Louisiana
Individual & Family plans

2027 Prescription Drug List

Effective as of Jan. 1, 2027

United Healthcare®

Table of contents

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 14
Antiparasitics 15
Antiparkinson Agents 15
Antipsychotics 15
Antivirals 16
Anxiolytics 17
Bipolar Agents 17
Blood Glucose Monitoring 17
Blood Glucose Regulators 18
Blood Products and Modifiers 19
Cardiovascular Agents 20
Central Nervous System Agents 22
Dental and Oral Agents 22
Dermatological Agents 22
Electrolytes/Minerals/Metals/Vitamins 23
Gastrointestinal Agents 24
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment 25
Genitourinary Agents 25
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) 25
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) 26
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) 26
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) 26
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) 29

Hormonal Agents, Suppressant (Adrenal) 29
Hormonal Agents, Suppressant (Pituitary) 29
Hormonal Agents, Suppressant (Thyroid) 29
Immunological Agents 29
Inflammatory Bowel Disease Agents 31
Metabolic Bone Disease Agents 31
Miscellaneous Therapeutic Agents 31
Ophthalmic Agents 33
Otic Agents 34
Respiratory Tract/Pulmonary Agents 34
Skeletal Muscle Relaxants 35
Sleep Disorder Agents 35

Understanding your prescription drug list

What is a prescription drug list (PDL)?

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

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

About this PDL

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

How do I use my PDL?

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

What are tiers?

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

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

Can the PDL change?

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

Why are some medications not covered?

Non-formulary medications

Medications that are not covered on your PDL are also called non-formulary medications. We review treatments based on their total value, including how well they work, how safe they are, their cost and whether options are available to treat the same or similar medical conditions. Certain medications may not be covered if your plan covers other medications for your condition. Talk to your health care provider. They may be able to ask about an exception to get your medication covered or may switch you to a covered medication that can work for your condition. See the Prior authorization and exception requests section.

Excluded medications

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

Coverage details

What are coverage rules or limits?

Some medications on your PDL have extra rules before they can be covered. A few of the most common coverage rules or limits are prior authorization (PA), quantity limits (QL), and step therapy (ST). We use programs like these to help make sure the medication you take is safe and effective. Check your plan documents for more information. In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage rules or limits. Your benefit plan sets how these medications may be covered for you. To get a medication that has a coverage rule or limit, see the "Prior authorization and exception requests" section. For more information about quantity limits, please visit: **https://welcome.optumrx.com/rxexternal/external-prescription-drug-list?type=ClientFormulary&var=GPX527LA&infoid=GPX527LA&page=insert&par=**

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

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

Which preventive medications are covered?

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

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

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

We follow recommendations by the U.S. Preventive Services Task Force and the Health Resources and Services Administration.

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

What medications are covered under my medical benefit?

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

Prior authorization and exception requests

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

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

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

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

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

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

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

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

Medication tips

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

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. If you are taking a non-formulary brand-name medication that has a generic equivalent, you may also be responsible for the difference in cost between the brand-name drug and the generic equivalent. Check your plan documents for more information.

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

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

Over-the-counter medications

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

Reading your PDL

The PDL gives you choices so you and your health care provider can decide your best course of treatment. In this PDL, brand-name medications are shown in UPPERCASE (for example, JARDIANCE). Generic medications are shown in lowercase (for example, atorvastatin). There are 2 ways to find your drug within the PDL:

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

Questions



Review your policy for more information about your pharmacy benefit



Call the Member Services number on your health plan ID card



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

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

Drug name	Tier	Notes
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
aspirin 81 oral tablet delayed release	1	
aspirin adult low dose	1	
aspirin adult low strength	1	
aspirin childrens	1	
aspirin ec adult low dose	1	
aspirin ec low dose	1	
aspirin ec low strength	1	
aspirin low dose	1	
aspirin oral tablet chewable	1	
aspirin oral tablet delayed release 81 mg	1	
aspirin regimen	1	
celecoxib oral	2	
diclofenac potassium oral tablet 50 mg	2	
diclofenac sodium er	3	
diclofenac sodium oral	2	
diclofenac-misoprostol	3	
diflunisal oral	2	
etodolac	2	
etodolac er	3	
flurbiprofen oral tablet 100 mg	2	
ft aspirin adult low dose	1	
ft aspirin low dose	1	
ft aspirin oral tablet chewable	1	
goodsense aspirin low dose	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	2	
indomethacin er	2	
indomethacin oral capsule	2	
ketoprofen er	4	ST; QL
ketoprofen oral capsule 25 mg, 50 mg	3	ST; QL
ketorolac tromethamine oral	2	
meclofenamate sodium oral	4	
mefenamic acid oral	4	
meloxicam oral tablet	2	
mm aspirin	1	
nabumetone oral	2	
naproxen dr	2	
naproxen oral suspension	4	PA
naproxen oral tablet	2	
naproxen oral tablet delayed release	2	
naproxen sodium oral tablet 275 mg, 550 mg	2	
oxaprozin oral tablet	3	
piroxicam oral	2	
salsalate oral	2	
ST JOSEPH LOW DOSE	1	
sulindac oral	2	

Drug name	Tier	Notes
Opioid Analgesics, Long-acting		
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	3	PA; QL; MME; 7D
hydrocodone bitartrate er oral capsule extended release 12 hour	4	PA; QL; MME; 7D
hydromorphone hcl er	4	PA; QL; MME; 7D
levorphanol tartrate oral	4	PA; QL; MME; 7D
methadone hcl oral solution	2	PA; QL; MME; 7D
methadone hcl oral tablet	2	PA; QL; MME; 7D
morphine sulfate er	2	PA; QL; MME; 7D
NUCYNTA ER	4	PA; QL; MME; 7D
oxymorphone hcl er	4	PA; QL; MME; 7D
tramadol hcl (er biphasic) oral tablet extended release 24 hour	3	PA; QL; MME; 7D
tramadol hcl er	3	PA; QL; MME; 7D
XTAMPZA ER	4	PA; QL; MME; 7D
xyvona	4	PA; QL; MME; 7D
Opioid Analgesics, Short-acting		
acetaminophen-codeine oral solution 120-12 mg/5ml	2	QL; MME; 7D
acetaminophen-codeine oral tablet	2	QL; MME; 7D
apap-caff-dihydrocodeine	4	QL; MME; 7D
ascomp-codeine	3	QL; MME; 7D
bac (butalbital-acetamin-caff)	2	QL
butalbital-acetaminophen oral tablet	3	
butalbital-apap-caff-cod	4	QL; MME; 7D
butalbital-apap-caffeine oral capsule	4	QL
butalbital-apap-caffeine oral tablet	2	QL
butalbital-asa-caff-codeine	3	QL; MME; 7D
butalbital-aspirin-caffeine	3	
butorphanol tartrate nasal	3	QL; MME; 7D
codeine sulfate	2	QL; MME; 7D
endocet	2	QL; MME; 7D
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 7.5-325 mg/15ml	2	QL; MME; 7D
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	QL; MME; 7D
hydrocodone-ibuprofen	4	QL; MME; 7D
hydromorphone hcl oral liquid 1 mg/ml	3	QL; MME; 7D
hydromorphone hcl oral tablet	2	QL; MME; 7D
morphine sulfate (concentrate) oral solution 100 mg/5ml	3	QL; MME; 7D
morphine sulfate oral solution	3	QL; MME; 7D
morphine sulfate oral tablet	2	QL; MME; 7D
oxycodone hcl oral capsule	2	QL; MME; 7D
oxycodone hcl oral concentrate	4	QL; MME; 7D
oxycodone hcl oral solution	2	QL; MME; 7D
oxycodone hcl oral tablet	2	QL; MME; 7D

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
PA.....Prior authorization required
QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy

Drug name	Tier	Notes
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	QL; MME; 7D
oxymorphone hcl	3	QL; MME; 7D
pentazocine-naloxone hcl	3	QL; MME; 7D
TENCON	3	
tramadol hcl oral tablet 50 mg	2	QL; MME; 7D
tramadol-acetaminophen	2	QL; MME; 7D
Anesthetics		
Local Anesthetics		
glydo	2	
lidocaine external patch 5 %	3	PA; QL
lidocaine hcl external solution	3	
lidocaine hcl mouth/throat	3	
lidocaine hcl urethral/mucosal	2	
lidocaine viscous hcl	2	
lidocaine-prilocaine external cream	2	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium	3	
disulfiram oral	2	
naltrexone hcl oral	2	
Opioid Dependence Treatments		
buprenorphine hcl sublingual	2	
buprenorphine hcl-naloxone hcl sublingual film	4	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	
ZUBSOLV	3	
Opioid Reversal Agents		
ft naloxone hcl	1	
naloxone hcl injection	2	
naloxone hcl nasal	1	
NARCAN	1	
OPVEE	4	
REXTOVY	1	
Smoking Cessation Agents		
bupropion hcl er (smoking det)	1	
ft nicotine	1	
ft nicotine mini	1	
goodsense nicotine mouth/throat gum	1	
goodsense nicotine mouth/throat lozenge 4 mg	1	
goodsense nicotine policrilex	1	
habitrol	1	
NICORETTE MINI	1	
NICORETTE MOUTH/THROAT GUM 2 MG	1	
NICORETTE MOUTH/THROAT LOZENGE	1	
nicotine mini	1	
nicotine polacrilex mini	1	

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

KEY: **7D**.....7 day limit
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Drug name	Tier	Notes
cefadroxil oral capsule	2	
cefadroxil oral suspension reconstituted	2	
cefadroxil oral tablet	3	
cefdinir	2	
cefixime oral capsule	3	
cefixime oral suspension reconstituted	4	
cefpodoxime proxetil	3	
cefprozil	2	
cefuroxime axetil	2	
cephalexin oral capsule 250 mg, 500 mg	2	
cephalexin oral suspension reconstituted	2	
Beta-lactam, Penicillins		
amoxicillin	2	
amoxicillin trihydrate oral	2	
amoxicillin-potassium clavulanate	2	
ampicillin	2	
dicloxacillin sodium	2	
penicillin v potassium	2	
Macrolides		
azithromycin oral	2	
clarithromycin er	3	
clarithromycin oral suspension reconstituted	4	
clarithromycin oral tablet	2	
erythromycin base oral capsule delayed release particles	4	
erythromycin base oral tablet	3	
erythromycin base oral tablet delayed release	3	
erythromycin ethylsuccinate oral suspension reconstituted	4	
erythromycin oral	3	
Quinolones		
BAXDELA ORAL	4	
ciprofloxacin hcl oral	2	
levofloxacin oral solution	4	
levofloxacin oral tablet	2	
moxifloxacin hcl oral	2	
ofloxacin oral	3	
Sulfonamides		
sulfadiazine oral	4	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	2	
sulfamethoxazole-trimethoprim oral tablet	2	
sulfatrim pediatric	2	
Tetracyclines		
demeclocycline hcl	4	
doxycycline hyclate oral capsule 100 mg, 50 mg	2	
doxycycline hyclate oral tablet 100 mg, 20 mg	2	
doxycycline monohydrate oral capsule 100 mg, 50 mg	2	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	2	
minocycline hcl oral capsule	2	
tetracycline hcl oral capsule	2	
Anticonvulsants		
Anticonvulsants, Other		
brivaracetam oral	4	PA
EPIDIOLEX	5	PA; SP
levetiracetam er	2	
levetiracetam oral solution	2	
levetiracetam oral tablet	2	
roweepra	2	
Calcium Channel Modifying Agents		
ethosuximide oral	3	
methsuximide	3	
zonisamide oral	2	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam oral suspension 2.5 mg/ml	4	PA; QL
clobazam oral tablet	4	PA; QL
DIACOMIT	5	PA; SP
diazepam rectal	3	QL
gabapentin oral capsule 100 mg, 300 mg, 400 mg	2	
gabapentin oral solution 250 mg/5ml	2	
gabapentin oral tablet 600 mg, 800 mg	2	
NAYZILAM	4	PA; QL
phenobarbital oral elixir 20 mg/5ml	2	
phenobarbital oral tablet	2	
primidone oral	2	
tiagabine hcl	4	
valproic acid oral capsule	2	
valproic acid oral solution 250 mg/5ml	2	
vigabatrin	5	PA; QL; SP
Glutamate Reducing Agents		
felbamate	4	
lamotrigine oral tablet	2	
lamotrigine oral tablet chewable	2	
perampanel	4	PA
subvenite oral tablet	2	
topiramate oral capsule sprinkle	3	
topiramate oral tablet	2	
Sodium Channel Agents		
carbamazepine er	3	
carbamazepine oral suspension 100 mg/5ml	3	

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Drug name	Tier	Notes
carbamazepine oral tablet	2	
carbamazepine oral tablet chewable 100 mg	2	
DILANTIN ORAL CAPSULE 30 MG	4	
eslicarbazepine acetate	4	PA
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	4	PA
lacosamide oral tablet	2	
oxcarbazepine oral suspension	4	
oxcarbazepine oral tablet	2	
phenytek	2	
phenytoin infatabs	2	
phenytoin oral suspension 125 mg/5ml	2	
phenytoin oral tablet chewable	2	
phenytoin sodium extended	2	
rufinamide oral suspension 40 mg/ml	4	PA
rufinamide oral tablet	4	PA
Antidementia Agents		
Cholinesterase Inhibitors		
donepezil hcl oral tablet 10 mg, 5 mg	2	
donepezil hcl oral tablet dispersible	2	
galantamine hydrobromide er	3	
galantamine hydrobromide oral solution	4	
galantamine hydrobromide oral tablet	3	
rivastigmine	4	
rivastigmine tartrate	2	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl oral solution 2 mg/ml	4	
memantine hcl oral tablet	2	
Antidepressants		
Antidepressants, Other		
bupropion hcl er (sr)	2	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	2	
bupropion hcl oral	2	
chlordiazepoxide-amitriptyline	3	
mirtazapine oral tablet	2	
mirtazapine oral tablet dispersible	3	
olanzapine-fluoxetine hcl	4	QL
perphenazine-amitriptyline	3	
Monoamine Oxidase Inhibitors		
EMSAM	4	PA
MARPLAN	4	
phenelzine sulfate oral	2	
tranylcypromine sulfate	4	

Drug name	Tier	Notes
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)		
citalopram hydrobromide oral solution 10 mg/5ml	3	
citalopram hydrobromide oral tablet	1	
desvenlafaxine succinate er	3	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	1	
FETZIMA	4	ST; QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	3	QL
fluoxetine hcl oral solution	2	
fluoxetine hcl oral tablet 10 mg, 20 mg	3	
fluvoxamine maleate	2	
fluvoxamine maleate er	4	
nefazodone hcl	3	
paroxetine hcl er	3	
paroxetine hcl oral suspension	4	
paroxetine hcl oral tablet	2	
sertraline hcl oral concentrate	2	
sertraline hcl oral tablet	1	
trazodone hcl oral	2	
venlafaxine hcl	2	
venlafaxine hcl er oral capsule extended release 24 hour	2	
vilazodone hcl	4	
Tricyclics		
amitriptyline hcl oral	2	
amoxapine	2	
clomipramine hcl oral	4	
desipramine hcl oral	3	
doxepin hcl oral capsule	2	
doxepin hcl oral concentrate	2	
imipramine hcl oral	2	
imipramine pamoate	4	
nortriptyline hcl oral capsule	2	
nortriptyline hcl oral solution	3	
protriptyline hcl	3	
trimipramine maleate oral	4	
Antiemetics		
Antiemetics, Other		
doxylamine-pyridoxine	4	
meclizine hcl oral tablet 25 mg	2	
meclizine hcl oral tablet 50 mg	3	
metoclopramide hcl oral solution 5 mg/5ml	2	
metoclopramide hcl oral tablet	2	

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Drug name	Tier	Notes
perphenazine oral	2	
prochlorperazine	3	
prochlorperazine maleate oral	2	
promethazine hcl oral	2	
promethazine hcl rectal	3	
scopolamine	3	
trimethobenzamide hcl oral	2	
Emetogenic Therapy Adjuncts		
aprepitant	3	QL
dronabinol oral capsule	4	
granisetron hcl oral	3	
ondansetron hcl oral solution 4 mg/5ml	2	
ondansetron hcl oral tablet	2	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	2	
VARUBI (180 MG DOSE)	4	QL
Antifungals		
ciclodan	2	
ciclopirox external	2	
ciclopirox olamine external	2	
clotrimazole mouth/throat	2	
clotrimazole-betamethasone external cream	2	
clotrimazole-betamethasone external lotion	3	
CRESEMBA ORAL	4	PA
econazole nitrate external cream	3	
EXELDERM	4	
fluconazole oral	2	
flucytosine oral	4	
griseofulvin microsize oral	3	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	3	
GYNAZOLE-1	4	
itraconazole oral	4	QL
ketoconazole external cream	2	QL
ketoconazole external shampoo	2	
ketoconazole oral	2	
klayesta	2	QL
LULICONAZOLE	4	
miconazole 3 vaginal suppository	2	
naftifine hcl external cream	4	
nystatin external	2	QL
nystatin mouth/throat suspension 100000 unit/ml	2	
nystatin oral	2	
nystatin-triamcinolone	2	
nystop	2	QL
oxiconazole nitrate	4	QL
posaconazole oral tablet delayed release	3	
SULCONAZOLE NITRATE	4	
tavaborole	3	QL
terbinafine hcl oral	2	
terconazole vaginal cream	2	
terconazole vaginal suppository	3	
voriconazole oral	4	QL
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	2	
colchicine oral tablet	2	
colchicine-probenecid	2	
febuxostat	2	
probenecid	2	
Antimigraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL
EMGALITY	3	PA; QL
QULIPTA	4	PA; QL
UBRELVY	4	PA; QL
Ergot Alkaloids		
dihydroergotamine mesylate injection	4	
ERGOMAR	4	QL
ergotamine-caffeine	4	
MIGERGOT	4	
Serotonin (5-HT) Receptor Agonists		
almotriptan malate	3	ST; QL
eletriptan hydrobromide	3	ST; QL
frovatriptan succinate	4	ST; QL
naratriptan hcl	2	QL
rizatriptan benzoate	2	QL
sumatriptan nasal	4	QL
sumatriptan succinate oral	2	QL
sumatriptan succinate subcutaneous	4	QL
sumatriptan-naproxen sodium	4	ST; QL
zolmitriptan nasal	4	ST; QL
zolmitriptan oral	3	ST; QL
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigmine bromide er oral tablet extended release	4	
pyridostigmine bromide oral solution	4	
pyridostigmine bromide oral tablet 60 mg	2	
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral	2	
rifabutin	4	
Antituberculars		
cycloserine oral	4	

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Drug name	Tier	Notes
ethambutol hcl oral	2	
isoniazid oral syrup	4	
isoniazid oral tablet	2	
PRIFTIN	3	
pyrazinamide oral	3	
rifampin oral	2	
SIRTURO	5	PA
Antineoplastics		
Alkylating Agents		
cyclophosphamide oral capsule	4	
CYCLOPHOSPHAMIDE ORAL TABLET	4	
LEUKERAN	4	
lomustine	5	SP
MATULANE	5	SP
MYLERAN	4	
temozolomide	5	SP
VALCHLOR	5	PA; QL; SP
Antiandrogens		
abiraterone acetate	5	PA; QL; SP
bicalutamide	2	
ERLEADA	5	PA; QL; SP
nilutamide	5	SP
NUBEQA	5	PA; QL; SP
XTANDI	5	PA; QL; SP
Antiangiogenic Agents		
lenalidomide	5	PA; QL; SP
pomalidomide	5	PA; QL; SP
THALOMID	5	PA; QL; SP
Antiestrogens/Modifiers		
tamoxifen citrate oral tablet 10 mg	2	
tamoxifen citrate oral tablet 20 mg	2	$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
toremifene citrate	4	
Antimetabolites		
capecitabine	5	SP
DROXIA	4	
hydroxyurea oral	2	
mercaptopurine oral tablet	2	
TABLOID	5	SP
Antineoplastics, Other		
diclofenac sodium external gel 3 %	4	QL
FLUOROURACIL EXTERNAL CREAM 0.5 %	4	
fluorouracil external cream 5 %	2	
fluorouracil external solution	2	
KISQALI (200 MG DOSE)	5	PA; QL; SP
KISQALI (400 MG DOSE)	5	PA; QL; SP
KISQALI (600 MG DOSE)	5	PA; QL; SP
lederle leucovorin	2	
leucovorin calcium oral	2	
PIQRAY	5	PA; QL; SP
VERZENIO	5	PA; QL; SP
ZOLINZA	5	QL; SP
Aromatase Inhibitors, 3rd Generation		
anastrozole oral	2	$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
exemestane	4	$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
letrozole oral	2	$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
Enzyme Inhibitors		
etoposide oral	5	SP
HYCAMTIN ORAL	5	PA; QL; SP
TALZENNA	5	PA; QL; SP
Molecular Target Inhibitors		
ALECENSA	5	PA; QL; SP
BOSULIF ORAL CAPSULE	5	PA; QL; SP
bosutinib	5	PA; QL; SP
BRUKINSA	5	PA; QL; SP
CALQUENCE	5	PA; QL; SP
CAPRELSA	5	PA; QL; SP
COMETRIQ	5	PA; QL; SP
COTELLIC	5	PA; QL; SP
dasatinib	5	PA; QL; SP
erlotinib hcl	5	QL; SP
everolimus oral tablet 5 mg	5	PA; QL; SP
gefitinib	5	PA; QL; SP
GILOTRIF	5	PA; QL; SP
ICLUSIG TAB 10MG	5	PA
ICLUSIG TAB 15MG	5	PA
ICLUSIG TAB 30MG	5	PA
ICLUSIG TAB 45MG	5	PA

