

2025 Preventive medications and your plan

Effective July 1, 2025



Managing your health with preventive medications

Your pharmacy benefit plan includes special coverage for preventive medications.

The drugs on your plan's preventive medications list do not have a deductible. This means you'll pay your copayment/coinsurance or nothing at all, depending on your plan.

To check the cost of any medication, call the number on your Optum Rx member ID card, visit your plan's website on your member ID card, or log on to the Optum Rx app.

Potential savings with generic medications

To get the most from your benefits, ask your doctor if a generic medication is right for you. Generics normally cost less than brand medications, and the Food and Drug Administration (FDA) requires them to be just as safe and effective. Using generics may be required based on your plan benefit.

A list of covered preventive medications begins on the next page.

Medications are listed by therapeutic category. Where differences are noted between this list and your benefit plan documents, the benefit plan documents will rule.

For questions on injectable preventive medications administered by your doctor or healthcare provider, please call the number on your Optum Rx member ID card. This list should be used as a reference and may not include all medications.

2025 Select HDHP Preventive Medication List

Table of Contents

Anti-Addiction / Substance Abuse Treatment	
Agents.....	3
Anticoagulants.....	3
Antidepressants.....	3
Antiemetics - Drugs for Nausea and Vomiting..	4
Antineoplastics - Drugs for Cancer.....	4
Antiplatelets.....	4
Antipsychotics - Drugs for Mood Disorders.....	4
Antivirals.....	5
Bipolar Agents - Drugs for Mood Disorders.....	6
Cardiovascular Agents - Drugs for Heart and Circulation Conditions.....	6
Diabetes - Antidiabetic Agents.....	10
Diabetes - Glucose Monitoring.....	11
Diabetes - Insulins.....	11
Electrolytes / Minerals / Metals / Vitamins.....	13
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer.....	16
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions.....	17
Hormonal Agents - Selective Estrogen Receptor Modifying Agents.....	17
Hormonal Agents - Sex Hormones and Birth Control.....	17
Immunological Agents - Drugs for Immune System Stimulation or Suppression.....	21
Metabolic Bone Disease Agents - Drugs for Osteoporosis.....	21
Miscellaneous Therapeutic Agents.....	21
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions.....	23
Index of Drugs.....	26

Drug Name
Anti-Addiction / Substance Abuse Treatment Agents
bupropion hcl er (smoking det)
ft nicotine
ft nicotine mini
habitrol
mini nicotine
NICODERM CQ
NICORETTE
NICORETTE MINI
NICORETTE STARTER KIT
nicotine gum
nicotine mini
nicotine mouth/throat gum 2 mg, 4 mg
nicotine mouth/throat lozenge 2 mg, 4 mg
nicotine polacrilex mini
nicotine polacrilex mouth/throat gum 2 mg, 4 mg
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg
nicotine step 1
nicotine step 2
nicotine step 3
nicotine transdermal kit 21-14-7 mg/24hr
nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr
nicotine transdermal system
NICOTROL
NICOTROL NS
quit2
quit4
THRIVE
varenicline tartrate
varenicline tartrate (starter)
varenicline tartrate(continue)
Anticoagulants
ARIXTRA

Drug Name
dabigatran etexilate mesylate
ELIQUIS
ELIQUIS DVT/PE STARTER PACK
enoxaparin sodium
ENOXILUV KIT
fondaparinux sodium
FRAGMIN
heparin sodium (porcine)
heparin sodium (porcine) pf
jantoven
LOVENOX
PRADAXA ORAL CAPSULE
PRADAXA ORAL PACKET
SAVAYSA
warfarin sodium oral
XARELTO
XARELTO STARTER PACK
Antidepressants
APLENZIN
bupropion hcl er (sr)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG
bupropion hcl oral
CELEXA
CITALOPRAM HYDROBROMIDE ORAL CAPSULE
citalopram hydrobromide oral solution
citalopram hydrobromide oral tablet
CYMBALTA
DESVENLAFAXINE ER
desvenlafaxine succinate er
DRIZALMA SPRINKLE
duloxetine hcl oral
EFFEXOR XR

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug Name
escitalopram oxalate oral
FETZIMA
FETZIMA TITRATION
fluoxetine hcl oral capsule
fluoxetine hcl oral capsule delayed release
fluoxetine hcl oral solution
fluoxetine hcl oral tablet
fluvoxamine maleate
fluvoxamine maleate er
FORFIVO XL
LEXAPRO
mirtazapine oral
olanzapine-fluoxetine hcl
paroxetine hcl
paroxetine hcl er
PAXIL
PAXIL CR
PRISTIQ
PROZAC
REMERON
REMERON SOLTAB
SERTRALINE HCL ORAL CAPSULE
sertraline hcl oral concentrate
sertraline hcl oral tablet
SYMBYAX
VENLAFAXINE BESYLATE ER
venlafaxine hcl
venlafaxine hcl er oral capsule extended release 24 hour
venlafaxine hcl er oral tablet extended release 24 hour
WELLBUTRIN SR
WELLBUTRIN XL
ZOLOFT
Antiemetics - Drugs for Nausea and Vomiting
COMPRO

Drug Name
Antineoplastics - Drugs for Cancer
anastrozole oral
ARIMIDEX
AROMASIN
exemestane
FARESTON
FEMARA
letrozole oral
SOLTAMOX
tamoxifen citrate oral
toremifene citrate
Antiplatelets
aspirin-dipyridamole er
BRILINTA
cilostazol
clopidogrel bisulfate oral
dipyridamole oral
EFFIENT
PLAVIX
prasugrel hcl
YOSPRALA
ZONTIVITY
Antipsychotics - Drugs for Mood Disorders
ABILIFY
ABILIFY ASIMTUFII
ABILIFY MAINTENA
ABILIFY MYCITE MAINTENANCE KIT
ABILIFY MYCITE STARTER KIT
ADASUVE
aripiprazole
ARISTADA
ARISTADA INITIO
asenapine maleate
CAPLYTA
chlorpromazine hcl oral
clozapine

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram). Refer to benefit plan documents to make sure listed medication is included in your benefit. Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug Name	Drug Name
CLOZARIL	thiothixene
ERZOFRI	trifluoperazine hcl
FANAPT	UZEDY
FANAPT TITRATION PACK	VERSACLOZ
fluphenazine hcl oral	VRAYLAR
GEODON INTRAMUSCULAR	ziprasidone hcl
GEODON ORAL	ziprasidone mesylate
haloperidol lactate oral concentrate 2 mg/ml	ZYPREXA INTRAMUSCULAR
haloperidol oral	ZYPREXA ORAL
INVEGA	Antivirals
INVEGA HAFYERA	abacavir sulfate
INVEGA SUSTENNA	abacavir sulfate-lamivudine
INVEGA TRINZA	APRETUDE
LATUDA	APTIVUS
loxapine succinate	atazanavir sulfate
lurasidone hcl	BIKTARVY
molindone hcl	CABENUVA
NUPLAZID	CIMDUO
olanzapine intramuscular	COMPLERA
olanzapine oral	darunavir
OPIPZA	DELSTRIGO
paliperidone er	DESCOVY
PERSERIS	DOVATO
quetiapine fumarate	EDURANT
quetiapine fumarate er	efavirenz
REXULTI	efavirenz-emtricitab-tenofo df
RISPERDAL	efavirenz-lamivudine-tenofovir
RISPERDAL CONSTA	emtricitabine
risperidone	emtricitabine-tenofovir df
risperidone microspheres er	EMTRIVA ORAL CAPSULE
RYKINDO	EMTRIVA ORAL SOLUTION
SAPHRIS	EPIVIR
SECUADO	etravirine
SEROQUEL	EVOTAZ
SEROQUEL XR	fosamprenavir calcium
thioridazine hcl oral	FUZEON

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug Name	Drug Name
GENVOYA	TIVICAY PD
INTELENCE ORAL TABLET 100 MG, 200 MG	TRIUMEQ
INTELENCE ORAL TABLET 25 MG	TRIUMEQ PD
ISENTRESS	TRUVADA
ISENTRESS HD	TYBOST
JULUCA	VIRACEPT
KALETRA	VIREAD ORAL POWDER
lamivudine oral solution	VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG
lamivudine oral tablet 150 mg, 300 mg	VIREAD ORAL TABLET 300 MG
lamivudine-zidovudine	VOCABRIA
lopinavir-ritonavir	ZIAGEN
maraviroc	zidovudine
nevirapine	Bipolar Agents - Drugs for Mood Disorders
nevirapine er	EQUETRO
NORVIR ORAL PACKET	Cardiovascular Agents - Drugs for Heart and Circulation Conditions
NORVIR ORAL TABLET	ACCUPRIL
ODEFSEY	ACCURETIC
PIFELTRO	acebutolol hcl oral
PREZCOBIX	ALDACTONE
PREZISTA ORAL SUSPENSION	aliskiren fumarate
PREZISTA ORAL TABLET 150 MG, 75 MG	ALTACE
PREZISTA ORAL TABLET 600 MG, 800 MG	ALTOPREV
RETROVIR ORAL	amiloride hcl oral
REYATAZ ORAL CAPSULE	amiloride-hydrochlorothiazide
REYATAZ ORAL PACKET	AMLODIPINE BES+SYRSPEND SF
ritonavir	amlodipine besylate oral
RUKOBIA	amlodipine besylate-benazepril hcl
SELZENTRY ORAL SOLUTION	amlodipine besylate-valsartan
SELZENTRY ORAL TABLET	amlodipine-atorvastatin
STRIBILD	amlodipine-olmesartan
SUNLENCA	amlodipine-valsartan-hctz
SYMFI	ASPRUZYO SPRINKLE
SYMFI LO	ATACAND
SYMTUZA	ATACAND HCT
tenofovir disoproxil fumarate	
TIVICAY	

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram). Refer to benefit plan documents to make sure listed medication is included in your benefit. Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug Name	Drug Name
atenolol oral	CATAPRES-TTS-3
ATENOLOL+SYRSPEND SF	chlorthalidone
atenolol-chlorthalidone	cholestyramine light
ATORVALIQ	cholestyramine oral
atorvastatin calcium oral	clonidine
AVALIDE	CLONIDINE ER
AVAPRO	clonidine hcl oral
AZOR	colesevelam hcl
benazepril hcl oral	COLESTID
benazepril-hydrochlorothiazide	colestipol hcl
BENICAR	CONJUPRI
BENICAR HCT	COREG
BETAPACE	COREG CR
BETAPACE AF	COZAAR
betaxolol hcl oral	CRESTOR
BIDIL	DEMSER
bisoprolol fumarate oral	DIBENZYLINE
bisoprolol-hydrochlorothiazide	digoxin oral
bumetanide oral	diltiazem hcl er
BUMEX	diltiazem hcl er beads
BYSTOLIC	diltiazem hcl er coated beads
CADUET	diltiazem hcl oral
candesartan cilexetil	dilt-xr
candesartan cilexetil-hctz	DIOVAN
captopril oral	DIOVAN HCT
captopril-hydrochlorothiazide	DIURIL
CARDIZEM	doxazosin mesylate oral
CARDIZEM CD	DYRENIUM
CARDIZEM LA	EDARBI
CARDURA	EDARBYCLOR
CAROSPIR	EDECRIN
cartia xt	enalapril maleate oral
carvedilol	enalapril-hydrochlorothiazide
carvedilol phosphate er	EPANED
CATAPRES-TTS-1	eplerenone
CATAPRES-TTS-2	ethacrynic acid

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug Name	Drug Name
EXFORGE	JUXTAPID
EXFORGE HCT	KAPSPARGO SPRINKLE
EZALLOR SPRINKLE	KATERZIA
ezetimibe	labetalol hcl oral
ezetimibe-simvastatin	LANOXIN ORAL
felodipine er	LASIX
fenofibrate micronized	LEQVIO
fenofibrate oral	LESCOL XL
fenofibric acid	LEVAMLODIPINE MALEATE
FLOLIPID	LIPITOR
fluvastatin sodium	LIPOFEN
fluvastatin sodium er	lisinopril oral
fosinopril sodium	lisinopril-hydrochlorothiazide
fosinopril sodium-hctz	LIVALO
FUROSCIX	LOPID
furosemide oral	LOPRESSOR
gemfibrozil oral	losartan potassium oral
guanfacine hcl	losartan potassium-hctz
HEMANGEOL	LOTENSIN
hydralazine hcl oral	LOTENSIN HCT
hydrochlorothiazide oral	LOTREL
HYZAAR	lovastatin oral
icosapent ethyl	matzim la
indapamide	methyldopa
INDERAL LA	metolazone
INDERAL XL	metoprolol succinate er
INNOPRAN XL	metoprolol tartrate oral
INSPRA	metoprolol-hydrochlorothiazide
irbesartan	metyrosine
irbesartan-hydrochlorothiazide	MICARDIS
ISORDIL TITRADOSE	MICARDIS HCT
isosorb dinitrate-hydralazine	minoxidil oral
isosorbide dinitrate	moexipril hcl
isosorbide mononitrate	nadolol oral
isosorbide mononitrate er	nebivolol hcl
isradipine	NEXICLON XR

