



Effective January 1, 2026

Your Prescription Drug List

Serve You Rx Biosimilar Advantage Formulary

Please read: This document contains information about the drugs covered under your pharmacy benefit plan.

If you have questions:

- Call customer service at **800-759-3203**.
- Visit **ServeYouRx.com/members/member-portal**
 - Locate a participating retail pharmacy by ZIP code
 - Perform drug cost comparisons
 - Search the drug database for generics, brand-names, generic equivalents and other drug information
 - View quality and safety information about prescription alternatives



Your Prescription Drug List (PDL)

The Prescription Drug List, or formulary, is a listing of the most commonly prescribed medications sorted by therapeutic category. The PDL identifies the drugs available for certain conditions and organizes them into cost levels, also known as tiers. It is intended to be used as a guide to help you and your doctor choose the best course of treatment for you. Drug designation by category is for reference only and not clinical comparison. The PDL is not intended to be a substitute for the clinical knowledge and judgement of the medical practitioner in their choice of drug therapy. In all cases, the prescriber is expected to select appropriate drug therapy for the individual patient and provide high-quality healthcare.

Please note

- Where differences are noted between this PDL and your benefit plan documents, the benefit plan documents will rule.
- This document is not intended to be a complete list of medications and devices, and not all medications and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.
- You may also log on to [ServeYouRx.com](https://www.ServeYouRx.com) or call customer service at **800-759-3203** for more information.

At Serve You Rx, we are committed to helping you better understand your medication options.

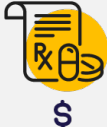


Your pharmacy benefit offers flexibility and choice in determining the right medication for you. To help you get the most out of your pharmacy benefit, we've included some of the most commonly asked questions about the PDL.

HOW DO I USE MY PRESCRIPTION DRUG LIST?

Bring this PDL with you when you see your doctor. You and your doctor should consult it when choosing a medication. It is organized by common medical conditions. Medications are then listed alphabetically and identified as generic or brand, and if special rules apply. If your medication is not listed in this document, please visit [ServeYouRx.com](https://www.ServeYouRx.com) or call customer service at **800-759-3203**.

WHAT ARE TIERS?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, which is determined by your employer or plan sponsor. Tier 1 medications are your lowest-cost options. If your medication is placed in Tier 2 or 3, look to see if there is a Tier 1 option available. Discuss these options with your doctor. Check your benefit plan documents to find out your specific pharmacy plan costs.

| \$ | DRUG TIER | INCLUDES | HELPFUL TIPS |
|--|----------------------------------|--|---|
|  | Tier 1 Lowest Cost | Lower-cost, commonly used generic drugs | Use Tier 1 drugs for the lowest out-of-pocket costs. |
|  | Tier 2 Mid-Range Cost | Many common brand-name drugs, called preferred brands | Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs. |
|  | Tier 3 Highest Cost | Mostly higher-cost brand drugs, also known as non-preferred brands | Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you. |

Please Note

Plans may have different tiers (4, none, etc.). If your plan has a Tier 4, specialty drugs are included in this tier. If you have a high-deductible plan, the tier cost levels may apply once you hit your deductible. Refer to your enrollment and plan documents or call customer service at **800-759-3203** for more information about your benefit plan.

WHEN DOES THE PRESCRIPTION DRUG LIST CHANGE?

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

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

SPECIALTY PROGRAM AND EXCLUSIONS

Some medications are noted with letters or symbols next to them. The letters and symbols help you check which medications are a specialty medication or an excluded medication. Your benefit plan determines how these medications may be covered for you.

| | |
|-----------|--|
| SP | Specialty Medication — Medication is designated as a specialty pharmacy drug. |
| E | Excluded — May be excluded from coverage or subject to prior authorization. Lower-cost options are available and covered. |

WHAT IS THE DIFFERENCE BETWEEN BRAND-NAME AND GENERIC MEDICATIONS?

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. Once the patent of a brand-name medication ends, the FDA can approve a generic version with the same active ingredients. These types of medications are known as generic medications. Sometimes the same company that makes a brand-name medication also makes the generic version.

IS IT A GENERIC OR BRAND-NAME DRUG?

The drug list shows **brand-name** drugs in **bold** type (for example, **Crestor**) and generic drugs in plain type (for example, rosuvastatin).

WHAT IF MY DOCTOR WRITES A BRAND-NAME PRESCRIPTION?

The next time your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower-cost option is available and if it might be right for you. Generic medications are usually your lowest-cost option, but not always. Visit the drug cost comparison tool in the Member Portal at [ServeYouRx.com](https://www.ServeYouRx.com) to be sure.

ARE YOU TAKING A SPECIALTY MEDICATION?

Specialty medications treat rare or complex conditions and are typically higher cost medications. Specialty drugs have the following characteristics:

- Treat complex and often costly medical conditions such as cancer, rheumatoid arthritis, multiple sclerosis, hepatitis C, and pulmonary hypertension
- Are often injected or infused (IV) medicines, but may also be taken orally
- Require close monitoring of response to drug therapy
- May require individualized dosing, medical devices to administer the medicine, and/or special handling and delivery
- Require additional education for safe and cost-effective use

Please Note

Not all specialty medications are listed in the PDL.

Bolero Specialty Pharmacy stocks most specialty medications and is committed to helping patients navigate the complexity of specialty drug therapy with helpful programs, services, and enhanced patient care.

There are specialty drugs available that are called **biosimilars**. Biosimilars are not generics of brand-name drugs but highly similar to an already FDA-approved biologic medication, which is known as the original biologic or reference product. Biosimilars are safe and effective and have no clinical differences when compared to the reference product. Biosimilars may offer a lower cost option compared to the original biologic. If you are on a biologic, ask your **doctor if your medication is available as a biosimilar and if it might be right for you.**

SHOULD I TALK TO MY DOCTOR ABOUT OTC MEDICATIONS?

An over-the-counter (OTC, no prescription required) medication may be the right treatment option for some conditions. Talk to your doctor about available OTC options. Even though these medications may not be covered under your pharmacy benefit, they may cost less than your out-of-pocket expense for prescription medications.

HOW DO I GET UPDATED INFORMATION ABOUT MY PHARMACY BENEFIT?

Since the PDL may change during your plan year, we encourage you to visit [ServeYouRx.com](https://www.ServeYouRx.com) or call customer service at **800-759-3203** for more current information. You can also use our member portal to: Perform drug cost comparisons;

- View your medication history;
- Locate in-plan, out-of-plan, and 24-hour pharmacies near you;
- Search the drug database for generics, brand-names, generic equivalents, and other drug information;
- View quality and safety information about prescription alternatives; and
- View any plan-specific content.

If you need more information:

Call customer service at 800-759-3203

Visit the member portal at
ServeYouRx.com to...

- Compare drug prices
- Find your lowest prescription cost
- Locate your pharmacy and get driving directions
- Keep track of your health history
- Learn more about your drugs

Table of Contents

| | | | |
|--|----|---|----|
| Acne/Rosacea | 7 | Endocrine: Thyroid Hormone Replacement | 26 |
| Addiction/Substance Abuse | 7 | Eye Conditions: Antibiotics | 27 |
| Anti-Infectives: Antibiotics | 7 | Eye Conditions: Glaucoma | 27 |
| Anti-Infectives: Antifungals | 8 | Eye Conditions: Other..... | 27 |
| Anti-Infectives: Antivirals | 8 | Gastrointestinal: Acid Suppression..... | 28 |
| Blood Disorders | 8 | Gastrointestinal: Inflammatory Bowel Disease..... | 28 |
| Cancer | 10 | Gastrointestinal: Nausea/Vomiting | 29 |
| Cardiovascular/Heart Disease: Anticoagulants..... | 12 | Gastrointestinal: Other..... | 29 |
| Cardiovascular/Heart Disease: High Blood Pressure ... | 12 | Gout | 30 |
| Cardiovascular/Heart Disease: High Cholesterol..... | 14 | HIV/AIDS..... | 30 |
| Cardiovascular/Heart Disease: Other | 14 | Infertility..... | 30 |
| Cardiovascular/Heart Disease: PAH..... | 15 | Inflammatory Conditions | 30 |
| Central Nervous System: Alzheimer's/Dementia | 15 | Men's Health: Erectile Dysfunction..... | 32 |
| Central Nervous System: Antipsychotics | 15 | Men's Health: Prostate | 32 |
| Central Nervous System: Attention Deficit Disorder | 16 | Men's Health: Testosterone Therapy | 32 |
| Central Nervous System: Depression | 16 | Miscellaneous | 32 |
| Central Nervous System: Migraine | 17 | Musculoskeletal: Osteoarthritis..... | 34 |
| Central Nervous System: Multiple Sclerosis | 18 | Musculoskeletal: Osteoporosis..... | 35 |
| Central Nervous System: Other | 18 | Musculoskeletal: Other | 35 |
| Central Nervous System: Parkinson's Disease | 19 | Musculoskeletal: Pain Relief..... | 35 |
| Central Nervous System: Sedatives/Hypnotics | 19 | Overactive Bladder | 37 |
| Central Nervous System: Seizure Disorders..... | 19 | Respiratory: Asthma/COPD..... | 37 |
| Dermatology | 20 | Respiratory: Nasal Allergies | 38 |
| Diabetes/Endocrine Blood: Glucose Monitoring | 22 | Respiratory: Oral Allergies..... | 38 |
| Diabetes/Endocrine: Insulin..... | 23 | Transplant..... | 38 |
| Diabetes/Endocrine: Non-Insulin..... | 24 | Vitamins/Electrolytes | 38 |
| Endocrine: Growth Hormone..... | 25 | Weight Loss Management..... | 39 |
| Endocrine: Other | 26 | Women's Health: Birth Control | 39 |
| | | Women's Health: Hormone Replacement..... | 41 |
| | | Women's Health: Vaginal Anti-Infectives | 42 |

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|-------------------------------------|-----------|-------------------|
| Acne/Rosacea | | |
| Absorica | E | |
| Absorica LD | E | |
| Accutane | 1 | |
| Acitretin | 1 | SP |
| Amnesteem | 1 | |
| Claravis | 1 | |
| Isotretinoin 10mg, 20mg, 30mg, 40mg | 1 | |
| Oracea | E | |
| Seysara | E | |
| Zenatane | 1 | |
| Addiction/Substance Abuse | | |
| Brixadi | 3 | SP |
| Buprenorphine SL | 1 | |
| Buprenorphine/Naloxone | 1 | |
| Kloxxado | 2 | |
| Naloxone Nasal Spray | 1 | |
| Naltrexone Tab | 1 | |
| Opvee | 3 | |
| Rextovy | 3 | |
| Suboxone | 3 | |
| Sublocade | 3 | SP |
| Varenicline | 1 | |
| Vivitrol | 3 | SP |
| Zimhi | 3 | |
| Zubsolv | 2 | |
| Anti-Infectives: Antibiotics | | |

Bold type = Brand name drug [Plain type = Generic drug]
E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|---|-----------|-------------------|
| Amoxicillin | 1 | |
| Amoxicillin/Clavulanate | 1 | |
| Azithromycin | 1 | |
| Bethkis | E | SP |
| Cayston | 2 | SP |
| Cefadroxil | 1 | |
| Cefdinir | 1 | |
| Cefpodoxime | 1 | |
| Cefuroxime | 1 | |
| Cephalexin | 1 | |
| Cipro Suspension | 2 | |
| Ciprofloxacin/Dexamethasone Otic | 1 | |
| Ciprofloxacin Tab | 1 | |
| Clarithromycin Tab | 1 | |
| Cleocin Vaginal Cream, Suppository | 3 | |
| Clindamycin Cap | 1 | |
| Clindamycin Vaginal Cream | 1 | |
| Dificid | 2 | |
| Doryx MPC | E | |
| Doxycycline Hyclate | 1 | |
| Doxycycline Hyclate DR Tab 80mg | E | |
| Doxycycline Monohydrate | 1 | |
| Humatin | 3 | |
| Kitabis | 3 | SP |
| Levofloxacin Tab | 1 | |
| Likmez | 3 | |

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|---|-----------|-------------------|
| Metronidazole Tab | 1 | |
| Minocycline Cap | 1 | |
| Neomycin/Polymyxin/ HC Otic | 1 | |
| Nitrofurantoin Macrocrystals | 1 | |
| Nitrofurantoin Monohydrate Macrocrystals | 1 | |
| Nitrofurantoin Suspension 50mg/5mL | E | |
| Nuessa | 3 | |
| Nuzyra | 3 | |
| Ofloxacin Otic | 1 | |
| Penicillin VK | 1 | |
| Sulfamethoxazole/Trimethoprim | 1 | |
| Sulfatrim Pediatric | 1 | |
| Targadox | 3 | |
| TOBI Nebulizer | E | SP |
| Tobramycin Nebulization Solution | 1 | SP |
| TOBI Podhaler | 2 | SP |
| Anti-Infectives: Antifungals | | |
| Brexafemme | 3 | |
| Ciclodan | 1 | |
| Clotrimazole Cream | 1 | |
| Clotrimazole Lozenge | 1 | |
| Cresemba | 3 | |
| Exelderm Cream | 2 | |
| Fluconazole | 1 | |
| Jublia | E | |

Bold type = Brand name drug [Plain type = Generic drug]

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| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|------------------------------------|-----------|-------------------|
| Nyamyc | 1 | |
| Nystatin Mouth/Throat | 1 | |
| Nystop | 1 | |
| Terbinafine Tab | 1 | |
| Tolsura | E | |
| Vivjoa | 3 | |
| Anti-Infectives: Antivirals | | |
| Acyclovir Cap, Tab | 1 | |
| Baraclude Tab | E | SP |
| Epclusa | 2 | SP |
| Harvoni | 2 | SP |
| Lagevrio | 2 | |
| Ledipasvir/Sofosbuvir | E | SP |
| Mavyret | 3 | SP |
| Oseltamivir Phosphate Cap | 1 | |
| Paxlovid | 2 | |
| Sofosbuvir/Velpatasvir | E | SP |
| Tamiflu | E | |
| Valacyclovir | 1 | |
| Valtrex | E | |
| Vemlidy | 2 | SP |
| Vosevi | 2 | SP |
| Xofluza | 2 | |
| Blood Disorders | | |
| Advate | 2 | SP |
| Adynovate | 2 | SP |
| Afstyla | 2 | SP |

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|----------------|-----------|-------------------|
| Alphanate | 3 | SP |
| Alprolix | 3 | SP |
| Altuviiiio | 2 | SP |
| Aranesp | E | SP |
| Doptelet | 2 | SP |
| Eloctate | 2 | SP |
| Empaveli | 3 | SP |
| Epogen | E | SP |
| Esperoct | 2 | SP |
| Fabhalta | 2 | SP |
| Fulphila | 2 | SP |
| Fylnetra | E | SP |
| Granix | E | SP |
| Humate-P | 3 | SP |
| Idelvion | 3 | SP |
| Javygtor | 1 | SP |
| Jesduvroq | 3 | |
| Jivi | 2 | SP |
| Koate | 3 | SP |
| Kogenate FS | 2 | SP |
| Kovaltry | 2 | SP |
| Leukine | E | SP |
| Mircera | 3 | SP |
| Neulasta | E | SP |
| Neulasta Onpro | E | SP |
| Neupogen | E | SP |
| Nivestym | 2 | SP |
| Novoeight | 2 | SP |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|---------------------|-----------|-------------------|
| Nuwiq | 3 | SP |
| Nypozi | 2 | SP |
| Nyvepria | E | SP |
| Palynziq | 2 | SP |
| PiaSky | 3 | SP |
| Procrit | E | SP |
| Promacta | E | SP |
| Rebinyn | 3 | SP |
| Recombinate | 3 | SP |
| Releuko | E | SP |
| Retacrit | 2 | SP |
| Rolvedon | E | SP |
| Ryzneuta | E | SP |
| Sevenfact | 3 | SP |
| Soliris | E | SP |
| Stimufend | E | SP |
| Tavalisse | 2 | SP |
| Tranexamic Acid Tab | 1 | |
| Udenyca | E | SP |
| Udenyca On-Body | 3 | SP |
| Ultomiris | 3 | SP |
| Vafseo | E | |
| Voydeya | 3 | SP |
| Wilate | 3 | SP |
| Xyntha | 2 | SP |
| Xyntha Solofuse | 2 | SP |
| Zarxio | E | SP |
| Ziextenzo | 2 | SP |

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|-------------------------|-----------|-------------------|
| Cancer | | |
| Abiraterone | 1 | SP |
| Afinitor | E | SP |
| Afinitor Disperz | 2 | SP |
| Akeega | 2 | SP |
| Alecensa | 2 | SP |
| Alunbrig | 2 | SP |
| AlymSYS | 3 | SP |
| Anastrozole Tab | 1 | |
| Anktiva | 3 | SP |
| Arimidex | E | |
| Augtyro | 2 | SP |
| Avastin | E | SP |
| Ayvakit | 2 | SP |
| Balversa | 2 | SP |
| Belrapzo | 3 | SP |
| Bosulif | 2 | SP |
| Braftovi | 2 | SP |
| Brunkinsa | 2 | SP |
| Cabometyx | 2 | SP |
| Calquence | 2 | SP |
| Capecitabine | 1 | SP |
| Caprelsa | 3 | SP |
| Cometriq | 2 | SP |
| Cotellic | 2 | SP |
| Danziten | 2 | SP |
| Daurismo | 2 | SP |
| Ensacove | 2 | SP |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|-------------------|-----------|-------------------|
| Erivedge | 2 | SP |
| Erleada | 2 | SP |
| Fotivda | 2 | SP |
| Fruzaqla | 2 | SP |
| Gavreto | 2 | SP |
| Gilotrif | 2 | SP |
| Gleevec | E | SP |
| Herceptin | E | SP |
| Hercessi | E | SP |
| Hernexeos | 3 | SP |
| Herzuma | 3 | SP |
| Hycamtin | 2 | SP |
| Ibuprofen | 2 | SP |
| Iclusig | 2 | SP |
| Idhifa | 3 | SP |
| Imatinib Mesylate | 1 | SP |
| Imbruvica | 2 | SP |
| Inlyta | 2 | SP |
| Inqovi | 2 | SP |
| Inrebic | 3 | SP |
| Itovebi | 2 | SP |
| Iwilfin | 2 | SP |
| Jaypirca | 3 | SP |
| Jobevne | E | SP |
| Kanjinti | E | SP |
| Kisqali | 2 | SP |
| Koselugo | 2 | SP |
| Krazati | 2 | SP |

