



Avera Choice Formulary - Iowa 2026

Avera Health Plans

2026 Avera Choice Formulary - Iowa

PLEASE READ: THIS DOCUMENT HAS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

Please refer to your Certificate of Coverage, Master Contract, Plan Document or other plan materials to determine if your drug is covered. The Drug Formulary does not guarantee coverage and is subject to change. The Drug Formulary is subject to change without notice. Members must use participating pharmacies to fill their prescription drugs.

What is the Avera Health Plans Drug Formulary?

The Drug Formulary is a list of covered prescription drugs, which are approved for use for specific treatments and dispensed through participating pharmacies. Avera Health Plans works with a team of health care providers to choose drugs that provide quality treatment. Avera Health Plans covers drugs on the Drug Formulary that are:

- Medically necessary
- Approved by the United States Food and Drug Administration (FDA)
- Filled at a participating pharmacy

For more information on how to fill your prescriptions and determine if your drug is covered, please review your Certificate of Coverage, Master Contract, Plan Document or other plan materials.

Can the Drug Formulary change?

The Drug Formulary may change from time to time as described in the Certificate of Coverage, Master Contract, Plan Document or other plan materials. The enclosed Drug Formulary is the most current Drug Formulary covered by Avera Health Plans. To get updated information about the drugs covered by Avera Health Plans, please visit us online at AveraHealthPlans.com or call our Service Center at 605-322-4545 or toll-free at 1-888-322-2115, 8 a.m. to 5 p.m. CT, Monday through Friday.

How do I use the Drug Formulary?

There are two ways to find your drug on the drug list:

1. Drug Therapeutic Classification

The Drug Formulary starts on page 7. The drugs on this Drug Formulary are grouped by the type of therapeutic class the drugs fall into.

2. Alphabetical Listing

If you are not sure what category to look under, look for your drug in the Index that starts near the end of the formulary document after the drug therapeutic classes have been presented. The Index is an alphabetical list of all the drugs in this document. Both brand-name drugs and generic drugs are in the Index.

- Look in the Index and find your drug
- Next to your drug, see the page number where you can find coverage information
- Turn to the page listed in the Index and find the name of your drug in the first column of the list

For more information about your Avera Health Plans prescription drug coverage, please look at your Certificate of Coverage, Master Contract, Plan Document or other plan materials. If you have questions about this Drug Formulary, please call our Service Center at 605-322-4545 or toll-free at 1-888-322-2115, 8 a.m. to 5 p.m. CT, Monday through Friday. You may also visit us online at AveraHealthPlans.com

Avera Health Plans Drug Formulary

The Drug Formulary that starts on page 7 gives you information about the drugs covered by Avera Health Plans. A generic drug is a drug that has the same active ingredients as its brand-name counterpart, and has been approved by the FDA as being interchangeable with the brand-name drug as approved by your provider. Upon release of a generic drug to the market, the generic drug will **generally** be added to the formulary and the associated brand drug will be considered non-preferred or not covered. However, some generic drugs do not cost less than brand-name drugs and may not be added to your formulary.

The first column of the chart lists the drug name. Brand-name drugs are capitalized. Generic drugs are generally in lowercase.

The second column (labeled Drug Tier) will list what tier the drug is placed on in the Drug Formulary. Refer to your Summary of Benefits and Coverage to find the associated co-pay for that drug tier.

The information in the Requirements/Limits column tells you if Avera Health Plans has any special requirements for coverage of your drug. These requirements and limits may include:

- **Preauthorization (PA):** Avera Health Plans needs your healthcare provider to get preauthorization for certain drugs. This means that approval from Avera Health Plans must be obtained before you fill your drug. If you don't get approval, Avera Health Plans will not cover the cost of the drug. Additional information can be found online at AveraHealthPlans.com.
- **Quantity Limits (QL):** For certain drugs, Avera Health Plans limits the amount of the drug that it will cover. For example, Avera Health Plans only covers 18 tablets of *sumatriptan* 50mg per 30 days.
- **Step Therapy (ST):** Avera Health Plans utilizes step therapy to provide the most cost-effective and safest drugs available for a specific medical condition. Step therapy programs require your healthcare provider to prescribe a step-one drug before a step-two drug will be covered. If the step-one drugs do not work for you, Avera Health Plans will cover the step-two drugs. Visit us online at AveraHealthPlans.com to review a list of Step Therapy Programs.
- **Age Limits (AL):** Certain drugs approved by the FDA or other prescribing guidelines are not appropriate based on age. In some instances Avera Health Plans may restrict use of certain FDA approved drugs to people within a certain age range.
- **Provider Restriction (PR):** For certain drugs, Avera Health Plans limits the prescribing to certain provider specialties.

What if my drug is not on the Drug Formulary?

If your drug is not on this Drug Formulary, you have two choices:

- Your healthcare provider can prescribe a drug that is similar that is covered on the Drug Formulary. Similar drugs that are preferred and covered on the Drug Formulary may be easier to obtain and lower cost to you.
- You can request a formulary exception if you believe the drug you take should be covered because other treatment options on the Drug Formulary do not work for you. To request a formulary exception, you or your healthcare provider must provide written documentation to include the following:
 - Why no other prescription on the Drug Formulary will work as well as the requested drug,
 - A list of other drugs that have been tried and how you responded to these drugs
 - Medical documentation to support the medical necessity

How likely is it that I will get the formulary exception?

We will review the information and when a decision has been made, you and your healthcare provider will receive a letter that states the decision. If a formulary exception is approved, the non-preferred co-pay (for the applicable drug type) will be applied. The prescription must be a covered benefit on your plan. Formulary exceptions do not include reductions on prescription co-pays.

What do the tiers mean on the Drug Formulary?

Tier	Type of Drugs Included
Tier 1	Preventive drugs (covered at no cost to you)
Tier 2	Generic drugs (may include some brands)
Tier 3	Preferred brand drugs
Tier 4	Non-preferred brand drugs
Tier 5	Value specialty drugs (brand & generic)
Tier 6	Specialty drugs (brand and generic)

Table of Contents

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS.....	7
ALLERGENIC EXTRACTS/BIOLOGICALS MISC.....	8
AMINOGLYCOSIDES.....	9
ANALGESICS - ANTI-INFLAMMATORY.....	9
ANALGESICS - NONNARCOTIC.....	12
ANALGESICS - OPIOID.....	15
ANDROGENS-ANABOLIC.....	17
ANORECTAL AND RELATED PRODUCTS.....	18
ANTHELMINTICS.....	19
ANTI-INFECTIVE AGENTS - MISC.....	19
ANTIANGINAL AGENTS.....	21
ANTIANSIETY AGENTS.....	21
ANTIARRHYTHMICS.....	22
ANTIASTHMATIC AND BRONCHODILATOR AGENTS.....	23
ANTICOAGULANTS.....	26
ANTICONVULSANTS.....	26
ANTIDEPRESSANTS.....	30
ANTIDIABETICS.....	32
ANTIDIARRHEAL/PROBIOTIC AGENTS.....	36
ANTIDOTES AND SPECIFIC ANTAGONISTS.....	36
ANTIEMETICS.....	37
ANTIFUNGALS.....	38
ANTIHISTAMINES.....	38
ANTIHYPERTENSIVES.....	39
ANTIMALARIALS.....	43
ANTIMYASTHENIC/CHOLINERGIC AGENTS.....	44
ANTIMYCOBACTERIAL AGENTS.....	44
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES.....	44
ANTIPARKINSON AND RELATED THERAPY AGENTS.....	54
ANTIPSYCHOTICS/ANTIMANIC AGENTS.....	56
ANTIVIRALS.....	58
BETA BLOCKERS.....	62
CALCIUM CHANNEL BLOCKERS.....	63
CARDIOTONICS.....	64
CARDIOVASCULAR AGENTS - MISC.....	64
CEPHALOSPORINS.....	67
CONTRACEPTIVES.....	67

CORTICOSTEROIDS.....	76
COUGH/COLD/ALLERGY.....	77
DERMATOLOGICALS.....	79
DIAGNOSTIC PRODUCTS.....	91
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS.....	92
DIGESTIVE AIDS.....	92
DIURETICS.....	92
ENDOCRINE AND METABOLIC AGENTS - MISC.....	93
ESTROGENS.....	98
FLUOROQUINOLONES.....	100
GASTROINTESTINAL AGENTS - MISC.....	100
GENITOURINARY AGENTS - MISCELLANEOUS.....	103
GOUT AGENTS.....	105
HEMATOLOGICAL AGENTS - MISC.....	105
HEMATOPOIETIC AGENTS.....	107
HEMOSTATICS.....	108
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS.....	108
LAXATIVES.....	109
MACROLIDES.....	110
MEDICAL DEVICES AND SUPPLIES.....	111
MIGRAINE PRODUCTS.....	154
MINERALS & ELECTROLYTES.....	155
MISCELLANEOUS THERAPEUTIC CLASSES.....	157
MOUTH/THROAT/DENTAL AGENTS.....	159
MULTIVITAMINS.....	159
MUSCULOSKELETAL THERAPY AGENTS.....	163
NASAL AGENTS - SYSTEMIC AND TOPICAL.....	164
NEUROMUSCULAR AGENTS.....	165
NUTRIENTS.....	165
OPHTHALMIC AGENTS.....	166
OTIC AGENTS.....	171
OXYTOCICS.....	171
PENICILLINS.....	172
PROGESTINS.....	172
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.....	172
RESPIRATORY AGENTS - MISC.....	178
SULFONAMIDES.....	179
TETRACYCLINES.....	179
THYROID AGENTS.....	179
TOXOIDS.....	180

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	180
URINARY ANTISPASMODICS	182
VACCINES	183
VAGINAL AND RELATED PRODUCTS	186
VASOPRESSORS	187
VITAMINS	187

Avera Choice - Iowa

Drug Name	Drug Tier	Requirements / Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS		
<i>clonidine hcl er</i>	2	QL
<i>guanfacine hcl er</i>	2	AL
ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR		
<i>atomoxetine hcl</i>	2	QL
AMPHETAMINE MIXTURES		
<i>amphet-dextroamphet 3-bead er</i>	2	
<i>amphetamine-dextroamphet er</i>	2	
<i>amphetamine-dextroamphetamine</i>	2	
AMPHETAMINES		
<i>amphetamine er</i>	2	AL
<i>amphetamine sulfate</i>	2	
<i>dextroamphetamine sulfate (2.5 mg tab, 5 mg tab, 5 mg/5ml solution, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	2	
<i>dextroamphetamine sulfate er</i>	2	
DYANAVEL XR 2.5 MG/ML SUSP	4	QL
<i>lisdexamfetamine dimesylate</i>	2	QL
<i>procentra</i>	2	
<i>zenzedi</i>	2	
ANALEPTICS		
<i>caffeine citrate</i>	2	
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI	4	PA, QL
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX	6	PA

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
STIMULANTS - MISC.		
<i>armodafinil (150 mg tab, 200 mg tab, 250 mg tab)</i>	2	QL
<i>armodafinil 50 mg tab</i>	2	
<i>dexmethylphenidate hcl</i>	2	
<i>dexmethylphenidate hcl er</i>	2	
<i>methylphenidate</i>	2	
<i>methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab, 5 mg tab, 5 mg/5ml solution, 10 mg chew tab, 10 mg tab, 10 mg/5ml solution, 20 mg tab)</i>	2	
METHYLPHENIDATE HCL ER (10 MG TAB ER, 18 MG TAB ER, 18 MG TAB ER 24H, 20 MG TAB ER, 27 MG TAB ER, 27 MG TAB ER 24H, 36 MG TAB ER, 36 MG TAB ER 24H, 54 MG TAB ER, 54 MG TAB ER 24H)	2	
<i>methylphenidate hcl er (cd)</i>	2	
<i>methylphenidate hcl er (la)</i>	2	
<i>methylphenidate hcl er (osm) (18 mg tab er, 27 mg tab er, 36 mg tab er, 45 mg tab er, 54 mg tab er, 63 mg tab er, 72 mg tab er)</i>	2	
<i>methylphenidate hcl er (xr)</i>	2	
METHYLPHENIDATE HCL ER(DIFFUS)	2	
<i>modafinil</i>	2	QL
QUILLICHEW ER	4	
QUILLIVANT XR	4	
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
GRASTEK	4	AL, QL, PR (Allergist)
PALFORZIA (1 MG DAILY DOSE)	6	AL
PALFORZIA (12 MG DAILY DOSE)	6	AL
PALFORZIA (120 MG DAILY DOSE)	6	AL

Drug Name	Drug Tier	Requirements / Limits
PALFORZIA (160 MG DAILY DOSE)	6	AL
PALFORZIA (20 MG DAILY DOSE)	6	AL
PALFORZIA (200 MG DAILY DOSE)	6	AL
PALFORZIA (240 MG DAILY DOSE)	6	AL
PALFORZIA (3 MG DAILY DOSE)	6	AL
PALFORZIA (300 MG MAINTENANCE)	6	AL
PALFORZIA (300 MG TITRATION)	6	AL
PALFORZIA (40 MG DAILY DOSE)	6	AL
PALFORZIA (6 MG DAILY DOSE)	6	AL
PALFORZIA (80 MG DAILY DOSE)	6	AL
PALFORZIA INITIAL DOSE 1-3YRS	6	AL
PALFORZIA INITIAL DOSE 4-17YRS	6	AL
PALFORZIA INITIAL ESCALATION	6	AL
RAGWITEK	4	AL, QL, PR (Allergist)
MIXED ALLERGENIC EXTRACTS		
ODACTRA	4	AL, QL, PR (Allergist)
ORALAIR	4	AL, QL, PR (Allergist)
ORALAIR ADULT STARTER PACK	4	AL, QL, PR (Allergist)
AMINOGLYCOSIDES		
ARIKAYCE	6	QL, PR (Pulmonology or Infectious Disease)
KITABIS PAK	6	QL
<i>neomycin sulfate</i>	2	
TOBI PODHALER	6	QL
<i>tobramycin (300 mg/4ml nebu soln, 300 mg/5ml nebu soln)</i>	6	QL
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMUMAB-ADAZ (40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR)	5	PA, QL

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
ADALIMUMAB-ADAZ 10 MG/0.1ML SOLN PRSYR	5	PA, QL
ADALIMUMAB-ADAZ 20 MG/0.2ML SOLN PRSYR	5	PA, QL
ADALIMUMAB-ADAZ 80 MG/0.8ML SOLN A-INJ	5	PA, QL
AMJEVITA (10 MG/0.2ML SOLN PRSYR, 20 MG/0.2ML SOLN PRSYR, 40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR, 80 MG/0.8ML SOLN A-INJ)	5	PA, QL
SIMPONI	6	PA, QL
ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS		
OLUMIANT	6	PA, QL
RINVOQ	6	PA, QL
RINVOQ LQ	6	PA, QL
XELJANZ (1 MG/ML SOLUTION, 5 MG TAB, 10 MG TAB)	6	PA, QL
XELJANZ XR	6	PA, QL
ANTIRHEUMATIC ANTIMETABOLITES		
OTREXUP	4	
RASUVO	4	
CYCLOOXYGENASE 2 (COX-2) INHIBITORS		
<i>celecoxib</i>	2	
GOLD COMPOUNDS		
AURANOFIN	2	
RIDAURA	3	
INTERLEUKIN-1 BLOCKERS		
ARCALYST	6	PA
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET	6	PA, QL
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA	6	PA

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	5	PA, QL
NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS		
<i>diclofenac-misoprostol</i>	2	
<i>naproxen-esomeprazole mg</i>	2	QL
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>diclofenac potassium (25 mg cap, 50 mg tab)</i>	2	
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	2	
<i>diclofenac sodium er</i>	2	
<i>ec-naproxen</i>	2	
<i>etodolac</i>	2	
<i>etodolac er</i>	2	
FENOPROFEN CALCIUM 600 MG TAB	2	
<i>flurbiprofen (50 mg tab, 100 mg tab)</i>	2	
<i>ibu</i>	2	
<i>ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)</i>	2	
<i>indomethacin (25 mg cap, 25 mg/5ml suspension, 50 mg cap)</i>	2	
<i>indomethacin er</i>	2	
KETOPROFEN ER	2	
<i>ketorolac tromethamine 10 mg tab</i>	2	
MECLOFENAMATE SODIUM	2	
<i>mefenamic acid</i>	2	
MELOXICAM (7.5 MG TAB, 7.5 MG/5ML SUSPENSION, 15 MG TAB)	2	
<i>nabumetone</i>	2	
<i>naproxen (125 mg/5ml suspension, 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	2	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
<i>naproxen dr</i>	2	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	2	
<i>naproxen sodium er</i>	2	
<i>oxaprozin 600 mg tab</i>	2	
<i>piroxicam</i>	2	
SPRIX	4	QL
<i>sulindac</i>	2	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA	6	PA, QL
OTEZLA XR	6	PA, QL
OTEZLA/OTEZLA XR INITIATION PK	6	PA, QL (41 tablets per 1 year(s))
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide</i>	2	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA (50 MG/0.4ML SOLN PRSYR, 87.5 MG/0.7ML SOLN PRSYR, 125 MG/ML SOLN PRSYR)	6	PA, QL
ORENCIA CLICKJECT	6	PA, QL
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	6	PA, QL
ENBREL MINI	6	PA, QL
ENBREL SURECLICK	6	PA, QL
ANALGESICS - NONNARCOTIC		
ANALGESICS-SEDATIVES		
ALLZITAL	4	QL
<i>bac (butalbital-acetamin-caff)</i>	2	QL
<i>butalbital-acetaminophen (50-300 mg tab, 50-325 mg tab)</i>	2	QL
<i>butalbital-apap-caffeine</i>	2	QL

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
<i>butalbital-aspirin-caffeine</i>	2	
<i>esgic 50-325-40 mg cap</i>	2	QL
TENCON	2	QL
<i>zebutal</i>	2	QL
SALICYLATES		
<i>adult aspirin regimen</i>	1	AL
<i>aspirin (81 mg chew tab, 81 mg tab dr)</i>	1	AL
<i>aspirin 81</i>	1	AL
<i>aspirin adult low dose</i>	1	AL
<i>aspirin adult low strength</i>	1	AL
<i>aspirin childrens</i>	1	AL
<i>aspirin ec adult low dose</i>	1	AL
<i>aspirin ec low dose</i>	1	AL
<i>aspirin ec low strength</i>	1	AL
<i>aspirin low dose</i>	1	AL
<i>aspirin regimen</i>	1	AL
<i>bayer aspirin ec low dose</i>	1	AL
<i>bayer low dose</i>	1	AL
<i>childrens aspirin</i>	1	AL
<i>cvs aspirin adult low dose</i>	1	AL
<i>cvs aspirin adult low strength</i>	1	AL
<i>cvs aspirin ec 81 mg tab dr</i>	1	AL
<i>cvs aspirin low dose</i>	1	AL
<i>cvs aspirin low strength</i>	1	AL
<i>difflunisal</i>	2	
<i>ecotrin low strength</i>	1	AL
<i>eq aspirin adult low dose</i>	1	AL
<i>eq aspirin low dose</i>	1	AL

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
<i>eql aspirin low dose</i>	1	AL
<i>ft aspirin 81 mg chew tab</i>	1	AL
<i>ft aspirin low dose</i>	1	AL
<i>gnp adult aspirin low strength</i>	1	AL
<i>gnp aspirin 81 mg tab dr</i>	1	AL
<i>gnp aspirin low dose</i>	1	AL
<i>goodsense aspirin 81 mg chew tab</i>	1	AL
<i>goodsense aspirin adult low st</i>	1	AL
<i>goodsense aspirin low dose</i>	1	AL
<i>h-e-b aspirin</i>	1	AL
<i>hm aspirin 81 mg chew tab</i>	1	AL
<i>hm aspirin ec low dose</i>	1	AL
<i>kls aspirin low dose</i>	1	AL
<i>kp aspirin</i>	1	AL
<i>mm aspirin</i>	1	AL
<i>px aspirin 81 mg chew tab</i>	1	AL
<i>px enteric aspirin 81 mg tab dr</i>	1	AL
<i>qc aspirin low dose</i>	1	AL
<i>qc childrens aspirin</i>	1	AL
<i>ra aspirin adult low dose</i>	1	AL
<i>ra aspirin adult low strength</i>	1	AL
<i>ra aspirin childrens</i>	1	AL
<i>ra aspirin ec 81 mg tab dr</i>	1	AL
<i>ra aspirin ec adult low st</i>	1	AL
<i>salsalate</i>	2	
<i>sb childrens aspirin</i>	1	AL
<i>sb low dose asa ec</i>	1	AL
<i>sm aspirin adult low strength</i>	1	AL

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
<i>sm aspirin ec low strength</i>	1	AL
<i>sm aspirin low dose</i>	1	AL
<i>sm childrens aspirin</i>	1	AL
<i>st joseph aspirin</i>	1	AL
<i>st joseph low dose</i>	1	AL
ANALGESICS - OPIOID		
CODEINE COMBINATIONS		
ACETAMINOPHEN-CODEINE (120-12 MG/5ML SOLUTION, 300-15 MG TAB, 300-30 MG TAB, 300-30 MG/12.5ML SOLUTION, 300-60 MG TAB)	2	AL, QL
<i>ascomp-codeine</i>	2	AL, QL
<i>butalbital-apap-caff-cod</i>	2	QL
<i>butalbital-asa-caff-codeine</i>	2	AL, QL
DIHYDROCODEINE COMBINATIONS		
APAP-CAFF-DIHYDROCODEINE 320.5-30-16 MG CAP	2	AL, QL
TREZIX	2	AL, QL
HYDROCODONE COMBINATIONS		
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 5-300 mg tab, 5-325 mg tab, 7.5-300 mg tab, 7.5-325 mg tab, 7.5-325 mg/15ml solution, 10-300 mg tab, 10-325 mg tab)</i>	2	QL
HYDROCODONE-IBUPROFEN (5-200 MG TAB, 7.5-200 MG TAB, 10-200 MG TAB)	2	QL
OPIOID AGONISTS		
<i>codeine sulfate (15 mg tab, 30 mg tab, 60 mg tab)</i>	2	AL, QL
DISKETS	2	QL
<i>fentanyl</i>	2	QL
FENTANYL CITRATE (100 MCG TAB, 200 MCG LOZ HANDLE, 200 MCG TAB, 400 MCG LOZ HANDLE, 400 MCG TAB, 600 MCG LOZ HANDLE, 600 MCG TAB, 800 MCG LOZ HANDLE, 800 MCG TAB, 1200 MCG LOZ HANDLE, 1600 MCG LOZ HANDLE)	2	QL

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
HYDROCODONE BITARTRATE ER (10 MG CAP ER 12H, 15 MG CAP ER 12H, 20 MG CAP ER 12H, 30 MG CAP ER 12H, 40 MG CAP ER 12H, 50 MG CAP ER 12H)	2	QL
HYDROMORPHONE HCL (1 MG/ML LIQUID, 2 MG TAB, 3 MG SUPPOS, 4 MG TAB, 8 MG TAB)	2	QL
<i>hydromorphone hcl er</i>	2	QL
<i>levorphanol tartrate 2 mg tab</i>	2	QL
MEPERIDINE HCL (50 MG TAB, 50 MG/5ML SOLUTION)	2	QL
<i>methadone hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 10 mg/ml conc, 40 mg tab sol)</i>	2	QL
<i>methadone hcl intensol</i>	2	QL
<i>methadose 40 mg tab sol</i>	2	QL
<i>morphine sulfate (5 mg suppos, 10 mg suppos, 10 mg/5ml solution, 15 mg tab, 20 mg suppos, 20 mg/5ml solution, 30 mg suppos, 30 mg tab)</i>	2	QL
MORPHINE SULFATE (CONCENTRATE) (100 MG/5ML SOLUTION)	2	QL
<i>morphine sulfate er (10 mg cap er 24h, 15 mg tab er, 20 mg cap er 24h, 30 mg cap er 24h, 30 mg tab er, 50 mg cap er 24h, 60 mg cap er 24h, 60 mg tab er, 80 mg cap er 24h, 100 mg cap er 24h, 100 mg tab er, 200 mg tab er)</i>	2	QL
MORPHINE SULFATE ER BEADS	2	
NUCYNTA ER	4	ST, QL
<i>oxycodone hcl (5 mg cap, 5 mg tab, 5 mg/5ml solution, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc)</i>	2	QL
OXYCONTIN	3	QL
<i>oxymorphone hcl</i>	2	QL
<i>tapentadol hcl</i>	2	QL
<i>tramadol hcl (50 mg tab, 100 mg tab)</i>	2	AL, QL
TRAMADOL HCL (ER BIPHASIC)	2	AL, QL

Drug Name	Drug Tier	Requirements / Limits
TRAMADOL HCL ER (100 MG CAP ER 24H, 100 MG TAB ER 24H, 200 MG CAP ER 24H, 200 MG TAB ER 24H, 300 MG CAP ER 24H, 300 MG TAB ER 24H)	2	AL, QL
XTAMPZA ER	4	ST
OPIOID COMBINATIONS		
<i>endocet</i>	2	QL
<i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)</i>	2	QL
OPIOID PARTIAL AGONISTS		
BELBUCA	4	QL
BRIXADI	6	
BRIXADI (WEEKLY)	6	
<i>buprenorphine</i>	2	QL
<i>buprenorphine hcl (2 mg sl tab, 8 mg sl tab)</i>	2	
<i>buprenorphine hcl-naloxone hcl</i>	2	
<i>butorphanol tartrate 10 mg/ml solution</i>	2	QL
<i>pentazocine-naloxone hcl</i>	2	QL
SUBLOCADE	6	
ZUBSOLV	4	
TRAMADOL COMBINATIONS		
<i>tramadol-acetaminophen</i>	2	AL, QL
ANDROGENS-ANABOLIC		
ANDROGENS		
ANDRODERM	3	QL
<i>danazol</i>	2	
<i>depo-testosterone</i>	2	
JATENZO	4	
KYZATREX	4	
METHITEST	2	

Drug Name	Drug Tier	Requirements / Limits
<i>methyltestosterone</i>	2	
<i>testosterone (1.62 % gel, 10 mg/act (2%) gel, 12.5 mg/act (1%) gel, 20.25 mg/1.25gm (1.62%) gel, 20.25 mg/act (1.62%) gel, 25 mg/2.5gm (1%) gel, 30 mg/act solution, 40.5 mg/2.5gm (1.62%) gel, 50 mg/5gm (1%) gel)</i>	2	QL
<i>testosterone cypionate</i>	2	
TESTOSTERONE ENANTHATE	2	
TLANDO	4	
UNDECATREX	4	
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
<i>budesonide (2 mg foam, 2 mg/act foam)</i>	2	
<i>hydrocortisone 100 mg/60ml enema</i>	2	
NITRATE VASODILATING AGENTS		
<i>nitroglycerin 0.4 % ointment</i>	2	
RECTAL ANESTHETIC/STEROIDS		
HYDROCORT-PRAMOXINE (PERIANAL)	2	
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM	2	
PROCORT	4	
PROCTOFOAM HC	2	
RECTAL STEROIDS		
ANUCORT-HC	2	
ANUSOL-HC 25 MG SUPPOS	2	
HEMMOREX-HC	2	
<i>hydrocortisone (perianal) 2.5 % cream</i>	2	
HYDROCORTISONE ACETATE (25 MG SUPPOS, 30 MG SUPPOS)	2	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
<i>proctozone-hc</i>	2	
ANTHELMINTICS		
<i>albendazole</i>	2	
BENZNIDAZOLE	4	
EMVERM	4	
<i>ivermectin 3 mg tab</i>	2	QL
<i>praziquantel</i>	2	
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO	4	
IMPAVIDO	6	PA, QL
LIKMEZ	4	AL
<i>metronidazole (250 mg tab, 375 mg cap, 500 mg tab)</i>	2	
<i>tinidazole</i>	2	
<i>trimethoprim</i>	2	
XIFAXAN	3	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)</i>	2	
<i>sulfatrim pediatric</i>	2	
ANTIPROTOZOAL AGENTS		
ALINIA 100 MG/5ML RECON SUSP	3	
<i>atovaquone</i>	2	
LAMPIT	4	
<i>nitazoxanide</i>	2	
GLYCOPEPTIDES		
<i>vancomycin hcl (1 gm recon soln, 5 gm recon soln, 10 gm recon soln, 25 mg/ml recon soln, 50 mg/ml recon soln, 125 mg cap, 250 mg cap, 250 mg/5ml recon soln, 500 mg recon soln, 750 mg recon soln)</i>	2	

Drug Name	Drug Tier	Requirements / Limits
LEPROSTATICS		
<i>dapsone (25 mg tab, 100 mg tab)</i>	2	
LINCOSAMIDES		
<i>clindamycin hcl</i>	2	
<i>clindamycin palmitate hcl</i>	2	
MONOBACTAMS		
CAYSTON	6	PR (Pulmonology or Infectious Disease)
OXAZOLIDINONES		
<i>linezolid (100 mg/5ml recon susp, 600 mg tab)</i>	2	
SIVEXTRO 200 MG TAB	3	QL
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine</i>	2	
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate</i>	2	
<i>nitrofurantoin (25 mg/5ml suspension, 50 mg/10ml suspension)</i>	2	
<i>nitrofurantoin macrocrystal</i>	2	
<i>nitrofurantoin monohyd macro</i>	2	
URINARY ANTISEPTIC-ANTISPASMODIC &/OR ANALGESICS		
HYOPHEN	2	
MB CAPS	2	
ME/NAPHOS/MB/HYO1	2	
URELLE	2	
<i>uribel (81.6 mg tab, 118 mg cap)</i>	2	
URIMAR-T 120 MG CAP	2	
<i>urin ds</i>	2	
URNEVA	2	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
URO-MP	2	
<i>uro-sp</i>	2	
<i>ustell</i>	2	
VILAMIT MB	2	
VILEVEV MB	2	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ASPRUZYO SPRINKLE	4	QL
<i>ranolazine er</i>	2	QL
NITRATES		
<i>isosorbide dinitrate</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
NITRO-BID	2	
NITRO-DUR (0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR)	4	
NITRO-TIME	2	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg/hr patch 24hr)</i>	2	
<i>nitroglycerin (0.3 mg sl tab, 0.4 mg sl tab, 0.6 mg sl tab)</i>	2	
ANTIANSIETY AGENTS		
ANTIANSIETY AGENTS - MISC.		
<i>bupirone hcl</i>	2	
<i>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab)</i>	2	
HYDROXYZINE PAMOATE (25 MG CAP, 50 MG CAP, 100 MG CAP)	2	
BENZODIAZEPINES		
<i>alprazolam (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
<i>alprazolam er</i>	2	
ALPRAZOLAM INTENSOL	2	
<i>alprazolam xr</i>	2	
<i>chlordiazepoxide hcl</i>	2	
<i>clorazepate dipotassium</i>	2	
<i>diazepam (2 mg tab, 5 mg tab, 5 mg/5ml solution, 5 mg/ml conc, 10 mg tab)</i>	2	
<i>diazepam intensol</i>	2	
<i>lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg/ml conc)</i>	2	
<i>lorazepam intensol</i>	2	
<i>oxazepam</i>	2	
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide phosphate</i>	2	
NORPACE CR	4	
<i>quinidine gluconate er</i>	2	
QUINIDINE SULFATE	2	
ANTIARRHYTHMICS TYPE I-B		
<i>mexiletine hcl</i>	2	
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate</i>	2	
<i>propafenone hcl</i>	2	
<i>propafenone hcl er</i>	2	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>	2	
<i>dofetilide</i>	2	
MULTAQ	4	QL

Drug Name	Drug Tier	Requirements / Limits
<i>pacerone</i>	2	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
5-LIPOXYGENASE INHIBITORS		
<i>zileuton er</i>	2	QL
ZYFLO	4	QL
ADRENERGIC COMBINATIONS		
ANORO ELLIPTA	3	QL
BEVESPI AEROSPHERE	4	QL
BREO ELLIPTA 50-25 MCG/INH AER POW BA	3	QL
<i>breynd</i>	2	QL
BREZTRI AEROSPHERE	3	QL
<i>budesonide-formoterol fumarate</i>	2	QL
COMBIVENT RESPIMAT	3	QL
DULERA	3	QL
FLUTICASONE FUROATE-VILANTEROL	2	QL
<i>fluticasone-salmeterol (45-21 mcg/act aerosol, 55-14 mcg/act aer pow ba, 100-50 mcg/act aer pow ba, 113-14 mcg/act aer pow ba, 115-21 mcg/act aerosol, 230-21 mcg/act aerosol, 232-14 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	2	QL
<i>ipratropium-albuterol</i>	2	
STIOLTO RESPIMAT	3	QL
TRELEGY ELLIPTA	3	QL
<i>wixela inhub</i>	2	QL
ANTI-IGE MONOCLONAL ANTIBODIES		
XOLAIR (75 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	6	PA, QL
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	2	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
BETA ADRENERGICS		
<i>albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, 2 mg tab, 2 mg/5ml syrup, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, 4 mg tab, (5 mg/ml) 0.5% nebu soln, 8 mg/20ml syrup)</i>	2	
<i>albuterol sulfate hfa</i>	2	QL
<i>arformoterol tartrate</i>	2	QL
<i>formoterol fumarate</i>	2	QL
<i>levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)</i>	2	
LEVALBUTEROL TARTRATE	2	QL
PROAIR RESPICLICK	3	QL
SEREVENT DISKUS	3	QL
STRIVERDI RESPIMAT	4	QL
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	2	
VENTOLIN HFA	3	QL
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA	3	QL
INCRUSE ELLIPTA	3	QL
<i>ipratropium bromide 0.02 % solution</i>	2	
SPIRIVA RESPIMAT	3	QL
<i>tiotropium bromide</i>	2	QL
TUDORZA PRESSAIR	4	QL
INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)		
FASENRA 10 MG/0.5ML SOLN PRSYR	6	PA
FASENRA PEN	6	PA
NUCALA (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	6	PA
NUCALA 40 MG/0.4ML SOLN PRSYR	6	PA, QL

Drug Name	Drug Tier	Requirements / Limits
LEUKOTRIENE RECEPTOR ANTAGONISTS		
<i>montelukast sodium (4 mg chew tab, 5 mg chew tab)</i>	2	
<i>montelukast sodium 10 mg tab</i>	2	QL
<i>montelukast sodium 4 mg packet</i>	2	AL, QL
<i>zafirlukast</i>	2	QL
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>roflumilast 250 mcg tab</i>	2	QL (28 tablets per 365 day(s))
<i>roflumilast 500 mcg tab</i>	2	QL
STEROID INHALANTS		
ARNUITY ELLIPTA (100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)	3	QL
ARNUITY ELLIPTA 50 MCG/ACT AER POW BA	3	AL, QL
ASMANEX (120 METERED DOSES)	3	
ASMANEX (14 METERED DOSES)	3	
ASMANEX (30 METERED DOSES)	3	
ASMANEX (60 METERED DOSES)	3	
ASMANEX HFA	3	QL
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	2	QL
FLUTICASONE PROPIONATE DISKUS	2	QL
FLUTICASONE PROPIONATE HFA	2	QL
PULMICORT FLEXHALER	3	QL
QVAR REDHALER	3	QL
THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS		
TEZSPIRE	6	PA
XANTHINES		
<i>elixophyllin</i>	2	
THEO-24	4	

Drug Name	Drug Tier	Requirements / Limits
<i>theophylline</i>	2	
<i>theophylline er (100 mg tab er 12h, 200 mg tab er 12h, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	2	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
<i>jantoven</i>	2	
<i>warfarin sodium</i>	2	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS (0.15 MG CAP SPRINK, 0.5 MG TAB SOL)	3	AL, QL
ELIQUIS (1.5 MG PACK)	3	AL, QL
ELIQUIS (2 MG PACK)	3	AL, QL
ELIQUIS (2.5 MG TAB, 5 MG TAB)	3	
ELIQUIS DVT/PE STARTER PACK	3	
XARELTO (2.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB)	3	
XARELTO 1 MG/ML RECON SUSP	3	QL
XARELTO STARTER PACK	3	
LOW MOLECULAR WEIGHT HEPARINS		
<i>enoxaparin sodium (30 mg/0.3ml soln prsyr, 40 mg/0.4ml soln prsyr, 60 mg/0.6ml soln prsyr, 80 mg/0.8ml soln prsyr, 100 mg/ml soln prsyr, 120 mg/0.8ml soln prsyr, 150 mg/ml soln prsyr)</i>	2	QL
FRAGMIN	4	
SYNTHETIC HEPARINOID-LIKE AGENTS		
<i>fondaparinux sodium</i>	2	
THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE		
<i>dabigatran etexilate mesylate</i>	2	
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
<i>perampanel (0.5 mg/ml suspension, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)</i>	2	AL, QL

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam (2.5 mg/ml suspension, 10 mg tab, 20 mg tab)</i>	2	
<i>clonazepam</i>	2	
<i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i>	2	
LIBERVANT	4	AL
NAYZILAM	4	
SYMPAZAN	4	
VALTOCO 10 MG DOSE	4	
VALTOCO 15 MG DOSE	4	
VALTOCO 20 MG DOSE	4	
VALTOCO 5 MG DOSE	4	
ANTICONVULSANTS - MISC.		
<i>brivaracetam (10 mg tab, 10 mg/ml solution, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	2	
<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg tab, 200 mg/10ml suspension)</i>	2	
<i>carbamazepine er</i>	2	
CARBATROL	4	
DIACOMIT	4	PA
EPIDIOLEX	4	PA
<i>epitol</i>	2	
<i>eslicarbazepine acetate</i>	2	QL
FINTEPLA	4	PA, QL
<i>gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)</i>	2	
<i>lacosamide (10 mg/ml solution, 50 mg tab, 50 mg/5ml solution, 100 mg tab, 100 mg/10ml solution, 150 mg tab, 200 mg tab)</i>	2	QL
LAMICTAL	4	

Drug Name	Drug Tier	Requirements / Limits
LAMICTAL ODT	4	
LAMICTAL STARTER	4	
LAMICTAL XR (21 X 25 MG & 7 X 50 MG KIT, 25 & 50 & 100 MG KIT, 50 & 100 & 200 MG KIT)	4	
LAMICTAL XR (25 MG TAB ER 24H, 50 MG TAB ER 24H, 100 MG TAB ER 24H, 200 MG TAB ER 24H, 250 MG TAB ER 24H, 300 MG TAB ER 24H)	4	QL
<i>lamotrigine</i>	2	
<i>lamotrigine er</i>	2	QL
<i>lamotrigine starter kit-blue</i>	2	
<i>lamotrigine starter kit-green</i>	2	
<i>lamotrigine starter kit-orange</i>	2	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i>	2	
<i>levetiracetam er</i>	2	QL
<i>oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)</i>	2	
<i>oxcarbazepine er</i>	2	
OXTELLAR XR	4	
<i>pregabalin (20 mg/ml solution, 225 mg cap)</i>	2	QL
<i>pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 300 mg cap)</i>	2	
PRIMIDONE (50 MG TAB, 125 MG TAB, 250 MG TAB)	2	
<i>roweepira</i>	2	
<i>rufinamide (200 mg tab, 400 mg tab)</i>	2	QL
<i>rufinamide 40 mg/ml suspension</i>	2	AL, QL
SPRITAM	4	
<i>subvenite (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2	
<i>subvenite starter kit-blue</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>subvenite starter kit-green</i>	2	
<i>subvenite starter kit-orange</i>	2	
TEGRETOL (100 MG/5ML SUSPENSION, 200 MG TAB)	4	
TEGRETOL-XR	4	
TOPAMAX	4	
TOPAMAX SPRINKLE	4	
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	2	
<i>topiramate 25 mg/ml solution</i>	2	AL, QL
<i>topiramate er</i>	2	QL
<i>zonisamide</i>	2	
ZTALMY	6	PA, QL
CARBAMATES		
<i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>	2	
XCOPRI	4	QL
XCOPRI (250 MG DAILY DOSE)	4	QL
XCOPRI (350 MG DAILY DOSE)	4	QL
GABA MODULATORS		
TIAGABINE HCL (2 MG TAB, 4 MG TAB, 12 MG TAB, 16 MG TAB)	2	
<i>vigabatrin</i>	6	
<i>vigadrone</i>	6	
<i>vigpoder</i>	6	
HYDANTOINS		
DILANTIN (30 MG CAP, 100 MG CAP)	4	
DILANTIN INFATABS	4	
<i>phenytek</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	2	
<i>phenytoin infatabs</i>	2	
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	2	
SUCCINIMIDES		
<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	2	
<i>methsuximide</i>	2	
VALPROIC ACID		
DEPAKOTE	4	
DEPAKOTE ER	4	
DEPAKOTE SPRINKLES	4	
<i>divalproex sodium</i>	2	
<i>divalproex sodium er</i>	2	
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	2	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine (15 mg tab disp, 30 mg tab disp, 45 mg tab disp)</i>	2	QL
<i>mirtazapine (7.5 mg tab, 15 mg tab, 30 mg tab, 45 mg tab)</i>	2	
ANTIDEPRESSANTS - MISC.		
<i>bupropion hcl</i>	2	
<i>bupropion hcl er (sr)</i>	2	
<i>bupropion hcl er (xl) (150 mg tab er 24h, 300 mg tab er 24h)</i>	2	
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
PHENELZINE SULFATE	2	
<i>tranylcypromine sulfate</i>	2	

Drug Name	Drug Tier	Requirements / Limits
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 20 mg/10ml solution, 40 mg tab)</i>	2	
<i>escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution, 20 mg tab)</i>	2	
<i>fluoxetine hcl (10 mg cap, 20 mg cap, 20 mg/5ml solution, 40 mg cap)</i>	2	
FLUOXETINE HCL 90 MG CAP DR	2	ST
<i>fluvoxamine maleate</i>	2	
<i>fluvoxamine maleate er</i>	2	ST, QL
<i>paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	2	
PAROXETINE HCL 10 MG/5ML SUSPENSION	2	
<i>paroxetine hcl er</i>	2	
<i>sertraline hcl (20 mg/ml conc, 25 mg tab, 50 mg tab, 100 mg tab)</i>	2	
SEROTONIN MODULATORS		
NEFAZODONE HCL	2	
<i>trazodone hcl</i>	2	
TRINTELLIX	3	ST, QL
<i>vilazodone hcl</i>	2	QL
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
DESVENLAFAXINE ER	4	ST, QL
<i>desvenlafaxine succinate er (50 mg tab er 24h, 100 mg tab er 24h)</i>	2	
<i>desvenlafaxine succinate er 25 mg tab er 24h</i>	2	QL
<i>duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)</i>	2	
FETZIMA	4	ST, QL
FETZIMA TITRATION	4	ST

Drug Name	Drug Tier	Requirements / Limits
<i>venlafaxine hcl</i>	2	
<i>venlafaxine hcl er (37.5 mg cap er 24h, 75 mg cap er 24h, 150 mg cap er 24h)</i>	2	
TRICYCLIC AGENTS		
<i>amitriptyline hcl</i>	2	
<i>amoxapine</i>	2	
<i>clomipramine hcl</i>	2	
<i>desipramine hcl</i>	2	
<i>doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	2	
<i>imipramine hcl</i>	2	
<i>nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)</i>	2	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose</i>	2	
MIGLITOL	2	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 120	4	QL
SYMLINPEN 60	4	QL
BIGUANIDES		
<i>metformin hcl (500 mg tab, 500 mg/5ml solution, 1000 mg tab)</i>	2	
<i>metformin hcl 850 mg tab</i>	2	AL
<i>metformin hcl er</i>	2	
DIABETIC OTHER		
BAQSIMI ONE PACK	4	
BAQSIMI TWO PACK	4	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
<i>diazoxide</i>	2	
GLUCAGON EMERGENCY (1 MG RECON SOLN, 1 MG/ML RECON SOLN)	2	
GVOKE HYPOPEN 1-PACK	4	
GVOKE HYPOPEN 2-PACK	4	
GVOKE KIT	4	
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	4	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
ALOGLIPTIN BENZOATE	2	QL
<i>saxagliptin hcl</i>	2	QL
DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS		
ALOGLIPTIN-METFORMIN HCL	2	QL
<i>saxagliptin-metformin er</i>	2	QL
DOPAMINE RECEPTOR AGONISTS - ERGOT DERIVATIVES		
CYCLOSET	4	
DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS		
ALOGLIPTIN-PIOGLITAZONE (12.5-30 MG TAB, 25-15 MG TAB, 25-30 MG TAB, 25-45 MG TAB)	2	
HUMAN INSULIN		
FIASP	3	
FIASP FLEXTOUCH	3	
FIASP PENFILL	3	
FIASP PUMPCART	3	
HUMALOG	4	ST
HUMALOG JUNIOR KWIKPEN	4	ST
HUMALOG KWIKPEN	4	ST
HUMALOG MIX 50/50	4	ST
HUMALOG MIX 50/50 KWIKPEN	4	ST

Drug Name	Drug Tier	Requirements / Limits
HUMALOG MIX 75/25	4	ST
HUMALOG MIX 75/25 KWIKPEN	4	ST
HUMALOG TEMPO PEN	4	ST
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLIN R FLEXPEN RELION	3	
NOVOLIN R RELION	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 FLEXPEN	3	
NOVOLOG PENFILL	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	4	ST
TRESIBA FLEXTOUCH	4	ST
INCRETIN MIMETIC AGENTS (GIP & GLP-1 RECEPTOR AGONISTS)		
MOUNJARO (2.5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLN A-INJ)	3	PA, QL
MOUNJARO (7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ)	3	PA, QL

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
TRULICITY	3	PA, QL
INSULIN-INCRETIN MIMETIC COMBINATIONS		
SOLIQUA	3	ST, QL
MEGLITINIDE ANALOGUES		
<i>nateglinide</i>	2	
<i>repaglinide</i>	2	
PROGESTERONE RECEPTOR ANTAGONISTS		
<i>mifepristone 300 mg tab</i>	6	PA, AL
SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS		
QTERN	3	QL
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
BRENZAVVY	3	QL
FARXIGA	3	QL
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB		
XIGDUO XR	3	QL
SULFONYLUREA-BIGUANIDE COMBINATIONS		
<i>glipizide-metformin hcl</i>	2	
<i>glyburide-metformin</i>	2	
SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS		
<i>pioglitazone hcl-glimepiride</i>	2	QL
SULFONYLUREAS		
<i>glimepiride (1 mg tab, 2 mg tab, 4 mg tab)</i>	2	
GLIPIZIDE (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	2	
<i>glipizide er</i>	2	
<i>glipizide xl</i>	2	
<i>glyburide</i>	2	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
GLYBURIDE MICRONIZED	2	
THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS		
<i>pioglitazone hcl-metformin hcl</i>	2	
THIAZOLIDINEDIONES		
<i>pioglitazone hcl</i>	2	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI	4	PA, QL
ANTIDIARRHEAL/PROBIOTIC COMBINATIONS		
RESTORA RX	4	
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate-atropine (2.5-0.025 mg tab, 2.5-0.025 mg/5ml liquid)</i>	2	
MOTOFEN	4	
OPIUM	2	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET	4	
<i>deferasirox (125 mg tab sol, 250 mg tab sol, 500 mg tab sol)</i>	6	PA
<i>deferasirox (90 mg packet, 90 mg tab, 180 mg packet, 180 mg tab, 360 mg packet, 360 mg tab)</i>	6	PA
<i>deferasirox granules</i>	6	PA
<i>deferiprone</i>	6	PA
FERRIPROX 100 MG/ML SOLUTION	6	PA
FERRIPROX TWICE-A-DAY	6	PA
PENTETATE CALCIUM TRISODIUM	4	
PENTETATE ZINC TRISODIUM	4	

