone cypionate intramuscular20		cream . . . . .	19
sulfamethoxazole-trimethoprim oral		testosterone enanthate intramuscular20		triamcinolone acetonide external	
suspension. . . . .	9	testosterone transdermal gel 50		lotion. . . . .	19
sulfamethoxazole-trimethoprim oral		mg/5gm (1%) . . . . .	20	triamcinolone acetonide external	
tablet. . . . .	9	tetrabenazine . . . . .	16	ointment 0.025 %, 0.1 %, 0.5 % . . . . .	19
sulfasalazine oral tablet . . . . .	23	tetracaine hcl ophthalmic . . . . .	25	triamcinolone acetonide mouth/	
sulfasalazine oral tablet delayed		tetracycline hcl oral . . . . .	9	throat. . . . .	16
release . . . . .	23	TEXACORT . . . . .	19	triamterene-hctz . . . . .	15
sulfatrim pediatric . . . . .	9	THALOMID. . . . .	11	triamterene oral . . . . .	15
sulindac oral. . . . .	7	theophylline er . . . . .	26	triazolam. . . . .	26
sumatriptan nasal . . . . .	10	theophylline oral solution . . . . .	26	tricitrates. . . . .	17
sumatriptan succinate oral . . . . .	10	thioridazine hcl oral . . . . .	12	triderm . . . . .	19
sumatriptan succinate refill		thiothixene . . . . .	12	tri-estarylla . . . . .	21
subcutaneous solution cartridge. . . . .	10	THROMBIN-JMI EPISTAXIS. . . . .	14	tri-femynor . . . . .	21
sumatriptan succinate subcutaneous10		THROMBIN-JMI EXTERNAL KIT. . . . .	14	trifluoperazine hcl . . . . .	12
sunitinib malate . . . . .	11	THROMBOGEN. . . . .	14	trifluridine . . . . .	24
SURESTEP PRO HIGH GLUCOSE . . . . .	13	tiadylt er . . . . .	15	trihexyphenidyl hcl . . . . .	11
SURESTEP PRO LOW GLUCOSE. . . . .	13	tilia fe. . . . .	21	tri-legest fe . . . . .	21
SURESTEP PRO NORMAL		timolol maleate ocudose . . . . .	25	tri-linyah . . . . .	21
GLUCOSE . . . . .	13	timolol maleate (once-daily) . . . . .	25	tri-lo-estarylla. . . . .	21
syeda . . . . .	21	timolol maleate ophthalmic gel		tri-lo-marzia . . . . .	21
SYMBICORT . . . . .	25	forming solution. . . . .	25	tri-lo-mili . . . . .	21
SYMJEPI. . . . .	26	timolol maleate ophthalmic solution 25		tri-lo-sprintec . . . . .	21
SYNAREL . . . . .	22	timolol maleate pf . . . . .	25	trimethobenzamide hcl oral . . . . .	10
SYNJARDY. . . . .	14				



