

2026 Preventive medications and your plan

Effective Jan. 1, 2026



Managing your health with preventive medications

Your pharmacy benefit plan includes special coverage for preventive medications.

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

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

Potential savings with generic medications

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

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

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

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

2026 Premium High Deductible Health Plan Preventive Medication List

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

Drug Name
ELIQUIS DVT/PE STARTER PACK
enoxaparin sodium
fondaparinux sodium
FRAGMIN
heparin sodium (porcine)
heparin sodium (porcine) pf
jantoven
LOVENOX
PRADAXA ORAL CAPSULE
PRADAXA ORAL PACKET
rivaroxaban
SAVAYSA
warfarin sodium oral
XARELTO
XARELTO STARTER PACK
Antidepressants
APLENZIN
bupropion hcl er (sr)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg
bupropion hcl oral
citalopram hydrobromide oral solution
citalopram hydrobromide oral tablet
DESVENLAFAXINE ER
desvenlafaxine succinate er
DRIZALMA SPRINKLE
duloxetine hcl oral
escitalopram oxalate oral
FETZIMA
FETZIMA TITRATION
fluoxetine hcl oral capsule
fluoxetine hcl oral capsule delayed release
fluoxetine hcl oral solution
fluoxetine hcl oral tablet
fluvoxamine maleate
fluvoxamine maleate er

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

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

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

Drug Name	Drug Name
mirtazapine oral	ABILIFY MYCITE MAINTENANCE KIT
olanzapine-fluoxetine hcl	ABILIFY MYCITE STARTER KIT
paroxetine hcl	ADASUVE
paroxetine hcl er	aripiprazole
REMERON	ARISTADA
REMERON SOLTAB	ARISTADA INITIO
sertraline hcl oral concentrate	asenapine maleate
sertraline hcl oral tablet	CAPLYTA
SYMBYAX	chlorpromazine hcl oral
venlafaxine hcl	clozapine
venlafaxine hcl er oral capsule extended release 24 hour	CLOZARIL
venlafaxine hcl er oral tablet extended release 24 hour	ERZOFRI
Antineoplastics - Drugs for Cancer	FANAPT
anastrozole oral	FANAPT TITRATION PACK A
AROMASIN	FANAPT TITRATION PACK B
exemestane	FANAPT TITRATION PACK C
FARESTON	fluphenazine hcl oral
FEMARA	GEODON INTRAMUSCULAR
letrozole oral	GEODON ORAL
SOLTAMOX	haloperidol lactate oral concentrate 2 mg/ml
tamoxifen citrate oral	haloperidol oral
toremifene citrate	INVEGA
Antiplatelets	INVEGA HAFYERA
aspirin-dipyridamole er	INVEGA SUSTENNA
cilostazol	INVEGA TRINZA
clopidogrel bisulfate oral	loxapine succinate
dipyridamole oral	lurasidone hcl
EFFIENT	molindone hcl
prasugrel hcl	NUPLAZID
ticagrelor	olanzapine intramuscular
ZONTIVITY	olanzapine oral
Antipsychotics - Drugs for Mood Disorders	OPIPZA
ABILIFY ASIMTUFI	paliperidone er
ABILIFY MAINTENA	PERSERIS
	quetiapine fumarate
	quetiapine fumarate er

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Drug Name	Drug Name
REXULTI	EMTRIVA ORAL SOLUTION
RISPERDAL CONSTA	EPIVIR
risperidone	etravirine
risperidone microspheres er	EVOTAZ
RYKINDO	fosamprenavir calcium
thioridazine hcl oral	FUZEON
thiothixene	GENVOYA
trifluoperazine hcl	INTELENCE ORAL TABLET 100 MG, 200 MG
UZEDY	INTELENCE ORAL TABLET 25 MG
VERSACLOZ	ISENTRESS
VRAYLAR	ISENTRESS HD
ziprasidone hcl	JULUCA
ziprasidone mesylate	KALETRA
Antivirals	lamivudine oral solution
abacavir sulfate	lamivudine oral tablet 150 mg, 300 mg
abacavir sulfate-lamivudine	lamivudine-zidovudine
APRETUDE	lopinavir-ritonavir
APTIVUS	maraviroc
atazanavir sulfate	nevirapine
BIKTARVY	nevirapine er
CABENUVA	NORVIR ORAL PACKET
CIMDUO	NORVIR ORAL TABLET
COMPLERA	ODEFSEY
darunavir	PIFELTRO
DELSTRIGO	PREZCOBIX ORAL TABLET 800-150 MG
DESCOVY	PREZISTA ORAL SUSPENSION
DOVATO	PREZISTA ORAL TABLET 150 MG, 75 MG
EDURANT	PREZISTA ORAL TABLET 600 MG, 800 MG
EDURANT PED	RETROVIR ORAL
efavirenz	REYATAZ ORAL CAPSULE
efavirenz-emtricitab-tenofo df	REYATAZ ORAL PACKET
efavirenz-lamivudine-tenofovir	ritonavir
emtricitabine	RUKOBIA
emtricitabine-tenofovir df	SELZENTRY ORAL SOLUTION
emtricitab- rilpivir-tenofov df	SELZENTRY ORAL TABLET
EMTRIVA ORAL CAPSULE	STRIBILD

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Drug Name	Drug Name
SUNLENCA	ARBLI
SYMFI	ATACAND HCT
SYMTUZA	atenolol oral
tenofovir disoproxil fumarate	ATENOLOL+SYRSPEND SF
TIVICAY	atenolol-chlorthalidone
TIVICAY PD	atorvastatin calcium oral
TRIUMEQ	AVALIDE
TRIUMEQ PD	benazepril hcl oral
TYBOST	benazepril-hydrochlorothiazide
VIRACEPT	BETAPACE
VIREAD ORAL POWDER	BETAPACE AF
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	betaxolol hcl oral
VIREAD ORAL TABLET 300 MG	BIDIL
YEZTUGO	bisoprolol fumarate oral
ZIAGEN	bisoprolol-hydrochlorothiazide
zidovudine	bumetanide oral
Bipolar Agents - Drugs for Mood Disorders	BUMEX
EQUETRO	CADUET
Cardiovascular Agents - Drugs for Heart and Circulation Conditions	candesartan cilexetil
ACCUPRIL	candesartan cilexetil-hctz
ACCURETIC	captopril oral
acebutolol hcl oral	captopril-hydrochlorothiazide
ALDACTONE	CARDIZEM
aliskiren fumarate	CARDIZEM CD
ALTOPREV	CARDURA
amiloride hcl oral	CAROSPIR
amiloride-hydrochlorothiazide	cartia xt
AMLODIPINE BES+SYRSPEND SF	carvedilol
amlodipine besylate oral	carvedilol phosphate er
amlodipine besylate-benazepril hcl	chlorthalidone
amlodipine besylate-valsartan	cholestyramine light
amlodipine-atorvastatin	cholestyramine oral
amlodipine-olmesartan	clonidine
amlodipine-valsartan-hctz	CLONIDINE ER
	clonidine hcl oral
	colesevelam hcl

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Drug Name	Drug Name
colestipol hcl	HEMICLOR
DEMSER	hydralazine hcl oral
DIBENZYLINE	hydrochlorothiazide oral
digoxin oral	icosapent ethyl
diltiazem hcl er	indapamide
diltiazem hcl er beads	INSPRA
diltiazem hcl er coated beads	INZIRQO
diltiazem hcl oral	irbesartan
dilt-xr	irbesartan-hydrochlorothiazide
DIURIL	ISORDIL TITRADOSE
doxazosin mesylate oral	isosorb dinitrate-hydralazine
DYRENIUM	isosorbide dinitrate
EDARBI	isosorbide mononitrate
EDARBYCLOR	isosorbide mononitrate er
EDECRIN	isradipine
enalapril maleate oral	JUXTAPID
enalapril-hydrochlorothiazide	labetalol hcl oral
EPANED	LANOXIN ORAL
eplerenone	LIPOFEN
ethacrynic acid	lisinopril oral
EZALLOR SPRINKLE	lisinopril-hydrochlorothiazide
ezetimibe	LOPID
ezetimibe-simvastatin	LOPRESSOR ORAL TABLET
felodipine er	losartan potassium oral
fenofibrate micronized	losartan potassium-hctz
fenofibrate oral	LOTENSIN
fenofibric acid	LOTENSIN HCT
FLOLIPID	lovastatin oral
fluvastatin sodium	matzim la
fluvastatin sodium er	methyldopa
fosinopril sodium	metolazone
fosinopril sodium-hctz	metoprolol succinate er
furosemide oral	metoprolol tartrate oral
gemfibrozil oral	metoprolol-hydrochlorothiazide
guanfacine hcl	metyrosine
HEMANGEOL	minoxidil oral

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

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

Drug Name	Drug Name
VASCEPA	metformin hcl oral tablet 1000 mg, 500 mg, 750 mg, 850 mg
VASERETIC	miglitol
VASOTEC	MOUNJARO
VECAMYL	nateglinide
verapamil hcl er	OZEMPIC
verapamil hcl oral	OZEMPIC (2 MG/DOSE)
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG	pioglitazone hcl
ZESTORETIC	pioglitazone hcl-glimepiride
Diabetes - Antidiabetic Agents	pioglitazone hcl-metformin hcl
acarbose oral	repaglinide
ACTOPLUS MET	RIOMET
ACTOS	RYBELSUS
CYCLOSET	saxagliptin hcl
DUETACT	saxagliptin-metformin er
EXENATIDE	SOLIQUA
FARXIGA	SYNJARDY
glimepiride	SYNJARDY XR
glipizide er	TRADJENTA
glipizide ir	TRIJARDY XR
glipizide-metformin hcl	TRULICITY
GLUCOTROL XL	XIGDUO XR
glyburide micronized	XULTOPHY
glyburide oral	Diabetes - Glucose Monitoring
glyburide-metformin	CONTOUR MONITOR
GLYXAMBI	CONTOUR MONITOR
JANUMET	CONTOUR NEXT EZ KIT W/DEVICE
JANUMET XR	CONTOUR NEXT GEN MONITOR KIT W/DEVICE
JANUVIA	CONTOUR NEXT LINK KIT W/DEVICE
JARDIANCE	CONTOUR NEXT MONITOR KIT W/DEVICE
JENTADUETO	CONTOUR NEXT ONE KIT
JENTADUETO XR	CONTOUR NEXT GEN TEST STRIPS
liraglutide	CONTOUR PLUS BLUE KIT W/DEVICE
metformin hcl er	CONTOUR PLUS TEST STRIP
metformin hcl oral solution	CONTOUR TEST STRIPS

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Drug Name
LANCETS
Diabetes - Insulins
ADMELOG
ADMELOG SOLOSTAR
AFREZZA
APIDRA SOLOSTAR
APIDRA VIAL
AQ INSULIN SYRINGE
BASAGLAR KWIKPEN
BD ULTRA-FINE INSULIN SYRINGES 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML, U-100 1 ML
BD VEO INSULIN SYR ULTRAFINE
DROPSAFE SAFETY SYRINGE/NEEDLE
EASY TOUCH INSULIN BARRELS
EMBECTA INS SYR U/F 1/2 UNIT
EMBECTA INSULIN SYR ULTRAFINE
EMBECTA INSULIN SYRINGE
EMBECTA INSULIN SYRINGE U-100
EMBECTA INSULIN SYRINGE U-500
FIASP
FIASP FLEXTOUCH
FIASP PENFILL
FIASP PUMPCART
HUMALOG
HUMALOG JUNIOR KWIKPEN
HUMALOG KWIKPEN
HUMALOG MIX 50/50 KWIKPEN
HUMALOG MIX 75/25
HUMALOG MIX 75/25 KWIKPEN
HUMULIN 70/30 KWIKPEN

