



# 2023 Qualified Health Plan (QHP) Prescription Drug List

**Texas**

Effective as of Jan. 1, 2023

# Table of contents

Summary of formulary benefits . . . . .	4
How prescription drugs are covered under the plan . . . . .	5
FAQs . . . . .	7
Reading your PDL . . . . .	8
Questions . . . . .	8
Analgesics . . . . .	9
Anesthetics . . . . .	10
Anti-addiction/substance abuse treatment agents . . . . .	10
Antibacterials . . . . .	10
Anticonvulsants . . . . .	11
Antidementia agents . . . . .	12
Antidepressants . . . . .	12
Antiemetics . . . . .	12
Antifungals . . . . .	13
Antigout agents . . . . .	13
Antimigraine agents . . . . .	13
Antimyasthenic agents . . . . .	13
Antimycobacterials . . . . .	13
Antineoplastics . . . . .	13
Antiparasitics . . . . .	14
Antiparkinson agents . . . . .	14
Antivirals . . . . .	15
Anxiolytics . . . . .	16
Bipolar agents . . . . .	16
Blood glucose monitoring . . . . .	16
Blood glucose regulators . . . . .	16
Blood products and modifiers . . . . .	17
Cardiovascular agents . . . . .	17
Central nervous system agents . . . . .	19
Dental and oral agents . . . . .	19
Dermatological agents . . . . .	19
Electrolytes/minerals/metals/vitamins . . . . .	20
Gastrointestinal agents . . . . .	21
Genetic or enzyme disorder: replacement, modifiers, treatment. . . . .	22
Genitourinary agents. . . . .	22
Hormonal agents, stimulant/replacement/modifying (adrenal) . . . . .	23
Hormonal agents, stimulant/replacement/modifying (pituitary) . . . . .	23
Hormonal agents, stimulant/replacement/modifying (prostaglandins). . . . .	24
Hormonal agents, stimulant/replacement/modifying (sex hormones/modifiers). . . . .	24
Hormonal agents, stimulant/replacement/modifying (thyroid). . . . .	26
Hormonal agents, suppressant (adrenal) . . . . .	26
Hormonal agents, suppressant (pituitary) . . . . .	26
Hormonal agents, suppressant (thyroid). . . . .	26
Immunological agents. . . . .	26
Inflammatory bowel disease agents . . . . .	27



Metabolic bone disease agents.....	28
Miscellaneous therapeutic agents.....	28
Ophthalmic agents.....	28
Otic agents.....	30
Respiratory tract/pulmonary agents.....	30
Skeletal muscle relaxants.....	31
Sleep disorder agents.....	31
Index.....	32



# Summary of formulary benefits

The information in this document is designed to help you understand the prescription drug benefits offered under this plan and to compare these benefits to those offered by other plans. Information contained in this summary is designed to help you compare both the value and scope of formulary benefits.

## How do I use my prescription drug list (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](http://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 you take a medication in one of these programs, please visit [myuhc.com/exchange](http://myuhc.com/exchange) or call the Member Services number on your health plan ID card.

## How to find information on the cost of prescription drugs?

To find how much you will pay for your prescription medication, you can reference your Summary of Benefits and Coverage (SBC) document, which includes your specific plan information. Your SBC includes your deductible and out of pocket maximums, Tier cost shares, and a link to your PDL. You can also use the online drug lookup tool, which is linked in this booklet, to find your prescription cost information. The price estimate you see is based on the most recent network pricing and does not reflect any deductible requirements your plan may have.

## Formulary by health benefit plan

2023 Marketing plan name	SBC document	Drug pricing tool
UHC Bronze Standard \$7,500 Deductible	<a href="https://www.uhcexchange.com/ifp/sbc.40220TX0080015-01.en.2023">https://www.uhcexchange.com/ifp/sbc.40220TX0080015-01.en.2023</a>	optumrx.com/oe_texas/drug-pricing
UHC Bronze-A Standard \$0 Deductible 1	<a href="https://www.uhcexchange.com/ifp/sbc.40220TX0080015-02.en.2023">https://www.uhcexchange.com/ifp/sbc.40220TX0080015-02.en.2023</a>	
UHC Bronze-B Standard \$7,500 Deductible	<a href="https://www.uhcexchange.com/ifp/sbc.40220TX0080015-03.en.2023">https://www.uhcexchange.com/ifp/sbc.40220TX0080015-03.en.2023</a>	
UHC Bronze Standard \$9,100 Deductible	<a href="https://www.uhcexchange.com/ifp/sbc.40220TX0080016-01.en.2023">https://www.uhcexchange.com/ifp/sbc.40220TX0080016-01.en.2023</a>	
UHC Bronze-A Standard \$0 Deductible	<a href="https://www.uhcexchange.com/ifp/sbc.40220TX0080016-02.en.2023">https://www.uhcexchange.com/ifp/sbc.40220TX0080016-02.en.2023</a>	
UHC Bronze-B Standard \$9,100 Deductible	<a href="https://www.uhcexchange.com/ifp/sbc.40220TX0080016-03.en.2023">https://www.uhcexchange.com/ifp/sbc.40220TX0080016-03.en.2023</a>	
UHC Silver Standard	<a href="https://www.uhcexchange.com/ifp/sbc.40220TX0080020-01.en.2023">https://www.uhcexchange.com/ifp/sbc.40220TX0080020-01.en.2023</a>	
UHC Silver-A Standard \$0 Deductible	<a href="https://www.uhcexchange.com/ifp/sbc.40220TX0080020-02.en.2023">https://www.uhcexchange.com/ifp/sbc.40220TX0080020-02.en.2023</a>	
UHC Silver-B Standard	<a href="https://www.uhcexchange.com/ifp/sbc.40220TX0080020-03.en.2023">https://www.uhcexchange.com/ifp/sbc.40220TX0080020-03.en.2023</a>	
UHC Silver-C Standard \$0 Deductible	<a href="https://www.uhcexchange.com/ifp/sbc.40220TX0080020-06.en.2023">https://www.uhcexchange.com/ifp/sbc.40220TX0080020-06.en.2023</a>	
UHC Silver-D Standard	<a href="https://www.uhcexchange.com/ifp/sbc.40220TX0080020-05.en.2023">https://www.uhcexchange.com/ifp/sbc.40220TX0080020-05.en.2023</a>	
UHC Silver-E Standard	<a href="https://www.uhcexchange.com/ifp/sbc.40220TX0080020-04.en.2023">https://www.uhcexchange.com/ifp/sbc.40220TX0080020-04.en.2023</a>	
UHC Gold Standard	<a href="https://www.uhcexchange.com/ifp/sbc.40220TX0080024-01.en.2023">https://www.uhcexchange.com/ifp/sbc.40220TX0080024-01.en.2023</a>	
UHC Gold-A Standard \$0 Deductible	<a href="https://www.uhcexchange.com/ifp/sbc.40220TX0080024-02.en.2023">https://www.uhcexchange.com/ifp/sbc.40220TX0080024-02.en.2023</a>	
UHC Gold-B Standard	<a href="https://www.uhcexchange.com/ifp/sbc.40220TX0080024-03.en.2023">https://www.uhcexchange.com/ifp/sbc.40220TX0080024-03.en.2023</a>	

To find drug cost estimates go to [optumrx.com/oe\\_texas/drug-pricing](http://optumrx.com/oe_texas/drug-pricing)



## Drugs by cost sharing tier

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.

Drug tier	Cost share	% of drugs	Helpful tips
Tier 1	\$\$	44%	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 2	\$\$\$	20%	
Tier 3	\$\$\$\$	20%	
Tier 4	\$\$\$\$\$	7%	
HCR \$0 copay	\$0	9%	Preventive products listed in the HCR \$0 Tier are available at zero cost.

## How prescription drugs are covered under the plan

### Formulary composition

This formulary, also known as a Prescription Drug List (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. UnitedHealthcare's formulary is considered closed formulary, in which only medications included in the formulary are covered. A drug that is not on the formulary may be covered by requesting an exception. Medications included on the formulary do not guarantee that your provider will prescribe that medication for a particular condition or mental illness.

To create the list, UnitedHealthcare® is guided by the Individual and Family Plan Pharmacy Management Committee. This group reviews, on at least a quarterly basis, 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.

### 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.

### Right to appeal

To get a medication not listed in the PDL, you, your authorized representative or your provider can ask for a coverage request by calling the number on your member ID card.

Once the request is received, a decision will be provided within 72 hours, unless state law requires faster response or there are exigent circumstances and an expedited review is requested, in which case a decision will be provided in 24 hours.

If approved, your cost share will be based on the highest tier in your benefit plan design.

If the request is denied, you have the right to appeal or request an external review. Your denial letter will describe the process to appeal that decision or request an external review.

### Continuation of coverage

You have right to continue coverage for a prescription drug at the same coverage level or tier at which the drug was covered at the beginning of the plan year, until your plan renewal date.

### Off-label drug use

We may provide coverage for off-label drug use. Off-label use of FDA approved drugs occurs when a drug is prescribed for a reason that has not been approved by the FDA. Off-label drug use may be covered when all of the following apply:

- Drug has been approved by the Food and Drug Administration for at least one indication
- Drug is recognized for treatment of the indication for which the drug is prescribed in:
  - a standard drug reference compendium; or
  - substantially accepted peer-reviewed medical literature



## Cost sharing

Cost-sharing: Your plan specific cost-shares (deductible, out of pocket max, and tier costs) are listed on your Summary of Benefits and Coverage document. Your deductible is the amount of money that you and anyone covered by your plan must pay out-of-pocket each plan year for covered services before your plan starts to pay. The out-of-pocket cost share for covered prescriptions applies to your deductible until your deductible is met. Your cost share may be a copayment (an amount you pay out-of-pocket for your prescription medicines after you've met any deductible) or coinsurance (a percentage of the total cost that you pay for your medicines, after you've met any deductible).

Your drug list has the following tiers:

- HCR \$0 Copay (Not Subject to Deductible)
- Tier 1 (Preferred Generics)
- Tier 2 (Preferred Brand and Non-preferred Generics)
- Tier 3 (Non-preferred Brand and Non-preferred Generics)
- Tier 4 (Specialty Brands and Specialty Generics)

Preferred medications (generic & brand) are in lower tiers. Non-preferred medications (generic & brand) are in higher tiers. 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.

## Medical management requirements

- **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.
- **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.
- **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.
- **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.

To find drug cost estimates go to [optumrx.com/oe\\_texas/drug-pricing](https://optumrx.com/oe_texas/drug-pricing)



# FAQs

## Can the PDL change?

Most changes in drug coverage happen on January 1, but during the year UnitedHealthcare:

- May move medications to a lower tier at any time.
- May add medications to the PDL any time.
- May move medications to a higher tier when a generic becomes available.
- May move medications to a higher tier or be excluded from coverage upon your policy renewal.

When a medication changes tiers, you may have to pay a different amount for that medication. Talk to your provider to learn about alternatives. You can visit [myuhc.com/exchanges](http://myuhc.com/exchanges) or call the Member Services number on your health plan ID card to check your medication coverage and lower-cost options.

## Why are some medications not covered?

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

## What 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 ID card or visit [myuhc.com/exchange](http://myuhc.com/exchange).

## What drugs are covered under my medical benefits?

Visit [uhcprovider.com/content/dam/provider/docs/public/resources/pharmacy/IFP-Clinical-Program-Summary-Drug-List.pdf](http://uhcprovider.com/content/dam/provider/docs/public/resources/pharmacy/IFP-Clinical-Program-Summary-Drug-List.pdf) to learn about drugs covered under your medical benefit.

### 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.

To find drug cost estimates go to [optumrx.com/oe\\_texas/drug-pricing](http://optumrx.com/oe_texas/drug-pricing)



# 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.

## Drug list information

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

<b>PA</b>	<b>Prior authorization required</b>
<b>QL</b>	<b>Quantity limit</b>
<b>ST</b>	<b>Step therapy</b>
<b>HCR \$0 copay</b>	<b>HCR \$0 copay</b> – These drugs may be available at zero cost if specific requirements are met.
<b>SP</b>	<b>Specialty medication</b> – limited to a 1-month supply per prescription.*
<b>MME</b>	<b>Morphine milligram equivalent</b>
<b>7D</b>	<b>7-day limit</b> 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

To find drug cost estimates go to [optumrx.com/oe\\_texas/drug-pricing](https://optumrx.com/oe_texas/drug-pricing)





Drug name	Drug tier	Requirements & limits
<b>Analgesics</b>		
<b>Nonsteroidal anti-inflammatory drugs</b>		
adult aspirin regimen	\$0	HCR \$0 copay for members between ages of 12 to 79.
aspirin adult low dose	\$0	HCR \$0 copay for members between ages of 12 to 79.
aspirin adult low strength	\$0	HCR \$0 copay for members between ages of 12 to 79.
aspirin childrens	\$0	HCR \$0 copay for members between ages of 12 to 79.
aspirin ec low dose	\$0	HCR \$0 copay for members between ages of 12 to 79.
aspirin ec low strength	\$0	HCR \$0 copay for members between ages of 12 to 79.
aspirin low dose	\$0	HCR \$0 copay for members between ages of 12 to 79.
aspirin oral tablet delayed release 81 mg	\$0	HCR \$0 copay for members between ages of 12 to 79.
BAYER ASPIRIN EC LOW DOSE	\$0	HCR \$0 copay for members between ages of 12 to 79.
celecoxib oral	1	QL
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium external gel 1 %	2	QL
diclofenac sodium oral	1	
diclofenac-misoprostol	2	
diflunisal oral	1	
ec-naproxen	1	
etodolac	1	
etodolac er	2	
fenoprofen calcium oral tablet	3	
flurbiprofen oral	1	
goodsense aspirin low dose	\$0	HCR \$0 copay for members between ages of 12 to 79.
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN RECTAL	3	
indomethacin er	1	
indomethacin oral capsule 25 mg, 50 mg	1	QL
ketoprofen er	3	ST
ketoprofen oral	2	ST
ketorolac tromethamine oral	1	

Drug name	Drug tier	Requirements & limits
meclofenamate sodium oral	3	
mefenamic acid oral	3	
meloxicam oral tablet	1	
nabumetone oral	1	
naproxen oral suspension	3	PA
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin	2	
piroxicam oral	1	
salsalate oral	1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE	\$0	HCR \$0 copay for members between ages of 12 to 79.
sulindac oral	1	
<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	2	PA; QL; MME; 7D
hydromorphone hcl er	3	PA; QL; MME; 7D
levorphanol tartrate oral tablet 2 mg	3	QL; MME; 7D
methadone hcl intensol	1	QL; MME; 7D
methadone hcl oral concentrate	1	QL; MME; 7D
methadone hcl oral solution	1	PA; QL; MME; 7D
methadone hcl oral tablet	1	PA; QL; MME; 7D
methadone hcl oral tablet soluble	1	PA; QL; MME; 7D
methadose oral concentrate 10 mg/ml	1	QL; MME; 7D
methadose oral tablet soluble	1	PA; QL; MME; 7D
methadose sugar-free	1	QL; MME; 7D
morphine sulfate er oral tablet extended release	3	PA; QL; MME; 7D
NUCYNTA ER	2	PA; QL; MME; 7D
oxymorphone hcl er	3	PA; QL; MME; 7D
tramadol hcl er oral tablet extended release 24 hour	2	QL; MME; 7D
XTAMPZA ER	2	PA; QL; MME; 7D
<b>Opioid analgesics, short-acting</b>		
acetaminophen-codeine	1	QL; MME; 7D
acetaminophen-codeine #2	1	QL; MME; 7D
acetaminophen-codeine #3	1	QL; MME; 7D
acetaminophen-codeine #4	1	QL; MME; 7D
ascomp-codeine	2	QL; MME; 7D
bac	1	QL
butalbital-acetaminophen oral tablet	2	QL
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	2	QL; MME; 7D
butalbital-apap-caffeine oral capsule	2	QL
butalbital-apap-caffeine oral tablet	1	QL
butalbital-asa-caff-codeine	2	QL; MME; 7D

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
butalbital-aspirin-caffeine	1	QL
codeine sulfate oral tablet 30 mg, 60 mg	1	QL; MME; 7D
endocet	1	QL; MME; 7D
fentanyl citrate buccal lozenge on a handle	3	PA; QL
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	1	QL; MME; 7D
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	QL; MME; 7D
hydrocodone-ibuprofen	3	QL; MME; 7D
hydromorphone hcl oral liquid	2	QL; MME; 7D
hydromorphone hcl oral tablet	1	QL; MME; 7D
hydromorphone hcl rectal	2	MME; 7D
morphine sulfate (concentrate)	2	QL; MME; 7D
morphine sulfate oral solution	2	QL; MME; 7D
morphine sulfate oral tablet	1	QL; MME; 7D
morphine sulfate rectal	2	MME; 7D
oxycodone hcl oral capsule	1	QL; MME; 7D
oxycodone hcl oral concentrate 100 mg/5ml	3	QL; MME; 7D
oxycodone hcl oral solution	1	QL; MME; 7D
oxycodone hcl oral tablet	1	QL; MME; 7D
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL; MME; 7D
oxymorphone hcl	2	QL; MME; 7D
pentazocine-naloxone hcl	2	QL; MME; 7D
TENCON	2	QL
tramadol hcl oral tablet 50 mg	1	QL; MME; 7D
tramadol-acetaminophen	1	QL; MME; 7D
VTOL LQ	2	PA; QL
<b>Anesthetics</b>		
<b>Local anesthetics</b>		
glydo	1	
lidocaine external ointment 5 %	1	QL
lidocaine external patch 5 %	2	PA; QL
lidocaine hcl external solution	2	
lidocaine hcl mouth/throat	2	
lidocaine hcl urethral/mucosal	1	
lidocaine viscous hcl	1	
lidocaine-prilocaine external cream	1	
premium lidocaine	1	QL
<b>Anti-addiction/substance abuse treatment agents</b>		
<b>Alcohol deterrents/anti-craving</b>		
acamprosate calcium	2	
disulfiram oral	1	
naltrexone hcl oral	\$0	
<b>Opioid dependence treatments</b>		
buprenorphine hcl sublingual	\$0	
buprenorphine hcl-naloxone hcl sublingual film	3	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	\$0	
ZUBSOLV	2	
<b>Opioid reversal agents</b>		
naloxone hcl injection	1	

Drug name	Drug tier	Requirements & limits
naloxone hcl nasal	2	
NARCAN	2	
<b>Smoking cessation agents</b>		
bupropion hcl er (smoking det)	\$0	QL
goodsense nicotine mouth/throat lozenge 4 mg	\$0	QL
habitrol	\$0	QL
NICORETTE MOUTH/THROAT GUM 2 MG	\$0	QL
NICORETTE MOUTH/THROAT LOZENGE 4 MG	\$0	QL
nicotine polacrilex mini	\$0	QL
nicotine polacrilex mouth/throat	\$0	QL
nicotine step 1	\$0	QL
nicotine step 2	\$0	QL
nicotine step 3	\$0	QL
nicotine transdermal kit	\$0	QL
NICOTROL	\$0	PA; QL
NICOTROL NS	\$0	PA; QL
varenicline tartrate	\$0	PA; QL
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
gentamicin sulfate external	2	
neomycin sulfate oral	1	
paromomycin sulfate oral	3	
<b>Antibacterials, other</b>		
ALTABAX	3	QL
clindamycin hcl oral	1	
clindamycin palmitate hcl	2	
clindamycin phosphate vaginal	1	
CLINDESSE	2	
FIRVANQ	2	
fosfomycin tromethamine	3	
linezolid oral suspension reconstituted	3	QL
linezolid oral tablet	2	QL
mafenide acetate external	3	
methenamine hippurate	1	
methenamine mandelate oral	1	
metronidazole oral tablet	1	
metronidazole vaginal	1	
mupirocin calcium	3	QL
mupirocin external	1	QL
nitrofurantoin	3	
nitrofurantoin macrocrystal	2	
nitrofurantoin monohydrate macrocrystals	1	
silver nitrate external	1	
silver sulfadiazine external	1	
ssd	1	
SULFAMYLON EXTERNAL CREAM	3	
tinidazole oral	1	
trimethoprim oral	1	
vancomycin hcl oral capsule	1	QL
vancomycin hcl oral solution reconstituted	2	
vandazole	1	

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
XEPI	3	QL
XIFAXAN	4	PA; QL
<b>Beta-lactam, cephalosporins</b>		
cefaclor er	2	
cefaclor oral capsule	1	
cefadroxil oral capsule	1	
cefadroxil oral suspension reconstituted	1	
cefadroxil oral tablet	2	
cefdinir	1	
cefixime oral capsule	2	
cefixime oral suspension reconstituted	3	
cefepodoxime proxetil	2	
cefprozil	1	
cefuroxime axetil	1	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
<b>Beta-lactam, penicillins</b>		
amoxicillin	1	
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	1	
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	1	
ampicillin	1	
dicloxacillin sodium	1	
penicillin v potassium	1	
<b>Macrolides</b>		
azithromycin oral	1	
clarithromycin er	2	
clarithromycin oral suspension reconstituted	3	
clarithromycin oral tablet	1	
DIFICID	3	QL
E.E.S. GRANULES	3	
ERYPED 200	3	
ERYTHROCIN STEARATE	3	
erythromycin base oral capsule delayed release particles	3	
erythromycin base oral tablet	3	
erythromycin base oral tablet delayed release	2	
erythromycin ethylsuccinate oral	3	
erythromycin oral	2	
<b>Quinolones</b>		
BAXDELA ORAL	3	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%)	3	
ciprofloxacin hcl oral	1	
levofloxacin oral solution	3	
levofloxacin oral tablet	1	
moxifloxacin hcl oral	1	
ofloxacin oral	2	

Drug name	Drug tier	Requirements & limits
<b>Sulfonamides</b>		
sulfadiazine oral	3	
sulfamethoxazole-trimethoprim oral suspension	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric	1	
<b>Tetracyclines</b>		
avidoxy	1	
demeclocycline hcl	3	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted	2	
doxycycline monohydrate oral tablet	1	
minocycline hcl oral capsule	1	
mondoxylene nl	1	
tetracycline hcl oral	3	
VIBRAMYCIN ORAL SYRUP	3	
<b>Anticonvulsants</b>		
<b>Anticonvulsants, other</b>		
levetiracetam er	1	
levetiracetam oral	1	
roweepra	1	
<b>Calcium channel modifying agents</b>		
CELONTIN	2	
ethosuximide oral	2	
zonisamide oral	1	
<b>Gamma-aminobutyric acid (GABA) augmenting agents</b>		
diazepam rectal	3	QL
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
phenobarbital oral	1	
primidone oral	1	
tiagabine hcl	3	
valproic acid oral	1	
vigabatrin	4	PA; QL; SP
vigadrone	4	PA; QL; SP
<b>Glutamate reducing agents</b>		
felbamate	3	
FYCOMPA ORAL SUSPENSION	3	PA; QL
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG	3	PA
lamotrigine oral kit	3	PA
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	PA
lamotrigine starter kit-blue	3	
lamotrigine starter kit-green	3	
lamotrigine starter kit-orange	3	
subvenite	1	
subvenite starter kit-blue	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
subvenite starter kit-green	3	
subvenite starter kit-orange	3	
topiramate oral capsule sprinkle	2	
topiramate oral tablet	1	
<b>Sodium channel agents</b>		
APTIOM	3	PA; QL
BANZEL ORAL TABLET	3	PA
carbamazepine er	2	
carbamazepine oral suspension	2	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
DILANTIN ORAL CAPSULE 30 MG	3	
epitol	1	
lacosamide oral solution	3	PA; QL
oxcarbazepine oral suspension	3	
oxcarbazepine oral tablet	1	
phenytoin infatabs	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable	1	
phenytoin sodium extended	1	
rufinamide oral suspension	3	
rufinamide oral tablet	3	PA
VIMPAT ORAL SOLUTION	3	PA; QL
<b>Antidementia agents</b>		
<b>Cholinesterase inhibitors</b>		
donepezil hcl oral tablet 10 mg, 5 mg	1	QL
donepezil hcl oral tablet dispersible	1	QL
galantamine hydrobromide er	2	QL
galantamine hydrobromide oral solution	3	QL
galantamine hydrobromide oral tablet	2	QL
rivastigmine	3	QL
rivastigmine tartrate	1	QL
<b>N-methyl-D-aspartate (NMDA) receptor antagonist</b>		
memantine hcl oral solution 2 mg/ml	3	QL
memantine hcl oral tablet	1	QL
<b>Antidepressants</b>		
<b>Antidepressants, other</b>		
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
bupropion hcl oral	1	
chlordiazepoxide-amitriptyline	1	
mirtazapine oral tablet	1	
mirtazapine oral tablet dispersible	1	
olanzapine-fluoxetine hcl	3	QL
perphenazine-amitriptyline	1	
<b>Monoamine oxidase inhibitors</b>		
MARPLAN	3	
phenelzine sulfate oral	1	
tranylcypromine sulfate	3	
<b>SSRI/SNRI (selective serotonin reuptake inhibitors/serotonin and norepinephrine reuptake inhibitors)</b>		
citalopram hydrobromide oral solution	2	
citalopram hydrobromide oral tablet	1	