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|------------------|-----------|-------------------|
| Lenalidomide | 1 | SP |
| Lenvima | 2 | SP |
| Letrozole | 1 | |
| Lumakras | 2 | SP |
| Lynparza | 2 | SP |
| Mekinist | 2 | SP |
| Mektovi | 2 | SP |
| Modeyso | 3 | SP |
| Mvasi | 3 | SP |
| Nerlynx | 2 | SP |
| Ninlaro | 2 | SP |
| Nubeqa | 2 | SP |
| Odomzo | 2 | SP |
| Ogivri | 2 | SP |
| Ojjaara | 2 | SP |
| Ontruzant | E | SP |
| Onureg | 2 | SP |
| Orgovyx | 2 | SP |
| Panretin | 3 | |
| Pemazyre | 2 | SP |
| Phesgo | 3 | SP |
| Piqray | 2 | SP |
| Pomalyst | 2 | SP |
| Retevmo | 2 | SP |
| Revlimid | 2 | SP |
| Rezlidhia | 2 | SP |
| Riabni | 2 | SP |
| Rituxan | E | SP |

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|------------------|-----------|-------------------|
| Rozlytrek | 2 | SP |
| Rubraca | 3 | SP |
| Ruxience | 2 | SP |
| Rydapt | 2 | SP |
| Rylaze | 3 | SP |
| Scemblix | 2 | SP |
| Soltamox | 2 | |
| Sprycel | E | SP |
| Stivarga | 2 | SP |
| Sutent | E | SP |
| Tabrecta | 2 | SP |
| Tafinlar | 2 | SP |
| Tagrisso | 2 | SP |
| Talzenna | 2 | SP |
| Tamoxifen Tab | 1 | |
| Targretin | E | SP |
| Tasigna | E | SP |
| Tazverik | 2 | SP |
| Temozolomide | 1 | SP |
| Tepmetko | 2 | SP |
| Tibsovo | 2 | SP |
| Trazimera | 3 | SP |
| Treanda | 3 | SP |
| Truqap | 2 | SP |
| Truxima | 3 | SP |
| Vanflyta | 2 | SP |
| Vegzelma | 2 | SP |
| Venclexta | 2 | SP |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|---|-----------|-------------------|
| Verzenio | 2 | SP |
| Vitrakvi | 2 | SP |
| Vivimusta | 3 | SP |
| Vizimpro | 2 | SP |
| Voranigo | 2 | SP |
| Welireg | 2 | SP |
| Xalkori | 2 | SP |
| Xospata | 2 | SP |
| Xpovio | 2 | SP |
| Xtandi | 2 | SP |
| Yonsa | 3 | SP |
| Zejula | 2 | SP |
| Zelboraf | 2 | SP |
| Zirabev | 2 | SP |
| Zydelig | 2 | SP |
| Zytiga | E | SP |
| Cardiovascular/Heart Disease: Anticoagulants | | |
| Brilinta | E | |
| Clopidogrel | 1 | |
| Eliquis | 2 | |
| Enoxaparin | 1 | |
| Jantoven | 1 | |
| Plavix | E | |
| Prasugrel | 1 | |
| Warfarin | 1 | |
| Xarelto | 2 | |
| Yosprala | E | |

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|--|-----------|-------------------|
| Cardiovascular/Heart Disease: High Blood Pressure | | |
| Altace | E | |
| Amlodipine | 1 | |
| Amlodipine/Benazepril | 1 | |
| Amlodipine/Olmesartan | 1 | |
| Amlodipine/Valsartan | 1 | |
| Atacand | E | |
| Atenolol | 1 | |
| Atenolol/Chlorthalidone | 1 | |
| Avapro | E | |
| Azor | E | |
| Benazepril | 1 | |
| Benicar | E | |
| Benicar HCT | E | |
| Bisoprolol | 1 | |
| Bisoprolol/HCTZ | 1 | |
| Bumetanide | 1 | |
| Bystolic | E | |
| Candesartan | 1 | |
| Cardizem LA | E | |
| Cartia XT | 1 | |
| Carvedilol | 1 | |
| Catapres-TTS | E | |
| Chlorthalidone | 1 | |
| Clonidine Tab | 1 | |
| Conjupri | 3 | |
| Coreg | E | |
| Coreg CR | E | |
| Cozaar | E | |
| Diltiazem ER | 1 | |
| Diovan | E | |

Bold type = Brand name drug [Plain type = Generic drug]

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| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|---------------------------|-----------|-------------------|
| Diovan HCT | E | |
| Doxazosin | 1 | |
| Edarbi | E | |
| Edarbyclor | E | |
| Enalapril | 1 | |
| Exforge | E | |
| Exforge HCT | E | |
| Furoscix | 3 | SP |
| Furosemide | 1 | |
| Guanfacine | 1 | |
| Hydralazine | 1 | |
| Hydrochlorothiazide | 1 | |
| Hyzaar | E | |
| Inderal LA | E | |
| Inderal XL | E | |
| Innopran XL | E | |
| Inzirqo | 3 | |
| Irbesartan | 1 | |
| Irbesartan/HCTZ | 1 | |
| Kaspargo Sprinkle | 3 | |
| Katerzia | E | |
| Labetalol | 1 | |
| Lasix | E | |
| Levamlodipine | 1 | |
| Lisinopril | 1 | |
| Lisinopril/HCTZ | 1 | |
| Lopressor Solution | 3 | |
| Losartan | 1 | |

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|---------------------------|-----------|-------------------|
| Losartan/HCTZ | 1 | |
| Lotrel | E | |
| Metoprolol Succinate ER | 1 | |
| Metoprolol Tartrate | 1 | |
| Micardis | E | |
| Micardis HCT | E | |
| Minoxidil | 1 | |
| Nadolol | 1 | |
| Nebivolol | 1 | |
| Nifedipine ER | 1 | |
| Nifedipine ER Osmotic | 1 | |
| Norliqva | 3 | |
| Norvasc | E | |
| Olmesartan | 1 | |
| Olmesartan/HCTZ | 1 | |
| Prazosin | 1 | |
| Propranolol | 1 | |
| Propranolol ER | 1 | |
| Ramipril | 1 | |
| Spirolactone | 1 | |
| Tekturna | E | |
| Telmisartan | 1 | |
| Tenormin | E | |
| Toprol XL | E | |
| Torsemide | 1 | |
| Triamterene/HCTZ | 1 | |
| Tribenzor | E | |
| Valsartan Solution | E | |

Bold type = Brand name drug [Plain type = Generic drug]

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Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|---|-----------|-------------------|
| Valsartan Tab | 1 | |
| Valsartan/HCTZ | 1 | |
| Verapamil ER | 1 | |
| Zestril | E | |
| Cardiovascular/Heart Disease: High Cholesterol | | |
| Atorvaliq | 3 | |
| Atorvastatin | 1 | |
| Colestid | E | |
| Crestor | E | |
| Ezetimibe | 1 | |
| Fenofibrate | 1 | |
| Fenofibrate Micronized | 1 | |
| Gemfibrozil | 1 | |
| Icosapent Ethyl | 1 | |
| Juxtapid | 2 | |
| Leqvio | 3 | |
| Lescol XL | E | |
| Lipitor | E | |
| Livalo | E | |
| Lovastatin | 1 | |
| Nexletol | 2 | |
| Nexlizet | 2 | |
| Omega-3 Acid | 1 | |
| Praluent | E | |
| Pravastatin | 1 | |
| Questran | E | |
| Questran Light | E | |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|--|-----------|-------------------|
| Repatha | 2 | |
| Rosuvastatin | 1 | |
| Simvastatin | 1 | |
| Tricor | E | |
| Vascepa | E | |
| Vytorin | E | |
| Welchol | E | |
| Zetia | E | |
| Zocor | E | |
| Zypitamag | E | |
| Cardiovascular/Heart Disease: Other | | |
| Amiodarone | 1 | |
| Aspruzyo Sprinkle | E | |
| Camzyos | 3 | SP |
| Corlanor Tab | E | |
| Entresto Tab | E | |
| Flecainide | 1 | |
| Inpefa | E | |
| Isosorbide Mononitrate ER | 1 | |
| Multaq | 2 | |
| Nitro-Bid | 2 | |
| Nitro-Dur 0.3mg/hr, 0.8mg/hr | 2 | |
| Nitroglycerin SL | 1 | |
| Nitrostat | E | |
| Nitro-Time | 2 | |
| Ranolazine ER | 1 | |
| Sacubitril/Valsartan | 1 | |
| Soanz | E | |

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| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|--|-----------|-------------------|
| Sotalol | 1 | |
| Tikosyn | E | |
| Verquvo | 3 | |
| Cardiovascular/Heart Disease: Pulmonary Arterial Hypertension (PAH) | | |
| Adcirca | E | SP |
| Adempas | 2 | SP |
| Letairis | E | SP |
| Liqrev | 3 | SP |
| Opsumit | 2 | SP |
| Opsynvi | 2 | SP |
| Orenitram | 2 | SP |
| Remodulin | E | SP |
| Revatio | E | SP |
| Sildenafil Suspension | 1 | |
| Sildenafil Tab 20mg | 1 | |
| Tadliq | E | SP |
| Tracleer | E | SP |
| Treprostinil | 1 | SP |
| Tyvaso | 2 | SP |
| Tyvaso DPI | 2 | SP |
| Uptravi | 2 | SP |
| Winrevair | 2 | SP |
| Central Nervous System: Alzheimer's/Dementia | | |
| Adlarity | E | |
| Donepezil | 1 | |
| Kisunla | E | SP |

Bold type = Brand name drug [Plain type = Generic drug]
E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|---|-----------|-------------------|
| Leqembi | 3 | SP |
| Memantine | 1 | |
| Namzaric | 2 | |
| Zunveyl | 3 | |
| Central Nervous System: Antipsychotics | | |
| Abilify | E | |
| Abilify Asimtufii | 2 | |
| Abilify Maintena | 2 | |
| Aripiprazole | 1 | |
| Aristada | 2 | |
| Aristada Initio | 2 | |
| Caplyta | 2 | |
| Invega Hafyera | 2 | |
| Invega Sustenna | 2 | |
| Invega Trinza | 2 | |
| Latuda | E | |
| Lurasidone | 1 | |
| Lybalvi | 3 | |
| Olanzapine | 1 | |
| Perseris | 3 | |
| Quetiapine | 1 | |
| Quetiapine ER | 1 | |
| Rexulti | 2 | |
| Risperdal | E | |
| Risperidone | 1 | |
| Rykindo | 2 | |
| Saphris | E | |
| Secuado | 3 | |

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|---|-----------|-------------------|
| Seroquel | E | |
| Seroquel XR | E | |
| Uzedly | 2 | |
| Vraylar | 2 | |
| Ziprasidone | 1 | |
| Zyprexa | E | |
| Central Nervous System: Attention Deficit Disorder | | |
| Adderall | E | |
| Adderall XR | E | |
| Adzenys XR-ODT | E | |
| Amphetamine/ Dextroamphetamine | 1 | |
| Amphetamine/ Dextroamphetamine ER | 1 | |
| Amphetamine/ Dextroamphetamine 3-Bead ER | 1 | |
| Atomoxetine | 1 | |
| Azstarys | 2 | |
| Concerta | E | |
| Cotempla XR-ODT | E | |
| Daytrana | E | |
| Dexmethylphenidate | 1 | |
| Dexmethylphenidate ER | 1 | |
| Dyanavel XR | E | |
| Evekeo | E | |
| Focalin | E | |
| Focalin XR | E | |
| Guanfacine ER | 1 | |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|---|-----------|-------------------|
| Intuniv | E | |
| Jornay PM | 2 | |
| Lisdexamfetamine | 1 | |
| Metadate CD | E | |
| Methylphenidate CD | 1 | |
| Methylphenidate ER | 1 | |
| Methylphenidate LA | 1 | |
| Methylphenidate OSM 27mg, 36mg, 54mg | 1 | |
| Methylphenidate Tab | 1 | |
| Methylphenidate XR | 1 | |
| Mydayis | E | |
| Procentra | 3 | |
| Qelbree | 3 | |
| Quillichew ER | 3 | |
| Quilivant XR | 3 | |
| Ritalin | E | |
| Ritalin LA | E | |
| Strattera | E | |
| Vyvanse | E | |
| Xelstrym | E | |
| Zenedi | 3 | |
| Central Nervous System: Depression | | |
| Amitriptyline | 1 | |
| Auvelity | 3 | |
| Bupropion | 1 | |
| Bupropion SR | 1 | |
| Bupropion XL | 1 | |

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| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|---------------------------|-----------|-------------------|
| Bupropion XL 450mg | 1 | |
| Celexa | E | |
| Citalopram Cap | E | |
| Citalopram Tab | 1 | |
| Cymbalta | E | |
| Desvenlafaxine ER | 1 | |
| Doxepin | 1 | |
| Duloxetine | 1 | |
| Effexor XR | E | |
| Escitalopram Tab | 1 | |
| Fetzima | 2 | |
| Fluoxetine | 1 | |
| Fluvoxamine | 1 | |
| Forfivo XL | 3 | |
| Lexapro | E | |
| Mirtazapine | 1 | |
| Nortriptyline | 1 | |
| Paroxetine Tab | 1 | |
| Paxil CR | E | |
| Paxil Tab | E | |
| Pristiq | E | |
| Prozac | E | |
| Sertraline Cap | E | |
| Sertraline Tab | 1 | |
| Spravato | 2 | SP |
| Trazodone | 1 | |
| Trintellix | 2 | |
| Venlafaxine | 1 | |

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E Excluded **SP** Specialty Program

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|---|-----------|-------------------|
| Venlafaxine Besylate ER | E | |
| Venlafaxine ER | 1 | |
| Vilazodone | 1 | |
| Wellbutrin SR | E | |
| Wellbutrin XL | E | |
| Zoloft | E | |
| Zuruvae | 3 | |
| Central Nervous System: Migraine | | |
| Aimovig | 2 | |
| Ajovy | 2 | |
| Bac | 1 | |
| Butalbital/Acetaminophen/ Caffeine | 1 | |
| Eletriptan | 1 | |
| Emgality | 2 | |
| Imitrex Injection | 3 | |
| Imitrex Tab | E | |
| Maxalt | E | |
| Maxalt-MLT | E | |
| Naratriptan | 1 | |
| Nurtec | 2 | |
| Onzetra Xsail | E | |
| Qulipta | 2 | |
| Relpax | E | |
| Reyvow | 2 | |
| Rizatriptan | 1 | |
| Sumatriptan | 1 | |
| Tosymra | E | |

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| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|---|-----------|-------------------|
| Treximet | E | |
| Trudhesa | 3 | |
| Ubrelvy | 2 | |
| Zavzpret | 3 | |
| Zembrace Symtouch | E | |
| Zomig Tab | E | |
| Central Nervous System: Multiple Sclerosis | | |
| Ampyra | E | SP |
| Aubagio | E | SP |
| Avonex | 2 | SP |
| Bafiertam | E | SP |
| Betaseron | 2 | SP |
| Copaxone 20mg/mL | 3 | SP |
| Copaxone 40mg/mL | 2 | SP |
| Dalfampridine ER | 1 | SP |
| Dimethyl Fumarate | 1 | SP |
| Extavia | E | SP |
| Gilenya 0.5mg Cap | E | SP |
| Glatiramer Acetate | 1 | SP |
| Glatopa | 1 | SP |
| Kesimpta | 2 | SP |
| Mavenclad | 2 | SP |
| Mayzent | 2 | SP |
| Plegridy | 2 | SP |
| Ponvory | E | SP |
| Rebif | 2 | SP |
| Tascenso ODT | 3 | SP |
| Tecfidera | E | SP |

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E Excluded **SP** Specialty Program

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|--------------------------------------|-----------|-------------------|
| Vumerity | 2 | SP |
| Zeposia | 3 | SP |
| Central Nervous System: Other | | |
| Alprazolam Tab | 1 | |
| Armodafinil | 1 | |
| Ativan Tab | E | |
| Austedo | 2 | SP |
| Austedo XR | 2 | SP |
| Buspirone | 1 | |
| Daybue | 3 | SP |
| Diazepam Tab | 1 | |
| Gabapentin Once-Daily | E | |
| Gralise | E | |
| Horizant | E | |
| Hydroxyzine HCL | 1 | |
| Hydroxyzine Pamoate | 1 | |
| Lithium | 1 | |
| Lithium ER | 1 | |
| Lorazepam Tab | 1 | |
| Loreev XR | E | |
| Lumryz | 3 | SP |
| Modafinil | 1 | |
| Nuvigil | E | |
| Provigil | E | |
| Radicava ORS | 3 | SP |
| Savella | E | |
| Sodium Oxybate | 3 | SP |
| Sunosi | 2 | |

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| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|-----------------|-----------|-------------------|
| Teglutik | 3 | SP |
| Valium | E | |
| Wakix | 3 | SP |
| Xanax | E | |
| Xanax XR | E | |
| Xyrem | E | SP |
| Xywav | 3 | SP |

Central Nervous System: Parkinson's Disease

| | | |
|--------------------|---|----|
| Benzotropine | 1 | |
| Carbidopa-Levodopa | 1 | |
| Crexont | E | |
| Dhivy | 3 | |
| Gocovri | E | |
| Inbrija | 3 | SP |
| Neupro | 2 | |
| Ongentys | 3 | |
| Osmolex ER | E | |
| Pramipexole | 1 | |
| Ropinirole | 1 | |
| Rytary | 3 | |