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Drug name	Tier	Notes
imatinib mesylate oral	5	QL; SP
IMBRUVICA	5	PA; QL; SP
INLYTA	5	PA; QL; SP
JAKAFI	5	PA; QL; SP
JAKAFI XR	5	PA; QL; SP
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	5	PA; QL; SP
LORBRENA	5	PA; QL; SP
LYNPARZA	5	PA; QL; SP
ROZLYTREK	5	PA; QL; SP
RYDAPT CAP 25MG	5	PA
SCEMBLIX TAB 20MG	5	PA
SCEMBLIX TAB 40MG	5	PA
SCEMBLIX TAB 100MG	5	PA
sorafenib tosylate	5	PA; QL; SP
STIVARGA	5	PA; QL; SP
sunitinib malate	5	PA; QL; SP
TAGRISSO	5	PA; QL; SP
torpenz oral tablet 5 mg	5	PA; QL; SP
TRUQAP	5	PA; QL; SP
TURALIO	5	PA; QL; SP
VENCLEXTA	5	PA; QL; SP
VENCLEXTA STARTING PACK	5	PA; QL; SP
VITRAKVI	5	PA; QL; SP
XOSPATA	5	PA; QL; SP
yulithira	5	PA; QL; SP
ZELBORAF	5	PA; QL; SP
ZYKADIA	5	PA; QL; SP
Retinoids		
bexarotene external	5	QL; SP
bexarotene oral	5	SP
tretinoin oral	5	QL; SP
Treatment Adjuncts		
mesna oral	5	SP
Antiparasitics		
Anthelmintics		
albendazole oral	4	QL
ivermectin oral tablet 3 mg	2	PA; QL
praziquantel oral	4	
Antiprotozoals		
atovaquone	4	
atovaquone-proguanil hcl	3	
BENZNIDAZOLE	3	QL
chloroquine phosphate oral	2	
hydroxychloroquine sulfate oral	2	
KRINTAFEL	3	QL
mefloquine hcl	2	
nitazoxanide oral	3	QL
pentamidine isethionate inhalation	3	
primaquine phosphate	2	

Drug name	Tier	Notes
pyrimethamine oral	5	PA; SP
quinine sulfate	3	
Pediculicides/Scabicides		
CROTAN	4	
malathion	4	
permethrin external	2	
PRURADIK	4	
spinosad	4	
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate oral	2	
trihexyphenidyl hcl	2	
Antiparkinson Agents, Other		
amantadine hcl oral capsule	2	
amantadine hcl oral solution 50 mg/5ml	2	
amantadine hcl oral tablet	2	
carbidopa-levodopa-entacapone	4	
entacapone	3	
tolcapone	4	
Dopamine Agonists		
apomorphine hcl subcutaneous	5	QL; SP
bromocriptine mesylate oral capsule	4	
bromocriptine mesylate oral tablet	3	
NEUPRO TRANSDERMAL PATCH 24 HOUR 2 MG/24HR	4	
pramipexole dihydrochloride	2	
ropinirole hcl	2	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
carbidopa oral	4	
carbidopa-levodopa er oral tablet extended release	2	
carbidopa-levodopa oral tablet	2	
carbidopa-levodopa oral tablet dispersible	3	
DUOPA	5	PA
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate oral	4	ST
selegiline hcl oral	3	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl oral tablet	2	QL
fluphenazine hcl oral	3	
haloperidol lactate oral concentrate 2 mg/ml	2	
haloperidol oral	2	
loxapine succinate	2	
pimozide	3	
thioridazine hcl oral	2	
thiothixene	2	
trifluoperazine hcl	2	

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Drug name	Tier	Notes
2nd Generation/Atypical		
aripiprazole oral solution	4	
aripiprazole oral tablet	2	
asenapine maleate	4	ST; QL
lurasidone hcl	2	QL
olanzapine oral tablet	2	
olanzapine oral tablet dispersible	3	
paliperidone er	4	QL
quetiapine fumarate	2	
quetiapine fumarate er	3	
risperidone oral solution 1 mg/ml	2	
risperidone oral tablet	2	
risperidone oral tablet dispersible	3	
VRAYLAR	4	QL
ziprasidone hcl	3	
Treatment-Resistant		
clozapine oral tablet	2	
clozapine oral tablet dispersible	4	
Antivirals		
Antivirals		
LAGEVRIO	4	QL
PAXLOVID (150/100)	4	QL
PAXLOVID (300/100 & 150/100)	4	QL
PAXLOVID (300/100)	4	QL
XOCOVA TAB 125MG	4	
Anti-cytomegalovirus (CMV) Agents		
valganciclovir hcl oral solution reconstituted	4	
valganciclovir hcl oral tablet	2	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	5	
BARACLUDE ORAL SOLUTION	5	
entecavir	3	
lamivudine oral tablet 100 mg	3	
Anti-hepatitis C (HCV) Agents		
LEDIPASVIR-SOFOSBUVIR	4	PA; QL; SP
PEGASYS	5	PA; SP
ribavirin oral	3	
SOFOSBUVIR-VELPATASVIR	4	PA; QL; SP
SOVALDI	5	PA; QL; SP
VOSEVI	4	PA; QL; SP
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	4	QL
DOVATO	4	QL
GENVOYA	4	QL
ISENTRESS ORAL PACKET	4	
JULUCA	4	QL
TIVICAY	4	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
EDURANT PED	4	
efavirenz	2	
efavirenz-emtricitab-tenofo df	2	QL
efavirenz-lamivudine-tenofovir	3	QL
emtricitab-rilpivir-tenofov df	4	QL
etravirine	4	
INTELENCE ORAL TABLET 25 MG	4	
nevirapine	2	
nevirapine er	2	
rilpivirine hcl	4	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate oral solution	3	
abacavir sulfate oral tablet	2	
abacavir sulfate-lamivudine	2	
DESCOVY ORAL TABLET 200-25 MG	4	QL; $0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection.
emtricitabine	3	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	2	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	2	QL; $0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection.
lamivudine oral solution 10 mg/ml	2	
lamivudine oral tablet 150 mg, 300 mg	2	
lamivudine-zidovudine	2	
ODEFSEY	4	QL
tenofovir disoproxil fumarate	2	$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection.
TRIUMEQ	4	QL

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Drug name	Tier	Notes
zidovudine	2	
Anti-HIV Agents, Other		
maraviroc	2	
YEZTUGO ORAL	4	QL
Anti-HIV Agents, Protease Inhibitors		
APTIVUS	4	
atazanavir sulfate	2	
darunavir	2	
EVOTAZ	4	
fosamprenavir calcium	4	
lopinavir-ritonavir	2	
NORVIR ORAL PACKET	4	
PREZISTA ORAL SUSPENSION	4	
REYATAZ ORAL PACKET	4	
ritonavir	2	
VIRACEPT	4	
Anti-influenza Agents		
oseltamivir phosphate oral	2	
RELENZA DISKHALER	4	
rimantadine hcl	3	
Antiherpetic Agents		
acyclovir external ointment	3	QL
acyclovir oral capsule	2	
acyclovir oral suspension 200 mg/5ml	2	
acyclovir oral tablet	2	
famciclovir oral	2	
penciclovir	4	
valacyclovir hcl oral	2	QL
Anxiolytics		
Anxiolytics, Other		
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	2	
hydroxyzine hcl oral syrup 10 mg/5ml	2	
hydroxyzine hcl oral tablet	2	
hydroxyzine pamoate oral	2	
meprobamate	4	
Benzodiazepines		
alprazolam er	3	QL
alprazolam intensol	3	QL
alprazolam oral tablet	2	QL
alprazolam oral tablet dispersible	3	QL
alprazolam xr	3	QL
chlordiazepoxide hcl	2	
clonazepam oral tablet	2	QL
clonazepam oral tablet dispersible	3	QL
clorazepate dipotassium	3	QL
diazepam intensol	2	QL
diazepam oral concentrate	2	QL
diazepam oral solution	2	
diazepam oral tablet	2	QL
estazolam	2	QL
lorazepam intensol	2	QL
lorazepam oral concentrate 2 mg/ml	2	QL
lorazepam oral tablet	2	QL
oxazepam	2	
quazepam	4	
Bipolar Agents		
Mood Stabilizers		
divalproex sodium er	2	
divalproex sodium oral	2	
lithium	2	
lithium carbonate er	2	
lithium carbonate oral	2	
Blood Glucose Monitoring		
ACCU-CHEK AVIVA DEVICE	1	QL
ACCU-CHEK FASTCLIX LANCET KIT	1	QL
ACCU-CHEK GUIDE	3	QL
ACCU-CHEK GUIDE CONTROL	1	QL
ACCU-CHEK GUIDE KIT W/DEVICE	3	QL
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK SMARTVIEW CONTROL	1	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	QL
ADVANTAGE SAFETY LANCETS 28G	1	
ADVOCATE SAFETY LANCETS 21G	1	
ADVOCATE SAFETY LANCETS 23G	1	
ADVOCATE SAFETY LANCETS 28G	1	
ASSURE CONTROL SOLUTION 2/3	1	QL
AUTOLET LANCING DEVICE	1	QL
AUTOLET LITE LANCING DEVICE	1	QL
CARESENS CONTROL SOLUTION A/B	1	QL
CARESENS LANCETS 30G	1	
CARESENS N PLUS BT	1	QL
CARESENS S CONTROL SOLN A/B	1	QL
CARETOUCH CONTROL SOL LEVEL 2	1	QL
CARETOUCH LANCING/EJECTOR	1	QL
CHEMSTRIP K	1	
CHEMSTRIP MICRAL	1	
CHEMSTRIP UGK	1	
CHOSEN LANCETS 30G	1	
CHOSEN LANCING DEVICE	1	QL
CHOSEN SAFETY LANCETS 28G	1	
CLEVER CHOICE COMFORT EZ	1	
COMFORT TOUCH TWIST LANCET 30G	1	
CONTOUR CONTROL SOLUTION	1	QL
CONTOUR MONITOR KIT W/DEVICE	1	QL
CONTOUR NEXT	1	QL
CONTOUR NEXT CONTROL SOLUTION	1	QL

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CONTOUR NEXT EZ KIT W/DEVICE	1	QL
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	1	QL
CONTOUR NEXT GEN TEST STRIPS	1	QL
CONTOUR NEXT LINK KIT W/ DEVICE	1	QL
CONTOUR NEXT MONITOR KIT W/ DEVICE	1	QL
CONTOUR NEXT ONE KIT W/ DEVICE	1	QL
CONTOUR PLUS BLUE KIT W/ DEVICE	1	QL
CONTOUR PLUS CONTROL SOLUTION	1	QL
CONTOUR PLUS TEST STRIP	1	QL
CONTOUR TEST STRIPS	1	QL
DEXCOM G6 RECEIVER	4	PA; QL
DEXCOM G6 SENSOR	4	PA; QL
DEXCOM G6 TRANSMITTER	4	PA; QL
DEXCOM G7 15 DAY SENSOR	4	PA; QL
DEXCOM G7 RECEIVER	4	PA; QL
DEXCOM G7 SENSOR	4	PA; QL
DIASTIX REAGENT	1	
DROPSAFE ACTI-LANCE 23G	1	
DROPSAFE MEDLANCE LANCET 30G	1	
EASY MAX T1 GLUCOSE SYSTEM	1	QL
EASY TOUCH HEALTHPRO GLUCOSE	1	QL
EASY TOUCH HEALTHPRO HIGH/ LOW	1	QL
EASYMAX 15 LEVEL 2-3 CONTROL	1	QL
EASYMAX CONTROL	1	QL
EMBRACE WAVE GLUCOSE CONTROL	1	QL
FONDCIRCLE BLOOD GLUCOSE MONIT	1	QL
FONDCIRCLE CONTROL SOLUTION	1	QL
FONDCIRCLE LANCING DEVICE	1	QL
FONDCIRCLE SINGLE USE LANCETS	1	
FORA TEST N'GO ADV-VOICE-6 CON	1	
FREESTYLE LIBRE 14 DAY READER	4	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR	4	PA; QL
FREESTYLE LIBRE 2 PLUS SENSOR	4	PA; QL
FREESTYLE LIBRE 2 READER	4	PA; QL
FREESTYLE LIBRE 2 SENSOR	4	PA; QL
FREESTYLE LIBRE 3 PLUS SENSOR	4	PA; QL
FREESTYLE LIBRE 3 READER	4	PA; QL
FREESTYLE LIBRE 3 SENSOR	4	PA; QL
FREESTYLE PRECISION NEO SYSTEM	1	QL
GLUCOSE CONTROL SOLUTIONS	1	QL
IHEALTH CONTROL SOLUTION	1	QL
IHEALTH LANCING DEVICE	1	QL
KETO-DIASTIX	1	
KETONE CARE	1	
KETOSTIX	1	
LANCETS	1	
LANCETS 28G THIN	1	
LANCETS SUPER THIN	1	
MICROLET NEXT LANCETS	1	
MICROLET NEXT LANCING DEVICE	1	QL
MM BLOOD GLUCOSE SYSTEM	1	QL
MOBI CONNECT GLUCOSE MONITOR KIT	1	QL
MOBI CONNECT LANCING DEVICE	1	QL
MOBI CONNECT TWIST LANCETS	1	
MOBILE LANCETS 30G	1	
NOVOPEN ECHO	1	
ONETOUCH DELICA PLUS LANCING	1	QL
ONETOUCH DELICA SAFETY LANCING	1	
ONETOUCH ULTRA IN VITRO LIQUID	1	QL
ONETOUCH VERIO IN VITRO LIQUID HIGH	1	QL
ONETOUCH VERIO REFLECT KIT W/ DEVICE	1	QL
PERFECT POINT SAFETY LANCETS	1	
PIP GLUCOSE CONTROL SOLUTION	1	QL
PURE COMFORT SAFETY LANCET 30G	1	
QUICK TOUCH BLOOD GLUCOSE	1	QL
RELION GLUCOSE TEST STRIPS	3	QL
SENSILANCE SAFETY LANCETS 21G	1	
SENSILANCE SAFETY LANCETS 26G	1	
SENSILANCE SAFETY LANCETS 28G	1	
TECHLITE LANCETS 26G	1	
TRUE METRIX LEVEL 1	1	QL
TRUE METRIX LEVEL 2	1	QL
TRUE METRIX LEVEL 3	1	QL
ULTRA-CARE SAFETY LANCETS 30G	1	
UNISTRIP CONTROL IN VITRO SOLUTION LOW	1	QL
VERIFINE SAFE LANCET MINI 21G	1	
VERIFINE SAFE LANCET MINI 23G	1	
VERIFINE SAFE LANCET MINI 28G	1	
VERIFINE SAFE LANCET MINI 30G	1	
VIVAGUARD INO CONTROL SOLUTION	1	QL
VIVAGUARD LANCETS 30G	1	
VIVAGUARD LANCING DEVICE	1	QL
VIVAGUARD SAFETY LANCETS 28G	1	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose oral	2	

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Drug name	Tier	Notes
dapagliflozin base-metformin er	3	QL
dapagliflozin	3	QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er	1	
glipizide oral tablet 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin hcl	3	
glyburide	2	
glyburide-metformin	2	
JARDIANCE	3	QL
metformin hcl er	1	
metformin hcl oral solution	4	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
miglitol	3	
MOUNJARO	3	PA; QL
nateglinide	3	QL
OZEMPIC	3	PA; QL
pioglitazone hcl	1	QL
pioglitazone hcl-metformin hcl	3	QL
repaglinide	2	QL
RYBELSUS	3	PA; QL
saxagliptin hcl	3	QL
saxagliptin-metformin er	3	QL
SOLIQUA	3	QL
SYNJARDY	3	QL
SYNJARDY XR	3	QL
TRULICITY	3	PA; QL
Glycemic Agents		
BAQSIMI ONE PACK	1	QL
BAQSIMI TWO PACK	1	QL
diazoxide oral	4	
ft glucose	3	
GLUCAGON EMERGENCY KIT	1	QL
glucagon emergency kit injection solution reconstituted 1 mg	1	QL
GLUCO TO GO	3	
glucose gummies	3	
GVOKE HYPOPEN 1-PACK	1	QL
GVOKE HYPOPEN 2-PACK	1	QL
GVOKE KIT	1	QL
GVOKE PFS	1	QL
INSTA-GLUCOSE	3	
Insulins		
BASAGLAR KWIKPEN	1	QL
HUMALOG KWIKPEN	1	QL
HUMALOG MIX 50/50 KWIKPEN	1	QL
HUMALOG MIX 75/25 KWIKPEN	1	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG SUBCUTANEOUS	1	QL
HUMALOG U-100 JUNIOR KWIKPEN	1	QL
HUMULIN 70/30 KWIKPEN	1	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	1	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	1	QL
HUMULIN R VIAL	1	QL
INSULIN LISPRO	1	QL
INSULIN LISPRO (1 UNIT DIAL)	1	QL
INSULIN LISPRO JUNIOR KWIKPEN	1	QL
INSULIN LISPRO PROT & LISPRO	1	QL
NOVOLOG 70/30 FLEXPEN RELION	1	QL
NOVOLOG FLEXPEN	1	QL
NOVOLOG FLEXPEN RELION	1	QL
NOVOLOG MIX 70/30 FLEXPEN	1	QL
NOVOLOG MIX 70/30 RELION	1	QL
NOVOLOG MIX 70/30 VIAL	1	QL
NOVOLOG PENFILL	1	QL
REZVOGLAR KWIKPEN	1	QL
TRESIBA	1	QL
TRESIBA FLEXTOUCH	1	QL
Blood Products and Modifiers		
Anticoagulants		
dabigatran etexilate mesylate	3	QL
ELIQUIS	3	QL
ELIQUIS (1.5 MG PACK)	3	QL
ELIQUIS (2 MG PACK)	3	QL
ELIQUIS DVT/PE STARTER PACK	3	QL
enoxaparin sodium	3	QL
fondaparinux sodium	4	QL
FRAGMIN	4	QL
heparin sodium (porcine)	2	
heparin sodium (porcine) +rfid	2	
heparin sodium (porcine) pf	2	
rivaroxaban	3	QL
warfarin sodium oral	2	
XARELTO	3	QL
XARELTO STARTER PACK	3	QL
Blood Formation Modifiers		
anagrelide hcl	4	
ARANESP (ALBUMIN FREE)	5	QL; SP
eltrombopag olamine oral packet	5	PA; QL; SP
eltrombopag olamine oral tablet	5	PA; SP
LEUKINE	5	SP
NEULASTA	5	SP
NEULASTA ONPRO	5	SP
plerixafor	5	SP
RETACRIT	5	QL; SP
ZARXIO	5	SP
Hemostasis Agents		
aminocaproic acid oral	4	
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 5000 UNIT	4	
RECOTHROM SPRAY KIT	4	

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Drug name	Tier	Notes
tranexamic acid oral	3	
Platelet Modifying Agents		
aspirin-dipyridamole er	4	
cilostazol	2	
clopidogrel bisulfate oral	2	
dipyridamole oral	2	
prasugrel hcl	2	
ticagrelor	4	QL
YOSPRALA	3	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine	3	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	2	
guanfacine hcl	2	
methyldopa	2	
midodrine hcl	2	
Alpha-adrenergic Blocking Agents		
doxazosin mesylate oral	2	
phenoxybenzamine hcl oral	4	
prazosin hcl oral	2	
Angiotensin II Receptor Antagonists		
candesartan cilexetil	3	
irbesartan	2	
losartan potassium oral	1	
olmesartan medoxomil oral	2	
telmisartan	3	
valsartan oral tablet	2	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl oral	2	
captopril oral	2	
enalapril maleate oral tablet	2	
fosinopril sodium	2	
lisinopril oral	1	
moexipril hcl	2	
perindopril erbumine	2	
quinapril hcl	2	
ramipril	2	
trandolapril	2	
Antiarrhythmics		
amiodarone hcl oral	2	
disopyramide phosphate	3	
dofetilide	4	
flecainide acetate	2	
mexiletine hcl oral	3	
MULTAQ	4	PA
propafenone hcl	2	
propafenone hcl er	4	
quinidine gluconate er	2	
quinidine sulfate	2	
sotalol hcl (af)	2	
sotalol hcl oral	2	