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug Name	Drug Name
NEXLETOL	PROCARDIA XL
NEXLIZET	propranolol hcl er
niacin (antihyperlipidemic)	propranolol hcl oral
niacin er (antihyperlipidemic)	QBRELIS
niacor	QUESTRAN
nicardipine hcl oral	QUESTRAN LIGHT
nifedipine er	quinapril hcl
nifedipine er osmotic release	quinapril-hydrochlorothiazide
nifedipine oral	ramipril
nimodipine oral capsule	ranolazine er
NIMODIPINE ORAL SOLUTION	REPATHA
nisoldipine er	rosuvastatin calcium oral
NITRO-BID	simvastatin oral
NITRO-DUR	SOAANZ
nitroglycerin sublingual	sotalol hcl (af)
nitroglycerin transdermal	sotalol hcl oral
nitroglycerin translingual	SOTYLIZE
NITROLINGUAL	spironolactone oral
NITROSTAT	spironolactone-hctz
NITRO-TIME	SULAR
NORLIQVA	TEKTURNA
NORVASC	telmisartan
NYMALIZE	telmisartan-amlodipine
olmesartan medoxomil oral	telmisartan-hctz
olmesartan medoxomil-hctz	TENORETIC 100
olmesartan-amlodipine-hctz	TENORETIC 50
omega-3-acid ethyl esters	TENORMIN
perindopril erbumine	THALITONE
phenoxybenzamine hcl oral	tiadylt er
pindolol	TIAZAC
pitavastatin calcium	timolol maleate oral
PRALUENT	TOPROL XL
pravastatin sodium	toremide
prazosin hcl oral	trandolapril
PRESTALIA	trandolapril-verapamil hcl er
prevalite	triamterene oral

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug Name
triamterene-hctz
TRIBENZOR
TRICOR
TRILIPIX
TRYVIO
VALSARTAN ORAL SOLUTION
valsartan oral tablet
valsartan-hydrochlorothiazide
VASCEPA
VASERETIC
VASOTEC
VECAMYL
verapamil hcl er
verapamil hcl oral
VERELAN
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG
VYTORIN
WELCHOL
ZESTORETIC
ZESTRIL
ZETIA
ZOCOR
ZYPITAMAG
Diabetes - Antidiabetic Agents
acarbose oral
ACTOPLUS MET
ACTOS
ALOGLIPTIN BENZOATE
ALOGLIPTIN-METFORMIN HCL
ALOGLIPTIN-PIOGLITAZONE
BEXAGLIFLOZIN
BRENZAVVY
BYDUREON BCISE AUTOINJECTOR

Drug Name
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML
CYCLOSET
DAPAGLIFLOZIN PRO-METFORMIN ER
DAPAGLIFLOZIN PROPANEDIOL
DUETACT
FARXIGA
glimepiride
glipizide er
glipizide ir
glipizide-metformin hcl
GLUCOTROL XL
glyburide micronized
glyburide oral
glyburide-metformin
GLYXAMBI
INVOKAMET
INVOKAMET XR
INVOKANA
JANUMET
JANUMET XR
JANUVIA
JARDIANCE
JENTADUETO
JENTADUETO XR
liraglutide
metformin hcl er
metformin hcl er (mod)
metformin hcl er (osm)
metformin hcl ir
miglitol
MOUNJARO
nateglinide
ONGLYZA

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).
Refer to benefit plan documents to make sure listed medication is included in your benefit.
Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug Name	Drug Name
OZEMPIC	CONTOUR NEXT LINK KIT W/DEVICE
OZEMPIC (2 MG/DOSE)	CONTOUR NEXT MONITOR KIT W/DEVICE
pioglitazone hcl	CONTOUR NEXT ONE KIT
pioglitazone hcl-glimepiride	CONTOUR NEXT GEN TEST STRIPS
pioglitazone hcl-metformin hcl	CONTOUR PLUS BLUE KIT W/DEVICE
QTERN	CONTOUR PLUS TEST STRIP
repaglinide	CONTOUR TEST STRIPS
RIOMET	LANCETS
RYBELSUS	ONETOUCH ULTRA TEST STRIPS
RYBELSUS (FORMULATION R2)	ONETOUCH ULTRA 2 KIT W/DEVICE
saxagliptin hcl	ONETOUCH ULTRA BLUE TEST
saxagliptin-metformin er	ONETOUCH ULTRA TEST STRIPS
SEGLUROMET	ONETOUCH VERIO FLEX SYSTEM DEVICE
SITAGLIPTIN	ONETOUCH VERIO FLEX SYSTEM KIT
SITAGLIPTIN BASE-METFORMIN HCL	ONETOUCH VERIO REFLECT KIT W/DEVICE
SOLIQUA	ONETOUCH VERIO TEST STRIPS
STEGLATRO	ONETOUCH VERIO TEST STRIPS
STEGLUJAN	Diabetes - Insulins
SYMLINPEN 120	ADMELOG
SYMLINPEN 60	ADMELOG SOLOSTAR
SYNJARDY	AFREZZA
SYNJARDY XR	APIDRA SOLOSTAR
TRADJENTA	APIDRA VIAL
TRIJARDY XR	AQ INSULIN SYRINGE
TRULICITY	BASAGLAR KWIKPEN
VICTOZA	BASAGLAR TEMPO PEN
XIGDUO XR	BD ULTRA-FINE INSULIN SYRINGES 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML, U-100 1 ML
XULTOPHY	DROPSAFE SAFETY SYRINGE/NEEDLE
ZITUVIMET	
ZITUVIMET XR	
ZITUVIO	
Diabetes - Glucose Monitoring	
CONTOUR MONITOR	
CONTOUR MONITOR	
CONTOUR NEXT EZ KIT W/DEVICE	
CONTOUR NEXT GEN MONITOR	

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug Name	Drug Name
EMBECTA INSULIN SYRINGE U/F	INSULIN SYRINGES 25G X 5/8" 1 ML, 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 28G X 5/16" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML, U-100 0.3 ML, U-100 0.5 ML, U-100 1 ML
EMBECTA INSULIN SYRINGE U-100	LANTUS SOLOSTAR
FIASP	LANTUS U-100 VIAL
FIASP FLEXTOUCH	LYUMJEV
FIASP PENFILL	LYUMJEV KWIKPEN
FIASP PUMPCART	LYUMJEV TEMPO PEN
HUMALOG	NOVOLIN 70/30 FLEXPEN
HUMALOG JUNIOR KWIKPEN	NOVOLIN 70/30 FLEXPEN RELION
HUMALOG KWIKPEN	NOVOLIN 70/30 RELION
HUMALOG MIX 50/50 KWIKPEN	NOVOLIN 70/30 VIAL
HUMALOG MIX 75/25	NOVOLIN N FLEXPEN
HUMALOG MIX 75/25 KWIKPEN	NOVOLIN N FLEXPEN RELION
HUMALOG TEMPO PEN	NOVOLIN N RELION
HUMULIN 70/30 KWIKPEN	NOVOLIN N VIAL
HUMULIN 70/30 VIAL	NOVOLIN R FLEXPEN
HUMULIN N KWIKPEN	NOVOLIN R FLEXPEN RELION
HUMULIN N VIAL	NOVOLIN R RELION
HUMULIN R U-500 KWIKPEN	NOVOLIN R VIAL
HUMULIN R U-500 VIAL (CONCENTRATED)	NOVOLOG 70/30 FLEXPEN RELION
HUMULIN R VIAL	NOVOLOG FLEXPEN
INSULIN ASP PROT & ASP FLEXPEN	NOVOLOG FLEXPEN RELION
INSULIN ASPART	NOVOLOG MIX 70/30 FLEXPEN
INSULIN ASPART FLEXPEN	NOVOLOG MIX 70/30 RELION
INSULIN ASPART PENFILL	NOVOLOG MIX 70/30 VIAL
INSULIN ASPART PROT & ASPART	
INSULIN DEGLUDEC	
INSULIN DEGLUDEC FLEXTOUCH	
INSULIN GLARGINE MAX SOLOSTAR	
INSULIN GLARGINE SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	
INSULIN GLARGINE-YFGN	
INSULIN LISPRO	
INSULIN LISPRO (1 UNIT DIAL)	
INSULIN LISPRO JUNIOR KWIKPEN	
INSULIN LISPRO PROT & LISPRO	

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram). Refer to benefit plan documents to make sure listed medication is included in your benefit. Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug Name	Drug Name
NOVOLOG PENFILL	ENBRACE HR
NOVOLOG RELION	endur-acin
NOVOLOG U-100 VIAL	endur-amide
REZVOGLAR KWIKPEN	ENFAMIL EXPECTA
SEMGLEE (YFGN)	FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE
TOUJEO MAX SOLOSTAR	FLORIVA PLUS
TOUJEO SOLOSTAR	FOLIVANE-OB
TRESIBA	ft prenatal
TRESIBA FLEXTOUCH	GOOD START PRENATAL NOURISH
ULTICARE INSULIN SYR 1/2 UNIT	INATAL GT
ULTIGUARD SAFEPACK SYR/NEEDLE	JENLIVA PRENATAL/POSTNATAL
VERIFINE INSULIN SYRINGE	kosher prenatal plus iron
Electrolytes / Minerals / Metals / Vitamins	kpn prenatal
ALIVE DAILY SUP PRENATAL GUMMI	MASONATAL
ALIVE PRENATAL	MATERNACEL
ATABEX	M-NATAL PLUS
ATABEX EC	multi prenatal
ATABEX OB	multi-vit/iron/fluoride
AZESCO	multivitamin w/fluoride
CADEAU DHA	multivitamin/fluoride
CENTRUM SPECIALIST PRENATAL	multi-vitamin/fluoride
CITRANATAL 90 DHA	multi-vitamin/fluoride/iron
CITRANATAL ASSURE	MULTI-VIT-FLOR
CITRANATAL B-CALM	NATAL PNV
CITRANATAL HARMONY	NATALVIT ORAL TABLET
CITRANATAL MEDLEY	NEEVO DHA
classic prenatal	NEONATAL COMPLETE
C-NATE DHA	NEONATAL PLUS
COMPLETE NATAL DHA	NEONATAL PRENATAL
COMPLETENATE	NEONATAL VITAMIN
CO-NATAL FA	NEO-VITAL RX
CONCEPT DHA	NESTABS
CONCEPT OB	NESTABS DHA
DAVIMET-FLUORIDE	NESTABS ONE
DERMACINRX PRETRATE	niacin cr
ELITE-OB	

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram). Refer to benefit plan documents to make sure listed medication is included in your benefit. Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug Name	Drug Name
niacin er oral capsule extended release	PREMESISRX
niacin er oral tablet extended release 1000 mg, 250 mg, 500 mg	PRENA 1 TRUE
niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg	PRENA1
niacinamide er	PRENA1 PEARL
niacinamide oral	PRENAISSANCE
NIAVASC	PRENAISSANCE PLUS
NIAVASC 750	PRENATABS RX
NIVA-PLUS	prenatal
no flush niacin	prenatal (w/iron & fa)
OB COMPLETE	prenatal + complete multi
OB COMPLETE ONE	prenatal 19
OB COMPLETE PETITE	prenatal adult gummy/dha/fa
OB COMPLETE PREMIER	prenatal complete
OB COMPLETE/DHA	PRENATAL ESSENTIALS
OBSTETRIX DHA	prenatal formula
OBSTETRIX EC	prenatal formula a-free
OBSTETRIX ONE	prenatal forte
OBTREX	prenatal gummies
ONE A DAY PRENATAL	prenatal gummies/dha & fa
ONE A DAY PRENATAL ADV BRAIN	prenatal gummy
one daily prenatal oral 28-0.8 & 440 mg	prenatal multi +dha
ONE VITE WOMENS	prenatal multi+dha
ONE VITE WOMENS PLUS	prenatal multivitamin
ONE-A-DAY WOMENS PRENATAL 1	PRENATAL MULTIVITAMIN + DHA
pnv prenatal plus multivit+dha	prenatal multivitamin plus dha
PNV TABS 20-1	prenatal multivitamins
pnv-dha	prenatal one daily
pnv-dha+docusate	prenatal plus
pnv-omega	prenatal plus vitamin/mineral
pnv-select	prenatal vitamin and mineral
POLY-VI-FLOR	prenatal vitamins
POLY-VI-FLOR/IRON	prenatal vitamins oral tablet 28-0.8 mg
PREGEN DHA	prenatal/folic acid+dha
PREGENNA	prenatal/iron
	prenatal+dha
	PRENATAL-U