Drug name	Drug tier	Requirements & limits
desvenlafaxine succinate er	1	QL
duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg	1	QL
duloxetine hcl oral capsule delayed release particles 30 mg	1	QL
escitalopram oxalate oral solution	2	
escitalopram oxalate oral tablet	1	
FETZIMA	3	ST; QL
fluoxetine hcl (pmdd)	2	QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	2	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg, 20 mg	2	QL
fluvoxamine maleate	1	
fluvoxamine maleate er	3	QL
nefazodone hcl	2	
paroxetine hcl er	2	QL
paroxetine hcl oral suspension	3	
paroxetine hcl oral tablet	1	
PAXIL ORAL SUSPENSION	3	
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
VIIBRYD	3	QL
VIIBRYD STARTER PACK	3	QL
vilazodone hcl	3	QL
<b>Tricyclics</b>		
amitriptyline hcl oral	1	
amoxapine	1	
clomipramine hcl oral	3	
desipramine hcl oral	2	
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
imipramine hcl oral	1	
imipramine pamoate	3	
nortriptyline hcl oral capsule	1	
nortriptyline hcl oral solution	2	
protriptyline hcl	2	
trimipramine maleate oral	3	
<b>Antiemetics</b>		
<b>Antiemetics, other</b>		
compro	2	
meclizine hcl oral tablet 25 mg	1	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
perphenazine oral	1	
prochlorperazine	2	
prochlorperazine maleate oral	1	
scopolamine	2	
trimethobenzamide hcl oral	1	
<b>Emetogenic therapy adjuncts</b>		
aprepitant	3	QL

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
dronabinol	3	
EMEND ORAL SUSPENSION RECONSTITUTED	2	QL
granisetron hcl oral	2	QL
ondansetron hcl oral solution	1	
ondansetron hcl oral tablet	1	
ondansetron odt	1	
VARUBI (180 MG DOSE)	2	QL
<b>Antifungals</b>		
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external	1	
ciclopirox treatment	1	
clotrimazole mouth/throat	1	
clotrimazole-betamethasone external cream	1	QL
clotrimazole-betamethasone external lotion	2	
econazole nitrate external	2	QL
EXELDERM	3	
fluconazole oral suspension reconstituted	1	
fluconazole oral tablet	1	
flucytosine oral	3	
griseofulvin microsize oral	2	
griseofulvin ultramicrosize	2	
GYNAZOLE-1	3	
hydrocortisone-iodoquinol	1	
itraconazole oral	3	QL
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
ketoconazole oral	1	
LULICONAZOLE	3	QL
miconazole 3	1	
naftifine hcl external cream 1 %	3	
nyamyc	1	QL
nystatin external cream	1	
nystatin external ointment	1	
nystatin external powder	1	QL
nystatin mouth/throat	1	
nystatin oral	1	
nystop	1	QL
oxiconazole nitrate	3	PA; QL
posaconazole	2	QL
SULCONAZOLE NITRATE	3	
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	
terconazole vaginal suppository	2	
voriconazole oral suspension reconstituted	3	
voriconazole oral tablet	3	QL
<b>Antigout agents</b>		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	1	QL
colchicine-probenecid	1	
febuxostat	2	ST; QL

Drug name	Drug tier	Requirements & limits
MITIGARE	2	QL
probenecid	1	
<b>Antimigraine agents</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	QL
dihydroergotamine mesylate injection	3	QL
ergotamine-caffeine	3	
MIGERGOT	3	
almotriptan malate	2	QL
eletriptan hydrobromide	2	QL
naratriptan hcl	1	QL
rizatriptan benzoate	1	QL
sumatriptan nasal	3	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge	3	QL
sumatriptan succinate subcutaneous	3	QL
sumatriptan-naproxen sodium	3	QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	3	ST; QL
zolmitriptan nasal solution 5 mg	3	ST; QL
zolmitriptan oral	2	QL
<b>Antimyasthenic agents</b>		
pyridostigmine bromide er	3	
pyridostigmine bromide oral solution	3	
pyridostigmine bromide oral tablet 60 mg	1	
<b>Antimycobacterials</b>		
dapsone oral	1	
rifabutin	3	
cycloserine oral	3	
ethambutol hcl oral	1	
isoniazid oral syrup	3	
isoniazid oral tablet	1	
PASER	3	
PRIFTIN	2	
pyrazinamide oral	2	
rifampin oral	1	
TRECTOR	2	
<b>Antineoplastics</b>		
cyclophosphamide oral capsule	3	
CYCLOPHOSPHAMIDE ORAL TABLET	3	
GLEOSTINE	4	SP
LEUKERAN	3	
melphalan	3	
MYLERAN	3	
temozolomide	4	PA; SP
abiraterone acetate	4	PA; QL; SP
bicalutamide	1	
flutamide	2	
nilutamide	4	SP
lenalidomide	4	PA; QL; SP
REVLIMID	4	PA; QL; SP
THALOMID	4	PA; QL; SP
EMCYT	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
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	HCR \$0 Copay after prior authorization for members ages 35 and above who meet breast cancer prevention criteria.
toremifene citrate	3	
capecitabine	4	SP
DROXIA	3	
hydroxyurea oral	1	
mercaptopurine oral	1	
TABLOID	4	SP
FLUOROURACIL EXTERNAL CREAM 0.5 %	3	QL
fluorouracil external cream 5 %	1	QL
fluorouracil external solution	1	
leucovorin calcium oral	1	
PIQRAY	4	PA; QL; SP
ROZLYTREK	4	PA; QL; SP
SYNRIBO	4	PA; QL; SP
ZOLINZA	4	QL; SP
anastrozole oral	1	HCR \$0 Copay after prior authorization for members ages 35 and above who meet breast cancer prevention criteria.
exemestane	3	
letrozole oral	1	HCR \$0 Copay after prior authorization for members ages 35 and above who meet breast cancer prevention criteria.
etoposide oral	4	SP
HYCANTIN ORAL	4	PA; QL; SP
TALZENNA	4	PA; QL; SP
AFINITOR ORAL TABLET 10 MG	4	PA; QL; SP
BOSULIF	4	PA; QL; SP
CAPRELSA	4	PA; QL; SP
COMETRIQ	4	PA; QL; SP
erlotinib hcl	4	PA; QL; SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	4	PA; QL; SP
imatinib mesylate	4	PA; QL; SP
IMBRUVICA	4	PA; QL; SP
JAKAFI	4	PA; QL; SP
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 4 MG	4	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	3	PA; QL; SP

Drug name	Drug tier	Requirements & limits
LORBRENA	4	PA; QL; SP
NEXAVAR	4	PA; QL; SP
sorafenib tosylate	4	PA; QL; SP
STIVARGA	4	PA; QL; SP
sunitinib malate	4	PA; QL; SP
SUTENT	4	PA; QL; SP
VITRAKVI	4	PA; QL; SP
XOSPATA	4	PA; QL; SP
ZELBORAF	4	PA; QL; SP
ZYKADIA	4	PA; QL; SP
bexarotene external	4	QL; SP
bexarotene oral	4	SP
TARGRETIN EXTERNAL	4	QL; SP
tretinoin oral	4	QL; SP
<b>Antiparasitics</b>		
albendazole oral	3	PA; QL
EGATEN	3	PA
ivermectin oral	1	PA; QL
praziquantel oral	3	
ALINIA ORAL SUSPENSION RECONSTITUTED	2	QL
atovaquone	3	
atovaquone-proguanil hcl	2	
BENZNIDAZOLE	2	PA; QL
chloroquine phosphate oral	1	QL
hydroxychloroquine sulfate oral tablet 200 mg	1	QL
mefloquine hcl	1	
nitazoxanide oral	2	QL
pentamidine isethionate inhalation	2	QL
primaquine phosphate	1	
pyrimethamine oral	4	PA; SP
quinine sulfate oral	2	
crotan	3	
lindane	2	QL
malathion	3	
permethrin external	1	
spinosad	3	
<b>Antiparkinson agents</b>		
benztropine mesylate oral	1	
trihexyphenidyl hcl	1	
amantadine hcl oral	1	
carbidopa-levodopa-entacapone	3	
entacapone	2	
tolcapone	3	QL
APOKYN	4	QL; SP
apomorphine hcl subcutaneous	4	QL; SP
bromocriptine mesylate oral capsule	3	
bromocriptine mesylate oral tablet	2	
NEUPRO TRANSDERMAL PATCH 24 HOUR 2 MG/24HR	3	
pramipexole dihydrochloride	1	
ropinirole hcl	1	
carbidopa oral	3	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	

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
carbidopa-levodopa oral tablet dispersible	2	
DUOPA	3	PA
rasagiline mesylate oral	3	ST
selegiline hcl oral	2	
ADASUVE	3	
chlorpromazine hcl oral tablet	1	
fluphenazine hcl oral concentrate	2	
fluphenazine hcl oral elixir	2	
fluphenazine hcl oral tablet	1	
haloperidol lactate oral	1	
haloperidol oral	1	
loxapine succinate	1	
molindone hcl	3	
pimozide	2	
thioridazine hcl oral	1	
thiothixene	1	
trifluoperazine hcl	1	
aripiprazole oral solution	3	QL
aripiprazole oral tablet	1	QL
asenapine maleate	3	ST; QL
FANAPT	3	QL
FANAPT TITRATION PACK	3	QL
LATUDA	3	ST; QL
olanzapine oral tablet	1	QL
olanzapine oral tablet dispersible	1	QL
paliperidone er	3	QL
quetiapine fumarate	1	QL
quetiapine fumarate er	1	QL
risperidone oral solution	1	
risperidone oral tablet	1	
risperidone oral tablet dispersible	2	
ziprasidone hcl	1	QL
clozapine oral tablet	1	
clozapine oral tablet dispersible	3	QL
<b>Antivirals</b>		
LAGEVRIO	2	QL
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100)	2	QL
valganciclovir hcl	3	QL
adefovir dipivoxil	4	SP
BARACLUDE ORAL SOLUTION	4	SP
entecavir	2	SP
EPIVIR HBV ORAL SOLUTION	4	
lamivudine oral tablet 100 mg	2	
INTRON A	4	PA; SP
EPCLUSA	4	PA; QL; SP
HARVONI	4	PA; QL; SP
LEDIPASVIR-SOFOSBUVIR	4	PA; QL; SP
PEGASYS	4	PA; QL; SP
ribavirin oral	2	
SOFOSBUVIR-VELPATASVIR	4	PA; QL; SP
acyclovir oral capsule	1	
acyclovir oral suspension	3	
acyclovir oral tablet	1	

Drug name	Drug tier	Requirements & limits
DENAVIR	3	QL
famciclovir oral	1	QL
valacyclovir hcl oral	1	QL
BIKTARVY	3	QL
GENVOYA	3	QL
ISENTRESS ORAL PACKET	3	QL
STRIBILD	3	QL
COMPLERA	3	QL
EDURANT	3	QL
efavirenz	3	QL
etravirine	3	QL
INTELENCE	3	QL
nevirapine oral suspension	1	QL
nevirapine oral tablet	1	QL
abacavir sulfate oral solution	3	QL
abacavir sulfate oral tablet	1	QL
abacavir sulfate-lamivudine	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	3	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	3	QL; HCR \$0 copay after prior authorization to prevent HIV (human immunodeficiency virus) infections in individuals who are at high risk of HIV acquisition.
lamivudine oral solution	1	QL
lamivudine oral tablet 150 mg, 300 mg	1	QL
lamivudine-zidovudine	2	QL
ODEFSEY	3	QL
stavudine	2	QL
tenofovir disoproxil fumarate	1	QL; HCR \$0 copay after prior authorization to prevent HIV (human immunodeficiency virus) infections in individuals who are at high risk of HIV acquisition.
TRIUMEQ	3	QL
zidovudine oral capsule	2	QL
zidovudine oral syrup	2	QL
zidovudine oral tablet	1	QL
FUZEON	4	QL
maraviroc	3	QL
SELZENTRY	3	QL
APTIVUS	3	QL
atazanavir sulfate	3	QL
fosamprenavir calcium	3	QL
KALETRA ORAL TABLET	3	QL
LEXIVA ORAL SUSPENSION	3	QL
lopinavir-ritonavir	3	QL
NORVIR ORAL PACKET	3	QL

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
NORVIR ORAL SOLUTION	3	QL
PREZISTA	3	QL
REYATAZ ORAL PACKET	3	QL
ritonavir	3	QL
VIRACEPT	3	QL
oseltamivir phosphate oral	2	QL
RELENZA DISKHALER	3	QL
rimantadine hcl	1	
<b>Anxiolytics</b>		
buspirone hcl oral	1	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
meprobamate	3	
alprazolam er	1	QL
alprazolam intensol	2	QL
alprazolam oral tablet	1	QL
alprazolam oral tablet dispersible	2	QL
alprazolam xr	1	QL
chlordiazepoxide hcl	1	
clonazepam oral tablet	1	QL
clonazepam oral tablet dispersible	1	QL
clorazepate dipotassium	2	QL
diazepam intensol	1	QL
diazepam oral concentrate	1	QL
diazepam oral solution	1	
diazepam oral tablet	1	QL
estazolam	1	QL
lorazepam intensol	1	QL
lorazepam oral concentrate 2 mg/ml	1	QL
lorazepam oral tablet	1	QL
oxazepam	1	
quazepam	3	
<b>Bipolar agents</b>		
divalproex sodium er	1	
divalproex sodium oral capsule delayed release sprinkle	1	
divalproex sodium oral tablet delayed release	1	
EQUETRO	3	
lithium carbonate er	1	
lithium carbonate oral	1	
<b>Blood glucose monitoring</b>		
ACCU-CHEK AVIVA DEVICE	2	QL
ACCU-CHEK AVIVA PLUS TEST STRIPS	2	QL
ACCU-CHEK FASTCLIX LANCET KIT	2	QL
ACCU-CHEK FASTCLIX LANCETS	2	
ACCU-CHEK GUIDE CONTROL	2	QL
ACCU-CHEK GUIDE TEST STRIPS	2	QL
ACCU-CHEK SAFE-T PRO LANCETS	2	
ACCU-CHEK SMARTVIEW CONTROL	2	QL
ACCU-CHEK SMARTVIEW TEST STRIPS	2	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	QL
ACCU-CHEK SOFTCLIX LANCETS	2	
AUTOLET LANCING DEVICE	2	QL

Drug name	Drug tier	Requirements & limits
CARETOUCH CONTROL SOL LEVEL 2	2	QL
CARETOUCH LANCING/EJECTOR	2	QL
CARETOUCH TWIST MC LANCETS 30G	2	
CEQR SIMPLICITY 2U KIT	2	
CHEMSTRIP K	2	
CHEMSTRIP MICRAL	2	
CHEMSTRIP UGK	2	
CONTOUR CONTROL SOLUTION	2	QL
CONTOUR NEXT CONTROL SOLUTION	2	QL
CVS KETONE CARE	2	
EASYMAX 15 LEVEL 2-3 CONTROL	2	QL
EASYMAX CONTROL	2	QL
GLUCOSE CONTROL SOLUTIONS	2	QL
FORTISCARE CONTROL	2	QL
KETO-DIASTIX	2	
KETONE TEST	2	
KETOSTIX	2	
LANCETS	2	
MICROLET NEXT LANCING DEVICE	2	QL
NOVOPEN ECHO	2	
ONETOUCH CLUB LANCETS FINE PT	2	
ONETOUCH DELICA LANCETS 30G	2	
ONETOUCH DELICA LANCETS 33G	2	
ONETOUCH DELICA LANCING DEV	2	QL
ONETOUCH DELICA PLUS LANCET30G	2	
ONETOUCH DELICA PLUS LANCET33G	2	
ONETOUCH DELICA PLUS LANCING	2	QL
ONETOUCH FINEPOINT LANCETS	2	
ONETOUCH ULTRA TEST STRIPS	2	QL
ONETOUCH ULTRA 2 KIT W/DEVICE	2	QL
ONETOUCH ULTRA MINI KIT W/DEVICE	2	QL
ONETOUCH ULTRASOFT LANCETS	2	
ONETOUCH VERIO KIT W/DEVICE	2	QL
ONETOUCH VERIO FLEX SYSTEM	2	QL
ONETOUCH VERIO IN VITRO SOLUTION HIGH	2	QL
ONETOUCH VERIO TEST STRIPS	2	QL
ONETOUCH VERIO IQ SYSTEM	2	QL
ONETOUCH VERIO REFLECT KIT W/DEVICE	2	QL
SURESTEP PRO HIGH GLUCOSE	2	QL
SURESTEP PRO LOW GLUCOSE	2	QL
SURESTEP PRO NORMAL GLUCOSE	2	QL
TRUE METRIX LEVEL 1	2	QL
TRUE METRIX LEVEL 2	2	QL
TRUE METRIX LEVEL 3	2	QL
UNISTRIP CONTROL IN VITRO SOLUTION LOW	2	QL
<b>Blood glucose regulators</b>		
acarbose oral	1	QL
BYDUREON BCISE AUTOINJECTOR	2	QL
FARXIGA	2	QL

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
glimepiride	1	QL
glipizide er	1	QL
glipizide ir	1	QL
glipizide xl	1	QL
glipizide-metformin hcl	1	QL
glyburide micronized	1	QL
glyburide oral	1	QL
glyburide-metformin	1	QL
JARDIANCE	2	QL
metformin hcl er	1	QL
metformin hcl oral solution	3	QL
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	QL
miglitol	2	QL
nateglinide	2	QL
ONGLYZA	2	QL
pioglitazone hcl	1	QL
pioglitazone hcl-glimepiride	2	QL
pioglitazone hcl-metformin hcl	2	QL
repaglinide	1	QL
SOLIQUA	2	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRULICITY	2	QL
XIGDUO XR	2	QL
diazoxide oral	3	
GLUCAGEN HYPOKIT	2	QL
glucagon emergency kit 1 mg injection 1 mg	2	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	2	QL
GLUCAGON EMERGENCY KIT	2	QL
BASAGLAR KWIKPEN	2	QL
HUMALOG	2	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	2	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	2	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	2	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	2	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	2	QL
HUMULIN R VIAL	2	QL
INSULIN ASPART PROT & ASPART	2	QL
INSULIN DEGLUDEC	2	QL
INSULIN DEGLUDEC FLEXTOUCH	2	QL
INSULIN LISPRO	2	QL
INSULIN LISPRO (1 UNIT DIAL)	2	QL
INSULIN LISPRO JUNIOR KWIKPEN	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL
LEVEMIR U-100 FLEXTOUCH	2	QL

Drug name	Drug tier	Requirements & limits
LEVEMIR U-100 VIAL	2	QL
TRESIBA	2	QL
TRESIBA FLEXTOUCH	2	QL
<b>Blood products and modifiers</b>		
dabigatran etexilate mesylate	2	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium	2	QL
fondaparinux sodium	3	QL
heparin sodium (porcine)	1	
heparin sodium (porcine) pf	1	
jantoven	1	
PRADAXA	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
anagrelide hcl	3	
ARANESP (ALBUMIN FREE)	4	QL; SP
LEUKINE	4	SP
MOZOBIL	4	SP
NEULASTA	4	SP
NEULASTA ONPRO	4	SP
RETACRIT	4	QL; SP
ZARXIO	4	SP
aminocaproic acid oral	3	
RECOTHROM	3	
RECOTHROM SPRAY KIT	3	
THROMBIN-JMI EPISTAXIS	3	
THROMBIN-JMI EXTERNAL KIT	3	
THROMBOGEN	3	
tranexamic acid oral	2	QL
aspirin-dipyridamole er	3	QL
BRILINTA	3	QL
cilostazol	1	
clopidogrel bisulfate oral	1	QL
dipyridamole oral	1	
prasugrel hcl	1	QL
YOSPRALA	2	QL
<b>Cardiovascular agents</b>		
clonidine	2	
clonidine hcl oral	1	
guanfacine hcl	1	QL
midodrine hcl	1	
doxazosin mesylate oral	1	
phenoxybenzamine hcl oral	3	
prazosin hcl oral	1	
candesartan cilexetil	1	QL
EDARBI	3	QL
irbesartan	1	QL
losartan potassium oral	1	QL
olmesartan medoxomil oral	1	QL
telmisartan	1	QL
valsartan oral tablet	1	QL
benazepril hcl oral	1	QL
captopril oral	1	QL

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
enalapril maleate oral tablet	1	QL
fosinopril sodium	1	QL
lisinopril oral	1	QL
moexipril hcl	1	QL
perindopril erbumine	1	QL
quinapril hcl	1	QL
ramipril	1	QL
trandolapril	1	QL
amiodarone hcl oral	1	
disopyramide phosphate	2	
dofetilide	3	QL
flecainide acetate	1	
mexiletine hcl oral	2	
MULTAQ	3	PA; QL
NORPACE CR	2	
PACERONE ORAL TABLET 200 MG	1	
propafenone hcl	1	
propafenone hcl er	3	
quinidine gluconate er	1	
quinidine sulfate	1	
sotalol hcl (af)	1	
sotalol hcl oral	1	
SOTYLIZE	3	PA
acebutolol hcl oral	1	
atenolol oral	1	
betaxolol hcl oral	1	
bisoprolol fumarate oral	1	
carvedilol	1	
labetalol hcl oral	1	
metoprolol succinate er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
nadolol oral	1	
pindolol	1	
propranolol hcl er	1	
propranolol hcl oral solution	1	
propranolol hcl oral tablet	1	
timolol maleate oral	1	
amlodipine besylate oral	1	
cartia xt	1	
diltiazem hcl er	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads	1	
diltiazem hcl oral	1	
dilt-xr	1	
felodipine er	1	
isradipine	1	
matzim la	1	
nicardipine hcl oral	2	
nifedipine er	1	QL
nifedipine er osmotic release	1	QL
nifedipine oral	1	
nimodipine oral	3	
nisoldipine er	2	
NYMALIZE	2	
taztia xt	1	