Drug name	Tier	Notes
SOTYLIZE	4	PA
Beta-adrenergic Blocking Agents		
acebutolol hcl oral	2	
atenolol oral	2	
betaxolol hcl oral	2	
bisoprolol fumarate oral	2	
carvedilol	1	
labetalol hcl oral	2	
metoprolol succinate er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
nadolol oral	2	
nebivolol hcl	2	
pindolol	2	
propranolol hcl er	2	
propranolol hcl oral	2	
timolol maleate oral	2	
Calcium Channel Blocking Agents		
amlodipine besylate oral	1	
cartia xt	2	
dilt-xr	2	
diltiazem hcl er beads	2	
diltiazem hcl er coated beads	2	
diltiazem hcl er oral capsule extended release 12 hour	3	
diltiazem hcl er oral capsule extended release 24 hour	2	
diltiazem hcl er oral tablet extended release 24 hour	3	
diltiazem hcl oral	2	
felodipine er	2	
isradipine	2	
matzim la	3	
nicardipine hcl oral	3	
nifedipine er	2	
nifedipine er osmotic release	2	
nifedipine oral	2	
nimodipine oral capsule	4	
nisoldipine er	3	
NYMALIZE	3	
tiadylt er	2	
verapamil hcl er oral capsule extended release 24 hour	3	
verapamil hcl er oral tablet extended release	2	
verapamil hcl oral	2	
Cardiovascular Agents, Other		
aliskiren fumarate	4	
amiloride-hydrochlorothiazide	2	
amlodipine besylate-benazepril hcl	2	
amlodipine besylate-valsartan	3	
amlodipine-olmesartan	3	
atenolol-chlorthalidone	2	

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benazepril-hydrochlorothiazide	3	
bisoprolol-hydrochlorothiazide	2	
candesartan cilexetil-hctz	3	
captopril-hydrochlorothiazide	3	
CORLANOR ORAL SOLUTION	4	PA; QL
digoxin oral solution	3	
digoxin oral tablet 125 mcg, 250 mcg	2	
digoxin oral tablet 62.5 mcg	4	
enalapril-hydrochlorothiazide	2	
ENTRESTO ORAL CAPSULE SPRINKLE	4	PA; QL
fosinopril sodium-hctz	3	
irbesartan-hydrochlorothiazide	2	
isosorb dinitrate-hydralazine	3	
ivabradine hcl	4	PA; QL
lisinopril-hydrochlorothiazide	1	
losartan potassium-hctz	1	
metoprolol-hydrochlorothiazide	3	
olmesartan medoxomil-hctz	2	
pentoxifylline er	2	
quinapril-hydrochlorothiazide	3	
ranolazine er	4	
sacubitril-valsartan	3	PA; QL
spironolactone-hctz	2	
telmisartan-hctz	3	
triamterene-hctz	2	
valsartan-hydrochlorothiazide	2	
Diuretics, Carbonic Anhydrase Inhibitors		
acetazolamide er	3	
acetazolamide oral	3	
methazolamide oral	4	
Diuretics, Loop		
bumetanide oral	2	
ethacrynic acid	4	
furosemide oral solution	2	
furosemide oral tablet	1	
torsemide	2	
Diuretics, Potassium-sparing		
amiloride hcl oral	2	
eplerenone	3	
spironolactone oral tablet	2	
Diuretics, Thiazide		
chlorthalidone	2	
hydrochlorothiazide oral	1	
indapamide	2	
metolazone	2	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	2	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
gemfibrozil oral	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium oral	1	
fluvastatin sodium	3	$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.
lovastatin oral	2	$0 Copay for members between ages 40 to 75 years.
pravastatin sodium	2	$0 Copay for members between ages 40 to 75 years.
rosuvastatin calcium oral tablet 10 mg, 5 mg	2	$0 Copay for members between ages 40 to 75 years.
rosuvastatin calcium oral tablet 20 mg, 40 mg	2	
simvastatin oral	1	
Dyslipidemics, Other		
cholestyramine light	3	
cholestyramine oral	3	
colesevelam hcl	3	
colestipol hcl oral granules	3	
colestipol hcl oral packet	3	
colestipol hcl oral tablet	2	
ezetimibe oral	2	
ezetimibe-simvastatin	3	
icosapent ethyl	4	PA
niacin (antihyperlipidemic)	3	
niacin er (antihyperlipidemic)	3	
niacor	3	
omega-3-acid ethyl esters	2	PA
prevalite	3	
REPATHA SURECLICK	3	PA; QL
Vasodilators, Direct-acting Arterial		
hydralazine hcl oral	2	
minoxidil oral	2	
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	2	
isosorbide mononitrate	2	
isosorbide mononitrate er	2	
nitro-bid	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	

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Drug name	Tier	Notes
nitroglycerin rectal	4	QL
nitroglycerin sublingual	2	
nitroglycerin transdermal ointment	3	
nitroglycerin transdermal patch 24 hour	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine sulfate	4	PA
amphetamine-dextroamphetamine	2	PA; QL
amphetamine-dextroamphetamine er	3	PA; QL
dextroamphetamine sulfate er	3	PA; QL
dextroamphetamine sulfate oral solution	3	PA
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	PA; QL
lisdexamfetamine dimesylate oral capsule	4	PA; QL
methamphetamine hcl	4	PA
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hcl oral capsule	3	QL
clonidine hcl er	3	
dexmethylphenidate hcl er	3	PA; QL
dexmethylphenidate hcl oral tablet 10 mg	2	PA; QL
dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg	2	QL
guanfacine hcl er	2	
methylphenidate hcl er (cd)	3	PA; QL
methylphenidate hcl er (la)	3	PA; QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	3	PA; QL
methylphenidate hcl er oral tablet extended release	3	PA; QL
methylphenidate hcl oral solution	3	PA; QL
methylphenidate hcl oral tablet	2	PA; QL
methylphenidate hcl oral tablet chewable	3	PA; QL
Central Nervous System, Other		
AUSTEDO	5	PA; QL; SP
AUSTEDO XR	5	PA; QL; SP
AUSTEDO XR PATIENT TITRATION	5	PA; QL; SP
caffeine citrate oral	2	
DAYBUE	5	PA; QL; SP
INGREZZA	5	PA; QL; SP
riluzole	4	SP
tetrabenazine	4	PA; SP
Fibromyalgia Agents		
milnacipran hcl oral	4	ST; QL
milnacipran hcl oral tablet	4	QL
pregabalin oral capsule	2	QL

Drug name	Tier	Notes
Multiple Sclerosis Agents		
AVONEX PEN	5	PA; QL; SP
AVONEX PREFILLED	5	PA; QL; SP
BETASERON	5	PA; QL; SP
dalfampridine er	4	PA; QL; SP
dimethyl fumarate oral	4	PA; QL; SP
dimethyl fumarate starter pack	4	PA; QL; SP
fingolimod hcl	4	PA; QL; SP
glatiramer acetate	4	PA; QL; SP
glatopa	4	PA; QL; SP
PLEGRIDY	5	PA; QL; SP
PLEGRIDY STARTER PACK	5	PA; QL; SP
teriflunomide	4	PA; QL; SP
ZEPOSIA	5	PA; QL; SP
ZEPOSIA 7-DAY STARTER PACK	5	PA; QL; SP
ZEPOSIA STARTER KIT	5	PA; QL; SP
Dental and Oral Agents		
cevimeline hcl	4	
chlorhexidine gluconate mouth/throat	2	
periogard	2	
pilocarpine hcl oral	3	
triamcinolone acetonide mouth/throat	2	
Dermatological Agents		
accutane	4	
acitretin	4	
adapalene external cream	4	PA; QL
adapalene external gel	4	PA; QL
ammonium lactate external cream	2	
amnesteem	4	
azelaic acid external	4	QL
benzoyl peroxide-erythromycin	3	QL
brimonidine tartrate external	4	QL
calcipotriene external cream	4	QL
calcipotriene external ointment	4	QL
calcipotriene external solution	3	QL
calcipotriene-betameth diprop	4	QL
calcitriol external	4	QL
claravis	4	
clindacin etz	2	
clindacin-p	2	
clindamycin phos (once-daily)	3	QL
clindamycin phos (twice-daily)	3	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	2	
clindamycin phosphate external swab	2	
doxepin hcl external	4	PA; QL

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DUOBRII	4	ST; QL
DUPIXENT	5	PA; QL; SP
ERY PAD 2%	2	
erythromycin external	3	
ESKATA	4	
imiquimod external cream 5 %	2	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	
ivermectin external cream	4	QL
methoxsalen rapid	4	
metronidazole external cream	3	
metronidazole external gel 0.75 %	3	
metronidazole external lotion	3	
pimecrolimus	4	QL
podofilox external gel	4	
podofilox external solution	2	
SANTYL	4	QL
selenium sulfide external lotion	2	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA; QL; SP
sulfacetamide sodium (acne)	4	
tacrolimus external	3	QL
TALTZ	5	PA; QL; SP
tazarotene external cream 0.1 %	4	PA; QL
tazarotene external gel	4	PA; QL
tretinoin external cream	3	PA; QL
trilitas	4	PA; QL
VEREGEN	4	QL
zenatane	4	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
carglumic acid	5	PA; SP
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	
effer-k oral tablet effervescent 25 meq	2	
GALZIN	4	
klor-con 10	2	
klor-con m10	2	
klor-con m15	2	
klor-con m20	2	
klor-con oral packet	4	
klor-con oral tablet extended release	2	
levocarnitine oral solution	3	
levocarnitine oral tablet	2	
levocarnitine sf	3	
potassium chloride crys er	2	
potassium chloride er	2	
potassium chloride oral packet 20 meq	4	
potassium chloride oral solution	2	
potassium citrate er	3	

Drug name	Tier	Notes
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	$0 Copay for members ages 0 to 16 years.
sodium fluoride oral tablet	1	$0 Copay for members ages 0 to 16 years.
sodium fluoride oral tablet chewable	1	$0 Copay for members ages 0 to 16 years.
Electrolyte/Mineral/Metal Modifiers		
CHEMET	3	
deferasirox granules	5	PA; SP
deferasirox oral packet	5	PA; SP
deferasirox oral tablet	4	PA; SP
deferasirox oral tablet soluble	5	PA; SP
LOKELMA	4	PA; QL
sodium polystyrene sulfonate oral	2	
tolvaptan (hyponatremia)	4	PA; QL; SP
trientine hcl oral capsule 250 mg	5	PA; SP
Phosphate Binders		
calcium acetate (phos binder)	2	
calcium acetate oral tablet 667 mg	2	
ferric citrate	4	SP
FOSRENOL ORAL PACKET	4	
lanthanum carbonate	4	
sevelamer carbonate oral packet	4	
sevelamer carbonate oral tablet	3	
VELPHORO	3	SP
Vitamins		
cyanocobalamin injection solution 1000 mcg/ml	2	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	2	
ergocalciferol oral capsule	2	
folic acid oral tablet 1 mg	2	
folic acid oral tablet 400 mcg, 800 mcg	1	
ft folic acid	1	
M-NATAL PLUS	2	
NATALCORE	2	
NEONATAL PLUS	2	
ONE VITE WOMENS PLUS	2	
phytonadione oral	4	QL
pnv 27-ca/fe/fa	2	
pnv prenatal plus multivit+dha	2	
prenatal oral tablet 27-1 mg	2	
TRINATE	2	
TRUE FOLIC ACID ORAL TABLET 1 MG	2	
TRUE FOLIC ACID ORAL TABLET 400 MCG	1	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	2	
WESTAB PLUS	2	

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Drug name	Tier	Notes
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
dicyclomine hcl oral capsule	2	
dicyclomine hcl oral solution 10 mg/5ml	3	
dicyclomine hcl oral tablet 20 mg	2	
glycopyrrolate oral tablet 1 mg, 2 mg	2	
methscopolamine bromide oral	3	
Gastrointestinal Agents, Other		
alvimopan	4	
amoxicill-clarithro-lansopraz	4	QL
cromolyn sodium oral	4	
diphenoxylate-atropine oral liquid	3	
diphenoxylate-atropine oral tablet	2	
loperamide hcl oral capsule	2	
opium	4	QL
RELISTOR SUBCUTANEOUS	4	PA; QL
SYMPROIC	3	PA; QL
ursodiol oral capsule 300 mg	2	
ursodiol oral tablet	2	
Histamine2 (H2) Receptor Antagonists		
cimetidine hcl	2	
cimetidine oral	2	
famotidine oral suspension reconstituted	3	
famotidine oral tablet 20 mg, 40 mg	2	
nizatidine	3	
Irritable Bowel Syndrome Agents		
alosetron hcl	4	PA; QL
LINZESS	3	PA; QL
lubiprostone	3	QL
VIBERZI	4	PA; QL; SP
Laxatives		
bisacodyl ec	1	
clearlax	1	
CLENPIQ	4	QL; $0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
constulose	2	
enulose	2	
FRESKARO MAGNESIUM CITRATE	1	
ft clearlax	1	
ft laxative	1	
ft magnesium citrate	1	
gavilax oral powder	1	

Drug name	Tier	Notes
gavilyte-c	2	QL; $0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
gavilyte-g	2	QL; $0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
gavilyte-n with flavor pack	2	QL; $0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
generlac	2	
gentle laxative oral tablet delayed release	1	
glycolax	1	
goodsense clearlax	1	
INSTALAX	1	
KRISTALOSE	4	
lactulose encephalopathy	2	
lactulose oral packet	4	
lactulose oral solution	2	
laxative osmotic	1	
magnesium citrate oral solution	1	
MIRALAX ORAL POWDER	1	
mm clearlax	1	
na sulfate-k sulfate-mg sulf	4	QL; $0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
ONELAX MAGNESIUM CITRATE	1	
peg 3350 oral powder	1	
peg 3350-kcl-na bicarb-nacl	2	QL; $0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.

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Drug name	Tier	Notes
peg-3350/electrolytes	2	QL; $0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
peg-3350/electrolytes/ascorbat	4	QL; $0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
peg-kcl-nacl-nasulf-na asc-c	4	QL; $0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
polyethylene glycol 3350 oral powder	1	
smooth lax oral powder	1	
SUFLAVE	4	QL; $0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
Protectants		
misoprostol oral	2	
sucralfate oral suspension	4	PA
sucralfate oral tablet	2	
Proton Pump Inhibitors		
esomeprazole magnesium oral capsule delayed release	2	QL
ft acid reducer oral capsule delayed release 15 mg	2	QL
goodsense lansoprazole oral capsule delayed release	2	QL
lansoprazole oral capsule delayed release	2	QL
omeprazole oral capsule delayed release	2	
pantoprazole sodium oral tablet delayed release	2	
rabeprazole sodium oral tablet delayed release	3	QL
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
betaine	5	SP
CREON	3	
CYSTAGON	5	SP
MYALEPT	5	PA; QL; SP
nitisinone	4	PA; SP
sapropterin dihydrochloride	5	PA; QL; SP
SUCRAID	5	PA; SP
zelvysia	5	PA; QL; SP
ZENPEP	3	
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin hydrobromide er	3	ST
fesoterodine fumarate er	4	ST
flavoxate hcl	2	
oxybutynin chloride er	2	
oxybutynin chloride oral solution	2	
oxybutynin chloride oral tablet 5 mg	2	
solifenacin succinate	2	
tolterodine tartrate	3	
tolterodine tartrate er	3	
trospium chloride	3	
trospium chloride er	3	ST
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	2	
dutasteride oral	2	
dutasteride-tamsulosin hcl	4	
finasteride oral tablet 5 mg	2	
silodosin	3	
tamsulosin hcl	2	
terazosin hcl	2	
Genitourinary Agents, Other		
bethanechol chloride oral	2	
ELMIRON	3	
ENCARE	1	
OPTIONS GYNOL II CONTRACEPTIVE	1	
penicillamine oral	5	SP
phenazopyridine hcl oral tablet 100 mg, 200 mg	2	
tadalafil oral tablet 2.5 mg, 5 mg	4	QL
tiopronin oral tablet	5	SP
TODAY SPONGE	1	
VCF VAGINAL CONTRACEPTIVE	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
alclometasone dipropionate	2	
amcinonide	4	ST
betamethasone dipropionate aug	3	
betamethasone dipropionate external	3	
betamethasone valerate external cream	3	
betamethasone valerate external lotion	3	
betamethasone valerate external ointment	3	

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clobetasol prop emollient base	4	QL
clobetasol propionate e	4	QL
clobetasol propionate external cream 0.05 %	3	QL
clobetasol propionate external gel	3	QL
clobetasol propionate external ointment	3	QL
clobetasol propionate external solution	4	QL
clocortolone pivalate	4	ST; QL
desonide external cream	3	QL
desonide external lotion	3	QL
desonide external ointment	3	QL
desoximetasone external	3	QL
dexamethasone intensol	2	
dexamethasone oral elixir	2	
dexamethasone oral solution	2	
dexamethasone oral tablet	2	
diflorasone diacetate external cream	4	ST; QL
fludrocortisone acetate oral	2	
fluocinolone acetonide body	3	QL
fluocinolone acetonide external	3	QL
fluocinolone acetonide scalp	3	QL
fluocinonide emulsified base	3	QL
fluocinonide external cream 0.05 %	3	QL
fluocinonide external gel	3	QL
fluocinonide external ointment	3	QL
fluocinonide external solution	3	QL
flurandrenolide	4	ST; QL
fluticasone propionate external cream	2	
fluticasone propionate external ointment	2	
halobetasol propionate external cream	3	QL
halobetasol propionate external ointment	3	QL
hydrocortisone butyrate external cream	4	QL
hydrocortisone butyrate external ointment	4	
hydrocortisone butyrate external solution	4	
hydrocortisone external cream 2.5 %	2	
hydrocortisone external lotion 2.5 %	2	
hydrocortisone external ointment 1 %, 2.5 %	2	
hydrocortisone oral	2	
hydrocortisone valerate	3	QL
methylprednisolone oral	2	
mometasone furoate external	2	
prednisolone oral solution	2	
prednisolone oral tablet	3	

Drug name	Tier	Notes
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 25 mg/5ml, 5 mg/5ml	2	
prednisolone sodium phosphate oral solution 20 mg/5ml	2	QL
prednisolone sodium phosphate oral tablet dispersible 30 mg	4	
prednisone intensol	3	
prednisone oral solution	3	
prednisone oral tablet	2	
prednisone oral tablet therapy pack	2	
triamcinolone acetonide external cream	2	QL
triamcinolone acetonide external lotion	2	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	2	
triderm	2	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
cabergoline	2	
desmopressin ace spray refrig	3	
desmopressin acetate injection	4	
desmopressin acetate oral	2	
desmopressin acetate pf	4	
desmopressin acetate spray	3	
INCRELEX	5	PA; QL; SP
NORDITROPIN FLEXPRO	4	PA; QL; SP
OMNITROPE	4	PA; QL; SP
Selective Estrogen Receptor Modifying Agents		
clomid	3	PA
clomiphene citrate oral	3	PA
milophene	3	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
MIFEPREX	3	
mifepristone oral tablet 200 mg	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
danazol oral	3	
methyltestosterone oral	4	
testosterone cypionate intramuscular	2	PA
testosterone enanthate intramuscular	2	PA
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 50 mg/5gm (1%)	3	PA; QL
Estrogens		
abigale	3	
abigale lo	3	
afirmelle	1	
altavera	1	
alyacen 1/35	1	

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Drug name	Tier	Notes
alyacen 7/7/7	1	
amethyst	1	
ANNOVERA	1	QL
apri	1	
aranelle	1	
ashlyna	1	
aubra eq	1	
aurovela 1.5/30	1	
aurovela 1/20	1	
aurovela 24 fe	1	
aurovela fe 1.5/30	1	
aurovela fe 1/20	1	
aviane	1	
ayuna	1	
azurette	1	
balziva	1	
BIJUVA ORAL CAPSULE 0.5-100 MG	4	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
blisovi fe 1/20	1	
briellyn	1	
camrese	1	
camrese lo	1	
charlotte 24 fe	1	
chateal eq	1	
CLIMARA PRO	4	QL
cryselle	1	
cyred eq	1	
dasetta 1/35 (28)	1	
dasetta 7/7/7	1	
daysee	1	
delyla	1	
dolishale	1	
dotti	3	QL
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	
drospirenone-ethinyl estradiol	1	
DUAVEE	4	QL
elinest	1	
eluryng	1	
enilloring	1	
enskyce	1	
estarylla	1	
estradiol oral	2	
estradiol transdermal patch twice weekly	3	QL
estradiol transdermal patch weekly	2	QL
estradiol vaginal	3	
estradiol valerate intramuscular	2	
estradiol-norethindrone acet	3	
ESTRING	3	QL
etonogestrel-ethinyl estradiol	1	
falmina	1	