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram). Refer to benefit plan documents to make sure listed medication is included in your benefit. Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug Name	Drug Name
PRENATE	TRINATAL RX 1
PRENATE AM	TRINATE
PRENATE DHA	TRISTART DHA
PRENATE ELITE	TRI-VI-FLOR
PRENATE ENHANCE	TRI-VI-FLORO
PRENATE ESSENTIAL	tri-vite/fluoride
PRENATE MINI	TRUE VITAMIN B3
PRENATE PIXIE	ultra prenatal vit/min + dha
PRENATE RESTORE	UPSPRING PRENATAL COMPLETE
PRENATOL-M	VINATE CARE
PRENATRIX	VINATE DHA RF
PRENATRYL	VITAFOL FE+
PRIMACARE	VITAFOL GUMMIES
PROVIDA OB	VITAFOL ULTRA
QUFLORA FE PEDIATRIC	VITAFOL-OB
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML	VITAFOL-OB+DHA
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE	VITAFOL-ONE
RELNATE DHA	VITAFUSION PRENATAL
SELECT-OB ORAL TABLET CHEWABLE 29- 0.6-0.4 MG	VITALARA
SELECT-OB ORAL TABLET CHEWABLE 29- 1 MG	VITAMEDMD ONE RX/QUATREFOLIC vitamins acd-fluoride
SELECT-OB+DHA	VITA-PAC
SE-NATAL 19	VITAPEARL
SIMILAC PRENATAL EARLY SHIELD	VITATHELY WITH GINGER
SLO-NIACIN	VIVA DHA
SOLUVITA ACD WITH FLUORIDE	WESCAP-C DHA
SOLUVITA WITH FLUORIDE	WESCAP-PN DHA
STUART ONE	WESNATAL DHA COMPLETE
TARON-C DHA	WESNATE DHA
THERANATAL COMPLETE	WESTAB PLUS
THERANATAL CORE NUTRITION	WESTGEL DHA
THERANATAL ONE	womens prenatal+dha
THERANATAL OVAVITE	ZALVIT
THRIVITE RX	ZIPHEX

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug Name
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer
acid control maximum strength
acid controller
acid controller complete
acid controller max st
acid reducer complete
acid reducer max st oral tablet 20 mg
acid reducer maximum strength
acid reducer oral tablet 10 mg, 200 mg
acid reducer plus antacid
ACIPHEX
CARAFATE
cimetidine 200
cimetidine acid reducer
cimetidine hcl
cimetidine oral
CYTOTEC
DEXILANT
dexlansoprazole
dual action complete oral tablet chewable 10-800-165 mg
DUO FUSION
esomeprazole
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg
esomeprazole magnesium oral packet 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg
esomeprazole magnesium oral tablet delayed release 20 mg
famotidine acid reducer
famotidine max st
famotidine maximum strength
famotidine oral
famotidine orig st
FIRST-LANSOPRAZOLE
FIRST-OMEPRAZOLE

Drug Name
FIRST-PANTOPRAZOLE
ft acid reducer + antacid
ft acid reducer max strength
ft acid reducer oral capsule delayed release
ft acid reducer oral tablet
ft omeprazole
heartburn prevention
heartburn relief max st
heartburn relief oral tablet 10 mg, 200 mg
KONVOMEF
lansoprazole oral
misoprostol oral
mm acid-pep maximum strength
NEXIUM
NEXIUM 24HR
NEXIUM 24HR CLEAR MINIS
nizatidine
omep/sod bicarb
omeprazole magnesium
omeprazole oral capsule delayed release , 20.6 (20 base) mg
omeprazole oral tablet delayed release
omeprazole oral tablet delayed release dispersible
OMEPRAZOLE+SYRSPEND SF ALKA
omeprazole-sod bicarbonate
omeprazole-sodium bicarb oral capsule 20-1100 mg
omeprazole-sodium bicarbonate
pantoprazole sodium oral
PEPCID
PEPCID AC
PEPCID AC MAXIMUM STRENGTH
PEPCID COMPLETE
PREVACID
PREVACID 24HR

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug Name	Drug Name
PREVACID SOLUTAB	peg-kcl-nacl-nasulf-na asc-c
PRILOSEC	PEG-PREP
PRILOSEC OTC	PLENVU
PROTONIX ORAL	PYLERA
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	SUFLAVE
rabeprazole sodium oral tablet delayed release	SUPREP BOWEL PREP KIT
sb acid controller	SUTAB
sb acid controller max st	TALICIA
sb acid reducer	VOQUEZNA DUAL PAK
sb cimetidine	VOQUEZNA TRIPLE PAK
sb omeprazole	Hormonal Agents - Selective Estrogen Receptor Modifying Agents
sucralfate oral	EVISTA
TAGAMET HB	OSPHENA
TAGAMET HB 200	raloxifene hcl
VOQUEZNA	Hormonal Agents - Sex Hormones and Birth Control
ZANTAC 360	ACTIVELLA
ZANTAC 360 MAX ST	afirmelle
ZEGERID OTC	aftera
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions	AFTERPILL
amoxicill-clarithro-lansopraz	ALORA
bis subcit-metronid-tetracyc	altavera
bismuth/metronidaz/tetracyclin	alyacen 1/35
CLENPIQ	alyacen 7/7/7
gavilyte-c	amethyst
gavilyte-g	ANGELIQ
gavilyte-n with flavor pack	ANNOVERA
GOLYTELY	apri
HELIDAC THERAPY	aranelle
MOVIPREP	ashlyna
na sulfate-k sulfate-mg sulf	aubra eq
OMECLAMOX-PAK	aurovela 1.5/30
peg 3350-kcl-na bicarb-nacl	aurovela 1/20
peg-3350/electrolytes	aurovela 24 fe
peg-3350/electrolytes/ascorbat	aurovela fe 1.5/30

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram). Refer to benefit plan documents to make sure listed medication is included in your benefit. Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug Name	Drug Name
aurovela fe 1/20	dotti
aviane	drospiren-eth estrad-levomefol
ayuna	drospirenone-ethinyl estradiol
azurette	DUAVEE
BALCOLTRA	econtra one-step
balziva	EC-RX ESTRADIOL
BEYAZ	EEMT
BIJUVA	EEMT HS
blisovi 24 fe	ELESTRIN
blisovi fe 1.5/30	elinest
blisovi fe 1/20	ELLA
briellyn	eluryng
camila	emzahh
camrese	enilloring
camrese lo	enpresse-28
charlotte 24 fe	enskyce
chateal eq	errin
CLIMARA	est estrogens-methyltest
CLIMARA PRO	est estrogens-methyltest hs
COMBIPATCH	estarylla
COVARYX	ESTRACE ORAL
COVARYX HS	estradiol oral
cryselle-28	estradiol transdermal
cyred eq	estradiol valerate intramuscular
dasetta 1/35 (28)	estradiol-norethindrone acet
dasetta 7/7/7	ESTROGEL
daysee	ethynodiol diac-eth estradiol
deblitane	etonogestrel-ethinyl estradiol
DELESTROGEN	EVAMIST
delyla	falmina
DEPO-ESTRADIOL	feirza 1.5/30
DEPO-PROVERA	feirza 1/20
DEPO-SUBQ PROVERA 104	FEMLYV
desogestrel-ethinyl estradiol	finzala
DIVIGEL	fyavolv
dolishale	gemmily

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug Name	Drug Name
hailey 1.5/30	levonest
hailey 24 fe	levonorgest-eth est & eth est
hailey fe 1.5/30	levonorgest-eth estrad 91-day
hailey fe 1/20	levonorgest-eth estradiol-iron
haloette	levonorgestrel
heather	levonorgestrel-ethinyl estrad
her style	levonorg-eth estrad triphasic
iclevia	levora 0.15/30 (28)
incassia	LILETTA (52 MG)
introvale	LO LOESTRIN FE
isibloom	LOESTRIN 1.5/30 (21)
jaimiess	LOESTRIN 1/20 (21)
jasmiel	LOESTRIN FE 1.5/30
jencycla	LOESTRIN FE 1/20
jinteli	lojaimiess
jolessa	loryna
joyeaux	low-ogestrel
juleber	lo-zumandimine
junel 1.5/30	lutura
junel 1/20	lyleq
junel fe	lyllana
kaitlib fe	lyza
kalliga	marlissa
kariva	medroxyprogesterone acetate intramuscular
kelnor 1/35	MENEST
kelnor 1/50	MENOSTAR
kurvelo	merzee
KYLEENA	mibelas 24 fe
larin 1.5/30	microgestin 1.5/30
larin 1/20	microgestin 1/20
larin 24 fe	microgestin fe 1.5/30
larin fe 1.5/30	microgestin fe 1/20
larin fe 1/20	mili
layolis fe	mimvey
leena	MINIVELLE
lessina	minzoya

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug Name	Drug Name
MIRENA (52 MG)	pimtrex
mono-linyah	PLAN B ONE-STEP
my choice	portia-28
my way	PREMARIN ORAL
MYFEMBREE	PREMPHASE
NATAZIA	PREMPRO
necon 0.5/35 (28)	react
new day	reclipsen
NEXPLANON	rivelsa
NEXTSTELLIS	SAFYRAL
nikki	setlakin
nora-be	sharobel
norelgestromin-eth estradiol	simliya
norethin ace-eth estrad-fe	simpesse
norethindrone acet-ethinyl est	SKYLA
norethindrone oral	SLYND
norethindrone-eth estradiol	sprintec 28
norethin-eth estradiol-fe	sronyx
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	syeda
norgestimate-ethinyl estradiol triphasic	take action
norlyroc	tarina 24 fe
nortrel 0.5/35 (28)	tarina fe 1/20 eq
nortrel 1/35 (21)	taysofy
nortrel 1/35 (28)	TAYTULLA
nortrel 7/7/7	tilia fe
NUVARING	tri-estarylla
nylia 1/35	tri-legest fe
nylia 7/7/7	tri-linyah
ocella	tri-lo-estarylla
opcicon one-step	tri-lo-marzia
OPILL	tri-lo-mili
option 2	tri-lo-sprintec
ORIAHNN	tri-mili
PARAGARD INTRAUTERINE COPPER	tri-sprintec
philith	trivora (28)
	tri-vylibra

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram). Refer to benefit plan documents to make sure listed medication is included in your benefit. Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug Name	Drug Name
tri-vylibra lo	mycophenolate mofetil oral
turqoz	mycophenolate sodium
TWIRLA	mycophenolic acid
TYBLUME	MYFORTIC
valtya 1/50	MYHIBBIN
velivet	NEORAL
vestura	PROGRAF ORAL
vienva	SANDIMMUNE ORAL
viorele	sirolimus oral
VIVELLE-DOT	tacrolimus oral
volnea	ZORTRESS
vyfemla	Metabolic Bone Disease Agents - Drugs for Osteoporosis
vylibra	ACTONEL
wera	alendronate sodium oral solution
wymzya fe	alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg
xarah fe	ATELVIA
xulane	BINOSTO
YASMIN 28	calcitonin (salmon) nasal
YAZ	EVENITY
zafemy	FORTEO
zovia 1/35 (28)	FOSAMAX
zumandimine	FOSAMAX PLUS D
Immunological Agents - Drugs for Immune System Stimulation or Suppression	ibandronate sodium oral
ASTAGRAF XL	PROLIA
AZASAN	risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg
azathioprine oral	risedronate sodium oral tablet delayed release
CELLCEPT	teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml
cyclosporine modified	TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML
cyclosporine oral	TYMLOS
ENVARUSUS XR	Miscellaneous Therapeutic Agents
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3 SERIES BP MONITOR/WRIST
engraf	
IMURAN	
LUPKYNIS	

