



2026 Premium Standard Formulary

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



Call the number on your member ID card.



Visit your plan's website on your member ID card or log on to the Optum Rx app to:

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

Understanding your formulary

What is a formulary?

A formulary is a list of prescribed medications or other pharmacy care products, services 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, Optum Rx® is guided by the Pharmacy and Therapeutics Committee. This group of doctors and pharmacists reviews which medications will be covered, how well the drugs work, and overall value. They also make sure there are safe and covered options.

How do I use my formulary?

You and your doctor can use the formulary to help you choose the most cost-effective prescription medications. This guide tells you if a medication is generic or brand, and if special rules apply. If your medication is not listed here, please visit your plan's website or call the number on your member ID card.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, set by your employer or plan sponsor.

When does the formulary change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic equal becomes available.
- Medications may move to a higher tier or be excluded from coverage on January 1 or July 1 of each year.

If a medication changes tiers, you may have to pay a different amount for that medication.

Why are some medications excluded from coverage?

A medication may be excluded from coverage under your pharmacy benefit when it works the same as or is similar to another prescription or over-the-counter (OTC) medication.

What if I don't agree with a decision about an excluded medication?

You, your authorized representative, or your doctor can ask for a coverage request by calling the number on your member ID card.



About this formulary

Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.

Medication tips

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

Generic medications contain the same active ingredients (offer the same effect) as brand-name medications, but they often cost less. In some situations, brand-name medications could be lower in cost.

What if my doctor writes a brand-name prescription?

If your doctor gives you a prescription for a brand-name medication, ask if a lower-cost option could be right for you.

What if I am taking a specialty medication?

Specialty medications are used to treat complex conditions and are generally higher in cost. Please note, not all specialty medications are listed in the formulary. Our specialty pharmacy can provide most of your specialty medications along with helpful programs and services. Call **1-833-728-0538** and ask how you can have your prescriptions delivered right to your home or doctor’s office.



Over-the-counter medications (OTC)

Talk to your doctor about OTC options. Even though OTC medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

Reading your formulary

The formulary gives you choices so you and your doctor can decide your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, CLOBEX). Generic medications are shown in lowercase (for example, clobetasol).

Tier information

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

Drug tier	Includes		Helpful tips
Tier 1	\$	Lower-cost generics and some brand name	Use tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$	Mid-range cost preferred brand name	Use tier 2 drugs instead of tier 3 to help reduce your out-of-pocket costs.
Tier 3	\$\$\$	Higher-cost brand name and some generics	Many tier 3 drugs have lower-cost options in tier 1 or 2. Ask your doctor if they could work for you.

Drug tier	Includes	Helpful tips
Specialty	\$\$\$\$ Brand specialty	
Tier E	⊗ Excluded	May not be covered or need prior authorization. Lower-cost options are available and covered.

Drug list information

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

M	Authorized generic or cobranded product
PA	Prior authorization – Your doctor is required to give more information to determine coverage.
QL	Quantity limit – Medication may be limited to a certain quantity.
SP	Specialty medication – Medication is designated as specialty.
ST	Step therapy – Must try lower-cost medication(s) before a higher-cost medication can be covered
3P	Tier 3 preferred
++	Benefit design options – Coverage is determined by your prescription medication benefit plan.
HCR\$0	Due to Healthcare Reform, this drug may be available at a \$0 member share.

Medical Associates Health Plan

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Drug	Tier	Coverage Requirements and Limits
Analgesics - Drugs For Pain - Drugs For Pain And Fever		
<i>acetaminophen intravenous solution</i>	1	
<i>acetaminophen-codeine</i>	1	QL
<i>apap-caff-dihydrocodeine</i>	1	QL
<i>ascomp-codeine</i>	1	
<i>bac (butalbital-acetamin-caff)</i>	1	
BELBUCA	2	PA; QL
<i>buprenorphine</i>	1	PA; QL
<i>buprenorphine hcl injection</i>	1	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	1	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	1	
<i>butalbital-apap-caffeine oral tablet</i>	1	
<i>butalbital-asa-caff-codeine</i>	1	
<i>butalbital-aspirin-caffeine</i>	1	
<i>butorphanol tartrate injection</i>	1	
<i>butorphanol tartrate nasal</i>	1	QL
<i>codeine sulfate</i>	1	QL
DEMEROL	3	
DILAUDID INJECTION	3	
DURAMORPH	3	
<i>endocet</i>	1	QL
<i>fentanyl</i>	1	PA; QL

Drug	Tier	Coverage Requirements and Limits
<i>fentanyl citrate injection solution prefilled syringe 100 mcg/2ml</i>	1	
FENTANYL CITRATE INJECTION SOLUTION PREFILLED SYRINGE 250 MCG/5ML	3	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1.25-0.9 MG/250ML-%	3	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MCG/2ML-%, 10-0.9 MCG/ML-%, 1000-0.9 MCG/50ML-%, 5-0.9 MCG/ML-%, 550-0.9 MCG/55ML-%	3	
<i>hydrocodone bitartrate er</i>	1	PA; QL
<i>hydrocodone-acetaminophen</i>	1	QL
<i>hydrocodone-ibuprofen</i>	1	QL
<i>hydromorphone hcl er</i>	1	PA; QL
<i>hydromorphone hcl injection solution 0.25 mg/0.5ml, 2 mg/ml, 4 mg/ml</i>	1	
HYDROMORPHONE HCL INJECTION SOLUTION 0.5 MG/ML	3	
HYDROMORPHONE HCL INTRAVENOUS SOLUTION 1 MG/ML	3	
<i>hydromorphone hcl oral</i>	1	QL
<i>hydromorphone hcl pf</i>	1	
<i>hydromorphone hcl solution 0.2 mg/ml injection</i>	1	
HYDROMORPHONE HCL SOLUTION 0.2 MG/ML INJECTION	3	

UPPERCASE BOLD = Brand name drugs; *lowercase italics* = Generic drugs
Last Updated 01/01/2026

Drug	Tier	Coverage Requirements and Limits
HYDROMORPHONE HCL SOLUTION 1 MG/ML INJECTION	3	
<i>hydromorphone hcl solution 1 mg/ml injection</i>	1	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION 100-0.9 MG/50ML-%, 20-0.9 MG/100ML-%, 25-0.9 MG/50ML-%, 30-0.9 MG/30ML-%, 50-0.9 MG/50ML-%, 6-0.9 MG/30ML-%	3	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.2-0.9 MG/0.2ML-%, 0.5-0.9 MG/0.5ML-%, 1-0.9 MG/5ML-%, 10-0.9 MG/50ML-%, 15-0.9 MG/30ML-%, 2-0.9 MG/ML-%, 25-0.9 MG/50ML-%, 5-0.9 MG/25ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-%, 6-0.9 MG/30ML-%	3	
HYSINGLA ER	2	PA; QL
INFUMORPH 200	3	
INFUMORPH 500	3	
JOURNAVX	3	QL
<i>meperidine hcl injection</i>	1	
<i>meperidine hcl oral</i>	1	QL
<i>methadone hcl injection</i>	1	
<i>methadone hcl intensol</i>	1	
<i>methadone hcl oral concentrate</i>	1	

Drug	Tier	Coverage Requirements and Limits
<i>methadone hcl oral solution</i>	1	PA
<i>methadone hcl oral tablet</i>	1	PA
<i>methadone hcl oral tablet soluble</i>	1	
METHADONE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-%	3	
METHADOSE ORAL CONCENTRATE 10 MG/ML	3	
<i>methadose oral tablet soluble</i>	1	
METHADOSE SUGAR-FREE	3	
<i>mitigo</i>	1	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	QL
<i>morphine sulfate (pf)</i>	1	
<i>morphine sulfate er</i>	1	PA; QL
<i>morphine sulfate er beads</i>	1	PA; QL
MORPHINE SULFATE INJECTION SOLUTION 1 MG/ML	3	
<i>morphine sulfate injection solution 2 mg/ml, 4 mg/ml</i>	1	
MORPHINE SULFATE INTRAVENOUS SOLUTION 0.5 MG/ML, 1 MG/ML	3	
<i>morphine sulfate intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 50 mg/ml, 8 mg/ml</i>	1	
<i>morphine sulfate oral</i>	1	QL

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Drug	Tier	Coverage Requirements and Limits
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION 500-0.9 MG/100ML-%	3	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-%, 150-0.9 MG/30ML-%, 2-0.9 MG/ML-%, 4-0.9 MG/ML-%, 55-0.9 MG/55ML-%	3	
<i>nalbuphine hcl injection</i>	1	
<i>oxycodone hcl oral capsule</i>	1	QL
<i>oxycodone hcl oral concentrate</i>	1	QL
<i>oxycodone hcl oral solution</i>	1	QL
<i>oxycodone hcl oral tablet</i>	1	QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	3	QL
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL
OXYCONTIN	2	PA; QL
<i>oxymorphone hcl</i>	1	QL
<i>oxymorphone hcl er</i>	1	PA; QL
<i>pentazocine-naloxone hcl</i>	1	QL
<i>remifentanil hcl</i>	1	
TENCON	3	
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	1	PA; QL
<i>tramadol hcl er</i>	1	PA; QL

Drug	Tier	Coverage Requirements and Limits
<i>tramadol hcl oral tablet 100 mg, 50 mg</i>	1	QL
<i>tramadol-acetaminophen</i>	1	QL
TREZIX	3	QL
ULTIVA	3	
XTAMPZA ER	2	PA; QL
Analgesics - Drugs For Pain And Inflammation - Drugs For Pain And Fever		
CALDOLOR	3	
<i>celecoxib oral</i>	1	QL
COMBOGESIC INTRAVENOUS	3	
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diclofenac sodium oral</i>	1	
<i>diflunisal oral</i>	1	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
<i>flurbiprofen oral</i>	1	
<i>ibuprofen lysine</i>	1	
<i>ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin er</i>	1	
<i>indomethacin oral capsule</i>	1	
<i>indomethacin sodium</i>	1	
<i>ketoprofen oral capsule 50 mg</i>	1	
<i>ketorolac tromethamine +rfd solution 30 mg/ml injection</i>	1	

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Drug	Tier	Coverage Requirements and Limits
<i>ketorolac tromethamine injection solution 15 mg/ml</i>	1	
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	1	
<i>ketorolac tromethamine oral</i>	1	QL
<i>ketorolac tromethamine solution 30 mg/ml injection</i>	1	
KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION	3	
LODINE	3	
<i>meloxicam oral tablet</i>	1	
<i>nabumetone oral</i>	1	
<i>naproxen oral tablet</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
NEOPROFEN	3	
<i>oxaprozin oral tablet</i>	1	
<i>piroxicam oral</i>	1	
<i>sulindac oral</i>	1	
ZYNRELEF	3	
Analgesics - Drugs For Pain And Inflammation - Drugs For The Skin		
<i>diclofenac sodium external solution 1.5 %</i>	1	PA
Anesthetics - Drugs For Pain And Fever		
ARTICADENT DENTAL	3	
<i>bupivacaine fisiopharma</i>	1	
<i>bupivacaine hcl (pf)</i>	1	

Drug	Tier	Coverage Requirements and Limits
BUPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 0.25 % (10 ML)	3	
<i>bupivacaine hcl solution 0.25 % injection</i>	1	
BUPIVACAINE HCL SOLUTION 0.25 % INJECTION	3	
<i>bupivacaine hcl solution 0.5 % injection</i>	1	
BUPIVACAINE HCL SOLUTION 0.5 % INJECTION	3	
<i>bupivacaine-epinephrine</i>	1	
<i>bupivacaine-epinephrine (pf)</i>	1	
<i>chloroprocaine hcl (pf)</i>	1	
EXPAREL	3	
LIDOCAINE HCL (BUFFERED)	3	
<i>lidocaine hcl (pf)</i>	1	
<i>lidocaine hcl injection solution 0.5 %</i>	1	
LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 10 MG/ML, 100 MG/10ML, 200 MG/10ML, 9 MG/ML	3	
<i>lidocaine hcl solution 1 % injection</i>	1	
LIDOCAINE HCL SOLUTION 1 % INJECTION	3	
<i>lidocaine hcl solution 2 % injection</i>	1	
LIDOCAINE HCL SOLUTION 2 % INJECTION	3	

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Drug	Tier	Coverage Requirements and Limits
<i>lidocaine hcl solution prefilled syringe 100 mg/5ml injection</i>	1	
LIDOCAINE HCL SOLUTION PREFILLED SYRINGE 100 MG/5ML INJECTION	3	
LIDOCAINE-EPINEPHRINE (3 ML)	3	
<i>lidocaine-epinephrine (pf)</i>	1	
<i>lidocaine-epinephrine injection solution 0.5 %-1:200000, 2 %-1:100000</i>	1	
LIDOCAINE-EPINEPHRINE INJECTION SOLUTION 2 %-1:200000	3	
<i>lidocaine-epinephrine solution 1 %-1:100000 injection</i>	1	
LIDOCAINE-EPINEPHRINE SOLUTION 1 %-1:100000 INJECTION	3	
LIDOCAINE-SODIUM BICARBONATE	3	
MARCAINE	3	
MARCAINE PRESERVATIVE FREE	3	
MARCAINE/EPINEPHRINE	3	
MARCAINE/EPINEPHRINE PF	3	
NAROPIN INJECTION SOLUTION 10 MG/ML, 5 MG/ML, 7.5 MG/ML	3	
NESACAINE	3	
NESACAINE-MPF	3	
ORABLOC	3	
POLOCAINE	3	

Drug	Tier	Coverage Requirements and Limits
POLOCAINE-MPF	3	
<i>ropivacaine hcl injection</i>	1	
ROPIVACAIN HCL-NACL INJECTION SOLUTION 0.2-0.9 %	3	
ROPIVACAIN HCL-NACL INJECTION SOLUTION PREFILLED SYRINGE 0.5-0.9 %	3	
SENSORCAINE	3	
SENSORCAINE/EPINEPHRINE	3	
SENSORCAINE-MPF	3	
SENSORCAINE-MPF/EPINEPHRINE	3	
XYLOCAINE	3	
XYLOCAINE MPF +RFID	3	
XYLOCAINE/EPINEPHRINE	3	
XYLOCAINE-MPF	3	
XYLOCAINE-MPF +RFID	3	
XYLOCAINE-MPF/EPINEPHRINE	3	
Anesthetics - Drugs For The Heart		
LIDOCAINE HCL (CARDIAC) INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML, 100 MG/5ML, 200 MG/10ML, 60 MG/3ML	3	
<i>lidocaine hcl (cardiac) intravenous solution prefilled syringe 50 mg/5ml</i>	1	
<i>lidocaine hcl (cardiac) pf</i>	1	

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Drug	Tier	Coverage Requirements and Limits
LIDOCAINE IN D5W INTRAVENOUS SOLUTION 2-5 MG/ML-%	3	
<i>lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%</i>	1	
Anesthetics - Drugs For The Nose		
COCAINE HCL NASAL	3	
Anesthetics - Drugs For The Skin		
<i>ethyl chloride</i>	1	
<i>glydo</i>	1	
L.E.T.	3	
L.E.T. (RACEPINEPHRINE)	3	
<i>lidocaine external ointment 5 %</i>	1	
<i>lidocaine external patch 5 %</i>	1	
<i>lidocaine hcl external solution</i>	1	
<i>lidocaine hcl urethral/mucosal</i>	1	
<i>lidocaine-prilocaine external cream</i>	1	
LIDO-RACEPINEPHRINE-TETRACAINE	3	
PREPIV SUPPLY	3	
STERILE TOPICAL L.E.T. GEL	3	
TOPICAL L.E.T.	3	
VENIPUNCTURE PX1 PHLEBOTOMY	3	

Drug	Tier	Coverage Requirements and Limits
Anti-Addiction / Substance Abuse Treatment Agents - Drugs For Overdose Or Poisoning		
<i>ft naloxone hcl</i>	1	
KLOXXADO	2	
NALMEFENE HCL	3	
<i>naloxone hcl injection</i>	1	
<i>naloxone hcl nasal</i>	1	
<i>naltrexone hcl oral</i>	1	
NARCAN	2	
OPVEE	2	
REXTOVY	2	
VIVITROL	Specialty	
ZIMHI	3	
Anti-Addiction / Substance Abuse Treatment Agents - Drugs For Pain And Fever		
BRIXADI	Specialty	
BRIXADI (WEEKLY)	Specialty	
<i>buprenorphine hcl sublingual</i>	1	
<i>buprenorphine hcl-naloxone hcl</i>	1	
SUBLOCADE	Specialty	
ZUBSOLV	2	
Anti-Addiction / Substance Abuse Treatment Agents - Drugs For The Nervous System		
<i>acamprosate calcium</i>	1	
<i>bupropion hcl er (smoking det)</i>	1	QL; HCR\$0
<i>disulfiram oral</i>	1	
<i>lofexidine hcl</i>	1	QL

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Drug	Tier	Coverage Requirements and Limits
NICOTROL NS	3	QL; HCR\$0
<i>varenicline tartrate</i>	1	QL; HCR\$0
<i>varenicline tartrate (starter)</i>	1	QL; HCR\$0
<i>varenicline tartrate(continue)</i>	1	QL; HCR\$0
Antibacterials - Antiseptics And Disinfectants		
<i>benzalkonium chloride external solution</i>	1	
<i>hydrogen peroxide</i>	1	
LUGOLS STRONG IODINE	3	
Antibacterials - Drugs For Infections		
<i>amikacin sulfate injection</i>	1	
<i>amoxicillin</i>	1	
<i>amoxicillin-potassium clavulanate</i>	1	
<i>amoxicillin-potassium clavulanate er</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium</i>	1	
<i>ampicillin-sulbactam sodium</i>	1	
ARIKAYCE	Specialty	PA
AUGMENTIN	3	
AUGMENTIN ES-600	3	
AVIDOXY	3	ST
AVYCAZ	3	
AZACTAM	3	
<i>azithromycin intravenous</i>	1	
<i>azithromycin oral</i>	1	
<i>aztreonam</i>	1	
BACTRIM	3	
BACTRIM DS	3	

Drug	Tier	Coverage Requirements and Limits
BICILLIN C-R	3	
BICILLIN C-R 900/300	3	
BICILLIN L-A	3	
<i>cefaclor</i>	1	
<i>cefaclor er</i>	1	
<i>cefadroxil</i>	1	
CEFAZOLIN IN SODIUM CHLORIDE	3	
CEFAZOLIN SODIUM INJECTION SOLUTION PREFILLED SYRINGE	3	
<i>cefazolin sodium injection solution reconstituted</i>	1	
CEFAZOLIN SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 GM/10ML, 2 GM/20ML	3	
<i>cefazolin sodium intravenous solution reconstituted</i>	1	
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/150ml-%</i>	1	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 2-5 GM/100ML-%	3	
<i>cefazolin sodium-dextrose intravenous solution reconstituted</i>	1	
<i>cefdinir</i>	1	
<i>cefepime hcl injection</i>	1	
<i>cefepime hcl intravenous solution</i>	1	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	1	

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Drug	Tier	Coverage Requirements and Limits
<i>cefepime-dextrose</i>	1	
<i>cefixime</i>	1	
CEFOTAN	3	
CEFOTAXIME SODIUM	3	
<i>cefotetan disodium</i>	1	
<i>cefoxitin sodium</i>	1	
CEFOXITIN SODIUM-DEXTROSE	3	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime injection</i>	1	
<i>ceftazidime intravenous</i>	1	
<i>ceftriaxone sodium in dextrose</i>	1	
<i>ceftriaxone sodium injection</i>	1	
<i>ceftriaxone sodium intravenous</i>	1	
<i>ceftriaxone sodium-dextrose</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension reconstituted</i>	1	
<i>cephalexin oral tablet</i>	1	
<i>chloramphenicol sod succinate</i>	1	
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
<i>ciprofloxacin hcl oral</i>	1	
<i>ciprofloxacin in d5w</i>	1	
<i>clarithromycin er</i>	1	
<i>clarithromycin oral</i>	1	
CLEOCIN ORAL	3	

Drug	Tier	Coverage Requirements and Limits
CLEOCIN PHOSPHATE	3	
<i>clindamycin hcl oral</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate in d5w</i>	1	
CLINDAMYCIN PHOSPHATE IN NACL	3	
<i>clindamycin phosphate injection</i>	1	
<i>colistimethate sodium (cba)</i>	1	
COLY-MYCIN M	3	
DALVANCE	3	
<i>daptomycin</i>	1	
DAPTOMYCIN-SODIUM CHLORIDE	3	
<i>demeclocycline hcl</i>	1	
<i>dicloxacillin sodium</i>	1	
DIFICID	3	
<i>doxy 100</i>	1	
<i>doxycycline hyclate intravenous</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
E.E.S. 400	3	
E.E.S. GRANULES	3	
EMBLAVEO	3	

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Drug	Tier	Coverage Requirements and Limits
<i>ertapenem sodium</i>	1	
ERYPED 400	3	
ERYTHROCIN LACTOBIONATE	3	
<i>erythromycin base oral</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	1	
<i>erythromycin lactobionate</i>	1	
<i>erythromycin oral</i>	1	
EXTENCILLINE	3	
FETROJA	3	
<i>fidaxomicin</i>	1	
FIRVANQ	3	
<i>fosfomycin tromethamine</i>	1	
<i>gentamicin in saline</i>	1	
<i>gentamicin sulfate injection</i>	1	
HIPREX	3	
HUMATIN	2	
<i>imipenem-cilastatin</i>	1	
KIMYRSA	3	
LETOCILIN	3	
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin intravenous</i>	1	
<i>levofloxacin oral</i>	1	
LINCOCIN	3	
<i>lincomycin hcl injection</i>	1	
<i>linezolid in sodium chloride</i>	1	
<i>linezolid intravenous</i>	1	
<i>linezolid oral</i>	1	QL
MACRODANTIN	3	
<i>meropenem</i>	1	
MEROPENEM-SODIUM CHLORIDE	3	

Drug	Tier	Coverage Requirements and Limits
<i>methenamine hippurate</i>	1	
<i>metronidazole intravenous</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
MINOCIN	3	
<i>minocycline hcl oral capsule</i>	1	
MONDOXYNE NL	3	ST
<i>moxifloxacin hcl in nacl</i>	1	
MOXIFLOXACIN HCL INTRAVENOUS	3	
<i>moxifloxacin hcl oral</i>	1	
<i>nafcillin sodium</i>	1	
NAFCILLIN SODIUM IN DEXTROSE	3	
<i>neomycin sulfate oral</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohydrate macrocrystals</i>	1	
NUZYRA INTRAVENOUS	3	
NUZYRA ORAL	3	QL
<i>ofloxacin oral</i>	1	
ORBACTIV	3	
<i>oxacillin sodium</i>	1	
OXACILLIN SODIUM IN DEXTROSE	3	
PENICILLIN G POT IN DEXTROSE	3	
<i>penicillin g potassium</i>	1	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	
PFIZERPEN	3	
<i>piperacillin sod-tazobactam so</i>	1	
<i>polymyxin b sulfate injection</i>	1	

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Drug	Tier	Coverage Requirements and Limits
PRIMAXIN IV	3	
RECARBRIO	3	
SEYSARA	3	ST
SIVEXTRO INTRAVENOUS	3	QL
SOLOSEC	3	ST
<i>streptomycin sulfate intramuscular</i>	1	
<i>sulfadiazine oral</i>	1	
<i>sulfamethoxazole-trimethoprim</i>	1	
<i>sulfatrim pediatric</i>	1	
<i>tazicef injection</i>	1	
TAZICEF INTRAVENOUS SOLUTION	3	
<i>tazicef intravenous solution reconstituted</i>	1	
TEFLARO	3	
<i>tetracycline hcl oral capsule</i>	1	
<i>tigecycline</i>	1	
<i>tinidazole oral</i>	1	
<i>tobramycin sulfate injection</i>	1	
<i>trimethoprim oral</i>	1	
TYGACIL	3	
UNASYN	3	
VABOMERE	3	
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1.5-5 GM/250ML-%	3	
<i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>	1	

Drug	Tier	Coverage Requirements and Limits
<i>vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous</i>	1	
VANCOMYCIN HCL IN DEXTROSE SOLUTION 1.25-5 GM/250ML-% INTRAVENOUS	3	
VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 1.5-0.9 GM/500ML-%, 1.75-0.9 GM/250ML-%, 750-0.9 MG/250ML-%	3	
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%</i>	1	
VANCOMYCIN HCL IN NACL SOLUTION 750-0.9 MG/150ML-% INTRAVENOUS	3	
<i>vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous</i>	1	
<i>vancomycin hcl intravenous</i>	1	
<i>vancomycin hcl oral</i>	1	
VIBATIV	3	
XERAVA	3	
XIFAXAN ORAL TABLET 550 MG	3	PA
ZEMDRI	3	
ZERBAXA	3	
ZEVERTA	3	
ZITHROMAX	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZOSYN	3	

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Drug	Tier	Coverage Requirements and Limits
ZYVOX INTRAVENOUS	3	
ZYVOX ORAL SUSPENSION RECONSTITUTED	3	QL
Antibacterials - Drugs For The Skin		
<i>gentamicin sulfate external</i>	1	
<i>mupirocin external</i>	1	
<i>silver sulfadiazine external</i>	1	
<i>ssd</i>	1	
Antibacterials - Drugs For The Urinary System		
<i>neomycin-polymyxin b gu</i>	1	
Antibacterials - Drugs For Women		
<i>clindamycin phosphate vaginal</i>	1	
CLINDESSE	3	
<i>metronidazole vaginal</i>	1	
VANDAZOLE	3	ST
XACIATO	3	
Anticoagulants - Drugs For The Blood		
ACD FORMULA A	3	
ACD-A NOCLOT-50	3	
ANTICOAGULANT SODIUM CITRATE	3	
<i>argatroban intravenous solution 50 mg/50ml</i>	1	
ARIXTRA	3	
<i>bivalirudin trifluoroacetate intravenous solution reconstituted</i>	1	

Drug	Tier	Coverage Requirements and Limits
<i>dabigatran etexilate mesylate</i>	1	QL
DEFENCATH	3	
ELIQUIS	2	QL
ELIQUIS (1.5 MG PACK)	2	QL
ELIQUIS (2 MG PACK)	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
<i>enoxaparin sodium</i>	1	
<i>fondaparinux sodium</i>	1	
FRAGMIN	3	
<i>heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 12500-0.45 ut/250ml-%, 2000-0.9 unit/l-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%</i>	1	
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 2500-0.9 UT/500ML-%, 30000-0.9 UNIT/L-%, 500-0.9 UT/500ML-%, 5000-0.9 UNIT/L-%, 5000-0.9 UT/500ML-%	3	
<i>heparin sod (porcine) in d5w</i>	1	
<i>heparin sodium (porcine)</i>	1	
<i>heparin sodium (porcine) pf</i>	1	
<i>jantoven</i>	1	
LOVENOX	3	
PRADAXA ORAL CAPSULE	2	QL
PRADAXA ORAL PACKET	3	QL
<i>rivaroxaban</i>	1	QL
SAVAYSA	3	QL

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Drug	Tier	Coverage Requirements and Limits
SODIUM CITRATE IN VITRO	3	
SODIUM CITRATE LOCK FLUSH INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
SODIUM CITRATE-GENTAMICIN SULF INTRAVENOUS SOLUTION	3	
TRICITRASOL	3	
<i>warfarin sodium oral</i>	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs For Seizures - Drugs For The Nervous System		
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL	3	ST
<i>carbamazepine er</i>	1	
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet chewable 100 mg</i>	1	
CEREBYX	3	
<i>clobazam oral suspension 2.5 mg/ml</i>	1	PA
<i>clobazam oral tablet</i>	1	PA
DIACOMIT	Specialty	PA
<i>diazepam rectal</i>	1	QL
DILANTIN ORAL CAPSULE 30 MG	3	
<i>divalproex sodium er</i>	1	
<i>divalproex sodium oral</i>	1	
EPIDIOLEX	Specialty	PA

Drug	Tier	Coverage Requirements and Limits
<i>eslicarbazepine acetate</i>	1	
<i>ethosuximide oral</i>	1	
<i>felbamate</i>	1	
FINTEPLA	Specialty	PA
<i>fosphenytoin sodium</i>	1	
FYCOMPA	3	
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
KEPPRA INTRAVENOUS	3	
<i>lacosamide</i>	1	
LAMICTAL XR ORAL KIT	3	
<i>lamotrigine er</i>	1	
<i>lamotrigine oral</i>	1	
<i>lamotrigine starter kit-blue</i>	1	
<i>lamotrigine starter kit-green</i>	1	
<i>lamotrigine starter kit-orange</i>	1	
<i>levetiracetam er</i>	1	
<i>levetiracetam in nacl</i>	1	
<i>levetiracetam intravenous</i>	1	
<i>levetiracetam oral solution</i>	1	
<i>levetiracetam oral tablet</i>	1	
<i>methsuximide</i>	1	
MOTPOLY XR	3	ST
NAYZILAM	3	QL
<i>oxcarbazepine</i>	1	
<i>oxcarbazepine er</i>	1	ST
<i>pentobarbital sodium injection</i>	1	
<i>perampanel</i>	1	
<i>phenobarbital oral</i>	1	

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Drug	Tier	Coverage Requirements and Limits
<i>phenobarbital sodium injection</i>	1	
<i>phenytek</i>	1	
<i>phenytoin infatabs</i>	1	
<i>phenytoin oral</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>phenytoin sodium injection</i>	1	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>roweepra</i>	1	
<i>rufinamide</i>	1	PA
SEZABY	3	
<i>subvenite</i>	1	
<i>subvenite starter kit-blue</i>	1	
<i>subvenite starter kit-green</i>	1	
<i>subvenite starter kit-orange</i>	1	
SYMPAZAN	3	PA
<i>tiagabine hcl</i>	1	
<i>topiramate er oral capsule er 24 hour sprinkle</i>	1	
<i>topiramate er oral capsule extended release 24 hour</i>	1	ST
<i>topiramate oral</i>	1	
<i>valproate sodium intravenous</i>	1	
<i>valproic acid oral capsule</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
VALTOCO 10 MG DOSE	3	QL
VALTOCO 15 MG DOSE	3	QL

Drug	Tier	Coverage Requirements and Limits
VALTOCO 20 MG DOSE	3	QL
VALTOCO 5 MG DOSE	3	QL
<i>vigabatrin</i>	Generic Specialty	PA
VIGAFYDE	Specialty	PA
XCOPRI	3	ST
ZARONTIN	3	
<i>zonisamide oral</i>	1	
ZTALMY	Specialty	PA
Antidementia Agents - Drugs For Alzheimer's Disease And Dementia - Drugs For The Nervous System		
<i>donepezil hcl</i>	1	
<i>galantamine hydrobromide</i>	1	
<i>galantamine hydrobromide er</i>	1	
<i>memantine hcl er</i>	1	QL
<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl oral tablet</i>	1	
<i>memantine hcl-donepezil hcl</i>	1	QL
<i>rivastigmine tartrate</i>	1	
Antidepressants - Drugs For The Nervous System		
<i>amitriptyline hcl oral</i>	1	
<i>amoxapine</i>	1	
<i>bupropion hcl er (sr)</i>	1	QL
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	1	QL
<i>bupropion hcl oral</i>	1	

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Drug	Tier	Coverage Requirements and Limits
<i>chlordiazepoxide-amitriptyline</i>	1	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	1	
<i>citalopram hydrobromide oral tablet</i>	1	
<i>clomipramine hcl oral</i>	1	
<i>desipramine hcl oral</i>	1	
DESVENLAFAXINE ER	3	ST; QL
<i>desvenlafaxine succinate er</i>	1	QL
<i>doxepin hcl oral capsule</i>	1	
<i>doxepin hcl oral concentrate</i>	1	
<i>duloxetine hcl oral</i>	1	QL
EMSAM	3	QL
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	1	
<i>escitalopram oxalate oral tablet</i>	1	
FETZIMA	3	ST; QL
FETZIMA TITRATION	3	ST; QL
<i>fluoxetine hcl oral capsule</i>	1	
<i>fluoxetine hcl oral capsule delayed release</i>	1	QL
<i>fluoxetine hcl oral solution</i>	1	
<i>fluoxetine hcl oral tablet 10 mg, 60 mg</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>fluvoxamine maleate er</i>	1	QL
<i>imipramine hcl oral</i>	1	
<i>imipramine pamoate</i>	1	
MARPLAN	3	
<i>mirtazapine oral</i>	1	
<i>nefazodone hcl</i>	1	
NORPRAMIN	3	

Drug	Tier	Coverage Requirements and Limits
<i>nortriptyline hcl oral</i>	1	
<i>olanzapine-fluoxetine hcl</i>	1	QL
<i>paroxetine hcl</i>	1	
<i>paroxetine hcl er</i>	1	
<i>perphenazine-amitriptyline</i>	1	
<i>phenelzine sulfate oral</i>	1	
<i>protriptyline hcl</i>	1	
RALDESY	3	PA
REMERON SOLTAB	3	
<i>sertraline hcl oral concentrate</i>	1	
<i>sertraline hcl oral tablet</i>	1	
SPRAVATO (56 MG DOSE)	Specialty	PA
SPRAVATO (84 MG DOSE)	Specialty	PA
SYMBYAX	3	QL
<i>tranylcypromine sulfate</i>	1	
<i>trazodone hcl oral</i>	1	
<i>trimipramine maleate oral</i>	1	
TRINTELLIX	3	ST; QL
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	1	QL
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	1	
<i>vilazodone hcl</i>	1	QL
ZURZUVAE	3	PA; QL
Antiemetics - Drugs For Nausea And Vomiting - Drugs For The Lungs		
PHENERGAN	3	
<i>promethazine hcl injection</i>	1	

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Drug	Tier	Coverage Requirements and Limits
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet</i>	1	
<i>promethazine hcl rectal</i>	1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	3	
Antiemetics - Drugs For Nausea And Vomiting - Drugs For The Nervous System		
COMPRO	3	
<i>droperidol injection</i>	1	
<i>perphenazine oral</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate injection</i>	1	
<i>prochlorperazine maleate oral</i>	1	
Antiemetics - Drugs For Nausea And Vomiting - Drugs For The Stomach		
AKYNZEO (READY-TO-USE)	3	
AKYNZEO (TO-BE-DILUTED)	3	
AKYNZEO INTRAVENOUS	3	
AKYNZEO ORAL	3	QL
ANZEMET	3	QL
APONVIE	3	
<i>aprepitant</i>	1	QL
BARHEMSYS	3	
BONJESTA	3	PA; QL
CINVANTI	3	
DICLEGIS	3	PA; QL
<i>dimenhydrinate injection</i>	1	

Drug	Tier	Coverage Requirements and Limits
<i>doxylamine-pyridoxine</i>	1	PA; QL
<i>dronabinol</i>	1	PA; QL
EMEND INTRAVENOUS	3	
EMEND ORAL	3	QL
FOCINVEZ	3	
<i>fosaprepitant dimeglumine</i>	1	
<i>granisetron hcl intravenous</i>	1	
<i>granisetron hcl oral</i>	1	QL
<i>meclizine hcl oral tablet</i>	1	
<i>metoclopramide hcl injection</i>	1	
<i>metoclopramide hcl oral</i>	1	
<i>ondansetron hcl +rfid</i>	1	
<i>ondansetron hcl injection</i>	1	
<i>ondansetron hcl oral solution</i>	1	QL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	
<i>ondansetron odt</i>	1	
<i>palonosetron hcl</i>	1	
<i>scopolamine</i>	1	
SUSTOL	3	QL
SYNDROS	3	PA; QL
TIGAN	3	
<i>trimethobenzamide hcl oral</i>	1	
VARUBI (180 MG DOSE)	3	QL
Antifungals - Drugs For Infections		
AMBISOME	3	
<i>amphotericin b intravenous</i>	1	
<i>amphotericin b liposome</i>	1	

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Drug	Tier	Coverage Requirements and Limits
ANCOBON	3	
<i>caspofungin acetate</i>	1	
CRESEMBA INTRAVENOUS	3	
CRESEMBA ORAL	3	PA
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3	
ERAXIS	3	
<i>fluconazole in sodium chloride</i>	1	
<i>fluconazole oral</i>	1	
<i>flucytosine oral</i>	1	
<i>griseofulvin microsize oral</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>itraconazole oral</i>	1	PA
<i>ketoconazole oral</i>	1	
<i>micafungin sodium</i>	1	
MICAFUNGIN SODIUM-NACL	3	
MYCAMINE	3	
NOXAFIL INTRAVENOUS	3	
NOXAFIL ORAL	3	PA
<i>nystatin oral</i>	1	
<i>posaconazole intravenous</i>	1	
<i>posaconazole oral</i>	1	PA
SPORANOX	3	PA
<i>terbinafine hcl oral</i>	1	QL
VFEND	3	PA
VFEND IV	3	
<i>voriconazole intravenous</i>	1	
<i>voriconazole oral</i>	1	PA