Drug name	Tier	Notes
feirza 1.5/30	1	
feirza 1/20	1	
finzala	1	
fyavolv	3	
galbriela	1	
hailey 1.5/30	1	
hailey 24 fe	1	
hailey fe 1.5/30	1	
hailey fe 1/20	1	
iclevia	1	
introvale	1	
isibloom	1	
jaimiess	1	
jasmiel	1	
jinteli	3	
jolessa	1	
joyeaux	1	
juleber	1	
junel 1.5/30	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
junel fe 24	1	
kaitlib fe	1	
kalliga	1	
kariva	1	
kelnor 1/35	1	
kurvelo	1	
larin 1.5/30	1	
larin 1/20	1	
larin 24 fe	1	
larin fe 1.5/30	1	
larin fe 1/20	1	
lessina	1	
levonest	1	
levonorg-eth estrad triphasic	1	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	1	
levonorgest-eth estradiol-iron	1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg	1	
LO LOESTRIN FE	1	
lo-zumandimine	1	
lojaimiess	1	
loryna	1	
low-ogestrel	1	
luizza 1.5/30	1	
luizza 1/20	1	
lutera	1	
lyllana	3	QL
marlissa	1	
mibelas 24 fe	1	
microgestin 1.5/30	1	

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microgestin 1/20	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
mili	1	
mimvey	3	
minzoya	1	
mono-linyah	1	
necon 0.5/35 (28)	1	
nikki	1	
norelgestromin-eth estradiol	1	
norethin ace-eth estrad-fe oral tablet chewable	1	
norethindrone acet-ethinyl est	1	
norethindrone-eth estradiol	3	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	
norgestimate-ethinyl estradiol triphasic	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
nortrel 7/7/7	1	
nylia 1/35	1	
nylia 7/7/7	1	
philith	1	
pimtrea	1	
portia-28	1	
PREMARIN VAGINAL	4	
reclipsen	1	
rivelsa	1	
rosyrah	1	
setlakin	1	
simliya	1	
simpesse	1	
sprintec 28	1	
syeda	1	
tarina 24 fe	1	
tarina fe 1/20 eq	1	
tilia fe	1	
tri-estarylla	1	
tri-legest fe	1	
tri-linyah	1	
tri-lo-estarylla	1	
tri-lo-marzia	1	
tri-lo-mili	1	
tri-lo-sprintec	1	
tri-mili	1	
tri-sprintec	1	
tri-vylibra	1	
tri-vylibra lo	1	
turqoz	1	
TYBLUME	1	
tydemy	1	
valtya 1/35	1	
valtya 1/50	1	
velivet	1	
vestura	1	
vienva	1	
viorele	1	
volnea	1	
vyfemla	1	
vylibra	1	
wera	1	
wymzya fe	1	
xarah fe	1	
xelria fe	1	
xulane	1	
yuvafem	3	
zafemy	1	
zovia 1/35 (28)	1	
zumandimine	1	
Progestins		
aftera	1	
camila	1	
deblitane	1	
DEPO-SUBQ PROVERA 104	1	QL
econtra one-step	1	
emzahh	1	
errin	1	
gallifrey	2	
heather	1	
her style	1	
incassia	1	
jencycla	1	
levonorgestrel	1	
lyleq	1	
lyza	1	
medroxyprogesterone acetate intramuscular	1	QL
medroxyprogesterone acetate oral	2	
megestrol acetate oral suspension 40 mg/ml	2	
megestrol acetate oral suspension 625 mg/5ml	4	
megestrol acetate oral tablet	2	
meleya	1	
my choice	1	
my way	1	
new day	1	
nora-be	1	
norethindrone acetate oral	2	
norethindrone oral	1	
norlyroc	1	
opcicon one-step	1	
OPILL	1	
option 2	1	

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Drug name	Tier	Notes
orquidea	1	
PLAN B ONE-STEP	1	
progesterone intramuscular	2	
progesterone oral	2	
sharobel	1	
shewise	1	
SLYND	1	PA
take action	1	
your choice	1	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	4	PA; QL
raloxifene hcl	2	$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ARMOUR THYROID	4	
levothyroxine sodium oral tablet	2	
levoxyl	2	
liomny	2	
liothyronine sodium oral	2	
NIVA THYROID	4	
np thyroid	4	
SYNTHROID	3	
THYQUIDITY	4	PA
thyroid oral	4	
TIROSINT-SOL	4	PA
unithroid	2	
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	4	
Hormonal Agents, Suppressant (Pituitary)		
ELIGARD	5	PA; SP
leuprolide acetate injection	5	PA; SP
octreotide acetate injection	4	PA; SP
octreotide acetate subcutaneous	4	PA; SP
ORILISSA	4	PA; QL
SIGNIFOR	5	PA; QL; SP
SOMAVERT	5	PA; QL; SP
SYNAREL	3	
VABRINTY SUBCUTANEOUS KIT 45 MG	5	PA; SP
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole oral	2	
propylthiouracil oral	2	
Immunological Agents		
Angioedema Agents		
HAEGARDA	5	PA; QL; SP
icatibant acetate	4	PA; QL; SP
Immune Suppressants		
ADALIMUMAB-ADAZ	5	PA; QL; SP
ADALIMUMAB-ADBM (2 PEN)	5	PA; QL; SP
ADALIMUMAB-ADBM (2 SYRINGE)	5	PA; QL; SP
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	5	PA; QL; SP
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	5	PA; QL; SP
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	5	PA; QL; SP
AMJEVITA-PED 15KG TO <30KG	5	PA; QL; SP
azathioprine oral tablet 50 mg	2	
CIMZIA	5	PA; SP
CIMZIA (1 SYRINGE)	5	PA; QL; SP
CIMZIA (2 SYRINGE)	5	PA; QL; SP
CIMZIA-STARTER	5	PA; SP
cyclosporine modified oral capsule	2	
cyclosporine modified oral solution	3	
cyclosporine oral	4	
gengraf	2	
HADLIMA	5	PA; QL; SP
HADLIMA PUSHTOUCH	5	PA; QL; SP
methotrexate sodium	2	
methotrexate sodium (pf)	2	
mycophenolate mofetil oral capsule	2	
mycophenolate mofetil oral suspension reconstituted	4	
mycophenolate mofetil oral tablet	2	
mycophenolate sodium	4	
mycophenolic acid	4	
OLUMIANT	5	PA; QL; SP
RASUVO	4	PA; QL
SIMPONI	5	PA; QL; SP
sirolimus oral solution	5	
sirolimus oral tablet	4	
SKYRIZI PEN	5	PA; QL; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL; SP
STEQEYMA SUBCUTANEOUS SOLUTION	5	PA; QL
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL; SP
tacrolimus oral	2	
tofacitinib citrate er	5	PA; QL; SP
tofacitinib citrate oral	5	PA; QL; SP
TREXALL	4	PA
YESINTEK SUBCUTANEOUS	5	PA; QL; SP
Immunological Agents, Other		
OMLYCLO INJ 75/0.5ML	5	PA
OMLYCLO INJ 150MG/ML	5	PA

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OMLYCLO INJ 300/2ML	5	PA
TREMFYA INJ 100MG/ML	5	PA
TREMFYA INJ 200/2ML	5	PA
Immunomodulators		
ACTEMRA ACTPEN	5	PA; QL; SP
ACTEMRA SUBCUTANEOUS	5	PA; QL; SP
ACTIMMUNE	5	PA; QL; SP
AURANOFIN	5	SP
AVTOZMA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL; SP
AVTOZMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL
BEYFORTUS	1	QL; $0 copay for members 19 months of age or younger.
ENFLONSIA	1	QL; $0 copay for members between ages of 0 to 7 months.
leflunomide oral	2	
OTEZLA	5	PA; QL; SP
OTEZLA XR	5	PA; QL; SP
OTEZLA/OTEZLA XR INITIATION PK	5	PA; QL; SP
RIDAURA	5	SP
RINVOQ	5	PA; QL; SP
RINVOQ LQ	5	PA; QL; SP
WEZLANA SUBCUTANEOUS	5	PA; QL; SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	5	PA; QL; SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; QL
Vaccines		
ABRYSVO	1	QL
ACTHIB	1	QL
ADACEL	1	QL
AREXVY	1	QL; $0 Copay for members 50 years of age or older.
BEXSERO	1	QL; $0 Copay for members 10 years of age or older.
BOOSTRIX	1	QL
CAPVAXIVE	1	QL; $0 copay for members 19 years of age or older.
DAPTACEL	1	QL

Drug name	Tier	Notes
DENGVAXIA	1	QL; $0 copay for members between ages of 9 to 16 years.
ENGERIX-B	1	QL
FLUAD	1	QL; $0 copay for members 18 years of age or older.
FLUARIX	1	QL; $0 copay for members 6 months of age or older.
FLUCELVAX	1	QL; $0 copay for members 6 months of age or older.
FLULAVAL	1	QL; $0 copay for members 6 months of age or older.
FLUMIST	1	QL; $0 copay for members between ages of 2 to 49 years.
FLUZONE HIGH-DOSE	1	QL; $0 copay for members 18 years of age or older.
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	QL; $0 copay for members 6 months of age or older.
GARDASIL 9	1	QL; $0 copay for members between ages of 9 to 45 years.
HAVRIX	1	QL
HEPLISAV-B	1	QL; $0 copay for members 18 years of age or older.
HIBERIX	1	QL
INFANRIX	1	QL
IPOL	1	QL
M-M-R II	1	QL
MENQUADFI	1	QL; $0 Copay for members 2 months of age or older.
MENVEO	1	QL; $0 Copay for members 2 months of age or older.
MNEXSPIKE	1	QL; $0 copay for members 12 years of age or older.

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PEDIARIX	1	QL; $0 copay for members 6 years of age or younger.
PEDVAXHIB	1	QL
PENBRAYA	1	QL; $0 Copay for members 10 years of age or older.
PENMENVY	1	QL; $0 Copay for members 10 years of age or older.
PENTACEL	1	QL; $0 copay for members 4 years of age or younger.
PNEUMOVAX 23	1	QL
PREVNAR 20	1	QL; $0 copay for members 1 month of age or older.
PRIORIX	1	QL
PROQUAD	1	QL; $0 copay for members between ages of 1 to 12 years.
QUADRACEL INTRAMUSCULAR SUSPENSION	1	QL
RECOMBIVAX HB	1	QL
ROTARIX	1	QL; $0 copay for members 8 months of age or younger.
ROTATEQ	1	QL; $0 copay for members 8 months of age or younger.
SPIKEVAX	1	QL; $0 copay for members 12 years of age or older.
SPIKEVAX 6M-11Y	1	QL; $0 copay for members between ages of 6 months to 11 years.
TENIVAC	1	QL
TRUMENBA	1	QL; $0 Copay for members 10 years of age or older.
TWINRIX	1	QL
VAQTA	1	QL
VARIVAX	1	QL
VAXELIS	1	QL; $0 copay for members 4 years of age or younger.
VAXNEUVANCE	1	QL; $0 copay for members 1 month of age or older.
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium	3	
DIPENTUM	4	
mesalamine er oral capsule 0.375 gm	3	
mesalamine oral tablet delayed release 1.2 gm	3	
mesalamine rectal	4	QL
mesalamine-cleanser	4	QL
Glucocorticoids		
ANALPRAM HC EXTERNAL LOTION	4	
budesonide oral	4	
CORTIFOAM	3	
hydrocortisone (perianal) external cream 2.5 %	2	
hydrocortisone ace-pramoxine external cream 1-1 %	3	
hydrocortisone rectal	3	
procto-med hc	2	
Sulfonamides		
sulfasalazine oral	2	
Metabolic Bone Disease Agents		
alendronate sodium oral solution	3	
alendronate sodium oral tablet	2	
calcitonin (salmon) nasal	2	
calcitriol oral capsule	2	
calcitriol oral solution	3	
cinacalcet hcl	3	PA
doxercalciferol oral	4	
ibandronate sodium oral	2	
paricalcitol oral	3	
risedronate sodium oral tablet	3	
TYMLOS	5	PA; SP
Miscellaneous Therapeutic Agents		
AEROCHAMBER HOLDING CHAMBER	2	QL
AEROCHAMBER PLS FLOVU MTHPIECE	2	QL
AEROCHAMBER PLUS FLO-VU INTERM	2	QL
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	QL
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	QL
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	QL
AEROCHAMBER2GO ANTI-STATIC	2	QL
ALCOHOL PREP PADS PAD, 70 %	1	
AQ INSULIN SYRINGE	1	QL

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AQINJECT PEN NEEDLE	1	QL
ASSURE ID DUO PRO PEN NEEDLES	1	QL
ASSURE ID PRO PEN NEEDLES	1	QL
AUM ALCOHOL PREP PADS	1	
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	1	QL
AUM MINI INSULIN PEN NEEDLE	1	QL
AUM PEN NEEDLE 32G X 5 MM, 33G X 4 MM, 33G X 5 MM, 33G X 6 MM	1	QL
AUM READYGARD DUO PEN NEEDLE	1	QL
AUM SAFETY PEN NEEDLE	1	QL
AUTOKEEPER SAFETY PEN NEEDLE	1	QL
BD AUTOSHIELD DUO PEN NEEDLES	1	QL
BD PEN NEEDLE MICRO ULTRAFINE	1	QL
BD PEN NEEDLE MINI ULTRAFINE	1	QL
BD PEN NEEDLE NANO ULTRAFINE	1	QL
BD PEN NEEDLE ORIG ULTRAFINE	1	QL
BD PEN NEEDLE SHORT ULTRAFINE	1	QL
BD SHARPS COLLECTOR	1	
BD ULTRA-FINE INSULIN SYRINGES 29G X 1/2" 0.3 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML	1	QL
BD ULTRA-FINE PEN NEEDLES	1	QL
BD VEO INSULIN SYR ULTRAFINE	1	QL
BREATHE COMFORT CHAMBER/ ADULT	2	QL
BREATHE COMFORT CHAMBER/ CHILD	2	QL
CAYA	1	
COMFORT EZ PRO PEN NEEDLES	1	QL
CONDOMS	1	QL
DROPLET MICRON	1	QL
DROPSAFE ALCOHOL PREP	1	
DROPSAFE AUTOPROTECT DUO	1	QL
DROPSAFE SAFETY SYRINGE/ NEEDLE	1	QL
DUREX EXTRA SENSITIVE THIN	1	QL
DUREX TROPICAL	1	QL
EASIVENT	2	QL
EASY COMFORT SHARPS CONTAINER	1	
EMBECTA AUTOSHIELD DUO	1	QL
EMBECTA INS SYR U/F 1/2 UNIT	1	QL
EMBECTA INSULIN SYR ULTRAFINE	1	QL
EMBECTA INSULIN SYRINGE	1	QL
EMBECTA INSULIN SYRINGE U-100	1	QL
EMBECTA INSULIN SYRINGE U-500	1	QL
EMBECTA PEN NEEDLE NANO	1	QL
EMBECTA PEN NEEDLE NANO 2 GEN	1	QL

Drug name	Tier	Notes
EMBECTA PEN NEEDLE ULTRAFINE	1	QL
EMBRACE PEN NEEDLES 30G X 5 MM, 30G X 8 MM, 31G X 6 MM, 31G X 8 MM, 32G X 4 MM	1	QL
FC2 FEMALE CONDOM	1	QL
FEMCAP	1	
FLEXICHAMBER	2	QL
FLEXICHAMBER ADULT MASK/ SMALL	2	QL
FLEXICHAMBER CHILD MASK/ LARGE	2	QL
FLEXICHAMBER CHILD MASK/ SMALL	2	QL
GOODSENSE ALCOHOL SWABS	1	
GRASTEK	4	PA; QL
INSPIREASE RESERVOIR BAGS	2	QL
INSULIN PEN NEEDLES 29G X 12.7MM, 29G X 12MM, 29G X 4MM, 29G X 5MM, 29G X 8MM, 30G X 5 MM, 30G X 8 MM, 31G X 4 MM, 31G X 5 MM, 31G X 6 MM, 31G X 8 MM, 32G X 4 MM, 32G X 5 MM, 32G X 6 MM, 32G X 8 MM, 33G X 4 MM, 33G X 5 MM, 33G X 6 MM, 34G X 3.5 MM	1	QL
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 1 ML	1	QL
INSUPEN32G EXTR3ME	1	QL
methylergonovine maleate oral	4	QL
NOVOFINE PEN NEEDLE	1	QL
NOVOFINE PLUS PEN NEEDLE	1	QL
OMNIPOD 5 DEXCOM INTRO KIT	4	PA; QL
OMNIPOD 5 DEXCOM PODS	4	PA; QL
OMNIPOD 5 LIBRE INTRO KIT	4	PA; QL
OMNIPOD 5 LIBRE PODS	4	PA; QL
PARI VORTEX ADULT MASK	2	QL
PARI VORTEX PEDIATRIC MASK	2	QL
PEN NEEDLE/5-BEVEL TIP	1	QL
PHEXX	1	
PURE COMFORT SAFETY PEN NEEDLE	1	QL
QUICK TOUCH INSULIN PEN NEEDLE	1	QL
RADIOGARDASE	5	
RAYA SURE PEN NEEDLE	1	QL
SAFETY PEN NEEDLES	1	QL
SHARPS COLLECTOR	1	
SHARPS CONTAINER	1	
TECHLITE PLUS PEN NEEDLES	1	QL

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TOPFINE INSULIN PEN NEEDLE	1	QL
TRUE COMFORT SAFETY PEN NEEDLE	1	QL
TRUE COVER	1	QL
UNIFINE OTC PEN NEEDLES	1	QL
UNIFINE PROTECT PEN NEEDLE	1	QL
VERIFINE INSULIN PEN NEEDLE	1	QL
VERIFINE INSULIN SYRINGE	1	QL
VERIFINE PLUS PEN NEEDLE	1	QL
VERIFINE SHARPS CONTAINER	1	
VORTEX VALVE CHAMBER-PEDI MASK	2	QL
VORTEX VALVED HOLDING CHAMBER	2	QL
WIDE-SEAL DIAPHRAGM 60	1	
WIDE-SEAL DIAPHRAGM 65	1	
WIDE-SEAL DIAPHRAGM 70	1	
WIDE-SEAL DIAPHRAGM 75	1	
WIDE-SEAL DIAPHRAGM 80	1	
WIDE-SEAL DIAPHRAGM 85	1	
WIDE-SEAL DIAPHRAGM 90	1	
WIDE-SEAL DIAPHRAGM 95	1	
Ophthalmic Agents		
Aminoglycosides		
gentamicin sulfate ophthalmic	2	QL
neomycin-polymyxin-gramicidin	2	
tobramycin ophthalmic	2	QL
tobramycin-dexamethasone	3	
Anti-cytomegalovirus (CMV) Agents		
ZIRGAN	4	
Antibacterials, Other		
bacitra-neomycin-polymyxin-hc	3	
bacitracin-polymyxin b	2	
BETADINE OPHTHALMIC PREP	4	
neomycin-bacitracin zn-polymyx	2	
neomycin-polymyxin-dexameth	2	
neomycin-polymyxin-hc ophthalmic	3	
polymyxin b-trimethoprim	2	
Antifungals		
NATACYN	4	
Antiherpetic Agents		
trifluridine	3	
Macrolides		
AZASITE	4	
erythromycin ophthalmic	2	$0 Copay once your healthcare provider confirms use is to prevent gonococcal ophthalmia neonatorum in newborns.

