



**Arizona
Individual & Family plans**

2025 Prescription Drug List

Effective as of Jan. 1, 2025

Table of contents

Analgesics.....	9
Anesthetics	10
Anti-addiction/substance abuse treatment agents.....	10
Antibacterials	10
Anticonvulsants.....	11
Antidementia agents	12
Antidepressants	12
Antiemetics	13
Antifungals.....	13
Antigout agents.....	13
Antimigraine agents	13
Antimyasthenic agents.....	14
Antimycobacterials	14
Antineoplastics	14
Antiparasitics	15
Anti-Parkinson's agents	15
Antipsychotics	15
Antivirals	16
Anxiolytics.....	17
Bipolar agents.....	17
Blood glucose monitoring.....	17
Blood glucose regulators.....	18
Blood products and modifiers.....	18
Cardiovascular agents.....	19
Central nervous system agents	21
Dental and oral agents.....	21
Dermatological agents	21
Electrolytes/minerals/metals/vitamins.....	22
Gastrointestinal agents.....	23
Genetic or enzyme disorder: replacement, modifiers, treatment	24
Genitourinary agents.....	24
Hormonal agents, stimulant/replacement/modifying (adrenal)	24
Hormonal agents, stimulant/replacement/modifying (pituitary)	25
Hormonal agents, stimulant/replacement/modifying (prostaglandins)	25
Hormonal agents, stimulant/replacement/modifying (sex hormones/modifiers).....	25
Hormonal agents, stimulant/replacement/modifying (thyroid).....	28

Hormonal agents, suppressant (adrenal)	28
Hormonal agents, suppressant (pituitary)	28
Hormonal agents, suppressant (thyroid)	28
Immunological agents	28
Inflammatory bowel disease agents	30
Metabolic bone disease agents	31
Miscellaneous therapeutic agents	31
Ophthalmic agents	32
Otic agents.....	33
Respiratory tract/pulmonary agents.....	33
Skeletal muscle relaxants.....	34
Sleep disorder agents	34

Understanding your prescription drug list

What is a prescription drug list (PDL)?

A PDL is a list of prescribed medications or other pharmacy care products or supplies chosen for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications.

To create the list, UnitedHealthcare® is guided by the Individual & Family plan Pharmacy Management Committee. This group reviews which medications will be covered, based on how well the drugs work, and overall value. They also make sure there are safe and covered options.

How do I use my PDL?

You and your healthcare provider can use the PDL to help you choose the most cost-effective prescription medications. This guide tells you if your medication is covered, what tier your medication is considered under your plan, and if your medication has coverage rules or limits. You can reference this list when you see your healthcare provider. If your medication is not listed here, please visit myuhc.com/exchange or call the Member Services number on your health plan ID card.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, and you can find cost-sharing information in your plan documents. This determines how much you will pay when you fill a prescription at a network pharmacy. Using lower-tier medications can help you pay the lowest out-of-pocket cost. If you are prescribed a medication on a higher tier, you can ask your healthcare provider if a lower-tier medication can work for your condition. In the chart below, the overall value is based on factors such as medication effectiveness, safety, cost, and the availability of alternative medications to treat the same or similar medical condition.

Tier	Cost-share	Includes
1	\$0	\$0 Cost-share Medications available at no cost to you, which includes preventive medications .
2	\$	Lower cost-share Medications that offer the highest overall value , which includes preferred generic medications .
3	\$\$	Mid-range cost-share Medications that provide good overall value , which includes preferred brand name and non-preferred generic medications .
4	\$\$\$	Higher cost-share Medications that provide lower overall value , which includes non-preferred brand name medications and non-preferred generic medications .
5	\$\$\$\$	Highest cost-share Medications that provide the lowest overall value , which includes most specialty medications .

About this PDL

Where differences between this document and your benefit plan exist, the benefit plan documents rule. This may not be a complete list of medications that are covered by your plan. Please review your benefit plan for full details.

Can the PDL change?

Most changes in drug coverage happen on January 1st , but during the year UnitedHealthcare may add or remove drugs on the PDL, move them to different cost-sharing tiers, or add or remove rules.

When a medication changes tiers, you may have to pay a different amount for that medication. Talk to your healthcare provider to learn about alternatives.

Why are some medications not covered?

A medication may not be covered under your pharmacy benefit when it works the same as or similar to another prescription or over-the-counter (OTC) medication.

Coverage details

What are coverage rules or limits?

Some medications on your PDL have extra rules before they can be covered. A few of the most common coverage rules or limits are prior authorization (PA), step therapy (ST), and quantity limits (QL). We use programs like these to help make sure the medication you take is safe and effective. Check your plan documents for more information. In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage rules or limits. Your benefit plan sets how these medications may be covered for you. To get a medication that has a coverage rule or limit, see the “Prior authorization and exception requests” section.

PA	Prior authorization required UnitedHealthcare requires you or your healthcare provider to obtain prior authorization for certain drugs to be sure the drug is most appropriate for your condition. This means that you will need to get approval from UnitedHealthcare before you fill your prescriptions. If you don't get approval, the drug may not be covered.
QL	Quantity limit For certain drugs, UnitedHealthcare limits the amount of the drug being filled per copayment or over a certain period of time. We update quantity limits based on medical guidance and Food and Drug Administration (FDA) recommendations. This helps reduce waste and ensures medications are used appropriately.
ST	Step therapy In some cases, UnitedHealthcare requires you to first try certain drugs to treat your medical condition before we cover another drug for that condition. Step Therapy makes sure you are filling medically appropriate and affordable medications.
SP	Specialty medication Limited to a 1-month supply per prescription.
MME	Morphine milligram equivalent Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME) and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than 1 opioid drug for pain management. If your healthcare provider prescribes more than this amount, or thinks the limit is not right for your situation, you or your healthcare provider can ask the plan to cover the additional quantity.

7D

7 day limit if you have not filled an opioid prescription recently

If you have not filled an opioid prescription recently, you may be limited to a 7-day supply. This limit is intended to minimize initial duration if you do not have recent history of opioid use. For members who are new to the plan and have a recent history of using opioids, the limit may be overridden by the pharmacy. For members who have filled an opioid recently, prescriptions are limited to a 1 month supply.

Which preventive medications are covered?

Your UnitedHealthcare Individual & Family plan covers certain preventive medications and supplements at no cost to you when filled at a network pharmacy.

Under the Affordable Care Act (ACA) of 2010, prescription and over-the-counter (OTC) preventive medications and supplements include:

- Aspirin to prevent preeclampsia during pregnancy
- Birth control (contraceptives)
- Bowel preparation for a colonoscopy needed for colon cancer screening
- Breast cancer preventive medications
- Fluoride to prevent dental cavities
- Folic acid to prevent birth defects
- Gonococcal Ophthalmia Neonatorum preventive medications
- Human Immunodeficiency Virus (HIV) infection pre-exposure preventive (PrEP) medications
- Statin medications to prevent cardiovascular events
- Tobacco cessation medications to help you quit smoking
- Vaccines

We follow recommendations by the U.S. Preventive Services Task Force, Health Resources and Services Administration, and Advisory Committee on Immunization Practices.

Preventive medications are listed as Tier 1 or are noted as \$0 Copay medications in this drug list. Some medications are available at no cost to you only when certain requirements are met. As noted in this list, we may need your healthcare provider to provide information about your medical condition to confirm that you meet the requirements to obtain the preventive medication at no cost. Follow the steps in the “Prior authorization and exception requests” section. If you qualify, you can receive these drugs at \$0 cost-share. If you are using it to treat another medical condition, a cost-share may apply.

What medications are covered under my medical benefit?

To learn about medications covered under your medical benefit, visit uhcprovider.com/content/dam/provider/docs/public/resources/pharmacy/IFP-Clinical-Program-Summary-Drug-List.pdf

Prior authorization and exception requests

Some medications require prior authorization or may need an exception. This includes medications that:

- Require a prior authorization, including compounded prescription medications
- Require step therapy
- Exceed quantity limits
- Exceed opioid safety edits
 - 7-day supply limit for members who have not filled an opioid prescription recently or
 - Opioid use that exceeds the established morphine milligram equivalent (MME) level
- Are not listed in the PDL (also called non-formulary drugs)
- May be covered at no cost when specific requirements are met such as preventive medications

How can I get a medication that requires a prior authorization or an exception?

Optum Rx, our Pharmacy Benefit Manager, processes prior authorization and exception requests on behalf of UnitedHealthcare Individual & Family plans. Contact your healthcare provider to submit a request. Healthcare providers can submit a request:

- Online: professionals.optumrx.com/prior-authorization.html
- Phone: 1-800-711-4555

The request should include the diagnosis, medication history, clinical justification, medical records/lab tests as needed and other supporting information. If information is missing, Optum Rx will contact your healthcare provider and request additional information.