Drug Name	Drug Tier	Requirements / Limits
VISTOGARD	6	
OPIOID ANTAGONISTS		
KLOXXADO	4	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	2	
<i>naltrexone hcl</i>	2	
OPVEE	4	
REXTOVY	4	
REZENOPY	4	
ZIMHI	4	
ZURNAI	3	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl 1 mg tab</i>	2	
<i>ondansetron (4 mg tab disp, 8 mg tab disp)</i>	2	
<i>ondansetron hcl (4 mg tab, 8 mg tab, 24 mg tab)</i>	2	
<i>ondansetron hcl 4 mg/5ml solution</i>	2	
SANCUSO	4	QL
ANTIEMETIC COMBINATIONS		
AKYNZEO 300-0.5 MG CAP	4	
ANTIEMETICS - ANTICHOLINERGIC		
<i>meclizine hcl 25 mg tab</i>	2	
<i>scopolamine</i>	2	QL
<i>trimethobenzamide hcl</i>	2	
ANTIEMETICS - MISCELLANEOUS		
<i>dronabinol</i>	2	
SYNDROS	4	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant (40 mg cap, 80 mg cap, 125 mg cap)</i>	2	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
<i>aprepitant 80 & 125 mg cap thpk</i>	2	
EMEND 125 MG/5ML RECON SUSP	3	
ANTIFUNGALS		
<i>flucytosine</i>	2	
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	2	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	2	
<i>nystatin 500000 unit tab</i>	2	
<i>terbinafine hcl 250 mg tab</i>	2	
IMIDAZOLES		
<i>ketoconazole 200 mg tab</i>	2	
TRIAZOLES		
CRESEMBA (74.5 MG CAP, 186 MG CAP)	4	QL, PR (Oncology or Infectious Disease)
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2	
<i>itraconazole (10 mg/ml solution, 100 mg cap)</i>	2	
NOXAFIL 300 MG PACKET	3	AL, PR (Oncology or Infectious Disease)
<i>posaconazole (40 mg/ml suspension, 100 mg tab dr)</i>	2	PR (Oncology or Infectious Disease)
<i>voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)</i>	2	QL, PR (Oncology or Infectious Disease)
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
RYCLORA	2	
ANTIHISTAMINES - ETHANOLAMINES		
CARBINOXAMINE MALEATE (4 MG TAB, 4 MG/5ML SOLUTION)	2	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
CARBINOXAMINE MALEATE ER	2	
CLEMASTINE FUMARATE (0.67 MG/5ML SYRUP, 2.68 MG TAB)	2	
ANTIHISTAMINES - NON-SEDATING		
<i>desloratadine (2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	2	
<i>levocetirizine dihydrochloride (2.5 mg/5ml solution, 5 mg tab)</i>	2	
ANTIHISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl (6.25 mg/5ml solution, 12.5 mg suppos, 12.5 mg tab, 12.5 mg/10ml solution, 25 mg suppos, 25 mg tab, 50 mg tab)</i>	2	
PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOS, 50 MG SUPPOS)	2	
ANTIHISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	2	
ANTIHYPERLIPIDEMICS		
ACL INHIB-INTestinal CHOLESTEROL ABSORPTION INHIB COMB		
NEXLIZET	3	PA, QL
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL	3	PA, QL
ANTIHYPERLIPIDEMICS - MISC.		
<i>icosapent ethyl</i>	2	QL
<i>omega-3-acid ethyl esters</i>	2	QL
BILE ACID SEQUESTRANTS		
<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	2	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	2	
<i>colesevelam hcl</i>	2	
<i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i>	2	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	2	
FIBRIC ACID DERIVATIVES		
<i>fenofibrate (48 mg tab, 50 mg cap, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)</i>	2	
<i>fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)</i>	2	
FENOFIBRIC ACID (35 MG TAB, 45 MG CAP DR, 105 MG TAB, 135 MG CAP DR)	2	
<i>gemfibrozil</i>	2	
HMG COA REDUCTASE INHIBITORS		
ALTOPREV	4	QL
ATORVALIQ	4	AL
<i>atorvastatin calcium</i>	2	AL
FLOLIPID	4	
<i>fluvastatin sodium</i>	2	AL
<i>fluvastatin sodium er</i>	2	AL
<i>lovastatin</i>	2	AL
<i>pitavastatin calcium</i>	2	AL, QL
<i>pravastatin sodium</i>	2	AL
<i>rosuvastatin calcium</i>	2	AL
<i>simvastatin</i>	2	AL
INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB		
<i>ezetimibe-simvastatin</i>	2	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe</i>	2	
NICOTINIC ACID DERIVATIVES		
<i>niacin er (antihyperlipidemic)</i>	2	QL
PCSK9 INHIBITORS		
REPATHA	3	QL

Drug Name	Drug Tier	Requirements / Limits
REPATHA PUSHTRONEX SYSTEM	3	QL
REPATHA SURECLICK	3	QL
ANTIHYPERTENSIVES		
ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS		
<i>amlodipine besy-benazepril hcl</i>	2	
PRESTALIA	4	
TRANDOLAPRIL-VERAPAMIL HCL ER	2	
ACE INHIBITORS		
<i>benazepril hcl</i>	2	
<i>captopril</i>	2	
<i>enalapril maleate (1 mg/ml solution, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	2	
<i>fosinopril sodium</i>	2	
<i>lisinopril</i>	2	
<i>moexipril hcl</i>	2	
PERINDOPRIL ERBUMINE (2 MG TAB, 4 MG TAB, 8 MG TAB)	2	
QBRELIS	4	
<i>quinapril hcl</i>	2	
<i>ramipril</i>	2	
<i>trandolapril</i>	2	
ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE		
<i>benazepril-hydrochlorothiazide</i>	2	
CAPTOPRIL-HYDROCHLOROTHIAZIDE	2	
<i>enalapril-hydrochlorothiazide</i>	2	
<i>fosinopril sodium-hctz</i>	2	
<i>lisinopril-hydrochlorothiazide</i>	2	
QUINAPRIL-HYDROCHLOROTHIAZIDE (10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB)	2	

Drug Name	Drug Tier	Requirements / Limits
AGENTS FOR PHEOCHROMOCYTOMA		
<i>metyrosine</i>	2	
<i>phenoxybenzamine hcl</i>	2	
ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES		
<i>amlodipine-valsartan-hctz</i>	2	
<i>olmesartan-amlodipine-hctz</i>	2	
ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB		
<i>amlodipine besylate-valsartan</i>	2	
<i>amlodipine-olmesartan</i>	2	
TELMISARTAN-AMLODIPINE	2	
ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE		
<i>candesartan cilexetil-hctz</i>	2	
EDARBYCLOR	4	
<i>irbesartan-hydrochlorothiazide</i>	2	
<i>losartan potassium-hctz</i>	2	
<i>olmesartan medoxomil-hctz</i>	2	
<i>telmisartan-hctz</i>	2	
<i>valsartan-hydrochlorothiazide</i>	2	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	2	
EDARBI	4	
<i>irbesartan</i>	2	
<i>losartan potassium</i>	2	
<i>olmesartan medoxomil</i>	2	
<i>telmisartan</i>	2	
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	2	
<i>valsartan 4 mg/ml solution</i>	2	AL, QL

Drug Name	Drug Tier	Requirements / Limits
ANTIADRENERGICS - CENTRALLY ACTING		
<i>clonidine</i>	2	QL
<i>clonidine hcl</i>	2	
<i>guanfacine hcl</i>	2	
METHYLDOPA (250 MG TAB, 500 MG TAB)	2	
ANTIADRENERGICS - PERIPHERALLY ACTING		
<i>doxazosin mesylate</i>	2	
<i>prazosin hcl</i>	2	
<i>terazosin hcl</i>	2	
ANTIHYPERTENSIVES - MISC.		
VECAMYL	3	
BETA BLOCKER & DIURETIC COMBINATIONS		
<i>atenolol-chlorthalidone</i>	2	
<i>bisoprolol-hydrochlorothiazide</i>	2	
<i>metoprolol-hydrochlorothiazide</i>	2	
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate</i>	2	QL
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone</i>	2	QL
VASODILATORS		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	2	
<i>minoxidil</i>	2	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl</i>	2	
COARTEM	3	QL

Drug Name	Drug Tier	Requirements / Limits
CHLOROQUINE PHOSPHATE (250 MG TAB, 500 MG TAB)	2	
<i>hydroxychloroquine sulfate 200 mg tab</i>	2	
<i>mefloquine hcl</i>	2	
<i>primaquine phosphate</i>	2	
<i>pyrimethamine</i>	2	PA
<i>quinine sulfate</i>	2	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE	6	PA
<i>pyridostigmine bromide (30 mg tab, 60 mg tab)</i>	2	QL
<i>pyridostigmine bromide 60 mg/5ml solution</i>	2	
<i>pyridostigmine bromide er 180 mg tab er</i>	2	
ANTIMYCOBACTERIAL AGENTS		
CYCLOSERINE	2	
<i>ethambutol hcl</i>	2	
<i>isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)</i>	2	
PRETOMANID	4	PR (Pulmonology or Infectious Disease)
PRIFTIN	4	
<i>pyrazinamide</i>	2	
<i>rifabutin</i>	2	
<i>rifampin (150 mg cap, 300 mg cap)</i>	2	
SIRTURO	6	
TRECTOR	4	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
MYLERAN	4	
ANDROGEN BIOSYNTHESIS INHIBITORS		
<i>abiraterone acetate</i>	5	PA, QL

Drug Name	Drug Tier	Requirements / Limits
<i>abirtega</i>	5	PA, QL
YONSA	6	PA, QL
ANTIADRENALS		
LYSODREN	6	
ANTIANDROGENS		
<i>bicalutamide</i>	2	QL
ERLEADA	6	PA, QL
<i>nilutamide</i>	6	
NUBEQA	6	PA, QL
XTANDI	6	PA, QL
ANTIESTROGENS		
SOLTAMOX	4	
<i>tamoxifen citrate</i>	2	AL
<i>toremifene citrate</i>	2	PA
ANTIMETABOLITES		
<i>capecitabine</i>	5	
JYLAMVO	4	
<i>mercaptopurine 50 mg tab</i>	2	
METHOTREXATE SODIUM (2.5 MG TAB, 50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION)	2	
<i>methotrexate sodium (pf) (1 gm/40ml solution, 50 mg/2ml solution, 250 mg/10ml solution, 1000 mg/40ml solution)</i>	2	
ONUREG	6	PA
TABLOID	4	PA
TREXALL	3	
XATMEP	4	
ANTINEOPLASTIC - AKT INHIBITORS		
TRUQAP (160 MG TAB THPK, 200 MG TAB THPK)	6	PA, QL

Drug Name	Drug Tier	Requirements / Limits
TRUQAP (160 MG TAB, 200 MG TAB)	6	PA, QL
ANTINEOPLASTIC - ALK INHIBITORS		
ALECENSA	6	PA, QL
ALUNBRIG	6	PA, QL
LORBRENA	6	PA, QL
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK, 150 MG CAP SPRINK)	6	PA, AL, QL
XALKORI (200 MG CAP, 250 MG CAP)	6	PA, QL
ZYKADIA	6	PA, QL
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERNEXEOS	6	PA
TUKYSA	6	PA, QL
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA (10 MG TAB, 50 MG TAB)	6	PA, QL
VENCLEXTA 100 MG TAB	6	PA, QL
VENCLEXTA STARTING PACK	6	PA
ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS		
BOSULIF (400 MG TAB, 500 MG TAB)	6	PA, QL
BOSULIF (50 MG CAP, 100 MG CAP)	6	PA, QL
BOSULIF 100 MG TAB	6	PA, QL
<i>dasatinib (100 mg tab, 140 mg tab)</i>	6	PA
<i>dasatinib (50 mg tab, 70 mg tab)</i>	6	PA
<i>dasatinib 20 mg tab</i>	6	PA
<i>dasatinib 80 mg tab</i>	6	PA
ICLUSIG	6	PA, QL
<i>imatinib mesylate</i>	6	PA, QL
NILOTINIB D-TARTRATE (150 MG CAP, 200 MG CAP)	6	PA, QL

Drug Name	Drug Tier	Requirements / Limits
NILOTINIB D-TARTRATE 50 MG CAP	6	PA, QL
<i>nilotinib hcl</i>	6	PA, QL
SCEMBLIX (20 MG TAB, 100 MG TAB)	6	PA, QL
SCEMBLIX 40 MG TAB	6	PA, QL
ANTINEOPLASTIC - BRAF KINASE INHIBITORS		
BRAFTOVI	6	PA, QL
OJEMDA (25 MG/ML RECON SUSP, 100 MG TAB)	6	PA
TAFINLAR (50 MG CAP, 75 MG CAP)	6	PA, QL
TAFINLAR 10 MG TAB SOL	6	PA
ZELBORAF	6	PA, QL
ANTINEOPLASTIC - BTK INHIBITORS		
BRUKINSA 160 MG TAB	6	PA
BRUKINSA 80 MG CAP	6	PA
CALQUENCE 100 MG TAB	6	PA
IMBRUVICA (70 MG CAP, 140 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	6	PA, QL
IMBRUVICA 70 MG/ML SUSPENSION	6	PA, QL
JAYPIRCA 100 MG TAB	6	PA, QL
JAYPIRCA 50 MG TAB	6	PA, QL
ANTINEOPLASTIC - CSF1R KINASE INHIBITORS		
ROMVIMZA	6	PA, QL
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl</i>	6	PA, QL
<i>gefitinib</i>	6	PA, QL
GILOTRIF	6	PA, QL
LAZCLUZE	6	PA
TAGRISSE	6	PA, QL
VIZIMPRO	6	PA, QL

Drug Name	Drug Tier	Requirements / Limits
ANTINEOPLASTIC - FGFR KINASE INHIBITORS		
BALVERSA	6	PA
LYTGOBI (12 MG DAILY DOSE)	6	PA, QL
LYTGOBI (16 MG DAILY DOSE)	6	PA, QL
LYTGOBI (20 MG DAILY DOSE)	6	PA, QL
PEMAZYRE	6	PA
ANTINEOPLASTIC - GAMMA SECRETASE INHIBITORS		
OGSIVEO	6	PA
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO	6	PA
ERIVEDGE	6	PA, QL
ODOMZO	6	PA, QL
ANTINEOPLASTIC - HIF-2-ALPHA INHIBITORS		
WELIREG	6	PA, QL
ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS		
ZOLINZA	6	PA, QL
ANTINEOPLASTIC - HORMONAL AND RELATED AGENT COMBINATIONS		
AKEEGA	6	PA, QL
ANTINEOPLASTIC - IMMUNOMODULATORS		
<i>pomalidomide</i>	6	PA, QL
ANTINEOPLASTIC - KRAS INHIBITORS		
KRAZATI	6	PA, QL
LUMAKRAS	6	PA
ANTINEOPLASTIC - MEK INHIBITORS		
COTELLIC	6	PA, QL
GOMEKLI	6	PA
KOSELUGO (10 MG CAP, 25 MG CAP)	6	PA

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
KOSELUGO (5 MG CAP SPRINK, 7.5 MG CAP SPRINK)	6	PA
MEKINIST (0.5 MG TAB, 2 MG TAB)	6	PA, QL
MEKINIST 0.05 MG/ML RECON SOLN	6	PA
MEKTOVI	6	PA, QL
ANTINEOPLASTIC - MENIN INHIBITORS		
KOMZIFTI	6	PA, QL
REVUFORJ	6	PA
ANTINEOPLASTIC - MET INHIBITORS		
TABRECTA	6	PA
TEPMETKO	6	PA, QL
ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS		
TAZVERIK	6	PA
ANTINEOPLASTIC - MTOR KINASE INHIBITORS		
<i>everolimus (2 mg tab sol, 3 mg tab sol, 5 mg tab sol)</i>	5	PA, QL
<i>everolimus (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)</i>	5	PA, QL
<i>torpenz</i>	5	PA, QL
ANTINEOPLASTIC - MULTIKINASE INHIBITORS		
CABOMETYX	6	PA
CAPRELSA	6	PA, QL
COMETRIQ (100 MG DAILY DOSE)	6	PA, QL
COMETRIQ (140 MG DAILY DOSE)	6	PA, QL
COMETRIQ (60 MG DAILY DOSE)	6	PA, QL
ENSACOVE	6	PA
HYRNUO	6	PA, QL
<i>lapatinib ditosylate</i>	6	PA, QL
NERLYNX	6	PA

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
<i>pazopanib hcl 200 mg tab</i>	6	PA, QL
PAZOPANIB HCL 400 MG TAB	6	PA, QL
QINLOCK	6	PA
RYDAPT	6	PA
<i>sorafenib tosylate</i>	6	PA, QL
STIVARGA	6	PA, QL
<i>sunitinib malate</i>	5	PA
TURALIO 125 MG CAP	6	PA, QL
VANFLYTA	6	PA, QL
XOSPATA	6	PA
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT	6	PA, QL
ANTINEOPLASTIC - PROTEASE ACTIVATORS		
MODEYSO	6	PA
ANTINEOPLASTIC - PROTEASOME INHIBITORS		
NINLARO	6	PA, QL
ANTINEOPLASTIC - RET INHIBITORS		
GAVRETO	6	PA, QL
RETEVMO (40 MG CAP, 80 MG CAP)	6	PA, QL
RETEVMO (40 MG TAB, 80 MG TAB, 120 MG TAB, 160 MG TAB)	6	PA, QL
ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS		
AUGTYRO	6	PA
IBTROZI	6	PA, QL
ROZLYTREK (100 MG CAP, 200 MG CAP)	6	PA, QL
ROZLYTREK 50 MG PACKET	6	PA, AL, QL
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAP, 100 MG CAP)	6	PA

Drug Name	Drug Tier	Requirements / Limits
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO (100 MG ONCE WEEKLY)	6	PA
XPOVIO (40 MG ONCE WEEKLY)	6	PA
XPOVIO (40 MG TWICE WEEKLY)	6	PA
XPOVIO (60 MG ONCE WEEKLY)	6	PA
XPOVIO (60 MG TWICE WEEKLY)	6	PA
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	6	PA
XPOVIO (80 MG ONCE WEEKLY) 80 MG TAB THPK	6	PA
XPOVIO (80 MG TWICE WEEKLY)	6	PA
ANTINEOPLASTIC COMBINATIONS		
AVMAPKI FAKZYNJA CO-PACK	6	PA
INQOVI	6	PA
LONSURF 15-6.14 MG TAB	6	PA, QL
LONSURF 20-8.19 MG TAB	6	PA, QL
ANTINEOPLASTICS MISC.		
ACTIMMUNE	6	PA
BESREMI	6	PA
<i>hydroxyurea</i>	2	
MATULANE	6	PA
AROMATASE INHIBITORS		
<i>anastrozole</i>	2	AL
<i>exemestane</i>	2	AL
<i>letrozole</i>	2	
CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS		
IBRANCE	6	PA, QL
KISQALI (200 MG DOSE)	6	PA, QL
KISQALI (400 MG DOSE)	6	PA, QL

Drug Name	Drug Tier	Requirements / Limits
KISQALI (600 MG DOSE)	6	PA, QL
VERZENIO	6	PA
ESTROGEN RECEPTOR ANTAGONIST		
INLURIYO	6	PA, QL
ESTROGENS-ANTINEOPLASTIC		
EMCYT	6	PA
FOLIC ACID ANTAGONISTS RESCUE AGENTS		
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	2	
GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS		
ORGOVYX	6	PA
IMIDAZOTETRAZINES		
<i>temozolomide</i>	6	PA
ISOCITRATE DEHYDROGENASE 1 & 2 (IDH1 & IDH2) INHIBITORS		
VORANIGO	6	PA
ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS		
REZLIDHIA	6	PA, QL
TIBSOVO	6	PA
ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS		
IDHIFA	6	PA, QL
JANUS ASSOCIATED KINASE (JAK) INHIBITORS		
INREBIC	6	PA, QL
JAKAFI	6	PA, QL
OJJAARA	6	PA, QL
VONJO	6	PA, QL
LHRH ANALOGS		
<i>leuprolide acetate</i>	6	PA

Drug Name	Drug Tier	Requirements / Limits
MITOTIC INHIBITORS		
ETOPOSIDE 50 MG CAP	6	
NITROGEN MUSTARDS AND RELATED ANALOGUES		
CYCLOPHOSPHAMIDE (25 MG CAP, 50 MG CAP)	2	
LEUKERAN	3	
NITROSOUREAS		
<i>lomustine</i>	6	
ORNITHINE DECARBOXYLASE (ODC) INHIBITORS		
IWILFIN	6	PA
PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS		
COPIKTRA	6	PA, QL
ITOVEBI	6	PA, QL
PIQRAY (200 MG DAILY DOSE)	6	PA
PIQRAY (250 MG DAILY DOSE)	6	PA
PIQRAY (300 MG DAILY DOSE)	6	PA
ZYDELIG	6	PA, QL
POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS		
LYNPARZA	6	PA, QL
RUBRACA	6	PA, QL
TALZENNA	6	PA, QL
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	6	PA, QL
PROGESTINS-ANTINEOPLASTIC		
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	2	
RETINOIDS		
<i>tretinoin 10 mg cap</i>	6	
SELECTIVE ESTROGEN RECEPTOR DEGRADERS		
ORSERDU	6	PA, QL

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
SELECTIVE RETINOID X RECEPTOR AGONISTS		
<i>bexarotene 75 mg cap</i>	6	PA
TOPOISOMERASE I INHIBITORS		
HYCAMTIN (0.25 MG CAP, 1 MG CAP)	6	PA
URINARY TRACT PROTECTIVE AGENTS		
<i>mesna 400 mg tab</i>	5	
VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS		
FRUZAQLA	6	PA, QL
INLYTA	6	PA, QL
LENVIMA (10 MG DAILY DOSE)	6	PA, QL
LENVIMA (12 MG DAILY DOSE)	6	PA, QL
LENVIMA (14 MG DAILY DOSE)	6	PA, QL
LENVIMA (18 MG DAILY DOSE)	6	PA, QL
LENVIMA (20 MG DAILY DOSE)	6	PA, QL
LENVIMA (24 MG DAILY DOSE)	6	PA, QL
LENVIMA (4 MG DAILY DOSE)	6	PA, QL
LENVIMA (8 MG DAILY DOSE)	6	PA, QL
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ADENOSINE RECEPTOR ANTAGONIST		
NOURIANZ	4	QL
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2	
<i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i>	2	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab, 100 mg/10ml solution)</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>bromocriptine mesylate</i>	2	
INBRIJA	4	QL
OSMOLEX ER 129 MG TAB ER 24H	4	QL
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate</i>	2	QL
<i>selegiline hcl</i>	2	
XADAGO	4	QL
ZELAPAR	4	
CENTRAL/PERIPHERAL COMT INHIBITORS		
<i>tolcapone</i>	2	QL
DECARBOXYLASE INHIBITORS		
<i>carbidopa</i>	2	
LEVODOPA COMBINATIONS		
<i>carbidopa-levodopa (10-100 mg tab, 10-100 mg tab disp, 25-100 mg tab, 25-100 mg tab disp, 25-250 mg tab, 25-250 mg tab disp)</i>	2	
<i>carbidopa-levodopa er (23.75-95 mg cap er, 25-100 mg tab er, 36.25-145 mg cap er, 48.75-195 mg cap er, 50-200 mg tab er, 61.25-245 mg cap er)</i>	2	
<i>carbidopa-levodopa-entacapone</i>	2	
CREXONT	4	
DHIVY	4	
RYTARY	4	
NONERGOLINE DOPAMINE RECEPTOR AGONISTS		
NEUPRO	4	
<i>pramipexole dihydrochloride</i>	2	
<i>pramipexole dihydrochloride er</i>	2	QL
<i>ropinirole hcl</i>	2	
<i>ropinirole hcl er</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
PERIPHERAL COMT INHIBITORS		
<i>entacapone</i>	2	
ONGENTYS	4	QL
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>lithium</i>	2	AL
<i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>	2	AL
<i>lithium carbonate er (300 mg tab er, 450 mg tab er)</i>	2	AL
LITHOBID	4	AL
ANTIPSYCHOTICS - MISC.		
EQUETRO	4	AL
<i>lurasidone hcl</i>	2	AL, QL
NUPLAZID	4	PA, AL, QL
VRAYLAR (0.5 MG CAP, 0.75 MG CAP, 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	4	ST, AL, QL
<i>ziprasidone hcl</i>	2	AL, QL
BENZISOXAZOLES		
<i>paliperidone er</i>	2	AL, QL
<i>risperidone (0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 1 mg/ml solution, 2 mg tab disp, 3 mg tab disp, 4 mg tab, 4 mg tab disp)</i>	2	AL, QL
<i>risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab)</i>	2	AL
BUTYROPHENONES		
<i>haloperidol</i>	2	AL
<i>haloperidol lactate 2 mg/ml conc</i>	2	AL
DIBENZO-OXEPINO PYRROLES		
<i>asenapine maleate</i>	2	AL, QL

Drug Name	Drug Tier	Requirements / Limits
DIBENZODIAZEPINES		
<i>clozapine (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	2	AL, QL
DIBENZOTHIAZEPINES		
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	2	AL
<i>quetiapine fumarate er</i>	2	AL, QL
DIBENZOAZEPINES		
<i>loxapine succinate</i>	2	AL
PHENOTHIAZINES		
<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	2	AL
<i>compro</i>	2	AL
<i>fluphenazine hcl (1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 5 mg tab, 5 mg/ml conc, 10 mg tab)</i>	2	AL
<i>perphenazine</i>	2	AL
<i>prochlorperazine</i>	2	AL
<i>prochlorperazine maleate</i>	2	AL
<i>thioridazine hcl</i>	2	AL
<i>trifluoperazine hcl</i>	2	AL
QUINOLINONE DERIVATIVES		
<i>aripiprazole (1 mg/ml solution, 2 mg tab)</i>	2	AL, QL
<i>aripiprazole (5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	2	AL
REXULTI	4	ST, AL, QL
THIENBENZODIAZEPINES		
<i>olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab)</i>	2	AL
<i>olanzapine (5 mg tab disp, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)</i>	2	AL, QL

Drug Name	Drug Tier	Requirements / Limits
THIOXANTHENES		
<i>thiothixene</i>	2	AL
ANTIVIRALS		
ANTIRETROVIRAL COMBINATIONS		
<i>abacavir sulfate-lamivudine</i>	6	
BIKTARVY	6	
CIMDUO	6	
DELSTRIGO	6	
DESCOVY	6	
DOVATO	6	
<i>efavirenz-emtricitab-tenofo df</i>	2	
EFAVIRENZ-LAMIVUDINE-TENOFOVIR (400-300-300 MG TAB, 600-300-300 MG TAB)	2	
<i>emtricitab-rilpivir-tenofov df</i>	6	
<i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)</i>	5	
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	1	
EVOTAZ	6	
GENVOYA	6	
JULUCA	6	
<i>lamivudine-zidovudine</i>	6	
<i>lopinavir-ritonavir (100-25 mg tab, 200-50 mg tab, 400-100 mg/5ml solution)</i>	5	
ODEFSEY	6	
PREZCOBIX	6	
STRIBILD	6	
SYMTUZA	6	
TRIUMEQ	6	
TRIUMEQ PD	6	AL

Drug Name	Drug Tier	Requirements / Limits
ANTIRETROVIRALS - CAPSID INHIBITORS		
SUNLENCA (4 X 300 MG TAB THPK, 5 X 300 MG TAB THPK)	6	
SUNLENCA 300 MG TAB	6	
YEZTUGO 300 MG TAB	6	
ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)		
<i>maraviroc</i>	6	
SELZENTRY 20 MG/ML SOLUTION	6	
ANTIRETROVIRALS - FUSION INHIBITORS		
FUZEON	6	
ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR		
RUKOBIA	6	
ANTIRETROVIRALS - INTEGRASE INHIBITORS		
ISENTRESS	6	
ISENTRESS HD	6	
TIVICAY 50 MG TAB	6	
TIVICAY PD	6	
VOCABRIA	4	
ANTIRETROVIRALS - PROTEASE INHIBITORS		
APTIVUS	6	
<i>atazanavir sulfate</i>	5	
<i>darunavir</i>	6	
<i>fosamprenavir calcium</i>	6	
NORVIR 100 MG PACKET	6	
PREZISTA (75 MG TAB, 100 MG/ML SUSPENSION, 150 MG TAB)	6	
REYATAZ 50 MG PACKET	6	
<i>ritonavir</i>	6	

Drug Name	Drug Tier	Requirements / Limits
VIRACEPT	6	
ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES		
EDURANT PED	6	AL, QL
EFAVIRENZ (50 MG CAP, 200 MG CAP, 600 MG TAB)	6	
<i>etravirine</i>	5	
INTELENCE 25 MG TAB	6	
<i>nevirapine (50 mg/5ml suspension, 200 mg tab)</i>	6	
<i>nevirapine er 400 mg tab er 24h</i>	6	
PIFELTRO	6	
<i>rilpivirine hcl</i>	5	
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES		
<i>abacavir sulfate (20 mg/ml solution, 300 mg tab)</i>	6	
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES		
<i>emtricitabine</i>	6	
EMTRIVA 10 MG/ML SOLUTION	6	
<i>lamivudine (10 mg/ml solution, 150 mg tab, 300 mg tab, 300 mg/30ml solution)</i>	6	
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES		
<i>zidovudine (50 mg/5ml syrup, 100 mg cap, 300 mg tab)</i>	6	
ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES		
<i>tenofovir disoproxil fumarate</i>	6	
VIREAD (40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB)	6	
ANTIRETROVIRALS ADJUVANTS		
TYBOST	4	
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100)	4	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
PAXLOVID (300/100 & 150/100)	4	
PAXLOVID (300/100)	4	
CMV AGENTS		
LIVTENCITY	6	QL, PR (infectious Disease Spec.)
PREVYMIS (20 MG PACKET, 120 MG PACKET)	6	AL, QL
PREVYMIS (240 MG TAB, 480 MG TAB)	6	QL
<i>valganciclovir hcl (50 mg/ml recon soln, 450 mg tab)</i>	6	
HEPATITIS B AGENTS		
<i>adefovir dipivoxil</i>	6	
BARACLUDE 0.05 MG/ML SOLUTION	6	
<i>entecavir</i>	6	
<i>lamivudine 100 mg tab</i>	6	
VEMLIDY	6	
HEPATITIS C AGENT - COMBINATIONS		
EPCLUSA (150-37.5 MG PACKET, 200-50 MG PACKET)	6	PA, QL
HARVONI (33.75-150 MG PACKET, 45-200 MG PACKET)	6	PA, QL
LEDIPASVIR-SOFOSBUVIR	2	PA, QL
MAVYRET 100-40 MG TAB	6	PA, QL
MAVYRET 50-20 MG PACKET	6	PA, QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL
VOSEVI	6	PA, QL
HEPATITIS C AGENTS		
PEGASYS	6	QL
RIBAVIRIN (200 MG CAP, 200 MG TAB)	6	
HERPES AGENTS - PURINE ANALOGUES		
<i>acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab, 800 mg/20ml suspension)</i>	2	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
SITAVIG	4	
<i>valacyclovir hcl</i>	2	
HERPES AGENTS - THYMIDINE ANALOGUES		
<i>famciclovir</i>	2	
INFLUENZA AGENTS		
RIMANTADINE HCL	2	
MISC. ANTIVIRALS		
TEMBEXA (10 MG/ML SUSPENSION, 100 MG TAB)	4	
TPOXX 200 MG CAP	4	
NEURAMINIDASE INHIBITORS		
<i>oseltamivir phosphate (6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap)</i>	2	
RELENZA DISKHALER	4	
PA ENDONUCLEASE INHIBITORS		
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	4	
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	4	
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol</i>	2	
<i>carvedilol phosphate er</i>	2	QL
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	2	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl</i>	2	
<i>atenolol</i>	2	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	2	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	2	
<i>metoprolol succinate er</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	2	
<i>nebivolol hcl</i>	2	QL
BETA BLOCKERS NON-SELECTIVE		
HEMANGEOL	4	
<i>nadolol</i>	2	
<i>pindolol</i>	2	
<i>propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 40 mg/5ml solution, 60 mg tab, 80 mg tab)</i>	2	
<i>propranolol hcl er</i>	2	
<i>sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i>	2	
<i>sotalol hcl (af)</i>	2	
SOTYLIZE	4	
<i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i>	2	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i>	2	
CARDAMYST	4	PA
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	2	
<i>diltiazem hcl er</i>	2	
<i>diltiazem hcl er beads</i>	2	
<i>diltiazem hcl er coated beads</i>	2	
<i>felodipine er</i>	2	
<i>isradipine</i>	2	
KATERZIA	4	AL
<i>matzim la</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>nifedipine hcl (20 mg cap, 30 mg cap)</i>	2	
<i>nifedipine</i>	2	
<i>nifedipine er</i>	2	
<i>nifedipine er osmotic release</i>	2	
<i>nimodipine 30 mg cap</i>	2	
<i>nisoldipine er (8.5 mg tab er 24h, 17 mg tab er 24h, 20 mg tab er 24h, 25.5 mg tab er 24h, 30 mg tab er 24h, 34 mg tab er 24h, 40 mg tab er 24h)</i>	2	
NORLIQVA	4	AL, QL
NYMALIZE	4	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	2	
<i>verapamil hcl er (100 mg cap er 24h, 120 mg cap er 24h, 120 mg tab er, 180 mg cap er 24h, 180 mg tab er, 200 mg cap er 24h, 240 mg cap er 24h, 240 mg tab er, 300 mg cap er 24h, 360 mg cap er 24h)</i>	2	
CARDIOTONICS		
CARDIAC GLYCOSIDES		
<i>digoxin (0.05 mg/ml solution, 62.5 mcg tab, 125 mcg tab, 250 mcg tab)</i>	2	
LANOXIN (62.5 MCG TAB, 125 MCG TAB, 250 MCG TAB)	4	
CARDIOVASCULAR AGENTS - MISC.		
CALCIUM CHANNEL BLOCKER & HMG COA REDUCTASE INHIBIT COMB		
<i>amlodipine-atorvastatin</i>	2	
CARDIAC MYOSIN INHIBITORS		
CAMZYOS	6	PA, QL
MYQORZO	6	PA, QL
NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB		
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	3	AL

Drug Name	Drug Tier	Requirements / Limits
<i>sacubitril-valsartan</i>	2	
NITRATE & VASODILATOR COMBINATIONS		
<i>isosorb dinitrate-hydralazine</i>	2	
PROSTAGLANDIN - IMPOTENCE AGENTS		
CAVERJECT	4	QL
CAVERJECT IMPULSE	4	QL
EDEX (2 CARTRIDGE)	4	QL
EDEX (6 CARTRIDGE)	4	QL
PROSTAGLANDIN VASODILATORS		
ORENITRAM (0.125 MG TAB ER, 0.25 MG TAB ER, 1 MG TAB ER)	6	PA, QL
ORENITRAM 2.5 MG TAB ER	6	PA, QL
ORENITRAM 5 MG TAB ER	6	PA, QL
ORENITRAM MONTH 1	6	PA
ORENITRAM MONTH 2	6	PA
ORENITRAM MONTH 3	6	PA
TYVASO DPI INSTITUTIONAL KIT (32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	6	PA, QL
TYVASO DPI INSTITUTIONAL KIT 16 MCG POWDER	6	PA, QL
TYVASO DPI INSTITUTIONAL KIT 80 MCG POWDER	6	PA, QL
TYVASO DPI MAINTENANCE KIT (112 X 32MCG & 112 POWDER, 112 X 48MCG & 112 POWDER)	6	PA, QL
TYVASO DPI MAINTENANCE KIT (32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	6	PA, QL
TYVASO DPI MAINTENANCE KIT 16 MCG POWDER	6	PA, QL
TYVASO DPI MAINTENANCE KIT 80 MCG POWDER	6	PA, QL
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	6	PA, QL
VENTAVIS 10 MCG/ML SOLUTION	6	PA
VENTAVIS 20 MCG/ML SOLUTION	6	PA

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
ADEMPAS	6	PA, QL
PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR		
WINREVAIR	6	PA
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan</i>	5	PA, QL
<i>bosentan (62.5 mg tab, 125 mg tab)</i>	5	PA, QL
<i>bosentan 32 mg tab sol</i>	5	PA, QL
OPSUMIT	6	PA, QL
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>alyq</i>	5	PA, QL
<i>sildenafil citrate 10 mg/ml recon susp</i>	6	AL, PR (Pulmonology or Cardiology)
<i>sildenafil citrate 20 mg tab</i>	2	QL, PR (Pulmonology or Cardiology)
<i>tadalafil (pah)</i>	5	PA, QL
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI (200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	6	PA, QL
UPTRAVI 200 & 800 MCG TAB THPK	6	PA
SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS		
<i>avanafil</i>	2	QL
<i>sildenafil citrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	2	QL
<i>tadalafil</i>	2	QL
<i>vardenafil hcl</i>	2	QL
SINUS NODE INHIBITORS		
CORLANOR 5 MG/5ML SOLUTION	4	AL

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
<i>ivabradine hcl</i>	2	QL
TRANSTHYRETIN STABILIZERS		
VYNDAMAX	6	PA
VYNDAQEL	6	PA
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO	4	QL
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>	2	
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap, 750 mg cap)</i>	2	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR (250 MG CAP, 250 MG/5ML RECON SUSP, 500 MG CAP)	2	
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	2	
<i>cefuroxime axetil</i>	2	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i>	2	
<i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)</i>	2	
<i>cefpodoxime proxetil (50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab)</i>	2	
CONTRACEPTIVES		
BIPHASIC CONTRACEPTIVES - ORAL		
<i>azurette</i>	1	
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	1	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
<i>kariva</i>	1	
LO LOESTRIN FE	1	
<i>pimtreea</i>	1	
<i>simliya</i>	1	
<i>viorele</i>	1	
<i>volnea</i>	1	
COMBINATION CONTRACEPTIVES - ORAL		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>apri</i>	1	
<i>aubra</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1.5/30</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
AVERI	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>blisovi fe 1/20</i>	1	
<i>briellyn</i>	1	
<i>charlotte 24 fe</i>	1	
<i>chateal</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>chateal eq</i>	1	
<i>cryselle</i>	1	
<i>cryselle-28</i>	1	
<i>cyclafem 1/35</i>	1	
<i>cyred</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>delyla</i>	1	
<i>drospiren-eth estrad-levomefol</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	
<i>elinest</i>	1	
<i>emoquette</i>	1	
<i>enskyce</i>	1	
<i>estarylla</i>	1	
<i>ethynodiol diac-eth estradiol</i>	1	
<i>falmina</i>	1	
<i>feirza 1.5/30</i>	1	
<i>feirza 1/20</i>	1	
FEMLYV	4	
<i>femynor</i>	1	
<i>finzala</i>	1	
<i>galbriela</i>	1	
<i>gemmily</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>hailey fe 1.5/30</i>	1	
<i>hailey fe 1/20</i>	1	
<i>isibloom</i>	1	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
<i>jasmiel</i>	1	
<i>joyeaux</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kalliga</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>larissia</i>	1	
<i>layolis fe</i>	1	
<i>lessina</i>	1	
<i>levonorgest-eth estradiol-iron</i>	1	
<i>levonorgestrel-ethinyl estrad (0.1-20 tab, 0.15-30 tab)</i>	1	
<i>levora 0.15/30 (28)</i>	1	
<i>lillow</i>	1	
<i>lo-zumandimine</i>	1	
<i>loestrin 1.5/30 (21)</i>	1	
<i>loestrin 1/20 (21)</i>	1	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>luizza 1.5/30</i>	1	
<i>luizza 1/20</i>	1	
<i>lutra</i>	1	
<i>marlissa</i>	1	
<i>merzee</i>	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin 24 fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>minzoya</i>	1	
<i>mono-linyah</i>	1	
<i>necon 0.5/35 (28)</i>	1	
NEXTSTELLIS	1	
<i>nikki</i>	1	
<i>norethin ace-eth estrad-fe</i>	1	
<i>norethin-eth estradiol-fe</i>	1	
<i>norethindrone acet-ethinyl est</i>	1	
<i>norgestimate-eth estradiol</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
<i>nylia 1/35</i>	1	
<i>nymyo</i>	1	
<i>ocella</i>	1	
<i>orsythia</i>	1	
<i>philith</i>	1	
<i>pirmella 1/35</i>	1	
<i>portia-28</i>	1	
<i>previfem</i>	1	
<i>reclipsen</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>taysofy</i>	1	
<i>turqoz</i>	1	
TYBLUME	1	
<i>tydemy</i>	1	
<i>valtya 1/35</i>	1	
<i>valtya 1/50</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xelria fe</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>zovia 1/35 (28)</i>	1	
<i>zovia 1/35e (28)</i>	1	
<i>zumandimine</i>	1	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-eth estradiol</i>	1	
TWIRLA	1	
<i>xulane</i>	1	
<i>zafemy</i>	1	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA	1	
<i>eluryng</i>	1	QL
<i>enilloring</i>	1	QL
<i>etonogestrel-ethinyl estradiol</i>	1	QL
<i>haloette</i>	1	QL
CONTINUOUS CONTRACEPTIVES - ORAL		
<i>amethyst</i>	1	
<i>dolishale</i>	1	
<i>levonorgestrel-ethinyl estrad 90-20 mcg tab</i>	1	
EMERGENCY CONTRACEPTIVES		
<i>aftera</i>	1	QL (3 per 90 day(s))
<i>afterpill</i>	1	QL (3 per 90 day(s))
<i>curae</i>	1	QL (3 per 90 day(s))
<i>econtra ez</i>	1	QL (3 per 90 day(s))
<i>econtra one-step</i>	1	QL (3 per 90 day(s))
ELLA	1	
<i>her style</i>	1	QL (3 per 90 day(s))
<i>levonorgestrel</i>	1	QL (3 per 90 day(s))
<i>my choice</i>	1	QL (3 per 90 day(s))

Drug Name	Drug Tier	Requirements / Limits
<i>my way</i>	1	QL (3 per 90 day(s))
<i>new day</i>	1	QL (3 per 90 day(s))
<i>opcicon one-step</i>	1	QL (3 per 90 day(s))
<i>option 2</i>	1	QL (3 per 90 day(s))
<i>react</i>	1	QL (3 per 90 day(s))
<i>shewise</i>	1	QL (3 per 90 day(s))
<i>take action</i>	1	QL (3 per 90 day(s))
EXTENDED-CYCLE CONTRACEPTIVES - ORAL		
<i>amethia</i>	1	
<i>ashlyna</i>	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>daysee</i>	1	
<i>fayosim</i>	1	
<i>iclevia</i>	1	
<i>introvale</i>	1	
<i>jaimiess</i>	1	
<i>jolessa</i>	1	
<i>levonorgest-eth est & eth est</i>	1	
<i>levonorgest-eth estrad 91-day</i>	1	
<i>lojaimiess</i>	1	
<i>rivelsa</i>	1	
<i>rosyrah</i>	1	
<i>setlakin</i>	1	
<i>simpesse</i>	1	
FOUR PHASE CONTRACEPTIVES - ORAL		
NATAZIA	1	
PROGESTIN CONTRACEPTIVES - ORAL		
<i>camila</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>deblitane</i>	1	
<i>emzahh</i>	1	
<i>errin</i>	1	
<i>heather</i>	1	
<i>incassia</i>	1	
<i>jencycla</i>	1	
<i>lyleq</i>	1	
<i>lyza</i>	1	
<i>meleya</i>	1	
<i>nora-be</i>	1	
<i>norethindrone</i>	1	
<i>norlyda</i>	1	
<i>norlyroc</i>	1	
OPILL	1	
<i>orquidea</i>	1	
<i>sharobel</i>	1	
SLYND	1	
<i>tulana</i>	1	
TRIPHASIC CONTRACEPTIVES - ORAL		
<i>alyacen 7/7/7</i>	1	
ARANELLE	1	
<i>cyclafem 7/7/7</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>enpresse-28</i>	1	
<i>leena</i>	1	
<i>levonest</i>	1	
<i>levonorg-eth estrad triphasic</i>	1	
<i>norethindron-ethinyl estrad-fe</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>norgestim-eth estrad triphasic</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 7/7/7</i>	1	
<i>pirmella 7/7/7</i>	1	
<i>tilia fe</i>	1	
<i>tri femynor</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora (28)</i>	1	
VELIVET	1	
<i>xarah fe</i>	1	

CORTICOSTEROIDS

GLUCOCORTICOSTEROIDS

ALKINDI SPRINKLE	4	AL
<i>budesonide 3 mg cp dr part</i>	2	
<i>budesonide er</i>	2	
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	2	

Drug Name	Drug Tier	Requirements / Limits
DEXAMETHASONE INTENSOL	2	
EOHILIA	6	PA, QL
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	2	
<i>hydrocortisone sod suc (pf)</i>	2	
MEDROL 2 MG TAB	4	
<i>methylprednisolone</i>	2	
<i>prednisolone (5 mg tab, 15 mg/5ml solution)</i>	2	
<i>prednisolone sodium phosphate (5 mg/5ml solution, 6.7 (5 base) mg/5ml solution, 10 mg tab disp, 10 mg/5ml solution, 15 mg tab disp, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution, 30 mg tab disp)</i>	2	
PREDNISONE (1 MG TAB, 2.5 MG TAB, 5 MG (21) TAB THPK, 5 MG (48) TAB THPK, 5 MG TAB, 5 MG/5ML SOLUTION, 10 MG (21) TAB THPK, 10 MG (48) TAB THPK, 10 MG TAB, 20 MG TAB, 50 MG TAB)	2	
PREDNISONE INTENSOL	2	
SOLU-CORTEF 250 MG RECON SOLN	3	
TARPEYO	6	PA
MINERALOCORTICOIDS		
<i>fludrocortisone acetate</i>	2	
COUGH/COLD/ALLERGY		
ANTITUSSIVE - NONNARCOTIC		
BENZONATATE (100 MG CAP, 150 MG CAP, 200 MG CAP)	2	
ANTITUSSIVE - OPIOID		
<i>hydrocodone bit-homatrop mbr (5-1.5 mg tab, 5-1.5 mg/5ml solution)</i>	2	AL
<i>hydromet</i>	2	AL
ANTITUSSIVE-EXPECTORANT		
<i>g tussin ac</i>	2	AL

Drug Name	Drug Tier	Requirements / Limits
<i>guaiaatussin ac</i>	2	AL
<i>guaifenesin ac</i>	2	AL
<i>guaifenesin-codeine</i>	2	AL
<i>maxi-tuss ac</i>	2	AL
ANTITUSSIVE-EXPECTORANTS-DECONGESTANT		
TUSNEL C	2	
DECONGESTANT & ANTIHISTAMINE		
CLARINEX-D 12 HOUR	4	AL
PROMETHAZINE-PHENYLEPHRINE	2	
IODINE EXPECTORANTS		
POTASSIUM IODIDE (EXPECTORANT)	2	
MISC. RESPIRATORY INHALANTS		
HYPERSAL 3.5 % NEBU SOLN	4	
NEBUSAL 3 % NEBU SOLN	2	
PULMOSAL	2	
SODIUM CHLORIDE (0.9 % NEBU SOLN, 3 % NEBU SOLN, 7 % NEBU SOLN, 10 % NEBU SOLN)	2	
MUCOLYTICS		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	2	
NON-NARC ANTITUSSIVE-ANTIHISTAMINE		
<i>promethazine-dm</i>	2	
NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE		
<i>pseudoeph-bromphen-dm</i>	2	
OPIOID ANTITUSSIVE-ANTIHISTAMINE		
HYDROCOD POLI-CHLORPHE POLI ER	2	AL
<i>promethazine-codeine</i>	2	AL
OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE		
PRO-RED AC	4	AL