Drug name	Tier	Notes
Ophthalmic Agents, Other		
AKTEN	4	
ALTACAINE	2	
atropine sulfate ophthalmic solution 1 %	2	
cyclopentolate hcl ophthalmic	2	
cyclosporine (pf)	4	PA; QL
CYSTARAN	5	PA; QL; SP
loteprednol-tobramycin	4	
MIEBO DRO 1.3GM/ML	4	PA
MITOSOL	4	
proparacaine hcl ophthalmic	2	
sulfacetamide-prednisolone	2	
tetracaine hcl ophthalmic	2	
TRYPTYR SOL 0.003%	4	PA
Ophthalmic Anti-allergy Agents		
azelastine hcl ophthalmic	2	
bepotastine besilate	4	QL
cromolyn sodium ophthalmic	2	
CYCLOMYDRIL	4	
epinastine hcl	2	ST; QL
LASTACAFT	4	
olopatadine hcl ophthalmic solution 0.1 %	2	
phenylephrine hcl ophthalmic	2	
Ophthalmic Anti-inflammatories		
bromfenac sodium (once-daily)	3	QL
dexamethasone sodium phosphate ophthalmic	2	
diclofenac sodium ophthalmic	2	
difluprednate	4	
fluorometholone	2	
flurbiprofen sodium	2	
INVELTYS	4	QL
ketorolac tromethamine ophthalmic	2	
LOTEMAX OPHTHALMIC OINTMENT	4	
LOTEMAX SM	4	QL
loteprednol etabonate ophthalmic suspension 0.5 %	4	QL
prednisolone acetate ophthalmic	2	
prednisolone sodium phosphate ophthalmic	2	
Ophthalmic Antiglaucoma Agents		
apraclonidine hcl	2	
betaxolol hcl ophthalmic	2	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	2	QL
brimonidine tartrate-timolol	3	QL
brinzolamide	3	QL
carteolol hcl	2	
dorzolamide hcl ophthalmic	2	
dorzolamide hcl-timolol mal	2	QL

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Drug name	Tier	Notes
dorzolamide hcl-timolol mal pf	3	QL
IOPIDINE	4	
levobunolol hcl	2	
PHOSPHOLINE IODIDE	3	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	2	
timolol hemihydrate	3	QL
timolol maleate (once-daily)	3	
timolol maleate ophthalmic solution	2	
Ophthalmic Prostaglandin and Prostamide Analogs		
bimatoprost solution 0.01 % ophthalmic	3	QL
latanoprost ophthalmic	2	
LUMIGAN	3	QL
tafluprost (pf)	4	ST; QL
travoprost (bak free)	3	QL
Quinolones		
ciprofloxacin hcl ophthalmic	2	
gatifloxacin ophthalmic	3	
levofloxacin ophthalmic	2	
moxifloxacin hcl (2x day)	2	
moxifloxacin hcl ophthalmic	2	
ofloxacin ophthalmic	2	
Sulfonamides		
sulfacetamide sodium ophthalmic	2	
Otic Agents		
acetic acid otic	2	
ciprofloxacin hcl otic	3	
ciprofloxacin-dexamethasone	4	ST
CIPROFLOXACIN-FLUOCINOLONE PF	4	
CORTISPORIN-TC	4	
fluocinolone acetonide otic	3	
hydrocortisone-acetic acid	3	
neomycin-polymyxin-hc otic	2	
ofloxacin otic	2	
OTOVEL	4	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ALVESCO	4	ST; QL
ARNUITY ELLIPTA	3	QL
BEVESPI AEROSPHERE	3	QL
breyna	4	QL
budesonide inhalation	3	QL
budesonide-formoterol fumarate	4	QL
flunisolide nasal	3	
fluticasone propionate nasal	2	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
QVAR REDIHALER	3	QL
wixela inhub	3	QL
Antihistamines		
azelastine hcl nasal	2	
carbinoxamine maleate oral solution	2	
carbinoxamine maleate oral tablet 4 mg	2	
clemastine fumarate oral tablet	2	
cyproheptadine hcl oral syrup 2 mg/5ml	2	
cyproheptadine hcl oral tablet	2	
desloratadine oral tablet	3	
diphenhydramine hcl oral elixir	2	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	2	
olopatadine hcl nasal	3	
promethazine-phenylephrine	2	
Antileukotrienes		
montelukast sodium oral	2	
zafirlukast	3	
zileuton er	4	ST
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL
ipratropium bromide hfa	4	QL
ipratropium bromide inhalation	2	
ipratropium bromide nasal	2	
SPIRIVA RESPIMAT	3	QL
tiotropium bromide	3	QL
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa	1	
albuterol sulfate inhalation	1	
albuterol sulfate oral syrup 2 mg/5ml	3	
albuterol sulfate oral tablet	3	
arformoterol tartrate	4	QL
epinephrine injection solution auto-injector	1	QL
formoterol fumarate inhalation	4	QL
levalbuterol hcl inhalation	3	QL
STRIVERDI RESPIMAT	3	QL
terbutaline sulfate oral	4	
VENTOLIN HFA	1	
Cystic Fibrosis Agents		
ORKAMBI	5	PA; QL; SP
PULMOZYME	5	PA; QL; SP

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tobramycin nebulization solution 300 mg/5ml inhalation	5	PA; QL; SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	5	PA; QL; SP
TRIKAFTA	5	PA; QL; SP
Mast Cell Stabilizers		
cromolyn sodium inhalation	3	
Phosphodiesterase Inhibitors, Airways Disease		
elixophyllin	3	
roflumilast	4	QL
THEO-24	4	
theophylline er	2	
theophylline oral	3	
Pulmonary Antihypertensives		
ADEMPAS	5	PA; QL; SP
alyq	5	PA; QL; SP
ambrisentan	5	PA; QL; SP
bosentan oral tablet	5	PA; QL; SP
macitentan	5	PA; QL; SP
ORENITRAM	5	PA; QL; SP
ORENITRAM MONTH 1	5	PA; QL; SP
ORENITRAM MONTH 2	5	PA; QL; SP
ORENITRAM MONTH 3	5	PA; QL; SP
sildenafil citrate oral suspension reconstituted	5	PA; QL; SP
sildenafil citrate oral tablet 20 mg	4	PA; QL; SP
tadalafil (pah)	5	PA; QL; SP
TYVASO DPI INSTITUTIONAL KIT	5	PA; QL; SP
TYVASO DPI MAINTENANCE KIT	5	PA; QL; SP
TYVASO DPI TITRATION KIT	5	PA; QL; SP
Pulmonary Fibrosis Agents		
nintedanib esylate	5	PA; QL; SP
pirfenidone	4	PA; QL; SP
Respiratory Tract Agents, Other		
acetylcysteine inhalation	2	
AIRSUPRA	4	
azelastine-fluticasone	4	QL
benzonatate oral capsule 100 mg, 200 mg	2	
BREZTRI AEROSPHERE	3	QL
guaifenesin-codeine	2	PA; QL
hydrocod poli-chlorphe poli er	4	PA; QL
hydrocodone bit-homatrop mbr	2	PA; QL
HYPERSAL	3	
ipratropium-albuterol	2	
maxi-tuss ac	2	PA; QL
mometasone furoate nasal	3	QL
NEBUSAL	3	
promethazine-codeine	2	PA; QL
promethazine-dm	2	

Drug name	Tier	Notes
pseudoephedrine-bromphen-dm	2	
PULMOSAL	3	
sodium chloride inhalation	2	
STIOLTO RESPIMAT	3	QL
TRELEGY ELLIPTA	3	QL
TUXARIN ER	4	PA; QL
Skeletal Muscle Relaxants		
baclofen oral tablet 10 mg, 20 mg, 5 mg	2	
carisoprodol oral tablet 350 mg	2	QL
chlorzoxazone oral tablet 500 mg	3	
cyclobenzaprine hcl oral	2	
dantrolene sodium oral	3	
metaxalone oral tablet 800 mg	3	
methocarbamol oral tablet 500 mg, 750 mg	2	
orphenadrine citrate er	2	
orphenadrine-aspirin-caffeine	5	PA
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	3	
tizanidine hcl oral tablet	2	
Sleep Disorder Agents		
GABA Receptor Modulators		
eszopiclone	2	QL
flurazepam hcl	2	QL
temazepam	2	QL
triazolam	2	QL
zaleplon	2	QL
zolpidem tartrate er	3	QL
zolpidem tartrate oral tablet	2	QL
Sleep Disorders, Other		
BELSOMRA	4	ST; QL
doxepin hcl oral tablet	4	QL
ramelteon	4	ST; QL
tasimelteon	5	PA; QL; SP
Wakefulness Promoting Agents		
armodafinil	3	QL
modafinil oral	2	QL
sodium oxybate	5	PA; QL; SP
SUNOSI	4	PA; QL

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Index

abacavir sulfate-lamivudine....16
abacavir sulfate oral solution....16
abacavir sulfate oral tablet....16
abigale....26
abigale lo....26
abiraterone acetate....14
ABRYSVO....30
acamprosate calcium....10
acarbose oral....18
ACCU-CHEK AVIVA DEVICE....17
ACCU-CHEK FASTCLIX LANCET KIT....17
ACCU-CHEK GUIDE....17
ACCU-CHEK GUIDE CONTROL....17
ACCU-CHEK GUIDE KIT W/DEVICE....17
ACCU-CHEK GUIDE TEST STRIPS....17
ACCU-CHEK SMARTVIEW CONTROL....17
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT....17
accutane....22
acebutolol hcl oral....20
acetaminophen-codeine oral solution 120-12 mg/5ml....9
acetaminophen-codeine oral tablet....9
acetazolamide er....21
acetazolamide oral....21
acetic acid otic....34
acetylcysteine inhalation....35
acitretin....22
ACTEMRA ACTPEN....30
ACTEMRA SUBCUTANEOUS....30
ACTHIB....30
ACTIMMUNE....30
acyclovir external ointment....17
acyclovir oral capsule....17
acyclovir oral suspension 200 mg/5ml....17
acyclovir oral tablet....17
ADACEL....30
ADALIMUMAB-ADAZ....29
ADALIMUMAB-ADBM (2 PEN)....29
ADALIMUMAB-ADBM (2 SYRINGE)....29
adapalene external cream....22
adapalene external gel....22
adefovir dipivoxil....16
ADEMPAS....35
ADVANTAGE SAFETY LANCETS 28G....17
ADVOCATE SAFETY LANCETS 21G....17
ADVOCATE SAFETY LANCETS 23G....17
ADVOCATE SAFETY LANCETS 28G....17
AEROCHAMBER2GO ANTI-STATIC....31
AEROCHAMBER HOLDING CHAMBER....31
AEROCHAMBER PLS FLOVU MTHPIECE....31
AEROCHAMBER PLUS FLO-VU INTERM....31
AEROCHAMBER PLUS FLO-VU LARGE DEVICE....31
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE....31
AEROCHAMBER PLUS FLO-VU SMALL DEVICE....31
afirmelle....26
aftera....28
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML....13
AIRSUPRA....35
AKTEN....33
albendazole oral....15
albuterol sulfate hfa....34
albuterol sulfate inhalation....34
albuterol sulfate oral syrup 2 mg/5ml....34
albuterol sulfate oral tablet....34
alclometasone dipropionate....25
ALCOHOL PREP PADS PAD, 70 %....31
ALECENSA....14
alendronate sodium oral solution....31
alendronate sodium oral tablet....31
alfuzosin hcl er....25
aliskiren fumarate....20
allopurinol oral tablet 100 mg, 300 mg....13
almotriptan malate....13
alosetron hcl....24
alprazolam er....17
alprazolam intensol....17
alprazolam oral tablet....17
alprazolam oral tablet dispersible....17
alprazolam xr....17
ALTACAINE....33
altavera....26
ALVESCO....34
alvimopan....24
alyacen 1/35....26
alyacen 7/7/7....27
alyq....35
amantadine hcl oral capsule....15
amantadine hcl oral solution 50 mg/5ml....15
amantadine hcl oral tablet....15
ambrisentan....35
amcinonide....25
amethyst....27
amiloride hcl oral....21
amiloride-hydrochlorothiazide....20
aminocaproic acid oral....19
amiodarone hcl oral....20
amitriptyline hcl oral....12
AMJEVITA-PED 15KG TO <30KG....29
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS....29
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS....29
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS....29
amlodipine besylate-benazepril hcl....20
amlodipine besylate oral....20
amlodipine besylate-valsartan....20
amlodipine-olmesartan....20
ammonium lactate external cream....22
amnesteem....22
amoxapine....12
amoxicill-clarithro-lansopraz....24
amoxicillin....11
amoxicillin-potassium clavulanate....11
amoxicillin trihydrate oral....11
amphetamine-dextroamphetamine....22
amphetamine-dextroamphetamine er22
amphetamine sulfate....22
ampicillin....11
anagrelide hcl....19
ANALPRAM HC EXTERNAL LOTION....31
anastrozole oral....14
ANNOVERA....27
apap-caff-dihydrocodeine....9
apomorphine hcl subcutaneous....15
apraclonidine hcl....33
aprepitant....13
apri....27
APTIVUS....17
AQINJECT PEN NEEDLE....32
AQ INSULIN SYRINGE....31
aranelle....27
ARANESP (ALBUMIN FREE)....19
AREXVY....30
arformoterol tartrate....34
aripiprazole oral solution....16
aripiprazole oral tablet....16
armodafinil....35
ARMOUR THYROID....29
ARNUITY ELLIPTA....34
ascomp-codeine....9
asenapine maleate....16
ashlyna....27
aspirin 81 oral tablet delayed release....9
aspirin adult low dose....9
aspirin adult low strength....9
aspirin childrens....9
aspirin-dipyridamole er....20

aspirin ec adult low dose 9
aspirin ec low dose 9
aspirin ec low strength 9
aspirin low dose 9
aspirin oral tablet chewable 9
aspirin oral tablet delayed release 81 mg 9
aspirin regimen 9
ASSURE CONTROL SOLUTION 2/3 17
ASSURE ID DUO PRO PEN NEEDLES 32
ASSURE ID PRO PEN NEEDLES 32
atazanavir sulfate 17
atenolol-chlorthalidone 20
atenolol oral 20
atomoxetine hcl oral capsule 22
atorvastatin calcium oral 21
atovaquone 15
atovaquone-proguanil hcl 15
atropine sulfate ophthalmic solution 1 % 33
ATROVENT HFA 34
aubra eq 27
AUM ALCOHOL PREP PADS 32
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM 32
AUM MINI INSULIN PEN NEEDLE 32
AUM PEN NEEDLE 32G X 5 MM, 33G X 4 MM, 33G X 5 MM, 33G X 6 MM 32
AUM READYGARD DUO PEN NEEDLE 32
AUM SAFETY PEN NEEDLE 32
AURANOFIN 30
aurovela 1.5/30 27
aurovela 1/20 27
aurovela 24 fe 27
aurovela fe 1.5/30 27
aurovela fe 1/20 27
AUSTEDO 22
AUSTEDO XR 22
AUSTEDO XR PATIENT TITRATION 22
AUTOKEEPER SAFETY PEN NEEDLE 32
AUTOLET LANCING DEVICE 17
AUTOLET LITE LANCING DEVICE 17
aviane 27
AVONEX PEN 22
AVONEX PREFILLED 22
AVTOZMA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30
AVTOZMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30
ayuna 27
AZASITE 33
azathioprine oral tablet 50 mg 29
azelaic acid external 22
azelastine-fluticasone 35
azelastine hcl nasal 34
azelastine hcl ophthalmic 33
azithromycin oral 11
azurette 27
bac (butalbital-acetamin-caff) 9
bacitracin-polymyxin b 33
bacitra-neomycin-polymyxin-hc 33
baclofen oral tablet 10 mg, 20 mg, 5 mg 35
balsalazide disodium 31
balziva 27
BAQSIMI ONE PACK 19
BAQSIMI TWO PACK 19
BARACLUDE ORAL SOLUTION 16
BASAGLAR KWIKPEN 19
BAXDELA ORAL 11
BD AUTOSHIELD DUO PEN NEEDLES 32
BD PEN NEEDLE MICRO ULTRAFINE 32
BD PEN NEEDLE MINI ULTRAFINE 32
BD PEN NEEDLE NANO ULTRAFINE 32
BD PEN NEEDLE ORIG ULTRAFINE 32
BD PEN NEEDLE SHORT ULTRAFINE 32
BD SHARPS COLLECTOR 32
BD ULTRA-FINE INSULIN SYRINGES 29G X 1/2" 0.3 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML 32
BD ULTRA-FINE PEN NEEDLES 32
BD VEO INSULIN SYR ULTRAFINE 32
BELSOMRA 35
benazepril hcl oral 20
benazepril-hydrochlorothiazide 21
BENZNIDAZOLE 15
benzonatate oral capsule 100 mg, 200 mg 35
benzoyl peroxide-erythromycin 22
benztropine mesylate oral 15
bepotastine besilate 33
BETADINE OPHTHALMIC PREP 33
betaine 25
betamethasone dipropionate aug 25
betamethasone dipropionate external 25
betamethasone valerate external cream 25
betamethasone valerate external lotion 25
betamethasone valerate external ointment 25
BETASERON 22
betaxolol hcl ophthalmic 33
betaxolol hcl oral 20
bethanechol chloride oral 25
BEVESPI AEROSPHERE 34
bexarotene external 15
bexarotene oral 15
BEXSERO 30
BEYFORTUS 30
bicalutamide 14
BIJUVA ORAL CAPSULE 0.5-100 MG 27
BIKTARVY 16
bimatoprost solution 0.01 % ophthalmic 34
bisacodyl ec 24
bisoprolol fumarate oral 20
bisoprolol-hydrochlorothiazide 21
blisovi 24 fe 27
blisovi fe 1.5/30 27
blisovi fe 1/20 27
BOOSTRIX 30
bosentan oral tablet 35
BOSULIF ORAL CAPSULE 14
bosutinib 14
BREATHE COMFORT CHAMBER/ ADULT 32
BREATHE COMFORT CHAMBER/ CHILD 32
breyna 34
BREZTRI AEROSPHERE 35
briellyn 27
brimonidine tartrate external 22
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 % 33
brimonidine tartrate-timolol 33
brinzolamide 33
brivaracetam oral 11
bromfenac sodium (once-daily) 33
bromocriptine mesylate oral capsule 15
bromocriptine mesylate oral tablet 15
BRUKINSA 14
budesonide-formoterol fumarate 34
budesonide inhalation 34
budesonide oral 31
bumetanide oral 21
buprenorphine hcl-naloxone hcl sublingual film 10
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 10
buprenorphine hcl sublingual 10
bupropion hcl er (smoking det) 10
bupropion hcl er (sr) 12
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg 12
bupropion hcl oral 12
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg 17
butalbital-acetaminophen oral tablet 9
butalbital-apap-caff-cod 9
butalbital-apap-caffeine oral capsule 9
butalbital-apap-caffeine oral tablet 9
butalbital-asa-caff-codeine 9
butalbital-aspirin-caffeine 9
butorphanol tartrate nasal 9

cabergoline ... 26
caffeine citrate oral ... 22
calcipotriene-betameth diprop ... 22
calcipotriene external cream ... 22
calcipotriene external ointment ... 22
calcipotriene external solution ... 22
calcitonin (salmon) nasal ... 31
calcitriol external ... 22
calcitriol oral capsule ... 31
calcitriol oral solution ... 31
calcium acetate oral tablet 667 mg ... 23
calcium acetate (phos binder) ... 23
CALQUENCE ... 14
camila ... 28
camrese ... 27
camrese lo ... 27
candesartan cilexetil ... 20
candesartan cilexetil-hctz ... 21
capecitabine ... 14
CAPRELSA ... 14
captopril-hydrochlorothiazide ... 21
captopril oral ... 20
CAPVAXIVE ... 30
carbamazepine er ... 11
carbamazepine oral suspension 100 mg/5ml ... 11
carbamazepine oral tablet ... 12
carbamazepine oral tablet chewable 100 mg ... 12
carbidopa-levodopa-entacapone ... 15
carbidopa-levodopa er oral tablet extended release ... 15
carbidopa-levodopa oral tablet ... 15
carbidopa-levodopa oral tablet dispersible ... 15
carbidopa oral ... 15
carbinoxamine maleate oral solution ... 34
carbinoxamine maleate oral tablet 4 mg ... 34
CARESENS CONTROL SOLUTION A/B ... 17
CARESENS LANCETS 30G ... 17
CARESENS N PLUS BT ... 17
CARESENS S CONTROL SOLN A/B ... 17
CARETOUCH CONTROL SOL LEVEL 2 ... 17
CARETOUCH LANCING/EJECTOR ... 17
carglumic acid ... 23
carisoprodol oral tablet 350 mg ... 35
carteolol hcl ... 33
cartia xt ... 20
carvedilol ... 20
CAYA ... 32
cefaclor er ... 10
cefaclor oral capsule ... 10
cefadroxil oral capsule ... 11
cefadroxil oral suspension reconstituted ... 11
cefadroxil oral tablet ... 11
cefdinir ... 11
cefixime oral capsule ... 11
cefixime oral suspension reconstituted ... 11
cefpodoxime proxetil ... 11
cefprozil ... 11
cefuroxime axetil ... 11
celecoxib oral ... 9
cephalexin oral capsule 250 mg, 500 mg ... 11
cephalexin oral suspension reconstituted ... 11
cevimeline hcl ... 22
charlotte 24 fe ... 27
chateal eq ... 27
CHEMET ... 23
CHEMSTRIP K ... 17
CHEMSTRIP MICRAL ... 17
CHEMSTRIP UGK ... 17
chlordiazepoxide-amitriptyline ... 12
chlordiazepoxide hcl ... 17
chlorhexidine gluconate mouth/throat ... 22
chloroquine phosphate oral ... 15
chlorpromazine hcl oral tablet ... 15
chlorthalidone ... 21
chlorzoxazone oral tablet 500 mg ... 35
cholestyramine light ... 21
cholestyramine oral ... 21
CHOSEN LANCETS 30G ... 17
CHOSEN LANCING DEVICE ... 17
CHOSEN SAFETY LANCETS 28G ... 17
ciclodan ... 13
ciclopirox external ... 13
ciclopirox olamine external ... 13
cilostazol ... 20
cimetidine hcl ... 24
cimetidine oral ... 24
CIMZIA ... 29
CIMZIA (1 SYRINGE) ... 29
CIMZIA (2 SYRINGE) ... 29
CIMZIA-STARTER ... 29
cinacalcet hcl ... 31
ciprofloxacin-dexamethasone ... 34
CIPROFLOXACIN-FLUOCINOLONE PF ... 34
ciprofloxacin hcl ophthalmic ... 34
ciprofloxacin hcl oral ... 11
ciprofloxacin hcl otic ... 34
citalopram hydrobromide oral solution 10 mg/5ml ... 12
citalopram hydrobromide oral tablet ... 12
claravis ... 22
clarithromycin er ... 11
clarithromycin oral suspension reconstituted ... 11
clarithromycin oral tablet ... 11
clearlax ... 24
clemastine fumarate oral tablet ... 34
CLENPIQ ... 24
CLEVER CHOICE COMFORT EZ ... 17
CLIMARA PRO ... 27
clindacin etz ... 22
clindacin-p ... 22
clindamycin hcl oral ... 10
clindamycin palmitate hcl ... 10
clindamycin phos-benzoyl perox external gel 1.2-5 % ... 22
clindamycin phos (once-daily) ... 22
clindamycin phosphate external lotion ... 22
clindamycin phosphate external solution ... 22
clindamycin phosphate external swab ... 22
clindamycin phosphate vaginal ... 10
clindamycin phos (twice-daily) ... 22
clobazam oral suspension 2.5 mg/ml ... 11
clobazam oral tablet ... 11
clobetasol prop emollient base ... 26
clobetasol propionate e ... 26
clobetasol propionate external cream 0.05 % ... 26
clobetasol propionate external gel ... 26
clobetasol propionate external ointment ... 26
clobetasol propionate external solution ... 26
clocortolone pivalate ... 26
clomid ... 26
clomiphene citrate oral ... 26
clomipramine hcl oral ... 12
clonazepam oral tablet ... 17
clonazepam oral tablet dispersible ... 17
clonidine ... 20
clonidine hcl er ... 22
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg ... 20
clopidogrel bisulfate oral ... 20
clorazepate dipotassium ... 17
clotrimazole-betamethasone external cream ... 13
clotrimazole-betamethasone external lotion ... 13
clotrimazole mouth/throat ... 13
clozapine oral tablet ... 16
clozapine oral tablet dispersible ... 16
codeine sulfate ... 9
colchicine oral tablet ... 13
colchicine-probenecid ... 13
colesevelam hcl ... 21
colestipol hcl oral granules ... 21
colestipol hcl oral packet ... 21
colestipol hcl oral tablet ... 21
COMETRIQ ... 14

