

Bringing Clarity, Integrity and Trust
to your Pharmacy Benefits



2027 AffirmedRx
Choice Drug List



AffirmedRx

PUBLIC BENEFIT CORPORATION

The AffirmedRx Choice Drug List (also known as a formulary) is a list of covered medications. Unless specifically noted, drug list products will include all dosage forms. Your plan will generally cover these medications if the drug is medically necessary and other plan rules are followed. This list can change throughout the year. New medications can be added, or medications can be removed. Medications will be removed if the Food and Drug Administration (FDA) or the drug's manufacturer deems it unsafe. Medications may also be removed when a lower-cost generic with the same active ingredient is added. Other changes may occur based on new clinical guidelines.

Your specific plan may not cover certain products or categories, regardless of their appearance in this document. Reference your benefit documentation for full coverage details.

Medications are grouped into one of four tiers:

Tier 1

Low-cost generic drugs

Generic drugs have the same active ingredients as brand drugs and are prescribed for the same reasons. The Food and Drug Administration (FDA) requires generics to be safe and work the same as brand drugs. Generic drugs often cost much less.

Tier 2

Higher-cost generic and preferred brand drugs

Tier 3

High-cost, mostly brand drugs

These drugs may have generic or brand alternatives in Tier 1 or 2

Tier 4

Highest-cost, mostly specialty drugs

Medications may have additional requirements or limits on coverage:

Prior authorization (PA)

Some medications need approval before being covered by your plan. Your doctor will need to submit information for approval to make sure the medication is being used and covered correctly for your medical condition.

Step therapy (ST)

There is often more than one medication that works to treat a health condition, and costs can vary. Before a prescription is filled for a drug that costs more, you may be asked to try at least one lower-cost medication first. If you have already tried other medications or your doctor thinks they are not right for you, your doctor can submit a request for approval.

Quantity limits (QL)

There may be a limit on how much you can get of certain medications at one time. These limits help prevent misuse and are in place to ensure safe and effective use. If your doctor thinks the limit is not right for your situation, they can submit a request for approval of the additional amount.

Specialty

Specialty medications are used to treat complex or rare conditions such as hemophilia, cancer, multiple sclerosis, hepatitis C and others. They often require special handling and are high cost.

(SP) To help reduce waste, each fill of these medications is limited to a 30-day supply.

(SPP) These medications must be filled at a designated specialty pharmacy equipped for special handling and trained to help educate patients on these medications.

Affordable Care Act (ACA)

Eligible benefit plans include \$0 coverage for these drugs in accordance with the Affordable Care Act. Please reference your benefit materials for full coverage details.

What if my medication is not on the list?

1. Check this list for covered medications in the same drug class or call Customer Care for help identifying alternatives.
2. You or your doctor can request a coverage exception.

Your doctor can visit paforms.com/affirmedrx/ to obtain forms for approvals and exceptions or to submit a request electronically. Submit completed forms by fax to 833-347-0611.

Requests will be reviewed and our decision communicated within 24-72 hours after the request is received from your doctor.

For more detailed information about your plan's prescription medication coverage, please review your Certificate of Coverage/Insurance or Summary Plan Description/Policy of Insurance.

If you have questions about your coverage, please call AffirmedRx Customer Care at 888-460-1579, TTY 711, 24 hours a day, 7 days a week.

This medication list represents a summary of prescription coverage. It is not all-inclusive and does not guarantee coverage. Your specific plan may not cover certain products or categories, regardless of their appearance in this document. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of the drug's manufacturer. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable. The information contained in this document is proprietary and may not be copied in whole or in part without written permission.

Lowercase = generic

Uppercase BOLD = brand name

Effective: 01/01/2027

Label Name	Tier	Requirements/Limits
*5-HT3 Receptor Antagonists** - Drugs For The Stomach		
<i>ondansetron</i>	1	
<i>ondansetron hcl +rfid</i>	1	
<i>ondansetron hcl solution injection 4 mg/2ml</i>	1	QL
<i>ondansetron hcl solution injection 40 mg/20ml</i>	1	
<i>ondansetron hcl solution oral 4 mg/5ml</i>	2	QL
<i>ondansetron hcl solution prefilled syringe</i>	1	
<i>ondansetron hcl tablet oral 24 mg, 4 mg</i>	1	
<i>ondansetron hcl tablet oral 8 mg</i>	1	QL
SANCUSO	3	QL
*ACE Inhibitors** - Drugs For The Heart		
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	2	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
*Acne Products** - Drugs For The Skin		
<i>adapalene cream</i>	3	AL
<i>adapalene gel</i>	1	AL
<i>adapalene-benzoyl peroxide gel topical 0.1-2.5 %</i>	1	AL
<i>adapalene-benzoyl peroxide gel topical 0.3-2.5 %</i>	2	AL
<i>amnesteam</i>	3	QL; AL
<i>avita</i>	3	AL
BENZEPRO	3	
<i>benzoyl peroxide</i>	1	
BENZOYL PEROXIDE WASH	1	
<i>benzoyl peroxide-erythromycin</i>	1	

Label Name	Tier	Requirements/Limits
<i>claravis</i>	3	QL; AL
<i>clindacin</i>	3	
<i>clindamycin phos (once-daily)</i>	2	
<i>clindamycin phos (twice-daily)</i>	1	
<i>clindamycin phos-benzoyl perox gel topical 1.2-2.5 %</i>	2	
<i>clindamycin phos-benzoyl perox gel topical 1-5 %, 1.2-5 %</i>	1	
<i>clindamycin phosphate</i>	1	
<i>clindamycin-tretinoin</i>	2	AL
<i>dapsone gel</i>	3	
ERY	2	
<i>erythromycin gel</i>	1	
<i>erythromycin solution</i>	1	
<i>isotretinoin</i>	3	QL; AL
<i>medpura benzoyl peroxide</i>	1	
SSS 10-5	2	
<i>sulfacetamide sodium (acne)</i>	3	
<i>sulfacetamide sodium-sulfur cream</i>	3	
<i>sulfacetamide sodium-sulfur liquid</i>	3	
<i>sulfacetamide sodium-sulfur lotion</i>	3	
<i>sulfacetamide sodium-sulfur suspension</i>	2	
<i>sulfacetamide sod-sulfur wash</i>	1	
<i>tretinoin cream topical 0.025 %, 0.05 %</i>	1	AL
<i>tretinoin cream topical 0.1 %</i>	2	AL
<i>tretinoin gel topical 0.01 %, 0.025 %</i>	3	AL
<i>tretinoin gel topical 0.05 %</i>	2	AL
<i>tretinoin microsphere</i>	3	AL
<i>tretinoin microsphere pump</i>	3	AL
<i>zenatane</i>	3	QL; AL
*Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors** - Drugs For The Heart		
NEXLETOL	2	QL
*Adrenal Steroid Inhibitors** - Hormones		

Label Name	Tier	Requirements/Limits
ISTURISA	4	PA; QL; SD; Specialty Pharmacy Required
RECORLEV	4	PA; QL; SD; Specialty Pharmacy Required
*Agents for Chemical Dependency** - Drugs For The Nervous System		
<i>acamprosate calcium</i>	2	QL
<i>disulfiram</i>	1	QL
*Agents for Chronic Idiopathic Constipation (CIC)** - Drugs For The Stomach		
TRULANCE	2	QL
*Agents for Gaucher Disease** - Drugs For The Blood		
CERDELGA	4	PA; QL; SD; Specialty Pharmacy Required
<i>miglustat</i>	4	PA; QL; SD
*Agents for Pheochromocytoma** - Drugs For The Heart		
<i>metyrosine</i>	1	
<i>phenoxybenzamine hcl</i>	1	
*Agents for Sickle Cell Disease** - Drugs For The Blood		
DROXIA	2	
*Alkalinizers** - Drugs For The Urinary System		
<i>potassium citrate er</i>	1	
<i>potassium citrate-citric acid</i>	1	
<i>sod citrate-citric acid</i>	1	
<i>sodium citrate-citric acid</i>	1	
*Alkylating Agents** - Drugs For Cancer		
<i>cyclophosphamide</i>	3	QL
GLEOSTINE	3	QL; SD
LEUKERAN	4	PA; QL
<i>melphalan</i>	3	QL
MYLERAN	4	PA; QL
<i>temozolomide</i>	3	PA; QL; SD
*Alpha-2 Receptor Antagonists (Tetracyclics)** - Drugs For The Nervous System		
<i>mirtazapine</i>	1	
*Alpha-Beta Blockers** - Drugs For The Heart		
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	3	
<i>labetalol hcl</i>	1	
*Alpha-Glucosidase Inhibitors** - Hormones		

Label Name	Tier	Requirements/Limits
<i>acarbose</i>	1	
<i>miglitol</i>	1	
*ALS Agents** - Drugs For Nerves And Muscles		
RADICAVA ORS	4	PA; QL; SD; Specialty Pharmacy Required
RADICAVA ORS STARTER KIT	4	PA; QL; SD; Specialty Pharmacy Required
RELYVRIO	4	PA; QL; SD; Specialty Pharmacy Required
<i>riluzole</i>	1	
*Aminoglycosides** - Drugs For Infections		
<i>amikacin sulfate</i>	1	
ARIKAYCE	4	PA; QL; SD; Specialty Pharmacy Required
<i>neomycin sulfate</i>	1	
<i>tobramycin nebulization solution</i>	4	PA; QL; SD; Specialty Pharmacy Required
*Aminopenicillins** - Drugs For Infections		
<i>amoxicillin</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium</i>	1	
*AMPA Glutamate Receptor Antagonists** - Drugs For The Nervous System		
FYCOMPA	2	QL
<i>perampanel</i>	2	QL
*Amphetamines** - Drugs For The Nervous System		
<i>amphetamine sulfate</i>	1	QL
<i>amphetamine-dextroamphet er</i>	1	QL
<i>amphetamine-dextroamphetamine</i>	1	QL
<i>amphet-dextroamphet 3-bead er</i>	2	QL
<i>dextroamphetamine sulfate</i>	1	QL
<i>dextroamphetamine sulfate er</i>	1	QL
<i>lisdexamfetamine dimesylate</i>	2	QL
<i>methamphetamine hcl</i>	1	QL
MYDAYIS	3	QL
VYVANSE	3	QL
*Analgesic Combinations** - Drugs For Pain And Fever		
<i>bupap</i>	3	QL
<i>butalbital-acetaminophen</i>	1	QL

Label Name	Tier	Requirements/Limits
<i>butalbital-apap-caffeine</i>	1	QL
<i>butalbital-aspirin-caffeine</i>	1	QL
*Analgesics - Sodium Channel Pain Signal Inhibitors** - Drugs For Pain And Fever		
JOURNAVX	3	QL
*Anaphylaxis Therapy Agents** - Drugs For The Heart		
<i>epinephrine</i>	1	QL
*Androgens** - Hormones		
<i>danazol</i>	1	
<i>methyltestosterone</i>	3	
<i>testosterone cypionate</i>	1	QL
<i>testosterone enanthate</i>	1	PA; QL
<i>testosterone gel transdermal 10 mg/act (2%)</i>	2	PA
<i>testosterone gel transdermal 12.5 mg/act (1%), 50 mg/5gm (1%)</i>	1	QL
<i>testosterone gel transdermal 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)</i>	1	PA; QL
<i>testosterone gel transdermal 20.25 mg/act (1.62%)</i>	1	
<i>testosterone solution</i>	1	
*Anesthetics Topical Oral** - Drugs For The Mouth And Throat		
<i>lidocaine hcl solution mouth/throat 4 %</i>	1	
<i>lidocaine viscous hcl</i>	1	
*Angiotensin II Receptor Antagonists** - Drugs For The Heart		
<i>candesartan cilexetil</i>	1	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i>	1	
<i>telmisartan</i>	1	
<i>valsartan</i>	1	
*Anorexiants Non-Amphetamine** - Drugs For The Nervous System		
<i>diethylpropion hcl</i>	1	PA; QL; Coverage is determined by your prescription medication benefit plan

Label Name	Tier	Requirements/Limits
<i>diethylpropion hcl er</i>	1	PA; QL; Coverage is determined by your prescription medication benefit plan
<i>phendimetrazine tartrate</i>	1	Coverage is determined by your prescription medication benefit plan
<i>phendimetrazine tartrate er</i>	1	PA; Coverage is determined by your prescription medication benefit plan
<i>phentermine hcl</i>	1	Coverage is determined by your prescription medication benefit plan
*Anthelmintics** - Drugs For Infections		
<i>albendazole</i>	1	
<i>benznidazole</i>	2	QL
EGATEN	2	
<i>ivermectin tablet oral 3 mg</i>	1	QL
<i>ivermectin tablet oral 6 mg</i>	3	QL
<i>praziquantel</i>	1	
*Anti-Cataplectic Agents** - Drugs For The Nervous System		
<i>sodium oxybate</i>	4	PA; QL; SD; Specialty Pharmacy Required
*Anti-infective Agents - Misc.** - Drugs For Infections		
AEMCOLO	3	
IMPAVIDO	4	QL
<i>metronidazole</i>	1	
<i>pentamidine isethionate</i>	1	
<i>tinidazole</i>	1	
<i>trimethoprim</i>	1	
XIFAXAN TABLET ORAL 200 MG	3	PA; QL
XIFAXAN TABLET ORAL 550 MG	4	PA; QL
*Anti-infective Misc. - Combinations** - Drugs For Infections		
<i>sulfamethoxazole-trimethoprim</i>	1	
<i>sulfatrim pediatric</i>	1	
*Anti-infectives - Throat** - Drugs For The Mouth And Throat		
<i>clotrimazole</i>	1	
<i>nystatin</i>	1	

Label Name	Tier	Requirements/Limits
*Anti-inflammatory Agents - Topical** - Drugs For The Skin		
<i>diclofenac sodium</i>	1	
*Anti-Inflammatory Agents** - Drugs For The Lungs		
<i>cromolyn sodium nebulization solution</i>	1	QL
*Anti-Obesity Agents** - Drugs For The Nervous System		
<i>orlistat</i>	3	PA; Coverage is determined by your prescription medication benefit plan
WEGOVY	2	PA; QL; Coverage is determined by your prescription medication benefit plan
WEGOVY HD	2	PA; QL
ZEPBOUND	2	PA; QL; Coverage is determined by your prescription medication benefit plan
*Anti-TNF-alpha - Monoclonal Antibodies** - Drugs For Pain And Fever		
ABRILADA (1 PEN)	4	PA; QL; SD
ABRILADA (2 PEN)	4	PA; QL; SD
ABRILADA (2 SYRINGE)	4	PA; QL; SD
<i>adalimumab-aaty (1 pen)</i>	4	PA; QL; SD
<i>adalimumab-aaty (2 pen)</i>	4	PA; QL; SD
<i>adalimumab-aaty (2 syringe)</i>	4	PA; QL; SD
<i>adalimumab-aaty cd/uc/hs start</i>	4	PA; QL; SD
<i>adalimumab-fkjp (2 pen)</i>	4	PA; QL; SD
<i>adalimumab-fkjp (2 syringe)</i>	4	PA; QL; SD
HADLIMA	4	PA; QL; SD
HADLIMA PUSHTOUCH	4	PA; QL; SD
SIMLANDI (1 PEN)	4	PA; QL; SD
SIMLANDI (2 PEN)	4	PA; QL; SD
SIMLANDI (2 SYRINGE)	4	PA; QL; SD
SIMPONI	4	PA; QL; SD
YUSIMRY	4	PA; QL; SD
*Antiadrenergic Antihypertensives** - Drugs For The Heart		
<i>clonidine</i>	2	QL
<i>clonidine hcl</i>	1	
<i>doxazosin mesylate</i>	1	

Label Name	Tier	Requirements/Limits
<i>guanfacine hcl</i>	1	
<i>methyldopa</i>	1	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	
*Antianginals-Other** - Drugs For The Heart		
<i>ranolazine er</i>	1	QL
*Antianxiety Agents - Misc.** - Drugs For The Nervous System		
<i>buspirone hcl</i>	1	
<i>hydroxyzine hcl</i>	1	
<i>hydroxyzine pamoate</i>	1	
<i>meprobamate</i>	1	
*Antiarrhythmics Type I-A** - Drugs For The Heart		
<i>disopyramide phosphate</i>	1	
<i>quinidine gluconate er</i>	1	
<i>quinidine sulfate</i>	1	
*Antiarrhythmics Type I-B** - Drugs For The Heart		
<i>mexiletine hcl</i>	1	
*Antiarrhythmics Type I-C** - Drugs For The Heart		
<i>flecainide acetate</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	1	
*Antiarrhythmics Type III** - Drugs For The Heart		
<i>amiodarone hcl</i>	1	
<i>dofetilide</i>	2	QL
MULTAQ	3	
*Antiasthmatic - Monoclonal Antibodies** - Drugs For The Lungs		
FASENRA	4	PA; QL; SD; Specialty Pharmacy Required
FASENRA PEN	4	PA; QL; SD; Specialty Pharmacy Required
OMLYCLO	4	PA; QL; SD; Specialty Pharmacy Required
XOLAIR	4	PA; QL; SD; Specialty Pharmacy Required
*Antibiotics - Topical** - Drugs For The Skin		
ALTABAX	3	
<i>gentamicin sulfate</i>	1	
<i>mupirocin</i>	1	
<i>mupirocin calcium</i>	1	

Label Name	Tier	Requirements/Limits
*Anticonvulsants - Benzodiazepines** - Drugs For The Nervous System		
<i>clobazam</i>	1	QL
<i>clonazepam</i>	1	
<i>diazepam gel</i>	1	
NAYZILAM	2	QL
VALTOCO 10 MG DOSE	2	QL
VALTOCO 15 MG DOSE	2	QL
VALTOCO 20 MG DOSE	2	QL
VALTOCO 5 MG DOSE	2	QL
*Anticonvulsants - Misc.** - Drugs For The Nervous System		
<i>carbamazepine</i>	1	
<i>carbamazepine er</i>	1	
EPIDIOLEX	4	PA; SD; Specialty Pharmacy Required
<i>epitol</i>	1	
<i>gabapentin</i>	1	
<i>lacosamide solution</i>	2	QL
<i>lacosamide tablet</i>	1	
<i>lamotrigine</i>	1	
<i>lamotrigine er</i>	1	
<i>lamotrigine odt</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</i>	1	
<i>levetiracetam er</i>	1	
<i>oxcarbazepine</i>	1	
<i>pregabalin</i>	2	QL
<i>primidone</i>	1	
<i>roweepra</i>	1	
<i>rufinamide</i>	4	PA; QL
<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	
<i>topiramate capsule sprinkle</i>	1	
<i>topiramate er capsule er 24 hour sprinkle oral 100 mg, 150 mg</i>	1	

Label Name	Tier	Requirements/Limits
<i>topiramate er capsule er 24 hour sprinkle oral 200 mg, 25 mg, 50 mg</i>	1	QL
<i>topiramate er capsule extended release 24 hour</i>	3	QL
<i>topiramate solution</i>	1	QL
<i>topiramate tablet</i>	1	
<i>zonisamide</i>	1	
*Antidementia Agents** - Drugs For The Nervous System		
<i>donepezil hcl tablet disintegrating</i>	1	QL
<i>donepezil hcl tablet oral 10 mg, 5 mg</i>	1	QL
<i>donepezil hcl tablet oral 23 mg</i>	2	QL
<i>galantamine hydrobromide er</i>	1	
<i>galantamine hydrobromide solution</i>	2	
<i>galantamine hydrobromide tablet</i>	1	
<i>memantine hcl er</i>	2	QL
<i>memantine hcl solution</i>	2	QL
<i>memantine hcl tablet</i>	1	
<i>rivastigmine</i>	2	QL
<i>rivastigmine tartrate</i>	2	QL
*Antidepressants - Misc.** - Drugs For The Nervous System		
<i>bupropion hcl</i>	1	
<i>bupropion hcl er (sr)</i>	1	
<i>bupropion hcl er (xl)</i>	1	
*Antidiabetic Combinations** - Hormones		
<i>dapagliflozin-metformin hcl er</i>	2	QL
<i>glipizide-metformin hcl</i>	1	
<i>glyburide-metformin</i>	1	
GLYXAMBI	2	QL
<i>pioglitazone hcl-glimepiride</i>	2	QL
<i>pioglitazone hcl-metformin hcl</i>	1	
<i>sitagliptin phos-metformin hcl er</i>	2	QL
<i>sitagliptin base-metformin hcl er</i>	2	QL
<i>sitagliptin base-metformin hcl</i>	2	QL
<i>sitagliptin phos-metformin hcl</i>	2	QL
SOLIQUA	2	PA; QL

Label Name	Tier	Requirements/Limits
SYNJARDY	2	QL
SYNJARDY XR	2	QL
XIGDUO XR	2	QL
XULTOPHY	2	PA; QL
*Antidotes - Chelating Agents** - Drugs For Overdose Or Poisoning		
CHEMET	4	
<i>deferasirox granules</i>	4	PA; QL; SD
<i>deferasirox packet</i>	4	PA; QL; SD
<i>deferasirox tablet</i>	3	PA; QL; SD
<i>deferasirox tablet soluble</i>	4	PA; QL; SD
<i>deferiprone</i>	4	PA; QL; SD; Specialty Pharmacy Required
FERRIPROX	4	PA; QL; SD; Specialty Pharmacy Required
FERRIPROX TWICE-A-DAY	4	PA; QL; SD; Specialty Pharmacy Required
*Antidotes and Specific Antagonists** - Drugs For Overdose Or Poisoning		
<i>deferoxamine mesylate</i>	3	SD; Specialty Pharmacy Required
RADIOGARDASE	4	QL
VISTOGARD	4	QL; SD; Specialty Pharmacy Required
*Antiemetics - Anticholinergic** - Drugs For The Stomach		
<i>meclizine hcl</i>	1	
<i>scopolamine</i>	1	
<i>trimethobenzamide hcl</i>	1	
*Antiemetics - Miscellaneous** - Drugs For The Stomach		
BONJESTA	3	QL
<i>doxylamine-pyridoxine</i>	1	
<i>dronabinol</i>	2	QL
*Antiflatulents** - Drugs For The Stomach		
<i>simethicone</i>	1	
*Antifungal - Glucan Synthesis Inhibitors** - Drugs For Infections		
BREXAFEMME	3	ST
*Antifungals - Topical** - Drugs For The Skin		
<i>ciclopirox olamine</i>	1	
<i>clotrimazole</i>	1	

Label Name	Tier	Requirements/Limits
<i>clotrimazole-betamethasone</i>	1	
<i>econazole nitrate</i>	1	
<i>hydrocortisone-iodoquinol</i>	1	
<i>iodoquinol-hc-aloe polysacch</i>	1	
<i>iodoquinol-hydrocortisone-aloe</i>	1	
<i>ketoconazole</i>	1	
<i>ketodan</i>	3	
<i>klayesta</i>	1	
<i>miconazole nitrate</i>	1	
<i>miconazole-zinc oxide-petrolat</i>	1	
MYCOZYL AL	3	
<i>mycozyl al</i>	3	
<i>naftifine hcl</i>	1	
<i>nyamyc</i>	1	
<i>nystatin</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>nystop</i>	2	
*Antifungals** - Drugs For Infections		
<i>flucytosine</i>	4	PA
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
<i>nystatin</i>	1	
<i>terbinafine hcl</i>	1	
*Antihistamines - Ethanolamines** - Drugs For Allergies		
<i>carbinoxamine maleate</i>	1	
<i>carbinoxamine maleate er</i>	3	
<i>clemastine fumarate</i>	1	
<i>diphenhydramine hcl</i>	1	
*Antihistamines - Non-Sedating** - Drugs For Allergies		
<i>cetirizine hcl</i>	1	
CETIRIZINE HCL ALLERGY CHILD	1	
<i>desloratadine</i>	1	
<i>levocetirizine dihydrochloride</i>	1	
*Antihistamines - Phenothiazines** - Drugs For Allergies		
<i>promethazine hcl</i>	1	
PROMETHEGAN	1	
<i>promethegan</i>	1	
*Antihistamines - Piperidines** - Drugs For Allergies		
<i>cypheptadine hcl</i>	1	

Label Name	Tier	Requirements/Limits
*Antihyperlipidemics - Combinations** - Drugs For The Heart		
<i>ezetimibe-simvastatin</i>	2	QL
NEXLIZET	2	QL
*Antihyperlipidemics - Misc.** - Drugs For The Heart		
<i>icosapent ethyl</i>	2	QL
<i>omega-3-acid ethyl esters</i>	1	
*Antihypertensive Combinations** - Drugs For The Heart		
<i>amlodipine besy-benazepril hcl</i>	1	
<i>amlodipine besylate-valsartan</i>	1	
<i>amlodipine-olmesartan</i>	2	QL
<i>amlodipine-valsartan-hctz</i>	2	QL
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>candesartan cilexetil-hctz</i>	1	
<i>captopril-hydrochlorothiazide</i>	2	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>fosinopril sodium-hctz</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan potassium-hctz</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hctz</i>	1	
<i>olmesartan-amlodipine-hctz</i>	2	QL
<i>quinapril-hydrochlorothiazide</i>	1	
<i>telmisartan-amlodipine</i>	3	QL
<i>telmisartan-hctz</i>	2	QL
<i>trandolapril-verapamil hcl er</i>	3	
<i>valsartan-hydrochlorothiazide</i>	1	
*Antimalarial Combinations** - Drugs For Infections		
<i>atovaquone-proguanil hcl</i>	3	QL
*Antimalarials** - Drugs For Infections		
<i>chloroquine phosphate</i>	1	
<i>hydroxychloroquine sulfate</i>	1	
<i>mefloquine hcl</i>	1	
<i>primaquine phosphate</i>	1	
<i>pyrimethamine</i>	1	
<i>quinine sulfate</i>	2	QL
*Antimanic Agents** - Drugs For The Nervous System		
<i>lithium carbonate</i>	1	

Label Name	Tier	Requirements/Limits
<i>lithium carbonate er</i>	1	
*Antimetabolites** - Drugs For Cancer		
<i>capecitabine</i>	2	PA; QL
JYLAMVO	4	PA; SD
<i>mercaptopurine suspension</i>	4	PA; QL; SD; Specialty Pharmacy Required
<i>mercaptopurine tablet</i>	2	QL
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf)</i>	1	
TABLOID	4	PA; QL
TREXALL	3	
XATMEP	3	QL
*Antimyasthenic/Cholinergic Agents** - Drugs For Nerves And Muscles		
FIRDAPSE	4	PA; QL; SD; Specialty Pharmacy Required
<i>pyridostigmine bromide</i>	3	
<i>pyridostigmine bromide er</i>	3	
*Antimycobacterial Agents** - Drugs For Infections		
<i>cycloserine</i>	1	
<i>ethambutol hcl</i>	1	
<i>isoniazid</i>	1	
<i>pretomanid</i>	3	QL
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin</i>	1	
<i>rifapentine</i>	3	
SIRTURO	3	QL
TRECATOR	3	
*Antineoplastic - Angiogenesis Inhibitors** - Drugs For Cancer		
FRUZAQLA	4	PA; QL; SD; Specialty Pharmacy Required
*Antineoplastic - Anti-HER2 Agents** - Drugs For Cancer		
TUKYSA	4	PA; QL; SD; Specialty Pharmacy Required
*Antineoplastic - Antibodies** - Drugs For Cancer		
EPKINLY	4	PA; QL; SD; Specialty Pharmacy Required

Label Name	Tier	Requirements/Limits
TECVAYLI	4	PA; SD; Specialty Pharmacy Required
*Antineoplastic - BCL-2 Inhibitors** - Drugs For Cancer		
VENCLEXTA	4	PA; QL; SD; Specialty Pharmacy Required
VENCLEXTA STARTING PACK	4	PA; QL; SD; Specialty Pharmacy Required
*Antineoplastic - EGFR Inhibitors** - Drugs For Cancer		
<i>erlotinib hcl</i>	4	PA; QL; SD
<i>gefitinib</i>	4	PA; QL; SD; Specialty Pharmacy Required
GILOTRIF	4	PA; QL; SD; Specialty Pharmacy Required
LAZCLUZE	4	PA; QL; SD; Specialty Pharmacy Required
TAGRISSE	4	PA; QL; SD; Specialty Pharmacy Required
VIZIMPRO	4	PA; QL; SD; Specialty Pharmacy Required
*Antineoplastic - Hedgehog Pathway Inhibitors** - Drugs For Cancer		
DAURISMO	4	PA; QL; SD; Specialty Pharmacy Required
ERIVEDGE	4	PA; QL; SD; Specialty Pharmacy Required
ODOMZO	4	PA; QL; SD; Specialty Pharmacy Required
*Antineoplastic - Hormonal and Related Agents** - Drugs For Cancer		
<i>abiraterone acetate</i>	4	PA; QL; SD
<i>abirtega</i>	4	PA; QL; SD
<i>anastrozole</i>	1	QL; ACA Benefit for ages 35 and above
<i>bicalutamide</i>	1	QL
ELIGARD	4	PA; QL; SD
EMCYT	4	QL
<i>exemestane</i>	3	QL; ACA Benefit for Females ages 35 and above
<i>letrozole</i>	1	
<i>leuprolide acetate</i>	4	PA; QL; SD

Label Name	Tier	Requirements/Limits
LUTRATE DEPOT	4	PA; QL
LYSODREN	4	PA; SD; Specialty Pharmacy Required
<i>megestrol acetate</i>	1	
<i>nilutamide</i>	4	PA; QL
ORSERDU	4	PA; QL; SD; Specialty Pharmacy Required
SOLTAMOX	4	PA; QL
<i>tamoxifen citrate</i>	1	ACA Benefit for Females ages 35 and above
<i>toremifene citrate</i>	4	PA; QL
XTANDI	4	PA; QL; SD; Specialty Pharmacy Required
*Antineoplastic - Hypoxia-Inducible Factor Inhibitors** - Drugs For Cancer		
WELIREG	4	PA; QL; SD; Specialty Pharmacy Required
*Antineoplastic - Immunomodulators** - Drugs For Cancer		
<i>pomalidomide</i>	4	PA; QL; SD; Specialty Pharmacy Required
*Antineoplastic - Menin Inhibitors** - Drugs For Cancer		
REVUFORJ	4	PA; QL; SD; Specialty Pharmacy Required
*Antineoplastic - PDGFR-alpha Inhibitors** - Drugs For Cancer		
AYVAKIT	4	PA; QL; SD; Specialty Pharmacy Required
*Antineoplastic - XPO1 Inhibitors** - Drugs For Cancer		
XPOVIO (100 MG ONCE WEEKLY)	4	PA; QL; SD; Specialty Pharmacy Required
XPOVIO (40 MG ONCE WEEKLY)	4	PA; QL; SD; Specialty Pharmacy Required
XPOVIO (40 MG TWICE WEEKLY)	4	PA; QL; SD; Specialty Pharmacy Required
XPOVIO (60 MG ONCE WEEKLY)	4	PA; QL; SD; Specialty Pharmacy Required
XPOVIO (60 MG TWICE WEEKLY)	4	PA; QL; SD; Specialty Pharmacy Required
XPOVIO (80 MG ONCE WEEKLY)	4	PA; QL; SD; Specialty Pharmacy Required

Label Name	Tier	Requirements/Limits
XPOVIO (80 MG TWICE WEEKLY)	4	PA; QL; SD; Specialty Pharmacy Required
*Antineoplastic Combinations** - Drugs For Cancer		
HERCEPTIN HYLECTA	4	PA; SD; Specialty Pharmacy Required
LONSURF	4	PA; QL; SD; Specialty Pharmacy Required
RITUXAN HYCELA	4	PA; SD; Specialty Pharmacy Required
*Antineoplastic Enzyme Inhibitors** - Drugs For Cancer		
ALECENSA	4	PA; QL; SD; Specialty Pharmacy Required
ALUNBRIG	4	PA; QL; SD; Specialty Pharmacy Required
AUGTYRO	4	PA; SD
BALVERSA	4	PA; QL; SD; Specialty Pharmacy Required
BOSULIF	4	PA; QL; SD
<i>bosutinib</i>	4	PA; QL; SD
BRAFTOVI	4	PA; QL; SD; Specialty Pharmacy Required
BRUKINSA	4	PA; QL; SD; Specialty Pharmacy Required
CABOMETYX	4	PA; QL; SD; Specialty Pharmacy Required
CALQUENCE	4	PA; QL; SD; Specialty Pharmacy Required
CAPRELSA	4	PA; QL; SD; Specialty Pharmacy Required
COMETRIQ (100 MG DAILY DOSE)	4	PA; QL; SD; Specialty Pharmacy Required
COMETRIQ (140 MG DAILY DOSE)	4	PA; QL; SD; Specialty Pharmacy Required
COMETRIQ (60 MG DAILY DOSE)	4	PA; QL; SD; Specialty Pharmacy Required
COPIKTRA	4	PA; QL; SD; Specialty Pharmacy Required
COTELLIC	4	PA; QL; SD; Specialty Pharmacy Required
DANZITEN	4	PA; QL; SD; Specialty Pharmacy Required