If you need help, you can also start a request at myuhc.com/exchange or by calling the member services number on your health plan ID card, and we can contact your healthcare provider for information to help process the request.

We'll send written notification of the decision to both you and your healthcare provider. If your healthcare provider does not agree with the decision, this notification will provide instructions on requesting a peer-to-peer review or requesting an appeal.

You and your healthcare provider can learn more and find clinical criteria by visiting uhcprovider.com/exchange.

Medication tips

What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less.

What if my healthcare provider writes a brand-name prescription?

If your healthcare provider gives you a prescription for a brand-name medication, ask if a generic or lower-cost option could be right for you. Generic medications are usually your lowest-cost option.

Over-the-counter medications

An over-the-counter (OTC) medication may be the right treatment for some conditions. Talk to your healthcare provider about available OTC options. Even though OTC medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

What if I am taking a specialty medication?

Specialty medications are for rare or complex conditions and are usually higher-cost medications. Specialty medications are indicated with SP throughout the PDL.

Please note, not all specialty medications may be available at a retail pharmacy. If you have a question on how to access covered specialty medications, call the number on your health plan ID card or visit myuhc.com/exchange.

Reading your PDL

The PDL gives you choices so you and your healthcare provider can decide your best course of treatment. In this PDL, brand-name medications are shown in UPPERCASE (for example, JARDIANCE). Generic medications are shown in lowercase (for example, atorvastatin). There are two ways to find your drug within the PDL:

1. The drugs in this formulary are grouped into categories depending on the medical conditions that they are used to treat. For example, drugs used to treat an infection are generally listed under the category, Antibacterial. If you know what your drug is used for, look for the category name, then look under the category name for your drug .
2. Alphabetical listing – if you are not sure what category to look under, you should look for your drug in the Index. The Index provides an alphabetical list of all the drugs included in this document for both brand name drugs and generic drugs. Review the Index to find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to that page listed in the Index and find the name of your drug in the first column of the list .

Questions



Review your policy for more information about your pharmacy benefit



Call the Member Services number on your health plan ID card



Register or login to your online account at myuhc.com/exchange to:

- Find current list of covered medications
- Find a network pharmacy by ZIP code
- Learn about home delivery
- Look up possible lower-cost medication alternatives
- Compare medication pricing and options

Drug name	Tier	Notes	Drug name	Tier	Notes
Analgesics					
Nonsteroidal anti-inflammatory drugs					
aspirin 81 oral tablet delayed release	1	\$0 Copay for members between ages of 16 to 49 years.	ft aspirin low dose	1	\$0 Copay for members between ages of 16 to 49 years.
aspirin adult low dose	1	\$0 Copay for members between ages of 16 to 49 years.	ft aspirin oral tablet chewable	1	\$0 Copay for members between ages of 16 to 49 years.
aspirin adult low strength	1	\$0 Copay for members between ages of 16 to 49 years.	goodsense aspirin low dose	1	\$0 Copay for members between ages of 16 to 49 years.
aspirin childrens	1	\$0 Copay for members between ages of 16 to 49 years.	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	2	
aspirin ec adult low dose	1	\$0 Copay for members between ages of 16 to 49 years.	indomethacin er	2	
aspirin ec low dose	1	\$0 Copay for members between ages of 16 to 49 years.	indomethacin oral capsule	2	QL
aspirin ec low strength	1	\$0 Copay for members between ages of 16 to 49 years.	ketoprofen er	4	ST
aspirin low dose	1	\$0 Copay for members between ages of 16 to 49 years.	ketoprofen oral	3	ST
aspirin oral tablet chewable	1	\$0 Copay for members between ages of 16 to 49 years.	ketorolac tromethamine oral	2	
aspirin oral tablet delayed release 81 mg	1	\$0 Copay for members between ages of 16 to 49 years.	KIPROFEN	3	ST
aspirin regimen	1	\$0 Copay for members between ages of 16 to 49 years.	meclofenamate sodium oral	4	
celecoxib oral	2	QL	mefenamic acid oral	4	
diclofenac potassium oral tablet 50 mg	2		meloxicam oral tablet	2	
diclofenac sodium er	3		mm aspirin	1	\$0 Copay for members between ages of 16 to 49 years.
diclofenac sodium external gel 1%	3	QL	nabumetone oral	2	
diclofenac sodium oral	2		naproxen dr	2	
diclofenac-misoprostol	3		naproxen oral suspension	4	PA
diflunisal oral	2		naproxen oral tablet	2	
ec-naproxen	2		naproxen oral tablet delayed release	2	
etodolac	2		naproxen sodium oral tablet 275 mg, 550 mg	2	
etodolac er	3		oxaprozin oral tablet	3	
fenoprofen calcium oral tablet	4		piroxicam oral	2	
flurbiprofen oral tablet 100 mg	2		salsalate oral	2	
Opioid analgesics, long-acting					
fentanyl transdermal patch 72 hour	3	PA; QL; MME; 7D			
100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr					
hydrocodone bitartrate er oral capsule extended release 12 hour	4	PA; QL; MME; 7D			
hydromorphone hcl er	4	PA; QL; MME; 7D			
levorphanol tartrate oral	4	PA; QL; MME; 7D			
methadone hcl intensol	2	PA; QL; MME; 7D			
methadone hcl oral concentrate	2	PA; QL; MME; 7D			
methadone hcl oral solution	2	PA; QL; MME; 7D			
methadone hcl oral tablet	2	PA; QL; MME; 7D			
morphine sulfate er oral tablet extended release	2	PA; QL; MME; 7D			

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
NUCYNTA ER	4	PA; QL; MME; 7D
oxymorphone hcl er	4	PA; QL; MME; 7D
tramadol hcl (er biphasic) oral tablet extended release 24 hour	3	PA; QL; MME; 7D
tramadol hcl er tablet	3	PA; QL; MME; 7D
XTAMPZA ER	4	PA; QL; MME; 7D
Opioid analgesics, short-acting		
acetaminophen-codeine	2	QL; MME; 7D
apap-caff-dihydrocodeine	4	QL; MME; 7D
ascomp-codeine	3	QL; MME; 7D
bac	2	QL
butalbital-acetaminophen oral tablet	3	QL
butalbital-apap-caff-cod	4	QL; MME; 7D
butalbital-apap-caffeine oral capsule	4	QL
butalbital-apap-caffeine oral tablet	2	QL
butalbital-asa-caff-codeine	3	QL; MME; 7D
butalbital-aspirin-caffeine	3	QL
butorphanol tartrate nasal	3	QL; MME; 7D
codeine sulfate	2	QL; MME; 7D
endocet	2	QL; MME; 7D
fentanyl citrate buccal lozenge on a handle	4	PA; QL
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	QL; MME; 7D
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	2	QL; MME; 7D
hydrocodone-ibuprofen	4	QL; MME; 7D
hydromorphone hcl oral liquid	3	QL; MME; 7D
hydromorphone hcl oral tablet	2	QL; MME; 7D
morphine sulfate (concentrate)	3	QL; MME; 7D
morphine sulfate oral solution	3	QL; MME; 7D
morphine sulfate oral tablet	2	QL; MME; 7D
oxycodone hcl oral capsule	2	QL; MME; 7D
oxycodone hcl oral concentrate	4	QL; MME; 7D
oxycodone hcl oral solution	2	QL; MME; 7D
oxycodone hcl oral tablet	2	QL; MME; 7D
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	QL; MME; 7D
oxymorphone hcl	3	QL; MME; 7D
pentazocine-naloxone hcl	3	QL; MME; 7D
TENCON	3	QL
tramadol hcl oral tablet 50 mg	2	QL; MME; 7D
tramadol-acetaminophen	2	QL; MME; 7D
Anesthetics		
Local anesthetics		
glydo	2	
lidocaine external patch 5 %	3	PA; QL
lidocaine hcl external solution	3	
lidocaine hcl mouth/throat	3	
lidocaine hcl urethral/mucosal	2	