Drug	Tier	Coverage Requirements and Limits
Antifungals - Drugs For The Mouth And Throat		
<i>clotrimazole mouth/throat</i>	1	
<i>nystatin mouth/throat</i>	1	
Antifungals - Drugs For The Skin		
<i>ciclodan</i>	1	
<i>ciclopirox external</i>	1	
<i>ciclopirox olamine external</i>	1	
<i>clotrimazole external</i>	1	
<i>clotrimazole-betamethasone</i>	1	
<i>econazole nitrate external cream</i>	1	
EXODERM EXTERNAL LOTION	3	
<i>ketoconazole external cream</i>	1	
<i>ketoconazole external shampoo</i>	1	
<i>klayesta</i>	1	
MYCOZYL AL	3	
<i>nyamyc</i>	1	
<i>nystatin external</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>nystop</i>	1	
<i>tavaborole</i>	1	PA
Antifungals - Drugs For Women		
GYNAZOLE-1	3	
<i>miconazole 3</i>	1	
<i>terconazole</i>	1	

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Drug	Tier	Coverage Requirements and Limits
Antigout Agents - Drugs For Pain And Fever		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>allopurinol sodium</i>	1	
ALOPRIM	3	
<i>colchicine oral</i>	1	
<i>colchicine-probenecid</i>	1	
<i>febuxostat</i>	1	ST
<i>probenecid</i>	1	
Antimigraine Agents - Drugs For The Nervous System		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
<i>dihydroergotamine mesylate injection</i>	1	PA; QL
<i>dihydroergotamine mesylate nasal</i>	1	PA; QL
<i>eletriptan hydrobromide</i>	1	QL
EMGALITY	2	PA; QL
ERGOMAR	3	PA; QL
<i>ergotamine-caffeine</i>	1	PA; QL
MIGERGOT	3	PA; QL
<i>naratriptan hcl</i>	1	QL
NURTEC	2	PA; QL
QULIPTA	2	PA; QL
<i>rizatriptan benzoate</i>	1	QL
<i>sumatriptan nasal</i>	1	QL
<i>sumatriptan succinate oral</i>	1	QL
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	1	QL
<i>sumatriptan succinate subcutaneous</i>	1	QL

Drug	Tier	Coverage Requirements and Limits
UBRELVY	2	PA; QL
ZAVZPRET	3	PA; QL
<i>zolmitriptan nasal solution 5 mg</i>	1	QL
<i>zolmitriptan oral</i>	1	QL
Antimyasthenic Agents - Drugs For Nerves And Muscles		
BLOXIVERZ	3	
<i>neostigmine methylsulfate intravenous solution 10 mg/10ml, 5 mg/10ml</i>	1	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 3 MG/3ML, 5 MG/5ML	3	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 2 MG/2ML, 5 MG/5ML	3	
<i>neostigmine methylsulfate rfid intravenous solution</i>	1	
<i>pyridostigmine bromide er oral tablet extended release</i>	1	
<i>pyridostigmine bromide oral</i>	1	
REGONOL	3	
Antimyasthenic Agents - Vitamins And Minerals		
VYVGART	Specialty	PA
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	Specialty	PA

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Drug	Tier	Coverage Requirements and Limits
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Specialty	PA; QL
Antimycobacterials - Drugs For Infections		
<i>cycloserine oral</i>	1	
<i>dapsone oral</i>	1	
<i>ethambutol hcl oral</i>	1	
<i>isoniazid injection</i>	1	
<i>isoniazid oral</i>	1	
PRETOMANID	3	
PRIFTIN	3	
<i>pyrazinamide oral</i>	1	
<i>rifabutin</i>	1	
RIFADIN	3	
<i>rifampin intravenous</i>	1	
<i>rifampin oral</i>	1	
SIRTURO	3	
Antineoplastics - Drugs For Cancer - Drugs For Cancer		
<i>abiraterone acetate</i>	Generic Specialty	PA
<i>abirtega</i>	Generic Specialty	PA
ABRAXANE	Specialty	
ADCETRIS	Specialty	PA
<i>adriamycin</i>	Generic Specialty	
ALECENSA	Specialty	PA
ALIMTA	Specialty	
ALUNBRIG	Specialty	PA; QL
<i>anastrozole oral</i>	1	HCR\$0
ANKTIVA	Specialty	PA
ARRANON	Specialty	
<i>arsenic trioxide intravenous</i>	Generic Specialty	
ARZERRA	Specialty	PA

Drug	Tier	Coverage Requirements and Limits
ASPARLAS	Specialty	
AUGTYRO	Specialty	PA
AVASTIN	Specialty	PA
AVMAPKI FAKZYNJA CO-PACK	Specialty	PA
AXTLE	Specialty	
AYVAKIT	Specialty	PA; QL
<i>azacitidine</i>	Generic Specialty	
BALVERSA	Specialty	PA
BAVENCIO	Specialty	PA
BELEODAQ	Specialty	PA
<i>bendamustine hcl intravenous solution reconstituted</i>	Generic Specialty	PA
BENDEKA	Specialty	PA
BESPONSA	Specialty	PA
BESREMI	Specialty	PA
<i>bexarotene</i>	Generic Specialty	PA
<i>bicalutamide</i>	1	
BIZENGRI (750 MG DOSE)	Specialty	PA
<i>bleomycin sulfate</i>	Generic Specialty	
BLINCYTO	Specialty	PA
<i>bortezomib</i>	Generic Specialty	PA
BORUZU	Specialty	PA
BOSULIF	Specialty	PA
BRAFTOVI	Specialty	PA
BRUKINSA	Specialty	PA
<i>busulfan</i>	Generic Specialty	
BUSULFEX	Specialty	
CABOMETYX ORAL TABLET 20 MG	Specialty	PA; QL
CABOMETYX ORAL TABLET 40 MG, 60 MG	Specialty	PA

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Drug	Tier	Coverage Requirements and Limits
CALQUENCE	Specialty	PA
CAMPTOSAR	Specialty	
<i>capecitabine</i>	Generic Specialty	
CAPRELSA ORAL TABLET 100 MG	Specialty	PA; QL
CAPRELSA ORAL TABLET 300 MG	Specialty	PA
<i>carboplatin</i>	Generic Specialty	
<i>carmustine</i>	Generic Specialty	
CASODEX	3	
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml</i>	Generic Specialty	
CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED	Specialty	
<i>cisplatin solution 50 mg/50ml intravenous</i>	Generic Specialty	
CISPLATIN SOLUTION 50 MG/50ML INTRAVENOUS	Specialty	
<i>cladribine</i>	Generic Specialty	
<i>clofarabine</i>	Generic Specialty	
COLUMVI	Specialty	PA
COMETRIQ	Specialty	PA
COPIKTRA	Specialty	PA
COTELLIC	Specialty	PA
<i>cyclophosphamide injection</i>	Generic Specialty	
CYCLOPHOSPHAMIDE INTRAVENOUS	Specialty	
<i>cyclophosphamide oral capsule</i>	1	
CYCLOPHOSPHAMIDE ORAL TABLET	2	

Drug	Tier	Coverage Requirements and Limits
CYRAMZA	Specialty	PA
<i>cytarabine</i>	Generic Specialty	
<i>cytarabine (pf)</i>	Generic Specialty	
<i>dacarbazine</i>	Generic Specialty	
<i>dactinomycin</i>	Generic Specialty	
DANYELZA	Specialty	PA
DANZITEN	Specialty	PA
DARZALEX	Specialty	PA
<i>dasatinib</i>	Generic Specialty	PA
DATROWAY	Specialty	PA
<i>daunorubicin hcl</i>	Generic Specialty	
DAURISMO	Specialty	PA
<i>decitabine</i>	Generic Specialty	
<i>dexrazoxane</i>	Generic Specialty	
<i>dexrazoxane hcl</i>	Generic Specialty	
<i>docetaxel</i>	Generic Specialty	
DOCIVYX	Specialty	
DOXIL	Specialty	
<i>doxorubicin hcl</i>	Generic Specialty	
<i>doxorubicin hcl liposomal</i>	Generic Specialty	
ELITEK	Specialty	
ELLENC	Specialty	
ELREXFIO	Specialty	PA
EMPLICITI	Specialty	PA
EMRELIS	Specialty	PA
ENHERTU	Specialty	PA
ENSACOVE	Specialty	PA

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Drug	Tier	Coverage Requirements and Limits
EPKINLY	Specialty	PA
ERBITUX	Specialty	PA
<i>eribulin mesylate</i>	Generic Specialty	PA
ERIVEDGE	Specialty	PA
ERLEADA	Specialty	PA
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	Generic Specialty	PA
<i>erlotinib hcl oral tablet 25 mg</i>	Generic Specialty	PA; QL
ETOPOPHOS	Specialty	
<i>etoposide intravenous</i>	Generic Specialty	
<i>etoposide oral</i>	Generic Specialty	
EULEXIN	3	
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Generic Specialty	PA; QL
<i>everolimus oral tablet soluble</i>	Generic Specialty	PA
EVOMELA	Specialty	
<i>exemestane</i>	1	HCR\$0
<i>floxuridine</i>	Generic Specialty	
<i>fludarabine phosphate</i>	Generic Specialty	
<i>fluorouracil intravenous</i>	Generic Specialty	
FOLOTYN	Specialty	PA
FRINDOVYX	Specialty	
FRUZAQLA	Specialty	PA
<i>fulvestrant</i>	Generic Specialty	
FYARRO	Specialty	PA
GAVRETO	Specialty	PA
GAZYVA	Specialty	PA
<i>gefitinib</i>	Generic Specialty	PA

Drug	Tier	Coverage Requirements and Limits
<i>gemcitabine hcl intravenous solution 1 gm/10ml, 1.5 gm/15ml, 2 gm/20ml, 200 mg/2ml, 200 mg/5.26ml</i>	Generic Specialty	
<i>gemcitabine hcl intravenous solution reconstituted</i>	Generic Specialty	
GILOTRIF	Specialty	PA; QL
GLEOSTINE	Specialty	
GOMEKLI	Specialty	PA
GRAFAPEX	Specialty	
HALAVEN	Specialty	PA
HERCEPTIN	Specialty	PA
HERCEPTIN HYLECTA	Specialty	PA
HYCAMTIN	Specialty	
<i>hydroxyurea oral</i>	1	
IBRANCE	Specialty	PA
IBTROZI	Specialty	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG	Specialty	PA; QL
ICLUSIG ORAL TABLET 30 MG, 45 MG	Specialty	PA
IDAMYCIN PFS	Specialty	
<i>idarubicin hcl</i>	Generic Specialty	
IDHIFA	Specialty	PA; QL
IFEX	Specialty	
<i>ifosfamide</i>	Generic Specialty	
<i>imatinib mesylate oral</i>	Generic Specialty	PA
IMBRUVICA ORAL CAPSULE	Specialty	PA; QL
IMBRUVICA ORAL SUSPENSION	Specialty	PA
IMBRUVICA ORAL TABLET 420 MG	Specialty	PA; QL
IMDELLTRA	Specialty	PA
IMFINZI	Specialty	PA

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Drug	Tier	Coverage Requirements and Limits
IMJUDO	Specialty	PA
IMKELDI	Specialty	PA
INLYTA	Specialty	PA
INREBIC	Specialty	PA
IRESSA	Specialty	PA
<i>irinotecan hcl</i>	Generic Specialty	
ISTODAX	Specialty	PA
ITOVEBI ORAL TABLET 3 MG	Specialty	PA; QL
ITOVEBI ORAL TABLET 9 MG	Specialty	PA
IXEMPRA KIT	Specialty	
JAKAFI ORAL TABLET 10 MG, 5 MG	Specialty	PA; QL
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG	Specialty	PA
JAYPIRCA ORAL TABLET 100 MG	Specialty	PA
JAYPIRCA ORAL TABLET 50 MG	Specialty	PA; QL
JEMPERLI	Specialty	PA
JEVTANA	Specialty	PA
KADCYLA	Specialty	PA
KANJINTI	Specialty	PA
KEYTRUDA	Specialty	PA
KHAPZORY	Specialty	
KIMMTRAK	Specialty	PA
KISQALI (200 MG DOSE)	Specialty	PA
KISQALI (400 MG DOSE)	Specialty	PA
KISQALI (600 MG DOSE)	Specialty	PA
KOSELUGO ORAL CAPSULE	Specialty	PA
KRAZATI	Specialty	PA
KYPROLIS	Specialty	PA

Drug	Tier	Coverage Requirements and Limits
<i>lapatinib ditosylate</i>	Generic Specialty	PA
LAZCLUZE ORAL TABLET 240 MG	Specialty	PA
LAZCLUZE ORAL TABLET 80 MG	Specialty	PA; QL
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	Specialty	PA
<i>letrozole oral</i>	1	
<i>leucovorin calcium injection</i>	1	
<i>leucovorin calcium oral</i>	1	
LEUKERAN	Specialty	
<i>levoleucovorin calcium</i>	Generic Specialty	
<i>levoleucovorin calcium pf</i>	Generic Specialty	
LIBTAYO	Specialty	PA
LONSURF	Specialty	PA
LOQTORZI	Specialty	PA
LORBRENA	Specialty	PA
LUMAKRAS	Specialty	PA
LUNSUMIO	Specialty	PA
LYNPARZA	Specialty	PA
LYSODREN	2	
LYTGOBI (12 MG DAILY DOSE)	Specialty	PA
LYTGOBI (16 MG DAILY DOSE)	Specialty	PA
LYTGOBI (20 MG DAILY DOSE)	Specialty	PA
MARGENZA	Specialty	PA
MATULANE	Specialty	
MEKINIST	Specialty	PA
MEKTOVI	Specialty	PA

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Drug	Tier	Coverage Requirements and Limits
<i>melphalan hcl</i>	Generic Specialty	
<i>mercaptopurine oral suspension</i>	Generic Specialty	
<i>mercaptopurine oral tablet</i>	1	
<i>mesna</i>	Generic Specialty	
MESNEX	Specialty	
<i>mitomycin intravenous</i>	Generic Specialty	PA
<i>mitoxantrone hcl</i>	Generic Specialty	PA
MONJUVI	Specialty	PA
MUTAMYCIN	Specialty	PA
MVASI	Specialty	PA
MYLERAN	2	
MYLOTARG	Specialty	PA
<i>nelarabine</i>	Generic Specialty	
NERLYNX	Specialty	PA; QL
NEXAVAR	Specialty	PA
NILANDRON	Specialty	
NILOTINIB D-TARTRATE	Specialty	
<i>nilotinib hcl</i>	Generic Specialty	PA
<i>nilutamide</i>	Generic Specialty	
NINLARO	Specialty	PA
NIPENT	Specialty	
NUBEQA	Specialty	PA
ODOMZO	Specialty	PA
OGSIVEO	Specialty	PA
OJEMDA	Specialty	PA
ONCASPAR	Specialty	
ONIVYDE	Specialty	
ONUREG	Specialty	PA
OPDIVO	Specialty	PA

Drug	Tier	Coverage Requirements and Limits
OPDIVO QVANTIG	Specialty	PA
OPDUALAG	Specialty	PA
ORGOVYX	Specialty	PA
ORSERDU	Specialty	PA
<i>oxaliplatin</i>	Generic Specialty	
<i>paclitaxel</i>	Generic Specialty	
<i>paclitaxel protein-bound part</i>	Generic Specialty	
PADCEV	Specialty	PA
<i>pazopanib hcl</i>	Generic Specialty	PA
PEMETREXED	Specialty	
PEMETREXED DIPOTASSIUM	Specialty	
PEMETREXED DISODIUM INTRAVENOUS SOLUTION	Specialty	
<i>pemetrexed disodium intravenous solution reconstituted</i>	Generic Specialty	
PEMFEXY	Specialty	
PEMRYDI RTU	Specialty	
PERJETA	Specialty	PA
PHESGO	Specialty	PA
PHOTOFRIN	Specialty	
PIQRAY	Specialty	PA
POLIVY	Specialty	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG	Specialty	PA; QL
POMALYST ORAL CAPSULE 3 MG, 4 MG	Specialty	PA
PORTRAZZA	Specialty	PA
POTELIGEO	Specialty	PA
PROLEUKIN	Specialty	
PURIXAN	Specialty	
QINLOCK	Specialty	PA

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Drug	Tier	Coverage Requirements and Limits
RETEVMO ORAL TABLET 120 MG, 160 MG	Specialty	PA
RETEVMO ORAL TABLET 40 MG, 80 MG	Specialty	PA; QL
REVUFORJ	Specialty	PA
RITUXAN	Specialty	PA
RITUXAN HYCELA	Specialty	PA
<i>romidepsin</i>	Generic Specialty	PA
ROMVIMZA	Specialty	PA
ROZLYTREK	Specialty	PA
RUXIENCE	Specialty	PA
RYBREVANT	Specialty	PA
RYDAPT	Specialty	PA
RYTELO	Specialty	PA
SARCLISA	Specialty	PA
SCEMBLIX ORAL TABLET 100 MG	Specialty	PA
SCEMBLIX ORAL TABLET 20 MG, 40 MG	Specialty	PA; QL
SOLTAMOX	3	HCR\$0
<i>sorafenib tosylate</i>	Generic Specialty	PA
STIVARGA	Specialty	PA
<i>sunitinib malate</i>	Generic Specialty	PA
TABLOID	Specialty	
TABRECTA	Specialty	PA
TAFINLAR	Specialty	PA
TAGRISSO ORAL TABLET 40 MG	Specialty	PA; QL
TAGRISSO ORAL TABLET 80 MG	Specialty	PA
TALVEY	Specialty	PA
<i>tamoxifen citrate oral tablet 10 mg</i>	1	
<i>tamoxifen citrate oral tablet 20 mg</i>	1	HCR\$0

Drug	Tier	Coverage Requirements and Limits
TASIGNA	Specialty	PA
TECENTRIQ	Specialty	PA
TECENTRIQ HYBREZA	Specialty	PA
TECVAYLI	Specialty	PA
TEMODAR	Specialty	
<i>temozolomide</i>	Generic Specialty	PA
TEPADINA	Specialty	
TEPYLUTE	Specialty	
TEVIMBRA	Specialty	PA
<i>thiotepa injection</i>	Generic Specialty	
TIBSOVO	Specialty	PA
TICE BCG	Specialty	
TIVDAK	Specialty	PA
<i>topotecan hcl</i>	Generic Specialty	
<i>toremifene citrate</i>	1	
<i>torpenz</i>	Generic Specialty	PA; QL
TRAZIMERA	Specialty	PA
<i>tretinoin oral</i>	Generic Specialty	
TRISENOX	Specialty	
TRODELVY	Specialty	PA
TRUQAP	Specialty	PA
TUKYSA	Specialty	PA
TURALIO	Specialty	PA
UNITUXIN	Specialty	PA
UVADEX	3	
<i>valrubicin</i>	Generic Specialty	
VALSTAR	Specialty	
VANFLYTA	Specialty	PA
VECTIBIX	Specialty	
VELCADE	Specialty	PA
VENCLEXTA	Specialty	PA

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Drug	Tier	Coverage Requirements and Limits
VENCLEXTA STARTING PACK	Specialty	PA
VERZENIO	Specialty	PA
VIDAZA	Specialty	
<i>vinblastine sulfate</i>	Generic Specialty	
<i>vincristine sulfate</i>	Generic Specialty	
<i>vinorelbine tartrate</i>	Generic Specialty	
VITRAKVI	Specialty	PA
VIZIMPRO ORAL TABLET 15 MG	Specialty	PA; QL
VIZIMPRO ORAL TABLET 30 MG, 45 MG	Specialty	PA
VONJO	Specialty	PA
VORANIGO ORAL TABLET 10 MG	Specialty	PA; QL
VORANIGO ORAL TABLET 40 MG	Specialty	PA
VORAXAZE	3	
VYLOY	Specialty	PA
VYXEOS	Specialty	PA
WELIREG	Specialty	PA
XOFIGO	2	
XOSPATA	Specialty	PA
XPOVIO (100 MG ONCE WEEKLY)	Specialty	PA
XPOVIO (40 MG ONCE WEEKLY)	Specialty	PA
XPOVIO (40 MG TWICE WEEKLY)	Specialty	PA
XPOVIO (60 MG ONCE WEEKLY)	Specialty	PA
XPOVIO (60 MG TWICE WEEKLY)	Specialty	PA
XPOVIO (80 MG ONCE WEEKLY)	Specialty	PA
XPOVIO (80 MG TWICE WEEKLY)	Specialty	PA

Drug	Tier	Coverage Requirements and Limits
XTANDI	Specialty	PA
YERVOY	Specialty	PA
YONDELIS	Specialty	
ZALTRAP	Specialty	PA
ZEJULA ORAL TABLET 100 MG	Specialty	PA; QL
ZEJULA ORAL TABLET 200 MG, 300 MG	Specialty	PA
ZELBORAF	Specialty	PA
ZEPZELCA	Specialty	PA
ZEVALIN Y-90	Specialty	
ZIIHERA	Specialty	PA
ZIRABEV	Specialty	PA
ZOLINZA	Specialty	PA
ZUSDURI	Specialty	PA
ZYDELIG	Specialty	PA
ZYKADIA	Specialty	PA
ZYNLONTA	Specialty	PA
ZYNYZ	Specialty	PA
Antineoplastics - Drugs For Cancer - Drugs For Nutrition		
XROMI	3	PA
Antineoplastics - Drugs For Cancer - Drugs For The Skin		
<i>bexarotene</i>	Generic Specialty	PA
PANRETIN	3	
VALCHLOR	Specialty	PA
Antineoplastics - Drugs For Cancer - Vitamins And Minerals		
<i>lenalidomide</i>	Generic Specialty	PA
REVLIMID	Specialty	PA
SYLVANT	Specialty	PA

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Drug	Tier	Coverage Requirements and Limits
THALOMID	Specialty	PA
VIJOICE	Specialty	PA; QL
Antiparasitics - Drugs For Infections		
<i>albendazole oral</i>	1	PA
ARAKODA	3	
ARTESUNATE	3	
<i>atovaquone</i>	1	
<i>atovaquone-proguanil hcl</i>	1	
BENZNIDAZOLE	3	
BILTRICIDE	2	
<i>chloroquine phosphate oral</i>	1	
COARTEM	3	
EGATEN	3	
EMVERM	2	
<i>hydroxychloroquine sulfate oral</i>	1	
IMPAVIDO	3	
<i>ivermectin oral tablet 3 mg</i>	1	
KRINTAFEL	3	
LAMPIT	3	
MALARONE	3	
<i>mefloquine hcl</i>	1	
MEPRON	3	
NEBUPENT	3	
<i>nitazoxanide oral</i>	1	
PENTAM	3	
<i>pentamidine isethionate</i>	1	
<i>praziquantel oral</i>	1	
<i>primaquine phosphate</i>	1	
<i>pyrimethamine oral</i>	Generic Specialty	PA
PYRIMETHAMINE-LEUCOVORIN	3	
<i>quinine sulfate</i>	1	PA

Drug	Tier	Coverage Requirements and Limits
STROMEKTOL	3	
Antiparasitics - Drugs For The Skin		
ELIMITE	3	
<i>malathion</i>	1	
OVIDE	3	
<i>permethrin external</i>	1	
<i>spinosad</i>	1	
<i>sulfurated lime</i>	1	
Antiparkinson Agents - Drugs For The Nervous System		
<i>amantadine hcl oral</i>	1	
<i>apomorphine hcl subcutaneous</i>	Generic Specialty	PA; QL
<i>benztropine mesylate</i>	1	
<i>bromocriptine mesylate oral</i>	1	
<i>carbidopa oral</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa er</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
CREXONT	3	ST
DUOPA	3	PA
<i>entacapone</i>	1	
INBRIJA	Specialty	PA
NEUPRO	3	
NOURIANZ	3	PA
ONAPGO	Specialty	PA; QL
ONGENTYS	3	ST
PARLODEL	3	
<i>pramipexole dihydrochloride</i>	1	
<i>rasagiline mesylate oral</i>	1	
<i>ropinirole hcl</i>	1	
<i>ropinirole hcl er</i>	1	
RYTARY	3	ST

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Drug	Tier	Coverage Requirements and Limits
<i>selegiline hcl oral</i>	1	
TASMAR	3	
<i>tolcapone</i>	1	
<i>trihexyphenidyl hcl</i>	1	
VYALEV	Specialty	PA
Antiplatelets - Drugs For The Blood		
AGGRASTAT	3	
<i>aspirin-dipyridamole er</i>	1	
CABLIVI	Specialty	PA; QL
<i>cilostazol</i>	1	
<i>clopidogrel bisulfate oral</i>	1	
<i>dipyridamole oral</i>	1	
<i>eptifibatide</i>	1	
KENGREAL	3	
<i>prasugrel hcl</i>	1	
TAVALISSE	Specialty	PA
<i>ticagrelor</i>	1	
<i>tirofiban hcl in nacl</i>	1	
ZONTIVITY	3	
Antipsychotics - Drugs For Mood Disorders - Drugs For The Nervous System		
ABILIFY ASIMTUFII	3	
ABILIFY MAINTENA	3	
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG	3	PA
<i>aripiprazole</i>	1	QL
ARISTADA	3	
ARISTADA INITIO	3	
<i>asenapine maleate</i>	1	QL
CAPLYTA	3	ST; QL

Drug	Tier	Coverage Requirements and Limits
<i>chlorpromazine hcl injection</i>	1	
<i>chlorpromazine hcl oral</i>	1	
<i>clozapine</i>	1	QL
COBENFY	3	ST; QL
COBENFY STARTER PACK	3	ST; QL
ERZOFRI	3	
FANAPT	3	ST; QL
FANAPT TITRATION PACK A	3	ST; QL
FANAPT TITRATION PACK B	3	ST; QL
FANAPT TITRATION PACK C	3	ST; QL
<i>fluphenazine decanoate injection</i>	1	
<i>fluphenazine hcl</i>	1	
GEODON INTRAMUSCULAR	3	
<i>haloperidol decanoate intramuscular</i>	1	
<i>haloperidol lactate injection</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral</i>	1	
INVEGA HAFYERA	3	ST
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
<i>loxapine succinate</i>	1	
<i>lurasidone hcl</i>	1	QL
<i>molindone hcl</i>	1	
NUPLAZID	3	PA
<i>olanzapine intramuscular</i>	1	
<i>olanzapine oral</i>	1	QL
OIPIZA	3	ST; QL
<i>paliperidone er</i>	1	QL

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Drug	Tier	Coverage Requirements and Limits
PERSERIS	3	
<i>pimozide</i>	1	
<i>quetiapine fumarate</i>	1	QL
<i>quetiapine fumarate er</i>	1	QL
REXULTI	3	QL
RISPERDAL CONSTA	3	ST
<i>risperidone</i>	1	QL
<i>risperidone microspheres er</i>	1	
RYKINDO	3	
<i>thioridazine hcl oral</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
UZEDY	3	
VERSACLOZ	3	QL
VRAYLAR	3	QL
<i>ziprasidone hcl</i>	1	QL
<i>ziprasidone mesylate</i>	1	
ZYPREXA RELPREVV	3	
Antivirals - Drugs For Infections		
<i>abacavir sulfate</i>	1	
<i>abacavir sulfate-lamivudine</i>	1	
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>acyclovir sodium</i>	1	
<i>adefovir dipivoxil</i>	1	
APRETUDE	3	HCR\$0
APTIVUS	2	
<i>atazanavir sulfate</i>	1	
BARACLUDE ORAL SOLUTION	3	QL
BIKTARVY	3	
CABENUVA	2	

Drug	Tier	Coverage Requirements and Limits
<i>cidofovir intravenous</i>	1	
CIMDUO	2	
COMPLERA	3	
<i>darunavir</i>	1	
DELSTRIGO	3	
DESCOVY ORAL TABLET 120-15 MG	3	
DESCOVY ORAL TABLET 200-25 MG	3	PA; HCR\$0
DOVATO	2	
EDURANT	2	
EDURANT PED	2	
<i>efavirenz</i>	1	
<i>efavirenz-emtricitabine-tenofo df</i>	1	
<i>efavirenz-lamivudine-tenofovir</i>	1	
<i>emtricitabine</i>	1	
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	1	HCR\$0
<i>emtricitabine-rilpivir-tenofovir df</i>	1	
EMTRIVA ORAL CAPSULE	3	
EMTRIVA ORAL SOLUTION	2	
<i>entecavir</i>	1	QL
EPCLUSA	Specialty	PA; QL
EPIVIR	3	
<i>etravirine</i>	1	
EVOTAZ	2	
<i>famciclovir oral</i>	1	
<i>fosamprenavir calcium</i>	1	
<i>foscarnet sodium</i>	1	

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Drug	Tier	Coverage Requirements and Limits
FOSCAVIR	3	
FUZEON	2	
<i>ganciclovir sodium</i>	1	
GENVOYA	3	
HARVONI	Specialty	PA; QL
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	
KALETRA ORAL SOLUTION	3	
LAGEVRIO	3	QL
<i>lamivudine oral solution 10 mg/ml</i>	1	
<i>lamivudine oral tablet</i>	1	
<i>lamivudine-zidovudine</i>	1	
LIVTENCITY	Specialty	PA
<i>lopinavir-ritonavir</i>	1	
<i>maraviroc</i>	1	PA
MAVYRET	Specialty	PA; QL
<i>nevirapine</i>	1	
<i>nevirapine er</i>	1	
NORVIR ORAL PACKET	2	
NORVIR ORAL TABLET	3	
ODEFSEY	3	
<i>oseltamivir phosphate oral</i>	1	QL
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100 & 150/100)	2	QL
PAXLOVID (300/100)	2	QL
PEGASYS	Specialty	PA
PIFELTRO	3	
PREVYMIS	Specialty	
PREZCOBIX	2	

Drug	Tier	Coverage Requirements and Limits
PREZISTA ORAL SUSPENSION	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
RAPIVAB	3	
RELENZA DISKHALER	3	QL
RETROVIR INTRAVENOUS	2	
RETROVIR ORAL	3	
REYATAZ ORAL PACKET	2	
<i>ribavirin inhalation</i>	1	
<i>ribavirin oral</i>	Generic Specialty	
<i>rimantadine hcl</i>	1	
<i>ritonavir</i>	1	
RUKOBIA	2	
SELZENTRY ORAL SOLUTION	2	PA
SELZENTRY ORAL TABLET	3	PA
SOVALDI	Specialty	PA; QL
STRIBILD	3	
SUNLENCA	3	PA; QL
SYMFI	2	
SYMITUZA	3	
TEMBEXA	3	
<i>tenofovir disoproxil fumarate</i>	1	HCR\$0
TIVICAY	3	
TIVICAY PD	3	
TPOXX	3	
TRIUMEQ	2	
TRIUMEQ PD	3	
TROGARZO	3	
TYBOST	2	
<i>valacyclovir hcl oral</i>	1	QL

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Drug	Tier	Coverage Requirements and Limits
<i>valganciclovir hcl</i>	1	
VEKLURY	3	QL
VIRACEPT	2	
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VOSEVI	Specialty	PA; QL
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
YEZTUGO	3	PA; QL
ZEPATIER	Specialty	PA; QL
ZIAGEN	3	
<i>zidovudine</i>	1	
Antivirals - Drugs For The Skin		
<i>acyclovir external ointment</i>	1	QL
Anxiolytics - Drugs For Anxiety - Drugs For The Nervous System		
<i>alprazolam er</i>	1	QL
<i>alprazolam intensol</i>	1	QL
<i>alprazolam oral tablet</i>	1	QL
<i>alprazolam xr</i>	1	QL
ATIVAN INJECTION	3	
<i>buspirone hcl oral</i>	1	
<i>chlordiazepoxide hcl</i>	1	QL
<i>clonazepam oral</i>	1	QL
<i>clorazepate dipotassium</i>	1	QL
<i>diazepam injection solution 10 mg/2ml</i>	1	
<i>diazepam intensol</i>	1	
<i>diazepam oral</i>	1	

Drug	Tier	Coverage Requirements and Limits
<i>diazepam solution 5 mg/ml injection</i>	1	
DIAZEPAM SOLUTION 5 MG/ML INJECTION	3	
<i>estazolam</i>	1	QL
HALCION	3	QL
<i>hydroxyzine hcl intramuscular</i>	1	
<i>hydroxyzine hcl oral</i>	1	
<i>hydroxyzine pamoate oral</i>	1	
<i>lorazepam injection</i>	1	
<i>lorazepam intensol</i>	1	QL
<i>lorazepam oral concentrate 2 mg/ml</i>	1	QL
<i>lorazepam oral tablet</i>	1	QL
<i>meprobamate</i>	1	
<i>oxazepam</i>	1	QL
<i>quazepam</i>	1	QL
<i>triazolam</i>	1	QL
Bipolar Agents - Drugs For Mood Disorders - Drugs For The Nervous System		
EQUETRO	3	
<i>lithium</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium carbonate oral</i>	1	
Blood Products And Modifiers - Drugs For Blood Disorders - Drugs For Nutrition		
ADAKVEO	Specialty	PA
ALVAIZ	Specialty	PA
APHEXDA	Specialty	
ARANESP (ALBUMIN FREE)	Specialty	PA
DOPTelet	Specialty	PA

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Drug	Tier	Coverage Requirements and Limits
DOPTELET SPRINKLE	Specialty	PA; QL
<i>eltrombopag olamine</i>	Generic Specialty	PA
LEUKINE	Specialty	PA
MIRCERA	Specialty	PA
MULPLETA	Specialty	PA
NEULASTA	Specialty	PA
NEULASTA ONPRO	Specialty	PA
NIVESTYM	Specialty	PA
NPLATE	Specialty	PA
<i>plerixafor</i>	Generic Specialty	
PROCRIT	Specialty	PA
PROMACTA	Specialty	PA
REBLOZYL	Specialty	PA
RETACRIT	Specialty	PA
RYZNEUTA	Specialty	PA
UDENYCA	Specialty	PA
UDENYCA ONBODY	Specialty	PA
XOLREMDI	Specialty	PA; QL
ZARXIO	Specialty	PA
Blood Products And Modifiers - Drugs For Blood Disorders - Drugs For The Blood		
ADVATE	Specialty	
ADYNOVATE	Specialty	
AFSTYLA	Specialty	
ALHEMO	Specialty	PA
ALPHANATE	Specialty	
ALPHANINE SD	Specialty	
ALPROLIX	Specialty	
ALTUVIIIO	Specialty	
<i>aminocaproic acid intravenous</i>	1	
<i>aminocaproic acid oral</i>	1	
<i>anagrelide hcl</i>	1	

Drug	Tier	Coverage Requirements and Limits
ASTRINGYN	3	
BALFAXAR	3	
BENEFIX	Specialty	
BKEMV	Specialty	PA
COAGADEX	Specialty	
CORIFACT	Specialty	
CYKLOKAPRON	3	
ELOCTATE	Specialty	
EMPAVELI	Specialty	PA
ENJAYMO	Specialty	PA
EPYSQLI	Specialty	PA
ESPEROCT	Specialty	
FABHALTA	Specialty	PA; QL
FEIBA	Specialty	
FIBRYGA	Specialty	
HEMLIBRA	Specialty	
HEMOFIL M	Specialty	
<i>hetastarch-nacl</i>	1	
HEXTEND	3	
HUMATE-P	Specialty	
HYMPAVZI	Specialty	
IDELVION	Specialty	
IXINITY	Specialty	
JIVI	Specialty	
KCENTRA	3	
KOATE	Specialty	
KOATE-DVI	Specialty	
KOGENATE FS	Specialty	
KOVALTRY	Specialty	
LMD IN D5W	3	
LMD IN NACL	3	
NOVOEIGHT	Specialty	
NOVOSEVEN RT	Specialty	
NUWIQ	Specialty	
OBIZUR	Specialty	
PROFILNINE	Specialty	

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Drug	Tier	Coverage Requirements and Limits
<i>protamine sulfate intravenous</i>	1	
PYRUKYND	Specialty	PA; QL
PYRUKYND TAPER PACK	Specialty	PA; QL
QFITLIA	Specialty	PA
REBINYN	Specialty	
RECOMBINATE	Specialty	
RECOTHROM	3	
RECOTHROM SPRAY KIT	3	
RIASTAP	Specialty	
RIXUBIS	Specialty	
SOLIRIS	Specialty	PA
THROMBIN-JMI	3	
THROMBIN-JMI EPISTAXIS	3	
THROMBOGEN	3	
<i>tranexamic acid intravenous</i>	1	
<i>tranexamic acid oral</i>	1	
<i>tranexamic acid-nacl</i>	1	
TRETEN	Specialty	
ULTOMIRIS	Specialty	PA
VONVENDI	Specialty	
VOYDEYA	Specialty	PA; QL
WILATE	Specialty	
XYNTHA	Specialty	
XYNTHA SOLOFUSE	Specialty	
Cardiovascular Agents - Drugs For Heart And Circulation Conditions - Drugs For The Blood		
<i>pentoxifylline er</i>	1	