Label Name	Tier	Requirements/Limits
<i>dasatinib</i>	4	PA; QL; SD
<i>everolimus tablet oral 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; QL; SD
<i>everolimus tablet soluble</i>	4	PA; QL; SD
FOTIVDA	4	PA; QL; SD; Specialty Pharmacy Required
GAVRETO	4	PA; QL; SD; Specialty Pharmacy Required
GOMEKLI	4	PA; QL; SD; Specialty Pharmacy Required
ICLUSIG	4	PA; QL; SD; Specialty Pharmacy Required
IDHIFA	4	PA; QL; SD; Specialty Pharmacy Required
<i>imatinib mesylate</i>	4	PA; QL; SD
ITOVEBI	4	PA; QL; SD; Specialty Pharmacy Required
JAKAFI	4	PA; QL; SD; Specialty Pharmacy Required
JAKAFI XR	4	PA; QL; SD; Specialty Pharmacy Required
JAYPIRCA	4	PA; QL; SD; Specialty Pharmacy Required
KISQALI (200 MG DOSE)	4	PA; QL; SD
KISQALI (400 MG DOSE)	4	PA; QL; SD
KISQALI (600 MG DOSE)	4	PA; QL; SD
KOSELUGO	4	PA; QL; SD; Specialty Pharmacy Required
<i>lapatinib ditosylate</i>	4	PA; QL; SD
LORBRENA	4	PA; QL; SD; Specialty Pharmacy Required
LUMAKRAS	4	PA; QL; SD; Specialty Pharmacy Required
LYNPARZA	4	PA; QL; SD; Specialty Pharmacy Required
LYTGOBI (12 MG DAILY DOSE)	4	PA; QL; SD; Specialty Pharmacy Required
LYTGOBI (16 MG DAILY DOSE)	4	PA; QL; SD; Specialty Pharmacy Required
LYTGOBI (20 MG DAILY DOSE)	4	PA; QL; SD; Specialty Pharmacy Required

Label Name	Tier	Requirements/Limits
MEKINIST	4	PA; QL; SD; Specialty Pharmacy Required
MEKTOVI	4	PA; QL; SD; Specialty Pharmacy Required
NERLYNX	4	PA; QL; SD; Specialty Pharmacy Required
<i>nilotinib d-tartrate</i>	4	PA; QL; SD
<i>nilotinib hcl</i>	4	PA; QL; SD
OGSIVEO TABLET ORAL 100 MG, 150 MG	4	PA; QL; SD
OGSIVEO TABLET ORAL 50 MG	4	PA; SD
OJEMDA	4	PA; SD; Specialty Pharmacy Required
<i>pazopanib hcl</i>	4	PA; QL; SD; Specialty Pharmacy Required
PEMAZYRE	4	PA; QL; SD; Specialty Pharmacy Required
PIQRAY (200 MG DAILY DOSE)	4	PA; QL; SD
PIQRAY (250 MG DAILY DOSE)	4	PA; QL; SD
PIQRAY (300 MG DAILY DOSE)	4	PA; QL; SD
QINLOCK	4	PA; QL; SD; Specialty Pharmacy Required
RETEVMO	4	PA; QL; SD; Specialty Pharmacy Required
REZLIDHIA	4	PA; QL; SD; Specialty Pharmacy Required
ROZLYTREK CAPSULE	4	PA; QL; SD; Specialty Pharmacy Required
ROZLYTREK PACKET	4	PA; QL
RYDAPT	4	PA; QL; SD; Specialty Pharmacy Required
SCEMBLIX TABLET ORAL 100 MG	4	PA; SD; Specialty Pharmacy Required
SCEMBLIX TABLET ORAL 20 MG, 40 MG	4	PA; QL; SD; Specialty Pharmacy Required
<i>sorafenib tosylate</i>	4	PA; QL; SD
STIVARGA	4	PA; QL; SD; Specialty Pharmacy Required
<i>sunitinib malate</i>	4	PA; QL; SD
TABRECTA	4	PA; QL; SD

Label Name	Tier	Requirements/Limits
TAFINLAR	4	PA; QL; SD; Specialty Pharmacy Required
TAZVERIK	4	PA; SD; Specialty Pharmacy Required
TEPMETKO	4	PA; QL; SD; Specialty Pharmacy Required
TIBSOVO	4	PA; QL; SD; Specialty Pharmacy Required
TRUQAP	4	PA; QL; SD
VERZENIO	4	PA; QL; SD; Specialty Pharmacy Required
VITRAKVI	4	PA; QL; SD; Specialty Pharmacy Required
VONJO	4	PA; QL; SD; Specialty Pharmacy Required
VORANIGO	4	PA; QL; SD; Specialty Pharmacy Required
XOSPATA	4	PA; QL; SD; Specialty Pharmacy Required
<i>yulithira</i>	3	PA; QL; SD
ZELBORAF	4	PA; QL; SD; Specialty Pharmacy Required
ZOLINZA	4	PA; QL; SD
ZYDELIG	4	PA; QL; SD; Specialty Pharmacy Required
ZYKADIA	4	PA; QL; SD; Specialty Pharmacy Required
*Antineoplastic or Premalignant Lesion Agents - Topical** - Drugs For The Skin		
<i>bexarotene</i>	4	PA; QL; SD; Specialty Pharmacy Required
<i>diclofenac sodium</i>	1	
<i>fluorouracil</i>	1	
VALCHLOR	4	PA; QL; SD; Specialty Pharmacy Required
*Antineoplastics Misc.** - Drugs For Cancer		
ACTIMMUNE	4	PA; QL; SD; Specialty Pharmacy Required
BESREMI	4	PA; QL; SD; Specialty Pharmacy Required

Label Name	Tier	Requirements/Limits
BESREMI PEN	4	PA; QL; SD; Specialty Pharmacy Required
<i>bexarotene</i>	4	PA; QL; SD; Specialty Pharmacy Required
<i>hydroxyurea</i>	1	
MATULANE	4	PA; SD; Specialty Pharmacy Required
<i>tretinoin capsule</i>	4	PA; QL
*Antiparkinson Adjunctive Therapy** - Drugs For The Nervous System		
<i>carbidopa</i>	1	
NOURIANZ	4	PA; QL
*Antiparkinson Anticholinergics** - Drugs For The Nervous System		
<i>benztropine mesylate</i>	1	
<i>trihexyphenidyl hcl</i>	1	
*Antiparkinson COMT Inhibitors** - Drugs For The Nervous System		
<i>entacapone</i>	2	
ONGENTYS	3	PA; QL
*Antiparkinson Dopaminergics** - Drugs For The Nervous System		
<i>amantadine hcl</i>	1	
<i>bromocriptine mesylate</i>	1	
<i>carbidopa-levodopa er</i>	1	
<i>carbidopa-levodopa tablet</i>	1	
<i>carbidopa-levodopa tablet disintegrating</i>	2	
<i>carbidopa-levodopa-entacapone</i>	1	
INBRIJA	4	PA; QL; SD; Specialty Pharmacy Required
<i>pramipexole dihydrochloride</i>	1	
<i>pramipexole dihydrochloride er</i>	3	QL
<i>ropinirole hcl</i>	1	
<i>ropinirole hcl er</i>	2	QL
*Antiparkinson Monoamine Oxidase Inhibitors** - Drugs For The Nervous System		
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl</i>	1	
*Antiperistaltic Agents** - Drugs For The Stomach		

Label Name	Tier	Requirements/Limits
<i>diphenoxylate-atropine</i>	1	
<i>loperamide hcl</i>	1	
*Antiprotozoal Agents** - Drugs For Infections		
ALINIA	3	
<i>atovaquone</i>	3	QL
LAMPIT	3	
<i>nitazoxanide</i>	3	QL
*Antipruritics - Topical** - Drugs For The Skin		
<i>doxepin hcl cream</i>	3	QL
*Antipsoriatics** - Drugs For The Skin		
<i>acitretin</i>	1	
<i>calcipotriene</i>	3	QL
<i>calcitrene</i>	1	
ICOTYDE	4	PA; QL; SD; Specialty Pharmacy Required
<i>methoxsalen rapid</i>	1	
SKYRIZI	4	PA; QL; SD
SKYRIZI PEN	4	PA; QL; SD
STARJEMZA	4	PA; QL; SD
TALTZ	4	PA; QL; SD; Specialty Pharmacy Required
<i>tazarotene cream topical 0.05 %</i>	3	
<i>tazarotene cream topical 0.1 %</i>	1	
<i>tazarotene gel</i>	1	
TREMFYA	4	PA; QL; SD
TREMFYA ONE-PRESS	4	PA; QL; SD
TREMFYA PEN	4	PA; QL; SD
<i>ustekinumab-aauz</i>	4	PA; QL; SD
*Antipsychotics - Misc.** - Drugs For The Nervous System		
<i>lurasidone hcl</i>	1	QL
NUPLAZID	4	PA; QL; SD; Specialty Pharmacy Required
VRAYLAR	3	QL
<i>ziprasidone hcl</i>	1	QL
*Antiretrovirals** - Drugs For Infections		
<i>abacavir sulfate</i>	2	QL
<i>abacavir sulfate-lamivudine</i>	3	QL
APRETUDE	3	SD; ACA Benefit; Specialty Pharmacy Required

Label Name	Tier	Requirements/Limits
<i>atazanavir sulfate</i>	3	QL
BIKTARVY	3	QL
CIMDUO	3	QL
<i>darunavir</i>	3	QL
DESCOVY TABLET ORAL 120-15 MG	2	QL
DESCOVY TABLET ORAL 200-25 MG	2	QL; ACA Benefit
DOVATO	3	QL
EDURANT PED	3	QL
<i>efavirenz</i>	2	QL
<i>efavirenz-emtricitab-tenofo df</i>	3	QL
<i>efavirenz-lamivudine-tenofovir</i>	3	QL
<i>emtricitabine</i>	3	QL
<i>emtricitabine-tenofovir df tablet oral 100-150 mg, 133-200 mg, 167-250 mg</i>	2	QL; ACA Benefit
<i>emtricitabine-tenofovir df tablet oral 200-300 mg</i>	1	QL; ACA Benefit
EMTRIVA	2	QL
<i>etravirine</i>	3	QL
EVOTAZ	3	QL
<i>fosamprenavir calcium</i>	3	QL
FUZEON	3	QL
GENVOYA	3	QL
INTELENCE	3	QL
ISENTRESS	3	QL
ISENTRESS HD	3	QL
JULUCA	3	QL
<i>lamivudine</i>	2	QL
<i>lamivudine-zidovudine</i>	2	QL
LEXIVA	3	QL
<i>lopinavir-ritonavir solution</i>	3	
<i>lopinavir-ritonavir tablet</i>	3	QL
<i>maraviroc</i>	3	QL
<i>nevirapine er</i>	2	QL
<i>nevirapine suspension</i>	2	QL
<i>nevirapine tablet</i>	1	QL
ODEFSEY	3	QL
PIFELTRO	3	QL

Label Name	Tier	Requirements/Limits
PREZCOBIX	3	QL
PREZISTA	3	QL
REYATAZ	3	
<i>rilpivirine hcl</i>	3	QL
<i>ritonavir</i>	2	QL
RUKOBIA	3	QL
SELZENTRY	3	QL
STRIBILD	3	QL
SYMTUZA	3	QL
<i>tenofovir disoproxil fumarate</i>	2	QL
TIVICAY	3	QL
TIVICAY PD	3	QL
TRIUMEQ	3	QL
TRIUMEQ PD	3	QL
TRIZIVIR	3	QL
TYBOST	3	QL
VIREAD	3	QL
<i>zidovudine capsule</i>	2	QL
<i>zidovudine syrup</i>	1	
<i>zidovudine tablet</i>	1	QL
*Antirheumatic - Enzyme Inhibitors** - Drugs For Pain And Fever		
RINVOQ	4	PA; QL; SD
RINVOQ LQ	4	PA; QL; SD
<i>tofacitinib citrate</i>	4	PA; QL; SD; Specialty Pharmacy Required
<i>tofacitinib citrate er</i>	4	PA; QL; SD; Specialty Pharmacy Required
*Antiseborrheic Products** - Drugs For The Skin		
PLEXION NS	3	
<i>selenium sulfide</i>	1	
<i>sodium sulfacetamide</i>	1	
<i>sulfacetamide sodium (cleans)</i>	1	
*Antiseptics - Mouth/Throat** - Drugs For The Mouth And Throat		
<i>chlorhexidine gluconate</i>	1	
<i>periogard</i>	1	
*Antispasmodics** - Drugs For The Stomach		
<i>dicyclomine hcl</i>	1	
<i>glycopyrrolate</i>	1	
<i>hyoscyamine sulfate</i>	1	
<i>hyoscyamine sulfate er</i>	1	

Label Name	Tier	Requirements/Limits
<i>hyoscyamine sulfate sl</i>	1	
HYOSYNE	1	
<i>methscopolamine bromide</i>	1	
*Antithyroid Agents** - Hormones		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
*Antitussives** - Drugs for Cough, Cold, and Allergies		
<i>benzonatate</i>	1	
<i>hydrocodone bit-homatrop mbr</i>	1	QL
HYDROMET	1	QL
*Antiviral Combinations** - Drugs For Infections		
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100 & 150/100)	2	QL
PAXLOVID (300/100)	2	QL
*Antivirals - Topical** - Drugs For The Skin		
<i>acyclovir</i>	1	
<i>penciclovir</i>	1	
*Attention-Deficit/Hyperactivity Disorder (ADHD) Agents** - Drugs For The Nervous System		
<i>atomoxetine hcl</i>	1	QL
<i>clonidine hcl er</i>	1	QL
<i>guanfacine hcl er</i>	1	QL
QELBREE	3	QL
*Azithromycin** - Drugs For Infections		
<i>azithromycin</i>	1	
*Bacterial Vaccines** - Vaccines		
ACTHIB	3	ACA Benefit
<i>bcg vaccine</i>	3	
BEXSERO	3	ACA Benefit
CAPVAXIVE	3	ACA Benefit
HIBERIX	3	ACA Benefit
MENACTRA	3	ACA Benefit
MENQUADFI	3	ACA Benefit
MENVEO	3	ACA Benefit
PEDVAXHIB	3	ACA Benefit
PENBRAYA	3	ACA Benefit
PENMENVY	3	ACA Benefit
PNEUMOVAX 23	3	ACA Benefit
PREVNAR 13	3	ACA Benefit
PREVNAR 20	3	ACA Benefit

Label Name	Tier	Requirements/Limits
TRUMENBA	3	ACA Benefit
VAXNEUVANCE	3	ACA Benefit
*Barbiturate Hypnotics** - Drugs For Sleep		
<i>phenobarbital</i>	1	
*Benzisoxazoles** - Drugs For The Nervous System		
INVEGA SUSTENNA	3	QL
<i>paliperidone er</i>	2	QL
<i>risperidone microspheres er</i>	3	QL
<i>risperidone solution</i>	1	
<i>risperidone tablet</i>	1	
<i>risperidone tablet disintegrating</i>	2	QL
*Benzodiazepines** - Drugs For The Nervous System		
<i>alprazolam</i>	1	QL
<i>alprazolam er</i>	1	QL
ALPRAZOLAM INTENSOL	1	
ALPRAZOLAM XR	1	QL
<i>chlordiazepoxide hcl</i>	1	QL
<i>clorazepate dipotassium</i>	1	
<i>diazepam concentrate</i>	1	QL
<i>diazepam intensol</i>	1	QL
<i>diazepam solution</i>	1	QL
<i>diazepam tablet</i>	1	QL
<i>lorazepam concentrate</i>	1	QL
<i>lorazepam intensol</i>	1	QL
<i>lorazepam solution</i>	1	
<i>lorazepam solution prefilled syringe</i>	1	
<i>lorazepam tablet</i>	1	QL
<i>oxazepam</i>	1	
*Beta Blockers Cardio-Selective** - Drugs For The Heart		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	
LOPRESSOR	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate</i>	1	
<i>nebivolol hcl</i>	1	
*Beta Blockers Non-Selective** - Drugs For The Heart		
HEMANGEOL	3	

Label Name	Tier	Requirements/Limits
<i>nadolol</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl</i>	1	
<i>propranolol hcl er</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (af)</i>	1	
SOTYLIZE	3	
<i>timolol maleate tablet</i>	1	
*Beta-blockers - Ophthalmic** - Drugs For The Eye		
<i>betaxolol hcl</i>	1	
<i>brimonidine tartrate-timolol</i>	2	QL
<i>carteolol hcl</i>	1	
<i>dorzolamide hcl-timolol mal</i>	1	
<i>dorzolamide hcl-timolol mal pf</i>	2	QL
<i>levobunolol hcl</i>	1	
<i>timolol maleate (once-daily)</i>	1	
<i>timolol maleate gel forming solution</i>	2	QL
<i>timolol maleate ocudose</i>	1	
<i>timolol maleate pf</i>	1	
<i>timolol maleate solution</i>	1	
*Biguanides** - Hormones		
<i>metformin hcl er</i>	1	
<i>metformin hcl solution</i>	2	QL
<i>metformin hcl tablet oral 1000 mg, 500 mg</i>	1	
<i>metformin hcl tablet oral 850 mg</i>	1	ACA Benefit for Preventive Use Only
*Bile Acid Sequestrants** - Drugs For The Heart		
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>colesevelam hcl</i>	1	
<i>colestipol hcl</i>	1	
<i>prevalite</i>	1	
*Bile Acid Synthesis Disorder Agents** - Drugs For The Stomach		
CHOLBAM	4	PA; QL; SD; Specialty Pharmacy Required
*Bone Density Regulators** - Hormones		
<i>alendronate sodium</i>	1	

Label Name	Tier	Requirements/Limits
BILDYOS	4	PA; SD; Specialty Pharmacy Required
BILPREVDA	4	PA; SD; Specialty Pharmacy Required
BONSITY	4	PA; QL; SD; Specialty Pharmacy Required
<i>calcitonin (salmon) solution injection 200 unit/ml</i>	4	PA; QL
<i>calcitonin (salmon) solution nasal 200 unit/act</i>	1	
ENOBY	4	PA; SD; Specialty Pharmacy Required
<i>ibandronate sodium</i>	1	QL
OSPOMYV	4	PA; SD; Specialty Pharmacy Required
<i>risedronate sodium</i>	2	QL
<i>teriparatide</i>	4	PA; QL; SD; Specialty Pharmacy Required
TYMLOS	4	PA; QL; SD
XTRENBO	4	PA; SD; Specialty Pharmacy Required
*Bradykinin B2 Receptor Antagonists** - Drugs For The Blood		
<i>icatibant acetate</i>	4	PA; QL; SD; Specialty Pharmacy Required
*Bronchodilators - Anticholinergics** - Drugs For The Lungs		
<i>ipratropium bromide</i>	1	
SPIRIVA RESPIMAT	2	QL
<i>tiotropium bromide</i>	2	QL
*Burn Products** - Drugs For The Skin		
<i>mafenide acetate</i>	1	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
*Butyrophenones** - Drugs For The Nervous System		
<i>haloperidol</i>	1	
<i>haloperidol lactate</i>	1	
*Calcitonin Gene-Related Peptide (CGRP) Receptor Antag** - Drugs For The Nervous System		
AIMOVIG	2	ST; QL
AJOVY	2	ST; QL
EMGALITY	2	ST; QL

Label Name	Tier	Requirements/Limits
EMGALITY (300 MG DOSE)	2	ST; QL
NURTEC	2	ST; QL
QULIPTA	2	ST; QL
UBRELVY	2	ST; QL
*Calcium Channel Blockers** - Drugs For The Heart		
<i>amlodipine besylate</i>	1	
<i>cartia xt</i>	1	
<i>diltiazem hcl</i>	1	
<i>diltiazem hcl er</i>	1	
<i>diltiazem hcl er beads</i>	1	
<i>diltiazem hcl er coated beads</i>	1	
DILT-XR	1	
<i>felodipine er</i>	1	
<i>isradipine</i>	1	
<i>levamlodipine maleate</i>	2	
<i>matzim la</i>	1	
<i>nicardipine hcl</i>	1	
<i>nifedipine</i>	1	
<i>nifedipine er</i>	1	
<i>nifedipine er osmotic release</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine er</i>	3	QL
<i>taztia xt</i>	1	
<i>tiadylt er</i>	1	
<i>verapamil hcl</i>	1	
<i>verapamil hcl er</i>	1	
*Calcium** - Drugs For Nutrition		
CALCIFOL	1	
*Carbamates** - Drugs For The Nervous System		
<i>felbamate</i>	1	
XCOPRI	2	QL
XCOPRI (250 MG DAILY DOSE)	2	QL
XCOPRI (350 MG DAILY DOSE)	2	QL
*Carbonic Anhydrase Inhibitors** - Drugs For The Heart		
<i>acetazolamide</i>	1	
<i>acetazolamide er</i>	1	
<i>acetazolamide sodium</i>	1	
<i>dichlorphenamide</i>	4	PA; QL; SD; Specialty Pharmacy Required
<i>methazolamide</i>	2	

Label Name	Tier	Requirements/Limits
*Cardiac Glycosides** - Drugs For The Heart		
<i>digoxin</i>	1	
*Cardiac Myosin Inhibitors** - Drugs For The Heart		
CAMZYOS	4	PA; QL; SD; Specialty Pharmacy Required
*Cardiovascular Agents Misc. - Combinations** - Drugs For The Heart		
<i>amlodipine-atorvastatin</i>	2	QL
ENTRESTO	2	QL
<i>isosorb dinitrate-hydralazine</i>	1	
<i>sacubitril-valsartan</i>	2	QL
*Central Muscle Relaxants** - Drugs For Muscles		
<i>baclofen</i>	1	
<i>carisoprodol</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine hcl</i>	1	
<i>fexmid</i>	1	
<i>metaxalone</i>	1	
<i>methocarbamol</i>	1	
<i>orphenadrine citrate er</i>	1	
<i>tizanidine hcl</i>	1	
<i>vanadom</i>	2	QL
*Cephalosporins - 1st Generation** - Drugs For Infections		
<i>cefadroxil</i>	1	
<i>cefazolin sodium</i>	1	
<i>cephalexin</i>	1	
*Cephalosporins - 2nd Generation** - Drugs For Infections		
<i>cefaclor</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil</i>	1	
*Cephalosporins - 3rd Generation** - Drugs For Infections		
<i>cefdinir</i>	1	
<i>cefixime</i>	1	
<i>cefpodoxime proxetil</i>	1	
*Cephalosporins - 4th Generation** - Drugs For Infections		
<i>cefepime hcl</i>	1	
*Chelating Agents** - Other Types of Drugs		
CUVRIOR	4	PA; QL; SD; Specialty Pharmacy Required
<i>penicillamine</i>	4	PA; QL; SD

Label Name	Tier	Requirements/Limits
<i>trientine hcl capsule oral 250 mg</i>	4	PA; QL; SD
<i>trientine hcl capsule oral 500 mg</i>	4	PA; QL
*Chemotherapy Rescue/Antidote/Protective Agents** - Drugs For Cancer		
IWILFIN	4	PA; SD
<i>leucovorin calcium</i>	1	
<i>mesna</i>	2	
*Cholinesterase Inhibitors** - Drugs For Overdose Or Poisoning		
<i>pyridostigmine bromide er</i>	3	
*Clarithromycin** - Drugs For Infections		
<i>clarithromycin</i>	1	
<i>clarithromycin er</i>	1	
*CMV Agents** - Drugs For Infections		
PREVYMIS	3	QL
<i>valganciclovir hcl</i>	4	QL
*Cobalamins** - Drugs For The Blood		
<i>cyanocobalamin</i>	1	
<i>dodex</i>	1	
*Combination Contraceptives - Oral** - Hormones		
<i>afirmelle</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>altavera</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
ALYACEN 1/35	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
ALYACEN 7/7/7	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>amethia</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>amethyst</i>	1	ACA Benefit; Coverage is determined by your

Label Name	Tier	Requirements/Limits
		prescription medication benefit plan
<i>apri</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
ARANELLE	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>ashlyna</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>aubra eq</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>aurovela 1.5/30</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>aurovela 1/20</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>aurovela 24 fe</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>aurovela fe 1.5/30</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>aurovela fe 1/20</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>aviane</i>	1	ACA Benefit; Coverage is determined by your

Label Name	Tier	Requirements/Limits
		prescription medication benefit plan
<i>ayuna</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>azurette</i>	1	ACA Benefit
BALCOLTRA	3	Coverage is determined by your prescription medication benefit plan
<i>balziva</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>blisovi 24 fe</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>blisovi fe 1.5/30</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>blisovi fe 1/20</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
BRIELLYN	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>camrese</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>camrese lo</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>charlotte 24 fe</i>	1	ACA Benefit; Coverage is determined by your

Label Name	Tier	Requirements/Limits
		prescription medication benefit plan
<i>chateal eq</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>cryselle</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>cryselle-28</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>cyred eq</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>dasetta 1/35 (28)</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>dasetta 7/7/7</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>daysee</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>delyla</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>desogestrel-ethinyl estradiol</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>dolishale</i>	1	ACA Benefit; Coverage is determined by your

Label Name	Tier	Requirements/Limits
		prescription medication benefit plan
<i>drospiren-eth estrad-levomefol</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>drospirenone-ethinyl estradiol</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>elinest</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>enpresse-28</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>enskyce</i>	1	ACA Benefit
<i>estarylla</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>ethynodiol diac-eth estradiol</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>falmina</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>feirza 1.5/30</i>	1	ACA Benefit
<i>feirza 1/20</i>	1	ACA Benefit
<i>finzala</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>gemmily</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan

Label Name	Tier	Requirements/Limits
<i>hailey 1.5/30</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>hailey 24 fe</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>hailey fe 1.5/30</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>hailey fe 1/20</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>iclevia</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>introvale</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>isibloom</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>jaimiess</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>jasmiel</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>jolessa</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan

Label Name	Tier	Requirements/Limits
<i>joyeaux</i>	3	Coverage is determined by your prescription medication benefit plan
<i>juleber</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>junel 1.5/30</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>junel 1/20</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>junel fe 1.5/30</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>junel fe 1/20</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>junel fe 24</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>kaitlib fe</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>kalliga</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>kariva</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan

Label Name	Tier	Requirements/Limits
<i>kelnor 1/35</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>kelnor 1/50</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>kurvelo</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>larin 1.5/30</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>larin 1/20</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>larin 24 fe</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>larin fe 1.5/30</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>larin fe 1/20</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>layolis fe</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>leena</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan

Label Name	Tier	Requirements/Limits
<i>lessina</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>levonest</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>levonorgest-eth est & eth est</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>levonorgest-eth estrad 91-day</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>levonorgestrel-ethinyl estrad</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>levonorg-eth estrad triphasic</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>levora 0.15/30 (28)</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
LO LOESTRIN FE	2	Coverage is determined by your prescription medication benefit plan
<i>loestrin 1.5/30 (21)</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>loestrin 1/20 (21)</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan

Label Name	Tier	Requirements/Limits
<i>loestrin fe 1.5/30</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>loestrin fe 1/20</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>lojaimiess</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>loryna</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>low-ogestrel</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>lo-zumandimine</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>luizza 1.5/30</i>	1	ACA Benefit
<i>luizza 1/20</i>	1	ACA Benefit
<i>lutra</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
MARLISSA	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>merzee</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>mibelas 24 fe</i>	1	ACA Benefit; Coverage is determined by your

Label Name	Tier	Requirements/Limits
		prescription medication benefit plan
<i>microgestin 1.5/30</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>microgestin 1/20</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>microgestin fe 1.5/30</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>microgestin fe 1/20</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>mili</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>minzoya</i>	3	
<i>mono-lynyah</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
NATAZIA	3	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>necon 0.5/35 (28)</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
NEXTSTELLIS	3	Coverage is determined by your prescription medication benefit plan
<i>nikki</i>	1	ACA Benefit; Coverage is determined by your

Label Name	Tier	Requirements/Limits
		prescription medication benefit plan
<i>norethin ace-eth estrad-fe</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>norethindrone acet-ethinyl est</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>norethindron-ethinyl estrad-fe</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>norethin-eth estradiol-fe</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>norgestimate-eth estradiol</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>norgestim-eth estrad triphasic</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>nortrel 0.5/35 (28)</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>nortrel 1/35 (21)</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>nortrel 1/35 (28)</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>nortrel 7/7/7</i>	1	ACA Benefit; Coverage is determined by your

Label Name	Tier	Requirements/Limits
		prescription medication benefit plan
<i>nylia 1/35</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>nylia 7/7/7</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>ocella</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>philith</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>pimtrea</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>portia-28</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>reclipsen</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>rivelsa</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>rosyrah</i>	1	ACA Benefit
<i>setlakin</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>simliya</i>	1	ACA Benefit; Coverage is determined by your

Label Name	Tier	Requirements/Limits
		prescription medication benefit plan
<i>simpesse</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>sprintec 28</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>sronyx</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>syeda</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>tarina 24 fe</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>tarina fe 1/20 eq</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>taysofy</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>tilia fe</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>tri-estarylla</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>tri-legest fe</i>	1	ACA Benefit; Coverage is determined by your

Label Name	Tier	Requirements/Limits
		prescription medication benefit plan
<i>tri-linyah</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>tri-lo-estarylla</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>tri-lo-marzia</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>tri-lo-mili</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>tri-lo-sprintec</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>tri-mili</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>tri-nymyo</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>tri-sprintec</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>trivora (28)</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>tri-vylibra</i>	1	ACA Benefit; Coverage is determined by your

Label Name	Tier	Requirements/Limits
		prescription medication benefit plan
<i>tri-vylibra lo</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>turqoz</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>tydemy</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>valtya 1/35</i>	1	ACA Benefit
VALTYA 1/50	1	ACA Benefit
VELIVET	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>vestura</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>vienva</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
VIORELE	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>volnea</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>vyfemla</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan

Label Name	Tier	Requirements/Limits
<i>vylibra</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>wera</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>wymzya fe</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>xarah fe</i>	1	ACA Benefit
<i>xelria fe</i>	1	ACA Benefit
<i>zovia 1/35 (28)</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>zumandimine</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
*Combination Contraceptives - Transdermal** - Hormones		
<i>norelgestromin-eth estradiol</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
TWIRLA	3	QL; Coverage is determined by your prescription medication benefit plan
<i>xulane</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>zafemy</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
*Combination Contraceptives - Vaginal** - Hormones		

Label Name	Tier	Requirements/Limits
ANNOVERA	3	QL; Coverage is determined by your prescription medication benefit plan
<i>eluryng</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>enilloring</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>etonogestrel-ethinyl estradiol</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>haloette</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
*Combination Psychotherapeutics** - Drugs For The Nervous System		
<i>chlordiazepoxide-amitriptyline</i>	1	
<i>olanzapine-fluoxetine hcl</i>	2	QL
<i>perphenazine-amitriptyline</i>	1	
*Complement Inhibitors** - Drugs For The Blood		
HAEGARDA	4	PA; QL; SD; Specialty Pharmacy Required
TAVNEOS	4	PA; QL; SD; Specialty Pharmacy Required
*Contraceptives** - Medical Supplies		
AIMSCO LUBRICATED	1	ACA Benefit
CAYA	1	ACA Benefit
<i>condoms</i>	1	ACA Benefit
DUREX EXTRA SENSITIVE THIN	1	ACA Benefit
DUREX REALFEEL	1	ACA Benefit
FANTASY LUBRICATED	3	ACA Benefit
FANTASY LUBRICATED/SPERMICIDE	3	ACA Benefit
FC2 FEMALE CONDOM	3	ACA Benefit
FEMCAP	2	ACA Benefit