Drug Name	Drug Tier	Requirements / Limits
DERMATOLOGICALS		
ACNE ANTIBIOTICS		
AMZEEQ	4	
<i>clindacin</i>	2	
<i>clindacin etz 1 % swab</i>	2	
<i>clindacin-p</i>	2	
<i>clindamycin phos (once-daily)</i>	2	
<i>clindamycin phos (twice-daily)</i>	2	
<i>clindamycin phosphate (1 % foam, 1 % lotion, 1 % solution, 1 % swab)</i>	2	
<i>dapsone (5 % gel, 7.5 % gel)</i>	2	
ERY	2	
ERYTHROMYCIN (2 % GEL, 2 % SOLUTION)	2	
<i>sulfacetamide sodium (acne)</i>	2	
ACNE COMBINATIONS		
<i>adapalene-benzoyl peroxide (0.1-2.5 % gel, 0.3-2.5 % gel)</i>	2	QL
AVAR CLEANSER	2	
AVAR-E EMOLLIENT	2	
<i>avar-e green</i>	2	
BENZOYL PEROX-HYDROCORTISONE	2	
<i>benzoyl peroxide-erythromycin</i>	2	
BP 10-1	2	
<i>clindamycin phos-benzoyl perox</i>	2	
<i>clindamycin-tretinoin</i>	2	QL
<i>neuac 1.2-5 % gel</i>	2	
PLEXION CLEANSING CLOTH	4	
SSS 10-5 (10-5 % CREAM, 10-5 % FOAM)	2	
SULFACETAMIDE SOD-SULFUR WASH (9-4 % LIQUID, 9-4.5 % LIQUID)	2	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
SULFACETAMIDE SODIUM-SULFUR (8-4 % SUSPENSION, 9-4 % LIQUID, 9-4.5 % LIQUID, 9.8-4.8 % CREAM, 9.8-4.8 % LIQUID, 9.8-4.8 % LOTION, 10-1 % EMULSION, 10-2 % CREAM, 10-2 % LIQUID, 10-5 % CREAM, 10-5 % LIQUID, 10-5 % LOTION, 10-5 % SUSPENSION)	2	
SULFACETAMIDE SODIUM-SULFUR 9.8-4.8 % PAD	4	
SULFACETAMIDE-SULFUR IN UREA	2	
SULFACLEANSE 8/4	2	
SULFAMEZ WASH	2	
VANOXIDE-HC	2	
ACNE PRODUCTS		
<i>acutane</i>	2	
<i>adapalene (0.1 % cream, 0.1 % gel, 0.3 % gel)</i>	2	
AKLIEF	4	
ALTRENO	4	
<i>amnesteam</i>	2	
AZELEX	4	
BENZEPRO (5.2 % FOAM, 5.3 % FOAM, 9.7 % FOAM)	4	
BENZEPRO (5.8 % MISC, 6.8 % LIQUID)	2	
BENZEPRO CREAMY WASH	2	
BENZEPRO FOAMING CLOTHS	2	
BENZOYL PEROXIDE (8 % GEL, 9.8 % FOAM)	2	
<i>claravis</i>	2	
FABIOR	4	
<i>isotretinoin</i>	2	
<i>myorisan</i>	2	
PR BENZOYL PEROXIDE	2	
PR BENZOYL PEROXIDE WASH	2	
RETIN-A MICRO PUMP 0.06 % GEL	4	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
TAZAROTENE 0.1 % FOAM	4	
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)</i>	2	
TRETINOIN MICROSPHERE (0.04 % GEL, 0.08 % GEL, 0.1 % GEL)	2	
TRETINOIN MICROSPHERE PUMP (0.04 % GEL, 0.08 % GEL, 0.1 % GEL)	2	
WINLEVI	4	
<i>zenatane</i>	2	
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN	4	
ALOPECIA AGENTS - JANUS KINUS (JAK) INHIBITORS		
LITFULO	6	PA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
DICLOFENAC EPOLAMINE	2	QL
<i>diclofenac sodium 1.5 % solution</i>	2	QL
ANTIBIOTIC STEROID COMBINATIONS - TOPICAL		
NEO-SYNALAR 0.5-0.025 % CREAM	4	
ANTIBIOTICS - TOPICAL		
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	2	
<i>mupirocin</i>	2	
ANTIFUNGALS - TOPICAL		
<i>ciclodan</i>	2	
<i>ciclopirox (0.77 % gel, 1 % shampoo, 8 % solution)</i>	2	
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	2	
<i>klayesta</i>	2	
NAFTIFINE HCL (1 % CREAM, 2 % CREAM, 2 % GEL)	2	
<i>nyamyc</i>	2	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)</i>	2	
<i>nystop</i>	2	
ANTIFUNGALS - TOPICAL COMBINATIONS		
CLOTRIMAZOLE-BETAMETHASONE (1-0.05 % CREAM, 1-0.05 % LOTION)	2	
<i>hydrocortisone-iodoquinol</i>	2	
IODOQUIMEZ-HC	2	
IODOQUINOL-HC-ALOE POLYSACCH	2	
IODOQUINOL-HYDROCORTISONE-ALOE	2	
<i>nystatin-triamcinolone</i>	2	
ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL		
VALCHLOR	6	
ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL		
FLUOROURACIL (0.5 % CREAM, 2 % SOLUTION, 5 % CREAM, 5 % SOLUTION)	2	
ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S		
<i>diclofenac sodium 3 % gel</i>	2	
ANTINEOPLASTIC RETINOIDS - TOPICAL		
PANRETIN	6	
ANTIPRURITICS - TOPICAL		
<i>doxepin hcl 5 % cream</i>	2	
ANTIPSORIATICS		
CALCIPOTRIENE (0.005 % CREAM, 0.005 % OINTMENT, 0.005 % SOLUTION)	2	QL
<i>calcitrene</i>	2	QL
CALCITRIOL 3 MCG/GM OINTMENT	2	
<i>tazarotene (0.05 % cream, 0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	2	

Drug Name	Drug Tier	Requirements / Limits
VTAMA	6	PA, QL
ZITHRANOL	4	
ANTIPSORIATICS - SYSTEMIC		
<i>acitretin</i>	6	QL
BIMZELX (160 MG/ML SOLN A-INJ, 160 MG/ML SOLN PRSYR)	6	PA, QL
BIMZELX (320 MG/2ML SOLN A-INJ, 320 MG/2ML SOLN PRSYR)	6	PA, QL
COSENTYX (300 MG DOSE)	6	PA, QL
COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	6	PA, QL
COSENTYX SENSOREADY (300 MG)	6	PA, QL
COSENTYX SENSOREADY PEN	6	PA, QL
COSENTYX UNOREADY	6	PA, QL
METHOXSALEN RAPID	6	
PYZCHIVA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	5	PA, QL
SELARSDI (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR)	5	PA, QL
SELARSDI 45 MG/0.5ML SOLUTION	5	PA, QL
SILIQ	6	PA
SKYRIZI 150 MG/ML SOLN PRSYR	6	PA, QL
SKYRIZI PEN	6	PA, QL
SOTYKTU	6	PA, QL
SPEVIGO 150 MG/ML SOLN PRSYR	6	PA
SPEVIGO 300 MG/2ML SOLN PRSYR	6	PA, QL
TALTZ	6	PA, QL
TREMFYA 100 MG/ML SOLN PRSYR	6	PA, QL
TREMFYA ONE-PRESS	6	PA, QL
TREMFYA PEN 100 MG/ML SOLN A-INJ	6	PA, QL

Drug Name	Drug Tier	Requirements / Limits
ANTISEBORRHEIC PRODUCTS		
OVACE PLUS (9.8 % LOTION, 10 % CREAM)	4	
PLEXION NS	2	
<i>selenium sulfide</i>	2	
<i>sodium sulfacetamide (9.8 % shampoo, 10 % shampoo)</i>	2	
<i>sodium sulfacetamide wash</i>	2	
SULFACETAMIDE SODIUM (CLEANS)	2	
<i>sulfacetamide sodium 10 % liquid</i>	2	
ANTIVIRAL TOPICAL COMBINATIONS		
XERESE	4	QL
ANTIVIRALS - TOPICAL		
<i>acyclovir (5 % cream, 5 % ointment)</i>	2	
<i>penciclovir</i>	2	
ZELSUVMI	6	PA, QL
ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS		
ANZUPGO	6	PA, QL
OPZELURA	6	PA, AL, QL
ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES		
ADBRY	6	PA, QL
DUPIXENT (200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	6	PA, QL
EBGLYSS	6	PA, QL
BURN PRODUCTS		
MAFENIDE ACETATE	2	
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
SULFAMYLON 85 MG/GM CREAM	4	

Drug Name	Drug Tier	Requirements / Limits
CAUTERIZING AGENT COMBINATIONS		
ARZOL SILVER NIT APPLICATORS	2	
CAUTERIZING AGENTS		
<i>silver nitrate</i>	2	
CORTICOSTEROIDS - TOPICAL		
ALA SCALP	4	
<i>alclometasone dipropionate (0.05 % cream, 0.05 % ointment)</i>	2	
AMCINONIDE 0.1 % OINTMENT	2	
APEXICON E	2	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	2	
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % gel, 0.05 % lotion, 0.05 % ointment)</i>	2	
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam)</i>	2	
BRYHALI	4	
<i>clobetasol prop emollient base</i>	2	
<i>clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % liquid, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)</i>	2	
<i>clobetasol propionate e</i>	2	
<i>clobetasol propionate emulsion</i>	2	
CLOCORTOLONE PIVALATE	2	
<i>clodan 0.05 % shampoo</i>	2	
CORDRAN 4 MCG/SQCM TAPE	4	
<i>desonide (0.05 % cream, 0.05 % gel, 0.05 % lotion, 0.05 % ointment)</i>	2	
<i>desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % liquid, 0.25 % ointment)</i>	2	
<i>diflorasone diacetate (0.05 % cream, 0.05 % ointment)</i>	2	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
<i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)</i>	2	
<i>fluocinolone acetonide body</i>	2	
<i>fluocinolone acetonide scalp</i>	2	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)</i>	2	
<i>fluocinonide emulsified base</i>	2	
FLURANDRENOLIDE (0.05 % CREAM, 0.05 % LOTION)	2	
FLUTICASONE PROPIONATE (0.005 % OINTMENT, 0.05 % CREAM, 0.05 % LOTION)	2	
<i>halcinonide 0.1 % cream</i>	2	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	2	
HALOG 0.1 % OINTMENT	4	
<i>hydrocortisone (2 % lotion, 2.5 % cream, 2.5 % lotion, 2.5 % ointment, 2.5 % solution)</i>	2	
HYDROCORTISONE BUTYRATE (0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT, 0.1 % SOLUTION)	2	
<i>hydrocortisone valerate</i>	2	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	2	
NUCORT	4	
PANDEL	3	
SERNIVO	4	
TEXACORT	4	
<i>tovet 0.05 % foam</i>	2	
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.05 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.147 mg/gm aero soln, 0.5 % cream, 0.5 % ointment)</i>	2	
<i>triamcinolone in absorbase</i>	2	
<i>triderm</i>	2	

Drug Name	Drug Tier	Requirements / Limits
ULTRAVATE	4	
EMOLLIENT/KERATOLYTIC AGENTS		
UREA 45 % CREAM	2	
EMOLLIENTS		
<i>ammonium lactate 12 % lotion</i>	2	
ENZYMES - TOPICAL		
SANTYL	4	
IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL		
<i>econazole nitrate 1 % cream</i>	2	
ECOZA	4	ST, AL, QL
ERTACZO	4	ST
JUBLIA	4	ST, QL
<i>ketconazole (2 % cream, 2 % foam, 2 % shampoo)</i>	2	
<i>ketodan 2 % foam</i>	2	
<i>oxiconazole nitrate</i>	2	
OXISTAT 1 % LOTION	4	ST
SULCONAZOLE NITRATE (1 % CREAM, 1 % SOLUTION)	2	
IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL		
<i>imiquimod 3.75 % cream</i>	2	AL
<i>imiquimod 5 % cream</i>	2	
<i>imiquimod pump</i>	2	AL
ZYCLARA PUMP 2.5 % CREAM	3	AL, QL
INTERLEUKIN-31 RECEPTOR ANTAGONISTS - SYSTEMIC		
NEMLUVIO	6	PA, QL
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
BENSAL HP	4	
KERALYT 6 % SHAMPOO	2	

Drug Name	Drug Tier	Requirements / Limits
PODOCON-25	4	
<i>podofilox (0.5 % gel, 0.5 % solution)</i>	2	
SALICYLIC ACID (6 % FOAM, 6 % GEL, 6 % SHAMPOO, 26 % SOLUTION)	2	
SALICYLIC ACID 3 % OINTMENT	4	
SALICYLIC ACID ER	2	
<i>salicylic acid wart remover</i>	2	
<i>salynta</i>	2	
KERATOLYTIC/ANTIMITOTIC/VESICANT COMBINATIONS		
PYROGALLIC ACID	4	
LOCAL ANESTHETICS - TOPICAL		
ASTERO	4	
<i>glydo</i>	2	
LDO PLUS	4	
<i>lidocaine 5 % ointment</i>	2	
<i>lidocaine 5 % patch</i>	2	QL
<i>lidocaine hcl (3 % cream, 4 % solution)</i>	2	
<i>lidocaine hcl urethral/mucosal 2 % prsyr</i>	2	
<i>lidocan</i>	2	QL
LIDOPIN 3 % CREAM	2	
PREMIUM LIDOCAINE	2	
<i>tridacaine ii</i>	2	QL
<i>tridacaine iii</i>	2	QL
MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL		
HYFTOR	6	PA, QL
<i>pimecrolimus</i>	2	
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	2	
MICROTUBULE INHIBITORS - TOPICAL		
KLISYRI (250 MG)	4	QL

Drug Name	Drug Tier	Requirements / Limits
KLISYRI (350 MG)	4	QL
MISC. TOPICAL		
DRYSOL	4	
QBREXZA	4	
OXABOROLE-RELATED ANTIFUNGALS - TOPICAL		
<i>tavaborole</i>	2	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA	4	
ZORYVE	4	AL, QL, PR (Dermatologist)
PHOTODYNAMIC THERAPY AGENTS - TOPICAL		
AMELUZ	4	
LEVULAN KERASTICK	4	
ROSACEA AGENTS		
<i>azelaic acid</i>	2	
<i>brimonidine tartrate 0.33 % gel</i>	2	QL, PR (Dermatologist)
<i>doxycycline</i>	2	PA
FINACEA 15 % FOAM	4	
<i>ivermectin 1 % cream</i>	2	
<i>metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel)</i>	2	
RHOFADE	4	QL, PR (Dermatologist)
ZILXI	4	PR (Dermatologist)
SCABICIDES & PEDICULICIDES		
CROTAN	4	
<i>cvs ivermectin lice treatment</i>	2	QL (117 per 60 day(s))
<i>eq ivermectin</i>	2	QL (117 per 60 day(s))
<i>ivermectin 0.5 % lotion</i>	2	QL (117 per 60 day(s))
<i>malathion</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>permethrin</i>	2	
PRURADIK	4	
<i>rid one & done</i>	2	QL (117 per 60 day(s))
<i>sklice</i>	2	QL (117 per 60 day(s))
SPINOSAD	2	
SKIN CLEANSERS		
<i>alcohol wipes</i>	1	
<i>cvs isopropyl alcohol wipes</i>	1	
HYCLODEX	4	
HYPOCYN 0.012 % SOLUTION	4	
<i>isopropyl alcohol 70 % misc</i>	1	
<i>isopropyl alcohol wipes</i>	1	
<i>medpura alcohol pads</i>	1	
<i>qc alcohol</i>	1	
<i>ra isopropyl alcohol wipes</i>	1	
STEROID-LOCAL ANESTHETIC COMBINATIONS		
CORTANE-B	3	
EPIFOAM	4	
HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM	2	
PRAMOSONE (1-1 % CREAM, 1-1 % LOTION, 1-2.5 % LOTION)	2	
PRAMOSONE (1-1 % OINTMENT, 1-2.5 % OINTMENT)	4	
TAR PRODUCTS		
COAL TAR	2	
TOPICAL ANESTHETIC COMBINATIONS		
CETACAINE 2-2-14 % AEROSOL	4	
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	2	

Drug Name	Drug Tier	Requirements / Limits
TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS		
<i>bexarotene 1 % gel</i>	6	PA
TOPICAL STEROID COMBINATIONS		
<i>calcipotriene-betameth diprop 0.005-0.064 % ointment</i>	2	
DUOBRII	4	
ENSTILAR	4	
WOUND CARE - GROWTH FACTOR AGENTS		
REGRANEX	3	
WOUND CARE COMBINATIONS		
B & C	4	
BALSAM PERU-CASTOR OIL	4	
BPCO	4	
VENELEX	4	
WOUND DRESSINGS		
FILSUVEZ	6	PA, QL
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
CHEMSTRIP K	2	
FREESTYLE INSULINX TEST	2	QL
FREESTYLE LITE TEST	2	QL
FREESTYLE PRECISION NEO TEST	2	QL
FREESTYLE TEST	2	QL
KETONE TEST	2	
KETOSTIX	2	
PRECISION XTRA BLOOD GLUCOSE	2	QL
PRECISION XTRA KETONE	2	
RELION KETONE TEST	2	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
MULTIPLE URINE TESTS		
CHEMSTRIP UGK	4	
CVS KETONE CARE	4	
KETO-DIASTIX	4	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
URE-NA	4	
URE-NA URAPPLE	4	
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON	3	
PANCREAZE	4	
PERTZYE	4	
SUCRAID	6	PA
VIOKACE	4	
ZENPEP	3	
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide</i>	2	
<i>acetazolamide er</i>	2	
<i>dichlorphenamide</i>	6	PA, QL
<i>methazolamide</i>	2	
DIURETIC COMBINATIONS		
AMILORIDE-HYDROCHLOROTHIAZIDE	2	
<i>spironolactone-hctz</i>	2	
<i>triamterene-hctz</i>	2	
LOOP DIURETICS		
<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
<i>ethacrynic acid</i>	2	
FUROSCIX	4	QL
<i>furosemide (8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i>	2	
<i>torseamide</i>	2	
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl</i>	2	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	2	
<i>spironolactone 25 mg/5ml suspension</i>	2	AL
<i>triamterene</i>	2	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone</i>	2	
DIURIL	4	
<i>hydrochlorothiazide</i>	2	
<i>indapamide</i>	2	
<i>metolazone</i>	2	
THALITONE	4	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ATP-SENSITIVE POTASSIUM CHANNEL ACTIVATORS		
VYKAT XR	6	PA
BISPHOSPHONATES		
<i>alendronate sodium (5 mg tab, 10 mg tab, 35 mg tab, 70 mg tab)</i>	2	QL
<i>alendronate sodium 70 mg/75ml solution</i>	2	
BINOSTO	4	
FOSAMAX PLUS D	4	
<i>ibandronate sodium 150 mg tab</i>	2	QL
<i>risedronate sodium</i>	2	QL

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
CALCIMIMETIC AGENTS		
<i>cinacalcet hcl</i>	6	
CALCITONINS		
<i>calcitonin (salmon)</i>	2	
CARNITINE REPLENISHER - AGENTS		
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	2	
<i>levocarnitine sf</i>	2	
CORTICOTROPIN		
ACTHAR GEL	6	PA
CORTROPHIN GEL	6	PA
CORTICOTROPIN-RELEASING FACTOR (CRF) RECEPTOR TYPE 1 ANTAG		
CRENESSITY (25 MG CAP, 50 MG CAP, 50 MG/ML SOLUTION, 100 MG CAP)	6	PA, QL
CORTISOL SYNTHESIS INHIBITORS		
ISTURISA 1 MG TAB	6	PA
ISTURISA 5 MG TAB	6	PA
DOPAMINE RECEPTOR AGONISTS		
<i>cabergoline</i>	2	
FABRY DISEASE - AGENTS		
GALAFOLD	6	PA, QL
FAMILIAL CHYLOMICRONEMIA SYNDROME (FCS) - AGENTS		
REDEMPLO	6	PA, QL
GAA DEFICIENCY TREATMENT - AGENTS		
OPFOLDA	6	PA
GNRH/LHRH ANTAGONISTS		
ORLISSA	4	QL
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT	6	PA, QL

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
GROWTH HORMONES		
GENOTROPIN	6	PA
GENOTROPIN MINIQUICK	6	PA
HUMATROPE	6	PA
NGENLA	6	PA
NORDITROPIN FLEXPRO	6	PA
NUTROPIN AQ NUSPIN 10	6	PA
NUTROPIN AQ NUSPIN 20	6	PA
NUTROPIN AQ NUSPIN 5	6	PA
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART)	6	PA
SAIZEN 5 MG RECON SOLN	6	PA
SEROSTIM	6	PA
SKYTROFA (0.7 MG CARTRIDGE, 1.4 MG CARTRIDGE, 1.8 MG CARTRIDGE, 2.1 MG CARTRIDGE, 2.5 MG CARTRIDGE)	6	PA, QL
SKYTROFA (3 MG CARTRIDGE, 3.6 MG CARTRIDGE, 4.3 MG CARTRIDGE, 5.2 MG CARTRIDGE, 6.3 MG CARTRIDGE, 7.6 MG CARTRIDGE, 9.1 MG CARTRIDGE, 11 MG CARTRIDGE, 13.3 MG CARTRIDGE)	6	PA, QL
SOGROYA	6	PA
ZOMACTON	6	PA
ZOMACTON (FOR ZOMA-JET 10)	6	PA
HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS		
XURIDEN	6	PA
HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS		
<i>nitisinone</i>	6	PA
NITYR	6	PA
ORFADIN 4 MG/ML SUSPENSION	6	PA
HOMOCYSTINURIA TREATMENT - AGENTS		
<i>betaine</i>	6	

Drug Name	Drug Tier	Requirements / Limits
HYPERAMMONEMIA TREATMENT - AGENTS		
<i>carglumic acid</i>	6	PA
HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS		
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)</i>	2	
DOXERCALCIFEROL (0.5 MCG CAP, 1 MCG CAP, 2.5 MCG CAP)	2	
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	2	
RAYALDEE	6	
HYPOPARATHYROID TREATMENT - PARATHYROID HORMONE ANALOGS		
YORVIPATH	6	PA, QL
HYPOPHOSPHATASIA (HPP) AGENTS		
STRENSIQ 18 MG/0.45ML SOLUTION	6	PA
STRENSIQ 28 MG/0.7ML SOLUTION	6	PA
STRENSIQ 40 MG/ML SOLUTION	6	PA
STRENSIQ 80 MG/0.8ML SOLUTION	6	PA
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX	6	PA
NATRIURETIC PEPTIDES		
VOXZOGO	6	PA
NEUROKININ 3 (NK3) RECEPTOR ANTAGONISTS		
VEOZAH	4	QL
NON-STEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA	4	QL
PARATHYROID HORMONE AND DERIVATIVES		
<i>teriparatide</i>	6	PA, QL (730 per lifetime)
TYMLOS	6	PA, QL (730 per lifetime)
PHENYLKETONURIA TREATMENT - AGENTS		
<i>javygtor</i>	6	PA

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
PALYNZIQ	6	PA
<i>sapropterin dihydrochloride</i>	6	PA
SEPHIENCE	6	PA
<i>zelvysia</i>	6	PA
SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)		
OSPHENA	4	QL
<i>raloxifene hcl</i>	2	AL
SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS		
<i>tolvaptan (15 mg tab thpk, 30 & 15 mg tab thpk, 45 & 15 mg tab thpk, 60 & 30 mg tab thpk, 90 & 30 mg tab thpk)</i>	6	PA, QL
<i>tolvaptan (15 mg tab, 30 mg tab)</i>	6	PA, QL
<i>tolvaptan (hyponatremia)</i>	6	PA, QL
SOMATOSTATIC AGENTS		
MYCAPSSA	6	PA, QL
<i>octreotide acetate (50 mcg/ml soln prsyr, 50 mcg/ml solution, 100 mcg/ml soln prsyr, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml soln prsyr, 500 mcg/ml solution, 1000 mcg/ml solution)</i>	6	
SIGNIFOR	6	PA
UREA CYCLE DISORDER - AGENTS		
<i>glycerol phenylbutyrate</i>	6	PA, QL
OLPRUVA (2 GM DOSE)	6	PA
OLPRUVA (3 GM DOSE)	6	PA
OLPRUVA (4 GM DOSE)	6	PA
OLPRUVA (5 GM DOSE)	6	PA
OLPRUVA (6 GM DOSE)	6	PA
OLPRUVA (6.67 GM DOSE)	6	PA
PHEBURANE	6	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
<i>sodium phenylbutyrate 3 gm/tsp powder</i>	6	
<i>sodium phenylbutyrate 500 mg tab</i>	6	
VASOPRESSIN		
<i>desmopressin ace spray refrig</i>	2	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	2	
DESMOPRESSIN ACETATE 1.5 MG/ML SOLUTION	4	
<i>desmopressin acetate spray</i>	2	
ESTROGENS		
ESTROGEN & ANDROGEN		
COVARYX	2	
COVARYX HS	2	
EEMT	2	
EEMT HS	2	
<i>est estrogens-methyltest</i>	2	
<i>est estrogens-methyltest ds</i>	2	
<i>est estrogens-methyltest hs</i>	2	
<i>estratest f.s.</i>	2	
ESTRATEST H.S.	2	
ESTROGEN & PROGESTIN		
<i>abigale</i>	2	
<i>abigale lo</i>	2	
<i>amabelz</i>	2	
ANGELIQ	3	
BIJUVA	4	
CLIMARA PRO	3	QL
COMBIPATCH	4	QL
<i>estradiol-norethindrone acet</i>	2	
<i>fyavolv</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>jinteli</i>	1	
<i>mimvey</i>	2	
<i>norethindrone-eth estradiol</i>	1	
PREMPHASE	3	
PREMPRO	3	
ESTROGEN-PROGESTIN-GNRH ANTAGONIST		
MYFEMBREE	4	QL (730 per lifetime)
ORIAHNN	4	QL (730 per lifetime)
ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB		
DUAVEE	4	AL, QL
ALORA (0.025 MG/24HR PATCH TW, 0.075 MG/24HR PATCH TW, 0.1 MG/24HR PATCH TW)	4	QL
DEPO-ESTRADIOL	4	
<i>dotti (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	2	QL
ELESTRIN	4	QL
<i>estradiol (0.025 mg/24hr patch tw, 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch tw, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch tw, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch tw, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch tw, 0.1 mg/24hr patch wk, 0.25 mg/0.25gm gel, 0.5 mg/0.5gm gel, 0.75 mg/0.75gm gel, 0.75 mg/1.25 gm (0.06%) gel, 1 mg/gm gel, 1.25 mg/1.25gm gel)</i>	2	QL
<i>estradiol (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2	
<i>estradiol valerate</i>	2	
<i>estrogens conjugated</i>	2	
EVAMIST	4	QL
<i>lyllana (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB)	2	
MENOSTAR	4	QL
FLUOROQUINOLONES		
CIPRO (250 MG/5ML (5%) RECON SUSP, 500 MG/5ML (10%) RECON SUSP)	4	
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	2	
<i>levofloxacin (25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	2	
<i>moxifloxacin hcl 400 mg tab</i>	2	
OFLOXACIN (300 MG TAB, 400 MG TAB)	2	
GASTROINTESTINAL AGENTS - MISC.		
5-HT4 RECEPTOR AGONISTS		
<i>prucalopride succinate</i>	2	QL
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM 250 MG CAP	6	PA
CHOLBAM 50 MG CAP	6	PA
CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS		
TRULANCE	4	ST, QL
FARNESOID X RECEPTOR (FXR) AGONISTS		
OALIVA	6	ST, QL
GALLSTONE SOLUBILIZING AGENTS		
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	2	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium 100 mg/5ml conc</i>	2	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone</i>	2	AL, QL
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl (5 mg tab, 5 mg tab disp, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	2	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS		
GATTEX	6	PA
HEPATOTROPICS - THYROID HORMONE RECEPTOR-BETA AGONISTS		
REZDIFFRA	6	PA, QL
IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS		
LINZESS	3	AL, QL
IBS AGENT - MU-OPIOID RECEPTOR AGONISTS		
VIBERZI	3	PA, QL
IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS		
<i>alosetron hcl</i>	2	AL
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY	6	PA
BYLVAY (PELLETS)	6	PA
LIVMARLI (9.5 MG/ML SOLUTION, 10 MG TAB, 15 MG TAB, 19 MG/ML SOLUTION, 20 MG TAB, 30 MG TAB)	6	PA, QL
INFLAMMATORY BOWEL AGENTS		
<i>balsalazide disodium</i>	2	
DIPENTUM	4	
<i>mesalamine (1.2 gm tab dr, 400 mg cap dr, 800 mg tab dr)</i>	2	QL
<i>mesalamine (4 gm enema, 1000 mg suppos)</i>	2	
<i>mesalamine er</i>	2	QL
<i>mesalamine-cleanser</i>	2	
PENTASA 250 MG CAP ER	3	QL
SFROWASA	4	
<i>sulfasalazine</i>	2	
INTEGRIN RECEPTOR ANTAGONISTS		
ENTYVIO PEN	6	PA, QL

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
INTERLEUKIN ANTAGONISTS		
OMVOH (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	6	PA, QL
OMVOH (200 MG/2ML SOLN A-INJ, 200 MG/2ML SOLN PRSYR)	6	PA, QL
OMVOH (300 MG DOSE) 100 MG/ML & 200 MG/2ML SOLN A-INJ	6	PA, QL
SKYRIZI (180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART)	6	PA, QL
TREMFYA 200 MG/2ML SOLN PRSYR	6	PA, QL
TREMFYA PEN 200 MG/2ML SOLN A-INJ	6	PA, QL
TREMFYA-CD/UC INDUCTION	6	PA, QL
INTESTINAL ACIDIFIERS		
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose encephalopathy</i>	2	
LIVE FECAL MICROBIOTA (HUMAN)		
VOWST	6	PA
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
<i>alvimopan</i>	2	
MOVANTIK	3	QL
RELISTOR (12 MG/0.6ML SOLN PRSYR, 12 MG/0.6ML SOLUTION)	4	
RELISTOR 150 MG TAB	4	QL
RELISTOR 8 MG/0.4ML SOLN PRSYR	4	
SYMPROIC	4	
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR AGONISTS		
IQIRVO	6	PA, QL
LIVDELZI	6	PA, QL
PHOSPHATE BINDER AGENTS		
AURYXIA	4	

Drug Name	Drug Tier	Requirements / Limits
<i>calcium acetate (phos binder)</i>	2	
<i>calcium acetate 667 mg tab</i>	2	
<i>ferric citrate</i>	2	
FOSRENOL (750 MG PACKET, 1000 MG PACKET)	3	
<i>lanthanum carbonate</i>	2	
<i>sevelamer carbonate</i>	2	
<i>sevelamer hcl</i>	2	
VELPHORO	4	QL
SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS (GI)		
VELSIPITY	6	PA, QL
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO	6	PA, QL
TUMOR NECROSIS FACTOR ALPHA BLOCKERS		
CIMZIA	6	PA, QL
CIMZIA (1 SYRINGE)	6	PA, QL
CIMZIA (2 SYRINGE)	6	PA, QL
CIMZIA-STARTER	6	PA, QL
ZYMFENTRA (1 PEN)	6	PA, QL
ZYMFENTRA (2 PEN)	6	PA, QL
ZYMFENTRA (2 SYRINGE)	6	PA, QL
GENITOURINARY AGENTS - MISCELLANEOUS		
5-ALPHA REDUCTASE INHIBITORS		
<i>dutasteride</i>	2	QL
<i>finasteride 5 mg tab</i>	2	QL
ALPHA 1-ADRENOCEPTOR ANTAGONISTS		
<i>alfuzosin hcl er</i>	2	QL
CARDURA XL	4	

Drug Name	Drug Tier	Requirements / Limits
<i>silodosin</i>	2	QL
<i>tamsulosin hcl</i>	2	
CITRATES		
CYTRA K CRYSTALS	2	
ORACIT	4	
ORAL CITRATE	4	
<i>pot & sod cit-cit ac</i>	2	
<i>potassium citrate er</i>	2	
POTASSIUM CITRATE-CITRIC ACID	2	
<i>sod citrate-citric acid</i>	2	
SODIUM CITRATE-CITRIC ACID	2	
CYSTINOSIS AGENTS		
CYSTAGON	6	
PROCYSBI	6	PA
IGAN AGENTS - ENDOTHELIN & ANGIOTENSIN II RECEPTOR ANTAG		
FILSPARI	6	PA, QL
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON	3	
PHOSPHATES		
K-PHOS NO 2	4	
PROSTATIC HYPERTROPHY AGENT COMBINATIONS		
<i>dutasteride-tamsulosin hcl</i>	2	
SMALL INTERFERING RIBONUCLEIC ACID AGENTS (SIRNA)		
RIVFLOZA	6	PA
URINARY ANALGESICS		
<i>phenazo 200 mg tab</i>	2	
PHENAZOPYRIDINE HCL (100 MG TAB, 200 MG TAB)	2	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
URINARY STONE AGENTS		
LITHOSTAT	4	
<i>tiopronin (100 mg tab dr, 300 mg tab dr)</i>	6	
<i>tiopronin 100 mg tab</i>	6	
<i>venxxiva</i>	6	
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine-probenecid</i>	2	
<i>allopurinol (100 mg tab, 300 mg tab)</i>	2	
<i>colchicine</i>	2	QL
<i>febuxostat</i>	2	QL
GLOPERBA	4	
URICOSURICS		
<i>probenecid</i>	2	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES		
ALHEMO	6	PA
HYMPAVZI	6	PA, QL
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate</i>	6	PA, QL
<i>sajazir</i>	6	PA, QL
BRUTON'S TYROSINE KINASE (BTK) INHIBITORS		
WAYRILZ	6	PA, QL
COMPLEMENT C5 INHIBITORS		
ZILBRYSQ	6	PA, QL
COMPLEMENT C5A RECEPTOR INHIBITORS		
TAVNEOS	6	PA

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
COMPLEMENT FACTOR B INHIBITORS		
FABHALTA	6	PA, QL
COMPLEMENT FACTOR D INHIBITORS		
VOYDEYA	6	PA, QL
DIRECT-ACTING P2Y12 INHIBITORS		
<i>ticagrelor</i>	2	QL
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline er</i>	2	
PHOSPHODIESTERASE III INHIBITORS		
<i>cilostazol</i>	2	
PLASMA KALLIKREIN INHIBITORS		
EKTERLY	6	PA, QL
ORLADEYO (110 MG CAP, 150 MG CAP)	6	PA
ORLADEYO (72 MG PACKET, 96 MG PACKET, 108 MG PACKET, 132 MG PACKET)	6	PA, QL
PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES		
TAKHZYRO	6	PA, QL
PLATELET AGGREGATION INHIBITOR COMBINATIONS		
<i>aspirin-dipyridamole er</i>	2	
PLATELET AGGREGATION INHIBITORS		
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	2	
PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS		
ZONTIVITY	4	QL
PYRUVATE KINASE ACTIVATORS		
PYRUKYND	6	PA, QL
PYRUKYND TAPER PACK	6	PA, QL
QUINAZOLINE AGENTS		
<i>anagrelide hcl</i>	2	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
SPLEEN TYROSINE KINASE (SYK) INHIBITORS		
TAVALISSE	6	PA
THIENOPYRIDINE DERIVATIVES		
<i>clopidogrel bisulfate</i>	2	
<i>prasugrel hcl</i>	2	QL
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA	6	PA, QL
<i>miglustat</i>	6	PA, QL
<i>yargesa</i>	6	PA, QL
COBALAMINS		
<i>cyanocobalamin 1000 mcg/ml solution</i>	2	
<i>dodex</i>	2	
CXCR4 RECEPTOR ANTAGONIST		
XOLREMDI	6	PA, QL
CYTOTOXIC AGENTS		
DROXIA	4	
XROMI	4	AL
FOLIC ACID/FOLATES		
<i>cvs folic acid</i>	1	AL
<i>fa-8</i>	1	AL
<i>folate</i>	1	AL
<i>folic acid (0.8 mg cap, 400 mcg tab, 800 mcg tab)</i>	1	AL
<i>folic acid 1 mg tab</i>	2	
<i>ft folic acid</i>	1	AL
<i>gnp folic acid</i>	1	AL
<i>hm folic acid</i>	1	AL

Drug Name	Drug Tier	Requirements / Limits
<i>kp folic acid 800 mcg tab</i>	1	AL
<i>px folic acid</i>	1	AL
<i>qc folic acid</i>	1	AL
<i>ra folic acid</i>	1	AL
<i>sm folic acid</i>	1	AL
<i>true folic acid 400 mcg tab</i>	1	AL
<i>yl folic acid</i>	1	AL
HYPOXIA-INDUCIBLE FACTOR PROLYL HYDROXYLASE INHIBITORS		
JESDUVROQ	6	PA
THROMBOPOIETIN (TPO) RECEPTOR AGONISTS		
ALVAIZ	6	PA, QL
DOPTELET	6	PA
DOPTELET SPRINKLE	6	PA, AL, QL
<i>eltrombopag olamine (12.5 mg packet, 25 mg packet)</i>	6	PA
<i>eltrombopag olamine (12.5 mg tab, 25 mg tab, 50 mg tab, 75 mg tab)</i>	6	PA, QL
MULPLETA	6	PA
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
<i>aminocaproic acid (0.25 gm/ml solution, 500 mg tab, 1000 mg tab)</i>	2	
<i>tranexamic acid 650 mg tab</i>	2	QL
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
<i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 30 mg/7.5ml elixir, 32.4 mg tab, 60 mg tab, 60 mg/15ml elixir, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	2	
BENZODIAZEPINE HYPNOTICS		
<i>estazolam</i>	2	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
FLURAZEPAM HCL	2	
QUAZEPAM	2	
<i>temazepam</i>	2	QL
<i>triazolam</i>	2	
HYPNOTICS - TRICYCLIC AGENTS		
<i>doxepin hcl (3 mg tab, 6 mg tab)</i>	2	QL
NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS		
EDLUAR	4	QL
<i>eszopiclone</i>	2	QL
<i>zaleplon</i>	2	QL
ZOLPIDEM TARTRATE (1.75 MG SL TAB, 3.5 MG SL TAB)	2	QL
<i>zolpidem tartrate (5 mg tab, 10 mg tab)</i>	2	
<i>zolpidem tartrate er</i>	2	
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA	4	QL
DAYVIGO	4	QL
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ LQ	6	PA, QL
<i>ramelteon</i>	2	QL
<i>tasimelteon</i>	6	PA, QL
LAXATIVES		
BOWEL EVACUANT COMBINATIONS		
CLENPIQ 10-3.5-12 MG-GM -GM/175ML SOLUTION	4	AL
GAVILYTE-C	2	AL
<i>gavilyte-g</i>	2	AL
<i>gavilyte-n with flavor pack</i>	2	AL

Drug Name	Drug Tier	Requirements / Limits
<i>na sulfate-k sulfate-mg sulf</i>	2	AL
<i>peg 3350-kcl-na bicarb-nacl</i>	2	AL
<i>peg-3350/electrolytes</i>	2	AL
<i>peg-3350/electrolytes/ascorbat</i>	2	AL
<i>peg-kcl-nacl-nasulf-na asc-c</i>	2	AL
PEG-PREP	4	AL
PLENVU	4	AL
SUFLAVE	4	AL
SUTAB	4	AL
LAXATIVES - MISCELLANEOUS		
<i>constulose</i>	2	
<i>kristalose</i>	2	
<i>lactulose (10 gm packet, 10 gm/15ml solution, 20 gm packet, 20 gm/30ml solution)</i>	2	
MACROLIDES		
AZITHROMYCIN		
<i>azithromycin (1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)</i>	2	
CLARITHROMYCIN		
CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG TAB, 250 MG/5ML RECON SUSP, 500 MG TAB)	2	
<i>clarithromycin er</i>	2	
ERYTHROMYCINS		
E.E.S. 400	2	
<i>ery-tab</i>	2	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	2	
<i>erythromycin base (250 mg cp dr part, 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)</i>	2	
FIDAXOMICIN		
DIFICID 40 MG/ML RECON SUSP	3	AL
<i>fidaxomicin</i>	2	
MEDICAL DEVICES AND SUPPLIES		
APPLICATORS,COTTON BALLS,ETC		
ADVOCATE ALCOHOL PREP PADS	1	
ALCOH-GLOVE CONTOURED WIPE	1	
ALCOHOL PADS	1	
ALCOHOL PREP	1	
ALCOHOL PREP PADS	1	
ALCOHOL SWABS	1	
ALCOHOL SWABSTICK	1	
AUM ALCOHOL PREP PADS	1	
BD SWAB SINGLE USE REGULAR	1	
BD SWABS SINGLE USE BUTTERFLY	1	
CARETOUCH ALCOHOL PREP	1	
COMFORT TOUCH ALCOHOL PREP	1	
CURITY ALCOHOL PREPS	1	
CVS ALCOHOL PREP PADS	1	
CVS PREP	1	
DROPSAFE ALCOHOL PREP	1	
EASY COMFORT ALCOHOL PADS	1	
EASY TOUCH ALCOHOL PREP MEDIUM	1	
EQL ALCOHOL SWABS	1	
FIFTY50 ALCOHOL PREP	1	
GLOBAL ALCOHOL PREP EASE	1	

Drug Name	Drug Tier	Requirements / Limits
GNP ALCOHOL SWABS	1	
GOODSENSE ALCOHOL SWABS	1	
H-E-B INCONTROL ALCOHOL	1	
HM STERILE ALCOHOL PREP	1	
MEIJER ALCOHOL SWABS	1	
PHARMACIST CHOICE ALCOHOL	1	
PRO COMFORT ALCOHOL	1	
PURE COMFORT ALCOHOL PREP	1	
QC ALCOHOL SWABS	1	
RA ALCOHOL SWABS	1	
REALITY SWABS	1	
RELION ALCOHOL SWABS	1	
SAPS CARE ALCOHOL PREP	1	
SAPS HEALTH ALCOHOL PREP	1	
SAPS HEALTH CARE ALCOHOL PREP	1	
SB ALCOHOL PREP	1	
SM ALCOHOL PREP (70 % PAD, PAD)	1	
SURE COMFORT ALCOHOL PREP	1	
TRUE COMFORT ALCOHOL PREP PADS	1	
TRUE COMFORT PRO ALCOHOL PREP	1	
ULTICARE ALCOHOL SWABS	1	
ULTILET ALCOHOL SWABS	1	
ULTRA-CARE ALCOHOL PREP PADS	1	
WBCOL ALCOHOL PREP LARGE	1	
WBCOL ALCOHOL PREP MEDIUM	1	
ZEV RX STERILE ALCOHOL PREP PAD	1	
CONDOMS - FEMALE		
FC2 FEMALE CONDOM	1	

Drug Name	Drug Tier	Requirements / Limits
CONDOMS - MALE		
AIMSCO LUBRICATED	1	
CONDOMS	1	
DUREX EXTRA SENSITIVE THIN	1	
DUREX REALFEEL	1	
DUREX TROPICAL	1	
FANTASY LUBRICATED	1	
FANTASY LUBRICATED/SPERMICIDE	1	
K-Y ME & YOU EXTRA LUBRICATED	1	
K-Y ME & YOU INTENSE	1	
KAMELEON LUBRICATED	1	
KIMONO	1	
KIMONO COLORS	1	
KIMONO MAXX-LARGE FLARE	1	
KIMONO MICRO THIN	1	
KIMONO MICRO THIN PLUS	1	
KIMONO PLUS	1	
KIMONO PS	1	
KIMONO PS PLUS	1	
KIMONO SENSATION	1	
KIMONO SENSATION PLUS	1	
KIMONO SPECIAL	1	
MAXX	1	
MAXX PLUS	1	
PREMIUM CONDOMS LUBRICATED	1	
REALITY LATEX CONDOMS	1	
REALITY LATEX/ULTRA TEXTURED	1	
REALITY LATEX/ULTRA THIN	1	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
TROJAN BARESKIN	1	
TROJAN ENZ	1	
TROJAN MAGNUM	1	
TROJAN ULTRA RIBBED LUBRICATED	1	
TROJAN ULTRA THIN	1	
TROJAN ULTRA THIN/SPERMICIDAL	1	
TROJAN-ENZ LUBRICATED	1	
TROJAN-ENZ/SPERMICIDAL	1	
TRUE COVER	1	
TRUSTEX COLOR CONDOMS + LUBE	1	
TRUSTEX LUB/RIBBED/STUDED	1	
TRUSTEX LUB/SPERMICIDE EX ST	1	
TRUSTEX LUB/SPERMICIDE XL	1	
TRUSTEX LUBRICATED	1	
TRUSTEX LUBRICATED EX LARGE	1	
TRUSTEX LUBRICATED EXTRA ST	1	
TRUSTEX LUBRICATED/SPERMICIDE	1	
TRUSTEX NATURAL CONDOMS + LUBE	1	
TRUSTEX NON-LUBRICATED	1	
TRUSTEX RIA LUB/SPERMICIDE	1	
TRUSTEX RIA LUBRICATED	1	
TRUSTEX RIA NON-LUBRICATED	1	
TRUSTEX-NONOXYNOL-9/RIB/STUD	1	
GLUCOSE MONITOR & KETONE MONITOR COMBINATIONS		
PRECISION XTRA-GLUCOSE/KETONE	3	
GLUCOSE MONITORING TEST SUPPLIES		
1ST TIER UNILET COMFORTOUCH	1	
ACCU-CHEK AVIVA	3	QL

Drug Name	Drug Tier	Requirements / Limits
ACCU-CHEK FASTCLIX LANCET	1	
ACCU-CHEK FASTCLIX LANCETS	1	
ACCU-CHEK GUIDE CONTROL	3	QL
ACCU-CHEK SAFE-T PRO LANCETS	1	
ACCU-CHEK SMARTVIEW CONTROL	3	QL
ACCU-CHEK SOFTCLIX LANCET DEV	1	
ACCU-CHEK SOFTCLIX LANCETS	1	
ACCUTREND GLUCOSE CONTROL	3	QL
ACTI-LANCE 28G	1	
ACTI-LANCE LITE LANCETS 28G	1	
ACTI-LANCE SPECIAL LANCETS 17G	1	
ACTI-LANCE UNIVERSAL 23G	1	
ADJUSTABLE LANCING DEVICE	1	
ADVANCE INTUITION CONTROL	3	QL
ADVANCE MICRO-DRAW CONTROL	3	QL
ADVANCE MICRO-DRAW NORMAL	3	QL
ADVANCED MOBILE LANCET	1	
ADVANTAGE SAFETY LANCETS 28G	1	
ADVOCATE CONTROL SOLUTION	3	QL
ADVOCATE LANCETS	1	
ADVOCATE LANCETS 30G	1	
ADVOCATE LANCING DEVICE	1	
ADVOCATE RAPID-SAFE LANCING	1	
ADVOCATE REDI-CODE+ CONTROL	3	QL
ADVOCATE SAFETY LANCETS	1	
ADVOCATE SAFETY LANCETS 21G	1	
ADVOCATE SAFETY LANCETS 23G	1	
ADVOCATE SAFETY LANCETS 26G	1	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
ADVOCATE SAFETY LANCETS 28G	1	
AGAMATRIX CONTROL	3	QL
AGAMATRIX CONTROL LEVEL 2	3	QL
AGAMATRIX CONTROL LEVEL 4	3	QL
AGAMATRIX CONTROL NORMAL/HIGH	3	QL
AGAMATRIX ULTRA-THIN LANCETS	1	
AIMSCO TWIST LANCETS 32G	1	
AIMSCO TWIST LANCETS 33G	1	
AQUALANCE LANCETS 30G	1	
ASSURE 3 CONTROL	3	QL
ASSURE 4 CONTROL LEVEL 1 & 2	3	QL
ASSURE COMFORT LANCETS 28G	1	
ASSURE CONTROL SOLUTION 2/3	3	QL
ASSURE DOSE CONTROL	3	QL
ASSURE DOSE NORM/HIGH CONTROL	3	QL
ASSURE HAEMOLANCE PLUS HIGH	1	
ASSURE HAEMOLANCE PLUS LOW	1	
ASSURE HAEMOLANCE PLUS MICRO	1	
ASSURE HAEMOLANCE PLUS NORMAL	1	
ASSURE HAEMOLANCE PLUS PED	1	
ASSURE II CONTROL	3	QL
ASSURE II CONTROL LEVEL 1 & 2	3	QL
ASSURE LANCE LANCETS	1	
ASSURE LANCE LANCETS 21G	1	
ASSURE LANCE PLUS SAFETY 25G	1	
ASSURE LANCE PLUS SAFETY 30G	1	
ASSURE LANCE SAFETY LANCET 28G	1	
ASSURE PRISM CONTROL LEVEL 1&2	3	QL