Drug	Tier	Coverage Requirements and Limits
Cardiovascular Agents - Drugs For Heart And Circulation Conditions - Drugs For The Heart		
ACCUPRIL	3	
ACCURETIC	3	
<i>acebutolol hcl oral</i>	1	
<i>acetazolamide sodium</i>	1	
<i>adenosine intravenous</i>	1	
AKOVAZ	3	
<i>aliskiren fumarate</i>	1	
<i>amiloride hcl oral</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amiodarone hcl</i>	1	
<i>amlodipine besylate oral</i>	1	
<i>amlodipine besylate-benazepril hcl</i>	1	
<i>amlodipine besylate-valsartan</i>	1	
<i>amlodipine-atorvastatin</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan-hctz</i>	1	
<i>atenolol oral</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	1	HCR\$0
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	1	
<i>benazepril hcl oral</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>betaxolol hcl oral</i>	1	
BIDIL	3	
BIORPHEN	3	

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Drug	Tier	Coverage Requirements and Limits
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
BREVIBLOC	3	
BREVIBLOC IN NACL	3	
BREVIBLOC PREMIXED	3	
BREVIBLOC PREMIXED DS	3	
<i>bumetanide</i>	1	
BUMEX	3	
<i>captopril oral</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	
CARDENE IV	3	
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
<i>chlorothiazide sodium</i>	1	
<i>chlorthalidone</i>	1	
<i>cholestyramine light</i>	1	
<i>cholestyramine oral</i>	1	
CLEVIPREX	3	
<i>clonidine hcl oral</i>	1	
<i>colesevelam hcl oral tablet</i>	1	
<i>colestipol hcl</i>	1	
CORLANOR ORAL SOLUTION	3	QL
CORVERT	3	
DEMSE	3	PA; QL
DIBENZYLINE	3	PA
<i>digoxin injection</i>	1	
<i>digoxin oral</i>	1	
<i>diltiazem hcl er beads</i>	1	

Drug	Tier	Coverage Requirements and Limits
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour</i>	1	
<i>diltiazem hcl intravenous</i>	1	
<i>diltiazem hcl oral</i>	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	3	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.72 MG/100ML-%, 125-0.7 MG/125ML-%	3	
<i>dilt-xr</i>	1	
<i>disopyramide phosphate</i>	1	
DIURIL	3	
<i>dobutamine hcl</i>	1	
<i>dobutamine-dextrose</i>	1	
<i>dofetilide</i>	1	
<i>dopamine hcl intravenous</i>	1	
<i>dopamine-dextrose</i>	1	
<i>doxazosin mesylate oral</i>	1	
DYRENIUM	3	
EDARBI	3	ST
EDARBYCLOR	3	ST

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Drug	Tier	Coverage Requirements and Limits
EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML	3	
<i>enalapril maleate oral tablet</i>	1	
<i>enalaprilat</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
ENBUMYST	3	
ENTRESTO ORAL CAPSULE SPRINKLE	2	QL
<i>ephedrine sulfate (pressors) intravenous solution 50 mg/ml</i>	1	
<i>ephedrine sulfate (pressors) solution prefilled syringe 25 mg/5ml intravenous</i>	1	
EPHEDRINE SULFATE (PRESSORS) SOLUTION PREFILLED SYRINGE 25 MG/5ML INTRAVENOUS	3	
EPHEDRINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/ML-%, 100-0.9 MG/10ML-%, 25-0.9 MG/5ML-%, 50-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	3	
EPINEPHRINE HCL-DEXTROSE	3	
EPINEPHRINE HCL-NACL	3	
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 1 MG/ML	3	

Drug	Tier	Coverage Requirements and Limits
EPINEPHRINE INTRAVENOUS SOLUTION	3	
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.1 MG/10ML	3	
<i>epinephrine intravenous solution prefilled syringe 1 mg/10ml</i>	1	
<i>epinephrine pf</i>	1	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	3	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
<i>eplerenone</i>	1	
<i>esmolol hcl intravenous solution 100 mg/10ml</i>	1	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	3	
<i>esmolol hcl-sodium chloride</i>	1	
<i>ethacrynate sodium</i>	1	
<i>ethacrynic acid</i>	1	
EVKEEZA	Specialty	PA
<i>ezetimibe</i>	1	
<i>ezetimibe-simvastatin</i>	1	
<i>felodipine er</i>	1	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	1	

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Drug	Tier	Coverage Requirements and Limits
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	1	
<i>fenofibric acid oral capsule delayed release</i>	1	
<i>flecainide acetate</i>	1	
<i>fosinopril sodium</i>	1	
<i>fosinopril sodium-hctz</i>	1	
FUROSEMIDE IN SODIUM CHLORIDE	3	
<i>furosemide injection</i>	1	
<i>furosemide oral</i>	1	
<i>gemfibrozil oral</i>	1	
<i>guanfacine hcl</i>	1	
HEMANGEOL	3	PA
<i>hydralazine hcl injection</i>	1	
<i>hydralazine hcl oral</i>	1	
<i>hydrochlorothiazide oral</i>	1	
<i>ibutilide fumarate</i>	1	
<i>icosapent ethyl</i>	1	PA
IMMPHENTIV	3	
<i>indapamide</i>	1	
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
ISORDIL TITRADOSE	3	
<i>isosorb dinitrate-hydralazine</i>	1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>isradipine</i>	1	
<i>ivabradine hcl</i>	1	QL
JUXTAPID	Specialty	PA; QL

Drug	Tier	Coverage Requirements and Limits
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
<i>labetalol hcl oral</i>	1	
<i>labetalol hcl solution 5 mg/ml intravenous</i>	1	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	3	
LANOXIN INJECTION	3	
LANOXIN PEDIATRIC	3	
LEVOPHED	3	
<i>lisinopril oral</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
LOPID	3	
LOPRESSOR ORAL TABLET	3	
<i>losartan potassium oral</i>	1	
<i>losartan potassium-hctz</i>	1	
LOTENSIN	3	
LOTENSIN HCT	3	
<i>lovastatin oral</i>	1	HCR\$0
<i>mannitol intravenous</i>	1	
<i>methyldopa</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate intravenous</i>	1	
<i>metoprolol tartrate oral</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	1	
<i>metryrosine</i>	1	PA; QL
<i>mexiletine hcl oral</i>	1	
<i>midodrine hcl</i>	1	
<i>milrinone lactate</i>	1	
<i>milrinone lactate in dextrose</i>	1	

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Drug	Tier	Coverage Requirements and Limits
<i>minoxidil oral</i>	1	
<i>moexipril hcl</i>	1	
MULTAQ	3	
<i>nadolol oral</i>	1	
<i>nebivolol hcl</i>	1	
NEXLETOL	2	PA; QL
NEXLIZET	2	PA; QL
NEXTERONE	3	
<i>niacin er (antihyperlipidemic)</i>	1	
<i>nicardipine hcl in nacl intravenous solution</i>	1	
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
<i>nicardipine hcl intravenous</i>	1	
<i>nifedipine er</i>	1	
<i>nifedipine er osmotic release</i>	1	
<i>nifedipine oral</i>	1	
<i>nimodipine oral capsule</i>	1	
NIMODIPINE ORAL SOLUTION	3	
NITRO-BID	3	
<i>nitroglycerin</i>	1	
<i>nitroglycerin in d5w</i>	1	
NITROLINGUAL	3	
<i>nitroprusside sodium</i>	1	
<i>norepinephrine bitartrate intravenous</i>	1	
NOREPINEPHRINE-DEXTROSE	3	

Drug	Tier	Coverage Requirements and Limits
NOREPINEPHRINE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 16-0.9 MG/250ML-%, 4-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	3	
NORLIQVA	3	PA
NORPACE	3	
NORPACE CR	2	
NYMALIZE	3	
<i>olmesartan medoxomil oral</i>	1	
<i>olmesartan medoxomil-hctz</i>	1	
<i>olmesartan-amlodipine-hctz</i>	1	
<i>omega-3-acid ethyl esters</i>	1	
OSMITROL	3	
PACERONE	3	
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine hcl oral</i>	1	PA
<i>phentolamine mesylate injection</i>	1	
<i>phenylephrine hcl (pf)</i>	1	
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION 0.4 MG/10ML, 0.8 MG/10ML	3	
<i>phenylephrine hcl (pressors) intravenous solution 10 mg/ml</i>	1	
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4 MG/10ML, 0.5 MG/5ML, 1 MG/10ML	3	

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Drug	Tier	Coverage Requirements and Limits
PHENYLEPHRINE HCL INTRAVENOUS	3	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION 10-0.9 MG/250ML-%, 20-0.9 MG/250ML-%, 25-0.9 MG/250ML-%, 40-0.9 MG/250ML-%, 50-0.9 MG/250ML-%, 80-0.9 MG/250ML-%	3	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.5-0.9 MG/5ML-%, 0.8-0.9 MG/10ML-%, 1-0.9 MG/10ML-%, 100-0.9 MCG/10ML-%, 20-0.9 MG/50ML-%, 5-0.9 MG/50ML-%	3	
<i>pindolol</i>	1	
<i>pravastatin sodium</i>	1	HCR\$0
<i>prazosin hcl oral</i>	1	
PRESTALIA	3	
<i>prevalite</i>	1	
<i>procainamide hcl injection</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol hcl intravenous</i>	1	
<i>propranolol hcl oral</i>	1	
PROSTIN VR	3	
<i>quinapril hcl</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>quinidine gluconate er</i>	1	
<i>quinidine sulfate</i>	1	

Drug	Tier	Coverage Requirements and Limits
<i>ramipril</i>	1	
<i>ranolazine er</i>	1	
REPATHA	2	ST; QL
REPATHA SURECLICK	2	ST; QL
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	1	HCR\$0
<i>rosuvastatin calcium oral tablet 20 mg, 40 mg</i>	1	
<i>sacubitril-valsartan</i>	1	QL
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	HCR\$0
<i>simvastatin oral tablet 80 mg</i>	1	
<i>sodium nitroprusside intravenous solution 25 mg/ml</i>	1	
<i>sotalol hcl (af)</i>	1	
<i>sotalol hcl oral</i>	1	
SOTYLIZE	3	
<i>spironolactone oral tablet</i>	1	
<i>spironolactone-hctz</i>	1	
TEKTURNA	2	
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	1	
THALITONE	3	
<i>tiadylt er</i>	1	
<i>timolol maleate oral</i>	1	
<i>toremide</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil hcl er</i>	1	
<i>triamterene oral</i>	1	
<i>triamterene-hctz</i>	1	
TRYVIO	3	PA; QL
<i>valsartan oral tablet</i>	1	

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Drug	Tier	Coverage Requirements and Limits
<i>valsartan-hydrochlorothiazide</i>	1	
VASCEPA	2	PA
VAZCULEP	3	
VECAMYL	3	
<i>verapamil hcl er</i>	1	
<i>verapamil hcl intravenous</i>	1	
<i>verapamil hcl oral</i>	1	
VERQUVO	3	PA; QL
VYNDAMAX	Specialty	PA; QL
VYNDAQEL	Specialty	PA; QL
Cardiovascular Agents - Drugs For Heart And Circulation Conditions - Hormones		
TRYNGOLZA	Specialty	PA; QL
Cardiovascular Agents - Drugs For Heart And Circulation Conditions - Rectal Preparations		
<i>nitroglycerin</i>	1	
Cardiovascular Agents - Drugs For Heart And Circulation Conditions - Vitamins And Minerals		
ASCLERA	3	
ETHAMOLIN	3	
VARITHENA	3	

Drug	Tier	Coverage Requirements and Limits
Central Nervous System Agents - Drugs For Attention Deficit Disorder - Drugs For The Nervous System		
<i>amphetamine sulfate</i>	1	QL
<i>amphetamine-dextroamphetamine</i>	1	QL
<i>amphetamine-dextroamphetamine er</i>	1	QL
<i>amphet-dextroamphet 3-bead er</i>	1	QL
APTENSIO XR	3	ST; QL
<i>atomoxetine hcl</i>	1	QL
AZSTARYS	2	ST; QL
<i>clonidine hcl er</i>	1	
CONCERTA	3	QL
<i>dexmethylphenidate hcl</i>	1	QL
<i>dexmethylphenidate hcl er</i>	1	QL
<i>dextroamphetamine sulfate</i>	1	QL
<i>dextroamphetamine sulfate er</i>	1	QL
<i>guanfacine hcl er</i>	1	
JORNAY PM	3	ST; QL
<i>lisdexamfetamine dimesylate</i>	1	QL
METHYLIN	3	ST; QL
<i>methylphenidate hcl er</i>	1	QL
<i>methylphenidate hcl er (cd)</i>	1	QL
<i>methylphenidate hcl er (la)</i>	1	QL
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	1	QL

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Drug	Tier	Coverage Requirements and Limits
<i>methylphenidate hcl er (xr)</i>	1	QL
<i>methylphenidate hcl oral</i>	1	QL
ONYDA XR	3	ST; QL
PROCENTRA	3	ST; QL
VYVANSE	3	QL
Central Nervous System Agents - Drugs For Multiple Sclerosis - Drugs For The Nervous System		
AVONEX PEN	Specialty	PA; QL
AVONEX PREFILLED	Specialty	PA; QL
BAFIERTAM	Specialty	PA; QL
BETASERON	Specialty	PA; QL
BRIUMVI	Specialty	PA
<i>dalfampridine er</i>	Generic Specialty	PA; QL
<i>dimethyl fumarate oral</i>	Generic Specialty	PA; QL
<i>dimethyl fumarate starter pack</i>	Generic Specialty	PA; QL
<i>fingolimod hcl</i>	Generic Specialty	PA; QL
GILENYA ORAL CAPSULE 0.25 MG	Specialty	PA; QL
<i>glatiramer acetate</i>	Generic Specialty	PA; QL
<i>glatopa</i>	Generic Specialty	PA; QL
KESIMPTA	Specialty	PA; QL
LEMTRADA	Specialty	PA; QL
MAVENCLAD	Specialty	PA; QL
MAYZENT	Specialty	PA; QL
MAYZENT STARTER PACK	Specialty	PA; QL
OCREVUS	Specialty	PA
OCREVUS ZUNOVO	Specialty	PA; QL

Drug	Tier	Coverage Requirements and Limits
<i>teriflunomide</i>	Generic Specialty	PA; QL
TYSABRI	Specialty	PA; QL
VUMERITY	Specialty	PA; QL
ZEPOSIA	Specialty	PA; QL
ZEPOSIA 7-DAY STARTER PACK	Specialty	PA; QL
ZEPOSIA STARTER KIT	Specialty	PA; QL
Central Nervous System Agents - Drugs For Nerves And Muscles		
SKYCLARYS	Specialty	PA; QL
Central Nervous System Agents - Miscellaneous - Drugs For Nerves And Muscles		
ANECTINE	3	
<i>atracurium besylate</i>	1	
<i>cisatracurium besylate</i>	1	
<i>cisatracurium besylate (pf)</i>	1	
<i>edaravone</i>	Generic Specialty	PA
QUELICIN	3	
RADICAVA	Specialty	PA
RADICAVA ORS	Specialty	PA
RADICAVA ORS STARTER KIT	Specialty	PA
<i>riluzole</i>	1	
<i>rocuronium bromide intravenous solution 100 mg/10ml, 50 mg/5ml</i>	1	
ROCURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	

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Drug	Tier	Coverage Requirements and Limits
<i>succinylcholine chloride injection solution prefilled syringe</i>	1	
SUCCINYLCHOLINE CHLORIDE INTRAVENOUS	3	
<i>succinylcholine chloride solution 20 mg/ml injection</i>	1	
SUCCINYLCHOLINE CHLORIDE SOLUTION 20 MG/ML INJECTION	3	
TEGLUTIK	2	PA; QL
TIGLUTIK	2	PA; QL
VECURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
<i>vecuronium bromide intravenous solution reconstituted</i>	1	
Central Nervous System Agents - Miscellaneous - Drugs For The Nervous System		
ADDYI	3	PA; QL
AMVUTTRA	Specialty	PA; QL
AUSTEDO	Specialty	PA; QL
AUSTEDO XR	Specialty	PA; QL
AUSTEDO XR PATIENT TITRATION	Specialty	PA; QL
<i>caffeine citrate</i>	1	
CAFFEINE-SODIUM BENZOATE	3	
DOPRAM	3	
<i>gabapentin (once-daily)</i>	1	ST; QL
GRALISE	3	ST; QL
HORIZANT	3	PA; QL
INGREZZA	Specialty	PA; QL

Drug	Tier	Coverage Requirements and Limits
NUDEXTA	3	PA
ONPATTRO	Specialty	PA
<i>pregabalin oral</i>	1	QL
SAVELLA	3	ST; QL
SAVELLA TITRATION PACK	3	ST; QL
<i>tetrabenazine</i>	Generic Specialty	PA
VYLEESI	3	PA; QL
WAINUA	Specialty	PA; QL
Dental And Oral Agents - Drugs For Mouth And Throat Conditions - Drugs For Cancer		
KEPIVANCE	Specialty	
Dental And Oral Agents - Drugs For Mouth And Throat Conditions - Drugs For The Mouth And Throat		
AQUORAL	3	
<i>cevimeline hcl</i>	1	
<i>chlorhexidine gluconate mouth/throat</i>	1	
KOURZEQ	3	
<i>lidocaine viscous hcl</i>	1	
ORALONE	3	
PERIDEX	3	
<i>periogard</i>	1	
<i>pilocarpine hcl oral</i>	1	
<i>triamcinolone acetonide mouth/throat</i>	1	

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Drug	Tier	Coverage Requirements and Limits
Dental And Oral Agents - Drugs For Mouth And Throat Conditions - Medical Supplies And Durable Medical Equipment		
MI PASTE	3	
MI PASTE PLUS	3	
REMESENSE	3	
Dermatological Agents - Drugs For Skin Conditions - Drugs For The Skin		
ABSORICA LD	3	PA
<i>accutane</i>	1	
<i>acitretin</i>	1	
<i>adapalene external cream</i>	1	
<i>adapalene external gel</i>	1	
<i>adapalene-benzoyl peroxide external gel</i>	1	
ADBRY	Specialty	PA; QL
AKLIEF	3	PA
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	
ALTRENO	3	PA
ALUMINUM CHLORIDE ANHYDROUS	3	
ALUMINUM CHLORIDE HEXAHYDRATE POWDER	3	
<i>ammonium lactate external</i>	1	
<i>amnesteam</i>	1	
AMZEEQ	3	
AQUACEL AG BURN	3	

Drug	Tier	Coverage Requirements and Limits
ATRALIN	3	PA
ATRAPRO DERMAL SPRAY	3	
<i>azelaic acid external</i>	1	
B & C	3	
<i>balsam peru-castor oil</i>	1	
<i>benzoyl peroxide-erythromycin</i>	1	
<i>betamethasone dipropionate aug</i>	1	
<i>betamethasone dipropionate external</i>	1	
<i>betamethasone valerate external</i>	1	
BPCO	3	
<i>brimonidine tartrate external</i>	1	
CALAMINE	3	
<i>calcipotriene external cream</i>	1	
<i>calcipotriene external ointment</i>	1	
<i>calcipotriene external solution</i>	1	
<i>calcipotriene-betameth diprop external suspension</i>	1	QL
CALCITRENE	3	
<i>calcitriol external</i>	1	
CIBINQO	Specialty	PA; QL
<i>claravis</i>	1	
CLEOCIN-T	3	
<i>clindacin etz external swab</i>	1	
<i>clindacin-p</i>	1	
<i>clindamycin phos (twice-daily)</i>	1	

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Drug	Tier	Coverage Requirements and Limits
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	1	
<i>clindamycin phosphate external lotion</i>	1	
<i>clindamycin phosphate external solution</i>	1	
<i>clindamycin phosphate external swab</i>	1	
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate external cream 0.05 %</i>	1	
<i>clobetasol propionate external foam</i>	1	
<i>clobetasol propionate external gel</i>	1	
<i>clobetasol propionate external liquid</i>	1	
<i>clobetasol propionate external lotion</i>	1	
<i>clobetasol propionate external ointment</i>	1	
<i>clobetasol propionate external shampoo</i>	1	
<i>clobetasol propionate external solution</i>	1	
<i>clodan</i>	1	
<i>coal tar external</i>	1	
CONDYLOX	3	
DERMA-SMOOTH/FS BODY	3	
DERMA-SMOOTH/FS SCALP	3	
<i>desonide external cream</i>	1	
<i>desonide external lotion</i>	1	
<i>desonide external ointment</i>	1	
<i>desoximetasone external cream 0.25 %</i>	1	

Drug	Tier	Coverage Requirements and Limits
<i>desoximetasone external gel</i>	1	
<i>desoximetasone external liquid</i>	1	
<i>desoximetasone external ointment 0.25 %</i>	1	
<i>diclofenac sodium external gel 3 %</i>	1	QL
DIPROLENE	3	
DRYSOL	3	
DUPIXENT	Specialty	PA; QL
EBGLYSS	Specialty	PA; QL
ENSTILAR	3	QL
EPIDUO FORTE	3	
EPIFOAM	3	
ERY	3	
<i>erythromycin external</i>	1	
EUCRISA	2	ST
FILSUEVZ	Specialty	PA; QL
FINACEA EXTERNAL FOAM	3	
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide external</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinonide emulsified base</i>	1	
<i>fluocinonide external</i>	1	
<i>fluorouracil external cream 5 %</i>	1	
<i>fluorouracil external solution</i>	1	
<i>fluticasone propionate external</i>	1	
GORDOFILM	3	
<i>halobetasol propionate external cream</i>	1	

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Drug	Tier	Coverage Requirements and Limits
<i>halobetasol propionate external ointment</i>	1	
<i>hydrocortisone butyrate external cream</i>	1	
<i>hydrocortisone butyrate external ointment</i>	1	
<i>hydrocortisone butyrate external solution</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate</i>	1	
HYPOCYN ANTIPRURITIC	3	
<i>imiquimod external cream 3.75 %</i>	1	ST
<i>imiquimod external cream 5 %</i>	1	
<i>imiquimod pump</i>	1	ST
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>ivermectin external cream</i>	1	
KERALYT EXTERNAL SHAMPOO	3	
KLARON	3	
KLISYRI (250 MG)	3	ST
KLISYRI (350 MG)	3	ST
<i>lactic acid e</i>	1	
LEQSELVI	Specialty	PA; QL
LEVULAN KERASTICK	3	
LITFULO	Specialty	PA; QL
L-MESITRAN SOFT WOUND	3	
LUXAMEND	3	

Drug	Tier	Coverage Requirements and Limits
MEDIHONEY WOUND/BURN DRESSING EXTERNAL GEL	3	
<i>methoxsalen rapid</i>	1	
METROCREAM	3	
<i>metronidazole external</i>	1	
MICROCYN EXTERNAL LIQUID	3	
MIRVASO	2	
<i>mometasone furoate external</i>	1	
NEMLUVIO	Specialty	PA; QL
NEO-SYNALAR	3	
<i>neuac</i>	1	
ONEXTON	1	
OPZELURA	2	ST; QL
PETROLEUM GAUZE NON-WOVEN 3X9"	3	
<i>pimecrolimus</i>	1	ST; QL
<i>podofilox external</i>	1	
PYROGALLIC ACID	3	
QBREXZA	3	QL
RADIAPLEXRX	3	
REGENECARE	3	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	3	PA
ROCELIX	3	
SANTYL	3	QL
SCENESSE	Specialty	PA
<i>selenium sulfide external lotion</i>	1	
SOFDRA	3	QL
SOOLANTRA	3	
<i>sulfacetamide sodium (acne)</i>	1	

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Drug	Tier	Coverage Requirements and Limits
<i>sulfacetamide sodium-sulfur external liquid 10-5 %</i>	1	
SYNALAR	3	
TACLONEX	3	QL
<i>tacrolimus external</i>	1	QL
<i>tazarotene external cream</i>	1	PA
<i>tazarotene external gel 0.05 %</i>	1	PA
TOLAK	3	
TOPICORT	3	
<i>tretinoin external</i>	1	
<i>tretinoin microsphere external gel 0.08 %</i>	1	
<i>tretinoin microsphere pump external gel 0.08 %</i>	1	
<i>triamcinolone acetonide external cream</i>	1	
<i>triamcinolone acetonide external lotion</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triderm</i>	1	
TWYNEO	3	
<i>urea external cream 20 %, 40 %, 41 %</i>	1	
VENELEX	3	
VTAMA	2	ST
WYNZORA	3	QL
XALIX	3	
XERAC AC	3	
XEROFORM OCCLUSIVE GAUZE PATCH	3	
XEROFORM OIL EMULSION 2"X2"	3	

Drug	Tier	Coverage Requirements and Limits
XEROFORM OIL EMULSION GAUZE	3	
XEROFORM OIL EMULSION STRIP	3	
XEROFORM OIL ROLL 4"X9'	3	
XEROFORM PETROLAT GAUZE 1"X8"	3	
XEROFORM PETROLAT GAUZE 5"X9"	3	
XEROFORM PETROLAT PATCH 2"X2"	3	
XEROFORM PETROLAT PATCH 4"X4"	3	
XEROFORM PETROLATUM DRES 4"X4"	3	
XEROFORM PETROLATUM DRES 5"X9"	3	
XEROFORM PETROLATUM ROLL 4"X9'	3	
YCANTH	3	PA
ZELSUVMI	3	PA
<i>zenatane</i>	1	
ZILXI	3	ST
ZORYVE EXTERNAL CREAM 0.15 %, 0.3 %	2	ST
Diabetes - Antidiabetic Agents - Hormones		
<i>acarbose oral</i>	1	
CYCLOSET	3	ST
DUETACT	3	
FARXIGA	2	

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Drug	Tier	Coverage Requirements and Limits
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide er</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide-metformin hcl</i>	1	
GLUCOTROL XL	3	
<i>glyburide micronized</i>	1	
<i>glyburide oral</i>	1	
<i>glyburide-metformin</i>	1	
GLYXAMBI	2	
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
<i>liraglutide</i>	1	PA; QL
<i>metformin hcl er</i>	1	
<i>metformin hcl oral solution</i>	1	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	
<i>miglitol</i>	1	
MOUNJARO	2	PA; QL
<i>nateglinide</i>	1	
OZEMPIC	2	PA; QL
<i>pioglitazone hcl</i>	1	
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl-metformin hcl</i>	1	
<i>repaglinide</i>	1	
RIOMET	3	ST
RYBELSUS	2	PA; QL
<i>saxagliptin hcl</i>	1	
<i>saxagliptin-metformin er</i>	1	

Drug	Tier	Coverage Requirements and Limits
SOLQUA	2	
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	
TRIJARDY XR	2	
TRULICITY	2	PA; QL
XIGDUO XR	2	
XULTOPHY	3	
Diabetes - Glucose Monitoring - Medical Supplies And Durable Medical Equipment		
ACCU-CHEK FASTCLIX LANCET KIT	2	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	
ADVOCATE SAFETY LANCETS 21G	2	
ADVOCATE SAFETY LANCETS 23G	2	
ADVOCATE SAFETY LANCETS 28G	2	
AUTOLET II CLINISAFE	3	
AUTOLET LANCING DEVICE	3	
AUTOLET LITE LANCING DEVICE	3	
CARESENS LANCETS 30G	2	
CARETOUCH LANCING/EJECTOR	3	
CEQR SIMPLICITY 2U	2	
CEQR SIMPLICITY INSERTER	2	
CHEMSTRIP BG LOG BOOK	3	

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Drug	Tier	Coverage Requirements and Limits
CHOSEN LANCETS 30G	2	
CHOSEN LANCING DEVICE	3	
CHOSEN SAFETY LANCETS 28G	2	
CLEVER CHOICE COMFORT EZ	2	
COMFORT TOUCH TWIST LANCET 30G	2	
CONTOUR CONTROL	2	
CONTOUR NEXT CONTROL	2	
CONTOUR PLUS CONTROL SOLUTION	3	
DEXCOM G6 RECEIVER	2	PA
DEXCOM G6 SENSOR	2	PA
DEXCOM G6 TRANSMITTER	2	PA
DEXCOM G7 15 DAY SENSOR	2	PA
DEXCOM G7 RECEIVER	2	PA
DEXCOM G7 SENSOR	2	PA
DIATHRIVE LANCING DEVICE	3	
DROPLET GENTEEL LANCING DEVICE	3	
DROPSAFE ACTI-LANCE 23G	2	
EASY TOUCH LANCING DEVICE	3	
EMBRACE LANCING DEVICE/EJECTOR	3	
ENLITE GLUCOSE SENSOR	3	PA
GENTEEL LANCING KIT (BLUE)	3	
GOJJI LANCING DEVICE/CLEAR CAP	3	

Drug	Tier	Coverage Requirements and Limits
GUARDIAN 4 GLUCOSE SENSOR	3	PA
GUARDIAN 4 TRANSMITTER	3	PA
GUARDIAN LINK 3 TRANSMITTER	3	PA
GUARDIAN REAL-TIME CHARGER	3	
GUARDIAN REAL-TIME REPLACE PED	3	PA
GUARDIAN REAL-TIME TEST PLUG	3	
GUARDIAN SENSOR 3	3	PA
IHEALTH LANCING DEVICE	3	
KT TAPE CGM PATCH	3	
LANCETS	2	
LANCETS 28G THIN	2	
LANCETS SUPER THIN	2	
MICROLET NEXT LANCING DEVICE	3	
MINIMED INSTINCT GLUC SENSOR	3	PA
MOBILE LANCETS 30G	2	
NOVOPEN ECHO	3	
ONETOUCH DELICA PLUS LANCING	3	
ONETOUCH DELICA SAFETY LANCING	2	
PERFECT POINT SAFETY LANCETS	2	
SIMPLERA SENSOR	3	PA
SIMPLERA SYNC SENSOR	3	PA
SIMPLERA SYSTEM	3	PA
TECHLITE LANCETS 26G	2	
VERIFINE SAFE LANCET MINI 21G	2	

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Drug	Tier	Coverage Requirements and Limits
VERIFINE SAFE LANCET MINI 23G	2	
VERIFINE SAFE LANCET MINI 28G	2	
VERIFINE SAFE LANCET MINI 30G	2	
VIVAGUARD LANCETS 30G	2	
VIVAGUARD LANCING DEVICE	3	
VIVAGUARD SAFETY LANCETS 28G	2	
Diabetes - Glucose Monitoring		
CHEMSTRIP K	3	
CHEMSTRIP UGK	3	
CONTOUR NEXT TEST	2	QL
CONTOUR PLUS TEST	2	QL
CONTOUR TEST	2	QL
DIASTIX REAGENT	2	
KETO-DIASTIX	3	
KETONE CARE	3	
KETOSTIX	3	
Diabetes - Glycemic Agents - Hormones		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
<i>diazoxide oral</i>	1	
<i>glucagon emergency kit injection solution reconstituted 1 mg</i>	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	
ZEGALOGUE	2	

Drug	Tier	Coverage Requirements and Limits
Diabetes - Insulins - Hormones		
ADMELOG	1	
ADMELOG SOLOSTAR	1	
AFREZZA	3	PA
APIDRA SOLOSTAR	1	
APIDRA VIAL	1	
BASAGLAR KWIKPEN	1	
FIASP	1	
FIASP FLEXTOUCH	1	
FIASP PENFILL	1	
FIASP PUMPCART	1	
HUMALOG	1	
HUMALOG KWIKPEN	1	
HUMALOG MIX 50/50 KWIKPEN	1	
HUMALOG MIX 75/25 KWIKPEN	1	
HUMALOG MIX 75/25 VIAL	1	
HUMALOG U-100 JUNIOR KWIKPEN	1	
HUMULIN 70/30 KWIKPEN	1	
HUMULIN 70/30 VIAL	1	
HUMULIN N KWIKPEN	1	
HUMULIN N VIAL	1	
HUMULIN R U-500 KWIKPEN	1	
HUMULIN R VIAL	1	
INSULIN LISPRO	1	
INSULIN LISPRO (1 UNIT DIAL)	1	
INSULIN LISPRO JUNIOR KWIKPEN	1	
INSULIN LISPRO PROT & LISPRO	1	
LANTUS SOLOSTAR	1	

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Drug	Tier	Coverage Requirements and Limits
LANTUS U-100 VIAL	1	
LYUMJEV KWIKPEN	1	
LYUMJEV VIAL	1	
MYXREDLIN	3	
NOVOLIN 70/30 FLEXPEN	1	
NOVOLIN 70/30 VIAL	1	
NOVOLIN N FLEXPEN	1	
NOVOLIN N VIAL	1	
NOVOLIN R FLEXPEN	1	
NOVOLIN R VIAL	1	
NOVOLOG FLEXPEN	1	
NOVOLOG MIX 70/30 FLEXPEN	1	
NOVOLOG MIX 70/30 VIAL	1	
NOVOLOG PENFILL	1	
NOVOLOG U-100 VIAL	1	
REZVOGLAR KWIKPEN	1	
TOUJEO MAX SOLOSTAR	1	
TOUJEO SOLOSTAR	1	
Diabetes - Insulins - Medical Supplies And Durable Medical Equipment		
AQ INSULIN SYRINGE	2	
BD ULTRA-FINE INSULIN SYRINGES 27G 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, 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	2	

Drug	Tier	Coverage Requirements and Limits
BD VEO INSULIN SYR ULTRAFINE	2	
DROPSAFE SAFETY SYRINGE/NEEDLE	2	
EMBECTA INS SYR U/F 1/2 UNIT	2	
EMBECTA INSULIN SYR ULTRAFINE	2	
EMBECTA INSULIN SYRINGE	2	
EMBECTA INSULIN SYRINGE U-100	2	
EMBECTA INSULIN SYRINGE U-500	2	
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 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" 0.5 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 1/2" 0.3 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" 0.5 ML, 32G X 5/16" 1 ML	2	
ULTIGUARD SAFEPAK SYR/NEEDLE	2	
VERIFINE INSULIN SYRINGE	2	

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Drug	Tier	Coverage Requirements and Limits
Electrolytes / Minerals / Metals / Vitamins - Drugs For Nutrition		
ALANINE	3	
AMINO ACID	3	
AMINO ACID-CALCIUM-HEP IN D10W INTRAVENOUS SOLUTION 3 %	3	
AMINOPROTECT	3	
AMINOSYN II	3	
AMINOSYN-PF	3	
AMINOSYN-PF 7%	3	
AQUASOL A	3	
ARGININE HCL INJECTION	3	
CALCIFOL	3	
CALCIUM CHLORIDE DIHYDRATE POWDER	3	
CALCIUM CHLORIDE SOLUTION 10 % INTRAVENOUS	3	
<i>calcium chloride solution 10 % intravenous</i>	1	
CALCIUM GLUCONATE	3	
CALCIUM GLUCONATE ANHYDROUS	3	
<i>calcium gluconate intravenous solution</i>	1	
CALCIUM GLUCONATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
CALCIUM GLUCONATE MONOHYDRATE	3	

Drug	Tier	Coverage Requirements and Limits
<i>calcium gluconate-nacl intravenous solution 1-0.675 gm/50ml-%, 1-0.8 gm/100ml-%, 2-0.675 gm/100ml-%</i>	1	
CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.9 GM/100ML-%, 2-0.9 GM/100ML-%	3	
CALCIUM LACTATE PENTAHYDRATE	3	
CALCIUM PHOSPHATE DIBASIC	3	
CALCIUM PHOSPHATE TRIBASIC	3	
CHOLINE BITARTRATE POWDER	3	
<i>chromic chloride intravenous</i>	1	
CLINIMIX E/DEXTROSE (2.75/5)	3	
CLINIMIX E/DEXTROSE (4.25/10)	3	
CLINIMIX E/DEXTROSE (4.25/5)	3	
CLINIMIX E/DEXTROSE (5/15)	3	
CLINIMIX E/DEXTROSE (5/20)	3	
CLINIMIX E/DEXTROSE (8/10)	3	
CLINIMIX E/DEXTROSE (8/14)	3	
CLINIMIX/DEXTROSE (4.25/10)	3	
CLINIMIX/DEXTROSE (4.25/5)	3	
CLINIMIX/DEXTROSE (5/15)	3	

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Drug	Tier	Coverage Requirements and Limits
CLINIMIX/DEXTROSE (5/20)	3	
CLINIMIX/DEXTROSE (6/5)	3	
CLINIMIX/DEXTROSE (8/10)	3	
CLINIMIX/DEXTROSE (8/14)	3	
CLINISOL SF	3	
CLINOLIPID	3	
<i>cupric chloride</i>	1	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	
<i>cyanocobalamin nasal</i>	1	
<i>dextrose intravenous solution 10 %, 20 %, 30 %, 40 %, 5 %, 70 %</i>	1	
DEXTROSE SOLUTION 250 MG/ML INTRAVENOUS	3	
<i>dextrose solution 250 mg/ml intravenous</i>	1	
DEXTROSE SOLUTION 50 % INTRAVENOUS	3	
<i>dextrose solution 50 % intravenous</i>	1	
DL-ALANINE	3	
DL-LEUCINE	3	
DL-PHENYLALANINE	3	
DRISDOL	3	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	
<i>effer-k oral tablet effervescent 25 meq</i>	1	
<i>ergocalciferol oral capsule</i>	1	
FERRLECIT	3	