Label Name	Tier	Requirements/Limits
KAMELEON LUBRICATED	3	ACA Benefit
KIMONO	1	ACA Benefit
KIMONO COLORS	3	ACA Benefit
KIMONO MAXX-LARGE FLARE	3	ACA Benefit
KIMONO MICRO THIN	1	ACA Benefit
KIMONO MICRO THIN PLUS	1	ACA Benefit
KIMONO PLUS	1	ACA Benefit
KIMONO PS	1	ACA Benefit
KIMONO PS PLUS	1	ACA Benefit
KIMONO SENSATION	1	ACA Benefit
KIMONO SENSATION PLUS	1	ACA Benefit
KIMONO SPECIAL	3	ACA Benefit
MAXX	1	ACA Benefit
MAXX PLUS	1	ACA Benefit
OMNIFLEX DIAPHRAGM	1	ACA Benefit
REALITY LATEX CONDOMS	3	ACA Benefit
REALITY LATEX/ULTRA TEXTURED	3	ACA Benefit
REALITY LATEX/ULTRA THIN	3	ACA Benefit
TRUSTEX COLOR CONDOMS + LUBE	1	ACA Benefit
TRUSTEX LUB/RIBBED/STUDDED	1	ACA Benefit
TRUSTEX LUB/SPERMICIDE EX ST	1	ACA Benefit
TRUSTEX LUB/SPERMICIDE XL	1	ACA Benefit
TRUSTEX LUBRICATED	1	ACA Benefit
TRUSTEX LUBRICATED EX LARGE	1	ACA Benefit
TRUSTEX LUBRICATED EXTRA ST	1	ACA Benefit
TRUSTEX LUBRICATED/SPERMICIDE	1	ACA Benefit
TRUSTEX NATURAL CONDOMS + LUBE	1	ACA Benefit
TRUSTEX NON-LUBRICATED	1	ACA Benefit
TRUSTEX RIA LUB/SPERMICIDE	1	ACA Benefit
TRUSTEX RIA LUBRICATED	1	ACA Benefit
TRUSTEX RIA NON-LUBRICATED	1	ACA Benefit

Label Name	Tier	Requirements/Limits
TRUSTEX-NONOXYNOL-9/RIB/STUD	1	ACA Benefit
WIDE-SEAL DIAPHRAGM 60	1	ACA Benefit
WIDE-SEAL DIAPHRAGM 65	1	ACA Benefit
WIDE-SEAL DIAPHRAGM 70	1	ACA Benefit
WIDE-SEAL DIAPHRAGM 75	1	ACA Benefit
WIDE-SEAL DIAPHRAGM 80	1	ACA Benefit
WIDE-SEAL DIAPHRAGM 85	1	ACA Benefit
WIDE-SEAL DIAPHRAGM 90	1	ACA Benefit
WIDE-SEAL DIAPHRAGM 95	1	ACA Benefit
*Corticosteroids - Topical** - Drugs For The Skin		
<i>alclometasone dipropionate</i>	1	
<i>amcinonide</i>	3	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone dipropionate aug</i>	1	
<i>betamethasone valerate</i>	1	
<i>calcipotriene-betameth diprop</i>	3	
CAPEX	3	
<i>clobetasol prop emollient base</i>	1	
<i>clobetasol propionate</i>	1	
<i>clobetasol propionate emulsion</i>	1	
<i>clocortolone pivalate</i>	1	
<i>clodan</i>	3	
<i>desonide</i>	1	
<i>desoximetasone</i>	1	
<i>diflorasone diacetate</i>	3	
<i>fluocinolone acetonide</i>	1	
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinonide</i>	1	
<i>fluocinonide emulsified base</i>	1	
<i>flurandrenolide</i>	1	
<i>fluticasone propionate cream</i>	1	
<i>fluticasone propionate lotion</i>	1	
<i>fluticasone propionate ointment</i>	1	
<i>halcinonide</i>	1	
<i>halobetasol propionate</i>	1	
<i>hydrocortisone</i>	1	
<i>hydrocortisone ace-pramoxine</i>	1	
<i>hydrocortisone butyr lipo base</i>	1	

Label Name	Tier	Requirements/Limits
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>mometasone furoate cream</i>	1	
<i>mometasone furoate ointment</i>	1	
<i>mometasone furoate solution</i>	1	
<i>tovet</i>	3	
<i>triamcinolone acetonide</i>	1	
<i>triamcinolone in absorbase</i>	1	
<i>triderm</i>	3	
*Corticotropin** - Hormones		
ACTHAR	4	PA; QL; SD; Specialty Pharmacy Required
ACTHAR GEL	4	PA; QL; SD; Specialty Pharmacy Required
CORTROPHIN	4	PA; QL; SD; Specialty Pharmacy Required
CORTROPHIN GEL	4	PA; QL; SD; Specialty Pharmacy Required
*Cough/Cold/Allergy Combinations** - Drugs for Cough, Cold, and Allergies		
CLARINEX-D 12 HOUR	3	
<i>hydrocod poli-chlorphe poli er</i>	1	QL
NOHIST-DM	1	
PROMETHAZINE VC	1	
PROMETHAZINE VC/CODEINE	1	
<i>promethazine-codeine</i>	1	QL
<i>promethazine-dm</i>	1	
<i>pseudoeph-bromphen-dm</i>	1	
TUXARIN ER	3	QL
*Coumarin Anticoagulants** - Drugs For The Blood		
<i>jantoven</i>	1	
<i>warfarin sodium</i>	1	
*Cycloplegic Mydriatics** - Drugs For The Eye		
ALTAFRIN	1	
<i>atropine sulfate</i>	1	
CYCLOMYDRIL	1	
<i>cyclopentolate hcl</i>	1	
<i>phenylephrine hcl</i>	1	
<i>tropicamide</i>	1	
*Cystic Fibrosis Agents** - Drugs For The Lungs		

Label Name	Tier	Requirements/Limits
ALYFTREK	4	PA; QL; SD; Specialty Pharmacy Required
KALYDECO	4	PA; QL; SD; Specialty Pharmacy Required
ORKAMBI	4	PA; QL; SD; Specialty Pharmacy Required
PULMOZYME	4	PA; QL; SD; Specialty Pharmacy Required
SYMDEKO	4	PA; QL; SD; Specialty Pharmacy Required
TRIKAFTA	4	PA; QL; SD; Specialty Pharmacy Required
*Cystinosis Agents** - Drugs For The Urinary System		
CYSTAGON	4	PA; QL; SD; Specialty Pharmacy Required
PROCYSBI	4	PA; QL; SD; Specialty Pharmacy Required
*Dental Products** - Drugs For The Mouth And Throat		
CLINPRO 5000	1	
DENTA 5000 PLUS	1	
<i>denta 5000 plus</i>	1	
DENTAGEL	1	
EASYGEL	1	
<i>easygel</i>	1	
FLUORIDEX	1	
<i>fluoridex</i>	1	
FLUORIDEX DAILY RENEWAL	1	
FLUORIDEX ENHANCED WHITENING	1	
FLUORIMAX 5000	1	
JUST RIGHT 5000	1	
<i>just right 5000</i>	1	
SF	1	
SF 5000 PLUS	1	
SODIUM FLUORIDE 5000 ENAMEL	1	
SODIUM FLUORIDE 5000 PLUS	1	
SODIUM FLUORIDE 5000 PPM CREAM	1	

Label Name	Tier	Requirements/Limits
SODIUM FLUORIDE 5000 PPM PASTE	1	ACA Benefit
<i>sodium fluoride cream</i>	1	
<i>sodium fluoride gel</i>	1	
*Diabetic Other** - Hormones		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
<i>diazoxide</i>	1	
<i>glucagon emergency</i>	2	
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	
<i>mifepristone tablet oral 300 mg</i>	4	PA; QL; SD; Specialty Pharmacy Required
*Diabetic Supplies** - Medical Supplies		
ACCU-CHEK FASTCLIX LANCET	2	
ACCU-CHEK FASTCLIX LANCETS	2	
ACCU-CHEK GUIDE	2	
ACCU-CHEK GUIDE CONTROL	2	
ACCU-CHEK GUIDE ME	2	
ACCU-CHEK SOFTCLIX LANCET DEV	2	
ACCU-CHEK SOFTCLIX LANCETS	2	
DEXCOM G6 RECEIVER	2	ST; QL
DEXCOM G6 SENSOR	2	ST; QL
DEXCOM G6 TRANSMITTER	2	ST; QL
DEXCOM G7 15 DAY SENSOR	2	ST; QL
DEXCOM G7 RECEIVER	2	ST; QL
DEXCOM G7 SENSOR	2	ST; QL
FREESTYLE LIBRE 14 DAY READER	2	ST; QL
FREESTYLE LIBRE 14 DAY SENSOR	2	ST; QL
FREESTYLE LIBRE 2 PLUS SENSOR	2	ST; QL
FREESTYLE LIBRE 2 READER	2	ST; QL
FREESTYLE LIBRE 2 SENSOR	2	ST; QL
FREESTYLE LIBRE 3 PLUS SENSOR	2	ST; QL

Label Name	Tier	Requirements/Limits
FREESTYLE LIBRE 3 READER	2	ST; QL
FREESTYLE LIBRE 3 SENSOR	2	ST; QL
FREESTYLE LIBRE READER	2	ST; QL
OMNIPOD 5 DEXG7G6 INTRO GEN 5	2	QL
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	QL
OMNIPOD 5 G7 INTRO (GEN 5)	2	QL
OMNIPOD 5 G7 PODS (GEN 5)	2	QL
OMNIPOD 5 LIBRE INTRO	2	QL
OMNIPOD 5 LIBRE PODS	2	QL
OMNIPOD CLASSIC PODS (GEN 3)	2	QL
OMNIPOD DASH INTRO (GEN 4)	2	QL
OMNIPOD DASH PDM (GEN 4)	2	QL
OMNIPOD DASH PODS (GEN 4)	2	QL
OMNIPOD GO	2	
*Diagnostic Tests** - Tests		
ACCU-CHEK GUIDE TEST	2	
LUCIRA COVID-19 & FLU TEST	3	
*Dibenzapines** - Drugs For The Nervous System		
<i>asenapine maleate</i>	3	
<i>clozapine</i>	2	
<i>loxapine succinate</i>	1	
<i>olanzapine</i>	1	
<i>quetiapine fumarate</i>	1	
<i>quetiapine fumarate er</i>	1	
ZYPREXA RELPREVV	3	QL
*Dietary Management Products** - Drugs For Nutrition		
AVAILNEX	1	
AXONA	2	
*Digestive Enzymes** - Drugs For The Stomach		
CREON	2	
ZENPEP	2	
*Dihydroindolones** - Drugs For The Nervous System		
<i>molindone hcl</i>	3	QL
*Dipeptidyl Peptidase-4 (DPP-4) Inhibitors** - Hormones		
<i>sitagliptin</i>	2	QL
<i>sitagliptin phosphate</i>	2	QL
*Direct Factor Xa Inhibitors** - Drugs For The Blood		

Label Name	Tier	Requirements/Limits
ELIQUIS (1.5 MG PACK)	2	
ELIQUIS (2 MG PACK)	2	
ELIQUIS CAPSULE SPRINKLE	2	
ELIQUIS DVT/PE STARTER PACK	2	QL
ELIQUIS TABLET	2	QL
ELIQUIS TABLET SOLUBLE	2	
<i>rivaroxaban</i>	2	QL
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
*Direct Muscle Relaxants** - Drugs For Muscles		
<i>dantrolene sodium</i>	1	
*Direct Renin Inhibitors** - Drugs For The Heart		
<i>aliskiren fumarate</i>	1	
*Diuretic Combinations** - Drugs For The Heart		
<i>amiloride-hydrochlorothiazide</i>	1	
<i>spironolactone-hctz</i>	1	
<i>triamterene-hctz</i>	1	
*Dopamine and Norepinephrine Reuptake Inhibitors (DNRI)s** - Drugs For The Nervous System		
SUNOSI	4	PA; QL
*Eczema Agents** - Drugs For The Skin		
DUPIXENT	4	PA; QL; SD; Specialty Pharmacy Required
*Emergency Contraceptives** - Hormones		
ELLA	3	QL; Coverage is determined by your prescription medication benefit plan
<i>levonorgestrel</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>my choice</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
*Enzymes - Topical** - Drugs For The Skin		
SANTYL	3	PA; QL
*Erythromycins** - Drugs For Infections		
E.E.S. 400	3	

Label Name	Tier	Requirements/Limits
<i>e.e.s. 400</i>	3	
<i>erythromycin base capsule</i>	3	
<i>delayed release particles</i>		
<i>erythromycin base tablet</i>	1	
<i>erythromycin base tablet</i>	1	
<i>delayed release</i>		
<i>erythromycin ethylsuccinate</i>	2	
<i>erythromycin tablet delayed</i>	2	
<i>release</i>		
*Estrogen Combinations** - Hormones		
<i>abigale</i>	1	
<i>abigale lo</i>	1	
<i>amabelz</i>	1	
ANGELIQ	3	
BIJUVA	3	
CLIMARA PRO	3	
COMBIPATCH	3	
<i>est estrogens-methyltest</i>	1	
<i>est estrogens-methyltest ds</i>	1	
<i>est estrogens-methyltest hs</i>	1	
<i>estradiol-norethindrone acet</i>	1	
<i>fyavolv</i>	1	
<i>jinteli</i>	1	
<i>mimvey</i>	1	
MYFEMBREE	2	QL
<i>norethindrone-eth estradiol</i>	1	
ORIAHNN	2	QL
PREMPHASE	2	
PREMPRO	2	
*Estrogens** - Hormones		
<i>dotti</i>	1	
ELESTRIN	3	QL
<i>estradiol gel transdermal 0.25</i>	1	
<i>mg/0.25gm, 0.5 mg/0.5gm,</i>		
<i>0.75 mg/0.75gm, 1 mg/gm,</i>		
<i>1.25 mg/1.25gm</i>		
<i>estradiol gel transdermal 0.75</i>	3	QL
<i>mg/1.25 gm (0.06%)</i>		
<i>estradiol patch twice weekly</i>	1	
<i>estradiol patch weekly</i>	1	

Label Name	Tier	Requirements/Limits
<i>estradiol tablet</i>	1	
<i>estradiol valerate</i>	1	
ESTROGEL	3	QL
<i>estrogens conjugated</i>	2	
EVAMIST	3	
<i>lyllana</i>	1	
MENOSTAR	3	QL
PREMARIN	2	
*Farnesoid X Receptor (FXR) Agonists** - Drugs For The Stomach		
OICALIVA	4	PA; QL; SD; Specialty Pharmacy Required
*Fertility Regulators** - Hormones		
<i>chorionic gonadotropin</i>	4	PA; SD; Coverage is determined by your prescription medication benefit plan
<i>clomid</i>	3	QL; Coverage is determined by your prescription medication benefit plan
FOLLISTIM AQ	4	PA; Coverage is determined by your prescription medication benefit plan
GONAL-F	4	PA; SD; Coverage is determined by your prescription medication benefit plan
GONAL-F RFF	4	PA; SD; Coverage is determined by your prescription medication benefit plan
GONAL-F RFF REDIJECT SOLUTION PEN-INJECTOR SUBCUTANEOUS 300 UNT/0.48ML, 450 UNT/0.72ML	4	PA; SD; Specialty Pharmacy Required; Coverage is determined by your prescription medication benefit plan
GONAL-F RFF REDIJECT SOLUTION PEN-INJECTOR	4	PA; SD; Coverage is determined by your

Label Name	Tier	Requirements/Limits
SUBCUTANEOUS 900 UNT/1.44ML		prescription medication benefit plan
MENOPUR	4	PA; SD; Coverage is determined by your prescription medication benefit plan
<i>milophene</i>	3	QL; Coverage is determined by your prescription medication benefit plan
OVIDREL	4	PA; QL; SD; Coverage is determined by your prescription medication benefit plan
*Fibric Acid Derivatives** - Drugs For The Heart		
<i>fenofibrate</i>	1	
<i>fenofibrate micronized</i>	1	
<i>fenofibric acid</i>	1	
<i>gemfibrozil</i>	1	
*Fibromyalgia Agents** - Drugs For The Nervous System		
<i>milnacipran hcl</i>	2	QL
*Fluoride** - Drugs For Nutrition		
<i>sodium fluoride solution</i>	1	ACA Benefit for ages 0- 5
<i>sodium fluoride tablet</i>	1	ACA Benefit for ages 0- 5
<i>sodium fluoride tablet chewable</i>	1	ACA Benefit for ages 0- 5
*Fluoroquinolones** - Drugs For Infections		
BAXDELA	3	QL
CIPRO	3	
<i>ciprofloxacin hcl</i>	1	
<i>levofloxacin</i>	1	
<i>moxifloxacin hcl</i>	1	
<i>ofloxacin</i>	1	
*Folic Acid/Folates** - Drugs For The Blood		
CVS FOLIC ACID	1	ACA Benefit, for ages 0-45
<i>fa-8</i>	1	ACA Benefit, for ages 0-45

Label Name	Tier	Requirements/Limits
FOLATE	1	ACA Benefit, for ages 0-45
<i>folic acid</i>	1	ACA Benefit, for ages 0-45
GNP FOLIC ACID	1	ACA Benefit, for ages 0-45
KP FOLIC ACID	1	ACA Benefit, for ages 0-45
PX FOLIC ACID	1	ACA Benefit, for ages 0-45
QC FOLIC ACID	1	ACA Benefit, for ages 0-45
RA FOLIC ACID	1	ACA Benefit, for ages 0-45
YL FOLIC ACID	1	ACA Benefit, for ages 0-45
*Friedrich's Ataxia Agents** - Drugs For Nerves And Muscles		
SKYCLARYS	4	PA; QL; SD; Specialty Pharmacy Required
*GABA Modulators** - Drugs For The Nervous System		
<i>tiagabine hcl</i>	2	QL
<i>vigabatrin</i>	4	PA; QL; SD
<i>vigpoder</i>	4	QL; SD
*GABA Receptor Modulator - Neuroactive Steroid** - Drugs For The Nervous System		
ZURZUVAE	4	PA; QL; SD; Specialty Pharmacy Required
*Gallstone Solubilizing Agents** - Drugs For The Stomach		
<i>ursodiol capsule</i>	2	
<i>ursodiol tablet</i>	1	
*Gastrointestinal Antiallergy Agents** - Drugs For The Stomach		
<i>cromolyn sodium concentrate</i>	1	
*Gastrointestinal Chloride Channel Activators** - Drugs For The Stomach		
<i>lubiprostone</i>	2	QL
*Gastrointestinal Stimulants** - Drugs For The Stomach		
<i>metoclopramide hcl solution</i>	1	
<i>metoclopramide hcl tablet</i>	1	
<i>metoclopramide hcl tablet disintegrating</i>	3	QL
*Glucocorticosteroids** - Hormones		

Label Name	Tier	Requirements/Limits
<i>betamethasone sod phos & acet</i>	1	
<i>budesonide capsule delayed release particles</i>	1	
<i>budesonide er</i>	1	
<i>deflazacort</i>	4	PA; SD; Specialty Pharmacy Required
<i>dexamethasone</i>	1	
DEXAMETHASONE INTENSOL	1	
<i>hidex 6-day</i>	1	
<i>hydrocortisone</i>	1	
JAYTHARI	4	PA; SD; Specialty Pharmacy Required
<i>kymbee</i>	4	PA; SD; Specialty Pharmacy Required
<i>methylprednisolone</i>	1	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate solution</i>	1	
<i>prednisolone sodium phosphate tablet disintegrating</i>	2	
<i>prednisone</i>	1	
PREDNISONE INTENSOL	3	
<i>pyquvi</i>	4	PA; SD; Specialty Pharmacy Required
*Glycopeptides** - Drugs For Infections		
<i>vancomycin hcl capsule oral 125 mg</i>	1	QL
<i>vancomycin hcl capsule oral 250 mg</i>	2	QL
<i>vancomycin hcl solution reconstituted</i>	2	
*GnRH/LHRH Antagonists** - Hormones		
<i>cetorelix acetate</i>	4	PA; SD; Specialty Pharmacy Required
<i>fyremadel</i>	3	PA
<i>ganirelix acetate</i>	3	PA
ORILISSA	2	QL
*Gout Agent Combinations** - Drugs For Joint Pain		
<i>colchicine-probenecid</i>	1	
*Gout Agents** - Drugs For Joint Pain		

Label Name	Tier	Requirements/Limits
<i>allopurinol</i>	1	
<i>colchicine</i>	1	
<i>febuxostat</i>	2	QL
*Growth Hormone Receptor Antagonists** - Hormones		
SOMAVERT	4	PA; QL; SD; Specialty Pharmacy Required
*Growth Hormone Releasing Hormones (GHRH)** - Hormones		
EGRIFTA SV	4	PA; QL; SD; Specialty Pharmacy Required
EGRIFTA WR	4	PA; QL; SD; Specialty Pharmacy Required
*Growth Hormones** - Hormones		
GENOTROPIN	4	PA; QL; SD
GENOTROPIN MINIQUICK	4	PA; QL; SD
NGENLA	4	PA; QL; SD
OMNITROPE SOLUTION CARTRIDGE	4	PA; QL; SD
OMNITROPE SOLUTION RECONSTITUTED	4	PA; SD
*H-2 Antagonists** - Drugs For The Stomach		
<i>cimetidine</i>	1	
<i>famotidine</i>	1	
<i>nizatidine</i>	1	
*Hemataologic - Tyrosine Kinase Inhibitors** - Drugs For The Blood		
TAVALISSE	4	PA; QL; SD; Specialty Pharmacy Required
*Hematopoietic Growth Factors** - Drugs For The Blood		
DOPTelet	4	PA; QL; SD; Specialty Pharmacy Required
DOPTelet SPRINKLE	4	PA; QL; SD; Specialty Pharmacy Required
<i>eltrombopag olamine</i>	4	PA; QL; SD; Specialty Pharmacy Required
FILKRI	4	PA; SD; Specialty Pharmacy Required
FULPHILA	4	PA; QL; SD; Specialty Pharmacy Required
NYPOZI	4	PA; SD
RETACRIT	4	PA; QL; SD; Specialty Pharmacy Required

Label Name	Tier	Requirements/Limits
*Hematopoietic Mixtures** - Drugs For The Blood		
ABANEU-SL	1	
ACTIVE FE	3	
AIRAVITE	1	
BP VIT 3	2	
CHROMAGEN	1	
CORVITA 150	1	
FABB	1	
FEROTRINSIC	1	
FERRALET 90	3	
FERRO-PLEX	2	
FOLBEE	1	
FOLIVANE-F	1	
FOLIVANE-PLUS	1	
FOLPLEX 2.2	1	
FOLTRIN	1	
HEMATINIC PLUS VIT/MINERALS	1	
HEMATINIC/FOLIC ACID	1	
HEMATOGEN FA	2	
HEMOCYTE PLUS	1	
<i>iferex 150 forte</i>	1	
INTEGRA F	1	
INTEGRA PLUS	1	
IRON FOLATE PLUS	1	
IRON FOLATE-F	1	
K-TAN PLUS	1	
NUFOL	1	
POLY-IRON 150 FORTE	1	
POLYSACCHARIDE IRON FORTE	1	
PUREVIT DUALFE PLUS	1	
SE-TAN PLUS	1	
TARON FORTE	2	
TRICON	1	
TRIGELS-F FORTE	1	
WESTAB ONE	1	
*Hematorheologic Agents** - Drugs For The Blood		
<i>pentoxifylline er</i>	1	
*Hemostatics - Systemic** - Drugs For The Blood		
<i>aminocaproic acid</i>	1	
<i>tranexamic acid</i>	1	

Label Name	Tier	Requirements/Limits
*Heparins And Heparinoid-Like Agents** - Drugs For The Blood		
<i>enoxaparin sodium</i>	2	QL
*Hepatitis Agents** - Drugs For Infections		
<i>adefovir dipivoxil</i>	1	
<i>entecavir</i>	3	QL
<i>lamivudine</i>	2	QL
<i>ledipasvir-sofosbuvir</i>	4	PA; QL; SD; Specialty Pharmacy Required
MAVYRET	4	PA; QL; SD
<i>sofosbuvir-velpatasvir</i>	4	PA; QL; SD
*Herpes Agents** - Drugs For Infections		
<i>acyclovir</i>	1	
<i>famciclovir</i>	2	QL
<i>valacyclovir hcl</i>	1	
*Histamine H3-Receptor Antagonist/Inverse Agonists** - Drugs For The Nervous System		
WAKIX	4	PA; QL; SD; Specialty Pharmacy Required
*HMG CoA Reductase Inhibitors** - Drugs For The Heart		
<i>atorvastatin calcium</i>	1	ACA Benefit for ages 40-75
<i>fluvastatin sodium</i>	2	QL; ACA Benefit for ages 40-75
<i>fluvastatin sodium er</i>	2	QL; ACA Benefit for ages 40-75
<i>lovastatin</i>	1	ACA Benefit for ages 40-75
<i>pravastatin sodium</i>	1	ACA Benefit for ages 40-75
<i>rosuvastatin calcium</i>	1	ACA Benefit for ages 40-75
<i>simvastatin tablet oral 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA Benefit for ages 40-75
<i>simvastatin tablet oral 80 mg</i>	1	
*Hormone Receptor Modulators** - Hormones		
OSPHENA	3	
<i>raloxifene hcl</i>	2	QL; ACA Benefit for Females ages 35 and above
*Hydantoins** - Drugs For The Nervous System		
<i>fosphenytoin sodium</i>	1	

Label Name	Tier	Requirements/Limits
<i>phenytoin</i>	1	
<i>phenytoin infatabs</i>	1	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1	
*Hypoactive Sexual Desire Disorder (HSDD) Agents** - Drugs For The Nervous System		
ADDYI	3	PA; QL; Coverage is determined by your prescription medication benefit plan
*Ileal Bile Acid Transporter (IBAT) Inhibitors** - Drugs For The Stomach		
BYLVAY	4	PA; QL; SD; Specialty Pharmacy Required
BYLVAY (PELLETS)	4	PA; QL; SD; Specialty Pharmacy Required
LIVMARLI SOLUTION	4	PA; QL; SD; Specialty Pharmacy Required
LIVMARLI TABLET	4	PA; QL; SD
*Imidazole-Related Antifungals** - Drugs For Infections		
CRESEMBA	4	PA; QL
<i>fluconazole</i>	1	
<i>itraconazole</i>	2	QL
<i>ketoconazole</i>	1	
<i>posaconazole</i>	4	PA; QL
<i>voriconazole suspension reconstituted</i>	4	PA; QL; AL
<i>voriconazole tablet</i>	2	QL
*Immunomodulating Agents - Topical** - Drugs For The Skin		
<i>imiquimod cream topical 3.75 %</i>	3	QL
<i>imiquimod cream topical 5 %</i>	2	QL
<i>imiquimod pump</i>	3	QL
*Immunomodulators** - Other Types of Drugs		
JOENJA	4	PA; QL; SD; Specialty Pharmacy Required
<i>lenalidomide</i>	4	PA; QL; SD; Specialty Pharmacy Required
REZUROCK	4	PA; QL; SD; Specialty Pharmacy Required
THALOMID	4	PA; QL; SD; Specialty Pharmacy Required

Label Name	Tier	Requirements/Limits
*Immunosuppressive Agents - Topical** - Drugs For The Skin		
<i>pimecrolimus</i>	2	
<i>tacrolimus ointment</i>	2	
*Immunosuppressive Agents** - Other Types of Drugs		
<i>azasan</i>	1	
<i>azathioprine</i>	1	
<i>cyclosporine</i>	1	
<i>cyclosporine modified</i>	1	
ENSPRYNG	4	PA; QL; SD; Specialty Pharmacy Required
ENVARUS XR	3	
<i>everolimus tablet oral 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	3	QL; SD
<i>engraf</i>	1	
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate sodium</i>	1	
<i>mycophenolic acid</i>	1	
PROGRAF	3	
<i>sirolimus solution</i>	3	
<i>sirolimus tablet oral 0.5 mg</i>	3	
<i>sirolimus tablet oral 1 mg, 2 mg</i>	3	QL
<i>tacrolimus capsule oral 0.5 mg, 1 mg</i>	2	
<i>tacrolimus capsule oral 5 mg</i>	2	QL
<i>tacrolimus er</i>	3	
*Impotence Agents** - Drugs For The Heart		
<i>sildenafil citrate tablet oral 100 mg, 25 mg, 50 mg</i>	1	QL; Coverage is determined by your prescription medication benefit plan
<i>tadalafil</i>	1	QL; Coverage is determined by your prescription medication benefit plan
<i>varafenil hcl</i>	2	QL; Coverage is determined by your prescription medication benefit plan
*Incretin Mimetic Agents** - Hormones		
MOUNJARO	2	PA; QL

Label Name	Tier	Requirements/Limits
OZEMPIC	2	PA; QL
OZEMPIC (0.25 OR 0.5 MG/DOSE)	2	PA; QL
OZEMPIC (1 MG/DOSE)	2	PA; QL
OZEMPIC (2 MG/DOSE)	2	PA; QL
RYBELSUS	2	PA; QL
TRULICITY	2	PA; QL
*Inflammatory Bowel Agents** - Drugs For The Stomach		
<i>balsalazide disodium</i>	2	QL
<i>mesalamine capsule delayed release</i>	2	QL
<i>mesalamine enema</i>	1	QL
<i>mesalamine er capsule extended release</i>	3	
<i>mesalamine er capsule extended release 24 hour</i>	2	QL
<i>mesalamine suppository</i>	2	QL
<i>mesalamine tablet delayed release</i>	2	QL
<i>mesalamine-cleanser</i>	2	QL
SFROWASA	3	QL
SKYRIZI	4	PA; QL; SD
<i>sulfasalazine</i>	1	
TREMFYA	4	PA; QL; SD
TREMFYA PEN	4	PA; QL; SD
TREMFYA-CD/UC INDUCTION	4	PA; QL; SD
*Influenza Agents** - Drugs For Infections		
<i>oseltamivir phosphate</i>	1	QL
<i>rimantadine hcl</i>	1	
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
*Insulin Sensitizing Agents** - Hormones		
<i>pioglitazone hcl</i>	1	
*Insulin** - Hormones		
HUMALOG	2	
HUMALOG JUNIOR KWIKPEN	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 75/25	2	

Label Name	Tier	Requirements/Limits
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG TEMPO PEN	2	
HUMULIN 70/30	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN N	2	
HUMULIN N KWIKPEN	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	2	
HUMULIN R U-500 KWIKPEN	2	
<i>insulin asp prot & asp flexpen</i>	2	
<i>insulin aspart</i>	2	
<i>insulin aspart flexpen</i>	2	
<i>insulin aspart penfill</i>	2	
<i>insulin aspart prot & aspart</i>	2	
<i>insulin degludec</i>	2	
<i>insulin degludec flextouch</i>	2	
<i>insulin glargine max solostar</i>	2	
<i>insulin glargine solostar</i>	2	
<i>insulin glargine-yfgn solution</i>	2	
<i>insulin glargine-yfgn solution pen-injector</i>	1	
<i>insulin lispro</i>	1	
<i>insulin lispro (1 unit dial)</i>	1	
<i>insulin lispro junior kwikpen</i>	1	
<i>insulin lispro prot & lispro</i>	1	
KIRSTY	2	
LANTUS	2	
LANTUS SOLOSTAR	2	
MERILOG	2	
MERILOG SOLOSTAR	2	
NOVOLIN 70/30	2	
NOVOLIN 70/30 FLEXPEN	2	
NOVOLIN 70/30 FLEXPEN RELION	2	
NOVOLIN 70/30 RELION	2	
NOVOLIN N	2	
NOVOLIN N FLEXPEN	2	
NOVOLIN N FLEXPEN RELION	2	
NOVOLIN N RELION	2	