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram). Refer to benefit plan documents to make sure listed medication is included in your benefit. Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug Name	Drug Name
ADVANCED BP MONITOR	CARETOUCH BP ARM MONITOR
ADVANCED ONE STEP BP MONITOR	CARETOUCH BP WRIST MONITOR
ADVOCATE ARM BPM	CARETOUCH SLIM BP WRIST MONITO
ADVOCATE INSULIN PEN NEEDLE	CARETOUCH VERSA BP ARM MONITOR
AEROGEAR ACTION ASTHMA KIT	CLEVER CHOICE BP MONITOR/ARM
AIRZONE PEAK FLOW METER	CLEVER CHOICE BP MONITOR/WRIST
AQINJECT PEN NEEDLE	CLEVER CHOICE PEAK FLOW METER
ASSESS PEAK FLOW METER	COMFORT EZ PRO PEN NEEDLES
ASSURE ID DUO PRO PEN NEEDLES	DROPLET MICRON
ASSURE ID PRO PEN NEEDLES	EMBECTA AUTOSHIELD DUO
AUM INSULIN SAFETY PEN NEEDLE	EMBECTA PEN NEEDLE NANO
AUM MINI INSULIN PEN NEEDLE	EMBECTA PEN NEEDLE U/F
AUM PEN NEEDLE	EMBRACE PEN NEEDLES
AUM READYGARD DUO PEN NEEDLE	ESSENTIAL BP MONITOR/ARM/SMALL
AUM SAFETY PEN NEEDLE	FORA P20 BP MONITOR SYSTEM
BD ULTRA-FINE PEN NEEDLES	FORA TEST N' GO BP
BLOOD PRESSURE	FT BLOOD PRESSURE SERIES 200
BLOOD PRESSURE CUFF MONITOR	FT BLOOD PRESSURE SERIES 600
BLOOD PRESSURE KIT	FT BLOOD PRESSURE SERIES 600W
BLOOD PRESSURE MON/AUTO/WRIST	FT BP MONITOR-STETHOSCOPE
BLOOD PRESSURE MON/WRIST	HEALTH SENSE BP MONITOR
BLOOD PRESSURE MONITOR	HEALTHSMART BP MONITOR/WRIST
BLOOD PRESSURE MONITOR 3	H-E-B INCONTROL BP MONITOR
BLOOD PRESSURE MONITOR AUTOMAT	H-E-B INCONTROL DELUXE AUTO BP
BLOOD PRESSURE MONITOR DELUXE	H-E-B INCONTROL PREMIUM BP
BLOOD PRESSURE MONITOR DEVICE	INCONTROL ULTICARE PEN NEEDLES
BLOOD PRESSURE MONITOR KIT	INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM
BLOOD PRESSURE MONITOR/ARM	KROGER BLOOD PRESSURE MONITOR
BLOOD PRESSURE MONITOR/PRM ARM	LUNG PERFORM PEAK FLOW METER
BLOOD PRESSURE MONITOR/WRIST	MANUAL BLOOD PRESSURE
BLOOD PRESSURE SERIES 200W	
BLOOD PRESSURE SERIES 600W	
BLOOD PRESSURE SERIES 800	
BLOOD PRESSURE UNIT	
BP MONITOR WRIST	
BREATHE EASE PEAK FLOW METER	

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug Name	Drug Name
MICROLIFE BLUETOOTH BP MONITOR	QUICK TOUCH INSULIN PEN NEEDLE
MICROLIFE BP MONITOR	RAYA SURE PEN NEEDLE
MICROLIFE BPM1 BP MONITOR	RELION BLOOD PRESSURE MONITOR
MICROLIFE BPM2 BP MONITOR	RELION PREMIUM MONITOR
MICROLIFE BPM3 DELUXE MONITOR	SAFETY PEN NEEDLES
MICROLIFE BPM6 PREMIUM MONITOR	SERIES 100 BLOOD PRESSURE
MICROLIFE DELUXE BP MONITOR	SERIES 400 BLOOD PRESSURE
MICROLIFE DIGITAL PEAK FLOW	SERIES 400W BLOOD PRESSURE
MICROLIFE WRIST BP MONITOR	SERIES 600 BLOOD PRESSURE
MINI WRIGHT PEAK FLOW METER	SERIES 600W BLOOD PRESSURE
OMRON 10 SERIES BP MONITOR	SERIES 800 BLOOD PRESSURE
OMRON 3 SERIES BP MONITOR	SPHYGMOMANOMETER
OMRON 5 SERIES BP MONITOR	STRIVE DUAL ZONE PEAK FLOW MTR
OMRON 7 SERIES BP MONITOR	SURELIFE BP MONITOR/ARM
OMRON WRIST BP MONITOR	SURELIFE BP MONITOR/WRIST
PEAK A-I-R FLOW METER	TALKING SENSE BP MONITOR
PEAK AIR PEAK FLOW METER	TECHLITE PLUS PEN NEEDLES
PEAK FLOW METER UNIVERSAL RANG	TGT BLOOD PRESSURE MONITOR
PEN NEEDLE/5-BEVEL TIP	TRUE COMFORT SAFETY PEN NEEDLE
PEN NEEDLES	TRUE HEALTH SENSE BP MONITOR
PENTIPS GENERIC PEN NEEDLES	TRUZONE PEAK FLOW METER
PERSONAL BEST FULL RANGE	ULTIGUARD SAFEPACK NEEDLE
PIKO 1	UNIFINE PROTECT PEN NEEDLE
PIP PEN NEEDLES 31G X 5MM	UNIFINE ULTRA PEN NEEDLE
PIP PEN NEEDLES 32G X 4MM	VERIFINE INSULIN PEN NEEDLE
POCKET PEAK FLOW METER	VERIFINE PLUS PEN NEEDLE
POCKETPEAK PEAK FLOW METER	WRIST CUFF BP MONITOR
PREMIER TALKING BLOOD PRES MON KIT	Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions
PRO HEALTH MINI TALKING MONITR	ACCOLATE
PRO HEALTH TRACK BP MONITOR	ADVAIR DISKUS
PROCARE UPPER ARM BP MONITOR	ADVAIR HFA
PROCARE WRIST BP MONITOR	AIRDUO RESPICLICK 113/14
PROCHECK BLOOD PRESS MONITOR	AIRDUO RESPICLICK 232/14
PURE COMFORT FLOW METER ADULT	AIRDUO RESPICLICK 55/14
PURE COMFORT FLOW METER CHILD	AIRSUPRA
PURE COMFORT SAFETY PEN NEEDLE	

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).
Refer to benefit plan documents to make sure listed medication is included in your benefit.
Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug Name
albuterol sulfate hfa
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION
albuterol sulfate oral
ALVESCO
ANORO ELLIPTA
arformoterol tartrate
ARNUITY ELLIPTA
ASMANEX (120 METERED DOSES)
ASMANEX (14 METERED DOSES)
ASMANEX (30 METERED DOSES)
ASMANEX (60 METERED DOSES)
ASMANEX HFA
ATROVENT HFA
BEVESPI AEROSPHERE
BREO ELLIPTA
brey-na
BREZTRI AEROSPHERE
BROVANA
budesonide inhalation
budesonide-formoterol fumarate
COMBIVENT RESPIMAT
cromolyn sodium inhalation
DALIRESP
DUAKLIR PRESSAIR
DULERA
elixophyllin
FLUTICASONE FUROATE-VILANTEROL
FLUTICASONE PROPIONATE DISKUS
FLUTICASONE PROPIONATE HFA
FLUTICASONE-SALMETEROL INHALATION AEROSOL

Drug Name
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT
formoterol fumarate inhalation
INCRUSE ELLIPTA
ipratropium bromide inhalation
ipratropium-albuterol
levalbuterol hcl inhalation
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT
montelukast sodium oral
PERFOROMIST
PROAIR RESPICLICK
PULMICORT FLEXHALER
PULMICORT SUSPENSION
QVAR REDHALER
roflumilast
SEREVENT DISKUS
SINGULAIR
SPIRIVA HANDIHALER
SPIRIVA RESPIMAT
STIOLTO RESPIMAT
STRIVERDI RESPIMAT
SYMBICORT
terbutaline sulfate oral
THEO-24
theophylline er
theophylline oral
tiotropium bromide monohydrate
TRELEGY ELLIPTA
TUDORZA PRESSAIR
VENTOLIN HFA
wixela inhub

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram).

Refer to benefit plan documents to make sure listed medication is included in your benefit.

Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Drug Name
XOPENEX HFA
YUPELRI
zafirlukast
zileuton er
ZYFLO

Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications in lowercase (for example, citalopram). Refer to benefit plan documents to make sure listed medication is included in your benefit. Oral and self-injectable specialty medications may have limitations based on your plan benefit.

Index of Drugs

3 SERIES BP	AIRDUO RESPICLICK	APTIVUS.....	5
MONITOR/WRIST.....	232/14.....	AQ INSULIN SYRINGE.....	11
21	AIRDUO RESPICLICK	AQINJECT PEN NEEDLE..	22
abacavir sulfate.....	55/14.....	aranelle.....	17
5	AIRSUPRA.....	arformoterol tartrate.....	24
abacavir sulfate-lamivudine..	4	ARIMIDEX.....	4
5	AIRZONE PEAK FLOW	aripiprazole.....	4
ABILIFY.....	METER.....	ARISTADA.....	4
4	albuterol sulfate.....	ARISTADA INITIO.....	4
ABILIFY ASIMTUFII.....	24	ARIXTRA.....	3
4	ALBUTEROL SULFATE.....	ARNUITY ELLIPTA.....	24
ABILIFY MAINTENA.....	24	AROMASIN.....	4
4	albuterol sulfate hfa.....	asenapine maleate.....	4
ABILIFY MYCITE	ALDACTONE.....	ashlyna.....	17
MAINTENANCE KIT.....	6	ASMANEX (120	
4	alendronate sodium.....	METERED DOSES).....	24
ABILIFY MYCITE	21	ASMANEX (14 METERED	
STARTER KIT.....	6	DOSES).....	24
4	aliskiren fumarate.....	ASMANEX (30 METERED	
acarbose.....	6	DOSES).....	24
10	ALIVE DAILY SUP	ASMANEX (60 METERED	
ACCOLATE.....	PRENATAL GUMMI.....	DOSES).....	24
23	13	ASMANEX HFA.....	24
ACCUPRIL.....	ALIVE PRENATAL.....	aspirin-dipyridamole er.....	4
6	13	ASPRUZYO SPRINKLE.....	6
ACCURETIC.....	ALOGLIPTIN BENZOATE..	ASSESS PEAK FLOW	
6	ALOGLIPTIN-	METER.....	22
acebutolol hcl.....	METFORMIN HCL.....	ASSURE ID DUO PRO	
6	10	PEN NEEDLES.....	22
acid control maximum	ALOGLIPTIN-	ASSURE ID PRO PEN	
strength.....	PIOGLITAZONE.....	NEEDLES.....	22
16	10	ASTAGRAF XL.....	21
acid controller.....	ALORA.....	ATABEX.....	13
16	17	ATABEX EC.....	13
acid controller complete.....	ALTACE.....	ATABEX OB.....	13
16	6	ATACAND.....	6
acid controller max st.....	altavera.....	ATACAND HCT.....	6
16	17	atazanavir sulfate.....	5
acid reducer.....	ALTOPREV.....	ATELVIA.....	21
16	6	atenolol.....	7
acid reducer complete.....	ALVESCO.....	ATENOLOL+SYRSPEND	
16	24	SF.....	7
acid reducer max st.....	alyacen 1/35.....	atenolol-chlorthalidone.....	7
16	17	ATORVALIQ.....	7
acid reducer maximum	alyacen 7/7/7.....	atorvastatin calcium.....	7
strength.....	amethyst.....	ATROVENT HFA.....	24
16	17	aubra eq.....	17
acid reducer plus antacid....	amiloride.....	AUM INSULIN SAFETY	
16	6	PEN NEEDLE.....	22
ACIPHEX.....	amiloride-	AUM MINI INSULIN PEN	
16	hydrochlorothiazide.....	NEEDLE.....	22
ACTIVELLA.....	6	AUM PEN NEEDLE.....	22
17	AMLODIPINE		
ACTONEL.....	BES+SYRSPEND SF.....		
21	6		
ACTOPLUS MET.....	amlodipine besylate.....		
10	6		
ACTOS.....	amlodipine besylate-		
10	benazepril hcl.....		
ADASUVE.....	6		
4	amlodipine besylate-		
ADMELOG.....	valsartan.....		
11	6		
ADMELOG SOLOSTAR.....	amlodipine-atorvastatin.....		
11	6		
ADVAIR DISKUS.....	amlodipine-olmesartan.....		
23	6		
ADVAIR HFA.....	amlodipine-valsartan-hctz....		
23	6		
ADVANCED BP	amoxicill-clarithro-		
MONITOR.....	lansopraz.....		
22	17		
ADVANCED ONE STEP	anastrozole.....		
BP MONITOR.....	4		
22	ANGELIQ.....		
ADVOCATE ARM BPM.....	17		
22	ANNOVERA.....		
ADVOCATE INSULIN PEN	17		
NEEDLE.....	ANORO ELLIPTA.....		
22	24		
AEROGEAR ACTION	APIDRA SOLOSTAR.....		
ASTHMA KIT.....	11		
22	APIDRA VIAL.....		
afirmelle.....	11		
17	APLENZIN.....		
AFREZZA.....	3		
11	APRETUDE.....		
aftera.....	5		
17	apri.....		
AFTERPILL.....	17		
17			
AIRDUO RESPICLICK			
113/14.....			
23			