Central Nervous System: Sedatives/Hypnotics

| | | |
|------------------|---|--|
| Ambien | E | |
| Ambien CR | E | |
| Belsomra | 2 | |
| Dayvigo | 2 | |
| Eszopiclone | 1 | |

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E Excluded **SP** Specialty Program

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|---------------------|-----------|-------------------|
| Lunesta | E | |
| Quviviq | 3 | |
| Restoril | E | |
| Temazepam | 1 | |
| Triazolam | 1 | |
| Zolpidem Cap | E | |
| Zolpidem ER | 1 | |
| Zolpidem Tab | 1 | |

Central Nervous System: Seizure Disorders

| | | |
|------------------------|---|----|
| Aptiom | E | |
| Briviact | 2 | |
| Carbatrol | 3 | |
| Clonazepam | 1 | |
| Divalproex DR | 1 | |
| Divalproex ER | 1 | |
| Elepsia XR | E | |
| Epidiolex | 2 | SP |
| Eprontia | E | |
| Fycompa | 2 | |
| Gabapentin | 1 | |
| Keppra | E | |
| Keppra XR | E | |
| Klonopin | E | |
| Lacosamide | 1 | |
| Lamictal | E | |
| Lamictal ODT | E | |
| Lamictal XR Tab | E | |
| Lamotrigine | 1 | |

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| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|-------------------------|-----------|-------------------|
| Lamotrigine ER | 1 | |
| Levetiracetam | 1 | |
| Levetiracetam ER | 1 | |
| Libervant | 3 | |
| Lyrica | E | |
| Lyrica CR | E | |
| Motpoly XR | E | |
| Nayzilam | 3 | |
| Neurontin | E | |
| Onfi | E | |
| Oxcarbazepine | 1 | |
| Oxtellar XR | E | |
| Pregabalin | 1 | |
| Primidone | 1 | |
| Qudexy XR | E | |
| Roweepra | 1 | |
| Sabril | E | SP |
| Subvenite Tab | E | |
| Sympazan | E | |
| Tegretol | 3 | |
| Tegretol-XR | 3 | |
| Topamax | E | |
| Topamax Sprinkle | E | |
| Topiramate | 1 | |
| Trileptal | E | |
| Trokendi XR | E | |
| Valtoco | 3 | |
| Vigadrone | 1 | SP |

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E Excluded **SP** Specialty Program

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|--------------------------------|-----------|-------------------|
| Vimpat | E | |
| Xcopri | 2 | |
| Zonegran | E | |
| Zonisade | 3 | |
| Zonisamide | 1 | |
| Dermatology | | |
| Acanya | E | |
| Aczone | E | |
| Acyclovir Cream | E | |
| Acyclovir Ointment | 1 | |
| Adapalene/Benzoyl Peroxide Gel | 1 | |
| Aklief | E | |
| Ala-Cort | 1 | |
| Amzeeq | 3 | |
| Arazlo | E | |
| Azelaic Acid Gel | 1 | |
| Azelex | E | |
| Benzamycin | E | |
| Betamethasone Cream, Ointment | 1 | |
| Cabtreo | 3 | |
| Calcipotriene Foam | E | |
| Ciclopirox Solution | 1 | |
| Clindacin ETZ Swab | 1 | |
| Clindacin-P | 1 | |
| Clindagel | E | |

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| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|---|-----------|-------------------|
| Clindamycin Gel, Lotion, Solution, Swab | 1 | |
| Clindamycin/Benzoyl Peroxide Gel | 1 | |
| Clobetasol Cream, Foam, Ointment, Shampoo, Solution | 1 | |
| Clobex | E | |
| Clodan | 1 | |
| Cloderm | E | |
| Clotrimazole/ Betamethasone Cream | 1 | |
| Desonide Cream, Ointment | 1 | |
| Differin Cream, Lotion | E | |
| Drysol | 2 | |
| Duobrii | E | |
| Elidel | E | |
| Enstilar | 2 | |
| Epiduo | E | |
| Epiduo Forte | 3 | |
| Epsolay | E | |
| Eucrisa | 2 | |
| Fabior | E | |
| Finacea Foam | 2 | |
| Fluocinonide Cream, Ointment, Solution | 1 | |
| Fluorouracil Cream | 1 | |
| Fluticasone Cream | 1 | |
| Halog Cream, Solution | E | |
| Hydrocortisone Cream, Ointment | 1 | |

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|---|-----------|-------------------|
| Hyftor | 3 | SP |
| Imiquimod Cream | 1 | |
| Impozz | E | |
| Kenalog Spray | E | |
| Ketoconazole Cream, Shampoo | 1 | |
| Klayesta | 1 | |
| Klisyri | 2 | |
| Lexette | E | |
| Lidocaine Ointment | 1 | |
| Lidocaine/Prilocaine Cream | 1 | |
| Metrogel | E | |
| Metronidazole Cream, Gel | 1 | |
| Mirvaso | E | |
| Mometasone Cream, Ointment | 1 | |
| Mupirocin Ointment | 1 | |
| Natroba | 3 | |
| Neuac | 1 | |
| Noritate | E | |
| Nystatin Cream, Ointment | 1 | |
| Onexton | E | |
| Opzelura | 2 | |
| Pimecrolimus | 1 | |
| Pramosone 1-1% Cream, Lotion, Ointment | 2 | |
| Retin-A | E | |
| Retin-A Micro 0.06%, 0.08% | E | |
| Retin-A-Micro 0.04%, 0.1% | 3 | |

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E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|---------------------------------------|-----------|-------------------|
| Rhofade | E | |
| Santyl | 3 | |
| Scalacort DK | 2 | |
| Silvadene | E | |
| Soolantra | E | |
| Sorilux | E | |
| Taclonex | 3 | |
| Tacrolimus Ointment | 1 | |
| Tazarotene Foam | E | |
| Tazorac | E | |
| Texacort | 2 | |
| Tolak | 2 | |
| Topicort Ointment, Spray | E | |
| Tretinoin Cream, Gel | 1 | |
| Triamcinolone Cream, Lotion, Ointment | 1 | |
| Triamcinolone in Absorbase | 1 | |
| Triderm | 1 | |
| Twynéo | E | |
| Vectical | 3 | |
| Vtama | 2 | |
| Winlevi | 3 | |
| Wynzora | E | |
| Xaciató | E | |
| Ycanth | 3 | |
| Ziana | E | |
| Zilxi | E | |
| Zoryve Cream 0.15%, 0.3% | 2 | |

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|---|-----------|-------------------|
| Zoryve Foam | 2 | |
| Zovirax | E | |
| Zyclara | E | |
| Zyclara Pump | E | |
| Diabetes/Endocrine Blood: Glucose Monitoring | | |
| Accu-Chek FastClix Lancet Kit | 3 | |
| Accu-Chek SoftClix Lancet Device Kit | 3 | |
| BD Insulin Syringes | 2 | |
| BD Pen Needles | 2 | |
| CeQur Simplicity 2U | 2 | |
| CeQur Simplicity Inserter | 2 | |
| Contour Next EZ Kit w/ Device | 2 | |
| Contour Next Gen Monitor | 2 | |
| Contour Next Monitor Kit w/Device | 2 | |
| Contour Next One Kit | 2 | |
| Contour Next Gen Test Strips | 2 | |
| Contour Plus Blue Kit w/ Device | 2 | |
| Contour Plus Test Strips | 2 | |
| Contour Test Strips | 2 | |
| Dexcom G6 Receiver, Sensor, Transmitter | 2 | |
| Dexcom G7 Receiver, Sensor | 2 | |
| Embecta Insulin Syringes | 2 | |
| Embecta Pen Needles | 2 | |

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E Excluded **SP** Specialty Program

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| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|--|-----------|-------------------|
| Enlite Glucose Sensor | 3 | |
| Eversense 365 Sensor/Holder | 3 | |
| Eversense 365 Smart Transmitter | 3 | |
| Eversense E3 Sensor/Holder/Smart Transmitter | 3 | |
| Eversense Sensor/Holder/Smart Transmitter | 3 | |
| FreeStyle Libre 2 Plus Sensor | 2 | |
| FreeStyle Libre 2 Reader, Sensor | 2 | |
| FreeStyle Libre 3 Plus Sensor | 2 | |
| FreeStyle Libre 3 Reader, Sensor | 2 | |
| FreeStyle Libre 14 Day Reader, Sensor | 2 | |
| FreeStyle Freedom Lite System Kit | 2 | |
| FreeStyle Lite System Kit | 2 | |
| FreeStyle Lite Test Strips | 2 | |
| Guardian Connect Transmitter | E | |
| Novofine Pen Needles | E | |
| Novofine Plus Pen Needles | E | |
| Omnipod 5 Dexcom Intro Kit | 2 | |
| Omnipod 5 Dexcom Pods | 2 | |
| Omnipod 5 Libre Intro Kit | 2 | |
| Omnipod 5 Libre Pods | 2 | |
| Omnipod Dash Intro Kit | 2 | |
| Omnipod Dash Pods | 2 | |

Bold type = Brand name drug [Plain type = Generic drug]
E Excluded **SP** Specialty Program

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|--------------------------------------|-----------|-------------------|
| OneTouch Ultra 2 Kit w/ Device | E | |
| OneTouch Ultra Blue Test Strips | E | |
| OneTouch Ultra Test Strips | E | |
| OneTouch Verio Flex System | E | |
| OneTouch Verio Reflect Kit w/ Device | E | |
| OneTouch Verio Test Strips | E | |
| Precision Xtra Meter | 2 | |
| Precision Xtra Test Strips | 2 | |
| Tempo Refill | E | |
| Tempo Smart Button | E | |
| Tempo Welcome | E | |
| V-Go 20 | 2 | |
| V-Go 30 | 2 | |
| V-Go 40 | 2 | |
| Diabetes/Endocrine: Insulin | | |
| Admelog | E | |
| Admelog SoloStar | E | |
| Apidra SoloStar | E | |
| Apidra Vials | E | |
| Basaglar KwikPen | E | |
| Basaglar Tempo Pen | E | |
| Fiasp | 1 | |
| Fiasp FlexTouch | 1 | |
| Fiasp Penfill | 1 | |
| Humalog Mix 50/50 KwikPen | 1 | |
| Humalog Mix 75/25 Vials | 1 | |

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| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|---|-----------|-------------------|
| Humalog Tempo Pen | E | |
| Humalog U-100 Junior KwikPen | E | |
| Humalog U-200 | 1 | |
| Humulin 70/30 Vials and KwikPen | 1 | |
| Humulin N Vials and KwikPen | 1 | |
| Humulin R U-500 Vials and KwikPen | 1 | |
| Humulin R Vials | 1 | |
| Insulin Aspart | E | |
| Insulin Aspart FlexPen | E | |
| Insulin Aspart Penfill | E | |
| Insulin Aspart Protamine & Insulin Aspart | E | |
| Insulin Aspart Protamine & Insulin Aspart FlexPen | E | |
| Insulin Degludec | E | |
| Insulin Degludec FlexTouch | E | |
| Insulin Glargine 100 unit/mL | E | |
| Insulin Glargine SoloStar 100 unit/mL | E | |
| Insulin Glargine 300 unit/mL | E | |
| Insulin Glargine-yfgn | 1 | |
| Insulin Lispro | 1 | |
| Insulin Lispro Junior Kwik-Pen | 1 | |
| Insulin Lispro Protamine & Insulin Lispro | 1 | |
| Lantus SoloStar | E | |
| Lantus U-100 Vials | E | |

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|--|-----------|-------------------|
| Lyumjev Tempo Pen | E | |
| Lyumjev Vials and KwikPen | 1 | |
| Novolin 70/30 Vials and FlexPen | 1 | |
| Novolin N Vials and FlexPen | 1 | |
| Novolog R Vials and FlexPen | 1 | |
| Novolog FlexPen | 1 | |
| Novolog Mix 70/30 Vials and FlexPen | 1 | |
| Novolog Penfill | 1 | |
| Novolog U-100 Vials | 1 | |
| Rezvoglar KwikPen | 3 | |
| Semglee (yfgn) | E | |
| Soliqua | 2 | |
| Toujeo Max SoloStar | 1 | |
| Toujeo SoloStar | 1 | |
| Tresiba | 1 | |
| Tresiba FlexTouch | 1 | |
| Xultophy | 2 | |
| Diabetes/Endocrine: Non-Insulin | | |
| Alogliptin | E | |
| Alogliptin/Metformin | E | |
| Alogliptin/Pioglitazone | E | |
| Baqsimi | 2 | |
| Bexagliflozin | E | |
| Brenzavvy | E | |
| Bydureon BCise | E | |
| Byetta | E | |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|---|-----------|-------------------|
| Dapagliflozin | E | |
| Dapagliflozin/Metformin ER | E | |
| Exenatide | 1 | |
| Farxiga | 2 | |
| Glimepiride | 1 | |
| Glipizide | 1 | |
| Glipizide ER | 1 | |
| Glucagon Emergency Kit (Fresenius manufacturer) | E | |
| Glyburide | 1 | |
| Glyxambi | 2 | |
| Gvoke | 2 | |
| Invokamet | E | |
| Invokamet XR | E | |
| Invokana | E | |
| Janumet | 2 | |
| Janumet XR | 2 | |
| Januvia | 2 | |
| Jardiance | 2 | |
| Jentadueto | E | |
| Jentadueto XR | E | |
| Metformin 500mg, 850mg, 1000mg | 1 | |
| Metformin 625mg | E | |
| Metformin ER | 1 | |
| Metformin ER Modified Release (generic Glumetza) | E | |
| Metformin ER Osmotic (generic Fortamet) | E | |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|----------------------------------|-----------|-------------------|
| Mounjaro | 2 | |
| Onglyza | E | |
| Ozempic | 2 | |
| Pioglitazone | 1 | |
| Qtern | E | |
| Rybelsus | 2 | |
| Segluromet | E | |
| Sitagliptin | E | |
| Sitagliptin/Metformin | E | |
| Steglatro | E | |
| Steglujan | E | |
| SymlinPen | E | |
| Synjardy | 2 | |
| Synjardy XR | 2 | |
| Tradjenta | E | |
| Trijardy XR | 2 | |
| Trulicity | 2 | |
| Tzield | 3 | SP |
| Victoza | E | |
| Xigduo XR | 2 | |
| Zegalogue | E | |
| Zituvimet | E | |
| Zituvimet XR | E | |
| Zituvio | E | |
| Endocrine: Growth Hormone | | |
| Genotropin | 2 | SP |
| Humatrope | E | SP |
| Increlex | 3 | SP |

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| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|-----------------------------|-----------|-------------------|
| Ngenla | E | SP |
| Norditropin FlexPro | 2 | SP |
| Nutropin AQ NuSpin | E | SP |
| Omnitrope | 3 | SP |
| Skytrofa | 2 | SP |
| Sogroya | 2 | SP |
| Zomacton | E | SP |
| Endocrine: Other | | |
| Acthar | 3 | SP |
| Alkindi Sprinkle | 3 | SP |
| Cabergoline | 1 | |
| Calcitriol Cap | 1 | |
| Cortef | E | |
| Cortisone Tab | 1 | |
| Cortrophin | 3 | SP |
| Dexamethasone Tab | 1 | |
| Fludrocortisone Acetate Tab | 1 | |
| Hemady | E | |
| Hydrocortisone Tab | 1 | |
| Isturisa | 3 | SP |
| Kenalog-40 | E | |
| Lupron Depot | E | SP |
| Methylprednisolone Tab | 1 | |
| Mycapssa | 3 | SP |
| Osphena | E | |
| Prednisone | 1 | |
| Prednisolone | 1 | |

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|---|-----------|-------------------|
| Prednisolone Sodium Phosphate Solution | 1 | |
| Rayos | E | |
| Recorlev | 3 | SP |
| Signifor | 3 | SP |
| Somatuline Depot | 3 | SP |
| Supprelin LA | 3 | SP |
| Tarpeyo | 3 | SP |
| Triptodur | 3 | SP |
| Endocrine: Thyroid Hormone Replacement | | |
| Armour Thyroid | E | |
| Cytomel | E | |
| Ermeza | 3 | |
| Euthyrox | 1 | |
| Levo-T | 1 | |
| Levothyroxine Cap | 1 | |
| Levothyroxine Tab | 1 | |
| Levoxyl | 1 | |
| Liothyronine | 1 | |
| Methimazole | 1 | |
| Niva Thyroid | 3 | |
| NP Thyroid | 3 | |
| Synthroid | E | |
| Thyquidity | 3 | |
| Tirosint 37.5mcg, 44mcg, 62.4mcg | 3 | |
| Tirosint-Sol | 3 | |
| Unithroid | 1 | |

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E Excluded **SP** Specialty Program

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| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|-------------------------------------|-----------|-------------------|
| Eye Conditions: Antibiotics | | |
| Azasite | E | |
| Besivance | 2 | |
| Ciloxan | 2 | |
| Ciprofloxacin Ophthalmic | 1 | |
| Erythromycin Ophthalmic | 1 | |
| Moxifloxacin Ophthalmic | 1 | |
| Ofloxacin Ophthalmic | 1 | |
| Polymyxin B/Trimethoprim Ophthalmic | 1 | |
| Tobradex | 2 | |
| Tobradex ST | E | |
| Tobramycin Ophthalmic | 1 | |
| Tobramycin/Dexamethasone Ophthalmic | 1 | |
| Tobrex | 2 | |
| Vigamox | E | |
| Zylet | E | |
| Eye Conditions: Glaucoma | | |
| Acetazolamide Tab | 1 | |
| Alphagan P | E | |
| Azopt | E | |
| Betimol | 3 | |
| Brimonidine Ophthalmic | 1 | |
| Brimonidine/Timolol Ophthalmic | 1 | |
| Combigan | E | |
| Cosopt | E | |
| Cosopt PF | E | |