Label Name	Tier	Requirements/Limits
NOVOLIN R	2	
NOVOLIN R FLEXPEN	2	
NOVOLIN R FLEXPEN RELION	2	
NOVOLIN R RELION	2	
NOVOLOG	2	
NOVOLOG 70/30 FLEXPEN RELION	2	
NOVOLOG FLEXPEN	2	
NOVOLOG FLEXPEN RELION	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 FLEXPEN	2	
NOVOLOG MIX 70/30 RELION	2	
NOVOLOG PENFILL	2	
NOVOLOG RELION	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
*Insulin-Like Growth Factors (Somatomedins)** - Hormones		
INCRELEX	4	PA; QL; SD; Specialty Pharmacy Required
*Interleukin-1 Blockers** - Drugs For Pain And Fever		
ARCALYST	4	PA; QL; SD; Specialty Pharmacy Required
*Interleukin-6 Receptor Inhibitors** - Drugs For Pain And Fever		
TYENNE	4	PA; QL; SD; Specialty Pharmacy Required
*Intestinal Acidifiers** - Drugs For The Stomach		
ENULOSE	1	
GENERLAC	1	
<i>lactulose encephalopathy</i>	1	
*Intestinal Cholesterol Absorption Inhibitors** - Drugs For The Heart		
<i>ezetimibe</i>	1	QL
*Intrarectal Steroids** - Rectal Preparations		
<i>budesonide foam</i>	1	
<i>hydrocortisone</i>	1	
*Irritable Bowel Syndrome (IBS) Agents** - Drugs For The Stomach		
<i>alosetron hcl</i>	2	QL
LINZESS	2	QL
*Keratolytic/Antimitotic/Vesicant Agents** - Drugs For The Skin		

Label Name	Tier	Requirements/Limits
KERALYT	2	
<i>podofilox gel</i>	3	
<i>podofilox solution</i>	1	
<i>salicylic acid</i>	1	
SALICYLIC ACID WART REMOVER	1	
<i>salicylic acid wart remover</i>	1	
<i>salicylic acid-cleanser</i>	1	
*Laxative Combinations** - Drugs For The Stomach		
GAVILYTE-C	1	ACA Benefit for ages 45-75
<i>gavilyte-g</i>	1	ACA Benefit for ages 45-75
<i>na sulfate-k sulfate-mg sulf</i>	1	ACA Benefit for ages 45-75
<i>peg 3350-kcl-na bicarb-nacl</i>	1	ACA Benefit for ages 45-75
<i>peg-3350/electrolytes</i>	1	ACA Benefit for ages 45-75
PEG-3350/ELECTROLYTES/ASCORBAT	1	ACA Benefit for ages 45-75
<i>peg-kcl-nacl-nasulf-na asc-c</i>	1	ACA Benefit for ages 45-75
*Laxatives - Miscellaneous** - Drugs For The Stomach		
CONSTULOSE	1	
<i>lactulose</i>	1	
<i>polyethylene glycol 3350</i>	1	
*Leprostatics** - Drugs For Infections		
<i>dapsone tablet</i>	1	
*Leukotriene Modulators** - Drugs For The Lungs		
<i>montelukast sodium</i>	1	
<i>zafirlukast</i>	1	
*LHRH/GnRH Agonist Analog Pituitary Suppressants** - Hormones		
SYNAREL	4	PA; QL
*Lincosamides** - Drugs For Infections		
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	1	
*Lipotropics** - Drugs For Nutrition		
<i>lecithin</i>	1	

Label Name	Tier	Requirements/Limits
*Local Anesthetics - Topical** - Drugs For The Skin		
<i>lidocaine</i>	1	QL
<i>lidocaine hcl cream</i>	1	
<i>lidocaine hcl lotion</i>	1	
<i>lidocaine hcl solution topical 4 %</i>	1	QL
<i>lidocaine hcl urethral/mucosal</i>	1	QL
<i>lidocaine-prilocaine</i>	1	QL
LIDOPIN	1	
TOPICAL L.E.T.	1	
*Loop Diuretics** - Drugs For The Heart		
<i>bumetanide</i>	1	
<i>ethacrynic acid</i>	1	
<i>furosemide</i>	1	
<i>torsemide</i>	1	
*Lubricant Laxatives** - Drugs For The Stomach		
<i>mineral oil</i>	1	
<i>mineral oil heavy</i>	1	
<i>mineral oil light</i>	1	
*Magnesium** - Drugs For Nutrition		
<i>magnesium carbonate</i>	1	
<i>magnesium carbonate heavy</i>	1	
<i>magnesium chloride</i>	1	
*Meglitinide Analogues** - Hormones		
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	
*Metabolic Modifiers** - Hormones		
<i>calcitriol</i>	1	
<i>cinacalcet hcl</i>	2	QL
<i>doxercalciferol</i>	3	
<i>levocarnitine</i>	1	
<i>levocarnitine sf</i>	1	
MYALEPT	4	PA; QL; SD; Specialty Pharmacy Required
<i>nitisinone</i>	4	PA; QL; SD; Specialty Pharmacy Required
PALYNZIQ	4	PA; ST; QL; SD; Specialty Pharmacy Required
<i>paricalcitol</i>	2	QL

Label Name	Tier	Requirements/Limits
<i>sapropterin dihydrochloride</i>	4	PA; SD; Specialty Pharmacy Required
<i>sodium phenylbutyrate</i>	4	PA; SD; Specialty Pharmacy Required
STRENSIQ	4	PA; QL; SD; Specialty Pharmacy Required
XURIDEN	4	PA; QL; SD; Specialty Pharmacy Required
*Migraine Combinations** - Drugs For The Nervous System		
<i>ergotamine-caffeine</i>	2	
MIGERGOT	2	
*Migraine Products** - Drugs For The Nervous System		
<i>dihydroergotamine mesylate</i>	2	
*Mineralocorticoid Receptor Antagonists** - Hormones		
KERENDIA	4	PA; QL
*Mineralocorticoids** - Hormones		
<i>fludrocortisone acetate</i>	1	
*Miotics** - Drugs For The Eye		
<i>pilocarpine hcl</i>	1	
*Misc. Anti-Ulcer** - Drugs For The Stomach		
<i>sucralfate</i>	1	
*Misc. Antivirals** - Drugs For Infections		
TEMBEXA	4	QL
TPOXX	3	
*Misc. Dermatological Products** - Drugs For The Skin		
DEXERYL	1	
*Misc. Devices** - Medical Supplies		
GNP ALCOHOL SWABS	1	
*Misc. Respiratory Inhalants** - Drugs for Cough, Cold, and Allergies		
HYPERSAL	3	
NEBUSAL	1	
PULMOSAL	1	
<i>sodium chloride</i>	1	
*Mitotic Inhibitors** - Drugs For Cancer		
<i>etoposide</i>	4	PA; QL
*Monoamine Oxidase Inhibitors (MAOIs)** - Drugs For The Nervous System		
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	

Label Name	Tier	Requirements/Limits
*Movement Disorder Drug Therapy** - Drugs For The Nervous System		
AUSTEDO	4	PA; QL; SD
AUSTEDO XR	4	PA; QL; SD
AUSTEDO XR PATIENT TITRATION	4	PA; QL; SD
INGREZZA	4	PA; QL; SD
tetrabenazine	4	PA; QL; SD
*Mucolytics** - Drugs for Cough, Cold, and Allergies		
acetylcysteine	1	
*Multiple Sclerosis Agents** - Drugs For The Nervous System		
dalfampridine er	3	QL; SD
dimethyl fumarate	4	PA; QL; SD
dimethyl fumarate starter pack	4	PA; QL; SD
fingolimod hcl	4	PA; QL; SD
glatiramer acetate	4	PA; QL; SD
glatopa	4	PA; QL; SD
KESIMPTA	4	PA; QL; SD; Specialty Pharmacy Required
REBIF	4	PA; QL; SD
REBIF REBIDOSE	4	PA; QL; SD
REBIF REBIDOSE TITRATION PACK	4	PA; QL; SD
REBIF TITRATION PACK	4	PA; QL; SD
teriflunomide	4	PA; QL; SD
*Muscle Relaxant Combinations** - Drugs For Muscles		
orphenadrine-aspirin-caffeine	1	QL
*N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists** - Drugs For The Nervous System		
SPRAVATO (56 MG DOSE)	4	PA; QL
SPRAVATO (84 MG DOSE)	4	PA; QL
*Nasal Agent Combinations** - Drugs For The Nose		
azelastine-fluticasone	1	QL
*Nasal Antiallergy** - Drugs For The Nose		
azelastine hcl solution nasal 0.1 %, 0.15 %, 137 mcg/spray	1	QL
olopatadine hcl solution nasal 0.6 %	1	QL
*Nasal Anticholinergics** - Drugs For The Nose		
ipratropium bromide	1	

Label Name	Tier	Requirements/Limits
*Nasal Steroids** - Drugs For The Nose		
<i>flunisolide</i>	1	QL
<i>fluticasone propionate suspension</i>	1	QL
<i>mometasone furoate suspension</i>	1	QL
*Natriuretic Peptides** - Hormones		
VOXZOGO	4	PA; QL; SD; Specialty Pharmacy Required
*Natural Penicillins** - Drugs For Infections		
<i>penicillin v potassium</i>	1	
*Neurogenic Orthostatic Hypotension (NOH) - Agents** - Drugs For The Heart		
<i>droxidopa capsule oral 100 mg, 300 mg</i>	3	PA; QL; SD
<i>droxidopa capsule oral 200 mg</i>	3	QL; SD
*Nicotinic Acid Derivatives** - Drugs For The Heart		
<i>niacin er (antihyperlipidemic)</i>	1	
*Nitrates** - Drugs For The Heart		
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>nitro-bid</i>	3	
<i>nitroglycerin patch 24 hour</i>	1	QL
<i>nitroglycerin solution</i>	1	
<i>nitroglycerin tablet sublingual</i>	1	
*Non-Barbiturate Hypnotics** - Drugs For Sleep		
<i>estazolam</i>	1	QL
<i>eszopiclone</i>	1	QL
<i>midazolam hcl</i>	1	
<i>temazepam</i>	1	QL
<i>triazolam</i>	1	QL
<i>zaleplon</i>	1	QL
<i>zolpidem tartrate</i>	1	QL
<i>zolpidem tartrate er</i>	1	QL
*Nonsteroidal Anti-inflammatory Agents (NSAIDs)** - Drugs For Pain And Fever		
<i>celecoxib</i>	1	QL
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium</i>	1	
<i>diclofenac sodium er</i>	1	

Label Name	Tier	Requirements/Limits
<i>diclofenac-misoprostol</i>	1	
EC-NAPROXEN	1	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
<i>flurbiprofen</i>	1	
<i>ibu</i>	1	
<i>ibuprofen</i>	1	
<i>indomethacin</i>	1	
<i>indomethacin er</i>	1	
<i>ketoprofen er</i>	3	
<i>ketorolac tromethamine</i>	1	
<i>meclofenamate sodium</i>	2	
<i>mefenamic acid</i>	1	
<i>meloxicam suspension</i>	2	
<i>meloxicam tablet</i>	1	
<i>nabumetone</i>	1	
<i>naproxen</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
<i>sulindac</i>	1	
<i>tolmetin sodium</i>	1	
*Nutritional Supplements** - Drugs For Nutrition		
AMINOPMRMS	2	
APP SLIM RMS	2	
ASILNASALRMS	1	
CAMINO PRO COMPLETE/GLYTACTIN	3	
*Oil Soluble Vitamins** - Drugs For Nutrition		
<i>vitamin d (ergocalciferol)</i>	1	
*Ophthalmic Adrenergic Agents** - Drugs For The Eye		
<i>apraclonidine hcl</i>	1	
<i>brimonidine tartrate solution ophthalmic 0.1 %</i>	2	
<i>brimonidine tartrate solution ophthalmic 0.15 %, 0.2 %</i>	1	
SIMBRINZA	2	QL
*Ophthalmic Anti-infectives** - Drugs For The Eye		
<i>bacitracin</i>	1	

Label Name	Tier	Requirements/Limits
<i>bacitracin-polymyxin b</i>	1	
<i>ciprofloxacin hcl</i>	1	
<i>erythromycin ointment</i>	1	
<i>gatifloxacin</i>	1	
<i>gentamicin sulfate</i>	1	
<i>levofloxacin</i>	1	
<i>moxifloxacin hcl</i>	1	
<i>moxifloxacin hcl (2x day)</i>	1	
NATACYN	3	
<i>neomycin-bacitracin zn-polymyx</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neo-polycin</i>	1	
<i>ofloxacin</i>	1	
<i>polycin</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
<i>povidone-iodine</i>	1	
<i>sulfacetamide sodium</i>	1	
<i>tobramycin solution</i>	1	
<i>tobramycin-vancomycin hcl</i>	1	
<i>trifluridine</i>	1	
*Ophthalmic Immunomodulators** - Drugs For The Eye		
<i>cyclosporine (pf)</i>	1	
*Ophthalmic Kinase Inhibitors** - Drugs For The Eye		
RHOPRESSA	3	QL
ROCKLATAN	3	QL
*Ophthalmic Local Anesthetics** - Drugs For The Eye		
ALTACaine	1	
<i>proparacaine hcl</i>	1	
<i>tetracaine hcl</i>	1	
*Ophthalmic Nerve Growth Factors** - Drugs For The Eye		
OXERVATE	4	PA; QL; SD; Specialty Pharmacy Required
*Ophthalmic Steroids** - Drugs For The Eye		
<i>bacitra-neomycin-polymyxin-hc</i>	1	
<i>dexamethasone sodium phosphate</i>	1	
<i>difluprednate</i>	1	
<i>fluorometholone</i>	1	
<i>loteprednol etabonate</i>	1	
<i>neomycin-polymyxin-dexameth</i>	1	

Label Name	Tier	Requirements/Limits
<i>neomycin-polymyxin-hc</i>	1	
<i>neo-polycin hc</i>	1	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate solution</i>	1	
<i>prednisolon-gatiflox-bromfenac</i>	1	
<i>sulfacetamide-prednisolone</i>	1	
TOBRADEX	2	
<i>tobramycin-dexamethasone</i>	1	
*Ophthalmics - Misc.** - Drugs For The Eye		
<i>azelastine hcl solution ophthalmic 0.05 %</i>	1	
<i>bepotastine besilate</i>	1	
<i>brinzolamide</i>	1	
<i>bromfenac sodium</i>	1	
<i>bromfenac sodium (once-daily)</i>	1	
<i>cromolyn sodium solution</i>	1	
CYSTADROPS	4	PA; QL; SD; Specialty Pharmacy Required
CYSTARAN	4	PA; QL; SD; Specialty Pharmacy Required
<i>diclofenac sodium</i>	1	
<i>dorzolamide hcl</i>	1	
<i>epinastine hcl</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	
<i>ketorolac tromethamine</i>	1	
LASTACAFT	1	
<i>olopatadine hcl solution ophthalmic 0.2 %</i>	1	
*Opioid Agonists** - Drugs For Pain		
<i>codeine sulfate</i>	1	QL
DURAMORPH	1	
<i>fentanyl</i>	1	QL
<i>fentanyl citrate</i>	4	PA; QL
<i>fentanyl citrate (pf)</i>	1	
<i>hydrocodone bitartrate er</i>	1	QL
<i>hydromorphone hcl</i>	1	QL
<i>hydromorphone hcl er</i>	1	QL
<i>meperidine hcl</i>	1	QL

Label Name	Tier	Requirements/Limits
<i>methadone hcl</i>	1	QL
<i>methadone hcl intensol</i>	1	QL
<i>methadose</i>	1	QL
<i>morphine sulfate (concentrate)</i>	1	
<i>morphine sulfate er</i>	1	QL
<i>morphine sulfate er beads</i>	1	QL
<i>morphine sulfate solution</i>	1	
<i>morphine sulfate suppository</i>	1	QL
<i>morphine sulfate tablet</i>	1	QL
<i>oxycodone hcl</i>	1	QL
<i>oxycodone hcl er</i>	1	QL
<i>oxymorphone hcl</i>	1	QL
<i>oxymorphone hcl er</i>	1	QL
<i>tramadol hcl</i>	1	QL
<i>tramadol hcl (er biphasic)</i>	1	QL
<i>tramadol hcl er</i>	1	QL
XTAMPZA ER	2	QL
*Opioid Antagonists** - Drugs For Overdose Or Poisoning		
KLOXXADO	3	QL
<i>naloxone hcl liquid</i>	1	QL
<i>naloxone hcl solution</i>	1	
<i>naloxone hcl solution cartridge</i>	1	
<i>naloxone hcl solution prefilled syringe</i>	1	
<i>naltrexone hcl</i>	1	
VIVITROL	3	QL
*Opioid Combinations** - Drugs For Pain		
<i>acetaminophen-codeine</i>	1	QL
<i>apap-caff-dihydrocodeine</i>	2	QL
<i>ascomp-codeine</i>	1	QL
<i>butalbital-apap-caff-cod</i>	1	QL
<i>butalbital-asa-caff-codeine</i>	1	QL
<i>endocet</i>	1	QL
<i>hydrocodone-acetaminophen</i>	1	QL
<i>hydrocodone-ibuprofen</i>	1	QL
<i>oxycodone-acetaminophen</i>	1	QL
<i>tramadol-acetaminophen</i>	1	QL
*Opioid Partial Agonists** - Drugs For Pain		
<i>buprenorphine</i>	1	QL
<i>buprenorphine hcl</i>	1	QL

Label Name	Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl film</i>	1	QL
<i>buprenorphine hcl-naloxone hcl tablet sublingual</i>	2	QL
<i>butorphanol tartrate</i>	1	QL
<i>pentazocine-naloxone hcl</i>	1	QL
*Otic Agents - Miscellaneous** - Drugs For The Ear		
<i>acetic acid</i>	1	
*Otic Anti-infectives** - Drugs For The Ear		
CETRAXAL	3	
<i>ciprofloxacin hcl</i>	1	
<i>ofloxacin</i>	1	
*Otic Combinations** - Drugs For The Ear		
<i>ciprofloxacin-dexamethasone</i>	2	QL
<i>ciprofloxacin-fluocinolone pf</i>	3	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc</i>	1	
PRAMOTIC	1	
*Otic Steroids** - Drugs For The Ear		
<i>flac</i>	1	
<i>fluocinolone acetonide</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
*Oxazolidinones** - Drugs For Infections		
<i>linezolid</i>	3	QL
SIVEXTRO	4	QL
*Oxytocics** - Hormones		
<i>methylergonovine maleate</i>	1	
*Parenteral Therapy Supplies** - Medical Supplies		
1ST TIER UNIFINE PENTIPS	1	
1ST TIER UNIFINE PENTIPS PLUS	1	
ABOUTTIME PEN NEEDLE	3	
ADVOCATE INSULIN PEN NEEDLE	3	
ADVOCATE INSULIN PEN NEEDLES	3	
ADVOCATE INSULIN SYRINGE	3	
AQ INSULIN SYRINGE	3	
AQINJECT PEN NEEDLE	3	

Label Name	Tier	Requirements/Limits
ASSURE ID DUO PRO PEN NEEDLES	3	
ASSURE ID PRO PEN NEEDLES	3	
ASSURE ID SAFETY PEN NEEDLES	3	
AUM INSULIN SAFETY PEN NEEDLE	1	
AUM MINI INSULIN PEN NEEDLE	1	
AUM PEN NEEDLE	1	
AUM READYGARD DUO PEN NEEDLE	3	
AUM SAFETY PEN NEEDLE	3	
AURORA PEN NEEDLES	1	
AUTOKEEPER SAFETY PEN NEEDLE	3	
BD AUTOSHIELD DUO	3	
BD BLUNT FILL NEEDLE	3	
BD ECLIPSE NEEDLE	3	
BD INS SYR ULTRAFINE 1/2UNIT	3	
BD INSULIN SYR ULTRAFINE II	3	
BD INSULIN SYRINGE	3	
BD INSULIN SYRINGE HALF-UNIT	3	
BD INSULIN SYRINGE MICROFINE	3	
BD INSULIN SYRINGE U/F	3	
BD INSULIN SYRINGE U-500	3	
BD INSULIN SYRINGE ULTRAFINE	3	
BD LUER-LOK SYRINGE	3	
BD PEN NEEDLE MICRO ULTRAFINE	3	
BD PEN NEEDLE MINI ULTRAFINE	3	
BD PEN NEEDLE NANO 2ND GEN	3	
BD PEN NEEDLE NANO ULTRAFINE	3	
BD PEN NEEDLE ORIG ULTRAFINE	3	
BD PEN NEEDLE SHORT ULTRAFINE	3	

Label Name	Tier	Requirements/Limits
BD SAFETYGLIDE INSULIN SYRINGE	3	
BD SYRINGE LUER SLIP TIP	3	
BD SYRINGE LUER-LOK	3	
BD SYRINGE SLIP TIP	3	
BD VEO INSULIN SYR U/F 1/2UNIT	3	
BD VEO INSULIN SYR ULTRAFINE	3	
CAREFINE PEN NEEDLES	3	
CAREONE INSULIN SYRINGE	1	
CAREONE UNIFINE PENTIPS PLUS	1	
CAREPOINT POLY HUB NEEDLE	3	
CAREPOINT PRECISION POLY HUB	3	
CAREPOINT SAFETY 1ST NEEDLE	3	
CAREPOINT SAFETY1ST SYR/NEEDLE	3	
CAREPOINT SYRINGE CATHETER TIP	3	
CAREPOINT SYRINGE LUER LOCK	3	
CAREPOINT SYRINGE LUER SLIP	3	
CARETOUCH INSULIN SYRINGE	3	
CARETOUCH PEN NEEDLES	3	
CEQR SIMPLICITY INSERTER	3	
CLEVER CHOICE COMFORT EZ	3	
CLICKFINE PEN NEEDLES MISCELLANEOUS 31G X 5 MM, 31G X 6 MM, 32G X 4 MM	3	
CLICKFINE PEN NEEDLES MISCELLANEOUS 31G X 8 MM	1	
COMFORT ASSIST INSULIN SYRINGE	3	
COMFORT EZ INSULIN SYRINGE	3	
COMFORT EZ MICRO PEN NEEDLES	3	
COMFORT EZ PEN NEEDLES	3	
COMFORT EZ PRO PEN NEEDLES	3	

Label Name	Tier	Requirements/Limits
COMFORT EZ SHORT PEN NEEDLES	3	
COMFORT TOUCH INSULIN PEN NEED	3	
DEFLUX METAL NEEDLE	3	
DIATHRIVE PEN NEEDLE	3	
DROPLET INSULIN SYRINGE	3	
DROPLET MICRON	3	
DROPLET PEN NEEDLES	3	
DROPSAFE SAFETY PEN NEEDLES	1	
DROPSAFE SAFETY SYRINGE/NEEDLE	3	
DROPSAFE SICURA	3	
DRUG MART UNIFINE PENTIPS	1	
DRUG MART UNIFINE PENTIPS PLUS	1	
EASY COMFORT INSULIN SYRINGE	1	
EASY COMFORT PEN NEEDLES	1	
EASY GLIDE PEN NEEDLES	1	
EASY TOUCH FLIPLOCK INSULIN SY	3	
EASY TOUCH INSULIN SAFETY SYR	3	
EASY TOUCH INSULIN SYRINGE	3	
EASY TOUCH PEN NEEDLES	3	
EASY TOUCH SAFETY PEN NEEDLES	3	
EASY TOUCH SHEATHLOCK SYRINGE	3	
EASYPOINT NEEDLE	3	
EASYPOINT NEEDLE/SYRINGE	3	
EMBECTA AUTOSHIELD DUO	3	
EMBECTA INS SYR U/F 1/2 UNIT	3	
EMBECTA INSULIN SYR ULTRAFINE MISCELLANEOUS 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 1	3	

Label Name	Tier	Requirements/Limits
ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		
EMBECTA INSULIN SYR ULTRAFINE MISCELLANEOUS 31G X 15/64" 0.5 ML	1	
EMBECTA INSULIN SYRINGE	3	
EMBECTA INSULIN SYRINGE U-100	3	
EMBECTA INSULIN SYRINGE U-500	3	
EMBECTA PEN NEEDLE NANO	3	
EMBECTA PEN NEEDLE NANO 2 GEN	3	
EMBECTA PEN NEEDLE ULTRAFINE	3	
EMBRACE PEN NEEDLES	3	
EQL INSULIN SYRINGE	1	
FIFTY50 PEN NEEDLES	3	
FIFTY50 SUPERIOR COMFORT SYR	3	
GLOBAL EASE INJECT PEN NEEDLES	1	
GLOBAL EASY GLIDE INSULIN SYR	1	
GLOBAL EASY GLIDE PEN NEEDLES	1	
GLOBAL INJECT EASE INSULIN SYR	1	
GLOBAL INSULIN SYRINGES	1	
GLUCOPRO INSULIN SYRINGE	3	
GNP CLICKFINE PEN NEEDLES	1	
GNP INSULIN SYRINGE	1	
GNP INSULIN SYRINGES	1	
GNP INSULIN SYRINGES 28GX1/2"	1	
GNP INSULIN SYRINGES 29GX1/2"	1	
GNP INSULIN SYRINGES 30GX5/16"	1	
GNP INSULIN SYRINGES 31GX5/16"	1	

Label Name	Tier	Requirements/Limits
GNP ULTICARE PEN NEEDLES	1	
GNP ULTIGUARD SAFEPAK NEEDLE	3	
GNP ULTRA COM INSULIN SYRINGE	1	
GOODSENSE CLICKFINE PEN NEEDLE	1	
GOODSENSE PEN NEEDLE PENFINE	3	
HEALTHWISE INSULIN SYR/NEEDLE	1	
HEALTHWISE MICRON PEN NEEDLES	1	
HEALTHWISE SHORT PEN NEEDLES	1	
H-E-B INCONTROL PEN NEEDLES	1	
H-E-B INCONTROL UNIFINE PENTIP	3	
HM ULTICARE INSULIN SYRINGE	3	
HM ULTICARE MINI PEN NEEDLES	3	
HM ULTICARE SHORT PEN NEEDLES	3	
INCONTROL ULTICARE PEN NEEDLES	3	
<i>insulin syringe</i>	1	
<i>insulin syringe-needle u-100</i>	1	
INSUPEN PEN NEEDLES	1	
INSUPEN SENSITIVE	3	
INSUPEN ULTRAFIN	3	
J-TIP KIT W/VIAL ADAPTERS	3	
KINRAY INSULIN SYRINGE	1	
KMART VALU INSULIN SYRINGE 29G	1	
KMART VALU INSULIN SYRINGE 30G	1	
KROGER INSULIN SYRINGE	1	
KROGER PEN NEEDLES	1	
LEADER INSULIN SYRINGE	1	
LEADER UNIFINE PENTIPS	3	

Label Name	Tier	Requirements/Limits
LEADER UNIFINE PENTIPS PLUS	3	
LITETOUCH INSULIN SYRINGE	3	
LITETOUCH PEN NEEDLES	3	
LONGS INSULIN SYRINGE	1	
MAGELLAN INSULIN SAFETY SYR	3	
MAGELLAN SYRINGE-SAFETY NEEDLE	3	
MAGELLAN TUBERCULIN SYRINGE	3	
MARATHON MEDICAL PENTIPS	3	
MAXICOMFORT II PEN NEEDLE	3	
MAXI-COMFORT INSULIN SYRINGE	3	
MAXI-COMFORT SAFETY PEN NEEDLE	3	
MAXICOMFORT SYR 27G X 1/2"	3	
MEDIC INSULIN SYRINGE	1	
MEDICINE SHOPPE PEN NEEDLES	1	
MEIJER PEN NEEDLES	1	
MICRODOT PEN NEEDLE	3	
MM INSULIN SYRINGE/NEEDLE	1	
MM PEN NEEDLES	3	
MONOJECT ALLERGIST TRAY	3	
MONOJECT BLUNTIP CANNULA	3	
MONOJECT BLUNTIP SYR/CANNULA	3	
MONOJECT CONTROL SYRINGE	3	
MONOJECT FILTER NEEDLE	3	
MONOJECT HYPODERMIC NEEDLE	3	
MONOJECT INSULIN SYRINGE	3	
MONOJECT INTRODUCER NEEDLE	3	
MONOJECT LIFESHIELD SYRINGE	3	
MONOJECT MAGELLAN SAFETY NDL	3	
MONOJECT MAGELLAN SYRINGE	3	
MONOJECT PHARMACY TRAY	3	

Label Name	Tier	Requirements/Limits
MONOJECT PISTON SYRINGE	3	
MONOJECT SHARPS CONTAINER	3	
MONOJECT SYRINGE	3	
MONOJECT SYRINGE CATH TIP	3	
MONOJECT SYRINGE ECC LUER	3	
MONOJECT SYRINGE ECCENTRIC TIP	3	
MONOJECT SYRINGE LUER LOCK	3	
MONOJECT SYRINGE LUER-LOCK TIP	3	
MONOJECT SYRINGE PHARMACY TRAY	3	
MONOJECT SYRINGE REG LUER	3	
MONOJECT SYRINGE REGULAR TIP	3	
MONOJECT SYRINGE TOOMEY TYPE	3	
MONOJECT TB SAFETY SYRINGE	3	
MONOJECT TB SYRINGE	3	
MONOJECT ULTRA COMFORT SYRINGE	3	
MS INSULIN SYRINGE	1	
NORDIPEN 5 INJECTION DEVICE	3	
NORM-JECT LUER SLIP SYRINGE	3	
NOVOFINE AUTOCOVER PEN NEEDLE	3	
NOVOFINE PEN NEEDLE	3	
NOVOFINE PLUS PEN NEEDLE	3	
PC UNIFINE PENTIPS	1	
<i>pen needles</i>	1	
<i>pen needles 5/16"</i>	1	
PENTIPS	3	
PENTIPS GENERIC PEN NEEDLES	3	
PIP PEN NEEDLES 31G X 5MM	1	
PIP PEN NEEDLES 32G X 4MM	1	
PRECISION SURE-DOSE SYRINGE	3	
PREFERRED PLUS INSULIN SYRINGE	1	

Label Name	Tier	Requirements/Limits
PREFERRED PLUS UNIFINE PENTIPS	1	
PREVENT DROPSAFE PEN NEEDLES	3	
PREVENT SAFETY PEN NEEDLES	3	
PRO COMFORT INSULIN SYRINGE	3	
PRO COMFORT PEN NEEDLES	1	
PRODIGY INSULIN SYRINGE	3	
PURE COMFORT PEN NEEDLE	1	
PURE COMFORT SAFETY PEN NEEDLE	3	
PX EXTRA SHORT PEN NEEDLES	1	
PX INSULIN SYRINGE	1	
PX MINI PEN NEEDLES	1	
PX PEN NEEDLE	1	
PX SHORTLENGTH PEN NEEDLES	1	
QC PEN NEEDLES	1	
QC UNIFINE PENTIPS	1	
RA INSULIN SYRINGE	1	
RA PEN NEEDLES	1	
RAYA SURE PEN NEEDLE	1	
REALITY INSULIN SYRINGE	1	
RELION INSULIN SYRINGE	3	
RELION MINI PEN NEEDLES	3	
RELION PEN NEEDLES	3	
RELION SHORT PEN NEEDLES	3	
<i>safety pen needles</i>	1	
SB INSULIN SYRINGE	1	
SECURESAFE INSULIN SYRINGE	3	
SECURESAFE SAFETY PEN NEEDLES	3	
<i>sharps container</i>	3	
SOL-M SYRINGE LUER LOCK	3	
SURE COMFORT INSULIN SYRINGE	1	
SURE COMFORT PEN NEEDLES	1	
<i>syringe luer lock</i>	1	
<i>syringe luer slip</i>	1	
TECHLITE INSULIN SYRINGE	1	

Label Name	Tier	Requirements/Limits
TECHLITE PEN NEEDLES	3	
TECHLITE PLUS PEN NEEDLES	3	
THE EPINEPHRINE SYRINGE	3	
TODAYS HEALTH PEN NEEDLES	1	
TODAYS HEALTH SHORT PEN NEEDLE	1	
<i>toomey syringe</i>	1	
TOPCARE CLICKFINE PEN NEEDLES	1	
TOPCARE ULTRA COMFORT INS SYR	1	
TOPFINE INSULIN PEN NEEDLE	3	
TRUE COMFORT INSULIN SYRINGE	1	
TRUE COMFORT PEN NEEDLES	1	
TRUE COMFORT PRO INSULIN SYR	1	
TRUE COMFORT PRO PEN NEEDLES	1	
TRUEPLUS 5-BEVEL PEN NEEDLES	3	
TRUEPLUS INSULIN SYRINGE	3	
TRUEPLUS PEN NEEDLES	3	
ULTICARE INSULIN SAFETY SYR	3	
ULTICARE INSULIN SYR 1/2 UNIT	3	
ULTICARE INSULIN SYRINGE	3	
ULTICARE MICRO PEN NEEDLES	3	
ULTICARE MINI PEN NEEDLES	3	
ULTICARE PEN NEEDLES	3	
ULTICARE SHORT PEN NEEDLES	3	
ULTIGUARD SAFEPAK PEN NEEDLE	3	
ULTIGUARD SAFEPAK SYR/NEEDLE	3	
ULTILET PEN NEEDLE	3	
ULTRA COMFORT INSULIN SYRINGE	1	
ULTRA FLO INSULIN PEN NEEDLES	3	