Drug name	Drug tier	Requirements & limits
tiadylt er	1	
verapamil hcl er oral capsule extended release 24 hour	2	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
amiloride-hydrochlorothiazide	1	
amlodipine besylate-benazepril hcl	1	QL
amlodipine besylate-valsartan	1	QL
atenolol-chlorthalidone	1	
benazepril-hydrochlorothiazide	1	QL
BIDIL	2	QL
bisoprolol-hydrochlorothiazide	1	QL
candesartan cilexetil-hctz	2	QL
CORLANOR	3	PA; QL
digitek oral tablet 125 mcg	1	
digitek oral tablet 250 mcg	1	
digoxin oral solution	2	
digoxin oral tablet 125 mcg	1	
digoxin oral tablet 250 mcg	1	
digoxin oral tablet 62.5 mcg	3	
EDARBYCLOR	3	QL
enalapril-hydrochlorothiazide	1	QL
ENTRESTO	3	PA; QL
fosinopril sodium-hctz	1	QL
irbesartan-hydrochlorothiazide	1	QL
isosorb dinitrate-hydralazine	2	QL
LANOXIN ORAL TABLET 62.5 MCG	3	
lisinopril-hydrochlorothiazide	1	QL
losartan potassium-hctz	1	QL
metoprolol-hydrochlorothiazide	1	
pentoxifylline er	1	
quinapril-hydrochlorothiazide	1	QL
ranolazine er	3	QL
spironolactone-hctz	1	
telmisartan-hctz	2	QL
triamterene-hctz	1	
valsartan-hydrochlorothiazide	1	QL
VECAMYL	3	PA
VYNDAQEL	4	PA; QL; SP
acetazolamide er	2	
acetazolamide oral	2	
methazolamide oral	3	
bumetanide oral	1	
ethacrynic acid	3	
furosemide oral	1	
toremide	1	
amiloride hcl oral	1	
CAROSPIR	3	PA
eplerenone	2	
spironolactone oral	1	
triamterene oral	2	
chlorthalidone	1	
hydrochlorothiazide oral	1	
indapamide	1	
metolazone	1	

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
fenofibrate oral tablet 160 mg, 54 mg	3	
gemfibrozil oral	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	QL; HCR \$0 Copay for members between ages 40 to 75.
atorvastatin calcium oral tablet 40 mg, 80 mg	1	QL
fluvastatin sodium	2	QL
lovastatin oral	1	QL; HCR \$0 Copay for members between ages 40 to 75.
pravastatin sodium	1	QL
rosuvastatin calcium	1	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	QL; HCR \$0 Copay for members between ages 40 to 75.
simvastatin oral tablet 80 mg	1	QL
cholestyramine light	2	
cholestyramine oral	2	
colesevelam hcl	2	
colestipol hcl oral granules	2	
colestipol hcl oral packet	2	
colestipol hcl oral tablet	1	
ezetimibe	1	QL
ezetimibe-simvastatin	2	QL
icosapent ethyl	3	PA
niacin (antihyperlipidemic)	2	
niacin er (antihyperlipidemic)	2	
niacor	2	
prevalite	2	
REPATHA	3	PA; QL
REPATHA PUSHTRONEX SYSTEM	3	PA; QL
REPATHA SURECLICK	3	PA; QL
VASCEPA	3	PA
isosorbide dinitrate	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
NITRO-BID	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
NITROMIST	3	QL
NITRO-TIME	1	
RECTIV	3	QL
hydralazine hcl oral	1	
minoxidil oral	1	
<b>Central nervous system agents</b>		
amphetamine sulfate	3	PA
amphetamine-dextroamphetamine	1	PA; QL
amphetamine-dextroamphetamine er	2	PA; QL
dextroamphetamine sulfate er	2	PA; QL
dextroamphetamine sulfate oral solution	2	PA

Drug name	Drug tier	Requirements & limits
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	PA; QL
methamphetamine hcl	3	PA
atomoxetine hcl	2	QL
dexmethylphenidate hcl	1	PA; QL
dexmethylphenidate hcl er	2	PA; QL
guanfacine hcl er	1	QL
methylphenidate hcl er (cd)	2	PA; QL
methylphenidate hcl er (la)	2	PA; QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	PA; QL
methylphenidate hcl oral solution	2	PA; QL
methylphenidate hcl oral tablet	1	PA; QL
methylphenidate hcl oral tablet chewable	2	PA; QL
AUSTEDO	4	PA; QL; SP
caffeine citrate oral	1	
INGREZZA	4	PA; QL; SP
tetrabenazine	4	PA; QL; SP
pregabalin oral capsule	1	QL
SAVELLA	3	QL
SAVELLA TITRATION PACK	3	QL
AVONEX PEN	4	PA; QL; SP
AVONEX PREFILLED	4	PA; QL; SP
BETASERON	4	PA; QL; SP
dalfampridine er	4	PA; QL; SP
dimethyl fumarate oral	4	PA; QL; SP
dimethyl fumarate starter pack	4	PA; QL; SP
glatiramer acetate	4	PA; QL; SP
glatopa	4	PA; QL; SP
PLEGRIDY	4	PA; QL; SP
PLEGRIDY STARTER PACK	4	PA; QL; SP
<b>Dental and oral agents</b>		
cevimeline hcl	3	
chlorhexidine gluconate mouth/throat	1	
DEBACTEROL	2	
oralone	1	
periogard	1	
pilocarpine hcl oral	2	
triamcinolone acetonide mouth/throat	1	
<b>Dermatological agents</b>		
accutane	3	
acitretin	3	
ammonium lactate external cream	1	
amnesteam	3	
ARZOL SILVER NIT APPLICATORS	1	
AVAR CLEANSER	1	
azelaic acid external	3	QL
benzoyl peroxide-erythromycin	2	QL
bp 10-1	1	
bp cleansing wash	1	
calcipotriene external cream	3	QL
calcipotriene external ointment	3	QL
calcipotriene external solution	2	QL
calcipotriene-betameth diprop	3	QL

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
calcitriol external	3	QL
cerovel	1	
claravis	3	
clindacin etz external swab	1	QL
clindacin-p	1	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phosphate external lotion	2	QL
clindamycin phosphate external solution	1	QL
clindamycin phosphate external swab	1	QL
coal tar external	3	
CONDYLOX	3	
doxepin hcl external	3	PA; QL
EPIFOAM	2	
ery	1	
erythromycin external	2	
ESKATA	3	
GORDOFILM	2	
HYDRO 40	3	
hydrocortisone ace-pramoxine external cream 2.5-1 %	2	
imiquimod external cream 5 %	1	QL
INOVA 4/1 ACNE CONTROL THERAPY	3	
INOVA 8/2 ACNE CONTROL THERAPY	3	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
methoxsalen rapid	3	
metronidazole external cream	2	
metronidazole external gel 0.75 %	2	
metronidazole external lotion	2	
myorisan	3	
pimecrolimus	3	ST; QL
podocon-25	1	
podofilox external	1	
PRAMOSONE EXTERNAL CREAM 1-2.5 %	3	
PRAMOSONE EXTERNAL LOTION	2	
PRAMOSONE EXTERNAL OINTMENT 1-1 %	2	
pramox	1	
PYROGALLIC ACID	2	
RHOFADE	3	PA; QL
rosadan external cream	2	
rosadan external gel	2	
salicylic acid external solution	1	
SCALACORT DK	3	
selenium sulfide external lotion	1	
selenium sulfide external shampoo 2.25 %	1	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; QL; SP
sodium sulfacetamide wash	2	
SODIUM SULFACETAMIDE-BAKUCHIOL	2	
sss 10-5	1	
STELARA SUBCUTANEOUS	4	PA; QL; SP
sulfacetamide sodium (acne)	1	

Drug name	Drug tier	Requirements & limits
sulfacetamide sodium (cleans)	2	
sulfacetamide sodium external	2	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %	1	
sulfacetamide sodium-sulfur external pad 10-4 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
sulfacetamide-sulfur in urea	1	
sulfamez wash	1	
tacrolimus external	3	ST; QL
tazarotene external cream	3	PA; QL
tazarotene external gel	3	PA; QL
TAZORAC EXTERNAL CREAM 0.05 %	3	PA; QL
TAZORAC EXTERNAL GEL	3	PA; QL
tretinoin external cream	2	PA; QL
urea external cream 40 %, 45 %	1	
urea external lotion	1	
urea nail	1	
UREMEZ-40	1	
zenatane	3	
<b>Electrolytes/minerals/metals/vitamins</b>		
CARBAGLU	4	PA; SP
carglumic acid	4	PA; SP
cytra k crystals	1	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	2	
effer-k oral tablet effervescent 25 meq	1	
FLORIVA ORAL LIQUID	\$0	HCR \$0 copay for members ages 0 to 16 years.
fluoritab	\$0	HCR \$0 copay for members ages 0 to 16 years.
GALZIN	3	
hematinic/folic acid	1	
hemocyte-f	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral packet	3	
klor-con oral tablet extended release	1	
klor-con/ef	1	
K-PHOS	2	
K-PHOS NO 2	2	
K-PHOS-NEUTRAL	2	
k-prime	1	
levocarnitine oral solution	2	
levocarnitine oral tablet	1	

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
levocarnitine sf	2	
nafrinse	\$0	HCR \$0 copay for members ages 0 to 16 years.
nafrinse drops	\$0	HCR \$0 copay for members ages 0 to 16 years.
ORACIT	2	
PHOSPHA 250 NEUTRAL	1	
phosphorous	1	
phospho-trin 250 neutral	1	
PHOSPHO-TRIN K500	2	
pot & sod cit-cit ac	1	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral packet	3	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
potassium citrate er	2	
potassium citrate-citric acid	1	
sod citrate-citric acid	1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	\$0	HCR \$0 copay for members ages 0 to 16 years.
sodium fluoride oral tablet	\$0	HCR \$0 copay for members ages 0 to 16 years.
sodium fluoride oral tablet chewable	\$0	HCR \$0 copay for members ages 0 to 16 years.
tricitrates	1	
WILZIN	3	
CHEMET	2	
deferasirox	4	PA; SP
deferasirox granules	4	PA; SP
LOKELMA	3	PA; QL
sodium polystyrene sulfonate	1	
sps	1	
VELTASSA	3	PA; QL
AURYXIA	3	
calcium acetate (phos binder)	1	
calcium acetate oral tablet 667 mg	1	
FOSRENOL ORAL PACKET	3	
lanthanum carbonate	3	
PHOSLYRA	3	
sevelamer carbonate	3	
sevelamer hcl	3	
VELPHORO	2	
ATABEX OB	2	
CITRANATAL BLOOM	2	
ELITE-OB	2	
ENBRACE HR	2	
ergocalciferol oral capsule	1	
folic acid oral tablet 1 mg	1	

Drug name	Drug tier	Requirements & limits
folic acid oral tablet 400 mcg, 800 mcg	\$0	
M-NATAL PLUS	2	
NEONATAL COMPLETE	2	
NEONATAL PLUS	2	
NESTABS	2	
ONE VITE WOMENS PLUS	2	
phytonadione oral	3	QL
PREMESISRX	2	
PRENAISSANCE	2	
prenatal oral tablet 27-1 mg	1	
prenatal plus vitamin/mineral	1	
prenatal vitamin plus low iron	1	
PRENATE	2	
PRENATE DHA	2	
PRENATE ELITE	2	
PRENATE ENHANCE	2	
PRENATE ESSENTIAL	2	
PRENATE MINI	2	
PRENATE PIXIE	2	
PRENATE RESTORE	2	
PRIMACARE	2	
RELNATE DHA	2	
TRINATE	2	
TRISTART DHA	2	
TRISTART ONE	2	
VINATE ONE	2	
VITAFOL FE+	2	
VITAFOL STRIPS	2	
VITAFOL-NANO	2	
VITAFOL-OB+DHA	2	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITATHELY WITH GINGER	2	
WESCAP-C DHA	3	
WESCAP-PN DHA	3	
WESNATE DHA	2	
WESTAB PLUS	2	
WESTGEL DHA	2	
<b>Gastrointestinal agents</b>		
belladonna alkaloids-opium	1	MME; 7D
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral solution	2	
dicyclomine hcl oral tablet	1	
ED-SPAZ	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
methscopolamine bromide oral	2	
OSCIMIN SUBLINGUAL	1	
alvimopan	3	
cromolyn sodium oral	3	
diphenoxylate-atropine oral liquid	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
diphenoxylate-atropine oral tablet	1	
loperamide hcl oral capsule	1	
opium	3	QL
RELISTOR SUBCUTANEOUS	3	PA; QL
SYMPROIC	2	PA; QL
ursodiol oral capsule 300 mg	3	
ursodiol oral tablet	2	
cimetidine hcl	1	
cimetidine oral	1	
famotidine oral suspension reconstituted	2	
famotidine oral tablet 20 mg, 40 mg	1	
alosetron hcl	3	PA; QL
LINZESS	2	PA; QL
LUBIPROSTONE	3	PA; QL
VIBERZI	3	PA; QL
bisacodyl ec	\$0	QL
citroma	\$0	QL
clearlax	\$0	QL
CLENPIQ	3	
constulose	1	
enulose	1	
gavilax oral powder	\$0	QL
gavilyte-c	1	QL; HCR \$0 Copay after prior authorization if taken to prepare for a preventive colonoscopy.
gavilyte-g	1	QL; HCR \$0 Copay after prior authorization if taken to prepare for a preventive colonoscopy.
generlac	1	
gentle laxative oral	\$0	QL
gentlelax	\$0	QL
glycolax	\$0	QL
KRISTALOSE	3	
lactulose encephalopathy	1	
lactulose oral packet	3	
lactulose oral solution	1	
magnesium citrate oral solution	\$0	QL
mm clearlax	\$0	QL
na sulfate-k sulfate-mg sulf	3	QL
OSMOPREP	3	
peg 3350-kcl-na bicarb-nacl	1	QL; HCR \$0 Copay after prior authorization if taken to prepare for a preventive colonoscopy.
peg-3350/electrolytes	1	QL; HCR \$0 Copay after prior authorization if taken to prepare for a preventive colonoscopy.
peg-3350/electrolytes/ascorbat	3	QL

Drug name	Drug tier	Requirements & limits
peg-kcl-nacl-nasulf-na asc-c	3	QL
peg-prep	1	HCR \$0 Copay after prior authorization if taken to prepare for a preventive colonoscopy.
PLENVU	3	QL
polyethylene glycol 3350 oral powder	\$0	QL
qc magnesium citrate	\$0	QL
SUPREP BOWEL PREP KIT	3	QL
misoprostol oral	1	
sucalfate oral suspension	3	
sucalfate oral tablet	1	
DEXILANT	3	QL
DEXLANSOPRAZOLE	3	QL
lansoprazole oral capsule delayed release	2	QL
omeprazole oral capsule delayed release 10 mg	1	QL
omeprazole oral capsule delayed release 20 mg, 40 mg	1	
pantoprazole sodium oral tablet delayed release	1	QL
rabeprazole sodium oral tablet delayed release	1	QL
sm lansoprazole	2	QL
<b>Genetic or enzyme disorder: replacement, modifiers, treatment</b>		
CHOLBAM	4	PA; QL; SP
CREON	2	
CYSTAGON	4	SP
MYALEPT	4	PA; QL; SP
PERTZYE	3	ST
sodium phenylbutyrate oral powder	4	PA; SP
ZENPEP	2	
<b>Genitourinary agents</b>		
darifenacin hydrobromide er	3	ST; QL
fesoterodine fumarate er	3	QL
flavoxate hcl	1	
HYOPHEN	1	
MYRBETRIQ	3	
oxybutynin chloride er	1	QL
oxybutynin chloride oral	1	
solifenacin succinate	3	ST; QL
tolterodine tartrate	1	ST
TOVIAZ	3	QL
tropium chloride	1	
tropium chloride er	2	
URIMAR-T	2	
urin ds	1	
URO-MP	1	
USTELL	1	
alfuzosin hcl er	1	
CARDURA XL	3	QL
dutasteride oral	1	QL
finasteride oral tablet 5 mg	1	

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
silodosin	2	QL
tamsulosin hcl	1	
terazosin hcl	1	
bethanechol chloride oral	1	
ELMIRON	2	
ENCARE	\$0	QL
LITHOSTAT	3	
OPTIONS GYNOL II CONTRACEPTIVE	\$0	
penicillamine oral	4	SP
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIDIUM	3	
tadalafil oral tablet 2.5 mg, 5 mg	3	QL
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	\$0	
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	\$0	
vcf vaginal contraceptive vaginal gel	\$0	
<b>Hormonal agents, stimulant/replacement/modifying (adrenal)</b>		
ALA SCALP	3	
ala-cort external cream 2.5 %	1	
alclometasone dipropionate	1	
amcinonide	3	
APEXICON E	2	QL
betamethasone dipropionate aug	2	
betamethasone dipropionate external	2	
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
CAPEX	2	
clobetasol prop emollient base	3	QL
clobetasol propionate e	3	QL
clobetasol propionate external cream	2	QL
clobetasol propionate external gel	2	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external solution	1	QL
clocortolone pivalate	3	ST; QL
CORDRAN EXTERNAL TAPE	3	QL
desonide external cream	1	QL
desonide external lotion	2	QL
desonide external ointment	1	QL
desoximetasone external cream	2	QL
desoximetasone external gel	3	QL
desoximetasone external ointment	2	QL
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	1	
diflorasone diacetate external cream	3	QL
fludrocortisone acetate oral	1	
fluocinolone acetonide body	2	QL
fluocinolone acetonide external cream	1	QL

Drug name	Drug tier	Requirements & limits
fluocinolone acetonide external ointment	1	QL
fluocinolone acetonide external solution	2	QL
fluocinolone acetonide scalp	2	QL
fluocinonide emulsified base	2	QL
fluocinonide external cream 0.05 %	2	QL
fluocinonide external gel	2	QL
fluocinonide external ointment	2	QL
fluocinonide external solution	2	QL
flurandrenolide external lotion	3	ST; QL
fluticasone propionate external cream	1	
fluticasone propionate external ointment	1	
halobetasol propionate external cream	2	QL
halobetasol propionate external ointment	2	QL
hydrocortisone butyrate external cream	3	QL
hydrocortisone butyrate external ointment	3	
hydrocortisone butyrate external solution	3	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone oral	1	
hydrocortisone valerate	2	QL
methylprednisolone oral	1	
MILLIPRED	2	
mometasone furoate external	1	
NUCORT	3	
PANDEL	3	
prednicarbate	2	
prednisolone oral syrup 15 mg/5ml	1	
prednisolone sodium phosphate oral solution	1	
prednisolone sodium phosphate oral tablet dispersible	3	
prednisone intensol	2	
prednisone oral solution	2	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
TEXACORT	2	
triamcinolone acetonide external cream	1	QL
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm	1	QL
<b>Hormonal agents, stimulant/replacement/modifying (pituitary)</b>		
cabergoline	2	
desmopressin ace spray refrig	2	
desmopressin acetate injection	3	
desmopressin acetate oral	1	
desmopressin acetate pf	3	
desmopressin acetate spray	2	
EGRIFTA SV	4	PA; SP

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
INCRELEX	4	PA; QL; SP
NOCDURNA	3	PA; QL
NUTROPIN AQ NUSPIN 10	4	PA; QL; SP
NUTROPIN AQ NUSPIN 20	4	PA; QL; SP
NUTROPIN AQ NUSPIN 5	4	PA; QL; SP
<b>Hormonal agents, stimulant/replacement/modifying (prostaglandins)</b>		
PREPIDIL	3	
<b>Hormonal agents, stimulant/replacement/modifying (sex hormones/modifiers)</b>		
ANDRODERM	2	PA; QL
danazol oral	2	
METHITEST	2	
methyltestosterone oral	3	
oxandrolone oral	3	QL
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	1	PA; QL
testosterone transdermal gel 50 mg/5gm (1%)	2	PA; QL
afirmelle	\$0	
altavera	\$0	
alyacen 1/35	\$0	
alyacen 7/7/7	\$0	
amabelz	2	
amethia	\$0	
amethyst	\$0	
ANGELIQ	3	
ANNOVERA	\$0	QL
apri	\$0	
aranelle	\$0	
ashlyna	\$0	
aubra	\$0	
aubra eq	\$0	
aurovela 1.5/30	\$0	
aurovela 1/20	\$0	
aurovela 24 fe	\$0	
aurovela fe 1.5/30	\$0	
aurovela fe 1/20	\$0	
aviane	\$0	
ayuna	\$0	
azurette	\$0	
balziva	\$0	
blisovi 24 fe	\$0	
blisovi fe 1.5/30	\$0	
blisovi fe 1/20	\$0	
briellyn	\$0	
camrese	\$0	
camrese lo	\$0	
chateal	\$0	
chateal eq	\$0	
CLIMARA PRO	3	QL
COMBIPATCH	3	QL
COVARYX	1	

Drug name	Drug tier	Requirements & limits
COVARYX HS	1	
cryselle-28	\$0	
cyred	\$0	
cyred eq	\$0	
dasetta 1/35	\$0	
dasetta 7/7/7	\$0	
daysee	\$0	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	3	
delyla	\$0	
DEPO-ESTRADIOL	3	
desogestrel-ethinyl estradiol	\$0	
dolishale	\$0	
dotti	2	QL
drosipren-eth estrad-levomefol	\$0	
drosiprenone-ethinyl estradiol	\$0	
EEMT	1	
EEMT HS	1	
elinest	\$0	
eluryng	\$0	
enpresse-28	\$0	
enskyce	\$0	
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	
est estrogens-methyltest hs	1	
estarylla	\$0	
estradiol oral	1	
estradiol transdermal patch twice weekly	2	QL
estradiol transdermal patch weekly	1	QL
estradiol vaginal cream	2	
estradiol vaginal tablet	2	QL
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	2	
ESTRING	2	QL
ethynodiol diac-eth estradiol	\$0	
etonogestrel-ethinyl estradiol	\$0	
EVAMIST	2	
falmina	\$0	
FEMRING	3	QL
femynor	\$0	
fyavolv	2	
hailey 1.5/30	\$0	
hailey 24 fe	\$0	
hailey fe 1.5/30	\$0	
hailey fe 1/20	\$0	
iclevia	\$0	
introvale	\$0	
isibloom	\$0	
jaimiess	\$0	
jasmiel	\$0	
jinteli	2	
jolessa	\$0	
juleber	\$0	
junel 1.5/30	\$0	
junel 1/20	\$0	

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
junel fe 1.5/30	\$0	
junel fe 1/20	\$0	
junel fe 24	\$0	
kalliga	\$0	
kariva	\$0	
kelnor 1/35	\$0	
kelnor 1/50	\$0	
kurvelo	\$0	
larin 1.5/30	\$0	
larin 1/20	\$0	
larin 24 fe	\$0	
larin fe 1.5/30	\$0	
larin fe 1/20	\$0	
leena	\$0	
lessina	\$0	
levonest	\$0	
levonorgest-eth estrad 91-day	\$0	
levonorgestrel-ethinyl estrad	\$0	
levonorg-eth estrad triphasic	\$0	
levora 0.15/30 (28)	\$0	
lojaimiess	\$0	
loryna	\$0	
low-ogestrel	\$0	
lo-zumandimine	\$0	
lutera	\$0	
lyllana	2	QL
marlissa	\$0	
microgestin 1.5/30	\$0	
microgestin 1/20	\$0	
microgestin 24 fe	\$0	
microgestin fe 1.5/30	\$0	
microgestin fe 1/20	\$0	
mili	\$0	
mimvey	2	
mono-linyah	\$0	
NATAZIA	\$0	
necon 0.5/35 (28)	\$0	
nikki	\$0	
norethin ace-eth estrad-fe oral tablet	\$0	
norethindrone acet-ethinyl est	\$0	
norethindrone-eth estradiol	2	
norethindron-ethinyl estrad-fe	\$0	
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	\$0	
norgestimate-eth estradiol	\$0	
norgestimate-ethinyl estradiol triphasic	\$0	
nortrel 0.5/35 (28)	\$0	
nortrel 1/35 (21)	\$0	
nortrel 1/35 (28)	\$0	
nortrel 7/7/7	\$0	
nylia 1/35	\$0	
nylia 7/7/7	\$0	
nymyo	\$0	
ocella	\$0	
philith	\$0	
pimtrea	\$0	