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

Drug name	Tier	Notes
lidocaine viscous hcl	2	
lidocaine-prilocaine external cream	2	
Anti-addiction/substance abuse treatment agents		
Alcohol deterrents/anti-craving		
acamprosate calcium	3	
disulfiram oral	2	
naltrexone hcl oral	2	
Opioid dependence treatments		
buprenorphine hcl sublingual	2	
buprenorphine hcl-naloxone hcl sublingual film	4	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	
ZUBSOLV	3	
Opioid reversal agents		
naloxone hcl injection	2	
naloxone hcl nasal	1	
NARCAN	1	
Smoking cessation agents		
bupropion hcl er (smoking det)	1	
ft nicotine	1	
ft nicotine mini	1	
goodsense nicotine mouth/throat gum 2 mg	1	
goodsense nicotine mouth/throat lozenge 4 mg	1	
habitrol	1	
NICORETTE MINI	1	
NICORETTE MOUTH/THROAT GUM 2 MG	1	
NICORETTE MOUTH/THROAT LOZENGE	1	
nicotine mini	1	
nicotine polacrilex mini	1	
nicotine polacrilex mouth/throat	1	
nicotine step 1	1	
nicotine step 2	1	
nicotine step 3	1	
nicotine transdermal kit	1	
nicotine transdermal patch 24 hour 21 mg/24hr	1	
NICOTROL	1	PA
NICOTROL NS	1	PA
varenicline tartrate	1	PA
varenicline tartrate (starter)	1	PA
varenicline tartrate(continue)	1	PA
Antibacterials		
Aminoglycosides		
gentamicin sulfate external	3	
HUMATIN	4	
neomycin sulfate oral	2	
Antibacterials, other		
clindamycin hcl oral	2	

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
clindamycin palmitate hcl	3	
clindamycin phosphate vaginal	2	
fosfomycin tromethamine	4	
linezolid oral suspension reconstituted	4	QL
linezolid oral tablet	3	QL
mafénide acetate external	4	
methenamine hippurate	3	
metronidazole oral tablet	2	
metronidazole vaginal	2	
mupirocin cream	4	QL
mupirocin ointment	2	QL
NEO-SYNALAR	4	QL
nitrofurantoin macrocrystal	3	
nitrofurantoin monohydrate macrocrystals	2	
nitrofurantoin oral suspension 25 mg/5ml	4	
silver sulfadiazine external	2	
SIVEXTRO ORAL	4	PA; QL
SOLOSEC	4	QL
ssd	2	
SULFAMYLON	4	
tinidazole oral	2	
trimethoprim oral	2	
vancomycin hcl oral capsule	2	QL
vancomycin hcl oral solution reconstituted	3	
VANDAZOLE	3	
XIFAXAN	5	PA; QL
Beta-lactam, cephalosporins		
cefaclor er	3	
cefaclor oral capsule	2	
cefadroxil oral capsule	2	
cefadroxil oral suspension reconstituted	2	
cefadroxil oral tablet	3	
cefdinir	2	
cefixime oral capsule	3	
cefixime oral suspension reconstituted	4	
cefpodoxime proxetil	3	
cefprozil	2	
cefuroxime axetil	2	
cephalexin oral capsule 250 mg, 500 mg	2	
cephalexin oral suspension reconstituted	2	
Beta-lactam, penicillins		
amoxicillin	2	
amoxicillin-potassium clavulanate	2	
ampicillin	2	
dicloxacillin sodium	2	
penicillin v potassium	2	

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

Drug name	Tier	Notes
Macrolides		
azithromycin oral	2	
clarithromycin er	3	
clarithromycin oral suspension reconstituted	4	
clarithromycin oral tablet	2	
erythromycin base oral capsule delayed release particles	4	
erythromycin base oral tablet	3	
erythromycin base oral tablet delayed release	3	
erythromycin ethylsuccinate oral	4	
erythromycin oral	3	
Quinolones		
BAXDELA ORAL	4	
ciprofloxacin hcl oral	2	
levofloxacin oral solution	4	
levofloxacin oral tablet	2	
moxifloxacin hcl oral	2	
ofloxacin oral	3	
Sulfonamides		
sulfadiazine oral	4	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	2	
sulfamethoxazole-trimethoprim oral tablet	2	
sulfatrim pediatric	2	
Tetracyclines		
avodox	2	
demeclocycline hcl	4	
doxycycline hydiate oral capsule	2	
doxycycline hydiate oral tablet 100 mg, 20 mg	2	
doxycycline monohydrate oral capsule 100 mg, 50 mg	2	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	2	
minocycline hcl oral capsule	2	
monodoxine nl	2	
tetracycline hcl oral capsule	2	
Anticonvulsants		
Anticonvulsants, other		
levetiracetam er	2	
levetiracetam oral	2	
NAYZILAM	5	PA
roweepra	2	
Calcium channel modifying agents		
ethosuximide oral	3	
methsuximide	3	
zonisamide oral	2	
Gamma-aminobutyric acid (GABA) augmenting agents		
clobazam	4	PA; QL

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
DIACOMIT	5	PA; QL; SP
diazepam rectal	4	QL
gabapentin oral capsule	2	
gabapentin oral solution 250 mg/5ml	2	
gabapentin oral tablet 600 mg, 800 mg	2	
phenobarbital oral	2	
primidone oral	2	
tiagabine hcl	4	
valproic acid oral capsule	2	
valproic acid oral solution 250 mg/5ml	2	
vigabatrin	5	PA; QL; SP
vigadrone	5	PA; QL; SP
vigoder	5	PA; QL; SP
Glutamate reducing agents		
felbamate	4	
FYCOMPA ORAL SUSPENSION	4	PA; QL
lamotrigine oral tablet	2	
lamotrigine oral tablet chewable	2	
subvenite	2	
topiramate oral capsule sprinkle	3	
topiramate oral tablet	2	
Sodium channel agents		
APTIOM	4	PA; QL
carbamazepine er	3	
carbamazepine oral suspension 100 mg/5ml	3	
carbamazepine oral tablet	2	
carbamazepine oral tablet chewable	2	
DILANTIN ORAL CAPSULE 30 MG	4	
epitol	2	
lacosamide oral	4	PA; QL
oxcarbazepine oral suspension	4	
oxcarbazepine oral tablet	2	
phenytek	2	
phenytoin infatabs	2	
phenytoin oral	2	
phenytoin sodium extended	2	
rufinamide	4	PA
Antidementia agents		
Cholinesterase inhibitors		
donepezil hcl oral tablet 10 mg, 5 mg	2	QL
donepezil hcl oral tablet dispersible	2	QL
galantamine hydrobromide er	3	QL
galantamine hydrobromide oral solution	4	QL
galantamine hydrobromide oral tablet	3	QL
rivastigmine	4	QL
rivastigmine tartrate	2	QL

Drug name	Tier	Notes
N-methyl-D-aspartate (NMDA) receptor antagonist		
memantine hcl oral solution	4	QL
memantine hcl oral tablet	2	QL
Antidepressants		
Antidepressants, other		
bupropion hcl er (sr)	2	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	2	QL
bupropion hcl oral	2	
chlordiazepoxide-amitriptyline	3	
mirtazapine oral tablet	2	
mirtazapine oral tablet dispersible	3	
olanzapine-fluoxetine hcl	4	QL
perphenazine-amitriptyline	3	
Monoamine oxidase inhibitors		
MARPLAN	4	
phenelzine sulfate oral	2	
tranylcypromine sulfate	4	
SSRI/SNRI (selective serotonin reuptake inhibitors/ serotonin and norepinephrine reuptake inhibitors)		
citalopram hydrobromide oral solution	3	
citalopram hydrobromide oral tablet	2	
desvenlafaxine succinate er	3	QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	QL
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	2	
FETZIMA	4	ST; QL
fluoxetine hcl (pmdd)	3	QL
fluoxetine hcl oral capsule	2	
fluoxetine hcl oral capsule delayed release	3	QL
fluoxetine hcl oral solution	2	
fluoxetine hcl oral tablet 10 mg, 20 mg	3	QL
fluvoxamine maleate	2	
fluvoxamine maleate er	4	QL
nefazodone hcl	3	
paroxetine hcl er	3	QL
paroxetine hcl oral suspension	4	
paroxetine hcl oral tablet	2	
sertraline hcl oral concentrate	2	
sertraline hcl oral tablet	2	
trazodone hcl oral	2	
venlafaxine hcl	2	
venlafaxine hcl er oral capsule extended release 24 hour	2	
vilazodone hcl	4	QL
Tricyclics		
amitriptyline hcl oral	2	