Drug Name
HUMULIN 70/30 VIAL
HUMULIN N KWIKPEN
HUMULIN N VIAL
HUMULIN R U-500 KWIKPEN
HUMULIN R U-500 VIAL (CONCENTRATED)
HUMULIN R VIAL
INSULIN LISPRO
INSULIN LISPRO (1 UNIT DIAL)
INSULIN LISPRO JUNIOR KWIKPEN
INSULIN LISPRO PROT & LISPRO
INSULIN SYRINGES 25G X 5/8" 1 ML, 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 28G X 5/16" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 0.5 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML, U-100 1 ML
LANTUS SOLOSTAR
LANTUS U-100 VIAL
LYUMJEV
LYUMJEV KWIKPEN
MERILOG
MERILOG SOLOSTAR
NOVOLIN 70/30 FLEXPEN
NOVOLIN 70/30 VIAL
NOVOLIN N FLEXPEN
NOVOLIN N VIAL
NOVOLIN R FLEXPEN
NOVOLIN R VIAL
NOVOLOG FLEXPEN

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

Drug Name	Drug Name
NOVOLOG MIX 70/30 FLEXPEN	MASONATAL
NOVOLOG MIX 70/30 VIAL	M-NATAL PLUS
NOVOLOG PENFILL	multi prenatal
NOVOLOG U-100 VIAL	multi-vit/iron/fluoride
REZVOGLAR KWIKPEN	multivitamin w/fluoride
TOUJEO MAX SOLOSTAR	multi-vitamin/fluoride
TOUJEO SOLOSTAR	multivitamin/fluoride oral solution
ULTICARE INSULIN SYR 1/2 UNIT	multivitamin/fluoride oral tablet chewable
ULTIGUARD SAFEPACK SYR/NEEDLE	multi-vitamin/fluoride/iron
VERIFINE INSULIN SYRINGE	NEONATAL COMPLETE
Electrolytes / Minerals / Metals / Vitamins	NEONATAL PLUS
ALIVE DAILY SUP PRENATAL GUMMI	NEONATAL PRENATAL
ALIVE PREMIUM PRENATAL	NEONATAL VITAMIN
ALIVE PRENATAL	NESTABS
ATABEX	niacin er oral capsule extended release
ATABEX EC	niacin er oral tablet extended release 1000 mg, 250 mg, 500 mg
ATABEX OB	niacin oral capsule 100 mg
CADEAU DHA	niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg
CENTRUM SPECIALIST PRENATAL	niacinamide er
classic prenatal	niacinamide oral
C-NATE DHA	NIAVASC
COMPLETE NATAL DHA	NIAVASC 750
COMPLETENATE	NIVA-PLUS
CO-NATAL FA	no flush niacin
CONCEPT DHA	OB COMPLETE
CONCEPT OB	OB COMPLETE/DHA
ELITE-OB	OBSTETRIX DHA
endur-acin	OBSTETRIX EC
endur-amide	OBSTETRIX ONE
ENFAMIL EXPECTA	OBTREX
FLORIVA PLUS	ONE A DAY PRENATAL
FOLIVANE-OB	ONE A DAY PRENATAL ADV BRAIN
GOOD START PRENATAL NOURISH	ONE VITE WOMENS
INATAL GT	ONE VITE WOMENS PLUS
kosher prenatal plus iron	
kpn prenatal	

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Drug Name	Drug Name
ONE-A-DAY WOMENS PRENATAL 1	prenatal vitamin and mineral
pnv 27-ca/fe/fa	prenatal vitamins
pnv prenatal plus multivit+dha	prenatal/folic acid
pnv-dha	prenatal/folic acid+dha
pnv-dha+docusate	prenatal/iron
pnv-omega	prenatal+dha
pnv-select	PRENATAL-U
POLY-VI-FLOR/IRON ORAL SUSPENSION	PRENATE AM
PREMESISRX	PROVIDA OB
PRENA 1 TRUE	QUFLORA FE PEDIATRIC
PRENA1	QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML
PRENA1 PEARL	QUFLORA PEDIATRIC ORAL TABLET CHEWABLE
PRENATABS RX	RELNATE DHA
prenatal	SELECT-OB ORAL TABLET CHEWABLE 29- 1 MG
prenatal (w/iron & fa)	SE-NATAL 19
prenatal + complete multi	SIMILAC PRENATAL EARLY SHIELD
prenatal 19	SLO-NIACIN
prenatal adult gummy/dha/fa	SOLUVITA ACD WITH FLUORIDE
prenatal complete	SOLUVITA WITH FLUORIDE
PRENATAL ESSENTIALS	STUART ONE
prenatal fa + dha + choline	TARON-C DHA
prenatal formula	THERANATAL COMPLETE
prenatal formula a-free	THERANATAL CORE NUTRITION
prenatal forte	THERANATAL ONE
prenatal gummies	THERANATAL OVAVITE
prenatal gummies/dha & fa	THRIVITE RX
prenatal gummy	TRINATAL RX 1
prenatal multi +dha	TRINATE
prenatal multi+dha	TRI-VI-FLOR
prenatal multivitamin	TRI-VI-FLORO
PRENATAL MULTIVITAMIN + DHA	tri-vite/fluoride
prenatal multivitamin plus dha	TRUE VITAMIN B3
prenatal multivitamins	ultra prenatal vit/min + dha
prenatal one daily	
prenatal plus	
prenatal plus vitamin/mineral	

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Drug Name	Drug Name
UPSPRING PRENATAL COMPLETE	CYTOTEC
VINATE CARE	dexlansoprazole
VINATE DHA RF	dual action complete oral tablet chewable 10-800-165 mg
VITAFUSION PRENATAL	DUO FUSION
VITAMIN B3	esomeprazole
vitamins acid-fluoride	esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg
VIVA DHA	esomeprazole magnesium oral packet 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	famotidine acid reducer
WESCAP-PN DHA	famotidine max st
WESNATAL DHA COMPLETE	famotidine maximum strength
WESNATE DHA	famotidine oral
WESTAB PLUS	famotidine orig st
womens prenatal+dha	FIRST-LANSOPRAZOLE
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer	FIRST-OMEPRAZOLE
acid control maximum strength	FIRST-PANTOPRAZOLE
acid controller	heartburn prevention
acid controller complete	heartburn relief max st
acid controller max st	heartburn relief oral tablet 10 mg, 200 mg
acid reducer + antacid	lansoprazole oral
acid reducer complete	misoprostol oral
acid reducer max st oral tablet 20 mg	NEXIUM 24HR
acid reducer max strength oral tablet 20 mg	NEXIUM 24HR CLEAR MINIS
acid reducer maximum strength	NEXIUM ORAL PACKET
acid reducer oral capsule delayed release 15 mg, 20 mg, 20.6 (20 base) mg	nizatidine
acid reducer oral tablet 10 mg, 200 mg	omep/sod bicarb
acid reducer oral tablet delayed release 20 mg	omeprazole magnesium
acid reducer plus antacid	omeprazole oral capsule delayed release , 20.6 (20 base) mg
acid-pep maximum strength	omeprazole oral tablet delayed release
CARAFATE ORAL SUSPENSION	omeprazole oral tablet delayed release dispersible
cimetidine 200	OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML
cimetidine acid reducer	omeprazole-sod bicarbonate
cimetidine hcl	
cimetidine oral	

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Drug Name
omeprazole-sodium bicarb oral capsule 20-1100 mg
omeprazole-sodium bicarbonate capsule 20-1100 mg oral (otc)
pantoprazole sodium oral
PEPCID
PEPCID AC
PEPCID AC MAXIMUM STRENGTH
PEPCID COMPLETE
PREVACID 24HR
PRILOSEC
PRILOSEC OTC
PROTONIX ORAL PACKET
rabeprazole sodium oral tablet delayed release
sucralfate oral
TAGAMET HB
TAGAMET HB 200
ZANTAC 360
ZANTAC 360 MAX ST
ZEGERID OTC
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions
amoxicill-clarithro-lansopraz
bis subcit-metronid-tetracyc
bismuth/metronidaz/tetracyclin
CLENPIQ
gavilyte-c
gavilyte-g
gavilyte-n with flavor pack
HELIDAC THERAPY ORAL
na sulfate-k sulfate-mg sulf
OMECLAMOX-PAK
peg 3350-kcl-na bicarb-nacl
peg-3350/electrolytes
peg-3350/electrolytes/ascorbat
peg-kcl-nacl-nasulf-na asc-c

Drug Name
PEG-PREP
PYLERA
SUFLAVE
SUPREP BOWEL PREP KIT
SUTAB
TALICIA
VOQUEZNA DUAL PAK
VOQUEZNA TRIPLE PAK
Hormonal Agents - Selective Estrogen Receptor Modifying Agents
EVISTA
OSPHENA
raloxifene hcl
Hormonal Agents - Sex Hormones and Birth Control
abigale
abigale lo
ACTIVELLA
afirmelle
aftera
AFTERPILL
ALORA
altavera
alyacen 1/35
alyacen 7/7/7
amethyst
ANGELIQ
ANNOVERA
apri
aranelle
ashlyna
aubra eq
aurovela 1.5/30
aurovela 1/20
aurovela 24 fe
aurovela fe 1.5/30

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

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Drug Name	Drug Name
hailey fe 1/20	levonorgestrel
haloette	levonorgestrel-ethinyl estrad
heather	levonorg-eth estrad triphasic
her style	levora 0.15/30 (28)
iclevia	LILETTA (52 MG)
incassia	lojaimiess
introvale	loryna
isibloom	low-ogestrel
jaimiess	lo-zumandimine
jasmiel	luteru
jencycla	lyleq
jinteli	lyllana
jolessa	lyza
joyeaux	marlissa
juleber	medroxyprogesterone acetate intramuscular
junel 1.5/30	meleya
junel 1/20	MENEST
junel fe	MENOSTAR
kaitlib fe	merzee
kalliga	mibelas 24 fe
kariva	microgestin 1.5/30
kelnor 1/35	microgestin 1/20
kelnor 1/50 oral tablet 1-50 mg-mcg	microgestin fe 1.5/30
kurvelo	microgestin fe 1/20
KYLEENA	mili
larin 1.5/30	mimvey
larin 1/20	MINIVELLE
larin 24 fe	minzoya
larin fe 1.5/30	MIRENA (52 MG)
larin fe 1/20	MIUDELLA INTRAUTERINE COPPER
leena	mono-linyah
lessina	my choice
levonest	my way
levonorgest-eth est & eth est	MYFEMBREE
levonorgest-eth estrad 91-day	NATAZIA
levonorgest-eth estradiol-iron	necon 0.5/35 (28)