Drug name	Drug tier	Requirements & limits
pirmella 1/35	\$0	
pirmella 7/7/7	\$0	
portia-28	\$0	
PREFEST	2	
PREMARIN VAGINAL	3	
PREMPHASE	3	QL
reclipsen	\$0	
setlakin	\$0	
simliya	\$0	
simpesse	\$0	
sprintec 28	\$0	
sronyx	\$0	
syeda	\$0	
tarina 24 fe	\$0	
tarina fe 1/20	\$0	
tarina fe 1/20 eq	\$0	
tilia fe	\$0	
tri femynor	\$0	
tri-estarylla	\$0	
tri-legest fe	\$0	
tri-linyah	\$0	
tri-lo-estarylla	\$0	
tri-lo-marzia	\$0	
tri-lo-mili	\$0	
tri-lo-sprintec	\$0	
tri-mili	\$0	
tri-nymyo	\$0	
tri-sprintec	\$0	
trivora (28)	\$0	
tri-vylibra	\$0	
tri-vylibra lo	\$0	
TWIRLA	\$0	
tyblume	\$0	
tydemy	\$0	
velivet	\$0	
vestura	\$0	
vienva	\$0	
violele	\$0	
volnea	\$0	
vyfemla	\$0	
vylibra	\$0	
wera	\$0	
wymzya fe	\$0	
xulane	\$0	
yuvafem	2	QL
zafemy	\$0	
zovia 1/35 (28)	\$0	
zumandimine	\$0	
aftera	\$0	
camila	\$0	
deblitane	\$0	
DEPO-SUBQ PROVERA 104	\$0	QL
econtra ez	\$0	
econtra one-step	\$0	
ELLA	\$0	QL

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
errin	\$0	
heather	\$0	
incassia	\$0	
jencycla	\$0	
KYLEENA	\$0	
levonorgestrel	\$0	
lyleq	\$0	
lyza	\$0	
medroxyprogesterone acetate intramuscular suspension	\$0	QL
medroxyprogesterone acetate intramuscular suspension prefilled syringe	\$0	
medroxyprogesterone acetate oral	1	
megestrol acetate oral suspension 40 mg/ml	1	
megestrol acetate oral suspension 625 mg/5ml	3	
megestrol acetate oral tablet	1	
my choice	\$0	
my way	\$0	
new day	\$0	
NEXPLANON	\$0	QL
nora-be	\$0	
norethindrone acetate oral	1	
norethindrone oral	\$0	
norlyroc	\$0	
opcicon one-step	\$0	
option 2	\$0	
PLAN B ONE-STEP	\$0	
progesterone intramuscular	1	
progesterone oral	1	
react	\$0	
sharobel	\$0	
SLYND	\$0	
take action	\$0	
OSPHENA	3	PA; QL
raloxifene hcl	1	QL; HCR \$0 Copay after prior authorization for members ages 35 and above who meet breast cancer prevention criteria.
<b>Hormonal agents, stimulant/replacement/modifying (thyroid)</b>		
ARMOUR THYROID	3	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
np thyroid	1	
SYNTHROID	2	
THYQUIDITY	3	PA
TIROSINT-SOL	3	PA

Drug name	Drug tier	Requirements & limits
unithroid	1	
<b>Hormonal agents, suppressant (adrenal)</b>		
LYSODREN	3	
<b>Hormonal agents, suppressant (pituitary)</b>		
ELIGARD	4	PA; SP
leuprolide acetate injection	4	PA; SP
octreotide acetate	3	PA; SP
ORILISSA	3	PA; QL
SIGNIFOR	4	PA; QL; SP
SOMAVERT	4	PA; QL; SP
SYNAREL	2	
<b>Hormonal agents, suppressant (thyroid)</b>		
methimazole oral	1	
propylthiouracil oral	1	
<b>Immunological agents</b>		
BERINERT	4	PA; QL; SP
RUCONEST	4	PA; QL; SP
azathioprine oral tablet 50 mg	1	
CIMZIA	4	PA; QL; SP
CIMZIA PREFILLED KIT	4	PA; QL; SP
CIMZIA STARTER KIT	4	PA; QL; SP
cyclosporine modified	3	
cyclosporine oral	3	
gengraf	3	
HUMIRA	4	PA; QL; SP
HUMIRA PEDIATRIC CROHNS START	4	PA; QL; SP
HUMIRA PEN	4	PA; QL; SP
HUMIRA PEN-CD/UC/HS STARTER	4	PA; QL; SP
HUMIRA PEN-PEDIATRIC UC START	4	PA; QL; SP
HUMIRA PEN-PS/UV/ADOL HS START	4	PA; QL; SP
HUMIRA PEN-PSOR/UEIT STARTER	4	PA; QL; SP
methotrexate oral	1	
methotrexate sodium	1	
methotrexate sodium (pf)	1	
mycophenolate mofetil oral capsule	2	
mycophenolate mofetil oral suspension reconstituted	3	
mycophenolate mofetil oral tablet	2	
mycophenolate sodium	3	
OLUMIANT	4	PA; QL; SP
SANDIMMUNE ORAL SOLUTION	4	
SIMPONI	4	PA; QL; SP
sirolimus oral solution	4	
sirolimus oral tablet	3	
SKYRIZI (150 MG DOSE)	4	PA; QL; SP
SKYRIZI PEN	4	PA; QL; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
tacrolimus oral	1	
XELJANZ	4	PA; QL; SP
XELJANZ XR	4	PA; QL; SP
ACTEMRA ACTPEN	4	PA; QL; SP
ACTEMRA SUBCUTANEOUS	4	PA; QL; SP
ACTIMMUNE	4	PA; QL; SP
leflunomide oral	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
OTEZLA	4	PA; QL; SP
RINVOQ	4	PA; QL; SP
ACTHIB	\$0	QL
ADACEL	\$0	QL; HCR \$0 copay for members 7 years of age or older.
AFLURIA QUADRIVALENT	\$0	QL
BEXSERO	\$0	QL; HCR \$0 copay for members 9 years of age or older.
BOOSTRIX	\$0	QL; HCR \$0 copay for members 7 years of age or older.
COMIRNATY	\$0	QL
ENGERIX-B	\$0	QL
FLUAD QUADRIVALENT	\$0	QL; HCR \$0 copay for members 65 years of age or older.
FLUARIX QUADRIVALENT	\$0	QL
FLUBLOK QUADRIVALENT	\$0	QL
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	\$0	QL; HCR \$0 copay for members between age of 2 to 49.
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	QL
FLULAVAL QUADRIVALENT	\$0	QL
FLUMIST QUADRIVALENT	\$0	QL; HCR \$0 copay for members between age of 2 to 49.
FLUZONE HIGH-DOSE QUADRIVALENT	\$0	QL; HCR \$0 copay for members 65 years of age or older.
FLUZONE QUADRIVALENT	\$0	QL
GARDASIL 9	\$0	QL; HCR \$0 copay for members between ages of 9 to 45.
HAVRIX	\$0	QL
HEPLISAV-B	\$0	QL; HCR \$0 copay for members 18 years of age or older.
HIBERIX	\$0	QL
IPOL	\$0	QL
JANSSEN COVID-19 VACCINE	\$0	QL
MENACTRA	\$0	QL
MENQUADFI	\$0	QL

Drug name	Drug tier	Requirements & limits
MENVEO	\$0	QL
M-M-R II	\$0	QL
MODERNA COVID-19 VACC 6M-5Y	\$0	QL
MODERNA COVID-19 VACCINE	\$0	QL
NOVAVAX COVID-19 VACCINE	\$0	QL
PEDVAX HIB	\$0	QL
PFIZER COVID-19 VAC BIVALENT	\$0	QL
PFIZER COVID-19 VAC-TRIS 5-11Y	\$0	QL
PFIZER COVID-19 VAC-TRIS 6M-4Y	\$0	QL
PFIZER-BIONT COVID-19 VAC-TRIS	\$0	QL
PFIZER-BIONTECH COVID-19 VACC	\$0	QL
PNEUMOVAX 23	\$0	QL; HCR \$0 copay for members 2 years of age or older.
PREHEVBRIO	\$0	QL; HCR \$0 copay for members 18 years of age or older.
PREVNAR 13	\$0	QL
PREVNAR 20	\$0	QL
RECOMBIVAX HB	\$0	QL
SHINGRIX	\$0	QL; HCR \$0 copay for members 50 years of age or older.
SPIKEVAX COVID-19 VACCINE	\$0	QL
TENIVAC	\$0	QL; HCR \$0 copay for members 7 years of age or older.
TRUMENBA	\$0	QL; HCR \$0 copay for members 9 years of age or older.
TWINRIX	\$0	QL; HCR \$0 copay for members 18 years of age or older.
VAQTA	\$0	QL
VARIVAX	\$0	QL
VAXNEUVANCE	\$0	QL
<b>Inflammatory bowel disease agents</b>		
balsalazide disodium	2	
DIPENTUM	3	
mesalamine er oral capsule 0.375 gm	2	QL
mesalamine rectal suppository	3	QL
ANALPRAM-HC EXTERNAL LOTION	3	
anucort-hc	1	
budesonide oral	3	
CORTIFOAM	2	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	1	
hydrocortisone (perianal) external cream 2.5 %	1	

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
hydrocortisone ace-pramoxine external cream 1-1 %	2	
hydrocortisone acetate rectal	1	
hydrocortisone rectal	2	
hydrocort-pramoxine (perianal)	2	
PROCTOFOAM HC	2	
procto-med hc	1	
proctosol hc	1	
proctozone-hc	1	
UCERIS RECTAL	2	
sulfasalazine oral tablet	1	
sulfasalazine oral tablet delayed release	1	
<b>Metabolic bone disease agents</b>		
alendronate sodium oral solution	2	
alendronate sodium oral tablet	1	QL
calcitonin (salmon) nasal	1	QL
calcitriol oral capsule	1	
calcitriol oral solution	2	
doxercalciferol oral	3	
ibandronate sodium oral	1	QL
paricalcitol oral	2	
risedronate sodium oral tablet	1	QL
<b>Miscellaneous therapeutic agents</b>		
AEROCHAMBER PLUS FLO-VU	2	
ALCOHOL PREP PADS PAD , 70 %	2	
ARTISS	3	
ASTRINGYN	3	
AUM MINI INSULIN PEN NEEDLE	2	
AUM READYGARD DUO PEN NEEDLE	2	
AUM SAFETY PEN NEEDLE	2	
BINAXNOW COVID-19 AG HOME TEST	2	
BREATHE COMFORT CHAMBER/ ADULT	2	
BREATHE COMFORT CHAMBER/ CHILD	2	
CARESTART COVID-19 HOME TEST	2	
CAYA	\$0	
CLEARDETECT COVID-19 AG HOME	2	
CLINITEST RAPID COVID-19 TEST	2	
CONDOMS	\$0	QL
COVID-19 AT-HOME TEST	2	
COVID-19 RAPID SELF TEST KIT IN VITRO KIT	2	
DIATRUST COVID-19 HOME TEST	2	
DROPSAFE ALCOHOL PREP	2	
EASIVENT	2	
ELLUME COVID-19 HOME TEST	2	
ergoloid mesylates oral	3	
FC2 FEMALE CONDOM	\$0	QL
FEMCAP	\$0	
FLEXICHAMBER	2	
FLEXICHAMBER ADULT MASK/SMALL	2	
FLEXICHAMBER CHILD MASK/LARGE	2	
FLEXICHAMBER CHILD MASK/SMALL	2	
FLOWFLEX COVID-19 AG HOME TEST	2	
IHEALTH COVID-19 RAPID TEST	2	

Drug name	Drug tier	Requirements & limits
INDICAID COVID-19 RAPID TEST	2	
INSPIREASE RESERVOIR BAGS	2	
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	2	
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	2	
INTELISWAB COVID-19 RAPID TEST	2	
methergine	3	QL
methylergonovine maleate oral	3	QL
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
ON/GO COVID-19 ANTIGEN TEST	2	
ON/GO ONE COVID-19 HOME TEST	2	
PARAGARD INTRAUTERINE COPPER	\$0	
PHEXXI	\$0	QL
PILOT COVID-19 AT-HOME TEST	2	
PREMIUM CONDOMS LUBRICATED	\$0	QL
QUICKVUE AT-HOME COVID-19 TEST	2	
RADIOGARDASE	4	
RAYA SURE PEN NEEDLE	2	
SAFETY PEN NEEDLES 30G X 8 MM	2	
SHARPS CONTAINER	2	
TISSEEL EXTERNAL KIT	3	
VORTEX VALVED HOLDING CHAMBER	2	
WIDE-SEAL DIAPHRAGM 60	\$0	
WIDE-SEAL DIAPHRAGM 65	\$0	
WIDE-SEAL DIAPHRAGM 70	\$0	
WIDE-SEAL DIAPHRAGM 75	\$0	
WIDE-SEAL DIAPHRAGM 80	\$0	
WIDE-SEAL DIAPHRAGM 85	\$0	
WIDE-SEAL DIAPHRAGM 90	\$0	
WIDE-SEAL DIAPHRAGM 95	\$0	
<b>Ophthalmic agents</b>		
gentak	1	
gentamicin sulfate ophthalmic	1	
neomycin-polymyxin-gramicidin	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	2	
TOBREX	3	
ak-poly-bac	1	
bacitracin ophthalmic	2	
bacitracin-polymyxin b ophthalmic	1	
bacitra-neomycin-polymyxin-hc	2	
BETADINE OPHTHALMIC PREP	3	
neomycin-bacitracin zn-polymyx	1	

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
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-hc ophthalmic	2	
neo-polycin	1	
neo-polycin hc	2	
polycin	1	
polymyxin b-trimethoprim	1	
POVIDONE-IODINE OPHTHALMIC	3	
ZIRGAN	3	
NATACYN	3	
trifluridine	2	
AZASITE	3	
erythromycin ophthalmic	1	
KLARITY-A	3	
AKTEN	3	
ALTACAINE	1	
atropine sulfate ophthalmic ointment	1	
atropine sulfate ophthalmic solution 1 %	1	
BLEPHAMIDE S.O.P.	2	
cyclopentolate hcl ophthalmic	1	
homatropaire	1	
ISOPTO ATROPINE	3	
LACRISERT	2	
MITOSOL	3	
PRED-G	3	
PRED-G S.O.P.	3	
proparacaine hcl ophthalmic	1	
sulfacetamide-prednisolone	1	
tetracaine hcl ophthalmic	1	
ZYLET	3	
ALOCRIAL	3	
ALOMIDE	3	
altafrin	1	
azelastine hcl ophthalmic	1	
bepotastine besilate	3	QL
BEPREVE	3	QL
cromolyn sodium ophthalmic	1	
CYCLOMYDRIL	3	
epinastine hcl	1	ST; QL
olopatadine hcl ophthalmic solution 0.1 %	1	QL
phenylephrine hcl ophthalmic	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
apraclonidine hcl	1	
AZOPT	2	QL
betaxolol hcl ophthalmic	1	
BETIMOL	2	QL
BETOPTIC-S	3	
brimonidine tartrate ophthalmic	2	QL
brimonidine tartrate-timolol	2	QL
brinzolamide	2	QL
carteolol hcl	1	
COMBIGAN	2	QL

Drug name	Drug tier	Requirements & limits
dorzolamide hcl ophthalmic	1	
dorzolamide hcl-timolol mal	1	QL
dorzolamide hcl-timolol mal pf	2	QL
levobunolol hcl	1	
PHOSPHOLINE IODIDE	2	
pilocarpine hcl ophthalmic	1	
SIMBRINZA	3	QL
timolol maleate (once-daily)	1	
timolol maleate ocudose	2	
timolol maleate ophthalmic gel forming solution	2	
timolol maleate ophthalmic solution	1	
timolol maleate pf	2	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %	2	
ALREX	3	QL
bromfenac sodium (once-daily)	2	QL
dexamethasone sodium phosphate ophthalmic	1	
DEXTENZA	4	SP
diclofenac sodium ophthalmic	1	
difluprednate	3	
FLAREX	2	
fluorometholone	1	
flurbiprofen sodium	1	
FML	3	
FML FORTE	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic suspension	3	QL
MAXIDEX	2	
NEVANAC	3	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
prednisolone acetate p-f	1	
prednisolone sodium phosphate ophthalmic	1	
latanoprost ophthalmic	1	
LUMIGAN	2	QL
travoprost (bak free)	2	QL
XELPROS	3	QL
ZIOPTAN	3	ST; QL
BESIVANCE	3	
CILOXAN	3	
ciprofloxacin hcl ophthalmic	1	
gatifloxacin ophthalmic	2	
levofloxacin ophthalmic solution 0.5 %	1	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic solution	1	
ofloxacin ophthalmic	1	
sulfacetamide sodium ophthalmic ointment	1	
sulfacetamide sodium ophthalmic solution	1	

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
<b>Otic agents</b>		
acetic acid otic	1	
ciprofloxacin hcl otic	2	
ciprofloxacin-dexamethasone	3	ST
CIPROFLOXACIN-FLUOCINOLONE PF	3	
cortic-nd	1	
CORTISPORIN-TC	3	
flac	2	
fluocinolone acetonide otic	2	
hydrocortisone-acetic acid	2	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
OTOVEL	3	
<b>Respiratory tract/pulmonary agents</b>		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	QL
carbinoxamine maleate oral solution	1	
carbinoxamine maleate oral tablet 4 mg	1	
clemastine fumarate oral tablet 2.68 mg	1	
cyproheptadine hcl oral	1	
desloratadine oral tablet	1	
diphenhydramine hcl oral elixir	1	
levocetirizine dihydrochloride oral solution	2	
levocetirizine dihydrochloride oral tablet	1	QL
olopatadine hcl nasal	2	QL
promethazine hcl oral	1	
promethazine hcl rectal	2	QL
promethazine vc	1	
promethazine-phenylephrine	1	
promethegan	2	QL
ARNUIITY ELLIPTA	2	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL
budesonide inhalation	2	QL
BUDESONIDE-FORMOTEROL FUMARATE	3	QL
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
flunisolide nasal	1	
FLUTICASONE FUROATE-VILANTEROL	3	QL
FLUTICASONE PROPIONATE HFA	2	QL
fluticasone propionate nasal	1	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	2	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL
PULMICORT FLEXHALER	2	QL
SYMBICORT	3	QL
wixela inhub	2	QL
montelukast sodium oral packet	1	QL
montelukast sodium oral tablet	1	QL

Drug name	Drug tier	Requirements & limits
montelukast sodium oral tablet chewable	1	QL
zafirlukast	2	QL
zileuton er	3	ST
ATROVENT HFA	3	QL
INCRUSE ELLIPTA	2	QL
ipratropium bromide inhalation	1	
ipratropium bromide nasal	1	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	2	QL
albuterol sulfate inhalation	1	
albuterol sulfate oral	2	
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	3	QL
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	2	QL
STRIVERDI RESPIMAT	2	QL
SYMJEPI	2	QL
terbutaline sulfate oral	3	
VENTOLIN HFA	2	QL
ORKAMBI	4	PA; QL; SP
PULMOZYME	4	PA; QL; SP
tobramycin nebulization solution 300 mg/5ml inhalation	4	PA; QL; SP
cromolyn sodium inhalation	2	
DALIRESP	3	PA; QL
elixophyllin	2	
THEO-24	3	
theophylline	2	
theophylline er	1	
ADEMPAS	4	PA; QL; SP
alyq	4	PA; QL; SP
ambrisentan	4	PA; QL; SP
bosentan	4	PA; QL; SP
sildenafil citrate oral suspension reconstituted	2	PA; QL; SP
sildenafil citrate oral tablet 20 mg	2	PA; QL; SP
tadalafil (pah)	4	PA; QL; SP
TRACLEER 32 MG	4	PA; QL; SP
TYVASO	4	PA; QL; SP
TYVASO DPI MAINTENANCE KIT	4	PA; QL; SP
TYVASO DPI TITRATION KIT	4	PA; QL; SP
TYVASO REFILL	4	PA; QL; SP
TYVASO STARTER	4	PA; QL; SP
VENTAVIS	4	PA; QL; SP
ESBRIET	4	PA; QL; SP
pirfenidone	4	PA; QL; SP
acetylcysteine inhalation	1	
ADRENALIN NASAL	2	
azelastine-fluticasone	3	QL
benzonatate oral capsule 100 mg, 200 mg	1	

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
GILPHEX TR	3	
guaiaatussin ac	1	QL
guaifenesin ac	1	QL
guaifenesin-codeine	1	QL
hydrocodone bit-homatrop mbr	1	PA; QL
hydromet	1	PA; QL
HYPERSAL	2	
ipratropium-albuterol	1	
maxi-tuss ac	1	QL
mometasone furoate nasal	2	QL
NEBUSAL	3	
potassium iodide oral	3	
promethazine vc/codeine	1	PA; QL
promethazine-codeine	1	PA; QL
promethazine-dm	1	
promethazine-phenyleph-codeine	1	PA; QL
pseudoephedrine-bromphen-dm	1	
sodium chloride inhalation	1	
SSKI	3	
<b>Skeletal muscle relaxants</b>		
baclofen oral tablet	1	
carisoprodol oral tablet 350 mg	1	QL
chlorzoxazone oral tablet 500 mg	2	
cyclobenzaprine hcl oral	1	
dantrolene sodium oral	2	
metaxalone	2	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	1	
tizanidine hcl oral capsule	2	
tizanidine hcl oral tablet	1	
<b>Sleep disorder agents</b>		
eszopiclone	1	QL
flurazepam hcl	1	QL
temazepam	1	QL
triazolam	1	QL
zaleplon	1	QL
zolpidem tartrate oral	1	QL
BELSOMRA	3	ST; QL
doxepin hcl oral tablet	1	QL
HETLIOZ	4	PA; QL; SP
HETLIOZ LQ	4	PA; QL; SP
ramelteon	3	ST; QL
armodafinil	1	PA; QL
modafinil	2	PA; QL
XYREM	4	PA; QL; SP