Drug	Tier	Coverage Requirements and Limits
<i>ferumoxytol</i>	1	ST
<i>folic acid injection</i>	1	
<i>folic acid oral tablet 1 mg</i>	1	
GALZIN	3	
GLUTATHIONE INJECTION SOLUTION 200 MG/ML	3	
GLUTATHIONE INTRAVENOUS	3	
GLYCINE INJECTION	3	
GLYCOPHOS	3	
HEMATINIC/FOLIC ACID	3	
<i>hydroxocobalamin acetate</i>	1	
INFED	3	
INJECTAFER	3	ST
INTRALIPID	3	
<i>iodine strong</i>	1	
<i>iron sucrose</i>	1	
KABIVEN	3	
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
K-PHOS	3	
L-ALANINE	3	
L-CYSTINE	3	
L-GLUTAMIC ACID	3	
L-HISTIDINE	3	
L-HISTIDINE MONOHYDROCHLORIDE POWDER	3	
LIPO	3	
LIPO-C	3	
L-LEUCINE	3	

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Drug	Tier	Coverage Requirements and Limits
L-PHENYLALANINE	3	
L-PROLINE	3	
L-TRYPTOPHAN	3	
L-TYROSINE	3	
L-VALINE POWDER	3	
LYSINE HCL INJECTION	3	
MAGNESIUM CARBONATE	3	
MAGNESIUM CARBONATE HEAVY	3	
<i>magnesium chloride injection</i>	1	
<i>magnesium sulfate in d5w</i>	1	
<i>magnesium sulfate injection</i>	1	
<i>magnesium sulfate intravenous</i>	1	
MAGNESIUM SULFATE-NACL	3	
MANGANESE CHLORIDE INTRAVENOUS	3	
METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED	3	
MONOFERRIC	3	ST
MULTRYs	3	
<i>na ferric gluc cplx in sucrose</i>	1	
NASCOBAL	3	
NEOKE ALCAR	3	
NUTRILIPID	3	
PERIKABIVEN	3	
<i>phosphorous</i>	1	
<i>phospho-trin 250 neutral</i>	1	
PHOSPHO-TRIN K500	3	
<i>phytonadione injection</i>	1	

Drug	Tier	Coverage Requirements and Limits
<i>phytonadione oral</i>	1	
PLENAMINE	3	
<i>potassium acetate intravenous</i>	1	
<i>potassium chloride crys er</i>	1	
<i>potassium chloride er</i>	1	
<i>potassium chloride intravenous solution</i>	1	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
<i>potassium chloride oral</i>	1	
<i>potassium phosphates</i>	1	
<i>potassium phosphates(66 meq k)</i>	1	
<i>potassium phosphates(71 meq k)</i>	1	
PREMASOL	3	
PROSOL	3	
<i>pyridoxine hcl solution 100 mg/ml injection</i>	1	
PYRIDOXINE HCL SOLUTION 100 MG/ML INJECTION	3	
SMOFLIPID	3	
<i>sodium acetate intravenous</i>	1	
SODIUM ASCORBATE POWDER	3	
<i>sodium bicarbonate intravenous solution 4.2 %, 7.5 %</i>	1	
<i>sodium bicarbonate solution 8.4 % intravenous</i>	1	
SODIUM BICARBONATE SOLUTION 8.4 % INTRAVENOUS	3	

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Drug	Tier	Coverage Requirements and Limits
<i>sodium chloride (pf)</i>	1	
<i>sodium chloride injection solution 2.5 meq/ml</i>	1	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	1	
SODIUM CHLORIDE SOLUTION 4 MEQ/ML INTRAVENOUS	3	
<i>sodium chloride solution 4 meq/ml intravenous</i>	1	
<i>sodium phosphates</i>	1	
TAURINE INJECTION	3	
TAURINE POWDER	3	
THAM	3	
THE LIQUILIFT TRACE	3	
<i>thiamine hcl injection</i>	1	
THREONINE	3	
TRALEMENT	3	
TRAVASOL	3	
TRI-AMINO	3	
<i>tromethamine intravenous</i>	1	
TROPHAMINE	3	
TRYPTOPHAN	3	
VALINE	3	
VENOFER	3	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	1	
<i>vitamin k1 injection</i>	1	
<i>wes-phos 250 neutral</i>	1	
<i>zinc chloride intravenous</i>	1	
<i>zinc sulfate intravenous</i>	1	

Drug	Tier	Coverage Requirements and Limits
Electrolytes / Minerals / Metals / Vitamins - Drugs For Overdose Or Poisoning		
CHEMET	3	
<i>deferasirox</i>	1	PA
<i>deferasirox granules</i>	1	PA
FERRIPROX ORAL SOLUTION	3	PA
Electrolytes / Minerals / Metals / Vitamins - Drugs For The Stomach		
DEXPANTHENOL INJECTION	3	
Electrolytes / Minerals / Metals / Vitamins - Drugs For The Urinary System		
ARGYLE STERILE SALINE	3	
CURITY STERILE SALINE	3	
ORAL CITRATE	3	
<i>potassium citrate er</i>	1	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	1	
<i>sodium chloride irrigation</i>	1	
Electrolytes / Minerals / Metals / Vitamins - Hormones		
<i>carglumic acid</i>	Generic Specialty	PA
CARNITOR INTRAVENOUS	3	
JYNARQUE	Generic Specialty	PA; QL

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Drug	Tier	Coverage Requirements and Limits
LEVOCARNITINE INJECTION	3	
<i>levocarnitine intravenous</i>	1	
<i>levocarnitine oral solution</i>	1	
<i>levocarnitine oral tablet</i>	1	
<i>levocarnitine sf</i>	1	
<i>tolvaptan oral tablet</i>	Generic Specialty	PA; QL
Electrolytes / Minerals / Metals / Vitamins - Vitamins And Minerals		
<i>argyle sterile water</i>	1	
EDETATE DISODIUM INTRAVENOUS	3	
KIONEX	3	
<i>lactated ringers irrigation</i>	1	
LOKELMA	3	
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
PRISMASOL B22GK 4/0	3	
PRISMASOL BGK 0/2.5	3	
PRISMASOL BGK 2/0	3	
PRISMASOL BGK 2/3.5	3	
PRISMASOL BGK 4/2.5	3	
PRISMASOL BK 0/0/1.2	3	
<i>ringers irrigation</i>	1	
<i>sodium polystyrene sulfonate</i>	1	
SPS (SODIUM POLYSTYRENE SULF)	3	

Drug	Tier	Coverage Requirements and Limits
<i>sterile water for irrigation</i>	1	
<i>trientine hcl</i>	Generic Specialty	PA
TRISODIUM CITRATE/CRRT	3	
VELTASSA	3	
<i>water for irrigation, sterile</i>	1	
Gastrointestinal Agents - Drugs For Acid Reflux And Ulcer - Drugs For The Stomach		
<i>cimetidine hcl</i>	1	
<i>cimetidine oral</i>	1	
CYTOTEC	3	
<i>esomeprazole magnesium</i>	1	QL
<i>esomeprazole sodium</i>	1	
<i>famotidine (pf)</i>	1	
<i>famotidine intravenous</i>	1	
<i>famotidine oral suspension reconstituted</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>famotidine premixed</i>	1	
FIRST-LANSOPRAZOLE	3	ST
FIRST-OMEPRAZOLE	3	ST
<i>lansoprazole oral capsule delayed release</i>	1	QL
<i>misoprostol oral</i>	1	
NEXIUM ORAL PACKET	3	QL
<i>nizatidine</i>	1	
<i>omeprazole oral capsule delayed release</i>	1	QL

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Drug	Tier	Coverage Requirements and Limits
<i>pantoprazole sodium intravenous</i>	1	
<i>pantoprazole sodium oral tablet delayed release</i>	1	QL
PANTOPRAZOLE SODIUM-NACL	3	
PROTONIX INTRAVENOUS	3	
<i>rabeprazole sodium oral tablet delayed release</i>	1	QL
<i>sucralfate oral tablet</i>	1	
Gastrointestinal Agents - Drugs For Bowel, Intestine And Stomach Conditions - Drugs For The Stomach		
<i>alosetron hcl</i>	1	PA
<i>alvimopan</i>	1	
<i>atropine sulfate injection</i>	1	
<i>atropine sulfate intravenous solution</i>	1	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML	3	
<i>bis subcit-metronid-tetracycl</i>	1	
<i>bismuth/metronidaz/tetracyclin</i>	1	
CLENPIQ	3	
<i>constulose</i>	1	
<i>cromolyn sodium oral</i>	1	
CTEXLI	Specialty	PA
<i>dicyclomine hcl intramuscular</i>	1	
<i>dicyclomine hcl oral capsule</i>	1	

Drug	Tier	Coverage Requirements and Limits
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	1	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine enulose</i>	1	
GATTEX	Specialty	PA
<i>gavilyte-c</i>	1	HCR\$0
<i>gavilyte-g</i>	1	HCR\$0
<i>gavilyte-n with flavor pack</i>	1	HCR\$0
<i>generlac</i>	1	
<i>glycopyrrolate injection solution</i>	1	
GLYCOPYRROLATE INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML	3	
<i>glycopyrrolate oral solution</i>	1	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	QL
<i>glycopyrrolate pf +rfid</i>	1	
<i>glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml</i>	1	
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML	3	
GLYRX-PF	3	
<i>hyoscyamine sulfate er</i>	1	
<i>hyoscyamine sulfate oral elixir</i>	1	
<i>hyoscyamine sulfate oral tablet</i>	1	
<i>hyoscyamine sulfate oral tablet dispersible</i>	1	
<i>hyoscyamine sulfate sl</i>	1	

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Drug	Tier	Coverage Requirements and Limits
<i>hyoscyamine sulfate sublingual</i>	1	
IQIRVO	Specialty	PA; QL
<i>lactulose encephalopathy</i>	1	
<i>lactulose oral solution</i>	1	
LINZESS	2	ST; QL
LIVDELZI	Specialty	PA; QL
<i>loperamide hcl oral capsule</i>	1	
<i>lubiprostone</i>	1	QL
<i>methscopolamine bromide oral</i>	1	
<i>mineral oil heavy oral</i>	1	
MOTEGRITY	3	ST; QL
MYTESI	3	QL
<i>na sulfate-k sulfate-mg sulf</i>	1	HCR\$0
OSCIMIN	3	
<i>peg 3350-kcl-na bicarb-nacl</i>	1	HCR\$0
<i>peg-3350/electrolytes</i>	1	HCR\$0
<i>peg-3350/electrolytes/ascorbic acid</i>	1	
<i>peg-kcl-nacl-nasulf-na ascorbic acid</i>	1	
PEG-PREP	3	
<i>prucalopride succinate</i>	1	ST; QL
PYLERA	2	
REBYOTA	Specialty	PA
RESTORA RX	3	
SUFLAVE	3	
SUPREP BOWEL PREP KIT	3	
SUTAB	3	
SYMPROIC	2	ST; QL
TALICIA	2	

Drug	Tier	Coverage Requirements and Limits
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet</i>	1	
VIBERZI	3	PA; QL
XERMELO	Specialty	PA; QL
Gastrointestinal Agents - Drugs For Bowel, Intestine And Stomach Conditions - Hormones		
SEROSTIM	Specialty	PA
Genetic Or Enzyme Disorder - Drugs For Replacement, Modification, Treatment - Drugs For Nerves And Muscles		
EVRYSDI	Specialty	PA; QL
Genetic Or Enzyme Disorder - Drugs For Replacement, Modification, Treatment - Drugs For Nutrition		
CERDELGA	Specialty	PA
CEREZYME	Specialty	PA
ELELYSO	Specialty	PA
<i>miglustat</i>	Generic Specialty	PA
VPRIV	Specialty	PA
<i>yargesa</i>	Generic Specialty	PA
Genetic Or Enzyme Disorder - Drugs For Replacement, Modification, Treatment - Drugs For The Blood		
ADZYNMA	Specialty	PA

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Drug	Tier	Coverage Requirements and Limits
Genetic Or Enzyme Disorder - Drugs For Replacement, Modification, Treatment - Drugs For The Stomach		
CHOLBAM	Specialty	PA
CREON	2	
L-GLUTAMIC ACID HCL	3	
OCALIVA	Specialty	PA; QL
SUCRAID	Specialty	PA
ZENPEP	2	
Genetic Or Enzyme Disorder - Drugs For Replacement, Modification, Treatment - Drugs For The Urinary System		
CYSTAGON	Specialty	
Genetic Or Enzyme Disorder - Drugs For Replacement, Modification, Treatment - Hormones		
ALDURAZYME	Specialty	PA
<i>betaine</i>	Generic Specialty	
CRYSVITA	Specialty	PA
CYSTADANE	Specialty	
ELAPRASE	Specialty	PA
FABRAZYME	Specialty	PA
GALAFOLD	Specialty	PA; QL
KANUMA	Specialty	PA
LUMIZYME	Specialty	PA
MEPSEVII	Specialty	PA
MYALEPT	Specialty	PA
NAGLAZYME	Specialty	PA

Drug	Tier	Coverage Requirements and Limits
NEXVIAZYME	Specialty	PA
<i>nitisinone</i>	Generic Specialty	PA
NITYR	Specialty	PA
NULIBRY	Specialty	PA
OPFOLDA	Specialty	PA; QL
ORFADIN	Specialty	PA
PHEBURANE	Specialty	PA
POMBILITI	Specialty	PA
REVCovi	Specialty	PA
<i>sapropterin dihydrochloride</i>	Generic Specialty	PA
<i>sod benz-sod phenylacet</i>	1	
<i>sodium phenylbutyrate oral</i>	Generic Specialty	PA
STRENSIQ	Specialty	PA
VIMIZIM	Specialty	PA
VOXZOGO	Specialty	PA; QL
XURIDEN	Specialty	PA; QL
<i>zelvysia</i>	Generic Specialty	PA
Genitourinary Agents - Drugs For Bladder, Genital And Kidney Conditions - Drugs For The Heart		
<i>avanafil</i>	1	PA; QL
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	PA; QL
<i>tadalafil oral</i>	1	PA; QL
Genitourinary Agents - Drugs For Bladder, Genital And Kidney Conditions - Drugs For The Stomach		
<i>calcium acetate (phos binder)</i>	1	

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Drug	Tier	Coverage Requirements and Limits
<i>calcium acetate oral tablet 667 mg</i>	1	
FOSRENOL ORAL PACKET	3	ST
<i>sevelamer carbonate</i>	1	
<i>sevelamer hcl</i>	1	
Genitourinary Agents - Drugs For Bladder, Genital And Kidney Conditions - Drugs For The Urinary System		
<i>acetic acid irrigation</i>	1	
<i>bethanechol chloride oral</i>	1	
<i>darifenacin hydrobromide er</i>	1	
DETROL	3	
FILSPARI	Specialty	PA; QL
<i>flavoxate hcl</i>	1	
<i>glycine irrigation</i>	1	
<i>glycine urologic</i>	1	
LITHOSTAT	3	
<i>mirabegron er</i>	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
OXLUMO	Specialty	PA
<i>oxybutynin chloride er</i>	1	
<i>oxybutynin chloride oral solution</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
OXYTROL	3	ST; QL
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	1	
RENACIDIN	3	
RIMSO-50	3	
RIVFLOZA	Specialty	PA; QL

Drug	Tier	Coverage Requirements and Limits
<i>solifenacin succinate</i>	1	
THIOLA	Specialty	
THIOLA EC	Specialty	
<i>tiopronin</i>	Generic Specialty	
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	1	
<i>trospium chloride</i>	1	
<i>trospium chloride er</i>	1	
VANRAFIA	Specialty	PA; QL
Genitourinary Agents - Drugs For Bladder, Genital And Kidney Conditions - Drugs For Women		
INTRAROSA	3	ST
Genitourinary Agents - Drugs For Bladder, Genital And Kidney Conditions - Hormones		
CERVIDIL	3	
PREPIDIL	3	
Genitourinary Agents - Drugs For Bladder, Genital And Kidney Conditions - Vitamins And Minerals		
DEPEN TITRATABS	Specialty	
<i>penicillamine oral tablet</i>	Generic Specialty	
Genitourinary Agents - Drugs For Prostate Conditions - Drugs For The Heart		
<i>terazosin hcl</i>	1	

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Drug	Tier	Coverage Requirements and Limits
Genitourinary Agents - Drugs For Prostate Conditions - Drugs For The Urinary System		
<i>alfuzosin hcl er</i>	1	
<i>dutasteride oral</i>	1	
<i>dutasteride-tamsulosin hcl</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	
<i>silodosin</i>	1	
<i>tamsulosin hcl</i>	1	
Hormonal Agents - Adrenal - Hormones		
AGAMREE	Specialty	PA
<i>betamethasone sod phos & acet injection suspension 6 (3-3) mg/ml</i>	1	
BETAMETHASONE SODIUM PHOSPHATE INJECTION	3	
BLT-25	3	
CELESTONE SOLUSPAN	3	
DEPO-MEDROL	3	
<i>dexameth sod phos (pf) +rfid</i>	1	
DEXAMETHASONE (LA)	3	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone oral</i>	1	
<i>dexamethasone sod phos (pf)</i>	1	
<i>dexamethasone sod phos +rfid</i>	1	
DEXAMETHASONE SOD PHOS-NACL	3	

Drug	Tier	Coverage Requirements and Limits
<i>dexamethasone sod phosphate pf</i>	1	
<i>dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml</i>	1	
<i>dexamethasone sodium phosphate injection solution prefilled syringe</i>	1	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION	3	
<i>dexamethasone sodium phosphate solution 10 mg/ml injection</i>	1	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 4 MG/ML INJECTION	3	
<i>dexamethasone sodium phosphate solution 4 mg/ml injection</i>	1	
DEXONTO 0.4%	3	
<i>fludrocortisone acetate oral</i>	1	
HEXATRIONE	3	
<i>hydrocortisone oral</i>	1	
<i>hydrocortisone sod suc (pf)</i>	1	
KENALOG-10	3	
KENALOG-80	3	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	

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Drug	Tier	Coverage Requirements and Limits
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 50 MG/ML	3	
<i>methylprednisolone oral</i>	1	
<i>methylprednisolone sodium succ</i>	1	
METHYLPREDNISOLONE-BUPIVACAINE	3	
ORAPRED ODT	3	
PEDIAPRED	3	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	1	
<i>prednisone oral</i>	1	
SOLU-CORTEF	3	
SOLU-MEDROL	3	
SOLU-MEDROL (PF)	3	
<i>triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml</i>	1	
TRIAMCINOLONE DIACETATE INJECTION SUSPENSION 80 MG/ML	3	
TRIAMCINOLONE-BUPIVACAINE	3	
Hormonal Agents - Men's Health - Hormones		
<i>danazol oral</i>	1	
METHITEST	3	PA; QL

Drug	Tier	Coverage Requirements and Limits
METHYLTESTOSTERONE	3	
<i>testosterone cypionate intramuscular</i>	1	PA; QL
<i>testosterone enanthate intramuscular</i>	1	PA; QL
<i>testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	1	PA; QL
<i>testosterone transdermal solution</i>	1	PA; QL
Hormonal Agents - Pituitary - Drugs For Cancer		
ELIGARD	Specialty	PA; QL
FIRMAGON	Specialty	PA; QL
FIRMAGON (240 MG DOSE)	Specialty	PA; QL
<i>leuprolide acetate injection</i>	Generic Specialty	PA
LEUPROLIDE ACETATE-BUPIVACAINE	3	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	Specialty	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	Specialty	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	Specialty	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	Specialty	PA

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Drug	Tier	Coverage Requirements and Limits
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	Specialty	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	Specialty	PA
TRELSTAR MIXJECT	Specialty	PA; QL
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	Specialty	QL
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	Specialty	QL
Hormonal Agents - Pituitary - Hormones		
ACTHAR	Specialty	PA
ACTHAR GEL	Specialty	PA
<i>cabergoline</i>	1	
<i>carboprost tromethamine intramuscular solution</i>	1	
<i>cetorelix acetate</i>	Generic Specialty	PA
CHORIONIC GONADOTROPIN INTRAMUSCULAR	Specialty	PA
<i>clomid</i>	1	
<i>clomiphene citrate oral</i>	1	
CORTROPHIN	Specialty	PA
CORTROPHIN GEL	Specialty	PA
CRENESSITY	Specialty	PA; QL
<i>desmopressin ace spray refrig</i>	1	
<i>desmopressin acetate injection</i>	1	
<i>desmopressin acetate oral</i>	1	
<i>desmopressin acetate pf</i>	1	

Drug	Tier	Coverage Requirements and Limits
<i>desmopressin acetate spray</i>	1	
EGRIFTA SV	Specialty	PA; QL
FENSOLVI (6 MONTH)	Specialty	PA; QL
FOLLISTIM AQ	Specialty	PA
FYREMADEL	Specialty	PA
<i>ganirelix acetate</i>	Generic Specialty	PA
HEMABATE	3	
INCRELEX	Specialty	PA
<i>lanreotide acetate</i>	Generic Specialty	PA
LUPRON DEPOT-PED (1-MONTH)	Specialty	PA; QL
LUPRON DEPOT-PED (3-MONTH)	Specialty	PA; QL
LUPRON DEPOT-PED (6-MONTH)	Specialty	PA; QL
MENOPUR	Specialty	PA
<i>milophene</i>	1	
NGENLA	Specialty	PA
NORDITROPIN FLEXPPO	Specialty	PA
NOVAREL	Specialty	PA
NUTROPIN AQ NUSPIN 10	Specialty	PA
NUTROPIN AQ NUSPIN 20	Specialty	PA
NUTROPIN AQ NUSPIN 5	Specialty	PA
<i>octreotide acetate injection</i>	Generic Specialty	PA
<i>octreotide acetate subcutaneous</i>	Generic Specialty	PA
OMNITROPE	Specialty	PA
ORILISSA	2	PA; QL
OVIDREL	Specialty	PA
<i>oxytocin +rfid</i>	1	
<i>oxytocin injection</i>	1	

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Drug	Tier	Coverage Requirements and Limits
OXYTOCIN-LACTATED RINGERS INTRAVENOUS SOLUTION 15 UNIT/250ML, 20 UNIT/L, 30 UNIT/500ML	3	
OXYTOCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 15-0.9 UT/250ML-%, 20-0.9 UNIT/L-%, 30-0.9 UT/500ML-%	3	
PITOCIN	3	
PREGNYL	Specialty	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 60 MG	Specialty	PA; QL
SKYTROFA	Specialty	PA
SOMATULINE DEPOT	Specialty	PA
SOMAVERT	Specialty	PA
SUPPRELIN LA	Specialty	PA; QL
SYNAREL	2	
TEPEZZA	Specialty	PA
TRIPTODUR	Specialty	PA; QL
<i>vasopressin</i>	1	
<i>vasopressin +rfid</i>	1	
VASOPRESSIN-SODIUM CHLORIDE INTRAVENOUS	3	
VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML	3	
Hormonal Agents - Prostaglandins - Hormones		
KORLYM	Specialty	PA; QL

Drug	Tier	Coverage Requirements and Limits
MIFEPREX	3	
<i>mifepristone oral tablet 200 mg</i>	1	
<i>mifepristone oral tablet 300 mg</i>	Generic Specialty	PA; QL
Hormonal Agents - Selective Estrogen Receptor Modifying Agents - Hormones		
OSPHEA	3	
<i>raloxifene hcl</i>	1	HCR\$0
Hormonal Agents - Sex Hormones And Birth Control - Drugs For Cancer		
<i>megestrol acetate oral</i>	1	
Hormonal Agents - Sex Hormones And Birth Control - Drugs For Women		
<i>afirmelle</i>	1	HCR\$0
<i>altavera</i>	1	HCR\$0
<i>alyacen 1/35</i>	1	HCR\$0
<i>alyacen 7/7/7</i>	1	HCR\$0
<i>amethyst</i>	1	HCR\$0
ANNOVERA	3	QL; HCR\$0
<i>apri</i>	1	HCR\$0
<i>aranelle</i>	1	HCR\$0
<i>ashlyna</i>	1	QL; HCR\$0
<i>aubra eq</i>	1	HCR\$0
<i>aurovela 1.5/30</i>	1	HCR\$0
<i>aurovela 1/20</i>	1	HCR\$0
<i>aurovela 24 fe</i>	1	HCR\$0
<i>aurovela fe 1.5/30</i>	1	HCR\$0
<i>aurovela fe 1/20</i>	1	HCR\$0
AVERI	3	HCR\$0
<i>aviane</i>	1	HCR\$0
<i>ayuna</i>	1	HCR\$0

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Drug	Tier	Coverage Requirement s and Limits
<i>azurette</i>	1	HCR\$0
BALCOLTRA	3	HCR\$0
<i>balziva</i>	1	HCR\$0
BEYAZ	E	HCR\$0
<i>blisovi 24 fe</i>	1	HCR\$0
<i>blisovi fe 1.5/30</i>	1	HCR\$0
<i>blisovi fe 1/20</i>	1	HCR\$0
<i>briellyn</i>	1	HCR\$0
<i>camila</i>	1	HCR\$0
<i>camrese</i>	1	QL; HCR\$0
<i>camrese lo</i>	1	QL; HCR\$0
<i>charlotte 24 fe</i>	1	HCR\$0
<i>chateal eq</i>	1	HCR\$0
CRINONE	3	QL
<i>cryselle-28</i>	1	HCR\$0
<i>cyred eq</i>	1	HCR\$0
<i>dasetta 1/35 (28)</i>	1	HCR\$0
<i>dasetta 7/7/7</i>	1	HCR\$0
<i>daysee</i>	1	QL; HCR\$0
<i>deblitane</i>	1	HCR\$0
<i>delyla</i>	1	HCR\$0
DEPO-PROVERA	3	QL; HCR\$0
DEPO-SUBQ PROVERA 104	3	QL; HCR\$0
<i>desogestrel-ethinyl estradiol</i>	1	HCR\$0
<i>dolishale</i>	1	HCR\$0
<i>drospiren-eth estrad-levomefol</i>	1	HCR\$0
<i>drospirenone-ethinyl estradiol</i>	1	HCR\$0
<i>elinest</i>	1	HCR\$0
ELLA	3	HCR\$0
<i>eluryng</i>	1	HCR\$0
<i>emzahh</i>	1	HCR\$0
ENDOMETRIN	2	
<i>enilloring</i>	1	HCR\$0

Drug	Tier	Coverage Requirement s and Limits
<i>enpresse-28</i>	1	HCR\$0
<i>enskyce</i>	1	HCR\$0
<i>errin</i>	1	HCR\$0
<i>estarylla</i>	1	HCR\$0
<i>estradiol vaginal</i>	1	
ESTRING	3	QL
<i>ethynodiol diac-eth estradiol</i>	1	HCR\$0
<i>etonogestrel-ethinyl estradiol</i>	1	HCR\$0
<i>falmina</i>	1	HCR\$0
<i>feirza 1.5/30</i>	1	HCR\$0
<i>feirza 1/20</i>	1	HCR\$0
FEMLYV	3	ST; HCR\$0
FEMRING	3	ST; QL
<i>finzala</i>	1	HCR\$0
<i>galbriela</i>	1	HCR\$0
<i>gemmily</i>	1	HCR\$0
<i>hailey 1.5/30</i>	1	HCR\$0
<i>hailey 24 fe</i>	1	HCR\$0
<i>hailey fe 1.5/30</i>	1	HCR\$0
<i>hailey fe 1/20</i>	1	HCR\$0
<i>haloette</i>	1	HCR\$0
<i>heather</i>	1	HCR\$0
<i>iclevia</i>	1	QL; HCR\$0
IMVEXXY MAINTENANCE PACK	2	
IMVEXXY STARTER PACK	2	
<i>incassia</i>	1	HCR\$0
<i>introvale</i>	1	QL; HCR\$0
<i>isibloom</i>	1	HCR\$0
<i>jaimiess</i>	1	QL; HCR\$0
<i>jasmiel</i>	1	HCR\$0
<i>jencycla</i>	1	HCR\$0
<i>jolessa</i>	1	QL; HCR\$0
<i>joyeaux</i>	1	HCR\$0

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Drug	Tier	Coverage Requirements and Limits
<i>juleber</i>	1	HCR\$0
<i>junel 1.5/30</i>	1	HCR\$0
<i>junel 1/20</i>	1	HCR\$0
<i>junel fe 1.5/30</i>	1	HCR\$0
<i>junel fe 1/20</i>	1	HCR\$0
<i>junel fe 24</i>	1	HCR\$0
<i>kaitlib fe</i>	1	HCR\$0
<i>kalliga</i>	1	HCR\$0
<i>kariva</i>	1	HCR\$0
<i>kelnor 1/35</i>	1	HCR\$0
<i>kurvelo</i>	1	HCR\$0
KYLEENA	3	HCR\$0
<i>larin 1.5/30</i>	1	HCR\$0
<i>larin 1/20</i>	1	HCR\$0
<i>larin 24 fe</i>	1	HCR\$0
<i>larin fe 1.5/30</i>	1	HCR\$0
<i>larin fe 1/20</i>	1	HCR\$0
<i>leena</i>	1	HCR\$0
<i>lessina</i>	1	HCR\$0
<i>levonest</i>	1	HCR\$0
<i>levonorgest-eth est & eth est</i>	1	QL; HCR\$0
<i>levonorgest-eth estrad 91-day</i>	1	QL; HCR\$0
<i>levonorgest-eth estradiol-iron</i>	1	HCR\$0
<i>levonorgestrel-ethinyl estrad</i>	1	HCR\$0
<i>levonorg-eth estrad triphasic</i>	1	HCR\$0
<i>levora 0.15/30 (28)</i>	1	HCR\$0
LILETTA (52 MG)	3	HCR\$0
LO LOESTRIN FE	E	HCR\$0
LOESTRIN 1.5/30 (21)	E	HCR\$0
LOESTRIN 1/20 (21)	E	HCR\$0
LOESTRIN FE 1.5/30	E	HCR\$0
LOESTRIN FE 1/20	E	HCR\$0
<i>lojaimiess</i>	1	QL; HCR\$0

Drug	Tier	Coverage Requirements and Limits
<i>loryna</i>	1	HCR\$0
<i>low-ogestrel</i>	1	HCR\$0
<i>lo-zumandimine</i>	1	HCR\$0
<i>luizza 1.5/30</i>	1	HCR\$0
<i>luizza 1/20</i>	1	HCR\$0
<i>luter</i>	1	HCR\$0
<i>lyleq</i>	1	HCR\$0
<i>lyza</i>	1	HCR\$0
<i>marlissa</i>	1	HCR\$0
<i>medroxyprogesterone acetate intramuscular</i>	1	QL; HCR\$0
<i>meleya</i>	1	HCR\$0
<i>merzee</i>	1	HCR\$0
<i>mibelas 24 fe</i>	1	HCR\$0
<i>microgestin 1.5/30</i>	1	HCR\$0
<i>microgestin 1/20</i>	1	HCR\$0
<i>microgestin fe 1.5/30</i>	1	HCR\$0
<i>microgestin fe 1/20</i>	1	HCR\$0
<i>mili</i>	1	HCR\$0
<i>minzoya</i>	1	HCR\$0
MIRENA (52 MG)	3	HCR\$0
MIUDELLA INTRAUTERINE COPPER	3	HCR\$0
<i>mono-lynyah</i>	1	HCR\$0
NATAZIA	2	HCR\$0
<i>necon 0.5/35 (28)</i>	1	HCR\$0
NEXPLANON	3	HCR\$0
NEXTSTELLIS	E	HCR\$0
<i>nikki</i>	1	HCR\$0
<i>nora-be</i>	1	HCR\$0
<i>norelgestromin-eth estradiol</i>	1	HCR\$0
<i>norethin ace-eth estrad-fe</i>	1	HCR\$0
<i>norethindrone acet-ethinyl est</i>	1	HCR\$0
<i>norethindrone oral</i>	1	HCR\$0

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Drug	Tier	Coverage Requirement s and Limits
<i>norethin-eth estradiol-fe</i>	1	HCR\$0
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	HCR\$0
<i>norgestimate-ethinyl estradiol triphasic</i>	1	HCR\$0
<i>norlyroc</i>	1	HCR\$0
<i>nortrel 0.5/35 (28)</i>	1	HCR\$0
<i>nortrel 1/35 (21)</i>	1	HCR\$0
<i>nortrel 1/35 (28)</i>	1	HCR\$0
<i>nortrel 7/7/7</i>	1	HCR\$0
NUVARING	3	HCR\$0
<i>nylia 1/35</i>	1	HCR\$0
<i>nylia 7/7/7</i>	1	HCR\$0
<i>orquidea</i>	1	HCR\$0
PARAGARD INTRAUTERINE COPPER	3	HCR\$0
<i>philith</i>	1	HCR\$0
<i>pimtrea</i>	1	HCR\$0
<i>portia-28</i>	1	HCR\$0
PREMARIN VAGINAL	2	
<i>progesterone vaginal</i>	1	
<i>reclipsen</i>	1	HCR\$0
<i>rivelsa</i>	1	QL; HCR\$0
<i>rosyrah</i>	1	QL; HCR\$0
SAFYRAL	E	HCR\$0
<i>setlakin</i>	1	QL; HCR\$0
<i>sharobel</i>	1	HCR\$0
<i>simliya</i>	1	HCR\$0
<i>simpesse</i>	1	QL; HCR\$0
SKYLA	3	HCR\$0
SLYND	E	HCR\$0
<i>sprintec 28</i>	1	HCR\$0
<i>sronyx</i>	1	HCR\$0
<i>syeda</i>	1	HCR\$0
<i>tarina 24 fe</i>	1	HCR\$0
<i>tarina fe 1/20 eq</i>	1	HCR\$0

Drug	Tier	Coverage Requirement s and Limits
<i>taysofy</i>	1	HCR\$0
TAYTULLA	3	HCR\$0
<i>tilia fe</i>	1	HCR\$0
<i>tri-estarylla</i>	1	HCR\$0
<i>tri-legest fe</i>	1	HCR\$0
<i>tri-linyah</i>	1	HCR\$0
<i>tri-lo-estarylla</i>	1	HCR\$0
<i>tri-lo-marzia</i>	1	HCR\$0
<i>tri-lo-mili</i>	1	HCR\$0
<i>tri-lo-sprintec</i>	1	HCR\$0
<i>tri-mili</i>	1	HCR\$0
<i>tri-sprintec</i>	1	HCR\$0
<i>tri-vylibra</i>	1	HCR\$0
<i>tri-vylibra lo</i>	1	HCR\$0
<i>turqoz</i>	1	HCR\$0
TWIRLA	E	HCR\$0
TYBLUME	3	HCR\$0
<i>tydemy</i>	1	HCR\$0
<i>valtya 1/35</i>	1	HCR\$0
<i>valtya 1/50</i>	1	HCR\$0
<i>velivet</i>	1	HCR\$0
<i>vestura</i>	1	HCR\$0
<i>vienva</i>	1	HCR\$0
<i>viorele</i>	1	HCR\$0
<i>volnea</i>	1	HCR\$0
<i>vyfemla</i>	1	HCR\$0
<i>vylibra</i>	1	HCR\$0
<i>wera</i>	1	HCR\$0
<i>wymzya fe</i>	1	HCR\$0
<i>xarah fe</i>	1	HCR\$0
<i>xelria fe</i>	1	HCR\$0
<i>xulane</i>	1	HCR\$0
YASMIN 28	E	HCR\$0
YAZ	E	HCR\$0
<i>yuvaferm</i>	1	
<i>zafemy</i>	1	HCR\$0

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Drug	Tier	Coverage Requirements and Limits
<i>zovia 1/35 (28)</i>	1	HCR\$0
<i>zumandimine</i>	1	HCR\$0
Hormonal Agents - Sex Hormones And Birth Control - Hormones		
<i>abigale</i>	1	
<i>abigale lo</i>	1	
ALORA	3	ST
ANGELIQ	3	
BIJUVA	3	
CLIMARA PRO	2	
COMBIPATCH	3	
DEPO-ESTRADIOL	3	
DIVIGEL	3	
<i>dotti</i>	1	
DUAVEE	2	
ELESTRIN	3	
<i>estradiol oral</i>	1	
<i>estradiol transdermal</i>	1	
<i>estradiol valerate intramuscular</i>	1	
<i>estradiol-norethindrone acet</i>	1	
EVAMIST	3	
<i>fyavolv</i>	1	
<i>gallifrey</i>	1	
<i>jinteli</i>	1	
<i>lyllana</i>	1	
<i>medroxyprogesterone acetate oral</i>	1	
<i>megestrol acetate oral</i>	1	
MENOSTAR	3	ST
<i>mimvey</i>	1	
MYFEMBREE	2	PA; QL
<i>norethindrone acetate oral</i>	1	

Drug	Tier	Coverage Requirements and Limits
<i>norethindrone-eth estradiol</i>	1	
ORIAHNN	2	PA; QL
PREMARIN INJECTION	3	
PREMARIN ORAL	2	
PREMPHASE	2	
PREMPRO	2	
<i>progesterone intramuscular</i>	1	
<i>progesterone oral</i>	1	
PROVERA	3	
Hormonal Agents - Thyroid - Hormones		
ADTHYZA	3	
ARMOUR THYROID	3	
<i>levo-t</i>	1	
<i>levothyroxine sodium intravenous</i>	1	
<i>levothyroxine sodium oral tablet</i>	1	
<i>levoxyl</i>	1	
<i>liomny</i>	1	
<i>liothyronine sodium intravenous</i>	1	
<i>liothyronine sodium oral</i>	1	
<i>methimazole oral</i>	1	
NIVA THYROID	3	
<i>np thyroid</i>	1	
<i>propylthiouracil oral</i>	1	
RENTHYROID	3	
SODIUM IODIDE I-131	3	
<i>thyroid oral</i>	1	
<i>unithroid</i>	1	