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
ASSURE PRO CONTROL LEVEL 1 & 2	3	QL
AURORA LANCET SUPER THIN 30G	1	
AURORA LANCET THIN 23G	1	
AUTO-LANCET	1	
AUTO-LANCET MINI	1	
AUTOLET II CLINISAFE	1	
AUTOLET LANCING DEVICE	1	
AUTOLET LITE CLINISAFE	1	
AUTOLET LITE LANCING DEVICE	1	
AUTOLET LITE STARTER PACK	1	
AUTOLET MINI	1	
AUTOLET PLATFORMS	1	
AUTOLET PLUS	1	
BD MICROTAINER LANCETS	1	
BLULINK CONTROL HIGH & LOW	3	QL
CARDIOCOM LANCING DEVICE	1	
CAREONE ADVANCED LANCING DEV	1	
CAREONE LANCET SUPER THIN 30G	1	
CAREONE LANCET THIN 23G	1	
CARESENS CONTROL A	3	QL
CARESENS CONTROL SOLUTION A/B	3	QL
CARESENS LANCETS	1	
CARESENS LANCETS 30G	1	
CARESENS S CONTROL SOLN A/B	3	QL
CARETOUCH CONTROL SOL LEVEL 2	3	QL
CARETOUCH LANCING/EJECTOR	1	
CARETOUCH SAFETY LANCETS	1	
CARETOUCH SAFETY LANCETS 26G	1	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
CARETOUCH TWIST LANCETS 28G	1	
CARETOUCH TWIST LANCETS 30G	1	
CARETOUCH TWIST LANCETS 33G	1	
CARETOUCH TWIST MC LANCETS 30G	1	
CHOSEN LANCETS 30G	1	
CHOSEN LANCING DEVICE	1	
CHOSEN SAFETY LANCETS 28G	1	
CLEANLET LANCETS 28G	1	
CLEVER CHEK LANCETS	1	
CLEVER CHOICE COMFORT EZ MISC	1	
CLEVER CHOICE GLUCOSE CONTROL	3	QL
CLEVER CHOICE LANCETS 21G	1	
CLEVER CHOICE LANCETS 23G	1	
CLEVER CHOICE LANCETS 28G	1	
COAGUCHEK LANCETS	1	
COMFORT ASSURED LANCETS 28G	1	
COMFORT ASSURED LANCETS 33G	1	
COMFORT LANCETS	1	
COMFORT TOUCH LANCETS 31G	1	
COMFORT TOUCH PLUS LANCETS 28G	1	
COMFORT TOUCH PLUS LANCETS 30G	1	
COMFORT TOUCH TWIST LANCET 30G	1	
CONTOUR CONTROL	3	QL
CONTOUR NEXT CONTROL	3	QL
CONTOUR PLUS CONTROL SOLUTION	3	QL
CONTROL	3	QL
COOL CONTROL A	3	QL
COOL CONTROL B	3	QL

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
CVS LANCETS 21G	1	
CVS LANCETS MICRO THIN 33G	1	
CVS LANCETS ORIGINAL	1	
CVS LANCETS THIN 26G	1	
CVS LANCETS ULTRA THIN 30G	1	
CVS LANCETS ULTRA-THIN 30G	1	
CVS LANCING DEVICE	1	
CVS ULTRA THIN LANCETS	1	
DEXCOM G6 RECEIVER	3	
DEXCOM G6 SENSOR	3	
DEXCOM G6 TRANSMITTER	3	
DEXCOM G7 15 DAY SENSOR	3	
DEXCOM G7 RECEIVER	3	
DEXCOM G7 SENSOR	3	
DIASCREEN 10	4	
DIASCREEN 1B	4	
DIASCREEN 1G	4	
DIASCREEN 1K	4	
DIASCREEN 2GK	4	
DIASCREEN 2GP	4	
DIASCREEN 3	4	
DIASCREEN 4NL	4	
DIASCREEN 4OBL	4	
DIASCREEN 4PH	4	
DIASCREEN 5	4	
DIASCREEN 6	4	
DIASCREEN 7	4	
DIASCREEN 8	4	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
DIASCREEN 9	4	
DIASCREEN LIQUID URINE CONTROL	4	
DIATHRIVE GLUCOSE CONTROL SOLN	3	QL
DIATHRIVE LANCET ULTRA THIN 30	1	
DIATHRIVE LANCETS	1	
DIATHRIVE LANCING DEVICE	1	
DIATRUE CONTROL LEVEL 1	3	QL
DIATRUE CONTROL LEVEL 2	3	QL
DIATRUE CONTROL LEVEL 3	3	QL
DROPLET GENTEEL LANCING DEVICE	1	
DROPLET LANCETS ULTRA THIN 30G	1	
DROPLET LANCING DEVICE	1	
DROPLET PERSONAL LANCETS 30G	1	
DROPSAFE ACTI-LANCE 23G	1	
DROPSAFE MEDLANCE LANCET 30G	1	
DRUG MART LANCETS THIN 26G	1	
DRUG MART LANCING DEVICE	1	
DRUG MART ON-THE-GO LANCET 30G	1	
DRUG MART UNILET LANCETS 28G	1	
DRUG MART UNILET LANCETS 30G	1	
DRUG MART UNILET LANCETS 33G	1	
DUO-CARE CONTROL SOLUTION	3	QL
E-Z JECT LANCET MICRO-THIN 33G	1	
E-Z JECT LANCET SUPER THIN 30G	1	
E-Z JECT LANCETS	1	
E-Z JECT LANCETS 21G	1	
E-Z JECT LANCETS THIN 26G	1	
EASY COMFORT LANCETS	1	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
EASY COMFORT LANCETS TWIST TOP	1	
EASY MINI EJECT LANCING DEVICE	1	
EASY MINI LANCING DEVICE	1	
EASY PLUS II CONTROL	3	QL
EASY STEP CONTROL	3	QL
EASY TALK CONTROL	3	QL
EASY TALK PLUS II CONTROL	3	QL
EASY TOUCH CONTROL HIGH & LOW	3	QL
EASY TOUCH HEALTHPRO HIGH/LOW	3	QL
EASY TOUCH LANCETS 21G	1	
EASY TOUCH LANCETS 23G	1	
EASY TOUCH LANCETS 26G	1	
EASY TOUCH LANCETS 28G	1	
EASY TOUCH LANCETS 28G/TWIST	1	
EASY TOUCH LANCETS 30G	1	
EASY TOUCH LANCETS 30G/TWIST	1	
EASY TOUCH LANCETS 32G	1	
EASY TOUCH LANCETS 32G/TWIST	1	
EASY TOUCH LANCETS 33G/TWIST	1	
EASY TOUCH LANCING DEVICE	1	
EASY TOUCH SAFETY LANCETS 21G	1	
EASY TOUCH SAFETY LANCETS 23G	1	
EASY TOUCH SAFETY LANCETS 26G	1	
EASY TOUCH SAFETY LANCETS 28G	1	
EASY TRAK CONTROL	3	QL
EASY TRAK II CONTROL	3	QL
EASYMAX 15 LEVEL 2 CONTROL	3	QL
EASYMAX 15 LEVEL 2-3 CONTROL	3	QL

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
EASYMAX CONTROL	3	QL
EASYMAX CONTROL NORMAL/HIGH	3	QL
ELEMENT COMPACT CONTROL 2	3	QL
ELEMENT COMPACT CONTROL 3	3	QL
ELEMENT CONTROL	3	QL
EMBRACE CONTROL	3	QL
EMBRACE EVO CONTROL LEVEL 1	3	QL
EMBRACE GLUCOSE CONTROL	3	QL
EMBRACE LANCETS ULTRA THIN 30G	1	
EMBRACE LANCING DEVICE/EJECTOR	1	
EMBRACE PRESSURE ACTIVATED 21G	1	
EMBRACE PRESSURE ACTIVATED 28G	1	
EMBRACE PRO GLUCOSE CONTROL	3	QL
EMBRACE TALK GLUCOSE CONTROL	3	QL
EMBRACE WAVE GLUCOSE CONTROL	3	QL
EQL COLOR LANCETS 21G	1	
EQL COLOR LANCETS MICRO 33G	1	
EQL SUPER THIN LANCETS 30G	1	
EQL THIN LANCETS 26G	1	
EVOLUTION CONTROL	3	QL
EZ-LETS LANCETS 21G	1	
EZ-LETS LANCETS 26G	1	
EZ-LETS LANCETS 28G	1	
EZ-LETS LANCETS 30G	1	
FIFTY50 SAFETY SEAL LANCETS	1	
FIFTY50 UNILET LANCETS 33G	1	
FINE 30	1	
FINGERSTIX LANCETS	1	

Drug Name	Drug Tier	Requirements / Limits
FONDCIRCLE CONTROL SOLUTION	3	QL
FONDCIRCLE LANCING DEVICE	1	
FONDCIRCLE SINGLE USE LANCETS	1	
FORA CONTROL	3	QL
FORA LANCETS	1	
FORA LANCING DEVICE	1	
FORACARE GDH CONTROL	3	QL
FORTISCARE CONTROL	3	QL
FREDS PHARMACY AUTOLET LANCING	1	
FREDS PHARMACY UNILET LANC 28G	1	
FREDS PHARMACY UNILET LANC 30G	1	
FREESTYLE CONTROL SOLUTION	3	QL
FREESTYLE FREEDOM LITE	3	
FREESTYLE LANCETS	1	
FREESTYLE LIBRE 14 DAY READER	3	
FREESTYLE LIBRE 14 DAY SENSOR	3	
FREESTYLE LIBRE 2 PLUS SENSOR	3	
FREESTYLE LIBRE 2 READER	3	
FREESTYLE LIBRE 2 SENSOR	3	
FREESTYLE LIBRE 3 PLUS SENSOR	3	
FREESTYLE LIBRE 3 READER	3	
FREESTYLE LIBRE 3 SENSOR	3	
FREESTYLE LIBRE READER	3	
FREESTYLE LITE W/DEVICE KIT	3	
FREESTYLE PRECISION NEO SYSTEM	3	
FREESTYLE UNISTICK II LANCETS	1	
GE100 CONTROL	3	QL
GENTEEL BUTTERFLY TOUCH LANCET	1	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
GENTEEL CONTACT TIPS (BLUE)	1	
GENTEEL CONTACT TIPS (CLEAR)	1	
GENTEEL CONTACT TIPS (GREEN)	1	
GENTEEL CONTACT TIPS (ORANGE)	1	
GENTEEL CONTACT TIPS (RAINBOW)	1	
GENTEEL CONTACT TIPS (VIOLET)	1	
GENTEEL CONTACT TIPS (YELLOW)	1	
GENTEEL LANCING KIT (BLUE)	1	
GENTEEL NOZZLES	1	
GENTEEL PLUS LANCING (BLACK)	1	
GENTEEL PLUS LANCING (PURPLE)	1	
GENTEEL PLUS LANCING (WHITE)	1	
GENTEEL PLUS LANCING DEV(BLUE)	1	
GENTEEL PLUS LANCING DEV(PINK)	1	
GENTLE-LET GP LANCETS	1	
GENTLE-LET LANCETS	1	
GENTLE-LET PLATFORMS	1	
GLOBAL INJECT EASE LANCETS 28G	1	
GLOBAL INJECT EASE LANCETS 30G	1	
GLOBAL LANCING DEVICE	1	
GLUCOCARD 01 CONTROL	3	QL
GLUCOCARD EXPRESSION CONTROL	3	QL
GLUCOCARD SHINE CONTROL	3	QL
GLUCOCARD X-SENSOR CONTROL	3	QL
GLUCOCOM CONTROL	3	QL
GLUCOCOM LANCETS 28G	1	
GLUCOCOM LANCETS 30G	1	
GLUCOCOM LANCETS 33G	1	

Drug Name	Drug Tier	Requirements / Limits
GLUCOSE CONTROL	3	QL
GNP EASY TOUCH CONT HIGH/LOW	3	QL
GNP LANCETS 21G	1	
GNP LANCETS THIN 26G	1	
GNP LANCING SYSTEM DEVICE	1	
GNP STERILE LANCETS 28G	1	
GNP STERILE LANCETS 30G	1	
GNP STERILE LANCETS 33G	1	
GOJJI CONTROL	3	QL
GOJJI LANCING DEVICE/CLEAR CAP	1	
GOJJI STERILE LANCETS	1	
GOODSENSE COLOR LANCETS 33G	1	
GOODSENSE LANCETS 26G UNIV	1	
GOODSENSE LANCETS 30G	1	
GOODSENSE LANCETS 30G UNIV	1	
GOODSENSE LANCETS 33G	1	
GOODSENSE LANCETS 33G UNIV	1	
GOODSENSE LANCING DEVICE	1	
H-E-B INCONTROL ADV LANCING	1	
H-E-B INCONTROL LANCETS 28G	1	
H-E-B INCONTROL LANCETS 30G	1	
H-E-B INCONTROL LANCETS 33G	1	
HAEMOLANCE	1	
HAEMOLANCE LOW FLOW LANCETS	1	
HAEMOLANCE PLUS	1	
HAEMOLANCE PLUS HIGH FLOW	1	
HAEMOLANCE PLUS LOW FLOW	1	
HAEMOLANCE PLUS MAX FLOW	1	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
HAEMOLANCE PLUS PEDIATRIC FLOW	1	
HEALTH CARE LANCING DEVICE	1	
HEALTHY ACCENTS LANCING DEVICE	1	
HEALTHY ACCENTS UNILET LANCETS	1	
HY-VEE LANCETS	1	
HY-VEE THIN LANCETS	1	
HYPOLANCE AST LANCING	1	
IHEALTH CONTROL SOLUTION	3	QL
IHEALTH LANCING DEVICE	1	
IN TOUCH GLUCOSE CONTROL	3	QL
IN TOUCH LANCING DEVICE	1	
IN TOUCH STERILE LANCETS 30G	1	
INFINITY CONTROL	3	QL
INFINITY VOICE NORMAL LIQUID	3	QL
KINNEY LANCETS	1	
KINNEY THIN LANCETS	1	
KROGER AUTOLET LANCING DEVICE	1	
KROGER HEALTHPRO CONTROL HI/LO	3	QL
KROGER HEALTHPRO LANCET 26G	1	
KROGER LANCETS	1	
KROGER LANCETS 21G	1	
KROGER LANCETS MICRO THIN 33G	1	
KROGER LANCETS SUPER THIN	1	
KROGER LANCETS THIN	1	
KROGER LANCETS THIN 26G	1	
KROGER LANCETS ULTRATHIN 30G	1	
KROGER LANCING DEVICE	1	
LANCET DEVICE	1	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
LANCET DEVICE WITH EJECTOR	1	
LANCETS	1	
LANCETS 28G THIN	1	
LANCETS 30G	1	
LANCETS 33G	1	
LANCETS MICRO THIN 33G	1	
LANCETS SUPER THIN	1	
LANCETS SUPER THIN 28G	1	
LANCETS THIN	1	
LANCETS ULTRA THIN	1	
LANCETS ULTRA THIN 30G	1	
LANCING DEVICE	1	
LANZO	1	
LEADER ADVANCED LANCING DEVICE	1	
LIBERTY GLUCOSE CONTROL	3	QL
LIBERTY GLUCOSE CONTROL MID	3	QL
LIBERTY MEDICAL LANCETS	1	
LIBERTY MINI LANCING DEVICE	1	
LITE TOUCH LANCETS	1	
LITE TOUCH LANCING PEN	1	
LITETOUCH LANCETS	1	
LIVE BETTER ADV LANCING DEVICE	1	
LIVE BETTER LANCET SUPER THIN	1	
LIVE BETTER LANCET ULTRA THIN	1	
LONGS LANCETS STANDARD	1	
LONGS LANCETS THIN	1	
LONGS LANCETS ULTRA THIN	1	
MEDICHOICE SAFETY LANCET	1	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
MEDICHOICE SAFETY LANCET EXTRA	1	
MEDICHOICE SAFETY LANCET NORM	1	
MEDISENSE GLUCOSE KETONE CONTR	3	QL
MEDISENSE HI/MID/LOW CONTROL	3	QL
MEDLANCE EXTRA 21G	1	
MEDLANCE LITE 25G	1	
MEDLANCE PLUS EXTRA 21G	1	
MEDLANCE PLUS LANCETS	1	
MEDLANCE PLUS LITE 25G	1	
MEDLANCE PLUS SPECIAL 0.8MM	1	
MEDLANCE PLUS SUPERLITE 30G	1	
MEDLANCE PLUS UNIVERSAL 21G	1	
MEDLANCE UNIVERSAL 21G	1	
MEIJER LANCETS	1	
MEIJER LANCETS THIN	1	
MEIJER LANCETS UNIVERSAL 21G	1	
MEIJER LANCETS UNIVERSAL 30G	1	
MEIJER LANCETS UNIVERSAL 33G	1	
MEIJER SUPER THIN LANCETS	1	
MICRODOT CONTROL HIGH/LOW	3	QL
MICROLET LANCETS	1	
MICROLET NEXT LANCETS	1	
MICROLET NEXT LANCING DEVICE	1	
MINI LANCING DEVICE	1	
MM LANCING DEVICE	1	
MM TWIST LANCETS	1	
MOBILE LANCETS 30G	1	
MONOLET LANCETS	1	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
MONOLET OPD LANCETS	1	
MONOLETTOR SAFETY LANCETS	1	
MPD SAFETY LANCET 21G	1	
MPD SAFETY LANCET 23G	1	
MPD SAFETY LANCET 28G	1	
MPD SAFETY LANCET 30G	1	
MULTI-LANCET DEVICE	1	
MULTI-LANCET DEVICE 2	1	
MYGLUCOHEALTH CONTROL	3	QL
MYGLUCOHEALTH LANCETS 30G	1	
NEUTEK 2TEK CONTROL	3	QL
NOVA MAX PLUS GLU/KET CONTROL	3	QL
NOVA SAFETY LANCETS 23G	1	
NOVA SAFETY LANCETS 28G	1	
NOVA SUREFLEX LANCETS	1	
NOVA SUREFLEX LANCING DEVICE	1	
ONETOUCH DELICA PLUS LANCET30G	1	
ONETOUCH DELICA PLUS LANCET33G	1	
ONETOUCH DELICA PLUS LANCING	1	
ONETOUCH DELICA SAFETY LANCING	1	
ONETOUCH SURESOFT LANCING DEV	1	
ONETOUCH ULTRA CONTROL	3	QL
ONETOUCH ULTRASOFT 2 LANCETS	1	
ONETOUCH ULTRASOFT LANCETS	1	
ONETOUCH VERIO (HIGH LIQUID, LIQUID)	3	QL
PC LANCETS SUPER THIN 30G	1	
PERFECT LANCETS 28G	1	
PERFECT LANCETS 30G	1	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
PERFECT POINT SAFETY LANCETS	1	
PHARMACIST CHOICE LANCETS	1	
PHARMACY COUNTER LANCETS	1	
PIP GLUCOSE CONTROL SOLUTION	3	QL
PIP LANCETS 28G	1	
PIP LANCETS 30G	1	
POCKETCHEM EZ CONTROL	3	QL
PRECISION GLUCOSE KETONE CONTR	3	QL
PRECISION THINS GP LANCETS	1	
PREFERRED PLUS LANCETS COLORED	1	
PREFERRED PLUS LANCETS THIN	1	
PRO COMFORT LANCETS 30G	1	
PRO COMFORT LANCETS 31G	1	
PRO COMFORT SAFETY LANCETS 30G	1	
PRODIGY CONTROL SOLUTION	3	QL
PRODIGY LANCETS 28G	1	
PRODIGY LANCING DEVICE	1	
PRODIGY SAFETY LANCETS 26G	1	
PRODIGY TWIST TOP LANCETS 28G	1	
PSS SELECT GP LANCETS	1	
PSS SELECT PLATFORMS	1	
PSS SELECT SAFETY LANCETS	1	
PURE COMFORT LANCETS 30G	1	
PURE COMFORT SAFETY LANCET 30G	1	
PX ADVANCED LANCING DEVICE	1	
PX LANCET AUTO INJECTOR	1	
PX LANCETS MICROTHIN 33G	1	
PX LANCETS ULTRA THIN	1	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
PX LANCETS ULTRA THIN 28G	1	
QC ADVANCED LANCING DEVICE	1	
QC LANCETS SUPER THIN 30G	1	
QC LANCETS ULTRA THIN	1	
QC UNILET LANCETS 28G	1	
QC UNILET LANCETS MICRO THIN	1	
QUICKTEK CONTROL SOLUTION	3	QL
QUINTET CONTROL HIGH/NORMAL	3	QL
RA E-ZJECT LANCETS 28G	1	
RA E-ZJECT LANCETS THIN 26G	1	
RA E-ZJECT LANCETS THIN 28G	1	
RA E-ZJECT LANCETS ULTRA THIN	1	
READYLANCE SAFETY LANCETS	1	
REALITY LANCETS	1	
REALITY TRIGGER LANCETS	1	
REFUAH PLUS GLUCOSE CONTROL	3	QL
RELION LANCET DEVICES 30G	1	
RELION LANCETS	1	
RELION LANCETS MICRO-THIN 33G	1	
RELION LANCETS THIN 26G	1	
RELION LANCETS ULTRA-THIN 30G	1	
RELION LANCING DEVICE	1	
RELION ULTRA THIN LANCETS 30G	1	
RELION ULTRA THIN PLUS LANCETS	1	
REXALL LANCETS ULTRA THIN 30G	1	
RIGHTEST ALTERNATE SITE ADAPT	1	
RIGHTEST GC300 CONTROL	3	QL
RIGHTEST GD500 LANCING DEVICE	1	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
RIGHTTEST GL300 LANCETS	1	
SAFE-T-LANCE	1	
SAFE-T-LANCE PLUS	1	
SAFETY LANCET 30G/PRESSURE ACT	1	
SAFETY LANCETS	1	
SAFETY LANCETS 21G	1	
SAFETY LANCETS 23G	1	
SAFETY LANCETS 28G	1	
SAPS HEALTH PLUS LANCETS	1	
SAPS HEALTH TWIST TOP LANCETS	1	
SAPS TWIST TOP LANCETS	1	
SAPSCARE TWIST TOP LANCETS	1	
SB LANCETS THIN	1	
SB LANCETS ULTRA THIN	1	
SELECT-LITE DEVICE/LANCETS	1	
SELECT-LITE LANCING DEVICE	1	
SENSILANCE SAFETY LANCETS 21G	1	
SENSILANCE SAFETY LANCETS 26G	1	
SENSILANCE SAFETY LANCETS 28G	1	
SHOPKO AUTOLET LANCING DEVICE	1	
SHOPKO ON-THE-GO LANCETS 30G	1	
SHOPKO UNILET LANCETS 28G	1	
SHOPKO UNILET LANCETS 30G	1	
SIMPLE DIAGNOSTICS LANCING DEV	1	
SINGLE-LET	1	
SM LANCETS 33G	1	
SM TRUEDRAW LANCING DEVICE	1	
SMART DIABETES VANTAGE LANCING	1	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
SMART SENSE COLOR LANCETS 33G	1	
SMART SENSE STANDARD LANCETS	1	
SMART SENSE SUPER THIN LANCETS	1	
SMART SENSE THIN LANCETS 26G	1	
SMARTTEST CONTROL MEDIUM	3	QL
SMARTTEST LANCETS 28G	1	
SOLUS V2 CONTROL	3	QL
SOLUS V2 LANCETS 28G	1	
SOLUS V2 LANCING DEVICE	1	
SOLUS V2 TWIST LANCETS 30G	1	
STERILANCE PA	1	
STERILANCE TL	1	
SUPER THIN LANCETS	1	
SUPREME II HIGH/LOW CONTROL	3	QL
SURE COMFORT LANCETS 18G	1	
SURE COMFORT LANCETS 21G	1	
SURE COMFORT LANCETS 23G	1	
SURE COMFORT LANCETS 28G	1	
SURE COMFORT LANCETS 30G	1	
SURE COMFORT LANCING PEN	1	
SURELITE LANCETS	1	
TAI DOC CONTROL	3	QL
TECHLITE AST LANCETS	1	
TECHLITE LANCETS	1	
TECHLITE LANCETS 26G	1	
TECHLITE LANCETS 30G	1	
TGT LANCET MICRO THIN 33G	1	
TGT LANCET THIN 26G	1	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
TGT LANCET ULTRA THIN 30G	1	
TGT LANCING DEVICE	1	
THINLETS GP LANCETS	1	
TODAYS HEALTH LANCING DEVICE	1	
TODAYS HEALTH THIN LANCETS 28G	1	
TODAYS HEALTH THIN LANCETS 30G	1	
TOPCARE LANCETS MICRO-THIN 33G	1	
TRAVEL LANCETS	1	
TRAVEL LANCETS ADVANCED 28G	1	
TRUE COMFORT SAFETY LANCETS	1	
TRUE COMFORT TWIST TOP LANCETS	1	
TRUE METRIX LEVEL 1	3	QL
TRUE METRIX LEVEL 2	3	QL
TRUE METRIX LEVEL 3	3	QL
TRUECONTROL GLUCOSE CONT LEV 0	3	QL
TRUECONTROL GLUCOSE CONT LEV 1	3	QL
TRUEDRAW LANCING DEVICE	1	
TRUEPLUS LANCETS 26G	1	
TRUEPLUS LANCETS 28G	1	
TRUEPLUS LANCETS 30G	1	
TRUEPLUS LANCETS 33G	1	
TRUEPLUS SAFETY LANCETS 28G	1	
TWIST TOP LANCETS 30G	1	
ULTI-LANCE AUTOMATIC	1	
ULTILET CLASSIC LANCETS	1	
ULTILET LANCETS	1	
ULTILET SAFETY LANCETS	1	
ULTILET SAFETY LANCETS 23G	1	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
ULTRA THIN LANCETS 31G	1	
ULTRA-CARE LANCETS 30G	1	
ULTRA-THIN II AUTO LANCET	1	
ULTRA-THIN II LANCETS	1	
UNILET COMFORTOUCH LANCET	1	
UNILET EXCELITE	1	
UNILET EXCELITE II	1	
UNILET G.P. LANCET	1	
UNILET G.P. SUPERLITE LANCET	1	
UNILET GP 28 ULTRA THIN	1	
UNILET LANCET	1	
UNILET MICRO-THIN 33G	1	
UNILET SUPER-THIN 30G	1	
UNILET SUPERLITE LANCET	1	
UNILET ULTRA-THIN 28G	1	
UNISTIK 1	1	
UNISTIK 2	1	
UNISTIK 2 COMFORT	1	
UNISTIK 2 EXTRA	1	
UNISTIK 2 NEONATAL	1	
UNISTIK 2 NORMAL	1	
UNISTIK 2 SUPER	1	
UNISTIK 3	1	
UNISTIK 3 COMFORT	1	
UNISTIK 3 EXTRA	1	
UNISTIK 3 GENTLE	1	
UNISTIK 3 NEONATAL	1	
UNISTIK 3 NORMAL	1	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
UNISTIK CZT COMFORT	1	
UNISTIK CZT NORMAL	1	
UNISTIK NORMAL	1	
UNISTIK PRO SAFETY LANCET	1	
UNISTIK SAFETY LANCETS 28G	1	
UNISTIK SAFETY LANCETS 30G	1	
UNISTIK TOUCH SAFETY LANC 21G	1	
UNISTIK TOUCH SAFETY LANC 23G	1	
UNISTIK TOUCH SAFETY LANC 28G	1	
UNISTIK TOUCH SAFETY LANC 30G	1	
UNISTRIP CONTROL	3	QL
UNIVERSAL 1 LANCETS THIN 26G	1	
UNIVERSAL 1 LANCETS THIN 33G	1	
UNIVERSAL 1 LANCETS ULTRA THIN	1	
VALUE PLUS LANCET STANDARD 21G	1	
VALUE PLUS LANCETS SUPER THIN	1	
VALUE PLUS LANCETS THIN 26G	1	
VALUE PLUS LANCING DEVICE	1	
VALUMARK LANCET SUPER THIN 30G	1	
VALUMARK LANCET ULTRA THIN 28G	1	
VERASENS GLUCOSE CONTROL	3	QL
VERIFINE SAFE LANCET MINI 21G	1	
VERIFINE SAFE LANCET MINI 23G	1	
VERIFINE SAFE LANCET MINI 28G	1	
VERIFINE SAFE LANCET MINI 30G	1	
VERIFINE UNIVERSAL LANCETS 28G	1	
VERIFINE UNIVERSAL LANCETS 30G	1	
VERIFINE UNIVERSAL LANCETS 33G	1	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
VIDA MIA AUTOLET LANCING DEV	1	
VIDA MIA UNILET LANCETS 28G	1	
VIDA MIA UNILET LANCETS 30G	1	
VIVAGUARD INO CONTROL SOLUTION	3	QL
VIVAGUARD LANCETS	1	
VIVAGUARD LANCETS 30G	1	
VIVAGUARD LANCING DEVICE	1	
VIVAGUARD SAFETY LANCETS 28G	1	
WALGREENS ADV TRAVEL LANCETS	1	
WALGREENS LANCETS	1	
WALGREENS LANCETS MICRO THIN	1	
WALGREENS LANCETS SUPER THIN	1	
WALGREENS THIN LANCETS	1	
WALGREENS ULTRA THIN LANCETS	1	
ZEV RX TWIST TOP LANCETS 30G	1	
INSULIN ADMINISTRATION SUPPLIES		
MODD1 PATIENT WELCOME KIT	3	
MODD1 SUPPLY KIT	3	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	3	
OMNIPOD 5 DEXG7G6 PODS GEN 5	3	
OMNIPOD 5 G7 INTRO (GEN 5)	3	
OMNIPOD 5 G7 PODS (GEN 5)	3	
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	3	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	
OMNIPOD CLASSIC PDM (GEN 3)	3	
OMNIPOD CLASSIC PODS (GEN 3)	3	
OMNIPOD DASH INTRO (GEN 4)	3	
OMNIPOD DASH PDM (GEN 4)	3	

Drug Name	Drug Tier	Requirements / Limits
OMNIPOD DASH PODS (GEN 4)	3	
OMNIPOD GO	3	
TWIIST REFILL KIT	3	
TWIIST REFILL KIT/INFUSION SET	3	
TWIIST STARTER KIT	3	
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
NEEDLES & SYRINGES		
1ST TIER UNIFINE PENTIPS	1	
1ST TIER UNIFINE PENTIPS PLUS	1	
ABOUTTIME PEN NEEDLE	1	
ADVOCATE INSULIN PEN NEEDLE	1	
ADVOCATE INSULIN PEN NEEDLES	1	
ADVOCATE INSULIN SYRINGE	1	QL
AQ INSULIN SYRINGE	1	QL
AQINJECT PEN NEEDLE	1	
ASSURE ID DUO PRO PEN NEEDLES	1	
ASSURE ID INSULIN SAFETY SYR	1	QL
ASSURE ID PRO PEN NEEDLES	1	
ASSURE ID SAFETY PEN NEEDLES	1	
AUM INSULIN SAFETY PEN NEEDLE	1	
AUM MINI INSULIN PEN NEEDLE	1	
AUM PEN NEEDLE	1	
AUM READYGARD DUO PEN NEEDLE	1	
AUM SAFETY PEN NEEDLE	1	
AURORA PEN NEEDLES	1	
AURORA UNIFINE PENTIPS	1	

Drug Name	Drug Tier	Requirements / Limits
AUTOJECT 2	1	
AUTOPEN	1	
BD AUTOSHIELD DUO	1	
BD INSULIN SYR ULTRAFINE II	1	QL
BD INSULIN SYRINGE (27G X 1/2" 1 ML MISC, 27.5G X 5/8" 2 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC)	1	QL
BD INSULIN SYRINGE HALF-UNIT	1	QL
BD INSULIN SYRINGE MICROFINE	1	QL
BD INSULIN SYRINGE U-100 1 ML MISC	1	
BD INSULIN SYRINGE U-500	1	
BD INSULIN SYRINGE U/F	1	QL
BD INSULIN SYRINGE U/F 1/2UNIT	1	QL
BD INSULIN SYRINGE ULTRAFINE	1	QL
BD PEN	1	
BD PEN MINI	1	
BD PEN NEEDLE MICRO ULTRAFINE	1	
BD PEN NEEDLE MINI ULTRAFINE	1	
BD PEN NEEDLE NANO 2ND GEN	1	
BD PEN NEEDLE NANO ULTRAFINE	1	
BD PEN NEEDLE ORIG ULTRAFINE	1	
BD PEN NEEDLE SHORT ULTRAFINE	1	
BD SAFETYGLIDE INSULIN SYRINGE	1	QL
BD VEO INSULIN SYR U/F 1/2UNIT	1	QL
BD VEO INSULIN SYR ULTRAFINE	1	QL
CAREFINE PEN NEEDLES	1	
CAREONE INSULIN SYRINGE	1	QL
CAREONE UNIFINE PENTIPS	1	
CAREONE UNIFINE PENTIPS PLUS	1	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
CARETOUCH INSULIN SYRINGE	1	QL
CARETOUCH PEN NEEDLES	1	
CEQUR SIMPLICITY 2U	1	
CEQUR SIMPLICITY INSERTER	1	
CLEVER CHOICE COMFORT EZ (29G X 12MM MISC, 33G X 4 MM MISC)	1	
CLICKFINE PEN NEEDLES	1	
COMFORT ASSIST INSULIN SYRINGE	1	QL
COMFORT EZ INSULIN SYRINGE	1	QL
COMFORT EZ MICRO PEN NEEDLES	1	
COMFORT EZ PEN NEEDLES	1	
COMFORT EZ PRO PEN NEEDLES	1	
COMFORT EZ SHORT PEN NEEDLES	1	
COMFORT TOUCH INSULIN PEN NEED	1	
DIATHRIVE PEN NEEDLE	1	
DROPLET INSULIN SYRINGE	1	QL
DROPLET MICRON	1	
DROPLET PEN NEEDLES	1	
DROPSAFE AUTOPROTECT DUO	1	
DROPSAFE SAFETY PEN NEEDLES	1	
DROPSAFE SAFETY SYRINGE/NEEDLE	1	QL
DRUG MART UNIFINE PENTIPS	1	
DRUG MART UNIFINE PENTIPS PLUS	1	
EASY COMFORT INSULIN SYRINGE	1	QL
EASY COMFORT PEN NEEDLES	1	
EASY GLIDE PEN NEEDLES	1	
EASY TOUCH FLIPLOCK INSULIN SY	1	QL
EASY TOUCH INSULIN BARRELS	1	
EASY TOUCH INSULIN SAFETY SYR	1	QL

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
EASY TOUCH INSULIN SYRINGE	1	QL
EASY TOUCH PEN NEEDLES	1	
EASY TOUCH SAFETY PEN NEEDLES	1	
EASY TOUCH SHEATHLOCK SYRINGE (29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	1	QL
EMBECTA AUTOSHIELD DUO	1	
EMBECTA INS SYR U/F 1/2 UNIT	1	QL
EMBECTA INSULIN SYRINGE	1	QL
EMBECTA INSULIN SYRINGE U-100	1	QL
EMBECTA INSULIN SYRINGE U-500	1	
EMBECTA INSULIN SYRINGE U/F	1	QL
EMBECTA PEN NEEDLE NANO	1	
EMBECTA PEN NEEDLE NANO 2 GEN	1	
EMBECTA PEN NEEDLE U/F	1	
EMBECTA PEN NEEDLE ULTRAFINE	1	
EMBRACE PEN NEEDLES	1	
EQL INSULIN SYRINGE	1	QL
EXEL COMFORT POINT INSULIN SYR	1	QL
EXEL COMFORT POINT PEN NEEDLE	1	
FIFTY50 PEN NEEDLES	1	
FIFTY50 SUPERIOR COMFORT SYR	1	QL
FREDS PHARMACY UNIFINE PENTIP+	1	
FREDS PHARMACY UNIFINE PENTIPS	1	
GLOBAL EASE INJECT PEN NEEDLES	1	
GLOBAL EASY GLIDE INSULIN SYR (X 5/16" 0.3 ML MISC, X 15/64" 0.3 ML MISC, X 15/64" 0.5 ML MISC)	1	QL
GLOBAL EASY GLIDE PEN NEEDLES	1	
GLOBAL INJECT EASE INSULIN SYR	1	QL

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
GLOBAL INSULIN SYRINGES	1	QL
GLUCOPRO INSULIN SYRINGE	1	QL
GNP CLICKFINE PEN NEEDLES	1	
GNP INSULIN SYRINGE	1	QL
GNP INSULIN SYRINGES	1	QL
GNP INSULIN SYRINGES 28GX1/2"	1	QL
GNP INSULIN SYRINGES 29GX1/2"	1	QL
GNP INSULIN SYRINGES 30GX5/16"	1	QL
GNP INSULIN SYRINGES 31GX5/16"	1	QL
GNP PEN NEEDLES	1	
GNP ULTICARE PEN NEEDLES	1	
GNP ULTIGUARD SAFEPACK NEEDLE	1	
GNP ULTRA COM INSULIN SYRINGE	1	QL
GOODSENSE CLICKFINE PEN NEEDLE	1	
GOODSENSE PEN NEEDLE PENFINE	1	
H-E-B INCONTROL PEN NEEDLES	1	
H-E-B INCONTROL UNIFINE PENTIP	1	
HAN-EASE	1	
HEALTHWISE INSULIN SYR/NEEDLE	1	QL
HEALTHWISE MICRON PEN NEEDLES	1	
HEALTHWISE MINI PEN NEEDLES	1	
HEALTHWISE PEN NEEDLES	1	
HEALTHWISE SHORT PEN NEEDLES	1	
HEALTHWISE UNIFINE PENTIPS	1	
HEALTHY ACCENTS UNIFINE PENTIP	1	
HM ULTICARE INSULIN SYRINGE	1	QL
HM ULTICARE MINI PEN NEEDLES	1	
HM ULTICARE SHORT PEN NEEDLES	1	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
HUMATROPEN FOR 12MG	1	
HUMATROPEN FOR 24MG	1	
HUMATROPEN FOR 6MG	1	
INCONTROL ULTICARE PEN NEEDLES	1	
INJECT-EASE	1	
INPEN 100-BLUE-LILLY-HUMALOG	1	
INPEN 100-BLUE-NOVOLOG-FIASP	1	
INPEN 100-GREY-LILLY-HUMALOG	1	
INPEN 100-GREY-NOVOLOG-FIASP	1	
INPEN 100-PINK-LILLY-HUMALOG	1	
INPEN 100-PINK-NOVOLOG-FIASP	1	
INSULIN SYRINGE	1	QL
INSULIN SYRINGE-NEEDLE U-100	1	QL
INSULIN SYRINGE/NEEDLE	1	QL
INSUPEN PEN NEEDLES	1	
INSUPEN SENSITIVE	1	
INSUPEN ULTRAFIN	1	
INSUPEN32G EXTR3ME	1	
J-TIP KIT W/VIAL ADAPTERS	1	
KINRAY INSULIN SYRINGE	1	QL
KMART VALU INSULIN SYRINGE 29G	1	
KMART VALU INSULIN SYRINGE 30G	1	
KROGER INSULIN SYRINGE	1	QL
KROGER PEN NEEDLES	1	
LEADER INSULIN SYRINGE	1	QL
LEADER UNIFINE PENTIPS	1	
LEADER UNIFINE PENTIPS PLUS	1	
LITETOUCH INSULIN SYRINGE	1	QL

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
LITETOUCH PEN NEEDLES	1	
LONGS INSULIN SYRINGE	1	QL
MAGELLAN INSULIN SAFETY SYR	1	QL
MARATHON MEDICAL PENTIPS	1	
MAXI-COMFORT INSULIN SYRINGE	1	QL
MAXI-COMFORT SAFETY PEN NEEDLE	1	
MAXICOMFORT II PEN NEEDLE	1	
MAXICOMFORT SYR 27G X 1/2"	1	QL
MEDIC INSULIN SYRINGE	1	QL
MEDICINE SHOPPE PEN NEEDLES	1	
MEIJER PEN NEEDLES	1	
MICRODOT PEN NEEDLE	1	
MM INSULIN SYRINGE/NEEDLE	1	QL
MM PEN NEEDLES	1	
MONOJECT INSULIN SYRINGE (25G X 5/8" 1 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	1	QL
MONOJECT INSULIN SYRINGE U-100 1 ML MISC	1	
MONOJECT ULTRA COMFORT SYRINGE	1	QL
MS INSULIN SYRINGE	1	QL
NORDIPEN 5 INJECTION DEVICE	1	
NORDIPEN DELIVERY SYSTEM	1	
NOVOFINE AUTOCOVER PEN NEEDLE	1	
NOVOFINE PEN NEEDLE	1	
NOVOFINE PLUS PEN NEEDLE	1	
NOVOPEN ECHO	1	
NOVOTWIST PEN NEEDLE	1	

Drug Name	Drug Tier	Requirements / Limits
PC UNIFINE PENTIPS	1	
PEN NEEDLE/5-BEVEL TIP	1	
PEN NEEDLES	1	
PEN NEEDLES 5/16"	1	
PENTIPS	1	
PENTIPS GENERIC PEN NEEDLES	1	
PIP PEN NEEDLES 31G X 5MM	1	
PIP PEN NEEDLES 32G X 4MM	1	
PRECISION SURE-DOSE SYRINGE	1	QL
PREFERRED PLUS INSULIN SYRINGE	1	QL
PREFERRED PLUS UNIFINE PENTIPS	1	
PREVENT DROPSAFE PEN NEEDLES	1	
PREVENT SAFETY PEN NEEDLES	1	
PRO COMFORT INSULIN SYRINGE	1	QL
PRO COMFORT PEN NEEDLES	1	
PRODIGY INSULIN SYRINGE	1	QL
PURE COMFORT PEN NEEDLE	1	
PURE COMFORT SAFETY PEN NEEDLE	1	
PX EXTRA SHORT PEN NEEDLES	1	
PX INSULIN SYRINGE	1	QL
PX MINI PEN NEEDLES	1	
PX PEN NEEDLE	1	
PX SHORTLENGTH PEN NEEDLES	1	
QC PEN NEEDLES	1	
QC UNIFINE PENTIPS	1	
QUICK TOUCH INSULIN PEN NEEDLE	1	
RA INSULIN SYRINGE	1	QL
RA PEN NEEDLES	1	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
RAYA SURE PEN NEEDLE	1	
REALITY INSULIN SYRINGE	1	QL
RELION INSULIN SYRINGE	1	QL
RELION MINI PEN NEEDLES	1	
RELION PEN NEEDLES	1	
RELION SHORT PEN NEEDLES	1	
SAFETY INSULIN SYRINGES	1	QL
SAFETY PEN NEEDLES	1	
SB INSULIN SYRINGE	1	QL
SECURESAFE INSULIN SYRINGE	1	QL
SECURESAFE SAFETY PEN NEEDLES	1	
SHOPKO UNIFINE PENTIPS	1	
SHOPKO UNIFINE PENTIPS PLUS	1	
SURE COMFORT INSULIN SYRINGE	1	QL
SURE COMFORT PEN NEEDLES	1	
TECHLITE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	1	QL
TECHLITE PEN NEEDLES	1	
TECHLITE PLUS PEN NEEDLES	1	
TODAYS HEALTH MINI PEN NEEDLES	1	
TODAYS HEALTH PEN NEEDLES	1	
TODAYS HEALTH SHORT PEN NEEDLE	1	
TOPCARE CLICKFINE PEN NEEDLES	1	
TOPCARE ULTRA COMFORT INS SYR	1	QL
TRUE COMFORT INSULIN SYRINGE	1	QL
TRUE COMFORT PEN NEEDLES	1	

Drug Name	Drug Tier	Requirements / Limits
TRUE COMFORT PRO INSULIN SYR	1	QL
TRUE COMFORT PRO PEN NEEDLES	1	
TRUE COMFORT SAFETY PEN NEEDLE	1	
TRUEPLUS 5-BEVEL PEN NEEDLES	1	
TRUEPLUS INSULIN SYRINGE	1	QL
TRUEPLUS PEN NEEDLES	1	
ULTICARE INSULIN SAFETY SYR	1	QL
ULTICARE INSULIN SYR 1/2 UNIT	1	QL
ULTICARE INSULIN SYRINGE	1	QL
ULTICARE MICRO PEN NEEDLES	1	
ULTICARE MINI PEN NEEDLES	1	
ULTICARE PEN NEEDLES	1	
ULTICARE SHORT PEN NEEDLES	1	
ULTIGUARD SAFEPACK PEN NEEDLE	1	
ULTIGUARD SAFEPACK SYR/NEEDLE	1	QL
ULTILET PEN NEEDLE	1	
ULTRA COMFORT INSULIN SYRINGE	1	QL
ULTRA FLO INSULIN PEN NEEDLES	1	
ULTRA FLO INSULIN SYR 1/2 UNIT	1	QL
ULTRA FLO INSULIN SYRINGE	1	QL
ULTRA THIN PEN NEEDLES	1	
ULTRA-THIN II INS SYR SHORT	1	QL
ULTRA-THIN II INSULIN SYRINGE	1	QL
ULTRA-THIN II MINI PEN NEEDLE	1	
ULTRA-THIN II PEN NEEDLE SHORT	1	
ULTRA-THIN II PEN NEEDLES	1	
ULTRACARE INSULIN SYRINGE	1	QL
ULTRACARE PEN NEEDLES	1	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
UNIFINE OTC PEN NEEDLES	1	
UNIFINE PEN NEEDLES	1	
UNIFINE PENTIPS	1	
UNIFINE PENTIPS PLUS	1	
UNIFINE PROTECT PEN NEEDLE	1	
UNIFINE SAFECONTROL PEN NEEDLE	1	
UNIFINE ULTRA PEN NEEDLE	1	
VALUE HEALTH INSULIN SYRINGE	1	QL
VALUMARK PEN NEEDLES	1	
VANISHPOINT INSULIN SYRINGE	1	QL
VERIFINE INSULIN PEN NEEDLE	1	
VERIFINE INSULIN SYRINGE	1	QL
VERIFINE PLUS PEN NEEDLE	1	
VIDA MIA UNIFINE PENTIPS	1	
VP INSULIN SYRINGE	1	QL
WEGMANS UNIFINE PENTIPS PLUS	1	
ZEV RX INSULIN SYRINGE	1	QL
ZEV RX PEN NEEDLES	1	
PEAK FLOW METERS		
AEROGEAR ACTION ASTHMA KIT	4	
AIRZONE PEAK FLOW METER	4	
ASSESS PEAK FLOW METER	4	
BREATHE EASE PEAK FLOW METER	4	
CLEVER CHOICE PEAK FLOW METER	4	
FONDCIRCLE ELECTRONIC PEAK FLO	4	
LUNG PERFORM PEAK FLOW METER	4	
MICROLIFE DIGITAL PEAK FLOW	4	
MINI WRIGHT PEAK FLOW METER	4	