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Drug Name	Drug Name
new day	react
NEXPLANON	reclipsen
nikki	rivelsa
nora-be	rosyrah
norelgestromin-eth estradiol	setlakin
norethin ace-eth estrad-fe	sharobel
norethindrone acet-ethinyl est	simliya
norethindrone oral	simpesse
norethindrone-eth estradiol	SKYLA
norethindron-ethinyl estrad-fe	sprintec 28
norethin-eth estradiol-fe	sronyx
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	syeda
norgestimate-ethinyl estradiol triphasic	take action
norlyroc	tarina 24 fe
nortrel 0.5/35 (28)	tarina fe 1/20 eq
nortrel 1/35 (21)	taysofy
nortrel 1/35 (28)	TAYTULLA
nortrel 7/7/7	tilia fe
NUVARING	tri-estarylla
nylia 1/35	tri-legest fe
nylia 7/7/7	tri-linyah
ocella	tri-lo-estarylla
opcicon one-step	tri-lo-marzia
OPILL	tri-lo-mili
option 2	tri-lo-sprintec
ORIAHNN	tri-mili
orquidea	tri-sprintec
PARAGARD INTRAUTERINE COPPER	tri-vylibra
philith	tri-vylibra lo
pimtrea	turqoz
PLAN B ONE-STEP	TYBLUME
portia-28	valtya 1/50
PREMARIN ORAL	velivet
PREMPHASE	vestura
PREMPRO	vienva
	viorele

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Drug Name
volnea
vyfemla
vylibra
wera
wymzya fe
xarah fe
xelria fe
xulane
zafemy
zovia 1/35 (28)
zumandimine
Immunological Agents - Drugs for Immune System Stimulation or Suppression
ASTAGRAF XL
AZASAN
azathioprine oral
CELLCEPT
cyclosporine modified
cyclosporine oral
ENVARBUS XR
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg
engraf
IMURAN
mycophenolate mofetil oral
mycophenolate sodium
mycophenolic acid
MYFORTIC
MYHIBBIN
NEORAL
PROGRAF ORAL
SANDIMMUNE ORAL
sirolimus oral
tacrolimus oral
ZORTRESS

Drug Name
Metabolic Bone Disease Agents - Drugs for Osteoporosis
ACTONEL
alendronate sodium oral solution
alendronate sodium oral tablet 10 mg, 35 mg, 70 mg
ATELVIA
BINOSTO
BONSITY
calcitonin (salmon) nasal
EVENITY
FOSAMAX
FOSAMAX PLUS D
ibandronate sodium oral
PROLIA
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg
risedronate sodium oral tablet delayed release
STOBOCLO
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS
TYMLOS
Miscellaneous Therapeutic Agents
3 SERIES BP MONITOR/WRIST
ADVANCED BP MONITOR
ADVANCED ONE STEP BP MONITOR
ADVOCATE ARM BPM
ADVOCATE INSULIN PEN NEEDLE
AIRZONE PEAK FLOW METER
AQINJECT PEN NEEDLE
ASSESS PEAK FLOW METER
ASSURE ID DUO PRO PEN NEEDLES
ASSURE ID PRO PEN NEEDLES
AUM INSULIN SAFETY PEN NEEDLE
AUM MINI INSULIN PEN NEEDLE

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Drug Name	Drug Name
AUM PEN NEEDLE	CARETOUCH VERSA BP ARM MONITOR
AUM READYGARD DUO PEN NEEDLE	CLEVER CHOICE BP MONITOR/ARM
AUM SAFETY PEN NEEDLE	CLEVER CHOICE BP MONITOR/WRIST
BD AUTOSHIELD DUO PEN NEEDLES	CLEVER CHOICE PEAK FLOW METER
BD PEN NEEDLE MICRO ULTRAFINE	COMFORT EZ PRO PEN NEEDLES
BD PEN NEEDLE MINI ULTRAFINE	DROPLET MICRON
BD PEN NEEDLE NANO ULTRAFINE	EMBECTA AUTOSHIELD DUO
BD PEN NEEDLE ORIG ULTRAFINE	EMBECTA PEN NEEDLE NANO
BD PEN NEEDLE SHORT ULTRAFINE	EMBECTA PEN NEEDLE NANO 2 GEN
BD ULTRA-FINE PEN NEEDLES	EMBECTA PEN NEEDLE ULTRAFINE
BLOOD PRESSURE	EMBRACE PEN NEEDLES
BLOOD PRESSURE CUFF MONITOR	ESSENTIAL BP MONITOR/ARM/SMALL
BLOOD PRESSURE KIT	FORA P20 BP MONITOR SYSTEM
BLOOD PRESSURE MON/AUTO/WRIST	FORA TEST N' GO BP
BLOOD PRESSURE MON/WRIST	HEALTH SENSE BP MONITOR
BLOOD PRESSURE MONITOR	HEALTHSMART BP MONITOR/WRIST
BLOOD PRESSURE MONITOR 3	INCONTROL BP MONITOR
BLOOD PRESSURE MONITOR AUTOMAT	INCONTROL DELUXE AUTO BP
BLOOD PRESSURE MONITOR DELUXE	INCONTROL PREMIUM BP
BLOOD PRESSURE MONITOR DEVICE	INCONTROL ULTICARE PEN NEEDLES
BLOOD PRESSURE MONITOR KIT	INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 4MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM
BLOOD PRESSURE MONITOR/ARM	INSUPEN32G EXTR3ME
BLOOD PRESSURE MONITOR/PRM ARM	LUNG PERFORM PEAK FLOW METER
BLOOD PRESSURE MONITOR/WRIST	MANUAL BLOOD PRESSURE
BLOOD PRESSURE SERIES 200 DEVICE	MICROLIFE BLUETOOTH BP MONITOR
BLOOD PRESSURE SERIES 200W	MICROLIFE BP MONITOR
BLOOD PRESSURE SERIES 600	MICROLIFE BPM1 BP MONITOR
BLOOD PRESSURE SERIES 600W	MICROLIFE BPM2 BP MONITOR
BLOOD PRESSURE SERIES 800	MICROLIFE BPM3 DELUXE MONITOR
BLOOD PRESSURE UNIT	MICROLIFE BPM6 PREMIUM MONITOR
BP MONITOR WRIST	
BP MONITOR-STETHOSCOPE KIT	
BREATHE EASE PEAK FLOW METER	
CARETOUCH BP ARM MONITOR	
CARETOUCH BP WRIST MONITOR	
CARETOUCH SLIM BP WRIST MONITO	

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Drug Name	Drug Name
MICROLIFE DELUXE BP MONITOR	SERIES 400 BLOOD PRESSURE
MICROLIFE DIGITAL PEAK FLOW	SERIES 400W BLOOD PRESSURE
MICROLIFE WRIST BP MONITOR	SERIES 600 BLOOD PRESSURE
MINI WRIGHT PEAK FLOW METER	SERIES 600W BLOOD PRESSURE
OMRON 10 SERIES BP MONITOR	SERIES 800 BLOOD PRESSURE
OMRON 3 SERIES BP MONITOR	SPHYGMOMANOMETER
OMRON 5 SERIES BP MONITOR	SURELIFE BP MONITOR/ARM
OMRON 7 SERIES BP MONITOR	SURELIFE BP MONITOR/WRIST
OMRON WRIST BP MONITOR	TALKING SENSE BP MONITOR
PEAK A-I-R FLOW METER	TECHLITE PLUS PEN NEEDLES
PEAK AIR PEAK FLOW METER	TGT BLOOD PRESSURE MONITOR
PEAK FLOW METER UNIVERSAL RANG	TRUE COMFORT SAFETY PEN NEEDLE
PEN NEEDLE/5-BEVEL TIP 32G X 4 MM	TRUE HEALTH SENSE BP MONITOR
PEN NEEDLES	TRUZONE PEAK FLOW METER
PENTIPS GENERIC PEN NEEDLES	ULTIGUARD SAFEPACK NEEDLE
PERSONAL BEST FULL RANGE	UNIFINE OTC PEN NEEDLES
PIKO 1	UNIFINE PROTECT PEN NEEDLE
PIP PEN NEEDLES 31G X 5MM	UNIFINE ULTRA PEN NEEDLE
PIP PEN NEEDLES 32G X 4MM	VERIFINE INSULIN PEN NEEDLE
POCKET PEAK FLOW METER	VERIFINE PLUS PEN NEEDLE
POCKETPEAK PEAK FLOW METER	Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions
PREMIUM + TALKING BP MONITOR	ACCOLATE
PRO HEALTH MINI TALKING MONITR	ADVAIR HFA
PRO HEALTH TRACK BP MONITOR	AIRSUPRA
PROCARE UPPER ARM BP MONITOR	albuterol sulfate hfa
PROCARE WRIST BP MONITOR	albuterol sulfate inhalation
PROCHECK BLOOD PRESS MONITOR	albuterol sulfate oral
PURE COMFORT FLOW METER ADULT	ANORO ELLIPTA
PURE COMFORT FLOW METER CHILD	arformoterol tartrate
PURE COMFORT SAFETY PEN NEEDLE	ARNUITY ELLIPTA
QUICK TOUCH INSULIN PEN NEEDLE	ATROVENT HFA
RAYA SURE PEN NEEDLE	BREO ELLIPTA
RELION BLOOD PRESSURE MONITOR	BREZTRI AEROSPHERE
RELION PREMIUM MONITOR	budesonide inhalation
SAFETY PEN NEEDLES	COMBIVENT RESPIMAT
SERIES 100 BLOOD PRESSURE	

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Drug Name
cromolyn sodium inhalation
DALIRESP
elixophyllin
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act
formoterol fumarate inhalation
ipratropium bromide inhalation
ipratropium-albuterol
levalbuterol hcl inhalation
montelukast sodium oral
PERFOROMIST
QVAR REDIHALER
roflumilast
SEREVENT DISKUS
SPIRIVA HANDIHALER
SPIRIVA RESPIMAT
STIOLTO RESPIMAT
STRIVERDI RESPIMAT
SYMBICORT
terbutaline sulfate oral
THEO-24
theophylline er
theophylline oral
TRELEGY ELLIPTA
wixela inhub
YUPELRI
zafirlukast
zileuton er
ZYFLO