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



# Index

abacavir sulfate-lamivudine . . . . .	15	afirmelle . . . . .	24	amabelz . . . . .	24
abacavir sulfate oral solution . . . . .	15	AFLURIA QUADRIVALENT . . . . .	27	amantadine hcl oral . . . . .	14
abacavir sulfate oral tablet . . . . .	15	aftera . . . . .	25	ambrisentan . . . . .	30
abiraterone acetate . . . . .	13	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML . . . . .	13	amcinonide . . . . .	23
acamprosate calcium . . . . .	10	ak-poly-bac . . . . .	28	amethia . . . . .	24
acarbose oral . . . . .	16	AKTEN . . . . .	29	amethyst . . . . .	24
ACCU-CHEK AVIVA DEVICE . . . . .	16	ala-cort external cream 2.5 % . . . . .	23	amiloride hcl oral . . . . .	18
ACCU-CHEK AVIVA PLUS TEST STRIPS . . . . .	16	ALA SCALP . . . . .	23	amiloride-hydrochlorothiazide . . . . .	18
ACCU-CHEK FASTCLIX LANCET KIT16 ACCU-CHEK FASTCLIX LANCETS . . . . .	16	albendazole oral . . . . .	14	aminocaproic acid oral . . . . .	17
ACCU-CHEK GUIDE CONTROL . . . . .	16	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation . . . . .	30	amiodarone hcl oral . . . . .	18
ACCU-CHEK GUIDE TEST STRIPS . . . . .	16	ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION . . . . .	30	amlodipine besylate-benazepril hcl . . . . .	18
ACCU-CHEK SAFE-T PRO LANCETS16 ACCU-CHEK SMARTVIEW CONTROL . . . . .	16	albuterol sulfate inhalation . . . . .	30	amlodipine besylate oral . . . . .	18
ACCU-CHEK SMARTVIEW TEST STRIPS . . . . .	16	albuterol sulfate oral . . . . .	30	amlodipine besylate-valsartan . . . . .	18
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT . . . . .	16	alclometasone dipropionate . . . . .	23	ammonium lactate external cream . . . . .	19
ACCU-CHEK SOFTCLIX LANCETS . . . . .	16	ALCOHOL PREP PADS PAD , 70 % . . . . .	28	amnestem . . . . .	19
accutane . . . . .	19	alendronate sodium oral solution . . . . .	28	amoxapine . . . . .	12
acebutolol hcl oral . . . . .	18	alendronate sodium oral tablet . . . . .	28	amoxicillin . . . . .	11
acetaminophen-codeine . . . . .	9	alfuzosin hcl er . . . . .	22	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 . . . . .	11
acetaminophen-codeine #2 . . . . .	9	ALINIA ORAL SUSPENSION RECONSTITUTED . . . . .	14	amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg . . . . .	11
acetaminophen-codeine #3 . . . . .	9	allopurinol oral . . . . .	13	amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg . . . . .	11
acetaminophen-codeine #4 . . . . .	9	almotriptan malate . . . . .	13	amphetamine-dextroamphetamine . . . . .	19
acetazolamide er . . . . .	18	ALOCRIAL . . . . .	29	amphetamine-dextroamphetamine er19	
acetazolamide oral . . . . .	18	ALOMIDE . . . . .	29	amphetamine sulfate . . . . .	19
acetic acid otic . . . . .	30	alosectron hcl . . . . .	22	ampicillin . . . . .	11
acetylcysteine inhalation . . . . .	30	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % . . . . .	29	anagrelide hcl . . . . .	17
acitretin . . . . .	19	alprazolam er . . . . .	16	ANALPRAM-HC EXTERNAL LOTION27	
ACTEMRA ACTPEN . . . . .	26	alprazolam intensol . . . . .	16	anastrozole oral . . . . .	14
ACTEMRA SUBCUTANEOUS . . . . .	26	alprazolam oral tablet . . . . .	16	ANDRODERM . . . . .	24
ACTHIB . . . . .	27	alprazolam oral tablet dispersible . . . . .	16	ANGELIQ . . . . .	24
ACTIMMUNE . . . . .	26	alprazolam xr . . . . .	16	ANNOVERA . . . . .	24
acyclovir oral capsule . . . . .	15	ALREX . . . . .	29	anucort-hc . . . . .	27
acyclovir oral suspension . . . . .	15	ALTABAX . . . . .	10	APEXICON E . . . . .	23
acyclovir oral tablet . . . . .	15	ALTACAINE . . . . .	29	APOKYN . . . . .	14
ADACEL . . . . .	27	altafrin . . . . .	29	apomorphine hcl subcutaneous . . . . .	14
ADASUVE . . . . .	15	altavera . . . . .	24	apraclonidine hcl . . . . .	29
adefovir dipivoxil . . . . .	15	alvimopan . . . . .	21	aprepitant . . . . .	12
ADEMPAS . . . . .	30	alyacen 1/35 . . . . .	24	apri . . . . .	24
ADRENALIN NASAL . . . . .	30	alyacen 7/7/7 . . . . .	24	APTIOM . . . . .	12
adult aspirin regimen . . . . .	9	alyq . . . . .	30	APTIVUS . . . . .	15
AEROCHAMBER PLUS FLO-VU . . . . .	28				
AFINITOR ORAL TABLET 10 MG . . . . .	14				





aranelle . . . . .	24	AUSTEDO . . . . .	19	betamethasone valerate external lotion . . . . .	23
ARANESP (ALBUMIN FREE) . . . . .	17	AUTOLET LANCING DEVICE . . . . .	16	betamethasone valerate external ointment . . . . .	23
aripiprazole oral solution . . . . .	15	AVAR CLEANSER . . . . .	19	BETASERON . . . . .	19
aripiprazole oral tablet . . . . .	15	aviane . . . . .	24	betaxolol hcl ophthalmic . . . . .	29
armodafinil . . . . .	31	avidoxy . . . . .	11	betaxolol hcl oral . . . . .	18
ARMOUR THYROID . . . . .	26	AVONEX PEN . . . . .	19	bethanechol chloride oral . . . . .	23
ARNUITY ELLIPTA . . . . .	30	AVONEX PREFILLED . . . . .	19	BETIMOL . . . . .	29
ARTISS . . . . .	28	ayuna . . . . .	24	BETOPTIC-S . . . . .	29
ARZOL SILVER NIT APPLICATORS	19	AZASITE . . . . .	29	BEVESPI AEROSPHERE . . . . .	30
ascomp-codeine . . . . .	9	azathioprine oral tablet 50 mg . . . . .	26	bexarotene external . . . . .	14
asenapine maleate . . . . .	15	azelaic acid external . . . . .	19	bexarotene oral . . . . .	14
ashlyna . . . . .	24	azelastine-fluticasone . . . . .	30	BEXSERO . . . . .	27
aspirin adult low dose . . . . .	9	azelastine hcl nasal solution 0.1 %, 137 mcg/spray . . . . .	30	bicalutamide . . . . .	13
aspirin adult low strength . . . . .	9	azelastine hcl ophthalmic . . . . .	29	BIDIL . . . . .	18
aspirin childrens . . . . .	9	azithromycin oral . . . . .	11	BIKTARVY . . . . .	15
aspirin-dipyridamole er . . . . .	17	AZOPT . . . . .	29	BINAXNOW COVID-19 AG HOME TEST . . . . .	28
aspirin ec low dose . . . . .	9	azurette . . . . .	24	bisacodyl ec . . . . .	22
aspirin ec low strength . . . . .	9	bac . . . . .	9	bisoprolol fumarate oral . . . . .	18
aspirin low dose . . . . .	9	bacitracin ophthalmic . . . . .	28	bisoprolol-hydrochlorothiazide . . . . .	18
aspirin oral tablet delayed release 81 mg . . . . .	9	bacitracin-polymyxin b ophthalmic . . . . .	28	BLEPHAMIDE S.O.P. . . . .	29
ASTRINGYN . . . . .	28	bacitra-neomycin-polymyxin-hc . . . . .	28	blisovi 24 fe . . . . .	24
ATABEX OB . . . . .	21	baclofen oral tablet . . . . .	31	blisovi fe 1.5/30 . . . . .	24
atazanavir sulfate . . . . .	15	balsalazide disodium . . . . .	27	blisovi fe 1/20 . . . . .	24
atenolol-chlorthalidone . . . . .	18	balziva . . . . .	24	BOOSTRIX . . . . .	27
atenolol oral . . . . .	18	BANZEL ORAL TABLET . . . . .	12	bosentan . . . . .	30
atomoxetine hcl . . . . .	19	BARACLUDGE ORAL SOLUTION . . . . .	15	BOSULIF . . . . .	14
atorvastatin calcium oral tablet 10 mg, 20 mg . . . . .	19	BASAGLAR KWIKPEN . . . . .	17	bp 10-1 . . . . .	19
atorvastatin calcium oral tablet 40 mg, 80 mg . . . . .	19	BAXDELA ORAL . . . . .	11	bp cleansing wash . . . . .	19
atovaquone . . . . .	14	BAYER ASPIRIN EC LOW DOSE . . . . .	9	BREATHE COMFORT CHAMBER/ ADULT . . . . .	28
atovaquone-proguanil hcl . . . . .	14	belladonna alkaloids-opium . . . . .	21	BREATHE COMFORT CHAMBER/ CHILD . . . . .	28
atropine sulfate ophthalmic ointment	29	BELSOMRA . . . . .	31	BREO ELLIPTA . . . . .	30
atropine sulfate ophthalmic solution 1 % . . . . .	29	benazepril hcl oral . . . . .	17	briellyn . . . . .	24
ATROVENT HFA . . . . .	30	benazepril-hydrochlorothiazide . . . . .	18	BRILINTA . . . . .	17
aubra . . . . .	24	BENZNIDAZOLE . . . . .	14	brimonidine tartrate ophthalmic . . . . .	29
aubra eq . . . . .	24	benzonatate oral capsule 100 mg, 200 mg . . . . .	30	brimonidine tartrate-timolol . . . . .	29
AUM MINI INSULIN PEN NEEDLE . . . . .	28	benzoyl peroxide-erythromycin . . . . .	19	brinzolamide . . . . .	29
AUM READYGARD DUO PEN NEEDLE . . . . .	28	benztropine mesylate oral . . . . .	14	bromfenac sodium (once-daily) . . . . .	29
AUM SAFETY PEN NEEDLE . . . . .	28	bepotastine besilate . . . . .	29	bromocriptine mesylate oral capsule	14
aurovela 1.5/30 . . . . .	24	BEPREVE . . . . .	29	bromocriptine mesylate oral tablet . . . . .	14
aurovela 1/20 . . . . .	24	BERINERT . . . . .	26	BUDESONIDE-FORMOTEROL FUMARATE . . . . .	30
aurovela 24 fe . . . . .	24	BESIVANCE . . . . .	29	budesonide inhalation . . . . .	30
aurovela fe 1.5/30 . . . . .	24	BETADINE OPHTHALMIC PREP . . . . .	28	budesonide oral . . . . .	27
aurovela fe 1/20 . . . . .	24	betamethasone dipropionate aug . . . . .	23	bumetanide oral . . . . .	18
AURYXIA . . . . .	21	betamethasone dipropionate external	23		
		betamethasone valerate external cream . . . . .	23		



buprenorphine hcl-naloxone hcl sublingual film . . . . .	10	carbido-pa-levodopa oral tablet dispersible . . . . .	15	chlorhexidine gluconate mouth/throat. . . . .	19
buprenorphine hcl-naloxone hcl sublingual tablet sublingual . . . . .	10	carbido-pa oral . . . . .	14	chloroquine phosphate oral . . . . .	14
buprenorphine hcl sublingual . . . . .	10	carbinoxamine maleate oral solution	30	chlorpromazine hcl oral tablet . . . . .	15
bupropion hcl er (smoking det) . . . . .	10	carbinoxamine maleate oral tablet 4 mg . . . . .	30	chlorthalidone . . . . .	18
bupropion hcl er (sr) . . . . .	12	CARDURA XL . . . . .	22	chlorzoxazone oral tablet 500 mg . . . . .	31
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg . . . . .	12	CARESTART COVID-19 HOME TEST	28	CHOLBAM . . . . .	22
bupropion hcl oral . . . . .	12	CARETOUCH CONTROL SOL LEVEL 2 . . . . .	16	cholestyramine light . . . . .	19
buspiron e hcl oral . . . . .	16	CARETOUCH LANCING/EJECTOR	16	cholestyramine oral. . . . .	19
butalbital-acetaminophen oral tablet	9	CARETOUCH TWIST MC LANCETS 30G. . . . .	16	ciclodan . . . . .	13
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg . . . . .	9	carglumic acid . . . . .	20	ciclopirox external . . . . .	13
butalbital-apap-caffeine oral capsule	9	carisoprodol oral tablet 350 mg. . . . .	31	ciclopirox olamine external. . . . .	13
butalbital-apap-caffeine oral tablet . . . . .	9	CAROSPIR. . . . .	18	ciclopirox treatment . . . . .	13
butalbital-asa-caff-codeine. . . . .	9	carteolol hcl . . . . .	29	cilostazol . . . . .	17
butalbital-aspirin-caffeine . . . . .	10	cartia xt. . . . .	18	CILOXAN . . . . .	29
BYDUREON BCISE AUTOINJECTOR	16	carvedilol . . . . .	18	cimetidine hcl. . . . .	22
cabergoline . . . . .	23	CAYA. . . . .	28	cimetidine oral . . . . .	22
caffeine citrate oral . . . . .	19	cefaclor er . . . . .	11	CIMZIA . . . . .	26
calcipotriene-betameth diprop. . . . .	19	cefaclor oral capsule. . . . .	11	CIMZIA PREFILLED KIT . . . . .	26
calcipotriene external cream . . . . .	19	cefadroxil oral capsule . . . . .	11	CIMZIA STARTER KIT. . . . .	26
calcipotriene external ointment . . . . .	19	cefadroxil oral suspension reconstituted . . . . .	11	ciprofloxacin-dexamethasone . . . . .	30
calcipotriene external solution . . . . .	19	cefadroxil oral tablet . . . . .	11	CIPROFLOXACIN-FLUOCINOLONE PF . . . . .	30
calcitonin (salmon) nasal . . . . .	28	cefdinir . . . . .	11	ciprofloxacin hcl ophthalmic . . . . .	29
calcitriol external . . . . .	20	cefdinir . . . . .	11	ciprofloxacin hcl oral. . . . .	11
calcitriol oral capsule . . . . .	28	cefixime oral capsule . . . . .	11	ciprofloxacin hcl otic. . . . .	30
calcitriol oral solution . . . . .	28	cefixime oral suspension reconstituted . . . . .	11	CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%)	11
calcium acetate oral tablet 667 mg. . . . .	21	cefepodoxime proxetil. . . . .	11	citalopram hydrobromide oral solution. . . . .	12
calcium acetate (phos binder) . . . . .	21	cefprozil . . . . .	11	citalopram hydrobromide oral tablet	12
camila . . . . .	25	cefuroxime axetil . . . . .	11	CITRANATAL BLOOM . . . . .	21
camrese . . . . .	24	celecoxib oral. . . . .	9	citroma . . . . .	22
camrese lo . . . . .	24	CELONTIN . . . . .	11	claravis . . . . .	20
candesartan cilexetil. . . . .	17	cephalexin oral capsule . . . . .	11	clarithromycin er . . . . .	11
candesartan cilexetil-hctz. . . . .	18	cephalexin oral suspension reconstituted . . . . .	11	clarithromycin oral suspension reconstituted . . . . .	11
capecitabine . . . . .	14	CEQUR SIMPLICITY 2U KIT. . . . .	16	clarithromycin oral tablet . . . . .	11
CAPEX . . . . .	23	cerovel . . . . .	20	CLEARDETECT COVID-19 AG HOME	28
CAPRELSA. . . . .	14	cevimeline hcl . . . . .	19	clearlax. . . . .	22
captopril oral . . . . .	17	chateal . . . . .	24	clemastine fumarate oral tablet 2.68 mg. . . . .	30
CARBAGLU . . . . .	20	chateal eq. . . . .	24	CLENPIQ . . . . .	22
carbamazepine er . . . . .	12	CHEMET. . . . .	21	CLIMARA PRO . . . . .	24
carbamazepine oral suspension . . . . .	12	CHEMSTRIP K. . . . .	16	clindacin etz external swab . . . . .	20
carbamazepine oral tablet . . . . .	12	CHEMSTRIP MICRAL. . . . .	16	clindacin-p . . . . .	20
carbamazepine oral tablet chewable	12	CHEMSTRIP UGK. . . . .	16	clindamycin hcl oral . . . . .	10
carbidopa-levodopa-entacapone . . . . .	14	chlordiazepoxide-amitriptyline. . . . .	12	clindamycin palmitate hcl. . . . .	10
carbidopa-levodopa er . . . . .	14	chlordiazepoxide hcl. . . . .	16		



clindamycin phos-benzoyl perox external gel 1.2-5 % . . . . .	20	CONDYLOX . . . . .	20	deferasirox granules . . . . .	21
clindamycin phosphate external lotion . . . . .	20	constulose . . . . .	22	DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML .	24
clindamycin phosphate external solution . . . . .	20	CONTOUR CONTROL SOLUTION .	16	delyla . . . . .	24
clindamycin phosphate external swab . . . . .	20	CONTOUR NEXT CONTROL SOLUTION . . . . .	16	demeclocycline hcl . . . . .	11
clindamycin phosphate vaginal . . . .	10	CORDRAN EXTERNAL TAPE . . . .	23	DENAVIR . . . . .	15
CLINDESSE . . . . .	10	CORLANOR . . . . .	18	DEPO-ESTRADIOL . . . . .	24
CLINITEST RAPID COVID-19 TEST .	28	cortic-nd . . . . .	30	DEPO-SUBQ PROVERA 104 . . . . .	25
clobetasol prop emollient base . . . .	23	CORTIFOAM . . . . .	27	desipramine hcl oral . . . . .	12
clobetasol propionate e . . . . .	23	CORTISPORIN-TC . . . . .	30	desloratadine oral tablet . . . . .	30
clobetasol propionate external cream	23	COVARYX . . . . .	24	desmopressin ace spray refrig . . . .	23
clobetasol propionate external gel .	23	COVARYX HS . . . . .	24	desmopressin acetate injection . . .	23
clobetasol propionate external ointment . . . . .	23	COVID-19 AT-HOME TEST . . . . .	28	desmopressin acetate oral . . . . .	23
clobetasol propionate external solution . . . . .	23	COVID-19 RAPID SELF TEST KIT IN VITRO KIT . . . . .	28	desmopressin acetate pf . . . . .	23
clocortolone pivalate . . . . .	23	CREON . . . . .	22	desmopressin acetate spray . . . . .	23
clomipramine hcl oral . . . . .	12	cromolyn sodium inhalation . . . . .	30	desogestrel-ethinyl estradiol . . . . .	24
clonazepam oral tablet . . . . .	16	cromolyn sodium ophthalmic . . . .	29	desonide external cream . . . . .	23
clonazepam oral tablet dispersible .	16	cromolyn sodium oral . . . . .	21	desonide external lotion . . . . .	23
clonidine . . . . .	17	croatan . . . . .	14	desonide external ointment . . . . .	23
clonidine hcl oral . . . . .	17	cryselle-28 . . . . .	24	desoximetasone external cream . . .	23
clopidogrel bisulfate oral . . . . .	17	CVS KETONE CARE . . . . .	16	desoximetasone external gel . . . . .	23
clorazepate dipotassium . . . . .	16	cyclobenzaprine hcl oral . . . . .	31	desoximetasone external ointment .	23
clotrimazole-betamethasone external cream . . . . .	13	CYCLOMYDRIL . . . . .	29	desvenlafaxine succinate er . . . . .	12
clotrimazole-betamethasone external lotion . . . . .	13	cyclopentolate hcl ophthalmic . . . .	29	dexamethasone intensol . . . . .	23
clotrimazole mouth/throat . . . . .	13	cyclophosphamide oral capsule . . .	13	dexamethasone oral elixir . . . . .	23
clozapine oral tablet . . . . .	15	CYCLOPHOSPHAMIDE ORAL TABLET . . . . .	13	dexamethasone oral solution . . . . .	23
clozapine oral tablet dispersible . . .	15	cycloserine oral . . . . .	13	dexamethasone oral tablet . . . . .	23
coal tar external . . . . .	20	cyclosporine modified . . . . .	26	dexamethasone oral tablet therapy pack . . . . .	23
codeine sulfate oral tablet 30 mg, 60 mg . . . . .	10	cyclosporine oral . . . . .	26	dexamethasone sodium phosphate ophthalmic . . . . .	29
COLCHICINE ORAL CAPSULE . . . . .	13	cyproheptadine hcl oral . . . . .	30	DEXILANT . . . . .	22
colchicine-probenecid . . . . .	13	cyred . . . . .	24	DEXLANSOPRAZOLE . . . . .	22
colesevelam hcl . . . . .	19	cyred eq . . . . .	24	dexmethylphenidate hcl . . . . .	19
colestipol hcl oral granules . . . . .	19	CYTAGON . . . . .	22	dexmethylphenidate hcl er . . . . .	19
colestipol hcl oral packet . . . . .	19	cytra k crystals . . . . .	20	DEXTENZA . . . . .	29
colestipol hcl oral tablet . . . . .	19	dabigatran etexilate mesylate . . . .	17	dextroamphetamine sulfate er . . . .	19
COMBIGAN . . . . .	29	dalfampridine er . . . . .	19	dextroamphetamine sulfate oral solution . . . . .	19
COMBIPATCH . . . . .	24	DALIRESP . . . . .	30	dextroamphetamine sulfate oral tablet 10 mg, 5 mg . . . . .	19
COMETRIQ . . . . .	14	danazol oral . . . . .	24	DIATRUST COVID-19 HOME TEST .	28
COMIRNATY . . . . .	27	dantrolene sodium oral . . . . .	31	diazepam intensol . . . . .	16
COMPLERA . . . . .	15	dapsone oral . . . . .	13	diazepam oral concentrate . . . . .	16
compro . . . . .	12	darifenacin hydrobromide er . . . . .	22	diazepam oral solution . . . . .	16
CONDOMS . . . . .	28	dasetta 1/35 . . . . .	24	diazepam oral tablet . . . . .	16
		dasetta 7/7/7 . . . . .	24	diazepam oral tablet . . . . .	16
		daysee . . . . .	24	diazepam rectal . . . . .	11
		DEBACTEROL . . . . .	19	diazoxide oral . . . . .	17
		deblitane . . . . .	25	diclofenac-misoprostol . . . . .	9
		deferasirox . . . . .	21		



diclofenac potassium oral tablet 50 mg . . . . .	9	doxazosin mesylate oral . . . . .	17	ELIQUIS . . . . .	17
diclofenac sodium er. . . . .	9	doxepin hcl external . . . . .	20	ELIQUIS DVT/PE STARTER PACK. .	17
diclofenac sodium external gel 1 % . .	9	doxepin hcl oral capsule. . . . .	12	ELITE-OB . . . . .	21
diclofenac sodium ophthalmic. . . . .	29	doxepin hcl oral concentrate . . . . .	12	elixophyllin . . . . .	30
diclofenac sodium oral . . . . .	9	doxepin hcl oral tablet. . . . .	31	ELLA . . . . .	25
dicloxacin sodium. . . . .	11	doxercalciferol oral . . . . .	28	ELLUME COVID-19 HOME TEST . . .	28
dicyclomine hcl oral capsule . . . . .	21	doxycycline hyclate oral capsule . . .	11	ELMIRON . . . . .	23
dicyclomine hcl oral solution . . . . .	21	doxycycline hyclate oral tablet 100 mg, 20 mg . . . . .	11	eluryng . . . . .	24
DIFICID . . . . .	11	doxycycline monohydrate oral capsule 100 mg, 50 mg . . . . .	11	EMCYT . . . . .	13
diflorasone diacetate external cream	23	doxycycline monohydrate oral capsule 100 mg, 50 mg . . . . .	11	EMEND ORAL SUSPENSION RECONSTITUTED . . . . .	13
diflunisal oral . . . . .	9	doxycycline monohydrate oral suspension reconstituted . . . . .	11	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg . . . . .	15
difluprednate . . . . .	29	doxycycline monohydrate oral tablet 11 mg, 20 mg . . . . .	11	emtricitabine-tenofovir df oral tablet 200-300 mg . . . . .	15
digitek oral tablet 125 mcg . . . . .	18	dronabinol . . . . .	13	enalapril-hydrochlorothiazide. . . . .	18
digitek oral tablet 250 mcg . . . . .	18	DROPSAFE ALCOHOL PREP . . . . .	28	enalapril maleate oral tablet. . . . .	18
digoxin oral solution . . . . .	18	drospiren-eth estrad-levomefol . . . .	24	ENBRACE HR . . . . .	21
digoxin oral tablet 62.5 mcg . . . . .	18	drospirenone-ethinyl estradiol . . . . .	24	ENCARE . . . . .	23
digoxin oral tablet 125 mcg . . . . .	18	DROXIA . . . . .	14	endocet . . . . .	10
digoxin oral tablet 250 mcg . . . . .	18	duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg . . . . .	12	ENGERIX-B . . . . .	27
dihydroergotamine mesylate injection	13	duloxetine hcl oral capsule delayed release particles 30 mg . . . . .	12	enoxaparin sodium . . . . .	17
DILANTIN ORAL CAPSULE 30 MG. . . . .	12	DUOPA . . . . .	15	enpresse-28 . . . . .	24
diltiazem hcl er. . . . .	18	dutasteride oral . . . . .	22	enskyce . . . . .	24
diltiazem hcl er beads. . . . .	18	EASIVENT . . . . .	28	entacapone . . . . .	14
diltiazem hcl er coated beads . . . . .	18	EASYMAX 15 LEVEL 2-3 CONTROL . . . . .	16	entecavir . . . . .	15
diltiazem hcl oral . . . . .	18	EASYMAX CONTROL . . . . .	16	ENTRESTO . . . . .	18
dilt-xr . . . . .	18	ec-naproxen . . . . .	9	enulose . . . . .	22
dimethyl fumarate oral . . . . .	19	econazole nitrate external . . . . .	13	EPCLUSA . . . . .	15
dimethyl fumarate starter pack . . . .	19	econtra ez. . . . .	25	EPIFOAM . . . . .	20
DIPENTUM . . . . .	27	econtra one-step . . . . .	25	epinastine hcl. . . . .	29
diphenhydramine hcl oral elixir . . . .	30	EDARBI . . . . .	17	epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	30
diphenoxylate-atropine oral liquid . .	21	EDARBYCLOR . . . . .	18	epitol . . . . .	12
diphenoxylate-atropine oral tablet. .	22	ED-SPAZ . . . . .	21	EPIVIR HBV ORAL SOLUTION . . . .	15
dipyridamole oral. . . . .	17	EDURANT . . . . .	15	eplerenone . . . . .	18
disopyramide phosphate . . . . .	18	EEMT . . . . .	24	EQUETRO . . . . .	16
disulfiram oral . . . . .	10	EEMT HS . . . . .	24	ergocalciferol oral capsule . . . . .	21
divalproex sodium er. . . . .	16	E.E.S. GRANULES . . . . .	11	ergoloid mesylates oral. . . . .	28
divalproex sodium oral capsule delayed release sprinkle . . . . .	16	efavirenz . . . . .	15	ergotamine-caffeine . . . . .	13
divalproex sodium oral tablet delayed release . . . . .	16	EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ . . . . .	20	erlotinib hcl. . . . .	14
dofetilide . . . . .	18	effer-k oral tablet effervescent 25 meq . . . . .	20	errin . . . . .	26
dolishale . . . . .	24	EGATEN . . . . .	14	ery . . . . .	20
donepezil hcl oral tablet 10 mg, 5 mg	12	EGRIFTA SV . . . . .	23	ERYPED 200 . . . . .	11
donepezil hcl oral tablet dispersible	12	eletriptan hydrobromide . . . . .	13	ERYTHROCIN STEARATE . . . . .	11
dorzolamide hcl ophthalmic. . . . .	29	ELIGARD . . . . .	26	erythromycin base oral capsule delayed release particles . . . . .	11
dorzolamide hcl-timolol mal . . . . .	29	elinest . . . . .	24	erythromycin base oral tablet . . . .	11
dorzolamide hcl-timolol mal pf. . . .	29				
dotti . . . . .	24				