Label Name	Tier	Requirements/Limits
ULTRA FLO INSULIN SYR 1/2 UNIT	3	
ULTRA FLO INSULIN SYRINGE	3	
ULTRA THIN PEN NEEDLES	3	
ULTRACARE INSULIN SYRINGE	1	
ULTRACARE PEN NEEDLES	1	
ULTRA-THIN II INS SYR SHORT	3	
ULTRA-THIN II INSULIN SYRINGE	3	
ULTRA-THIN II MINI PEN NEEDLE	3	
ULTRA-THIN II PEN NEEDLE SHORT	3	
ULTRA-THIN II PEN NEEDLES	3	
UNIFINE OTC PEN NEEDLES	3	
UNIFINE PENTIPS	3	
UNIFINE PENTIPS PLUS	3	
UNIFINE PROTECT PEN NEEDLE	3	
UNIFINE SAFECONTROL PEN NEEDLE	3	
UNIFINE ULTRA PEN NEEDLE	3	
VALUE HEALTH INSULIN SYRINGE	1	
VANISHPOINT INSULIN SYRINGE	3	
VERIFINE INSULIN PEN NEEDLE	3	
VERIFINE INSULIN SYRINGE	3	
VERIFINE PLUS PEN NEEDLE	3	
VERISAFE SAFE STERILE SYRINGE	3	
VERISAFE SAFETY STERILE NEEDLE	3	
VP INSULIN SYRINGE	1	
WEGMANS UNIFINE PENTIPS PLUS	1	
ZEVRX INSULIN SYRINGE	1	
ZEVRX PEN NEEDLES	1	
*Passive Immunizing Agents - Combinations** - Immune Drugs		
HYQVIA	4	PA; SD; Specialty Pharmacy Required

Label Name	Tier	Requirements/Limits
*Penicillin Combinations** - Drugs For Infections		
<i>amoxicillin-pot clavulanate</i>	1	
<i>amoxicillin-pot clavulanate er</i>	1	
<i>ampicillin-sulbactam sodium</i>	1	
AUGMENTIN	3	
*Penicillinase-Resistant Penicillins** - Drugs For Infections		
<i>dicloxacillin sodium</i>	1	
*Peripheral Opioid Receptor Antagonists** - Drugs For The Stomach		
<i>alvimopan</i>	1	
MOVANTIK	2	PA; QL
*Phenothiazines** - Drugs For The Nervous System		
<i>chlorpromazine hcl concentrate</i>	3	
<i>chlorpromazine hcl tablet</i>	1	
<i>compro</i>	1	
<i>fluphenazine hcl</i>	1	
<i>perphenazine</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>thioridazine hcl</i>	1	
<i>trifluoperazine hcl</i>	1	
*Phosphate Binder Agents** - Drugs For The Stomach		
<i>calcium acetate</i>	1	
<i>calcium acetate (phos binder)</i>	1	
<i>lanthanum carbonate</i>	2	
<i>sevelamer carbonate</i>	2	QL
<i>sevelamer hcl</i>	2	QL
*Phosphate** - Drugs For Nutrition		
PHOSPHA 250 NEUTRAL	3	
<i>phosphorous</i>	1	
PHOSPHO-TRIN 250 NEUTRAL	3	
PHOSPHO-TRIN K500	3	
*Phosphodiesterase 4 (PDE4) Inhibitors - Topical** - Drugs For The Skin		
EUCRISA	2	
*Phosphodiesterase 4 (PDE4) Inhibitors** - Drugs For Pain And Fever		
OTZLA	4	PA; QL; SD
OTZLA XR	4	PA; QL; SD

Label Name	Tier	Requirements/Limits
OTEZLA/OTEZLA XR INITIATION PK	4	PA; QL; SD
*PIK3CA-Related Overgrowth Spectrum (PROS) Agents** - Other Types of Drugs		
VIJOICE	4	PA; QL; SD; Specialty Pharmacy Required
*Plasma Kallikrein Inhibitors** - Drugs For The Blood		
KALBITOR	4	PA; SD; Specialty Pharmacy Required
TAKHZYRO	4	PA; QL; SD; Specialty Pharmacy Required
*Platelet Aggregation Inhibitors** - Drugs For The Blood		
<i>anagrelide hcl</i>	2	
<i>aspirin-dipyridamole er</i>	3	
CABLIVI	4	PA; QL; SD; Specialty Pharmacy Required
<i>cilostazol</i>	1	
<i>clopidogrel bisulfate</i>	1	QL
<i>dipyridamole</i>	1	QL
<i>prasugrel hcl</i>	1	QL
<i>ticagrelor</i>	2	QL
ZONTIVITY	3	PA; QL
*Posterior Pituitary Hormones** - Hormones		
<i>desmopressin ace spray refig</i>	4	ST; QL
<i>desmopressin acetate pf</i>	3	
<i>desmopressin acetate solution injection 4 mcg/ml</i>	3	
<i>desmopressin acetate solution nasal 1.5 mg/ml</i>	3	QL
<i>desmopressin acetate spray</i>	3	QL
<i>desmopressin acetate tablet</i>	2	QL
*Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents** - Drugs For The Nervous System		
<i>pregabalin er</i>	3	QL
*Potassium Removing Agents** - Other Types of Drugs		
<i>kionex</i>	1	
<i>sodium polystyrene sulfonate</i>	1	
SPS (SODIUM POLYSTYRENE SULF)	1	
<i>sps (sodium polystyrene sulf)</i>	1	

Label Name	Tier	Requirements/Limits
VELTASSA	2	QL
*Potassium Sparing Diuretics** - Drugs For The Heart		
<i>amiloride hcl</i>	1	
<i>spironolactone</i>	1	
*Potassium** - Drugs For Nutrition		
EFFER-K	1	
KLOR-CON	1	
<i>klor-con</i>	1	
KLOR-CON 10	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	
<i>klor-con/ef</i>	1	
<i>k-prime</i>	1	
<i>potassium chloride</i>	1	
<i>potassium chloride crys er</i>	1	
<i>potassium chloride er</i>	1	
*Progeria Treatment Agents** - Other Types of Drugs		
ZOKINVY	4	PA; QL; SD; Specialty Pharmacy Required
*Progesterone Receptor Antagonists** - Hormones		
<i>mifepristone tablet oral 200 mg</i>	1	Coverage is determined by your prescription medication benefit plan
*Progestin Contraceptives - Injectable** - Hormones		
DEPO-SUBQ PROVERA 104	1	QL; Coverage is determined by your prescription medication benefit plan
<i>medroxyprogesterone acetate suspension</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>medroxyprogesterone acetate suspension prefilled syringe</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
*Progestin Contraceptives - Oral** - Hormones		

Label Name	Tier	Requirements/Limits
<i>camila</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>deblitane</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>errin</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>heather</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>incassia</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>jencycla</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>lyleq</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>lyza</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>meleya</i>	1	ACA Benefit
<i>nora-be</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>norethindrone</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan

Label Name	Tier	Requirements/Limits
<i>norlyroc</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>orquidea</i>	1	
<i>sharobel</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
SLYND	3	Coverage is determined by your prescription medication benefit plan
*Progestins** - Hormones		
<i>medroxyprogesterone acetate tablet</i>	1	
<i>megestrol acetate</i>	1	
<i>norethindrone acetate</i>	1	
<i>progesterone capsule</i>	1	
<i>progesterone oil</i>	1	
*Prolactin Inhibitors** - Hormones		
<i>cabergoline</i>	1	QL
*Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors** - Drugs For The Heart		
REPATHA	2	QL
REPATHA PUSHTRONEX SYSTEM	2	QL
REPATHA SURECLICK	2	QL
*Prostaglandin Vasodilators** - Drugs For The Heart		
ORENITRAM	4	PA; QL; SD; Specialty Pharmacy Required
ORENITRAM MONTH 1	4	PA; QL; SD; Specialty Pharmacy Required
ORENITRAM MONTH 2	4	PA; QL; SD; Specialty Pharmacy Required
ORENITRAM MONTH 3	4	PA; QL; SD; Specialty Pharmacy Required
TYVASO	4	PA; QL; SD; Specialty Pharmacy Required
TYVASO DPI MAINTENANCE KIT	4	PA; QL; SD; Specialty Pharmacy Required

Label Name	Tier	Requirements/Limits
TYVASO DPI TITRATION KIT	4	PA; QL; SD; Specialty Pharmacy Required
TYVASO REFILL KIT	4	PA; QL; SD; Specialty Pharmacy Required
TYVASO STARTER KIT	4	PA; QL; SD; Specialty Pharmacy Required
VENTAVIS	4	PA; QL; SD; Specialty Pharmacy Required
*Prostaglandins - Ophthalmic** - Drugs For The Eye		
<i>latanoprost</i>	1	
<i>tafluprost (pf)</i>	2	QL
<i>travoprost (bak free)</i>	2	QL
*Prostatic Hypertrophy Agents** - Drugs For The Urinary System		
<i>alfuzosin hcl er</i>	1	
CARDURA XL	3	
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin hcl</i>	2	QL
<i>finasteride</i>	1	
<i>silodosin</i>	1	QL
<i>tamsulosin hcl</i>	1	
*Proton Pump Inhibitors** - Drugs For The Stomach		
<i>dexlansoprazole</i>	1	
<i>esomeprazole magnesium capsule delayed release</i>	1	
<i>esomeprazole magnesium packet</i>	2	QL
FIRST-LANSOPRAZOLE	3	
FIRST-PANTOPRAZOLE	1	
<i>lansoprazole capsule delayed release</i>	1	
<i>lansoprazole tablet delayed release disintegrating</i>	3	QL
<i>omeprazole</i>	1	
<i>pantoprazole sodium packet</i>	3	QL
<i>pantoprazole sodium tablet delayed release</i>	1	
<i>rabeprazole sodium capsule sprinkle</i>	3	QL
<i>rabeprazole sodium tablet delayed release</i>	1	QL

Label Name	Tier	Requirements/Limits
*Psychotherapeutic and Neurological Agents - Misc.** - Drugs For The Nervous System		
<i>ergoloid mesylates</i>	2	
<i>pimozide</i>	1	
*Pulmonary Fibrosis Agents** - Drugs For The Lungs		
<i>pirfenidone</i>	4	PA; QL; SD
*Pulmonary Hypertension - Endothelin Receptor Antagonists** - Drugs For The Heart		
<i>ambrisentan</i>	4	PA; QL; SD
<i>bosentan</i>	4	PA; QL; SD
<i>macitentan</i>	4	PA; QL; SD; Specialty Pharmacy Required
*Pulmonary Hypertension - Phosphodiesterase Inhibitors** - Drugs For The Heart		
<i>sildenafil citrate suspension reconstituted</i>	4	PA; QL; SD
<i>sildenafil citrate tablet oral 20 mg</i>	1	PA; QL
<i>tadalafil (pah)</i>	1	PA; QL
*Pulmonary Hypertension - Prostacyclin Receptor Agonist** - Drugs For The Heart		
UPTRAVI	4	PA; QL; SD; Specialty Pharmacy Required
UPTRAVI TITRATION	4	PA; QL; SD; Specialty Pharmacy Required
*Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator** - Drugs For The Heart		
ADEMPAS	4	PA; QL; SD; Specialty Pharmacy Required
*Pyrimidine Synthesis Inhibitors** - Drugs For Pain And Fever		
<i>leflunomide</i>	1	QL
*Pyruvate Kinase Activators** - Drugs For The Blood		
PYRUKYND	4	PA; QL; SD; Specialty Pharmacy Required
PYRUKYND TAPER PACK	4	PA; QL; SD; Specialty Pharmacy Required
*Quinolinone Derivatives** - Drugs For The Nervous System		
ABILIFY MAINTENA	3	QL
<i>aripiprazole solution</i>	3	QL
<i>aripiprazole tablet</i>	1	QL
<i>aripiprazole tablet disintegrating</i>	3	QL

Label Name	Tier	Requirements/Limits
ARISTADA	3	QL
ARISTADA INITIO	3	QL
REXULTI	3	QL
*Rectal Combinations** - Rectal Preparations		
<i>lidocaine-hydrocort (perianal)</i>	1	
*Rectal Steroids** - Rectal Preparations		
<i>hydrocortisone (perianal)</i>	1	
<i>hydrocortisone acetate</i>	1	
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
*Respiratory Syncytial Virus (RSV) Agents** - Drugs For Infections		
<i>ribavirin</i>	4	QL
*Respiratory Therapy Supplies** - Medical Supplies		
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER MINI CHAMBER	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU	2	
AEROCHAMBER PLUS FLO-VU INTERM	2	
AEROCHAMBER PLUS FLO-VU LARGE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM	2	
AEROCHAMBER PLUS FLO-VU SMALL	2	
AEROCHAMBER PLUS FLO-VU W/MASK	2	
AEROCHAMBER PLUS FLOW VU	2	
AEROCHAMBER W/FLOWSIGNAL	2	
AEROCHAMBER Z-STAT PLUS	2	
AEROCHAMBER Z-STAT PLUS CHAMBR	2	
AEROCHAMBER Z-STAT PLUS/LARGE	2	

Label Name	Tier	Requirements/Limits
AEROCHAMBER Z-STAT PLUS/MEDIUM	2	
AEROCHAMBER Z-STAT PLUS/SMALL	2	
AEROCHAMBER2GO ANTI-STATIC	2	
AEROVENT PLUS	2	
BREATHE EASE LARGE	2	
BREATHE EASE MEDIUM	2	
BREATHE EASE SMALL	2	
BREATHERITE VALVED MDI CHAMBER	2	
CLEVER CHOICE HOLDING CHAMBER	2	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER/LG MASK	2	
COMPACT SPACE CHAMBER/MED MASK	2	
COMPACT SPACE CHAMBER/SM MASK	2	
EASIVENT	2	
EASIVENT MASK LARGE	2	
EASIVENT MASK MEDIUM	2	
EASIVENT MASK SMALL	2	
EQ SPACE CHAMBER ANTI-STATIC	2	
EQ SPACE CHAMBER ANTI-STATIC L	2	
EQ SPACE CHAMBER ANTI-STATIC M	2	
EQ SPACE CHAMBER ANTI-STATIC S	2	
FLEXICHAMBER	2	
FLEXICHAMBER ADULT MASK/SMALL	2	
FLEXICHAMBER CHILD MASK/LARGE	2	
FLEXICHAMBER CHILD MASK/SMALL	2	
INSPIREASE	1	

Label Name	Tier	Requirements/Limits
INSPIREASE RESERVOIR BAGS	1	
MICROCHAMBER	2	
MICROSPACER	2	
OPTICHAMBER DIAMOND	2	
OPTICHAMBER DIAMOND-LG MASK	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
POCKET CHAMBER	2	
POCKET SPACER	2	
PROCHAMBER VHC	3	
RITEFLO	2	
VORTEX HOLD CHMBR/MASK/CHILD	2	
VORTEX HOLD CHMBR/MASK/TODDLER	2	
VORTEX VALVE CHAMBER-PEDI MASK	2	
VORTEX VALVED HOLDING CHAMBER	2	
*Rett Syndrome Agents** - Drugs For Nerves And Muscles		
DAYBUE	4	PA; QL; SD; Specialty Pharmacy Required
DAYBUE STIX	4	PA; QL; SD; Specialty Pharmacy Required
*Rosacea Agents** - Drugs For The Skin		
<i>azelaic acid</i>	2	
<i>ivermectin cream</i>	1	
<i>metronidazole</i>	1	
*Salicylates** - Drugs For Pain And Fever		
ADULT ASPIRIN REGIMEN	1	ACA Benefit
<i>aspirin</i>	1	ACA Benefit
ASPIRIN 81	1	ACA Benefit
ASPIRIN ADULT LOW DOSE	1	ACA Benefit
ASPIRIN ADULT LOW STRENGTH	1	ACA Benefit
ASPIRIN CHILDRENS	1	ACA Benefit
ASPIRIN EC ADULT LOW DOSE	1	ACA Benefit
ASPIRIN EC LOW DOSE	1	ACA Benefit

Label Name	Tier	Requirements/Limits
ASPIRIN EC LOW STRENGTH	1	ACA Benefit
ASPIRIN LOW DOSE	1	ACA Benefit
<i>aspirin low dose</i>	1	ACA Benefit
ASPIRIN REGIMEN	1	ACA Benefit
<i>bayer aspirin ec low dose</i>	1	ACA Benefit
<i>bayer low dose</i>	1	ACA Benefit
CHILDRENS ASPIRIN	1	ACA Benefit
CVS ASPIRIN ADULT LOW DOSE	1	ACA Benefit
CVS ASPIRIN ADULT LOW STRENGTH	1	ACA Benefit
CVS ASPIRIN EC	1	ACA Benefit
CVS ASPIRIN LOW DOSE	1	ACA Benefit
CVS ASPIRIN LOW STRENGTH	1	ACA Benefit
<i>diflunisal</i>	1	
<i>ecotrin low strength</i>	1	ACA Benefit
EQ ASPIRIN ADULT LOW DOSE	1	ACA Benefit
EQ ASPIRIN LOW DOSE	1	ACA Benefit
EQL ASPIRIN LOW DOSE	1	ACA Benefit
GNP ADULT ASPIRIN LOW STRENGTH	1	ACA Benefit
GNP ASPIRIN	1	ACA Benefit
GNP ASPIRIN LOW DOSE	1	ACA Benefit
GOODSENSE ASPIRIN	1	ACA Benefit
GOODSENSE ASPIRIN LOW DOSE	1	ACA Benefit
H-E-B ASPIRIN	1	ACA Benefit
HM ASPIRIN EC LOW DOSE	1	ACA Benefit
KLS ASPIRIN LOW DOSE	1	ACA Benefit
KP ASPIRIN	1	ACA Benefit
MM ASPIRIN	1	ACA Benefit
PX ASPIRIN	1	ACA Benefit
PX ENTERIC ASPIRIN	1	ACA Benefit
QC ASPIRIN LOW DOSE	1	ACA Benefit
QC CHILDRENS ASPIRIN	1	ACA Benefit
RA ASPIRIN ADULT LOW DOSE	1	ACA Benefit
RA ASPIRIN ADULT LOW STRENGTH	1	ACA Benefit
RA ASPIRIN CHILDRENS	1	ACA Benefit
RA ASPIRIN EC	1	ACA Benefit
RA ASPIRIN EC ADULT LOW ST	1	ACA Benefit

Label Name	Tier	Requirements/Limits
<i>salsalate</i>	1	
SB CHILDRENS ASPIRIN	1	ACA Benefit
SB LOW DOSE ASA EC	1	ACA Benefit
SM ASPIRIN ADULT LOW STRENGTH	1	ACA Benefit
SM ASPIRIN LOW DOSE	1	ACA Benefit
SM CHILDRENS ASPIRIN	1	ACA Benefit
<i>st joseph aspirin</i>	1	ACA Benefit
<i>st joseph low dose</i>	1	ACA Benefit
*Scabicides & Pediculicides** - Drugs For The Skin		
CROTAN	1	
<i>ivermectin lotion</i>	1	
<i>malathion</i>	1	
<i>permethrin</i>	1	
<i>spinosad</i>	2	QL
*Selective Aldosterone Receptor Antagonists (SARAs)** - Drugs For The Heart		
<i>eplerenone</i>	1	
*Selective Melatonin Receptor Agonists** - Drugs For Sleep		
<i>ramelteon</i>	2	QL
*Selective Phosphodiesterase 4 (PDE4) Inhibitors** - Drugs For The Lungs		
<i>roflumilast</i>	2	QL
*Selective Serotonin Reuptake Inhibitors (SSRIs)** - Drugs For The Nervous System		
<i>citalopram hydrobromide</i>	1	
<i>escitalopram oxalate</i>	1	
<i>fluoxetine hcl</i>	1	
<i>fluvoxamine maleate</i>	1	QL
<i>fluvoxamine maleate er</i>	2	QL
<i>paroxetine hcl</i>	1	
<i>paroxetine hcl er</i>	1	
<i>sertraline hcl</i>	1	
*Serotonin Agonists** - Drugs For The Nervous System		
<i>almotriptan malate</i>	2	QL
<i>eletriptan hydrobromide</i>	2	QL
<i>frovatriptan succinate</i>	2	QL
<i>naratriptan hcl</i>	2	QL
<i>rizatriptan benzoate</i>	1	QL
<i>sumatriptan</i>	1	QL

Label Name	Tier	Requirements/Limits
<i>sumatriptan succinate</i>	1	QL
<i>sumatriptan succinate refill</i>	1	QL
<i>zolmitriptan</i>	1	QL
*Serotonin Modulators** - Drugs For The Nervous System		
<i>nefazodone hcl</i>	1	
<i>trazodone hcl</i>	1	
TRINTELLIX	2	PA; QL
<i>vilazodone hcl</i>	2	
*Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)** - Drugs For The Nervous System		
<i>desvenlafaxine succinate er</i>	1	
<i>duloxetine hcl</i>	1	
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er capsule extended release 24 hour</i>	1	
<i>venlafaxine hcl er tablet extended release 24 hour</i>	1	QL
*Short Bowel Syndrome (SBS) Agents** - Drugs For The Stomach		
GATTEX	4	PA; QL; SD; Specialty Pharmacy Required
Sinus Node Inhibitors - Drugs For The Heart		
CORLANOR	3	QL
<i>ivabradine hcl</i>	3	QL
*Smoking Deterrents** - Drugs For The Nervous System		
<i>bupropion hcl er (smoking det)</i>	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
CVS NICOTINE	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
CVS NICOTINE POLACRILEX	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
EQ NICOTINE	1	ACA Benefit 168 day supply in 365 days;

Label Name	Tier	Requirements/Limits
		Coverage is determined by your prescription medication benefit plan
EQ NICOTINE POLACRILEX	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
EQ NICOTINE STEP 3	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
GNP NICOTINE GUM MOUTH/THROAT 2 MG	1	ACA Benefit 168 day supply in 365 days
GNP NICOTINE GUM MOUTH/THROAT 4 MG	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
GNP NICOTINE MINI	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
GNP NICOTINE PATCH 24 HOUR	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
GNP NICOTINE POLACRILEX	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
GOODSENSE NICOTINE	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan

Label Name	Tier	Requirements/Limits
<i>nicotine</i>	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
NICOTINE MINI	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
<i>nicotine polacrilex</i>	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
NICOTINE POLACRILEX MINI	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
NICOTINE STEP 1	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
NICOTINE STEP 2	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
NICOTINE STEP 3	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
NICOTROL NS	3	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan

Label Name	Tier	Requirements/Limits
QC NICOTINE TRANSDERMAL SYSTEM	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
RA MINI NICOTINE	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
RA NICOTINE	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
RA NICOTINE GUM	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
RA NICOTINE POLACRILEX	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
SM NICOTINE	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
SM NICOTINE POLACRILEX	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
<i>varenicline tartrate</i>	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan

Label Name	Tier	Requirements/Limits
<i>varenicline tartrate (starter)</i>	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
<i>varenicline tartrate(continue)</i>	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
*Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors** - Hormones		
<i>dapagliflozin</i>	1	QL
JARDIANCE	2	QL
*Somatostatic Agents** - Hormones		
MYCAPSSA	4	PA; QL; SD; Specialty Pharmacy Required
<i>octreotide acetate</i>	4	PA; QL; SD; Specialty Pharmacy Required
SIGNIFOR	4	PA; QL; SD; Specialty Pharmacy Required
SOMATULINE DEPOT	4	PA; QL; SD; Specialty Pharmacy Required
*Spermicides** - Drugs For Women		
ENCARE	1	ACA Benefit
OPTIONS GYNOL II CONTRACEPTIVE	3	ACA Benefit
TODAY SPONGE	3	ACA Benefit
VCF VAGINAL CONTRACEPTIVE	3	ACA Benefit
*Spinal Muscular Atrophy Agents (SMA)** - Drugs For Nerves And Muscles		
EVRYSDI	4	PA; QL; SD; Specialty Pharmacy Required
*Stem Cell Mobilizers** - Drugs For The Blood		
<i>plerixafor</i>	4	PA; QL; SD; Specialty Pharmacy Required
*Steroid Inhalants** - Drugs For The Lungs		
<i>budesonide suspension</i>	1	QL
<i>fluticasone furoate ellipta</i>	2	QL
<i>fluticasone propionate diskus</i>	2	QL
<i>fluticasone propionate hfa</i>	2	QL

Label Name	Tier	Requirements/Limits
*Steroids - Mouth/Throat/Dental** - Drugs For The Mouth And Throat		
<i>triamcinolone acetonide</i>	1	
*Stimulant Laxatives** - Drugs For The Stomach		
BISACODYL EC	1	
*Stimulants - Misc.** - Drugs For The Nervous System		
<i>armodafinil</i>	1	QL
AZSTARYS	3	
<i>dexmethylphenidate hcl</i>	1	QL
<i>dexmethylphenidate hcl er</i>	1	QL
<i>methylphenidate</i>	1	QL
<i>methylphenidate hcl</i>	1	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)</i>	1	QL
<i>methylphenidate hcl er (xr)</i>	1	QL
<i>methylphenidate hcl er(diffus)</i>	1	QL
<i>modafinil</i>	3	QL
*Substance P/Neurokinin 1 (NK1) Receptor Antagonists** - Drugs For The Stomach		
<i>aprepitant</i>	2	QL
EMEND	3	QL
VARUBI (180 MG DOSE)	3	QL
*Succinimides** - Drugs For The Nervous System		
<i>ethosuximide</i>	1	
*Sulfonamides** - Drugs For Infections		
<i>sulfadiazine</i>	1	
*Sulfonylureas** - Hormones		
<i>glimepiride tablet oral 1 mg, 2 mg, 4 mg</i>	1	
<i>glimepiride tablet oral 3 mg</i>	3	QL
<i>glipizide</i>	1	
<i>glipizide er</i>	1	
GLIPIZIDE XL	1	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
*Surfactant Laxatives** - Drugs For The Stomach		
<i>docusate sodium</i>	1	
*Sympathomimetic Decongestants** - Drugs For The Nose		

Label Name	Tier	Requirements/Limits
<i>epinephrine hcl (nasal)</i>	1	
<i>pseudoephedrine hcl</i>	1	
<i>sudogest</i>	1	
*Sympathomimetics** - Drugs For The Lungs		
<i>albuterol sulfate hfa</i>	1	QL
<i>albuterol sulfate nebulization solution</i>	1	QL
<i>albuterol sulfate syrup</i>	1	
<i>albuterol sulfate tablet</i>	1	
<i>arformoterol tartrate</i>	1	QL
<i>breyana</i>	1	QL
<i>budesonide-formoterol fumarate</i>	1	QL
<i>fluticasone furoate-vilanterol</i>	2	QL
<i>fluticasone-salmeterol aerosol</i>	3	QL
<i>fluticasone-salmeterol aerosol powder breath activated</i>	1	QL
<i>formoterol fumarate</i>	1	QL
<i>ipratropium-albuterol</i>	1	
<i>isoproterenol hcl</i>	1	
<i>levalbuterol hcl</i>	1	QL
<i>levalbuterol tartrate</i>	1	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
<i>terbutaline sulfate</i>	1	
TRELEGY ELLIPTA	2	QL
<i>wixela inhub</i>	1	QL
*Systemic Lupus Erythematosus Agents** - Other Types of Drugs		
BENLYSTA	4	PA; QL; SD; Specialty Pharmacy Required
*Tetracyclines** - Drugs For Infections		
<i>demeclocycline hcl</i>	1	
<i>doxycycline hyclate</i>	1	
<i>doxycycline monohydrate</i>	1	
<i>minocycline hcl</i>	1	
<i>mondoxylene nl</i>	1	
<i>tetracycline hcl</i>	1	
*Thiazides and Thiazide-Like Diuretics** - Drugs For The Heart		
<i>chlorthalidone</i>	1	
HEMICLOR	1	
<i>hydrochlorothiazide</i>	1	

Label Name	Tier	Requirements/Limits
<i>indapamide</i>	1	
<i>metolazone</i>	1	
*Thioxanthenes** - Drugs For The Nervous System		
<i>thiothixene</i>	1	
*Throat Products - Misc.** - Drugs For The Mouth And Throat		
CAPHOSOL	3	
<i>cevimeline hcl</i>	1	
<i>pilocarpine hcl</i>	1	
*Thrombin Inhibitors** - Drugs For The Blood		
<i>dabigatran etexilate mesylate</i>	1	
*Thyroid Hormones** - Hormones		
AMERITHROID	2	
ARMOUR THYROID	3	
ERMEZA	3	
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine sodium</i>	1	
<i>levoxyl</i>	1	
<i>liomny</i>	1	
<i>liothyronine sodium</i>	1	
NP THYROID	1	
SYNTHROID	2	
<i>unithroid</i>	1	
*Topoisomerase I Inhibitors** - Drugs For Cancer		
HYCANTIN	4	PA; QL; SD
*Toxoid Combinations** - Vaccines		
ADACEL	3	ACA Benefit
BOOSTRIX	3	ACA Benefit
DAPTACEL	3	ACA Benefit
INFANRIX	3	ACA Benefit
KINRIX	3	ACA Benefit
PEDIARIX	3	ACA Benefit
PENTACEL	3	ACA Benefit
QUADRACEL	3	ACA Benefit
TDVAX	3	ACA Benefit
TENIVAC	3	ACA Benefit
<i>tetanus-diphtheria toxoids td</i>	3	ACA Benefit
VAXELIS	3	ACA Benefit
*Transthyretin Stabilizers** - Drugs For The Heart		

Label Name	Tier	Requirements/Limits
ATTRUBY	4	PA; QL; SD; Specialty Pharmacy Required
VYNDAMAX	4	PA; QL; SD; Specialty Pharmacy Required
VYNDAQEL	4	PA; QL; SD; Specialty Pharmacy Required
*Tricyclic Agents** - Drugs For The Nervous System		
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	1	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl</i>	1	
<i>doxepin hcl capsule</i>	1	
<i>doxepin hcl concentrate</i>	1	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
<i>nortriptyline hcl</i>	1	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate</i>	1	
*Tryptophan Hydroxylase Inhibitors** - Drugs For The Stomach		
XERMELO	4	PA; QL; SD; Specialty Pharmacy Required
*Ulcer Drugs - Prostaglandins** - Drugs For The Stomach		
<i>misoprostol</i>	1	
*Ulcer Therapy Combinations** - Drugs For The Stomach		
<i>amoxicill-clarithro-lansopraz</i>	3	
<i>bis subcit-metronid-tetracyc</i>	3	
<i>bismuth/metronidaz/tetracyclin</i>	3	
*Uricosurics** - Drugs For Joint Pain		
<i>probenecid</i>	2	
*Urinary Analgesics** - Drugs For The Urinary System		
<i>phenazo</i>	1	
<i>phenazopyridine hcl</i>	1	
*Urinary Anti-infectives** - Drugs For Infections		
<i>fosfomycin tromethamine</i>	1	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
<i>nitrofurantoin suspension oral 25 mg/5ml, 50 mg/5ml</i>	4	QL; AL

Label Name	Tier	Requirements/Limits
<i>nitrofurantoin suspension oral 50 mg/10ml</i>	4	
*Urinary Antispasmodic - Antimuscarinics (Anticholinergic)** - Drugs For The Bladder		
<i>darifenacin hydrobromide er</i>	1	
<i>fesoterodine fumarate er</i>	1	QL
<i>oxybutynin chloride</i>	1	
<i>oxybutynin chloride er</i>	1	
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	2	QL
<i>tolterodine tartrate er</i>	2	QL
<i>trospium chloride</i>	1	
<i>trospium chloride er</i>	2	QL
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists** - Drugs For The Bladder		
<i>mirabegron er</i>	3	QL
*Urinary Antispasmodics - Cholinergic Agonists** - Drugs For The Bladder		
<i>bethanechol chloride</i>	1	
*Urinary Antispasmodics - Direct Muscle Relaxants** - Drugs For The Bladder		
<i>flavoxate hcl</i>	1	
*Urinary Stone Agents** - Drugs For The Urinary System		
LITHOSTAT	3	
<i>tiopronin</i>	3	SD
*Vaginal Anti-infectives** - Drugs For Women		
CLEOCIN	3	
<i>clindamycin phosphate</i>	1	
CLINDESSE	3	
<i>clotrimazole</i>	1	
GYNAZOLE-1	3	
<i>metronidazole</i>	1	
MICONAZOLE 3	1	
<i>terconazole</i>	1	
*Vaginal Contraceptive - pH Modulators** - Drugs For Women		
PHEXX	3	QL; ACA Benefit
PHEXXI	3	QL; ACA Benefit; Coverage is determined by your prescription medication benefit plan