AUM READYGARD DUO	BLOOD PRESSURE	BYSTOLIC.....	7
PEN NEEDLE.....	CUFF MONITOR.....	CABENUVA.....	5
22	22	CADEAU DHA.....	13
AUM SAFETY PEN	BLOOD PRESSURE KIT....	CADUET.....	7
NEEDLE.....	22	calcitonin (salmon).....	21
22	BLOOD PRESSURE	camila.....	18
aurovela 1.5/30.....	MON/AUTO/WRIST.....	camrese.....	18
17	22	camrese lo.....	18
aurovela 1/20.....	BLOOD PRESSURE	candesartan cilexetil.....	7
17	MON/WRIST.....	candesartan cilexetil-hctz....	7
aurovela 24 fe.....	22	CAPLYTA.....	4
17	BLOOD PRESSURE	captopril.....	7
aurovela fe 1.5/30.....	MONITOR.....	captopril-	
17	22	hydrochlorothiazide.....	7
aurovela fe 1/20.....	BLOOD PRESSURE	CARAFATE.....	16
18	MONITOR 3.....	CARDIZEM.....	7
7	22	CARDIZEM CD.....	7
AVALIDE.....	BLOOD PRESSURE	CARDIZEM LA.....	7
7	MONITOR AUTOMAT.....	CARDURA.....	7
7	22	CARETOUCH BP ARM	
AVAPRO.....	BLOOD PRESSURE	MONITOR.....	22
7	MONITOR DELUXE.....	CARETOUCH BP WRIST	
aviane.....	22	MONITOR.....	22
18	BLOOD PRESSURE	CARETOUCH SLIM BP	
ayuna.....	MONITOR/ARM.....	WRIST MONITO.....	22
18	22	CARETOUCH VERSA BP	
AZASAN.....	BLOOD PRESSURE	ARM MONITOR.....	22
21	MONITOR PRM ARM.....	CAROSPIR.....	7
azathioprine.....	22	cartia xt.....	7
21	BLOOD PRESSURE	carvedilol.....	7
AZESCO.....	MONITOR/WRIST.....	carvedilol phosphate er.....	7
13	22	CATAPRES-TTS-1.....	7
AZOR.....	BLOOD PRESSURE	CATAPRES-TTS-2.....	7
7	SERIES 200W.....	CATAPRES-TTS-3.....	7
azurette.....	22	CELEXA.....	3
18	BLOOD PRESSURE	CELLCEPT.....	21
BALCOLTRA.....	MONITOR/PRM ARM.....	CENTRUM SPECIALIST	
18	22	PRENATAL.....	13
balziva.....	BLOOD PRESSURE	charlotte 24 fe.....	18
18	MONITOR/WRIST.....	chateal eq.....	18
BASAGLAR KWIKPEN.....	22	chlorpromazine hcl.....	4
11	BLOOD PRESSURE	chlorthalidone.....	7
BASAGLAR TEMPO PEN..	SERIES 600W.....	cholestyramine.....	7
11	22	cholestyramine light.....	7
BD ULTRA-FINE INSULIN	BLOOD PRESSURE	cilostazol.....	4
SYRINGES.....	SERIES 800.....	CIMDUO.....	5
11	22	cimetidine.....	16
BD ULTRA-FINE PEN	BLOOD PRESSURE UNIT..	cimetidine 200.....	16
NEEDLES.....	22	cimetidine acid reducer.....	16
22	BP MONITOR WRIST.....	cimetidine hcl.....	16
benazepril hcl.....	22	CITALOPRAM	
7	BREATHE EASE PEAK	HYDROBROMIDE.....	3
benazepril-	FLOW METER.....	citalopram hydrobromide.....	3
hydrochlorothiazide.....	22		
7	BRENZAVVY.....		
BENICAR.....	10		
7	BREO ELLIPTA.....		
BENICAR HCT.....	24		
7	breyana.....		
BETAPACE.....	24		
7	BREZTRI AEROSPHERE..		
BETAPACE AF.....	24		
7	briellyn.....		
betaxolol hcl.....	18		
7	BRILINTA.....		
BEVESPI AEROSPHERE..	4		
24	BROVANA.....		
BEXAGLIFLOZIN.....	24		
10	budesonide.....		
BEYAZ.....	24		
18	budesonide-formoterol		
BIDIL.....	fumarate.....		
7	24		
BIJUVA.....	bumetanide.....		
18	7		
BIKTARVY.....	BUMEX.....		
5	7		
BINOSTO.....	bupropion hcl.....		
21	3		
bis subcit-metronid-	bupropion hcl er (smoking		
tetracyc.....	det).....		
17	3		
bismuth/metronidaz/tetracy	bupropion hcl er (sr).....		
clin.....	3		
17	bupropion hcl er (xl).....		
bisoprolol fumarate.....	3		
7	BUPROPION HCL ER (XL)..		
bisoprolol-	3		
hydrochlorothiazide.....	BYDUREON BCISE		
7	AUTOINJECTOR.....		
blisovi 24 fe.....	10		
18	BYETTA 10 MCG PEN.....		
blisovi fe 1.5/30.....	10		
18	BYETTA 5 MCG PEN.....		
blisovi fe 1/20.....	10		
18			
BLOOD PRESSURE.....			
22			

CITRANATAL 90 DHA.....	13	CONTOUR PLUS TEST	diltiazem hcl er coated
CITRANATAL ASSURE.....	13	STRIP.....	11 beads.....
CITRANATAL B-CALM.....	13	CONTOUR TEST STRIPS..	11 dilt-xr.....
CITRANATAL HARMONY..	13	COREG.....	7 DIOVAN.....
CITRANATAL MEDLEY.....	13	COREG CR.....	7 DIOVAN HCT.....
classic prenatal.....	13	COVARYX.....	18 dipyridamole.....
CLENPIQ.....	17	COVARYX HS.....	18 DIURIL.....
CLEVER CHOICE BP		COZAAR.....	7 DIVIGEL.....
MONITOR/ARM.....	22	CRESTOR.....	7 dolishale.....
CLEVER CHOICE BP		cromolyn sodium.....	24 doti.....
MONITOR/WRIST.....	22	cryselle-28.....	18 DOVATO.....
CLEVER CHOICE PEAK		CYCLOSET.....	10 doxazosin mesylate.....
FLOW METER.....	22	cyclosporine.....	21 DRIZALMA SPRINKLE.....
CLIMARA.....	18	cyclosporine modified.....	21 DROPLET MICRON.....
CLIMARA PRO.....	18	CYMBALTA.....	3 DROPSAFE SAFETY
clonidine.....	7	cyred eq.....	18 SYRINGE/NEEDLE.....
CLONIDINE ER.....	7	CYTOTEC.....	16 drosipren-eth estrad-
clonidine hcl.....	7	dabigatran etexilate	levomefol.....
clopidogrel bisulfate.....	4	mesylate.....	3 drosiprenone-ethinyl
clozapine.....	4	DALIRESP.....	24 estradiol.....
CLOZARIL.....	5	DAPAGLIFLOZIN PRO-	24 DUAKLIR PRESSAIR.....
C-NATE DHA.....	13	METFORMIN ER.....	10 dual action complete.....
colesevelam hcl.....	7	DAPAGLIFLOZIN	18 DUAVEE.....
COLESTID.....	7	PROPANEDIOL.....	10 DUETACT.....
colestipol hcl.....	7	darunavir.....	5 DULERA.....
COMBIPATCH.....	18	dasetta 1/35 (28).....	18 duloxetine hcl.....
COMBIVENT RESPIMAT ...	24	dasetta 7/7/7.....	18 DUO FUSION.....
COMFORT EZ PRO PEN		DAVIMET-FLUORIDE.....	13 DYRENIUM.....
NEEDLES.....	22	daysee.....	18 econtra one-step.....
COMPLERA.....	5	deblitane.....	18 EC-RX ESTRADIOL.....
COMPLETE NATAL DHA...	13	DELESTROGEN.....	18 EDARBI.....
COMPLETENATE.....	13	DELSTRIGO.....	5 EDARBYCLOR.....
COMPRO.....	4	delyla.....	18 EDECRIN.....
CO-NATAL FA.....	13	DEMSEER.....	7 EDURANT.....
CONCEPT DHA.....	13	DEPO-ESTRADIOL.....	18 EEMT.....
CONCEPT OB.....	13	DEPO-PROVERA.....	18 EEMT HS.....
CONJUPRI.....	7	DEPO-SUBQ PROVERA	5 efavirenz.....
CONTOUR MONITOR.....	11	104.....	18 efavirenz-emtricitab-tenofo
CONTOUR NEXT EZ KIT		DERMACINRX	5 df.....
W/DEVICE.....	11	PRETRATE.....	13 efavirenz-lamivudine-
CONTOUR NEXT GEN		DESCOVY.....	5 tenofovir.....
MONITOR.....	11	desogestrel-ethinyl	3 EFFEXOR XR.....
CONTOUR NEXT GEN		estradiol.....	18 EFFIENT.....
TEST STRIPS.....	11	DESVENLAFAXINE ER.....	3 ELESTRIN.....
CONTOUR NEXT LINK		desvenlafaxine succinate	18 elinest.....
KIT W/DEVICE.....	11	er.....	3 ELIQUIS.....
CONTOUR NEXT		DEXILANT.....	16 ELIQUIS DVT/PE
MONITOR KIT W/DEVICE..	11	dexlansoprazole.....	16 STARTER PACK.....
CONTOUR NEXT ONE		DIBENZYLINE.....	7 ELITE-OB.....
KIT.....	11	digoxin.....	7 elixophyllin.....
CONTOUR PLUS BLUE		diltiazem hcl.....	7 ELLA.....
KIT W/DEVICE.....	11	diltiazem hcl er.....	7 eluryng.....
		diltiazem hcl er beads.....	7