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes	Drug name	Tier	Notes			
amoxapine	2		griseofulvin ultramicrosize	3				
clomipramine hcl oral	4		GYNAZOLE-1	4				
desipramine hcl oral	3		itraconazole oral	4	QL			
doxepin hcl oral capsule	2		ketoconazole external cream	2	QL			
doxepin hcl oral concentrate	2		ketoconazole external shampoo	2				
imipramine hcl oral	2		ketoconazole oral	2				
imipramine pamoate	4		klayesta	2	QL			
nortriptyline hcl oral capsule	2		LULICONAZOLE	4	QL			
nortriptyline hcl oral solution	3		miconazole 3	2				
protriptyline hcl	3		naftifine hcl external cream	4				
trimipramine maleate oral	4		nyamyc	2	QL			
Antiemetics								
Antiemetics, other								
doxylamine-pyridoxine	4		nystatin external cream	2				
meclizine hcl oral tablet 25 mg	2		nystatin external ointment	2				
meclizine hcl oral tablet 50 mg	3		nystatin external powder	2	QL			
metoclopramide hcl oral solution 5 mg/5ml	2		nystatin mouth/throat	2				
metoclopramide hcl oral tablet	2		nystatin oral	2				
perphenazine oral	2		nystatin-triamcinolone	2				
prochlorperazine	3		nystop	2	QL			
prochlorperazine maleate oral	2		oxiconazole nitrate	4	QL			
promethazine hcl oral	2		posaconazole oral tablet delayed release	3	QL			
promethazine hcl rectal	3	QL	SULCONAZOLE NITRATE	4				
promethegan	3	QL	tavaborole	3	QL			
scopolamine	3		terbinafine hcl oral	2	QL			
trimethobenzamide hcl oral	2		terconazole vaginal cream	2				
Emetogenic therapy adjuncts								
ANZEMET	4	QL	terconazole vaginal suppository	3				
aprepitant	3	QL	voriconazole oral suspension reconstituted	4				
dronabinol	4		voriconazole oral tablet	4	QL			
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL	Antigout agents					
granisetron hcl oral	3	QL	allopurinol oral tablet 100 mg, 300 mg	2				
ondansetron hcl oral	2		colchicine oral tablet	2	QL			
ondansetron odt oral tablet dispersible 4 mg, 8 mg	2		colchicine-probenecid	2				
VARUBI (180 MG DOSE)	3	QL	febuxostat	2	ST; QL			
Antifungals			probenecid	2				
ciclodan	2		Antimigraine agents					
ciclopirox external	2		Calcitonin gene-related peptide (CGRP) receptor antagonist					
ciclopirox olamine external	2		AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL			
clotrimazole mouth/throat	2		EMGALITY	3	PA; QL			
clotrimazole-betamethasone external cream	2	QL	UBRELVY	3	PA; QL			
clotrimazole-betamethasone external lotion	3		Ergot alkaloids					
CRESEMBA ORAL	4	PA	dihydroergotamine mesylate injection	4	QL			
econazole nitrate external	3	QL	ERGOMAR	4	QL			
EXELDERM	4		ergotamine-caffeine	4				
fluconazole oral	2		MIGERGOT	4				
flucytosine oral	4		Serotonin (5-HT) receptor agonists					
griseofulvin microsize oral	3		almotriptan malate	3	ST; QL			
			eletriptan hydrobromide	3	ST; QL			

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
frovatriptan succinate	4	ST; QL
naratriptan hcl	2	QL
rizatriptan benzoate	2	QL
sumatriptan nasal	4	QL
sumatriptan succinate oral	2	QL
sumatriptan succinate refill subcutaneous solution cartridge	4	QL
sumatriptan succinate subcutaneous	4	QL
sumatriptan-naproxen sodium	4	ST; QL
zolmitriptan nasal	4	ST; QL
zolmitriptan oral	3	ST; QL
Antimyasthenic agents		
Parasympathomimetics		
pyridostigmine bromide er	4	
pyridostigmine bromide oral solution	4	
pyridostigmine bromide oral tablet 60 mg	2	
Antimycobacterials		
Antimycobacterials, other		
dapsone oral	2	
rifabutin	4	
Antituberculars		
cycloserine oral	4	
ethambutol hcl oral	2	
isoniazid oral syrup	4	
isoniazid oral tablet	2	
PRIFTIN	3	
pyrazinamide oral	3	
rifampin oral	2	
SIRTURO	5	PA
TRECATOR	3	
Antineoplastics		
Alkylating agents		
cyclophosphamide oral capsule	4	
CYCLOPHOSPHAMIDE ORAL TABLET	4	
GLEOSTINE	5	SP
LEUKERAN	4	
MATULANE	5	SP
MYLERAN	4	
temozolomide	5	PA; SP
VALCHLOR	5	PA; QL; SP
Antiandrogens		
abiraterone acetate	5	PA; QL; SP
bicalutamide	2	
ERLEADA	5	PA; QL; SP
nilutamide	5	SP
NUBEQA	5	PA; QL; SP
Antiangiogenic agents		
lenalidomide	5	PA; QL; SP
POMALYST	5	PA; QL; SP

KEY: **7D** 7 day limit

MME Morphine milligram equivalent

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Drug name	Tier	Notes
THALOMID	5	PA; QL; SP
Antiestrogens/modifiers		
EMCYT	4	
tamoxifen citrate oral tablet 10 mg	2	
tamoxifen citrate oral tablet 20 mg	2	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
toremifene citrate	4	
Antimetabolites		
capecitabine	5	SP
DROXIA	4	
hydroxyurea oral	2	
mercaptopurine oral	2	
TABLOID	5	SP
Antineoplastics, other		
diclofenac sodium external gel 3 %	4	QL
fluorouracil external cream	2	QL
fluorouracil external solution	2	
leucovorin calcium oral	2	
PIQRAY	5	PA; QL; SP
ROZLYTREK	5	PA; QL; SP
VERZENIO	5	PA; QL; SP
ZOLINZA	5	QL; SP
Aromatase inhibitors, 3rd generation		
anastrozole oral	2	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
exemestane	4	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
letrozole oral	2	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
Enzyme inhibitors		
etoposide oral	5	SP

QL Quantity limit

SP Specialty medication

ST Step therapy

Drug name	Tier	Notes	Drug name	Tier	Notes			
HYCAMTIN ORAL	5	PA; QL; SP	nitazoxanide oral	3	QL			
TALZENNA	5	PA; QL; SP	pentamidine isethionate inhalation	3	QL			
Molecular target inhibitors								
ALECensa	5	PA; QL; SP	primaquine phosphate	2				
BOSULIF	5	PA; QL; SP	pyrimethamine oral	5	PA; SP			
CAPRELSA	5	PA; QL; SP	quinine sulfate	3				
COMETRIQ	5	PA; QL; SP	Pediculicides/scabicides					
COTELLIC	5	PA; QL; SP	CROTAN	4				
erlotinib hcl	5	PA; QL; SP	malathion	4				
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	5	PA; QL; SP	permethrin external	2				
gefitinib	5	PA; QL; SP	spinosad	4				
imatinib mesylate	5	PA; QL; SP	Anti-Parkinson's agents					
IMBRUvICA	5	PA; QL; SP	Anticholinergics					
JAKAFI	5	PA; QL; SP	benztropine mesylate oral	2				
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	5	PA; QL; SP	trihexyphenidyl hcl	2				
LORBRENA	5	PA; QL; SP	Anti-Parkinson's agents, other					
sorafenib tosylate	5	PA; QL; SP	amantadine hcl oral	2				
STIVARGA	5	PA; QL; SP	carbidopa-levodopa-entacapone	4				
sunitinib malate	5	PA; QL; SP	entacapone	3				
TURALIO	5	PA; QL; SP	tolcapone	4	QL			
VENCLEXTA	5	PA; QL; SP	Dopamine agonists					
VENCLEXTA STARTING PACK	5	PA; QL; SP	apomorphine hcl subcutaneous	5	QL; SP			
VITRAKVI	5	PA; QL; SP	bromocriptine mesylate oral capsule	4				
XOSPATA	5	PA; QL; SP	bromocriptine mesylate oral tablet	3				
ZELBORAF	5	PA; QL; SP	NEUPRO TRANSDERMAL PATCH 24 HOUR 2 MG/24HR	4				
ZYKADIA	5	PA; QL; SP	pramipexole dihydrochloride	2				
Retinoids			ropinirole hcl	2				
bexarotene external	5	QL; SP	Dopamine precursors/L-amino acid decarboxylase inhibitors					
bexarotene oral	5	SP	carbidopa oral	4				
tretinoin oral	5	QL; SP	carbidopa-levodopa er	2				
Treatment adjuncts			carbidopa-levodopa oral tablet	2				
MESNEX ORAL	5	SP	carbidopa-levodopa oral tablet dispersible	3				
Antiparasitics			DUOPA	4	PA			
Anthelmintics			Monoamine oxidase B (MAO-B) inhibitors					
albendazole oral	4	PA; QL	rasagiline mesylate oral	4	ST			
EGATEN	4	PA	selegiline hcl oral	3				
ivermectin oral	2	PA; QL	Antipsychotics					
praziquantel oral	4		1st generation/typical					
Antiprotozoals			chlorpromazine hcl oral tablet	2				
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	3	QL	fluphenazine hcl oral	3				
atovaquone	4		haloperidol lactate oral concentrate 2 mg/ml	2				
atovaquone-proguanil hcl	3		haloperidol oral	2				
BENZNIDAZOLE	3	PA; QL	loxapine succinate	2				
chloroquine phosphate oral	2	QL	pimozide	3				
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg	2	QL	thioridazine hcl oral	2				
KRINTAFEL	3	QL	thiothixene	2				
mefloquine hcl	2		trifluoperazine hcl	2				