erythromycin base oral tablet			
delayed release . . . . .	11		
erythromycin ethylsuccinate oral. . .	11		
erythromycin external . . . . .	20		
erythromycin ophthalmic . . . . .	29		
erythromycin oral . . . . .	11		
ESBRIET . . . . .	30		
escitalopram oxalate oral solution. .	12		
escitalopram oxalate oral tablet. . .	12		
ESKATA . . . . .	20		
estarylla . . . . .	24		
estazolam . . . . .	16		
est estrogens-methyltest . . . . .	24		
est estrogens-methyltest ds. . . . .	24		
est estrogens-methyltest hs. . . . .	24		
estradiol-norethindrone acet . . . . .	24		
estradiol oral . . . . .	24		
estradiol transdermal patch twice			
weekly. . . . .	24		
estradiol transdermal patch weekly. .	24		
estradiol vaginal cream. . . . .	24		
estradiol vaginal tablet . . . . .	24		
estradiol valerate intramuscular. . .	24		
ESTRING . . . . .	24		
eszopiclone . . . . .	31		
ethacrynic acid . . . . .	18		
ethambutol hcl oral . . . . .	13		
ethosuximide oral . . . . .	11		
ethynodiol diac-eth estradiol . . . .	24		
etodolac . . . . .	9		
etodolac er. . . . .	9		
etonogestrel-ethinyl estradiol. . . .	24		
etoposide oral . . . . .	14		
etravirine. . . . .	15		
euthyrox . . . . .	26		
EVAMIST . . . . .	24		
everolimus oral tablet 10 mg, 2.5			
mg, 5 mg, 7.5 mg. . . . .	14		
EXELDERM . . . . .	13		
exemestane . . . . .	14		
ezetimibe . . . . .	19		
ezetimibe-simvastatin . . . . .	19		
falmina . . . . .	24		
famciclovir oral. . . . .	15		
famotidine oral suspension			
reconstituted . . . . .	22		
famotidine oral tablet 20 mg, 40 mg	22		
FANAPT . . . . .	15		
FANAPT TITRATION PACK . . . . .	15		
FARXIGA . . . . .	16		
FC2 FEMALE CONDOM. . . . .	28		
febuxostat . . . . .	13		
felbamate . . . . .	11		
felodipine er . . . . .	18		
FEMCAP . . . . .	28		
FEMRING . . . . .	24		
femynor. . . . .	24		
fenofibrate oral tablet 160 mg, 54 mg	19		
fenoprofen calcium oral tablet. . . .	9		
fentanyl citrate buccal lozenge on a			
handle. . . . .	10		
fentanyl transdermal patch 72 hour			
100 mcg/hr, 12 mcg/hr, 25 mcg/hr,			
50 mcg/hr, 75 mcg/hr. . . . .	9		
fesoterodine fumarate er . . . . .	22		
FETZIMA . . . . .	12		
finasteride oral tablet 5 mg. . . . .	22		
FIRVANQ . . . . .	10		
flac . . . . .	30		
FLAREX . . . . .	29		
flavoxate hcl . . . . .	22		
flecainide acetate . . . . .	18		
FLEXICHAMBER . . . . .	28		
FLEXICHAMBER ADULT MASK/			
SMALL . . . . .	28		
FLEXICHAMBER CHILD MASK/			
LARGE . . . . .	28		
FLEXICHAMBER CHILD MASK/			
SMALL . . . . .	28		
FLORIVA ORAL LIQUID . . . . .	20		
FLOVENT DISKUS. . . . .	30		
FLOVENT HFA . . . . .	30		
FLOWFLEX COVID-19 AG HOME			
TEST . . . . .	28		
FLUAD QUADRIVALENT . . . . .	27		
FLUARIX QUADRIVALENT . . . . .	27		
FLUBLOK QUADRIVALENT . . . . .	27		
FLUCELVAX QUADRIVALENT			
INTRAMUSCULAR SUSPENSION . . . .	27		
FLUCELVAX QUADRIVALENT			
INTRAMUSCULAR SUSPENSION			
PREFILLED SYRINGE. . . . .	27		
fluconazole oral suspension			
reconstituted . . . . .	13		
fluconazole oral tablet. . . . .	13		
flucytosine oral . . . . .	13		
fludrocortisone acetate oral. . . . .	23		
FLULAVAL QUADRIVALENT . . . . .	27		
FLUMIST QUADRIVALENT. . . . .	27		
flunisolide nasal . . . . .	30		
fluocinolone acetonide body . . . . .	23		
fluocinolone acetonide external			
cream . . . . .	23		
fluocinolone acetonide external			
ointment . . . . .	23		
fluocinolone acetonide external			
solution. . . . .	23		
fluocinolone acetonide otic . . . . .	30		
fluocinolone acetonide scalp . . . . .	23		
fluocinonide emulsified base . . . . .	23		
fluocinonide external cream 0.05 %	23		
fluocinonide external gel . . . . .	23		
fluocinonide external ointment. . . .	23		
fluocinonide external solution . . . .	23		
fluoritab . . . . .	20		
fluorometholone . . . . .	29		
FLUOROURACIL EXTERNAL			
CREAM 0.5 % . . . . .	14		
fluorouracil external cream 5 % . . .	14		
fluorouracil external solution . . . .	14		
fluoxetine hcl oral capsule . . . . .	12		
fluoxetine hcl oral capsule delayed			
release . . . . .	12		
fluoxetine hcl oral solution . . . . .	12		
fluoxetine hcl oral tablet 10 mg, 20			
mg. . . . .	12		
fluoxetine hcl (pmdd) . . . . .	12		
fluphenazine hcl oral concentrate. .	15		
fluphenazine hcl oral elixir . . . . .	15		
fluphenazine hcl oral tablet . . . . .	15		
flurandrenolide external lotion . . . .	23		
flurazepam hcl . . . . .	31		
furbiprofen oral . . . . .	9		
furbiprofen sodium. . . . .	29		
flutamide. . . . .	13		
FLUTICASONE FUROATE-			
VILANTEROL. . . . .	30		
fluticasone propionate external			
cream . . . . .	23		
fluticasone propionate external			
ointment . . . . .	23		
FLUTICASONE PROPIONATE HFA. . . . .	30		
fluticasone propionate nasal . . . . .	30		
fluticasone-salmeterol inhalation			
aerosol powder breath activated			
100-50 mcg/act, 250-50 mcg/act,			
500-50 mcg/act. . . . .	30		
FLUTICASONE-SALMETEROL			
INHALATION AEROSOL POWDER			
BREATH ACTIVATED 113-14 MCG/			



ACT, 232-14 MCG/ACT, 55-14 MCG/ACT . . . . .	30	glatopa . . . . .	19	HEMMOREX-HC RECTAL SUPPOSITORY 25 MG . . . . .	27
fluvastatin sodium . . . . .	19	GLEOSTINE . . . . .	13	hemocyte-f . . . . .	20
fluvoxamine maleate . . . . .	12	glimepiride . . . . .	17	heparin sodium (porcine) . . . . .	17
fluvoxamine maleate er . . . . .	12	glipizide er . . . . .	17	heparin sodium (porcine) pf . . . . .	17
FLUZONE HIGH-DOSE QUADRIVALENT . . . . .	27	glipizide ir . . . . .	17	HEPLISAV-B . . . . .	27
FLUZONE QUADRIVALENT . . . . .	27	glipizide-metformin hcl . . . . .	17	HETLIOZ . . . . .	31
FML . . . . .	29	glipizide xl . . . . .	17	HETLIOZ LQ . . . . .	31
FML FORTE . . . . .	29	GLUCAGEN HYPOKIT . . . . .	17	HIBERIX . . . . .	27
folic acid oral tablet 1 mg . . . . .	21	GLUCAGON EMERGENCY KIT . . . . .	17	homatropaire . . . . .	29
folic acid oral tablet 400 mcg, 800 mcg . . . . .	21	glucagon emergency kit 1 mg injection 1 mg . . . . .	17	HUMALOG . . . . .	17
fondaparinux sodium . . . . .	17	GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG . . . . .	17	HUMALOG KWIKPEN . . . . .	17
FORTISCARE CONTROL . . . . .	16	GLUCOSE CONTROL SOLUTIONS . . . . .	16	HUMALOG MIX 50/50 KWIKPEN . . . . .	17
fosamprenavir calcium . . . . .	15	glyburide-metformin . . . . .	17	HUMALOG MIX 50/50 VIAL . . . . .	17
fosfomycin tromethamine . . . . .	10	glyburide micronized . . . . .	17	HUMALOG MIX 75/25 KWIKPEN . . . . .	17
fosinopril sodium . . . . .	18	glyburide oral . . . . .	17	HUMALOG MIX 75/25 VIAL . . . . .	17
fosinopril sodium-hctz . . . . .	18	glycolax . . . . .	22	HUMALOG U-100 JUNIOR KWIKPEN . . . . .	17
FOSRENOL ORAL PACKET . . . . .	21	glycopyrrolate oral tablet 1 mg, 2 mg21	21	HUMIRA . . . . .	26
furosemide oral . . . . .	18	glydo . . . . .	10	HUMIRA PEDIATRIC CROHNS START . . . . .	26
FUZEON . . . . .	15	goodsense aspirin low dose . . . . .	9	HUMIRA PEN . . . . .	26
fyavolv . . . . .	24	goodsense nicotine mouth/throat lozenge 4 mg . . . . .	10	HUMIRA PEN-CD/UC/HS STARTER . . . . .	26
FYCOMPA ORAL SUSPENSION . . . . .	11	GORDOFILM . . . . .	20	HUMIRA PEN-PEDIATRIC UC STARTER . . . . .	26
gabapentin oral capsule . . . . .	11	granisetron hcl oral . . . . .	13	HUMIRA PEN-PSOR/UVEIT STARTER . . . . .	26
gabapentin oral solution 250 mg/5ml11	11	griseofulvin microsize oral . . . . .	13	HUMIRA PEN-PS/UV/ADOL HS START . . . . .	26
gabapentin oral tablet 600 mg, 800 mg . . . . .	11	griseofulvin ultramicrosize . . . . .	13	HUMULIN 70/30 KWIKPEN . . . . .	17
galantamine hydrobromide er . . . . .	12	guaiaatussin ac . . . . .	31	HUMULIN 70/30 VIAL . . . . .	17
galantamine hydrobromide oral solution . . . . .	12	guaifenesin ac . . . . .	31	HUMULIN N KWIKPEN . . . . .	17
galantamine hydrobromide oral tablet12	12	guaifenesin-codeine . . . . .	31	HUMULIN N VIAL . . . . .	17
GALZIN . . . . .	20	guanfacine hcl . . . . .	17	HUMULIN R U-500 KWIKPEN . . . . .	17
GARDASIL 9 . . . . .	27	guanfacine hcl er . . . . .	19	HUMULIN R U-500 VIAL . . . . .	17
gatifloxacin ophthalmic . . . . .	29	GYNAZOLE-1 . . . . .	13	HUMULIN R VIAL . . . . .	17
gavilax oral powder . . . . .	22	habitrol . . . . .	10	HYCANTIN ORAL . . . . .	14
gavilyte-c . . . . .	22	hailey 1.5/30 . . . . .	24	hydralazine hcl oral . . . . .	19
gavilyte-g . . . . .	22	hailey 24 fe . . . . .	24	HYDRO 40 . . . . .	20
gemfibrozil oral . . . . .	19	hailey fe 1.5/30 . . . . .	24	hydrochlorothiazide oral . . . . .	18
generlac . . . . .	22	hailey fe 1/20 . . . . .	24	hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml . . . . .	10
gengraf . . . . .	26	halobetasol propionate external cream . . . . .	23	hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg . . . . .	10
gentak . . . . .	28	halobetasol propionate external ointment . . . . .	23	hydrocodone bit-homatrop mbr . . . . .	31
gentamicin sulfate external . . . . .	10	haloperidol lactate oral . . . . .	15	hydrocodone-ibuprofen . . . . .	10
gentamicin sulfate ophthalmic . . . . .	28	haloperidol oral . . . . .	15	hydrocortisone ace-pramoxine external cream 1-1 % . . . . .	28
gentlelax . . . . .	22	HARVONI . . . . .	15	hydrocortisone ace-pramoxine external cream 2.5-1 % . . . . .	20
gentle laxative oral . . . . .	22	HAVRIX . . . . .	27	hydrocortisone acetate rectal . . . . .	28
GENVOYA . . . . .	15	heather . . . . .	26		
GILPHEX TR . . . . .	31	hematinic/folic acid . . . . .	20		
glatiramer acetate . . . . .	19				



hydrocortisone-acetic acid . . . . .	30	indapamide . . . . .	18	JARDIANCE . . . . .	17
hydrocortisone butyrate external cream . . . . .	23	INDICAID COVID-19 RAPID TEST . .	28	jasmiel . . . . .	24
hydrocortisone butyrate external ointment . . . . .	23	INDOCIN RECTAL . . . . .	9	jencycla . . . . .	26
hydrocortisone butyrate external solution . . . . .	23	indomethacin er . . . . .	9	jinteli . . . . .	24
hydrocortisone external cream 2.5 %	23	indomethacin oral capsule 25 mg, 50 mg . . . . .	9	jolessa . . . . .	24
hydrocortisone external lotion 2.5 %	23	INGREZZA . . . . .	19	juleber . . . . .	24
hydrocortisone external ointment 1 %, 2.5 % . . . . .	23	INOVA 4/1 ACNE CONTROL THERAPY . . . . .	20	junel 1.5/30 . . . . .	24
hydrocortisone-iodoquinol . . . . .	13	INOVA 8/2 ACNE CONTROL THERAPY . . . . .	20	junel 1/20 . . . . .	24
hydrocortisone oral . . . . .	23	INSPIREASE RESERVOIR BAGS . .	28	junel fe 1.5/30 . . . . .	25
hydrocortisone (perianal) external cream 2.5 % . . . . .	27	INSULIN ASPART PROT & ASPART	17	junel fe 1/20 . . . . .	25
hydrocortisone rectal . . . . .	28	INSULIN DEGLUDEC . . . . .	17	junel fe 24 . . . . .	25
hydrocortisone valerate . . . . .	23	INSULIN DEGLUDEC FLEXTOUCH	17	KALETRA ORAL TABLET . . . . .	15
hydrocort-pramoxine (perianal) . . .	28	INSULIN LISPRO . . . . .	17	kalliga . . . . .	25
hydromet . . . . .	31	INSULIN LISPRO (1 UNIT DIAL) . . .	17	kariva . . . . .	25
hydromorphone hcl er . . . . .	9	INSULIN LISPRO JUNIOR KWIKPEN	17	kelnor 1/35 . . . . .	25
hydromorphone hcl oral liquid . . . .	10	INSULIN LISPRO PROT & LISPRO .	17	kelnor 1/50 . . . . .	25
hydromorphone hcl oral tablet . . . .	10	INSULIN PEN NEEDLES . . . . .	28	ketoconazole external cream . . . . .	13
hydromorphone hcl rectal . . . . .	10	INSULIN SYRINGES . . . . .	28	ketoconazole external shampoo . . .	13
hydroxychloroquine sulfate oral tablet 200 mg . . . . .	14	INTELENCE . . . . .	15	ketoconazole oral . . . . .	13
hydroxyurea oral . . . . .	14	INTELISWAB COVID-19 RAPID TEST	28	KETO-DIASTIX . . . . .	16
hydroxyzine hcl oral . . . . .	16	INTRON A . . . . .	15	KETONE TEST . . . . .	16
hydroxyzine pamoate oral . . . . .	16	introvale . . . . .	24	ketoprofen er . . . . .	9
HYOPHEN . . . . .	22	IPOL . . . . .	27	ketoprofen oral . . . . .	9
hyoscyamine sulfate er . . . . .	21	ipratropium-albuterol . . . . .	31	ketorolac tromethamine ophthalmic	29
hyoscyamine sulfate oral . . . . .	21	ipratropium bromide inhalation . . .	30	ketorolac tromethamine oral . . . . .	9
hyoscyamine sulfate sl . . . . .	21	ipratropium bromide nasal . . . . .	30	KETOSTIX . . . . .	16
hyoscyamine sulfate sublingual . . .	21	irbesartan . . . . .	17	KLARITY-A . . . . .	29
hyosyne . . . . .	21	irbesartan-hydrochlorothiazide . . .	18	klor-con 10 . . . . .	20
HYPERSAL . . . . .	31	ISENTRESS ORAL PACKET . . . . .	15	klor-con/ef . . . . .	20
ibandronate sodium oral . . . . .	28	isibloom . . . . .	24	klor-con m10 . . . . .	20
ibuprofen oral tablet 400 mg, 600 mg, 800 mg . . . . .	9	isoniazid oral syrup . . . . .	13	klor-con m15 . . . . .	20
iclevia . . . . .	24	isoniazid oral tablet . . . . .	13	klor-con m20 . . . . .	20
icosapent ethyl . . . . .	19	ISOPTO ATROPINE . . . . .	29	klor-con oral packet . . . . .	20
IHEALTH COVID-19 RAPID TEST . .	28	isosorb dinitrate-hydralazine . . . .	18	klor-con oral tablet extended release	20
imatinib mesylate . . . . .	14	isosorbide dinitrate . . . . .	19	K-PHOS . . . . .	20
IMBRUVICA . . . . .	14	isosorbide mononitrate . . . . .	19	K-PHOS-NEUTRAL . . . . .	20
imipramine hcl oral . . . . .	12	isosorbide mononitrate er . . . . .	19	K-PHOS NO 2 . . . . .	20
imipramine pamoate . . . . .	12	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg . . . . .	20	k-prime . . . . .	20
imiquimod external cream 5 % . . . .	20	isradipine . . . . .	18	KRISTALOSE . . . . .	22
incassia . . . . .	26	itraconazole oral . . . . .	13	kurvelo . . . . .	25
INCRELEX . . . . .	24	ivermectin oral . . . . .	14	KYLEENA . . . . .	26
INCRUSE ELLIPTA . . . . .	30	jaimiess . . . . .	24	labetalol hcl oral . . . . .	18
		JAKAFI . . . . .	14	lacosamide oral solution . . . . .	12
		JANSSEN COVID-19 VACCINE . . . .	27	LACRISERT . . . . .	29
		jantoven . . . . .	17	lactulose encephalopathy . . . . .	22
				lactulose oral packet . . . . .	22
				lactulose oral solution . . . . .	22
				LAGEVRIO . . . . .	15



LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG . . . . .	11	levobunolol hcl. . . . .	29	loryna . . . . .	25
lamivudine oral solution . . . . .	15	levocarnitine oral solution. . . . .	20	losartan potassium-hctz . . . . .	18
lamivudine oral tablet 100 mg . . . . .	15	levocarnitine oral tablet. . . . .	20	losartan potassium oral . . . . .	17
lamivudine oral tablet 150 mg, 300 mg . . . . .	15	levocarnitine sf. . . . .	21	LOTEMAX OPHTHALMIC OINTMENT . . . . .	29
lamivudine-zidovudine . . . . .	15	levocetirizine dihydrochloride oral solution. . . . .	30	LOTEMAX SM . . . . .	29
lamotrigine oral kit. . . . .	11	levocetirizine dihydrochloride oral tablet. . . . .	30	loteprednol etabonate ophthalmic suspension. . . . .	29
lamotrigine oral tablet. . . . .	11	levofloxacin ophthalmic solution 0.5 % . . . . .	29	lovastatin oral. . . . .	19
lamotrigine oral tablet chewable . . . . .	11	levofloxacin oral solution . . . . .	11	low-ogestrel . . . . .	25
lamotrigine oral tablet dispersible . . . . .	11	levofloxacin oral tablet . . . . .	11	loxapine succinate. . . . .	15
lamotrigine starter kit-blue . . . . .	11	levonest . . . . .	25	lo-zumandimine . . . . .	25
lamotrigine starter kit-green. . . . .	11	levonorgest-eth estrad 91-day . . . . .	25	LUBIPROSTONE . . . . .	22
lamotrigine starter kit-orange. . . . .	11	levonorgestrel . . . . .	26	LULICONAZOLE . . . . .	13
LANCETS . . . . .	16	levonorgestrel-ethinyl estrad . . . . .	25	LUMIGAN . . . . .	29
LANOXIN ORAL TABLET 62.5 MCG 18		levonorg-eth estrad triphasic . . . . .	25	lutera. . . . .	25
lansoprazole oral capsule delayed release . . . . .	22	levora 0.15/30 (28). . . . .	25	lyleq . . . . .	26
lanthanum carbonate . . . . .	21	levorphanol tartrate oral tablet 2 mg . . . . .	9	lyllana . . . . .	25
larin 1.5/30 . . . . .	25	levo-t . . . . .	26	LYSODREN . . . . .	26
larin 1/20 . . . . .	25	levothyroxine sodium oral tablet . . . . .	26	lyza . . . . .	26
larin 24 fe . . . . .	25	levoxyl. . . . .	26	mafenide acetate external . . . . .	10
larin fe 1.5/30. . . . .	25	LEXIVA ORAL SUSPENSION. . . . .	15	magnesium citrate oral solution. . . . .	22
larin fe 1/20 . . . . .	25	lidocaine external ointment 5 % . . . . .	10	malathion . . . . .	14
latanoprost ophthalmic. . . . .	29	lidocaine external patch 5 % . . . . .	10	maraviroc . . . . .	15
LATUDA . . . . .	15	lidocaine hcl external solution . . . . .	10	marlissa . . . . .	25
LEDIPASVIR-SOFOSBUVIR . . . . .	15	lidocaine hcl mouth/throat . . . . .	10	MARPLAN . . . . .	12
leena . . . . .	25	lidocaine hcl urethral/mucosal. . . . .	10	matzim la . . . . .	18
leflunomide oral. . . . .	26	lidocaine-prilocaine external cream . . . . .	10	MAXIDEX . . . . .	29
lenalidomide. . . . .	13	lidocaine viscous hcl. . . . .	10	maxi-tuss ac. . . . .	31
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 4 MG . . . . .	14	lindane . . . . .	14	meclizine hcl oral tablet 25 mg . . . . .	12
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. . . . .	14	linezolid oral suspension reconstituted . . . . .	10	meclofenamate sodium oral. . . . .	9
lessina. . . . .	25	linezolid oral tablet . . . . .	10	medroxyprogesterone acetate intramuscular suspension . . . . .	26
letrozole oral . . . . .	14	LINZESS . . . . .	22	medroxyprogesterone acetate intramuscular suspension prefilled syringe . . . . .	26
leucovorin calcium oral. . . . .	14	liothyronine sodium oral . . . . .	26	medroxyprogesterone acetate oral. . . . .	26
LEUKERAN . . . . .	13	lisinopril-hydrochlorothiazide . . . . .	18	mefenamic acid oral . . . . .	9
LEUKINE. . . . .	17	lisinopril oral. . . . .	18	mefloquine hcl . . . . .	14
leuprolide acetate injection . . . . .	26	lithium carbonate er . . . . .	16	megestrol acetate oral suspension 40 mg/ml . . . . .	26
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml . . . . .	30	lithium carbonate oral. . . . .	16	megestrol acetate oral suspension 625 mg/5ml . . . . .	26
LEVEMIR U-100 FLEXTOUCH . . . . .	17	LITHOSTAT . . . . .	23	megestrol acetate oral tablet . . . . .	26
LEVEMIR U-100 VIAL . . . . .	17	lojaimiess . . . . .	25	meloxicam oral tablet . . . . .	9
levetiracetam er . . . . .	11	LOKELMA. . . . .	21	melphalan. . . . .	13
levetiracetam oral . . . . .	11	loperamide hcl oral capsule . . . . .	22	memantine hcl oral solution 2 mg/ml . . . . .	12
		lopinavir-ritonavir . . . . .	15	memantine hcl oral tablet . . . . .	12
		lorazepam intensol . . . . .	16	MENACTRA . . . . .	27
		lorazepam oral concentrate 2 mg/ml . . . . .	16		
		lorazepam oral tablet . . . . .	16		
		LORBRENA . . . . .	14		