COMFORT EZ PRO PEN NEEDLES..... 32
COMFORT TOUCH TWIST LANCET 30G.....17
CONDOMS..... 32
constulose..... 24
CONTOUR CONTROL SOLUTION.....17
CONTOUR MONITOR KIT W/DEVICE..17
CONTOUR NEXT.....17
CONTOUR NEXT CONTROL SOLUTION.....17
CONTOUR NEXT EZ KIT W/DEVICE....18
CONTOUR NEXT GEN MONITOR KIT W/DEVICE.....18
CONTOUR NEXT GEN TEST STRIPS....18
CONTOUR NEXT LINK KIT W/DEVICE .18
CONTOUR NEXT MONITOR KIT W/ DEVICE.....18
CONTOUR NEXT ONE KIT W/DEVICE..18
CONTOUR PLUS BLUE KIT W/DEVICE .18
CONTOUR PLUS CONTROL SOLUTION18
CONTOUR PLUS TEST STRIP.....18
CONTOUR TEST STRIPS.....18
CORLANOR ORAL SOLUTION.....21
CORTIFOAM.....31
CORTISPORIN-TC..... 34
COTELLIC.....14
CREON..... 25
CRESEMBA ORAL.....13
cromolyn sodium inhalation..... 35
cromolyn sodium ophthalmic..... 33
cromolyn sodium oral..... 24
CROTAN.....15
cryselle..... 27
cyanocobalamin injection solution 1000 mcg/ml..... 23
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML..... 23
cyclobenzaprine hcl oral..... 35
CYCLOMYDRIL..... 33
cyclopentolate hcl ophthalmic..... 33
cyclophosphamide oral capsule 14
CYCLOPHOSPHAMIDE ORAL TABLET .14
cycloserine oral.....13
cyclosporine modified oral capsule... 29
cyclosporine modified oral solution .. 29
cyclosporine oral..... 29
cyclosporine (pf)..... 33
cyproheptadine hcl oral syrup 2 mg/5ml..... 34
cyproheptadine hcl oral tablet..... 34
cyred eq..... 27
CYSTAGON..... 25
CYSTARAN..... 33
dabigatran etexilate mesylate.....19
dalfampridine er.....22
danazol oral..... 26
dantrolene sodium oral..... 35
dapagliflozin base-metformin er.....19
dapagliflozin.....19
dapsone oral.....13
DAPTACEL..... 30
darifenacin hydrobromide er..... 25
darunavir.....17
dasatinib.....14
dasetta 1/35 (28)..... 27
dasetta 7/7/7..... 27
DAYBUE.....22
daysee..... 27
deblitane..... 28
deferasirox granules..... 23
deferasirox oral packet..... 23
deferasirox oral tablet..... 23
deferasirox oral tablet soluble..... 23
delyla..... 27
demeclocycline hcl.....11
DENGVAXIA..... 30
DEPO-SUBQ PROVERA 104..... 28
DESCOVY ORAL TABLET 200-25 MG...16
desipramine hcl oral.....12
desloratadine oral tablet..... 34
desmopressin ace spray refrig..... 26
desmopressin acetate injection..... 26
desmopressin acetate oral..... 26
desmopressin acetate pf..... 26
desmopressin acetate spray..... 26
desonide external cream..... 26
desonide external lotion..... 26
desonide external ointment..... 26
desoximetasone external..... 26
desvenlafaxine succinate er.....12
dexamethasone intensol..... 26
dexamethasone oral elixir..... 26
dexamethasone oral solution..... 26
dexamethasone oral tablet..... 26
dexamethasone sodium phosphate ophthalmic..... 33
DEXCOM G6 RECEIVER.....18
DEXCOM G6 SENSOR.....18
DEXCOM G6 TRANSMITTER.....18
DEXCOM G7 15 DAY SENSOR.....18
DEXCOM G7 RECEIVER.....18
DEXCOM G7 SENSOR.....18
dexmethylphenidate hcl er.....22
dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg.....22
dexmethylphenidate hcl oral tablet 10 mg.....22
dextroamphetamine sulfate er.....22
dextroamphetamine sulfate oral solution.....22
dextroamphetamine sulfate oral tablet 10 mg, 5 mg.....22
DIACOMIT.....11
DIASTIX REAGENT.....18
diazepam intensol.....17
diazepam oral concentrate.....17
diazepam oral solution.....17
diazepam oral tablet.....17
diazepam rectal.....11
diazoxide oral.....19
diclofenac-misoprostol.....9
diclofenac potassium oral tablet 50 mg 9
diclofenac sodium er.....9
diclofenac sodium external gel 3 %....14
diclofenac sodium ophthalmic..... 33
diclofenac sodium oral.....9
dicloxacillin sodium.....11
dicyclomine hcl oral capsule..... 24
dicyclomine hcl oral solution 10 mg/5ml..... 24
dicyclomine hcl oral tablet 20 mg..... 24
diflorasone diacetate external cream. 26
diflunisal oral.....9
difluprednate..... 33
digoxin oral solution.....21
digoxin oral tablet 62.5 mcg.....21
digoxin oral tablet 125 mcg, 250 mcg..21
dihydroergotamine mesylate injection 13
DILANTIN ORAL CAPSULE 30 MG.....12
diltiazem hcl er beads..... 20
diltiazem hcl er coated beads..... 20
diltiazem hcl er oral capsule extended release 12 hour..... 20
diltiazem hcl er oral capsule extended release 24 hour..... 20
diltiazem hcl er oral tablet extended release 24 hour..... 20
diltiazem hcl oral..... 20
dilt-xr..... 20
dimethyl fumarate oral.....22
dimethyl fumarate starter pack.....22
DIPENTUM.....31
diphenhydramine hcl oral elixir..... 34
diphenoxylate-atropine oral liquid.... 24
diphenoxylate-atropine oral tablet ... 24
dipyridamole oral..... 20
disopyramide phosphate..... 20
disulfiram oral.....10
divalproex sodium er.....17
divalproex sodium oral.....17
dofetilide..... 20
dolishale..... 27
donepezil hcl oral tablet 10 mg, 5 mg..12
donepezil hcl oral tablet dispersible ...12
dorzolamide hcl ophthalmic..... 33
dorzolamide hcl-timolol mal..... 33
dorzolamide hcl-timolol mal pf..... 34

dotti ... 27
DOVATO ... 16
doxazosin mesylate oral ... 20
doxepin hcl external ... 22
doxepin hcl oral capsule ... 12
doxepin hcl oral concentrate ... 12
doxepin hcl oral tablet ... 35
doxercalciferol oral ... 31
doxycycline hyclate oral capsule 100 mg, 50 mg ... 11
doxycycline hyclate oral tablet 100 mg, 20 mg ... 11
doxycycline monohydrate oral capsule 100 mg, 50 mg ... 11
doxycycline monohydrate oral suspension reconstituted ... 11
doxycycline monohydrate oral tablet ... 11
doxylamine-pyridoxine ... 12
dronabinol oral capsule ... 13
DROPLET MICRON ... 32
DROPSAFE ACTI-LANCE 23G ... 18
DROPSAFE ALCOHOL PREP ... 32
DROPSAFE AUTOPROTECT DUO ... 32
DROPSAFE MEDLANCE LANCET 30G ... 18
DROPSAFE SAFETY SYRINGE/NEEDLE 32
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg ... 27
drospirenone-ethinyl estradiol ... 27
DROXIA ... 14
DUAVEE ... 27
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg 12
DUOBRII ... 23
DUOPA ... 15
DUPIXENT ... 23
DUREX EXTRA SENSITIVE THIN ... 32
DUREX TROPICAL ... 32
dutasteride oral ... 25
dutasteride-tamsulosin hcl ... 25
EASIVENT ... 32
EASY COMFORT SHARPS CONTAINER 32
EASYMAX 15 LEVEL 2-3 CONTROL ... 18
EASYMAX CONTROL ... 18
EASY MAX T1 GLUCOSE SYSTEM ... 18
EASY TOUCH HEALTHPRO GLUCOSE ... 18
EASY TOUCH HEALTHPRO HIGH/LOW 18
econazole nitrate external cream ... 13
econtra one-step ... 28
EDURANT PED ... 16
efavirenz ... 16
efavirenz-emtricitab-tenofo df ... 16
efavirenz-lamivudine-tenofovir ... 16
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ ... 23
effer-k oral tablet effervescent 25 meq ... 23
eletriptan hydrobromide ... 13
ELIGARD ... 29
elinest ... 27
ELIQUIS ... 19
ELIQUIS (1.5 MG PACK) ... 19
ELIQUIS (2 MG PACK) ... 19
ELIQUIS DVT/PE STARTER PACK ... 19
elixophyllin ... 35
ELMIRON ... 25
eltrombopag olamine oral packet ... 19
eltrombopag olamine oral tablet ... 19
eluryng ... 27
EMBECTA AUTOSHIELD DUO ... 32
EMBECTA INS SYR U/F 1/2 UNIT ... 32
EMBECTA INSULIN SYRINGE ... 32
EMBECTA INSULIN SYRINGE U-100 ... 32
EMBECTA INSULIN SYRINGE U-500 ... 32
EMBECTA INSULIN SYR ULTRAFINE ... 32
EMBECTA PEN NEEDLE NANO ... 32
EMBECTA PEN NEEDLE NANO 2 GEN ... 32
EMBECTA PEN NEEDLE ULTRAFINE ... 32
EMBRACE PEN NEEDLES 30G X 5 MM, 30G X 8 MM, 31G X 6 MM, 31G X 8 MM, 32G X 4 MM ... 32
EMBRACE WAVE GLUCOSE CONTROL 18
EMGALITY ... 13
EMSAM ... 12
emtricitabine ... 16
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg ... 16
emtricitabine-tenofovir df oral tablet 200-300 mg ... 16
emtricitab-rilpivir-tenofov df ... 16
emzahh ... 28
enalapril-hydrochlorothiazide ... 21
enalapril maleate oral tablet ... 20
ENCARE ... 25
endocet ... 9
ENFLONSIA ... 30
ENGERIX-B ... 30
enilloring ... 27
enoxaparin sodium ... 19
enskyce ... 27
entacapone ... 15
entecavir ... 16
ENTRESTO ORAL CAPSULE SPRINKLE 21
enulose ... 24
EPIDIOLEX ... 11
epinastine hcl ... 33
epinephrine injection solution auto-injector ... 34
eplerenone ... 21
ergocalciferol oral capsule ... 23
ERGOMAR ... 13
ergotamine-caffeine ... 13
ERLEADA ... 14
erlotinib hcl ... 14
errin ... 28
ERY PAD 2% ... 23
erythromycin base oral capsule delayed release particles ... 11
erythromycin base oral tablet ... 11
erythromycin base oral tablet delayed release ... 11
erythromycin ethylsuccinate oral suspension reconstituted ... 11
erythromycin external ... 23
erythromycin ophthalmic ... 33
erythromycin oral ... 11
escitalopram oxalate oral solution ... 12
escitalopram oxalate oral tablet ... 12
ESKATA ... 23
eslicarbazepine acetate ... 12
esomeprazole magnesium oral capsule delayed release ... 25
estarylla ... 27
estazolam ... 17
estradiol-norethindrone acet ... 27
estradiol oral ... 27
estradiol transdermal patch twice weekly ... 27
estradiol transdermal patch weekly ... 27
estradiol vaginal ... 27
estradiol valerate intramuscular ... 27
ESTRING ... 27
eszopiclone ... 35
ethacrynic acid ... 21
ethambutol hcl oral ... 14
ethosuximide oral ... 11
etodolac ... 9
etodolac er ... 9
etonogestrel-ethinyl estradiol ... 27
etoposide oral ... 14
etravirine ... 16
everolimus oral tablet 5 mg ... 14
EVOTAZ ... 17
EXELDERM ... 13
exemestane ... 14
ezetimibe oral ... 21
ezetimibe-simvastatin ... 21
falmina ... 27
famciclovir oral ... 17
famotidine oral suspension reconstituted ... 24
famotidine oral tablet 20 mg, 40 mg ... 24
FC2 FEMALE CONDOM ... 32
febuxostat ... 13
feirza 1.5/30 ... 27
feirza 1/20 ... 27
felbamate ... 11
felodipine er ... 20

FEMCAP ... 32
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg ... 21
fenofibrate oral capsule 134 mg, 200 mg, 67 mg ... 21
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg ... 21
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr ... 9
ferric citrate ... 23
fesoterodine fumarate er ... 25
FETZIMA ... 12
finasteride oral tablet 5 mg ... 25
fingolimod hcl ... 22
finzala ... 27
flavoxate hcl ... 25
flecainide acetate ... 20
FLEXICHAMBER ... 32
FLEXICHAMBER ADULT MASK/SMALL 32
FLEXICHAMBER CHILD MASK/LARGE 32
FLEXICHAMBER CHILD MASK/SMALL 32
FLUAD ... 30
FLUARIX ... 30
FLUCELVAX ... 30
fluconazole oral ... 13
flucytosine oral ... 13
fludrocortisone acetate oral ... 26
FLULAVAL ... 30
FLUMIST ... 30
flunisolide nasal ... 34
fluocinolone acetonide body ... 26
fluocinolone acetonide external ... 26
fluocinolone acetonide otic ... 34
fluocinolone acetonide scalp ... 26
fluocinonide emulsified base ... 26
fluocinonide external cream 0.05 % ... 26
fluocinonide external gel ... 26
fluocinonide external ointment ... 26
fluocinonide external solution ... 26
fluorometholone ... 33
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
fluphenazine hcl oral ... 15
flurandrenolide ... 26
flurazepam hcl ... 35
flurbiprofen oral tablet 100 mg ... 9
flurbiprofen sodium ... 33
fluticasone propionate external cream 26
fluticasone propionate external ointment ... 26
fluticasone propionate nasal ... 34
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act ... 34
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT ... 34
fluvastatin sodium ... 21
fluvoxamine maleate ... 12
fluvoxamine maleate er ... 12
FLUZONE HIGH-DOSE ... 30
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ... 30
folic acid oral tablet 1 mg ... 23
folic acid oral tablet 400 mcg, 800 mcg ... 23
fondaparinux sodium ... 19
FONDCIRCLE BLOOD GLUCOSE MONIT ... 18
FONDCIRCLE CONTROL SOLUTION ... 18
FONDCIRCLE LANCING DEVICE ... 18
FONDCIRCLE SINGLE USE LANCETS ... 18
FORA TEST N'GO ADV-VOICE-6 CON ... 18
formoterol fumarate inhalation ... 34
fosamprenavir calcium ... 17
fosfomycin tromethamine ... 10
fosinopril sodium ... 20
fosinopril sodium-hctz ... 21
FOSRENOL ORAL PACKET ... 23
FRAGMIN ... 19
FREESTYLE LIBRE 2 PLUS SENSOR ... 18
FREESTYLE LIBRE 2 READER ... 18
FREESTYLE LIBRE 2 SENSOR ... 18
FREESTYLE LIBRE 3 PLUS SENSOR ... 18
FREESTYLE LIBRE 3 READER ... 18
FREESTYLE LIBRE 3 SENSOR ... 18
FREESTYLE LIBRE 14 DAY READER ... 18
FREESTYLE LIBRE 14 DAY SENSOR ... 18
FREESTYLE PRECISION NEO SYSTEM ... 18
FRESKARO MAGNESIUM CITRATE ... 24
frovatriptan succinate ... 13
ft acid reducer oral capsule delayed release 15 mg ... 25
ft aspirin adult low dose ... 9
ft aspirin low dose ... 9
ft aspirin oral tablet chewable ... 9
ft clearlax ... 24
ft folic acid ... 23
ft glucose ... 19
ft laxative ... 24
ft magnesium citrate ... 24
ft naloxone hcl ... 10
ft nicotine ... 10
ft nicotine mini ... 10
furosemide oral solution ... 21
furosemide oral tablet ... 21
fyavolv ... 27
gabapentin oral capsule 100 mg, 300 mg, 400 mg ... 11
gabapentin oral solution 250 mg/5ml ... 11
gabapentin oral tablet 600 mg, 800 mg ... 11
galantamine hydrobromide er ... 12
galantamine hydrobromide oral solution ... 12
galantamine hydrobromide oral tablet 12
galbriela ... 27
gallifrey ... 28
GALZIN ... 23
GARDASIL 9 ... 30
gatifloxacin ophthalmic ... 34
gavilax oral powder ... 24
gavilyte-c ... 24
gavilyte-g ... 24
gavilyte-n with flavor pack ... 24
gefitinib ... 14
gemfibrozil oral ... 21
generlac ... 24
gengraf ... 29
gentamicin sulfate external ... 10
gentamicin sulfate ophthalmic ... 33
gentle laxative oral tablet delayed release ... 24
GENVOYA ... 16
GILOTRIF ... 14
glatiramer acetate ... 22
glatopa ... 22
glimepiride oral tablet 1 mg, 2 mg, 4 mg ... 19
glipizide er ... 19
glipizide-metformin hcl ... 19
glipizide oral tablet 10 mg, 2.5 mg, 5 mg ... 19
GLUCAGON EMERGENCY KIT ... 19
glucagon emergency kit injection solution reconstituted 1 mg ... 19
GLUCOSE CONTROL SOLUTIONS ... 18
glucose gummies ... 19
GLUCO TO GO ... 19
glyburide ... 19
glyburide-metformin ... 19
glycolax ... 24
glycopyrrolate oral tablet 1 mg, 2 mg ... 24
glydo ... 10
GOODSENSE ALCOHOL SWABS ... 32
goodsense aspirin low dose ... 9
goodsense clearlax ... 24