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ST Step therapy

Drug name	Tier	Notes
aripiprazole oral solution	4	QL
aripiprazole oral tablet	2	QL
asenapine maleate	4	ST; QL
lurasidone hcl	2	QL
olanzapine oral tablet	2	QL
olanzapine oral tablet dispersible	3	QL
paliperidone er	4	QL
quetiapine fumarate	2	QL
quetiapine fumarate er	3	QL
risperidone oral solution	2	
risperidone oral tablet	2	
risperidone oral tablet dispersible	3	
VRAYLAR	4	QL
ziprasidone hcl	3	QL
Treatment-resistant		
clozapine oral tablet	2	
clozapine oral tablet dispersible	4	QL
Antivirals		
LAGEVRIO	4	QL
PAXLOVID (150/100)	4	QL
PAXLOVID (300/100)	4	QL
Anti-cytomegalovirus (CMV) agents		
valganciclovir hcl oral solution reconstituted	4	QL
valganciclovir hcl oral tablet	2	QL
Anti-hepatitis B (HBV) agents		
adefovir dipivoxil	5	
BARACLUDE ORAL SOLUTION	5	
entecavir	3	
lamivudine oral tablet 100 mg	3	
Anti-hepatitis C (HCV) agents		
LEDIPASVIR-SOFOSBUVIR	4	PA; QL; SP
PEGASYS	5	PA; QL; SP
ribavirin oral	3	
SOFOSBUVIR-VELPATASVIR	4	PA; QL; SP
SOVALDI	5	PA; QL; SP
VOSEVI	4	PA; QL; SP
Antiherpetic agents		
acyclovir external ointment	3	QL
acyclovir oral	2	
famciclovir oral	2	QL
penciclovir	4	QL
valacyclovir hcl oral	2	QL
Anti-HIV agents, integrase inhibitors (INSTI)		
BIKTARVY	4	QL
DOVATO	4	QL
GENVOYA	4	QL
JULUCA	4	QL
STRIBILD	4	QL
TIVICAY	4	QL
Anti-HIV agents, non-nucleoside reverse transcriptase inhibitors (NNRTI)		

Drug name	Tier	Notes
COMPLERA	4	QL
EDURANT	4	QL
efavirenz	2	QL
efavirenz-emtricitab-tenofo df	2	QL
efavirenz-lamivudine-tenofovir	3	QL
etravirine	4	QL
INTELENCE ORAL TABLET 25 MG	4	QL
nevirapine	2	QL
nevirapine er	2	QL
Anti-HIV agents, nucleoside and nucleotide reverse transcriptase inhibitors (NRTI)		
abacavir sulfate oral solution	3	QL
abacavir sulfate oral tablet	2	QL
abacavir sulfate-lamivudine	2	QL
emtricitabine	3	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	2	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	2	QL; \$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection.
lamivudine oral solution	2	QL
lamivudine oral tablet 150 mg, 300 mg	2	QL
lamivudine-zidovudine	2	QL
ODEFSEY	4	QL
tenofovir disoproxil fumarate	2	QL; \$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection.
TRIUMEQ	4	QL
zidovudine	2	QL
Anti-HIV agents, other		
FUZEON	5	QL
maraviroc	2	QL
SELZENTRY ORAL SOLUTION	4	QL
Anti-HIV agents, protease inhibitors		
APTVUS	4	QL
atazanavir sulfate	2	QL
darunavir	2	QL
EVOTAZ	4	QL
fosamprenavir calcium	4	QL

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QL Quantity limit

SP Specialty medication

ST Step therapy

Drug name	Tier	Notes
lopinavir-ritonavir	2	QL
NORVIR ORAL PACKET	4	QL
PREZISTA ORAL SUSPENSION	4	QL
REYATAZ ORAL PACKET	4	QL
ritonavir	2	QL
VIRACEPT	4	QL
Anti-influenza agents		
oseltamivir phosphate oral	2	QL
RELENZA DISKHALER	4	QL
rimantadine hcl	3	
Anxiolytics		
Anxiolytics, other		
buspirone hcl oral	2	
hydroxyzine hcl oral	2	
hydroxyzine pamoate oral	2	
meprobamate	4	
Benzodiazepines		
alprazolam er	3	QL
alprazolam intensol	3	QL
alprazolam oral tablet	2	QL
alprazolam oral tablet dispersible	3	QL
alprazolam xr	3	QL
chlordiazepoxide hcl	2	
clonazepam oral tablet	2	QL
clonazepam oral tablet dispersible	3	QL
clorazepate dipotassium	3	QL
diazepam intensol	2	QL
diazepam oral concentrate	2	QL
diazepam oral solution	2	
diazepam oral tablet	2	QL
estazolam	2	QL
lorazepam intensol	2	QL
lorazepam oral concentrate 2 mg/ml	2	QL
lorazepam oral tablet	2	QL
oxazepam	2	
quazepam	4	
Bipolar agents		
Mood stabilizers		
divalproex sodium er	2	
divalproex sodium oral	2	
EQUETRO	4	
lithium	2	
lithium carbonate er	2	
lithium carbonate oral	2	
Blood glucose monitoring		
ACCU-CHEK AVIVA DEVICE	3	QL
ACCU-CHEK AVIVA PLUS TEST STRIPS	3	QL
ACCU-CHEK FASTCLIX LANCET KIT	3	QL
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK GUIDE CONTROL	3	QL

Drug name	Tier	Notes
ACCU-CHEK GUIDE KIT W/DEVICE	3	QL
ACCU-CHEK SMARTVIEW CONTROL	3	QL
ACCU-CHEK SMARTVIEW TEST STRIPS	3	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	3	QL
AUTOLET LANCING DEVICE	3	
CARESENS LANCETS 30G	3	QL
CARETOUCH LANCING/EJECTOR	3	
CHEMSTRIP K	3	
CHEMSTRIP MICRAL	3	
CHEMSTRIP UGK	3	
CHOSEN LANCETS 30G	3	QL
CHOSEN LANCING DEVICE	3	
CHOSEN SAFETY LANCETS 28G	3	QL
CLEVER CHOICE COMFORT EZ	3	QL
COMFORT TOUCH TWIST LANCET 30G	3	QL
CONTOUR CONTROL IN VITRO LIQUID LOW, NORMAL	3	QL
CVS KETONE CARE	3	
DEXCOM G6 RECEIVER	4	PA; QL
DEXCOM G6 SENSOR	4	PA; QL
DEXCOM G6 TRANSMITTER	4	PA; QL
DEXCOM G7 RECEIVER	4	PA; QL
DEXCOM G7 SENSOR	4	PA; QL
DIASTIX REAGENT	3	
FORA TEST N'GO ADV-VOICE-6 CON	3	
FREESTYLE LIBRE 14 DAY READER	4	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR	4	PA; QL
FREESTYLE LIBRE 2 READER	4	PA; QL
FREESTYLE LIBRE 2 SENSOR	4	PA; QL
FREESTYLE LIBRE 3 READER	4	PA; QL
FREESTYLE LIBRE 3 SENSOR	4	PA; QL
FREESTYLE LIBRE READER	4	PA; QL
KETO-DIASTIX	3	
KETONE TEST	3	
KETOSTIX	3	
LANCETS	3	
LANCETS SUPER THIN	3	QL
MICROLET NEXT LANCING DEVICE	3	
NOVOPEN ECHO	3	
ONETOUCH DELICA PLUS LANCING	3	
ONETOUCH DELICA SAFETY LANCING	3	QL
ONETOUCH ULTRA TEST STRIPS	3	QL
ONETOUCH ULTRA 2 KIT W/DEVICE	3	QL
ONETOUCH ULTRA TEST STRIPS	3	QL
ONETOUCH VERIO FLEX SYSTEM KIT	3	QL
ONETOUCH VERIO IN VITRO LIQUID HIGH	3	QL