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abigale lo	14	alendronate sodium	18	ASSESS PEAK FLOW METER	18
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ACCOLATE	20	altavera	14	ATABEX OB	11
ACCUPRIL	6	ALTOPREV	6	ATACAND HCT	6
ACCURETIC	6	alyacen 1/35	14	atazanavir sulfate	5
acebutolol hcl	6	alyacen 7/7/7	14	ATELVIA	18
acid control maximum strength	13	amethyst	14	atenolol	6
acid controller	13	amiloride hcl	6	ATENOLOL+SYRSPEND SF	6
acid controller complete	13	amiloride-hydrochlorothiazide	6	atenolol-chlorthalidone	6
acid controller max st	13	AMLODIPINE BES+SYRSPEND SF	6	atorvastatin calcium	6
acid reducer	13	amlodipine besylate	6	ATROVENT HFA	20
acid reducer + antacid	13	amlodipine besylate-benazepril hcl	6	aubra eq	14
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acid reducer max st	13	amlodipine-atorvastatin	6	AUM MINI INSULIN PEN NEEDLE	18
acid reducer maximum strength	13	amlodipine-olmesartan	6	AUM PEN NEEDLE	19
acid reducer plus antacid	13	amlodipine-valsartan-hctz	6	AUM READYGARD DUO PEN NEEDLE	19
acid-pep maximum strength	13	amoxicill-clarithro-lansopraz	14	AUM SAFETY PEN NEEDLE	19
ACTIVELLA	14	anastrozole	4	aurovela 1.5/30	14
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ACTOPLUS MET	9	ANNOVERA	14	aurovela 24 fe	14
ACTOS	9	ANORO ELLIPTA	20	aurovela fe 1.5/30	14
ADASUVE	4	APIDRA SOLOSTAR	10	aurovela fe 1/20	15
ADMELOG	10	APIDRA VIAL	10	AVALIDE	6
ADMELOG SOLOSTAR	10	APLENZIN	3	AVERI	15
ADVAIR HFA	20	APRETUDE	5	aviane	15
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BD PEN NEEDLE SHORT ULTRAFINE.....	19	BLOOD PRESSURE SERIES 200W.....	19	cartia xt.....	6
BD ULTRA-FINE INSULIN SYRINGES.....	10	BLOOD PRESSURE SERIES 600.....	19	carvedilol.....	6
BD ULTRA-FINE PEN NEEDLES.....	19	BLOOD PRESSURE SERIES 600W.....	19	carvedilol phosphate er.....	6
BD VEO INSULIN SYR ULTRAFINE.....	10	BLOOD PRESSURE SERIES 800.....	19	CELLCEPT.....	18
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		captopril- hydrochlorothiazide.....	6	colestipol hcl.....	7
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CONTOUR NEXT GEN TEST STRIPS.....	9	dipyridamole.....	4	EMBECTA INSULIN SYRINGE.....	10
CONTOUR NEXT LINK KIT W/DEVICE.....	9	DIURIL.....	7	EMBECTA INSULIN SYRINGE U-100.....	10
CONTOUR NEXT MONITOR KIT W/DEVICE... 9		DIVIGEL.....	15	EMBECTA INSULIN SYRINGE U-500.....	10
CONTOUR NEXT ONE KIT.....	9	dolishale.....	15	EMBECTA PEN NEEDLE NANO.....	19
CONTOUR PLUS BLUE KIT W/DEVICE.....	9	dotti.....	15	EMBECTA PEN NEEDLE NANO 2 GEN.....	19
CONTOUR PLUS TEST STRIP.....	9	DOVATO.....	5	EMBECTA PEN NEEDLE ULTRAFINE.....	19
CONTOUR TEST STRIPS... 9		doxazosin mesylate.....	7	EMBRACE PEN NEEDLES.....	19
COVARYX.....	15	DRIZALMA SPRINKLE.....	3	emtricitabine.....	5
COVARYX HS.....	15	DROPLET MICRON.....	19	emtricitabine-tenofovir df.....	5
cromolyn sodium.....	21	DROPSAFE SAFETY SYRINGE/NEEDLE.....	10	emtricitab-rilpivir-tenofov df...5	
cryselle-28.....	15	drosipren-eth estrad- levomefol.....	15	EMTRIVA.....	5
CYCLOSET.....	9	drosiprenone-ethinyl estradiol.....	15	emzahh.....	15
cyclosporine.....	18	dual action complete.....	13	enalapril maleate.....	7
cyclosporine modified.....	18	DUAVEE.....	15	enalapril- hydrochlorothiazide.....	7
cyred eq.....	15	DUETACT.....	9	endur-acin.....	11
CYTOTEC.....	13	duloxetine hcl.....	3	endur-amide.....	11
dabigatran etexilate mesylate.....	3	DUO FUSION.....	13	ENFAMIL EXPECTA.....	11
DALIRESP.....	21	DYRENIUM.....	7	enilloring.....	15
darunavir.....	5	EASY TOUCH INSULIN BARRELS.....	10	enoxaparin sodium.....	3
dasetta 1/35 (28).....	15	econtra one-step.....	15	enpresse-28.....	15
dasetta 7/7/7.....	15	EC-RX ESTRADIOL.....	15	enskyce.....	15
daysee.....	15	EDARBI.....	7	ENVARBUS XR.....	18
deblitane.....	15	EDARBYCLOR.....	7	EPANED.....	7
DELSTRIGO.....	5	EDECRIN.....	7	EPIVIR.....	5
delyla.....	15	EDURANT.....	5	eplerenone.....	7
DEMSER.....	7	EDURANT PED.....	5	EQUETRO.....	6
DEPO-ESTRADIOL.....	15	EEMT.....	15	errin.....	15
DEPO-PROVERA.....	15	EEMT HS.....	15	ERZOFRI.....	4
DEPO-SUBQ PROVERA 104.....	15	efavirenz.....	5	escitalopram oxalate.....	3
DESCOVY.....	5	efavirenz-emtricitab-tenofo df.....	5	esomeprazole.....	13
desogestrel-ethinyl estradiol.....	15	efavirenz-lamivudine- tenofovir.....	5	esomeprazole magnesium..13	
DESVENLAFAXINE ER.....	3	EFFIENT.....	4	ESSENTIAL BP MONITOR/ARM/SMALL.....	19
desvenlafaxine succinate er.....	3	ELESTRIN.....	15	est estrogens-methyltest.....	15
dexlansoprazole.....	13	elinest.....	15	est estrogens-methyltest hs.....	15
DIBENZYLINE.....	7	ELIQUIS.....	3	estarylla.....	15
digoxin.....	7	ELIQUIS DVT/PE STARTER PACK.....	3	estradiol.....	15
diltiazem hcl.....	7	ELITE-OB.....	11	estradiol valerate.....	15
diltiazem hcl er.....	7	elixophyllin.....	21	estradiol-norethindrone acet.....	15
diltiazem hcl er beads.....	7	ELLA.....	15		
		eluryng.....	15		
		EMBECTA AUTOSHIELD DUO.....	19		

ethacrynic acid.....	7	fluphenazine hcl.....	4	HEALTHSMART BP	
ethynodiol diac-eth		fluticasone-salmeterol.....	21	MONITOR/WRIST.....	19
estradiol.....	15	fluvastatin sodium.....	7	heartburn prevention.....	13
etonogestrel-ethinyl		fluvastatin sodium er.....	7	heartburn relief.....	13
estradiol.....	15	fluvoxamine maleate.....	3	heartburn relief max st.....	13
etravirine.....	5	fluvoxamine maleate er.....	3	heather.....	16
EVAMIST.....	15	FOLIVANE-OB.....	11	HELIDAC THERAPY.....	14
EVENITY.....	18	fondaparinux sodium.....	3	HEMANGEOL.....	7
everolimus.....	18	FORA P20 BP MONITOR		HEMICLOR.....	7
EVISTA.....	14	SYSTEM.....	19	heparin sodium (porcine).....	3
EVOTAZ.....	5	FORA TEST N' GO BP.....	19	heparin sodium (porcine)	
exemestane.....	4	formoterol fumarate.....	21	pf.....	3
EXENATIDE.....	9	FOSAMAX.....	18	her style.....	16
EZALLOR SPRINKLE.....	7	FOSAMAX PLUS D.....	18	HUMALOG.....	10
ezetimibe.....	7	fosamprenavir calcium.....	5	HUMALOG JUNIOR	
ezetimibe-simvastatin.....	7	fosinopril sodium.....	7	KWIKPEN.....	10
falmina.....	15	fosinopril sodium-hctz.....	7	HUMALOG KWIKPEN.....	10
famotidine.....	13	FRAGMIN.....	3	HUMALOG MIX 50/50	
famotidine acid reducer.....	13	furosemide.....	7	KWIKPEN.....	10
famotidine max st.....	13	FUZEON.....	5	HUMALOG MIX 75/25.....	10
famotidine maximum		fyavolv.....	15	HUMALOG MIX 75/25	
strength.....	13	galbriela.....	15	KWIKPEN.....	10
famotidine orig st.....	13	gavilyte-c.....	14	HUMULIN 70/30	
FANAPT.....	4	gavilyte-g.....	14	KWIKPEN.....	10
FANAPT TITRATION		gavilyte-n with flavor pack...14		HUMULIN 70/30 VIAL.....	10
PACK A.....	4	gemfibrozil.....	7	HUMULIN N KWIKPEN.....	10
FANAPT TITRATION		gemmily.....	15	HUMULIN N VIAL.....	10
PACK B.....	4	gengraf.....	18	HUMULIN R U-500	
FANAPT TITRATION		GENVOYA.....	5	KWIKPEN.....	10
PACK C.....	4	GEODON.....	4	HUMULIN R U-500 VIAL	
FARESTON.....	4	glimepiride.....	9	(CONCENTRATED).....	10
FARXIGA.....	9	glipizide er.....	9	HUMULIN R VIAL.....	10
feirza 1.5/30.....	15	glipizide ir.....	9	hydralazine hcl.....	7
feirza 1/20.....	15	glipizide-metformin hcl.....	9	hydrochlorothiazide.....	7
felodipine er.....	7	GLUCOTROL XL.....	9	ibandronate sodium.....	18
FEMARA.....	4	glyburide.....	9	iclevia.....	16
FEMLYV.....	15	glyburide micronized.....	9	icosapent ethyl.....	7
fenofibrate.....	7	glyburide-metformin.....	9	IMURAN.....	18
fenofibrate micronized.....	7	GLYXAMBI.....	9	INATAL GT.....	11
fenofibric acid.....	7	GOOD START		incassia.....	16
FETZIMA.....	3	PRENATAL NOURISH.....	11	INCONTROL BP	
FETZIMA TITRATION.....	3	guanfacine hcl.....	7	MONITOR.....	19
FIASP.....	10	habitrol.....	3	INCONTROL DELUXE	
FIASP FLEXTOUCH.....	10	hailey 1.5/30.....	15	AUTO BP.....	19
FIASP PENFILL.....	10	hailey 24 fe.....	15	INCONTROL PREMIUM	
FIASP PUMPCART.....	10	hailey fe 1.5/30.....	15	BP.....	19
finzala.....	15	hailey fe 1/20.....	16	INCONTROL ULTICARE	
FIRST-LANSOPRAZOLE...13		haloette.....	16	PEN NEEDLES.....	19
FIRST-OMEPRAZOLE.....13		haloperidol.....	4	indapamide.....	7
FIRST-PANTOPRAZOLE...13		haloperidol lactate.....	4	INSPIRA.....	7
FLOLIPID.....	7	HEALTH SENSE BP		INSULIN LISPRO.....	10
FLORIVA PLUS.....	11	MONITOR.....	19	INSULIN LISPRO (1 UNIT	
fluoxetine hcl.....	3			DIAL).....	10