Drug Name	Drug Tier	Requirements / Limits
PEAK A-I-R FLOW METER	4	
PEAK AIR PEAK FLOW METER	4	
PEAK FLOW METER UNIVERSAL RANG	4	
PERSONAL BEST FULL RANGE	4	
PIKO 1	4	
POCKET PEAK FLOW METER	4	
POCKETPEAK PEAK FLOW METER	4	
PURE COMFORT FLOW METER ADULT	4	
PURE COMFORT FLOW METER CHILD	4	
STRIVE DUAL ZONE PEAK FLOW MTR	4	
TRUZONE PEAK FLOW METER	4	
RESPIRATORY THERAPY SUPPLIES		
ACE AEROSOL CLOUD ENHANCER	3	
ACTIVITY POUCH	3	
ADULT MASK	3	
ADULT MASK LARGE	3	
AEROBIKA	3	
AEROECLIPSE EZ TWIST TUBING	3	
AEROTRACH PLUS	3	
AIRS PEDIATRIC AEROSOL MASK	3	
ALL FLOW 1000 PFT FILTER DEVICE	3	
ALL FLOW 1000 PFT FILTER MISC	3	
ALL FLOW 2000 PFT FILTER	3	
ALL FLOW 3000 PFT FILTER DEVICE	3	
ALL FLOW 4000 PFT FILTER DEVICE	3	
ALL FLOW 5000 PFT FILTER DEVICE	3	
ALL FLOW 6000 PFT FILTER DEVICE	3	
ALL FLOW 7000 PFT FILTER	3	

Drug Name	Drug Tier	Requirements / Limits
BREATHE EASE NEB MASK/CHILD	3	
BREATHE EASE NEB MASK/INFANT	3	
CARETOUCH 2 CPAP HOSE HANGER	3	
CARETOUCH CPAP & BIPAP HOSE	3	
CARETOUCH CPAP MASK WIPES	3	
CARETOUCH CPAP PRE-WASH SOLN	3	
CARETOUCH CPAP TUBE BRUSH	3	
CARETOUCH UNIVERSL CPAP FILTER	3	
CO MONITOR	3	
CO MONITOR REPLACEMENT PIECES	3	
DISPOSABLE FULL RANGE	3	
DISPOSABLE LOW RANGE	3	
DISPOSABLE LOW RANGE/PEDIATRIC	3	
DISPOSABLE UNIVERSAL RANGE	3	
EBASE CONTROLLER KIT	3	
FILTER AIR PP	3	
FULL KIT NEBULIZER SET	3	
IN-CHECK DIAL FLOW TRAINER	3	
IN-CHECK INSPIRATORY FLOW MTR	3	
INNOSPIRE REPLACEMENT FILTER	3	
LITETOUCH MASK LARGE	3	
LITETOUCH MASK MEDIUM	3	
LITETOUCH MASK SMALL	3	
NEBULIZER AIR TUBE/PLUGS	3	
NEBULIZER MASK ADULT	3	
NEBULIZER MASK CHILD	3	
OMBRA TABLE TOP COMPRESSOR	3	
ONE FLOW SPIROMETER DEVICE	3	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
PARI ALTERA NEBULIZER HANDSET	3	
PARI BABY CONVERSION KIT	3	
PARI ERAPID NEBULIZER HANDSET	3	
PARI EXPIRATORY FILTER SET	3	
PARI MANUAL INTERRUPTER	3	
PARI MASK SET	3	
PARI SOFT PLASTIC ADULT MASK	3	
PARI SOFT PLASTIC PED MASK	3	
PARI TREK S COMBO PACK	3	
PFLEX	3	
PILLOW MASK/ADULT	3	
PILLOW MASK/CHILD	3	
PILLOW MASK/PEDIATRIC	3	
QUAKE	3	
REPLACEMENT AIR FILTER	3	
REUSABLE COMFORTSEAL MASK-LRG	3	
REUSABLE COMFORTSEAL MASK-MED	3	
REUSABLE COMFORTSEAL MASK-SML	3	
SIDESTREAM ADULT FACE MASK	3	
SIDESTREAM PEDIATRIC FACE MASK	3	
SILICONE MASK/ADULT	3	
SILICONE MASK/INFANT	3	
SILICONE MASK/PEDIATRIC	3	
SPIRO PD	3	
THRESHOLD IMT	3	
THRESHOLD PEP	3	
VERSAPAP	3	
VERSAPAP W/UNIVERSAL TUBING	3	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
WINDMILL TRAINER	3	
SPACER/AEROSOL-HOLDING CHAMBERS & SUPPLIES		
AEROCHAMBER HOLDING CHAMBER	3	
AEROCHAMBER MINI CHAMBER	3	
AEROCHAMBER MV	3	
AEROCHAMBER PLS FLOVU MTHPIECE	3	
AEROCHAMBER PLUS FLO-VU	3	
AEROCHAMBER PLUS FLO-VU INTERM	3	
AEROCHAMBER PLUS FLO-VU LARGE	3	
AEROCHAMBER PLUS FLO-VU MEDIUM	3	
AEROCHAMBER PLUS FLO-VU SMALL	3	
AEROCHAMBER PLUS FLO-VU W/MASK	3	
AEROCHAMBER PLUS FLOW VU	3	
AEROCHAMBER W/FLOWSIGNAL	3	
AEROCHAMBER Z-STAT PLUS	3	
AEROCHAMBER Z-STAT PLUS CHAMBR	3	
AEROCHAMBER Z-STAT PLUS/LARGE	3	
AEROCHAMBER Z-STAT PLUS/MEDIUM	3	
AEROCHAMBER Z-STAT PLUS/SMALL	3	
AEROCHAMBER2GO ANTI-STATIC	3	
AEROVENT PLUS	3	
BREATHE COMFORT CHAMBER/ADULT	3	
BREATHE COMFORT CHAMBER/CHILD	3	
BREATHE EASE LARGE	3	
BREATHE EASE MEDIUM	3	
BREATHE EASE SMALL	3	
BREATHERITE VALVED MDI CHAMBER	3	
CLEVER CHOICE HOLDING CHAMBER	3	

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Drug Name	Drug Tier	Requirements / Limits
COMPACT SPACE CHAMBER	3	
COMPACT SPACE CHAMBER/LG MASK	3	
COMPACT SPACE CHAMBER/MED MASK	3	
COMPACT SPACE CHAMBER/SM MASK	3	
EASIVENT	3	
EASIVENT MASK LARGE	3	
EASIVENT MASK MEDIUM	3	
EASIVENT MASK SMALL	3	
EQ SPACE CHAMBER ANTI-STATIC	3	
EQ SPACE CHAMBER ANTI-STATIC L	3	
EQ SPACE CHAMBER ANTI-STATIC M	3	
EQ SPACE CHAMBER ANTI-STATIC S	3	
FLEXICHAMBER	3	
FLEXICHAMBER ADULT MASK/SMALL	3	
FLEXICHAMBER CHILD MASK/LARGE	3	
FLEXICHAMBER CHILD MASK/SMALL	3	
INSPIREASE	3	
MASK VORTEX/CHILD/FROG	3	
MASK VORTEX/TODDLER/LADYBUG	3	
MICROCHAMBER	3	
MICROSPACER	3	
OPTICHAMBER DIAMOND	3	
OPTICHAMBER DIAMOND-LG MASK	3	
OPTICHAMBER DIAMOND-MD MASK	3	
OPTICHAMBER DIAMOND-SM MASK	3	
PANDA MASK LARGE	3	
PANDA MASK MEDIUM	3	
PANDA MASK SMALL	3	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
PARI VORTEX ADULT MASK	3	
PARI VORTEX PEDIATRIC MASK	3	
PEDIATRIC PANDA MASK	3	
POCKET CHAMBER	3	
POCKET SPACER	3	
PRO COMFORT SPACER ADULT	3	
PRO COMFORT SPACER CHILD	3	
PRO COMFORT SPACER INFANT	3	
PROCARE SPACER/ADULT MASK	3	
PROCARE SPACER/CHILD MASK	3	
PROCHAMBER VHC	3	
PURE COMFORT SPACER CHAMBER	3	
RITEFLO	3	
VORTEX HOLD CHMBR/MASK/CHILD	3	
VORTEX HOLD CHMBR/MASK/TODDLER	3	
VORTEX VALVE CHAMBER-PEDI MASK	3	
VORTEX VALVED HOLDING CHAMBER	3	

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)

NURTEC	3	PA, QL
QULIPTA	4	PA, QL
UBRELVY	3	PA, QL
ZAVZPRET	4	PA

CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES

AIMOVIG	6	PA
AJOVY	6	PA
EMGALITY	6	PA
EMGALITY (300 MG DOSE)	6	PA

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
ERGOT COMBINATIONS		
ERGOTAMINE-CAFFEINE	2	
MIGERGOT	2	
<i>dihydroergotamine mesylate 1 mg/ml solution</i>	2	
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	2	QL
ERGOMAR	4	
MIGRAINE PRODUCTS - NSAIDS		
<i>diclofenac potassium(migraine)</i>	2	QL
SELECTIVE SEROTONIN AGONISTS 5-HT(1)		
<i>almotriptan malate</i>	2	QL
<i>eletriptan hydrobromide</i>	2	QL
<i>frovatriptan succinate</i>	2	QL
<i>naratriptan hcl</i>	2	QL
ONZETRA XSAIL	4	
<i>rizatriptan benzoate</i>	2	QL
<i>sumatriptan</i>	2	QL
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution, 25 mg tab, 50 mg tab, 100 mg tab)</i>	2	QL
SUMATRIPTAN SUCCINATE REFILL	2	QL
ZEMBRACE SYMTOUCH	4	QL
<i>zolmitriptan (2.5 mg solution, 2.5 mg tab, 2.5 mg tab disp, 5 mg solution, 5 mg tab, 5 mg tab disp)</i>	2	QL
MINERALS & ELECTROLYTES		
BICARBONATES		
SODIUM BICARBONATE 8.4 % SOLUTION	2	
FLUORIDE		
SODIUM FLUORIDE (0.55 (0.25 F) MG CHEW TAB, 1.1 (0.5 F) MG CHEW TAB, 1.1 (0.5 F) MG TAB, 1.1 (0.5 F) MG/ML SOLUTION, 2.2 (1 F) MG CHEW TAB, 2.2 (1 F) MG TAB)	2	AL

Drug Name	Drug Tier	Requirements / Limits
FLUORIDE COMBINATIONS		
FLORIVA 0.25-400 MG-UNIT/ML LIQUID	4	
IODINE PRODUCTS		
IODINE STRONG	2	
PHOSPHATE		
PHOSPHA 250 NEUTRAL	2	
PHOSPHO-TRIN 250 NEUTRAL	2	
PHOSPHO-TRIN K500	2	
PHOSPHOROUS	2	
<i>virt-phos 250 neutral</i>	2	
WES-PHOS 250 NEUTRAL	2	
POTASSIUM		
EFFER-K 25 MEQ EFFER TAB	2	
<i>k-prime</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con 20 meq packet</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>klor-con/ef</i>	2	
<i>potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)</i>	2	
<i>potassium chloride crys er</i>	2	
<i>potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 15 tab er, 20 tab er)</i>	2	
POTASSIUM COMBINATIONS		
EFFER-K (10 EFFER TAB, 20 EFFER TAB)	4	
ZINC		
GALZIN	4	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
WILZIN	4	
MISCELLANEOUS THERAPEUTIC CLASSES		
ACTIVATED PHOSPHOINOSITIDE 3-KINASE DELTA SYNDROME AGENT		
JOENJA	6	PA, QL
ANTILEPTOTICS		
THALOMID (50 MG CAP, 100 MG CAP)	6	PA, QL
B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS		
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	6	PA, QL
CHELATING AGENTS		
<i>penicillamine</i>	2	
<i>trientine hcl (250 mg cap, 500 mg cap)</i>	6	
CYCLOSPORINE ANALOGS		
<i>cyclosporine (25 mg cap, 100 mg cap)</i>	2	
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	2	
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	2	
LUPKYNIS	6	PA
NEORAL (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION)	4	
SANDIMMUNE (25 MG CAP, 100 MG CAP)	4	
FARNESYLTRANSFERASE INHIBITORS		
ZOKINVY	6	PA
IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES		
<i>lenalidomide</i>	6	QL
REVLIMID	6	QL
INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS		
<i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)</i>	2	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
<i>mycophenolate sodium</i>	2	
<i>mycophenolic acid</i>	2	
MACROLIDE IMMUNOSUPPRESSANTS		
ASTAGRAF XL	6	
ENVARUSUS XR	6	
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	5	
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	4	AL
PROGRAF (0.5 MG CAP, 1 MG CAP, 5 MG CAP)	4	
RAPAMUNE 1 MG/ML SOLUTION	4	
<i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>	2	
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	2	
MONOCLONAL ANTIBODIES		
ENSPRYNG	6	PA
PIK3CA-RELATED OVERGROWTH SPECTRUM AGENTS - PI3K INHIB		
VIJOICE (50 MG TAB THPK, 125 MG TAB THPK, 200 & 50 MG TAB THPK)	6	PA, QL
VIJOICE 50 MG PACKET	6	PA, QL
POTASSIUM REMOVING AGENTS		
<i>kionex</i>	2	
LOKELMA	4	
<i>sodium polystyrene sulfonate (15 gm/60ml suspension, powder)</i>	2	
<i>sps (sodium polystyrene sulf) (15 gm/60ml suspension, 30 gm/120ml suspension)</i>	2	
VELTASSA	4	
PURINE ANALOGS		
<i>azasan</i>	2	
<i>azathioprine</i>	2	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
ROCK INHIBITORS		
REZUROCK	6	PA
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
LIDOCAINE HCL 4 % SOLUTION	2	
<i>lidocaine viscous hcl</i>	2	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole 10 mg troche</i>	2	
<i>nystatin 100000 unit/ml suspension</i>	2	
ANTISEPTIC COMBINATIONS - MOUTH/THROAT		
DEBACTEROL	4	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate 0.12 % solution</i>	2	
<i>periogard</i>	2	
PROTECTANTS - MOUTH/THROAT		
ORAFATE	4	
ORAMAGICRX	4	
PROTHELIAL	4	
SALIVA STIMULANTS		
<i>cevimeline hcl</i>	2	
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	2	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>kourzeq</i>	2	
<i>oralone</i>	2	
<i>triamcinolone acetonide 0.1 % paste</i>	2	
MULTIVITAMINS		
PED MULTI VITAMINS W/FL & FE		
FLORAFOL FE PEDIATRIC	4	AL

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
POLY-VI-FLOR/IRON 0.5-10 MG CHEW TAB	4	
PED MV W/ FLUORIDE		
DAVIMET-FLUORIDE	4	
FLORAFOL PEDIATRIC (0.5 MG CHEW TAB, 1 MG CHEW TAB)	4	
FLORAFOL PEDIATRIC 0.25 MG/ML SUSPENSION	2	
FLORIVA PLUS	2	
FLOTREX	4	
MULTI-VIT-FLOR	4	
MULTI-VITAMIN/FLUORIDE	2	
MULTIVITAMIN W/FLUORIDE	2	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	2	
POLY-VI-FLOR (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	4	
QUFLORA PEDIATRIC (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	4	
QUFLORA PEDIATRIC (0.25 MG/ML SUSPENSION, 0.5 MG/ML SUSPENSION)	2	
PRENATAL MV & MIN W/FE-FA		
ATABEX EC	4	
ATABEX OB	4	
C-NATE DHA	4	
CITRANATAL B-CALM	4	
CO-NATAL FA	4	
COMPLETENATE	2	
CONCEPT DHA	4	
CONCEPT OB	4	
ELITE-OB	2	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
ENBRACE HR	4	
FOLIVANE-OB	4	
INATAL GT	2	
NATALCHEW	2	
NATALVIT	4	
NEONATAL COMPLETE 29-1 MG TAB	4	
NESTABS	4	
NESTABS DHA	4	
OB COMPLETE	2	
OB COMPLETE ONE	4	
OB COMPLETE PETITE	4	
OB COMPLETE PREMIER	4	
OB COMPLETE/DHA	4	
OBSTETRIX EC	4	
PNV 27-CA/FE/FA	4	
PNV PRENATAL PLUS MULTIVIT+DHA	2	
PNV-OMEGA	4	
PNV-SELECT	2	
PRENA1 PEARL	4	
PRENATAL 19 (29-1 MG CHEW TAB, CHEW TAB)	2	
PRENATAL-U	4	
PRENATE ELITE	4	
PRIMACARE	4	
PROVIDA OB	4	
RELNATE DHA	4	
SE-NATAL 19 29-1 MG CHEW TAB	2	
SELECT-OB	4	
TARON-C DHA	4	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
THRIVITE RX	2	
TRINATAL RX 1	4	
TRINATE	2	
VINATE CARE	2	
VINATE II	4	
VINATE ONE	4	
VIRT-C DHA	4	
VIRT-NATE DHA	4	
VITAFOL-OB	4	
VITAPEARL	4	
VIVA DHA	4	
WESCAP-C DHA	4	
WESNATE DHA	4	
PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL		
COMPLETE NATAL DHA	4	
WESNATAL DHA COMPLETE	4	
PRENATAL MV & MIN W/FE-FA-DHA		
CITRANATAL 90 DHA	4	
CITRANATAL ASSURE	4	
CITRANATAL BLOOM DHA	4	
CITRANATAL HARMONY	4	
NESTABS ONE	4	
OBSTETRIX ONE	4	
PNV-DHA	2	
PNV-DHA+DOCUSATE	4	
PRENA 1 TRUE	4	
PRENAISSANCE	4	
PRENAISSANCE PLUS	4	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
PRENATE DHA	4	
PRENATE ENHANCE	4	
PRENATE ESSENTIAL	4	
PRENATE MINI	4	
PRENATE PIXIE	4	
PRENATE RESTORE	4	
SELECT-OB+DHA	4	
VIRT-PN DHA	2	
VITAFOL ULTRA	4	
VITAFOL-OB+DHA	4	
VITAFOL-ONE	4	
VITAMEDMD ONE RX/QUATREFOLIC	4	
VITATRUE	4	
WESCAP-PN DHA	2	
PRENATAL MV & MINERALS W/FA WITHOUT IRON		
PRENATE	4	
PRENATAL VITAMINS		
PRENA1	4	
VITAMEDMD REDICHEW RX	4	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 15 mg tab, 20 mg tab)</i>	2	
<i>baclofen 25 mg/5ml suspension</i>	2	QL
<i>carisoprodol</i>	2	QL
<i>chlorzoxazone (375 mg tab, 500 mg tab, 750 mg tab)</i>	2	
<i>cyclobenzaprine hcl</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>cyclobenzaprine hcl er</i>	2	
<i>fexmid</i>	2	
<i>lorzone</i>	2	
<i>metaxalone (400 mg tab, 800 mg tab)</i>	2	
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	2	
<i>orphenadrine citrate er</i>	2	
<i>tizanidine hcl (2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap)</i>	2	
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	2	
MUSCLE RELAXANT COMBINATIONS		
ORPHENADRINE-ASPIRIN-CAFFEINE	2	
RETINOIC ACID RECEPTOR GAMMA SELECTIVE AGONISTS		
SOHONOS 1 MG CAP	6	PA, QL
SOHONOS 1.5 MG CAP	6	PA, QL
SOHONOS 10 MG CAP	6	PA, QL
SOHONOS 2.5 MG CAP	6	PA, QL
SOHONOS 5 MG CAP	6	PA, QL
NASAL AGENTS - SYSTEMIC AND TOPICAL		
ANTI-HISTAMINE-STEROID		
<i>azelastine-fluticasone</i>	2	AL, QL
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide (0.03 % solution, 0.06 % solution)</i>	2	QL
NASAL ANTIHISTAMINES		
<i>azelastine hcl (0.1 % solution, 137 mcg/spray solution)</i>	2	QL
<i>olopatadine hcl 0.6 % solution</i>	2	

Drug Name	Drug Tier	Requirements / Limits
NASAL STEROIDS		
<i>flunisolide</i>	2	
<i>fluticasone propionate 50 mcg/act suspension</i>	2	
<i>mometasone furoate 50 mcg/act suspension</i>	2	QL
OMNARIS	4	QL
QNASL	4	QL
QNASL CHILDRENS	4	QL
NEUROMUSCULAR AGENTS		
ALS AGENTS - MISCELLANEOUS		
RADICAVA ORS	6	QL
RADICAVA ORS STARTER KIT	6	QL
BENZATHIAZOLES		
<i>riluzole</i>	2	
TEGLUTIK	4	
TIGLUTIK	4	
FRIEDRICH'S ATAXIA AGENTS - NRF2 PATHWAY ACTIVATORS		
SKYCLARYS	6	PA, QL
RETT SYNDROME AGENTS - GLYCINE-PROLINE-GLUTAMATE ANALOGS		
DAYBUE	6	PA
DAYBUE STIX 5000 MG PACKET	6	PA
DAYBUE STIX 6000 MG PACKET	6	PA
DAYBUE STIX 8000 MG PACKET	6	PA
SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS		
EVRYSDI 0.75 MG/ML RECON SOLN	6	PA, QL
EVRYSDI 5 MG TAB	6	PA, QL
NUTRIENTS		
LIPIDS		
<i>mct oil</i>	4	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
<i>organic mct oil</i>	4	
OPHTHALMIC AGENTS		
ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB		
BIMATOPROST-BRIMONIDINE-DORZOL	2	
SIMBRINZA	4	
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL HCL 0.5 % SOLUTION	2	
BETIMOL 0.25 % SOLUTION	4	
BETOPTIC-S	4	
CARTEOLOL HCL	2	
LEVOBUNOLOL HCL	2	
<i>timolol hemihydrate</i>	2	
<i>timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % gel f soln, 0.5 % solution)</i>	2	
<i>timolol maleate (once-daily)</i>	2	
<i>timolol maleate ocudose</i>	2	
<i>timolol maleate pf</i>	2	
BETA-BLOCKERS - OPHTHALMIC COMBINATIONS		
<i>brimonidine tartrate-timolol</i>	2	
<i>dorzolamide hcl-timolol mal (22.3-6.8 mg/ml solution)</i>	2	
<i>dorzolamide hcl-timolol mal pf</i>	2	
CYCLOPLEGIC MYDRIATIC COMBINATIONS		
CYCLOMYDRIL	2	
CYCLOPLEGIC MYDRIATICS		
ALTAFRIN	2	
<i>atropine sulfate (1 % ointment, 1 % solution)</i>	2	
<i>cyclopentolate hcl 1 % solution</i>	2	

Drug Name	Drug Tier	Requirements / Limits
HOMATROPAIRE	2	
<i>phenylephrine hcl (2.5 % solution, 10 % solution)</i>	2	
<i>tropicamide</i>	2	
LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG		
XIIDRA	3	QL
MIOTICS - DIRECT ACTING		
<i>pilocarpine hcl (1 % solution, 1.25 % solution, 2 % solution, 4 % solution)</i>	2	
QLOSI	4	
OPHTHALMIC ANTI-INFECTIVE COMBINATIONS		
BACITRACIN-POLYMYXIN B	2	
<i>neo-polycin</i>	2	
<i>neomycin-bacitracin zn-polymyx (5-400-10000 ointment)</i>	2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	2	
<i>polycin</i>	2	
<i>polymyxin b-trimethoprim</i>	2	
OPHTHALMIC ANTIALLERGIC		
ALOCRIIL	3	
ALOMIDE	3	
<i>azelastine hcl 0.05 % solution</i>	2	
<i>bepotastine besilate</i>	2	
CROMOLYN SODIUM 4 % SOLUTION	2	
<i>epinastine hcl</i>	2	
<i>olopatadine hcl (0.1 % solution, 0.2 % solution)</i>	2	
ZERVIATE	4	
OPHTHALMIC ANTIBIOTICS		
AZASITE	4	

Drug Name	Drug Tier	Requirements / Limits
BACITRACIN 500 UNIT/GM OINTMENT	2	
BESIFLOXACIN HCL	2	
CILOXAN 0.3 % OINTMENT	4	
<i>ciprofloxacin hcl 0.3 % solution</i>	2	
ERYTHROMYCIN 5 MG/GM OINTMENT	2	
<i>gatifloxacin</i>	2	
<i>gentamicin sulfate 0.3 % solution</i>	2	
KLARITY-A	4	
MOXIFLOXACIN HCL (2X DAY)	2	
<i>moxifloxacin hcl 0.5 % solution</i>	2	
<i>ofloxacin 0.3 % solution</i>	2	
<i>tobramycin 0.3 % solution</i>	2	
TOBREX	4	
OPHTHALMIC ANTIFUNGAL		
NATACYN	4	
OPHTHALMIC ANTIVIRALS		
TRIFLURIDINE	2	
ZIRGAN	4	
OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS		
<i>brinzolamide</i>	2	
DORZOLAMIDE HCL	2	
OPHTHALMIC IMMUNOMODULATORS		
<i>cyclosporine (pf)</i>	2	QL
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN	4	
ALTACAINE	2	
<i>proparacaine hcl</i>	2	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
TETRACAINE HCL 0.5 % SOLUTION	2	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE	6	PA, QL
OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS		
ACUVAIL	4	
<i>bromfenac sodium</i>	2	AL
<i>bromfenac sodium (once-daily)</i>	2	AL
<i>diclofenac sodium 0.1 % solution</i>	2	
FLURBIPROFEN SODIUM	2	
ILEVRO	4	AL
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	2	
NEVANAC	4	AL
OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS		
APRACLONIDINE HCL	2	
<i>brimonidine tartrate (0.1 % solution, 0.15 % solution, 0.2 % solution)</i>	2	
IOPIDINE	4	
OPHTHALMIC STEROID COMBINATIONS		
BACITRA-NEOMYCIN-POLYMYXIN-HC	2	
<i>loteprednol-tobramycin</i>	2	
<i>neo-polycin hc</i>	2	
<i>neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	2	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	2	
SULFACETAMIDE-PREDNISOLONE	2	
TOBRADEX 0.3-0.1 % OINTMENT	3	
TOBRADEX ST	4	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
<i>tobramycin-dexamethasone</i>	2	
OPHTHALMIC STEROIDS		
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	2	
<i>difluprednate</i>	2	
FLAREX	3	
<i>fluorometholone</i>	2	
FML FORTE	3	
INVELTYS	4	
LOTEMAX 0.5 % OINTMENT	3	
LOTEMAX SM	3	
<i>loteprednol etabonate (0.2 % suspension, 0.5 % gel, 0.5 % suspension)</i>	2	
MAXIDEX	4	
PRED MILD	4	
<i>prednisolone acetate</i>	2	
PREDNISOLONE ACETATE P-F	4	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2	
OPHTHALMIC SULFONAMIDES		
<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	2	
OPHTHALMIC SURGICAL AIDS		
GELFILM	4	
OPHTHALMICS - BLEPHAROPTOSIS AGENTS		
UPNEEQ	4	AL
OPHTHALMICS - CYSTINOSIS AGENTS		
CYSTARAN	6	PA
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost 0.03 % solution</i>	2	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
LATANOPROST	2	
LUMIGAN	3	ST
<i>tafluprost (pf)</i>	2	
<i>travoprost (bak free)</i>	2	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid 2 % solution</i>	2	
OTIC ANTI-INFECTIVES		
<i>ciprofloxacin hcl 0.2 % solution</i>	2	
OTIC STEROID-ANTI-INFECTIVE COMBINATIONS		
CIPRO HC	4	
<i>ciprofloxacin-dexamethasone</i>	2	
CIPROFLOXACIN-FLUOCINOLONE PF	2	
<i>ciprofloxacin-hydrocortisone</i>	2	
CORTISPORIN-TC	4	
<i>neomycin-polymyxin-hc</i>	2	
OTOVEL	3	
OTIC STEROIDS		
<i>flac</i>	2	
<i>fluocinolone acetonide 0.01 % oil</i>	2	
<i>hydrocortisone-acetic acid</i>	2	
OXYTOCICS		
CERVICAL RIPENING - PROSTAGLANDINS		
CERVIDIL	4	
PREPIDIL	4	
<i>methergine</i>	2	
<i>methylergonovine maleate 0.2 mg tab</i>	2	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
PENICILLINS		
AMINOPENICILLINS		
<i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)</i>	2	
<i>ampicillin</i>	2	
NATURAL PENICILLINS		
PENICILLIN V POTASSIUM (125 MG/5ML RECON SOLN, 250 MG TAB, 250 MG/5ML RECON SOLN, 500 MG TAB)	2	
PENICILLIN COMBINATIONS		
<i>amoxicillin-pot clavulanate (200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)</i>	2	
<i>amoxicillin-pot clavulanate er</i>	2	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium</i>	2	
PROGESTINS		
<i>gallifrey</i>	2	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	2	
MEGESTROL ACETATE 625 MG/5ML SUSPENSION	2	
<i>norethindrone acetate</i>	2	
<i>progesterone (50 mg/ml oil, 100 mg cap, 200 mg cap)</i>	2	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ALCOHOL DETERRENTS		
<i>acamprosate calcium</i>	2	
<i>disulfiram</i>	2	

Drug Name	Drug Tier	Requirements / Limits
ALZHEIMER'S TREATMENT - ANTI-AMYLOID ANTIBODIES		
LEQEMBI IQLIK	6	PA, QL
ANTI-CATAPLECTIC AGENTS		
LUMRYZ	6	PA, QL
LUMRYZ STARTER PACK	6	PA
<i>sodium oxybate</i>	6	PA, QL
SODIUM OXYBATE	6	PA, QL
ANTIDEMENTIA AGENT COMBINATIONS		
<i>memantine hcl-donepezil hcl</i>	2	QL
<i>memantine hcl-donepezil hcl er</i>	2	QL
NAMZARIC 7 & 14 & 21 & 28 -10 MG CP24 THPK	3	
NAMZARIC 7-10 MG CAP ER 24H	3	QL
ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS		
TEGSEDI	6	PA
WAINUA	6	PA, QL
BENZODIAZEPINES & TRICYCLIC AGENTS		
CHLORDIAZEPOXIDE-AMITRIPTYLINE	2	
CHOLINOMIMETICS - ACHE INHIBITORS		
ADLARITY	4	QL
<i>donepezil hcl (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)</i>	2	QL
<i>donepezil hcl 23 mg tab</i>	2	
<i>galantamine hydrobromide (4 mg tab, 4 mg/ml solution, 8 mg tab, 12 mg tab)</i>	2	
<i>galantamine hydrobromide er</i>	2	QL
<i>rivastigmine</i>	2	QL
<i>rivastigmine tartrate</i>	2	QL
FIBROMYALGIA AGENT - SNRIS		
SAVELLA	3	QL

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
SAVELLA TITRATION PACK	3	
MELANOCORTIN RECEPTOR AGONISTS		
VYLEESI	4	QL
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO	6	PA
AUSTEDO XR	6	PA
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	6	PA
INGREZZA (40 & 80 MG CAP THPK, 40 MG CAP, 60 MG CAP, 80 MG CAP)	6	PA, QL
INGREZZA (40 MG CAP SPRINK, 60 MG CAP SPRINK, 80 MG CAP SPRINK)	6	PA
<i>tetrabenazine</i>	2	QL
MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS		
<i>teriflunomide</i>	2	QL
MULTIPLE SCLEROSIS AGENTS		
<i>glatiramer acetate</i>	2	PA, QL
<i>glatopa</i>	2	PA, QL
MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES		
<i>cladribine (10 tabs)</i>	6	PA
<i>cladribine (4 tabs)</i>	6	PA
<i>cladribine (5 tabs)</i>	6	PA
<i>cladribine (6 tabs)</i>	6	PA
<i>cladribine (7 tabs)</i>	6	PA
<i>cladribine (8 tabs)</i>	6	PA
<i>cladribine (9 tabs)</i>	6	PA
MULTIPLE SCLEROSIS AGENTS - INTERFERONS		
AVONEX PEN	6	PA, QL
AVONEX PREFILLED	6	PA, QL

Drug Name	Drug Tier	Requirements / Limits
EXTAVIA	6	PA, QL
PLEGRIDY	6	PA, QL
PLEGRIDY STARTER PACK	6	PA, QL
MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES		
KESIMPTA	6	PA
MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS		
BAFIERTAM	6	PA, QL
<i>dimethyl fumarate</i>	2	QL
<i>dimethyl fumarate starter pack</i>	2	QL
MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS		
<i>dalfampridine er</i>	2	QL
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS		
<i>memantine hcl (2 mg/ml solution, 5 mg tab, 10 mg tab, 10 mg/5ml solution)</i>	2	
MEMANTINE HCL 28 X 5 MG & 21 X 10 MG TAB	2	QL
<i>memantine hcl er</i>	2	QL
PHENOTHIAZINES & TRICYCLIC AGENTS		
PERPHENAZINE-AMITRIPTYLINE	2	AL
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
<i>gabapentin (once-daily)</i>	2	
<i>pregabalin er</i>	2	QL
PSEUDOBULBAR AFFECT AGENT COMBINATIONS		
NUEDEXTA	4	PA
AQNEURSA	6	PA, QL
ERGOLOID MESYLATES	2	
PIMOZIDE	2	
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT	4	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG		
ADDYI	4	AL, QL
SMOKING DETERRENTS		
<i>bupropion hcl er (smoking det)</i>	1	QL (168 per year)
<i>cvs nicotine</i>	1	QL (168 per year)
<i>cvs nicotine polacrilex</i>	1	QL (168 per year)
<i>eq nicotine</i>	1	QL (168 per year)
<i>eq nicotine polacrilex</i>	1	QL (168 per year)
<i>eq nicotine step 3</i>	1	QL (168 per year)
<i>eq nicotine polacrilex</i>	1	QL (168 per year)
<i>ft nicotine</i>	1	QL (168 per year)
<i>ft nicotine mini</i>	1	QL (168 per year)
<i>gnp nicotine</i>	1	QL (168 per year)
<i>gnp nicotine mini</i>	1	QL (168 per year)
<i>gnp nicotine polacrilex</i>	1	QL (168 per year)
<i>goodsense nicotine</i>	1	QL (168 per year)
<i>goodsense nicotine polacrilex</i>	1	QL (168 per year)
<i>habitrol</i>	1	QL (168 per year)
<i>hm nicotine</i>	1	QL (168 per year)
<i>hm nicotine polacrilex</i>	1	QL (168 per year)
<i>kls quit2</i>	1	QL (168 per year)
<i>kls quit4</i>	1	QL (168 per year)
<i>nicoderm cq 21 mg/24hr patch 24hr</i>	1	QL (168 per year)
<i>nicorette (2 mg gum, 4 mg gum, 4 mg lozenge)</i>	1	QL (168 per year)
<i>nicorette mini 4 mg lozenge</i>	1	QL (168 per year)
<i>nicorette starter kit</i>	1	QL (168 per year)
NICOTINE (7 MG/24HR PATCH 24HR, 14 MG/24HR PATCH 24HR, 21 MG/24HR PATCH 24HR, 21-14-7 MG/24HR KIT)	1	QL (168 per year)

Drug Name	Drug Tier	Requirements / Limits
<i>nicotine mini</i>	1	QL (168 per year)
<i>nicotine polacrilex</i>	1	QL (168 per year)
<i>nicotine polacrilex mini</i>	1	QL (168 per year)
<i>nicotine step 1</i>	1	QL (168 per year)
<i>nicotine step 2</i>	1	QL (168 per year)
<i>nicotine step 3</i>	1	QL (168 per year)
NICOTROL	1	QL (168 per year)
NICOTROL NS	1	QL (168 per year)
<i>px stop smoking aid</i>	1	QL (168 per year)
<i>qc nicotine transdermal system</i>	1	QL (168 per year)
<i>ra mini nicotine</i>	1	QL (168 per year)
<i>ra nicotine</i>	1	QL (168 per year)
<i>ra nicotine gum</i>	1	QL (168 per year)
<i>ra nicotine polacrilex</i>	1	QL (168 per year)
<i>sm nicotine</i>	1	QL (168 per year)
<i>sm nicotine polacrilex</i>	1	QL (168 per year)
<i>thrive</i>	1	QL (168 per year)
<i>varenicline tartrate</i>	1	QL (168 per year)
<i>varenicline tartrate (starter)</i>	1	QL (168 per year)
<i>varenicline tartrate(continue)</i>	1	QL (168 per year)
SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS		
<i>fingolimod hcl</i>	2	PA, QL
GILENYA 0.25 MG CAP	6	PA, QL
MAYZENT	6	PA, QL
MAYZENT STARTER PACK	6	PA
PONVORY	6	PA, QL
PONVORY STARTER PACK	6	PA
ZEPOSIA	6	PA, QL

Drug Name	Drug Tier	Requirements / Limits
ZEPOSIA 7-DAY STARTER PACK	6	PA
ZEPOSIA STARTER KIT 0.23MG &0.46MG 0.92MG(21) CAP THPK	6	PA
THIENBENZODIAZEPINES & SSRIS		
<i>olanzapine-fluoxetine hcl</i>	2	AL, QL
VASOMOTOR SYMPTOM AGENTS - SSRIS		
<i>paroxetine mesylate</i>	2	QL
RESPIRATORY AGENTS - MISC.		
CFTR POTENTIATORS		
KALYDECO (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET)	6	PA, QL
KALYDECO 150 MG TAB	6	PA, QL
CYSTIC FIBROSIS AGENT - COMBINATIONS		
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	6	PA, QL
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	6	PA, AL, QL
SYMDEKO	6	PA, QL
TRIKAFTA	6	PA
CYSTIC FIBROSIS AGENTS - MISCELLANEOUS		
BRONCHITOL	6	
BRONCHITOL TOLERANCE TEST	6	
DIPEPTIDYL PEPTIDASE 1 (DPP1) INHIBITORS		
BRINSUPRI	6	PA, QL
HYDROLYTIC ENZYMES		
PULMOZYME	6	
PULMONARY FIBROSIS AGENTS		
<i>pirfenidone (267 mg cap, 267 mg tab, 534 mg tab, 801 mg tab)</i>	5	PA, QL
PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS		
OFEV	6	PA, QL

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
SULFONAMIDES		
<i>sulfadiazine</i>	2	
TETRACYCLINES		
<i>avidoxy</i>	2	
<i>demeclocycline hcl</i>	2	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 75 mg tab, 75 mg tab dr, 100 mg cap, 100 mg tab, 150 mg tab, 150 mg tab dr, 200 mg tab dr)</i>	2	
<i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg cap, 150 mg tab)</i>	2	
<i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i>	2	
<i>mondoxyne nl</i>	2	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	2	
THYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole</i>	2	
<i>propylthiouracil</i>	2	
THYROID HORMONES		
ARMOUR THYROID	4	
CYTOMEL	4	
<i>euthyrox</i>	2	
<i>levo-t</i>	2	
LEVOTHYROXINE SODIUM (13 MCG CAP, 25 MCG CAP, 25 MCG TAB, 50 MCG CAP, 50 MCG TAB, 75 MCG CAP, 75 MCG TAB, 88 MCG CAP, 88 MCG TAB, 100 MCG CAP, 100 MCG TAB, 112 MCG CAP, 112 MCG TAB, 125 MCG CAP, 125 MCG TAB, 137 MCG CAP, 137 MCG TAB, 150 MCG CAP, 150 MCG TAB, 175 MCG CAP, 175 MCG TAB, 200 MCG CAP, 200 MCG TAB, 300 MCG TAB)	2	
<i>levoxy/</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>liomny</i>	2	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	2	
NP THYROID	2	
RENTHYROID	4	
SYNTHROID	4	
THYQUIDITY	4	
THYROID	2	
TIROSINT	4	
TIROSINT-SOL	4	
<i>unithroid</i>	2	

TOXOIDS

TOXOID COMBINATIONS

ADACEL	1	
BOOSTRIX	1	
DAPTACEL	1	
INFANRIX	1	
KINRIX	1	
PEDIARIX	1	AL
PENTACEL	1	
QUADRACEL	1	
TDVAX	1	
TENIVAC	1	
TETANUS-DIPHThERIA TOXOIDS TD	1	
VAXELIS	1	AL

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTICHOLINERGIC COMBINATIONS

BELLADONNA ALKALOIDS-OPIUM	4	
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2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
<i>chlordiazepoxide-clidinium</i>	2	
PB-HYOSCY-ATROPINE-SCOPOLAMINE (16.2 MG TAB, 16.2 MG/5ML ELIXIR)	2	
<i>phenobarbital-belladonna alk (16.2 mg tab, 16.2 mg/5ml elixir)</i>	2	
PHENOHYTRO (16.2 MG TAB, 16.2 MG/5ML ELIXIR)	2	
ANTISPASMODICS		
<i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)</i>	2	
BELLADONNA ALKALOIDS		
<i>hyoscyamine sulfate (0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp, 0.125 mg/5ml elixir, 0.125 mg/ml solution)</i>	2	
<i>hyoscyamine sulfate er</i>	2	
HYOSCYAMINE SULFATE SL	2	
HYOSYNE	2	
NULEV	2	
OSCIMIN	2	
H-2 ANTAGONISTS		
<i>cimetidine (300 mg tab, 400 mg tab)</i>	2	
<i>cimetidine hcl</i>	2	AL
<i>famotidine 20 mg tab</i>	2	
<i>famotidine 40 mg/5ml recon susp</i>	2	AL
<i>nizatidine 150 mg cap</i>	2	
MISC. ANTI-ULCER		
<i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i>	2	
PROTON PUMP INHIBITORS		
<i>dexlansoprazole</i>	2	QL
<i>esomeprazole magnesium (2.5 mg packet, 5 mg packet, 10 mg packet, 20 mg packet, 40 mg packet)</i>	2	AL, QL

Drug Name	Drug Tier	Requirements / Limits
<i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i>	2	QL
FIRST-LANSOPRAZOLE	3	AL
FIRST-OMEPRAZOLE	3	AL
FIRST-PANTOPRAZOLE	3	AL
<i>lansoprazole (15 mg cap dr, 30 mg cap dr)</i>	2	QL
<i>lansoprazole (15 mg tab dr disp, 30 mg tab dr disp)</i>	2	AL, QL
<i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i>	2	QL
OMEPRAZOLE+SYRSPEND SF ALKA	3	AL
<i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>	2	QL
<i>pantoprazole sodium 40 mg packet</i>	2	AL, QL
<i>rabeprazole sodium 20 mg tab dr</i>	2	QL
QUATERNARY ANTICHOLINERGICS		
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	2	
<i>methscopolamine bromide</i>	2	
ULCER ANTI-INFECTIVE W/ PROTON PUMP INHIBITORS		
AMOXICILL-CLARITHRO-LANSOPRAZ	2	
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol</i>	2	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide er</i>	2	QL
<i>fesoterodine fumarate er</i>	2	QL
GELNIQUE	4	QL
<i>oxybutynin chloride 5 mg tab</i>	2	
<i>oxybutynin chloride 5 mg/5ml solution</i>	2	AL
<i>oxybutynin chloride er</i>	2	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
<i>solifenacin succinate</i>	2	QL
<i>tolterodine tartrate</i>	2	
<i>tolterodine tartrate er</i>	2	
<i>trospium chloride</i>	2	
<i>trospium chloride er</i>	2	
VESICARE LS	4	AL
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA	4	QL
<i>mirabegron er</i>	2	QL
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	3	QL
MYRBETRIQ 8 MG/ML SRER	3	AL, QL
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride</i>	2	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl</i>	2	
VACCINES		
BACTERIAL VACCINES		
ACTHIB	1	
BEXSERO	1	
CAPVAXIVE	1	
HIBERIX	1	
MENQUADFI	1	
MENVEO RECON SOLN	1	
MENVEO SOLUTION	1	
PEDVAX HIB	1	
PENBRAYA	1	AL
PENMENVY	1	AL

Drug Name	Drug Tier	Requirements / Limits
PNEUMOVAX 23 25 MCG/0.5ML SOLN PRSYR	1	
PREVNAR 20	1	
TRUMENBA	1	
VAXNEUVANCE	1	
VIRAL VACCINE COMBINATIONS		
M-M-R II	1	
PRIORIX	1	
PROQUAD	1	
TWINRIX	1	
VIRAL VACCINES		
ABRYSSVO	1	
ACAM2000	1	
AFLURIA	1	
AFLURIA PRESERVATIVE FREE	1	
AFLURIA QUADRIVALENT	1	
AREXVY	1	
AUDENZ	1	
COMIRNATY	1	
COMIRNATY 5-11 YEARS	1	
ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR)	1	
ENGERIX-B 20 MCG/ML SUSPENSION	1	
FLUAD	1	
FLUAD QUADRIVALENT	1	
FLUARIX	1	
FLUARIX QUADRIVALENT	1	
FLUBLOK	1	
FLUBLOK QUADRIVALENT	1	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
FLUCELVAX	1	
FLUCELVAX QUADRIVALENT	1	
FLULAVAL	1	
FLULAVAL QUADRIVALENT	1	
FLUMIST	1	
FLUMIST QUADRIVALENT	1	
FLUZONE	1	
FLUZONE HIGH-DOSE	1	
FLUZONE HIGH-DOSE QUADRIVALENT	1	
FLUZONE QUADRIVALENT	1	
GARDASIL 9	1	
HAVRIX	1	
HEPLISAV-B	1	
IPOL	1	
JYNNEOS	1	
MNEXSPIKE	1	
MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSP PRSYR	1	
MRESVIA	1	
NOVAVAX COVID-19 VACCINE 5 MCG/0.5ML SUSP PRSYR	1	
NUVAXOVID COVID-19 VACCINE	1	
PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.3ML SUSPENSION	1	
PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.3ML SUSPENSION	1	
PREHEVBRIO	1	
RECOMBIVAX HB	1	
ROTARIX SUSPENSION	1	
ROTATEQ	1	

2026 Avera Choice Iowa

Drug Name	Drug Tier	Requirements / Limits
SHINGRIX 50 MCG/0.5ML RECON SUSP	1	AL
SHINGRIX 50 MCG/0.5ML SUSP PRSYR	1	AL
SPIKEVAX	1	
SPIKEVAX 6M-11Y	1	
VAQTA	1	
VARIVAX	1	
VAGINAL AND RELATED PRODUCTS		
IMIDAZOLE-RELATED ANTIFUNGALS		
GYNAZOLE-1	4	
<i>terconazole 0.4 % cream</i>	2	
<i>terconazole 0.8 % cream</i>	2	
<i>terconazole 80 mg suppos</i>	2	
MISCELLANEOUS VAGINAL COMBINATIONS		
FEM PH	3	
MISCELLANEOUS VAGINAL PRODUCTS		
INTRAROSA	4	QL
SPERMICIDES		
ENCARE	1	
OPTIONS GYNOL II CONTRACEPTIVE	1	
TODAY SPONGE	1	
VCF VAGINAL CONTRACEPTIVE (4 % GEL, 28 % FILM)	1	
VAGINAL ANTI-INFECTIVES		
CLEOCIN 100 MG SUPPOS	4	
<i>clindamycin phosphate 2 % cream</i>	2	
CLINDESSE	4	
NUVESSA	4	
VANDAZOLE	4	

Drug Name	Drug Tier	Requirements / Limits
VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS		
PHEXX	1	
PHEXXI	1	
VAGINAL ESTROGENS		
<i>estradiol (0.01 % cream, 10 mcg tab)</i>	2	
ESTRING	3	
FEMRING	4	
IMVEXXY MAINTENANCE PACK	4	
IMVEXXY STARTER PACK	4	
PREMARIN 0.625 MG/GM CREAM	3	
<i>yuvafem</i>	2	
VAGINAL PROGESTINS		
CRINONE	6	
FIRST-PROGESTERONE VGS 200 MG SUPPOS	3	
<i>progesterone 100 mg insert</i>	2	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
<i>epinephrine (0.15 mg/0.15ml soln a-inj, 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln prsyr)</i>	2	QL
NEFFY	4	QL
<i>midodrine hcl</i>	2	
VITAMINS		
VITAMIN D		
<i>d3-50</i>	2	
<i>decara 1.25 mg (50000 ut) cap</i>	2	
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	2	
<i>optimal d3</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>true vitamin d3 1.25 mg (50000 ut) cap</i>	2	
<i>vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)</i>	2	
<i>vitamin d 1.25 mg (50000 ut) cap</i>	2	
<i>vitamin d high potency 1.25 mg (50000 ut) cap</i>	2	
<i>vitamin d3 1.25 mg (50000 ut) cap</i>	2	
<i>weekly-d</i>	2	
VITAMIN K		
<i>phytonadione 5 mg tab</i>	2	