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes	Drug name	Tier	Notes
ONETOUCH VERIO TEST STRIPS	3	QL	GLUCAGON EMERGENCY KIT	1	QL
PERFECT POINT SAFETY LANCETS	3	QL	GLUCO TO GO	3	
TECHLITE LANCETS 26G	3	QL	GVOKE HYPOPEN 1-PACK	1	QL
VERIFINE SAFE LANCET MINI 21G	3	QL	GVOKE HYPOPEN 2-PACK	1	QL
VERIFINE SAFE LANCET MINI 23G	3	QL	GVOKE KIT	1	QL
VERIFINE SAFE LANCET MINI 28G	3	QL	GVOKE PFS	1	QL
VERIFINE SAFE LANCET MINI 30G	3	QL	ZEGALOGUE	1	QL
VIVAGUARD LANCETS 30G	3	QL	Insulins		
VIVAGUARD LANCING DEVICE	3		BASAGLAR KWIKPEN	1	QL
VIVAGUARD SAFETY LANCETS 28G	3	QL	HUMALOG	1	QL
Blood glucose regulators			HUMALOG KWIKPEN	1	QL
Antidiabetic agents			HUMALOG MIX 50/50 KWIKPEN	1	QL
acarbose oral	2	QL	HUMALOG MIX 50/50 VIAL	1	QL
BYDUREON BCISE AUTOINJECTOR	3	PA; QL	HUMALOG MIX 75/25 KWIKPEN	1	QL
FARXIGA	3	QL	HUMALOG MIX 75/25 VIAL	1	QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	2	QL	HUMALOG U-100 JUNIOR KWIKPEN	1	QL
glipizide er	2	QL	HUMULIN 70/30 KWIKPEN	1	QL
glipizide ir	2	QL	HUMULIN 70/30 VIAL	1	QL
glipizide xl	2	QL	HUMULIN N KWIKPEN	1	QL
glipizide-metformin hcl	3	QL	HUMULIN N VIAL	1	QL
glyburide micronized	2	QL	HUMULIN R U-500 KWIKPEN	1	QL
glyburide oral	2	QL	HUMULIN R U-500 VIAL	1	QL
glyburide-metformin	2	QL	HUMULIN R VIAL	1	QL
JARDIANCE	3	QL	INSULIN ASPART PROT & ASPART	1	QL
JENTADUETO	3	QL	INSULIN DEGLUDEC	1	QL
JENTADUETO XR	3	QL	INSULIN DEGLUDEC FLEXTOUCH	1	QL
metformin hcl er	2	QL	INSULIN LISPRO	1	QL
metformin hcl oral solution	4	QL	INSULIN LISPRO (1 UNIT DIAL)	1	QL
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	2	QL	INSULIN LISPRO JUNIOR KWIKPEN	1	QL
miglitol	3	QL	INSULIN LISPRO PROT & LISPRO	1	QL
MOUNJARO	3	PA; QL	LEVEMIR FLEXPEN	1	QL
nateglinide	3	QL	LEVEMIR U-100 VIAL	1	QL
OZEMPIC	3	PA; QL	REZVOGLAR KWIKPEN	1	QL
pioglitazone hcl	2	QL	TRESIBA	1	QL
pioglitazone hcl-metformin hcl	3	QL	TRESIBA FLEXTOUCH	1	QL
repaglinide	2	QL	Blood products and modifiers		
RYBELSUS	3	PA; QL	Anticoagulants		
saxagliptin hcl	3	QL	ELIQUIS	3	QL
saxagliptin-metformin er	3	QL	ELIQUIS DVT/PE STARTER PACK	3	QL
SOLIQUA	3	QL	enoxaparin sodium	3	QL
SYNJARDY	3	QL	fondaparinux sodium	4	QL
SYNJARDY XR	3	QL	FRAZMIN	4	QL
TRADJENTA	3	QL	heparin sodium (porcine)	2	
TRULICITY	3	PA; QL	heparin sodium (porcine) pf	2	
XIGDUO XR	3	QL	jantoven	2	
Glycemic agents			warfarin sodium oral	2	
BAQSIMI ONE PACK	1	QL	XARELTO	3	QL
BAQSIMI TWO PACK	1	QL	XARELTO STARTER PACK	3	QL
diazoxide oral	4		Blood formation modifiers		
glucagon emergency kit	1	QL	anagrelide hcl	4	
			ARANESP (ALBUMIN FREE)	5	QL; SP

KEY: **7D** 7 day limit

MME Morphine milligram equivalent

PA Prior authorization required

QL Quantity limit

SP Specialty medication

ST Step therapy

Drug name	Tier	Notes
LEUKINE	5	SP
NEULASTA	5	SP
NEULASTA ONPRO	5	SP
plerixafor	5	SP
PROMACTA	5	PA; QL; SP
RETACRIT	5	QL; SP
ZARXIO	5	SP
Hemostasis agents		
aminocaproic acid oral	4	
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 5000 UNIT	4	
RECOTHROM SPRAY KIT	4	
THROMBIN-JMI EPISTAXIS	4	
THROMBIN-JMI EXTERNAL KIT	4	
tranexamic acid oral	3	QL
Platelet modifying agents		
aspirin-dipyridamole er	4	QL
BRILINTA	4	QL
cilostazol	2	
clopidogrel bisulfate oral	2	QL
dipyridamole oral	2	
prasugrel hcl	2	QL
YOSPRALA	3	QL
Cardiovascular agents		
Alpha-adrenergic agonists		
clonidine	3	
clonidine hcl oral	2	
guanfacine hcl	2	QL
METHYLDOPA	2	
midodrine hcl	2	
Alpha-adrenergic blocking agents		
doxazosin mesylate oral	2	
phenoxybenzamine hcl oral	4	
prazosin hcl oral	2	
Angiotensin II receptor antagonists		
candesartan cilexetil	3	QL
EDARBI	4	QL
irbesartan	2	QL
losartan potassium oral	2	QL
olmesartan medoxomil oral	2	QL
telmisartan	3	QL
valsartan oral tablet	2	QL
Angiotensin-converting enzyme (ACE) inhibitors		
benazepril hcl oral	2	QL
captopril oral	2	QL
enalapril maleate oral tablet	2	QL
fosinopril sodium	2	QL
lisinopril oral	2	QL
moexipril hcl	2	QL
perindopril erbumine	2	QL
quinapril hcl	2	QL
ramipril	2	QL

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Drug name	Tier	Notes
trandolapril	2	QL
Antiarrhythmics		
amiodarone hcl oral	2	
disopyramide phosphate	3	
dofetilide	4	QL
flecainide acetate	2	
mexiletine hcl oral	3	
MULTAQ	4	PA; QL
NORPACE CR	3	
propafenone hcl	2	
propafenone hcl er	4	
quinidine gluconate er	2	
quinidine sulfate	2	
sotalol hcl (af)	2	
sotalol hcl oral	2	
SOTYLIZE	4	PA
Beta-adrenergic blocking agents		
acebutolol hcl oral	2	
atenolol oral	2	
betaxolol hcl oral	2	
bisoprolol fumarate oral	2	
carvedilol	2	
labetalol hcl oral	2	
metoprolol succinate er	2	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	2	
nadolol oral	2	
pindolol	2	
propranolol hcl er	2	
propranolol hcl oral	2	
timolol maleate oral	2	
Calcium channel blocking agents		
amlodipine besylate oral	2	
cartia xt	2	
diltiazem hcl er beads	2	
diltiazem hcl er coated beads	2	
diltiazem hcl er oral capsule extended release 12 hour	3	
diltiazem hcl er oral capsule extended release 24 hour	2	
diltiazem hcl er oral tablet extended release 24 hour	3	
diltiazem hcl oral	2	
dilt-xr	2	
felodipine er	2	
isradipine	2	
matzim la	3	
nicardipine hcl oral	3	
nifedipine er	2	QL
nifedipine er osmotic release	2	QL
nifedipine oral	2	
nimodipine oral	4	
nisoldipine er	3	