EMBECTA AUTOSHIELD DUO.....	22	etonogestrel-ethinyl estradiol.....	18	FLUTICASONE PROPIONATE HFA.....	24
EMBECTA INSULIN SYRINGE U/F.....	12	etravirine.....	5	FLUTICASONE- SALMETEROL.....	24
EMBECTA INSULIN SYRINGE U-100.....	12	EVAMIST.....	18	fluticasone-salmeterol.....	24
EMBECTA PEN NEEDLE NANO.....	22	EVENITY.....	21	fluvastatin sodium.....	8
EMBECTA PEN NEEDLE U/F.....	22	everolimus.....	21	fluvastatin sodium er.....	8
EMBRACE PEN NEEDLES.....	22	EVISTA.....	17	fluvoxamine maleate.....	4
emtricitabine.....	5	EVOTAZ.....	5	fluvoxamine maleate er.....	4
emtricitabine-tenofovir df.....	5	exemestane.....	4	FOLIVANE-OB.....	13
EMTRIVA.....	5	EXFORGE.....	8	fondaparinux sodium.....	3
emzahn.....	18	EXFORGE HCT.....	8	FORA P20 BP MONITOR SYSTEM.....	22
enalapril maleate.....	7	EZALLOR SPRINKLE.....	8	FORA TEST N' GO BP.....	22
enalapril- hydrochlorothiazide.....	7	ezetimibe.....	8	FORFIVO XL.....	4
ENBRACE HR.....	13	ezetimibe-simvastatin.....	8	formoterol fumarate.....	24
endur-acin.....	13	falmina.....	18	FORTEO.....	21
endur-amide.....	13	famotidine.....	16	FOSAMAX.....	21
ENFAMIL EXPECTA.....	13	famotidine acid reducer.....	16	FOSAMAX PLUS D.....	21
enilloring.....	18	famotidine max st.....	16	fosamprenavir calcium.....	5
enoxaparin sodium.....	3	famotidine maximum strength.....	16	fosinopril sodium.....	8
ENOXILUV KIT.....	3	famotidine orig st.....	16	fosinopril sodium-hctz.....	8
enpresse-28.....	18	FANAPT.....	5	FRAGMIN.....	3
enskyce.....	18	FANAPT TITRATION PACK.....	5	ft acid reducer.....	16
ENVARUSUS XR.....	21	FARESTON.....	4	ft acid reducer + antacid.....	16
EPANED.....	7	FARXIGA.....	10	ft acid reducer max strength.....	16
EPIVIR.....	5	feirza 1.5/30.....	18	FT BLOOD PRESSURE SERIES 200.....	22
eplerenone.....	7	feirza 1/20.....	18	FT BLOOD PRESSURE SERIES 600.....	22
EQUETRO.....	6	felodipine er.....	8	FT BLOOD PRESSURE SERIES 600W.....	22
errin.....	18	FEMARA.....	4	FT BP MONITOR- STETHOSCOPE.....	22
ERZOFRI.....	5	FEMLYV.....	18	ft nicotine.....	3
escitalopram oxalate.....	4	fenofibrate.....	8	ft nicotine mini.....	3
esomeprazole.....	16	fenofibrate micronized.....	8	ft omeprazole.....	16
esomeprazole magnesium..	16	fenofibric acid.....	8	ft prenatal.....	13
ESSENTIAL BP MONITOR/ARM/SMALL.....	22	FETZIMA.....	4	FUROSCIX.....	8
est estrogens-methyltest.....	18	FETZIMA TITRATION.....	4	furosemide.....	8
est estrogens-methyltest hs.....	18	FIASP.....	12	FUZEON.....	5
estarylla.....	18	FIASP FLEXTOUCH.....	12	fyavolv.....	18
ESTRACE.....	18	FIASP PENFILL.....	12	gavilyte-c.....	17
estradiol.....	18	FIASP PUMPCART.....	12	gavilyte-g.....	17
estradiol valerate.....	18	finzala.....	18	gavilyte-n with flavor pack...17	
estradiol-norethindrone acet.....	18	FIRST-LANSOPRAZOLE...16		gemfibrozil.....	8
ESTROGEL.....	18	FIRST-OMEPRAZOLE.....16		gemmily.....	18
ethacrynic acid.....	7	FIRST-PANTOPRAZOLE...16		gengraf.....	21
ethynodiol diac-eth estradiol.....	18	FLOLIPID.....	8	GENVOYA.....	6
		FLORAFOL PEDIATRIC.....13		GEODON.....	5
		FLORIVA PLUS.....	13	glimepiride.....	10
		fluoxetine hcl.....	4	glipizide er.....	10
		fluphenazine hcl.....	5		
		FLUTICASONE FUROATE-VILANTEROL...24			
		FLUTICASONE PROPIONATE DISKUS.....24			

glipizide ir.....	10	HUMULIN N VIAL.....	12	INVEGA HAFYERA.....	5
glipizide-metformin hcl.....	10	HUMULIN R U-500		INVEGA SUSTENNA.....	5
GLUCOTROL XL.....	10	KWIKPEN.....	12	INVEGA TRINZA.....	5
glyburide.....	10	HUMULIN R U-500 VIAL		INVOKAMET.....	10
glyburide micronized.....	10	(CONCENTRATED).....	12	INVOKAMET XR.....	10
glyburide-metformin.....	10	HUMULIN R VIAL.....	12	INVOKANA.....	10
GLYXAMBI.....	10	hydralazine hcl.....	8	ipratropium bromide.....	24
GOLYTELY.....	17	hydrochlorothiazide.....	8	ipratropium-albuterol.....	24
GOOD START		HYZAAR.....	8	irbesartan.....	8
PRENATAL NOURISH.....	13	ibandronate sodium.....	21	irbesartan-	
guanfacine hcl.....	8	iclevia.....	19	hydrochlorothiazide.....	8
habitrol.....	3	icosapent ethyl.....	8	ISENTRESS.....	6
hailey 1.5/30.....	19	IMURAN.....	21	ISENTRESS HD.....	6
hailey 24 fe.....	19	INATAL GT.....	13	isibloom.....	19
hailey fe 1.5/30.....	19	incassia.....	19	ISORDIL TITRADOSE.....	8
hailey fe 1/20.....	19	INCONTROL ULTICARE		isosorb dinitrate-	
haloette.....	19	PEN NEEDLES.....	22	hydralazine.....	8
haloperidol.....	5	INCRUSE ELLIPTA.....	24	isosorbide dinitrate.....	8
haloperidol lactate.....	5	indapamide.....	8	isosorbide mononitrate.....	8
HEALTH SENSE BP		INDERAL LA.....	8	isosorbide mononitrate er.....	8
MONITOR.....	22	INDERAL XL.....	8	isradipine.....	8
HEALTHSMART BP		INNOPRAN XL.....	8	jaimiess.....	19
MONITOR/WRIST.....	22	INSPRA.....	8	jantoven.....	3
heartburn prevention.....	16	INSULIN ASP PROT &		JANUMET.....	10
heartburn relief.....	16	ASP FLEXPEN.....	12	JANUMET XR.....	10
heartburn relief max st.....	16	INSULIN ASPART.....	12	JANUVIA.....	10
heather.....	19	INSULIN ASPART		JARDIANCE.....	10
H-E-B INCONTROL BP		FLEXPEN.....	12	jasmiel.....	19
MONITOR.....	22	INSULIN ASPART		jencycla.....	19
H-E-B INCONTROL		PENFILL.....	12	JENLIVA	
DELUXE AUTO BP.....	22	INSULIN ASPART PROT		PRENATAL/POSTNATAL..	13
H-E-B INCONTROL		& ASPART.....	12	JENTADUETO.....	10
PREMIUM BP.....	22	INSULIN DEGLUDEC.....	12	JENTADUETO XR.....	10
HELIDAC THERAPY.....	17	INSULIN DEGLUDEC		jinteli.....	19
HEMANGEOL.....	8	FLEXTOUCH.....	12	jolessa.....	19
heparin sodium (porcine).....	3	INSULIN GLARGINE MAX		joyeaux.....	19
heparin sodium (porcine)		SOLOSTAR.....	12	juleber.....	19
pf.....	3	INSULIN GLARGINE		JULUCA.....	6
her style.....	19	SOLOSTAR.....	12	junel 1.5/30.....	19
HUMALOG.....	12	INSULIN GLARGINE-		junel 1/20.....	19
HUMALOG JUNIOR		YFGN.....	12	junel fe.....	19
KWIKPEN.....	12	INSULIN LISPRO.....	12	JUXTAPID.....	8
HUMALOG KWIKPEN.....	12	INSULIN LISPRO (1 UNIT		kaitlib fe.....	19
HUMALOG MIX 50/50		DIAL).....	12	KALETRA.....	6
KWIKPEN.....	12	INSULIN LISPRO JUNIOR		kalliga.....	19
HUMALOG MIX 75/25.....	12	KWIKPEN.....	12	KAPSPARGO SPRINKLE...	8
HUMALOG MIX 75/25		INSULIN LISPRO PROT &		kariva.....	19
KWIKPEN.....	12	LISPRO.....	12	KATERZIA.....	8
HUMALOG TEMPO PEN...	12	INSULIN PEN NEEDLES...	22	kelnor 1/35.....	19
HUMULIN 70/30		INSULIN SYRINGES.....	12	kelnor 1/50.....	19
KWIKPEN.....	12	INTELENCE.....	6	KONVOMEPEP.....	16
HUMULIN 70/30 VIAL.....	12	introvale.....	19	kosher prenatal plus iron...	13
HUMULIN N KWIKPEN.....	12	INVEGA.....	5	kpn prenatal.....	13

KROGER BLOOD PRESSURE MONITOR.....	22	LOESTRIN 1/20 (21).....	19	MICARDIS.....	8
kurvelo.....	19	LOESTRIN FE 1.5/30.....	19	MICARDIS HCT.....	8
KYLEENA.....	19	LOESTRIN FE 1/20.....	19	microgestin 1.5/30.....	19
labetalol hcl.....	8	lojaimiess.....	19	microgestin 1/20.....	19
lamivudine.....	6	LOPID.....	8	microgestin fe 1.5/30.....	19
lamivudine-zidovudine.....	6	lopinavir-ritonavir.....	6	microgestin fe 1/20.....	19
LANCETS.....	11	LOPRESSOR.....	8	MICROLIFE BLUETOOTH BP MONITOR.....	23
LANOXIN.....	8	loryna.....	19	MICROLIFE BP MONITOR.....	23
lansoprazole.....	16	losartan potassium.....	8	MICROLIFE BPM1 BP MONITOR.....	23
LANTUS SOLOSTAR.....	12	losartan potassium-hctz.....	8	MICROLIFE BPM2 BP MONITOR.....	23
LANTUS U-100 VIAL.....	12	LOTENSIN.....	8	MICROLIFE BPM3 DELUXE MONITOR.....	23
larin 1.5/30.....	19	LOTENSIN HCT.....	8	MICROLIFE BPM6 PREMIUM MONITOR.....	23
larin 1/20.....	19	LOTREL.....	8	MICROLIFE DELUXE BP MONITOR.....	23
larin 24 fe.....	19	lovastatin.....	8	MICROLIFE DIGITAL PEAK FLOW.....	23
larin fe 1.5/30.....	19	LOVENOX.....	3	MICROLIFE WRIST BP MONITOR.....	23
larin fe 1/20.....	19	low-ogestrel.....	19	miglitol.....	10
LASIX.....	8	loxapine succinate.....	5	mili.....	19
LATUDA.....	5	lo-zumandimine.....	19	mimvey.....	19
layolis fe.....	19	LUNG PERFORM PEAK FLOW METER.....	22	mini nicotine.....	3
leena.....	19	LUPKYNIS.....	21	MINI WRIGHT PEAK FLOW METER.....	23
LEQVIO.....	8	lurasidone hcl.....	5	MINIVELLE.....	19
LESCOL XL.....	8	lutera.....	19	minoxidil.....	8
lessina.....	19	lyleq.....	19	minzoya.....	19
letrozole.....	4	lyllana.....	19	MIRENA (52 MG).....	20
levabuterol hcl.....	24	LYUMJEV.....	12	mirtazapine.....	4
LEVALBUTEROL HFA.....	24	LYUMJEV KWIKPEN.....	12	misoprostol.....	16
LEVAMLODIPINE MALEATE.....	8	LYUMJEV TEMPO PEN.....	12	mm acid-pep maximum strength.....	16
levonest.....	19	lyza.....	19	M-NATAL PLUS.....	13
levonorgest-eth est & eth est.....	19	MANUAL BLOOD PRESSURE.....	22	moexipril hcl.....	8
levonorgest-eth estrad 91-day.....	19	maraviroc.....	6	molindone hcl.....	5
levonorgest-eth estradiol-iron.....	19	marlissa.....	19	mono-lynyah.....	20
levonorgestrel.....	19	MASONATAL.....	13	montelukast sodium.....	24
levonorgestrel-ethinyl estrad.....	19	MATERNACEL.....	13	MOUNJARO.....	10
levonorg-eth estrad triphasic.....	19	matzim la.....	8	MOVIPREP.....	17
levora 0.15/30 (28).....	19	medroxyprogesterone acetate.....	19	multi prenatal.....	13
LEXAPRO.....	4	MENEST.....	19	multi-vit/iron/fluoride.....	13
LILETTA (52 MG).....	19	MENOSTAR.....	19	multivitamin w/fluoride.....	13
LIPITOR.....	8	merzee.....	19	multivitamin/fluoride.....	13
LIPOFEN.....	8	metformin hcl er.....	10	multi-vitamin/fluoride/iron....	13
liraglutide.....	10	metformin hcl er (mod).....	10	MULTI-VIT-FLOR.....	13
lisinopril.....	8	metformin hcl er (osm).....	10	my choice.....	20
lisinopril-hydrochlorothiazide.....	8	metformin hcl ir.....	10	my way.....	20
LIVALO.....	8	methyldopa.....	8		
LO LOESTRIN FE.....	19	metolazone.....	8		
LOESTRIN 1.5/30 (21).....	19	metoprolol succinate er.....	8		
		metoprolol tartrate.....	8		
		metoprolol-hydrochlorothiazide.....	8		
		metyrosine.....	8		
		mibelas 24 fe.....	19		