Index

1

1ST TIER UNIFINE PENTIPS	138	acetylcysteine	78	ADVOCATE INSULIN PEN NEEDLES	138
1ST TIER UNIFINE PENTIPS PLUS	138	ACTHAR GEL	94	ADVOCATE INSULIN SYRINGE	138
1ST TIER UNILET		ACTHIB	183	ADVOCATE LANCETS	115
COMFORTOUCH	114	ACTI-LANCE 28G	115	ADVOCATE LANCETS 30G	115
		ACTI-LANCE LITE LANCETS 28G	115	ADVOCATE LANCING DEVICE	115
		ACTI-LANCE SPECIAL LANCETS 17G	115	ADVOCATE RAPID-SAFE LANCING	115
		ACTI-LANCE UNIVERSAL 23G	115	ADVOCATE REDI-CODE+ CONTROL	115
A		ACTIMMUNE	51	ADVOCATE SAFETY LANCETS	115
abacavir sulfate	60	ACTIVITY POUCH	149	ADVOCATE SAFETY LANCETS 21G	115
abacavir sulfate-lamivudine	58	ACUVAIL	169	ADVOCATE SAFETY LANCETS 23G	115
abigale	98	acyclovir	61,84	ADVOCATE SAFETY LANCETS 26G	115
abigale lo	98	ADACEL	180	ADVOCATE SAFETY LANCETS 28G	116
abiraterone acetate	44	ADALIMUMAB-ADAZ	9,10	AEMCOLO	19
abirtega	45	adapalene	80	AEROBIKA	149
ABOUTTIME PEN NEEDLE	138	adapalene-benzoyl peroxide	79	AEROCHAMBER HOLDING CHAMBER	152
ABRYSVO	184	ADBRY	84	AEROCHAMBER MINI CHAMBER	152
ACAM2000	184	ADDYI	176	AEROCHAMBER MV	152
acamprosate calcium	172	adefovir dipivoxil	61	AEROCHAMBER PLS FLOVU MTHPIECE	152
acarbose	32	ADEMPAS	66	AEROCHAMBER PLUS FLO-VU	152
ACCU-CHEK AVIVA	114	ADJUSTABLE LANCING DEVICE	115	AEROCHAMBER PLUS FLO-VU INTERM	152
ACCU-CHEK FASTCLIX LANCET	115	ADLARITY	173	AEROCHAMBER PLUS FLO-VU LARGE	152
ACCU-CHEK FASTCLIX LANCETS	115	adult aspirin regimen	13	AEROCHAMBER PLUS FLO-VU MEDIUM	152
ACCU-CHEK GUIDE CONTROL	115	ADULT MASK	149	AEROCHAMBER PLUS FLO-VU SMALL	152
ACCU-CHEK SAFE-T PRO LANCETS	115	ADULT MASK LARGE	149	AEROCHAMBER PLUS FLO-VU W/MASK	152
ACCU-CHEK SMARTVIEW CONTROL	115	ADVANCE INTUITION CONTROL	115	AEROCHAMBER PLUS FLOW VU	152
ACCU-CHEK SOFTCLIX LANCET DEV	115	ADVANCE MICRO-DRAW CONTROL	115	AEROCHAMBER W/FLOWSIGNAL	152
ACCU-CHEK SOFTCLIX LANCETS	115	ADVANCE MICRO-DRAW NORMAL	115	AEROCHAMBER Z-STAT PLUS	152
accutane	80	ADVANCED MOBILE LANCET	115	AEROCHAMBER Z-STAT PLUS CHAMBR	152
ACCUTREND GLUCOSE CONTROL	115	ADVANTAGE SAFETY LANCETS 28G	115	AEROCHAMBER Z-STAT PLUS/LARGE	152
ACE AEROSOL CLOUD ENHANCER	149	ADVOCATE ALCOHOL PREP PADS	111		
acebutolol hcl	62	ADVOCATE CONTROL SOLUTION	115		
ACETAMINOPHEN-CODEINE	15	ADVOCATE INSULIN PEN NEEDLE	138		
acetazolamide	92				
acetazolamide er	92				
acetic acid	171				

AEROCHAMBER Z-STAT PLUS/MEDIUM.....	152	alclometasone dipropionate.....	85	ALTRENO.....	80
AEROCHAMBER Z-STAT PLUS/SMALL.....	152	ALCOH-GLOVE CONTOURED WIPE.....	111	ALUNBRIG.....	46
AEROCHAMBER2GO ANTI-STATIC.....	152	ALCOHOL PADS.....	111	ALVAIZ.....	108
AEROECLIPSE EZ TWIST TUBING.....	149	ALCOHOL PREP.....	111	alvimopan.....	102
AEROGEAR ACTION ASTHMA KIT.....	148	ALCOHOL PREP PADS.....	111	alyacen 1/35.....	68
AEROTRACH PLUS.....	149	ALCOHOL SWABS.....	111	alyacen 7/7/7.....	75
AEROVENT PLUS.....	152	ALCOHOL SWABSTICK.....	111	alyq.....	66
afirmelle.....	68	alcohol wipes.....	90	amabelz.....	98
AFLURIA.....	184	ALECENSA.....	46	amantadine hcl.....	54
AFLURIA PRESERVATIVE FREE.....	184	alendronate sodium.....	93	ambrisentan.....	66
AFLURIA QUADRIVALENT.....	184	alfuzosin hcl er.....	103	AMCINONIDE.....	85
aftera.....	73	ALHEMO.....	105	AMELUZ.....	89
afterpill.....	73	ALINIA.....	19	amethia.....	74
AGAMATRIX CONTROL.....	116	aliskiren fumarate.....	43	amethyst.....	73
AGAMATRIX CONTROL LEVEL 2.....	116	ALKINDI SPRINKLE.....	76	amiloride hcl.....	93
AGAMATRIX CONTROL LEVEL 4.....	116	ALL FLOW 1000 PFT FILTER.....	149	AMILORIDE-HYDROCHLOROTHIAZIDE.....	92
AGAMATRIX CONTROL NORMAL/HIGH.....	116	ALL FLOW 2000 PFT FILTER.....	149	aminocaproic acid.....	108
AGAMATRIX ULTRA-THIN LANCETS.....	116	ALL FLOW 3000 PFT FILTER.....	149	amiodarone hcl.....	22
AIMOVIG.....	154	ALL FLOW 4000 PFT FILTER.....	149	amitriptyline hcl.....	32
AIMSCO LUBRICATED.....	113	ALL FLOW 5000 PFT FILTER.....	149	AMJEVITA.....	10
AIMSCO TWIST LANCETS 32G.....	116	ALL FLOW 6000 PFT FILTER.....	149	amlodipine besy-benazepril hcl.....	41
AIMSCO TWIST LANCETS 33G.....	116	ALL FLOW 7000 PFT FILTER.....	149	amlodipine besylate.....	63
AIRS PEDIATRIC AEROSOL MASK.....	149	allopurinol.....	105	amlodipine besylate-valsartan.....	42
AIRZONE PEAK FLOW METER.....	148	ALLZITAL.....	12	amlodipine-atorvastatin.....	64
AJOVY.....	154	almotriptan malate.....	155	amlodipine-olmesartan.....	42
AKEEGA.....	48	ALOCRIAL.....	167	amlodipine-valsartan-hctz.....	42
AKLIEF.....	80	ALOGLIPTIN BENZOATE.....	33	ammonium lactate.....	87
AKTEN.....	168	ALOGLIPTIN-METFORMIN HCL.....	33	amnesteem.....	80
AKYNZEO.....	37	ALOGLIPTIN-PIOGLITAZONE.....	33	amoxapine.....	32
ALA SCALP.....	85	ALOMIDE.....	167	AMOXICILL-CLARITHRO-LANSOPRAZ.....	182
albendazole.....	19	ALORA.....	99	amoxicillin.....	172
albuterol sulfate.....	24	aloksetron hcl.....	101	amoxicillin-pot clavulanate.....	172
albuterol sulfate hfa.....	24	alprazolam.....	21	amoxicillin-pot clavulanate er.....	172
		alprazolam er.....	22	amphet-dextroamphet 3-bead er.....	7
		ALPRAZOLAM INTENSOL.....	22	amphetamine er.....	7
		alprazolam xr.....	22	amphetamine sulfate.....	7
		ALTACAINE.....	168	amphetamine-dextroamphet er.....	7
		ALTAFRIN.....	166	amphetamine-dextroamphetamine.....	7
		altavera.....	68	ampicillin.....	172
		ALTOPREV.....	40		

AMZEEQ.....	79	aspirin adult low dose.....	13	ASSURE LANCE PLUS SAFETY 25G	116
anagrelide hcl.....	106	aspirin adult low strength.....	13	ASSURE LANCE PLUS SAFETY 30G	116
anastrozole.....	51	aspirin childrens.....	13	ASSURE LANCE SAFETY LANCET	
ANDRODERM.....	17	aspirin ec adult low dose.....	13	28G.....	116
ANGELIQ.....	98	aspirin ec low dose.....	13	ASSURE PRISM CONTROL LEVEL	
ANNOVERA.....	73	aspirin ec low strength.....	13	1&2.....	116
ANORO ELLIPTA.....	23	aspirin low dose.....	13	ASSURE PRO CONTROL LEVEL 1 &	
ANUCORT-HC.....	18	aspirin regimen.....	13	2.....	117
ANUSOL-HC.....	18	aspirin-dipyridamole er.....	106	ASTAGRAF XL.....	158
ANZUPGO.....	84	ASPRUZYO SPRINKLE.....	21	ASTERO.....	88
APAP-CAFF-DIHYDROCODEINE.....	15	ASSESS PEAK FLOW METER.....	148	ATABEX EC.....	160
APEXICON E.....	85	ASSURE 3 CONTROL.....	116	ATABEX OB.....	160
APRACLONIDINE HCL.....	169	ASSURE 4 CONTROL LEVEL 1 & 2	116	atazanavir sulfate.....	59
aprepitant.....	37,38	ASSURE COMFORT LANCETS		atenolol.....	62
apri.....	68	28G.....	116	atenolol-chlorthalidone.....	43
APTIVUS.....	59	ASSURE CONTROL SOLUTION		atomoxetine hcl.....	7
AQ INSULIN SYRINGE.....	138	2/3.....	116	ATORVALIQ.....	40
AQINJECT PEN NEEDLE.....	138	ASSURE DOSE CONTROL.....	116	atorvastatin calcium.....	40
AQNEURSA.....	175	ASSURE DOSE NORM/HIGH		atovaquone.....	19
AQUALANCE LANCETS 30G.....	116	CONTROL.....	116	atovaquone-proguanil hcl.....	43
ARANELLE.....	75	ASSURE HAEMOLANCE PLUS		atropine sulfate.....	166
ARCALYST.....	10	HIGH.....	116	ATROVENT HFA.....	24
AREXVY.....	184	ASSURE HAEMOLANCE PLUS		aubra.....	68
arformoterol tartrate.....	24	LOW.....	116	aubra eq.....	68
ARIKAYCE.....	9	ASSURE HAEMOLANCE PLUS		AUDENZ.....	184
aripiprazole.....	57	MICRO.....	116	AUGTYRO.....	50
armodafinil.....	8	ASSURE HAEMOLANCE PLUS		AUM ALCOHOL PREP PADS.....	111
ARMOUR THYROID.....	179	NORMAL.....	116	AUM INSULIN SAFETY PEN	
ARNUITY ELLIPTA.....	25	ASSURE HAEMOLANCE PLUS		NEEDLE.....	138
ARZOL SILVER NIT APPLICATORS	85	PED.....	116	AUM MINI INSULIN PEN NEEDLE	138
ascomp-codeine.....	15	ASSURE ID DUO PRO PEN		AUM PEN NEEDLE.....	138
asenapine maleate.....	56	NEEDLES.....	138	AUM READYGARD DUO PEN	
ashlyna.....	74	ASSURE ID INSULIN SAFETY SYR	138	NEEDLE.....	138
ASMANEX (120 METERED		ASSURE ID PRO PEN NEEDLES.....	138	AUM SAFETY PEN NEEDLE.....	138
DOSES).....	25	ASSURE ID SAFETY PEN		AURANOFIN.....	10
ASMANEX (14 METERED DOSES)	25	NEEDLES.....	138	AURORA LANCET SUPER THIN	
ASMANEX (30 METERED DOSES)	25	ASSURE II CONTROL.....	116	30G.....	117
ASMANEX (60 METERED DOSES)	25	ASSURE II CONTROL LEVEL 1 & 2	116	AURORA LANCET THIN 23G.....	117
ASMANEX HFA.....	25	ASSURE LANCE LANCETS.....	116	AURORA PEN NEEDLES.....	138
aspirin.....	13	ASSURE LANCE LANCETS 21G.....	116	AURORA UNIFINE PENTIPS.....	138
aspirin 81.....	13			aurovela 1.5/30.....	68

aurovela 1/20.....	68	azithromycin.....	110	BD PEN NEEDLE NANO 2ND GEN.....	139
aurovela 24 fe.....	68	azurette.....	67	BD PEN NEEDLE NANO	
aurovela fe 1.5/30.....	68			ULTRAFINE.....	139
aurovela fe 1/20.....	68	B		BD PEN NEEDLE ORIG ULTRAFINE.....	139
AURYXIA.....	102	B & C.....	91	BD PEN NEEDLE SHORT	
AUSTEDO.....	174	bac (butalbital-acetamin-caff).....	12	ULTRAFINE.....	139
AUSTEDO XR.....	174	BACITRA-NEOMYCIN-POLYMYXIN-		BD SAFETYGLIDE INSULIN	
AUSTEDO XR PATIENT		HC.....	169	SYRINGE.....	139
TITRATION.....	174	BACITRACIN.....	168	BD SWAB SINGLE USE REGULAR.....	111
AUTO-LANCET.....	117	BACITRACIN-POLYMYXIN B.....	167	BD SWABS SINGLE USE	
AUTO-LANCET MINI.....	117	baclofen.....	163	BUTTERFLY.....	111
AUTOJECT 2.....	139	BAFIERTAM.....	175	BD VEO INSULIN SYR U/F	
AUTOLET II CLINISAFE.....	117	balsalazide disodium.....	101	1/2UNIT.....	139
AUTOLET LANCING DEVICE.....	117	BALSAM PERU-CASTOR OIL.....	91	BD VEO INSULIN SYR ULTRAFINE.....	139
AUTOLET LITE CLINISAFE.....	117	BALVERSA.....	48	BELBUCA.....	17
AUTOLET LITE LANCING		balziva.....	68	BELLADONNA ALKALOIDS-	
DEVICE.....	117	BAQSIMI ONE PACK.....	32	OPIUM.....	180
AUTOLET LITE STARTER PACK.....	117	BAQSIMI TWO PACK.....	32	BELSOMRA.....	109
AUTOLET MINI.....	117	BARACLUDGE.....	61	benazepril hcl.....	41
AUTOLET PLATFORMS.....	117	bayer aspirin ec low dose.....	13	benazepril-hydrochlorothiazide.....	41
AUTOLET PLUS.....	117	bayer low dose.....	13	BENLYSTA.....	157
AUTOPEN.....	139	BD AUTOSHIELD DUO.....	139	BENSAL HP.....	87
avanafil.....	66	BD INSULIN SYR ULTRAFINE II.....	139	BENZEPRO.....	80
AVAR CLEANSER.....	79	BD INSULIN SYRINGE.....	139	BENZEPRO CREAMY WASH.....	80
AVAR-E EMOLLIENT.....	79	BD INSULIN SYRINGE HALF-UNIT.....	139	BENZEPRO FOAMING CLOTHS.....	80
avar-e green.....	79	BD INSULIN SYRINGE		BENZNIDAZOLE.....	19
AVERI.....	68	MICROFINE.....	139	BENZONATATE.....	77
aviane.....	68	BD INSULIN SYRINGE U-500.....	139	BENZOYL PEROX-	
avidoxy.....	179	BD INSULIN SYRINGE U/F.....	139	HYDROCORTISONE.....	79
AVMAPKI FAKZYNJA CO-PACK.....	51	BD INSULIN SYRINGE U/F		BENZOYL PEROXIDE.....	80
AVONEX PEN.....	174	1/2UNIT.....	139	benzoyl peroxide-erythromycin.....	79
AVONEX PREFILLED.....	174	BD INSULIN SYRINGE		benztropine mesylate.....	54
ayuna.....	68	ULTRAFINE.....	139	bepotastine besilate.....	167
AYVAKIT.....	50	BD MICROTAINER LANCETS.....	117	BESIFLOXACIN HCL.....	168
azasan.....	158	BD PEN.....	139	BESREMI.....	51
AZASITE.....	167	BD PEN MINI.....	139	betaine.....	95
azathioprine.....	158	BD PEN NEEDLE MICRO		betamethasone dipropionate.....	85
azelaic acid.....	89	ULTRAFINE.....	139	betamethasone dipropionate aug.....	85
azelastine hcl.....	164,167	BD PEN NEEDLE MINI		betamethasone valerate.....	85
azelastine-fluticasone.....	164	ULTRAFINE.....	139	betaxolol hcl.....	62
AZELEX.....	80			BETAXOLOL HCL.....	166

bethanechol chloride	183	BREATHERITE VALVED MDI	
BETIMOL	166	CHAMBER	152
BETOPTIC-S	166	BRENZAVVY	35
BEVESPI AEROSPHERE	23	BREO ELLIPTA	23
bexarotene	54,91	breyana	23
BEXSERO	183	BREZTRI AEROSPHERE	23
bicalutamide	45	briellyn	68
BIJUVA	98	brimonidine tartrate	89,169
BIKTARVY	58	brimonidine tartrate-timolol	166
bimatoprost	170	BRINSUPRI	178
BIMATOPROST-BRIMONIDINE-		brinzolamide	168
DORZOL	166	brivaracetam	27
BIMZELX	83	BRIXADI	17
BINOSTO	93	BRIXADI (WEEKLY)	17
bisoprolol fumarate	62	bromfenac sodium	169
bisoprolol-hydrochlorothiazide	43	bromfenac sodium (once-daily)	169
blisovi 24 fe	68	bromocriptine mesylate	55
blisovi fe 1.5/30	68	BRONCHITOL	178
blisovi fe 1/20	68	BRONCHITOL TOLERANCE TEST	178
BLULINK CONTROL HIGH &		BRUKINSA	47
LOW	117	BRYHALI	85
BOOSTRIX	180	budesonide	18,25,76
bosentan	66	budesonide er	76
BOSULIF	46	budesonide-formoterol fumarate	23
BP 10-1	79	bumetanide	92
BPCO	91	buprenorphine	17
BRAFTOVI	47	buprenorphine hcl	17
BREATHE COMFORT		buprenorphine hcl-naloxone hcl	17
CHAMBER/ADULT	152	bupropion hcl	30
BREATHE COMFORT		bupropion hcl er (smoking det)	176
CHAMBER/CHILD	152	bupropion hcl er (sr)	30
BREATHE EASE LARGE	152	bupropion hcl er (xl)	30
BREATHE EASE MEDIUM	152	buspirone hcl	21
BREATHE EASE NEB		butalbital-acetaminophen	12
MASK/CHILD	150	butalbital-apap-caff-cod	15
BREATHE EASE NEB		butalbital-apap-caffeine	12
MASK/INFANT	150	butalbital-asa-caff-codeine	15
BREATHE EASE PEAK FLOW		butalbital-aspirin-caffeine	13
METER	148	butorphanol tartrate	17
BREATHE EASE SMALL	152	BYLVAY	101
		BYLVAY (PELLETS)	101

C

C-NATE DHA	160
cabergoline	94
CABOMETYX	49
caffeine citrate	7
CALCIPOTRIENE	82
calcipotriene-betameth diprop	91
calcitonin (salmon)	94
calcitrene	82
CALCITRIOL	82
calcitriol	96
calcium acetate	103
calcium acetate (phos binder)	103
CALQUENCE	47
camila	74
camrese	74
camrese lo	74
CAMZYOS	64
candesartan cilexetil	42
candesartan cilexetil-hctz	42
capecitabine	45
CAPRELSA	49
captopril	41
CAPTOPRIL-	
HYDROCHLOROTHIAZIDE	41
CAPVAXIVE	183
carbamazepine	27
carbamazepine er	27
CARBATROL	27
carbidopa	55
carbidopa-levodopa	55
carbidopa-levodopa er	55
carbidopa-levodopa-entacapone	55
CARBINOXAMINE MALEATE	38
CARBINOXAMINE MALEATE ER	39
CARDAMYST	63
CARDIOCOM LANCING DEVICE	117
CARDURA XL	103
CAREFINE PEN NEEDLES	139

CAREONE ADVANCED LANCING DEV.....	117	CARETOUCH TWIST LANCETS 33G.....	118	chlorhexidine gluconate.....	159
CAREONE INSULIN SYRINGE... 139		CARETOUCH TWIST MC LANCETS 30G.....	118	CHLOROQUINE PHOSPHATE.....	44
CAREONE LANCET SUPER THIN 30G.....	117	CARETOUCH UNIVERSL CPAP FILTER.....	150	chlorpromazine hcl.....	57
CAREONE LANCET THIN 23G... 117		carglumic acid.....	96	chlorthalidone.....	93
CAREONE UNIFINE PENTIPS... 139		carisoprodol.....	163	chlorzoxazone.....	163
CAREONE UNIFINE PENTIPS PLUS.....	139	CARTEOLOL HCL.....	166	CHOLBAM.....	100
CARESENS CONTROL A.....	117	cartia xt.....	63	cholestyramine.....	39
CARESENS CONTROL SOLUTION A/B.....	117	carvedilol.....	62	cholestyramine light.....	39
CARESENS LANCETS.....	117	carvedilol phosphate er.....	62	CHOSEN LANCETS 30G.....	118
CARESENS LANCETS 30G.....	117	CAVERJECT.....	65	CHOSEN LANCING DEVICE.....	118
CARESENS S CONTROL SOLN A/B.....	117	CAVERJECT IMPULSE.....	65	CHOSEN SAFETY LANCETS 28G... 118	
CARETOUCH 2 CPAP HOSE HANGER.....	150	CAYSTON.....	20	ciclodan.....	81
CARETOUCH ALCOHOL PREP... 111		CEFACTOR.....	67	ciclopirox.....	81
CARETOUCH CONTROL SOL LEVEL 2.....	117	cefadroxil.....	67	ciclopirox olamine.....	81
CARETOUCH CPAP & BIPAP HOSE.....	150	cefdinir.....	67	cilostazol.....	106
CARETOUCH CPAP MASK WIPES.....	150	cefixime.....	67	CIOXAN.....	168
CARETOUCH CPAP PRE-WASH SOLN.....	150	cefopodoxime proxetil.....	67	CIMDUO.....	58
CARETOUCH CPAP TUBE BRUSH.....	150	cefprozil.....	67	cimetidine.....	181
CARETOUCH INSULIN SYRINGE 140		cefuroxime axetil.....	67	cimetidine hcl.....	181
CARETOUCH LANCING/EJECTOR.....	117	celecoxib.....	10	CIMZIA.....	103
CARETOUCH PEN NEEDLES... 140		cephalexin.....	67	CIMZIA (1 SYRINGE).....	103
CARETOUCH SAFETY LANCETS 26G.....	117	CEQUR SIMPLICITY 2U.....	140	CIMZIA (2 SYRINGE).....	103
CARETOUCH SAFETY LANCETS 28G.....	118	CERDELGA.....	107	CIMZIA-STARTER.....	103
CARETOUCH TWIST LANCETS 30G.....	118	CERVIDIL.....	171	cinacalcet hcl.....	94
		CETACAINE.....	90	CIPRO.....	100
		cevimeline hcl.....	159	CIPRO HC.....	171
		charlotte 24 fe.....	68	ciprofloxacin hcl.....	100,168,171
		chateal.....	68	ciprofloxacin-dexamethasone... 171	
		chateal eq.....	69	CIPROFLOXACIN-FLUOCINOLONE PF.....	171
		CHEMET.....	36	ciprofloxacin-hydrocortisone.... 171	
		CHEMSTRIP K.....	91	citalopram hydrobromide.....	31
		CHEMSTRIP UGK.....	92	CITRANATAL 90 DHA.....	162
		childrens aspirin.....	13	CITRANATAL ASSURE.....	162
		chlordiazepoxide hcl.....	22	CITRANATAL B-CALM.....	160
		CHLORDIAZEPOXIDE-AMITRIPTYLINE.....	173	CITRANATAL BLOOM DHA.....	162
		chlordiazepoxide-clidinium.....	181	CITRANATAL HARMONY.....	162
				cladribine (10 tabs).....	174
				cladribine (4 tabs).....	174
				cladribine (5 tabs).....	174
				cladribine (6 tabs).....	174

cladribine (7 tabs).....	174	CLOCORTOLONE PIVALATE.....	85	COMFORT EZ PEN NEEDLES.....	140
cladribine (8 tabs).....	174	clodan.....	85	COMFORT EZ PRO PEN NEEDLES.	140
cladribine (9 tabs).....	174	clomipramine hcl.....	32	COMFORT EZ SHORT PEN	
claravis.....	80	clonazepam.....	27	NEEDLES.....	140
CLARINEX-D 12 HOUR.....	78	clonidine.....	43	COMFORT LANCETS.....	118
CLARITHROMYCIN.....	110	clonidine hcl.....	43	COMFORT TOUCH ALCOHOL	
clarithromycin er.....	110	clonidine hcl er.....	7	PREP.....	111
CLEANLET LANCETS 28G.....	118	clopidogrel bisulfate.....	107	COMFORT TOUCH INSULIN PEN	
CLEMASTINE FUMARATE.....	39	clorazepate dipotassium.....	22	NEED.....	140
CLENPIQ.....	109	clotrimazole.....	159	COMFORT TOUCH LANCETS 31G.	118
CLEOCIN.....	186	CLOTTRIMAZOLE-		COMFORT TOUCH PLUS LANCETS	
CLEVER CHEK LANCETS.....	118	BETAMETHASONE.....	82	28G.....	118
CLEVER CHOICE COMFORT		clozapine.....	57	COMFORT TOUCH PLUS LANCETS	
EZ.....	118,140	CO MONITOR.....	150	30G.....	118
CLEVER CHOICE GLUCOSE		CO MONITOR REPLACEMENT		COMFORT TOUCH TWIST LANCET	
CONTROL.....	118	PIECES.....	150	30G.....	118
CLEVER CHOICE HOLDING		CO-NATAL FA.....	160	COMIRNATY.....	184
CHAMBER.....	152	COAGUCHEK LANCETS.....	118	COMIRNATY 5-11 YEARS.....	184
CLEVER CHOICE LANCETS 21G.	118	COAL TAR.....	90	COMPACT SPACE CHAMBER.....	153
CLEVER CHOICE LANCETS 23G.	118	COARTEM.....	43	COMPACT SPACE CHAMBER/LG	
CLEVER CHOICE LANCETS 28G.	118	codeine sulfate.....	15	MASK.....	153
CLEVER CHOICE PEAK FLOW		colchicine.....	105	COMPACT SPACE CHAMBER/MED	
METER.....	148	colchicine-probenecid.....	105	MASK.....	153
CLICKFINE PEN NEEDLES.....	140	colesevelam hcl.....	39	COMPACT SPACE CHAMBER/SM	
CLIMARA PRO.....	98	colestipol hcl.....	39	MASK.....	153
clindacin.....	79	COMBIPATCH.....	98	COMPLETE NATAL DHA.....	162
clindacin etz.....	79	COMBIVENT RESPIMAT.....	23	COMPLETENATE.....	160
clindacin-p.....	79	COMETRIQ (100 MG DAILY		compro.....	57
clindamycin hcl.....	20	DOSE).....	49	CONCEPT DHA.....	160
clindamycin palmitate hcl.....	20	COMETRIQ (140 MG DAILY		CONCEPT OB.....	160
clindamycin phos (once-daily) ..	79	DOSE).....	49	CONDOMS.....	113
clindamycin phos (twice-daily) ..	79	COMETRIQ (60 MG DAILY DOSE).	49	constulose.....	110
clindamycin phos-benzoyl perox	79	COMFORT ASSIST INSULIN		CONTOUR CONTROL.....	118
clindamycin phosphate.....	79,186	SYRINGE.....	140	CONTOUR NEXT CONTROL.....	118
clindamycin-tretinoin.....	79	COMFORT ASSURED LANCETS		CONTOUR PLUS CONTROL	
CLINDESSE.....	186	28G.....	118	SOLUTION.....	118
clobazam.....	27	COMFORT ASSURED LANCETS		CONTROL.....	118
clobetasol prop emollient base.	85	33G.....	118	COOL CONTROL A.....	118
clobetasol propionate.....	85	COMFORT EZ INSULIN SYRINGE.	140	COOL CONTROL B.....	118
clobetasol propionate e.....	85	COMFORT EZ MICRO PEN		COPIKTRA.....	53
clobetasol propionate emulsion.	85	NEEDLES.....	140	CORDRAN.....	85

CORLANOR.....	66	CVS LANCING DEVICE.....	119	DAYBUE.....	165	
CORTANE-B.....	90	cvs nicotine.....	176	DAYBUE STIX.....	165	
CORTISPORIN-TC.....	171	cvs nicotine polacrilex.....	176	daysee.....	74	
CORTROPHIN GEL.....	94	CVS PREP.....	111	DAYVIGO.....	109	
COSENTYX.....	83	CVS ULTRA THIN LANCETS.....	119	DEBACTEROL.....	159	
COSENTYX (300 MG DOSE).....	83	cyanocobalamin.....	107	deblitane.....	75	
COSENTYX SENSOREADY (300 MG).....	83	cyclafem 1/35.....	69	decara.....	187	
COSENTYX SENSOREADY PEN.....	83	cyclafem 7/7/7.....	75	deferasirox.....	36	
COSENTYX UNOREADY.....	83	cyclobenzaprine hcl.....	163	deferasirox granules.....	36	
COTELLIC.....	48	cyclobenzaprine hcl er.....	164	deferiprone.....	36	
COVARYX.....	98	CYCLOMYDRIL.....	166	DELSTRIGO.....	58	
COVARYX HS.....	98	cyclopentolate hcl.....	166	delyla.....	69	
CRENESSITY.....	94	CYCLOPHOSPHAMIDE.....	53	demeclocycline hcl.....	179	
CREON.....	92	CYCLOSERINE.....	44	DEPAKOTE.....	30	
CRESEMBA.....	38	CYCLOSET.....	33	DEPAKOTE ER.....	30	
CREXONT.....	55	cyclosporine.....	157	DEPAKOTE SPRINKLES.....	30	
CRINONE.....	187	cyclosporine (pf).....	168	DEPO-ESTRADIOL.....	99	
cromolyn sodium.....	23,100	cyclosporine modified.....	157	depo-testosterone.....	17	
CROMOLYN SODIUM.....	167	cyproheptadine hcl.....	39	DESCOVY.....	58	
CROTAN.....	89	cyred.....	69	desipramine hcl.....	32	
cryselle.....	69	cyred eq.....	69	desloratadine.....	39	
cryselle-28.....	69	CYSTAGON.....	104	desmopressin ace spray refrig.....	98	
curae.....	73	CYSTARAN.....	170	desmopressin acetate.....	98	
CURITY ALCOHOL PREPS.....	111	CYTOMEL.....	179	DESMOPRESSIN ACETATE.....	98	
CVS ALCOHOL PREP PADS.....	111	CYTRA K CRYSTALS.....	104	desmopressin acetate spray.....	98	
cvs aspirin adult low dose.....	13	D			desogestrel-ethinyl estradiol.....	67
cvs aspirin adult low strength.....	13	d3-50.....	187	desonide.....	85	
cvs aspirin ec.....	13	dabigatran etexilate mesylate.....	26	desoximetasone.....	85	
cvs aspirin low dose.....	13	dalfampridine er.....	175	DESVENLAFAXINE ER.....	31	
cvs aspirin low strength.....	13	danazol.....	17	desvenlafaxine succinate er.....	31	
cvs folic acid.....	107	dantrolene sodium.....	164	dexamethasone.....	76	
cvs isopropyl alcohol wipes.....	90	dapsone.....	20,79	DEXAMETHASONE INTENSOL.....	77	
cvs ivermectin lice treatment.....	89	DAPTACEL.....	180	DEXAMETHASONE SODIUM PHOSPHATE.....	170	
CVS KETONE CARE.....	92	darifenacin hydrobromide er.....	182	DEXCOM G6 RECEIVER.....	119	
CVS LANCETS 21G.....	119	darunavir.....	59	DEXCOM G6 SENSOR.....	119	
CVS LANCETS MICRO THIN 33G.....	119	dasatinib.....	46	DEXCOM G6 TRANSMITTER.....	119	
CVS LANCETS ORIGINAL.....	119	dasetta 1/35.....	69	DEXCOM G7 15 DAY SENSOR.....	119	
CVS LANCETS THIN 26G.....	119	dasetta 7/7/7.....	75	DEXCOM G7 RECEIVER.....	119	
CVS LANCETS ULTRA THIN 30G.....	119	DAURISMO.....	48	DEXCOM G7 SENSOR.....	119	
CVS LANCETS ULTRA-THIN 30G.....	119	DAVIMET-FLUORIDE.....	160	dexlansoprazole.....	181	

dexamethylphenidate hcl.....	8	diclofenac sodium	11,81,82,169	dorzolamide hcl-timolol mal	166
dexamethylphenidate hcl er	8	diclofenac sodium er	11	dorzolamide hcl-timolol mal pf . .	166
dextroamphetamine sulfate	7	diclofenac-misoprostol	11	dotti	99
dextroamphetamine sulfate er	7	dicloxacillin sodium	172	DOVATO	58
DHIVY	55	dicyclomine hcl	181	doxazosin mesylate	43
DIACOMIT	27	DIFICID	111	doxepin hcl	32,82,109
DIASCREEN 10	119	diflorasone diacetate	85	DOXERCALCIFEROL	96
DIASCREEN 1B	119	diflunisal	13	doxycycline	89
DIASCREEN 1G	119	difluprednate	170	doxycycline hyclate	179
DIASCREEN 1K	119	digoxin	64	doxycycline monohydrate	179
DIASCREEN 2GK	119	dihydroergotamine mesylate . . .	155	dronabinol	37
DIASCREEN 2GP	119	DILANTIN	29	DROPLET GENTEEL LANCING	
DIASCREEN 3	119	DILANTIN INFATABS	29	DEVICE	120
DIASCREEN 4NL	119	dilt-xr	63	DROPLET INSULIN SYRINGE	140
DIASCREEN 4OBL	119	diltiazem hcl	63	DROPLET LANCETS ULTRA THIN	
DIASCREEN 4PH	119	diltiazem hcl er	63	30G	120
DIASCREEN 5	119	diltiazem hcl er beads	63	DROPLET LANCING DEVICE	120
DIASCREEN 6	119	diltiazem hcl er coated beads . . .	63	DROPLET MICRON	140
DIASCREEN 7	119	dimethyl fumarate	175	DROPLET PEN NEEDLES	140
DIASCREEN 8	119	dimethyl fumarate starter pack .	175	DROPLET PERSONAL LANCETS	
DIASCREEN 9	120	DIPENTUM	101	30G	120
DIASCREEN LIQUID URINE		diphenoxylate-atropine	36	DROPSAFE ACTI-LANCE 23G	120
CONTROL	120	dipyridamole	106	DROPSAFE ALCOHOL PREP	111
DIATHRIVE GLUCOSE CONTROL		DISKETS	15	DROPSAFE AUTOPROTECT DUO	140
SOLN	120	disopyramide phosphate	22	DROPSAFE MEDLANCE LANCET	
DIATHRIVE LANCET ULTRA THIN		DISPOSABLE FULL RANGE	150	30G	120
30	120	DISPOSABLE LOW RANGE	150	DROPSAFE SAFETY PEN NEEDLES .	140
DIATHRIVE LANCETS	120	DISPOSABLE LOW		DROPSAFE SAFETY	
DIATHRIVE LANCING DEVICE	120	RANGE/PEDIATRIC	150	SYRINGE/NEEDLE	140
DIATHRIVE PEN NEEDLE	140	DISPOSABLE UNIVERSAL RANGE .	150	drosipren-eth estrad-levomefol . . .	69
DIATRUE CONTROL LEVEL 1	120	disulfiram	172	drosiprenone-ethinyl estradiol . . .	69
DIATRUE CONTROL LEVEL 2	120	DIURIL	93	DROXIA	107
DIATRUE CONTROL LEVEL 3	120	divalproex sodium	30	DRUG MART LANCETS THIN 26G .	120
diazepam	22,27	divalproex sodium er	30	DRUG MART LANCING DEVICE	120
diazepam intensol	22	dodex	107	DRUG MART ON-THE-GO LANCET	
diazoxide	33	dofetilide	22	30G	120
dichlorphenamide	92	dolishale	73	DRUG MART UNIFINE PENTIPS	140
DICLOFENAC EPOLAMINE	81	donepezil hcl	173	DRUG MART UNIFINE PENTIPS	
diclofenac potassium	11	DOPTELET	108	PLUS	140
diclofenac		DOPTELET SPRINKLE	108	DRUG MART UNILET LANCETS	
potassium(migraine)	155	DORZOLAMIDE HCL	168	28G	120

DRUG MART UNILET LANCETS 30G.....	120	EASY MINI EJECT LANCING DEVICE.....	121	EASY TOUCH SAFETY LANCETS 28G.....	121
DRUG MART UNILET LANCETS 33G.....	120	EASY MINI LANCING DEVICE.....	121	EASY TOUCH SAFETY PEN NEEDLES.....	141
DRYSOL.....	89	EASY PLUS II CONTROL.....	121	EASY TOUCH SHEATHLOCK SYRINGE.....	141
DUAVEE.....	99	EASY STEP CONTROL.....	121	EASY TALK CONTROL.....	121
DULERA.....	23	EASY TALK PLUS II CONTROL.....	121	EASY TRAK CONTROL.....	121
duloxetine hcl.....	31	EASY TOUCH ALCOHOL PREP MEDIUM.....	111	EASY TRAK II CONTROL.....	121
DUO-CARE CONTROL SOLUTION.....	120	EASY TOUCH CONTROL HIGH & LOW.....	121	EASYMAX 15 LEVEL 2 CONTROL.....	121
DUOBRII.....	91	EASY TOUCH CONTROL HIGH & LOW.....	121	EASYMAX 15 LEVEL 2-3 CONTROL.....	121
DUPIXENT.....	84	EASY TOUCH FLIPLOCK INSULIN SYR.....	140	EASYMAX CONTROL.....	122
DUREX EXTRA SENSITIVE THIN.....	113	EASY TOUCH HEALTHPRO HIGH/LOW.....	121	EASYMAX CONTROL NORMAL/HIGH.....	122
DUREX REALFEEL.....	113	EASY TOUCH INSULIN BARRELS.....	140	EBASE CONTROLLER KIT.....	150
DUREX TROPICAL.....	113	EASY TOUCH INSULIN SAFETY SYR.....	140	EBGLYSS.....	84
dutasteride.....	103	EASY TOUCH INSULIN SYRINGE.....	141	ec-naproxen.....	11
dutasteride-tamsulosin hcl.....	104	EASY TOUCH LANCETS 21G.....	121	econazole nitrate.....	87
DYANAVEL XR.....	7	EASY TOUCH LANCETS 23G.....	121	econtra ez.....	73
E		EASY TOUCH LANCETS 26G.....	121	econtra one-step.....	73
E-Z JECT LANCET MICRO-THIN 33G.....	120	EASY TOUCH LANCETS 28G.....	121	ecotrin low strength.....	13
E-Z JECT LANCET SUPER THIN 30G.....	120	EASY TOUCH LANCETS 28G/TWIST.....	121	ECOZA.....	87
E-Z JECT LANCETS.....	120	EASY TOUCH LANCETS 30G.....	121	EDARBI.....	42
E-Z JECT LANCETS 21G.....	120	EASY TOUCH LANCETS 30G/TWIST.....	121	EDARBYCLOR.....	42
E-Z JECT LANCETS THIN 26G.....	120	EASY TOUCH LANCETS 32G.....	121	EDEX (2 CARTRIDGE).....	65
E.E.S. 400.....	110	EASY TOUCH LANCETS 32G/TWIST.....	121	EDEX (6 CARTRIDGE).....	65
EASIVENT.....	153	EASY TOUCH LANCETS 33G/TWIST.....	121	EDLUAR.....	109
EASIVENT MASK LARGE.....	153	EASY TOUCH LANCING DEVICE.....	121	EDURANT PED.....	60
EASIVENT MASK MEDIUM.....	153	EASY TOUCH PEN NEEDLES.....	141	EEMT.....	98
EASIVENT MASK SMALL.....	153	EASY TOUCH SAFETY LANCETS 21G.....	121	EEMT HS.....	98
EASY COMFORT ALCOHOL PADS.....	111	EASY TOUCH SAFETY LANCETS 23G.....	121	EFAVIRENZ.....	60
EASY COMFORT INSULIN SYRINGE.....	140	EASY TOUCH SAFETY LANCETS 26G.....	121	efavirenz-emtricitab-tenofo df.....	58
EASY COMFORT LANCETS.....	120	EASY TOUCH SAFETY LANCETS 26G.....	121	EFAVIRENZ-LAMIVUDINE-TENOFOVIR.....	58
EASY COMFORT LANCETS TWIST TOP.....	121	EASY TOUCH SAFETY LANCETS 26G.....	121	EFFER-K.....	156
EASY COMFORT PEN NEEDLES.....	140	EASY TOUCH SAFETY LANCETS 26G.....	121	EKTERLY.....	106
EASY GLIDE PEN NEEDLES.....	140			ELEMENT COMPACT CONTROL 2.....	122
				ELEMENT COMPACT CONTROL 3.....	122
				ELEMENT CONTROL.....	122
				ELESTRIN.....	99
				eletriptan hydrobromide.....	155

elinest.....	69	EMBRACE PRO GLUCOSE CONTROL.....	122	EPIDIOLEX.....	27
ELIQUIS.....	26	EMBRACE TALK GLUCOSE CONTROL.....	122	EPIFOAM.....	90
ELIQUIS (1.5 MG PACK).....	26	EMBRACE WAVE GLUCOSE CONTROL.....	122	epinastine hcl.....	167
ELIQUIS (2 MG PACK).....	26	EMCYT.....	52	epinephrine.....	187
ELIQUIS DVT/PE STARTER PACK.....	26	EMEND.....	38	epitol.....	27
ELITE-OB.....	160	EMGALITY.....	154	eplerenone.....	43
elixophyllin.....	25	EMGALITY (300 MG DOSE).....	154	eq aspirin adult low dose.....	13
ELLA.....	73	emoquette.....	69	eq aspirin low dose.....	13
ELMIRON.....	104	emtricitab-rilpivir-tenofov df.....	58	eq ivermectin.....	89
eltrombopag olamine.....	108	emtricitabine.....	60	eq nicotine.....	176
eluryng.....	73	emtricitabine-tenofovir df.....	58	eq nicotine polacrilex.....	176
EMBECTA AUTOSHIELD DUO.....	141	EMTRIVA.....	60	eq nicotine step 3.....	176
EMBECTA INS SYR U/F 1/2 UNIT.....	141	EMVERM.....	19	EQ SPACE CHAMBER ANTI-STATIC.....	153
EMBECTA INSULIN SYRINGE.....	141	emzahn.....	75	EQ SPACE CHAMBER ANTI-STATIC L.....	153
EMBECTA INSULIN SYRINGE U-100.....	141	enalapril maleate.....	41	EQ SPACE CHAMBER ANTI-STATIC M.....	153
EMBECTA INSULIN SYRINGE U-500.....	141	enalapril-hydrochlorothiazide.....	41	EQ SPACE CHAMBER ANTI-STATIC S.....	153
EMBECTA INSULIN SYRINGE U/F.....	141	ENBRACE HR.....	161	EQL ALCOHOL SWABS.....	111
EMBECTA PEN NEEDLE NANO.....	141	ENBREL.....	12	eql aspirin low dose.....	14
EMBECTA PEN NEEDLE NANO 2 GEN.....	141	ENBREL MINI.....	12	EQL COLOR LANCETS 21G.....	122
EMBECTA PEN NEEDLE U/F.....	141	ENBREL SURECLICK.....	12	EQL COLOR LANCETS MICRO 33G.....	122
EMBECTA PEN NEEDLE ULTRAFINE.....	141	ENCARE.....	186	EQL INSULIN SYRINGE.....	141
EMBRACE CONTROL.....	122	endocet.....	17	eql nicotine polacrilex.....	176
EMBRACE EVO CONTROL LEVEL 1.....	122	ENGERIX-B.....	184	EQL SUPER THIN LANCETS 30G.....	122
EMBRACE GLUCOSE CONTROL.....	122	enilloring.....	73	EQL THIN LANCETS 26G.....	122
EMBRACE LANCETS ULTRA THIN 30G.....	122	enoxaparin sodium.....	26	EQUETRO.....	56
EMBRACE LANCING DEVICE/EJECTOR.....	122	enpresse-28.....	75	ergocalciferol.....	187
EMBRACE PEN NEEDLES.....	141	ENSACOVE.....	49	ERGOLOID MESYLATES.....	175
EMBRACE PRESSURE ACTIVATED 21G.....	122	enskyce.....	69	ERGOMAR.....	155
EMBRACE PRESSURE ACTIVATED 28G.....	122	ENSPRYNG.....	158	ERGOTAMINE-CAFFEINE.....	155
		ENSTILAR.....	91	ERIVEDGE.....	48
		entacapone.....	56	ERLEADA.....	45
		entecavir.....	61	erlotinib hcl.....	47
		ENTRESTO.....	64	errin.....	75
		ENTYVIO PEN.....	101	ERTACZO.....	87
		enulose.....	102	ERY.....	79
		ENVARUSUS XR.....	158	ery-tab.....	110
		EOHILIA.....	77	ERYTHROMYCIN.....	79,168
		EPCLUSA.....	61		

erythromycin	110	EXTAVIA	175	fesoterodine fumarate er	182	
erythromycin base	110	EZ-LETS LANCETS 21G	122	FETZIMA	31	
erythromycin ethylsuccinate	111	EZ-LETS LANCETS 26G	122	FETZIMA TITRATION	31	
escitalopram oxalate	31	EZ-LETS LANCETS 28G	122	fexmid	164	
esgic	13	EZ-LETS LANCETS 30G	122	FIASP	33	
eslicarbazepine acetate	27	ezetimibe	40	FIASP FLEXTOUCH	33	
esomeprazole magnesium	181,182	ezetimibe-simvastatin	40	FIASP PENFILL	33	
est estrogens-methyltest	98	F			FIASP PUMPCART	33
est estrogens-methyltest ds	98				fidaxomicin	111
est estrogens-methyltest hs	98	fa-8	107	FIFTY50 ALCOHOL PREP	111	
estarylla	69	FABHALTA	106	FIFTY50 PEN NEEDLES	141	
estazolam	108	FABIOR	80	FIFTY50 SAFETY SEAL LANCETS	122	
estradiol	99,187	falmina	69	FIFTY50 SUPERIOR COMFORT		
estradiol valerate	99	famciclovir	62	SYR	141	
estradiol-norethindrone acet	98	famotidine	181	FIFTY50 UNILET LANCETS 33G	122	
estratest f.s.	98	FANTASY LUBRICATED	113	FILSPARI	104	
ESTRATEST H.S.	98	FANTASY		FILSUVEZ	91	
ESTRING	187	LUBRICATED/SPERMICIDE	113	FILTER AIR PP	150	
estrogens conjugated	99	FARXIGA	35	FINACEA	89	
eszopiclone	109	FASENRA	24	finasteride	103	
ethacrynic acid	93	FASENRA PEN	24	FINE 30	122	
ethambutol hcl	44	fayosim	74	FINGERSTIX LANCETS	122	
ethosuximide	30	FC2 FEMALE CONDOM	112	ingolimod hcl	177	
ethynodiol diac-eth estradiol	69	febuxostat	105	FINTEPLA	27	
etodolac	11	feirza 1.5/30	69	finzala	69	
etodolac er	11	feirza 1/20	69	FIRDAPSE	44	
etonogestrel-ethinyl estradiol	73	felbamate	29	FIRST-LANSOPRAZOLE	182	
ETOPOSIDE	53	felodipine er	63	FIRST-OMEPRAZOLE	182	
etravirine	60	FEM PH	186	FIRST-PANTOPRAZOLE	182	
EUCRISA	89	FEMLYV	69	FIRST-PROGESTERONE VGS	187	
euthyrox	179	FEMRING	187	flac	171	
EVAMIST	99	femynor	69	FLAREX	170	
everolimus	49,158	fenofibrate	40	flavoxate hcl	183	
EVOLUTION CONTROL	122	fenofibrate micronized	40	flecainide acetate	22	
EVOTAZ	58	FENOFIBRIC ACID	40	FLEXICHAMBER	153	
EVRYSDI	165	FENOPROFEN CALCIUM	11	FLEXICHAMBER ADULT		
EXEL COMFORT POINT INSULIN		fentanyl	15	MASK/SMALL	153	
SYR	141	FENTANYL CITRATE	15	FLEXICHAMBER CHILD		
EXEL COMFORT POINT PEN		ferric citrate	103	MASK/LARGE	153	
NEEDLE	141	FERRIPROX	36	FLEXICHAMBER CHILD		
exemestane	51	FERRIPROX TWICE-A-DAY	36	MASK/SMALL	153	