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E Excluded **SP** Specialty Program

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| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|---|-----------|-------------------|
| Dorzolamide/Timolol Ophthalmic | 1 | |
| Dorzolamide/Timolol Ophthalmic PF | 1 | |
| Iyuzeh | E | |
| Latanoprost Ophthalmic | 1 | |
| Lumigan | 2 | |
| Rhopressa | 3 | |
| Rocklatan | 3 | |
| Simbrinza | 2 | |
| Timolol Maleate Ophthalmic (Once-Daily) | 1 | |
| Timolol Maleate Ocular | 1 | |
| Timolol Maleate Ophthalmic | 1 | |
| Timolol Maleate Ophthalmic PF | 1 | |
| Timoptic Ocudose | E | |
| Travatan Z | E | |
| Vyzulta | 3 | |
| Xalatan | E | |
| Zioptan | E | |
| Eye Conditions: Other | | |
| Alomide | 2 | |
| Beovu | 3 | SP |
| Bepreve | E | |
| Bromsite | E | |
| Byooviz | 2 | SP |
| Cequa | E | |
| Cyclosporine Ophthalmic | 1 | |
| Eysuvis | E | |

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|---|-----------|-------------------|
| Flarex | E | |
| Ilevro | 2 | |
| Inveltys | E | |
| Ketorolac Ophthalmic | 1 | |
| Latisse | 3 | |
| Lotemax Ointment | 2 | |
| Lotemax Gel, Suspension | E | |
| Lotemax SM | 2 | |
| Lucentis | 3 | SP |
| Miebo | 2 | |
| Neomycin/Polymyxin/ Dexamethasone Ophthalmic Ointment, Suspension | 1 | |
| Nevanac | E | |
| Pred Forte | E | |
| Prednisolone Ophthalmic | 1 | |
| Prolensa | E | |
| Restasis | 1 | |
| Restasis Multidose | 2 | |
| Tyrvaya | 2 | |
| Verkazia | 3 | |
| Vevye | E | |
| Vuity | E | |
| Xdemvy | 3 | SP |
| Xiidra | 2 | |
| Zerviate | E | |
| Gastrointestinal: Acid Suppression | | |
| Aciphex | E | |

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E Excluded **SP** Specialty Program

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| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|---|-----------|-------------------|
| Carafate Tab | E | |
| Dexlansoprazole | 1 | |
| Dexilant | E | |
| Duexis | E | |
| Esomeprazole Magnesium (Rx only) | 1 | |
| Famotidine (Rx only) | 1 | |
| Ibuprofen/Famotidine | E | |
| Konvomep | E | |
| Lansoprazole (Rx only) | 1 | |
| Misoprostol | 1 | |
| Nexium Cap | E | |
| Omeprazole (Rx only) | 1 | |
| Omeprazole/Sodium Bicarbonate | 1 | |
| Pantoprazole | 1 | |
| Prevacid | E | |
| Prevacid SoluTab | E | |
| Protonix Pak, Tab | E | |
| Rabeprazole | 1 | |
| Rabeprazole Sprinkle | 1 | |
| Sucralfate Tab | 1 | |
| Vimovo | E | |
| Gastrointestinal: Inflammatory Bowel Disease | | |
| Apriso | E | |
| Budesonide Cap, Tab | 1 | |
| Canasa | E | |
| Cortifoam | 2 | |

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|--|-----------|-------------------|
| Delzicol | E | |
| Dipentum | E | |
| Hydrocortisone (Perianal) | 1 | |
| Lialda | E | |
| Mesalamine DR | 1 | |
| Mesalamine ER 0.375gm | 1 | |
| Pentasa | E | |
| Proctofoam-HC | 2 | |
| Procto-Med HC | 1 | |
| Sfrowasa | 3 | |
| Sulfasalazine | 1 | |
| Uceris Rectal, Tab | E | |
| Gastrointestinal: Nausea/Vomiting | | |
| Akynzeo | 2 | |
| Emend Suspension | 2 | |
| Gimoti | 3 | SP |
| Meclizine | 1 | |
| Metoclopramide | 1 | |
| Ondansetron ODT | 1 | |
| Ondansetron Tab | 1 | |
| Prochlorperazine | 1 | |
| Sancuso | 3 | |
| Scopolamine | 1 | |
| Varubi | 2 | |
| Gastrointestinal: Other | | |
| Amitiza | E | |
| Clenpiq | 2 | |

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|---------------------------------|-----------|-------------------|
| Constulose | 1 | |
| Creon | 2 | |
| Dicyclomine | 1 | |
| Diphenoxylate/Atropine | 1 | |
| Gavilyte-C | 1 | |
| Gavilyte-G | 1 | |
| Gavilyte-N w/ Flavor Pack | 1 | |
| Glycopyrrolate Tab 1mg, 2mg | 1 | |
| Golytely | E | |
| Ibsrela | E | |
| Lactulose | 1 | |
| Linzess | 2 | |
| Lubiprostone | 1 | |
| Motegrity | E | |
| Motofen | E | |
| Movantik | 2 | |
| Moviprep | E | |
| Na Sulfate-K Sulfate-Mg Sulfate | 1 | |
| Pancreaze | E | |
| PEG 3350-KCl-Na Bicarb-NaCl | 1 | |
| PEG-3350/Electrolytes | 1 | |
| Pertzye | E | |
| Plenvu | 3 | |
| Pylera | E | |
| Rebyota | 3 | SP |
| Relistor | 3 | |

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E Excluded **SP** Specialty Program

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| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|---------------------------|-----------|-------------------|
| Reltone | E | |
| Suflave | 3 | |
| Suprep Bowel Prep | E | |
| Sutab | 2 | |
| Symproic | 2 | |
| Talicia | 3 | |
| Trulance | 2 | |
| Ursodiol Cap 200mg, 400mg | E | |
| Viberzi | 2 | |
| Viokace | E | |
| Voquenza | 3 | |
| Vowst | 2 | SP |
| Xifaxan 200mg Tab | 3 | |
| Xifaxan 550mg Tab | 2 | |
| Zenpep | 2 | |
| Gout | | |
| Allopurinol 100mg, 300mg | 1 | |
| Colchicine Tab | 1 | |
| Gloperba | 3 | |
| Lodoco | E | |
| Mitigare | E | |
| HIV/AIDS | | |
| Biktarvy | 2 | |
| Cabenuva | 2 | |
| Cimduo | 2 | |
| Descovy | 3 | |
| Dovato | 2 | |

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E Excluded **SP** Specialty Program

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| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|---|-----------|-------------------|
| Emtricitabine/Tenofovir Disoproxil Fumarate | 1 | |
| Juluca | 2 | |
| Prezcobix | E | |
| Symfi | E | |
| Symtuza | 3 | |
| Triumeq | 2 | |
| Truvada | E | |
| Infertility | | |
| Cetrotide | E | SP |
| Clomid | 1 | |
| Crinone | 2 | |
| Follistim AQ | 3 | SP |
| Ganirelix (Organon manufacturer) | 1 | SP |
| Gonal-f | 2 | SP |
| Menopur | 2 | SP |
| Novarel | 2 | |
| Ovidrel | 2 | |
| Pregnyl | 3 | |
| Inflammatory Conditions | | |
| Abrilada (preferredNDCs) | 2 | SP |
| Actemra | E | SP |
| Adalimumab-aacf | 2 | SP |
| Adalimumab-aaty | 2 | SP |
| Adalimumab-adaz | E | SP |
| Adalimumab-adbm (Boehringer Ingleheim manufacturer) | 2 | SP |

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|--|-----------|-------------------|
| Adalimumab-fkjp | 2 | SP |
| Adalimumab-ryvk | E | SP |
| Amjevita | E | SP |
| Auranofin | 1 | |
| Avsola | 3 | SP |
| Avtozma | 2 | SP |
| Bimzelx | 2 | SP |
| Cimzia | 3 | SP |
| Cosentyx | E | SP |
| Cyltezo | E | SP |
| Ebglyss | 2 | SP |
| Enbrel | 2 | SP |
| Entyvio | 3 | SP |
| Hadlima | 2 | SP |
| Hulio | E | SP |
| Humira | E | SP |
| Hydroxychloroquine | 1 | |
| Hyrimoz | E | SP |
| Idacio | E | SP |
| Ilumya | E | SP |
| Imuldosa SC (Accord manufacturer) | 2 | SP |
| Imuldosa IV | E | SP |
| Inflectra | E | SP |
| Infliximab | 2 | SP |
| Jylamvo | 3 | |
| Kevzara | 3 | SP |
| Kineret | 3 | SP |

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|---------------------|-----------|-------------------|
| Leflunomide | 1 | |
| Litfulo | 3 | SP |
| Methotrexate Sodium | 1 | |
| Olumiant | 3 | SP |
| OmvoH | 2 | SP |
| Orencia | 3 | SP |
| Otezla | 2 | SP |
| Otrexup | 2 | |
| Otulfu | 2 | SP |
| Pyzchiva | E | SP |
| Plaquenil | E | |
| Rasuvo | 2 | |
| Remicade | E | SP |
| Renflexis | E | SP |
| Ridaura | E | |
| Rinvoq | E | SP |
| Rinvoq LQ | E | SP |
| Scenesse | E | SP |
| Selardsi | E | SP |
| Siliq | E | SP |
| Simlandi | 2 | SP |
| Simponi | 3 | SP |
| Simponi Aria | E | SP |
| Skyrizi | E | SP |
| Sotyktu | 2 | SP |
| Sovuna | 3 | |
| Starjemza | 2 | SP |
| Stelara | E | SP |

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E Excluded **SP** Specialty Program

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| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|--------------------------|-----------|-------------------|
| Steqeyma | E | SP |
| Taltz | 2 | SP |
| Tofidence | E | SP |
| Tremfya | E | SP |
| Trexall | 2 | |
| Tyenne | 2 | SP |
| Ustekinumab- ttwe | E | SP |
| Velsipity | E | SP |
| Wezlana | E | SP |
| Xeljanz | 2 | SP |
| Xeljanz XR | 2 | SP |
| Yesintek | 2 | SP |
| Yuflyma | E | SP |
| Yusimry | 2 | SP |
| Zymfentra | E | SP |

Men's Health: Erectile Dysfunction

| | | |
|------------------------------|---|--|
| Cialis | E | |
| Sildenafil 25mg, 50mg, 100mg | 1 | |
| Stendra | E | |
| Tadalafil | 1 | |
| Viagra | E | |

Men's Health: Prostate

| | | |
|--------------------------|---|--|
| Alfuzosin ER | 1 | |
| Avodart | E | |
| Cialis 2.5mg, 5mg | E | |
| Dutasteride | 1 | |
| Finasteride 5mg | 1 | |

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E Excluded **SP** Specialty Program

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| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|---|-----------|-------------------|
| Flomax | E | |
| Tamsulosin | 1 | |
| Men's Health: Testosterone Therapy | | |
| Androgel | E | |
| Aveed | 3 | |
| Jatenzo | E | |
| Natesto | E | |
| Testim | E | |
| Testopel | 3 | |
| Testosterone Cypionate IM Injection | 1 | |
| Testosterone Gel | 1 | |
| Tlando | 3 | |
| Undecatrex | 3 | |
| Vogelxo | 3 | |
| Xyosted | 3 | |
| Miscellaneous | | |
| Adbry | 2 | SP |
| Alyftrek | 2 | SP |
| Arakoda | 3 | |
| Asceniv | E | SP |
| Atovaquone/Proguanil | 1 | |
| Auvi-Q | 2 | |
| Benlysta | 3 | SP |
| Benzonatate | 1 | |
| Besremi | 3 | SP |
| Bivigam | 3 | SP |
| Bonjesta | E | |

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|--------------------------------------|-----------|-------------------|
| Brinsupri | 3 | SP |
| Bronchitol | 3 | SP |
| Buphenyl | E | SP |
| Bylvay | 3 | SP |
| Cerdelga | 2 | SP |
| Chlorhexidine Gluconate Mouth/Throat | 1 | |
| Cibinqo | E | SP |
| Cinryze | 3 | SP |
| Clarinex | E | |
| Clarinex-D | 3 | |
| Cuprimine | E | SP |
| Cutaquig | E | SP |
| Cuvrior | 3 | SP |
| Depen Titratabs | E | SP |
| Desmopressin Acetate Tab | 1 | |
| Dojolvi | 3 | SP |
| Dupixent | 2 | SP |
| Duvyzat | 3 | SP |
| Dysport | 2 | |
| Ebglyss | 2 | SP |
| Elfabrio | E | SP |
| Elmiron | 2 | |
| Emflaza | E | SP |
| Emverm | 2 | |
| Endari | E | SP |
| Epinephrine Auto-Injector | 1 | |
| Epipen | E | |

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|------------------------|-----------|-------------------|
| Epipen Jr | E | |
| Esbriet | E | SP |
| Fabrazyme | 3 | SP |
| Fasenra | 2 | SP |
| Fasenra Pen | 2 | SP |
| Firazyr | E | SP |
| Firdapse | 3 | SP |
| Haegarda | 3 | SP |
| Hemangeol | 3 | |
| Hetlioz | E | SP |
| Hetlioz LQ | 3 | SP |
| Hizentra | 3 | SP |
| Ingrezza | 2 | SP |
| Iqirvo | 2 | SP |
| Joenja | 3 | SP |
| Jynarque | 1 | SP |
| Kalydeco | 2 | |
| Kerendia | E | |
| Kuvan | 2 | SP |
| Lidocaine Mouth/Throat | 1 | |
| Lidocaine Viscous | 1 | |
| Litfulo | 3 | SP |
| Livdelzi | 2 | SP |
| Livmarli | 3 | SP |
| Lonsurf | 2 | SP |
| Lorbrena | 2 | SP |
| Lupkynis | 3 | SP |
| Myobloc | 2 | |

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| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|--|-----------|-------------------|
| Nefvy | 3 | |
| Nocdurna | 3 | |
| Nucala | 2 | SP |
| Ofev | 3 | SP |
| Olpruva | 3 | SP |
| Orfadin Cap | E | SP |
| Oriahnn | 2 | |
| Orilissa | 2 | |
| Orkambi | 2 | SP |
| Orladeyo | 3 | SP |
| Palforzia | E | SP |
| Panzyga | 3 | SP |
| Penicillamine Cap | E | SP |
| PerioGard | 1 | |
| Pheburane | 3 | SP |
| Phenazopyridine (Rx only) | 1 | |
| Prevident 5000 | E | |
| Privigen | 3 | SP |
| Promethazine | 1 | |
| Promethazine DM | 1 | |
| Propecia | 3 | |
| Pseudoephedrine/ Brompheniramine/DM | 1 | |
| Pulmozyme | 2 | SP |
| Qbrexza | 2 | |
| Ravicti | E | SP |
| Rayaldee | 2 | |
| Rezdiffra | 3 | SP |

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|--|-----------|-------------------|
| Rezurock | 2 | SP |
| Ruconest | 3 | SP |
| Sandostatin | E | SP |
| Sensipar | E | |
| Sofdra | E | |
| Strensiq | 2 | SP |
| Symdeko | 2 | SP |
| Syprine | E | SP |
| Takhzyro | 3 | SP |
| Tavneos | 3 | SP |
| Thiola | E | SP |
| Thiola EC | 2 | SP |
| Trikafta | 2 | SP |
| Velphoro | 2 | |
| Veozah | 3 | |
| Viltepso | E | SP |
| Vyleesi | 3 | |
| Vyvgart | 3 | SP |
| Vyvgart Hytrulo | 3 | SP |
| Wainua | 3 | SP |
| Xembify | 3 | SP |
| Xhance | 2 | |
| Xeomin | 2 | |
| Xphozah | 3 | |
| Yorvipath | 3 | SP |
| Musculoskeletal: Osteoarthritis | | |
| Durolane | E | |
| Euflexxa | 2 | |

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| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|--------------------------------------|-----------|-------------------|
| Gelsyn-3 | E | |
| Gel-One | E | |
| Genvisc 850 | E | |
| Hyalgan | E | |
| Hymovis | E | |
| Monovisc | E | |
| Orthovisc | E | |
| Supartz FX | E | |
| Synojynt | E | |
| Synvisc | 2 | |
| Synvisc-One | 2 | |
| Triluron | E | |
| TriVisc | E | |
| Visco-3 | E | |
| Musculoskeletal: Osteoporosis | | |
| Alendronate Tab | 1 | |
| Bildyos | 2 | SP |
| Bilprevda | 2 | SP |
| Bomynta | E | SP |
| Bonsity | 3 | SP |
| Conexence | E | SP |
| Enoby | E | SP |
| Forteo | E | SP |
| Fosamax Plus D | 2 | |
| Ibandronate | 1 | |
| Jubbonti | 3 | SP |
| Osenvelt | E | SP |
| Prolia | E | SP |

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E Excluded **SP** Specialty Program

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|---------------------------------------|-----------|-------------------|
| Stoboclo | E | SP |
| Teriparatide | 1 | SP |
| Tymlos | 2 | SP |
| Wyost | 3 | SP |
| Xgeva | E | SP |
| Xtrenbo | E | SP |
| Musculoskeletal: Other | | |
| Amrix | E | |
| Baclofen Solution, Suspension, Tab | 1 | |
| Carisoprodol | 1 | |
| Cyclobenzaprine Tab | 1 | |
| Fleqsuvy | E | |
| Lyvispah | E | |
| Methocarbamol | 1 | |
| Ozobax DS | E | |
| Soma | E | |
| Tizanidine Tab | 1 | |
| Zanaflex | E | |
| Musculoskeletal: Pain Relief | | |
| Acetaminophen w/ Codeine | 1 | |
| Acetaminophen/Caffeine/Dihydrocodeine | 1 | |
| Arthrotec | E | |
| Belbuca | 2 | |
| Butrans | E | |
| Cambia | E | |
| Celebrex | E | |