goodsense lansoprazole oral capsule delayed release ... 25
goodsense nicotine mouth/throat gum ... 10
goodsense nicotine mouth/throat lozenge 4 mg ... 10
goodsense nicotine policrilex ... 10
granisetron hcl oral ... 13
GRASTEK ... 32
griseofulvin microsize oral ... 13
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg ... 13
guaifenesin-codeine ... 35
guanfacine hcl ... 20
guanfacine hcl er ... 22
GVOKE HYPOPEN 1-PACK ... 19
GVOKE HYPOPEN 2-PACK ... 19
GVOKE KIT ... 19
GVOKE PFS ... 19
GYNAZOLE-1 ... 13
habitrol ... 10
HADLIMA ... 29
HADLIMA PUSHTOUCH ... 29
HAEGARDA ... 29
hailey 1.5/30 ... 27
hailey 24 fe ... 27
hailey fe 1.5/30 ... 27
hailey fe 1/20 ... 27
halobetasol propionate external cream ... 26
halobetasol propionate external ointment ... 26
haloperidol lactate oral concentrate 2 mg/ml ... 15
haloperidol oral ... 15
HAVRIX ... 30
heather ... 28
heparin sodium (porcine) ... 19
heparin sodium (porcine) +rfid ... 19
heparin sodium (porcine) pf ... 19
HEPLISAV-B ... 30
her style ... 28
HIBERIX ... 30
HUMALOG KWIKPEN ... 19
HUMALOG MIX 50/50 KWIKPEN ... 19
HUMALOG MIX 75/25 KWIKPEN ... 19
HUMALOG MIX 75/25 VIAL ... 19
HUMALOG SUBCUTANEOUS ... 19
HUMALOG U-100 JUNIOR KWIKPEN ... 19
HUMATIN ... 10
HUMULIN 70/30 KWIKPEN ... 19
HUMULIN 70/30 VIAL ... 19
HUMULIN N KWIKPEN ... 19
HUMULIN N VIAL ... 19
HUMULIN R U-500 KWIKPEN ... 19
HUMULIN R VIAL ... 19
HYCAMTIN ORAL ... 14
hydralazine hcl oral ... 21
hydrochlorothiazide oral ... 21
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 7.5-325 mg/15ml ... 9
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg ... 9
hydrocodone bitartrate er oral capsule extended release 12 hour ... 9
hydrocodone bit-homatrop mbr ... 35
hydrocodone-ibuprofen ... 9
hydrocod poli-chlorphe poli er ... 35
hydrocortisone ace-pramoxine external cream 1-1 % ... 31
hydrocortisone-acetic acid ... 34
hydrocortisone butyrate external cream ... 26
hydrocortisone butyrate external ointment ... 26
hydrocortisone butyrate external solution ... 26
hydrocortisone external cream 2.5 % ... 26
hydrocortisone external lotion 2.5 % ... 26
hydrocortisone external ointment 1 %, 2.5 % ... 26
hydrocortisone oral ... 26
hydrocortisone (perianal) external cream 2.5 % ... 31
hydrocortisone rectal ... 31
hydrocortisone valerate ... 26
hydromorphone hcl er ... 9
hydromorphone hcl oral liquid 1 mg/ml 9
hydromorphone hcl oral tablet ... 9
hydroxychloroquine sulfate oral ... 15
hydroxyurea oral ... 14
hydroxyzine hcl oral syrup 10 mg/5ml ... 17
hydroxyzine hcl oral tablet ... 17
hydroxyzine pamoate oral ... 17
HYPERSAL ... 35
ibandronate sodium oral ... 31
ibuprofen oral tablet 400 mg, 600 mg, 800 mg ... 9
icatibant acetate ... 29
iclevia ... 27
ICLUSIG TAB 10MG ... 14
ICLUSIG TAB 15MG ... 14
ICLUSIG TAB 30MG ... 14
ICLUSIG TAB 45MG ... 14
icosapent ethyl ... 21
IHEALTH CONTROL SOLUTION ... 18
IHEALTH LANCING DEVICE ... 18
imatinib mesylate oral ... 15
IMBRUVICA ... 15
imipramine hcl oral ... 12
imipramine pamoate ... 12
imiquimod external cream 5 % ... 23
incassia ... 28
INCRELEX ... 26
indapamide ... 21
indomethacin er ... 9
indomethacin oral capsule ... 9
INFANRIX ... 30
INGREZZA ... 22
INLYTA ... 15
INSPIREASE RESERVOIR BAGS ... 32
INSTA-GLUCOSE ... 19
INSTALAX ... 24
INSULIN LISPRO ... 19
INSULIN LISPRO (1 UNIT DIAL) ... 19
INSULIN LISPRO JUNIOR KWIKPEN ... 19
INSULIN LISPRO PROT & LISPRO ... 19
INSULIN PEN NEEDLES 29G X 12.7MM, 29G X 12MM, 29G X 4MM, 29G X 5MM, 29G X 8MM, 30G X 5 MM, 30G X 8 MM, 31G X 4 MM, 31G X 5 MM, 31G X 6 MM, 31G X 8 MM, 32G X 4 MM, 32G X 5 MM, 32G X 6 MM, 32G X 8 MM, 33G X 4 MM, 33G X 5 MM, 33G X 6 MM, 34G X 3.5 MM ... 32
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 1 ML ... 32
INSUPEN32G EXTR3ME ... 32
INTELENCE ORAL TABLET 25 MG ... 16
introvale ... 27
INVELTYS ... 33
IOPIDINE ... 34
IPOL ... 30
ipratropium-albuterol ... 35
ipratropium bromide hfa ... 34
ipratropium bromide inhalation ... 34
ipratropium bromide nasal ... 34
irbesartan ... 20
irbesartan-hydrochlorothiazide ... 21
ISENTRESS ORAL PACKET ... 16
isibloom ... 27
isoniazid oral syrup ... 14
isoniazid oral tablet ... 14
isosorb dinitrate-hydralazine ... 21
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg ... 21
isosorbide mononitrate ... 21
isosorbide mononitrate er ... 21
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg ... 23

isradipine ... 20
itraconazole oral ... 13
ivabradine hcl ... 21
ivermectin external cream ... 23
ivermectin oral tablet 3 mg ... 15
jaimiess ... 27
JAKAFI ... 15
JAKAFI XR ... 15
JARDIANCE ... 19
jasmiel ... 27
jencycla ... 28
jinteli ... 27
jolessa ... 27
joyeaux ... 27
juleber ... 27
JULUCA ... 16
junel 1.5/30 ... 27
junel 1/20 ... 27
junel fe 1.5/30 ... 27
junel fe 1/20 ... 27
junel fe 24 ... 27
kaitlib fe ... 27
kalliga ... 27
kariva ... 27
kelnor 1/35 ... 27
ketoconazole external cream ... 13
ketoconazole external shampoo ... 13
ketoconazole oral ... 13
KETO-DIASTIX ... 18
KETONE CARE ... 18
ketoprofen er ... 9
ketoprofen oral capsule 25 mg, 50 mg ... 9
ketorolac tromethamine ophthalmic ... 33
ketorolac tromethamine oral ... 9
KETOSTIX ... 18
KISQALI (200 MG DOSE) ... 14
KISQALI (400 MG DOSE) ... 14
KISQALI (600 MG DOSE) ... 14
klayesta ... 13
klor-con 10 ... 23
klor-con m10 ... 23
klor-con m15 ... 23
klor-con m20 ... 23
klor-con oral packet ... 23
klor-con oral tablet extended release ... 23
KRINTAFEL ... 15
KRISTALOSE ... 24
kurvelo ... 27
labetalol hcl oral ... 20
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml ... 12
lacosamide oral tablet ... 12
lactulose encephalopathy ... 24
lactulose oral packet ... 24
lactulose oral solution ... 24
LAGEVRIO ... 16
lamivudine oral solution 10 mg/ml ... 16
lamivudine oral tablet 100 mg ... 16
lamivudine oral tablet 150 mg, 300 mg ... 16
lamivudine-zidovudine ... 16
lamotrigine oral tablet ... 11
lamotrigine oral tablet chewable ... 11
LANCETS ... 18
LANCETS 28G THIN ... 18
LANCETS SUPER THIN ... 18
lansoprazole oral capsule delayed release ... 25
lanthanum carbonate ... 23
larin 1.5/30 ... 27
larin 1/20 ... 27
larin 24 fe ... 27
larin fe 1.5/30 ... 27
larin fe 1/20 ... 27
LASTACAFT ... 33
latanoprost ophthalmic ... 34
laxative osmotic ... 24
lederle leucovorin ... 14
LEDIPASVIR-SOFOSBUVIR ... 16
leflunomide oral ... 30
lenalidomide ... 14
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG ... 15
lessina ... 27
letrozole oral ... 14
leucovorin calcium oral ... 14
LEUKERAN ... 14
LEUKINE ... 19
leuprolide acetate injection ... 29
levalbuterol hcl inhalation ... 34
levetiracetam er ... 11
levetiracetam oral solution ... 11
levetiracetam oral tablet ... 11
levobunolol hcl ... 34
levocarnitine oral solution ... 23
levocarnitine oral tablet ... 23
levocarnitine sf ... 23
levocetirizine dihydrochloride oral solution ... 34
levocetirizine dihydrochloride oral tablet ... 34
levofloxacin ophthalmic ... 34
levofloxacin oral solution ... 11
levofloxacin oral tablet ... 11
levonest ... 27
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg ... 27
levonorgest-eth estradiol-iron ... 27
levonorgestrel ... 28
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg ... 27
levonorg-eth estrad triphasic ... 27
levorphanol tartrate oral ... 9
levothyroxine sodium oral tablet ... 29
levoxyl ... 29
lidocaine external patch 5 % ... 10
lidocaine hcl external solution ... 10
lidocaine hcl mouth/throat ... 10
lidocaine hcl urethral/mucosal ... 10
lidocaine-prilocaine external cream ... 10
lidocaine viscous hcl ... 10
linezolid oral suspension reconstituted ... 10
linezolid oral tablet ... 10
LINZESS ... 24
liomny ... 29
liothyronine sodium oral ... 29
lisdexamfetamine dimesylate oral capsule ... 22
lisinopril-hydrochlorothiazide ... 21
lisinopril oral ... 20
lithium ... 17
lithium carbonate er ... 17
lithium carbonate oral ... 17
lojaimiess ... 27
LOKELMA ... 23
LO LOESTRIN FE ... 27
lomustine ... 14
loperamide hcl oral capsule ... 24
lopinavir-ritonavir ... 17
lorazepam intensol ... 17
lorazepam oral concentrate 2 mg/ml ... 17
lorazepam oral tablet ... 17
LORBRENA ... 15
loryna ... 27
losartan potassium-hctz ... 21
losartan potassium oral ... 20
LOTEMAX OPHTHALMIC OINTMENT ... 33
LOTEMAX SM ... 33
loteprednol etabonate ophthalmic suspension 0.5 % ... 33
loteprednol-tobramycin ... 33
lovastatin oral ... 21
low-ogestrel ... 27
loxapine succinate ... 15
lo-zumandimine ... 27
lubiprostone ... 24
luizza 1.5/30 ... 27
luizza 1/20 ... 27
LULICONAZOLE ... 13
LUMIGAN ... 34
lurasidone hcl ... 16
lutera ... 27
lyleq ... 28
lyllana ... 27

LYNPARZA 15
LYSODREN 29
lyza 28
macitentan 35
magnesium citrate oral solution 24
malathion 15
maraviroc 17
marlissa 27
MARPLAN 12
MATULANE 14
matzim la 20
maxi-tuss ac 35
meclizine hcl oral tablet 25 mg 12
meclizine hcl oral tablet 50 mg 12
meclofenamate sodium oral 9
medroxyprogesterone acetate intramuscular 28
medroxyprogesterone acetate oral 28
mefenamic acid oral 9
mefloquine hcl 15
megestrol acetate oral suspension 40 mg/ml 28
megestrol acetate oral suspension 625 mg/5ml 28
megestrol acetate oral tablet 28
meleya 28
meloxicam oral tablet 9
memantine hcl oral solution 2 mg/ml 12
memantine hcl oral tablet 12
MENQUADFI 30
MENVEO 30
meprobamate 17
mercaptopurine oral tablet 14
mesalamine-cleanser 31
mesalamine er oral capsule 0.375 gm 31
mesalamine oral tablet delayed release 1.2 gm 31
mesalamine rectal 31
mesna oral 15
metaxalone oral tablet 800 mg 35
metformin hcl er 19
metformin hcl oral solution 19
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg 19
methadone hcl oral solution 9
methadone hcl oral tablet 9
methamphetamine hcl 22
methazolamide oral 21
methenamine hippurate 10
methimazole oral 29
methocarbamol oral tablet 500 mg, 750 mg 35
methotrexate sodium 29
methotrexate sodium (pf) 29
methoxsalen rapid 23
methscopolamine bromide oral 24
methsuximide 11
methyldopa 20
methylergonovine maleate oral 32
methylphenidate hcl er (cd) 22
methylphenidate hcl er (la) 22
methylphenidate hcl er oral tablet extended release 22
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg 22
methylphenidate hcl oral solution 22
methylphenidate hcl oral tablet 22
methylphenidate hcl oral tablet chewable 22
methylprednisolone oral 26
methyltestosterone oral 26
metoclopramide hcl oral solution 5 mg/5ml 12
metoclopramide hcl oral tablet 12
metolazone 21
metoprolol-hydrochlorothiazide 21
metoprolol succinate er 20
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg 20
metronidazole external cream 23
metronidazole external gel 0.75 % 23
metronidazole external lotion 23
metronidazole oral tablet 250 mg, 500 mg 10
metronidazole vaginal 10
mexiletine hcl oral 20
mibelas 24 fe 27
miconazole 3 vaginal suppository 13
microgestin 1.5/30 27
microgestin 1/20 28
microgestin fe 1.5/30 28
microgestin fe 1/20 28
MICROLET NEXT LANCETS 18
MICROLET NEXT LANCING DEVICE 18
midodrine hcl 20
MIEBO DRO 1.3GM/ML 33
MIFEPREX 26
mifepristone oral tablet 200 mg 26
MIGERGOT 13
miglitol 19
mili 28
milnacipran hcl oral 22
milnacipran hcl oral tablet 22
milophene 26
mimvey 28
minocycline hcl oral capsule 11
minoxidil oral 21
minzoya 28
MIRALAX ORAL POWDER 24
mirtazapine oral tablet 12
mirtazapine oral tablet dispersible 12
misoprostol oral 25
MITOSOL 33
mm aspirin 9
MM BLOOD GLUCOSE SYSTEM 18
mm clearlax 24
M-M-R II 30
M-NATAL PLUS 23
MNEXSPIKE 30
MOBI CONNECT GLUCOSE MONITOR KIT 18
MOBI CONNECT LANCING DEVICE 18
MOBI CONNECT TWIST LANCETS 18
MOBILE LANCETS 30G 18
modafinil oral 35
moexipril hcl 20
mometasone furoate external 26
mometasone furoate nasal 35
mono-linyah 28
montelukast sodium oral 34
morphine sulfate (concentrate) oral solution 100 mg/5ml 9
morphine sulfate er 9
morphine sulfate oral solution 9
morphine sulfate oral tablet 9
MOUNJARO 19
moxifloxacin hcl (2x day) 34
moxifloxacin hcl ophthalmic 34
moxifloxacin hcl oral 11
MULTAQ 20
mupirocin cream 10
mupirocin ointment 10
MYALEPT 25
my choice 28
mycophenolate mofetil oral capsule 29
mycophenolate mofetil oral suspension reconstituted 29
mycophenolate mofetil oral tablet 29
mycophenolate sodium 29
mycophenolic acid 29
MYLERAN 14
my way 28
nabumetone oral 9
nadolol oral 20
naftifine hcl external cream 13
naloxone hcl injection 10
naloxone hcl nasal 10
naltrexone hcl oral 10
naproxen dr 9
naproxen oral suspension 9
naproxen oral tablet 9
naproxen oral tablet delayed release 9
naproxen sodium oral tablet 275 mg, 550 mg 9
naratriptan hcl 13
NARCAN 10

na sulfate-k sulfate-mg sulf 24
NATACYN 33
NATALCORE 23
nateglinide 19
NAYZILAM 11
nebivolol hcl 20
NEBUSAL 35
necon 0.5/35 (28) 28
nefazodone hcl 12
neomycin-bacitracin zn-polymyx 33
neomycin-polymyxin-dexameth 33
neomycin-polymyxin-gramicidin 33
neomycin-polymyxin-hc ophthalmic . 33
neomycin-polymyxin-hc otic 34
neomycin sulfate oral 10
NEONATAL PLUS 23
NEULASTA 19
NEULASTA ONPRO 19
NEUPRO TRANSDERMAL PATCH 24 HOUR 2 MG/24HR 15
nevirapine 16
nevirapine er 16
new day 28
niacin (antihyperlipidemic) 21
niacin er (antihyperlipidemic) 21
niacor 21
nicardipine hcl oral 20
NICORETTE MINI 10
NICORETTE MOUTH/THROAT GUM 2 MG 10
NICORETTE MOUTH/THROAT LOZENGE 10
nicotine mini 10
nicotine polacrilex mini 10
nicotine polacrilex mouth/throat 10
nicotine step 1 10
nicotine step 2 10
nicotine step 3 10
nicotine transdermal kit 10
nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr 10
NICOTROL NS 10
nifedipine er 20
nifedipine er osmotic release 20
nifedipine oral 20
nikki 28
nilutamide 14
nimodipine oral capsule 20
nintedanib esylate 35
nisoldipine er 20
nitazoxanide oral 15
nitisinone 25
nitro-bid 21
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR 21
nitrofurantoin macrocrystal oral capsule 25 mg 10
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg 10
nitrofurantoin monohydrate macrocrystals 10
nitrofurantoin oral suspension 25 mg/5ml 10
nitroglycerin rectal 22
nitroglycerin sublingual 22
nitroglycerin transdermal ointment ... 22
nitroglycerin transdermal patch 24 hour 22
NIVA THYROID 29
nizatidine 24
nora-be 28
NORDITROPIN FLEXPRO 26
norelgestromin-eth estradiol 28
norethin ace-eth estrad-fe oral tablet chewable 28
norethindrone acetate oral 28
norethindrone acet-ethinyl est 28
norethindrone-eth estradiol 28
norethindrone oral 28
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg 28
norgestimate-ethinyl estradiol triphasic 28
norlyroc 28
nortrel 0.5/35 (28) 28
nortrel 1/35 (21) 28
nortrel 1/35 (28) 28
nortrel 7/7/7 28
nortriptyline hcl oral capsule 12
nortriptyline hcl oral solution 12
NORVIR ORAL PACKET 17
NOVOFINE PEN NEEDLE 32
NOVOFINE PLUS PEN NEEDLE 32
NOVOLOG 70/30 FLEXPEN RELION ... 19
NOVOLOG FLEXPEN 19
NOVOLOG FLEXPEN RELION 19
NOVOLOG MIX 70/30 FLEXPEN 19
NOVOLOG MIX 70/30 RELION 19
NOVOLOG MIX 70/30 VIAL 19
NOVOLOG PENFILL 19
NOVOPEN ECHO 18
np thyroid 29
NUBEQA 14
NUCYNTA ER 9
nylia 1/35 28
nylia 7/7/7 28
NYMALIZE 20
nystatin external 13
nystatin mouth/throat suspension 100000 unit/ml 13
nystatin oral 13
nystatin-triamcinolone 13
nystop 13
octreotide acetate injection 29
octreotide acetate subcutaneous 29
ODEFSEY 16
ofloxacin ophthalmic 34
ofloxacin oral 11
ofloxacin otic 34
olanzapine-fluoxetine hcl 12
olanzapine oral tablet 16
olanzapine oral tablet dispersible 16
olmesartan medoxomil-hctz 21
olmesartan medoxomil oral 20
olopatadine hcl nasal 34
olopatadine hcl ophthalmic solution 0.1 % 33
OLUMIANT 29
omega-3-acid ethyl esters 21
omeprazole oral capsule delayed release 25
OMLYCLO INJ 75/0.5ML 29
OMLYCLO INJ 150MG/ML 29
OMLYCLO INJ 300/2ML 30
OMNIPOD 5 DEXCOM INTRO KIT 32
OMNIPOD 5 DEXCOM PODS 32
OMNIPOD 5 LIBRE INTRO KIT 32
OMNIPOD 5 LIBRE PODS 32
OMNITROPE 26
ondansetron hcl oral solution 4 mg/5ml 13
ondansetron hcl oral tablet 13
ondansetron odt oral tablet dispersible 4 mg, 8 mg 13
ONELAX MAGNESIUM CITRATE 24
ONETOUCH DELICA PLUS LANCING .. 18
ONETOUCH DELICA SAFETY LANCING 18
ONETOUCH ULTRA IN VITRO LIQUID .. 18
ONETOUCH VERIO IN VITRO LIQUID HIGH 18
ONETOUCH VERIO REFLECT KIT W/ DEVICE 18
ONE VITE WOMENS PLUS 23
opcicon one-step 28
OPILL 28
opium 24
option 2 28
OPTIONS GYNOL II CONTRACEPTIVE 25
OPVEE 10
ORENITRAM 35
ORENITRAM MONTH 1 35
ORENITRAM MONTH 2 35
ORENITRAM MONTH 3 35
ORILISSA 29
ORKAMBI 34
orphenadrine-aspirin-caffeine 35