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Drug	Tier	Coverage Requirements and Limits
Immunological Agents - Drugs For Immune System Stimulation Or Suppression - Biological Agents		
ANASCORP	3	
ANAVIP	3	
ANTIVENIN LATRODECTUS MACTANS	3	
ANTIVENIN MICRURUS FULVIUS	3	
BEYFORTUS	2	QL; HCR\$0
BIVIGAM	Specialty	PA
CNJ-016	3	
CROFAB	3	
CUTAQUIG	Specialty	PA
CUVITRU	Specialty	PA
ENFLONIA	2	QL; HCR\$0
FLEBOGAMMA DIF	Specialty	PA
GAMASTAN	Specialty	PA
GAMMAGARD	Specialty	PA
GAMMAGARD S/D LESS IGA	Specialty	PA
GAMMAKED	Specialty	PA
GAMMAPLEX	Specialty	PA
GAMUNEX-C	Specialty	PA
HEPAGAM B	3	
HIZENTRA	Specialty	PA
HYPERHEP B	3	
HYPERRHO S/D	2	
HYQVIA	Specialty	PA
NABI-HB	3	
OCTAGAM	Specialty	PA
PANZYGA	Specialty	PA
PEMGARDA	3	QL
PRIVIGEN	Specialty	PA

Drug	Tier	Coverage Requirements and Limits
RHOGAM ULTRA-FILTERED PLUS	2	
RHOPHYLAC	2	
SYNAGIS	Specialty	
VARIZIG	3	PA
WINRHO SDF	2	
XEMBIFY	Specialty	PA
YIMMUGO	3	PA
ZINPLAVA	3	PA
Immunological Agents - Drugs For Immune System Stimulation Or Suppression - Drugs For Cancer		
ACTIMMUNE	Specialty	PA
JYLAMVO	3	PA
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf)</i>	1	
<i>temsirolimus</i>	Generic Specialty	
TORISEL	Specialty	
TREXALL	3	
XATMEP	3	PA
Immunological Agents - Drugs For Immune System Stimulation Or Suppression - Drugs For Pain And Fever		
ACTEMRA ACTPEN	Specialty	PA; QL
ACTEMRA INTRAVENOUS	Specialty	PA
ACTEMRA SUBCUTANEOUS	Specialty	PA; QL
ADALIMUMAB-ADBM (2 PEN)	Specialty	PA; QL
ADALIMUMAB-ADBM (2 SYRINGE)	Specialty	PA; QL

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Drug	Tier	Coverage Requirements and Limits
ADALIMUMAB-ADBM(CD/UC/HS STRT)	Specialty	PA; QL
ADALIMUMAB-ADBM(PS/UV STARTER)	Specialty	PA; QL
ARCALYST	Specialty	PA
ENBREL	Specialty	PA; QL
ENBREL MINI	Specialty	PA; QL
ENBREL SURECLICK	Specialty	PA; QL
ILARIS	Specialty	PA; QL
KEVZARA	Specialty	PA; QL
KINERET	Specialty	PA
<i>leflunomide oral</i>	1	
OLUMIANT	Specialty	PA; QL
ORENCIA CLICKJECT	Specialty	PA; QL
ORENCIA INTRAVENOUS	Specialty	PA
ORENCIA SUBCUTANEOUS	Specialty	PA; QL
OTEZLA	Specialty	PA; QL
RASUVO	2	PA; QL
RIDAURA	Specialty	
RINVOQ	Specialty	PA; QL
RINVOQ LQ	Specialty	PA; QL
SIMPONI	Specialty	PA; QL
SIMPONI ARIA	Specialty	PA
XELJANZ	Specialty	PA; QL
XELJANZ XR	Specialty	PA; QL
Immunological Agents - Drugs For Immune System Stimulation Or Suppression - Drugs For The Blood		
ANDEMBRY	Specialty	PA; QL
BERINERT	Specialty	PA; QL
HAEGARDA	Specialty	PA; QL

Drug	Tier	Coverage Requirements and Limits
<i>icatibant acetate</i>	Generic Specialty	PA; QL
KALBITOR	Specialty	PA; QL
ORLADEYO	Specialty	PA; QL
RUCONEST	Specialty	PA; QL
TAKHZYRO	Specialty	PA; QL
VEOPOZ	Specialty	PA
Immunological Agents - Drugs For Immune System Stimulation Or Suppression - Drugs For The Skin		
BIMZELX	Specialty	PA; QL
ILUMYA	Specialty	PA; QL
SILIQ	Specialty	PA; QL
SKYRIZI PEN	Specialty	PA; QL
SKYRIZI SUBCUTANEOUS	Specialty	PA; QL
SOTYKTU	Specialty	PA; QL
SPEVIGO	Specialty	PA; QL
TALTZ	Specialty	PA; QL
TREMFYA ONE-PRESS	Specialty	PA; QL
TREMFYA PEN	Specialty	PA; QL
TREMFYA SUBCUTANEOUS	Specialty	PA; QL
WEZLANA SUBCUTANEOUS	Specialty	PA; QL
YESINTEK SUBCUTANEOUS	Specialty	PA; QL
Immunological Agents - Drugs For Immune System Stimulation Or Suppression - Drugs For The Stomach		
AVSOLA	Specialty	PA
CIMZIA	Specialty	PA; QL
CIMZIA (1 SYRINGE)	Specialty	PA; QL

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Drug	Tier	Coverage Requirement s and Limits
CIMZIA (2 SYRINGE)	Specialty	PA; QL
CIMZIA-STARTER	Specialty	PA; QL
ENTYVIO	Specialty	PA
ENTYVIO PEN	Specialty	PA; QL
INFLECTRA	Specialty	PA
OMVOH	Specialty	PA; QL
OMVOH (300 MG DOSE)	Specialty	PA; QL
SKYRIZI INTRAVENOUS	Specialty	PA
SKYRIZI SUBCUTANEOUS	Specialty	PA; QL
TREMFYA INTRAVENOUS	Specialty	PA
TREMFYA PEN	Specialty	PA; QL
TREMFYA SUBCUTANEOUS	Specialty	PA; QL
TREMFYA-CD/UC INDUCTION	Specialty	PA; QL
VELSIPITY	Specialty	PA; QL
WEZLANA INTRAVENOUS	Specialty	PA
YESINTEK INTRAVENOUS	Specialty	PA
Immunological Agents - Drugs For Immune System Stimulation Or Suppression - Vitamins And Minerals		
ASTAGRAF XL	3	
AZASAN	3	
<i>azathioprine oral</i>	1	
<i>azathioprine sodium</i>	1	
BENLYSTA	Specialty	PA
CELLCEPT	3	
CELLCEPT INTRAVENOUS	3	
<i>cyclosporine modified</i>	1	

Drug	Tier	Coverage Requirement s and Limits
<i>cyclosporine oral</i>	1	
ENSPRYNG	Specialty	PA
ENVARSUS XR	3	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	
GAMIFANT	Specialty	PA
<i>gengraf</i>	1	
IMAAVY	Specialty	PA
IMURAN	3	
<i>mycophenolate mofetil hcl</i>	1	
<i>mycophenolate mofetil intravenous</i>	1	
<i>mycophenolate mofetil oral</i>	1	
<i>mycophenolate sodium</i>	1	
<i>mycophenolic acid</i>	1	
MYFORTIC	3	
MYHIBBIN	3	
NEORAL	3	
NULOJIX	3	
PROGRAF	3	
RYONCIL 100KG TO <112.5KG	Specialty	
RYONCIL 112.5KG TO <125KG	Specialty	
RYONCIL 125KG TO <137.5KG	Specialty	
RYONCIL 137.5KG TO <150KG	Specialty	
SANDIMMUNE INTRAVENOUS	2	
SANDIMMUNE ORAL	3	
SAPHNELO	Specialty	PA
SIMULECT	3	
<i>sirolimus oral</i>	1	
<i>tacrolimus oral</i>	1	
THYMOGLOBULIN	3	

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Drug	Tier	Coverage Requirements and Limits
UPLIZNA	Specialty	PA
ZORTRESS	3	
Immunological Agents - Drugs For Vaccination - Biological Agents		
ABRYSVO	3	QL; HCR\$0
ACAM2000	3	
ACTHIB	3	HCR\$0
ADACEL	3	HCR\$0
AFLURIA	3	HCR\$0
AFLURIA PRESERVATIVE FREE	3	HCR\$0
AREXVY	3	QL; HCR\$0
AUDENZ	3	
BCG VACCINE	3	
BEXSERO	3	HCR\$0
BIOTHRAX	3	
BOOSTRIX	3	HCR\$0
CAPVAXIVE	3	HCR\$0
COMIRNATY	3	HCR\$0
COMIRNATY 5-11 YEARS	3	HCR\$0
DAPTACEL	3	HCR\$0
DENG VAXIA	3	HCR\$0
ENGERIX-B	3	HCR\$0
ERVEBO	3	
FLUAD	3	HCR\$0
FLUARIX	3	HCR\$0
FLUBLOK	3	HCR\$0
FLUCELVAX	3	HCR\$0
FLULAVAL	3	HCR\$0
FLUMIST	3	HCR\$0
FLUZONE HIGH-DOSE	3	HCR\$0
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	HCR\$0

Drug	Tier	Coverage Requirements and Limits
GARDASIL 9	3	HCR\$0
HAVRIX	3	HCR\$0
HEPLISAV-B	3	HCR\$0
HIBERIX	3	HCR\$0
IMOVAX RABIES	3	
INFANRIX	3	HCR\$0
IPOL	3	HCR\$0
IXCHIQ	3	
IXIARO	3	
JYNNEOS	3	HCR\$0
KINRIX	3	HCR\$0
MENQUADFI	3	HCR\$0
MENVEO	3	HCR\$0
M-M-R II	3	HCR\$0
MNEXSPIKE	3	HCR\$0
MRESVIA	3	QL; HCR\$0
NUVAXOVID COVID-19 VACCINE	3	HCR\$0
PEDIARIX	3	HCR\$0
PEDVAX HIB	3	HCR\$0
PENBRAYA	3	HCR\$0
PENMENVY	3	HCR\$0
PENTACEL	3	HCR\$0
PNEUMOVAX 23	3	HCR\$0
PREVNAR 20	3	HCR\$0
PRIORIX	3	HCR\$0
PROQUAD	3	HCR\$0
QUADRACEL	3	HCR\$0
RABAVERT	3	
RECOMBIVAX HB	3	HCR\$0
ROTARIX	3	HCR\$0
ROTATEQ	3	HCR\$0
SHINGRIX	3	HCR\$0
SPIKEVAX	3	HCR\$0
SPIKEVAX 6M-11Y	3	HCR\$0
TENIVAC	3	HCR\$0
TICOVAC	3	

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Drug	Tier	Coverage Requirements and Limits
TRUMENBA	3	HCR\$0
TWINRIX	3	HCR\$0
TYPHIM VI	3	
VAQTA	3	HCR\$0
VARIVAX	3	HCR\$0
VAXCHORA	3	
VAXELIS	3	HCR\$0
VAXNEUVANCE	3	HCR\$0
VIMKUNYA	3	
VIVOTIF	3	
YF-VAX	3	
Inflammatory Bowel Disease Agents - Drugs For The Stomach		
APRISO	1	
AZULFIDINE EN-TABS	3	
<i>balsalazide disodium</i>	1	
<i>mesalamine er oral capsule extended release</i>	1	
<i>mesalamine oral capsule delayed release</i>	1	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	1	
<i>mesalamine rectal</i>	1	
SFROWASA	2	
<i>sulfasalazine oral</i>	1	
Inflammatory Bowel Disease Agents - Hormones		
<i>budesonide oral</i>	1	
EOHILIA	3	PA; QL
Inflammatory Bowel Disease Agents - Rectal Preparations		
<i>budesonide rectal</i>	1	
CORTENEMA	3	

Drug	Tier	Coverage Requirements and Limits
CORTIFOAM	3	
<i>hydrocortisone (perianal)</i>	1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	1	
<i>hydrocortisone rectal</i>	1	
PROCTOFOAM HC	2	
<i>procto-med hc</i>	1	
UCERIS RECTAL	3	
Metabolic Bone Disease Agents - Drugs For Osteoporosis - Hormones		
<i>alendronate sodium oral solution</i>	1	
<i>alendronate sodium oral tablet 10 mg</i>	1	
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL
ATELVIA	3	QL
BONSITY	Specialty	PA
<i>calcitonin (salmon) injection</i>	1	
<i>calcitonin (salmon) nasal</i>	1	QL
EVENITY	Specialty	PA; QL
<i>ibandronate sodium</i>	1	QL
MIACALCIN	3	
<i>pamidronate disodium</i>	Generic Specialty	
PROLIA	Specialty	PA; QL
<i>risedronate sodium oral tablet 150 mg, 35 mg</i>	1	QL
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	1	
<i>risedronate sodium oral tablet delayed release</i>	1	QL

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Drug	Tier	Coverage Requirements and Limits
<i>teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous</i>	Generic Specialty	PA
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	Specialty	PA
TYMLOS	Specialty	PA
<i>zoledronic acid</i>	Generic Specialty	
Metabolic Bone Disease Agents - Hormones		
OSENVELT	Specialty	PA
STOBOCLO	Specialty	PA; QL
XGEVA	Specialty	PA
Metabolic Bone Disease Agents - Other - Hormones		
<i>calcitriol intravenous</i>	1	
<i>calcitriol oral</i>	1	
<i>cinacalcet hcl</i>	1	PA
<i>doxercalciferol intravenous</i>	1	
<i>paricalcitol</i>	1	
PARSABIV	Specialty	
RAYALDEE	3	
ROCALTROL	3	
ZEMPLAR	3	
Miscellaneous Therapeutic Agents - Antiseptics And Disinfectants		
CETYLCIDE-G	3	
CHLORHEXIDINE GLUCONATE SOLUTION 20 %	3	
<i>formaldehyde external solution 37 %</i>	1	

Drug	Tier	Coverage Requirements and Limits
<i>glutaraldehyde external</i>	1	
Miscellaneous Therapeutic Agents - Biological Agents		
AMERICAN BEECH POLLEN	3	
DOG EPITHELIUM SUBCUTANEOUS SOLUTION 1:10	3	
GRASTEK	3	PA; QL
ODACTRA	3	PA; QL
ORALAIR	3	PA; QL
ORALAIR ADULT STARTER PACK	3	PA; QL
ORALAIR CHILDRENS STARTER PACK	3	PA; QL
RAGWITEK	3	PA; QL
Miscellaneous Therapeutic Agents - Drugs For Cancer		
IWILFIN	Specialty	PA
PEDMARK	3	PA
Miscellaneous Therapeutic Agents - Drugs For Muscles, Ligaments, Tendons, And Bones		
DUROLANE	2	PA
EUFLEXXA	2	PA
GELSYN-3	2	PA
SOHONOS	Specialty	PA; QL
Miscellaneous Therapeutic Agents - Drugs For Nerves And Muscles		
BOTOX	3	PA
DAXXIFY	3	PA
DYSPORT	2	PA
MYOBLOC	2	PA

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Drug	Tier	Coverage Requirements and Limits
XEOMIN	2	PA
Miscellaneous Therapeutic Agents - Drugs For Nutrition		
ASPARTAME (FOR COMPOUNDING)	3	
ASPARTAME (NUTRASWEET)	3	
CYTOTINE ORAL POWDER	3	
ENDARI	3	PA
<i>l-glutamine oral packet</i>	1	PA
SACCHARIN	3	
<i>sodium saccharin powder</i>	1	
Miscellaneous Therapeutic Agents - Drugs For Overdose Or Poisoning		
ACETADOTE	3	
<i>acetylcysteine intravenous</i>	1	
ANDEXXA	3	
BRIDION INTRAVENOUS SOLUTION 200 MG/2ML	3	
CHARCOAL ACTIVATED	3	
CYANOKIT	3	
<i>deferoxamine mesylate</i>	1	
DESFERAL	3	
DIGIFAB	3	
EDETATE CALCIUM DISODIUM INJECTION	3	
<i>flumazenil intravenous</i>	1	
<i>fomepizole</i>	1	
<i>methylene blue intravenous solution</i>	1	

Drug	Tier	Coverage Requirements and Limits
NITHIODOLE	3	
PENTETATE CALCIUM TRISODIUM	3	
PENTETATE ZINC TRISODIUM	3	
PREVDUO	3	
PROTOPAM CHLORIDE	3	
PROVAYBLUE	3	
PYRIDOSTIGMINE BROMIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
RADIOGARDASE	3	
<i>sodium nitrite intravenous</i>	1	
<i>sodium thiosulfate intravenous</i>	1	
VISTOGARD	3	
Miscellaneous Therapeutic Agents - Drugs For The Blood		
ARTISS	3	
GOHIBIC	3	
TISSEEL	3	
ZILBRYSQ	Specialty	PA
Miscellaneous Therapeutic Agents - Drugs For The Eye		
PHOTREXA-PHOTREXA VISCOUS KIT	3	
Miscellaneous Therapeutic Agents - Drugs For The Nervous System		
AQNEURSA	Specialty	PA; QL
<i>dexmedetomidine hcl</i>	1	

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Drug	Tier	Coverage Requirements and Limits
<i>dexmedetomidine hcl in nacl intravenous solution</i>	1	
DEXMEDETOMIDINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
DEXMEDETOMIDINE HCL-DEXTROSE	3	
IGALMI	3	PA
MIPLYFFA	Specialty	PA; QL
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/2ML, 200 MCG/50ML, 400 MCG/100ML	3	
Miscellaneous Therapeutic Agents - Drugs For The Stomach		
BYLVAY	Specialty	PA
BYLVAY (PELLETS)	Specialty	PA
LIVMARLI ORAL TABLET	Specialty	PA; QL
Miscellaneous Therapeutic Agents - Drugs For The Urinary System		
SORBITOL IRRIGATION	3	
<i>sorbitol-mannitol</i>	1	
Miscellaneous Therapeutic Agents - Drugs For Women		
PHEXXI	E	HCR\$0
Miscellaneous Therapeutic Agents - Hormones		
KERENDIA	3	PA; QL

Drug	Tier	Coverage Requirements and Limits
METHERGINE	3	QL
<i>methylergonovine maleate injection</i>	1	
<i>methylergonovine maleate oral</i>	1	QL
VYKAT XR	Specialty	PA; QL
YORVIPATH	Specialty	PA; QL
Miscellaneous Therapeutic Agents - Medical Supplies And Durable Medical Equipment		
ACCU-CHEK ULTRAFLEX INF SET	3	
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER MINI CHAMBER	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU INTERM	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	
AEROCHAMBER PLUS FLOW VU	2	
AEROCHAMBER2GO ANTI-STATIC	2	
ALCOHOL PREP PADS PAD , 70 %	3	
ALCOHOL PREP PADS SHEET 70 %	3	
AMD FOAM DRESSING	3	

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Drug	Tier	Coverage Requirements and Limits
AMD FOAM DRESSING TOPSHEET	3	
AQINJECT PEN NEEDLE	2	
ASSURE ID DUO PRO PEN NEEDLES	2	
ASSURE ID PRO PEN NEEDLES	2	
AUM ALCOHOL PREP PADS	3	
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	2	
AUM MINI INSULIN PEN NEEDLE	2	
AUM PEN NEEDLE 32G X 5 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	
AUM READYGARD DUO PEN NEEDLE	2	
AUM SAFETY PEN NEEDLE	2	
AUTOSOFT 30 INFUSION SET	3	
AUTOSOFT 90 INFUSION SET	3	
AUTOSOFT XC INFUSION SET	3	
BD AUTOSHIELD DUO PEN NEEDLES 30G X 5 MM	2	
BD PEN NEEDLE MICRO ULTRAFINE	2	
BD PEN NEEDLE MINI ULTRAFINE	2	
BD PEN NEEDLE NANO ULTRAFINE	2	
BD PEN NEEDLE ORIG ULTRAFINE	2	

Drug	Tier	Coverage Requirements and Limits
BD PEN NEEDLE SHORT ULTRAFINE	2	
BD ULTRA-FINE PEN NEEDLES 32G X 4 MM	2	
BREATHE COMFORT CHAMBER/ADULT	2	
BREATHE COMFORT CHAMBER/CHILD	2	
BREATHE EASE LARGE	2	
BREATHE EASE MEDIUM	2	
BREATHE EASE SMALL	2	
BREATHERITE VALVED MDI CHAMBER	2	
CAYA	3	HCR\$0
CLEVER CHOICE HOLDING CHAMBER	2	
COMFORT EZ PRO PEN NEEDLES	2	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER/LG MASK	2	
COMPACT SPACE CHAMBER/MED MASK	2	
COMPACT SPACE CHAMBER/SM MASK	2	
CURITY AMD ANTIMICROBIAL SPNGE PAD 4"X4"	3	
CURITY AMD ANTIMICROBIAL STRIP	3	
CURITY IODOFORM PACKING STRIP	3	
DIASCREEN 10	3	
DIASCREEN 1B	3	
DIASCREEN 1G	3	

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Drug	Tier	Coverage Requirements and Limits
DIASCREEN 1K	3	
DIASCREEN 2GK	3	
DIASCREEN 2GP	3	
DIASCREEN 3	3	
DIASCREEN 4NL	3	
DIASCREEN 4OBL	3	
DIASCREEN 4PH	3	
DIASCREEN 5	3	
DIASCREEN 6	3	
DIASCREEN 7	3	
DIASCREEN 8	3	
DIASCREEN 9	3	
DIASCREEN LIQUID URINE CONTROL	3	
DROPLET MICRON	2	
DROPSAFE ALCOHOL PREP	3	
EASIVENT	2	
EMBECTA AUTOSHIELD DUO	2	
EMBECTA PEN NEEDLE NANO	2	
EMBECTA PEN NEEDLE NANO 2 GEN	2	
EMBECTA PEN NEEDLE ULTRAFINE	2	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	
EXCILON AMD DRAIN SPONGES	3	
EXTENDED INFUSION SET 23"/6MM	3	
EXTENDED INFUSION SET 23"/9MM	3	
EXTENDED INFUSION SET 32"/6MM	3	

Drug	Tier	Coverage Requirements and Limits
EXTENDED INFUSION SET 32"/9MM	3	
EXTENDED RESERVOIR 3ML	3	
FEMCAP	3	HCR\$0
FLEXICHAMBER	2	
FLEXICHAMBER ADULT MASK/SMALL	2	
FLEXICHAMBER CHILD MASK/LARGE	2	
FLEXICHAMBER CHILD MASK/SMALL	2	
FORA D40G GLUCOSE/PRESSURE	3	
GOODSENSE ALCOHOL SWABS	3	
ILET CONTACT DETACH 23" 6MM	3	
ILET INFUSION-INSET 23" 6MM	3	
ILET INFUSION-INSET 32" 6MM	3	
ILET INSULIN PUMP	3	
ILET STARTER - CONTACT DETACH	3	
ILET STARTER KIT - INSET 23"	3	
ILET STARTER KIT - INSET 32"	3	
INCONTROL ULTICARE PEN NEEDLES	2	
INSPIREASE RESERVOIR BAGS	2	

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Drug	Tier	Coverage Requirements and Limits
INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 4MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 6 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	2	
INSUPEN32G EXTR3ME	2	
J-TIP KIT W/VIAL ADAPTERS	3	
KERLIX AMD ANTIMICROBIAL	3	
KERLIX AMD SUPER SPONGES	3	
MICROCHAMBER DEVICE	2	
MINIMED 780G INSULIN PUMP	3	
MINIMED MIO ADVANCE INFUSE SET	3	
MINIMED PUMP RESERVOIR 3ML	3	
MINIMED QUICK SET INF SET 18"	3	
MINIMED QUICK SET INF SET 23"	3	
MINIMED QUICK SET INF SET 32"	3	
MINIMED QUICK SET INF SET 43"	3	
MINIMED SILHOUETTE INF SET 32"	3	

Drug	Tier	Coverage Requirements and Limits
MINIMED SILHOUETTE INF SET 43"	3	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	2	
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	2	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	
OMNIPOD DASH INTRO (GEN 4)	2	
OMNIPOD DASH PDM (GEN 4)	2	
OMNIPOD DASH PODS (GEN 4)	2	
OMNIPOD POD PALS	3	
OPTICHAMBER DIAMOND	2	
OPTICHAMBER DIAMOND-LG MASK	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
PANDA MASK LARGE	2	
PANDA MASK MEDIUM	2	
PANDA MASK SMALL	2	
PARI VORTEX ADULT MASK	2	
PARI VORTEX PEDIATRIC MASK	2	
PEDIATRIC PANDA MASK	2	

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Drug	Tier	Coverage Requirements and Limits
PEN NEEDLE/5-BEVEL TIP	2	
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM	2	
PIP PEN NEEDLES 32G X 4MM	2	
POCKET SPACER	2	
PRO COMFORT SPACER ADULT	2	
PRO COMFORT SPACER CHILD	2	
PRO COMFORT SPACER INFANT	2	
PROCARE SPACER/ADULT MASK	2	
PROCARE SPACER/CHILD MASK	2	
PURE COMFORT SAFETY PEN NEEDLE	2	
PURE COMFORT SPACER CHAMBER	2	
QUICK TOUCH INSULIN PEN NEEDLE	2	
RAPPORT RLS	3	
RAPPORT VTD	3	
RAYA SURE PEN NEEDLE	2	
SAFETY PEN NEEDLES	2	
SILHOUETTE 23" INFUSION SET	3	
SILHOUETTE 43" INFUSION SET	3	
SILHOUETTE INFUSION SET 18"	3	
SURE T INFUSION SET 18"/6MM	3	
SURE T INFUSION SET 23"/10MM	3	

Drug	Tier	Coverage Requirements and Limits
SURE T INFUSION SET 23"/6MM	3	
SURE T INFUSION SET 23"/8MM	3	
SURE T INFUSION SET 32"/10MM	3	
SURE T INFUSION SET 32"/6MM	3	
SURE T INFUSION SET 32"/8MM	3	
T:SLIM X2 3ML CARTRIDGE	3	
T:SLIM X2 BASAL-IQ PUMP	3	
T:SLIM X2 CONTROL- IQ 7.7 PUMP	3	
T:SLIM X2 CONTROL- IQ 7.8 PUMP	3	
T:SLIM X2 INSULIN PMP BASAL6.4	3	
T:SLIM X2 INSULIN PUMP	3	
T:SLIM X2/BASAL- IQ/ACC/INSTR	3	
T:SLIM X2/CONTROL- IQ/ACC/INSTR	3	
TANDEM MOBI AUTOSOFT 30 KIT	3	
TANDEM MOBI AUTOSOFT XC KIT	3	
TANDEM MOBI AUTOSOFT30 14PK23"	3	
TANDEM MOBI AUTOSOFTXC 14PK23"	3	
TANDEM MOBI AUTOSOFTXC 14PK5"	3	
TANDEM MOBI SYSTEM STARTER	3	
TANDEM MOBI TRUSTEEL SUPP KIT	3	

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Drug	Tier	Coverage Requirements and Limits
TANDEM T:SLIM ASFT 30 PK10 23"	3	
TANDEM T:SLIM ASFT 30 PK14 23"	3	
TANDEM T:SLIM ASFT XC PK10 23"	3	
TANDEM T:SLIM ASFT XC PK14 23"	3	
TANDEM T:SLIM TRUSTL PK10 23"	3	
TECHLITE PLUS PEN NEEDLES	2	
TELFA AMD ISLAND DRESSING	3	
TELFA AMD NON-ADHERENT	3	
TRUE COMFORT SAFETY PEN NEEDLE	2	
TRUSTEEL INFUSION SET	3	
TWIST REFILL KIT	2	
TWIST REFILL KIT/INFUSION SET	2	
TWIST STARTER KIT	2	
UNIFINE OTC PEN NEEDLES	2	
UNIFINE PROTECT PEN NEEDLE	2	
VARISOFT INFUSION SET	3	
VERIFINE INSULIN PEN NEEDLE	2	
VERIFINE PLUS PEN NEEDLE	2	
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
VORTEX VALVE CHAMBER-PEDI MASK	2	

Drug	Tier	Coverage Requirements and Limits
VORTEX VALVED HOLDING CHAMBER	2	
WIDE-SEAL DIAPHRAGM 60	3	HCR\$0
WIDE-SEAL DIAPHRAGM 65	3	HCR\$0
WIDE-SEAL DIAPHRAGM 70	3	HCR\$0
WIDE-SEAL DIAPHRAGM 75	3	HCR\$0
WIDE-SEAL DIAPHRAGM 80	3	HCR\$0
WIDE-SEAL DIAPHRAGM 85	3	HCR\$0
WIDE-SEAL DIAPHRAGM 90	3	HCR\$0
WIDE-SEAL DIAPHRAGM 95	3	HCR\$0
YONI FIT BLADDER SUPPORT KIT 1	3	
YONI FIT BLADDER SUPPORT KIT 2	3	
YONI FIT BLADDER SUPPORT KIT 3	3	
YONI FIT BLADDER SUPPORT KIT 4	3	
YONI FIT BLADDER SUPPORT KIT 5	3	
Miscellaneous Therapeutic Agents - Vitamins And Minerals		
ALPHA-LIPOIC ACID INJECTION	3	
AMPHADASE	3	
BROMELAIN	3	
EUA PATIENT ASSESSMENT	3	
HYLENEX	3	
KORSUVA	Specialty	PA
NEOKE RA LIPOIC	3	

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Drug	Tier	Coverage Requirements and Limits
NEXAVIR	3	
RYSTIGGO	Specialty	PA; QL
XIAFLEX	Specialty	PA
ZOKINVY	Specialty	PA; QL
Miscellaneous Therapeutic Agents		
BACTERIOSTATIC WATER(BENZ ALC)	3	
<i>diluent for treprostinil</i>	1	
GALEN IQ 900	3	
<i>saline bacteriostatic</i>	1	
SALINE-PHENOL	3	
<i>sodium chloride bacteriostatic</i>	1	
STERILE DILUENT FLOLAN PH 12	3	
STERILE DILUENT FOR REMODULIN	3	
<i>sterile water for injection</i>	1	
UDSX MEDICATED SYSTEM	3	
UDSXMP MEDICATED SYSTEM	3	
VERSAPENN (AG) ANHYDROUS	3	
VERSAPENN (AL) ANHYD LIPID	3	
Ophthalmic Agents - Drugs For Eye Allergy, Infection And Inflammation - Drugs For The Eye		
ACULAR LS	3	
AZASITE	3	
<i>azelastine hcl ophthalmic</i>	1	
<i>bacitracin ophthalmic</i>	1	
BESIVANCE	3	
BETADINE OPHTHALMIC PREP	3	

Drug	Tier	Coverage Requirements and Limits
<i>bromfenac sodium (once-daily)</i>	1	QL
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	1	ST; QL
<i>ciprofloxacin hcl ophthalmic</i>	1	
<i>cromolyn sodium ophthalmic</i>	1	
<i>dexamethasone sodium phosphate ophthalmic</i>	1	
<i>diclofenac sodium ophthalmic</i>	1	
<i>difluprednate</i>	1	
<i>epinastine hcl</i>	1	
<i>erythromycin ophthalmic</i>	1	
EYSUVIS	3	PA; QL
FLAREX	3	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
FML FORTE	3	
FML LIQUIFILM	3	
<i>gatifloxacin ophthalmic</i>	1	
<i>gentamicin sulfate ophthalmic</i>	1	
INVELTYS	3	
<i>ketorolac tromethamine ophthalmic</i>	1	
<i>levofloxacin ophthalmic</i>	1	
LOTEMAX SM	3	
<i>loteprednol etabonate ophthalmic gel</i>	1	QL
MAXIDEX	3	
MAXITROL OPHTHALMIC OINTMENT	3	
MITOSOL	3	
<i>moxifloxacin hcl (2x day)</i>	1	

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Drug	Tier	Coverage Requirements and Limits
<i>moxifloxacin hcl ophthalmic</i>	1	
NATACYN	2	
<i>neomycin-polymyxin-dexameth</i>	1	
<i>neomycin-polymyxin-hc ophthalmic</i>	1	
<i>ofloxacin ophthalmic</i>	1	
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	1	
POVIDONE-IODINE OPHTHALMIC	3	
PRED MILD	3	
<i>prednisolone acetate ophthalmic</i>	1	
<i>prednisolone sodium phosphate ophthalmic</i>	1	
<i>sulfacetamide sodium ophthalmic</i>	1	
TOBRADEX	3	
TOBRADEX ST	3	
<i>tobramycin ophthalmic</i>	1	
<i>tobramycin-dexamethasone</i>	1	
TOBREX	3	
<i>trifluridine</i>	1	
UPNEEQ	3	PA
ZIRGAN	3	
Ophthalmic Agents - Drugs For Glaucoma - Drugs For The Eye		
<i>apraclonidine hcl</i>	1	
<i>betaxolol hcl ophthalmic</i>	1	
BETIMOL	3	
<i>bimatoprost ophthalmic</i>	1	QL
<i>brimonidine tartrate ophthalmic</i>	1	
<i>brimonidine tartrate-timolol</i>	1	

Drug	Tier	Coverage Requirements and Limits
<i>brinzolamide</i>	1	
<i>carteolol hcl</i>	1	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3	
<i>dorzolamide hcl solution 2 % ophthalmic</i>	1	
<i>dorzolamide hcl-timolol mal</i>	1	
<i>dorzolamide hcl-timolol mal pf</i>	1	
IOPIDINE	3	
<i>latanoprost ophthalmic</i>	1	
<i>levobunolol hcl</i>	1	
LUMIGAN	2	QL
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
SIMBRINZA	2	
<i>tafluprost (pf)</i>	1	QL
<i>timolol hemihydrate</i>	1	
<i>timolol maleate (once-daily)</i>	1	
<i>timolol maleate ophthalmic solution</i>	1	
<i>travoprost (bak free)</i>	1	QL
XELPROS	3	ST; QL
Ophthalmic Agents - Drugs For Glaucoma - Drugs For The Heart		
<i>acetazolamide er</i>	1	
<i>acetazolamide oral</i>	1	
<i>dichlorphenamide</i>	Generic Specialty	PA; QL
KEVEYIS	Specialty	PA; QL
<i>methazolamide oral</i>	1	

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Drug	Tier	Coverage Requirements and Limits
Ophthalmic Agents - Drugs For Miscellaneous Eye Conditions - Drugs For The Eye		
AKTEN	3	
ALCAINE	3	
ALTACAINE	3	
<i>altafrin</i>	1	
ATROPINE SULFATE OPTHALMIC SOLUTION 0.025 %, 0.05 %	3	
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
<i>bacitracin-polymyxin b</i>	1	
<i>bacitra-neomycin-polymyxin-hc</i>	1	
BEVACIZUMAB	Specialty	
CEQUA	3	PA; QL
CIMERLI	Specialty	PA
CYCLOGYL	3	
CYCLOMYDRIL	3	
<i>cyclopentolate hcl ophthalmic</i>	1	
CYSTADROPS	Specialty	QL
CYSTARAN	Specialty	QL
EYLEA	Specialty	PA
EYLEA HD	Specialty	PA
HOMATROPAIRE	3	
IZERVAY	Specialty	PA
MIEBO	2	PA; QL
<i>neomycin-bacitracin zn-polymyx</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
NEO-POLYCIN	3	
NEO-POLYCIN HC	3	
OXERVATE	Specialty	PA; QL

Drug	Tier	Coverage Requirements and Limits
<i>phenylephrine hcl ophthalmic</i>	1	
POLYCIN	3	
<i>polymyxin b-trimethoprim</i>	1	
<i>proparacaine hcl ophthalmic</i>	1	
RESTASIS	1	PA; QL
RESTASIS MULTIDOSE	2	PA; QL
<i>sulfacetamide-prednisolone</i>	1	
SUSVIMO (IMPLANT 1ST FILL)	Specialty	PA
SUSVIMO (IMPLANT REFILL)	Specialty	PA
SYFOVRE	Specialty	PA
<i>tetracaine hcl ophthalmic</i>	1	
TRYPTYR	3	PA; QL
TYRVAYA	3	PA; QL
VABYSMO	Specialty	PA
VISUDYNE	Specialty	
XIIDRA	2	PA; QL
ZYLET	3	
Otic Agents - Drugs For Ear Conditions - Drugs For The Ear		
<i>acetic acid otic</i>	1	
CETRAXAL	3	ST
<i>ciprofloxacin hcl otic</i>	1	
<i>ciprofloxacin-dexamethasone</i>	1	
CORTISPORIN-TC	3	
DERMOTIC	3	
<i>fluocinolone acetonide otic</i>	1	
<i>hydrocortisone-acetic acid</i>	1	