mycophenolate mofetil.....	21	nicotine.....	3	NOVOLIN 70/30 VIAL.....	12
mycophenolate sodium.....	21	nicotine gum.....	3	NOVOLIN N FLEXPEN.....	12
mycophenolic acid.....	21	nicotine mini.....	3	NOVOLIN N FLEXPEN	
MYFEMBREE.....	20	nicotine polacrilex.....	3	RELION.....	12
MYFORTIC.....	21	nicotine polacrilex mini.....	3	NOVOLIN N RELION.....	12
MYHIBBIN.....	21	nicotine step 1.....	3	NOVOLIN N VIAL.....	12
na sulfate-k sulfate-mg sulf.	17	nicotine step 2.....	3	NOVOLIN R FLEXPEN.....	12
nadolol.....	8	nicotine step 3.....	3	NOVOLIN R FLEXPEN	
NATAL PNV.....	13	nicotine transdermal		RELION.....	12
NATALVIT.....	13	system.....	3	NOVOLIN R RELION.....	12
NATAZIA.....	20	NICOTROL.....	3	NOVOLIN R VIAL.....	12
nateglinide.....	10	NICOTROL NS.....	3	NOVOLOG 70/30	
nebivolol hcl.....	8	nifedipine.....	9	FLEXPEN RELION.....	12
necon 0.5/35 (28).....	20	nifedipine er.....	9	NOVOLOG FLEXPEN.....	12
NEEVO DHA.....	13	nifedipine er osmotic		NOVOLOG FLEXPEN	
NEONATAL COMPLETE....	13	release.....	9	RELION.....	12
NEONATAL PLUS.....	13	nikki.....	20	NOVOLOG MIX 70/30	
NEONATAL PRENATAL....	13	nimodipine.....	9	FLEXPEN.....	12
NEONATAL VITAMIN.....	13	NIMODIPINE.....	9	NOVOLOG MIX 70/30	
NEORAL.....	21	nisoldipine er.....	9	RELION.....	12
NEO-VITAL RX.....	13	NITRO-BID.....	9	NOVOLOG MIX 70/30	
NESTABS.....	13	NITRO-DUR.....	9	VIAL.....	12
NESTABS DHA.....	13	nitroglycerin.....	9	NOVOLOG PENFILL.....	13
NESTABS ONE.....	13	NITROLINGUAL.....	9	NOVOLOG RELION.....	13
nevirapine.....	6	NITROSTAT.....	9	NOVOLOG U-100 VIAL....	13
nevirapine er.....	6	NITRO-TIME.....	9	NUPLAZID.....	5
new day.....	20	NIVA-PLUS.....	14	NUVARING.....	20
NEXICLON XR.....	8	nizatidine.....	16	nylia 1/35.....	20
NEXIUM.....	16	no flush niacin.....	14	nylia 7/7/7.....	20
NEXIUM 24HR.....	16	nora-be.....	20	NYMALIZE.....	9
NEXIUM 24HR CLEAR		norelgestromin-eth		OB COMPLETE.....	14
MINIS.....	16	estradiol.....	20	OB COMPLETE ONE.....	14
NEXLETOL.....	9	norethin ace-eth estrad-fe...	20	OB COMPLETE PETITE....	14
NEXLIZET.....	9	norethindrone.....	20	OB COMPLETE PREMIER	14
NEXPLANON.....	20	norethindrone acet-ethinyl		OB COMPLETE/DHA.....	14
NEXTSTELLIS.....	20	est.....	20	OBSTETRIX DHA.....	14
niacin.....	14	norethindrone-eth estradiol.	20	OBSTETRIX EC.....	14
niacin (antihyperlipidemic)...	9	norethin-eth estradiol-fe.....	20	OBSTETRIX ONE.....	14
niacin cr.....	13	norgestimate-eth estradiol..	20	OBTREX.....	14
niacin er.....	14	norgestimate-ethinyl		ocella.....	20
niacin er		estradiol triphasic.....	20	ODEFSEY.....	6
(antihyperlipidemic).....	9	NORLIQVA.....	9	olanzapine.....	5
niacinamide.....	14	norlyroc.....	20	olanzapine-fluoxetine hcl.....	4
niacinamide er.....	14	nortrel 0.5/35 (28).....	20	olmesartan medoxomil.....	9
niacor.....	9	nortrel 1/35 (21).....	20	olmesartan medoxomil-	
NIAVASC.....	14	nortrel 1/35 (28).....	20	hctz.....	9
NIAVASC 750.....	14	nortrel 7/7/7.....	20	olmesartan-amlodipine-	
nicardipine hcl.....	9	NORVASC.....	9	hctz.....	9
NICODERM CQ.....	3	NORVIR.....	6	OMECLAMOX-PAK.....	17
NICORETTE.....	3	NOVOLIN 70/30 FLEXPEN	12	omega-3-acid ethyl esters....	9
NICORETTE MINI.....	3	NOVOLIN 70/30 FLEXPEN		omep/sod bicarb.....	16
NICORETTE STARTER		RELION.....	12	omeprazole.....	16
KIT.....	3	NOVOLIN 70/30 RELION...	12	omeprazole magnesium.....	16

OMEPRAZOLE+SYRSPE	PAXIL.....4	pnv-dha+docusate..... 14
ND SF ALKA..... 16	PAXIL CR..... 4	pnv-omega..... 14
omeprazole-sod	PEAK A-I-R FLOW	pnv-select..... 14
bicarbonate..... 16	METER..... 23	POCKET PEAK FLOW
omeprazole-sodium bicarb. 16	PEAK AIR PEAK FLOW	METER..... 23
omeprazole-sodium	METER..... 23	POCKETPEAK PEAK
bicarbonate..... 16	PEAK FLOW METER	FLOW METER..... 23
OMRON 10 SERIES BP	UNIVERSAL RANG..... 23	POLY-VI-FLOR..... 14
MONITOR..... 23	peg 3350-kcl-na bicarb-	POLY-VI-FLOR/IRON..... 14
OMRON 3 SERIES BP	nacl..... 17	portia-28..... 20
MONITOR..... 23	peg-3350/electrolytes..... 17	PRADAXA..... 3
OMRON 5 SERIES BP	peg-	PRALUENT..... 9
MONITOR..... 23	3350/electrolytes/ascorbat.. 17	prasugrel hcl..... 4
OMRON 7 SERIES BP	peg-kcl-nacl-nasulf-na asc-	pravastatin sodium..... 9
MONITOR..... 23	c..... 17	prazosin hcl..... 9
OMRON WRIST BP	PEG-PREP..... 17	PREGEN DHA..... 14
MONITOR..... 23	PEN NEEDLE/5-BEVEL	PREGENNA..... 14
ONE A DAY PRENATAL.... 14	TIP..... 23	PREMARIN..... 20
ONE A DAY PRENATAL	PEN NEEDLES..... 23	PREMESISRX..... 14
ADV BRAIN..... 14	PENTIPS GENERIC PEN	PREMIER TALKING
one daily prenatal..... 14	NEEDLES..... 23	BLOOD PRES MON..... 23
ONE VITE WOMENS..... 14	PEPCID..... 16	PREMPHASE..... 20
ONE VITE WOMENS	PEPCID AC..... 16	PREMPRO..... 20
PLUS..... 14	PEPCID AC MAXIMUM	PRENA 1 TRUE..... 14
ONE-A-DAY WOMENS	STRENGTH..... 16	PRENA1..... 14
PRENATAL 1..... 14	PEPCID COMPLETE..... 16	PRENA1 PEARL..... 14
ONETOUCH ULTRA 2 KIT	PERFOROMIST..... 24	PRENAISSANCE..... 14
W/DEVICE..... 11	perindopril erbumine..... 9	PRENAISSANCE PLUS.... 14
ONETOUCH ULTRA	PERSERIS..... 5	PRENATABS RX..... 14
BLUE TEST..... 11	PERSONAL BEST FULL	prenatal..... 14
ONETOUCH ULTRA TEST	RANGE..... 23	prenatal (w/iron & fa)..... 14
STRIPS..... 11	phenoxybenzamine hcl..... 9	prenatal + complete multi.... 14
ONETOUCH VERIO FLEX	philith..... 20	prenatal 19..... 14
SYSTEM..... 11	PIFELTRO..... 6	prenatal adult
ONETOUCH VERIO KIT	PIKO 1..... 23	gummy/dha/fa..... 14
W/DEVICE..... 11	pimtrea..... 20	prenatal complete..... 14
ONETOUCH VERIO	pindolol..... 9	PRENATAL ESSENTIALS.. 14
REFLECT KIT W/DEVICE.. 11	pioglitazone hcl..... 11	prenatal formula..... 14
ONGLYZA..... 10	pioglitazone hcl-glimepiride 11	prenatal formula a-free..... 14
opcicon one-step..... 20	pioglitazone hcl-metformin	prenatal forte..... 14
OPILL..... 20	hcl..... 11	prenatal gummies..... 14
OPIPZA..... 5	PIP PEN NEEDLES 31G X	prenatal gummies/dha & fa. 14
option 2..... 20	5MM..... 23	prenatal gummy..... 14
ORIAHNN..... 20	PIP PEN NEEDLES 32G X	prenatal multi +dha..... 14
OSPHENA..... 17	4MM..... 23	prenatal multi+dha..... 14
OZEMPIC..... 11	pitavastatin calcium..... 9	prenatal multivitamin..... 14
OZEMPIC (2 MG/DOSE).... 11	PLAN B ONE-STEP..... 20	PRENATAL
paliperidone er..... 5	PLAVIX..... 4	MULTIVITAMIN + DHA..... 14
pantoprazole sodium..... 16	PLENVU..... 17	prenatal multivitamin plus
PARAGARD	pnv prenatal plus	dha..... 14
INTRAUTERINE COPPER. 20	multivit+dha..... 14	prenatal multivitamins..... 14
paroxetine hcl..... 4	PNV TABS 20-1..... 14	prenatal one daily..... 14
paroxetine hcl er..... 4	pnv-dha..... 14	prenatal plus..... 14