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes	Drug name	Tier	Notes
tiadylt er	2		chlorthalidone	2	
verapamil hcl er oral capsule extended release 24 hour	3		DIURIL	3	
verapamil hcl er oral tablet extended release	2		hydrochlorothiazide oral	2	
verapamil hcl oral	2		indapamide	2	
Cardiovascular agents, other			metolazone	2	
aliskiren fumarate	4	QL	Dyslipidemics, fibric acid derivatives		
amiloride-hydrochlorothiazide	2		fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	2	
amlodipine besylate-benazepril hcl	2	QL	fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	
amlodipine besylate-valsartan	3	QL	fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
atenolol-chlorthalidone	2		gemfibrozil oral	2	
benazepril-hydrochlorothiazide	3	QL	Dyslipidemics, HMG COA reductase inhibitors		
bisoprolol-hydrochlorothiazide	2	QL	atorvastatin calcium oral tablet 10 mg, 20 mg	2	QL; \$0 Copay for members between ages 40 to 75 years.
candesartan cilexetil-hctz	3	QL	atorvastatin calcium oral tablet 40 mg, 80 mg	2	QL
captopril-hydrochlorothiazide	3	QL	QL; \$0 Copay for members between ages 40 to 75 years once your health-care provider confirms risk of cardiovascular disease.		
CORLANOR	4	PA; QL	fluvastatin sodium	3	
digoxin oral solution	3		lovastatin oral	2	QL; \$0 Copay for members between ages 40 to 75 years.
digoxin oral tablet 125 mcg, 250 mcg	2		pravastatin sodium	2	QL; \$0 Copay for members between ages 40 to 75 years once your health-care provider confirms risk of cardiovascular disease.
digoxin oral tablet 62.5 mcg	4		rosuvastatin calcium oral tablet 10 mg, 5 mg	2	QL; \$0 Copay for members between ages 40 to 75 years once your health-care provider confirms risk of cardiovascular disease.
EDARBYCLOR	4	QL	rosuvastatin calcium oral tablet 20 mg, 40 mg	2	QL
enalapril-hydrochlorothiazide	2	QL	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	2	QL; \$0 Copay for members between ages 40 to 75 years.
ENTRESTO	4	PA; QL	simvastatin oral tablet 80 mg	2	QL
fosinopril sodium-hctz	3	QL	Dyslipidemics, other		
irbesartan-hydrochlorothiazide	2	QL	cholestyramine light	3	
isosorb dinitrate-hydralazine	3	QL			
ivabradine hcl	4	PA; QL			
lisinopril-hydrochlorothiazide	2	QL			
losartan potassium-hctz	2	QL			
metoprolol-hydrochlorothiazide	3				
olmesartan medoxomil-hctz	2	QL			
pentoxifylline er	2				
quinapril-hydrochlorothiazide	3	QL			
ranolazine er	4	QL			
spironolactone-hctz	2				
telmisartan-hctz	3	QL			
triamterene-hctz	2				
valsartan-hydrochlorothiazide	2	QL			
Diuretics, carbonic anhydrase inhibitors					
acetazolamide er	3				
acetazolamide oral	3				
methazolamide oral	4				
Diuretics, loop					
bumetanide oral	2				
ethacrynic acid	4				
furosemide oral	2				
torsemide	2				
Diuretics, potassium-sparing					
amiloride hcl oral	2				
eplerenone	3				
spironolactone oral tablet	2				
Diuretics, thiazide					

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes	Drug name	Tier	Notes
cholestyramine oral	3		methylphenidate hcl er (la)	3	PA; QL
colesevelam hcl	3		methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	3	PA; QL
colestipol hcl oral granules	3		methylphenidate hcl er oral tablet extended release	3	PA; QL
colestipol hcl oral packet	3		methylphenidate hcl oral solution	3	PA; QL
colestipol hcl oral tablet	2		methylphenidate hcl oral tablet	2	PA; QL
ezetimibe	2	QL	methylphenidate hcl oral tablet chewable	3	PA; QL
ezetimibe-simvastatin	3	QL			Central nervous system, other
icosapent ethyl	4	PA	AUSTEDO	5	PA; QL; SP
niacin (antihyperlipidemic)	3		caffeine citrate oral	2	
niacin er (antihyperlipidemic)	3		DAYBUE	5	PA; QL; SP
niacor	3		INGREZZA	5	PA; QL; SP
omega-3-acid ethyl esters	2	PA; QL	riluzole	4	SP
prevalite	3		tetrabenazine	5	PA; QL; SP
REPATHA	4	PA; QL			Fibromyalgia agents
REPATHA PUSHTRONEX SYSTEM	4	PA; QL	pregabalin oral capsule	2	QL
REPATHA SURECLICK	4	PA; QL	SAVELLA	4	ST; QL
			SAVELLA TITRATION PACK	4	ST; QL
Vasodilators, direct-acting arterial/venous					
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	2				Multiple sclerosis agents
isosorbide mononitrate	2		AVONEX PEN	5	PA; QL; SP
isosorbide mononitrate er	2		AVONEX PREFILLED	5	PA; QL; SP
NITRO-BID	3		BETASERON	5	PA; QL; SP
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4		dalfampridine er	4	PA; QL; SP
nitroglycerin rectal	4	QL	dimethyl fumarate oral	4	PA; QL; SP
nitroglycerin sublingual	2		dimethyl fumarate starter pack	4	PA; QL; SP
nitroglycerin transdermal	2		fingolimod hcl	5	PA; QL; SP
			glatiramer acetate	4	PA; QL; SP
Vasodilators, direct-acting arterial			glatopa	4	PA; QL; SP
hydralazine hcl oral	2		PLEGRIDY	5	PA; QL; SP
minoxidil oral	2		PLEGRIDY STARTER PACK	5	PA; QL; SP
			teriflunomide	5	PA; QL; SP
Central nervous system agents					
Attention deficit hyperactivity disorder agents, amphetamines					
amphetamine sulfate	4	PA			Dental and oral agents
amphetamine-dextroamphetamine	2	PA; QL	cevimeline hcl	4	
amphetamine-dextroamphetamine er	3	PA; QL	chlorhexidine gluconate mouth/throat	2	
dextroamphetamine sulfate er	3	PA; QL	kourzeq	2	
dextroamphetamine sulfate oral solution	3	PA	oralone	2	
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	PA; QL	periogard	2	
lisdexamfetamine dimesylate oral capsule	4	PA; QL	pilocarpine hcl oral	3	
methamphetamine hcl	4	PA	triamcinolone acetonide mouth/throat	2	
					Dermatological agents
Attention deficit hyperactivity disorder agents, non-amphetamines					
atomoxetine hcl	3	QL	accutane	4	
clonidine hcl er oral tablet extended release 12 hour	3		acitretin	4	
dexmethylphenidate hcl	2	PA; QL	adapalene external cream	4	PA; QL
dexmethylphenidate hcl er	3	PA; QL	adapalene external gel	4	PA; QL
guanfacine hcl er	2	QL	ammonium lactate external cream	2	
methylphenidate hcl er (cd)	3	PA; QL	amnesteem	4	

KEY: **7D** 7 day limit

MME Morphine milligram equivalent

PA Prior authorization required

QL Quantity limit

SP Specialty medication

ST Step therapy

Drug name	Tier	Notes	Drug name	Tier	Notes
brimonidine tartrate external	4	QL	effer-k oral tablet effervescent 25 meq	2	
calcipotriene external cream	4	QL	GALZIN	4	
calcipotriene external ointment	4	QL	klor-con 10	2	
calcipotriene external solution	3	QL	klor-con m10	2	
calcipotriene-betameth diprop	4	QL	klor-con m15	2	
calcitriol external	4	QL	klor-con m20	2	
claravis	4		klor-con oral packet	4	
CLINDACIN ETZ EXTERNAL KIT	2	QL	klor-con oral tablet extended release	2	
clindacin etz external swab	2	QL	klor-con/ef	2	
clindacin-p	2	QL	k-prime	2	
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL	levocarnitine oral solution	3	
clindamycin phosphate external gel	3	QL	levocarnitine oral tablet	2	
clindamycin phosphate external lotion	3	QL	levocarnitine sf	3	
clindamycin phosphate external solution	2	QL	potassium chloride crys er	2	
clindamycin phosphate external swab	2	QL	potassium chloride er	2	
doxepin hcl external	4	PA; QL	potassium chloride oral packet	4	
DUOBRII	4	ST; QL	potassium chloride oral solution	2	
DUPIXENT	5	PA; QL; SP	potassium citrate er	3	
ery pad 2%	2		sodium fluoride oral	1	\$0 Copay for members ages 0 to 16 years.
erythromycin external	3				
ESKATA	4				
imiquimod external cream 5 %	2	QL			
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4				
ivermectin external cream	4	QL			
methoxsalen rapid	4				
metronidazole external cream	3				
metronidazole external gel 0.75 %	3				
metronidazole external lotion	3				
pimecrolimus	4	ST; QL			
podofilox external gel	4				
podofilox external solution	2				
REGRANEX	3	PA; QL			
SANTYL	4	QL			
selenium sulfide external lotion	2				
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA; QL; SP			
STELARA SUBCUTANEOUS	5	PA; QL; SP			
sulfacetamide sodium (acne)	4				
tacrolimus external	4	ST; QL			
tazarotene external cream 0.1 %	4	PA; QL			
tazarotene external gel	4	PA; QL			
tretinoin external cream	3	PA; QL			
VEREGEN	4	QL			
zenatane	4				
Electrolytes/minerals/metals/vitamins					
Electrolyte/mineral replacement					
carglumic acid	5	PA; SP			
EFFER-K ORAL TABLET					
EFFERVESCENT 10 MEQ, 20 MEQ	3				
Phosphate binders					
AURYXIA	4	SP			
calcium acetate (phos binder)	2				
calcium acetate oral tablet 667 mg	2				
FOSRENOL ORAL PACKET	4				
lanthanum carbonate	4				
sevelamer carbonate oral packet	4				
sevelamer carbonate oral tablet	3				
VELPHORO	3	SP			
Vitamins					
ATABEX OB	2				
cyanocobalamin injection solution 1000 mcg/ml	2				
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	2				
DODEX	3				
ergocaliferol oral capsule	2				
folic acid oral tablet 1 mg	2				