FLOLIPID.....	40	FLUTICASONE PROPIONATE	FREDS PHARMACY UNIFINE
FLORAFOL FE PEDIATRIC.....	159	DISKUS.....	PENTIP+.....141
FLORAFOL PEDIATRIC.....	160	FLUTICASONE PROPIONATE HFA.....	FREDS PHARMACY UNIFINE
FLORIVA.....	156	fluticasone-salmeterol.....	PENTIPS.....141
FLORIVA PLUS.....	160	fluvastatin sodium.....	FREDS PHARMACY UNILET LANC
FLOTREX.....	160	fluvastatin sodium er.....	28G.....123
FLUAD.....	184	fluvoxamine maleate.....	FREDS PHARMACY UNILET LANC
FLUAD QUADRIVALENT.....	184	fluvoxamine maleate er.....	30G.....123
FLUARIX.....	184	FLUZONE.....	FREESTYLE CONTROL SOLUTION.....123
FLUARIX QUADRIVALENT.....	184	FLUZONE HIGH-DOSE.....	FREESTYLE FREEDOM LITE.....123
FLUBLOK.....	184	FLUZONE HIGH-DOSE	FREESTYLE INSULINX TEST.....91
FLUBLOK QUADRIVALENT.....	184	QUADRIVALENT.....	FREESTYLE LANCETS.....123
FLUCELVAX.....	185	FLUZONE QUADRIVALENT.....	FREESTYLE LIBRE 14 DAY READER.....123
FLUCELVAX QUADRIVALENT.....	185	FML FORTE.....	FREESTYLE LIBRE 14 DAY SENSOR.....123
fluconazole.....	38	folate.....	FREESTYLE LIBRE 2 PLUS SENSOR.....123
flucytosine.....	38	folic acid.....	FREESTYLE LIBRE 2 READER.....123
fludrocortisone acetate.....	77	FOLIVANE-OB.....	FREESTYLE LIBRE 2 SENSOR.....123
FLULAVAL.....	185	fondaparinux sodium.....	FREESTYLE LIBRE 3 PLUS SENSOR.....123
FLULAVAL QUADRIVALENT.....	185	FONDIRCLE CONTROL	FREESTYLE LIBRE 3 READER.....123
FLUMIST.....	185	SOLUTION.....	FREESTYLE LIBRE 3 SENSOR.....123
FLUMIST QUADRIVALENT.....	185	FONDIRCLE ELECTRONIC PEAK	FREESTYLE LIBRE READER.....123
flunisolide.....	165	FLO.....	FREESTYLE LITE.....123
fluocinolone acetonide.....	86,171	FONDIRCLE LANCING DEVICE.....	FREESTYLE LITE TEST.....91
fluocinolone acetonide body.....	86	FONDIRCLE SINGLE USE	FREESTYLE PRECISION NEO
fluocinolone acetonide scalp.....	86	LANCETS.....	SYSTEM.....123
fluocinonide.....	86	FORA CONTROL.....	FREESTYLE PRECISION NEO TEST.....91
fluocinonide emulsified base.....	86	FORA LANCETS.....	FREESTYLE TEST.....91
fluorometholone.....	170	FORA LANCING DEVICE.....	FREESTYLE UNISTICK II LANCETS.....123
FLUOROURACIL.....	82	FORACARE GDH CONTROL.....	frovatriptan succinate.....155
fluoxetine hcl.....	31	formoterol fumarate.....	FRUZAQLA.....54
FLUOXETINE HCL.....	31	FORTISCARE CONTROL.....	ft aspirin.....14
fluphenazine hcl.....	57	FOSAMAX PLUS D.....	ft aspirin low dose.....14
FLURANDRENOLIDE.....	86	fosamprenavir calcium.....	ft folic acid.....107
FLURAZEPAM HCL.....	109	fosfomycin tromethamine.....	ft nicotine.....176
flurbiprofen.....	11	fosinopril sodium.....	ft nicotine mini.....176
FLURBIPROFEN SODIUM.....	169	fosinopril sodium-hctz.....	FULL KIT NEBULIZER SET.....150
FLUTICASONE FUROATE-		FOSRENOL.....	FUROSCIX.....93
VILANTEROL.....	23	FRAGMIN.....	furosemide.....93
FLUTICASONE PROPIONATE.....	86	FREDS PHARMACY AUTOLET	FUZEON.....59
fluticasone propionate.....	165	LANCING.....	fyavolv.....98

G		GENTEEL CONTACT TIPS (RAINBOW).....	124	GLOBAL INJECT EASE LANCETS 28G.....	124	
	g tussin ac.....	77	GENTEEL CONTACT TIPS (VIOLET).....	124	GLOBAL INJECT EASE LANCETS 30G.....	124
	gabapentin.....	27	GENTEEL CONTACT TIPS (YELLOW).....	124	GLOBAL INSULIN SYRINGES.....	142
	gabapentin (once-daily).....	175	GENTEEL LANCING KIT (BLUE).....	124	GLOBAL LANCING DEVICE.....	124
	GALAFOLD.....	94	GENTEEL NOZZLES.....	124	GLOPERBA.....	105
	galantamine hydrobromide.....	173	GENTEEL PLUS LANCING (BLACK).....	124	GLUCAGON EMERGENCY.....	33
	galantamine hydrobromide er.....	173	GENTEEL PLUS LANCING (PURPLE).....	124	GLUCOCARD 01 CONTROL.....	124
	galbriela.....	69	GENTEEL PLUS LANCING (WHITE).....	124	GLUCOCARD EXPRESSION CONTROL.....	124
	gallifrey.....	172	GENTEEL PLUS LANCING DEV(BLUE).....	124	GLUCOCARD SHINE CONTROL.....	124
	GALZIN.....	156	GENTEEL PLUS LANCING DEV(PINK).....	124	GLUCOCARD X-SENSOR CONTROL.....	124
	GARDASIL 9.....	185	GENTEEL PLUS LANCING DEV(BLUE).....	124	GLUCOCOM CONTROL.....	124
	gatifloxacin.....	168	GENTEEL PLUS LANCING DEV(PINK).....	124	GLUCOCOM LANCETS 28G.....	124
	GATTEX.....	101	GENTLE-LET GP LANCETS.....	124	GLUCOCOM LANCETS 30G.....	124
	GAVILYTE-C.....	109	GENTLE-LET LANCETS.....	124	GLUCOCOM LANCETS 33G.....	124
	gavilyte-g.....	109	GENTLE-LET PLATFORMS.....	124	GLUCOPRO INSULIN SYRINGE.....	142
	gavilyte-n with flavor pack.....	109	GENVOYA.....	58	GLUCOSE CONTROL.....	125
	GAVRETO.....	50	GILENYA.....	177	glyburide.....	35
	GE100 CONTROL.....	123	GILOTRIF.....	47	glyburide-metformin.....	35
gefitinib.....	47	glatiramer acetate.....	174	glycerol phenylbutyrate.....	97	
GELFILM.....	170	glatopa.....	174	glycopyrrolate.....	182	
GELNIQUE.....	182	glimepiride.....	35	glydo.....	88	
gemfibrozil.....	40	GLIPIZIDE.....	35	gnp adult aspirin low strength.....	14	
gemmily.....	69	glipizide er.....	35	GNP ALCOHOL SWABS.....	112	
GEMTESA.....	183	glipizide xl.....	35	gnp aspirin.....	14	
generlac.....	102	glipizide-metformin hcl.....	35	gnp aspirin low dose.....	14	
gengraf.....	157	GLOBAL ALCOHOL PREP EASE.....	111	GNP CLICKFINE PEN NEEDLES.....	142	
GENOTROPIN.....	95	GLOBAL EASE INJECT PEN NEEDLES.....	141	GNP EASY TOUCH CONT HIGH/LOW.....	125	
GENOTROPIN MINIQUICK.....	95	GLOBAL EASY GLIDE INSULIN SYR.....	141	gnp folic acid.....	107	
gentamicin sulfate.....	81,168	GLOBAL EASY GLIDE PEN NEEDLES.....	141	GNP INSULIN SYRINGE.....	142	
GENTEEL BUTTERFLY TOUCH LANCET.....	123	GLOBAL INJECT EASE INSULIN SYR.....	141	GNP INSULIN SYRINGES.....	142	
GENTEEL CONTACT TIPS (BLUE).....	124			GNP INSULIN SYRINGES 28GX1/2".....	142	
GENTEEL CONTACT TIPS (CLEAR).....	124			GNP INSULIN SYRINGES 29GX1/2".....	142	
GENTEEL CONTACT TIPS (GREEN).....	124					
GENTEEL CONTACT TIPS (ORANGE).....	124					

GNP INSULIN SYRINGES 30GX5/16"	142	goodsense nicotine	176	hailey 1.5/30	69	
GNP INSULIN SYRINGES 31GX5/16"	142	goodsense nicotine polacrilex	176	hailey 24 fe	69	
GNP LANCETS 21G	125	GOODSENSE PEN NEEDLE		hailey fe 1.5/30	69	
GNP LANCETS THIN 26G	125	PENFINE	142	hailey fe 1/20	69	
GNP LANCING SYSTEM DEVICE	125	granisetron hcl	37	halcinonide	86	
gnp nicotine	176	GRASTEK	8	halobetasol propionate	86	
gnp nicotine mini	176	griseofulvin microsize	38	haloette	73	
gnp nicotine polacrilex	176	griseofulvin ultramicrosize	38	HALOG	86	
GNP PEN NEEDLES	142	guaiaatussin ac	78	haloperidol	56	
GNP STERILE LANCETS 28G	125	guaifenesin ac	78	haloperidol lactate	56	
GNP STERILE LANCETS 30G	125	guaifenesin-codeine	78	HAN-EASE	142	
GNP STERILE LANCETS 33G	125	guanfacine hcl	43	HARVONI	61	
GNP ULTICARE PEN NEEDLES	142	guanfacine hcl er	7	HAVRIX	185	
GNP ULTIGUARD SAFEPACK NEEDLE	142	GVOKE HYPOPEN 1-PACK	33	HEALTH CARE LANCING DEVICE	126	
GNP ULTRA COM INSULIN SYRINGE	142	GVOKE HYPOPEN 2-PACK	33	HEALTHWISE INSULIN SYR/NEEDLE	142	
GOJJI CONTROL	125	GVOKE KIT	33	HEALTHWISE MICRON PEN NEEDLES	142	
GOJJI LANCING DEVICE/CLEAR CAP	125	GVOKE PFS	33	HEALTHWISE MINI PEN NEEDLES	142	
GOJJI STERILE LANCETS	125	GYNAZOLE-1	186	HEALTHWISE PEN NEEDLES	142	
GOMEKLI	48	H			HEALTHWISE SHORT PEN NEEDLES	142
GOODSENSE ALCOHOL SWABS	112	h-e-b aspirin	14	HEALTHWISE UNIFINE PENTIPS	142	
goodsense aspirin	14	H-E-B INCONTROL ADV LANCING	125	HEALTHY ACCENTS LANCING DEVICE	126	
goodsense aspirin adult low st	14	H-E-B INCONTROL ALCOHOL	112	HEALTHY ACCENTS UNIFINE PENTIP	142	
goodsense aspirin low dose	14	H-E-B INCONTROL LANCETS 28G	125	HEALTHY ACCENTS UNILET LANCETS	126	
GOODSENSE CLICKFINE PEN NEEDLE	142	H-E-B INCONTROL LANCETS 30G	125	heather	75	
GOODSENSE COLOR LANCETS 33G	125	H-E-B INCONTROL LANCETS 33G	125	HEMANGEOL	63	
GOODSENSE LANCETS 26G UNIV	125	H-E-B INCONTROL PEN NEEDLES	142	HEMMOREX-HC	18	
GOODSENSE LANCETS 30G	125	H-E-B INCONTROL UNIFINE PENTIP	142	HEPLISAV-B	185	
GOODSENSE LANCETS 30G UNIV	125	habitrol	176	her style	73	
GOODSENSE LANCETS 33G	125	HAEMOLANCE	125	HERNEXEOS	46	
GOODSENSE LANCETS 33G UNIV	125	HAEMOLANCE LOW FLOW LANCETS	125	HETLIOZ LQ	109	
GOODSENSE LANCETS 33G	125	HAEMOLANCE PLUS	125	HIBERIX	183	
GOODSENSE LANCETS 33G UNIV	125	HAEMOLANCE PLUS HIGH FLOW	125	hm aspirin	14	
GOODSENSE LANCING DEVICE	125	HAEMOLANCE PLUS LOW FLOW	125	hm aspirin ec low dose	14	
		HAEMOLANCE PLUS MAX FLOW	125	hm folic acid	107	
		HAEMOLANCE PLUS PEDIATRIC FLOW	126	hm nicotine	176	

hm nicotine polacrilex	176	HYDROCORTISONE ACE-	imatinib mesylate	46
HM STERILE ALCOHOL PREP . . .	112	PRAMOXINE	IMBRUVICA	47
HM ULTICARE INSULIN		HYDROCORTISONE ACETATE	imipramine hcl	32
SYRINGE	142	HYDROCORTISONE BUTYRATE	imiquimod	87
HM ULTICARE MINI PEN		hydrocortisone sod suc (pf)	imiquimod pump	87
NEEDLES	142	hydrocortisone valerate	IMPAVIDO	19
HM ULTICARE SHORT PEN		hydrocortisone-acetic acid	IMVEXXY MAINTENANCE PACK	187
NEEDLES	142	hydrocortisone-iodoquinol	IMVEXXY STARTER PACK	187
HOMATROPAIRE	167	hydromet	IN TOUCH GLUCOSE CONTROL	126
HORIZANT	175	HYDROMORPHONE HCL	IN TOUCH LANCING DEVICE	126
HUMALOG	33	hydromorphone hcl er	IN TOUCH STERILE LANCETS 30G	126
HUMALOG JUNIOR KWIKPEN	33	hydroxychloroquine sulfate	IN-CHECK DIAL FLOW TRAINER	150
HUMALOG KWIKPEN	33	hydroxyurea	IN-CHECK INSPIRATORY FLOW	
HUMALOG MIX 50/50	33	hydroxyzine hcl	MTR	150
HUMALOG MIX 50/50 KWIKPEN	33	HYDROXYZINE PAMOATE	INATAL GT	161
HUMALOG MIX 75/25	34	HYFTOR	INBRIJA	55
HUMALOG MIX 75/25 KWIKPEN	34	HYMPAVZI	incassia	75
HUMALOG TEMPO PEN	34	HYOPHEN	INCONTROL ULTICARE PEN	
HUMATROPE	95	hyoscyamine sulfate	NEEDLES	143
HUMATROPEN FOR 12MG	143	hyoscyamine sulfate er	INCRELEX	96
HUMATROPEN FOR 24MG	143	HYOSCYAMINE SULFATE SL	INCRUSE ELLIPTA	24
HUMATROPEN FOR 6MG	143	HYOSYNE	indapamide	93
HUMULIN R U-500		HYPERSAL	indomethacin	11
(CONCENTRATED)	34	HYPOCYN	indomethacin er	11
HUMULIN R U-500 KWIKPEN	34	HYPOLANCE AST LANCING	INFANRIX	180
HY-VEE LANCETS	126	HYRNUO	INFINITY CONTROL	126
HY-VEE THIN LANCETS	126		INFINITY VOICE	126
HYCAMTIN	54		INGREZZA	174
HYCLODEX	90	ibandronate sodium	INJECT-EASE	143
hydralazine hcl	43	IBRANCE	INLURIYO	52
hydrochlorothiazide	93	IBTROZI	INLYTA	54
HYDROCOD POLI-CHLORPHE POLI		ibu	INNOSPIRE REPLACEMENT	
ER	78	ibuprofen	FILTER	150
hydrocodone bit-homatrop mbr	77	icatibant acetate	INPEN 100-BLUE-LILLY-	
HYDROCODONE BITARTRATE ER	16	iclevia	HUMALOG	143
hydrocodone-acetaminophen	15	ICLUSIG	INPEN 100-BLUE-NOVOLOG-	
HYDROCODONE-IBUPROFEN	15	icosapent ethyl	FIASP	143
HYDROCORT-PRAMOXINE		IDHIFA	INPEN 100-GREY-LILLY-	
(PERIANAL)	18	IHEALTH CONTROL SOLUTION	HUMALOG	143
hydrocortisone	18,77,86	IHEALTH LANCING DEVICE	INPEN 100-GREY-NOVOLOG-	
hydrocortisone (perianal)	18	ILEVRO	FIASP	143

INPEN 100-PINK-LILLY-	isosorbide mononitrate er	21	K-Y ME & YOU INTENSE	113
HUMALOG	isotretinoin	143	kaitlib fe	70
INPEN 100-PINK-NOVOLOG-	isradipine	143	kalliga	70
FIASP	ISTURISA	143	KALYDECO	178
INQOVI	ITOVEBI	51	KAMELEON LUBRICATED	113
INREBIC	itraconazole	52	kariva	68
INSPIREASE	ivabradine hcl	153	KATERZIA	63
INSULIN SYRINGE	ivermectin	143	kelnor 1/35	70
INSULIN SYRINGE-NEEDLE U-	IWILFIN	100	kelnor 1/50	70
100		143	KERALYT	87
INSULIN SYRINGE/NEEDLE	J	143	KERENDIA	96
INSUPEN PEN NEEDLES	J-TIP KIT W/VIAL ADAPTERS	143	KESIMPTA	175
INSUPEN SENSITIVE	jaimiess	143	KETO-DIASTIX	92
INSUPEN ULTRAFIN	JAKAFI	143	ketoconazole	38,87
INSUPEN32G EXTR3ME	jantoven	143	ketodan	87
INTELENCE	jasmiel	60	KETONE TEST	91
INTRAROSA	JATENZO	186	KETOPROFEN ER	11
introvale	javygtor	74	ketorolac tromethamine	11,169
INVELTYS	JAYPIRCA	170	KETOSTIX	91
IODINE STRONG	jencycla	156	KEVZARA	10
IDOQUIMEZ-HC	JESDUVROQ	82	KIMONO	113
IDOQUINOL-HC-ALOE	jinteli	82	KIMONO COLORS	113
POLYSACCH	JOENJA	82	KIMONO MAXX-LARGE FLARE	113
IDOQUINOL-HYDROCORTISONE-	jolessa	82	KIMONO MICRO THIN	113
ALOE	joyeaux	82	KIMONO MICRO THIN PLUS	113
IOPIDINE	JUBLIA	169	KIMONO PLUS	113
IPOL	juleber	185	KIMONO PS	113
ipratropium bromide	JULUCA	24,164	KIMONO PS PLUS	113
ipratropium-albuterol	junel 1.5/30	23	KIMONO SENSATION	113
IQIRVO	junel 1/20	102	KIMONO SENSATION PLUS	113
irbesartan	junel fe 1.5/30	42	KIMONO SPECIAL	113
irbesartan-hydrochlorothiazide	junel fe 1/20	42	KINERET	10
ISENTRESS	junel fe 24	59	KINNEY LANCETS	126
ISENTRESS HD	JYLAMVO	59	KINNEY THIN LANCETS	126
isibloom	JYNNEOS	69	KINRAY INSULIN SYRINGE	143
isoniazid		44	KINRIX	180
isopropyl alcohol	K	90	kionex	158
isopropyl alcohol wipes	K-PHOS NO 2	90	KISQALI (200 MG DOSE)	51
isosorb dinitrate-hydralazine	k-prime	65	KISQALI (400 MG DOSE)	51
isosorbide dinitrate	K-Y ME & YOU EXTRA	21	KISQALI (600 MG DOSE)	52
isosorbide mononitrate	LUBRICATED	21	KITABIS PAK	9

KLARITY-A.....	168	KROGER LANCING DEVICE.....	126	lapatinib ditosylate.....	49
klayesta.....	81	KROGER PEN NEEDLES.....	143	larin 1.5/30.....	70
KLISYRI (250 MG).....	88	kurvelo.....	70	larin 1/20.....	70
KLISYRI (350 MG).....	89	KYZATREX.....	17	larin 24 fe.....	70
klor-con.....	156	L		larin fe 1.5/30.....	70
klor-con 10.....	156	labetalol hcl.....	62	larin fe 1/20.....	70
klor-con m10.....	156	lacosamide.....	27	larissia.....	70
klor-con m15.....	156	lactulose.....	110	LATANOPROST.....	171
klor-con m20.....	156	lactulose encephalopathy.....	102	layolis fe.....	70
klor-con/ef.....	156	LAMICTAL.....	27	LAZCLUZE.....	47
KLOXXADO.....	37	LAMICTAL ODT.....	28	LDO PLUS.....	88
klz aspirin low dose.....	14	LAMICTAL STARTER.....	28	LEADER ADVANCED LANCING	
klz quit2.....	176	LAMICTAL XR.....	28	DEVICE.....	127
klz quit4.....	176	lamivudine.....	60,61	LEADER INSULIN SYRINGE.....	143
KMART VALU INSULIN SYRINGE		lamivudine-zidovudine.....	58	LEADER UNIFINE PENTIPS.....	143
29G.....	143	lamotrigine.....	28	LEADER UNIFINE PENTIPS PLUS.....	143
KMART VALU INSULIN SYRINGE		lamotrigine er.....	28	LEDIPASVIR-SOFOSBUVIR.....	61
30G.....	143	lamotrigine starter kit-blue.....	28	leena.....	75
KOMZIFTI.....	49	lamotrigine starter kit-green.....	28	leflunomide.....	12
KOSELUGO.....	48,49	lamotrigine starter kit-orange.....	28	lenalidomide.....	157
kourzeq.....	159	LAMPIT.....	19	LENVIMA (10 MG DAILY DOSE).....	54
kp aspirin.....	14	LANCET DEVICE.....	126	LENVIMA (12 MG DAILY DOSE).....	54
kp folic acid.....	108	LANCET DEVICE WITH EJECTOR.....	127	LENVIMA (14 MG DAILY DOSE).....	54
KRAZATI.....	48	LANCETS.....	127	LENVIMA (18 MG DAILY DOSE).....	54
kristalose.....	110	LANCETS 28G THIN.....	127	LENVIMA (20 MG DAILY DOSE).....	54
KROGER AUTOLET LANCING		LANCETS 30G.....	127	LENVIMA (24 MG DAILY DOSE).....	54
DEVICE.....	126	LANCETS 33G.....	127	LENVIMA (4 MG DAILY DOSE).....	54
KROGER HEALTHPRO CONTROL		LANCETS MICRO THIN 33G.....	127	LENVIMA (8 MG DAILY DOSE).....	54
HI/LO.....	126	LANCETS SUPER THIN.....	127	LEQEMBI IQLIK.....	173
KROGER HEALTHPRO LANCET		LANCETS SUPER THIN 28G.....	127	lessina.....	70
26G.....	126	LANCETS THIN.....	127	letrozole.....	51
KROGER INSULIN SYRINGE.....	143	LANCETS ULTRA THIN.....	127	leucovorin calcium.....	52
KROGER LANCETS.....	126	LANCETS ULTRA THIN 30G.....	127	LEUKERAN.....	53
KROGER LANCETS 21G.....	126	LANCING DEVICE.....	127	leuprolide acetate.....	52
KROGER LANCETS MICRO THIN		LANOXIN.....	64	levabuterol hcl.....	24
33G.....	126	lansoprazole.....	182	LEVALBUTEROL TARTRATE.....	24
KROGER LANCETS SUPER THIN.....	126	lanthanum carbonate.....	103	levetiracetam.....	28
KROGER LANCETS THIN.....	126	LANTUS.....	34	levetiracetam er.....	28
KROGER LANCETS THIN 26G.....	126	LANTUS SOLOSTAR.....	34	levo-t.....	179
KROGER LANCETS ULTRATHIN		LANZO.....	127	LEVOBUNOLOL HCL.....	166
30G.....	126			levocarnitine.....	94

levocarnitine sf	94	LITETOUCH LANCETS	127	losartan potassium-hctz	42
levocetirizine dihydrochloride	39	LITETOUCH MASK LARGE	150	LOTEMAX	170
levofloxacin	100	LITETOUCH MASK MEDIUM	150	LOTEMAX SM	170
levonest	75	LITETOUCH MASK SMALL	150	loteprednol etabonate	170
levonorg-eth estrad triphasic	75	LITETOUCH PEN NEEDLES	144	loteprednol-tobramycin	169
levonorgest-eth est & eth est	74	LITFULO	81	lovastatin	40
levonorgest-eth estrad 91-day	74	lithium	56	low-ogestrel	71
levonorgest-eth estradiol-iron	70	lithium carbonate	56	loxapine succinate	57
levonorgestrel	73	lithium carbonate er	56	lubiprostone	100
levonorgestrel-ethinyl estrad 70,73		LITHOBID	56	luizza 1.5/30	71
levora 0.15/30 (28)	70	LITHOSTAT	105	luizza 1/20	71
levorphanol tartrate	16	LIVDELZI	102	LUMAKRAS	48
LEVOTHYROXINE SODIUM	179	LIVE BETTER ADV LANCING		LUMIGAN	171
levoxyl	179	DEVICE	127	LUMRYZ	173
LEVULAN KERASTICK	89	LIVE BETTER LANCET SUPER		LUMRYZ STARTER PACK	173
LIBERTY GLUCOSE CONTROL	127	THIN	127	LUNG PERFORM PEAK FLOW	
LIBERTY GLUCOSE CONTROL		LIVE BETTER LANCET ULTRA		METER	148
MID	127	THIN	127	LUPKYNIS	157
LIBERTY MEDICAL LANCETS	127	LIVMARLI	101	lurasidone hcl	56
LIBERTY MINI LANCING DEVICE	127	LIVTENCITY	61	lutera	71
LIBERVANT	27	LO LOESTRIN FE	68	lyleq	75
lidocaine	88	lo-zumandimine	70	lyllana	99
lidocaine hcl	88	loestrin 1.5/30 (21)	70	LYNPARZA	53
LIDOCAINE HCL	159	loestrin 1/20 (21)	70	LYSODREN	45
lidocaine hcl urethral/mucosal	88	loestrin fe 1.5/30	71	LYTGOBI (12 MG DAILY DOSE)	48
lidocaine viscous hcl	159	loestrin fe 1/20	71	LYTGOBI (16 MG DAILY DOSE)	48
lidocaine-prilocaine	90	lojaimiess	74	LYTGOBI (20 MG DAILY DOSE)	48
lidocan	88	LOKELMA	158	lyza	75
LIDOPIN	88	lomustine	53		
LIKMEZ	19	LONGS INSULIN SYRINGE	144	M	
lillow	70	LONGS LANCETS STANDARD	127	M-M-R II	184
linezolid	20	LONGS LANCETS THIN	127	MAFENIDE ACETATE	84
LINZESS	101	LONGS LANCETS ULTRA THIN	127	MAGELLAN INSULIN SAFETY SYR	144
liomny	180	LONSURF	51	malathion	89
liothyronine sodium	180	lopinavir-ritonavir	58	MARATHON MEDICAL PENTIPS	144
lisdexamfetamine dimesylate	7	lorazepam	22	maraviroc	59
lisinopril	41	lorazepam intensol	22	marlissa	71
lisinopril-hydrochlorothiazide	41	LORBRENA	46	MASK VORTEX/CHILD/FROG	153
LITE TOUCH LANCETS	127	loryna	71	MASK	
LITE TOUCH LANCING PEN	127	lorzone	164	VORTEX/TODDLER/LADYBUG	153
LITETOUCH INSULIN SYRINGE	143	losartan potassium	42	MATULANE	51

matzim la	63	MEDLANCE PLUS UNIVERSAL	metaxalone	164
MAVYRET	61	21G	metformin hcl	32
MAXI-COMFORT INSULIN		MEDLANCE UNIVERSAL 21G	metformin hcl er	32
SYRINGE	144	medpura alcohol pads	methadone hcl	16
MAXI-COMFORT SAFETY PEN		MEDROL	methadone hcl intensol	16
NEEDLE	144	medroxyprogesterone acetate	methadose	16
maxi-tuss ac	78	mefenamic acid	methazolamide	92
MAXICOMFORT II PEN NEEDLE	144	mefloquine hcl	methenamine hippurate	20
MAXICOMFORT SYR 27G X		megestrol acetate	methenamine mandelate	20
1/2"	144	MEGESTROL ACETATE	methergine	171
MAXIDEX	170	MEIJER ALCOHOL SWABS	methimazole	179
MAXX	113	MEIJER LANCETS	METHITEST	17
MAXX PLUS	113	MEIJER LANCETS THIN	methocarbamol	164
MAYZENT	177	MEIJER LANCETS UNIVERSAL	METHOTREXATE SODIUM	45
MAYZENT STARTER PACK	177	21G	methotrexate sodium (pf)	45
MB CAPS	20	MEIJER LANCETS UNIVERSAL	METHOXSALEN RAPID	83
mct oil	165	30G	methscopolamine bromide	182
ME/NAPHOS/MB/HYO1	20	MEIJER LANCETS UNIVERSAL	methsuximide	30
meclizine hcl	37	33G	METHYLDOPA	43
MECLOFENAMATE SODIUM	11	MEIJER PEN NEEDLES	methylergonovine maleate	171
MEDIC INSULIN SYRINGE	144	MEIJER SUPER THIN LANCETS	methylphenidate	8
MEDICHOICE SAFETY LANCET	127	MEKINIST	methylphenidate hcl	8
MEDICHOICE SAFETY LANCET		MEKTOVI	METHYLPHENIDATE HCL ER	8
EXTRA	128	meleya	methylphenidate hcl er (cd)	8
MEDICHOICE SAFETY LANCET		MELOXICAM	methylphenidate hcl er (la)	8
NORM	128	memantine hcl	methylphenidate hcl er (osm)	8
MEDICINE SHOPPE PEN		MEMANTINE HCL	methylphenidate hcl er (xr)	8
NEEDLES	144	memantine hcl er	METHYLPHENIDATE HCL	
MEDISENSE GLUCOSE KETONE		memantine hcl-donepezil hcl	ER(DIFFUS)	8
CONTR	128	memantine hcl-donepezil hcl er	methylprednisolone	77
MEDISENSE HI/MID/LOW		MENEST	methyltestosterone	18
CONTROL	128	MENOSTAR	metoclopramide hcl	100
MEDLANCE EXTRA 21G	128	MENQUADFI	metolazone	93
MEDLANCE LITE 25G	128	MENVEO	metoprolol succinate er	62
MEDLANCE PLUS EXTRA 21G	128	MEPERIDINE HCL	metoprolol tartrate	63
MEDLANCE PLUS LANCETS	128	mercaptapurine	metoprolol-hydrochlorothiazide	43
MEDLANCE PLUS LITE 25G	128	merzee	metronidazole	19,89
MEDLANCE PLUS SPECIAL		mesalamine	metyrosine	42
0.8MM	128	mesalamine er	mexiletine hcl	22
MEDLANCE PLUS SUPERLITE		mesalamine-cleanser	mibelas 24 fe	71
30G	128	mesna	MICROCHAMBER	153

MICRODOT CONTROL HIGH/LOW	128	MODD1 SUPPLY KIT	137	my way	74
MICRODOT PEN NEEDLE	144	MODERNA COVID-19 VAC 6M-11Y	185	MYCAPSSA	97
microgestin 1.5/30	71	MODEYSO	50	mycophenolate mofetil	157
microgestin 1/20	71	moexipril hcl	41	mycophenolate sodium	158
microgestin 24 fe	71	mometasone furoate	86,165	mycophenolic acid	158
microgestin fe 1.5/30	71	mondoxyne nl	179	MYFEMBREE	99
microgestin fe 1/20	71	mono-lynyah	71	MYGLUCOHEALTH CONTROL	129
MICROLET LANCETS	128	MONOJECT INSULIN SYRINGE	144	MYGLUCOHEALTH LANCETS 30G	129
MICROLET NEXT LANCETS	128	MONOJECT ULTRA COMFORT SYRINGE	144	MYLERAN	44
MICROLET NEXT LANCING DEVICE	128	MONOLET LANCETS	128	myorisan	80
MICROLIFE DIGITAL PEAK FLOW	148	MONOLET OPD LANCETS	129	MYQORZO	64
MICROSPACER	153	MONOLETTOR SAFETY LANCETS	129	MYRBETRIQ	183
midodrine hcl	187	montelukast sodium	25	MYTESI	36
mifepristone	35	morphine sulfate	16	N	
MIGERGOT	155	MORPHINE SULFATE (CONCENTRATE)	16	na sulfate-k sulfate-mg sulf	110
MIGLITOL	32	morphine sulfate er	16	nabumetone	11
miglustat	107	MORPHINE SULFATE ER BEADS	16	nadolol	63
mili	71	MOTOFEN	36	NAFTIFINE HCL	81
mimvey	99	MOUNJARO	34	naloxone hcl	37
MINI LANCING DEVICE	128	MOVANTIK	102	naltrexone hcl	37
MINI WRIGHT PEAK FLOW METER	148	moxifloxacin hcl	100,168	NAMZARIC	173
minocycline hcl	179	MOXIFLOXACIN HCL (2X DAY)	168	naproxen	11
minoxidil	43	MPD SAFETY LANCET 21G	129	naproxen dr	12
minzoya	71	MPD SAFETY LANCET 23G	129	naproxen sodium	12
mirabegron er	183	MPD SAFETY LANCET 28G	129	naproxen sodium er	12
mirtazapine	30	MPD SAFETY LANCET 30G	129	naproxen-esomeprazole mg	11
misoprostol	182	MRESVIA	185	naratriptan hcl	155
mm aspirin	14	MS INSULIN SYRINGE	144	NATACYN	168
MM INSULIN SYRINGE/NEEDLE	144	MULPLETA	108	NATALCHEW	161
MM LANCING DEVICE	128	MULTAQ	22	NATALVIT	161
MM PEN NEEDLES	144	MULTI-LANCET DEVICE	129	NATAZIA	74
MM TWIST LANCETS	128	MULTI-LANCET DEVICE 2	129	nateglinide	35
MNEXSPIKE	185	MULTI-VIT-FLOR	160	NAYZILAM	27
MOBILE LANCETS 30G	128	MULTI-VITAMIN/FLUORIDE	160	nebivolol hcl	63
modafinil	8	MULTIVITAMIN W/FLUORIDE	160	NEBULIZER AIR TUBE/PLUGS	150
MODD1 PATIENT WELCOME KIT	137	MULTIVITAMIN/FLUORIDE	160	NEBULIZER MASK ADULT	150
		mupirocin	81	NEBULIZER MASK CHILD	150
		my choice	73	NEBUSAL	78
				necon 0.5/35 (28)	71
				NEFAZODONE HCL	31

NEFFY	187	nicotine step 1	177	norlyda	75
NEMLUVIO	87	nicotine step 2	177	norlyroc	75
neo-polycin	167	nicotine step 3	177	NORPACE CR	22
neo-polycin hc	169	NICOTROL	177	nortrel 0.5/35 (28)	71
NEO-SYNALAR	81	NICOTROL NS	177	nortrel 1/35 (21)	71
neomycin sulfate	9	nifedipine	64	nortrel 1/35 (28)	71
neomycin-bacitracin zn-		nifedipine er	64	nortrel 7/7/7	76
polymyx	167	nifedipine er osmotic release	64	nortriptyline hcl	32
neomycin-polymyxin-		nikki	71	NORVIR	59
dexameth	169	NILOTINIB D-TARTRATE	46,47	NOURIANZ	54
NEOMYCIN-POLYMYXIN-		nilotinib hcl	47	NOVA MAX PLUS GLU/KET	
GRAMICIDIN	167	nilutamide	45	CONTROL	129
NEOMYCIN-POLYMYXIN-HC	169	nimodipine	64	NOVA SAFETY LANCETS 23G	129
neomycin-polymyxin-hc	171	NINLARO	50	NOVA SAFETY LANCETS 28G	129
NEONATAL COMPLETE	161	nisoldipine er	64	NOVA SUREFLEX LANCETS	129
NEORAL	157	nitazoxanide	19	NOVA SUREFLEX LANCING	
NERLYNX	49	nitisinone	95	DEVICE	129
NESTABS	161	NITRO-BID	21	NOVAVAX COVID-19 VACCINE	185
NESTABS DHA	161	NITRO-DUR	21	NOVOFINE AUTOCOVER PEN	
NESTABS ONE	162	NITRO-TIME	21	NEEDLE	144
neuac	79	nitrofurantoin	20	NOVOFINE PEN NEEDLE	144
NEUPRO	55	nitrofurantoin macrocrystal	20	NOVOFINE PLUS PEN NEEDLE	144
NEUTEK 2TEK CONTROL	129	nitrofurantoin monohyd macro	20	NOVOLIN 70/30	34
NEVANAC	169	nitroglycerin	18,21	NOVOLIN 70/30 FLEXPEN	34
nevirapine	60	NITYR	95	NOVOLIN N	34
nevirapine er	60	nizatidine	181	NOVOLIN N FLEXPEN	34
new day	74	nora-be	75	NOVOLIN R	34
NEXLETOL	39	NORDIPEN 5 INJECTION DEVICE	144	NOVOLIN R FLEXPEN	34
NEXLIZET	39	NORDIPEN DELIVERY SYSTEM	144	NOVOLIN R FLEXPEN RELION	34
NEXTSTELLIS	71	NORDITROPIN FLEXPEN	95	NOVOLIN R RELION	34
NGENLA	95	norelgestromin-eth estradiol	73	NOVOLOG	34
niacin er (antihyperlipidemic)	40	norethin ace-eth estrad-fe	71	NOVOLOG FLEXPEN	34
nicardipine hcl	64	norethin-eth estradiol-fe	71	NOVOLOG MIX 70/30	34
nicoderm cq	176	norethindron-ethinyl estrad-fe	75	NOVOLOG MIX 70/30 FLEXPEN	34
nicorette	176	norethindrone	75	NOVOLOG PENFILL	34
nicorette mini	176	norethindrone acet-ethinyl est	71	NOVOPEN ECHO	144
nicorette starter kit	176	norethindrone acetate	172	NOVOTWIST PEN NEEDLE	144
NICOTINE	176	norethindrone-eth estradiol	99	NOXAFIL	38
nicotine mini	177	norgestim-eth estrad triphasic	76	NP THYROID	180
nicotine polacrilex	177	norgestimate-eth estradiol	71	NUBEQA	45
nicotine polacrilex mini	177	NORLIQVA	64	NUCALA	24

NUCORT	86	olanzapine	57	ondansetron	37
NUCYNTA ER	16	olanzapine-fluoxetine hcl	178	ondansetron hcl	37
NUEDEXTA	175	olmesartan medoxomil	42	ONE FLOW SPIROMETER	150
NULEV	181	olmesartan medoxomil-hctz	42	ONETOUCH DELICA PLUS	
NUPLAZID	56	olmesartan-amlodipine-hctz	42	LANCET30G	129
NURTEC	154	olopatadine hcl	164,167	ONETOUCH DELICA PLUS	
NUTROPIN AQ NUSPIN 10	95	OLPRUVA (2 GM DOSE)	97	LANCET33G	129
NUTROPIN AQ NUSPIN 20	95	OLPRUVA (3 GM DOSE)	97	ONETOUCH DELICA PLUS	
NUTROPIN AQ NUSPIN 5	95	OLPRUVA (4 GM DOSE)	97	LANCING	129
NUVAXOVID COVID-19		OLPRUVA (5 GM DOSE)	97	ONETOUCH DELICA SAFETY	
VACCINE	185	OLPRUVA (6 GM DOSE)	97	LANCING	129
NUVESSA	186	OLPRUVA (6.67 GM DOSE)	97	ONETOUCH SURESOFT LANCING	
nyamyc	81	OLUMIANT	10	DEV	129
nylia 1/35	72	OMBRA TABLE TOP		ONETOUCH ULTRA CONTROL	129
nylia 7/7/7	76	COMPRESSOR	150	ONETOUCH ULTRASOFT 2	
NYMALIZE	64	omega-3-acid ethyl esters	39	LANCETS	129
nymyo	72	omeprazole	182	ONETOUCH ULTRASOFT	
nystatin	38,82,159	OMEPRAZOLE+SYRSPEND SF		LANCETS	129
nystatin-triamcinolone	82	ALKA	182	ONETOUCH VERIO	129
nystop	82	OMNARIS	165	ONGENTYS	56
		OMNIPOD 5 DEXG7G6 INTRO GEN		ONUREG	45
		5	137	ONZETRA XSAIL	155
OB COMPLETE	161	OMNIPOD 5 DEXG7G6 PODS GEN		opcicon one-step	74
OB COMPLETE ONE	161	5	137	OPFOLDA	94
OB COMPLETE PETITE	161	OMNIPOD 5 G7 INTRO (GEN 5)	137	OPILL	75
OB COMPLETE PREMIER	161	OMNIPOD 5 G7 PODS (GEN 5)	137	OPIUM	36
OB COMPLETE/DHA	161	OMNIPOD 5 LIBRE2 G6 INTRO		OPSUMIT	66
OBSTETRIX EC	161	GEN5	137	OPTICHAMBER DIAMOND	153
OBSTETRIX ONE	162	OMNIPOD 5 LIBRE2 PLUS G6		OPTICHAMBER DIAMOND-LG	
OCALIVA	100	PODS	137	MASK	153
ocella	72	OMNIPOD CLASSIC PDM (GEN		OPTICHAMBER DIAMOND-MD	
octreotide acetate	97	3)	137	MASK	153
ODACTRA	9	OMNIPOD CLASSIC PODS (GEN		OPTICHAMBER DIAMOND-SM	
ODEFSEY	58	3)	137	MASK	153
ODOMZO	48	OMNIPOD DASH INTRO (GEN 4)	137	optimal d3	187
OFEV	178	OMNIPOD DASH PDM (GEN 4)	137	option 2	74
OFLOXACIN	100	OMNIPOD DASH PODS (GEN 4)	138	OPTIONS GYNOL II	
ofloxacin	168	OMNIPOD GO	138	CONTRACEPTIVE	186
OGSIVEO	48	OMNITROPE	95	OPVEE	37
OJEMDA	47	OMVOH	102	OPZELURA	84
OJJAARA	52	OMVOH (300 MG DOSE)	102	ORACIT	104

ORAFATE.....	159	oxiconazole nitrate.....	87	PARI ERAPID NEBULIZER	
ORAL CITRATE.....	104	OXISTAT.....	87	HANDSET.....	151
ORALAIR.....	9	OXTELLAR XR.....	28	PARI EXPIRATORY FILTER SET.....	151
ORALAIR ADULT STARTER PACK..	9	oxybutynin chloride.....	182	PARI MANUAL INTERRUPTER.....	151
oralone.....	159	oxybutynin chloride er.....	182	PARI MASK SET.....	151
ORAMAGICRX.....	159	oxycodone hcl.....	16	PARI SOFT PLASTIC ADULT MASK.....	151
ORENCIA.....	12	oxycodone-acetaminophen.....	17	PARI SOFT PLASTIC PED MASK.....	151
ORENCIA CLICKJECT.....	12	OXYCONTIN.....	16	PARI TREK S COMBO PACK.....	151
ORENITRAM.....	65	oxymorphone hcl.....	16	PARI VORTEX ADULT MASK.....	154
ORENITRAM MONTH 1.....	65			PARI VORTEX PEDIATRIC MASK..	154
ORENITRAM MONTH 2.....	65	P		paricalcitol.....	96
ORENITRAM MONTH 3.....	65	pacerone.....	23	paroxetine hcl.....	31
ORFADIN.....	95	PALFORZIA (1 MG DAILY DOSE)..	8	PAROXETINE HCL.....	31
organic mct oil.....	166	PALFORZIA (12 MG DAILY DOSE)..	8	paroxetine hcl er.....	31
ORGOVYX.....	52	PALFORZIA (120 MG DAILY DOSE)..	8	paroxetine mesylate.....	178
ORIAHNN.....	99	PALFORZIA (160 MG DAILY DOSE)..	9	PAXLOVID (150/100).....	60
ORLISSA.....	94	PALFORZIA (20 MG DAILY DOSE)..	9	PAXLOVID (300/100 & 150/100)..	61
ORKAMBI.....	178	PALFORZIA (200 MG DAILY DOSE)..	9	PAXLOVID (300/100).....	61
ORLADEYO.....	106	PALFORZIA (240 MG DAILY DOSE)..	9	pazopanib hcl.....	50
orphenadrine citrate er.....	164	PALFORZIA (3 MG DAILY DOSE)..	9	PAZOPANIB HCL.....	50
ORPHENADRINE-ASPIRIN- CAFFEINE.....	164	PALFORZIA (300 MG MAINTENANCE).....	9	PB-HYOSCY-ATROPINE- SCOPOLAMINE.....	181
orquidea.....	75	PALFORZIA (300 MG TITRATION)..	9	PC LANCETS SUPER THIN 30G.....	129
ORSERDU.....	53	PALFORZIA (40 MG DAILY DOSE)..	9	PC UNIFINE PENTIPS.....	145
orsythia.....	72	PALFORZIA (6 MG DAILY DOSE)..	9	PEAK A-I-R FLOW METER.....	149
OSCIMIN.....	181	PALFORZIA (80 MG DAILY DOSE)..	9	PEAK AIR PEAK FLOW METER.....	149
oseltamivir phosphate.....	62	PALFORZIA INITIAL DOSE 1-3YRS..	9	PEAK FLOW METER UNIVERSAL	
OSMOLEX ER.....	55	PALFORZIA INITIAL DOSE 4-17YRS..	9	RANG.....	149
OSPHENA.....	97	PALFORZIA INITIAL ESCALATION..	9	PEDIARIX.....	180
OTEZLA.....	12	paliperidone er.....	56	PEDIATRIC PANDA MASK.....	154
OTEZLA XR.....	12	PALYNZIQ.....	97	PEDVAX HIB.....	183
OTEZLA/OTEZLA XR INITIATION		PANCREAZE.....	92	peg 3350-kcl-na bicarb-nacl.....	110
PK.....	12	PANDA MASK LARGE.....	153	peg-3350/electrolytes.....	110
OTOVEL.....	171	PANDA MASK MEDIUM.....	153	peg-3350/electrolytes/ascorbat..	110
OTREXUP.....	10	PANDA MASK SMALL.....	153	peg-kcl-nacl-nasulf-na asc-c.....	110
OVACE PLUS.....	84	PANDEL.....	86	PEG-PREP.....	110
oxaprozin.....	12	PANRETIN.....	82	PEGASYS.....	61
oxazepam.....	22	pantoprazole sodium.....	182	PEMAZYRE.....	48
oxcarbazepine.....	28	PARI ALTERA NEBULIZER		PEN NEEDLE/5-BEVEL TIP.....	145
oxcarbazepine er.....	28	HANDSET.....	151	PEN NEEDLES.....	145
OXERVATE.....	169	PARI BABY CONVERSION KIT.....	151	PEN NEEDLES 5/16".....	145