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Drug	Tier	Coverage Requirements and Limits
<i>neomycin-polymyxin-hc otic</i>	1	
<i>ofloxacin otic</i>	1	
PRAMOTIC	3	
Respiratory Tract / Pulmonary Agents - Drugs For Allergies, Cough, Cold - Drugs For The Lungs		
<i>benzonatate</i>	1	
<i>carbinoxamine maleate oral solution</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>cetirizine hcl oral solution</i>	1	
CINQAIR	Specialty	PA
<i>clemastine fumarate oral tablet</i>	1	
CUROSURF	3	
<i>cyproheptadine hcl oral</i>	1	
<i>diphenhydramine hcl injection</i>	1	
<i>diphenhydramine hcl oral elixir</i>	1	
HYCODAN	3	PA; QL
<i>hydrocod poli-chlorphe poli er</i>	1	PA; QL
<i>hydrocodone bit-homatrop mbr</i>	1	PA; QL
<i>hydromet</i>	1	PA; QL
HYPERSAL	3	
INFASURF	3	
<i>levocetirizine dihydrochloride oral tablet</i>	1	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	3	

Drug	Tier	Coverage Requirements and Limits
<i>promethazine-codeine oral solution</i>	1	PA; QL
<i>promethazine-dm</i>	1	
<i>pseudoephedrine-bromphen-dm</i>	1	
PULMOSAL	3	
RYCLORA	3	
<i>sodium chloride inhalation</i>	1	
SURVANTA	3	
Respiratory Tract / Pulmonary Agents - Drugs For Allergies, Cough, Cold - Drugs For The Nose		
<i>azelastine hcl nasal</i>	1	QL
<i>azelastine-fluticasone</i>	1	QL
<i>flunisolide nasal</i>	1	QL
<i>fluticasone propionate nasal</i>	1	
<i>ipratropium bromide nasal</i>	1	
<i>mometasone furoate nasal</i>	1	QL
OMNARIS	3	QL
QNASL	3	QL
QNASL CHILDRENS	3	QL
RYALTRIS	3	QL
Respiratory Tract / Pulmonary Agents - Drugs For Asthma And Other Lung Conditions - Drugs For The Heart		
ADRENALIN INJECTION SOLUTION 1 MG/ML	3	
AUVI-Q	3	
<i>epinephrine (anaphylaxis)</i>	1	

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Drug	Tier	Coverage Requirements and Limits
<i>epinephrine injection solution auto-injector</i>	1	
EPIPEN 2-PAK	3	ST
NEFFY	3	
Respiratory Tract / Pulmonary Agents - Drugs For Asthma And Other Lung Conditions - Drugs For The Lungs		
ACCOLATE	3	
<i>acetylcysteine inhalation</i>	1	
ADVAIR HFA	1	QL
AIRSUPRA	2	QL
<i>albuterol sulfate hfa</i>	1	QL
<i>albuterol sulfate inhalation</i>	1	QL
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate oral tablet</i>	1	
<i>aminophylline</i>	1	
ANORO ELLIPTA	2	QL
ARALAST NP	Specialty	PA
<i>arformoterol tartrate</i>	1	QL
ARNUITY ELLIPTA	2	QL
ATROVENT HFA	3	QL
BREO ELLIPTA	1	QL
BREZTRI AEROSPHERE	2	QL
<i>budesonide inhalation</i>	1	QL
COMBIVENT RESPIMAT	2	QL
<i>cromolyn sodium inhalation</i>	1	
<i>elixophyllin</i>	1	
FASENRA	Specialty	PA; QL
FASENRA PEN	Specialty	PA; QL

Drug	Tier	Coverage Requirements and Limits
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	ST; QL
<i>formoterol fumarate inhalation</i>	1	QL
GLASSIA	Specialty	PA
<i>ipratropium bromide inhalation</i>	1	QL
<i>ipratropium-albuterol</i>	1	QL
<i>isoproterenol hcl injection</i>	1	
<i>levalbuterol hcl inhalation</i>	1	QL
<i>montelukast sodium oral</i>	1	
NUCALA	Specialty	PA; QL
OFEV	Specialty	PA
PERFOROMIST	3	QL
<i>pirfenidone</i>	Generic Specialty	PA
PROLASTIN-C	Specialty	PA
QVAR REDHALER	2	QL
<i>roflumilast</i>	1	PA
SCLEROSOL INTRAPLEURAL	3	
SEREVENT DISKUS	2	QL
SPIRIVA HANDHALER	1	QL
SPIRIVA RESPIMAT	2	QL
STERILE TALC POWDER	3	
STERITALC	3	
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL
<i>terbutaline sulfate injection</i>	1	

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Drug	Tier	Coverage Requirements and Limits
<i>terbutaline sulfate oral</i>	1	
TEZSPIRE	Specialty	PA; QL
THEO-24	3	
<i>theophylline er</i>	1	
<i>theophylline oral</i>	1	
TRELEGY ELLIPTA	2	QL
<i>wixela inhub</i>	1	ST; QL
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Specialty	PA; QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Specialty	PA; QL
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	Specialty	PA
YUPELRI	3	QL
<i>zafirlukast</i>	1	
ZEMAIRA	Specialty	PA
Respiratory Tract / Pulmonary Agents - Drugs For Cystic Fibrosis - Drugs For Infections		
TOBI PODHALER	Specialty	QL
<i>tobramycin inhalation</i>	Generic Specialty	QL
Respiratory Tract / Pulmonary Agents - Drugs For Cystic Fibrosis - Drugs For The Lungs		
ALYFTREK	Specialty	PA; QL
KALYDECO ORAL PACKET	Specialty	PA; QL
KALYDECO ORAL TABLET	Specialty	PA
ORKAMBI	Specialty	PA; QL

Drug	Tier	Coverage Requirements and Limits
PULMOZYME	Specialty	PA
SYMDEKO	Specialty	PA; QL
TRIKAFTA	Specialty	PA; QL
Respiratory Tract / Pulmonary Agents - Drugs For Pulmonary Hypertension - Drugs For The Heart		
ADEMPAS	Specialty	PA; QL
<i>alyq</i>	Generic Specialty	PA; QL
<i>ambrisentan</i>	Generic Specialty	PA; QL
<i>bosentan</i>	Generic Specialty	PA; QL
<i>epoprostenol sodium</i>	Generic Specialty	PA
FLOLAN	Specialty	PA
OPSUMIT	Specialty	PA; QL
ORENITRAM	Specialty	PA
ORENITRAM MONTH 1	Specialty	PA; QL
ORENITRAM MONTH 2	Specialty	PA; QL
ORENITRAM MONTH 3	Specialty	PA; QL
<i>sildenafil citrate intravenous</i>	Generic Specialty	PA
<i>sildenafil citrate oral suspension reconstituted</i>	Generic Specialty	PA; QL
<i>sildenafil citrate oral tablet 20 mg</i>	Generic Specialty	PA; QL
<i>tadalafil (pah)</i>	Generic Specialty	PA; QL
<i>treprostinil</i>	Generic Specialty	PA
TYVASO	Specialty	PA; QL
TYVASO DPI INSTITUTIONAL KIT	Specialty	PA; QL

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Drug	Tier	Coverage Requirements and Limits
TYVASO DPI MAINTENANCE KIT	Specialty	PA; QL
TYVASO DPI TITRATION KIT	Specialty	PA; QL
TYVASO REFILL KIT	Specialty	PA; QL
TYVASO STARTER KIT	Specialty	PA; QL
UPTRAVI INTRAVENOUS	Specialty	PA
UPTRAVI ORAL	Specialty	PA; QL
UPTRAVI TITRATION	Specialty	PA; QL
VELETRI	Specialty	PA
WINREVAIR	Specialty	PA; QL
Skeletal Muscle Relaxants - Drugs For Muscle Pain And Spasm - Drugs For Muscles, Ligaments, Tendons, And Bones		
<i>baclofen oral tablet</i>	1	
<i>carisoprodol oral</i>	1	
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	1	
DANTRIUM INTRAVENOUS	3	
<i>dantrolene sodium intravenous</i>	1	
<i>dantrolene sodium oral</i>	1	
<i>methocarbamol injection</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate er</i>	1	QL
<i>orphenadrine citrate injection</i>	1	
<i>revonto</i>	1	
ROBAXIN	3	

Drug	Tier	Coverage Requirements and Limits
RYANODEX	3	
<i>tizanidine hcl oral capsule 6 mg</i>	1	
<i>tizanidine hcl oral tablet</i>	1	
Sleep Disorder Agents - Drugs For The Nervous System		
<i>armodafinil</i>	1	PA; QL
BELSOMRA	3	QL
<i>doxepin hcl oral tablet</i>	1	QL
<i>eszopiclone</i>	1	QL
<i>flurazepam hcl</i>	1	PA; QL
<i>modafinil oral</i>	1	PA; QL
<i>ramelteon</i>	1	QL
SODIUM OXYBATE	Specialty	PA; QL
SUNOSI	2	PA; QL
<i>tasimelteon</i>	Generic Specialty	PA; QL
<i>temazepam</i>	1	QL
WAKIX	Specialty	PA; QL
XYWAV	Specialty	PA; QL
<i>zaleplon</i>	1	QL
<i>zolpidem tartrate er</i>	1	QL
<i>zolpidem tartrate oral tablet</i>	1	QL

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<i>bupropion hcl er (sr)</i>	20	CAPLYTA	33	<i>cefuroxime axetil</i>	15
<i>bupropion hcl er (xl)</i>	20	CAPRELSA	26	<i>cefuroxime sodium</i>	15
<i>buspirone hcl</i>	36	<i>captopril</i>	39	<i>celecoxib</i>	10
<i>busulfan</i>	25	<i>captopril-hydrochlorothiazide</i>	39	CELESTONE SOLUSPAN	64
BUSULFEX	25	CAPVAXIVE	75	CELLCEPT	74
<i>butalbital-acetaminophen</i>	8	<i>carbamazepine</i>	19	CELLCEPT INTRAVENOUS	74
<i>butalbital-apap-caff-cod</i>	8	<i>carbamazepine er</i>	19	<i>cephalexin</i>	15
<i>butalbital-apap-caffeine</i>	8	<i>carbidopa</i>	32	CEQUA	87
<i>butalbital-asa-caff-codeine</i>	8	<i>carbidopa-levodopa</i>	32	CEQUR SIMPLICITY 2U	51
<i>butalbital-aspirin-caffeine</i>	8	<i>carbidopa-levodopa er</i>	32	CEQUR SIMPLICITY	
<i>butorphanol tartrate</i>	8	<i>carbidopa-levodopa-</i>		INSERTER	51
BYLVAY	79	<i>entacapone</i>	32	CERDELGA	61
BYLVAY (PELLETS)	79	<i>carbinoxamine maleate</i>	88	CEREBYX	19
CABENUVA	34	<i>carboplatin</i>	26	CEREZYME	61
<i>cabergoline</i>	66	<i>carboprost tromethamine</i>	66	CERVIDIL	63
CABLIVI	33	CARDENE IV	39	<i>cetirizine hcl</i>	88
CABOMETYX	25	CARESENS LANCETS 30G	51	CETRAXAL	87
<i>caffeine citrate</i>	46	CARETOUCH		<i>cetorelix acetate</i>	66
CAFFEINE-SODIUM		LANCING/EJECTOR	51	CETYLCIDE-G	77
BENZOATE	46	<i>carglumic acid</i>	58	<i>cevimeline hcl</i>	46
CALAMINE	47	<i>carisoprodol</i>	91	CHARCOAL ACTIVATED	78
CALCIFOL	55	<i>carmustine</i>	26	<i>charlotte 24 fe</i>	68
<i>calcipotriene</i>	47	CARNITOR	58	<i>chateal eq</i>	68

CHEMET	58	<i>clarithromycin</i>	15	<i>clonidine hcl er</i>	44
CHEMSTRIP BG LOG BOOK ...	51	<i>clarithromycin er</i>	15	<i>clopidogrel bisulfate</i>	33
CHEMSTRIP K	53	<i>clemastine fumarate</i>	88	<i>clorazepate dipotassium</i>	36
CHEMSTRIP UGK	53	CLENPIQ	60	<i>clotrimazole</i>	23
<i>chloramphenicol sod succinate</i> ..	15	CLEOCIN	15	<i>clotrimazole-betamethasone</i>	23
<i>chlordiazepoxide hcl</i>	36	CLEOCIN PHOSPHATE	15	<i>clozapine</i>	33
<i>chlordiazepoxide-amitriptyline</i> ...	21	CLEOCIN-T	47	CNJ-016	72
<i>chlorhexidine gluconate</i>	46	CLEVER CHOICE COMFORT		COAGADEX	37
CHLORHEXIDINE		EZ	52	<i>coal tar</i>	48
GLUCONATE	77	CLEVER CHOICE HOLDING		COARTEM	32
<i>chloroprocaine hcl (pf)</i>	11	CHAMBER	80	COBENFY	33
<i>chloroquine phosphate</i>	32	CLEVIPREX	39	COBENFY STARTER PACK	33
<i>chlorothiazide sodium</i>	39	CLIMARA PRO	71	COCAINE HCL	13
<i>chlorpromazine hcl</i>	33	<i>clindacin etz</i>	47	<i>codeine sulfate</i>	8
<i>chlorthalidone</i>	39	<i>clindacin-p</i>	47	<i>colchicine</i>	24
<i>chlorzoxazone</i>	91	<i>clindamycin hcl</i>	15	<i>colchicine-probenecid</i>	24
CHOLBAM	62	<i>clindamycin palmitate hcl</i>	15	<i>colesevelam hcl</i>	39
<i>cholestyramine</i>	39	<i>clindamycin phos (twice-daily)</i>	47	<i>colestipol hcl</i>	39
<i>cholestyramine light</i>	39	<i>clindamycin phos-benzoyl</i>		<i>colistimethate sodium (cba)</i>	15
CHOLINE BITARTRATE	55	<i>perox</i>	48	COLUMVI	26
CHORIONIC		<i>clindamycin phosphate</i> ... 15, 18, 48		COLY-MYCIN M	15
GONADOTROPIN	66	<i>clindamycin phosphate in d5w</i> ... 15		COMBIPATCH	71
CHOSEN LANCETS 30G	52	CLINDAMYCIN PHOSPHATE		COMBIVENT RESPIMAT	89
CHOSEN LANCING DEVICE	52	IN NACL	15	COMBOGESIC	10
CHOSEN SAFETY LANCETS		CLINDESSE	18	COMETRIQ	26
28G	52	CLINIMIX E/DEXTROSE		COMFORT EZ PRO PEN	
<i>chromic chloride</i>	55	(2.75/5)	55	NEEDLES	80
CIBINQO	47	CLINIMIX E/DEXTROSE		COMFORT TOUCH TWIST	
<i>ciclodan</i>	23	(4.25/10)	55	LANCET 30G	52
<i>ciclopirox</i>	23	CLINIMIX E/DEXTROSE		COMIRNATY	75
<i>ciclopirox olamine</i>	23	(4.25/5)	55	COMIRNATY 5-11 YEARS	75
<i>cidofovir</i>	34	CLINIMIX E/DEXTROSE (5/15) ..	55	COMPACT SPACE CHAMBER 80	
<i>cilostazol</i>	33	CLINIMIX E/DEXTROSE (5/20) ..	55	COMPACT SPACE	
CIMDUO	34	CLINIMIX E/DEXTROSE (8/10) ..	55	CHAMBER/LG MASK	80
CIMERLI	87	CLINIMIX E/DEXTROSE (8/14) ..	55	COMPACT SPACE	
<i>cimetidine</i>	59	CLINIMIX/DEXTROSE		CHAMBER/MED MASK	80
<i>cimetidine hcl</i>	59	(4.25/10)	55	COMPACT SPACE	
CIMZIA	73	CLINIMIX/DEXTROSE (4.25/5) ..	55	CHAMBER/SM MASK	80
CIMZIA (1 SYRINGE)	73	CLINIMIX/DEXTROSE (5/15)	55	COMPLERA	34
CIMZIA (2 SYRINGE)	74	CLINIMIX/DEXTROSE (5/20)	56	COMPRO	22
CIMZIA-STARTER	74	CLINIMIX/DEXTROSE (6/5)	56	CONCERTA	44
<i>cinacalcet hcl</i>	77	CLINIMIX/DEXTROSE (8/10)	56	CONDYLOX	48
CINQAIR	88	CLINIMIX/DEXTROSE (8/14)	56	<i>constulose</i>	60
CINVANTI	22	CLINISOL SF	56	CONTOUR CONTROL	52
CIPRO	15	CLINOLIPID	56	CONTOUR NEXT CONTROL	52
<i>ciprofloxacin hcl</i> 15, 85, 87		<i>clobazam</i>	19	CONTOUR NEXT TEST	53
<i>ciprofloxacin in d5w</i>	15	<i>clobetasol propionate</i>	48	CONTOUR PLUS CONTROL	
<i>ciprofloxacin-dexamethasone</i>	87	<i>clobetasol propionate e</i>	48	SOLUTION	52
<i>cisatracurium besylate</i>	45	<i>clodan</i>	48	CONTOUR PLUS TEST	53
<i>cisatracurium besylate (pf)</i>	45	<i>clofarabine</i>	26	CONTOUR TEST	53
<i>cisplatin</i>	26	<i>clomid</i>	66	COPIKTRA	26
CISPLATIN	26	<i>clomiphene citrate</i>	66	CORIFACT	37
<i>citalopram hydrobromide</i>	21	<i>clomipramine hcl</i>	21	CORLANOR	39
<i>cladribine</i>	26	<i>clonazepam</i>	36	CORTENEMA	76
<i>claravis</i>	47	<i>clonidine hcl</i>	39	CORTIFOAM	76

CORTISPORIN-TC	87	<i>danazol</i>	65	<i>dexameth sod phos (pf) +rfid</i>	64
CORTROPHIN	66	DANTRIUM	91	<i>dexamethasone</i>	64
CORTROPHIN GEL	66	<i>dantrolene sodium</i>	91	DEXAMETHASONE (LA)	64
CORVERT	39	DANYELZA	26	<i>dexamethasone intensol</i>	64
COTELIC	26	DANZITEN	26	<i>dexamethasone sod phos (pf)</i>	64
CRENESSITY	66	<i>dapsone</i>	25	<i>dexamethasone sod phos +rfid</i> ..	64
CREON	62	DAPTACEL	75	DEXAMETHASONE SOD	
CRESEMBA	23	<i>daptomycin</i>	15	PHOS-NACL	64
CREXONT	32	DAPTOMYCIN-SODIUM		<i>dexamethasone sod phosphate</i>	
CRINONE	68	CHLORIDE	15	<i>pf</i>	64
CROFAB	72	<i>darifenacin hydrobromide er</i>	63	<i>dexamethasone sodium</i>	
<i>cromolyn sodium</i>	60, 85, 89	<i>darunavir</i>	34	<i>phosphate</i>	64, 85
<i>cryselle-28</i>	68	DARZALEX	26	DEXAMETHASONE SODIUM	
CRYSVITA	62	<i>dasatinib</i>	26	PHOSPHATE	64
CTEXLI	60	<i>dasetta 1/35 (28)</i>	68	DEXCOM G6 RECEIVER	52
<i>cupric chloride</i>	56	<i>dasetta 7/7/7</i>	68	DEXCOM G6 SENSOR	52
CURITY AMD		DATROWAY	26	DEXCOM G6 TRANSMITTER ..	52
ANTIMICROBIAL SPNGE	80	<i>daunorubicin hcl</i>	26	DEXCOM G7 15 DAY	
CURITY AMD		DAURISMO	26	SENSOR	52
ANTIMICROBIAL STRIP	80	DAXXIFY	77	DEXCOM G7 RECEIVER	52
CURITY IODOFORM		<i>daysee</i>	68	DEXCOM G7 SENSOR	52
PACKING STRIP	80	<i>deblitane</i>	68	<i>dexmedetomidine hcl</i>	78
CURITY STERILE SALINE	58	<i>decitabine</i>	26	<i>dexmedetomidine hcl in nacl</i>	79
CUROSURF	88	DEFENCATH	18	DEXMEDETOMIDINE HCL IN	
CUTAQUIG	72	<i>deferasirox</i>	58	NACL	79
CUVITRU	72	<i>deferasirox granules</i>	58	DEXMEDETOMIDINE HCL-	
<i>cyanocobalamin</i>	56	<i>deferoxamine mesylate</i>	78	DEXTROSE	79
CYANOKIT	78	DELSTRIGO	34	<i>dexmethylphenidate hcl</i>	44
<i>cyclobenzaprine hcl</i>	91	<i>delyla</i>	68	<i>dexmethylphenidate hcl er</i>	44
CYCLOGYL	87	<i>demeclocycline hcl</i>	15	DEXONTO 0.4%	64
CYCLOMYDRIL	87	DEMEROL	8	DEXPANTHENOL	58
<i>cyclopentolate hcl</i>	87	DEMSE	39	<i>dexrazoxane</i>	26
<i>cyclophosphamide</i>	26	DENGVAIXA	75	<i>dexrazoxane hcl</i>	26
CYCLOPHOSPHAMIDE	26	DEPEN TITRATABS	63	<i>dextroamphetamine sulfate</i>	44
<i>cycloserine</i>	25	DEPO-ESTRADIOL	71	<i>dextroamphetamine sulfate er</i> ...	44
CYCLOSET	50	DEPO-MEDROL	64	<i>dextrose</i>	56
<i>cyclosporine</i>	74	DEPO-PROVERA	68	DEXTROSE	56
<i>cyclosporine modified</i>	74	DEPO-SUBQ PROVERA 104	68	DIACOMIT	19
CYKLOKAPRON	37	DERMA-SMOOTH/FS BODY ..	48	DIASCREEN 10	80
<i>cyproheptadine hcl</i>	88	DERMA-SMOOTH/FS		DIASCREEN 1B	80
CYRAMZA	26	SCALP	48	DIASCREEN 1G	80
<i>cyred eq</i>	68	DERMOTIC	87	DIASCREEN 1K	81
CYSTADANE	62	DESCOVY	34	DIASCREEN 2GK	81
CYSTADROPS	87	DESFERAL	78	DIASCREEN 2GP	81
CYSTAGON	62	<i>desipramine hcl</i>	21	DIASCREEN 3	81
CYSTARAN	87	<i>desmopressin ace spray refrig</i> ...	66	DIASCREEN 4NL	81
<i>cytarabine</i>	26	<i>desmopressin acetate</i>	66	DIASCREEN 4OBL	81
<i>cytarabine (pf)</i>	26	<i>desmopressin acetate pf</i>	66	DIASCREEN 4PH	81
CYTOTEC	59	<i>desmopressin acetate spray</i>	66	DIASCREEN 5	81
CYTOTINE	78	<i>desogestrel-ethinyl estradiol</i>	68	DIASCREEN 6	81
<i>dabigatran etexilate mesylate</i>	18	<i>desonide</i>	48	DIASCREEN 7	81
<i>dacarbazine</i>	26	<i>desoximetasone</i>	48	DIASCREEN 8	81
<i>dactinomycin</i>	26	DESVENLAFAXINE ER	21	DIASCREEN 9	81
<i>dalfampridine er</i>	45	<i>desvenlafaxine succinate er</i>	21	DIASCREEN LIQUID URINE	
DALVANCE	15	DETROL	63	CONTROL	81

DIASTIX REAGENT	53	<i>dolishale</i>	68	EDARBI	39
DIATHRIVE LANCING		<i>donepezil hcl</i>	20	EDARBYCLOR	39
DEVICE	52	<i>dopamine hcl</i>	39	EDETATE CALCIUM	
<i>diazepam</i>	19, 36	<i>dopamine-dextrose</i>	39	DISODIUM	78
DIAZEPAM	36	DOPRAM	46	EDETATE DISODIUM	59
<i>diazepam intensol</i>	36	DOPTelet	36	EDURANT	34
<i>diazoxide</i>	53	DOPTelet SPRINKLE	37	EDURANT PED	34
DIBENZYLINE	39	DORZOLAMIDE HCL	86	<i>efavirenz</i>	34
<i>dichlorphenamide</i>	86	<i>dorzolamide hcl</i>	86	<i>efavirenz-emtricitab-tenofo df</i>	34
DICLEGIS	22	<i>dorzolamide hcl-timolol mal</i>	86	<i>efavirenz-lamivudine-tenofovir</i> ...	34
<i>diclofenac potassium</i>	10	<i>dorzolamide hcl-timolol mal pf</i> ...	86	EFFER-K	56
<i>diclofenac sodium</i>	10, 11, 48, 85	<i>dotti</i>	71	<i>effer-k</i>	56
<i>diclofenac sodium er</i>	10	DOVATO	34	EGATEN	32
<i>dicloxacillin sodium</i>	15	<i>doxazosin mesylate</i>	39	EGRIFTA SV	66
<i>dicyclomine hcl</i>	60	<i>doxepin hcl</i>	21, 91	ELAPRASE	62
DIFICID	15	<i>doxercalciferol</i>	77	ELELYSO	61
DIFLUCAN	23	DOXIL	26	ELESTRIN	71
<i>diflunisal</i>	10	<i>doxorubicin hcl</i>	26	<i>eletriptan hydrobromide</i>	24
<i>difluprednate</i>	85	<i>doxorubicin hcl liposomal</i>	26	ELIGARD	65
DIGIFAB	78	<i>doxy 100</i>	15	ELIMITE	32
<i>digoxin</i>	39	<i>doxycycline hyclate</i>	15	<i>elinest</i>	68
<i>dihydroergotamine mesylate</i>	24	<i>doxycycline monohydrate</i>	15	ELIQUIS	18
DILANTIN	19	<i>doxylamine-pyridoxine</i>	22	ELIQUIS (1.5 MG PACK)	18
DILAUDID	8	DRISDOL	56	ELIQUIS (2 MG PACK)	18
<i>diltiazem hcl</i>	39	<i>dronabinol</i>	22	ELIQUIS DVT/PE STARTER	
<i>diltiazem hcl er</i>	39	<i>droperidol</i>	22	PACK	18
<i>diltiazem hcl er beads</i>	39	DROPLET GENTEEL		ELITEK	26
<i>diltiazem hcl er coated beads</i>	39	LANCING DEVICE	52	<i>elixophyllin</i>	89
DILTIAZEM HCL-DEXTROSE ...	39	DROPLET MICRON	81	ELLA	68
DILTIAZEM HCL-SODIUM		DROPSAFE ACTI-LANCE 23G ..	52	ELLECE	26
CHLORIDE	39	DROPSAFE ALCOHOL PREP ..	81	ELOCTATE	37
<i>dilt-xr</i>	39	DROPSAFE SAFETY		ELREXFIO	26
<i>diluent for treprostinil</i>	85	SYRINGE/NEEDLE	54	<i>eltrombopag olamine</i>	37
<i>dimenhydrinate</i>	22	<i>drospiren-eth estrad-levomefol</i> ...	68	<i>eluryng</i>	68
<i>dimethyl fumarate</i>	45	<i>drospirenone-ethinyl estradiol</i> ...	68	EMBECTA AUTOSHIELD	
<i>dimethyl fumarate starter pack</i> ...	45	DRYSOL	48	DUO	81
<i>diphenhydramine hcl</i>	88	DUAVEE	71	EMBECTA INS SYR U/F 1/2	
<i>diphenoxylate-atropine</i>	60	DUETACT	50	UNIT	54
DIPROLENE	48	<i>duloxetine hcl</i>	21	EMBECTA INSULIN SYR	
<i>dipyridamole</i>	33	DUOPA	32	ULTRAFINE	54
<i>disopyramide phosphate</i>	39	DUPIXENT	48	EMBECTA INSULIN SYRINGE ..	54
<i>disulfiram</i>	13	DURAMORPH	8	EMBECTA INSULIN SYRINGE	
DIURIL	39	DUROLANE	77	U-100	54
<i>divalproex sodium</i>	19	<i>dutasteride</i>	64	EMBECTA INSULIN SYRINGE	
<i>divalproex sodium er</i>	19	<i>dutasteride-tamsulosin hcl</i>	64	U-500	54
DIVIGEL	71	DYRENIUM	39	EMBECTA PEN NEEDLE	
DL-ALANINE	56	DYSPORT	77	NANO	81
DL-LEUCINE	56	E.E.S. 400	15	EMBECTA PEN NEEDLE	
DL-PHENYLALANINE	56	E.E.S. GRANULES	15	NANO 2 GEN	81
<i>dobutamine hcl</i>	39	EASIVENT	81	EMBECTA PEN NEEDLE	
<i>dobutamine-dextrose</i>	39	EASY TOUCH LANCING		ULTRAFINE	81
<i>docetaxel</i>	26	DEVICE	52	EMBLAVEO	15
DOCIVYX	26	EBGLYSS	48	EMBRACE LANCING	
<i>dofetilide</i>	39	<i>econazole nitrate</i>	23	DEVICE/EJECTOR	52
DOG EPITHELIUM	77	<i>edaravone</i>	45	EMBRACE PEN NEEDLES	81

EMEND	22	EPINEPHRINE HCL-		<i>ethyl chloride</i>	13
EMERPHED	40	DEXTROSE	40	<i>ethynodiol diac-eth estradiol</i>	68
EMGALITY	24	EPINEPHRINE HCL-NACL	40	<i>etodolac</i>	10
EMPAVELI	37	<i>epinephrine pf</i>	40	<i>etodolac er</i>	10
EMPLICITI	26	EPINEPHRINE-DEXTROSE	40	<i>etonogestrel-ethinyl estradiol</i>	68
EMRELIS	26	EPINEPHRINE-NACL	40	ETOPOPHOS	27
EMSAM	21	EIPEN 2-PAK	89	<i>etoposide</i>	27
<i>emtricitabine</i>	34	EPIVIR	34	<i>etravirine</i>	34
<i>emtricitabine-tenofovir df</i>	34	EPKINLY	27	EUA PATIENT ASSESSMENT	84
<i>emtricitab- rilpivir-tenofov df</i>	34	<i>eplerenone</i>	40	EUCRISA	48
EMTRIVA	34	<i>epoprostenol sodium</i>	90	EUFLEXXA	77
EMVERM	32	<i>eptifibatide</i>	33	EULEXIN	27
<i>emzahh</i>	68	EPYSQLI	37	EVAMIST	71
<i>enalapril maleate</i>	40	EQUETRO	36	EVENITY	76
<i>enalaprilat</i>	40	ERAXIS	23	<i>everolimus</i>	27, 74
<i>enalapril-hydrochlorothiazide</i>	40	ERBITUX	27	EVKEEZA	40
ENBREL	73	<i>ergocalciferol</i>	56	EVOMELA	27
ENBREL MINI	73	ERGOMAR	24	EVOTAZ	34
ENBREL SURECLICK	73	<i>ergotamine-caffeine</i>	24	EVRYSDI	61
ENBUMYST	40	<i>eribulin mesylate</i>	27	EXCILON AMD DRAIN	
ENDARI	78	ERIVEDGE	27	SPONGES	81
<i>endocet</i>	8	ERLEADA	27	<i>exemestane</i>	27
ENDOMETRIN	68	<i>erlotinib hcl</i>	27	EXODERM	23
ENFLONSIA	72	<i>errin</i>	68	EXPAREL	11
ENERGIX-B	75	<i>ertapenem sodium</i>	16	EXTENCILLINE	16
ENHERTU	26	ERVEBO	75	EXTENDED INFUSION SET	
<i>enilloring</i>	68	ERY	48	23"/6MM	81
ENJAYMO	37	ERYPED 400	16	EXTENDED INFUSION SET	
ENLITE GLUCOSE SENSOR	52	ERYTHROCIN		23"/9MM	81
<i>enoxaparin sodium</i>	18	LACTOBIONATE	16	EXTENDED INFUSION SET	
<i>enpresse-28</i>	68	<i>erythromycin</i>	16, 48, 85	32"/6MM	81
ENSACOVE	26	<i>erythromycin base</i>	16	EXTENDED INFUSION SET	
<i>enskyce</i>	68	<i>erythromycin ethylsuccinate</i>	16	32"/9MM	81
ENSPRYNG	74	<i>erythromycin lactobionate</i>	16	EXTENDED RESERVOIR 3ML	81
ENSTILAR	48	ERZOFRI	33	EYLEA	87
<i>entacapone</i>	32	<i>escitalopram oxalate</i>	21	EYLEA HD	87
<i>entecavir</i>	34	<i>eslicarbazepine acetate</i>	19	EYSUVIS	85
ENTRESTO	40	<i>esmolol hcl</i>	40	<i>ezetimibe</i>	40
ENTYVIO	74	ESMOLOL HCL	40	<i>ezetimibe-simvastatin</i>	40
ENTYVIO PEN	74	<i>esmolol hcl-sodium chloride</i>	40	FABHALTA	37
<i>enulose</i>	60	<i>esomeprazole magnesium</i>	59	FABRAZYME	62
ENVARUS XR	74	<i>esomeprazole sodium</i>	59	<i>falmina</i>	68
EOHILIA	76	ESPEROCT	37	<i>famciclovir</i>	34
EPCLUSA	34	<i>estarylla</i>	68	<i>famotidine</i>	59
<i>ephedrine sulfate (pressors)</i>	40	<i>estazolam</i>	36	<i>famotidine (pf)</i>	59
EPHEDRINE SULFATE		<i>estradiol</i>	68, 71	<i>famotidine premixed</i>	59
(PRESSORS)	40	<i>estradiol valerate</i>	71	FANAPT	33
EPHEDRINE SULFATE-NACL	40	<i>estradiol-norethindrone acet</i>	71	FANAPT TITRATION PACK A	33
EPIDIOLEX	19	ESTRING	68	FANAPT TITRATION PACK B	33
EPIDUO FORTE	48	<i>eszopiclone</i>	91	FANAPT TITRATION PACK C	33
EPIFOAM	48	<i>ethacrynate sodium</i>	40	FARXIGA	50
<i>epinastine hcl</i>	85	<i>ethacrynic acid</i>	40	FASENRA	89
EPINEPHRINE	40	<i>ethambutol hcl</i>	25	FASENRA PEN	89
<i>epinephrine</i>	40, 89	ETHAMOLIN	44	<i>febuxostat</i>	24
<i>epinephrine (anaphylaxis)</i>	88	<i>ethosuximide</i>	19	FEIBA	37

<i>feirza 1.5/30</i>	68	FLUCELVAX	75	<i>furosemide</i>	41
<i>feirza 1/20</i>	68	<i>fluconazole</i>	23	FUROSEMIDE IN SODIUM	
<i>felbamate</i>	19	<i>fluconazole in sodium chloride</i> ...	23	CHLORIDE	41
<i>felodipine er</i>	40	<i>flucytosine</i>	23	FUZEON	35
FEMCAP	81	<i>fludarabine phosphate</i>	27	FYARRO	27
FEMLYV	68	<i>fludrocortisone acetate</i>	64	<i>fyavolv</i>	71
FEMRING	68	FLULAVAL	75	FYCOMPA	19
<i>fenofibrate</i>	40, 41	<i>flumazenil</i>	78	FYREMADEL	66
<i>fenofibrate micronized</i>	40	FLUMIST	75	<i>gabapentin</i>	19
<i>fenofibric acid</i>	41	<i>flunisolide</i>	88	<i>gabapentin (once-daily)</i>	46
FENSOLVI (6 MONTH)	66	<i>fluocinolone acetonide</i>	48, 87	GALAFOLD	62
<i>fentanyl</i>	8	<i>fluocinolone acetonide body</i>	48	<i>galantamine hydrobromide</i>	20
<i>fentanyl citrate</i>	8	<i>fluocinolone acetonide scalp</i>	48	<i>galantamine hydrobromide er</i>	20
FENTANYL CITRATE	8	<i>fluocinonide</i>	48	<i>galbriela</i>	68
FENTANYL CITRATE-NACL	8	<i>fluocinonide emulsified base</i>	48	GALEN IQ 900	85
FERRIPROX	58	<i>fluorometholone</i>	85	<i>gallifrey</i>	71
FERRLECIT	56	<i>fluorouracil</i>	27, 48	GALZIN	56
<i>ferumoxytol</i>	56	<i>fluoxetine hcl</i>	21	GAMASTAN	72
FETROJA	16	<i>fluphenazine decanoate</i>	33	GAMIFANT	74
FETZIMA	21	<i>fluphenazine hcl</i>	33	GAMMAGARD	72
FETZIMA TITRATION	21	<i>flurazepam hcl</i>	91	GAMMAGARD S/D LESS IGA ..	72
FIASP	53	<i>flurbiprofen</i>	10	GAMMAKED	72
FIASP FLEXTOUCH	53	<i>flurbiprofen sodium</i>	85	GAMMAPLEX	72
FIASP PENFILL	53	<i>fluticasone propionate</i>	48, 88	GAMUNEX-C	72
FIASP PUMPCART	53	<i>fluticasone-salmeterol</i>	89	<i>ganciclovir sodium</i>	35
FIBRYGA	37	<i>fluvoxamine maleate</i>	21	<i>ganirelix acetate</i>	66
<i>fidaxomicin</i>	16	<i>fluvoxamine maleate er</i>	21	GARDASIL 9	75
FILSPARI	63	FLUZONE	75	<i>gatifloxacin</i>	85
FILSUVEZ	48	FLUZONE HIGH-DOSE	75	GATTEX	60
FINACEA	48	FML FORTE	85	<i>gavilyte-c</i>	60
<i>finasteride</i>	64	FML LIQUIFILM	85	<i>gavilyte-g</i>	60
<i>finingolimod hcl</i>	45	FOCINVEZ	22	<i>gavilyte-n with flavor pack</i>	60
FINTEPLA	19	<i>folic acid</i>	56	GAVRETO	27
<i>finzala</i>	68	FOLLISTIM AQ	66	GAZYVA	27
FIRMAGON	65	FOLOTYN	27	<i>gefitinib</i>	27
FIRMAGON (240 MG DOSE)	65	<i>fomepizole</i>	78	GELSYN-3	77
FIRST-LANSOPRAZOLE	59	<i>fondaparinux sodium</i>	18	<i>gemcitabine hcl</i>	27
FIRST-OMEPRAZOLE	59	FORA D40G		<i>gemfibrozil</i>	41
FIRVANQ	16	GLUCOSE/PRESSURE	81	<i>gemmily</i>	68
FLAREX	85	<i>formaldehyde</i>	77	<i>generlac</i>	60
<i>flavoxate hcl</i>	63	<i>formoterol fumarate</i>	89	<i>gengraf</i>	74
FLEBOGAMMA DIF	72	<i>fosamprenavir calcium</i>	34	<i>gentamicin in saline</i>	16
<i>flecainide acetate</i>	41	<i>fosaprepitant dimeglumine</i>	22	<i>gentamicin sulfate</i>	16, 18, 85
FLEXICHAMBER	81	<i>foscarnet sodium</i>	34	GENTEEL LANCING KIT	
FLEXICHAMBER ADULT		FOSCAVIR	35	(BLUE)	52
MASK/SMALL	81	<i>fosfomycin tromethamine</i>	16	GENVOYA	35
FLEXICHAMBER CHILD		<i>fosinopril sodium</i>	41	GEODON	33
MASK/LARGE	81	<i>fosinopril sodium-hctz</i>	41	GILENYA	45
FLEXICHAMBER CHILD		<i>fosphenytoin sodium</i>	19	GILOTRIF	27
MASK/SMALL	81	FOSRENOL	63	GLASSIA	89
FLOLAN	90	FRAGMIN	18	<i>glatiramer acetate</i>	45
<i>floxuridine</i>	27	FRINDOVYX	27	<i>glatopa</i>	45
FLUAD	75	FRUZAQLA	27	GLEOSTINE	27
FLUARIX	75	<i>ft naloxone hcl</i>	13	<i>glimepiride</i>	51
FLUBLOK	75	<i>fulvestrant</i>	27	<i>glipizide</i>	51