MENQUADFI . . . . .	27	metoprolol succinate er . . . . .	18	morphine sulfate oral tablet . . . . .	10
MENVEO . . . . .	27	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg . . . . .	18	morphine sulfate rectal . . . . .	10
meprobamate . . . . .	16	metronidazole external cream . . . . .	20	moxifloxacin hcl (2x day). . . . .	29
mercaptapurine oral . . . . .	14	metronidazole external gel 0.75 % . . . . .	20	moxifloxacin hcl ophthalmic solution	29
mesalamine er oral capsule 0.375 gm	27	metronidazole external lotion . . . . .	20	moxifloxacin hcl oral . . . . .	11
mesalamine rectal suppository . . . . .	27	metronidazole oral tablet . . . . .	10	MOZOBIL . . . . .	17
metaxalone . . . . .	31	metronidazole vaginal . . . . .	10	MULTAQ . . . . .	18
metformin hcl er . . . . .	17	mexiletine hcl oral . . . . .	18	mupirocin calcium . . . . .	10
metformin hcl oral solution . . . . .	17	miconazole 3 . . . . .	13	mupirocin external . . . . .	10
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg . . . . .	17	microgestin 1.5/30 . . . . .	25	MYALEPT . . . . .	22
methadone hcl intensol . . . . .	9	microgestin 1/20 . . . . .	25	my choice . . . . .	26
methadone hcl oral concentrate . . . . .	9	microgestin 24 fe . . . . .	25	mycophenolate mofetil oral capsule	26
methadone hcl oral solution . . . . .	9	microgestin fe 1.5/30 . . . . .	25	mycophenolate mofetil oral suspension reconstituted . . . . .	26
methadone hcl oral tablet . . . . .	9	microgestin fe 1/20 . . . . .	25	mycophenolate mofetil oral tablet . . . . .	26
methadone hcl oral tablet soluble . . . . .	9	MICROLET NEXT LANCING DEVICE	16	mycophenolate sodium . . . . .	26
methadose oral concentrate 10 mg/ml	9	midodrine hcl . . . . .	17	MYLERAN . . . . .	13
methadose oral tablet soluble . . . . .	9	MIGERGOT . . . . .	13	myorisan . . . . .	20
methadose sugar-free . . . . .	9	miglitol . . . . .	17	MYRBETRIQ . . . . .	22
methamphetamine hcl . . . . .	19	mili . . . . .	25	my way . . . . .	26
methazolamide oral . . . . .	18	MILLIPRED . . . . .	23	nabumetone oral . . . . .	9
methenamine hippurate . . . . .	10	mimvey . . . . .	25	nadolol oral . . . . .	18
methenamine mandelate oral . . . . .	10	minocycline hcl oral capsule . . . . .	11	nafrinse . . . . .	21
methergine . . . . .	28	minoxidil oral . . . . .	19	nafrinse drops . . . . .	21
methimazole oral . . . . .	26	mirtazapine oral tablet . . . . .	12	naftifine hcl external cream 1 % . . . . .	13
METHITEST . . . . .	24	mirtazapine oral tablet dispersible . . . . .	12	naloxone hcl injection . . . . .	10
methocarbamol oral tablet 500 mg, 750 mg . . . . .	31	misoprostol oral . . . . .	22	naloxone hcl nasal . . . . .	10
methotrexate oral . . . . .	26	MITIGARE . . . . .	13	naltrexone hcl oral . . . . .	10
methotrexate sodium . . . . .	26	MITOSOL . . . . .	29	naproxen oral suspension . . . . .	9
methotrexate sodium (pf) . . . . .	26	mm clearlax . . . . .	22	naproxen oral tablet . . . . .	9
methoxsalen rapid . . . . .	20	M-M-R II . . . . .	27	naproxen oral tablet delayed release	9
methscopolamine bromide oral . . . . .	21	M-NATAL PLUS . . . . .	21	naproxen sodium oral tablet 275 mg, 550 mg . . . . .	9
methylergonovine maleate oral . . . . .	28	modafinil . . . . .	31	naratriptan hcl . . . . .	13
methylphenidate hcl er (cd) . . . . .	19	MODERNA COVID-19 VACC 6M-5Y	27	NARCAN . . . . .	10
methylphenidate hcl er (la) . . . . .	19	MODERNA COVID-19 VACCINE . . . . .	27	na sulfate-k sulfate-mg sulf . . . . .	22
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg . . . . .	19	moexipril hcl . . . . .	18	NATACYN . . . . .	29
methylphenidate hcl oral solution . . . . .	19	molindone hcl . . . . .	15	NATAZIA . . . . .	25
methylphenidate hcl oral tablet . . . . .	19	mometasone furoate external . . . . .	23	nateglinide . . . . .	17
methylphenidate hcl oral tablet chewable . . . . .	19	mometasone furoate nasal . . . . .	31	NEBUSAL . . . . .	31
methylprednisolone oral . . . . .	23	mondoxyne nl . . . . .	11	necon 0.5/35 (28) . . . . .	25
methyltestosterone oral . . . . .	24	mono-linyah . . . . .	25	nefazodone hcl . . . . .	12
metoclopramide hcl oral solution . . . . .	12	montelukast sodium oral packet . . . . .	30	neomycin-bacitracin zn-polymyx . . . . .	28
metoclopramide hcl oral tablet . . . . .	12	montelukast sodium oral tablet . . . . .	30	neomycin-polymyxin-dexameth ophthalmic ointment . . . . .	29
metolazone . . . . .	18	montelukast sodium oral tablet chewable . . . . .	30	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.129	
metoprolol-hydrochlorothiazide . . . . .	18	morphine sulfate (concentrate) . . . . .	10	neomycin-polymyxin-gramicidin . . . . .	28
		morphine sulfate er oral tablet extended release . . . . .	9	neomycin-polymyxin-hc ophthalmic	29
		morphine sulfate oral solution . . . . .	10		



neomycin-polymyxin-hc otic. . . . .	30	nitroglycerin sublingual. . . . .	19	nystop. . . . .	13
neomycin sulfate oral . . . . .	10	nitroglycerin transdermal . . . . .	19	ocella . . . . .	25
NEONATAL COMPLETE. . . . .	21	NITROMIST . . . . .	19	octreotide acetate . . . . .	26
NEONATAL PLUS . . . . .	21	NITRO-TIME. . . . .	19	ODEFSEY . . . . .	15
neo-polycin. . . . .	29	NOCDURNA. . . . .	24	ofloxacin ophthalmic. . . . .	29
neo-polycin hc . . . . .	29	nora-be . . . . .	26	ofloxacin oral . . . . .	11
NESTABS . . . . .	21	norethin ace-eth estrad-fe oral tablet	25	ofloxacin otic . . . . .	30
NEULASTA. . . . .	17	norethindrone acetate oral . . . . .	26	olanzapine-fluoxetine hcl . . . . .	12
NEULASTA ONPRO . . . . .	17	norethindrone acet-ethinyl est . . . . .	25	olanzapine oral tablet . . . . .	15
NEUPRO TRANSDERMAL PATCH		norethindrone-eth estradiol . . . . .	25	olanzapine oral tablet dispersible . .	15
24 HOUR 2 MG/24HR. . . . .	14	norethindrone oral. . . . .	26	olmesartan medoxomil oral . . . . .	17
NEVANAC. . . . .	29	norethindron-ethinyl estrad-fe . . . . .	25	olopatadine hcl nasal . . . . .	30
nevirapine oral suspension. . . . .	15	norethin-eth estradiol-fe oral tablet		olopatadine hcl ophthalmic solution	
nevirapine oral tablet. . . . .	15	chewable 0.4-35 mg-mcg . . . . .	25	0.1 % . . . . .	29
new day . . . . .	26	norgestimate-eth estradiol . . . . .	25	OLUMIANT. . . . .	26
NEXAVAR. . . . .	14	norgestimate-ethinyl estradiol		omeprazole oral capsule delayed	
NEXPLANON. . . . .	26	triphasic . . . . .	25	release 10 mg . . . . .	22
niacin (antihyperlipidemic) . . . . .	19	norlyroc . . . . .	26	omeprazole oral capsule delayed	
niacin er (antihyperlipidemic) . . . . .	19	NORPACE CR . . . . .	18	release 20 mg, 40 mg . . . . .	22
niacor . . . . .	19	nortrel 0.5/35 (28) . . . . .	25	ondansetron hcl oral solution. . . . .	13
nicardipine hcl oral . . . . .	18	nortrel 1/35 (21) . . . . .	25	ondansetron hcl oral tablet . . . . .	13
NICORETTE MOUTH/THROAT		nortrel 1/35 (28). . . . .	25	ondansetron odt . . . . .	13
GUM 2 MG . . . . .	10	nortrel 7/7/7 . . . . .	25	ONETOUCH CLUB LANCETS FINE	
NICORETTE MOUTH/THROAT		nortriptyline hcl oral capsule . . . . .	12	PT . . . . .	16
LOZENGE 4 MG. . . . .	10	nortriptyline hcl oral solution . . . . .	12	ONETOUCH DELICA LANCETS 30G16	
nicotine polacrilex mini . . . . .	10	NORVIR ORAL PACKET. . . . .	15	ONETOUCH DELICA LANCETS 33G16	
nicotine polacrilex mouth/throat . . .	10	NORVIR ORAL SOLUTION . . . . .	16	ONETOUCH DELICA LANCING DEV16	
nicotine step 1 . . . . .	10	NOVAVAX COVID-19 VACCINE . . . . .	27	ONETOUCH DELICA PLUS	
nicotine step 2 . . . . .	10	NOVOFINE AUTOCOVER PEN		LANCET30G . . . . .	16
nicotine step 3 . . . . .	10	NEEDLE . . . . .	28	ONETOUCH DELICA PLUS	
nicotine transdermal kit . . . . .	10	NOVOFINE PEN NEEDLE. . . . .	28	LANCET33G . . . . .	16
NICOTROL. . . . .	10	NOVOFINE PLUS PEN NEEDLE . . . . .	28	ONETOUCH DELICA PLUS	
NICOTROL NS. . . . .	10	NOVOPEN ECHO . . . . .	16	LANCING . . . . .	16
nifedipine er . . . . .	18	np thyroid . . . . .	26	ONETOUCH FINEPOINT LANCETS 16	
nifedipine er osmotic release . . . . .	18	NUCORT . . . . .	23	ONETOUCH ULTRA 2 KIT W/DEVICE16	
nifedipine oral . . . . .	18	NUCYNTA ER. . . . .	9	ONETOUCH ULTRA MINI KIT W/	
nikki. . . . .	25	NUTROPIN AQ NUSPIN 5 . . . . .	24	DEVICE. . . . .	16
nilutamide. . . . .	13	NUTROPIN AQ NUSPIN 10 . . . . .	24	ONETOUCH ULTRASOFT LANCETS16	
nimodipine oral . . . . .	18	NUTROPIN AQ NUSPIN 20 . . . . .	24	ONETOUCH ULTRA TEST STRIPS. 16	
nisoldipine er . . . . .	18	nyamyc . . . . .	13	ONETOUCH VERIO FLEX SYSTEM 16	
nitazoxanide oral . . . . .	14	nylia 1/35 . . . . .	25	ONETOUCH VERIO IN VITRO	
NITRO-BID . . . . .	19	nylia 7/7/7. . . . .	25	SOLUTION HIGH. . . . .	16
NITRO-DUR TRANSDERMAL		NYMALIZE . . . . .	18	ONETOUCH VERIO IQ SYSTEM . . .	16
PATCH 24 HOUR 0.3 MG/HR, 0.8		nymyo . . . . .	25	ONETOUCH VERIO KIT W/DEVICE 16	
MG/HR. . . . .	19	nystatin external cream. . . . .	13	ONETOUCH VERIO REFLECT KIT	
nitrofurantoin . . . . .	10	nystatin external ointment . . . . .	13	W/DEVICE . . . . .	16
nitrofurantoin macrocrystal . . . . .	10	nystatin external powder. . . . .	13	ONETOUCH VERIO TEST STRIPS . 16	
nitrofurantoin monohydrate		nystatin mouth/throat . . . . .	13	ONE VITE WOMENS PLUS . . . . .	21
macrocrystals . . . . .	10	nystatin oral . . . . .	13	ONGLYZA. . . . .	17
				ON/GO COVID-19 ANTIGEN TEST . 28	



ON/GO ONE COVID-19 HOME TEST	28	PAXLOVID (150/100) . . . . .	15	PILOT COVID-19 AT-HOME TEST . .	28
opcicon one-step. . . . .	26	PAXLOVID (300/100). . . . .	15	pimecrolimus . . . . .	20
opium . . . . .	22	PEDVAX HIB. . . . .	27	pimozide . . . . .	15
option 2. . . . .	26	peg-3350/electrolytes. . . . .	22	pimtrea . . . . .	25
OPTIONS GYNOL II		peg-3350/electrolytes/ascorbat . . .	22	pindolol. . . . .	18
CONTRACEPTIVE. . . . .	23	peg 3350-kcl-na bicarb-nacl . . . . .	22	pioglitazone hcl . . . . .	17
ORACIT . . . . .	21	PEGASYS . . . . .	15	pioglitazone hcl-glimepiride . . . . .	17
oralone . . . . .	19	peg-kcl-nacl-nasulf-na asc-c . . . . .	22	pioglitazone hcl-metformin hcl. . . . .	17
ORILISSA . . . . .	26	peg-prep. . . . .	22	PIQRAY. . . . .	14
ORKAMBI. . . . .	30	penicillamine oral . . . . .	23	pirfenidone. . . . .	30
orphenadrine citrate er . . . . .	31	penicillin v potassium . . . . .	11	pirmella 1/35 . . . . .	25
OSCIMIN SUBLINGUAL . . . . .	21	pentamidine isethionate inhalation .	14	pirmella 7/7/7. . . . .	25
oseltamivir phosphate oral . . . . .	16	pentazocine-naloxone hcl. . . . .	10	piroxicam oral . . . . .	9
OSMOPREP . . . . .	22	pentoxifylline er . . . . .	18	PLAN B ONE-STEP . . . . .	26
OSPHENA . . . . .	26	perindopril erbumine. . . . .	18	PLEGRIDY . . . . .	19
OTEZLA . . . . .	27	periogard . . . . .	19	PLEGRIDY STARTER PACK. . . . .	19
OTOVEL . . . . .	30	permethrin external . . . . .	14	PLENVU . . . . .	22
oxandrolone oral . . . . .	24	perphenazine-amitriptyline. . . . .	12	PNEUMOVAX 23 . . . . .	27
oxaprozin . . . . .	9	perphenazine oral . . . . .	12	podocon-25 . . . . .	20
oxazepam. . . . .	16	PERTZYE . . . . .	22	podofilox external . . . . .	20
oxcarbazepine oral suspension . . . .	12	PFIZER-BIONT COVID-19 VAC-TRIS	27	polycin . . . . .	29
oxcarbazepine oral tablet . . . . .	12	PFIZER-BIONTECH COVID-19 VACC	27	polyethylene glycol 3350 oral powder	22
oxiconazole nitrate . . . . .	13	PFIZER COVID-19 VAC BIVALENT. .	27	polymyxin b-trimethoprim. . . . .	29
oxybutynin chloride er . . . . .	22	PFIZER COVID-19 VAC-TRIS 5-11Y .	27	portia-28 . . . . .	25
oxybutynin chloride oral . . . . .	22	PFIZER COVID-19 VAC-TRIS 6M-4Y	27	posaconazole . . . . .	13
oxycodone-acetaminophen oral		phenazo oral tablet 200 mg . . . . .	23	potassium chloride crys er. . . . .	21
tablet 10-325 mg, 2.5-325 mg,		phenazopyridine hcl oral tablet 100		potassium chloride er . . . . .	21
5-325 mg, 7.5-325 mg. . . . .	10	mg, 200 mg . . . . .	23	potassium chloride oral packet . . . .	21
oxycodone hcl oral capsule . . . . .	10	phenelzine sulfate oral . . . . .	12	potassium chloride oral solution 20	
oxycodone hcl oral concentrate		phenobarbital oral. . . . .	11	meq/15ml (10%), 40 meq/15ml (20%)	21
100 mg/5ml . . . . .	10	phenoxybenzamine hcl oral . . . . .	17	potassium citrate-citric acid. . . . .	21
oxycodone hcl oral solution . . . . .	10	phenylephrine hcl ophthalmic . . . .	29	potassium citrate er. . . . .	21
oxycodone hcl oral tablet . . . . .	10	phenytoin infatabs. . . . .	12	potassium iodide oral . . . . .	31
oxymorphone hcl. . . . .	10	phenytoin oral suspension 125		pot & sod cit-cit ac. . . . .	21
oxymorphone hcl er . . . . .	9	mg/5ml . . . . .	12	POVIDONE-IODINE OPHTHALMIC. . . .	29
PACERONE ORAL TABLET 200 MG	18	phenytoin oral tablet chewable . . . .	12	PRADAXA . . . . .	17
paliperidone er. . . . .	15	phenytoin sodium extended. . . . .	12	pramipexole dihydrochloride . . . . .	14
PANDEL . . . . .	23	PHEXXI . . . . .	28	PRAMOSONE EXTERNAL CREAM	
pantoprazole sodium oral tablet		philith . . . . .	25	1-2.5 % . . . . .	20
delayed release . . . . .	22	PHOSLYRA . . . . .	21	PRAMOSONE EXTERNAL LOTION	20
PARAGARD INTRAUTERINE		PHOSPHA 250 NEUTRAL . . . . .	21	PRAMOSONE EXTERNAL	
COPPER. . . . .	28	PHOSPHOLINE IODIDE . . . . .	29	OINTMENT 1-1 %. . . . .	20
paricalcitol oral . . . . .	28	phosphorous . . . . .	21	pramox . . . . .	20
paromomycin sulfate oral . . . . .	10	phospho-trin 250 neutral . . . . .	21	prasugrel hcl . . . . .	17
paroxetine hcl er . . . . .	12	PHOSPHO-TRIN K500 . . . . .	21	pravastatin sodium . . . . .	19
paroxetine hcl oral suspension . . . .	12	phytonadione oral . . . . .	21	praziquantel oral . . . . .	14
paroxetine hcl oral tablet . . . . .	12	pilocarpine hcl ophthalmic . . . . .	29	prazosin hcl oral . . . . .	17
PASER . . . . .	13	pilocarpine hcl oral . . . . .	19	PRED-G . . . . .	29
PAXIL ORAL SUSPENSION. . . . .	12			PRED-G S.O.P. . . . .	29



PRED MILD	29	proctosol hc	28	ranolazine er	18
prednicarbate	23	proctozone-hc	28	rasagiline mesylate oral	15
prednisolone acetate ophthalmic	29	progesterone intramuscular	26	RAYA SURE PEN NEEDLE	28
prednisolone acetate p-f	29	progesterone oral	26	react	26
prednisolone oral syrup 15 mg/5ml	23	promethazine-codeine	31	reclipsen	25
prednisolone sodium phosphate ophthalmic	29	promethazine-dm	31	RECOMBIVAX HB	27
prednisolone sodium phosphate oral solution	23	promethazine hcl oral	30	RECOTHROM	17
prednisolone sodium phosphate oral tablet dispersible	23	promethazine hcl rectal	30	RECOTHROM SPRAY KIT	17
prednisone intensol	23	promethazine-phenyleph-codeine	31	RECTIV	19
prednisone oral solution	23	promethazine-phenylephrine	30	RELENZA DISKHALER	16
prednisone oral tablet	23	promethazine vc	30	RELISTOR SUBCUTANEOUS	22
prednisone oral tablet therapy pack	23	promethazine vc/codeine	31	RELNATE DHA	21
PREFEST	25	promethegan	30	repaglinide	17
pregabalin oral capsule	19	propafenone hcl	18	REPATHA	19
PREHEVBRIO	27	propafenone hcl er	18	REPATHA PUSHTRONEX SYSTEM	19
PREMARIN VAGINAL	25	proparacaine hcl ophthalmic	29	REPATHA SURECLICK	19
PREMESISRX	21	propranolol hcl er	18	RETACRIT	17
PREMIUM CONDOMS LUBRICATED	28	propranolol hcl oral solution	18	REVLIMID	13
premium lidocaine	10	propranolol hcl oral tablet	18	REYATAZ ORAL PACKET	16
PREMPHASE	25	propylthiouracil oral	26	RHOFADE	20
PRENAISSANCE	21	protriptyline hcl	12	ribavirin oral	15
prenatal oral tablet 27-1 mg	21	pseudoephedrine-bromphen-dm	31	rifabutin	13
prenatal plus vitamin/mineral	21	PULMICORT FLEXHALER	30	rifampin oral	13
prenatal vitamin plus low iron	21	PULMOZYME	30	rimantadine hcl	16
PRENATE	21	pyrazinamide oral	13	RINVOQ	27
PRENATE DHA	21	PYRIDIDIUM	23	risedronate sodium oral tablet	28
PRENATE ELITE	21	pyridostigmine bromide er	13	risperidone oral solution	15
PRENATE ENHANCE	21	pyridostigmine bromide oral solution	13	risperidone oral tablet	15
PRENATE ESSENTIAL	21	pyridostigmine bromide oral tablet 60 mg	13	risperidone oral tablet dispersible	15
PRENATE MINI	21	pyrimethamine oral	14	ritonavir	16
PRENATE PIXIE	21	PYROGALLIC ACID	20	rivastigmine	12
PRENATE RESTORE	21	qc magnesium citrate	22	rivastigmine tartrate	12
PREPIDIL	24	quazepam	16	rizatriptan benzoate	13
prevalite	19	quetiapine fumarate	15	ropinirole hcl	14
PREVNAR 13	27	quetiapine fumarate er	15	rosadan external cream	20
PREVNAR 20	27	QUICKVUE AT-HOME COVID-19 TEST	28	rosadan external gel	20
PREZISTA	16	quinapril hcl	18	rosuvastatin calcium	19
PRIFTIN	13	quinapril-hydrochlorothiazide	18	roweepra	11
PRIMACARE	21	quinidine gluconate er	18	ROZLYTREK	14
primaquine phosphate	14	quinidine sulfate	18	RUCONEST	26
primidone oral	11	quinine sulfate oral	14	rufinamide oral suspension	12
probenecid	13	rabeprazole sodium oral tablet delayed release	22	rufinamide oral tablet	12
prochlorperazine	12	RADIOGARDASE	28	SAFETY PEN NEEDLES 30G X 8 MM	28
prochlorperazine maleate oral	12	raloxifene hcl	26	salicylic acid external solution	20
PROCTOFOAM HC	28	ramelteon	31	salsalate oral	9
procto-med hc	28	ramipril	18	SANDIMMUNE ORAL SOLUTION	26