PENBRAYA	183	PHENELZINE SULFATE	30	pirmella 1/35	72
penciclovir	84	phenobarbital	108	pirmella 7/7/7	76
penicillamine	157	phenobarbital-belladonna alk	181	piroxicam	12
PENICILLIN V POTASSIUM	172	PHENOHYTRO	181	pitavastatin calcium	40
PENMENVY	183	phenoxybenzamine hcl	42	PLEGRIDY	175
PENTACEL	180	phenylephrine hcl	167	PLEGRIDY STARTER PACK	175
PENTASA	101	phenytek	29	PLENVU	110
pentazocine-naloxone hcl	17	phenytoin	30	PLEXION CLEANSING CLOTH	79
PENTETATE CALCIUM		phenytoin infatabs	30	PLEXION NS	84
TRISODIUM	36	phenytoin sodium extended	30	PNEUMOVAX 23	184
PENTETATE ZINC TRISODIUM	36	PHEXX	187	PNV 27-CA/FE/FA	161
PENTIPS	145	PHEXXI	187	PNV PRENATAL PLUS	
PENTIPS GENERIC PEN		philith	72	MULTIVIT+DHA	161
NEEDLES	145	PHOSPHA 250 NEUTRAL	156	PNV-DHA	162
pentoxifylline er	106	PHOSPHO-TRIN 250 NEUTRAL	156	PNV-DHA+DOCUSATE	162
perampanel	26	PHOSPHO-TRIN K500	156	PNV-OMEGA	161
PERFECT LANCETS 28G	129	PHOSPHOROUS	156	PNV-SELECT	161
PERFECT LANCETS 30G	129	phytonadione	188	POCKET CHAMBER	154
PERFECT POINT SAFETY		PIFELTRO	60	POCKET PEAK FLOW METER	149
LANCETS	130	PIKO 1	149	POCKET SPACER	154
PERINDOPRIL ERBUMINE	41	PILLOW MASK/ADULT	151	POCKETCHEM EZ CONTROL	130
perlogard	159	PILLOW MASK/CHILD	151	POCKETPEAK PEAK FLOW METER	149
permethrin	90	PILLOW MASK/PEDIATRIC	151	PODOCON-25	88
perphenazine	57	pilocarpine hcl	159,167	podofilox	88
PERPHENAZINE-		pimecrolimus	88	POLY-VI-FLOR	160
AMITRIPTYLINE	175	PIMOZIDE	175	POLY-VI-FLOR/IRON	160
PERSONAL BEST FULL RANGE	149	pimtrea	68	polycin	167
PERTZYE	92	pindolol	63	polymyxin b-trimethoprim	167
PFIZER COVID-19 VAC-TRIS 5-		pioglitazone hcl	36	pomalidomide	48
11Y	185	pioglitazone hcl-glimepiride	35	PONVORY	177
PFIZER COVID-19 VAC-TRIS 6M-		pioglitazone hcl-metformin hcl	36	PONVORY STARTER PACK	177
4Y	185	PIP GLUCOSE CONTROL		portia-28	72
PFLEX	151	SOLUTION	130	posaconazole	38
PHARMACIST CHOICE		PIP LANCETS 28G	130	pot & sod cit-cit ac	104
ALCOHOL	112	PIP LANCETS 30G	130	potassium chloride	156
PHARMACIST CHOICE LANCETS	130	PIP PEN NEEDLES 31G X 5MM	145	potassium chloride crys er	156
PHARMACY COUNTER		PIP PEN NEEDLES 32G X 4MM	145	potassium chloride er	156
LANCETS	130	PIQRAY (200 MG DAILY DOSE)	53	potassium citrate er	104
PHEBURANE	97	PIQRAY (250 MG DAILY DOSE)	53	POTASSIUM CITRATE-CITRIC	
phenazo	104	PIQRAY (300 MG DAILY DOSE)	53	ACID	104
PHENAZOPYRIDINE HCL	104	pirfenidone	178		

POTASSIUM IODIDE (EXPECTORANT).....	78	PREMARIN.....	187	PRO COMFORT LANCETS 30G....	130
PR BENZOYL PEROXIDE.....	80	PREMIUM CONDOMS LUBRICATED.....	113	PRO COMFORT LANCETS 31G....	130
PR BENZOYL PEROXIDE WASH..	80	PREMIUM LIDOCAINE.....	88	PRO COMFORT PEN NEEDLES....	145
pramipexole dihydrochloride...	55	PREMPHASE.....	99	PRO COMFORT SAFETY LANCETS 30G.....	130
pramipexole dihydrochloride er	55	PREMPRO.....	99	PRO COMFORT SPACER ADULT..	154
PRAMOSONE.....	90	PRENA 1 TRUE.....	162	PRO COMFORT SPACER CHILD...	154
prasugrel hcl.....	107	PRENA1.....	163	PRO COMFORT SPACER INFANT..	154
pravastatin sodium.....	40	PRENA1 PEARL.....	161	PRO-RED AC.....	78
praziquantel.....	19	PRENAISSANCE.....	162	PROAIR RESPICLICK.....	24
prazosin hcl.....	43	PRENAISSANCE PLUS.....	162	probenecid.....	105
PRECISION GLUCOSE KETONE CONTR.....	130	PRENATAL 19.....	161	PROCARE SPACER/ADULT MASK..	154
PRECISION SURE-DOSE SYRINGE.....	145	PRENATAL-U.....	161	PROCARE SPACER/CHILD MASK..	154
PRECISION THINS GP LANCETS.	130	PRENATE.....	163	procentra.....	7
PRECISION XTRA BLOOD GLUCOSE.....	91	PRENATE DHA.....	163	PROCHAMBER VHC.....	154
PRECISION XTRA KETONE.....	91	PRENATE ELITE.....	161	prochlorperazine.....	57
PRECISION XTRA- GLUCOSE/KETONE.....	114	PRENATE ENHANCE.....	163	prochlorperazine maleate.....	57
PRED MILD.....	170	PRENATE ESSENTIAL.....	163	PROCORT.....	18
prednisolone.....	77	PRENATE MINI.....	163	procto-med hc.....	18
prednisolone acetate.....	170	PRENATE PIXIE.....	163	PROCTOFOAM HC.....	18
PREDNISOLONE ACETATE P-F..	170	PRENATE RESTORE.....	163	proctosol hc.....	18
prednisolone sodium phosphate	77	PREPIDIL.....	171	proctozone-hc.....	19
PREDNISOLONE SODIUM PHOSPHATE.....	170	PRESTALIA.....	41	PROCYSBI.....	104
PREDNISON.....	77	PRETOMANID.....	44	PRODIGY CONTROL SOLUTION..	130
PREDNISON INTENSOL.....	77	prevalite.....	40	PRODIGY INSULIN SYRINGE....	145
PREFERRED PLUS INSULIN SYRINGE.....	145	PREVENT DROPSAFE PEN NEEDLES.....	145	PRODIGY LANCETS 28G.....	130
PREFERRED PLUS LANCETS COLORED.....	130	PREVENT SAFETY PEN NEEDLES.	145	PRODIGY LANCING DEVICE....	130
PREFERRED PLUS LANCETS THIN.....	130	previfem.....	72	PRODIGY SAFETY LANCETS 26G..	130
PREFERRED PLUS UNIFINE PENTIPS.....	145	PREVNAR 20.....	184	PRODIGY TWIST TOP LANCETS 28G.....	130
pregabalin.....	28	PREVYMIS.....	61	progesterone.....	172,187
pregabalin er.....	175	PREZCOBIX.....	58	PROGRAF.....	158
PREHEVBRIO.....	185	PREZISTA.....	59	promethazine hcl.....	39
		PRIFTIN.....	44	promethazine-codeine.....	78
		PRIMACARE.....	161	promethazine-dm.....	78
		primaquine phosphate.....	44	PROMETHAZINE-PHENYLEPHRINE	78
		PRIMIDONE.....	28	PROMETHEGAN.....	39
		PRIORIX.....	184	propafenone hcl.....	22
		PRO COMFORT ALCOHOL.....	112	propafenone hcl er.....	22
		PRO COMFORT INSULIN SYRINGE.....	145	proparacaine hcl.....	168
				propranolol hcl.....	63

propranolol hcl er.....	63	PX SHORTLENGTH PEN NEEDLES	145	QUICK TOUCH INSULIN PEN		
propylthiouracil.....	179	px stop smoking aid.....	177	NEEDLE.....	145	
PROQUAD.....	184	pyrazinamide.....	44	QUICKTEK CONTROL SOLUTION.....	131	
PROTHELIAL.....	159	pyridostigmine bromide.....	44	QUILLICHEW ER.....	8	
PROVIDA OB.....	161	pyridostigmine bromide er.....	44	QUILLIVANT XR.....	8	
prucalopride succinate.....	100	pyrimethamine.....	44	quinapril hcl.....	41	
PRURADIK.....	90	PYROGALLIC ACID.....	88	QUINAPRIL-		
pseudoeph-bromphen-dm.....	78	PYRUKYND.....	106	HYDROCHLOROTHIAZIDE.....	41	
PSS SELECT GP LANCETS.....	130	PYRUKYND TAPER PACK.....	106	quinidine gluconate er.....	22	
PSS SELECT PLATFORMS.....	130	PYZCHIVA.....	83	QUINIDINE SULFATE.....	22	
PSS SELECT SAFETY LANCETS.....	130	Q			quinine sulfate.....	44
PULMICORT FLEXHALER.....	25	QBRELIS.....	41	QUINTET CONTROL		
PULMOSAL.....	78	QBREXZA.....	89	HIGH/NORMAL.....	131	
PULMOZYME.....	178	QC ADVANCED LANCING		QULIPTA.....	154	
PURE COMFORT ALCOHOL		DEVICE.....	131	QVAR REDHALER.....	25	
PREP.....	112	qc alcohol.....	90	R		
PURE COMFORT FLOW METER		QC ALCOHOL SWABS.....	112	RA ALCOHOL SWABS.....	112	
ADULT.....	149	qc aspirin low dose.....	14	ra aspirin adult low dose.....	14	
PURE COMFORT FLOW METER		qc childrens aspirin.....	14	ra aspirin adult low strength.....	14	
CHILD.....	149	qc folic acid.....	108	ra aspirin childrens.....	14	
PURE COMFORT LANCETS 30G.....	130	QC LANCETS SUPER THIN 30G.....	131	ra aspirin ec.....	14	
PURE COMFORT PEN NEEDLE.....	145	QC LANCETS ULTRA THIN.....	131	ra aspirin ec adult low st.....	14	
PURE COMFORT SAFETY LANCET		qc nicotine transdermal system.....	177	RA E-ZJECT LANCETS 28G.....	131	
30G.....	130	QC PEN NEEDLES.....	145	RA E-ZJECT LANCETS THIN 26G.....	131	
PURE COMFORT SAFETY PEN		QC UNIFINE PENTIPS.....	145	RA E-ZJECT LANCETS THIN 28G.....	131	
NEEDLE.....	145	QC UNILET LANCETS 28G.....	131	RA E-ZJECT LANCETS ULTRA THIN.....	131	
PURE COMFORT SPACER		QC UNILET LANCETS MICRO		ra folic acid.....	108	
CHAMBER.....	154	THIN.....	131	RA INSULIN SYRINGE.....	145	
PX ADVANCED LANCING		QINLOCK.....	50	ra isopropyl alcohol wipes.....	90	
DEVICE.....	130	QLOSI.....	167	ra mini nicotine.....	177	
px aspirin.....	14	QNASL.....	165	ra nicotine.....	177	
px enteric aspirin.....	14	QNASL CHILDRENS.....	165	ra nicotine gum.....	177	
PX EXTRA SHORT PEN NEEDLES.....	145	QTERN.....	35	ra nicotine polacrilex.....	177	
px folic acid.....	108	QUADRACEL.....	180	RA PEN NEEDLES.....	145	
PX INSULIN SYRINGE.....	145	QUAKE.....	151	rabeprazole sodium.....	182	
PX LANCET AUTO INJECTOR.....	130	QUAZEPAM.....	109	RADICAVA ORS.....	165	
PX LANCETS MICROTHIN 33G.....	130	quetiapine fumarate.....	57	RADICAVA ORS STARTER KIT.....	165	
PX LANCETS ULTRA THIN.....	130	quetiapine fumarate er.....	57	RAGWITEK.....	9	
PX LANCETS ULTRA THIN 28G.....	131	QUFLORA PEDIATRIC.....	160	raloxifene hcl.....	97	
PX MINI PEN NEEDLES.....	145			ramelteon.....	109	
PX PEN NEEDLE.....	145					

ramipril.....	41	RELION ULTRA THIN PLUS	RIGHTEST GL300 LANCETS.....	132
ranolazine er.....	21	LANCETS.....	rilpivirine hcl.....	60
RAPAMUNE.....	158	RELISTOR.....	riluzole.....	165
rasagiline mesylate.....	55	RELNATE DHA.....	RIMANTADINE HCL.....	62
RASUVO.....	10	RENTHYROID.....	RINVOQ.....	10
RAYA SURE PEN NEEDLE.....	146	repaglinide.....	RINVOQ LQ.....	10
RAYALDEE.....	96	REPATHA.....	risedronate sodium.....	93
react.....	74	REPATHA PUSHTRONEX SYSTEM.....	risperidone.....	56
READYLANCE SAFETY LANCETS.....	131	REPATHA SURECLICK.....	RITEFLO.....	154
REALITY INSULIN SYRINGE.....	146	REPLACEMENT AIR FILTER.....	ritonavir.....	59
REALITY LANCETS.....	131	RESTORA RX.....	rivastigmine.....	173
REALITY LATEX CONDOMS.....	113	RETEVMO.....	rivastigmine tartrate.....	173
REALITY LATEX/ULTRA		RETIN-A MICRO PUMP.....	rivelsa.....	74
TEXTURED.....	113	REUSABLE COMFORTSEAL MASK-	RIVFLOZA.....	104
REALITY LATEX/ULTRA THIN.....	113	LRG.....	rizatriptan benzoate.....	155
REALITY SWABS.....	112	REUSABLE COMFORTSEAL MASK-	roflumilast.....	25
REALITY TRIGGER LANCETS.....	131	MED.....	ROMVIMZA.....	47
reclipsen.....	72	REUSABLE COMFORTSEAL MASK-	ropinirole hcl.....	55
RECOMBIVAX HB.....	185	SML.....	ropinirole hcl er.....	55
REDEMPLO.....	94	REVLIMID.....	rosuvastatin calcium.....	40
REFUAH PLUS GLUCOSE		REVUFORJ.....	rosyrah.....	74
CONTROL.....	131	REXALL LANCETS ULTRA THIN	ROTARIX.....	185
REGRANEX.....	91	30G.....	ROTATEQ.....	185
RELENZA DISKHALER.....	62	REXTOVY.....	roweepra.....	28
RELION ALCOHOL SWABS.....	112	REXULTI.....	ROZLYTREK.....	50
RELION INSULIN SYRINGE.....	146	REYATAZ.....	RUBRACA.....	53
RELION KETONE TEST.....	91	REZDIFFRA.....	rufinamide.....	28
RELION LANCET DEVICES 30G.....	131	REZENOPY.....	RUKOBIA.....	59
RELION LANCETS.....	131	REZLIDHIA.....	RYCLORA.....	38
RELION LANCETS MICRO-THIN		REZUROCK.....	RYDAPT.....	50
33G.....	131	RHOFADE.....	RYTARY.....	55
RELION LANCETS THIN 26G.....	131	RIBAVIRIN.....		
RELION LANCETS ULTRA-THIN		rid one & done.....	S	
30G.....	131	RIDAURA.....	sacubitril-valsartan.....	65
RELION LANCING DEVICE.....	131	rifabutin.....	SAFE-T-LANCE.....	132
RELION MINI PEN NEEDLES.....	146	rifampin.....	SAFE-T-LANCE PLUS.....	132
RELION PEN NEEDLES.....	146	RIGHTEST ALTERNATE SITE	SAFETY INSULIN SYRINGES.....	146
RELION SHORT PEN NEEDLES.....	146	ADAPT.....	SAFETY LANCET 30G/PRESSURE	
RELION ULTRA THIN LANCETS		RIGHTEST GC300 CONTROL.....	ACT.....	132
30G.....	131	RIGHTEST GD500 LANCING	SAFETY LANCETS.....	132
		DEVICE.....	SAFETY LANCETS 21G.....	132

SAFETY LANCETS 23G	132	SELECT-LITE DEVICE/LANCETS	132	SILICONE MASK/PEDIATRIC	151
SAFETY LANCETS 28G	132	SELECT-LITE LANCING DEVICE	132	SILIQ	83
SAFETY PEN NEEDLES	146	SELECT-OB	161	silodosin	104
SAIZEN	95	SELECT-OB+DHA	163	silver nitrate	85
sajazir	105	selegiline hcl	55	silver sulfadiazine	84
SALICYLIC ACID	88	selenium sulfide	84	SIMBRINZA	166
SALICYLIC ACID ER	88	SELZENTRY	59	simliya	68
salicylic acid wart remover	88	SENSILANCE SAFETY LANCETS		simpesse	74
salsalate	14	21G	132	SIMPLE DIAGNOSTICS LANCING	
salynta	88	SENSILANCE SAFETY LANCETS		DEV	132
SANCUSO	37	26G	132	SIMPONI	10
SANDIMMUNE	157	SENSILANCE SAFETY LANCETS		simvastatin	40
SANTYL	87	28G	132	SINGLE-LET	132
sapropterin dihydrochloride	97	SEPHIENCE	97	sirolimus	158
SAPS CARE ALCOHOL PREP	112	SEREVENT DISKUS	24	SIRTURO	44
SAPS HEALTH ALCOHOL PREP	112	SERNIVO	86	SITAVIG	62
SAPS HEALTH CARE ALCOHOL		SEROSTIM	95	SIVEXTRO	20
PREP	112	sertraline hcl	31	sklice	90
SAPS HEALTH PLUS LANCETS	132	setlakin	74	SKYCLARYS	165
SAPS HEALTH TWIST TOP		sevelamer carbonate	103	SKYRIZI	83,102
LANCETS	132	sevelamer hcl	103	SKYRIZI PEN	83
SAPS TWIST TOP LANCETS	132	SFROWASA	101	SKYTROFA	95
SAPSCARE TWIST TOP		sharobel	75	SLYND	75
LANCETS	132	shewise	74	SM ALCOHOL PREP	112
SAVELLA	173	SHINGRIX	186	sm aspirin adult low strength	14
SAVELLA TITRATION PACK	174	SHOPKO AUTOLET LANCING		sm aspirin ec low strength	15
saxagliptin hcl	33	DEVICE	132	sm aspirin low dose	15
saxagliptin-metformin er	33	SHOPKO ON-THE-GO LANCETS		sm childrens aspirin	15
SB ALCOHOL PREP	112	30G	132	sm folic acid	108
sb childrens aspirin	14	SHOPKO UNIFINE PENTIPS	146	SM LANCETS 33G	132
SB INSULIN SYRINGE	146	SHOPKO UNIFINE PENTIPS PLUS	146	sm nicotine	177
SB LANCETS THIN	132	SHOPKO UNILET LANCETS 28G	132	sm nicotine polacrilex	177
SB LANCETS ULTRA THIN	132	SHOPKO UNILET LANCETS 30G	132	SM TRUEDRAW LANCING DEVICE	132
sb low dose asa ec	14	SIDESTREAM ADULT FACE		SMART DIABETES VANTAGE	
SCSEMBLIX	47	MASK	151	LANCING	132
scopolamine	37	SIDESTREAM PEDIATRIC FACE		SMART SENSE COLOR LANCETS	
SE-NATAL 19	161	MASK	151	33G	133
SECURESAFE INSULIN SYRINGE	146	SIGNIFOR	97	SMART SENSE STANDARD	
SECURESAFE SAFETY PEN		sildenafil citrate	66	LANCETS	133
NEEDLES	146	SILICONE MASK/ADULT	151	SMART SENSE SUPER THIN	
SELARSDI	83	SILICONE MASK/INFANT	151	LANCETS	133

SMART SENSE THIN LANCETS 26G.....	133	SPRITAM.....	28	SULFAMEZ WASH.....	80
SMARTEST CONTROL MEDIUM 133		SPRIX.....	12	SULFAMYLON.....	84
SMARTEST LANCETS 28G.....	133	sps (sodium polystyrene sulf).....	158	sulfasalazine.....	101
sod citrate-citric acid.....	104	sronyx.....	72	sulfatrim pediatric.....	19
SODIUM BICARBONATE.....	155	ssd.....	84	sulindac.....	12
SODIUM CHLORIDE.....	78	SSS 10-5.....	79	sumatriptan.....	155
SODIUM CITRATE-CITRIC ACID.....	104	st joseph aspirin.....	15	sumatriptan succinate.....	155
SODIUM FLUORIDE.....	155	st joseph low dose.....	15	SUMATRIPTAN SUCCINATE REFILL.....	155
sodium oxybate.....	173	STERILANCE PA.....	133	sunitinib malate.....	50
SODIUM OXYBATE.....	173	STERILANCE TL.....	133	SUNLENCA.....	59
sodium phenylbutyrate.....	98	STIOLTO RESPIMAT.....	23	SUNOSI.....	7
sodium polystyrene sulfonate.....	158	STIVARGA.....	50	SUPER THIN LANCETS.....	133
sodium sulfacetamide.....	84	STRENSIQ.....	96	SUPREME II HIGH/LOW CONTROL.....	133
sodium sulfacetamide wash.....	84	STRIBILD.....	58	SURE COMFORT ALCOHOL PREP.....	112
SOFOSBUVIR-VELPATASVIR.....	61	STRIVE DUAL ZONE PEAK FLOW MTR.....	149	SURE COMFORT INSULIN SYRINGE.....	146
SOGROYA.....	95	STRIVERDI RESPIMAT.....	24	SURE COMFORT LANCETS 18G.....	133
SOHONOS.....	164	SUBLOCADE.....	17	SURE COMFORT LANCETS 21G.....	133
solifenacin succinate.....	183	subvenite.....	28	SURE COMFORT LANCETS 23G.....	133
SOLIQUA.....	35	subvenite starter kit-blue.....	28	SURE COMFORT LANCETS 28G.....	133
SOLTAMOX.....	45	subvenite starter kit-green.....	29	SURE COMFORT LANCETS 30G.....	133
SOLU-CORTEF.....	77	subvenite starter kit-orange.....	29	SURE COMFORT LANCING PEN.....	133
SOLUS V2 CONTROL.....	133	SUCRAID.....	92	SURE COMFORT PEN NEEDLES.....	146
SOLUS V2 LANCETS 28G.....	133	sucralfate.....	181	SURELITE LANCETS.....	133
SOLUS V2 LANCING DEVICE.....	133	SUFLAVE.....	110	SUTAB.....	110
SOLUS V2 TWIST LANCETS 30G.....	133	SULCONAZOLE NITRATE.....	87	syeda.....	72
SOMAVERT.....	94	SULFACETAMIDE SOD-SULFUR WASH.....	79	SYMDEKO.....	178
sorafenib tosylate.....	50	sulfacetamide sodium.....	84,170	SYMLINPEN 120.....	32
sotalol hcl.....	63	sulfacetamide sodium (acne).....	79	SYMLINPEN 60.....	32
sotalol hcl (af).....	63	SULFACETAMIDE SODIUM (CLEANS).....	84	SYMPAZAN.....	27
SOTYKTU.....	83	SULFACETAMIDE SODIUM-SULFUR.....	80	SYMPROIC.....	102
SOTYLIZE.....	63	PREDNISOLONE.....	169	SYMTUZA.....	58
SPEVIGO.....	83	SULFACETAMIDE-SULFUR IN UREA.....	80	SYNDROS.....	37
SPIKEVAX.....	186	SULFACLEANSE 8/4.....	80	SYNTHROID.....	180
SPIKEVAX 6M-11Y.....	186	sulfadiazine.....	179		
SPINOSAD.....	90	sulfamethoxazole-trimethoprim.....	19		
SPIRIVA RESPIMAT.....	24				
SPIRO PD.....	151				
spironolactone.....	93				
spironolactone-hctz.....	92				
sprintec 28.....	72				

T

tadalafil	66	telmisartan-hctz	42	THYROID	180
tadalafil (pah)	66	temazepam	109	tiadylt er	64
TAFINLAR	47	TEMBEXA	62	TIAGABINE HCL	29
tafluprost (pf)	171	temozolomide	52	TIBSOVO	52
TAGRISSE	47	TENCON	13	ticagrelor	106
TAI DOC CONTROL	133	TENIVAC	180	TIGLUTIK	165
take action	74	tenofovir disoproxil fumarate	60	tilia fe	76
TAKHZYRO	106	TEPMETKO	49	timolol hemihydrate	166
TALTZ	83	terazosin hcl	43	timolol maleate	63,166
TALZENNA	53	terbinafine hcl	38	timolol maleate (once-daily)	166
tamoxifen citrate	45	terbutaline sulfate	24	timolol maleate ocudose	166
tamsulosin hcl	104	terconazole	186	timolol maleate pf	166
tapentadol hcl	16	teriflunomide	174	tinidazole	19
tarina 24 fe	72	teriparatide	96	tiopronin	105
tarina fe 1/20	72	testosterone	18	tiotropium bromide	24
tarina fe 1/20 eq	72	testosterone cypionate	18	TIROSINT	180
TARON-C DHA	161	TESTOSTERONE ENANTHATE	18	TIROSINT-SOL	180
TARPEYO	77	TETANUS-DIPHTHERIA TOXOIDS		TIVICAY	59
tasimelteon	109	TD	180	TIVICAY PD	59
tavaborole	89	tetrabenazine	174	tizanidine hcl	164
TAVALISSE	107	TETRACAINE HCL	169	TLANDO	18
TAVNEOS	105	tetracycline hcl	179	TOBI PODHALER	9
taysofy	72	TEXACORT	86	TOBRADEX	169
TAZAROTENE	81	TEZSPIRE	25	TOBRADEX ST	169
tazarotene	82	TGT LANCET MICRO THIN 33G	133	tobramycin	9,168
taztia xt	64	TGT LANCET THIN 26G	133	tobramycin-dexamethasone	170
TAZVERIK	49	TGT LANCET ULTRA THIN 30G	134	TOBREX	168
TDVAX	180	TGT LANCING DEVICE	134	TODAY SPONGE	186
TECHLITE AST LANCETS	133	THALITONE	93	TODAYS HEALTH LANCING DEVICE	134
TECHLITE INSULIN SYRINGE	146	THALOMID	157	TODAYS HEALTH MINI PEN NEEDLES	146
TECHLITE LANCETS	133	THEO-24	25	TODAYS HEALTH PEN NEEDLES	146
TECHLITE LANCETS 26G	133	theophylline	26	TODAYS HEALTH SHORT PEN NEEDLE	146
TECHLITE LANCETS 30G	133	theophylline er	26	TODAYS HEALTH THIN LANCETS 28G	134
TECHLITE PEN NEEDLES	146	THINLETS GP LANCETS	134	TODAYS HEALTH THIN LANCETS 30G	134
TECHLITE PLUS PEN NEEDLES	146	thioridazine hcl	57	tolcapone	55
TEGLUTIK	165	thiothixene	58	tolterodine tartrate	183
TEGRETOL	29	THRESHOLD IMT	151		
TEGRETOL-XR	29	THRESHOLD PEP	151		
TEGSEDI	173	thrive	177		
telmisartan	42	THRIVITE RX	162		
TELMISARTAN-AMLODIPINE	42	THYQUIDITY	180		

tolterodine tartrate er	183	TRESIBA FLEXTOUCH	34	TROJAN BARESKIN	114
tolvaptan	97	tretinoin	53,81	TROJAN ENZ	114
tolvaptan (hyponatremia)	97	TRETINOIN MICROSPHERE	81	TROJAN MAGNUM	114
TOPAMAX	29	TRETINOIN MICROSPHERE PUMP	81	TROJAN ULTRA RIBBED	
TOPAMAX SPRINKLE	29	TREXALL	45	LUBRICATED	114
TOPCARE CLICKFINE PEN		TREZIX	15	TROJAN ULTRA THIN	114
NEEDLES	146	tri femynor	76	TROJAN ULTRA	
TOPCARE LANCETS MICRO-THIN		tri-estarylla	76	THIN/SPERMICIDAL	114
33G	134	tri-legest fe	76	TROJAN-ENZ LUBRICATED	114
TOPCARE ULTRA COMFORT INS		tri-lynyah	76	TROJAN-ENZ/SPERMICIDAL	114
SYR	146	tri-lo-estarylla	76	tropicamide	167
topiramate	29	tri-lo-marzia	76	tropium chloride	183
topiramate er	29	tri-lo-mili	76	tropium chloride er	183
toemifene citrate	45	tri-lo-sprintec	76	TRUE COMFORT ALCOHOL PREP	
torpenz	49	tri-mili	76	PADS	112
toremide	93	tri-nymyo	76	TRUE COMFORT INSULIN	
TOUJEO MAX SOLOSTAR	34	tri-previfem	76	SYRINGE	146
TOUJEO SOLOSTAR	34	tri-sprintec	76	TRUE COMFORT PEN NEEDLES	146
tovet	86	tri-vylibra	76	TRUE COMFORT PRO ALCOHOL	
TPOXX	62	tri-vylibra lo	76	PREP	112
tramadol hcl	16	triamcinolone acetonide	86,159	TRUE COMFORT PRO INSULIN	
TRAMADOL HCL (ER BIPHASIC)	16	triamcinolone in absorbbase	86	SYR	147
TRAMADOL HCL ER	17	triamterene	93	TRUE COMFORT PRO PEN	
tramadol-acetaminophen	17	triamterene-hctz	92	NEEDLES	147
trandolapril	41	triazolam	109	TRUE COMFORT SAFETY	
TRANDOLAPRIL-VERAPAMIL HCL		tridacaine ii	88	LANCETS	134
ER	41	tridacaine iii	88	TRUE COMFORT SAFETY PEN	
tranexamic acid	108	triderm	86	NEEDLE	147
tranylcypromine sulfate	30	trientine hcl	157	TRUE COMFORT TWIST TOP	
TRAVEL LANCETS	134	trifluoperazine hcl	57	LANCETS	134
TRAVEL LANCETS ADVANCED		TRIFLURIDINE	168	TRUE COVER	114
28G	134	trihexyphenidyl hcl	54	true folic acid	108
travoprost (bak free)	171	TRIKAFTA	178	TRUE METRIX LEVEL 1	134
trazodone hcl	31	trimethobenzamide hcl	37	TRUE METRIX LEVEL 2	134
TREATOR	44	trimethoprim	19	TRUE METRIX LEVEL 3	134
TRELEGY ELLIPTA	23	TRINATAL RX 1	162	true vitamin d3	188
TREMFYA	83,102	TRINATE	162	TRUECONTROL GLUCOSE CONT LEV	
TREMFYA ONE-PRESS	83	TRINTELLIX	31	0	134
TREMFYA PEN	83,102	TRIUMEQ	58	TRUECONTROL GLUCOSE CONT LEV	
TREMFYA-CD/UC INDUCTION	102	TRIUMEQ PD	58	1	134
TRESIBA	34	trivora (28)	76	TRUEDRAW LANCING DEVICE	134

TRUEPLUS 5-BEVEL PEN NEEDLES.....	147	TURALIO.....	50	ULTRA COMFORT INSULIN SYRINGE.....	147
TRUEPLUS INSULIN SYRINGE.....	147	turqoz.....	72	ULTRA FLO INSULIN PEN NEEDLES.....	147
TRUEPLUS LANCETS 26G.....	134	TUSNEL C.....	78	ULTRA FLO INSULIN SYR 1/2 UNIT.....	147
TRUEPLUS LANCETS 28G.....	134	TWIIST REFILL KIT.....	138	ULTRA FLO INSULIN SYRINGE....	147
TRUEPLUS LANCETS 30G.....	134	TWIIST REFILL KIT/INFUSION SET.....	138	ULTRA THIN LANCETS 31G.....	135
TRUEPLUS LANCETS 33G.....	134	TWIIST STARTER KIT.....	138	ULTRA THIN PEN NEEDLES.....	147
TRUEPLUS PEN NEEDLES.....	147	TWINRIX.....	184	ULTRA-CARE ALCOHOL PREP PADS.....	112
TRUEPLUS SAFETY LANCETS 28G.....	134	TWIRLA.....	73	ULTRA-CARE LANCETS 30G.....	135
TRULANCE.....	100	TWIST TOP LANCETS 30G.....	134	ULTRA-THIN II AUTO LANCET....	135
TRULICITY.....	35	TYBLUME.....	72	ULTRA-THIN II INS SYR SHORT...	147
TRUMENBA.....	184	TYBOST.....	60	ULTRA-THIN II INSULIN SYRINGE.	147
TRUQAP.....	45,46	tydemy.....	72	ULTRA-THIN II LANCETS.....	135
TRUSTEX COLOR CONDOMS + LUBE.....	114	TYENNE.....	11	ULTRA-THIN II MINI PEN NEEDLE.	147
TRUSTEX LUB/RIBBED/STUDDED.....	114	TYMLOS.....	96	ULTRA-THIN II PEN NEEDLE SHORT.....	147
TRUSTEX LUB/SPERMICIDE EX ST.....	114	TYVASO DPI INSTITUTIONAL KIT.	65	ULTRA-THIN II PEN NEEDLES....	147
TRUSTEX LUB/SPERMICIDE XL.....	114	TYVASO DPI MAINTENANCE KIT.	65	ULTRACARE INSULIN SYRINGE...	147
TRUSTEX LUBRICATED.....	114	TYVASO DPI TITRATION KIT.....	65	ULTRACARE PEN NEEDLES.....	147
TRUSTEX LUBRICATED EX LARGE.....	114	U		ULTRAVATE.....	87
TRUSTEX LUBRICATED EXTRA ST.....	114	UBRELVY.....	154	UNDECATREX.....	18
TRUSTEX LUBRICATED/SPERMICIDE.....	114	ULTI-LANCE AUTOMATIC.....	134	UNIFINE OTC PEN NEEDLES.....	148
TRUSTEX NATURAL CONDOMS + LUBE.....	114	ULTICARE ALCOHOL SWABS....	112	UNIFINE PEN NEEDLES.....	148
TRUSTEX NON-LUBRICATED...	114	ULTICARE INSULIN SAFETY SYR.	147	UNIFINE PENTIPS.....	148
TRUSTEX RIA LUB/SPERMICIDE	114	ULTICARE INSULIN SYR 1/2 UNIT.....	147	UNIFINE PENTIPS PLUS.....	148
TRUSTEX RIA LUBRICATED.....	114	ULTICARE INSULIN SYRINGE....	147	UNIFINE PROTECT PEN NEEDLE..	148
TRUSTEX RIA NON- LUBRICATED.....	114	ULTICARE MICRO PEN NEEDLES.	147	UNIFINE SAFECONTROL PEN NEEDLE.....	148
TRUSTEX-NONOXYNOL- 9/RIB/STUD.....	114	ULTICARE MINI PEN NEEDLES...	147	UNIFINE ULTRA PEN NEEDLE....	148
TRUZONE PEAK FLOW METER.	149	ULTICARE PEN NEEDLES.....	147	UNILET COMFORTOUCH LANCET.	135
TUDORZA PRESSAIR.....	24	ULTICARE SHORT PEN NEEDLES.	147	UNILET EXCELITE.....	135
TUKYSA.....	46	ULTIGUARD SAFEPACK PEN NEEDLE.....	147	UNILET EXCELITE II.....	135
tulana.....	75	ULTIGUARD SAFEPACK SYR/NEEDLE.....	147	UNILET G.P. LANCET.....	135
		ULTILET ALCOHOL SWABS.....	112	UNILET G.P. SUPERLITE LANCET.	135
		ULTILET CLASSIC LANCETS.....	134	UNILET GP 28 ULTRA THIN.....	135
		ULTILET LANCETS.....	134	UNILET LANCET.....	135
		ULTILET PEN NEEDLE.....	147	UNILET MICRO-THIN 33G.....	135
		ULTILET SAFETY LANCETS.....	134	UNILET SUPER-THIN 30G.....	135
		ULTILET SAFETY LANCETS 23G..	134		

UNILET SUPERLITE LANCET	135	UREA	87	VANFLYTA	50
UNILET ULTRA-THIN 28G	135	URELLE	20	VANISHPOINT INSULIN SYRINGE	148
UNISTIK 1	135	uribel	20	VANOXIDE-HC	80
UNISTIK 2	135	URIMAR-T	20	VAQTA	186
UNISTIK 2 COMFORT	135	urin ds	20	vardenafil hcl	66
UNISTIK 2 EXTRA	135	URNEVA	20	varenicline tartrate	177
UNISTIK 2 NEONATAL	135	URO-MP	21	varenicline tartrate (starter)	177
UNISTIK 2 NORMAL	135	uro-sp	21	varenicline tartrate(continue)	177
UNISTIK 2 SUPER	135	ursodiol	100	VARIVAX	186
UNISTIK 3	135	ustell	21	VAXELIS	180
UNISTIK 3 COMFORT	135			VAXNEUVANCE	184
UNISTIK 3 EXTRA	135	V		VCF VAGINAL CONTRACEPTIVE	186
UNISTIK 3 GENTLE	135	V-GO 20	138	VECAMYL	43
UNISTIK 3 NEONATAL	135	V-GO 30	138	VELIVET	76
UNISTIK 3 NORMAL	135	V-GO 40	138	VELPHORO	103
UNISTIK CZT COMFORT	136	valacyclovir hcl	62	VELSIPITY	103
UNISTIK CZT NORMAL	136	VALCHLOR	82	VELTASSA	158
UNISTIK NORMAL	136	valganciclovir hcl	61	VEMLIDY	61
UNISTIK PRO SAFETY LANCET	136	valproic acid	30	VENCLEXTA	46
UNISTIK SAFETY LANCETS 28G	136	valsartan	42	VENCLEXTA STARTING PACK	46
UNISTIK SAFETY LANCETS 30G	136	valsartan-hydrochlorothiazide	42	ENELEX	91
UNISTIK TOUCH SAFETY LANC		VALTOCO 10 MG DOSE	27	venlafaxine hcl	32
21G	136	VALTOCO 15 MG DOSE	27	venlafaxine hcl er	32
UNISTIK TOUCH SAFETY LANC		VALTOCO 20 MG DOSE	27	VENTAVIS	65
23G	136	VALTOCO 5 MG DOSE	27	VENTOLIN HFA	24
UNISTIK TOUCH SAFETY LANC		valtya 1/35	72	venxxiva	105
28G	136	valtya 1/50	72	VEOZAH	96
UNISTIK TOUCH SAFETY LANC		VALUE HEALTH INSULIN		verapamil hcl	64
30G	136	SYRINGE	148	verapamil hcl er	64
UNISTRIP CONTROL	136	VALUE PLUS LANCET STANDARD		VERASENS GLUCOSE CONTROL	136
unithroid	180	21G	136	VEREGEN	81
UNIVERSAL 1 LANCETS THIN		VALUE PLUS LANCETS SUPER		VERIFINE INSULIN PEN NEEDLE	148
26G	136	THIN	136	VERIFINE INSULIN SYRINGE	148
UNIVERSAL 1 LANCETS THIN		VALUE PLUS LANCETS THIN 26G	136	VERIFINE PLUS PEN NEEDLE	148
33G	136	VALUE PLUS LANCING DEVICE	136	VERIFINE SAFE LANCET MINI 21G	136
UNIVERSAL 1 LANCETS ULTRA		VALUMARK LANCET SUPER THIN		VERIFINE SAFE LANCET MINI 23G	136
THIN	136	30G	136	VERIFINE SAFE LANCET MINI 28G	136
UPNEEQ	170	VALUMARK LANCET ULTRA THIN		VERIFINE SAFE LANCET MINI 30G	136
UPTRAVI	66	28G	136	VERIFINE UNIVERSAL LANCETS	
URE-NA	92	VALUMARK PEN NEEDLES	148	28G	136
URE-NA URAPPLE	92	vancomycin hcl	19		

VERIFINE UNIVERSAL LANCETS 30G.....	136	VITAFOL-OB+DHA.....	163	vyfemla.....	72
VERIFINE UNIVERSAL LANCETS 33G.....	136	VITAFOL-ONE.....	163	VYKAT XR.....	93
VERQUVO.....	67	VITAMEDMD ONE		VYLEESI.....	174
VERSAPAP.....	151	RX/QUATREFOLIC.....	163	vylibra.....	72
VERSAPAP W/UNIVERSAL TUBING.....	151	VITAMEDMD REDICHEW RX.....	163	VYNDAMAX.....	67
VERZENIO.....	52	vitamin d.....	188	VYNDAQEL.....	67
VESICARE LS.....	183	vitamin d (ergocalciferol).....	188		
vestura.....	72	vitamin d high potency.....	188	W	
VIBERZI.....	101	vitamin d3.....	188	WAINUA.....	173
VIDA MIA AUTOLET LANCING DEV.....	137	VITAPEARL.....	162	WAKIX.....	7
VIDA MIA UNIFINE PENTIPS.....	148	VITATRUE.....	163	WALGREENS ADV TRAVEL LANCETS.....	137
VIDA MIA UNILET LANCETS 28G.....	137	VITRAKVI.....	50	WALGREENS LANCETS.....	137
VIDA MIA UNILET LANCETS 30G.....	137	VIVA DHA.....	162	WALGREENS LANCETS MICRO THIN.....	137
vienna.....	72	VIVAGUARD INO CONTROL SOLUTION.....	137	WALGREENS LANCETS SUPER THIN.....	137
vigabatrin.....	29	VIVAGUARD LANCETS.....	137	WALGREENS THIN LANCETS.....	137
vigadrone.....	29	VIVAGUARD LANCETS 30G.....	137	WALGREENS ULTRA THIN LANCETS.....	137
vigpoder.....	29	VIVAGUARD LANCING DEVICE.....	137	warfarin sodium.....	26
VIJOICE.....	158	VIVAGUARD SAFETY LANCETS 28G.....	137	WAYRILZ.....	105
VILAMIT MB.....	21	VIZIMPRO.....	47	WEBCOL ALCOHOL PREP LARGE.....	112
vilazodone hcl.....	31	VOCABRIA.....	59	WEBCOL ALCOHOL PREP MEDIUM.....	112
VILEVEV MB.....	21	volnea.....	68	weekly-d.....	188
VINATE CARE.....	162	VONJO.....	52	WEGMANS UNIFINE PENTIPS PLUS.....	148
VINATE II.....	162	VORANIGO.....	52	WELIREG.....	48
VINATE ONE.....	162	voriconazole.....	38	wera.....	72
VIOKACE.....	92	VORTEX HOLD		WES-PHOS 250 NEUTRAL.....	156
viorele.....	68	CHMBR/MASK/CHILD.....	154	WESCAP-C DHA.....	162
VIRACEPT.....	60	VORTEX HOLD		WESCAP-PN DHA.....	163
VIREAD.....	60	CHMBR/MASK/TODDLER.....	154	WESNATAL DHA COMPLETE.....	162
VIRT-C DHA.....	162	VORTEX VALVE CHAMBER-PEDI MASK.....	154	WESNATE DHA.....	162
VIRT-NATE DHA.....	162	VORTEX VALVED HOLDING CHAMBER.....	154	WILZIN.....	157
virt-phos 250 neutral.....	156	VOSEVI.....	61	WINDMILL TRAINER.....	152
VIRT-PN DHA.....	163	VOWST.....	102	WINLEVI.....	81
VISTOGARD.....	37	VOXZOGO.....	96	WINREVAIR.....	66
VITAFOL ULTRA.....	163	VOYDEYA.....	106	wixela inhub.....	23
VITAFOL-OB.....	162	VP INSULIN SYRINGE.....	148	wymzya fe.....	72
		VRAYLAR.....	56		
		VTAMA.....	83		

X			
XADAGO	55	yl folic acid	108
XALKORI	46	YONSA	45
xarah fe	76	YORVIPATH	96
XARELTO	26	yuvafem	187
XARELTO STARTER PACK	26	Z	
XATMEP	45	zafemy	73
XCOPRI	29	zafirlukast	25
XCOPRI (250 MG DAILY DOSE)	29	zaleplon	109
XCOPRI (350 MG DAILY DOSE)	29	ZAVZPRET	154
XELJANZ	10	zebutal	13
XELJANZ XR	10	ZEJULA	53
xelria fe	72	ZELAPAR	55
XERESE	84	ZELBORAF	47
XERMELO	103	ZELSUVMI	84
XIFAXAN	19	zelvysia	97
XIGDUO XR	35	ZEMBRACE SYMTOUCH	155
XIIDRA	167	zenatane	81
XOFLUZA (40 MG DOSE)	62	ZENPEP	92
XOFLUZA (80 MG DOSE)	62	zenzedi	7
XOLAIR	23	ZEPOSIA	177
XOLREMDI	107	ZEPOSIA 7-DAY STARTER PACK	178
XOSPATA	50	ZEPOSIA STARTER KIT	178
XPOVIO (100 MG ONCE WEEKLY)	51	ZERVIAE	167
XPOVIO (40 MG ONCE WEEKLY)	51	ZEVRX INSULIN SYRINGE	148
XPOVIO (40 MG TWICE WEEKLY)	51	ZEVRX PEN NEEDLES	148
XPOVIO (60 MG ONCE WEEKLY)	51	ZEVRX STERILE ALCOHOL PREP PAD	112
XPOVIO (60 MG TWICE WEEKLY)	51	ZEVRX TWIST TOP LANCETS 30G	137
XPOVIO (80 MG ONCE WEEKLY)	51	zidovudine	60
XPOVIO (80 MG TWICE WEEKLY)	51	ZILBRYSQ	105
XROMI	107	zileuton er	23
XTAMPZA ER	17	ZILXI	89
XTANDI	45	ZIMHI	37
xulane	73	ziprasidone hcl	56
XURIDEN	95	ZIRGAN	168
Y		ZITHRANOL	83
yargesa	107	ZOKINVY	157
YEZTUGO	59	ZOLINZA	48
		zolmitriptan	155
		ZOLPIDEM TARTRATE	109
		zolpidem tartrate	109
		zolpidem tartrate er	109
		ZOMACTON	95
		ZOMACTON (FOR ZOMA-JET 10)	95
		zonisamide	29
		ZONTIVITY	106
		ZORYVE	89
		zovia 1/35 (28)	73
		zovia 1/35e (28)	73
		ZTALMY	29
		ZUBSOLV	17
		zumandimine	73
		ZURNAL	37
		ZYCLARA PUMP	87
		ZYDELIG	53
		ZYFLO	23
		ZYKADIA	46
		ZYMFENTRA (1 PEN)	103
		ZYMFENTRA (2 PEN)	103
		ZYMFENTRA (2 SYRINGE)	103