trimethoprim oral . . . . .	8	varenicline tartrate oral 0.5 mg x 11 & 1 mg x 42 . . . . .	8	WESTGEL DHA . . . . .	18
tri-mili . . . . .	21	varenicline tartrate oral tablet. . . . .	8	WIDE-SEAL DIAPHRAGM 60. . . . .	24
TRINATE. . . . .	17	VARIVAX. . . . .	23	WIDE-SEAL DIAPHRAGM 65. . . . .	24
tri-nymyo. . . . .	21	VAXNEUVANCE. . . . .	23	WIDE-SEAL DIAPHRAGM 70. . . . .	24
tri-sprintec . . . . .	21	VCF VAGINAL CONTRACEPTIVE VAGINAL FILM. . . . .	19	WIDE-SEAL DIAPHRAGM 75. . . . .	24
TRISTART DHA . . . . .	17	VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM. . . . .	19	WIDE-SEAL DIAPHRAGM 80. . . . .	24
TRISTART ONE . . . . .	18	vcf vaginal contraceptive vaginal gel	19	WIDE-SEAL DIAPHRAGM 85. . . . .	24
trivora (28) . . . . .	21	velivet . . . . .	21	WIDE-SEAL DIAPHRAGM 90. . . . .	24
tri-vylibra. . . . .	21	venlafaxine hcl. . . . .	10	WIDE-SEAL DIAPHRAGM 95. . . . .	24
tri-vylibra lo. . . . .	21	venlafaxine hcl er oral capsule extended release 24 hour. . . . .	10	WILZIN . . . . .	17
TRUE METRIX LEVEL 1 . . . . .	13	VENTAVIS. . . . .	26	wixela inhub . . . . .	25
TRUE METRIX LEVEL 2 . . . . .	13	VENTOLIN HFA . . . . .	26	XIGDUO XR . . . . .	14
TRUE METRIX LEVEL 3 . . . . .	13	verapamil hcl er oral capsule extended release 24 hour. . . . .	15	xulane . . . . .	21
TRULICITY. . . . .	14	verapamil hcl er oral tablet extended release. . . . .	15	yuvafem . . . . .	21
TRUMENBA. . . . .	23	verapamil hcl oral . . . . .	15	zafemy . . . . .	21
TWINRIX. . . . .	23	vestura . . . . .	21	ZARXIO . . . . .	14
TWIRLA . . . . .	21	vienva . . . . .	21	ZELBORAF. . . . .	11
tyblume. . . . .	21	vigabatrin . . . . .	9	zenatane. . . . .	17
TYROS 2 . . . . .	24	vigadrone . . . . .	9	zidovudine oral capsule . . . . .	13
TYVASO . . . . .	26	VINATE ONE . . . . .	18	zidovudine oral syrup . . . . .	13
TYVASO DPI MAINTENANCE KIT. . . . .	26	viorele . . . . .	21	zidovudine oral tablet . . . . .	13
TYVASO DPI TITRATION KIT. . . . .	26	VIRACEPT . . . . .	13	ziprasidone hcl. . . . .	12
TYVASO REFILL . . . . .	26	VITAFOL FE+ . . . . .	18	zolpidem tartrate oral . . . . .	26
TYVASO STARTER . . . . .	26	VITAFOL-NANO . . . . .	18	zonisamide oral . . . . .	9
UCERIS RECTAL . . . . .	23	VITAFOL-OB+DHA. . . . .	18	zovia 1/35 (28) . . . . .	21
UNISTRIP CONTROL IN VITRO SOLUTION LOW . . . . .	13	VITAFOL STRIPS. . . . .	18	zumandimine . . . . .	21
unithroid . . . . .	22	vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit . . . . .	18	ZYKADIA . . . . .	11
urea external cream 40 %, 45 % . . . . .	17	VITATHELY WITH GINGER . . . . .	18	ZYLET. . . . .	25
urea external lotion . . . . .	17	volnea . . . . .	21		
urea nail . . . . .	17	voriconazole oral suspension reconstituted . . . . .	10		
UREMEZ-40 . . . . .	17	voriconazole oral tablet. . . . .	10		
URIMART . . . . .	18	VORTEX VALVED HOLDING CHAMBER . . . . .	24		
urin ds. . . . .	19	vyfemla . . . . .	21		
URO-MP . . . . .	19	vylibra . . . . .	21		
ursodiol oral capsule 300 mg. . . . .	18	warfarin sodium oral . . . . .	14		
ursodiol oral tablet . . . . .	18	wera . . . . .	21		
USTELL . . . . .	19	WESCAP-C DHA . . . . .	18		
VALCHLOR . . . . .	11	WESCAP-PN DHA. . . . .	18		
valganciclovir hcl . . . . .	12	WESNATE DHA . . . . .	18		
valproic acid oral . . . . .	9	WESTAB PLUS . . . . .	18		
valsartan-hydrochlorothiazide . . . . .	15				
valsartan oral tablet. . . . .	14				
vancomycin hcl oral capsule . . . . .	8				
vancomycin hcl oral solution reconstituted . . . . .	8				
vandazole . . . . .	8				
VAQTA. . . . .	23				



# Language Assistance Services

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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 مُعرف 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፣ አባክዎን በአንገራንስ ካርድዎ ላይ ባለው የአባል አገልግሎት መስጫ ስልክ ቁጥር ይደውሉ፣ መስማት ለተሳናቸው (TTY/RTT) በ 711። የጽሑፍ ትርጉም አገልግሎት እንዲሁም የቃል አስተርጓሚዎች ምንም ሳይከፍሉ መጠቀም ይቻላል።



Diné
<p>łá' nááná saad bee shika'a'doowot nínízingo doodago t'áá łahgo át'éego anályaago, nitsaago bee bik'e'ashchíígo da, t'áá shoqdí nits'íís nánel'ííh naaltsoos bee ha'dít'éhígíí bił ninaaltsoos nit'ízí bee nééhizinígíí béesh 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'í.</p>
فارسی
<p>اگر بہ زبان دیگر ہی بہ کمک نیاز دارید یا بہ فرمت متفاوتی از قبیل چاپ درشت نیاز دارید، لطفاً با شماره مرقوم شدہ بر روی کارت شناسایی برنامه درمانی خود، TTY / RTT 711 تماس بگیریید. خدمات ترجمہ و مترجمین شفاهی بدون اخذ ہزینہ 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>



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