Label Name	Tier	Requirements/Limits
*Vaginal Estrogens** - Drugs For Women		
<i>estradiol cream</i>	1	
<i>estradiol tablet</i>	1	
PREMARIN	2	
<i>yuvaferm</i>	1	
*Vaginal Progestins** - Drugs For Women		
CRINONE GEL VAGINAL 4 %	2	QL
CRINONE GEL VAGINAL 8 %	2	
FIRST-PROGESTERONE VGS	3	
<i>progesterone insert</i>	2	
*Valproic Acid** - Drugs For The Nervous System		
<i>divalproex sodium</i>	1	
<i>divalproex sodium er</i>	1	
<i>valproic acid</i>	1	
*Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)** - Drugs For The Heart		
VERQUVO	2	PA; QL
*Vasodilators** - Drugs For The Heart		
<i>hydralazine hcl</i>	1	
<i>minoxidil</i>	1	
*Vasomotor Symptom Agents** - Drugs For The Nervous System		
<i>paroxetine mesylate</i>	3	QL
*Vasopressin Receptor Antagonists** - Hormones		
JYNARQUE	4	PA; QL; SD; Specialty Pharmacy Required
<i>tolvaptan (hyponatremia)</i>	4	PA; QL; SD
<i>tolvaptan tablet</i>	4	PA; QL; SD
<i>tolvaptan tablet therapy pack</i>	4	PA; QL; SD; Specialty Pharmacy Required
*Vasopressors** - Drugs For The Heart		
<i>midodrine hcl</i>	1	
*Viral Vaccines** - Vaccines		
ABRYVO	3	ACA Benefit
AFLURIA	3	ACA Benefit
AFLURIA PRESERVATIVE FREE	3	ACA Benefit
AREXVY	3	ACA Benefit
COMIRNATY	3	ACA Benefit
COMIRNATY 5-11 YEARS	3	ACA Benefit
ENGERIX-B	3	ACA Benefit
FLUAD	3	ACA Benefit

Label Name	Tier	Requirements/Limits
FLUARIX	3	ACA Benefit
FLUCELVAX	3	ACA Benefit
FLULAVAL	3	ACA Benefit
FLUMIST	3	ACA Benefit
FLUZONE	3	ACA Benefit
FLUZONE HIGH-DOSE	3	ACA Benefit
GARDASIL 9	3	ACA Benefit
HAVRIX	3	ACA Benefit
HEPLISAV-B	3	ACA Benefit
IPOL	3	ACA Benefit
JYNNEOS	3	ACA Benefit
M-M-R II	3	ACA Benefit
MNEXSPIKE	3	ACA Benefit
MODERNA COVID-19 VAC 6M-11Y	3	ACA Benefit
MRESVIA	3	ACA Benefit
NOVAVAX COVID-19 VACCINE	3	ACA Benefit
NUVAXOVID COVID-19 VACCINE	3	ACA Benefit
PFIZER COVID-19 VAC-TRIS 5-11Y	3	ACA Benefit
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	ACA Benefit
PREHEVBRIO	3	ACA Benefit
PRIORIX	3	ACA Benefit
PROQUAD	3	ACA Benefit
RECOMBIVAX HB	3	ACA Benefit
ROTARIX	3	ACA Benefit
ROTATEQ	3	ACA Benefit
SHINGRIX	3	ACA Benefit
SPIKEVAX	3	ACA Benefit
SPIKEVAX 6M-11Y	3	ACA Benefit
TWINRIX	3	ACA Benefit
VAQTA	3	ACA Benefit
VARIVAX	3	ACA Benefit
*Xanthines** - Drugs For The Lungs		
<i>elixophyllin</i>	1	
<i>theophylline</i>	1	
<i>theophylline er</i>	1	

Index

1

1ST TIER UNIFINE
PENTIPS, 81
1ST TIER UNIFINE
PENTIPS PLUS, 81

A

abacavir sulfate, 25
abacavir sulfate-
lamivudine, 25
ABANEU-SL, 64
abigale, 59
abigale lo, 59
ABILIFY MAINTENA, 98
abiraterone acetate, 18
abirtega, 18
ABOUTTIME PEN
NEEDLE, 81
ABRILADA (1 PEN), 10
ABRILADA (2 PEN), 10
ABRILADA (2 SYRINGE),
10
ABRYSVO, 114
acamprosate calcium, 6
acarbose, 7
ACCU-CHEK FASTCLIX
LANCET, 56
ACCU-CHEK FASTCLIX
LANCETS, 56
ACCU-CHEK GUIDE, 56
ACCU-CHEK GUIDE
CONTROL, 56
ACCU-CHEK GUIDE ME,
56
ACCU-CHEK GUIDE
TEST, 57
ACCU-CHEK SOFTCLIX
LANCET DEV, 56

ACCU-CHEK SOFTCLIX
LANCETS, 56
acebutolol hcl, 29
acetaminophen-codeine,
80
acetazolamide, 32
acetazolamide er, 32
acetazolamide sodium,
32
acetic acid, 81
acetylcysteine, 75
acitretin, 25
ACTHAR, 54
ACTHAR GEL, 54
ACTHIB, 28
ACTIMMUNE, 23
ACTIVE FE, 64
acyclovir, 28, 66
ADACEL, 111
adalimumab-aaty (1
pen), 10
adalimumab-aaty (2
pen), 10
adalimumab-aaty (2
syringe), 10
adalimumab-aaty
cd/uc/hs start, 10
adalimumab-fkjp (2 pen),
10
adalimumab-fkjp (2
syringe), 10
adapalene, 4
adapalene-benzoyl
peroxide, 4
ADDYI, 67
adefovir dipivoxil, 65
ADEMPAS, 98
ADULT ASPIRIN
REGIMEN, 101

ADVOCATE INSULIN PEN
NEEDLE, 81
ADVOCATE INSULIN PEN
NEEDLES, 81
ADVOCATE INSULIN
SYRINGE, 81
AEMCOLO, 9
AEROCHAMBER
HOLDING CHAMBER,
99
AEROCHAMBER MINI
CHAMBER, 99
AEROCHAMBER MV, 99
AEROCHAMBER PLS
FLOVU MTHPIECE, 99
AEROCHAMBER PLUS
FLO-VU, 99
AEROCHAMBER PLUS
FLO-VU INTERM, 99
AEROCHAMBER PLUS
FLO-VU LARGE, 99
AEROCHAMBER PLUS
FLO-VU MEDIUM, 99
AEROCHAMBER PLUS
FLO-VU SMALL, 99
AEROCHAMBER PLUS
FLO-VU W/MASK, 99
AEROCHAMBER PLUS
FLOW VU, 99
AEROCHAMBER
W/FLOWSIGNAL, 99
AEROCHAMBER Z-STAT
PLUS, 99
AEROCHAMBER Z-STAT
PLUS CHAMBR, 99
AEROCHAMBER Z-STAT
PLUS/LARGE, 99
AEROCHAMBER Z-STAT
PLUS/MEDIUM, 99

AEROCHAMBER Z-STAT PLUS/SMALL, 99	amantadine hcl, 24	ampicillin, 7
AEROCHAMBER2GO ANTI-STATIC, 99	ambrisentan, 98	ampicillin sodium, 7
AEROVENT PLUS, 99	amcinonide, 53	ampicillin-sulbactam sodium, 91
afirmelle, 34	AMERITHROID, 111	anagrelide hcl, 93
AFLURIA, 114	amethia, 34	anastrozole, 18
AFLURIA PRESERVATIVE FREE, 114	amethyst, 34	ANGELIQ, 59
AIMOVIG, 31	amikacin sulfate, 7	ANNOVERA, 51
AIMSCO LUBRICATED, 51	amiloride hcl, 93	apap-caff-dihydrocodeine, 80
AIRAVITE, 64	amiloride-hydrochlorothiazide, 58	APP SLIM RMS, 77
AJOVY, 31	aminocaproic acid, 65	apraclonidine hcl, 77
albendazole, 9	AMINOPMRMS, 77	aprepitant, 109
albuterol sulfate, 109	amiodarone hcl, 11	APRETUDE, 25
albuterol sulfate hfa, 109	amitriptyline hcl, 111	apri, 35
alclometasone dipropionate, 53	amlodipine besy-benazepril hcl, 16	AQ INSULIN SYRINGE, 81
ALECENSA, 20	amlodipine besylate, 32	AQINJECT PEN NEEDLE, 81
alendronate sodium, 30	amlodipine besylate-valsartan, 16	ARANELLE, 35
alfuzosin hcl er, 97	amlodipine-atorvastatin, 33	ARCALYST, 71
ALINIA, 25	amlodipine-olmesartan, 16	AREXVY, 114
aliskiren fumarate, 58	amlodipine-valsartan-hctz, 16	arformoterol tartrate, 110
allopurinol, 63	amnestem, 4	ARIKAYCE, 7
almotriptan malate, 103	amoxapine, 112	aripiprazole, 98
alosetron hcl, 71	amoxicill-clarithro-lansopraz, 112	ARISTADA, 98
alprazolam, 29	amoxicillin, 7	ARISTADA INITIO, 98
alprazolam er, 29	amoxicillin-pot clavulanate, 91	armodafinil, 108
ALPRAZOLAM INTENSOL, 29	amoxicillin-pot clavulanate er, 91	ARMOUR THYROID, 111
ALPRAZOLAM XR, 29	amphetamine sulfate, 7	ascomp-codeine, 80
ALTABAX, 11	amphetamine-dextroamphet er, 7	asenapine maleate, 57
ALTACAIN, 78	amphetamine-dextroamphetamine, 7	ashlyna, 35
ALTAFRIN, 54	amphet-dextroamphet 3-bead er, 7	ASILNASALRMS, 77
altavera, 34		aspirin, 101
ALUNBRIG, 20		ASPIRIN 81, 101
alvimopan, 92		ASPIRIN ADULT LOW DOSE, 101
ALYACEN 1/35, 34		ASPIRIN ADULT LOW STRENGTH, 101
ALYACEN 7/7/7, 34		ASPIRIN CHILDRENS, 101
ALYFTREK, 55		ASPIRIN EC ADULT LOW DOSE, 101
amabelz, 59		

ASPIRIN EC LOW DOSE, 101
 ASPIRIN EC LOW STRENGTH, 101
 aspirin low dose, 101
 ASPIRIN LOW DOSE, 101
 ASPIRIN REGIMEN, 101
 aspirin-dipyridamole er, 93
 ASSURE ID DUO PRO PEN NEEDLES, 81
 ASSURE ID PRO PEN NEEDLES, 81
 ASSURE ID SAFETY PEN NEEDLES, 82
 atazanavir sulfate, 26
 atenolol, 29
 atenolol-chlorthalidone, 16
 atomoxetine hcl, 28
 atorvastatin calcium, 66
 atovaquone, 25
 atovaquone-proguanil hcl, 16
 atropine sulfate, 54
 ATTRUBY, 111
 aubra eq, 35
 AUGMENTIN, 91
 AUGTYRO, 20
 AUM INSULIN SAFETY PEN NEEDLE, 82
 AUM MINI INSULIN PEN NEEDLE, 82
 AUM PEN NEEDLE, 82
 AUM READYGARD DUO PEN NEEDLE, 82
 AUM SAFETY PEN NEEDLE, 82
 AURORA PEN NEEDLES, 82
 aurovela 1.5/30, 35
 aurovela 1/20, 35

aurovela 24 fe, 35
 aurovela fe 1.5/30, 35
 aurovela fe 1/20, 35
 AUSTEDO, 74
 AUSTEDO XR, 74
 AUSTEDO XR PATIENT TITRATION, 75
 AUTOKEEPER SAFETY PEN NEEDLE, 82
 AVAILNEX, 57
 aviane, 35
 avita, 4
 AXONA, 57
 ayuna, 36
 AYWAKIT, 19
 azasan, 68
 azathioprine, 68
 azelaic acid, 101
 azelastine hcl, 75, 79
 azelastine-fluticasone, 75
 azithromycin, 28
 AZSTARYS, 109
 azurette, 36
B
 bacitracin, 77
 bacitracin-polymyxin b, 77
 bacitra-neomycin-polymyxin-hc, 78
 baclofen, 33
 BALCOLTRA, 36
 balsalazide disodium, 69
 BALVERSA, 20
 balziva, 36
 BAQSIMI ONE PACK, 56
 BAQSIMI TWO PACK, 56
 BAXDELA, 61
 bayer aspirin ec low dose, 101
 bayer low dose, 101
 bcg vaccine, 28

BD AUTOSHIELD DUO, 82
 BD BLUNT FILL NEEDLE, 82
 BD ECLIPSE NEEDLE, 82
 BD INS SYR ULTRAFINE 1/2UNIT, 82
 BD INSULIN SYR ULTRAFINE II, 82
 BD INSULIN SYRINGE, 82
 BD INSULIN SYRINGE HALF-UNIT, 82
 BD INSULIN SYRINGE MICROFINE, 82
 BD INSULIN SYRINGE U/F, 82
 BD INSULIN SYRINGE U-500, 82
 BD INSULIN SYRINGE ULTRAFINE, 82
 BD LUER-LOK SYRINGE, 82
 BD PEN NEEDLE MICRO ULTRAFINE, 82
 BD PEN NEEDLE MINI ULTRAFINE, 82
 BD PEN NEEDLE NANO 2ND GEN, 82
 BD PEN NEEDLE NANO ULTRAFINE, 82
 BD PEN NEEDLE ORIG ULTRAFINE, 82
 BD PEN NEEDLE SHORT ULTRAFINE, 82
 BD SAFETYGLIDE INSULIN SYRINGE, 82
 BD SYRINGE LUER SLIP TIP, 82
 BD SYRINGE LUER-LOK, 83
 BD SYRINGE SLIP TIP, 83

BD VEO INSULIN SYR U/F
1/2UNIT, 83
BD VEO INSULIN SYR
ULTRAFINE, 83
benazepril hcl, 4
benazepril-
hydrochlorothiazide,
16
BENLYSTA, 110
BENZEPRO, 4
benznidazole, 9
benzonatate, 28
benzoyl peroxide, 4
BENZOYL PEROXIDE
WASH, 4
benzoyl peroxide-
erythromycin, 4
benztropine mesylate, 24
bepotastine besilate, 79
BESREMI, 23
BESREMI PEN, 24
betamethasone
dipropionate, 53
betamethasone
dipropionate aug, 53
betamethasone sod phos
& acet, 62
betamethasone valerate,
53
betaxolol hcl, 29, 30
bethanechol chloride,
113
bexarotene, 23, 24
BEXSERO, 28
bicalutamide, 18
BIJUVA, 59
BIKTARVY, 26
BILDYOS, 31
BILPREVDA, 31
bis subcit-metronid-
tetracyc, 112
BISACODYL EC, 108

bismuth/metronidaz/tetr
acyclin, 112
bisoprolol fumarate, 29
bisoprolol-
hydrochlorothiazide,
16
blisovi 24 fe, 36
blisovi fe 1.5/30, 36
blisovi fe 1/20, 36
BONJESTA, 14
BONSITY, 31
BOOSTRIX, 111
bosentan, 98
BOSULIF, 20
bosutinib, 20
BP VIT 3, 65
BRAFTOVI, 20
BREATHE EASE LARGE,
99
BREATHE EASE MEDIUM,
99
BREATHE EASE SMALL,
100
BREATHERITE VALVED
MDI CHAMBER, 100
BREXAFEMME, 14
breyna, 110
BRIELLYN, 36
brimonidine tartrate, 77
brimonidine tartrate-
timolol, 30
brinzolamide, 79
bromfenac sodium, 79
bromfenac sodium
(once-daily), 79
bromocriptine mesylate,
24
BRUKINSA, 20
budesonide, 62, 71, 108
budesonide er, 62
budesonide-formoterol
fumarate, 110

bumetanide, 73
bupap, 7
buprenorphine, 80
buprenorphine hcl, 80
buprenorphine hcl-
naloxone hcl, 80
bupropion hcl, 13
bupropion hcl er
(smoking det), 104
bupropion hcl er (sr), 13
bupropion hcl er (xl), 13
buspirone hcl, 11
butalbital-
acetaminophen, 7
butalbital-apap-caff-cod,
80
butalbital-apap-caffeine,
8
butalbital-asa-caff-
codeine, 80
butalbital-aspirin-
caffeine, 8
butorphanol tartrate, 81
BYLVAY, 67
BYLVAY (PELLETS), 67
C
cabergoline, 96
CABLIVI, 93
CABOMETYX, 20
CALCIFOL, 32
calcipotriene, 25
calcipotriene-betameth
diprop, 53
calcitonin (salmon), 31
calcitrene, 25
calcitriol, 73
calcium acetate, 92
calcium acetate (phos
binder), 92
CALQUENCE, 20
camila, 94

CAMINO PRO
 COMPLETE/GLYTACTI
 N, 77
 camrese, 36
 camrese lo, 36
 CAMZYOS, 33
 candesartan cilexetil, 8
 candesartan cilexetil-
 hctz, 16
 capecitabine, 17
 CAPEX, 53
 CAPHOSOL, 110
 CAPRELSA, 20
 captopril, 4
 captopril-
 hydrochlorothiazide,
 16
 CAPVAXIVE, 28
 carbamazepine, 12
 carbamazepine er, 12
 carbidopa, 24
 carbidopa-levodopa, 24
 carbidopa-levodopa er,
 24
 carbidopa-levodopa-
 entacapone, 24
 carbinoxamine maleate,
 15
 carbinoxamine maleate
 er, 15
 CARDURA XL, 97
 CAREFINE PEN
 NEEDLES, 83
 CAREONE INSULIN
 SYRINGE, 83
 CAREONE UNIFINE
 PENTIPS PLUS, 83
 CAREPOINT POLY HUB
 NEEDLE, 83
 CAREPOINT PRECISION
 POLY HUB, 83

CAREPOINT SAFETY 1ST
 NEEDLE, 83
 CAREPOINT SAFETY1ST
 SYR/NEEDLE, 83
 CAREPOINT SYRINGE
 CATHETER TIP, 83
 CAREPOINT SYRINGE
 LUER LOCK, 83
 CAREPOINT SYRINGE
 LUER SLIP, 83
 CARETOUCH INSULIN
 SYRINGE, 83
 CARETOUCH PEN
 NEEDLES, 83
 carisoprodol, 33
 carteolol hcl, 30
 cartia xt, 32
 carvedilol, 6
 carvedilol phosphate er,
 6
 CAYA, 51
 cefaclor, 33
 cefadroxil, 33
 cefazolin sodium, 33
 cefdinir, 33
 cefepime hcl, 33
 cefixime, 33
 cefpodoxime proxetil, 33
 cefprozil, 33
 cefuroxime axetil, 33
 celecoxib, 76
 cephalexin, 33
 CEQUR SIMPLICITY
 INSERTER, 83
 CERDELGA, 6
 cetirizine hcl, 15
 CETIRIZINE HCL
 ALLERGY CHILD, 15
 CETRAXAL, 81
 cetrorelix acetate, 63
 cevimeline hcl, 110
 charlotte 24 fe, 36

chateal eq, 37
 CHEMET, 14
 CHILDRENS ASPIRIN,
 101
 chlordiazepoxide hcl, 29
 chlordiazepoxide-
 amitriptyline, 51
 chlorhexidine gluconate,
 27
 chloroquine phosphate,
 16
 chlorpromazine hcl, 92
 chlorthalidone, 110
 chlorzoxazone, 33
 CHOLBAM, 30
 cholestyramine, 30
 cholestyramine light, 30
 chorionic gonadotropin,
 60
 CHROMAGEN, 65
 ciclopirox olamine, 14
 cilostazol, 93
 CIMDUO, 26
 cimetidine, 64
 cinacalcet hcl, 73
 CIPRO, 61
 ciprofloxacin hcl, 61, 77,
 81
 ciprofloxacin-
 dexamethasone, 81
 ciprofloxacin-
 fluocinolone pf, 81
 citalopram
 hydrobromide, 103
 claravis, 5
 CLARINEX-D 12 HOUR,
 54
 clarithromycin, 34
 clarithromycin er, 34
 clemastine fumarate, 15
 CLEOCIN, 113

CLEVER CHOICE	clotrimazole-	COMPACT SPACE
COMFORT EZ, 83	betamethasone, 15	CHAMBER/SM MASK,
CLEVER CHOICE	clozapine, 57	100
HOLDING CHAMBER,	codeine sulfate, 79	compro, 92
100	colchicine, 63	condoms, 51
CLICKFINE PEN	colchicine-probenecid,	CONSTULOSE, 72
NEEDLES, 83	63	COPIKTRA, 20
CLIMARA PRO, 59	colesevelam hcl, 30	CORLANOR, 104
clindacin, 5	colestipol hcl, 30	CORTISPORIN-TC, 81
clindamycin hcl, 72	COMBIPATCH, 59	CORTROPHIN, 54
clindamycin palmitate	COMETRIQ (100 MG	CORTROPHIN GEL, 54
hcl, 72	DAILY DOSE), 20	CORVITA 150, 65
clindamycin phos (once-	COMETRIQ (140 MG	COTELLIC, 20
daily), 5	DAILY DOSE), 20	CREON, 57
clindamycin phos (twice-	COMETRIQ (60 MG DAILY	CRESEMBA, 67
daily), 5	DOSE), 20	CRINONE, 113
clindamycin phos-	COMFORT ASSIST	cromolyn sodium, 10, 62,
benzoyl perox, 5	INSULIN SYRINGE, 83	79
clindamycin phosphate,	COMFORT EZ INSULIN	CROTAN, 103
5, 113	SYRINGE, 83	cryselle, 37
clindamycin-tretinoin, 5	COMFORT EZ MICRO	cryselle-28, 37
CLINDESSE, 113	PEN NEEDLES, 83	CUVRIOR, 33
CLINPRO 5000, 55	COMFORT EZ PEN	CVS ASPIRIN ADULT
clobazam, 12	NEEDLES, 83	LOW DOSE, 101
clobetasol prop	COMFORT EZ PRO PEN	CVS ASPIRIN ADULT
emollient base, 53	NEEDLES, 83	LOW STRENGTH, 102
clobetasol propionate,	COMFORT EZ SHORT	CVS ASPIRIN EC, 102
53	PEN NEEDLES, 83	CVS ASPIRIN LOW DOSE,
clobetasol propionate	COMFORT TOUCH	102
emulsion, 53	INSULIN PEN NEED, 83	CVS ASPIRIN LOW
clocortolone pivalate, 53	COMIRNATY, 114	STRENGTH, 102
clodan, 53	COMIRNATY 5-11 YEARS,	CVS FOLIC ACID, 61
clomid, 60	114	CVS NICOTINE, 104
clomipramine hcl, 112	COMPACT SPACE	CVS NICOTINE
clonazepam, 12	CHAMBER, 100	POLACRILEX, 104
clonidine, 10	COMPACT SPACE	cyanocobalamin, 34
clonidine hcl, 10	CHAMBER/LG MASK,	cyclobenzaprine hcl, 33
clonidine hcl er, 28	100	CYCLOMYDRIL, 54
clopidogrel bisulfate, 93	COMPACT SPACE	cyclopentolate hcl, 54
clorazepate dipotassium,	CHAMBER/MED MASK,	cyclophosphamide, 6
29	100	cycloserine, 17
clotrimazole, 9, 14, 113		cyclosporine, 68

cyclosporine (pf), 78
cyclosporine modified,
68
cyproheptadine hcl, 15
cyred eq, 37
CYSTADROPS, 79
CYSTAGON, 55
CYSTARAN, 79

D

dabigatran etexilate
mesylate, 111
dalfampridine er, 75
danazol, 8
dantrolene sodium, 58
DANZITEN, 20
dapagliflozin, 108
dapagliflozin-metformin
hcl er, 13
dapsone, 5, 72
DAPTACEL, 111
darifenacin
hydrobromide er, 112
darunavir, 26
dasatinib, 21
dasetta 1/35 (28), 37
dasetta 7/7/7, 37
DAURISMO, 18
DAYBUE, 101
DAYBUE STIX, 101
daysee, 37
deblitane, 94
deferasirox, 14
deferasirox granules, 14
deferiprone, 14
deferroxamine mesylate,
14
deflazacort, 63
DEFLUX METAL NEEDLE,
84
delyla, 37
demeclocycline hcl, 110
denta 5000 plus, 55

DENTA 5000 PLUS, 55
DENTAGEL, 55
DEPO-SUBQ PROVERA
104, 94
DESCOVY, 26
desipramine hcl, 112
desloratadine, 15
desmopressin ace spray
refrig, 93
desmopressin acetate,
93
desmopressin acetate
pf, 93
desmopressin acetate
spray, 93
desogestrel-ethinyl
estradiol, 37
desonide, 53
desoximetasone, 53
desvenlafaxine succinate
er, 104
dexamethasone, 63
DEXAMETHASONE
INTENSOL, 63
dexamethasone sodium
phosphate, 78
DEXCOM G6 RECEIVER,
56
DEXCOM G6 SENSOR, 56
DEXCOM G6
TRANSMITTER, 56
DEXCOM G7 15 DAY
SENSOR, 56
DEXCOM G7 RECEIVER,
56
DEXCOM G7 SENSOR, 56
DEXERYL, 74
dexlansoprazole, 97
dexmethylphenidate hcl,
109
dexmethylphenidate hcl
er, 109

dextroamphetamine
sulfate, 7
dextroamphetamine
sulfate er, 7
DIATHRIVE PEN NEEDLE,
84
diazepam, 12, 29
diazepam intensol, 29
diazoxide, 56
dichlorphenamide, 32
diclofenac potassium, 76
diclofenac sodium, 10,
23, 76, 79
diclofenac sodium er, 76
diclofenac-misoprostol,
76
dicloxacillin sodium, 91
dicyclomine hcl, 27
diethylpropion hcl, 8
diethylpropion hcl er, 9
diflorasone diacetate, 53
diflunisal, 102
difluprednate, 78
digoxin, 33
dihydroergotamine
mesylate, 74
diltiazem hcl, 32
diltiazem hcl er, 32
diltiazem hcl er beads,
32
diltiazem hcl er coated
beads, 32
DILT-XR, 32
dimethyl fumarate, 75
dimethyl fumarate starter
pack, 75
diphenhydramine hcl, 15
diphenoxylate-atropine,
25
dipyridamole, 93
disopyramide
phosphate, 11

disulfiram, 6
 divalproex sodium, 114
 divalproex sodium er,
 114
 docusate sodium, 109
 dodex, 34
 dofetilide, 11
 dolishale, 37
 donepezil hcl, 13
 DOPTLET, 64
 DOPTLET SPRINKLE, 64
 dorzolamide hcl, 79
 dorzolamide hcl-timolol
 mal, 30
 dorzolamide hcl-timolol
 mal pf, 30
 dotti, 59
 DOVATO, 26
 doxazosin mesylate, 11
 doxepin hcl, 25, 112
 doxercalciferol, 73
 doxycycline hyclate, 110
 doxycycline
 monohydrate, 110
 doxylamine-pyridoxine,
 14
 dronabinol, 14
 DROPLET INSULIN
 SYRINGE, 84
 DROPLET MICRON, 84
 DROPLET PEN NEEDLES,
 84
 DROPSAFE SAFETY PEN
 NEEDLES, 84
 DROPSAFE SAFETY
 SYRINGE/NEEDLE, 84
 DROPSAFE SICURA, 84
 drospiren-eth estrad-
 levomefol, 38
 drospirenone-ethinyl
 estradiol, 38
 DROXIA, 6

droxidopa, 76
 DRUG MART UNIFINE
 PENTIPS, 84
 DRUG MART UNIFINE
 PENTIPS PLUS, 84
 duloxetine hcl, 104
 DUPIXENT, 58
 DURAMORPH, 79
 DUREX EXTRA SENSITIVE
 THIN, 51
 DUREX REALFEEL, 51
 dutasteride, 97
 dutasteride-tamsulosin
 hcl, 97
E
 e.e.s. 400, 58
 E.E.S. 400, 58
 EASIVENT, 100
 EASIVENT MASK LARGE,
 100
 EASIVENT MASK
 MEDIUM, 100
 EASIVENT MASK SMALL,
 100
 EASY COMFORT INSULIN
 SYRINGE, 84
 EASY COMFORT PEN
 NEEDLES, 84
 EASY GLIDE PEN
 NEEDLES, 84
 EASY TOUCH FLIPLOCK
 INSULIN SY, 84
 EASY TOUCH INSULIN
 SAFETY SYR, 84
 EASY TOUCH INSULIN
 SYRINGE, 84
 EASY TOUCH PEN
 NEEDLES, 84
 EASY TOUCH SAFETY
 PEN NEEDLES, 84

EASY TOUCH
 SHEATHLOCK
 SYRINGE, 84
 easygel, 55
 EASYGEL, 55
 EASYPOINT NEEDLE, 84
 EASYPOINT
 NEEDLE/SYRINGE, 84
 EC-NAPROXEN, 76
 econazole nitrate, 15
 ecotrin low strength, 102
 EDURANT PED, 26
 efavirenz, 26
 efavirenz-emtricitab-
 tenofo df, 26
 efavirenz-lamivudine-
 tenofovir, 26
 EFFER-K, 93
 EGATEN, 9
 EGRIFTA SV, 64
 EGRIFTA WR, 64
 ELESTRIN, 59
 eletriptan hydrobromide,
 103
 ELIGARD, 18
 elinest, 38
 ELIQUIS, 58
 ELIQUIS (1.5 MG PACK),
 57
 ELIQUIS (2 MG PACK), 57
 ELIQUIS DVT/PE
 STARTER PACK, 58
 elixophyllin, 115
 ELLA, 58
 eltrombopag olamine, 64
 eluryng, 51
 EMBECTA AUTOSHIELD
 DUO, 84
 EMBECTA INS SYR U/F
 1/2 UNIT, 84
 EMBECTA INSULIN SYR
 ULTRAFINE, 84