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| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|---|-----------|-------------------|
| Celecoxib | 1 | |
| Conzip | E | |
| Coxanto | E | |
| Diclofenac Gel 1% | 1 | |
| Diclofenac Patch 1.3% | 1 | |
| Diclofenac Potassium Tab | 1 | |
| Diclofenac Sodium Tab | 1 | |
| Dilaudid Liquid, Tab | E | |
| Elyxyb | 3 | |
| Endocet | 1 | |
| Fenopron | E | |
| Fioricet | E | |
| Fioricet/Codeine | E | |
| Flector | 3 | |
| Hydrocodone/ Acetaminophen | 1 | |
| Hydromorphone Tab | 1 | |
| Hysingla ER | E | |
| Ibuprofen Suspension 100mg/5mL (Rx only) | 1 | |
| Ibuprofen Tab (Rx only) | 1 | |
| Indomethacin Cap | 1 | |
| Ketorolac Tab | 1 | |
| Licart | 3. | |
| Lidocan | 1 | |
| Lidocaine Patch | 1 | |
| Lidoderm | E | |
| Meloxicam | 1 | |
| Morphine Sulfate ER | 1 | |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|----------------------------|-----------|-------------------|
| MS Contin | E | |
| Nabumetone | 1 | |
| Nalfon | E | |
| Naprelan | 3 | |
| Naproxen (Rx only) | 1 | |
| Norgesic | E | |
| Norgesic Forte | E | |
| Nucynta | 3 | |
| Nucynta ER | 2 | |
| Orphengesic Forte | E | |
| Oxaprozin Cap | 1 | |
| Oxycodone w/ Acetaminophen | 1 | |
| Oxycodone Solution, Tab | 1 | |
| Oxycontin | E | |
| Pennsaid | E | |
| Percocet | E | |
| Qdolo | 3 | |
| Relafen DS | E | |
| Roxicodone | E | |
| Roxybond | 3 | |
| Sprix | E | |
| Tolectin | 3 | |
| Tramadol | 1 | |
| Tramadol Solution | 3 | |
| Trezix | 3 | |
| Xtampza ER | 2 | |
| Zipsor | E | |
| ZTlido | E | |

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|---------------------------------|-----------|-------------------|
| Overactive Bladder | | |
| Gemtesa | E | |
| Mirabegron ER | E | |
| Myrbetriq Suspension | 2 | |
| Myrbetriq Tab | 1 | |
| Oxybutynin | 1 | |
| Oxybutynin ER | 1 | |
| Solifenacin | 1 | |
| Tolterodine ER | 1 | |
| Toviaz | E | |
| Vesicare | E | |
| Vesicare LS | E | |
| Respiratory: Asthma/COPD | | |
| Advair Diskus | E | |
| Advair HFA | 1 | |
| AirDuo RespiClick | E | |
| Airsupra | 2 | |
| Albuterol HFA | 1 | |
| Albuterol Inhalation Solution | 1 | |
| Alvesco | E | |
| Anoro Ellipta | 2 | |
| Arnuity Ellipta | 2 | |
| Asmanex | 2 | |
| Asmanex HFA | 2 | |
| Atrovent HFA | 2 | |
| Bevespi Aerosphere | E | |
| Breo Ellipta | 1 | |

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|---|-----------|-------------------|
| Breyna | 1 | |
| Breztri Aerosphere | 2 | |
| Brovana | E | |
| Budesonide Inhalation Suspension | 1 | |
| Budesonide/Formoterol | 1 | |
| Combivent Respimat | 2 | |
| Duaklir Pressair | E | |
| Dulera | 2 | |
| Fluticasone Furoate Ellipta | E | |
| Fluticasone Furoate/Vilanterol | E | |
| Fluticasone Propionate Diskus | 1 | |
| Fluticasone Propionate HFA | 1 | |
| Fluticasone/Salmeterol 100/50, 250/50, 500/50 | 1 | |
| Fluticasone/Salmeterol 45/21, 115/21, 230/21 | E | |
| Fluticasone/Salmeterol 55/14, 113/14, 232/14 | 1 | |
| Incruse Ellipta | 2 | |
| Ipratropium Bromide | 1 | |
| Ipratropium/Albuterol | 1 | |
| Levalbuterol HFA | 1 | |
| Montelukast | 1 | |
| Ohtuvayre | 3 | SP |
| Perforomist | E | |
| ProAir RespiClick | E | |
| Pulmicort Flexhaler | E | |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|--|-----------|-------------------|
| Pulmicort Suspension | E | |
| Qvar RediHaler | 2 | |
| Serevent Diskus | 2 | |
| Singulair | E | |
| Spiriva HandiHaler | E | |
| Spiriva Respimat | 2 | |
| Stiolto Respimat | 2 | |
| Striverdi Respimat | 2 | |
| Symbicort | E | |
| Tezspire | 2 | SP |
| Theo-24 | 2 | |
| Tiotropium Bromide Monohydrate | 1 | |
| Trelegy Ellipta | 2 | |
| Tudorza Pressair | E | |
| Ventolin HFA | E | |
| Wixela Inhub | 1 | |
| Xolair | 2 | SP |
| Xopenex HFA | 3 | |
| Yupelri | 3 | |
| Respiratory: Nasal Allergies | | |
| Azelastine Nasal Spray | 1 | |
| Azelastine/Fluticasone Nasal Spray | 1 | |
| Dymista | E | |
| Fluticasone Propionate Nasal Spray (Rx only) | 1 | |
| Ipratropium Nasal Spray | 1 | |
| Mometasone Nasal Spray | 1 | |

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E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|-------------------------------------|-----------|-------------------|
| Omnisar | E | |
| QNasi | 2 | |
| QNasi Childrens | 2 | |
| Ryaltris | E | |
| Respiratory: Oral Allergies | | |
| Cetirizine Solution (Rx only) | 1 | |
| Cyproheptadine Tab | 1 | |
| Levocetirizine Tab (Rx only) | 1 | |
| Transplant | | |
| Azathioprine Tab | 1 | |
| Mycophenolate Mofetil | 1 | |
| Mycophenolate Sodium | 1 | |
| Mycophenolic Acid | 1 | |
| Myhibbin | 3 | |
| Prograf Granules | 2 | |
| Tacrolimus Cap | 1 | |
| Vitamins/Electrolytes | | |
| Accrufer | E | |
| Auryxia | E | |
| Carnitor | E | |
| Carnitor SF | E | |
| Cyanocobalamin Injection 1000mcg/mL | 1 | |
| Cyanocobalamin Nasal Spray | 1 | |
| Ergocalciferol Cap | 1 | |
| Folic Acid 1mg Tab | 1 | |
| Klor-Con 10 | 1 | |
| Klor-Con Extended Release | 1 | |

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|---|-----------|-------------------|
| Klor-Con m10, m15, m20 | 1 | |
| Lokelma | 2 | |
| Nascobal | E | |
| Pokonza | E | |
| Potassium Chloride Crys ER | 1 | |
| Potassium Chloride ER | 1 | |
| Potassium Citrate ER | 1 | |
| Veltassa | 3 | |
| Vitamin D (ergocalciferol) (Rx only) | 1 | |
| Weight Loss Management | | |
| Adipex-P | E | |
| Contrave | E | |
| Imcivree | 3 | SP |
| Orlistat | 1 | |
| Phentermine | 1 | |
| Qsymia | E | |
| Saxenda | E | |
| Wegovy Injection | 2 | |
| Wegovy Tab | E | |
| Zepbound Auto-Injector | 2 | |
| Zepbound Vial | E | |
| Women's Health: Birth Control | | |
| Afirmelle | 1 | |
| Altavera | 1 | |
| Annovera | 3 | |
| Apri | 1 | |
| Aubra EQ | 1 | |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|------------------------------------|-----------|-------------------|
| Aurovela 1/20 | 1 | |
| Aurovela 1.5/30 | 1 | |
| Aurovela 24 Fe | 1 | |
| Aurovela Fe 1/20 | 1 | |
| Aurovela Fe 1.5/30 | 1 | |
| Aviane | 1 | |
| Ayuna | 1 | |
| Balcoltra | E | |
| Beyaz | E | |
| Blisovi 24 Fe | 1 | |
| Blisovi Fe 1/20 | 1 | |
| Blisovi Fe 1.5/30 | 1 | |
| Briellyn | 1 | |
| Camila | 1 | |
| Chateal EQ | 1 | |
| Cyred EQ | 1 | |
| Deblitane | 1 | |
| Delyla | 1 | |
| Drospirenone/Ethinyl Estradiol | 1 | |
| Eluryng | 1 | |
| Emzahh | 1 | |
| Eniloring | 1 | |
| Enskyce | 1 | |
| Errin | 1 | |
| Estarylla | 1 | |
| Estradiol/Norethindrone Acetate | 1 | |
| Etonogestrel/Ethinyl Estradiol | 1 | |

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| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|----------------------------------|-----------|-------------------|
| Falmina | 1 | |
| Hailey 1.5/30 | 1 | |
| Hailey 24 Fe | 1 | |
| Hailey Fe 1/20 | 1 | |
| Hailey Fe 1.5/30 | 1 | |
| Haloette | 1 | |
| Heather | 1 | |
| Incassia | 1 | |
| Isibloom | 1 | |
| Jasmiel | 1 | |
| Jencycla | 1 | |
| Juleber | 1 | |
| Junel 1/20 | 1 | |
| Junel 1.5/30 | 1 | |
| Junel Fe 1/20 | 1 | |
| Junel Fe 1.5/30 | 1 | |
| Junel Fe 24 | 1 | |
| Kalliga | 1 | |
| Kurvelo | 1 | |
| Larin 1/20 | 1 | |
| Larin 1.5/30 | 1 | |
| Larin 24 Fe | 1 | |
| Larin Fe 1/20 | 1 | |
| Larin Fe 1.5/30 | 1 | |
| Lessina | 1 | |
| Levonorgestrel/Ethinyl Estradiol | 1 | |
| Levora-28 0.15/30 | 1 | |
| Lo Loestrin Fe | E | |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|---|-----------|-------------------|
| Loestrin 1/20 (21) | 1 | |
| Loestrin 1.5/30 (21) | 1 | |
| Loestrin Fe 1/20 | 1 | |
| Loestrin Fe 1.5/30 | 1 | |
| Loryna | 1 | |
| Lo-Zumandimine | 1 | |
| Lutera | 1 | |
| Lyleq | 1 | |
| Lyza | 1 | |
| Marlissa | 1 | |
| Medroxyprogesterone Acetate Injection | 1 | |
| Microgestin 1/20 | 1 | |
| Microgestin 1.5/30 | 1 | |
| Microgestin Fe 1/20 | 1 | |
| Microgestin Fe 1.5/30 | 1 | |
| Mili | 1 | |
| Mirena | 3 | |
| Mono-Linyah | 1 | |
| Natazia | 2 | |
| Nextstellis | 3 | |
| Nikki | 1 | |
| Nora-BE | 1 | |
| Norelgestromin/Ethinyl Estradiol | 1 | |
| Norethindrone | 1 | |
| Norethindrone Acetate | 1 | |
| Norethindrone Acetate/Ethinyl Estradiol | 1 | |

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| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|--|-----------|-------------------|
| Norethindrone Acetate/Ethinyl Estradiol/Fe | 1 | |
| Norgestimate/Ethinyl Estradiol | 1 | |
| Norgestimate/Ethinyl Estradiol Triphasic | 1 | |
| Norlyroc | 1 | |
| Ocella | 1 | |
| Phexxi | E | |
| Portia-28 | 1 | |
| Reclipsen | 1 | |
| Safyral | E | |
| Sharobel | 1 | |
| Slynd | 3 | |
| Sprintec 28 | 1 | |
| Sronyx | 1 | |
| Syeda | 1 | |
| Tarina 24 Fe | 1 | |
| Tarina Fe 1/20 EQ | 1 | |
| Tri-Estarylla | 1 | |
| Tri-Linyah | 1 | |
| Tri-Lo-Estarylla | 1 | |
| Tri-Lo-Marzia | 1 | |
| Tri-Lo-Mili | 1 | |
| Tri-Lo-Sprintec | 1 | |
| Tri-Mili | 1 | |
| Tri-Sprintec | 1 | |
| Tri-Vylibra | 1 | |
| Tri-Vylibra Lo | 1 | |

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E Excluded **SP** Specialty Program

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| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|--|-----------|-------------------|
| Twirla | 3 | |
| Vestura | 1 | |
| Vienva | 1 | |
| Vylibra | 1 | |
| Xulane | 1 | |
| Yasmin 28 | E | |
| Yaz | E | |
| Zafemy | 1 | |
| Zumandimine | 1 | |
| Women's Health: Hormone Replacement | | |
| Alora | 3 | |
| Bijuva | 2 | |
| Climara | E | |
| Climara Pro | E | |
| Combipatch | 2 | |
| Covaryx | 1 | |
| Delestrogen IM Injection | E | |
| Divigel | E | |
| Dotti | 1 | |
| Duavee | 2 | |
| Elestrin | 3 | |
| Endometrin | E | |
| Estrace | E | |
| Estradiol Patch, Tab, Vaginal Cream | 1 | |
| Estring | E | |
| EstroGel | E | |
| Evamist | 3 | |

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|------------------------------------|-----------|-------------------|
| Gallifrey | 1 | |
| Imvexxy | 3 | |
| Intrarosa | E | |
| Lyllana | 1 | |
| Medroxyprogesterone Acetate Tab | 1 | |
| Mimvey | 1 | |
| Myfembree | 2 | |
| Premarin Tab, Vaginal Cream | 2 | |
| Premphase | 2 | |
| Prempro | 2 | |

| DRUG NAME | DRUG TIER | SPECIALTY PROGRAM |
|--|-----------|-------------------|
| Progesterone Cap, Injection | 1 | |
| Prometrium | E | |
| Vagifem | E | |
| Vivelle-Dot | E | |
| Yuvaferm | 1 | |
| Women's Health: Vaginal Anti-Infectives | | |
| Clindesse | 3 | |
| Gynazole-1 | 2 | |
| Metronidazole Vaginal Gel | 1 | |
| Terconazole Vaginal Cream | 1 | |

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E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

Index

A

- Abilify, 15
- Abilify Asimtufii, 15
- Abilify Maintena, 15
- Abiraterone, 10
- Abrilada, 30
- Absorica, 7
- Absorica LD, 7
- Acanya, 20
- Accrufer, 38
- Accu-Chek FastClix Lancet Kit, 22
- Accu-Chek SoftClix Lancet Device Kit, 22
- Accutane, 7
- Acetaminophen w/ Codeine, 35
- Acetaminophen/Caffeine/ Dihydrocodeine, 35
- Acetazolamide Tab, 27
- Aciphex, 28
- Acitretin, 7
- Actemra, 30
- Acthar, 26
- Acyclovir Cap, Tab, 8
- Acyclovir Cream, 20
- Acyclovir Ointment, 20
- Aczone, 20
- Adalimumab-aacf, 30
- Adalimumab-aaty, 30
- Adalimumab-adaz, 30
- Adalimumab-adbm, 30
- Adalimumab-fkjp, 31
- Adalimumab-ryvk, 31
- Adapalene/Benzoyl Peroxide Gel, 20
- Adbry, 32
- Adcirca, 15
- Adderall, 16
- Adderall XR, 16
- Adempas, 15
- Adipex-P, 39
- Adlarity, 15
- Admelog, 23
- Admelog SoloStar, 23
- Advair Diskus, 37
- Advair HFA, 37
- Advate, 8
- Adynovate, 8
- Adzenys XR-ODT, 16
- Afinitor, 10
- Afinitor Disperz, 10
- Afirmelle, 39
- Afstyla, 8
- Aimovig, 17
- AirDuo RespiClick, 37
- Airsupra, 37
- Ajovy, 17
- Akeega, 10
- Aklief, 20
- Akynzeo, 29
- Ala-Cort, 20
- Albuterol HFA, 37
- Albuterol Inhalation Solution, 37
- Alecensa, 10
- Alendronate Tab, 35
- Alfuzosin ER, 32
- Alkindi Sprinkle, 26
- Allopurinol 100mg, 300mg, 30
- Alogliptin, 24
- Alogliptin/Metformin, 24
- Alogliptin/Pioglitazone, 24
- Alomide, 27
- Alora, 41
- Alphagan P, 27
- Alphanate, 9
- Alprazolam Tab, 18
- Alprolix, 9
- Altace, 12
- Altavera, 39
- Altuviio, 9
- Alunbrig, 10
- Alvesco, 37
- Alyftrek, 32
- Alymsys, 10
- Ambien, 19
- Ambien CR, 19
- Amiodarone, 14
- Amitiza, 29
- Amitriptyline, 16
- Amjevita, 31
- Amlodipine, 12
- Amlodipine/Benazepril, 12
- Amlodipine/Olmesartan, 12
- Amlodipine/Valsartan, 12
- Amnesteem, 7
- Amoxicillin, 7
- Amoxicillin/Clavulanate, 7
- Amphetamine/ Dextroamphetamine 3-Bead ER, 16
- Amphetamine/ Dextroamphetamine, 16
- Amphetamine/ Dextroamphetamine ER, 16
- Ampyra, 18
- Amrix, 35
- Amzeeq, 20
- Anastrozole Tab, 10
- Androgel, 32
- Anktiva, 10
- Annovera, 39
- Anoro Ellipta, 37
- Apidra SoloStar, 23
- Apidra Vials, 23
- Apri, 39
- Apriso, 28
- Aptiom, 19
- Arakoda, 32
- Aranesp, 9
- Arazlo, 20
- Arimidex, 10
- Aripiprazole, 15
- Aristada, 15
- Aristada Initio, 15
- Armodafinil, 18
- Armour Thyroid, 26
- Arnuity Ellipta, 37
- Arthrotec, 35
- Asceniv, 32
- Asmanex, 37
- Asmanex HFA, 37
- Aspruzo Sprinkle, 14
- Atacand, 12
- Atenolol, 12
- Atenolol/Chlorthalidone, 12
- Ativan Tab, 18
- Atomoxetine, 16
- Atorvaliq, 14
- Atorvastatin, 14
- Atovaquone/Proguanil, 32
- Atrovent HFA, 37
- Aubagio, 18
- Aubra EQ, 39
- Augtyro, 10
- Auranofin, 31
- Aurovela 1.5/30, 39
- Aurovela 1/20, 39
- Aurovela 24 Fe, 39
- Aurovela Fe 1.5/30, 39
- Aurovela Fe 1/20, 39
- Auryxia, 38
- Austedo, 18
- Austedo XR, 18
- Auvelity, 16
- Auvi-Q 0.1mg, 32
- Avapro, 12
- Avastin, 10
- Aveed, 32
- Aviane, 39
- Avodart, 32
- Avonex, 18
- Avsola, 31
- Avtozma, 31
- Ayuna, 39
- Ayvakit, 10
- Azasite, 27
- Azathioprine Tab, 38
- Azelaic Acid Gel, 20
- Azelastine Nasal Spray, 38
- Azelastine/Fluticasone Nasal Spray, 38
- Azelex, 20
- Azithromycin, 7
- Azopt, 27
- Azor, 12
- Azstarys, 16