<i>glipizide er</i>	51	<i>hailey fe 1/20</i>	68	<i>hydrocod poli-chlorphe poli er</i>	88
<i>glipizide-metformin hcl</i>	51	HALAVEN	27	<i>hydrocodone bitartrate er</i>	8
<i>glucagon emergency kit</i>	53	HALCION	36	<i>hydrocodone bit-homatrop mbr</i> ..	88
GLUCAGON EMERGENCY		<i>halobetasol propionate</i>	48, 49	<i>hydrocodone-acetaminophen</i>	8
KIT	53	<i>haloette</i>	68	<i>hydrocodone-ibuprofen</i>	8
GLUCOTROL XL	51	<i>haloperidol</i>	33	<i>hydrocortisone</i>	49, 64, 76
<i>glutaraldehyde</i>	77	<i>haloperidol decanoate</i>	33	<i>hydrocortisone (perianal)</i>	76
GLUTATHIONE	56	<i>haloperidol lactate</i>	33	<i>hydrocortisone ace-pramoxine</i> ..	76
<i>glyburide</i>	51	HARVONI	35	<i>hydrocortisone butyrate</i>	49
<i>glyburide micronized</i>	51	HAVRIX	75	<i>hydrocortisone sod suc (pf)</i>	64
<i>glyburide-metformin</i>	51	<i>heather</i>	68	<i>hydrocortisone valerate</i>	49
GLYCINE	56	HEMABATE	66	<i>hydrocortisone-acetic acid</i>	87
<i>glycine</i>	63	HEMANGEOL	41	<i>hydrogen peroxide</i>	14
<i>glycine urologic</i>	63	HEMATINIC/FOLIC ACID	56	<i>hydromet</i>	88
GLYCOPHOS	56	HEMLIBRA	37	<i>hydromorphone hcl</i>	8, 9
<i>glycopyrrolate</i>	60	HEMOFIL M	37	HYDROMORPHONE HCL	8, 9
GLYCOPYRROLATE	60	HEPAGAM B	72	<i>hydromorphone hcl er</i>	8
<i>glycopyrrolate pf</i>	60	<i>heparin (porcine) in nacl</i>	18	<i>hydromorphone hcl pf</i>	8
GLYCOPYRROLATE PF	60	HEPARIN (PORCINE) IN		HYDROMORPHONE HCL-	
<i>glycopyrrolate pf +rfid</i>	60	NACL	18	NACL	9
<i>glydo</i>	13	<i>heparin sod (porcine) in d5w</i>	18	<i>hydroxocobalamin acetate</i>	56
GLYRX-PF	60	<i>heparin sodium (porcine)</i>	18	<i>hydroxychloroquine sulfate</i>	32
GLYXAMBI	51	<i>heparin sodium (porcine) pf</i>	18	<i>hydroxyurea</i>	27
GOHIBIC	78	HEPLISAV-B	75	<i>hydroxyzine hcl</i>	36
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SWABS	81	HEXTEND	37	<i>hyoscyamine sulfate er</i>	60
GORDOFILM	48	HIBERIX	75	<i>hyoscyamine sulfate sl</i>	60
GRAFAPEX	27	HIPREX	16	HYPERHEP B	72
GRALISE	46	HIZENTRA	72	HYPERRHO S/D	72
<i>granisetron hcl</i>	22	HOMATROPAIRE	87	HYPERSAL	88
GRASTEK	77	HORIZANT	46	HYPOCYN ANTIPRURITIC	49
<i>griseofulvin microsize</i>	23	HUMALOG	53	HYQVIA	72
<i>griseofulvin ultramicrosize</i>	23	HUMALOG KWIKPEN	53	HYSINGLA ER	9
<i>guanfacine hcl</i>	41	HUMALOG MIX 50/50		<i>ibandronate sodium</i>	76
<i>guanfacine hcl er</i>	44	KWIKPEN	53	IBRANCE	27
GUARDIAN 4 GLUCOSE		HUMALOG MIX 75/25		IBTROZI	27
SENSOR	52	KWIKPEN	53	<i>ibuprofen</i>	10
GUARDIAN 4 TRANSMITTER ..	52	HUMALOG MIX 75/25 VIAL	53	<i>ibuprofen lysine</i>	10
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GUARDIAN REAL-TIME		HUMATE-P	37	<i>iclevia</i>	68
CHARGER	52	HUMATIN	16	ICLUSIG	27
GUARDIAN REAL-TIME		HUMULIN 70/30 KWIKPEN	53	<i>icosapent ethyl</i>	41
REPLACE PED	52	HUMULIN 70/30 VIAL	53	IDAMYCIN PFS	27
GUARDIAN REAL-TIME TEST		HUMULIN N KWIKPEN	53	<i>idarubicin hcl</i>	27
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GUARDIAN SENSOR 3	52	HUMULIN R U-500 KWIKPEN ..	53	IDHIFA	27
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HAEGARDA	73	HYCAMTIN	27	<i>ifosfamide</i>	27
<i>hailey 1.5/30</i>	68	HYCODAN	88	IGALMI	79
<i>hailey 24 fe</i>	68	<i>hydralazine hcl</i>	41	IHEALTH LANCING DEVICE	52
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NEEDLES.....	81	<i>isosorbide mononitrate</i>	41	KANUMA.....	62
INCRELEX.....	66	<i>isosorbide mononitrate er</i>	41	<i>kariva</i>	69
<i>indapamide</i>	41	<i>isotretinoin</i>	49	KCENTRA.....	37
<i>indomethacin</i>	10	<i>isradipine</i>	41	<i>kelnor 1/35</i>	69
<i>indomethacin er</i>	10	ISTODAX.....	28	KENALOG-10.....	64
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INFANRIX.....	75	<i>itraconazole</i>	23	KENGREAL.....	33
INFASURF.....	88	<i>ivabradine hcl</i>	41	KEPIVANCE.....	46
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<i>ketoprofen</i>	10	<i>lamivudine-zidovudine</i>	35	<i>levonorgest-eth estrad 91-day</i>	69
<i>ketorolac tromethamine</i> ..	10, 11, 85	<i>lamotrigine</i>	19	<i>levonorgest-eth estradiol-iron</i>	69
KETOROLAC		<i>lamotrigine er</i>	19	<i>levonorgestrel-ethinyl estrad</i>	69
TROMETHAMINE	11	<i>lamotrigine starter kit-blue</i>	19	<i>levonorg-eth estrad triphasic</i>	69
KETOSTIX	53	<i>lamotrigine starter kit-green</i>	19	LEVOPHED	41
KEVEYIS	86	<i>lamotrigine starter kit-orange</i>	19	<i>levora 0.15/30 (28)</i>	69
KEVZARA	73	LAMPIT	32	<i>levo-t</i>	71
KEYTRUDA	28	LANCETS	52	<i>levothyroxine sodium</i>	71
KHAPZORY	28	LANCETS 28G THIN	52	<i>levoxyl</i>	71
KIMMTRAK	28	LANCETS SUPER THIN	52	LEVULAN KERASTICK	49
KIMYRSA	16	LANOXIN	41	L-GLUTAMIC ACID	56
KINERET	73	LANOXIN PEDIATRIC	41	L-GLUTAMIC ACID HCL	62
KINRIX	75	<i>lanreotide acetate</i>	66	<i>l-glutamine</i>	78
KIONEX	59	<i>lansoprazole</i>	59	L-HISTIDINE	56
KISQALI (200 MG DOSE)	28	LANTUS SOLOSTAR	53	L-HISTIDINE	
KISQALI (400 MG DOSE)	28	LANTUS U-100 VIAL	54	MONOHYDROCHLORIDE	56
KISQALI (600 MG DOSE)	28	<i>lapatinib ditosylate</i>	28	LIBTAYO	28
KLARON	49	<i>larin 1.5/30</i>	69	<i>lidocaine</i>	13
<i>klayesta</i>	23	<i>larin 1/20</i>	69	<i>lidocaine hcl</i>	11, 12, 13
KLISYRI (250 MG)	49	<i>larin 24 fe</i>	69	LIDOCAINE HCL	11, 12
KLISYRI (350 MG)	49	<i>larin fe 1.5/30</i>	69	LIDOCAINE HCL	
<i>klor-con</i>	56	<i>larin fe 1/20</i>	69	(BUFFERED)	11
<i>klor-con 10</i>	56	<i>latanoprost</i>	86	LIDOCAINE HCL (CARDIAC) ...	12
<i>klor-con m10</i>	56	LAZCLUZE	28	<i>lidocaine hcl (cardiac)</i>	12
<i>klor-con m15</i>	56	L-CYSTINE	56	<i>lidocaine hcl (cardiac) pf</i>	12
<i>klor-con m20</i>	56	<i>leena</i>	69	<i>lidocaine hcl (pf)</i>	11
KLOXXADO	13	<i>leflunomide</i>	73	<i>lidocaine hcl urethral/mucosal</i> ...	13
KOATE	37	LEMTRADA	45	LIDOCAINE IN D5W	13
KOATE-DVI	37	<i>lenalidomide</i>	31	<i>lidocaine in d5w</i>	13
KOGENATE FS	37	LENTOCILIN	16	<i>lidocaine viscous hcl</i>	46
KORLYM	67	LENVIMA	28	<i>lidocaine-epinephrine</i>	12
KORSUVA	84	LEQSEVI	49	LIDOCAINE-EPINEPHRINE	12
KOSELUGO	28	<i>lessina</i>	69	LIDOCAINE-EPINEPHRINE (3	
KOURZEQ	46	<i>letrozole</i>	28	ML)	12
KOVALTRY	37	<i>leucovorin calcium</i>	28	<i>lidocaine-epinephrine (pf)</i>	12
K-PHOS	56	LEUKERAN	28	<i>lidocaine-prilocaine</i>	13
KRAZATI	28	LEUKINE	37	LIDOCAINE-SODIUM	
KRINTAFEL	32	<i>leuprolide acetate</i>	65	BICARBONATE	12
KT TAPE CGM PATCH	52	LEUPROLIDE ACETATE-		LIDO-RACEPINEPHRINE-	
<i>kurvelo</i>	69	BUPIVACAINE	65	TETRACAINE	13
KYLEENA	69	<i>levabuterol hcl</i>	89	LILETTA (52 MG)	69
KYPROLIS	28	<i>levetiracetam</i>	19	LINCOCIN	16
L.E.T	13	<i>levetiracetam er</i>	19	<i>lincomycin hcl</i>	16
L.E.T. (RACEPINEPHRINE)	13	<i>levetiracetam in nacl</i>	19	<i>linezolid</i>	16
LABETALOL HCL	41	<i>levobunolol hcl</i>	86	<i>linezolid in sodium chloride</i>	16
<i>labetalol hcl</i>	41	LEVOCARNITINE	59	LINZESS	61
<i>lacosamide</i>	19	<i>levocarnitine</i>	59	<i>liomny</i>	71
<i>lactated ringers</i>	59	<i>levocarnitine sf</i>	59	<i>liothyronine sodium</i>	71
<i>lactic acid e</i>	49	<i>levocetirizine dihydrochloride</i>	88	LIPO	56
<i>lactulose</i>	61	<i>levofloxacin</i>	16, 85	LIPO-C	56
<i>lactulose encephalopathy</i>	61	<i>levofloxacin in d5w</i>	16	<i>liraglutide</i>	51
LAGEVRIO	35	<i>levoleucovorin calcium</i>	28	<i>lisdexamfetamine dimesylate</i>	44
L-ALANINE	56	<i>levoleucovorin calcium pf</i>	28	<i>lisinopril</i>	41
LAMICTAL XR	19	<i>levonest</i>	69	<i>lisinopril-hydrochlorothiazide</i>	41
<i>lamivudine</i>	35	<i>levonorgest-eth est & eth est</i>	69	LITFULO	49

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<i>lithium carbonate</i>	36	INTRAMUSCULAR KIT 30MG ..	66	MAYZENT STARTER PACK	45
<i>lithium carbonate er</i>	36	LUPRON DEPOT (6-MONTH)		<i>meclizine hcl</i>	22
LITHOSTAT	63	INTRAMUSCULAR KIT 45MG ..	66	MEDIHONEY WOUND/BURN	
LIVDELZI	61	LUPRON DEPOT-PED (1-		DRESSING	49
LIVMARLI	79	MONTH)	66	MEDROL	64
LIVTENCITY	35	LUPRON DEPOT-PED (3-		<i>medroxyprogesterone acetate</i>	
L-LEUCINE	56	MONTH)	66		69, 71
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LMD IN NACL	37	MONTH)	66	<i>megestrol acetate</i>	67, 71
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LO LOESTRIN FE	69	<i>lutea</i>	69	MEKTOVI	28
LODINE	11	LUXAMEND	49	<i>meleaya</i>	69
LOESTRIN 1.5/30 (21)	69	L-VALINE	57	<i>meloxicam</i>	11
LOESTRIN 1/20 (21)	69	<i>lyleq</i>	69	<i>melphalan hcl</i>	29
LOESTRIN FE 1.5/30	69	<i>lyllana</i>	71	<i>memantine hcl</i>	20
LOESTRIN FE 1/20	69	LYNPARZA	28	<i>memantine hcl er</i>	20
<i>lofexidine hcl</i>	13	LYSINE HCL	57	<i>memantine hcl-donepezil hcl</i>	20
<i>lojaimiess</i>	69	LYSODREN	28	MENOPUR	66
LOKELMA	59	LYTGOBI (12 MG DAILY		MENOSTAR	71
LONSURF	28	DOSE)	28	MENQUADFI	75
<i>loperamide hcl</i>	61	LYTGOBI (16 MG DAILY		MENVEO	75
LOPID	41	DOSE)	28	<i>meperidine hcl</i>	9
<i>lopinavir-ritonavir</i>	35	LYTGOBI (20 MG DAILY		<i>meprobamate</i>	36
LOPRESSOR	41	DOSE)	28	MEPRON	32
LOQTORZI	28	LYUMJEV KWIKPEN	54	MEPSEVII	62
<i>lorazepam</i>	36	LYUMJEV VIAL	54	<i>mercaptopurine</i>	29
<i>lorazepam intensol</i>	36	<i>lyza</i>	69	<i>meropenem</i>	16
LORBRENA	28	MACRODANTIN	16	MEROPENEM-SODIUM	
<i>loryna</i>	69	MAGNESIUM CARBONATE	57	CHLORIDE	16
<i>losartan potassium</i>	41	MAGNESIUM CARBONATE		<i>merzee</i>	69
<i>losartan potassium-hctz</i>	41	HEAVY	57	<i>mesalamine</i>	76
LOTEMAX SM	85	<i>magnesium chloride</i>	57	<i>mesalamine er</i>	76
LOTENSIN	41	<i>magnesium sulfate</i>	57	<i>mesna</i>	29
LOTENSIN HCT	41	<i>magnesium sulfate in d5w</i>	57	MESNEX	29
<i>loteprednol etabonate</i>	85	MAGNESIUM SULFATE-		<i>metformin hcl</i>	51
<i>lovastatin</i>	41	NACL	57	<i>metformin hcl er</i>	51
LOVENOX	18	MALARONE	32	<i>methadone hcl</i>	9
<i>low-ogestrel</i>	69	<i>malathion</i>	32	<i>methadone hcl intensol</i>	9
<i>loxapine succinate</i>	33	MANGANESE CHLORIDE	57	METHADONE HCL-SODIUM	
<i>lo-zumandimine</i>	69	<i>mannitol</i>	41	CHLORIDE	9
L-PHENYLALANINE	57	<i>maraviroc</i>	35	METHADOSE	9
L-PROLINE	57	MARCAINE	12	<i>methadose</i>	9
L-TRYPTOPHAN	57	MARCAINE PRESERVATIVE		METHADOSE SUGAR-FREE	9
L-TYROSINE	57	FREE	12	<i>methazolamide</i>	86
<i>lubiprostone</i>	61	MARCAINE/EPINEPHRINE	12	<i>methenamine hippurate</i>	16
LUGOLS STRONG IODINE	14	MARCAINE/EPINEPHRINE PF ..	12	METHERGINE	79
<i>luizza 1.5/30</i>	69	MARGENZA	28	<i>methimazole</i>	71
<i>luizza 1/20</i>	69	<i>marlissa</i>	69	METHITEST	65
LUMAKRAS	28	MARPLAN	21	<i>methocarbamol</i>	91
LUMIGAN	86	MATULANE	28	<i>methotrexate sodium</i>	72
LUMIZYME	62	MAVENCLAD	45	<i>methotrexate sodium (pf)</i>	72
LUNSUMIO	28	MAVYRET	35	<i>methoxsalen rapid</i>	49
LUPRON DEPOT (1-MONTH) ...	65	MAXIDEX	85	<i>methscopolamine bromide</i>	61
LUPRON DEPOT (3-MONTH) ...	65	MAXITROL	85	<i>methsuximide</i>	19

METHYLCOBALAMIN	57	<i>mimvey</i>	71	<i>morphine sulfate er</i>	9
<i>methyl dopa</i>	41	<i>mineral oil heavy</i>	61	<i>morphine sulfate er beads</i>	9
<i>methylene blue</i>	78	MINIMED 780G INSULIN		MORPHINE SULFATE-NACL ...	10
<i>methylergonovine maleate</i>	79	PUMP	82	MOTEGRITY	61
METHYLIN	44	MINIMED INSTINCT GLUC		MOTPOLY XR	19
<i>methylphenidate hcl</i>	45	SENSOR	52	MOUNJARO	51
<i>methylphenidate hcl er</i>	44	MINIMED MIO ADVANCE		MOXIFLOXACIN HCL	16
<i>methylphenidate hcl er (cd)</i>	44	INFUSE SET	82	<i>moxifloxacin hcl</i>	16, 86
<i>methylphenidate hcl er (la)</i>	44	MINIMED PUMP RESERVOIR		<i>moxifloxacin hcl (2x day)</i>	85
<i>methylphenidate hcl er (osm)</i>	44	3ML	82	<i>moxifloxacin hcl in nacl</i>	16
<i>methylphenidate hcl er (xr)</i>	45	MINIMED QUICK SET INF SET		MRESVIA	75
<i>methylprednisolone</i>	65	18"	82	MULPLETA	37
<i>methylprednisolone acetate</i>	65	MINIMED QUICK SET INF SET		MULTAQ	42
METHYLPREDNISOLONE		23"	82	MULTRYs	57
ACETATE	65	MINIMED QUICK SET INF SET		<i>mupirocin</i>	18
<i>methylprednisolone sodium</i>		32"	82	MUTAMYCIN	29
<i>succ</i>	65	MINIMED QUICK SET INF SET		MVASI	29
METHYLPREDNISOLONE-		43"	82	MYALEPT	62
BUIVACAINE	65	MINIMED SILHOUETTE INF		MYCAMINE	23
METHYLTESTOSTERONE	65	SET 32"	82	<i>mycophenolate mofetil</i>	74
<i>metoclopramide hcl</i>	22	MINIMED SILHOUETTE INF		<i>mycophenolate mofetil hcl</i>	74
<i>metolazone</i>	41	SET 43"	82	<i>mycophenolate sodium</i>	74
<i>metoprolol succinate er</i>	41	MINOCIN	16	<i>mycophenolic acid</i>	74
<i>metoprolol tartrate</i>	41	<i>minocycline hcl</i>	16	MYCOZYL AL	23
<i>metoprolol-hydrochlorothiazide</i> ..	41	<i>minoxidil</i>	42	MYFEMBREE	71
METROCREAM	49	<i>minzoya</i>	69	MYFORTIC	74
<i>metronidazole</i>	16, 18, 49	MIPLYFFA	79	MYHIBBIN	74
<i>metyrosine</i>	41	<i>mirabegron er</i>	63	MYLERAN	29
<i>mexiletine hcl</i>	41	MIRCERA	37	MYLOTARG	29
MI PASTE	47	MIRENA (52 MG)	69	MYOBLOC	77
MI PASTE PLUS	47	<i>mirtazapine</i>	21	MYRBETRIQ	63
MIACALCIN	76	MIRVASO	49	MYTESI	61
<i>mibelas 24 fe</i>	69	<i>misoprostol</i>	59	MYXREDLIN	54
<i>micafungin sodium</i>	23	<i>mitigo</i>	9	<i>na ferric gluc cplx in sucrose</i>	57
MICAFUNGIN SODIUM-NACL ..	23	<i>mitomycin</i>	29	<i>na sulfate-k sulfate-mg sulf</i>	61
<i>miconazole 3</i>	23	MITOSOL	85	NABI-HB	72
MICROCHAMBER	82	<i>mitoxantrone hcl</i>	29	<i>nabumetone</i>	11
MICROCYN	49	MIUDELLA INTRAUTERINE		<i>nadolol</i>	42
<i>microgestin 1.5/30</i>	69	COPPER	69	<i>nafcillin sodium</i>	16
<i>microgestin 1/20</i>	69	M-M-R II	75	NAFCILLIN SODIUM IN	
<i>microgestin fe 1.5/30</i>	69	MNEXSPIKE	75	DEXTROSE	16
<i>microgestin fe 1/20</i>	69	MOBILE LANCETS 30G	52	NAGLAZYME	62
MICROLET NEXT LANCING		<i>modafinil</i>	91	<i>nalbuphine hcl</i>	10
DEVICE	52	<i>moexipril hcl</i>	42	NALMEFENE HCL	13
<i>midodrine hcl</i>	41	<i>molindone hcl</i>	33	<i>naloxone hcl</i>	13
MIEBO	87	<i>mometasone furoate</i>	49, 88	<i>naltrexone hcl</i>	13
MIFEPREX	67	MONDOXYNE NL	16	<i>naproxen</i>	11
<i>mifepristone</i>	67	MONJUVI	29	<i>naproxen sodium</i>	11
MIGERGOT	24	MONOFERRIC	57	<i>naratriptan hcl</i>	24
<i>miglitol</i>	51	<i>mono-lynyah</i>	69	NARCAN	13
<i>miglustat</i>	61	<i>montelukast sodium</i>	89	NAROPIN	12
<i>mili</i>	69	MORPHINE SULFATE	9	NASCOBAL	57
<i>milophene</i>	66	<i>morphine sulfate</i>	9	NATACYN	86
<i>milrinone lactate</i>	41	<i>morphine sulfate (concentrate)</i>	9	NATAZIA	69
<i>milrinone lactate in dextrose</i>	41	<i>morphine sulfate (pf)</i>	9	<i>nateglinide</i>	51

NAYZILAM	19	NILANDRON	29	NOVOFINE PLUS PEN	
<i>nebivolol hcl</i>	42	NILOTINIB D-TARTRATE	29	NEEDLE	82
NEBUPENT	32	<i>nilotinib hcl</i>	29	NOVOLIN 70/30 FLEXPEN	54
NEBUSAL	88	<i>nilutamide</i>	29	NOVOLIN 70/30 VIAL	54
<i>necon 0.5/35 (28)</i>	69	<i>nimodipine</i>	42	NOVOLIN N FLEXPEN	54
<i>nefazodone hcl</i>	21	NIMODIPINE	42	NOVOLIN N VIAL	54
NEFFY	89	NINLARO	29	NOVOLIN R FLEXPEN	54
<i>nelarabine</i>	29	NIPENT	29	NOVOLIN R VIAL	54
NEMLUVIO	49	<i>nitazoxanide</i>	32	NOVOLOG FLEXPEN	54
NEOKE ALCAR	57	NITHIODOTE	78	NOVOLOG MIX 70/30	
NEOKE RA LIPOIC	84	<i>nitisinone</i>	62	FLEXPEN	54
<i>neomycin sulfate</i>	16	NITRO-BID	42	NOVOLOG MIX 70/30 VIAL	54
<i>neomycin-bacitracin zn-</i>		<i>nitrofurantoin macrocrystal</i>	16	NOVOLOG PENFILL	54
<i>polymyx</i>	87	<i>nitrofurantoin monohydrate</i>		NOVOLOG U-100 VIAL	54
<i>neomycin-polymyxin b gu</i>	18	<i>macrocrystals</i>	16	NOVOPEN ECHO	52
<i>neomycin-polymyxin-dexameth</i>	86	<i>nitroglycerin</i>	42, 44	NOVOSEVEN RT	37
<i>neomycin-polymyxin-gramicidin</i>	87	<i>nitroglycerin in d5w</i>	42	NOXAFIL	23
<i>neomycin-polymyxin-hc</i>	86, 88	NITROLINGUAL	42	<i>np thyroid</i>	71
NEO-POLYCIN	87	<i>nitroprusside sodium</i>	42	NPLATE	37
NEO-POLYCIN HC	87	NITYR	62	NUBEQA	29
NEOPROFEN	11	NIVA THYROID	71	NUCALA	89
NEORAL	74	NIVESTYM	37	NUEDEXTA	46
<i>neostigmine methylsulfate</i>	24	<i>nizatidine</i>	59	NULIBRY	62
NEOSTIGMINE		<i>nora-be</i>	69	NULOJIX	74
METHYLSULFATE	24	NORDITROPIN FLEXPRO	66	NUPLAZID	33
<i>neostigmine methylsulfate rfid</i>	24	<i>norelgestromin-eth estradiol</i>	69	NURTEC	24
NEO-SYNALAR	49	<i>norepinephrine bitartrate</i>	42	NUTRILIPID	57
NERLYNX	29	NOREPINEPHRINE-		NUTROPIN AQ NUSPIN 10	66
NESACAINE	12	DEXTROSE	42	NUTROPIN AQ NUSPIN 20	66
NESACAINE-MPF	12	NOREPINEPHRINE-SODIUM		NUTROPIN AQ NUSPIN 5	66
<i>neuac</i>	49	CHLORIDE	42	NUVARING	70
NEULASTA	37	<i>norethin ace-eth estrad-fe</i>	69	NUVAXOVID COVID-19	
NEULASTA ONPRO	37	<i>norethindrone</i>	69	VACCINE	75
NEUPRO	32	<i>norethindrone acetate</i>	71	NUWIQ	37
<i>nevirapine</i>	35	<i>norethindrone acet-ethinyl est</i>	69	NUZYRA	16
<i>nevirapine er</i>	35	<i>norethindrone-eth estradiol</i>	71	<i>nyamyc</i>	23
NEXAVAR	29	<i>norethin-eth estradiol-fe</i>	70	<i>nylia 1/35</i>	70
NEXAVIR	85	<i>norgestimate-eth estradiol</i>	70	<i>nylia 7/7/7</i>	70
NEXIUM	59	<i>norgestimate-ethinyl estradiol</i>		NYMALIZE	42
NEXLETOL	42	<i>triphasic</i>	70	<i>nystatin</i>	23
NEXLIZET	42	NORLIQVA	42	<i>nystatin-triamcinolone</i>	23
NEXPLANON	69	<i>norlyroc</i>	70	<i>nystop</i>	23
NEXTERONE	42	NORPACE	42	OBIZUR	37
NEXTSTELLIS	69	NORPACE CR	42	OCALIVA	62
NEXVIAZYME	62	NORPRAMIN	21	OCREVUS	45
NGENLA	66	<i>nortrel 0.5/35 (28)</i>	70	OCREVUS ZUNOVO	45
<i>niacin er (antihyperlipidemic)</i>	42	<i>nortrel 1/35 (21)</i>	70	OCTAGAM	72
<i>nicardipine hcl</i>	42	<i>nortrel 1/35 (28)</i>	70	<i>octreotide acetate</i>	66
<i>nicardipine hcl in nacl</i>	42	<i>nortrel 7/7/7</i>	70	ODACTRA	77
NICARDIPINE HCL IN NACL	42	<i>nortriptyline hcl</i>	21	ODEFSEY	35
NICOTROL NS	14	NORVIR	35	ODOMZO	29
<i>nifedipine</i>	42	NOURIANZ	32	OFEV	89
<i>nifedipine er</i>	42	NOVAREL	66	<i>ofloxacin</i>	16, 86, 88
<i>nifedipine er osmotic release</i>	42	NOVOEIGHT	37	OGSIVEO	29
<i>nikki</i>	69	NOVOFINE PEN NEEDLE	82	OJEMDA	29

<i>olanzapine</i>	33	OPTICHAMBER DIAMOND-		<i>oxymorphone hcl</i>	10
<i>olanzapine-fluoxetine hcl</i>	21	SM MASK	82	<i>oxymorphone hcl er</i>	10
<i>olmesartan medoxomil</i>	42	OPVEE	13	<i>oxytocin</i>	66
<i>olmesartan medoxomil-hctz</i>	42	OPZELURA	49	<i>oxytocin +rfid</i>	66
<i>olmesartan-amlodipine-hctz</i>	42	ORABLOC	12	OXYTOCIN-LACTATED	
<i>olopatadine hcl</i>	86	ORAL CITRATE	58	RINGERS	67
OLUMIANT	73	ORALAIR	77	OXYTOCIN-SODIUM	
<i>omega-3-acid ethyl esters</i>	42	ORALAIR ADULT STARTER		CHLORIDE	67
<i>omeprazole</i>	59	PACK	77	OXYTROL	63
OMNARIS	88	ORALAIR CHILDRENS		OZEMPIC	51
OMNIPOD 5 DEXG7G6 INTRO		STARTER PACK	77	PACERONE	42
GEN 5	82	ORALONE	46	<i>paclitaxel</i>	29
OMNIPOD 5 DEXG7G6 PODS		ORAPRED ODT	65	<i>paclitaxel protein-bound part</i>	29
GEN 5	82	ORBACTIV	16	PADCEV	29
OMNIPOD 5 LIBRE2 G6		ORENCIA	73	<i>paliperidone er</i>	33
INTRO GEN5	82	ORENCIA CLICKJECT	73	<i>palonosetron hcl</i>	22
OMNIPOD 5 LIBRE2 PLUS G6		ORENITRAM	90	<i>pamidronate disodium</i>	76
PODS	82	ORENITRAM MONTH 1	90	PANDA MASK LARGE	82
OMNIPOD DASH INTRO (GEN		ORENITRAM MONTH 2	90	PANDA MASK MEDIUM	82
4)	82	ORENITRAM MONTH 3	90	PANDA MASK SMALL	82
OMNIPOD DASH PDM (GEN		ORFADIN	62	PANRETIN	31
4)	82	ORGOVYX	29	<i>pantoprazole sodium</i>	60
OMNIPOD DASH PODS (GEN		ORIAHNN	71	PANTOPRAZOLE SODIUM-	
4)	82	ORILISSA	66	NACL	60
OMNIPOD POD PALS	82	ORKAMBI	90	PANZYGA	72
OMNITROPE	66	ORLADEYO	73	PARAGARD INTRAUTERINE	
OMVOH	74	<i>orphenadrine citrate</i>	91	COPPER	70
OMVOH (300 MG DOSE)	74	<i>orphenadrine citrate er</i>	91	PARI VORTEX ADULT MASK ..	82
ONAPGO	32	<i>orquidea</i>	70	PARI VORTEX PEDIATRIC	
ONCASPAR	29	ORSERDU	29	MASK	82
<i>ondansetron hcl</i>	22	OSCIMIN	61	<i>paricalcitol</i>	77
<i>ondansetron hcl +rfid</i>	22	<i>oseltamivir phosphate</i>	35	PARLODEL	32
<i>ondansetron odt</i>	22	OSEVELT	77	<i>paroxetine hcl</i>	21
ONETOUCH DELICA PLUS		OSMITROL	42	<i>paroxetine hcl er</i>	21
LANCING	52	OSPHENA	67	PARSABIV	77
ONETOUCH DELICA SAFETY		OTEZLA	73	PAXLOVID (150/100)	35
LANCING	52	OVIDE	32	PAXLOVID (300/100 &	
ONEXTON	49	OVIDREL	66	150/100)	35
ONGENTYS	32	<i>oxacillin sodium</i>	16	PAXLOVID (300/100)	35
ONIVYDE	29	OXACILLIN SODIUM IN		<i>pazopanib hcl</i>	29
ONPATTRO	46	DEXTROSE	16	PEDIAPRED	65
ONUREG	29	<i>oxaliplatin</i>	29	PEDIARIX	75
ONYDA XR	45	<i>oxaprozin</i>	11	PEDIATRIC PANDA MASK	82
OPDIVO	29	<i>oxazepam</i>	36	PEDMARK	77
OPDIVO QVANTIG	29	<i>oxcarbazepine</i>	19	PEDVAX HIB	75
OPDUALAG	29	<i>oxcarbazepine er</i>	19	<i>peg 3350-kcl-na bicarb-nacl</i>	61
OPFOLDA	62	OXERVATE	87	<i>peg-3350/electrolytes</i>	61
OPIPZA	33	OXLUMO	63	<i>peg-3350/electrolytes/ascorbat</i> ..	61
OPSUMIT	90	<i>oxybutynin chloride</i>	63	PEGASYS	35
OPTICHAMBER DIAMOND	82	<i>oxybutynin chloride er</i>	63	<i>peg-kcl-nacl-nasulf-na asc-c</i>	61
OPTICHAMBER DIAMOND-		<i>oxycodone hcl</i>	10	PEG-PREP	61
LG MASK	82	OXYCODONE-		PEMETREXED	29
OPTICHAMBER DIAMOND-		ACETAMINOPHEN	10	PEMETREXED DIPOTASSIUM ..	29
MD MASK	82	<i>oxycodone-acetaminophen</i>	10	PEMETREXED DISODIUM	29
		OXYCONTIN	10	<i>pemetrexed disodium</i>	29