EMBECTA INSULIN
 SYRINGE, 85
 EMBECTA INSULIN
 SYRINGE U-100, 85
 EMBECTA INSULIN
 SYRINGE U-500, 85
 EMBECTA PEN NEEDLE
 NANO, 85
 EMBECTA PEN NEEDLE
 NANO 2 GEN, 85
 EMBECTA PEN NEEDLE
 ULTRAFINE, 85
 EMBRACE PEN
 NEEDLES, 85
 EMCYT, 18
 EMEND, 109
 EMGALITY, 31
 EMGALITY (300 MG
 DOSE), 32
 emtricitabine, 26
 emtricitabine-tenofovir
 df, 26
 EMTRIVA, 26
 enalapril maleate, 4
 enalapril-
 hydrochlorothiazide,
 16
 ENCARE, 108
 endocet, 80
 ENGERIX-B, 114
 enilloring, 51
 ENOBY, 31
 enoxaparin sodium, 65
 enpresse-28, 38
 enskyce, 38
 ENSPRYNG, 68
 entacapone, 24
 entecavir, 66
 ENTRESTO, 33
 ENULOSE, 71
 ENVARSUS XR, 68
 EPIDIOLEX, 12

epinastine hcl, 79
 epinephrine, 8
 epinephrine hcl (nasal),
 109
 epitol, 12
 EPKINLY, 17
 eplerenone, 103
 EQ ASPIRIN ADULT LOW
 DOSE, 102
 EQ ASPIRIN LOW DOSE,
 102
 EQ NICOTINE, 104
 EQ NICOTINE
 POLACRILEX, 104
 EQ NICOTINE STEP 3,
 105
 EQ SPACE CHAMBER
 ANTI-STATIC, 100
 EQ SPACE CHAMBER
 ANTI-STATIC L, 100
 EQ SPACE CHAMBER
 ANTI-STATIC M, 100
 EQ SPACE CHAMBER
 ANTI-STATIC S, 100
 EQL ASPIRIN LOW DOSE,
 102
 EQL INSULIN SYRINGE,
 85
 ergoloid mesylates, 97
 ergotamine-caffeine, 74
 ERIVEDGE, 18
 erlotinib hcl, 18
 ERMEZA, 111
 errin, 95
 ERY, 5
 erythromycin, 5, 59, 77
 erythromycin base, 58
 erythromycin
 ethylsuccinate, 59
 escitalopram oxalate,
 103

esomeprazole
 magnesium, 97
 est estrogens-
 methyltest, 59
 est estrogens-methyltest
 ds, 59
 est estrogens-methyltest
 hs, 59
 estarylla, 38
 estazolam, 76
 estradiol, 59, 113
 estradiol valerate, 59
 estradiol-norethindrone
 acet, 59
 ESTROGEL, 59
 estrogens conjugated, 60
 eszopiclone, 76
 ethacrynic acid, 73
 ethambutol hcl, 17
 ethosuximide, 109
 ethynodiol diac-eth
 estradiol, 38
 etodolac, 76
 etodolac er, 76
 etonogestrel-ethinyl
 estradiol, 51
 etoposide, 74
 etravirine, 26
 EUCRISA, 92
 euthyrox, 111
 EVAMIST, 60
 everolimus, 21, 68
 EVOTAZ, 26
 EVRYSDI, 108
 exemestane, 18
 ezetimibe, 71
 ezetimibe-simvastatin,
 16
F
 fa-8, 61
 FABB, 65
 falmina, 38

famciclovir, 66
 famotidine, 64
 FANTASY LUBRICATED,
 51
 FANTASY
 LUBRICATED/SPERMIC
 IDE, 51
 FASENRA, 11
 FASENRA PEN, 11
 FC2 FEMALE CONDOM,
 51
 febuxostat, 63
 feirza 1.5/30, 38
 feirza 1/20, 38
 felbamate, 32
 felodipine er, 32
 FEMCAP, 51
 fenofibrate, 61
 fenofibrate micronized,
 61
 fenofibric acid, 61
 fentanyl, 79
 fentanyl citrate, 79
 fentanyl citrate (pf), 79
 FEROTRINSIC, 65
 FERRALET 90, 65
 FERRIPROX, 14
 FERRIPROX TWICE-A-
 DAY, 14
 FERRO-PLEX, 65
 fesoterodine fumarate er,
 112
 fexmid, 33
 FIFTY50 PEN NEEDLES,
 85
 FIFTY50 SUPERIOR
 COMFORT SYR, 85
 FILKRI, 64
 finasteride, 97
 fingolimod hcl, 75
 finzala, 38
 FIRDAPSE, 17

FIRST-LANSOPRAZOLE,
 97
 FIRST-PANTOPRAZOLE,
 97
 FIRST-PROGESTERONE
 VGS, 114
 flac, 81
 flavoxate hcl, 113
 flecainide acetate, 11
 FLEXICHAMBER, 100
 FLEXICHAMBER ADULT
 MASK/SMALL, 100
 FLEXICHAMBER CHILD
 MASK/LARGE, 100
 FLEXICHAMBER CHILD
 MASK/SMALL, 100
 FLUAD, 114
 FLUARIX, 114
 FLUCELVAX, 114
 fluconazole, 67
 flucytosine, 15
 fludrocortisone acetate,
 74
 FLULAVAL, 114
 FLUMIST, 114
 flunisolide, 75
 fluocinolone acetonide,
 53, 81
 fluocinolone acetonide
 body, 53
 fluocinolone acetonide
 scalp, 53
 fluocinonide, 53
 fluocinonide emulsified
 base, 53
 fluoridex, 55
 FLUORIDEX, 55
 FLUORIDEX DAILY
 RENEWAL, 55
 FLUORIDEX ENHANCED
 WHITENING, 55
 FLUORIMAX 5000, 55

fluorometholone, 78
 fluorouracil, 23
 fluoxetine hcl, 103
 fluphenazine hcl, 92
 flurandrenolide, 53
 flurbiprofen, 77
 flurbiprofen sodium, 79
 fluticasone furoate
 ellipta, 108
 fluticasone furoate-
 vilanterol, 110
 fluticasone propionate,
 53, 75
 fluticasone propionate
 diskus, 108
 fluticasone propionate
 hfa, 108
 fluticasone-salmeterol,
 110
 fluvastatin sodium, 66
 fluvastatin sodium er, 66
 fluvoxamine maleate,
 103
 fluvoxamine maleate er,
 103
 FLUZONE, 114
 FLUZONE HIGH-DOSE,
 114
 FOLATE, 61
 FOLBEE, 65
 folic acid, 61
 FOLIVANE-F, 65
 FOLIVANE-PLUS, 65
 FOLLISTIM AQ, 60
 FOLPLEX 2.2, 65
 FOLTRIN, 65
 formoterol fumarate, 110
 fosamprenavir calcium,
 26
 fosfomycin
 tromethamine, 112
 fosinopril sodium, 4

fosinopril sodium-hctz,
 16
 fosphenytoin sodium, 66
 FOTIVDA, 21
 FREESTYLE LIBRE 14 DAY
 READER, 56
 FREESTYLE LIBRE 14 DAY
 SENSOR, 56
 FREESTYLE LIBRE 2 PLUS
 SENSOR, 56
 FREESTYLE LIBRE 2
 READER, 56
 FREESTYLE LIBRE 2
 SENSOR, 56
 FREESTYLE LIBRE 3 PLUS
 SENSOR, 56
 FREESTYLE LIBRE 3
 READER, 56
 FREESTYLE LIBRE 3
 SENSOR, 56
 FREESTYLE LIBRE
 READER, 57
 frovatriptan succinate,
 103
 FRUZAQLA, 17
 FULPHILA, 64
 furosemide, 73
 FUZEON, 26
 fyavolv, 59
 FYCOMPA, 7
 fyremadel, 63

G

gabapentin, 12
 galantamine
 hydrobromide, 13
 galantamine
 hydrobromide er, 13
 ganirelix acetate, 63
 GARDASIL 9, 114
 gatifloxacin, 77
 GATTEX, 104
 GAVILYTE-C, 72

gavilyte-g, 72
 GAVRETO, 21
 gefitinib, 18
 gemfibrozil, 61
 gemmily, 38
 GENERLAC, 71
 gengraf, 68
 GENOTROPIN, 64
 GENOTROPIN
 MINIQUICK, 64
 gentamicin sulfate, 11,
 78
 GENVOYA, 26
 GILOTRIF, 18
 glatiramer acetate, 75
 glatopa, 75
 GLEOSTINE, 6
 glimepiride, 109
 glipizide, 109
 glipizide er, 109
 GLIPIZIDE XL, 109
 glipizide-metformin hcl,
 13
 GLOBAL EASE INJECT
 PEN NEEDLES, 85
 GLOBAL EASY GLIDE
 INSULIN SYR, 85
 GLOBAL EASY GLIDE
 PEN NEEDLES, 85
 GLOBAL INJECT EASE
 INSULIN SYR, 85
 GLOBAL INSULIN
 SYRINGES, 85
 glucagon emergency, 56
 GLUCOPRO INSULIN
 SYRINGE, 85
 glyburide, 109
 glyburide micronized,
 109
 glyburide-metformin, 13
 glycopyrrolate, 27
 GLYXAMBI, 13

GNP ADULT ASPIRIN
 LOW STRENGTH, 102
 GNP ALCOHOL SWABS,
 74
 GNP ASPIRIN, 102
 GNP ASPIRIN LOW
 DOSE, 102
 GNP CLICKFINE PEN
 NEEDLES, 85
 GNP FOLIC ACID, 62
 GNP INSULIN SYRINGE,
 85
 GNP INSULIN SYRINGES,
 85
 GNP INSULIN SYRINGES
 28GX1/2", 85
 GNP INSULIN SYRINGES
 29GX1/2", 85
 GNP INSULIN SYRINGES
 30GX5/16", 85
 GNP INSULIN SYRINGES
 31GX5/16", 85
 GNP NICOTINE, 105
 GNP NICOTINE MINI, 105
 GNP NICOTINE
 POLACRILEX, 105
 GNP ULTICARE PEN
 NEEDLES, 85
 GNP ULTIGUARD
 SAFEPAK NEEDLE, 85
 GNP ULTRA COM
 INSULIN SYRINGE, 85
 GOMEKLI, 21
 GONAL-F, 60
 GONAL-F RFF, 60
 GONAL-F RFF REDIJECT,
 60
 GOODSENSE ASPIRIN,
 102
 GOODSENSE ASPIRIN
 LOW DOSE, 102

GOODSENSE CLICKFINE
PEN NEEDLE, 86
GOODSENSE NICOTINE,
105
GOODSENSE PEN
NEEDLE PENFINE, 86
griseofulvin microsize, 15
griseofulvin
ultramicrosize, 15
guanfacine hcl, 11
guanfacine hcl er, 28
GVOKE HYPOPEN 1-
PACK, 56
GVOKE HYPOPEN 2-
PACK, 56
GVOKE KIT, 56
GVOKE PFS, 56
GYNAZOLE-1, 113

H

HADLIMA, 10
HADLIMA PUSHTOUCH,
10
HAEGARDA, 51
hailey 1.5/30, 39
hailey 24 fe, 39
hailey fe 1.5/30, 39
hailey fe 1/20, 39
halcinonide, 53
halobetasol propionate,
53
haloette, 51
haloperidol, 31
haloperidol lactate, 31
HAVRIX, 114
HEALTHWISE INSULIN
SYR/NEEDLE, 86
HEALTHWISE MICRON
PEN NEEDLES, 86
HEALTHWISE SHORT
PEN NEEDLES, 86
heather, 95
H-E-B ASPIRIN, 102

H-E-B INCONTROL PEN
NEEDLES, 86
H-E-B INCONTROL
UNIFINE PENTIP, 86
HEMANGEOL, 29
HEMATINIC PLUS
VIT/MINERALS, 65
HEMATINIC/FOLIC ACID,
65
HEMATOGEN FA, 65
HEMICLOR, 110
HEMOCYTE PLUS, 65
HEPLISAV-B, 115
HERCEPTIN HYLECTA, 20
HIBERIX, 28
hidex 6-day, 63
HM ASPIRIN EC LOW
DOSE, 102
HM ULTICARE INSULIN
SYRINGE, 86
HM ULTICARE MINI PEN
NEEDLES, 86
HM ULTICARE SHORT
PEN NEEDLES, 86
HUMALOG, 69
HUMALOG JUNIOR
KWIKPEN, 69
HUMALOG KWIKPEN, 69
HUMALOG MIX 50/50, 69
HUMALOG MIX 50/50
KWIKPEN, 69
HUMALOG MIX 75/25, 69
HUMALOG MIX 75/25
KWIKPEN, 69
HUMALOG TEMPO PEN,
69
HUMULIN 70/30, 69
HUMULIN 70/30
KWIKPEN, 69
HUMULIN N, 69
HUMULIN N KWIKPEN,
70

HUMULIN R, 70
HUMULIN R U-500
(CONCENTRATED), 70
HUMULIN R U-500
KWIKPEN, 70
HYCANTIN, 111
hydralazine hcl, 114
hydrochlorothiazide, 110
hydrocod poli-chlorphe
poli er, 54
hydrocodone bitartrate
er, 79
hydrocodone bit-
homatrop mbr, 28
hydrocodone-
acetaminophen, 80
hydrocodone-ibuprofen,
80
hydrocortisone, 53, 63,
71
hydrocortisone
(perianal), 98
hydrocortisone ace-
pramoxine, 53
hydrocortisone acetate,
99
hydrocortisone butyr lipo
base, 53
hydrocortisone butyrate,
54
hydrocortisone valerate,
54
hydrocortisone-acetic
acid, 81
hydrocortisone-
iodoquinol, 15
HYDROMET, 28
hydromorphone hcl, 79
hydromorphone hcl er,
79
hydroxychloroquine
sulfate, 16

hydroxyurea, 24
 hydroxyzine hcl, 11
 hydroxyzine pamoate, 11
 hyoscyamine sulfate, 27
 hyoscyamine sulfate er, 27
 hyoscyamine sulfate sl, 28
 HYOSYNE, 28
 HYPERSAL, 74
 HYQVIA, 91
I
 ibandronate sodium, 31
 ibu, 77
 ibuprofen, 77
 icatibant acetate, 31
 iclevia, 39
 ICLUSIG, 21
 icosapent ethyl, 16
 ICOTYDE, 25
 IDHIFA, 21
 iferex 150 forte, 65
 ILEVRO, 79
 imatinib mesylate, 21
 imipramine hcl, 112
 imipramine pamoate, 112
 imiquimod, 67
 imiquimod pump, 67
 IMPAVIDO, 9
 INBRIJA, 24
 incassia, 95
 INCONTROL ULTICARE PEN NEEDLES, 86
 INCRELEX, 71
 indapamide, 110
 indomethacin, 77
 indomethacin er, 77
 INFANRIX, 111
 INGREZZA, 75
 INSPIREASE, 100

INSPIREASE RESERVOIR BAGS, 100
 insulin asp prot & asp flexpen, 70
 insulin aspart, 70
 insulin aspart flexpen, 70
 insulin aspart penfill, 70
 insulin aspart prot & aspart, 70
 insulin degludec, 70
 insulin degludec flextouch, 70
 insulin glargine max solostar, 70
 insulin glargine solostar, 70
 insulin glargine-yfgn, 70
 insulin lispro, 70
 insulin lispro (1 unit dial), 70
 insulin lispro junior kwikpen, 70
 insulin lispro prot & lispro, 70
 insulin syringe, 86
 insulin syringe-needle u-100, 86
 INSUPEN PEN NEEDLES, 86
 INSUPEN SENSITIVE, 86
 INSUPEN ULTRAFIN, 86
 INTEGRA F, 65
 INTEGRA PLUS, 65
 INTELENCE, 26
 introvale, 39
 INVEGA SUSTENNA, 29
 iodoquinol-hc-aloe polysacch, 15
 iodoquinol-hydrocortisone-aloe, 15
 IPOL, 115

ipratropium bromide, 31, 75
 ipratropium-albuterol, 110
 irbesartan, 8
 irbesartan-hydrochlorothiazide, 16
 IRON FOLATE PLUS, 65
 IRON FOLATE-F, 65
 ISENTRESS, 26
 ISENTRESS HD, 26
 isibloom, 39
 isoniazid, 17
 isoproterenol hcl, 110
 isosorb dinitrate-hydralazine, 33
 isosorbide dinitrate, 76
 isosorbide mononitrate, 76
 isosorbide mononitrate er, 76
 isotretinoin, 5
 isradipine, 32
 ISTURISA, 6
 ITOVEBI, 21
 itraconazole, 67
 ivabradine hcl, 104
 ivermectin, 9, 101, 103
 IWILFIN, 34
J
 jaimiess, 39
 JAKAFI, 21
 JAKAFI XR, 21
 jantoven, 54
 JARDIANCE, 108
 jasmiel, 39
 JAYPIRCA, 21
 JAYTHARI, 63
 jencycla, 95
 jinteli, 59
 JOENJA, 67

jolessa, 39
 JOURNAVX, 8
 joyeaux, 40
 J-TIP KIT W/VIAL
 ADAPTERS, 86
 juleber, 40
 JULUCA, 26
 junel 1.5/30, 40
 junel 1/20, 40
 junel fe 1.5/30, 40
 junel fe 1/20, 40
 junel fe 24, 40
 just right 5000, 55
 JUST RIGHT 5000, 55
 JYLAMVO, 17
 JYNARQUE, 114
 JYNNEOS, 115
K
 kaitlib fe, 40
 KALBITOR, 93
 kalliga, 40
 KALYDECO, 55
 KAMELEON
 LUBRICATED, 52
 kariva, 40
 kelnor 1/35, 41
 kelnor 1/50, 41
 KERALYT, 71
 KERENDIA, 74
 KESIMPTA, 75
 ketoconazole, 15, 67
 ketodan, 15
 ketoprofen er, 77
 ketorolac tromethamine,
 77, 79
 KIMONO, 52
 KIMONO COLORS, 52
 KIMONO MAXX-LARGE
 FLARE, 52
 KIMONO MICRO THIN, 52
 KIMONO MICRO THIN
 PLUS, 52

KIMONO PLUS, 52
 KIMONO PS, 52
 KIMONO PS PLUS, 52
 KIMONO SENSATION, 52
 KIMONO SENSATION
 PLUS, 52
 KIMONO SPECIAL, 52
 KINRAY INSULIN
 SYRINGE, 86
 KINRIX, 111
 kionex, 93
 KIRSTY, 70
 KISQALI (200 MG DOSE),
 21
 KISQALI (400 MG DOSE),
 21
 KISQALI (600 MG DOSE),
 21
 klayesta, 15
 klor-con, 94
 KLOR-CON, 93
 klor-con 10, 94
 KLOR-CON 10, 94
 klor-con m10, 94
 klor-con m15, 94
 klor-con m20, 94
 klor-con/ef, 94
 KLOXXADO, 80
 KLS ASPIRIN LOW DOSE,
 102
 KMART VALU INSULIN
 SYRINGE 29G, 86
 KMART VALU INSULIN
 SYRINGE 30G, 86
 KOSELUGO, 21
 KP ASPIRIN, 102
 KP FOLIC ACID, 62
 k-prime, 94
 KROGER INSULIN
 SYRINGE, 86
 KROGER PEN NEEDLES,
 86

K-TAN PLUS, 65
 kurvelo, 41
 kymbee, 63
L
 labetalol hcl, 6
 lacosamide, 12
 lactulose, 72
 lactulose
 encephalopathy, 71
 lamivudine, 26, 66
 lamivudine-zidovudine,
 26
 lamotrigine, 12
 lamotrigine er, 12
 lamotrigine odt, 12
 lamotrigine starter kit-
 blue, 12
 lamotrigine starter kit-
 green, 12
 lamotrigine starter kit-
 orange, 12
 LAMPIT, 25
 lansoprazole, 97
 lanthanum carbonate, 92
 LANTUS, 70
 LANTUS SOLOSTAR, 70
 lapatinib ditosylate, 21
 larin 1.5/30, 41
 larin 1/20, 41
 larin 24 fe, 41
 larin fe 1.5/30, 41
 larin fe 1/20, 41
 LASTACFT, 79
 latanoprost, 97
 layolis fe, 41
 LAZCLUZE, 18
 LEADER INSULIN
 SYRINGE, 86
 LEADER UNIFINE
 PENTIPS, 86
 LEADER UNIFINE
 PENTIPS PLUS, 86

lecithin, 72
 ledipasvir-sofosbuvir, 66
 leena, 41
 leflunomide, 98
 lenalidomide, 67
 lessina, 42
 letrozole, 18
 leucovorin calcium, 34
 LEUKERAN, 6
 leuprolide acetate, 18
 levalbuterol hcl, 110
 levalbuterol tartrate, 110
 levamlodipine maleate, 32
 levetiracetam, 12
 levetiracetam er, 12
 levobunolol hcl, 30
 levocarnitine, 73
 levocarnitine sf, 73
 levocetirizine
 dihydrochloride, 15
 levofloxacin, 61, 78
 levonest, 42
 levonorgest-eth est & eth est, 42
 levonorgest-eth estrad 91-day, 42
 levonorgestrel, 58
 levonorgestrel-ethinyl estrad, 42
 levonorg-eth estrad triphasic, 42
 levora 0.15/30 (28), 42
 levo-t, 111
 levothyroxine sodium, 111
 levoxyl, 111
 LEXIVA, 26
 lidocaine, 72
 lidocaine hcl, 8, 72
 lidocaine hcl urethral/mucosal, 73

lidocaine viscous hcl, 8
 lidocaine-hydrocort (perianal), 98
 lidocaine-prilocaine, 73
 LIDOPIN, 73
 linezolid, 81
 LINZESS, 71
 liomny, 111
 liothyronine sodium, 111
 lisdexamfetamine dimesylate, 7
 lisinopril, 4
 lisinopril-hydrochlorothiazide, 16
 LITETOUCH INSULIN SYRINGE, 86
 LITETOUCH PEN NEEDLES, 86
 lithium carbonate, 16
 lithium carbonate er, 17
 LITHOSTAT, 113
 LIVMARLI, 67
 LO LOESTRIN FE, 42
 loestrin 1.5/30 (21), 42
 loestrin 1/20 (21), 42
 loestrin fe 1.5/30, 43
 loestrin fe 1/20, 43
 lojaimiess, 43
 LONGS INSULIN SYRINGE, 86
 LONSURF, 20
 loperamide hcl, 25
 lopinavir-ritonavir, 26
 LOPRESSOR, 29
 lorazepam, 29
 lorazepam intensol, 29
 LORBRENA, 21
 loryna, 43
 losartan potassium, 8
 losartan potassium-hctz, 16

loteprednol etabonate, 78
 lovastatin, 66
 low-ogestrel, 43
 loxapine succinate, 57
 lo-zumandimine, 43
 lubiprostone, 62
 LUCIRA COVID-19 & FLU TEST, 57
 luizza 1.5/30, 43
 luizza 1/20, 43
 LUMAKRAS, 21
 lurasidone hcl, 25
 lutera, 43
 LUTRATE DEPOT, 19
 lyleq, 95
 lyllana, 60
 LYNPARZA, 21
 LYSODREN, 19
 LYTGobi (12 MG DAILY DOSE), 21
 LYTGobi (16 MG DAILY DOSE), 21
 LYTGobi (20 MG DAILY DOSE), 21
 lyza, 95
M
 macitentan, 98
 mafenide acetate, 31
 MAGELLAN INSULIN SAFETY SYR, 86
 MAGELLAN SYRINGE-SAFETY NEEDLE, 87
 MAGELLAN TUBERCULIN SYRINGE, 87
 magnesium carbonate, 73
 magnesium carbonate heavy, 73
 magnesium chloride, 73
 malathion, 103

MARATHON MEDICAL
 PENTIPS, 87
 maraviroc, 26
 MARLISSA, 43
 MATULANE, 24
 matzim la, 32
 MAVYRET, 66
 MAXICOMFORT II PEN
 NEEDLE, 87
 MAXI-COMFORT INSULIN
 SYRINGE, 87
 MAXI-COMFORT SAFETY
 PEN NEEDLE, 87
 MAXICOMFORT SYR 27G
 X 1/2", 87
 MAXX, 52
 MAXX PLUS, 52
 meclizine hcl, 14
 meclofenamate sodium,
 77
 MEDIC INSULIN
 SYRINGE, 87
 MEDICINE SHOPPE PEN
 NEEDLES, 87
 medpura benzoyl
 peroxide, 5
 medroxyprogesterone
 acetate, 94, 96
 mefenamic acid, 77
 mefloquine hcl, 16
 meggestrol acetate, 19, 96
 MEIJER PEN NEEDLES,
 87
 MEKINIST, 22
 MEKTOVI, 22
 meleya, 95
 meloxicam, 77
 melphalan, 6
 memantine hcl, 13
 memantine hcl er, 13
 MENACTRA, 28
 MENOPUR, 60

MENOSTAR, 60
 MENQUADFI, 28
 MENVEO, 28
 meperidine hcl, 79
 meprobamate, 11
 mercaptopurine, 17
 MERILOG, 70
 MERILOG SOLOSTAR, 70
 merzee, 43
 mesalamine, 69
 mesalamine er, 69
 mesalamine-cleanser, 69
 mesna, 34
 metaxalone, 33
 metformin hcl, 30
 metformin hcl er, 30
 methadone hcl, 79
 methadone hcl intensol,
 79
 methadose, 79
 methamphetamine hcl, 7
 methazolamide, 32
 methenamine hippurate,
 112
 methenamine
 mandelate, 112
 methimazole, 28
 methocarbamol, 33
 methotrexate sodium, 17
 methotrexate sodium
 (pf), 17
 methoxsalen rapid, 25
 methscopolamine
 bromide, 28
 methyl dopa, 11
 methylergonovine
 maleate, 81
 methylphenidate, 109
 methylphenidate hcl, 109
 methylphenidate hcl er,
 109

methylphenidate hcl er
 (cd), 109
 methylphenidate hcl er
 (la), 109
 methylphenidate hcl er
 (osm), 109
 methylphenidate hcl er
 (xr), 109
 methylphenidate hcl
 er(diffus), 109
 methylprednisolone, 63
 methyltestosterone, 8
 metoclopramide hcl, 62
 metolazone, 110
 metoprolol succinate er,
 29
 metoprolol tartrate, 29
 metoprolol-
 hydrochlorothiazide,
 16
 metronidazole, 9, 101,
 113
 metyrosine, 6
 mexiletine hcl, 11
 mibelas 24 fe, 43
 MICONAZOLE 3, 113
 miconazole nitrate, 15
 miconazole-zinc oxide-
 petrolat, 15
 MICROCHAMBER, 100
 MICRODOT PEN
 NEEDLE, 87
 microgestin 1.5/30, 44
 microgestin 1/20, 44
 microgestin fe 1.5/30, 44
 microgestin fe 1/20, 44
 MICROSPACER, 100
 midazolam hcl, 76
 midodrine hcl, 114
 mifepristone, 56, 94
 MIGERGOT, 74
 miglitol, 7

miglustat, 6
 mili, 44
 milnacipran hcl, 61
 milophene, 61
 mimvey, 59
 mineral oil, 73
 mineral oil heavy, 73
 mineral oil light, 73
 minocycline hcl, 110
 minoxidil, 114
 minzoya, 44
 mirabegron er, 113
 mirtazapine, 6
 misoprostol, 112
 MM ASPIRIN, 102
 MM INSULIN
 SYRINGE/NEEDLE, 87
 MM PEN NEEDLES, 87
 M-M-R II, 115
 MNEXSPIKE, 115
 modafinil, 109
 MODERNA COVID-19
 VAC 6M-11Y, 115
 moexipril hcl, 4
 molindone hcl, 57
 mometasone furoate, 54,
 76
 mondoxyne nl, 110
 MONOJECT ALLERGIST
 TRAY, 87
 MONOJECT BLUNTIP
 CANNULA, 87
 MONOJECT BLUNTIP
 SYR/CANNULA, 87
 MONOJECT CONTROL
 SYRINGE, 87
 MONOJECT FILTER
 NEEDLE, 87
 MONOJECT
 HYPODERMIC
 NEEDLE, 87

MONOJECT INSULIN
 SYRINGE, 87
 MONOJECT
 INTRODUCER NEEDLE,
 87
 MONOJECT LIFESHIELD
 SYRINGE, 87
 MONOJECT MAGELLAN
 SAFETY NDL, 87
 MONOJECT MAGELLAN
 SYRINGE, 87
 MONOJECT PHARMACY
 TRAY, 87
 MONOJECT PISTON
 SYRINGE, 87
 MONOJECT SHARPS
 CONTAINER, 87
 MONOJECT SYRINGE, 87
 MONOJECT SYRINGE
 CATH TIP, 87
 MONOJECT SYRINGE
 ECC LUER, 87
 MONOJECT SYRINGE
 ECCENTRIC TIP, 88
 MONOJECT SYRINGE
 LUER LOCK, 88
 MONOJECT SYRINGE
 LUER-LOCK TIP, 88
 MONOJECT SYRINGE
 PHARMACY TRAY, 88
 MONOJECT SYRINGE
 REG LUER, 88
 MONOJECT SYRINGE
 REGULAR TIP, 88
 MONOJECT SYRINGE
 TOOMEY TYPE, 88
 MONOJECT TB SAFETY
 SYRINGE, 88
 MONOJECT TB SYRINGE,
 88

MONOJECT ULTRA
 COMFORT SYRINGE,
 88
 mono-lyyah, 44
 montelukast sodium, 72
 morphine sulfate, 80
 morphine sulfate
 (concentrate), 80
 morphine sulfate er, 80
 morphine sulfate er
 beads, 80
 MOUNJARO, 68
 MOVANTIK, 92
 moxifloxacin hcl, 61, 78
 moxifloxacin hcl (2x day),
 78
 MRESVIA, 115
 MS INSULIN SYRINGE, 88
 MULTAQ, 11
 mupirocin, 11
 mupirocin calcium, 11
 my choice, 58
 MYALEPT, 73
 MYCAPSSA, 108
 mycophenolate mofetil,
 68
 mycophenolate sodium,
 68
 mycophenolic acid, 68
 mycozyl al, 15
 MYCOZYL AL, 15
 MYDAYIS, 7
 MYFEMBREE, 59
 MYLERAN, 6
N
 na sulfate-k sulfate-mg
 sulf, 72
 nabumetone, 77
 nadolol, 30
 naftifine hcl, 15
 naloxone hcl, 80
 naltrexone hcl, 80

naproxen, 77
 naproxen dr, 77
 naproxen sodium, 77
 naratriptan hcl, 103
 NATACYN, 78
 NATAZIA, 44
 nateglinide, 73
 NAYZILAM, 12
 nebivolol hcl, 29
 NEBUSAL, 74
 necon 0.5/35 (28), 44
 nefazodone hcl, 103
 neomycin sulfate, 7
 neomycin-bacitracin zn-polymyx, 78
 neomycin-polymyxin-dexameth, 78
 neomycin-polymyxin-gramicidin, 78
 neomycin-polymyxin-hc, 78, 81
 neo-polycin, 78
 neo-polycin hc, 78
 NERLYNX, 22
 nevirapine, 26
 nevirapine er, 26
 NEXLETOL, 5
 NEXLIZET, 16
 NEXTSTELLIS, 44
 NGENLA, 64
 niacin er
 (antihyperlipidemic), 76
 nicardipine hcl, 32
 nicotine, 105
 NICOTINE MINI, 105
 nicotine polacrilex, 106
 NICOTINE POLACRILEX MINI, 106
 NICOTINE STEP 1, 106
 NICOTINE STEP 2, 106
 NICOTINE STEP 3, 106

NICOTROL NS, 106
 nifedipine, 32
 nifedipine er, 32
 nifedipine er osmotic release, 32
 nikki, 44
 nilotinib d-tartrate, 22
 nilotinib hcl, 22
 nilutamide, 19
 nimodipine, 32
 nisoldipine er, 32
 nitazoxanide, 25
 nitisinone, 73
 nitro-bid, 76
 nitrofurantoin, 112
 nitrofurantoin macrocrystal, 112
 nitrofurantoin monohyd macro, 112
 nitroglycerin, 76
 nizatidine, 64
 NOHIST-DM, 54
 nora-be, 95
 NORDIPEN 5 INJECTION DEVICE, 88
 norelgestromin-eth estradiol, 50
 norethin ace-eth estrad-fe, 45
 norethindrone, 95
 norethindrone acetate, 96
 norethindrone acet-ethinyl est, 45
 norethindrone-eth estradiol, 59
 norethindron-ethinyl estrad-fe, 45
 norethin-eth estradiol-fe, 45
 norgestimate-eth estradiol, 45

norgestim-eth estrad triphasic, 45
 norlyroc, 95
 NORM-JECT LUER SLIP SYRINGE, 88
 nortrel 0.5/35 (28), 45
 nortrel 1/35 (21), 45
 nortrel 1/35 (28), 45
 nortrel 7/7/7, 45
 nortriptyline hcl, 112
 NOURIANZ, 24
 NOVAVAX COVID-19 VACCINE, 115
 NOVOFINE AUTOCOVER PEN NEEDLE, 88
 NOVOFINE PEN NEEDLE, 88
 NOVOFINE PLUS PEN NEEDLE, 88
 NOVOLIN 70/30, 70
 NOVOLIN 70/30 FLEXPEN, 70
 NOVOLIN 70/30 FLEXPEN RELION, 70
 NOVOLIN 70/30 RELION, 70
 NOVOLIN N, 70
 NOVOLIN N FLEXPEN, 70
 NOVOLIN N FLEXPEN RELION, 70
 NOVOLIN N RELION, 70
 NOVOLIN R, 70
 NOVOLIN R FLEXPEN, 70
 NOVOLIN R FLEXPEN RELION, 70
 NOVOLIN R RELION, 70
 NOVOLOG, 70
 NOVOLOG 70/30 FLEXPEN RELION, 71
 NOVOLOG FLEXPEN, 71
 NOVOLOG FLEXPEN RELION, 71