B

- Bac, 17
- Baclofen Solution, Suspension, Tab, 35
- Bafiertam, 18
- Balcoltra, 39
- Balversa, 10
- Baqsimi, 24
- Baraclude Tab, 8
- Basaglar KwikPen, 23
- Basaglar Tempo Pen, 23
- BD Insulin Syringes, 22
- BD Pen Needles, 22
- Belbuca, 35
- Belrapzo, 10
- Belsomra, 19
- Benazepril, 12
- Benicar, 12
- Benicar HCT, 12
- Benlysta, 32
- Benzamycin, 20
- Benzonatate, 32
- Benzotropine, 19
- Beovu, 27
- Bepreve, 27
- Besivance, 27
- Besremi, 32
- Betamethasone Cream, 21

| | | | |
|---|--------------------------------------|---|--|
| Betamethasone Cream, Ointment, 20 | Bydureon, 24 | Ciclopirox Solution, 20 | Contour Next Gen Test Strips, 22 |
| Betaseron, 18 | Bydureon BCise, 24 | Ciloxan, 27 | Contour Next Monitor Kit w/Device, 22 |
| Bethkis, 7 | Byetta, 24 | Cimduo, 30 | Contour Next One Kit, 22 |
| Betimol, 27 | Bylvay, 33 | Cimzia, 31 | Contour Plus Blue Kit w/ Device, 22 |
| Bevespi Aerosphere, 37 | Byooviz, 27 | Cinryze, 33 | Contour Plus Test Strips, 22 |
| Bexagliflozin, 24 | Bystolic, 12 | Cipro Suspension, 7 | Contour Test Strips, 22 |
| Beyaz, 39 | | Ciprofloxacin Ophthalmic, 27 | Contrave, 39 |
| Bijuva, 41 | C | Ciprofloxacin Tab, 7 | Conzip, 36 |
| Biktarvy, 30 | Cabenuva, 30 | Ciprofloxacin/Dexamethasone Otic, 7 | Copaxone 20mg/mL, 18 |
| Bildyos, 35 | Cabergoline, 26 | Citalopram Cap, 17 | Copaxone 40mg/mL, 18 |
| Bilprevda, 35 | Cabometyx, 10 | Citalopram Tab, 17 | Coreg, 12 |
| Bimzelx, 31 | Cabtreo, 20 | Claravis, 7 | Coreg CR, 12 |
| Bisoprolol, 12 | Calcipotriene Foam, 20 | Clarinex, 33 | Corlanor Tab, 14 |
| Bisoprolol/HCTZ, 12 | Calcitriol Cap, 26 | Clarinex-D, 33 | Cortef, 26 |
| Bivigam, 32 | Calquence, 10 | Clarithromycin Tab, 7 | Cortifoam, 28 |
| Blisovi 24 Fe, 39 | Cambia, 35 | Clenpiq, 29 | Cortisone Tab, 26 |
| Blisovi Fe 1.5/30, 39 | Camila, 39 | Cleocin Vaginal Cream, Suppository, 7 | Cortrophin, 26 |
| Blisovi Fe 1/20, 39 | Camzyos, 14 | Climara, 41 | Cosentyx, 31 |
| Bomyntra, 35 | Canasa, 28 | Climara Pro, 41 | Cosopt, 27 |
| Bonjesta, 32 | Candesartan, 12 | Clindacin ETZ Swab, 20 | Cosopt PF, 27 |
| Bonsity, 35 | Capecitabine, 10 | Clindacin-P, 20 | Cotellic, 10 |
| Bosulif, 10 | Caplyta, 15 | Clindagel, 20 | Cotempla XR-ODT, 16 |
| Braftovi, 10 | Caprelsa, 10 | Clindamycin Cap, 7 | Covaryx, 41 |
| Brenzavvy, 24 | Carafate Tab, 28 | Clindamycin Gel, Lotion, Solution, Swab, 21 | Coxanto, 36 |
| Breo Ellipta, 37 | Carbatrol, 19 | Clindamycin Vaginal Cream, 7 | Cozaar, 12 |
| Brexafemme, 8 | Carbidopa-Levodopa, 19 | Clindamycin/Benzoyl Peroxide Gel 1-5%, 1.2-2.5%, 21 | Creon, 29 |
| Breyna, 37 | Cardizem LA, 12 | Clindesse, 42 | Cresemba, 8 |
| Breztri Aerosphere, 37 | Carisoprodol, 35 | Clobetasol Cream, Foam, Ointment, Shampoo, Solution, 21 | Crestor, 4, 14 |
| Briellyn, 39 | Carnitor, 38 | Clobex, 21 | Crexont, 19 |
| Brilinta, 12 | Carnitor SF, 38 | Clodan, 21 | Crinone, 30 |
| Brimonidine Ophthalmic, 27 | Cartia XT, 12 | Cloderm, 21 | Cuprimine, 33 |
| Brimonidine/Timolol Ophthalmic, 27 | Carvedilol, 12 | Clomid, 30 | Cutaquig, 33 |
| Brinsupri, 33 | Catapres-TTS, 12 | Clonazepam, 19 | Cuvrior, 33 |
| Brivact, 19 | Cayston, 7 | Clonidine Tab, 12 | Cyanocobalamin Injection 1000mcg/mL, 38 |
| Brixadi, 7 | Cefadroxil, 7 | Clopidogrel, 12 | Cyanocobalamin Nasal Spray, 38 |
| Bromsite, 27 | Cefdinir, 7 | Clopidogrel, 12 | Cyclobenzaprine Tab, 35 |
| Bronchitol, 33 | Cefepodoxime, 7 | Clotrimazole Cream, 8 | Cyclosporine Ophthalmic, 27 |
| Brovana, 37 | Cefuroxime, 7 | Clotrimazole Lozenge, 8 | Cyltezo, 31 |
| Brunkinsa, 10 | Celebrex, 35 | Colchicine Tab, 30 | Cymbalta, 17 |
| Budesonide Cap, Tab, 28 | Celecoxib, 36 | Colestid, 14 | Cyproheptadine Tab, 38 |
| Budesonide Inhalation Suspension, 37 | Celixa, 17 | Combigan, 27 | Cyred EQ, 39 |
| Budesonide/Formoterol, 37 | Cephalexin, 7 | Combipatch, 41 | Cytomel, 26 |
| Bumetanide, 12 | Cequa, 27 | Cometriq, 10 | |
| Buphenyl, 33 | Cequer Simplicity 2U, 22 | Concerta, 16 | D |
| Buprenorphine, 7 | Cequer Simplicity Insert, 22 | Conexence, 35 | Dalfampridine ER, 18 |
| Buprenorphine SL, 7 | Cerdelga, 33 | Conjupri, 12 | Danziten, 10 |
| Buprenorphine/Naloxone, 7 | Cetirizine Solution (Rx only), 38 | Constulose, 29 | Dapagliflozin, 25 |
| Bupropion, 16 | Cetrotide, 30 | Contour Next EZ Kit w/ Device, 22 | Dapagliflozin/Metformin ER, 25 |
| Bupropion SR, 16 | Chateal EQ, 39 | Contour Next Gen Monitor, 22 | Daurismo, 10 |
| Bupropion XL 450mg, 17 | Chlorhexidine Gluconate Mouth, 33 | | Daybue, 18 |
| Buspirone, 18 | Chlorthalidone, 12 | | Daytrana, 16 |
| Butalbital/Acetaminophen/ Caffeine, 17 | Cialis, 32 | | |
| Butrans, 35 | Cialis 2.5mg, 5mg, 32 | | |
| | Cibinqo, 33 | | |
| | Ciclodan, 8 | | |

| | | | |
|--|--|--|--|
| Dayvigo, 19 | Drysol, 21 | Epiduo, 21 | Famotidine (Rx only), 28 |
| Deblitane, 39 | Duaklir Pressair, 37 | Epiduo Forte, 21 | Farxiga, 25 |
| Delestrogen IM Injection, 41 | Duavee, 41 | Epinephrine Auto-Injector, 33 | Fasenra, 33 |
| Delyla, 39 | Duexis, 28 | Epipen, 33 | Fasenra Pen, 33 |
| Delzicol, 29 | Dulera, 37 | Epipen Jr, 33 | Fenofibrate, 14 |
| Depen Titratabs, 33 | Duloxetine, 17 | Epogen, 9 | Fenofibrate Micronized, 14 |
| Descovy, 30 | Duobrii, 21 | Eprontia, 19 | Fenopron, 36 |
| Desmopressin Acetate Tab, 33 | Dupixent, 33 | Epsolay, 21 | Fetzima, 17 |
| Desonide Cream, Ointment, 21 | Durolane, 34 | Ergocalciferol Cap, 38 | Fiasp, 23 |
| Desvenlafaxine ER, 17 | Dutasteride, 32 | Erivedge, 10 | Fiasp FlexTouch, 23 |
| Dexamethasone Tab, 26 | Duvyzat, 33 | Erleada, 10 | Fiasp Penfill, 23 |
| Dexcom G6 Receiver, Sensor, Transmitter, 22 | Dyanavel XR, 16 | Ermeza, 26 | Finacea Foam, 21 |
| Dexcom G7 Receiver, Sensor, 22 | Dymista, 38 | Errin, 39 | Finasteride 5mg, 32 |
| Dexilant, 28 | Dysport, 33 | Erythromycin Ophthalmic, 27 | Fioricet, 36 |
| Dexlansoprazole, 18 | E | Esbriet, 33 | Fioricet/Codeine, 36 |
| Dexmethylphenidate, 16 | Ebglyss, 31, 33 | Escitalopram Tab, 17 | Firazyr, 33 |
| Dexmethylphenidate ER, 16 | Edarbi, 13 | Esomeprazole Magnesium (Rx only), 28 | Firdapse, 33 |
| Dhivy, 19 | Edarbyclor, 13 | Esperoct, 9 | Flarex, 28 |
| Diazepam Tab, 18 | Effexor XR, 17 | Estarylla, 39 | Flecainide, 14 |
| Diclofenac Gel 1%, 36 | Elepsia XR, 19 | Estrace, 41 | Flector, 36 |
| Diclofenac Patch 1.3%, 36 | Elestrin, 41 | Estradiol Patch, Tab, Vaginal Cream, 41 | Fleqsuvy, 35 |
| Diclofenac Potassium Tab, 36 | Eletriptan, 17 | Estradiol/Norethindrone Acetate, 39 | Flomax, 32 |
| Diclofenac Sodium Tab, 36 | Elfabrio, 33 | Estring, 41 | Fluconazole, 8 |
| Dicyclomine, 29 | Elidel, 21 | EstroGel, 41 | Fludrocortisone Acetate Tab, 26 |
| Differin Gel, Lotion, 21 | Eliquis, 12 | Eszopiclone, 19 | Fluocinonide Cream, Ointment, Solution, 21 |
| Dificid, 7 | Elmiron, 33 | Etonogestrel/Ethinyl Estradiol, 39 | Fluorouracil Cream, 21 |
| Dilaudid Liquid, Tab, 36 | Eloctate, 9 | Eucria, 21 | Fluoxetine, 17 |
| Diltiazem ER, 12 | Eluryng, 39 | Euflexxa, 34 | Fluticasone Cream, 21 |
| Dimethyl Fumarate, 18 | Elyxyb, 36 | Euthyrox, 26 | Fluticasone Furoate Ellipta, 37 |
| Diovan, 12, 13 | Embecta Insulin Syringes, 22 | Evamist, 41 | Fluticasone Furoate/ Vilanterol, 37 |
| Diovan HCT, 13 | Embecta Pen Needles, 22 | Evekeo, 16 | Fluticasone Propionate Diskus, 37 |
| Dipentum, 29 | Emend Suspension, 29 | Eversense 365 Sensor/ Holder, 23 | Fluticasone Propionate HFA, 37 |
| Diphenoxylate/Atropine, 29 | Emflaza, 33 | Eversense 365 Smart Transmitter, 23 | Fluticasone Propionate Nasal Spray (Rx only), 38 |
| Divalproex DR, 19 | Emgality, 17 | Eversense E3 Sensor/ Holder/Smart Transmitter, 23 | Fluticasone/Salmeterol 100/50, 250/50, 500/50, 37 |
| Divalproex ER, 19 | Empaveli, 9 | Eversense Sensor/Holder/Smart Transmitter, 23 | Fluticasone/Salmeterol 45/21, 115/21, 230/21, 37 |
| Divigel, 41 | Emtricitabine/Tenofovir Disoproxil Fumarate, 30 | Exelderm Cream, 8 | Fluticasone/Salmeterol 55/14, 113/14, 232/14, 37 |
| Dojolvi, 33 | Emverm, 33 | Exenatide, 25 | Fluvoxamine, 17 |
| Donepezil, 15 | Emzahn, 39 | Exforge, 13 | Focalin, 16 |
| Doptelet, 9 | Enalapril, 13 | Exforge HCT, 13 | Focalin XR, 16 |
| Doryx, 7 | Enbrel, 31 | Extavia, 18 | Folic Acid 1mg Tab, 38 |
| Doryx MPC, 7 | Endari, 33 | Eysuvis, 27 | Follistim AQ, 30 |
| Dorzolamide/Timolol Ophthalmic, 27 | Endocet, 36 | Ezetimibe, 14 | Forfivo XL, 17 |
| Dorzolamide/Timolol Ophthalmic PF, 27 | Endometrin, 41 | F | Forteo, 35 |
| Dotti, 41 | Eniloring, 39 | Fabhalta, 9 | Fosamax Plus D, 35 |
| Dovato, 30 | Enlite Glucose Sensor, 23 | Fabior, 21 | Fotivda, 10 |
| Doxazosin, 13 | Enoby, 35 | Fabrazyme, 33 | FreeStyle Freedom Lite System Kit, 23 |
| Doxepin, 17 | Enoxaparin, 12 | Falmina, 40 | FreeStyle Libre 14 Day Reader, Sensor, 23 |
| Doxycycline Hyclate, 7 | Ensacove, 10 | | |
| Doxycycline Hyclate DR Tab 80mg, 7 | Enskyce, 39 | | |
| Doxycycline Monohydrate, 7 | Enstilar, 21 | | |
| Drospirenone/Ethinyl Estradiol, 39 | Entresto Tab, 14 | | |
| | Entyvio, 31 | | |
| | Epclusa, 8 | | |
| | Epidiolox, 19 | | |

FreeStyle Libre 2 Plus
Sensor, 23
FreeStyle Libre 2 Reader,
Sensor, 23
FreeStyle Libre 3 Plus
Sensor, 23
FreeStyle Libre 3 Reader,
Sensor, 23
FreeStyle Lite System Kit, 23
FreeStyle Lite Test Strips, 23
Fruzaqla, 10
Fulphila, 9
Furoscix, 13
Furosemide, 13
Fycompa, 19
Fynetra, 9

G

Gabapentin, 19
Gabapentin Once-Daily, 18
Gallifrey, 42
Ganirelix (Organon
manufacturer), 30
Gavilyte-C, 29
Gavilyte-G, 29
Gavilyte-N w/ Flavor Pack, 29
Gavreto, 10
Gel-One, 35
Gelsyn-3, 35
Gemfibrozil, 14
Gemtesa, 37
Genotropin, 25
Genvisc 850, 35
Gilenya 0.5mg Cap, 18
Gilotrif, 10
Gimoti, 29
Glatiramer Acetate, 18
Glatopa, 18
Gleevec, 10
Glimepiride, 25
Glipizide, 25
Glipizide ER, 25
Gloperba, 30
Glucagon Emergency Kit
(Fresenius manufacturer), 25
Glyburide, 25
Glycopyrrolate Tab 1mg,
2mg, 29
Glyxambi, 25
Gocovri, 19
Golytely, 29
Gonal-f, 30
Gralise, 18
Granix, 9
Guanfacine, 13
Guanfacine ER, 16

Guardian Connect
Transmitter, 23
Gvoke, 25
Gynazole-1, 42

H

Hadlima, 31
Haegarda, 33
Hailey 1.5/30, 40
Hailey 24 Fe, 40
Hailey Fe 1.5/30, 40
Hailey Fe 1/20, 40
Haloette, 40
Halog Cream, Solution, 21
Harvoni, 8
Heather, 40
Hemady, 26
Hemangeol, 33
Herceptin, 10
Hercessi, 10
Hernexeos, 10
Herzuma, 10
Hetlioz, 33
Hetlioz LQ, 33
Hizentra, 33
Horizant, 18
Hulio, 31
Humalog, 23, 24
Humalog Mix 50/50 KwikPen, 23
Humalog Mix 75/25 Vials, 23
Humalog Tempo Pen, 24
Humalog U-100 Junior
KwikPen, 24
Humalog U-200, 24
Humate-P, 9
Humatin, 7
Humatrope, 25
Humira, 31
Humulin 70/30 Vials and
KwikPen, 24
Humulin N Vials and
KwikPen, 24
Humulin R U-500 Vials and
KwikPen, 24
Humulin R Vials, 24
Hyalgan, 35
Hycamtin, 10
Hydralazine, 13
Hydrochlorothiazide, 13
Hydrocodone/
Acetaminophen, 36
Hydrocortisone (Perianal), 29
Hydrocortisone Cream,
Ointment, 21
Hydrocortisone Tab, 26
Hydromorphone Tab, 36