PEMFEXY	29	<i>phenytek</i>	20	<i>potassium phosphates</i>	57
PEMGARDA	72	<i>phenytoin</i>	20	<i>potassium phosphates(66 meq</i>	
PEMRYDI RTU	29	<i>phenytoin infatabs</i>	20	<i>k)</i>	57
PEN NEEDLE/5-BEVEL TIP	83	<i>phenytoin sodium</i>	20	<i>potassium phosphates(71 meq</i>	
PENBRAYA	75	<i>phenytoin sodium extended</i>	20	<i>k)</i>	57
<i>penicillamine</i>	63	PHESGO	29	POTELIGEO	29
PENICILLIN G POT IN		PHEXXI	79	POVIDONE-IODINE	86
DEXTROSE	16	<i>philith</i>	70	PRADAXA	18
<i>penicillin g potassium</i>	16	<i>phosphorous</i>	57	<i>pramipexole dihydrochloride</i>	32
<i>penicillin g sodium</i>	16	<i>phospho-trin 250 neutral</i>	57	PRAMOTIC	88
<i>penicillin v potassium</i>	16	PHOSPHO-TRIN K500	57	<i>prasugrel hcl</i>	33
PENMENVY	75	PHOTOFRIN	29	<i>pravastatin sodium</i>	43
PENTACEL	75	PHOTREXA-PHOTREXA		<i>praziquantel</i>	32
PENTAM	32	VISCOUS KIT	78	<i>prazosin hcl</i>	43
<i>pentamidine isethionate</i>	32	PHYSIOLYTE	59	PRECEDEX	79
<i>pentazocine-naloxone hcl</i>	10	PHYSIOSOL IRRIGATION	59	PRED MILD	86
PENTETATE CALCIUM		<i>phytonadione</i>	57	<i>prednisolone</i>	65
TRISODIUM	78	PIFELTRO	35	<i>prednisolone acetate</i>	86
PENTETATE ZINC		<i>pilocarpine hcl</i>	46, 86	<i>prednisolone sodium phosphate</i>	
TRISODIUM	78	<i>pimecrolimus</i>	49		65, 86
PENTIPS GENERIC PEN		<i>pimozide</i>	34	<i>prednisone</i>	65
NEEDLES	83	<i>pimtrea</i>	70	<i>pregabalin</i>	46
<i>pentobarbital sodium</i>	19	<i>pindolol</i>	43	PREGNYL	67
<i>pentoxifylline er</i>	38	<i>pioglitazone hcl</i>	51	PREMARIN	70, 71
<i>perampanel</i>	19	<i>pioglitazone hcl-glimepiride</i>	51	PREMASOL	57
PERFECT POINT SAFETY		<i>pioglitazone hcl-metformin hcl</i> ...51		PREMPHASE	71
LANCETS	52	PIP PEN NEEDLES 32G X		PREMPRO	71
PERFOROMIST	89	4MM	83	PREPIDIL	63
PERIDEX	46	<i>piperacillin sod-tazobactam so</i> ...16		PREPIV SUPPLY	13
PERIKABIVEN	57	PIQRAY	29	PRESTALIA	43
<i>perindopril erbumine</i>	42	<i>pirfenidone</i>	89	PRETOMANID	25
<i>periogard</i>	46	<i>piroxicam</i>	11	<i>prevalite</i>	43
PERJETA	29	PITOCIN	67	PREVDUO	78
<i>permethrin</i>	32	PLENAMINE	57	PREVNAR 20	75
<i>perphenazine</i>	22	<i>plerixafor</i>	37	PREVYMIS	35
<i>perphenazine-amitriptyline</i>	21	PNEUMOVAX 23	75	PREZCOBIX	35
PERSERIS	34	POCKET SPACER	83	PREZISTA	35
PETROLEUM GAUZE NON-		<i>podofilox</i>	49	PRIFTIN	25
WOVEN 3X9"	49	POLIVY	29	<i>primaquine phosphate</i>	32
PFIZERPEN	16	POLOCAINE	12	PRIMAXIN IV	17
PHEBURANE	62	POLOCAINE-MPF	12	<i>primidone</i>	20
<i>phenazopyridine hcl</i>	63	POLYCIN	87	PRIORIX	75
<i>phenelzine sulfate</i>	21	<i>polymyxin b sulfate</i>	16	PRISMASOL B22GK 4/0	59
PHENERGAN	21	<i>polymyxin b-trimethoprim</i>	87	PRISMASOL BGK 0/2.5	59
<i>phenobarbital</i>	19	POMALYST	29	PRISMASOL BGK 2/0	59
<i>phenobarbital sodium</i>	20	POMBILITI	62	PRISMASOL BGK 2/3.5	59
<i>phenoxybenzamine hcl</i>	42	<i>portia-28</i>	70	PRISMASOL BGK 4/2.5	59
<i>phentolamine mesylate</i>	42	PORTRAZZA	29	PRISMASOL BK 0/0/1.2	59
PHENYLEPHRINE HCL	43	<i>posaconazole</i>	23	PRIVIGEN	72
<i>phenylephrine hcl</i>	87	<i>potassium acetate</i>	57	PRO COMFORT SPACER	
<i>phenylephrine hcl (pf)</i>	42	<i>potassium chloride</i>	57	ADULT	83
PHENYLEPHRINE HCL		POTASSIUM CHLORIDE	57	PRO COMFORT SPACER	
(PRESSORS)	42	<i>potassium chloride crys er</i>	57	CHILD	83
<i>phenylephrine hcl (pressors)</i>	42	<i>potassium chloride er</i>	57	PRO COMFORT SPACER	
PHENYLEPHRINE HCL-NACL	43	<i>potassium citrate er</i>	58	INFANT	83

<i>probenecid</i>	24	<i>pyridoxine hcl</i>	57	RECOTHROM	38
<i>procainamide hcl</i>	43	PYRIDOXINE HCL	57	RECOTHROM SPRAY KIT	38
PROCARE SPACER/ADULT MASK	83	<i>pyrimethamine</i>	32	REGENECARE	49
PROCARE SPACER/CHILD MASK	83	PYRIMETHAMINE-LEUCOVORIN	32	REGONOL	24
PROCENTRA	45	PYROGALLIC ACID	49	RELENZA DISKHALER	35
<i>prochlorperazine</i>	22	PYRUKYND	38	REMERON SOLTAB	21
<i>prochlorperazine edisylate</i>	22	PYRUKYND TAPER PACK	38	REMESENSE	47
<i>prochlorperazine maleate</i>	22	QBREXZA	49	<i>remifentanil hcl</i>	10
PROCRIT	37	QFITLIA	38	RENACIDIN	63
PROCTOFOAM HC	76	QINLOCK	29	RENTHYROID	71
<i>procto-med hc</i>	76	QNASL	88	<i>repaglinide</i>	51
PROFILNINE	37	QNASL CHILDRENS	88	REPATHA	43
<i>progesterone</i>	70, 71	QUADRACEL	75	REPATHA SURECLICK	43
PROGRAF	74	<i>quazepam</i>	36	RESTASIS	87
PROLASTIN-C	89	QUELICIN	45	RESTASIS MULTIDOSE	87
PROLEUKIN	29	<i>quetiapine fumarate</i>	34	RESTORA RX	61
PROLIA	76	<i>quetiapine fumarate er</i>	34	RETACRIT	37
PROMACTA	37	QUICK TOUCH INSULIN PEN NEEDLE	83	RETEVMO	30
<i>promethazine hcl</i>	21, 22	<i>quinapril hcl</i>	43	RETIN-A MICRO PUMP	49
<i>promethazine-codeine</i>	88	<i>quinapril-hydrochlorothiazide</i>	43	RETROVIR	35
<i>promethazine-dm</i>	88	<i>quinidine gluconate er</i>	43	REVCovi	62
PROMETHEGAN	22	<i>quinidine sulfate</i>	43	REVLIMID	31
<i>propafenone hcl</i>	43	<i>quinine sulfate</i>	32	<i>revonto</i>	91
<i>propafenone hcl er</i>	43	QULIPTA	24	REVUFORJ	30
<i>proparacaine hcl</i>	87	QVAR REDHALER	89	REXTOVY	13
<i>propranolol hcl</i>	43	RABAVERT	75	REXULTI	34
<i>propranolol hcl er</i>	43	<i>rabeprazole sodium</i>	60	REYATAZ	35
<i>propylthiouracil</i>	71	RADIAPLEXRX	49	REZVOGLAR KWIKPEN	54
PROQUAD	75	RADICAVA	45	RHOGAM ULTRA-FILTERED PLUS	72
PROSOL	57	RADICAVA ORS	45	RHOPHYLAC	72
PROSTIN VR	43	RADICAVA ORS STARTER KIT	45	RHOPRESSA	86
<i>protamine sulfate</i>	38	RADIOGARDASE	78	RIASTAP	38
PROTONIX	60	RAGWITEK	77	<i>ribavirin</i>	35
PROTOPAM CHLORIDE	78	RALDESY	21	RIDAURA	73
<i>protriptyline hcl</i>	21	<i>raloxifene hcl</i>	67	<i>rifabutin</i>	25
PROVAYBLUE	78	<i>ramelteon</i>	91	RIFADIN	25
PROVERA	71	<i>ramipril</i>	43	<i>rifampin</i>	25
<i>prucalopride succinate</i>	61	<i>ranolazine er</i>	43	<i>riluzole</i>	45
<i>pseudoephedrine-bromphen-dm</i>	88	RAPIVAB	35	<i>rimantadine hcl</i>	35
PULMOSAL	88	RAPPORT RLS	83	RIMSO-50	63
PULMOZYME	90	RAPPORT VTD	83	<i>ringers irrigation</i>	59
PURE COMFORT SAFETY PEN NEEDLE	83	<i>rasagiline mesylate</i>	32	RINVOQ	73
PURE COMFORT SPACER CHAMBER	83	RASUVO	73	RINVOQ LQ	73
PURIXAN	29	RAYA SURE PEN NEEDLE	83	RIOMET	51
PYLERA	61	RAYALDEE	77	<i>risedronate sodium</i>	76
<i>pyrazinamide</i>	25	REBINYN	38	RISPERDAL CONSTA	34
<i>pyridostigmine bromide</i>	24	REBLOZYL	37	<i>risperidone</i>	34
<i>pyridostigmine bromide er</i>	24	REBYOTA	61	<i>risperidone microspheres er</i>	34
PYRIDOSTIGMINE BROMIDE ER	78	RECARBRIO	17	<i>ritonavir</i>	35
		<i>reclipsen</i>	70	RITUXAN	30
		RECOMBINATE	38	RITUXAN HYCELA	30
		RECOMBIVAX HB	75	<i>rivaroxaban</i>	18
				<i>rivastigmine tartrate</i>	20
				<i>rivelsa</i>	70

RIVFLOZA	63	SARCLISA	30	SKYCLARYS	45
RIXUBIS	38	SAVAYSA	18	SKYLA	70
<i>rizatriptan benzoate</i>	24	SAVELLA	46	SKYRIZI	73, 74
ROBAXIN	91	SAVELLA TITRATION PACK ...	46	SKYRIZI PEN	73
ROCALTROL	77	<i>saxagliptin hcl</i>	51	SKYTROFA	67
ROCELIX	49	<i>saxagliptin-metformin er</i>	51	SLYND	70
ROCKLATAN	86	SCEMBLIX	30	SMOFLIPID	57
<i>rocuronium bromide</i>	45	SCENESSE	49	<i>sod benz-sod phenylacet</i>	62
ROCURONIUM BROMIDE	45	SCLEROSOL		<i>sod citrate-citric acid</i>	58
<i>roflumilast</i>	89	INTRAPLEURAL	89	<i>sodium acetate</i>	57
<i>romidepsin</i>	30	<i>scopolamine</i>	22	SODIUM ASCORBATE	57
ROMVIMZA	30	<i>selegiline hcl</i>	33	<i>sodium bicarbonate</i>	57
<i>ropinirole hcl</i>	32	<i>selenium sulfide</i>	49	SODIUM BICARBONATE	57
<i>ropinirole hcl er</i>	32	SELZENTRY	35	<i>sodium chloride</i>	58, 88
<i>ropivacaine hcl</i>	12	SENSORCAINE	12	SODIUM CHLORIDE	58
ROPIVACAINE HCL-NACL	12	SENSORCAINE/EPINEPHRIN		<i>sodium chloride (pf)</i>	58
<i>rosuvastatin calcium</i>	43	E	12	<i>sodium chloride bacteriostatic</i> ...	85
<i>rosyrah</i>	70	SENSORCAINE-MPF	12	SODIUM CITRATE	19
ROTARIX	75	SENSORCAINE-		SODIUM CITRATE LOCK	
ROTATEQ	75	MPF/EPINEPHRINE	12	FLUSH	19
<i>roweepira</i>	20	SEREVENT DISKUS	89	SODIUM CITRATE-	
ROZLYTREK	30	SEROSTIM	61	GENTAMICIN SULF	19
RUCONEST	73	<i>sertraline hcl</i>	21	SODIUM IODIDE I-131	71
<i>rufinamide</i>	20	<i>setlakin</i>	70	<i>sodium nitrite</i>	78
RUKOBIA	35	<i>sevelamer carbonate</i>	63	<i>sodium nitroprusside</i>	43
RUXIENCE	30	<i>sevelamer hcl</i>	63	SODIUM OXYBATE	91
RYALTRIS	88	SEYSARA	17	<i>sodium phenylbutyrate</i>	62
RYANODEX	91	SEZABY	20	<i>sodium phosphates</i>	58
RYBELSUS	51	SFROWASA	76	<i>sodium polystyrene sulfonate</i>	59
RYBREVANT	30	<i>sharobel</i>	70	<i>sodium saccharin</i>	78
RYCLORA	88	SHINGRIX	75	<i>sodium thiosulfate</i>	78
RYDAPT	30	SIGNIFOR LAR	67	SOFDRA	49
RYKINDO	34	<i>sildenafil citrate</i>	62, 90	SOHONOS	77
RYONCIL 100KG TO		SILHOUETTE 23" INFUSION		<i>solifenacin succinate</i>	63
<112.5KG	74	SET	83	SOLIQUA	51
RYONCIL 112.5KG TO		SILHOUETTE 43" INFUSION		SOLIRIS	38
<125KG	74	SET	83	SOLOSEC	17
RYONCIL 125KG TO		SILHOUETTE INFUSION SET		SOLTAMOX	30
<137.5KG	74	18"	83	SOLU-CORTEF	65
RYONCIL 137.5KG TO		SILIQ	73	SOLU-MEDROL	65
<150KG	74	<i>silodosin</i>	64	SOLU-MEDROL (PF)	65
RYSTIGGO	85	<i>silver sulfadiazine</i>	18	SOMATULINE DEPOT	67
RYTARY	32	SIMBRINZA	86	SOMAVERT	67
RYTELO	30	<i>simliya</i>	70	SOOLANTRA	49
RYZNEUTA	37	<i>simpesse</i>	70	<i>sorafenib tosylate</i>	30
SACCHARIN	78	SIMPLERA SENSOR	52	SORBITOL	79
<i>sacubitril-valsartan</i>	43	SIMPLERA SYNC SENSOR	52	<i>sorbitol-mannitol</i>	79
SAFETY PEN NEEDLES	83	SIMPLERA SYSTEM	52	<i>sotalol hcl</i>	43
SAFYRAL	70	SIMPONI	73	<i>sotalol hcl (af)</i>	43
<i>saline bacteriostatic</i>	85	SIMPONI ARIA	73	SOTYKTU	73
SALINE-PHENOL	85	SIMULECT	74	SOTYLIZE	43
SANDIMMUNE	74	<i>simvastatin</i>	43	SOVALDI	35
SANTYL	49	<i>sirolimus</i>	74	SPEVIGO	73
SAPHNELO	74	SIRTURO	25	SPIKEVAX	75
<i>sapropterin dihydrochloride</i>	62	SIVEXTRO	17	SPIKEVAX 6M-11Y	75

<i>spinosad</i>	32	<i>sumatriptan succinate refill</i>		T/SLIM X2/CONTROL-	
SPIRIVA HANDIHALER	89	<i>subcutaneous solution cartridge</i> ..	24	IQ/ACC/INSTR	83
SPIRIVA RESPIMAT	89	<i>sunitinib malate</i>	30	TABLOID	30
<i>spironolactone</i>	43	SUNLENCA	35	TABRECTA	30
<i>spironolactone-hctz</i>	43	SUNOSI	91	TACLONEX	50
SPORANOX	23	SUPPRELIN LA	67	<i>tacrolimus</i>	50, 74
SPRAVATO (56 MG DOSE)	21	SUPREP BOWEL PREP KIT	61	<i>tadalafil</i>	62
SPRAVATO (84 MG DOSE)	21	SURE T INFUSION SET		<i>tadalafil (pah)</i>	90
<i>sprintec 28</i>	70	18"/6MM	83	TAFINLAR	30
SPS (SODIUM		SURE T INFUSION SET		<i>tafluprost (pf)</i>	86
POLYSTYRENE SULF)	59	23"/10MM	83	TAGRISSE	30
<i>sronyx</i>	70	SURE T INFUSION SET		TAKHZYRO	73
<i>ssd</i>	18	23"/6MM	83	TALICIA	61
STERILE DILUENT FLOLAN		SURE T INFUSION SET		TALTZ	73
PH 12	85	23"/8MM	83	TALVEY	30
STERILE DILUENT FOR		SURE T INFUSION SET		<i>tamoxifen citrate</i>	30
REMODULIN	85	32"/10MM	83	<i>tamsulosin hcl</i>	64
STERILE TALC POWDER	89	SURE T INFUSION SET		TANDEM MOBI AUTOSOFT	
STERILE TOPICAL L.E.T.		32"/6MM	83	30 KIT	83
GEL	13	SURE T INFUSION SET		TANDEM MOBI AUTOSOFT	
<i>sterile water for injection</i>	85	32"/8MM	83	XC KIT	83
<i>sterile water for irrigation</i>	59	SURVANTA	88	TANDEM MOBI AUTOSOFT30	
STERITALC	89	SUSTOL	22	14PK23"	83
STIOLTO RESPIMAT	89	SUSVIMO (IMPLANT 1ST		TANDEM MOBI	
STIVARGA	30	FILL)	87	AUTOSOFTXC 14PK23"	83
STOBOCLO	77	SUSVIMO (IMPLANT REFILL) ..	87	TANDEM MOBI	
STRENSIQ	62	SUTAB	61	AUTOSOFTXC 14PK5"	83
<i>streptomycin sulfate</i>	17	<i>syeda</i>	70	TANDEM MOBI SYSTEM	
STRIBILD	35	SYFOVRE	87	STARTER	83
STRIVERDI RESPIMAT	89	SYLVANT	31	TANDEM MOBI TRUSTEEL	
STROMEKTOL	32	SYMBICORT	89	SUPP KIT	83
SUBLOCADE	13	SYMBYAX	21	TANDEM T/SLIM ASFT 30	
<i>subvenite</i>	20	SYMDEKO	90	PK10 23"	84
<i>subvenite starter kit-blue</i>	20	SYMFI	35	TANDEM T/SLIM ASFT 30	
<i>subvenite starter kit-green</i>	20	SYMPAZAN	20	PK14 23"	84
<i>subvenite starter kit-orange</i>	20	SYMPROIC	61	TANDEM T/SLIM ASFT XC	
<i>succinylcholine chloride</i>	46	SYMTUZA	35	PK10 23"	84
SUCCINYLCHOLINE		SYNAGIS	72	TANDEM T/SLIM ASFT XC	
CHLORIDE	46	SYNALAR	50	PK14 23"	84
SUCRAID	62	SYNAREL	67	TANDEM T/SLIM TRUSTL	
<i>sucralfate</i>	60	SYNDROS	22	PK10 23"	84
SUFLAVE	61	SYNJARDY	51	<i>tarina 24 fe</i>	70
<i>sulfacetamide sodium</i>	86	SYNJARDY XR	51	<i>tarina fe 1/20 eq</i>	70
<i>sulfacetamide sodium (acne)</i>	49	T/SLIM X2 3ML CARTRIDGE	83	TASIGNA	30
<i>sulfacetamide sodium-sulfur</i>	50	T/SLIM X2 BASAL-IQ PUMP	83	<i>tasimelteon</i>	91
<i>sulfacetamide-prednisolone</i>	87	T/SLIM X2 CONTROL-IQ 7.7		TASMAR	33
<i>sulfadiazine</i>	17	PUMP	83	TAURINE	58
<i>sulfamethoxazole-trimethoprim</i> ..	17	T/SLIM X2 CONTROL-IQ 7.8		<i>tavaborole</i>	23
<i>sulfasalazine</i>	76	PUMP	83	TAVALISSE	33
<i>sulfatrim pediatric</i>	17	T/SLIM X2 INSULIN PMP		<i>taysofy</i>	70
<i>sulfurated lime</i>	32	BASAL6.4	83	TAYTULLA	70
<i>sulindac</i>	11	T/SLIM X2 INSULIN PUMP	83	<i>tazarotene</i>	50
<i>sumatriptan</i>	24	T/SLIM X2/BASAL-		<i>tazicef</i>	17
<i>sumatriptan succinate</i>	24	IQ/ACC/INSTR	83	TAZICEF	17
				TECENTRIQ	30

TECENTRIQ HYBREZA	30	THROMBOGEN	38	<i>trandolapril-verapamil hcl er</i>	43
TECHLITE LANCETS 26G	52	THYMOGLOBULIN	74	<i>tranexamic acid</i>	38
TECHLITE PLUS PEN		<i>thyroid</i>	71	<i>tranexamic acid-nacl</i>	38
NEEDLES	84	<i>tiadylt er</i>	43	<i>tranylcypromine sulfate</i>	21
TECVAYLI	30	<i>tiagabine hcl</i>	20	TRAVASOL	58
TEFLARO	17	TIBSOVO	30	<i>travoprost (bak free)</i>	86
TEGLUTIK	46	<i>ticagrelor</i>	33	TRAZIMERA	30
TEKTURNA	43	TICE BCG	30	<i>trazodone hcl</i>	21
TEFA AMD ISLAND		TICOVAC	75	TRELEGY ELLIPTA	90
DRESSING	84	TIGAN	22	TRELSTAR MIXJECT	66
TEFA AMD NON-ADHERENT	84	<i>tigecycline</i>	17	TREMFYA	73, 74
<i>telmisartan</i>	43	TIGLUTIK	46	TREMFYA ONE-PRESS	73
<i>telmisartan-amlodipine</i>	43	<i>tilia fe</i>	70	TREMFYA PEN	73, 74
<i>temazepam</i>	91	<i>timolol hemihydrate</i>	86	TREMFYA-CD/UC INDUCTION	74
TEMBEXA	35	<i>timolol maleate</i>	43, 86	<i>treprostinil</i>	90
TEMODAR	30	<i>timolol maleate (once-daily)</i>	86	<i>tretinoin</i>	30, 50
<i>temozolomide</i>	30	<i>tinidazole</i>	17	<i>tretinoin microsphere</i>	50
<i>temsirolimus</i>	72	<i>tiopronin</i>	63	<i>tretinoin microsphere pump</i>	50
TENCON	10	<i>tirofiban hcl in nacl</i>	33	TRETEN	38
TENIVAC	75	TISSEEL	78	TREXALL	72
<i>tenofovir disoproxil fumarate</i>	35	TIVDAK	30	TREZIX	10
TEPADINA	30	TIVICAY	35	<i>triamcinolone acetonide</i>	46, 50, 65
TEPEZZA	67	TIVICAY PD	35	TRIAMCINOLONE	
TEPYLUTE	30	<i>tizanidine hcl</i>	91	DIACETATE	65
<i>terazosin hcl</i>	63	TOBI PODHALER	90	TRIAMCINOLONE-	
<i>terbinafine hcl</i>	23	TOBRADEX	86	BUPIVACAINE	65
<i>terbutaline sulfate</i>	89, 90	TOBRADEX ST	86	TRI-AMINO	58
<i>terconazole</i>	23	<i>tobramycin</i>	86, 90	<i>triamterene</i>	43
<i>teriflunomide</i>	45	<i>tobramycin sulfate</i>	17	<i>triamterene-hctz</i>	43
<i>teriparatide</i>	77	<i>tobramycin-dexamethasone</i>	86	<i>triazolam</i>	36
TERIPARATIDE	77	TOBREX	86	TRICITRASOL	19
<i>testosterone</i>	65	TOLAK	50	<i>triderm</i>	50
<i>testosterone cypionate</i>	65	<i>tolcapone</i>	33	<i>trientine hcl</i>	59
<i>testosterone enanthate</i>	65	<i>tolterodine tartrate</i>	63	<i>tri-estarylla</i>	70
<i>tetrabenazine</i>	46	<i>tolterodine tartrate er</i>	63	<i>trifluoperazine hcl</i>	34
<i>tetracaine hcl</i>	87	<i>tolvaptan</i>	59	<i>trifluridine</i>	86
<i>tetracycline hcl</i>	17	TOPICAL L.E.T.	13	<i>trihexyphenidyl hcl</i>	33
TEVIMBRA	30	TOPICORT	50	TRIJARDY XR	51
TEZSPIRE	90	<i>topiramate</i>	20	TRIKAFTA	90
THALITONE	43	<i>topiramate er</i>	20	<i>tri-legest fe</i>	70
THALOMID	32	<i>topotecan hcl</i>	30	<i>tri-lynyah</i>	70
THAM	58	<i>toremifene citrate</i>	30	<i>tri-lo-estarylla</i>	70
THE LIQUILIFT TRACE	58	TORISEL	72	<i>tri-lo-marzia</i>	70
THEO-24	90	<i>torpenz</i>	30	<i>tri-lo-mili</i>	70
<i>theophylline</i>	90	<i>torseamide</i>	43	<i>tri-lo-sprintec</i>	70
<i>theophylline er</i>	90	TOUJEO MAX SOLOSTAR	54	<i>trimethobenzamide hcl</i>	22
<i>thiamine hcl</i>	58	TOUJEO SOLOSTAR	54	<i>trimethoprim</i>	17
THIOLA	63	TPOXX	35	<i>tri-mili</i>	70
THIOLA EC	63	TRADJENTA	51	<i>trimipramine maleate</i>	21
<i>thioridazine hcl</i>	34	TRALEMENT	58	TRINTELLIX	21
<i>thiotepa</i>	30	<i>tramadol hcl</i>	10	TRIPTODUR	67
<i>thiothixene</i>	34	<i>tramadol hcl (er biphasic)</i>	10	TRISENOX	30
THREONINE	58	<i>tramadol hcl er</i>	10	TRISODIUM CITRATE/CRRT	59
THROMBIN-JMI	38	<i>tramadol-acetaminophen</i>	10	<i>tri-sprintec</i>	70
THROMBIN-JMI EPISTAXIS	38	<i>trandolapril</i>	43	TRIUMEQ	35

TRIUMEQ PD	35	ULTOMIRIS	38	VASOPRESSIN-SODIUM	
<i>tri-vylibra</i>	70	UNASYN	17	CHLORIDE	67
<i>tri-vylibra lo</i>	70	UNIFINE OTC PEN NEEDLES ..	84	VASOSTRICT	67
TRODELVY	30	UNIFINE PROTECT PEN		VAXCHORA	76
TROGARZO	35	NEEDLE	84	VAXELIS	76
<i>tromethamine</i>	58	<i>unithroid</i>	71	VAXNEUVANCE	76
TROPHAMINE	58	UNITUXIN	30	VAZCULEP	44
<i>trospium chloride</i>	63	UPLIZNA	75	VECAMYL	44
<i>trospium chloride er</i>	63	UPNEEQ	86	VECTIBIX	30
TRUE COMFORT SAFETY		UPTRAVI	91	VECURONIUM BROMIDE	46
PEN NEEDLE	84	UPTRAVI TITRATION	91	<i>vecuronium bromide</i>	46
TRULICITY	51	<i>urea</i>	50	VEKLURY	36
TRUMENBA	76	<i>ursodiol</i>	61	VELCADE	30
TRUQAP	30	UVADEX	30	VELETRI	91
TRUSTEEL INFUSION SET	84	UZEDY	34	<i>velivet</i>	70
TRYNGOLZA	44	VABOMERE	17	VELSIPITY	74
TRYPTOPHAN	58	VABYSMO	87	VELTASSA	59
TRYPTYR	87	<i>valacyclovir hcl</i>	35	VENCLEXTA	30
TRYVIO	43	VALCHLOR	31	VENCLEXTA STARTING	
TUKYSA	30	<i>valganciclovir hcl</i>	36	PACK	31
TURALIO	30	VALINE	58	VENELEX	50
<i>turqoz</i>	70	<i>valproate sodium</i>	20	VENIPUNCTURE PX1	
TWIIST REFILL KIT	84	<i>valproic acid</i>	20	PHLEBOTOMY	13
TWIIST REFILL KIT/INFUSION		<i>valrubicin</i>	30	<i>venlafaxine hcl</i>	21
SET	84	<i>valsartan</i>	43	<i>venlafaxine hcl er</i>	21
TWIIST STARTER KIT	84	<i>valsartan-hydrochlorothiazide</i>	44	VENOFER	58
TWINRIX	76	VALSTAR	30	VEOPOZ	73
TWIRLA	70	VALTOCO 10 MG DOSE	20	<i>verapamil hcl</i>	44
TWYNEO	50	VALTOCO 15 MG DOSE	20	<i>verapamil hcl er</i>	44
TYBLUME	70	VALTOCO 20 MG DOSE	20	VERIFINE INSULIN PEN	
TYBOST	35	VALTOCO 5 MG DOSE	20	NEEDLE	84
<i>tydemy</i>	70	<i>valtya 1/35</i>	70	VERIFINE INSULIN SYRINGE ..	54
TYGACIL	17	<i>valtya 1/50</i>	70	VERIFINE PLUS PEN	
TYMLOS	77	<i>vancomycin hcl</i>	17	NEEDLE	84
TYPHIM VI	76	VANCOMYCIN HCL IN		VERIFINE SAFE LANCET	
TYRVAYA	87	DEXTROSE	17	MINI 21G	52
TYSABRI	45	<i>vancomycin hcl in dextrose</i>	17	VERIFINE SAFE LANCET	
TYVASO	90	VANCOMYCIN HCL IN NACL ..	17	MINI 23G	53
TYVASO DPI INSTITUTIONAL		<i>vancomycin hcl in nacl</i>	17	VERIFINE SAFE LANCET	
KIT	90	VANDAZOLE	18	MINI 28G	53
TYVASO DPI MAINTENANCE		VANFLYTA	30	VERIFINE SAFE LANCET	
KIT	91	VANRAFIA	63	MINI 30G	53
TYVASO DPI TITRATION KIT ..	91	VAQTA	76	VERQUVO	44
TYVASO REFILL KIT	91	<i>varenicline tartrate</i>	14	VERSACLOZ	34
TYVASO STARTER KIT	91	<i>varenicline tartrate (starter)</i>	14	VERSAPENN (AG)	
UBRELVY	24	<i>varenicline tartrate(continue)</i>	14	ANHYDROUS	85
UCERIS	76	VARISOFT INFUSION SET	84	VERSAPENN (AL) ANHYD	
UDENYCA	37	VARITHENA	44	LIPID	85
UDENYCA ONBODY	37	VARIVAX	76	VERZENIO	31
UDSX MEDICATED SYSTEM ..	85	VARIZIG	72	<i>vestura</i>	70
UDSXMP MEDICATED		VARUBI (180 MG DOSE)	22	VFEND	23
SYSTEM	85	VASCEPA	44	VFEND IV	23
ULTIGUARD SAFEPAK		<i>vasopressin</i>	67	V-GO 20	84
SYR/NEEDLE	54	<i>vasopressin +rfid</i>	67	V-GO 30	84
ULTIVA	10			V-GO 40	84

VIBATIV	17	VYVGART	24	XEROFORM PETROLAT	
VIBERZI	61	VYVGART HYTRULO	24, 25	PATCH 2"X2"	50
VIDAZA	31	VYXEOS	31	XEROFORM PETROLAT	
<i>vienva</i>	70	WAINUA	46	PATCH 4"X4"	50
<i>vigabatrin</i>	20	WAKIX	91	XEROFORM PETROLATUM	
VIGAFYDE	20	<i>warfarin sodium</i>	19	DRES 4"X4"	50
VIJOICE	32	<i>water for irrigation, sterile</i>	59	XEROFORM PETROLATUM	
<i>vilazodone hcl</i>	21	WELIREG	31	DRES 5"X9"	50
VIMIZIM	62	<i>wera</i>	70	XEROFORM PETROLATUM	
VIMKUNYA	76	<i>wes-phos 250 neutral</i>	58	ROLL 4"X9'	50
<i>vinblastine sulfate</i>	31	WEZLANA	73, 74	XGEVA	77
<i>vincristine sulfate</i>	31	WIDE-SEAL DIAPHRAGM 60 ...	84	XIAFLEX	85
<i>vinorelbine tartrate</i>	31	WIDE-SEAL DIAPHRAGM 65 ...	84	XIFAXAN	17
<i>viorele</i>	70	WIDE-SEAL DIAPHRAGM 70 ...	84	XIGDUO XR	51
VIRACEPT	36	WIDE-SEAL DIAPHRAGM 75 ...	84	XIIDRA	87
VIREAD	36	WIDE-SEAL DIAPHRAGM 80 ...	84	XOFIGO	31
VISTOGARD	78	WIDE-SEAL DIAPHRAGM 85 ...	84	XOFLUZA (40 MG DOSE)	36
VISUDYNE	87	WIDE-SEAL DIAPHRAGM 90 ...	84	XOFLUZA (80 MG DOSE)	36
<i>vitamin d (ergocalciferol)</i>	58	WIDE-SEAL DIAPHRAGM 95 ...	84	XOLAIR	90
<i>vitamin k1</i>	58	WILATE	38	XOLREMDI	37
VITRAKVI	31	WINREVAIR	91	XOSPATA	31
VIVAGUARD LANCETS 30G ...	53	WINRHO SDF	72	XPOVIO (100 MG ONCE	
VIVAGUARD LANCING		<i>wixela inhub</i>	90	WEEKLY)	31
DEVICE	53	<i>wymzya fe</i>	70	XPOVIO (40 MG ONCE	
VIVAGUARD SAFETY		WYNZORA	50	WEEKLY)	31
LANCETS 28G	53	XACIATO	18	XPOVIO (40 MG TWICE	
VIVITROL	13	XALIX	50	WEEKLY)	31
VIVOTIF	76	<i>xarah fe</i>	70	XPOVIO (60 MG ONCE	
VIZIMPRO	31	XARELTO	19	WEEKLY)	31
<i>volnea</i>	70	XARELTO STARTER PACK	19	XPOVIO (60 MG TWICE	
VONJO	31	XATMEP	72	WEEKLY)	31
VONVENDI	38	XCOPRI	20	XPOVIO (80 MG ONCE	
VORANIGO	31	XELJANZ	73	WEEKLY)	31
VORAXAZE	31	XELJANZ XR	73	XPOVIO (80 MG TWICE	
<i>voriconazole</i>	23	XELPROS	86	WEEKLY)	31
VORTEX VALVE CHAMBER-		<i>xelria fe</i>	70	XROMI	31
PEDI MASK	84	XEMBIFY	72	XTAMPZA ER	10
VORTEX VALVED HOLDING		XEOMIN	78	XTANDI	31
CHAMBER	84	XERAC AC	50	<i>xulane</i>	70
VOSEVI	36	XERAVA	17	XULTOPHY	51
VOXZOGO	62	XERMELO	61	XURIDEN	62
VOYDEYA	38	XEROFORM OCCLUSIVE		XYLOCAINE	12
VPRIV	61	GAUZE PATCH	50	XYLOCAINE MPF +RFID	12
VRAYLAR	34	XEROFORM OIL EMULSION		XYLOCAINE/EPINEPHRINE	12
VTAMA	50	2"X2"	50	XYLOCAINE-MPF	12
VUMERITY	45	XEROFORM OIL EMULSION		XYLOCAINE-MPF +RFID	12
VYALEV	33	GAUZE	50	XYLOCAINE-	
<i>vyfemla</i>	70	XEROFORM OIL EMULSION		MPF/EPINEPHRINE	12
VYKAT XR	79	STRIP	50	XYNTHA	38
VYLEESI	46	XEROFORM OIL ROLL 4"X9' ...	50	XYNTHA SOLOFUSE	38
<i>vylibra</i>	70	XEROFORM PETROLAT		XYWAV	91
VYLOY	31	GAUZE 1"X8"	50	<i>yargesa</i>	61
VYNDAMAX	44	XEROFORM PETROLAT		YASMIN 28	70
VYNDAQEL	44	GAUZE 5"X9"	50	YAZ	70
VYVANSE	45			YCANTH	50

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YONI FIT BLADDER SUPPORT KIT 5.....	84	zolmitriptan.....	24
YORVIPATH.....	79	zolpidem tartrate.....	91
YUPELRI.....	90	zolpidem tartrate er.....	91
yuvaferm.....	70	zonisamide.....	20
zafemy.....	70	ZONTIVITY.....	33
zafirlukast.....	90	ZORTRESS.....	75
zaleplon.....	91	ZORYVE.....	50
ZALTRAP.....	31	ZOSYN.....	17
ZARONTIN.....	20	zovia 1/35 (28).....	71
ZARXIO.....	37	ZTALMY.....	20
ZAVZPRET.....	24	ZUBSOLV.....	13
ZEGALOGUE.....	53	zumandimine.....	71
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ZELBORAF.....	31	ZUSDURI.....	31
ZELSUVMI.....	50	ZYDELIG.....	31
zelvysia.....	62	ZYKADIA.....	31
ZEMAIRA.....	90	ZYLET.....	87
ZEMDRI.....	17	ZYNLONTA.....	31
ZEMPLAR.....	77	ZYNRELEF.....	11
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ZENPEP.....	62	ZYPREXA RELPREVV.....	34
ZEPATIER.....	36	ZYVOX.....	18
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zidovudine.....	36		
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ZILBRYSQ.....	78		
ZILXI.....	50		
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zinc chloride.....	58		
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