INSULIN LISPRO JUNIOR	kelnor 1/50.....	16	loxapine succinate.....	4	
KWIKPEN.....	10	kosher prenatal plus iron....	11	lo-zumandimine.....	16
INSULIN LISPRO PROT & LISPRO.....	10	kpn prenatal.....	11	LUNG PERFORM PEAK FLOW METER.....	19
INSULIN PEN NEEDLES... ..	19	kurvelo.....	16	lurasidone hcl.....	4
INSULIN SYRINGES.....	10	KYLEENA.....	16	lutera.....	16
INSUPEN32G EXTR3ME... ..	19	labetalol hcl.....	7	lyleq.....	16
INTELENCE.....	5	lamivudine.....	5	lyllana.....	16
introvale.....	16	lamivudine-zidovudine.....	5	LYUMJEV.....	10
INVEGA.....	4	LANCETS.....	10	LYUMJEV KWIKPEN.....	10
INVEGA HAFYERA.....	4	LANOXIN.....	7	lyza.....	16
INVEGA SUSTENNA.....	4	lansoprazole.....	13	MANUAL BLOOD PRESSURE.....	19
INVEGA TRINZA.....	4	LANTUS SOLOSTAR.....	10	maraviroc.....	5
INZIRQO.....	7	LANTUS U-100 VIAL.....	10	marlissa.....	16
ipratropium bromide.....	21	larin 1.5/30.....	16	MASONATAL.....	11
ipratropium-albuterol.....	21	larin 1/20.....	16	matzim la.....	7
irbesartan.....	7	larin 24 fe.....	16	medroxyprogesterone acetate.....	16
irbesartan-hydrochlorothiazide.....	7	larin fe 1.5/30.....	16	meleya.....	16
ISENTRESS.....	5	larin fe 1/20.....	16	MENEST.....	16
ISENTRESS HD.....	5	leena.....	16	MENOSTAR.....	16
isibloom.....	16	lessina.....	16	MERIOLOG.....	10
ISORDIL TITRADOSE.....	7	letrozole.....	4	MERIOLOG SOLOSTAR.....	10
isosorb dinitrate-hydralazine.....	7	levabuterol hcl.....	21	merzee.....	16
isosorbide dinitrate.....	7	levonest.....	16	metformin hcl er.....	9
isosorbide mononitrate.....	7	levonorgest-eth est & eth est.....	16	metformin hcl ir.....	9
isosorbide mononitrate er....	7	levonorgest-eth estrad 91-day.....	16	methyldopa.....	7
isradipine.....	7	levonorgest-eth estradiol-iron.....	16	metolazone.....	7
jaimiess.....	16	levonorgestrel.....	16	metoprolol succinate er.....	7
jantoven.....	3	levonorgestrel-ethinyl estrad.....	16	metoprolol tartrate.....	7
JANUMET.....	9	levonorg-eth estrad triphasic.....	16	metoprolol-hydrochlorothiazide.....	7
JANUMET XR.....	9	levora 0.15/30 (28).....	16	metyrosine.....	7
JANUVIA.....	9	LILETTA (52 MG).....	16	mibelas 24 fe.....	16
JARDIANCE.....	9	LIPOFEN.....	7	microgestin 1.5/30.....	16
jasmiel.....	16	liraglutide.....	9	microgestin 1/20.....	16
jencycla.....	16	lisinopril.....	7	microgestin fe 1.5/30.....	16
JENTADUETO.....	9	lisinopril-hydrochlorothiazide.....	7	microgestin fe 1/20.....	16
JENTADUETO XR.....	9	lojaimiess.....	16	MICROLIFE BLUETOOTH BP MONITOR.....	19
jinteli.....	16	LOPID.....	7	MICROLIFE BP MONITOR.....	19
jolessa.....	16	lopinavir-ritonavir.....	5	MICROLIFE BPM1 BP MONITOR.....	19
joyeaux.....	16	LOPRESSOR.....	7	MICROLIFE BPM2 BP MONITOR.....	19
juleber.....	16	loryna.....	16	MICROLIFE BPM3 DELUXE MONITOR.....	19
JULUCA.....	5	losartan potassium.....	7	MICROLIFE BPM6 PREMIUM MONITOR.....	19
junel 1.5/30.....	16	losartan potassium-hctz.....	7	MICROLIFE DELUXE BP MONITOR.....	20
junel 1/20.....	16	LOTENSIN.....	7		
junel fe.....	16	LOTENSIN HCT.....	7		
JUXTAPID.....	7	lovastatin.....	7		
kaitlib fe.....	16	LOVENOX.....	3		
KALETRA.....	5	low-ogestrel.....	16		
kalliga.....	16				
kariva.....	16				
kelnor 1/35.....	16				

MICROLIFE DIGITAL		NEXICLON XR.....	8	norelgestromin-eth	
PEAK FLOW.....	20	NEXIUM.....	13	estradiol.....	17
MICROLIFE WRIST BP		NEXIUM 24HR.....	13	norethin ace-eth estrad-fe...	17
MONITOR.....	20	NEXIUM 24HR CLEAR		norethindrone.....	17
miglitol.....	9	MINIS.....	13	norethindrone acet-ethinyl	
mili.....	16	NEXLETOL.....	8	est.....	17
mimvey.....	16	NEXLIZET.....	8	norethindrone-eth estradiol..	17
mini nicotine.....	3	NEXPLANON.....	17	norethindron-ethinyl	
MINI WRIGHT PEAK		niacin.....	11	estrad-fe.....	17
FLOW METER.....	20	niacin (antihyperlipidemic)...	8	norethin-eth estradiol-fe.....	17
MINIVELLE.....	16	niacin er.....	11	norgestimate-eth estradiol..	17
minoxidil.....	7	niacin er		norgestimate-ethinyl	
minzoya.....	16	(antihyperlipidemic).....	8	estradiol triphasic.....	17
MIRENA (52 MG).....	16	niacinamide.....	11	NORLIQVA.....	8
mirtazapine.....	4	niacinamide er.....	11	norlyroc.....	17
misoprostol.....	13	niacor.....	8	nortrel 0.5/35 (28).....	17
MIUDELLA		NIAVASC.....	11	nortrel 1/35 (21).....	17
INTRAUTERINE COPPER..	16	NIAVASC 750.....	11	nortrel 1/35 (28).....	17
M-NATAL PLUS.....	11	nicardipine hcl.....	8	nortrel 7/7/7.....	17
moexipril hcl.....	8	NICODERM CQ.....	3	NORVIR.....	5
molindone hcl.....	4	NICORETTE.....	3	NOVOLIN 70/30 FLEXPEN	10
mono-linyuh.....	16	NICORETTE MINI.....	3	NOVOLIN 70/30 VIAL.....	10
montelukast sodium.....	21	NICORETTE STARTER		NOVOLIN N FLEXPEN.....	10
MOUNJARO.....	9	KIT.....	3	NOVOLIN N VIAL.....	10
multi prenatal.....	11	nicotine.....	3	NOVOLIN R FLEXPEN.....	10
multi-vit/iron/fluoride.....	11	nicotine gum.....	3	NOVOLIN R VIAL.....	10
multivitamin w/fluoride.....	11	nicotine mini.....	3	NOVOLOG FLEXPEN.....	10
multivitamin/fluoride.....	11	nicotine polacrilex.....	3	NOVOLOG MIX 70/30	
multi-vitamin/fluoride.....	11	nicotine polacrilex mini.....	3	FLEXPEN.....	11
multi-vitamin/fluoride/iron....	11	nicotine step 1.....	3	NOVOLOG MIX 70/30	
my choice.....	16	nicotine step 2.....	3	VIAL.....	11
my way.....	16	nicotine step 3.....	3	NOVOLOG PENFILL.....	11
mycophenolate mofetil.....	18	nicotine transdermal		NOVOLOG U-100 VIAL.....	11
mycophenolate sodium.....	18	system.....	3	NUPLAZID.....	4
mycophenolic acid.....	18	NICOTROL.....	3	NUVARING.....	17
MYFEMBREE.....	16	NICOTROL NS.....	3	nylia 1/35.....	17
MYFORTIC.....	18	nifedipine.....	8	nylia 7/7/7.....	17
MYHIBBIN.....	18	nifedipine er.....	8	NYMALIZE.....	8
na sulfate-k sulfate-mg sulf..	14	nifedipine er osmotic		OB COMPLETE.....	11
nadolol.....	8	release.....	8	OB COMPLETE/DHA.....	11
NATAZIA.....	16	nikki.....	17	OBSTETRIX DHA.....	11
nateglinide.....	9	nimodipine.....	8	OBSTETRIX EC.....	11
nebivolol hcl.....	8	NIMODIPINE.....	8	OBSTETRIX ONE.....	11
necon 0.5/35 (28).....	16	nisoldipine er.....	8	OBTREX.....	11
NEONATAL COMPLETE....	11	NITRO-BID.....	8	ocella.....	17
NEONATAL PLUS.....	11	NITRO-DUR.....	8	ODEFSEY.....	5
NEONATAL PRENATAL....	11	nitroglycerin.....	8	olanzapine.....	4
NEONATAL VITAMIN.....	11	NITROLINGUAL.....	8	olanzapine-fluoxetine hcl.....	4
NEORAL.....	18	NITRO-TIME.....	8	olmesartan medoxomil.....	8
NESTABS.....	11	NIVA-PLUS.....	11	olmesartan medoxomil-	
nevirapine.....	5	nizatidine.....	13	hctz.....	8
nevirapine er.....	5	no flush niacin.....	11	olmesartan-amlodipine-	
new day.....	17	nora-be.....	17	hctz.....	8

OMECLAMOX-PAK.....	14	peg-3350/electrolytes.....	14	prazosin hcl.....	8
omega-3-acid ethyl esters....	8	peg-		PREMARIN.....	17
omep/sod bicarb.....	13	3350/electrolytes/ascorbat..	14	PREMESISRX.....	12
omeprazole.....	13	peg-kcl-nacl-nasulf-na asc-		PREMIUM + TALKING BP	
omeprazole magnesium.....	13	c.....	14	MONITOR.....	20
OMEPRAZOLE+SYRSPE		PEG-PREP.....	14	PREMPHASE.....	17
ND SF ALKA.....	13	PEN NEEDLE/5-BEVEL		PREMPRO.....	17
omeprazole-sod		TIP.....	20	PRENA 1 TRUE.....	12
bicarbonate.....	13	PEN NEEDLES.....	20	PRENA1.....	12
omeprazole-sodium bicarb..	14	PENTIPS GENERIC PEN		PRENA1 PEARL.....	12
omeprazole-sodium		NEEDLES.....	20	PRENATABS RX.....	12
bicarbonate.....	14	PEPCID.....	14	prenatal.....	12
OMRON 10 SERIES BP		PEPCID AC.....	14	prenatal (w/iron & fa).....	12
MONITOR.....	20	PEPCID AC MAXIMUM		prenatal + complete multi....	12
OMRON 3 SERIES BP		STRENGTH.....	14	prenatal 19.....	12
MONITOR.....	20	PEPCID COMPLETE.....	14	prenatal adult	
OMRON 5 SERIES BP		PERFOROMIST.....	21	gummy/dha/fa.....	12
MONITOR.....	20	perindopril erbumine.....	8	prenatal complete.....	12
OMRON 7 SERIES BP		PERSERIS.....	4	PRENATAL ESSENTIALS..	12
MONITOR.....	20	PERSONAL BEST FULL		prenatal fa + dha + choline..	12
OMRON WRIST BP		RANGE.....	20	prenatal formula.....	12
MONITOR.....	20	phenoxybenzamine hcl.....	8	prenatal formula a-free.....	12
ONE A DAY PRENATAL....	11	philith.....	17	prenatal forte.....	12
ONE A DAY PRENATAL		PIFELTRO.....	5	prenatal gummies.....	12
ADV BRAIN.....	11	PIKO 1.....	20	prenatal gummies/dha & fa..	12
ONE VITE WOMENS.....	11	pimtrea.....	17	prenatal gummy.....	12
ONE VITE WOMENS		pindolol.....	8	prenatal multi +dha.....	12
PLUS.....	11	pioglitazone hcl.....	9	prenatal multi+dha.....	12
ONE-A-DAY WOMENS		pioglitazone hcl-glimepiride..	9	prenatal multivitamin.....	12
PRENATAL 1.....	12	pioglitazone hcl-metformin		PRENATAL	
opcicon one-step.....	17	hcl.....	9	MULTIVITAMIN + DHA.....	12
OPILL.....	17	PIP PEN NEEDLES 31G X		prenatal multivitamin plus	
OPIPZA.....	4	5MM.....	20	dha.....	12
option 2.....	17	PIP PEN NEEDLES 32G X		prenatal multivitamins.....	12
ORIAHNN.....	17	4MM.....	20	prenatal one daily.....	12
orquidea.....	17	pitavastatin calcium.....	8	prenatal plus.....	12
OSPHENA.....	14	PLAN B ONE-STEP.....	17	prenatal plus	
OZEMPIC.....	9	pnv 27-ca/fe/fa.....	12	vitamin/mineral.....	12
OZEMPIC (2 MG/DOSE).....	9	pnv prenatal plus		prenatal vitamin and	
paliperidone er.....	4	multivit+dha.....	12	mineral.....	12
pantoprazole sodium.....	14	pnv-dha.....	12	prenatal vitamins.....	12
PARAGARD		pnv-dha+docusate.....	12	prenatal/folic acid.....	12
INTRAUTERINE COPPER..	17	pnv-omega.....	12	prenatal/folic acid+dha.....	12
paroxetine hcl.....	4	pnv-select.....	12	prenatal/iron.....	12
paroxetine hcl er.....	4	POCKET PEAK FLOW		prenatal+dha.....	12
PEAK A-I-R FLOW		METER.....	20	PRENATAL-U.....	12
METER.....	20	POCKETPEAK PEAK		PRENATE AM.....	12
PEAK AIR PEAK FLOW		FLOW METER.....	20	PRESTALIA.....	8
METER.....	20	POLY-VI-FLOR/IRON.....	12	PREVACID 24HR.....	14
PEAK FLOW METER		portia-28.....	17	prevalite.....	8
UNIVERSAL RANG.....	20	PRADAXA.....	3	PREZCOBIX.....	5
peg 3350-kcl-na bicarb-		prasugrel hcl.....	4	PREZISTA.....	5
nacl.....	14	pravastatin sodium.....	8	PRILOSEC.....	14