Hydroxychloroquine, 31
Hydroxyzine HCL, 18
Hydroxyzine Pamoate, 18
Hyftor, 21
Hymovis, 35
Hyrmoz, 31
Hysingla ER, 36
Hyzaar, 13

I

Ibandronate, 35
Ibsrela, 29
Ibuprofen, 10
Ibuprofen Suspension
100mg/5mL (Rx only), 36
Ibuprofen Tab (Rx only), 36
Ibuprofen/Famotidine, 28
Iclusig, 10
Icosapent Ethyl, 14
Idacio, 31
Idelvion, 9
Idhifa, 10
Ilevro, 28
Ilumya, 31
Imatinib Mesylate, 10
Imbruvica Cap, 10
Imcivree, 39
Imiquimod Cream, 21
Imitrex, 17
Imitrex Injection, 17
Imitrex Tab, 17
Impozy, 21
Imuldosa IV, 31
Imuldosa SC, 31
Imvexxy, 42
Inbrija, 19
Incassia, 40
Incivree, 39
Increlex, 25
Incruse Ellipta, 37
Inderal LA, 13
Inderal XL, 13
Indomethacin Cap, 36
Inflectra, 31
Infliximab, 31
Ingrezza, 33
Inlyta, 10
Innopran XL, 13
Inpefa, 14
Inqovi, 10
Inrebic, 10
Insulin Aspart, 24
Insulin Aspart FlexPen, 24
Insulin Aspart Penfill, 24
Insulin Aspart Protamine &
Insulin Aspart, 24
Insulin Aspart Protamine &
Insulin Aspart FlexPen, 24
Insulin Degludec, 24
Insulin Degludec FlexTouch, 24
Insulin Glargine 100 unit/mL, 24
Insulin Glargine 300 unit/mL, 24
Insulin Glargine SoloStar
100 unit/mL, 24
Insulin Glargine-yfgn, 24
Insulin Lispro, 24
Insulin Lispro Junior
KwikPen, 24
Insulin Lispro Protamine &
Insulin Lispro, 24
Intrarosa, 42
Intuniv, 16
Invega Hafyera, 15
Invega Sustenna, 15
Invega Trinza, 15
Inveltys, 28
Invokamet, 25
Invokamet XR, 25
Invokana, 25
Inzirqo, 13
Ipratropium Bromide, 37
Ipratropium Nasal Spray, 38
Ipratropium/Albuterol, 37
Iqirvo, 33
Irbesartan, 13
Irbesartan/HCTZ, 13
Isibloom, 40
Isosorbide Mononitrate ER, 14
Isotretinoin 10mg, 20mg, 30mg,
40mg, 7
Isturisa, 26
Itovebi, 10
Iwifin, 10
Iyuzeh, 27

J

Jantoven, 12
Janumet, 25
Janumet XR, 25
Januvia, 25
Jardiance, 25
Jasmiel, 40
Jatenzo, 32
Javygtor, 9
Jaypirca, 10
Jencycla, 40
Jentaduo, 25
Jentaduo XR, 25
Jesduvroq, 9
Jivi, 9
Jobevne, 10
Joenja, 33

Jornay PM, 16
 Jubbonti, 35
 Jublia, 8
 Juleber, 40
 Juluca, 30
 Junel, 40
 Junel 1.5/30, 40
 Junel 1/20, 40
 Junel Fe 1.5/30, 40
 Junel Fe 1/20, 40
 Junel Fe 24, 40
 Juxtapid, 14
 Jylamvo, 31
 Jynarque, 33

K

Kalliga, 40
 Kalydeco, 33
 Kanjinti, 10
 Kapsargo Sprinkle, 13
 Katerzia, 13
 Kenalog Spray, 21
 Kenalog-40, 26
 Keppra, 19
 Keppra XR, 19
 Kerendia, 33
 Kesimpta, 18
 Ketoconazole Cream, Shampoo, 21
 Ketorolac Ophthalmic, 28
 Ketorolac Tab, 36
 Kevzara, 31
 Kineret, 31
 Kisqali, 10
 Kisunla, 15
 Kitabis, 7
 Klayesta, 21
 Klisyri, 21
 Klonopin, 19
 Klor-Con 10, 38
 Klor-Con Extended Release, 38
 Klor-Con m10, m15, m20, 39
 Kloxxado, 7
 Koate, 9
 Kogenate FS, 9
 Konvomep, 28
 Koselugo, 10
 Kovaltry, 9
 Krazati, 10
 Kurvelo, 40
 Kuvan, 33

L

Labetalol, 13
 Lacosamide, 19

Lactulose, 29
 Lagevrio, 8
 Lamictal, 19
 Lamictal ODT, 19
 Lamictal XR Tab, 19
 Lamotrigine, 19, 20
 Lamotrigine ER, 20
 Lansoprazole (Rx only), 28
 Lantus Solostar, 24
 Lantus U-100 Vials, 24
 Larin 1.5/30, 40
 Larin 1/20, 40
 Larin 24 Fe, 40
 Larin Fe 1.5/30, 40
 Larin Fe 1/20, 40
 Lasix, 13
 Latanoprost Ophthalmic, 27
 Latisse, 28
 Latuda, 15
 Ledipasvir/Sofosbuvir, 8
 Leflunomide, 31
 Lenalidomide, 11
 Lenvima, 11
 Leqembi, 15
 Leqvio, 14
 Lescol XL, 14
 Lessina, 40
 Letairis, 15
 Letrozole, 11
 Leukine, 9
 Levalbuterol HFA, 37
 Levamlodipine, 13
 Levemir Vials and KwikPen, 24
 Levetiracetam, 20
 Levetiracetam ER, 20
 Levocetirizine Tab (Rx only), 38
 Levofloxacin Tab, 7
 Levonorgestrel/Ethinyl Estradiol, 40
 Levora-28 0.15/30, 40
 Levo-T, 26
 Levothyroxine Cap, 26
 Levothyroxine Tab, 26
 Levoxyl, 26
 Lexapro, 17
 Lexette, 21
 Lialda, 29
 Libervant, 20
 Licart, 36
 Lidocaine Mouth/Throat, 33
 Lidocaine Ointment, 21
 Lidocaine Patch, 36
 Lidocaine Viscous, 33
 Lidocaine/Prilocaine Cream, 21
 Lidocan, 36
 Lidoderm, 36
 Likmez, 7
 Linzess, 29
 Liothyronine, 26
 Lipitor, 14
 Liqrev, 15
 Lisdexamfetamine, 16
 Lisinopril, 13, 52
 Lisinopril/HCTZ, 13
 Litfulo, 31, 33
 Lithium, 18
 Lithium ER, 18
 Livalo, 14
 Livdelzi, 33
 Livmarli, 33
 Lo Loestrin Fe, 40
 Lodoco, 30
 Loestrin, 40
 Loestrin 1.5/30 (21), 40
 Loestrin 1/20 (21), 40
 Loestrin Fe 1.5/30, 40
 Loestrin Fe 1/20, 40
 Lokelma, 39
 Lonsurf, 33
 Lopressor Solution, 13
 Lorazepam Tab, 18
 Lorbreana, 33
 Loreev XR, 18
 Loryna, 40
 Losartan, 13
 Losartan/HCTZ, 13
 Lotemax Gel, Suspension, 28
 Lotemax Ointment, 28
 Lotemax SM, 28
 Lotrel, 13
 Lovastatin, 14
 Lo-Zumandimine, 40
 Lubiprostone, 29
 Lucentis, 28
 Lumakras, 11
 Lumigan, 27
 Lumryz, 18
 Lunesta, 19
 Lupkynis, 33
 Lupron Depot, 26
 Lurasidone, 15
 Lutera, 40
 Lybalvi, 15
 Lyleq, 40
 Lyllana, 42
 Lynparza, 11
 Lyrica, 20
 Lyrica CR, 20
 Lyumjev Tempo Pen, 24
 Lyvispah, 35
 Lyza, 40

M

Marlissa, 40
 Mavenclad, 18
 Mavyret, 8
 Maxalt, 17
 Maxalt-MLT, 17
 Mayzent, 18
 Meclizine, 29
 Medroxyprogesterone Acetate Injection, 40
 Medroxyprogesterone Acetate Tab, 42
 Mekinist, 11
 Mektovi, 11
 Meloxicam, 36
 Memantine, 15
 Menopur, 30
 Mesalamine DR, 29
 Mesalamine ER 0.375gm, 29
 Metadate CD, 16
 Metformin, 25
 Metformin 500mg, 850mg, 1000mg, 25
 Metformin 625mg, 25
 Metformin ER, 25
 Metformin ER Modified Release (generic Glumetza), 25
 Metformin ER Osmotic (generic Fortamet), 25
 Methimazole, 26
 Methocarbamol, 35
 Methotrexate Sodium, 31
 Methylphenidate CD, 16
 Methylphenidate ER, 16
 Methylphenidate LA, 16
 Methylphenidate OSM 27mg, 36mg, 54mg, 16
 Methylphenidate Tab, 16
 Methylphenidate XR, 16
 Methylprednisolone Tab, 26
 Metoclopramide, 29
 Metoprolol Succinate ER, 13
 Metoprolol Tartrate, 13
 Metrogel, 21
 Metronidazole Cream, Gel, 21
 Metronidazole Tab, 8
 Metronidazole Vaginal Gel, 42
 Micardis, 13
 Micardis HCT, 13
 Microgestin 1.5/30, 40
 Microgestin 1/20, 40
 Microgestin Fe 1.5/30, 40
 Microgestin Fe 1/20, 40
 Miebo, 28
 Mili, 40
 Mimvey, 42

| | | | |
|-----------------------------------|---|--|---|
| Minocycline Cap, 8 | Nayzilam, 20 | Norvasc, 13 | Omnipod Dash Intro Kit, 23 |
| Minoxidil, 13 | Nebivolol, 13 | Novarel, 30 | Omnipod Dash Pods, 23 |
| Mirabegron ER, 37 | Neffy, 34 | Novoeight, 9 | Omnitrope, 26 |
| Mircera, 9 | Neomycin/Polymyxin/ HC Otic, 8 | Novofine Pen Needles, 23 | Omvoh, 31 |
| Mirena, 40 | Neomycin/Polymyxin/ Dexamethasone Ophthalmic Ointment, Suspension, 28 | Novofine Plus Pen Needles, 23 | Ondansetron, 29 |
| Mirtazapine, 17 | Nerlynx, 11 | Novolin 70/30 Vials and FlexPen, 24 | Ondansetron ODT, 29 |
| Mirvaso, 21 | Neuac, 21 | Novolin N Vials and FlexPen, 24 | OneTouch Ultra 2 Kit w/ Device, 23 |
| Misoprostol, 28 | Neulasta, 9 | Novolog FlexPen, 24 | OneTouch Ultra Blue Test Strips, 23 |
| Mitigare, 30 | Neulasta Onpro, 9 | Novolog Mix 70/30 Vials and FlexPen, 24 | OneTouch Ultra Test Strips, 23 |
| Modafinil, 18 | Neupogen, 9 | Novolog Penfill, 24 | OneTouch Verio Flex System, 23 |
| Modeyso, 11 | Neupro, 19 | Novolog R Vials and FlexPen, 24 | OneTouch Verio Reflect Kit w/ Device, 23 |
| Mometasone Cream, Ointment, 21 | Neurontin, 20 | Novolog U-100 Vials, 24 | OneTouch Verio Test Strips, 23 |
| Mometasone Nasal Spray, 38 | Nevanac, 28 | NP Thyroid, 26 | Onexton, 21 |
| Mono-Linyah, 40 | Nexium Cap, 28 | Nubeqa, 11 | Onfi, 20 |
| Monovisc, 35 | Nexletol, 14 | Nucala, 34 | Ongentys, 19 |
| Montelukast, 37 | Nexlizet, 14 | Nucynta, 36 | Onglyza, 25 |
| Morphine Sulfate ER, 36 | Nextstellis, 40 | Nucynta ER, 36 | Ontruzant, 11 |
| Motegrity, 29 | Ngenla, 26 | Nurtec, 17 | Onureg, 11 |
| Motofen, 29 | Nifedipine ER, 13 | Nutropin AQ NuSpin, 26 | Onzetra Xsail, 17 |
| Motpoly XR, 20 | Nifedipine ER Osmotic, 13 | Nuvessa, 8 | Opsumit, 15 |
| Mounjaro, 25 | Nikki, 40 | Nuvigil, 18 | Opsynvi, 15 |
| Movantik, 29 | Ninlaro, 11 | Nuwiq, 9 | Opvee, 7 |
| Moviprep, 29 | Nitro-Bid, 14 | Nuzyra, 8 | Opzelura, 21 |
| Moxifloxacin Ophthalmic, 27 | Nitro-Dur 0.3mg/hr, 0.8mg/hr, 14 | Nyamyc, 8 | Oracea, 7 |
| MS Contin, 36 | Nitrofurantoin Macrocrystals, 8 | Nypozi, 9 | Orencia, 31 |
| Multaq, 14 | Nitrofurantoin Monohydrate Macrocrystals, 8 | Nystatin Cream, Ointment, 21 | Orenitram, 15 |
| Mupirocin , Ointment, 21 | Nitrofurantoin Suspension 50mg/5mL, 8 | Nystatin Mouth/Throat, 8 | Orfadin Cap, 34 |
| Mvasi, 11 | Nitroglycerin SL, 14 | Nystop, 8 | Orgovyx, 11 |
| Mycapssa, 26 | Nitrostat, 14 | Nyvepria, 9 | Oriahnn, 34 |
| Mycophenolate Mofetil, 38 | Nitro-Time, 14 | | Orilissa, 34 |
| Mycophenolate Sodium, 38 | Niva Thyroid, 26 | | Orkambi, 34 |
| Mycophenolic Acid, 38 | Nivestym, 9 | | Orladeyo, 34 |
| Mydayis, 16 | Nocdurma, 34 | | Orlistat, 39 |
| Myfembree, 42 | Nora-BE, 40 | | Orphengesic Forte, 36 |
| Myhibbin, 38 | Norditropin FlexPro, 26 | | Orthovisc, 35 |
| Myobloc, 33 | Norelgestromin/Ethinyl Estradiol, 40 | | Oseltamivir Phosphate Cap, 8 |
| Myrbetriq Suspension, 37 | Norethindrone, 40 | | Osenvelt, 35 |
| Myrbetriq Tab, 37 | Norethindrone Acetate, 40 | | Osmolex ER, 19 |
| | Norethindrone Acetate/Ethinyl Estradiol, 40 | | Osphena, 26 |
| | Norethindrone Acetate/Ethinyl Estradiol/Fe, 41 | | Otezla, 31 |
| | Norgesic, 36 | | Otrexup, 31 |
| | Norgesic Forte, 36 | | Otulf, 31 |
| | Norgestimate/Ethinyl Estradiol, 41 | | Ovidrel, 30 |
| | Norgestimate/Ethinyl Estradiol Triphasic, 41 | | Oxaprozin Cap, 36 |
| | Noritate, 21 | | Oxcarbazepine, 20 |
| | Norliqva, 13 | | Oxtellar XR, 20 |
| | Norlyroc, 41 | | Oxybutynin, 37 |
| | Nortriptyline, 17 | | Oxybutynin ER, 37 |
| | | | Oxycodone Solution, Tab, 36 |
| | | | Oxycodone w/ Acetaminophen, 36 |
| | | | Oxycontin, 36 |
| | | | Ozempic, 25 |

N

Na Sulfate-K Sulfate-Mg
Sulfate, 29

Nabumetone, 36

Nadolol, 13

Nalfon, 36

Naloxone Nasal Spray, 7

Naltrexone Tab, 7

Namzaric, 15

Naprelan, 36

Naproxen (Rx only), 36

Naratriptan, 17

Nascobal, 39

Natazia, 40

Natesto, 32

Natropa, 21

O

Ocella, 41

Odomzo, 11

Ofev, 34

Oflaxacin Ophthalmic, 27

Oflaxacin Otic, 8

Ogivri, 11

Ohtuvayre, 37

Ojjaara, 11

Olanzapine, 15

Olmesartan, 13

Olmesartan/HCTZ, 13

Olpruva, 34

Olumiant, 31

Omega-3 Acid, 14

Omeprazole (Rx only), 28

Omeprazole/Sodium
Bicarbonate, 28

Omniaris, 38

Omnipod 5 Dexcom Intro Kit, 23

Omnipod 5 Dexcom Pods, 23

Omnipod 5 Libre Intro Kit, 23

Omnipod 5 Libre Pods, 23

Ozobax DS, 35

P

Palforzia, 34
 Palyntiq, 9
 Pancreaze, 29
 Panretin, 11
 Pantoprazole, 28
 Panzyga, 34
 Paroxetine Tab, 17
 Paxil CR, 17
 Paxil Tab, 17
 Paxlovid, 8
 PEG 3350-KCl-Na Bicarb-
 NaCl, 29
 PEG-3350/Electrolytes, 29
 Pemazyre, 11
 Penicillamine Cap, 34
 Penicillin VK, 8
 Pennsaid, 36
 Pentasa, 29
 Percocet, 36
 Perforomist, 37
 PerioGard, 34
 Perseris, 15
 Pertzye, 29
 Pheburane, 34
 Phenazopyridine (Rx only), 34
 Phentermine, 39
 Phesgo, 11
 Phexxi, 41
 PiaSky, 9
 Pimecrolimus, 21
 Pioglitazone, 25
 Piqray, 11
 Plaquenil, 31
 Plavix, 12
 Plegridy, 18
 Plenvu, 29
 Pokonza, 39
 Polymyxin-B/Trimethoprim
 Ophthalmic, 27
 Pomalyst, 11
 Ponvory, 18
 Portia-28, 41
 Potassium Chloride Crys ER, 39
 Potassium Chloride ER, 39
 Potassium Citrate ER, 39
 Praluent, 14
 Pramipexole, 19
 Pramoxone 1-1% Cream, Lotion,
 Ointment, 21
 Prasugrel, 12
 Pravastatin, 14
 Prazosin, 13
 Precision Xtra Meter, 23