prenatal plus vitamin/mineral.....	14	PULMICORT SUSPENSION.....	24	risperidone microspheres er.....	5
prenatal vitamin and mineral.....	14	PURE COMFORT FLOW METER ADULT.....	23	ritonavir.....	6
prenatal vitamins.....	14	PURE COMFORT FLOW METER CHILD.....	23	rivelsa.....	20
prenatal/folic acid+dha.....	14	PURE COMFORT SAFETY PEN NEEDLE.....	23	roflumilast.....	24
prenatal/iron.....	14	PYLERA.....	17	rosuvastatin calcium.....	9
prenatal+dha.....	14	QBRELIS.....	9	RUKOBIA.....	6
PRENATAL-U.....	14	QTERN.....	11	RYBELSUS.....	11
PRENATE.....	15	QUESTRAN.....	9	RYBELSUS (FORMULATION R2).....	11
PRENATE AM.....	15	QUESTRAN LIGHT.....	9	RYKINDO.....	5
PRENATE DHA.....	15	quetiapine fumarate.....	5	SAFETY PEN NEEDLES.....	23
PRENATE ELITE.....	15	quetiapine fumarate er.....	5	SAFYRAL.....	20
PRENATE ENHANCE.....	15	QUFLORA FE PEDIATRIC.....	15	SANDIMMUNE.....	21
PRENATE ESSENTIAL.....	15	QUFLORA PEDIATRIC.....	15	SAPHRIS.....	5
PRENATE MINI.....	15	QUICK TOUCH INSULIN PEN NEEDLE.....	23	SAVAYSA.....	3
PRENATE PIXIE.....	15	quinapril hcl.....	9	saxagliptin hcl.....	11
PRENATE RESTORE.....	15	quinapril- hydrochlorothiazide.....	9	saxagliptin-metformin er.....	11
PRENATOL-M.....	15	quit2.....	3	sb acid controller.....	17
PRENATRIX.....	15	quit4.....	3	sb acid controller max st.....	17
PRENATRYL.....	15	QVAR REDIHALER.....	24	sb acid reducer.....	17
PRESTALIA.....	9	RABEPRAZOLE SODIUM.....	17	sb cimetidine.....	17
PREVACID.....	16	rabeprazole sodium.....	17	sb omeprazole.....	17
PREVACID 24HR.....	16	raloxifene hcl.....	17	SECUADO.....	5
PREVACID SOLUTAB.....	17	ramipril.....	9	SEGLUROMET.....	11
prevalite.....	9	ranolazine er.....	9	SELECT-OB.....	15
PREZCOBIX.....	6	RAYA SURE PEN NEEDLE.....	23	SELECT-OB+DHA.....	15
PREZISTA.....	6	react.....	20	SELZENTRY.....	6
PRIOLOSEC.....	17	reclipsen.....	20	SEMGLEE (YFGN).....	13
PRIOLOSEC OTC.....	17	RELION BLOOD PRESSURE MONITOR.....	23	SE-NATAL 19.....	15
PRIMACARE.....	15	RELION PREMIUM MONITOR.....	23	SEREVENT DISKUS.....	24
PRISTIQ.....	4	RELNATE DHA.....	15	SERIES 100 BLOOD PRESSURE.....	23
PRO HEALTH MINI TALKING MONITR.....	23	REMERON.....	4	SERIES 400 BLOOD PRESSURE.....	23
PRO HEALTH TRACK BP MONITOR.....	23	REMERON SOLTAB.....	4	SERIES 400W BLOOD PRESSURE.....	23
PROAIR RESPICLICK.....	24	repaglinide.....	11	SERIES 600 BLOOD PRESSURE.....	23
PROCARDIA XL.....	9	REPATHA.....	9	SERIES 600W BLOOD PRESSURE.....	23
PROCARE UPPER ARM BP MONITOR.....	23	RETROVIR.....	6	SERIES 800 BLOOD PRESSURE.....	23
PROCARE WRIST BP MONITOR.....	23	REXULTI.....	5	SEROQUEL.....	5
PROCHECK BLOOD PRESS MONITOR.....	23	REYATAZ.....	6	SEROQUEL XR.....	5
PROGRAF.....	21	REZVOGLAR KWIKPEN.....	13	SERTRALINE HCL.....	4
PROLIA.....	21	RIOMET.....	11	sertraline hcl.....	4
propranolol hcl.....	9	risedronate sodium.....	21	setlakin.....	20
propranolol hcl er.....	9	RISPERDAL.....	5	sharobel.....	20
PROTONIX.....	17	RISPERDAL CONSTA.....	5	SIMILAC PRENATAL EARLY SHIELD.....	15
PROVIDA OB.....	15	risperidone.....	5	simliya.....	20
PROZAC.....	4			simpesse.....	20
PULMICORT FLEXHALER.....	24				

simvastatin.....	9	SYNJARDY.....	11	TOPROL XL.....	9
SINGULAIR.....	24	SYNJARDY XR.....	11	toremifene citrate.....	4
sirolimus.....	21	tacrolimus.....	21	torseamide.....	9
SITAGLIPTIN.....	11	TAGAMET HB.....	17	TOUJEO MAX	
SITAGLIPTIN BASE-		TAGAMET HB 200.....	17	SOLOSTAR.....	13
METFORMIN HCL.....	11	take action.....	20	TOUJEO SOLOSTAR.....	13
SKYLA.....	20	TALICIA.....	17	TRADJENTA.....	11
SLO-NIACIN.....	15	TALKING SENSE BP		trandolapril.....	9
SLYND.....	20	MONITOR.....	23	trandolapril-verapamil hcl	
SOAAZ.....	9	tamoxifen citrate.....	4	er.....	9
SOLQUA.....	11	tarina 24 fe.....	20	TRELEGY ELLIPTA.....	24
SOLTAMOX.....	4	tarina fe 1/20 eq.....	20	TRESIBA.....	13
SOLUVITA ACD WITH		TARON-C DHA.....	15	TRESIBA FLEXTOUCH.....	13
FLUORIDE.....	15	taysofy.....	20	triamterene.....	9
SOLUVITA WITH		TAYTULLA.....	20	triamterene-hctz.....	10
FLUORIDE.....	15	TECHLITE PLUS PEN		TRIBENZOR.....	10
sotalol hcl.....	9	NEEDLES.....	23	TRICOR.....	10
sotalol hcl (af).....	9	TEKTURNA.....	9	tri-estarylla.....	20
SOTYLIZE.....	9	telmisartan.....	9	trifluoperazine hcl.....	5
SPHYGMOMANOMETER..	23	telmisartan-amlodipine.....	9	TRIJARDY XR.....	11
SPIRIVA HANDIHALER....	24	telmisartan-hctz.....	9	tri-legest fe.....	20
SPIRIVA RESPIMAT.....	24	tenofovir disoproxil		tri-lyyah.....	20
spironolactone.....	9	fumarate.....	6	TRILIPIX.....	10
spironolactone-hctz.....	9	TENORETIC 100.....	9	tri-lo-estarylla.....	20
sprintec 28.....	20	TENORETIC 50.....	9	tri-lo-marzia.....	20
sronyx.....	20	TENORMIN.....	9	tri-lo-mili.....	20
STEGLATRO.....	11	terbutaline sulfate.....	24	tri-lo-sprintec.....	20
STEGLUJAN.....	11	teriparatide.....	21	tri-mili.....	20
STIOLTO RESPIMAT.....	24	TERIPARATIDE.....	21	TRINATAL RX 1.....	15
STRIBILD.....	6	TGT BLOOD PRESSURE		TRINATE.....	15
STRIVE DUAL ZONE		MONITOR.....	23	tri-sprintec.....	20
PEAK FLOW MTR.....	23	THALITONE.....	9	TRISTART DHA.....	15
STRIVERDI RESPIMAT....	24	THEO-24.....	24	TRIUMEQ.....	6
STUART ONE.....	15	theophylline.....	24	TRIUMEQ PD.....	6
sucralfate.....	17	theophylline er.....	24	TRI-VI-FLOR.....	15
SUFLAVE.....	17	THERANATAL		TRI-VI-FLORO.....	15
SULAR.....	9	COMPLETE.....	15	tri-vite/fluoride.....	15
SUNLENCA.....	6	THERANATAL CORE		trivora (28).....	20
SUPREP BOWEL PREP		NUTRITION.....	15	tri-vylibra.....	20
KIT.....	17	THERANATAL ONE.....	15	tri-vylibra lo.....	21
SURELIFE BP		THERANATAL OVAVITE..	15	TRUE COMFORT	
MONITOR/ARM.....	23	thioridazine hcl.....	5	SAFETY PEN NEEDLE.....	23
SURELIFE BP		thiothixene.....	5	TRUE HEALTH SENSE	
MONITOR/WRIST.....	23	THRIVE.....	3	BP MONITOR.....	23
SUTAB.....	17	THRIVITE RX.....	15	TRUE VITAMIN B3.....	15
syeda.....	20	tiadylt er.....	9	TRULICITY.....	11
SYMBICORT.....	24	TIAZAC.....	9	TRUVADA.....	6
SYMBYAX.....	4	tilia fe.....	20	TRUZONE PEAK FLOW	
SYMFI.....	6	timolol maleate.....	9	METER.....	23
SYMFI LO.....	6	tiotropium bromide		TRYVIO.....	10
SYMLINPEN 120.....	11	monohydrate.....	24	TUDORZA PRESSAIR.....	24
SYMLINPEN 60.....	11	TIVICAY.....	6	turqoz.....	21
SYMITUZA.....	6	TIVICAY PD.....	6	TWIRLA.....	21

TYBLUME.....	21	VIRACEPT.....	6	YASMIN 28.....	21
TYBOST.....	6	VIREAD.....	6	YAZ.....	21
TYMLOS.....	21	VITAFOL FE+.....	15	YOSPRALA.....	4
ULTICARE INSULIN SYR		VITAFOL GUMMIES.....	15	YUPELRI.....	25
1/2 UNIT.....	13	VITAFOL ULTRA.....	15	zafemy.....	21
ULTIGUARD SAFEPACK		VITAFOL-OB.....	15	zafirlukast.....	25
NEEDLE.....	23	VITAFOL-OB+DHA.....	15	ZALVIT.....	15
ULTIGUARD SAFEPACK		VITAFOL-ONE.....	15	ZANTAC 360.....	17
SYR/NEEDLE.....	13	VITAFUSION PRENATAL..	15	ZANTAC 360 MAX ST.....	17
ultra prenatal vit/min + dha.	15	VITALARA.....	15	ZEGERID OTC.....	17
UNIFINE PROTECT PEN		VITAMEDMD ONE		ZESTORETIC.....	10
NEEDLE.....	23	RX/QUATREFOLIC.....	15	ZESTRIL.....	10
UNIFINE ULTRA PEN		vitamins acd-fluoride.....	15	ZETIA.....	10
NEEDLE.....	23	VITA-PAC.....	15	ZIAGEN.....	6
UPSPRING PRENATAL		VITAPEARL.....	15	zidovudine.....	6
COMPLETE.....	15	VITATHELY WITH		zileuton er.....	25
UZEDY.....	5	GINGER.....	15	ZIPHEX.....	15
VALSARTAN.....	10	VIVA DHA.....	15	ziprasidone hcl.....	5
valsartan.....	10	VIVELLE-DOT.....	21	ziprasidone mesylate.....	5
valsartan-		VOCABRIA.....	6	ZITUVIMET.....	11
hydrochlorothiazide.....	10	volnea.....	21	ZITUVIMET XR.....	11
valtya 1/50.....	21	VOQUEZNA.....	17	ZITUVIO.....	11
varenicline tartrate.....	3	VOQUEZNA DUAL PAK.....	17	ZOCOR.....	10
varenicline tartrate (starter)...	3	VOQUEZNA TRIPLE PAK..	17	ZOLOFT.....	4
varenicline		VRAYLAR.....	5	ZONTIVITY.....	4
tartrate(continue).....	3	vyfemla.....	21	ZORTRESS.....	21
VASCEPA.....	10	vylibra.....	21	zovia 1/35 (28).....	21
VASERETIC.....	10	VYTORIN.....	10	zumandimine.....	21
VASOTEC.....	10	warfarin sodium.....	3	ZYFLO.....	25
VECAMYL.....	10	WELCHOL.....	10	ZYPITAMAG.....	10
velivet.....	21	WELLBUTRIN SR.....	4	ZYPREXA.....	5
VENLAFAXINE		WELLBUTRIN XL.....	4		
BESYLATE ER.....	4	wera.....	21		
venlafaxine hcl.....	4	WESCAP-C DHA.....	15		
venlafaxine hcl er.....	4	WESCAP-PN DHA.....	15		
VENTOLIN HFA.....	24	WESNATAL DHA			
verapamil hcl.....	10	COMPLETE.....	15		
verapamil hcl er.....	10	WESNATE DHA.....	15		
VERELAN.....	10	WESTAB PLUS.....	15		
VERELAN PM.....	10	WESTGEL DHA.....	15		
VERIFINE INSULIN PEN		wixela inhub.....	24		
NEEDLE.....	23	womens prenatal+dha.....	15		
VERIFINE INSULIN		WRIST CUFF BP			
SYRINGE.....	13	MONITOR.....	23		
VERIFINE PLUS PEN		wymzya fe.....	21		
NEEDLE.....	23	xarah fe.....	21		
VERSACLOZ.....	5	XARELTO.....	3		
vestura.....	21	XARELTO STARTER			
VICTOZA.....	11	PACK.....	3		
vienna.....	21	XIGDUO XR.....	11		
VINATE CARE.....	15	XOPENEX HFA.....	25		
VINATE DHA RF.....	15	xulane.....	21		
violele.....	21	XULTOPHY.....	11		

Refer to benefit plan documents to make sure listed medication is included in your benefit. This list should be used as a reference and may not include all medications. Brand or generic availability may not be current because of market changes. Using generics may be required based on your plan benefit.

Quality drives our decisions

This list is maintained using expert opinions from the Optum Rx Clinical Services and Regulatory Affairs departments and by independent insights and reviews from the Pharmacy & Therapeutics Committee, external clinical consultants, and other clinical resources.

Your health is important. Taking preventive medications as prescribed by your doctor or healthcare provider can help you avoid serious illness and high healthcare costs.



All Optum trademarks and logos are owned by Optum, Inc. in the U.S. and other jurisdictions. All other trademarks are the property of their respective owners.

© 2025 OptumRx, Inc. All rights reserved. WF15456252-A 07012025

Preventive Select