PRILOSEC OTC.....	14	repaglinide.....	9	SOLQUA.....	9
PRO HEALTH MINI		REPATHA.....	8	SOLTAMOX.....	4
TALKING MONITR.....	20	RETROVIR.....	5	SOLUVITA ACD WITH	
PRO HEALTH TRACK BP		REXULTI.....	5	FLUORIDE.....	12
MONITOR.....	20	REYATAZ.....	5	SOLUVITA WITH	
PROCARDIA XL.....	8	REZVOGLAR KWIKPEN ...	11	FLUORIDE.....	12
PROCARE UPPER ARM		RIOMET.....	9	sotalol hcl.....	8
BP MONITOR.....	20	risedronate sodium.....	18	sotalol hcl (af).....	8
PROCARE WRIST BP		RISPERDAL CONSTA.....	5	SOTYLIZE.....	8
MONITOR.....	20	risperidone.....	5	SPHYGMOMANOMETER..	20
PROCHECK BLOOD		risperidone microspheres		SPIRIVA HANDIHALER....	21
PRESS MONITOR.....	20	er.....	5	SPIRIVA RESPIMAT.....	21
PROGRAF.....	18	ritonavir.....	5	spironolactone.....	8
PROLIA.....	18	rivaroxaban.....	3	spironolactone-hctz.....	8
propranolol hcl.....	8	rivelsa.....	17	sprintec 28.....	17
propranolol hcl er.....	8	roflumilast.....	21	sronyx.....	17
PROTONIX.....	14	rosuvastatin calcium.....	8	STIOLTO RESPIMAT.....	21
PROVIDA OB.....	12	rosyrah.....	17	STOBOCLO.....	18
PURE COMFORT FLOW		RUKOBIA.....	5	STRIBILD.....	5
METER ADULT.....	20	RYBELSUS.....	9	STRIVERDI RESPIMAT....	21
PURE COMFORT FLOW		RYKINDO.....	5	STUART ONE.....	12
METER CHILD.....	20	SAFETY PEN NEEDLES...20		sucralfate.....	14
PURE COMFORT		SANDIMMUNE.....	18	SUFLAVE.....	14
SAFETY PEN NEEDLE.....	20	SAVAYSA.....	3	SULAR.....	8
PYLERA.....	14	saxagliptin hcl.....	9	SUNLENCA.....	6
QBRELIS.....	8	saxagliptin-metformin er.....	9	SUPREP BOWEL PREP	
quetiapine fumarate.....	4	SELECT-OB.....	12	KIT.....	14
quetiapine fumarate er.....	4	SELZENTRY.....	5	SURELIFE BP	
QUFLORA FE PEDIATRIC.12		SE-NATAL 19.....	12	MONITOR/ARM.....	20
QUFLORA PEDIATRIC.....	12	SEREVENT DISKUS.....	21	SURELIFE BP	
QUICK TOUCH INSULIN		SERIES 100 BLOOD		MONITOR/WRIST.....	20
PEN NEEDLE.....	20	PRESSURE.....	20	SUTAB.....	14
quinapril hcl.....	8	SERIES 400 BLOOD		syeda.....	17
quinapril-		PRESSURE.....	20	SYMBICORT.....	21
hydrochlorothiazide.....	8	SERIES 400W BLOOD		SYMBYAX.....	4
quit2.....	3	PRESSURE.....	20	SYMFI.....	6
quit4.....	3	SERIES 600 BLOOD		SYMTUZA.....	6
QVAR REDIHALER.....	21	PRESSURE.....	20	SYNJARDY.....	9
rabeprazole sodium.....	14	SERIES 600W BLOOD		SYNJARDY XR.....	9
raloxifene hcl.....	14	PRESSURE.....	20	tacrolimus.....	18
ramipril.....	8	SERIES 800 BLOOD		TAGAMET HB.....	14
ranolazine er.....	8	PRESSURE.....	20	TAGAMET HB 200.....	14
RAYA SURE PEN		sertraline hcl.....	4	take action.....	17
NEEDLE.....	20	setlakin.....	17	TALICIA.....	14
react.....	17	sharobel.....	17	TALKING SENSE BP	
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PRESSURE MONITOR.....	20	simliya.....	17	tarina 24 fe.....	17
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MONITOR.....	20	simvastatin.....	8	TARON-C DHA.....	12
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REMERON.....	4	SKYLA.....	17	TAYTULLA.....	17
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TECHLITE PLUS PEN	tri-lo-estarylla	17	VASERETIC	9
NEEDLES	tri-lo-marzia	17	VASOTEC	9
TEKTURNA	tri-lo-mili	17	VECAMYL	9
telmisartan	tri-lo-sprintec	17	velivet	17
telmisartan-amlodipine	tri-mili	17	venlafaxine hcl	4
telmisartan-hctz	TRINATAL RX 1	12	venlafaxine hcl er	4
tenofovir disoproxil	TRINATE	12	verapamil hcl	9
fumarate	tri-sprintec	17	verapamil hcl er	9
TENORETIC 100	TRIUMEQ	6	VERELAN	9
TENORETIC 50	TRIUMEQ PD	6	VERIFINE INSULIN PEN	
terbutaline sulfate	TRI-VI-FLOR	12	NEEDLE	20
teriparatide	TRI-VI-FLORO	12	VERIFINE INSULIN	
TERIPARATIDE	tri-vite/fluoride	12	SYRINGE	11
TGT BLOOD PRESSURE	tri-vylibra	17	VERIFINE PLUS PEN	
MONITOR	tri-vylibra lo	17	NEEDLE	20
THALITONE	TRUE COMFORT		VERSACLOZ	5
THEO-24	SAFETY PEN NEEDLE	20	vestura	17
theophylline	TRUE HEALTH SENSE		vienva	17
theophylline er	BP MONITOR	20	VINATE CARE	13
THERANATAL	TRUE VITAMIN B3	12	VINATE DHA RF	13
COMPLETE	TRULICITY	9	viorele	17
THERANATAL CORE	TRUZONE PEAK FLOW		VIRACEPT	6
NUTRITION	METER	20	VIREAD	6
THERANATAL ONE	TRYVIO	8	VITAFUSION PRENATAL ..	13
THERANATAL OVAVITE ..	turqoz	17	VITAMIN B3	13
thioridazine hcl	TYBLUME	17	vitamins acd-fluoride	13
thiothixene	TYBOST	6	VIVA DHA	13
THRIVE	TYMLOS	18	volnea	18
THRIVITE RX	ULTICARE INSULIN SYR		VOQUEZNA DUAL PAK	14
tiadylt er	1/2 UNIT	11	VOQUEZNA TRIPLE PAK ..	14
TIAZAC	ULTIGUARD SAFEPAK		VRAYLAR	5
ticagrelor	NEEDLE	20	vyfemla	18
tilia fe	ULTIGUARD SAFEPAK		vylibra	18
timolol maleate	SYR/NEEDLE	11	warfarin sodium	3
TIVICAY	ultra prenatal vit/min + dha ..	12	wera	18
TIVICAY PD	UNIFINE OTC PEN		WESCAP-C DHA	13
toremifene citrate	NEEDLES	20	WESCAP-PN DHA	13
torse mide	UNIFINE PROTECT PEN		WESNATAL DHA	
TOUJEO MAX	NEEDLE	20	COMPLETE	13
SOLOSTAR	UNIFINE ULTRA PEN		WESNATE DHA	13
TOUJEO SOLOSTAR	NEEDLE	20	WESTAB PLUS	13
TRADJENTA	UPSPRING PRENATAL		wixela inhub	21
trandolapril	COMPLETE	13	womens prenatal+dha	13
trandolapril-verapamil hcl	UZEDY	5	wymzya fe	18
er	valsartan	8	xarah fe	18
TRELEGY ELLIPTA	valsartan-		XARELTO	3
triamterene	hydrochlorothiazide	8	XARELTO STARTER	
triamterene-hctz	valtya 1/50	17	PACK	3
tri-estarylla	varenicline tartrate	3	xelria fe	18
trifluoperazine hcl	varenicline tartrate (starter) ..	3	XIGDUO XR	9
TRIJARDY XR	varenicline		xulane	18
tri-legest fe	tartrate(continue)	3	XULTOPHY	9
tri-linyah	VASCEPA	9	YEZTUGO	6

YUPELRI.....	21
zafemy.....	18
zafirlukast.....	21
ZANTAC 360.....	14
ZANTAC 360 MAX ST.....	14
ZEGERID OTC.....	14
ZESTORETIC.....	9
ZIAGEN.....	6
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zileuton er.....	21
ziprasidone hcl.....	5
ziprasidone mesylate.....	5
ZONTIVITY.....	4
ZORTRESS.....	18
zovia 1/35 (28).....	18
zumandimine.....	18
ZYFLO.....	21

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

Quality drives our decisions

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

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



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Preventive Premium

Preventive care medications

\$0 cost share medications and products^{1,2,3,5}

Effective Jan. 1, 2026



Under the health reform law (Affordable Care Act), benefit plans must cover certain preventive care medications at 100% – without charging a copay, coinsurance or deductible.

These products include:

- U.S. Preventive Services Task Force A & B Recommendation medications
- Food and Drug Administration (FDA)-approved prescription and over-the-counter (OTC) birth control (contraceptives).
- Flu shot and other vaccines

In support of this law, Optum Rx is offering this updated list of no-cost preventive care medications.

You can use your Optum Rx member ID card to get the products on this list for no cost if they are:

- Prescribed by a health care professional
- Age- and condition-appropriate
- Filled at a network pharmacy

To find a network pharmacy, log on to [optumrx.com](https://www.optumrx.com), select *Pharmacy Locator* on the right hand side of the screen and enter your zip code or call the number on your Optum Rx member ID card. If you get these medications or products from an out-of-network pharmacy, you may have to pay the full cost for them.

U.S. Preventive Services Task Force A & B Recommendation Medications and Supplements⁴

A prescription is required to get these medications and supplements at no cost - even though most are available over-the-counter (OTC).