NOVOLOG MIX 70/30, 71
 NOVOLOG MIX 70/30
 FLEXPEN, 71
 NOVOLOG MIX 70/30
 RELION, 71
 NOVOLOG PENFILL, 71
 NOVOLOG RELION, 71
 NP THYROID, 111
 NUFOL, 65
 NUPLAZID, 25
 NURTEC, 32
 NUVAXOVID COVID-19
 VACCINE, 115
 nyamyc, 15
 nylia 1/35, 46
 nylia 7/7/7, 46
 NYPOZI, 64
 nystatin, 9, 15
 nystatin-triamcinolone,
 15
 nystop, 15
O
 OCALIVA, 60
 ocella, 46
 octreotide acetate, 108
 ODEFSEY, 26
 ODOMZO, 18
 ofloxacin, 61, 78, 81
 OGSIVEO, 22
 OJEMDA, 22
 olanzapine, 57
 olanzapine-fluoxetine
 hcl, 51
 olmesartan medoxomil,
 8
 olmesartan medoxomil-
 hctz, 16
 olmesartan-amlodipine-
 hctz, 16
 olopatadine hcl, 75, 79
 omega-3-acid ethyl
 esters, 16

omeprazole, 97
 OMLYCLO, 11
 OMNIFLEX DIAPHRAGM,
 52
 OMNIPOD 5 DEXG7G6
 INTRO GEN 5, 57
 OMNIPOD 5 DEXG7G6
 PODS GEN 5, 57
 OMNIPOD 5 G7 INTRO
 (GEN 5), 57
 OMNIPOD 5 G7 PODS
 (GEN 5), 57
 OMNIPOD 5 LIBRE
 INTRO, 57
 OMNIPOD 5 LIBRE
 PODS, 57
 OMNIPOD CLASSIC
 PODS (GEN 3), 57
 OMNIPOD DASH INTRO
 (GEN 4), 57
 OMNIPOD DASH PDM
 (GEN 4), 57
 OMNIPOD DASH PODS
 (GEN 4), 57
 OMNIPOD GO, 57
 OMNITROPE, 64
 ondansetron, 4
 ondansetron hcl, 4
 ondansetron hcl +rfid, 4
 ONGENTYS, 24
 OPTICHAMBER
 DIAMOND, 100
 OPTICHAMBER
 DIAMOND-LG MASK,
 100
 OPTICHAMBER
 DIAMOND-MD MASK,
 100
 OPTICHAMBER
 DIAMOND-SM MASK,
 101

OPTIONS GYNOL II
 CONTRACEPTIVE, 108
 ORENITRAM, 96
 ORENITRAM MONTH 1,
 96
 ORENITRAM MONTH 2,
 96
 ORENITRAM MONTH 3,
 96
 ORIAHNN, 59
 ORILISSA, 63
 ORKAMBI, 55
 orlistat, 10
 orphenadrine citrate er,
 33
 orphenadrine-aspirin-
 caffeine, 75
 orquidea, 95
 ORSERDU, 19
 oseltamivir phosphate,
 69
 OSPHENA, 66
 OSPOMYV, 31
 OTEZLA, 92
 OTEZLA XR, 92
 OTEZLA/OTEZLA XR
 INITIATION PK, 92
 OVIDREL, 61
 oxaprozin, 77
 oxazepam, 29
 oxcarbazepine, 12
 OXERVATE, 78
 oxybutynin chloride, 112
 oxybutynin chloride er,
 112
 oxycodone hcl, 80
 oxycodone hcl er, 80
 oxycodone-
 acetaminophen, 80
 oxymorphone hcl, 80
 oxymorphone hcl er, 80
 OZEMPIC, 68

OZEMPIC (0.25 OR 0.5
MG/DOSE), 68
OZEMPIC (1 MG/DOSE),
68
OZEMPIC (2 MG/DOSE),
68

P

paliperidone er, 29
PALYNZIQ, 73
pantoprazole sodium, 97
paricalcitol, 73
paroxetine hcl, 103
paroxetine hcl er, 103
paroxetine mesylate, 114
PAXLOVID (150/100), 28
PAXLOVID (300/100 &
150/100), 28
PAXLOVID (300/100), 28
pazopanib hcl, 22
PC UNIFINE PENTIPS, 88
PEDIARIX, 111
PEDVAXHIB, 28
peg 3350-kcl-na bicarb-
nacl, 72
peg-3350/electrolytes,
72
PEG-
3350/ELECTROLYTES/
ASCORBAT, 72
peg-kcl-nacl-nasulf-na
asc-c, 72
PEMAZYRE, 22
pen needles, 88
pen needles 5/16", 88
PENBRAYA, 28
penciclovir, 28
penicillamine, 33
penicillin v potassium, 76
PENMENY, 28
PENTACEL, 111
pentamidine isethionate,
9

pentazocine-naloxone
hcl, 81
PENTIPS, 88
PENTIPS GENERIC PEN
NEEDLES, 88
pentoxifylline er, 65
perampanel, 7
perindopril erbumine, 4
periogard, 27
permethrin, 103
perphenazine, 92
perphenazine-
amitriptyline, 51
PFIZER COVID-19 VAC-
TRIS 5-11Y, 115
PFIZER COVID-19 VAC-
TRIS 6M-4Y, 115
phenazo, 112
phenazopyridine hcl, 112
phendimetrazine
tartrate, 9
phendimetrazine tartrate
er, 9
phenelzine sulfate, 74
phenobarbital, 29
phenoxybenzamine hcl, 6
phentermine hcl, 9
phenylephrine hcl, 54
phenytoin, 66
phenytoin infatabs, 66
phenytoin sodium, 66
phenytoin sodium
extended, 66
PHEXX, 113
PHEXXI, 113
philith, 46
PHOSPHA 250 NEUTRAL,
92
phosphorous, 92
PHOSPHO-TRIN 250
NEUTRAL, 92
PHOSPHO-TRIN K500, 92

PIFELTRO, 26
pilocarpine hcl, 74, 111
pimecrolimus, 67
pimozide, 97
pimtrea, 46
pindolol, 30
pioglitazone hcl, 69
pioglitazone hcl-
glimepiride, 13
pioglitazone hcl-
metformin hcl, 13
PIP PEN NEEDLES 31G X
5MM, 88
PIP PEN NEEDLES 32G X
4MM, 88
PIQRAY (200 MG DAILY
DOSE), 22
PIQRAY (250 MG DAILY
DOSE), 22
PIQRAY (300 MG DAILY
DOSE), 22
pirfenidone, 97
piroxicam, 77
plerixafor, 108
PLEXION NS, 27
PNEUMOVAX 23, 28
POCKET CHAMBER, 101
POCKET SPACER, 101
podofilox, 71
polycin, 78
polyethylene glycol 3350,
72
POLY-IRON 150 FORTE,
65
polymyxin b-
trimethoprim, 78
POLYSACCHARIDE IRON
FORTE, 65
pomalidomide, 19
portia-28, 46
posaconazole, 67
potassium chloride, 94

potassium chloride crys
 er, 94
 potassium chloride er, 94
 potassium citrate er, 6
 potassium citrate-citric
 acid, 6
 povidone-iodine, 78
 pramipexole
 dihydrochloride, 24
 pramipexole
 dihydrochloride er, 24
 PRAMOTIC, 81
 prasugrel hcl, 93
 pravastatin sodium, 66
 praziquantel, 9
 prazosin hcl, 11
 PRECISION SURE-DOSE
 SYRINGE, 88
 prednisolone, 63
 prednisolone acetate, 78
 prednisolone sodium
 phosphate, 63, 79
 prednisolon-gatiflox-
 bromfenac, 79
 prednisone, 63
 PREDNISON INTENSOL,
 63
 PREFERRED PLUS
 INSULIN SYRINGE, 88
 PREFERRED PLUS
 UNIFINE PENTIPS, 88
 pregabalin, 12
 pregabalin er, 93
 PREHEVBRIO, 115
 PREMARIN, 60, 113
 PREMPHASE, 59
 PREMPRO, 59
 pretomanid, 17
 prevalite, 30
 PREVENT DROPSAFE
 PEN NEEDLES, 88

PREVENT SAFETY PEN
 NEEDLES, 88
 PREVNAR 13, 28
 PREVNAR 20, 28
 PREVYMIS, 34
 PREZCOBIX, 27
 PREZISTA, 27
 PRIFTIN, 17
 primaquine phosphate,
 16
 primidone, 12
 PRIORIX, 115
 PRO COMFORT INSULIN
 SYRINGE, 88
 PRO COMFORT PEN
 NEEDLES, 89
 probenecid, 112
 PROCHAMBER VHC, 101
 prochlorperazine, 92
 prochlorperazine
 maleate, 92
 procto-med hc, 99
 proctosol hc, 99
 proctozone-hc, 99
 PROCYSBI, 55
 PRODIGY INSULIN
 SYRINGE, 89
 progesterone, 96, 114
 PROGRAF, 68
 promethazine hcl, 15
 PROMETHAZINE VC, 54
 PROMETHAZINE
 VC/CODEINE, 54
 promethazine-codeine,
 54
 promethazine-dm, 54
 promethegan, 15
 PROMETHEGAN, 15
 propafenone hcl, 11
 propafenone hcl er, 11
 proparacaine hcl, 78
 propranolol hcl, 30

propranolol hcl er, 30
 propylthiouracil, 28
 PROQUAD, 115
 protriptyline hcl, 112
 pseudoeph-bromphen-
 dm, 54
 pseudoephedrine hcl,
 109
 PULMOSAL, 74
 PULMOZYME, 55
 PURE COMFORT PEN
 NEEDLE, 89
 PURE COMFORT SAFETY
 PEN NEEDLE, 89
 PUREVIT DUALFE PLUS,
 65
 PX ASPIRIN, 102
 PX ENTERIC ASPIRIN,
 102
 PX EXTRA SHORT PEN
 NEEDLES, 89
 PX FOLIC ACID, 62
 PX INSULIN SYRINGE, 89
 PX MINI PEN NEEDLES,
 89
 PX PEN NEEDLE, 89
 PX SHORTLENGTH PEN
 NEEDLES, 89
 pyquvi, 63
 pyrazinamide, 17
 pyridostigmine bromide,
 17
 pyridostigmine bromide
 er, 17, 34
 pyrimethamine, 16
 PYRUKYND, 98
 PYRUKYND TAPER PACK,
 98
Q
 QC ASPIRIN LOW DOSE,
 102

QC CHILDRENS ASPIRIN, 102
 QC FOLIC ACID, 62
 QC NICOTINE TRANSDERMAL SYSTEM, 106
 QC PEN NEEDLES, 89
 QC UNIFINE PENTIPS, 89
 QELBREE, 28
 QINLOCK, 22
 QUADRACEL, 111
 quetiapine fumarate, 57
 quetiapine fumarate er, 57
 quinapril hcl, 4
 quinapril-hydrochlorothiazide, 16
 quinidine gluconate er, 11
 quinidine sulfate, 11
 quinine sulfate, 16
 QULIPTA, 32
R
 RA ASPIRIN ADULT LOW DOSE, 102
 RA ASPIRIN ADULT LOW STRENGTH, 102
 RA ASPIRIN CHILDRENS, 102
 RA ASPIRIN EC, 102
 RA ASPIRIN EC ADULT LOW ST, 102
 RA FOLIC ACID, 62
 RA INSULIN SYRINGE, 89
 RA MINI NICOTINE, 106
 RA NICOTINE, 107
 RA NICOTINE GUM, 107
 RA NICOTINE POLACRILEX, 107
 RA PEN NEEDLES, 89
 rabeprazole sodium, 97

RADICAVA ORS, 7
 RADICAVA ORS STARTER KIT, 7
 RADIOGARDASE, 14
 raloxifene hcl, 66
 ramelteon, 103
 ramipril, 4
 ranolazine er, 11
 rasagiline mesylate, 24
 RAYA SURE PEN NEEDLE, 89
 REALITY INSULIN SYRINGE, 89
 REALITY LATEX CONDOMS, 52
 REALITY LATEX/ULTRA TEXTURED, 52
 REALITY LATEX/ULTRA THIN, 52
 REBIF, 75
 REBIF REBIDOSE, 75
 REBIF REBIDOSE TITRATION PACK, 75
 REBIF TITRATION PACK, 75
 reclusen, 46
 RECOMBIVAX HB, 115
 RECORLEV, 6
 RELION INSULIN SYRINGE, 89
 RELION MINI PEN NEEDLES, 89
 RELION PEN NEEDLES, 89
 RELION SHORT PEN NEEDLES, 89
 RELYVRIO, 7
 repaglinide, 73
 REPATHA, 96
 REPATHA PUSHTRONEX SYSTEM, 96
 REPATHA SURECLICK, 96

RETACRIT, 64
 RETEVMO, 22
 REVUFORJ, 19
 REXULTI, 98
 REYATAZ, 27
 REZLIDHIA, 22
 REZUROCK, 67
 RHOPRESSA, 78
 ribavirin, 99
 rifabutin, 17
 rifampin, 17
 rifapentine, 17
 rilpivirine hcl, 27
 riluzole, 7
 rimantadine hcl, 69
 RINVOQ, 27
 RINVOQ LQ, 27
 risedronate sodium, 31
 risperidone, 29
 risperidone microspheres er, 29
 RITEFLO, 101
 ritonavir, 27
 RITUXAN HYCELA, 20
 rivaroxaban, 58
 rivastigmine, 13
 rivastigmine tartrate, 13
 rivelsa, 46
 rizatriptan benzoate, 103
 ROCKLATAN, 78
 roflumilast, 103
 ropinirole hcl, 24
 ropinirole hcl er, 24
 rosuvastatin calcium, 66
 rosyrah, 46
 ROTARIX, 115
 ROTATEQ, 115
 roweepra, 12
 ROZLYTREK, 22
 rufinamide, 12
 RUKOBIA, 27
 RYBELSUS, 69

RYDAPT, 22

S

sacubitril-valsartan, 33

safety pen needles, 89

salicylic acid, 71

salicylic acid wart
remover, 72

SALICYLIC ACID WART
REMOVER, 72

salicylic acid-cleanser,
72

salsalate, 102

SANCUSO, 4

SANTYL, 58

sapropterin

dihydrochloride, 73

SB CHILDRENS ASPIRIN,
102

SB INSULIN SYRINGE, 89

SB LOW DOSE ASA EC,
102

SCSEMBLIX, 22

scopolamine, 14

SECURESAFE INSULIN
SYRINGE, 89

SECURESAFE SAFETY
PEN NEEDLES, 89

selegiline hcl, 24

selenium sulfide, 27

SELZENTRY, 27

sertraline hcl, 103

SE-TAN PLUS, 65

setlakin, 46

sevelamer carbonate, 92

sevelamer hcl, 92

SF, 55

SF 5000 PLUS, 55

SFROWASA, 69

sharobel, 95

sharps container, 89

SHINGRIX, 115

SIGNIFOR, 108

sildenafil citrate, 68, 98

silodosin, 97

silver sulfadiazine, 31

SIMBRINZA, 77

simethicone, 14

SIMLANDI (1 PEN), 10

SIMLANDI (2 PEN), 10

SIMLANDI (2 SYRINGE),
10

simliya, 46

simpesse, 47

SIMPONI, 10

simvastatin, 66

sirolimus, 68

SIRTURO, 17

sitagliip phos-metformin
hcl er, 13

sitaglipt base-metform
hcl er, 13

sitagliptin, 57

sitagliptin base-
metformin hcl, 13

sitagliptin phos-
metformin hcl, 13

sitagliptin phosphate, 57

SIVEXTRO, 81

SKYCLARYS, 62

SKYRIZI, 25, 69

SKYRIZI PEN, 25

SLYND, 96

SM ASPIRIN ADULT LOW
STRENGTH, 102

SM ASPIRIN LOW DOSE,
102

SM CHILDRENS ASPIRIN,
102

SM NICOTINE, 107

SM NICOTINE
POLACRILEX, 107

sod citrate-citric acid, 6

sodium chloride, 74

sodium citrate-citric
acid, 6

sodium fluoride, 56, 61

SODIUM FLUORIDE 5000
ENAMEL, 55

SODIUM FLUORIDE 5000
PLUS, 55

SODIUM FLUORIDE 5000
PPM, 55

sodium oxybate, 9

sodium phenylbutyrate,
73

sodium polystyrene
sulfonate, 93

sodium sulfacetamide,
27

sofosbuvir-velpatasvir,
66

solifenacin succinate,
113

SOLQUA, 13

SOL-M SYRINGE LUER
LOCK, 89

SOLTAMOX, 19

SOMATULINE DEPOT,
108

SOMAVERT, 64

sorafenib tosylate, 22

sotalol hcl, 30

sotalol hcl (af), 30

SOTYLIZE, 30

SPIKEVAX, 115

SPIKEVAX 6M-11Y, 115

spinosad, 103

SPIRIVA RESPIMAT, 31

spironolactone, 93

spironolactone-hctz, 58

SPRAVATO (56 MG
DOSE), 75

SPRAVATO (84 MG
DOSE), 75

sprintec 28, 47

sps (sodium polystyrene sulf), 93
 SPS (SODIUM POLYSTYRENE SULF), 93
 sronyx, 47
 ssd, 31
 SSS 10-5, 5
 st joseph aspirin, 102
 st joseph low dose, 103
 STARJEMZA, 25
 STIOLTO RESPIMAT, 110
 STIVARGA, 22
 STRENSIQ, 74
 STRIBILD, 27
 STRIVERDI RESPIMAT, 110
 subvenite, 12
 subvenite starter kit-blue, 12
 subvenite starter kit-green, 12
 subvenite starter kit-orange, 12
 sucralfate, 74
 sudogest, 109
 sulfacetamide sodium, 78
 sulfacetamide sodium (acne), 5
 sulfacetamide sodium (cleans), 27
 sulfacetamide sodium-sulfur, 5
 sulfacetamide sod-sulfur wash, 5
 sulfacetamide-prednisolone, 79
 sulfadiazine, 109
 sulfamethoxazole-trimethoprim, 9
 sulfasalazine, 69

sulfatrim pediatric, 9
 sulindac, 77
 sumatriptan, 103
 sumatriptan succinate, 103
 sumatriptan succinate refill, 103
 sunitinib malate, 22
 SUNOSI, 58
 SURE COMFORT INSULIN SYRINGE, 89
 SURE COMFORT PEN NEEDLES, 89
 syeda, 47
 SYMDEKO, 55
 SYMTUZA, 27
 SYNAREL, 72
 SYNJARDY, 14
 SYNJARDY XR, 14
 SYNTHROID, 111
 syringe luer lock, 89
 syringe luer slip, 89
T
 TABLOID, 17
 TABRECTA, 22
 tacrolimus, 67, 68
 tacrolimus er, 68
 tadalafil, 68
 tadalafil (pah), 98
 TAFINLAR, 23
 tafluprost (pf), 97
 TAGRISSO, 18
 TAKHZYRO, 93
 TALTZ, 25
 tamoxifen citrate, 19
 tamsulosin hcl, 97
 tarina 24 fe, 47
 tarina fe 1/20 eq, 47
 TARON FORTE, 65
 TAVALLISSE, 64
 TAVNEOS, 51
 taysofy, 47

tazarotene, 25
 taztia xt, 32
 TAZVERIK, 23
 TDVAX, 111
 TECHLITE INSULIN SYRINGE, 89
 TECHLITE PEN NEEDLES, 89
 TECHLITE PLUS PEN NEEDLES, 89
 TECVAYLI, 18
 telmisartan, 8
 telmisartan-amlodipine, 16
 telmisartan-hctz, 16
 temazepam, 76
 TEMBEXA, 74
 temozolomide, 6
 TENIVAC, 111
 tenofovir disoproxil fumarate, 27
 TEPMETKO, 23
 terazosin hcl, 11
 terbinafine hcl, 15
 terbutaline sulfate, 110
 terconazole, 113
 teriflunomide, 75
 teriparatide, 31
 testosterone, 8
 testosterone cypionate, 8
 testosterone enanthate, 8
 tetanus-diphtheria toxoids td, 111
 tetrabenazine, 75
 tetracaine hcl, 78
 tetracycline hcl, 110
 THALOMID, 67
 THE EPINEPHRINE SYRINGE, 89
 theophylline, 115
 theophylline er, 115

thioridazine hcl, 92
 thiothixene, 110
 tiadylt er, 32
 tiagabine hcl, 62
 TIBSOVO, 23
 ticagrelor, 93
 tilia fe, 47
 timolol maleate, 30
 timolol maleate (once-daily), 30
 timolol maleate ocudose, 30
 timolol maleate pf, 30
 tinidazole, 9
 tiopronin, 113
 tiotropium bromide, 31
 TIVICAY, 27
 TIVICAY PD, 27
 tizanidine hcl, 33
 TOBRADEX, 79
 tobramycin, 7, 78
 tobramycin-dexamethasone, 79
 tobramycin-vancomycin hcl, 78
 TODAY SPONGE, 108
 TODAYS HEALTH PEN NEEDLES, 89
 TODAYS HEALTH SHORT PEN NEEDLE, 89
 tofacitinib citrate, 27
 tofacitinib citrate er, 27
 tolmetin sodium, 77
 tolterodine tartrate, 113
 tolterodine tartrate er, 113
 tolvaptan, 114
 tolvaptan (hyponatremia), 114
 toomey syringe, 89
 TOPCARE CLICKFINE PEN NEEDLES, 90

TOPCARE ULTRA COMFORT INS SYR, 90
 TOPFINE INSULIN PEN NEEDLE, 90
 TOPICAL L.E.T., 73
 topiramate, 12, 13
 topiramate er, 12
 toremifene citrate, 19
 torsemide, 73
 tovet, 54
 TPOXX, 74
 tramadol hcl, 80
 tramadol hcl (er biphasic), 80
 tramadol hcl er, 80
 tramadol-acetaminophen, 80
 trandolapril, 4
 trandolapril-verapamil hcl er, 16
 tranexamic acid, 65
 tranylcypromine sulfate, 74
 travoprost (bak free), 97
 trazodone hcl, 103
 TRECATOR, 17
 TRELEGY ELLIPTA, 110
 TREMFYA, 25, 69
 TREMFYA ONE-PRESS, 25
 TREMFYA PEN, 25, 69
 TREMFYA-CD/UC INDUCTION, 69
 TRESIBA, 71
 TRESIBA FLEXTOUCH, 71
 tretinoin, 5, 24
 tretinoin microsphere, 5
 tretinoin microsphere pump, 5
 TREXALL, 17
 triamcinolone acetonide, 54, 108

triamcinolone in absorbase, 54
 triamterene-hctz, 58
 triazolam, 76
 TRICON, 65
 triderm, 54
 trientine hcl, 34
 tri-estarylla, 47
 trifluoperazine hcl, 92
 trifluridine, 78
 TRIGELS-F FORTE, 65
 trihexyphenidyl hcl, 24
 TRIKAFTA, 55
 tri-legest fe, 47
 tri-lynyah, 48
 tri-lo-estarylla, 48
 tri-lo-marzia, 48
 tri-lo-mili, 48
 tri-lo-sprintec, 48
 trimethobenzamide hcl, 14
 trimethoprim, 9
 tri-mili, 48
 trimipramine maleate, 112
 TRINTELLIX, 103
 tri-nymyo, 48
 tri-sprintec, 48
 TRIUMEQ, 27
 TRIUMEQ PD, 27
 trivora (28), 48
 tri-vylibra, 48
 tri-vylibra lo, 49
 TRIZIVIR, 27
 tropicamide, 54
 trospium chloride, 113
 trospium chloride er, 113
 TRUE COMFORT INSULIN SYRINGE, 90
 TRUE COMFORT PEN NEEDLES, 90

TRUE COMFORT PRO
INSULIN SYR, 90
TRUE COMFORT PRO
PEN NEEDLES, 90
TRUEPLUS 5-BEVEL PEN
NEEDLES, 90
TRUEPLUS INSULIN
SYRINGE, 90
TRUEPLUS PEN
NEEDLES, 90
TRULANCE, 6
TRULICITY, 69
TRUMENBA, 29
TRUQAP, 23
TRUSTEX COLOR
CONDOMS + LUBE, 52
TRUSTEX
LUB/RIBBED/STUDDED, 52
TRUSTEX
LUB/SPERMICIDE EX
ST, 52
TRUSTEX
LUB/SPERMICIDE XL,
52
TRUSTEX LUBRICATED,
52
TRUSTEX LUBRICATED
EX LARGE, 52
TRUSTEX LUBRICATED
EXTRA ST, 52
TRUSTEX
LUBRICATED/SPERMIC
IDE, 52
TRUSTEX NATURAL
CONDOMS + LUBE, 52
TRUSTEX NON-
LUBRICATED, 52
TRUSTEX RIA
LUB/SPERMICIDE, 52
TRUSTEX RIA
LUBRICATED, 52

TRUSTEX RIA NON-
LUBRICATED, 52
TRUSTEX-NONOXYNOL-
9/RIB/STUD, 53
TUKYSA, 17
turqoz, 49
TUXARIN ER, 54
TWINRIX, 115
TWIRLA, 50
TYBOST, 27
tydemy, 49
TYENNE, 71
TYMLOS, 31
TYVASO, 96
TYVASO DPI
MAINTENANCE KIT, 96
TYVASO DPI TITRATION
KIT, 96
TYVASO REFILL KIT, 96
TYVASO STARTER KIT, 96
U
UBRELVY, 32
ULTICARE INSULIN
SAFETY SYR, 90
ULTICARE INSULIN SYR
1/2 UNIT, 90
ULTICARE INSULIN
SYRINGE, 90
ULTICARE MICRO PEN
NEEDLES, 90
ULTICARE MINI PEN
NEEDLES, 90
ULTICARE PEN
NEEDLES, 90
ULTICARE SHORT PEN
NEEDLES, 90
ULTIGUARD SAFEPAK
PEN NEEDLE, 90
ULTIGUARD SAFEPAK
SYR/NEEDLE, 90
ULTILET PEN NEEDLE, 90

ULTRA COMFORT
INSULIN SYRINGE, 90
ULTRA FLO INSULIN PEN
NEEDLES, 90
ULTRA FLO INSULIN SYR
1/2 UNIT, 90
ULTRA FLO INSULIN
SYRINGE, 90
ULTRA THIN PEN
NEEDLES, 90
ULTRACARE INSULIN
SYRINGE, 90
ULTRACARE PEN
NEEDLES, 90
ULTRA-THIN II INS SYR
SHORT, 90
ULTRA-THIN II INSULIN
SYRINGE, 91
ULTRA-THIN II MINI PEN
NEEDLE, 91
ULTRA-THIN II PEN
NEEDLE SHORT, 91
ULTRA-THIN II PEN
NEEDLES, 91
UNIFINE OTC PEN
NEEDLES, 91
UNIFINE PENTIPS, 91
UNIFINE PENTIPS PLUS,
91
UNIFINE PROTECT PEN
NEEDLE, 91
UNIFINE SAFECONTROL
PEN NEEDLE, 91
UNIFINE ULTRA PEN
NEEDLE, 91
unithroid, 111
UPTRAVI, 98
UPTRAVI TITRATION, 98
ursodiol, 62
ustekinumab-aaaz, 25
V
valacyclovir hcl, 66

VALCHLOR, 23
 valganciclovir hcl, 34
 valproic acid, 114
 valsartan, 8
 valsartan-
 hydrochlorothiazide,
 16
 VALTOCO 10 MG DOSE,
 12
 VALTOCO 15 MG DOSE,
 12
 VALTOCO 20 MG DOSE,
 12
 VALTOCO 5 MG DOSE,
 12
 valtya 1/35, 49
 VALTYA 1/50, 49
 VALUE HEALTH INSULIN
 SYRINGE, 91
 vanadom, 33
 vancomycin hcl, 63
 VANISHPOINT INSULIN
 SYRINGE, 91
 VAQTA, 115
 vardenafil hcl, 68
 varenicline tartrate, 107
 varenicline tartrate
 (starter), 107
 varenicline
 tartrate(continue), 107
 VARIVAX, 115
 VARUBI (180 MG DOSE),
 109
 VAXELIS, 111
 VAXNEUVANCE, 29
 VCF VAGINAL
 CONTRACEPTIVE, 108
 VELIVET, 49
 VELTASSA, 93
 VENCLEXTA, 18
 VENCLEXTA STARTING
 PACK, 18

venlafaxine hcl, 104
 venlafaxine hcl er, 104
 VENTAVIS, 96
 verapamil hcl, 32
 verapamil hcl er, 32
 VERIFINE INSULIN PEN
 NEEDLE, 91
 VERIFINE INSULIN
 SYRINGE, 91
 VERIFINE PLUS PEN
 NEEDLE, 91
 VERISAFE SAFE STERILE
 SYRINGE, 91
 VERISAFE SAFETY
 STERILE NEEDLE, 91
 VERQUVO, 114
 VERZENIO, 23
 vestura, 49
 vienna, 49
 vigabatrin, 62
 vigpoder, 62
 VIJOICE, 92
 vilazodone hcl, 103
 VIORELE, 49
 VIREAD, 27
 VISTOGARD, 14
 vitamin d (ergocalciferol),
 77
 VITRAKVI, 23
 VIVITROL, 80
 VIZIMPRO, 18
 volnea, 49
 VONJO, 23
 VORANIGO, 23
 voriconazole, 67
 VORTEX HOLD
 CHMBR/MASK/CHILD,
 101
 VORTEX HOLD
 CHMBR/MASK/TODDL
 ER, 101

VORTEX VALVE
 CHAMBER-PEDI MASK,
 101
 VORTEX VALVED
 HOLDING CHAMBER,
 101
 VOXZOGO, 76
 VP INSULIN SYRINGE, 91
 VRAYLAR, 25
 vyfemla, 49
 vylibra, 50
 VYNDAMAX, 111
 VYNDAQEL, 111
 VYVANSE, 7
W
 WAKIX, 66
 warfarin sodium, 54
 WEGMANS UNIFINE
 PENTIPS PLUS, 91
 WEGOVY, 10
 WEGOVY HD, 10
 WELIREG, 19
 wera, 50
 WESTAB ONE, 65
 WIDE-SEAL DIAPHRAGM
 60, 53
 WIDE-SEAL DIAPHRAGM
 65, 53
 WIDE-SEAL DIAPHRAGM
 70, 53
 WIDE-SEAL DIAPHRAGM
 75, 53
 WIDE-SEAL DIAPHRAGM
 80, 53
 WIDE-SEAL DIAPHRAGM
 85, 53
 WIDE-SEAL DIAPHRAGM
 90, 53
 WIDE-SEAL DIAPHRAGM
 95, 53
 wixela inhub, 110
 wymzya fe, 50

X

xarah fe, 50
XARELTO, 58
XARELTO STARTER
PACK, 58
XATMEP, 17
XCOPRI, 32
XCOPRI (250 MG DAILY
DOSE), 32
XCOPRI (350 MG DAILY
DOSE), 32
xelria fe, 50
XERMELO, 112
XIFAXAN, 9
XIGDUO XR, 14
XOFLUZA (40 MG DOSE),
69
XOFLUZA (80 MG DOSE),
69
XOLAIR, 11
XOSPATA, 23
XPOVIO (100 MG ONCE
WEEKLY), 19
XPOVIO (40 MG ONCE
WEEKLY), 19

XPOVIO (40 MG TWICE
WEEKLY), 19
XPOVIO (60 MG ONCE
WEEKLY), 19
XPOVIO (60 MG TWICE
WEEKLY), 19
XPOVIO (80 MG ONCE
WEEKLY), 19
XPOVIO (80 MG TWICE
WEEKLY), 20
XTAMPZA ER, 80
XTANDI, 19
XTRENBO, 31
xulane, 50
XULTOPHY, 14
XURIDEN, 74

Y

YL FOLIC ACID, 62
yulithira, 23
YUSIMRY, 10
yuvafer, 113

Z

zafemy, 50
zafirlukast, 72

zaleplon, 76
ZELBORAF, 23
zenatane, 5
ZENPEP, 57
ZEPBOUND, 10
ZEVX INSULIN
SYRINGE, 91
ZEVX PEN NEEDLES, 91
zidovudine, 27
ziprasidone hcl, 25
ZOKINVY, 94
ZOLINZA, 23
zolmitriptan, 103
zolpidem tartrate, 76
zolpidem tartrate er, 76
zonisamide, 13
ZONTIVITY, 93
zovia 1/35 (28), 50
zumandimine, 50
ZURZUVAE, 62
ZYDELIG, 23
ZYKADIA, 23
ZYPREXA RELPREVV, 57