Precision Xtra Test Strips, 23
 Pred Forte, 28
 Prednisolone, 36
 Prednisolone Ophthalmic, 28
 Prednisolone Sodium Phosphate
 Solution, 26
 Prednisone, 26
 Pregabalin, 20
 Pregnyl, 30
 Premarin Tab, Vaginal
 Cream, 42
 Premphase, 42
 Prempro, 42
 Prevacid, 28
 Prevacid SoluTab, 28
 Prevident 5000, 34
 Prezcoibix, 30
 Primidone, 20
 Pristiq, 17
 Privigen, 34
 ProAir RespiClick, 37
 Procentra, 16
 Prochlorperazine, 29
 Procrit, 9
 Proctofoam-HC, 29
 Procto-Med HC, 29
 Progesterone Cap, Injection, 42
 Prograf Granules, 38
 Prolensa, 28
 Prolia, 35
 Promacta, 9
 Promethazine, 34
 Promethazine DM, 34
 Prometrium, 42
 Propocia, 34
 Propranolol, 13
 Propranolol ER, 13
 Protonix Pak, Tab, 28
 Provigil, 18
 Prozac, 17
 Pseudoephedrine/
 Brompheniramine/DM, 34
 Pulmicort Flexhaler, 37
 Pulmicort Suspension, 38
 Pulmozyme, 34
 Pylera, 29
 Pyzchiva, 31

Q

Qbrezza, 34
 Qdolo, 36
 Qelbree, 16
 QNasl, 38
 QNasl Childrens, 38
 Qsymia, 39
 Qtern, 25

Qudexy XR, 20
 Questran, 14
 Questran Light, 14
 Quetiapine, 15
 Quetiapine ER, 15
 Quillichew ER, 16
 Quilivant XR, 16
 Qulipta, 17
 Quviviq, 19
 Qvar RediHaler, 38

R

Rabeprazole, 28
 Rabeprazole Sprinkle, 28
 Radicava ORS, 18
 Ramipril, 13
 Ranolazine ER, 14
 Rasuvo, 31
 Ravicti, 34
 Rayaldee, 34
 Rayos, 26
 Rebif, 18
 Rebinyn, 9
 Rebyota, 29
 Reclipsen, 41
 Recombinate, 9
 Recorlev, 26
 Relafen DS, 36
 Releuko, 9
 Relistor, 29
 Relpax, 17
 Reltone, 30
 Remicade, 31
 Remodulin, 15
 Renflexis, 31
 Repatha, 14
 Reset, 7
 Restasis, 28
 Restasis Multidose, 28
 Restoril, 19
 Retacrit, 9
 Retevmo, 11
 Retin-A, 21
 Retin-A Micro 0.06%, 0.08%, 21
 Retin-A-Micro 0.04%, 0.1%, 21
 Revatio, 15
 Revlimid, 11
 Rextovy, 7
 Rexulti, 15
 Reyvow, 17
 Rezdifra, 34
 Rezlidhia, 11
 Rezurock, 34
 Rezvoglar KwikPen, 24
 Rhofade, 22
 Rhopressa, 27

Riabni, 11
 Ridaura, 31
 Rinvoq, 31
 Rinvoq LQ, 31
 Risperdal, 15
 Risperidone, 15
 Ritalin, 16
 Ritalin LA, 16
 Rituxan, 11
 Rizatriptan, 17
 Rocklatan, 27
 Rolvedon, 9
 Ropinirole, 19
 Rosuvastatin, 14
 Roweepra, 20
 Roxicodone, 36
 Roxybond, 36
 Rozlytrek, 11
 Rubraca, 11
 Ruconest, 34
 Ruxience, 11
 Ryaltris, 38
 Rybelsus, 25
 Rydapt, 11
 Rykindo, 15
 Rylaze, 11
 Rytary, 19
 Ryzneuta, 9

S

Sabril, 20
 Sacubitril/Valsartan, 14
 Safyral, 41
 Sancuso, 29
 Sandostatin, 34
 Santyl, 22
 Saphris, 15
 Savella, 18
 Saxenda, 39
 Scalacort DK, 22
 Scemblix, 11
 Scenesse, 31
 Scopolamine, 29
 Secuado, 15
 Segluromet, 25
 Selardsi, 31
 Semglee (yfgn), 24
 Sensipar, 34
 Serevent Diskus, 38
 Seroquel, 16
 Seroquel XR, 16
 Sertraline Cap, 17
 Sertraline Tab, 17
 Sevenfact, 9
 Seysara, 7
 Sfrowasa, 29

| | | | |
|-------------------------------------|--------------------------------------|--|--|
| Sharobel, 41 | Subvenite Tab, 20 | Tazorac, 22 | Tolak, 22 |
| Signifor, 26 | Sucralfate Tab, 28 | Tazverik, 11 | Tolectin, 36 |
| Sildenafil 25mg, 50mg, 100mg, 32 | Suflave, 30 | Tecfidera, 18 | Tolsura, 8 |
| Sildenafil Suspension, 15 | Sulfamethoxazole/ Trimethoprim, 8 | Teglutik, 19 | Tolterodine ER, 37 |
| Sildenafil Tab 20mg, 15 | Sulfasalazine, 29 | Tegretol, 20 | Topamax, 20 |
| Siliq, 31 | Sulfatrim Pediatric, 8 | Tegretol-XR, 20 | Topamax Sprinkle, 20 |
| Silvadene, 22 | Sumatriptan, 17 | Tekturna, 13 | Topicort Ointment, Spray, 22 |
| Simbrinza, 27 | Sunosi, 18 | Telmisartan, 13 | Topiramate, 20 |
| Simlandi, 31 | Supartz FX, 35 | Temazepam, 19 | Toprol XL, 13 |
| Simponi, 31 | Supprelin LA, 26 | Temozolomide, 11 | Torse mide, 13 |
| Simponi Aria, 31 | Suprep Bowel Prep, 30 | Tempo Refill, 23 | Tosymra, 17 |
| Simvastatin, 14 | Sutab, 30 | Tempo Smart Button, 23 | Toujeo Max SoloStar, 24 |
| Singulair, 38 | Sutent, 11 | Tempo Welcome, 23 | Toujeo SoloStar, 24 |
| Sitagliptin, 25 | Syeda, 41 | Tenormin, 13 | Toviaz, 37 |
| Sitagliptin/Metformin, 25 | Symbicort, 38 | Tepmetko, 11 | Tracleer, 15 |
| Skyrizi, 31 | Symdeko, 34 | Terbinafine Tab, 8 | Tradjenta, 25 |
| Skytrofa, 26 | Symfi, 30 | Terconazole Vaginal Cream, 42 | Tramadol, 36 |
| Slynd, 41 | SymlinPen, 25 | Teriparatide, 35 | Tramadol Solution, 36 |
| Soanz, 14 | Sympazan, 20 | Testim, 32 | Tranexamic Acid Tab, 9 |
| Sofdra, 34 | Symproic, 30 | Testopel, 32 | Travatan Z, 27 |
| Sofosbuvir/Velpatasvir, 8 | Symtuza, 30 | Testosterone Cypionate IM Injection, 32 | Trazodone, 11 |
| Sogroya, 26 | Synjardy, 25 | Testosterone Gel, 32 | Treada, 11 |
| Solifenacin, 37 | Synjardy XR, 25 | Texacort, 22 | Trelegy Ellipta, 38 |
| Soliqua, 24 | Synjoynt, 35 | Tezspire, 38 | Tremfya, 32 |
| Soliris, 9 | Synthroid, 26 | Theo-24, 38 | Treprostinil, 15 |
| Soltamox, 11 | Synvisc, 35 | Thiola, 34 | Tresiba, 24 |
| Soma, 35 | Synvisc-One, 35 | Thiola EC, 34 | Tresiba FlexTouch, 24 |
| Somatuline Depot, 26 | Syprine, 34 | Thyquidity, 26 | Tretinoin Cream, Gel, 22 |
| Soolantra, 22 | | Tibsovo, 11 | Trexall, 32 |
| Sorilux, 22 | T | Tikosyn, 15 | Treximet, 18 |
| Sotalol, 15 | Tabrecta, 11 | Timolol Maleate Ocu dose, 27 | Trezix, 36 |
| Sotyktu, 31 | Taclonex, 22 | Timolol Maleate Ophthalmic, 27 | Triamcinolone Cream, Lotion, Ointment, 22 |
| Sovuna, 31 | Tacrolimus Cap, 38 | Timolol Maleate Ophthalmic (Once-Daily), 27 | Triamcinolone in Absorbase, 22 |
| Spiriva HandiHaler, 38 | Tacrolimus Ointment, 22 | Timolol Maleate Ophthalmic PF, 27 | Triamterene/HCTZ, 13 |
| Spiriva Respimat, 38 | Tadalafil, 32 | Timoptic, 27 | Triazolam, 19 |
| Spiro lactone, 13 | Tadliq, 15 | Timoptic Ocu dose, 27 | Tribenzor, 13 |
| Spravato, 17 | Tafinlar, 11 | Tiotropium Bromide Monohydrate, 38 | Tricor, 14 |
| Sprintec 28, 41 | Tagrisso, 11 | Tirosint 37.5mcg, 44mcg, 62.4mcg, 26 | Triderm, 22 |
| Sprix, 36 | Takhzyro, 34 | Tirosint-Sol, 26 | Tri-Estarylla, 41 |
| Sprycel, 11 | Talicia, 30 | Tizanidine Tab, 35 | Trijardy XR, 25 |
| Sronyx, 41 | Taltz, 32 | Tlando, 32 | Trikafta, 34 |
| Starjemza, 31 | Talzenna, 11 | TOBI Nebulizer, 8 | Trileptal, 20 |
| Steglatro, 25 | Tamiflu, 8 | TOBI Podhaler, 8 | Tri-Linyah, 41 |
| Steglujan, 25 | Tamoxifen Tab, 11 | Tobradex, 27 | Tri-Lo-Estarylla, 41 |
| Stelara, 31 | Tamsulosin, 32 | Tobradex ST, 27 | Tri-Lo-Marzia, 41 |
| Stendra, 32 | Targadox, 8 | Tobramycin/Dexamethasone Ophthalmic, 27 | Tri-Lo-Mili, 41 |
| Steqeyma, 32 | Targretin, 11 | Tobramycin Nebulization Solution, 8 | Tri-Lo-Sprintec, 41 |
| Stimufend, 9 | Tarina 24 Fe, 41 | Tobrex, 27 | Triluron, 35 |
| Stiolto Respimat, 38 | Tarina Fe 1/20 EQ, 41 | Tofidence, 32 | Tri-Mili, 41 |
| Stivarga, 11 | Tarpeyo, 26 | | Trintellix, 17 |
| Stoboclo, 35 | Tascenso ODT, 18 | | Triptodur, 26 |
| Strattera, 16 | Tasigna, 11 | | Tri-Sprintec, 41 |
| Strensiq, 34 | Tavalisse, 9 | | Triumeq, 30 |
| Striverdi Respimat, 38 | Tavneos, 34 | | TriVisc, 35 |
| Sublocade, 7 | Tazarotene Foam, 22 | | Tri-Vylibra, 41 |
| Suboxone, 7 | | | |

Tri-Vylibra Lo, 41
 Trokendi XR, 20
 Trudhesa, 18
 Trulance, 30
 Trulicity, 25
 Truqap, 11
 Truvada, 30
 Truxima, 11
 Tudorza Pressair, 38
 Twirla, 41
 Twyneo, 22
 Tyenne, 32
 Tymlos, 35
 Tyrvaya, 28
 Tyvaso, 15
 Tyvaso DPI, 15
 Tzield, 25

U

Ubrelvy, 18
 Uceris Rectal, Tab, 29
 Udenyca, 9
 Udenyca On-Body, 9
 Ultomiris, 9
 Undecatrex, 32
 Unithroid, 26
 Upravi, 15
 Ursodiol Cap 200mg, 400mg, 30
 Ustekinumab- ttwe, 32
 Uzedy, 16

V

Vafseo, 9
 Vagifem, 42
 Valacyclovir, 8
 Valium, 19
 Valsartan, 14
 Valsartan Solution, 13
 Valsartan/HCTZ, 14
 ValsartanTab, 14
 Valtoco, 20
 Valtrex, 8
 Vanflyta, 11
 Varenicline, 7
 Varubi, 29
 Vascepa, 14
 Vectical, 22
 Vegzelma, 11
 Velphoro, 34
 Velsipity, 32
 Veltassa, 39
 Vemlidy, 8
 Venclexta, 11
 Venlafaxine, 17
 Venlafaxine ER, 17

Ventolin HFA, 38
 Veozah, 34
 Verapamil ER, 14
 Verkazia, 28
 Verquvo, 15
 Verzenio, 12
 Vesicare, 37
 Vesicare LS, 37
 Vestura, 41
 Vevye, 28
 V-Go 20, 23
 V-Go 30, 23
 V-Go 40, 23
 Viagra, 32
 Viberzi, 30
 Victoza, 25
 Vienva, 41
 Vigadrone, 20
 Vigamox, 27
 Vilazodone, 17
 Viltepso, 34
 Vimovo, 28
 Vimpat, 20
 Viokace, 30
 Visco-3, 35
 Vitamin D (ergocalciferol) (Rx only), 39
 Vitrakvi, 12
 Vivelle-Dot, 42
 Vivimusta, 12
 Vivitrol, 7
 Vivjoa, 8
 Vizimpro, 12
 Vogelxo, 32
 Voquenza, 30
 Voranigo, 12
 Vosevi, 8
 Vowst, 30
 Voydeya, 9
 Vraylar, 16
 Vtama, 22
 Vuity, 28
 Vumerity, 18
 Vyleesi, 34
 Vylibra, 41
 Vytorin, 14
 Vyvanse, 16
 Vyvgart, 34
 Vyvgart Hytrulo, 34
 Vyzulta, 27

W

Wainua, 34
 Wakix, 19
 Warfarin, 12
 Wegovy Injection, 39

Wegovy Tab, 39
 Welchol, 14
 Welireg, 12
 Wellbutrin SR, 17
 Wellbutrin XL, 17
 Wezlana, 32
 Wilate, 9
 Winlevi, 22
 Winrevair, 15
 Wixela Inhub, 38
 Wyzora, 22
 Wyost, 35

X

Xaciato, 22
 Xalatan, 27
 Xalkori, 12
 Xanax, 19
 Xanax XR, 19
 Xarelto, 12
 Xcopri, 20
 Xdemvy, 28
 Xeljanz, 32
 Xeljanz XR, 32
 Xelstrym, 16
 Xembify, 34
 Xeomin, 34
 Xgeva, 35
 Xhance, 34
 Xifaxan 200mg Tab, 30
 Xifaxan 550mg Tab, 30
 Xigduo XR, 25
 Xiidra, 28
 Xofluza, 8
 Xolair, 38
 Xopenex HFA, 38
 Xospata, 12
 Xphozah, 34
 Xpovio, 12
 Xtampza ER, 36
 Xtandi, 12
 Xtrenbo, 35
 Xulane, 41
 Xultophy, 24
 Xyntha, 9
 Xyntha Solofuse, 9
 Xyosted, 32
 Xyrem, 19
 Xywav, 19

Y

Yasmin 28, 41
 Yaz, 41
 Ycanth, 22
 Yesintek, 32

Yonsa, 12
 Yorvipath, 34
 Yosprala, 12
 Yuflyma, 32
 Yupelri, 38
 Yusimry, 32
 Yuvaferm, 42

Z

Zafemy, 41
 Zanaflex, 35
 Zarxio, 9
 Zavzpret, 18
 Zegalogue, 25
 Zejula, 12
 Zelboraf, 12
 Zembrace Symtouch, 18
 Zenatane, 7
 Zenpep, 30
 Zenedi, 16
 Zepbound Auto-Injector, 39
 Zepbound Vial, 39
 Zeposia, 18
 Zerviate, 28
 Zestril, 14
 Zetia, 14
 Ziana, 22
 Ziextenzo, 9
 Zilxi, 22
 Zimhi, 7
 Zioptan, 27
 Ziprasidone, 16
 Zipsor, 36
 Zirabev, 12
 Zituvimet, 25
 Zituvimet XR, 25
 Zituvio, 25
 Zocor, 14
 Zolofit, 17
 Zolpidem, 19
 Zolpidem Capsule, 19
 Zolpidem ER, 19
 Zolpidem Tab, 19
 Zomacton, 26
 Zomig Tab, 18
 Zonegran, 20
 Zonisade, 20
 Zonisamide, 20
 Zoryve Cream 0.15%, 0.3%, 22
 Zoryve Foam, 22
 Zovirax, 22
 ZTIido, 36
 Zubsolv, 7
 Zumandimine, 41
 Zunveyl, 15
 Zurzuvae, 17

Biosimilar Advantage Formulary | January 2026

Zyclara, 22
Zyclara Pump, 22

Zydelig, 12
Zylet, 27

Zymfentra, 32
Zypitamag, 14

Zyprexa, 16
Zytiga, 12



Biosimilar Advantage | January 2026

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