Medication/Supplement	Reason
OTC	
Aspirin - 81 mg	Prevent preeclampsia during pregnancy. (Ages up to 55 years)
Folic acid 400 & 800 mcg Prenatal vitamins with 400 - 800 mcg of folic acid	Prevent birth defects.
Bisacodyl delayed release tab	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year. (Ages 45 - 75 years)
Magnesium citrate solution	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year. (Ages 45 - 75 years)
PEG 3350 (generic Miralax) <i>Only the OTC product may be covered at \$0 cost share. The prescription version of this product may be covered with a copay or coinsurance depending on your plan.</i>	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year. (Ages 45 - 75 years)
Prescription	
Generic Colyte sold as: PEG-3350/electrolytes Gavilyte-C	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year. (Ages 45 - 75 years)
Generic Golytely sold as: PEG-3350/electrolytes Gavilyte-G	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year. (Ages 45 - 75 years)
Generic Nulytely sold as: PEG-3350 electrolytes	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year. (Ages 45 - 75 years)
Fluoride chew tablets, drop (not toothpaste, rinses)	Prevent dental cavities if water source is deficient in fluoride.

Tobacco Cessation Medications⁴

If you need help to quit smoking or using tobacco products, these preventive medications are available at \$0 cost share. Up to 180 days of treatment are covered at no cost each year. Maximum daily dose quantity limits apply. To qualify, you need to:

- Be age 18 or older
- Get a prescription for these products from your doctor, even if the products are sold over-the-counter (OTC)
- Fill the prescription at a network pharmacy

OTC Medications

Nicotine replacement gum

Nicotine replacement lozenge

Nicotine replacement patch

Prescriptions

Bupropion sustained-release tablet

Varenicline tablet

These prescription medications are covered after members have tried:

1) One OTC nicotine product and 2) bupropion sustained-release separately.

Nicotrol inhaler

Nicotrol nasal spray

Human Immunodeficiency Virus Preventive Medications⁴

For members who are at a higher risk of becoming infected with human immunodeficiency virus (HIV) but are not yet infected, these preventive medications are available at \$0 cost share. To qualify, a member must be at increased risk for first-time infection with HIV and the medication must be utilized for HIV PrEP.

HIV PrEP medications currently available at \$0

Drug name

Emtricitabine-tenofovir disoproxil fumarate 200- 300mg tablet (generic Truvada) - Truvada available if unable to take generic

Tenofovir disoproxil fumarate 300mg tablet (generic Viread) - Viread available if unable to take generic

Apretude ER 600mg-3ml injection

Descovy 200-25mg tablet

If you have more questions about current coverage of HIV PrEP medications, please contact your Optum Rx representative.

Breast Cancer Preventive Medications⁴

For members who are at a higher risk for breast cancer but have not had breast cancer, these preventive medications are available at \$0 cost share. To qualify, a member must:

- Be age 35 or older
- Be at increased chance for the first occurrence of breast cancer – after risk assessment and counseling
- Obtain copay waiver

Most plans cover these medications at normal cost share for the treatment of breast cancer, to prevent breast cancer recurrence and for other indications. Your doctor must submit a Health Care Reform copay waiver review form to request \$0 cost share for primary prevention, if you meet the coverage criteria. If you qualify, you can receive these drugs at \$0 cost share for up to 5 years, minus any time you have been taking them for prevention.

Breast Cancer Medications (prescription)

Anastrozole tablet

Exemestane tablet

Raloxifene tablet

Tamoxifen tablet

Statin Preventive Medications⁴

The U.S. Preventive Service Task Force recommends that adults without a history of cardiovascular disease (CVD) – symptomatic coronary artery disease or stroke – use a statin for the primary prevention of CVD events in individuals who meet the following criteria:

- Are age 40-75, **and**
- Have one or more cardiovascular risk factors (high cholesterol, diabetes, hypertension, or smoking), **and**
- Have an estimated 10-year risk of a cardiovascular event of 10% or greater.

Statin Medications (prescription)

Lovastatin (generic Mevacor) - All strengths

Atorvastatin* (generic Lipitor) 10 & 20 mg (Copay waiver review required to confirm risk of CVD)

Pravastatin* (generic Pravachol) - All strengths (Copay waiver review required to confirm risk of CVD)

Rosuvastatin* (generic Crestor) 5 & 10mg (Copay waiver review required to confirm risk of CVD)

Simvastatin* (generic Zocor) 5, 10, 20 & 40 mg (Copay waiver review required to confirm risk of CVD)

*These medications are typically covered at the customary cost share amount for your plan. Your doctor must submit a Health Care Reform copay waiver review form to request \$0 cost share for primary prevention, if you meet the above coverage criteria.

Women's Health: Birth Control Products

For members who would like to consider family planning options, these preventive medications are available at \$0 cost share. A Health Care Reform copay waiver request form can be submitted by a member's provider to request \$0 cost share if the provider determines that a particular contraceptive is medically necessary but not on the contraceptive list.

Birth Control Caps & Diaphragms (Cervical)

Caya
Femcap
Omniflex
Wide-Seal

Combination Birth Control Pills

Four Phase Birth Control Pills:
Natazia

Generic Alesse & Levlite sold as:

Afirmelle
Aubra EQ
Aviane
Delyla
Falmina
Lessina
Levonor/Ethi
Lutera
Orsythia
Sronyx
Vienva

Generic Balcoltra sold as:

Levonor/Ethi Estradiol
Joyeaux
Minzoya

Generic Beyaz sold as:

Drospire/Eth Estr/Lev

Generic Brevicon 0.5/35 & Modicon 0.5/35 sold as:

Necon 0.5/35
Nortrel 0.5/35
Wera 0.5/35

Generic Cyclessa Pak sold as:

Velivet Pak

Generic Demulen 1/35 sold as:

Ethy Eth Est 1/35
Kelnor 1/35
Zovia 1/35

Generic Demulen 1/50 sold as:

Ethynodiol 1/50
Kelnor 1/50
Valtya 1/50

Generic Desogen-28 & Ortho-Cept sold as:

Apri
Cyred EQ
Enskyce
Isibloom
Juleber
Kalliga
Reclipsen
Solia

Generic Estrostep FE sold as:

Noreth/Ethin FE
Tilia FE
Tri-Legest FE
Xarah FE

Generic Femcon FE chewable sold as:

Nore/Eth/Fer CHW
Wymzya FE CHW
Xelria FE CHW

Generic Generess FE chewable sold as:

Galbriela CHW
Kaitlib FE CHW
Noreth/Ethin FE CHW

Generic Loestrin 24 FE sold as:

Aurovela 24 FE
Blisovi 24 FE
Hailey 24 FE
Junel 24 FE
Larin 24 FE
Tarina 24 FE

Generic Loestrin 1/20 sold as:

Aurovela 1/20
Junel 1/20
Larin 1/20
Microgestin 1/20
Noreth/Ethin 1/20

Generic Loestrin 1.5/30 sold as:

Aurovela 1.5/30
Hailey 1.5/30
Junel 1.5/30
Larin 1.5/30
Microgestin 1.5/30
Noreth/Ethin 1.5/30

Generic Loestrin FE 1/20 sold as:

Aurovela FE 1/20
Blisovi FE 1/20
Feirza 1/20
Hailey FE 1/20
Junel FE 1/20
Larin FE 1/20
Microgestin FE 1/20
Noreth/Ethin FE 1/20
Tarina FE 1/20 EQ

Generic Loestrin FE 1.5/30 sold as:

Aurovela FE 1.5/30
Blisovi FE 1.5/30
Feirza 1.5/30
Hailey FE 1.5/30
Junel FE 1.5/30
Larin FE 1.5/30
Microgestin FE 1.5/30
Nor/Est/FF 1.5/30

Generic Lo/Ovral-28 sold as:

Cryselle-28
Elinest
Low-Ogestrel
Turqoz

Generic LoSeasonique sold as:

Camrese Lo
Levonor/Ethi Estradiol
Lojaimiess

Generic Lybrel 90-20mcg sold as:

Amethyst 90-20mcg
Dolishale 90-20mcg
Levo-Eth Est 90-20mcg

Generic Minastrin 24 CHW FE sold as:

Charlotte 24 CHW FE
Finzala CHW FE
Mibelas 24 CHW FE
Noreth/Ethin CHW FE

Generic Mircette 28 Day sold as:

Azurette
Deso/Ethinyl Estradiol
Kariva
Pimtrea
Simliya
Viorele
Volnea

Generic Nordette-28 sold as:

Altavera
Ayuna
Chateal Eq
Kurvelo
Levonor/Ethi Estradiol
Levora-28
Marlissa
Portia-28

Generic Ortho-Cyclen sold as:

Estarylla
Mili
Mono-Linyah
Norgest/Ethi
Sprintec 28
Vylibra

For eligible prescriptions – you can get a 3-month supply of your medication mailed to you with no cost for standard shipping.

Women's Health: Birth Control Products continued

Generic Ortho-Novum 1/35 & Norinyl 1/35 sold as:

Alyacen 1/35
Dasetta 1/35
Necon 1/35
Nortrel 1/35
Nylia 1/35

Generic Ortho-Novum 7/7/7 sold as:

Alyacen 7/7/7
Dasetta 7/7/7
Nortrel 7/7/7
Nylia 7/7/7
Pirmella 7/7/7

Generic Ortho Tri-Cyclen sold as:

Norgest/Ethi Estradiol
Tri-Estaryll
Tri Femynor
Tri-Linyah
Tri-Mili
Tri-Sprintec
Tri-Vylibra
Trinessa

Generic For Ortho Tri-Cyclen Lo sold as:

Norgest/Ethi Estradiol
Tri-Lo-Estaryll
Tri-Lo-Marzia
Tri-Lo Mili
Tri-Lo-Sprintec
Tri-Vylibra Lo

Generic Ovcon-35 sold as:

Balziva
Briellyn
Philith
Vyfemla

Generic Quartette sold as:

Levonor/Ethi Estradiol
Rivelsa
Rosyrah

Generic Safyral sold as:

Dros/Eth Est Levomefio

Generic Seasonale sold as:

Iclevia
Introvale
Jolessa
Levonor/Ethinyl Estradiol
Setlakin

Generic Seasonique sold as:

Ashlyna
Camrese
Daysee
Jaimiess
Levonor/Ethi Estradiol
Simpesse

Generic Taytulla sold as:

Gemmily
Merzee
Nore/Eth/Fer
Taysofy

Generic Tri-Norinyl sold as:

Aranelle
Leena

Generic Triphasil sold as:

Enpresse-28
Levonest
Levonor/Ethi
Trivora-28

Generic Yasmin 28 sold as:

Drospir/Ethi
Ocella
Syeda
Zumandimine

Generic Yaz sold as:

Drospir/Ethi
Drospirenone/Ethy Est
Jasmiel
Lo-Zumandimine
Loryna
Nikki
Vestura

Progestin Only Birth Control Pills

Generic Ortho Micronor & Nor-QD sold as:

Camila
Deblitane
Emzahh
Errin
Heather
Incassia
Jencycla
Lyleq
Lyza
Meleya
Nora-BE
Norethindrone
Norlyda
Norlyroc
Orquidea
Sharobel

Birth Control Rings (Vaginal)

Annovera
Generic NuvaRing sold as:
EluRyng
EnilloRing
Etonogestrel/Ethyl Estradiol
Haloette

Birth Control Patches (Transdermal)

Generic Ortho Evra sold as:
Norelge/Ethi Estradiol
Xulane
Zafemy

Birth Control Shots (Injection)

Generic Depo-Provera sold as:
Medroxyprogesterone 150 mg/ml IM

Emergency Birth Control

Ella

Over-The-Counter (OTC) Birth Control

(must have a prescription and get them from a network pharmacy for Optum Rx to cover the costs)

Contraceptive films
(e.g. VCF Vaginal)

Contraceptive foams
(e.g. VCF Vaginal Aer)
Contraceptive gels
(e.g. Gynol II, VCF Vaginal)

Contraceptive pills
Opill

Condoms:
Various OTC condoms (e.g., Durex, Kimono, Trustex)
FC2 Female

Generic emergency birth control
(e.g. Aftera, EContra OS, Levonorgestrel tablet, My Choice, My Way, New Day, Opcicon, Option 2, React, Take Action)

Today Sponge

Encare Suppository

Birth Control IUDs and Implants

Kyleena
Liletta
Mirena
Miudella
Nexplanon
Paragard
Skyla
(Some methods of birth control, such as IUDs and implants, may be available through your medical benefit and not your pharmacy benefit.)