orphenadrine citrate er ... 35
orquidea ... 29
oseltamivir phosphate oral ... 17
OSPHENA ... 29
OTEZLA ... 30
OTEZLA/OTEZLA XR INITIATION PK ... 30
OTEZLA XR ... 30
OTOVEL ... 34
oxaprozin oral tablet ... 9
oxazepam ... 17
oxcarbazepine oral suspension ... 12
oxcarbazepine oral tablet ... 12
oxiconazole nitrate ... 13
oxybutynin chloride er ... 25
oxybutynin chloride oral solution ... 25
oxybutynin chloride oral tablet 5 mg ... 25
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg ... 10
oxycodone hcl oral capsule ... 9
oxycodone hcl oral concentrate ... 9
oxycodone hcl oral solution ... 9
oxycodone hcl oral tablet ... 9
oxymorphone hcl ... 10
oxymorphone hcl er ... 9
OZEMPIC ... 19
paliperidone er ... 16
pantoprazole sodium oral tablet delayed release ... 25
paricalcitol oral ... 31
PARI VORTEX ADULT MASK ... 32
PARI VORTEX PEDIATRIC MASK ... 32
paroxetine hcl er ... 12
paroxetine hcl oral suspension ... 12
paroxetine hcl oral tablet ... 12
PAXLOVID (150/100) ... 16
PAXLOVID (300/100) ... 16
PAXLOVID (300/100 & 150/100) ... 16
PEDIARIX ... 31
PEDVAXHIB ... 31
peg-3350/electrolytes ... 25
peg-3350/electrolytes/ascorbat ... 25
peg 3350-kcl-na bicarb-nacl ... 24
peg 3350 oral powder ... 24
PEGASYS ... 16
peg-kcl-nacl-nasulf-na asc-c ... 25
PENBRAYA ... 31
penciclovir ... 17
penicillamine oral ... 25
penicillin v potassium ... 11
PENMENVY ... 31
PEN NEEDLE/5-BEVEL TIP ... 32
PENTACEL ... 31
pentamidine isethionate inhalation ... 15
pentazocine-naloxone hcl ... 10
pentoxifylline er ... 21
perampanel ... 11
PERFECT POINT SAFETY LANCETS ... 18
perindopril erbumine ... 20
periogard ... 22
permethrin external ... 15
perphenazine-amitriptyline ... 12
perphenazine oral ... 13
phenazopyridine hcl oral tablet 100 mg, 200 mg ... 25
phenelzine sulfate oral ... 12
phenobarbital oral elixir 20 mg/5ml ... 11
phenobarbital oral tablet ... 11
phenoxybenzamine hcl oral ... 20
phenylephrine hcl ophthalmic ... 33
phenytek ... 12
phenytoin infatabs ... 12
phenytoin oral suspension 125 mg/5ml 12
phenytoin oral tablet chewable ... 12
phenytoin sodium extended ... 12
PHEXX ... 32
philith ... 28
PHOSPHOLINE IODIDE ... 34
phytonadione oral ... 23
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 % ... 34
pilocarpine hcl oral ... 22
pimecrolimus ... 23
pimozide ... 15
pimtrea ... 28
pindolol ... 20
pioglitazone hcl ... 19
pioglitazone hcl-metformin hcl ... 19
PIP GLUCOSE CONTROL SOLUTION ... 18
PIQRAY ... 14
pirfenidone ... 35
piroxicam oral ... 9
PLAN B ONE-STEP ... 29
PLEGRIDY ... 22
PLEGRIDY STARTER PACK ... 22
plerixafor ... 19
PNEUMOVAX 23 ... 31
pnv 27-ca/fe/fa ... 23
pnv prenatal plus multivit+dha ... 23
podofilox external gel ... 23
podofilox external solution ... 23
polyethylene glycol 3350 oral powder 25
polymyxin b-trimethoprim ... 33
pomalidomide ... 14
portia-28 ... 28
posaconazole oral tablet delayed release ... 13
potassium chloride crys er ... 23
potassium chloride er ... 23
potassium chloride oral packet 20 meq ... 23
potassium chloride oral solution ... 23
potassium citrate er ... 23
pramipexole dihydrochloride ... 15
prasugrel hcl ... 20
pravastatin sodium ... 21
praziquantel oral ... 15
prazosin hcl oral ... 20
prednisolone acetate ophthalmic ... 33
prednisolone oral solution ... 26
prednisolone oral tablet ... 26
prednisolone sodium phosphate ophthalmic ... 33
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 25 mg/5ml, 5 mg/5ml ... 26
prednisolone sodium phosphate oral solution 20 mg/5ml ... 26
prednisolone sodium phosphate oral tablet dispersible 30 mg ... 26
prednisone intensol ... 26
prednisone oral solution ... 26
prednisone oral tablet ... 26
prednisone oral tablet therapy pack ... 26
pregabalin oral capsule ... 22
PREMARIN VAGINAL ... 28
prenatal oral tablet 27-1 mg ... 23
prevalite ... 21
PREVNAR 20 ... 31
PREZISTA ORAL SUSPENSION ... 17
PRIFTIN ... 14
primaquine phosphate ... 15
primidone oral ... 11
PRIORIX ... 31
probenecid ... 13
prochlorperazine ... 13
prochlorperazine maleate oral ... 13
procto-med hc ... 31
progesterone intramuscular ... 29
progesterone oral ... 29
promethazine-codeine ... 35
promethazine-dm ... 35
promethazine hcl oral ... 13
promethazine hcl rectal ... 13
promethazine-phenylephrine ... 34
propafenone hcl ... 20
propafenone hcl er ... 20
proparacaine hcl ophthalmic ... 33
propranolol hcl er ... 20
propranolol hcl oral ... 20
propylthiouracil oral ... 29
PROQUAD ... 31
protriptyline hcl ... 12
PRURADIK ... 15
pseudoephedrine-bromphen-dm ... 35

PULMOSAL 35
PULMOZYME 34
PURE COMFORT SAFETY LANCET 30G 18
PURE COMFORT SAFETY PEN NEEDLE 32
pyrazinamide oral 14
pyridostigmine bromide er oral tablet extended release 13
pyridostigmine bromide oral solution 13
pyridostigmine bromide oral tablet 60 mg 13
pyrimethamine oral 15
QUADRACEL INTRAMUSCULAR SUSPENSION 31
quazepam 17
quetiapine fumarate 16
quetiapine fumarate er 16
QUICK TOUCH BLOOD GLUCOSE 18
QUICK TOUCH INSULIN PEN NEEDLE 32
quinapril hcl 20
quinapril-hydrochlorothiazide 21
quinidine gluconate er 20
quinidine sulfate 20
quinine sulfate 15
QULIPTA 13
QVAR REDIHALER 34
rabeprazole sodium oral tablet delayed release 25
RADIOGARDASE 32
raloxifene hcl 29
ramelteon 35
ramipril 20
ranolazine er 21
rasagiline mesylate oral 15
RASUVO 29
RAYA SURE PEN NEEDLE 32
reclipsen 28
RECOMBIVAX HB 31
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 5000 UNIT 19
RECOTHROM SPRAY KIT 19
RELENZA DISKHALER 17
RELION GLUCOSE TEST STRIPS 18
RELISTOR SUBCUTANEOUS 24
repaglinide 19
REPATHA SURECLICK 21
RETACRIT 19
REXTOVY 10
REYATAZ ORAL PACKET 17
REZVOGLAR KWIKPEN 19
ribavirin oral 16
RIDAURA 30
rifabutin 13
rifampin oral 14
rilpivirine hcl 16
riluzole 22
rimantadine hcl 17
RINVOQ 30
RINVOQ LQ 30
risedronate sodium oral tablet 31
risperidone oral solution 1 mg/ml 16
risperidone oral tablet 16
risperidone oral tablet dispersible 16
ritonavir 17
rivaroxaban 19
rivastigmine 12
rivastigmine tartrate 12
rivelsa 28
rizatriptan benzoate 13
roflumilast 35
ropinirole hcl 15
rosuvastatin calcium oral tablet 10 mg, 5 mg 21
rosuvastatin calcium oral tablet 20 mg, 40 mg 21
rosyrah 28
ROTARIX 31
ROTATEQ 31
roweepra 11
ROZLYTREK 15
rufinamide oral suspension 40 mg/ml 12
rufinamide oral tablet 12
RYBELSUS 19
RYDAPT CAP 25MG 15
sacubitril-valsartan 21
SAFETY PEN NEEDLES 32
salsalate oral 9
SANTYL 23
sapropterin dihydrochloride 25
saxagliptin hcl 19
saxagliptin-metformin er 19
SCEMBLIX TAB 20MG 15
SCEMBLIX TAB 40MG 15
SCEMBLIX TAB 100MG 15
scopolamine 13
selegiline hcl oral 15
selenium sulfide external lotion 23
SENSILANCE SAFETY LANCETS 21G 18
SENSILANCE SAFETY LANCETS 26G 18
SENSILANCE SAFETY LANCETS 28G 18
sertraline hcl oral concentrate 12
sertraline hcl oral tablet 12
setlakin 28
sevelamer carbonate oral packet 23
sevelamer carbonate oral tablet 23
sharobel 29
SHARPS COLLECTOR 32
SHARPS CONTAINER 32
shewise 29
SIGNIFOR 29
sildenafil citrate oral suspension reconstituted 35
sildenafil citrate oral tablet 20 mg 35
silodosin 25
silver sulfadiazine external 10
simliya 28
simpesse 28
SIMPONI 29
simvastatin oral 21
sirolimus oral solution 29
sirolimus oral tablet 29
SIRTURO 14
SIVEXTRO ORAL 10
SKYRIZI PEN 29
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 23
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 29
SLYND 29
smooth lax oral powder 25
sodium chloride inhalation 35
sodium fluoride oral solution 1.1 (0.5 f) mg/ml 23
sodium fluoride oral tablet 23
sodium fluoride oral tablet chewable 23
sodium oxybate 35
sodium polystyrene sulfonate oral 23
SOFOSBUVIR-VELPATASVIR 16
solifenacin succinate 25
SOLIQUA 19
SOLOSEC 10
SOMAVERT 29
sorafenib tosylate 15
sotalol hcl (af) 20
sotalol hcl oral 20
SOTYLIZE 20
SOVALDI 16
SPIKEVAX 31
SPIKEVAX 6M-11Y 31
spinosad 15
SPIRIVA RESPIMAT 34
spironolactone-hctz 21
spironolactone oral tablet 21
sprintec 28 28
ssd 10
STEQEYMA SUBCUTANEOUS SOLUTION 29
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 29
STIOLTO RESPIMAT 35
STIVARGA 15
ST JOSEPH LOW DOSE 9
STRIVERDI RESPIMAT 34
subvenite oral tablet 11
SUCRAID 25
sucralfate oral suspension 25
sucralfate oral tablet 25
SUFLAVE 25

SULCONAZOLE NITRATE 13
sulfacetamide-prednisolone 33
sulfacetamide sodium (acne) 23
sulfacetamide sodium ophthalmic 34
sulfadiazine oral 11
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml 11
sulfamethoxazole-trimethoprim oral tablet 11
SULFAMYLON 10
sulfasalazine oral 31
sulfatrim pediatric 11
sulindac oral 9
sumatriptan-naproxen sodium 13
sumatriptan nasal 13
sumatriptan succinate oral 13
sumatriptan succinate subcutaneous 13
sunitinib malate 15
SUNOSI 35
syeda 28
SYMPROIC 24
SYNAREL 29
SYNJARDY 19
SYNJARDY XR 19
SYNTHROID 29
TABLOID 14
tacrolimus external 23
tacrolimus oral 29
tadalafil oral tablet 2.5 mg, 5 mg 25
tadalafil (pah) 35
tafluprost (pf) 34
TAGRISSO 15
take action 29
TALTZ 23
TALZENNA 14
tamoxifen citrate oral tablet 10 mg 14
tamoxifen citrate oral tablet 20 mg 14
tamsulosin hcl 25
tarina 24 fe 28
tarina fe 1/20 eq 28
tasimelteon 35
tavaborole 13
tazarotene external cream 0.1 % 23
tazarotene external gel 23
TECHLITE LANCETS 26G 18
TECHLITE PLUS PEN NEEDLES 32
telmisartan 20
telmisartan-hctz 21
temazepam 35
temozolomide 14
TENCON 10
TENIVAC 31
tenofovir disoproxil fumarate 16
terazosin hcl 25
terbinafine hcl oral 13
terbutaline sulfate oral 34
terconazole vaginal cream 13
terconazole vaginal suppository 13
teriflunomide 22
testosterone cypionate intramuscular 26
testosterone enanthate intramuscular 26
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 50 mg/5gm (1%) 26
tetrabenazine 22
tetracaine hcl ophthalmic 33
tetracycline hcl oral capsule 11
THALOMID 14
THEO-24 35
theophylline er 35
theophylline oral 35
thioridazine hcl oral 15
thiothixene 15
THYQUIDITY 29
thyroid oral 29
tiadylt er 20
tiagabine hcl 11
ticagrelor 20
tilia fe 28
timolol hemihydrate 34
timolol maleate (once-daily) 34
timolol maleate ophthalmic solution 34
timolol maleate oral 20
tinidazole oral 10
tiopronin oral tablet 25
tiotropium bromide 34
TIROSINT-SOL 29
TIVICAY 16
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg 35
tizanidine hcl oral tablet 35
tobramycin-dexamethasone 33
tobramycin nebulization solution 300 mg/5ml inhalation 35
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION 35
tobramycin ophthalmic 33
TODAY SPONGE 25
tofacitinib citrate er 29
tofacitinib citrate oral 29
tolcapone 15
tolterodine tartrate 25
tolterodine tartrate er 25
tolvaptan (hyponatremia) 23
TOPFINE INSULIN PEN NEEDLE 33
topiramate oral capsule sprinkle 11
topiramate oral tablet 11
toremifene citrate 14
torpenz oral tablet 5 mg 15
torsemide 21
tramadol-acetaminophen 10
tramadol hcl er 9
tramadol hcl (er biphasic) oral tablet extended release 24 hour 9
tramadol hcl oral tablet 50 mg 10
trandolapril 20
tranexamic acid oral 20
tranylcypromine sulfate 12
travoprost (bak free) 34
trazodone hcl oral 12
TRELEGY ELLIPTA 35
TREMFYA INJ 100MG/ML 30
TREMFYA INJ 200/2ML 30
TRESIBA 19
TRESIBA FLEXTOUCH 19
tretinoin external cream 23
tretinoin oral 15
TREXALL 29
triamcinolone acetonide external cream 26
triamcinolone acetonide external lotion 26
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % 26
triamcinolone acetonide mouth/throat 22
triamterene-hctz 21
triazolam 35
triderm 26
trientine hcl oral capsule 250 mg 23
tri-estarylla 28
trifluoperazine hcl 15
trifluridine 33
trihexyphenidyl hcl 15
TRIKAFTA 35
tri-legest fe 28
tri-linyah 28
trilitas 23
tri-lo-estarylla 28
tri-lo-marzia 28
tri-lo-mili 28
tri-lo-sprintec 28
trimethobenzamide hcl oral 13
trimethoprim oral 10
tri-mili 28
trimipramine maleate oral 12
TRINATE 23
tri-sprintec 28
TRIUMEQ 16
tri-vylibra 28
tri-vylibra lo 28
trospium chloride 25
trospium chloride er 25
TRUE COMFORT SAFETY PEN NEEDLE 33
TRUE COVER 33
TRUE FOLIC ACID ORAL TABLET 1 MG 23

TRUE FOLIC ACID ORAL TABLET 400 MCG ... 23
TRUE METRIX LEVEL 1 ... 18
TRUE METRIX LEVEL 2 ... 18
TRUE METRIX LEVEL 3 ... 18
TRULICITY ... 19
TRUMENBA ... 31
TRUQAP ... 15
TRYPTYR SOL 0.003% ... 33
TURALIO ... 15
turqoz ... 28
TUXARIN ER ... 35
TWINRIX ... 31
TYBLUME ... 28
tydemy ... 28
TYMLOS ... 31
TYVASO DPI INSTITUTIONAL KIT ... 35
TYVASO DPI MAINTENANCE KIT ... 35
TYVASO DPI TITRATION KIT ... 35
UBRELVY ... 13
ULTRA-CARE SAFETY LANCETS 30G ... 18
UNIFINE OTC PEN NEEDLES ... 33
UNIFINE PROTECT PEN NEEDLE ... 33
UNISTRIP CONTROL IN VITRO SOLUTION LOW ... 18
unithroid ... 29
ursodiol oral capsule 300 mg ... 24
ursodiol oral tablet ... 24
VABRINTY SUBCUTANEOUS KIT 45 MG ... 29
valacyclovir hcl oral ... 17
VALCHLOR ... 14
valganciclovir hcl oral solution reconstituted ... 16
valganciclovir hcl oral tablet ... 16
valproic acid oral capsule ... 11
valproic acid oral solution 250 mg/5ml 11
valsartan-hydrochlorothiazide ... 21
valsartan oral tablet ... 20
valtya 1/35 ... 28
valtya 1/50 ... 28
vancomycin hcl oral capsule ... 10
vancomycin hcl oral solution reconstituted ... 10
VANDAZOLE ... 10
VAQTA ... 31
varenicline tartrate ... 10
varenicline tartrate(continue) ... 10
varenicline tartrate (starter) ... 10
VARIVAX ... 31
VARUBI (180 MG DOSE) ... 13
VAXELIS ... 31
VAXNEUVANCE ... 31
VCF VAGINAL CONTRACEPTIVE ... 25
velivet ... 28
VELPHORO ... 23
VENCLEXTA ... 15
VENCLEXTA STARTING PACK ... 15
venlafaxine hcl ... 12
venlafaxine hcl er oral capsule extended release 24 hour ... 12
VENTOLIN HFA ... 34
verapamil hcl er oral capsule extended release 24 hour ... 20
verapamil hcl er oral tablet extended release ... 20
verapamil hcl oral ... 20
VEREGEN ... 23
VERIFINE INSULIN PEN NEEDLE ... 33
VERIFINE INSULIN SYRINGE ... 33
VERIFINE PLUS PEN NEEDLE ... 33
VERIFINE SAFE LANCET MINI 21G ... 18
VERIFINE SAFE LANCET MINI 23G ... 18
VERIFINE SAFE LANCET MINI 28G ... 18
VERIFINE SAFE LANCET MINI 30G ... 18
VERIFINE SHARPS CONTAINER ... 33
VERZENIO ... 14
vestura ... 28
VIBERZI ... 24
vienva ... 28
vigabatrin ... 11
vilazodone hcl ... 12
viorele ... 28
VIRACEPT ... 17
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut) ... 23
VITRAKVI ... 15
VIVAGUARD INO CONTROL SOLUTION ... 18
VIVAGUARD LANCETS 30G ... 18
VIVAGUARD LANCING DEVICE ... 18
VIVAGUARD SAFETY LANCETS 28G ... 18
volnea ... 28
voriconazole oral ... 13
VORTEX VALVE CHAMBER-PEDI MASK 33
VORTEX VALVED HOLDING CHAMBER 33
VOSEVI ... 16
VRAYLAR ... 16
vyfemla ... 28
vylibra ... 28
warfarin sodium oral ... 19
wera ... 28
WESTAB PLUS ... 23
WEZLANA SUBCUTANEOUS ... 30
WIDE-SEAL DIAPHRAGM 60 ... 33
WIDE-SEAL DIAPHRAGM 65 ... 33
WIDE-SEAL DIAPHRAGM 70 ... 33
WIDE-SEAL DIAPHRAGM 75 ... 33
WIDE-SEAL DIAPHRAGM 80 ... 33
WIDE-SEAL DIAPHRAGM 85 ... 33
WIDE-SEAL DIAPHRAGM 90 ... 33
WIDE-SEAL DIAPHRAGM 95 ... 33
wixela inhub ... 34
wymzya fe ... 28
xarah fe ... 28
XARELTO ... 19
XARELTO STARTER PACK ... 19
xelria fe ... 28
XEPI ... 10
XIFAXAN ... 10
XOCOVA TAB 125MG ... 16
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR ... 30
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML ... 30
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML ... 30
XOSPATA ... 15
XTAMPZA ER ... 9
XTANDI ... 14
xulane ... 28
xyvona ... 9
YESINTEK SUBCUTANEOUS ... 29
YEZTUGO ORAL ... 17
YOSPRALA ... 20
your choice ... 29
yulithira ... 15
yuvafem ... 28
zafemy ... 28
zafirlukast ... 34
zaleplon ... 35
ZARXIO ... 19
ZELBORAF ... 15
zelvysia ... 25
zenatane ... 23
ZENPEP ... 25
ZEPOSIA ... 22
ZEPOSIA 7-DAY STARTER PACK ... 22
ZEPOSIA STARTER KIT ... 22
zidovudine ... 17
zileuton er ... 34
ziprasidone hcl ... 16
ZIRGAN ... 33
ZOLINZA ... 14
zolmitriptan nasal ... 13
zolmitriptan oral ... 13
zolpidem tartrate er ... 35
zolpidem tartrate oral tablet ... 35
zonisamide oral ... 11
zovia 1/35 (28) ... 28
ZUBSOLV ... 10
zumandimine ... 28
ZYKADIA ... 15

Language Assistance Services

1-877-265-9199, TTY 711

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

Navajo: Naaltsoos hazaad bee hadilnééh bee áka'anída'awo'í dóó ata' dahalne'í t'áá jiik'eh ná hóló. Shika'adoowoł nínízingo, t'áá shǫǫdí hódahdi námboo bikí'ágíí doodago Bił Ha'dít'éhí Bika'aná'awo' nits'íís bee ha'dít'éhí ID ninaaltsoos nitł'izí bąąh námboo bikí'ágíí bee hodíilnih.

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

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

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