SCALACORT DK . . . . .	20	sodium sulfacetamide wash . . . . .	20	sulfacetamide sodium-sulfur external pad 10-4 % . . . . .	20
scopolamine . . . . .	12	SOFOSBUVIR-VELPATASVIR . . . . .	15	sulfacetamide sodium-sulfur external suspension 10-5 % . . . . .	20
selegiline hcl oral . . . . .	15	solifenacin succinate . . . . .	22	sulfacetamide sod-sulfur wash external liquid 9-4 % . . . . .	20
selenium sulfide external lotion . . . . .	20	SOLQUA . . . . .	17	sulfacetamide-sulfur in urea . . . . .	20
selenium sulfide external shampoo 2.25 % . . . . .	20	SOMAVERT . . . . .	26	sulfadiazine oral . . . . .	11
SELZENTRY . . . . .	15	sorafenib tosylate . . . . .	14	sulfamethoxazole-trimethoprim oral suspension . . . . .	11
sertraline hcl oral concentrate . . . . .	12	sotalol hcl (af) . . . . .	18	sulfamethoxazole-trimethoprim oral tablet . . . . .	11
sertraline hcl oral tablet . . . . .	12	sotalol hcl oral . . . . .	18	sulfamez wash . . . . .	20
setlakin . . . . .	25	SOTYLIZE . . . . .	18	SULFAMYLON EXTERNAL CREAM	10
sevelamer carbonate . . . . .	21	SPIKEVAX COVID-19 VACCINE . . . . .	27	sulfasalazine oral tablet . . . . .	28
sevelamer hcl . . . . .	21	spinosad . . . . .	14	sulfasalazine oral tablet delayed release . . . . .	28
sharobel . . . . .	26	SPIRIVA HANDIHALER . . . . .	30	sulfatrim pediatric . . . . .	11
SHARPS CONTAINER . . . . .	28	SPIRIVA RESPIMAT . . . . .	30	sulindac oral . . . . .	9
SHINGRIX . . . . .	27	spironolactone-hctz . . . . .	18	sumatriptan-naproxen sodium . . . . .	13
SIGNIFOR . . . . .	26	spironolactone oral . . . . .	18	sumatriptan nasal . . . . .	13
sildenafil citrate oral suspension reconstituted . . . . .	30	sprintec 28 . . . . .	25	sumatriptan succinate oral . . . . .	13
sildenafil citrate oral tablet 20 mg . . . . .	30	sps . . . . .	21	sumatriptan succinate refill subcutaneous solution cartridge . . . . .	13
silodosin . . . . .	23	sronyx . . . . .	25	sumatriptan succinate subcutaneous	13
silver nitrate external . . . . .	10	ssd . . . . .	10	sunitinib malate . . . . .	14
silver sulfadiazine external . . . . .	10	SSKI . . . . .	31	SUPREP BOWEL PREP KIT . . . . .	22
SIMBRINZA . . . . .	29	sss 10-5 . . . . .	20	SURESTEP PRO HIGH GLUCOSE . . . . .	16
simliya . . . . .	25	stavudine . . . . .	15	SURESTEP PRO LOW GLUCOSE . . . . .	16
simpesse . . . . .	25	STELARA SUBCUTANEOUS . . . . .	20	SURESTEP PRO NORMAL GLUCOSE . . . . .	16
SIMPONI . . . . .	26	STIVARGA . . . . .	14	SUTENT . . . . .	14
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg . . . . .	19	ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE . . . . .	9	syeda . . . . .	25
simvastatin oral tablet 80 mg . . . . .	19	STRIBILD . . . . .	15	SYMBICORT . . . . .	30
sirolimus oral solution . . . . .	26	STRIVERDI RESPIMAT . . . . .	30	SYMJEPI . . . . .	30
sirolimus oral tablet . . . . .	26	subvenite . . . . .	11	SYMPROIC . . . . .	22
SKYRIZI (150 MG DOSE) . . . . .	26	subvenite starter kit-blue . . . . .	11	SYNAREL . . . . .	26
SKYRIZI PEN . . . . .	26	subvenite starter kit-green . . . . .	12	SYNJARDY . . . . .	17
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE . . . . .	20	subvenite starter kit-orange . . . . .	12	SYNJARDY XR . . . . .	17
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE . . . . .	26	sucrafate oral suspension . . . . .	22	SYNRIBO . . . . .	14
SLYND . . . . .	26	sucrafate oral tablet . . . . .	22	SYNTHROID . . . . .	26
sm lansoprazole . . . . .	22	SULCONAZOLE NITRATE . . . . .	13	TABLOID . . . . .	14
sod citrate-citric acid . . . . .	21	sulfacetamide-prednisolone . . . . .	29	tacrolimus external . . . . .	20
sodium chloride inhalation . . . . .	31	sulfacetamide sodium (acne) . . . . .	20	tacrolimus oral . . . . .	26
sodium fluoride oral solution 1.1 (0.5 f) mg/ml . . . . .	21	sulfacetamide sodium (cleans) . . . . .	20	tadalafil oral tablet 2.5 mg, 5 mg . . . . .	23
sodium fluoride oral tablet . . . . .	21	sulfacetamide sodium external . . . . .	20	tadalafil (pah) . . . . .	30
sodium fluoride oral tablet chewable	21	sulfacetamide sodium ophthalmic ointment . . . . .	29	take action . . . . .	26
sodium phenylbutyrate oral powder	22	sulfacetamide sodium ophthalmic solution . . . . .	29	TALZENNA . . . . .	14
sodium polystyrene sulfonate . . . . .	21	sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 % . . . . .	20	tamoxifen citrate oral tablet 10 mg . . . . .	14
SODIUM SULFACETAMIDE- BAKUCHIOL . . . . .	20	sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 % . . . . .	20	tamoxifen citrate oral tablet 20 mg . . . . .	14
		sulfacetamide sodium-sulfur external lotion 10-5 % . . . . .	20		



tamsulosin hcl . . . . .	23	timolol maleate (once-daily) . . . . .	29	triamcinolone acetonide mouth/ throat. . . . .	19
TARGRETIN EXTERNAL . . . . .	14	timolol maleate ophthalmic gel forming solution. . . . .	29	triamterene-hctz . . . . .	18
tarina 24 fe . . . . .	25	timolol maleate ophthalmic solution	29	triamterene oral . . . . .	18
tarina fe 1/20 . . . . .	25	timolol maleate oral . . . . .	18	triazolam. . . . .	31
tarina fe 1/20 eq. . . . .	25	timolol maleate pf . . . . .	29	tricitrates. . . . .	21
tazarotene external cream . . . . .	20	TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %..	29	triderm . . . . .	23
tazarotene external gel . . . . .	20	tinidazole oral. . . . .	10	tri-estarylla . . . . .	25
TAZORAC EXTERNAL CREAM 0.05 % . . . . .	20	TIROSINT-SOL. . . . .	26	tri femynor . . . . .	25
TAZORAC EXTERNAL GEL . . . . .	20	TISSEEL EXTERNAL KIT . . . . .	28	trifluoperazine hcl . . . . .	15
taztia xt. . . . .	18	tizanidine hcl oral capsule . . . . .	31	trifluridine . . . . .	29
telmisartan . . . . .	17	tizanidine hcl oral tablet . . . . .	31	trihexyphenidyl hcl . . . . .	14
telmisartan-hctz. . . . .	18	TOBRADEX OPHTHALMIC OINTMENT. . . . .	28	tri-legest fe . . . . .	25
temazepam . . . . .	31	tobramycin-dexamethasone. . . . .	28	tri-linyah . . . . .	25
temozolomide . . . . .	13	tobramycin nebulization solution 300 mg/5ml inhalation . . . . .	30	tri-lo-estarylla . . . . .	25
TENCON. . . . .	10	tobramycin ophthalmic . . . . .	28	tri-lo-marzia . . . . .	25
TENIVAC. . . . .	27	TOBREX . . . . .	28	tri-lo-mili . . . . .	25
tenofovir disoproxil fumarate . . . . .	15	tolcapone . . . . .	14	tri-lo-sprintec . . . . .	25
terazosin hcl. . . . .	23	tolterodine tartrate. . . . .	22	trimethobenzamide hcl oral . . . . .	12
terbinafine hcl oral. . . . .	13	topiramate oral capsule sprinkle . . . . .	12	trimethoprim oral. . . . .	10
terbutaline sulfate oral . . . . .	30	topiramate oral tablet . . . . .	12	tri-mili . . . . .	25
terconazole vaginal cream . . . . .	13	toremifene citrate . . . . .	14	trimipramine maleate oral. . . . .	12
terconazole vaginal suppository . . . . .	13	torsemide . . . . .	18	TRINATE. . . . .	21
testosterone cypionate intramuscular24		TOVIAZ . . . . .	22	tri-nymyo. . . . .	25
testosterone enanthate intramuscular24		TRACLEER 32 MG . . . . .	30	tri-sprintec . . . . .	25
testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%) . . . . .	24	TRADJENTA. . . . .	17	TRISTART DHA . . . . .	21
testosterone transdermal gel 50 mg/5gm (1%) . . . . .	24	tramadol-acetaminophen . . . . .	10	TRISTART ONE . . . . .	21
tetrabenazine . . . . .	19	tramadol hcl er oral tablet extended release 24 hour . . . . .	9	TRIUMEQ . . . . .	15
tetracaine hcl ophthalmic . . . . .	29	tramadol hcl oral tablet 50 mg . . . . .	10	trivora (28) . . . . .	25
tetracycline hcl oral . . . . .	11	trandolapril. . . . .	18	tri-vylibra . . . . .	25
TEXACORT . . . . .	23	tranexamic acid oral . . . . .	17	tri-vylibra lo. . . . .	25
THALOMID. . . . .	13	tranylcyromine sulfate. . . . .	12	trospium chloride . . . . .	22
THEO-24. . . . .	30	travoprost (bak free) . . . . .	29	trospium chloride er . . . . .	22
theophylline . . . . .	30	trazodone hcl oral . . . . .	12	TRUE METRIX LEVEL 1 . . . . .	16
theophylline er . . . . .	30	TRECTOR . . . . .	13	TRUE METRIX LEVEL 2 . . . . .	16
thioridazine hcl oral. . . . .	15	TRESIBA. . . . .	17	TRUE METRIX LEVEL 3 . . . . .	16
thiothixene . . . . .	15	TRESIBA FLEXTOUCH. . . . .	17	TRULICITY. . . . .	17
THROMBIN-JMI EPISTAXIS. . . . .	17	tretinoin external cream . . . . .	20	TRUMENBA. . . . .	27
THROMBIN-JMI EXTERNAL KIT. . . . .	17	tretinoin oral. . . . .	14	TWINRIX. . . . .	27
THROMBOGEN. . . . .	17	triamcinolone acetonide external cream . . . . .	23	TWIRLA . . . . .	25
THYQUIDITY . . . . .	26	triamcinolone acetonide external lotion. . . . .	23	tyblume. . . . .	25
tiadylt er . . . . .	18	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % . . . . .	23	tydemy . . . . .	25
tiagabine hcl. . . . .	11			TYVASO . . . . .	30
tilia fe. . . . .	25			TYVASO DPI MAINTENANCE KIT. . . . .	30
timolol maleate ocudose . . . . .	29			TYVASO DPI TITRATION KIT. . . . .	30
				TYVASO REFILL . . . . .	30
				TYVASO STARTER. . . . .	30
				UCERIS RECTAL . . . . .	28



UNISTRIP CONTROL IN VITRO SOLUTION LOW . . . . .	16	VIBRAMYCIN ORAL SYRUP . . . . .	11	XARELTO STARTER PACK. . . . .	17
unithroid . . . . .	26	vienna . . . . .	25	XELJANZ . . . . .	26
urea external cream 40 %, 45 % . . . . .	20	vigabatrin . . . . .	11	XELJANZ XR . . . . .	26
urea external lotion . . . . .	20	vigadrone . . . . .	11	XELPROS . . . . .	29
urea nail . . . . .	20	VIIBRYD . . . . .	12	XEPI . . . . .	11
UREMEZ-40 . . . . .	20	VIIBRYD STARTER PACK. . . . .	12	XIFAXAN. . . . .	11
URIMART . . . . .	22	vilazodone hcl . . . . .	12	XIGDUO XR . . . . .	17
urin ds. . . . .	22	VIMPAT ORAL SOLUTION . . . . .	12	XOSPATA . . . . .	14
URO-MP . . . . .	22	VINATE ONE . . . . .	21	XTAMPZA ER. . . . .	9
ursodiol oral capsule 300 mg. . . . .	22	viorele . . . . .	25	xulane . . . . .	25
ursodiol oral tablet . . . . .	22	VIRACEPT . . . . .	16	XYREM . . . . .	31
USTELL . . . . .	22	VITAFOL FE+ . . . . .	21	YOSPRALA . . . . .	17
valacyclovir hcl oral . . . . .	15	VITAFOL-NANO . . . . .	21	yuvafem . . . . .	25
valganciclovir hcl . . . . .	15	VITAFOL-OB+DHA. . . . .	21	zafemy . . . . .	25
valproic acid oral . . . . .	11	VITAFOL STRIPS. . . . .	21	zafirlukast . . . . .	30
valsartan-hydrochlorothiazide . . . . .	18	vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit . . . . .	21	zaleplon . . . . .	31
valsartan oral tablet. . . . .	17	VITATHELY WITH GINGER . . . . .	21	ZARXIO . . . . .	17
vancomycin hcl oral capsule . . . . .	10	VITRAKVI . . . . .	14	ZELBORAF. . . . .	14
vancomycin hcl oral solution reconstituted . . . . .	10	volnea . . . . .	25	zenatane . . . . .	20
vandazole . . . . .	10	voriconazole oral suspension reconstituted . . . . .	13	ZENPEP . . . . .	22
VAQTA. . . . .	27	voriconazole oral tablet. . . . .	13	zidovudine oral capsule . . . . .	15
varenicline tartrate. . . . .	10	VORTEX VALVED HOLDING CHAMBER . . . . .	28	zidovudine oral syrup . . . . .	15
VARIVAX. . . . .	27	VTOL LQ. . . . .	10	zidovudine oral tablet . . . . .	15
VARUBI (180 MG DOSE). . . . .	13	vyfemla . . . . .	25	zileuton er. . . . .	30
VASCEPA . . . . .	19	vylibra . . . . .	25	ZIOPTAN . . . . .	29
VAXNEUVANCE. . . . .	27	VYNDAQEL . . . . .	18	ziprasidone hcl. . . . .	15
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM. . . . .	23	warfarin sodium oral . . . . .	17	ZIRGAN . . . . .	29
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM. . . . .	23	wera . . . . .	25	ZOLINZA . . . . .	14
vcf vaginal contraceptive vaginal gel	23	WESCAP-C DHA . . . . .	21	ZOLMITRIPTAN NASAL SOLUTION 2.5 MG . . . . .	13
VECAMYL. . . . .	18	WESCAP-PN DHA. . . . .	21	zolmitriptan nasal solution 5 mg . . . . .	13
velivet . . . . .	25	WESNATE DHA . . . . .	21	zolmitriptan oral . . . . .	13
VELPHORO . . . . .	21	WESTAB PLUS . . . . .	21	zolpidem tartrate oral . . . . .	31
VELTASSA . . . . .	21	WESTGEL DHA . . . . .	21	zonisamide oral . . . . .	11
venlafaxine hcl. . . . .	12	WIDE-SEAL DIAPHRAGM 60. . . . .	28	zovia 1/35 (28) . . . . .	25
venlafaxine hcl er oral capsule extended release 24 hour. . . . .	12	WIDE-SEAL DIAPHRAGM 65. . . . .	28	ZUBSOLV . . . . .	10
VENTAVIS. . . . .	30	WIDE-SEAL DIAPHRAGM 70. . . . .	28	zumandimine . . . . .	25
VENTOLIN HFA . . . . .	30	WIDE-SEAL DIAPHRAGM 75. . . . .	28	ZYKADIA . . . . .	14
verapamil hcl er oral capsule extended release 24 hour. . . . .	18	WIDE-SEAL DIAPHRAGM 80. . . . .	28	ZYLET. . . . .	29
verapamil hcl er oral tablet extended release. . . . .	18	WIDE-SEAL DIAPHRAGM 85. . . . .	28		
verapamil hcl oral . . . . .	18	WIDE-SEAL DIAPHRAGM 90. . . . .	28		
vestura . . . . .	25	WIDE-SEAL DIAPHRAGM 95. . . . .	28		
VIBERZI . . . . .	22	WILZIN . . . . .	21		
		wixela inhub . . . . .	30		
		wymzya fe. . . . .	25		
		XARELTO . . . . .	17		



# Language Assistance Services

English
If you need help in another language or you need another format, like large print, please call the member number on your health plan ID card, TTY / RTT 711. Translation services and interpreters are available at no cost to you.
Español
Si necesita ayuda en otro idioma o en otro formato, como letra grande, llame al número para miembros en su tarjeta de ID del plan de salud, TTY/RTT 711. Los servicios de traducción y de interpretación están disponibles sin costo para usted.
中文
如果您需要以其他語言提供的協助，或您需要其他形式版本，例如大字體，請撥健保計劃會員卡上的會員電話，聽力語言殘障服務專線 / 即時訊息 (TTY / RTT) 711。可免費向您提供翻譯服務和口譯員服務。
Tiếng Việt
Nếu quý vị cần trợ giúp bằng ngôn ngữ khác hoặc quý vị cần định dạng khác, như bản in cỡ lớn, vui lòng gọi đến số điện thoại dành cho hội viên trên thẻ ID chương trình hiểm y tế của quý vị, TTY/RTT 711. Có sẵn các dịch vụ dịch thuật và thông dịch viên miễn phí cho quý vị.
한국어
귀하가 다른 언어로 도움이 필요하거나 큰 활자와 같은 다른 형식으로 필요한 경우 귀하의 건강보험 ID 카드에 기재된 회원 번호, TTY / RTT 711 번으로 전화하십시오. 귀하는 번역 서비스 및 통역사를 무료로 이용하실 수 있습니다.
Tagalog
Kung kailangan ninyo ng tulong sa ibang wika o kailangan ninyo ng ibang format, tulad ng malalaking titik, pakitawagan ang numero para sa miyembro na makikita sa inyong ID card sa planong pangkalusugan, para sa gumagamit ng TTY / RTT, tumawag sa 711. Available para sa inyo ang mga serbisyo sa pagsasalin at interpreter nang wala kayong babayaran.
Русский
Если Вам нужна помощь на другом языке или Вы хотели бы получить этот документ в другом формате (например, крупным шрифтом), позвоните по телефону, указанному на Вашей идентификационной карте участника плана медицинского страхования, линия TTY/RTT: 711. Услуги устного и письменного перевода предоставляются бесплатно.
اللغة العربية
إذا كنت بحاجة إلى مساعدة بلغة أخرى أو تحتاج إلى تنسيق آخر مثل الطباعة بأحرف كبيرة، فيرجى الاتصال برقم هاتف الأعضاء المُدرج على بطاقة 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፣ እባክዎን በአንገሊዝኛ ካርድዎ ላይ ባለው የአባል አገልግሎት መስጫ ስልክ ቁጥር ይደውሉ፣ መስማት ለተሳናቸው (TTY/RTT) በ 711። የጽሑፍ ትርጉም አገልግሎት እንዲሁም የቃል አስተርጓሚዎች ምንም ሳይከፍሉ መጠቀም 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 shoǫdí 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 به زبان دیگری به کمک نیاز دارید یا به فرمت متفاوتی از قبیل چاپ درشت نیاز دارید، لطفاً با شماره مرفوم شده بر روی کارت شناسایی برنامه درمانی خود، TTY / RTT 711 تماس بگیرید. خدمات ترجمه و مترجمین شفاهی بدون اخذ هزینه در اختیار شما می باشند.</p>
اردو
<p>اگر آپ کو کسی دوسری زبان میں معاونت کی ضرورت ہے یا آپ کو کسی اور فارمیٹ کی ضرورت ہے جیسے بڑے پرنٹ کی، تو براہ کرم اپنے ہیلتھ پلان ID کارڈ پر دئے گئے نمبر پر کال کریں، TTY / RTT 711۔ آپ کے لئے ترجمہ خدمات اور ترجمان بغیر کسی معاوضہ کے دستیاب ہیں۔</p>
Deutsch
<p>Wenn Sie Hilfe in einer anderen Sprache oder ein anderes Format benötigen, z. B. Großdruck, rufen Sie bitte die Telefonnummer für Mitglieder an, die auf Ihrer Versicherungskarte angegeben ist, TTY / RTT 711. Übersetzer- und Dolmetscherdienste stehen Ihnen kostenlos zur Verfügung.</p>
日本語
<p>他の言語でのお手伝いや他の形式（大きな文字など）が必要な場合は、医療保険プラン ID カードに記載されている電話番号（TTY/RTT は 711）にお電話ください。翻訳サービスと通訳は無料でご利用いただけます。</p>
ភាសាខ្មែរ
<p>បើសិនអ្នកត្រូវការជំនួយ ជាភាសាមួយទៀត ឬអ្នកត្រូវការទម្រង់មួយទៀត ដូចជាអក្សរពុម្ពធំៗ សូមទូរស័ព្ទទៅលេខសមាជិក មាននៅលើប័ណ្ណ ID គំរោងសុខភាពរបស់អ្នក, TTY / RTT 711។ សេវាការបកប្រែ និងអ្នកបកប្រែ គឺមានផ្តល់ជូនដោយ ឥតអស់ថ្លៃដល់អ្នក។</p>



---

Medical plan coverage offered by: UnitedHealthcare of Arizona, Inc.; UnitedHealthcare of Florida, Inc.; UnitedHealthcare of Georgia, Inc.; UnitedHealthcare of Illinois, Inc.; UnitedHealthcare Insurance Company in AL, KS, LA, MO, and TN; Optimum Choice, Inc. in MD and VA; Rocky Mountain Health Maintenance Organization, Incorporated in CO; UnitedHealthcare Community Plan, Inc. in MI; UnitedHealthcare of Mississippi, Inc.; UnitedHealthcare of North Carolina, Inc.; UnitedHealthcare of Ohio, Inc.; UnitedHealthcare of Oklahoma, Inc.; UnitedHealthcare of Texas, Inc.; and UnitedHealthcare of Oregon, Inc. in WA. Administrative Services provided by United HealthCare Services, Inc. or their affiliates.