For eligible prescriptions – you can get a 3-month supply of your medication mailed to you with no cost for standard shipping.

Flu Shot and Immunizations

Plans must provide coverage without cost sharing for immunizations that are included on the Centers for Disease Control and Prevention immunization schedule. Immunizations may be covered by your medical benefit and not your pharmacy benefit.

Many immunizations can be obtained on a walk-in basis by presenting the Optum Rx member ID card at the time of service. Members should review their benefit plan to determine coverage for immunizations.

Routine Immunizations⁶

Age restrictions or limitations may apply. Check with your network pharmacy for specific age, flu shot and immunization requirements.

Flu Shots

Flu (Influenza)

Afluria	Flublok	FluMist
Fluad	Flucelvax	Fluzone High-Dose
Fluarix	Flulaval	Fluzone

Vaccines and other immunizing agents

COVID-19

Comirnaty, mNEXSPIKE, Spikevax

Dengue

Dengvaxia

Haemophilus influenzae type B (HiB)

PedvaxHIB, ActHIB, Hiberix

Hepatitis A

Havrix, Vaqta

Hepatitis B

Engerix-B, Heplisav-B, PreHevbrio, Recombivax-HB

Hepatitis A/Hepatitis B

Twinrix

Human Papilloma Virus (HPV) – Vaccine prevents HPV related cancers

Gardasil 9

Measles, Mumps, Rubella

M-M-R II, PRIORIX

Meningococcal – Vaccine prevents meningitis

Bexsero, Menquadfi, Menveo, Penbraya, Penmenvy, Trumenba

Pneumococcal – Vaccine prevents pneumonia

Capvaxive, Pneumovax 23, Prevnar 20, Vaxneuvance

Poliovirus

Ipol

Respiratory Syncytial Virus (RSV)

Abrysvo, Arexvy, Beyfortus, Enflonsia, mRESVIA

Smallpox/Mpox

Jynneos

Tdap – Vaccine prevents tetanus, diphtheria, pertussis

Adacel, Boostrix

Td – Vaccine prevents tetanus and diphtheria

Tenivac

Varicella – Vaccine prevents chicken pox

Varivax

Zoster – Vaccine prevents shingles

Shingrix

Ask your employer or check your plan documents for your plan's specific coverage details.

Not all immunizations on this list are available at all network pharmacies. Contact your local network pharmacy to confirm immunization availability.

Frequently asked questions

Preventive Care Medications Coverage

What Preventive Care Medications are available at no cost?

Look at the list in this document, log on to optumrx.com, or call the number on your Optum Rx member ID card for a list of medications covered at \$0 cost share.

Please note, in order to get coverage at no cost for preventive care medications and products (including over-the-counter) you will need a prescription from your doctor.

What happens if a generic medication becomes available?

Prescription brand products may be replaced by newly launched FDA approved generic equivalents.

What if my doctor says I need a birth control product that is not on this list?

This list includes at least one form of birth control from each category of FDA-approved, -cleared and -granted contraceptives typically available through your pharmacy benefit. If your doctor prescribes birth control not on our list that is medically necessary, Optum Rx will cover that recommended drug or product at no cost to you through our Health Care Reform copay waiver review process. Just call the number on your Optum Rx member ID card, and ask how to get coverage.

Some methods of birth control, such as IUDs and implants, may be available through your **medical benefit** and not your pharmacy benefit.

Is my plan required to cover contraceptives?

Some plans may not have coverage for contraceptives if your employer elects a religious or moral exemption. Also, for employers who elect a religious or moral accommodation, Optum Rx may provide or arrange for separate contraceptive coverage for those employers' members as allowed by the health reform law.

If I'm at risk for preeclampsia during pregnancy, how can I get low-dose aspirin for no cost?

Low-dose or baby aspirin (81 mg) is available at no cost to pregnant women at risk for preeclampsia. If you are pregnant and at risk for preeclampsia, talk

to your doctor about whether low-dose aspirin can help. If so, your doctor can give you a prescription for low-dose aspirin which can be filled at no cost to you at a network retail pharmacy.

If I need to take preparation medications before a preventive colonoscopy, how can I get these for no cost?

If you are scheduled for a preventive colonoscopy, ask your doctor for a prescription for one of the no cost preparation medications. You can fill this prescription at a retail network pharmacy at no cost to you. Note: There is a limit of two \$0-cost fills per year.

What if my doctor prescribes a preparation medication for my preventive colonoscopy that is not on this list?

You can ask your doctor for a prescription for one of the medications on this list that your doctor feels would work for you. For some medical reasons, your doctor may decide you need a medication that is not on this list to prepare for your preventive colonoscopy. If so, you can request the medication you need by calling the number on your Optum Rx member ID card, and asking how to get coverage at no cost.

If you need a prescription medication to prepare for a colonoscopy that is **not preventive**, these medications may still be covered with a copayment or coinsurance.

How can I get preventive medications to help me stop using tobacco for no cost?

If you are age 18 or older and want to quit using tobacco products, talk to your doctor about medications that can help. If your doctor decides this therapy is right for you, they may prescribe a generic over-the-counter or prescription medication.

The tobacco cessation products on this list are available at no cost to you if they are:

- Prescribed by your doctor
- Filled at a network pharmacy
- Meet use and quantity guidelines

Frequently asked questions continued

If I'm at risk for HIV (Human Immunodeficiency Virus) but have not been infected, how can I get preventive drugs for \$0 cost share?

If you are a member not yet infected with HIV, talk to your doctor about your risk of getting HIV. If your doctor decides this treatment is appropriate for you, your doctor may offer to prescribe risk-reducing medications. When used for HIV PrEP, these medications are available at \$0 cost-share.

What if my doctor says I need an HIV PrEP medication that is not on this list?

If your doctor prescribes an HIV PrEP medication not on our list for medical reasons, Optum Rx will cover that recommended drug at no cost to you through our Health Care Reform copay waiver review process. Just call the number on your Optum Rx member ID card, and ask how to get coverage.

If I'm at risk for breast cancer but have not had it, how can I get preventive drugs for \$0 cost share?

If you are a member age 35 or older, talk to your doctor about your risk of getting breast cancer if you have not had it. If your doctor decides this treatment is appropriate for you, your doctor may offer to prescribe risk-reducing medications, such as raloxifene or tamoxifen. Your doctor must submit a Health Care Reform copay waiver review form to request \$0 cost share if you meet the coverage criteria.

If I'm at risk for cardiovascular disease, how can I get statin medications at no cost to me?

If you are a member age 40-75, and at risk for cardiovascular disease, your doctor may offer to prescribe statin medications. Select statins are covered at no cost share for people who have

certain risk factors for cardiovascular disease. Depending on the medication, your doctor may need to submit a Health Care Reform copay waiver review form to request \$0 cost share if you meet coverage criteria.

Will this drug list change?

Drug lists can and do change, so it's always good to check. You can find the most updated information by:

- Logging in to **optumrx.com**, or
- Calling the number on your Optum Rx member ID card.

Are the no cost preventive care medications available at both retail and home delivery pharmacies?

Preventive care medications are available at network retail pharmacies. Most are also available at the Optum® Home Delivery Pharmacy for plans with a home delivery benefit. For example, the Optum Home Delivery Pharmacy can mail a 3-month supply of your medication right to you with no cost for standard shipping. That means you can order 4 times a year instead of making 12 trips to pick up your medication. To start using home delivery, just call the number on your Optum Rx member ID card.

What if the health care reform law requirements for preventive care medication coverage change?

If the law requiring plans to provide preventive care medications at no cost changes, information on how your costs may change will be available to you by:

- Logging in to **optumrx.com**, or
- Calling the number on your Optum Rx member ID card.

1. Please note this list is subject to change.

2. Always refer to your benefit plan materials to determine your coverage for medications and cost share. Some medications may not be covered under your specific benefit. Where differences are noted, the benefit plan documents will govern.

3. All branded medications are trademarks or registered trademarks of their respective owners.

4. The listed age limits are based on U.S. Preventive Services Task Force Recommendations; coverage for additional populations may also apply as required.

5. If your pharmacy benefit plan is grandfathered under the ACA, these drugs may be covered at the normal cost share.

6. Not all vaccines on this list are available at all participating pharmacies. Members should contact their participating pharmacy of choice to confirm vaccine availability.

Notice of Availability of Language Assistance Services and Alternate Formats

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card. TTY:711

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro. TTY: 711

ملاحظة: إذا كنت تتحدث **اللغة العربية (Arabic)**، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

ចំណាំ: ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)** សេវាជំនួយភាសាភាគតិចត្រូវបានផ្តល់ជូនដោយឥតគិតថ្លៃក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ទូរសព្ទមកលេខភាគតិចត្រូវនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

请注意: 如果您说**中文 (Chinese)**，我们可以为您提供免费语言协助服务以及大字印刷本等其他格式的免费通信。请致电您的会员身份卡上的免付费电话号码。

請注意: 如果您說**中文 (Chinese)**，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

ATTENTION: Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòm lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistentendienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

LUS TSEEM CEEB: Yog tias koj hais **lus Hmoob (Hmong)**, muaj cov kev pab cuam txhais lus thiab muaj kev sib txuas lus pab dawb ua lwm hom ntawv, xws li luam ua ntawv loj rau koj. Thov hu rau tus xov tooj hu dawb ntawm koj daim npav ID.

ATENSION: No agsasaoka iti **Ilocano (Ilocano)**, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti awan-bayadna a numero a masarakan iti kard a pakabigbigam kas miembro.

ATTENZIONE: se parla **italiano (Italian)**, può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

注意事項: 日本語 (**Japanese**) を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイヤルにお電話ください。

알림 사항: 한국어(**Korean**)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

BAA'ÁKONÍNÍZIN: Diné (Navajo) saad bee yáníłti'go, t'áá jíík'eh saad bee áka'e'eyeed bee áka'anída'wo'í dóó nááná łahgo át'éego bee hadadilyaa bee ahxii hane'í, díí nitsaago bee ak'eda'ashchíníí, náhóló. Bee atah nil'íní ninaaltsoos nitł'izí bee nééhoziní bąąh t'áá hiik'eh bee hane'í námboo bee hodiilnih.

توجه: اگر به زبان **فارسی (Farsi)** صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویت‌تان تماس بگیرید.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ВНИМАНИЕ! Если вы говорите на **русском языке (Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

FIIRO GAAR AH: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda bilaashka ah iyo isgaarsiino bilaash ah oo qaabab kale ah, sida far waaweyn, ayaa diyaar kuu ah. Ka wac lambarka wicitaanka bilaashka ah kaarkaaga aqoonsiga xubinta.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

LƯU Ý: Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.



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