KEY: **7D** 7 day limit

MME Morphine milligram equivalent

PA Prior authorization required

QL Quantity limit

SP Specialty medication

ST Step therapy

Drug name	Tier	Notes
folic acid oral tablet 400 mcg, 800 mcg	1	
ft folic acid	1	
M-NATAL PLUS	2	
NEONATAL COMPLETE	2	
NEONATAL PLUS	2	
ONE VITE WOMENS PLUS	2	
phytonadione oral	4	QL
pnv prenatal plus multivit+dha	2	
prenatal oral tablet 27-1 mg	2	
prenatal plus vitamin/mineral	2	
PRENATRIX	2	
PRENATRYL	2	
TRINATE	2	
TRUE FOLIC ACID ORAL TABLET 1 MG	2	
TRUE FOLIC ACID ORAL TABLET 400 MCG	1	
VINATE ONE ORAL TABLET 60-1 MG	2	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	2	
VITATHELY WITH GINGER	2	
WESNATAL DHA COMPLETE	2	
WESTAB PLUS	2	
Gastrointestinal agents		
Antispasmodics, gastrointestinal		
dicyclomine hcl oral capsule	2	
dicyclomine hcl oral solution	3	
dicyclomine hcl oral tablet	2	
glycopyrrolate oral tablet 1 mg, 2 mg	2	
methscopolamine bromide oral	3	
Gastrointestinal agents, other		
alvimopan	4	
amoxicill-clarithro-lansopraz	4	QL
cromolyn sodium oral	4	
diphenoxylate-atropine oral liquid	3	
diphenoxylate-atropine oral tablet	2	
loperamide hcl oral capsule	2	
opium	4	QL
RELISTOR SUBCUTANEOUS	4	PA; QL
SYMPROIC	3	PA; QL
ursodiol oral capsule 300 mg	2	
ursodiol oral tablet	2	
Histamine2 (H2) receptor antagonists		
cimetidine hcl	2	
cimetidine oral	2	
famotidine oral suspension reconstituted	3	
famotidine oral tablet 20 mg, 40 mg	2	
nizatidine	3	
Irritable bowel syndrome agents		
alosetron hcl	4	PA; QL

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

Drug name	Tier	Notes
LINZESS	3	PA; QL
Iubiprostone	4	QL
VIBERZI	4	PA; QL; SP
Laxatives		
bisacodyl ec	1	QL
bisacodyl oral	1	QL
citroma	1	QL
clearlax	1	QL
		\$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
CLENPIQ	4	
constulose	2	
enulose	2	
FRESKARO MAGNESIUM CITRATE	1	QL
ft clearlax	1	QL
ft laxative	1	QL
ft magnesium citrate	1	QL
gavilax oral powder	1	QL
		QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
gavilyte-c	2	
gavilyte-g	2	
gavilyte-n with flavor pack	2	
generlac	2	
gentle laxative oral tablet delayed release	1	QL
gentrelax	1	QL
glycolax	1	QL
KRISTALOSE	4	
lactulose encephalopathy oral solution 10 gm/15ml	2	
lactulose oral packet	4	
lactulose oral solution	2	
magnesium citrate oral solution	1	QL
mm clearlax	1	QL

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes	Drug name	Tier	Notes
na sulfate-k sulfate-mg sulf	4	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.	omeprazole oral capsule delayed release 20 mg, 40 mg	2	
ONELAX MAGNESIUM CITRATE	1	QL	pantoprazole sodium oral tablet delayed release	2	QL
peg 3350-kcl-na bicarb-nacl	2	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.	rabeprazole sodium oral tablet delayed release	3	QL
peg-3350/electrolytes	2	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.	sm lansoprazole	2	QL
peg-3350/electrolytes/ascorbat	4	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.	Genetic or enzyme disorder: replacement, modifiers, treatment		
peg-kcl-nacl-nasulf-na asc-c	4	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.	betaine	5	SP
PLENUVU	4	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.	CREON	3	
polyethylene glycol 3350 oral powder	1	QL	CYSTAGON	5	SP
TRUE LAXATIVE	1	QL	MYALEPT	5	PA; QL; SP
Protectants			sapropterin dihydrochloride	5	PA; QL; SP
misoprostol oral	2		SUCRAID	5	PA; SP
sucralfate oral suspension	4	PA	ZENPEP	3	
sucralfate oral tablet	2		Genitourinary agents		
Proton pump inhibitors			darifenacin hydrobromide er	3	ST; QL
dexlansoprazole	4	QL	fesoterodine fumarate er	4	ST; QL
esomeprazole magnesium oral capsule delayed release	2	QL	flavoxate hcl	2	
ft acid reducer oral capsule delayed release 15 mg	2	QL	oxybutynin chloride er	2	QL
lansoprazole oral capsule delayed release	2	QL	oxybutynin chloride oral solution	2	
omeprazole oral capsule delayed release 10 mg	2	QL	oxybutynin chloride oral tablet 5 mg	2	
Hormonal agents, stimulant/replacement/modifying (adrenal)			solifenacain succinate	2	QL
Antispasmodics, urinary			tolterodine tartrate	3	
Benign prostatic hypertrophy agents			tolterodine tartrate er	3	
Genitourinary agents, other			trospium chloride	3	
Protectants			trospium chloride er	3	ST
bethanechol chloride oral	2		alfuzosin hcl er	2	
ELMIRON	3		CARDURA XL	4	QL
ENCARE	1	QL	dutasteride oral	2	QL
OPTIONS GYNOL II CONTRACEPTIVE	1		dutasteride-tamsulosin hcl	4	
penicillamine oral	5	SP	finasteride oral tablet 5 mg	2	
phenazo oral tablet 200 mg	2		silodosin	3	QL
phenazopyridine hcl oral tablet 100 mg, 200 mg	2		tamsulosin hcl	2	
tadalafil oral tablet 2.5 mg, 5 mg	4	QL	terazosin hcl	2	
tiopronin oral tablet	5	SP			
VCF VAGINAL CONTRACEPTIVE	1				

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
ALA SCALP	4	
alclometasone dipropionate	2	
amcinonide	4	
APEXICON E	3	QL
betamethasone dipropionate aug	3	
betamethasone dipropionate external	3	
betamethasone valerate external cream	3	
betamethasone valerate external lotion	3	
betamethasone valerate external ointment	3	
clobetasol propionate e	4	QL
clobetasol propionate external cream	3	QL
clobetasol propionate external gel	3	QL
clobetasol propionate external ointment	3	QL
clobetasol propionate external solution	2	QL
clocortolone pivalate	4	ST; QL
CORDRAN	4	QL
desonide external cream	3	QL
desonide external lotion	3	QL
desonide external ointment	3	QL
desoximetasone external	3	QL
dexamethasone intensol	2	
dexamethasone oral elixir	2	
dexamethasone oral solution	2	
dexamethasone oral tablet	2	
diflorasone diacetate external cream	4	QL
fludrocortisone acetate oral	2	
fluocinolone acetonide body	3	QL
fluocinolone acetonide external	3	QL
fluocinolone acetonide scalp	3	QL
fluocinonide emulsified base	3	QL
fluocinonide external cream 0.05 %	3	QL
fluocinonide external gel	3	QL
fluocinonide external ointment	3	QL
fluocinonide external solution	3	QL
flurandrenolide external lotion	4	ST; QL
fluticasone propionate external cream	2	
fluticasone propionate external ointment	2	
halobetasol propionate external cream	3	QL
halobetasol propionate external ointment	3	QL
hydrocortisone butyrate external cream	4	QL
hydrocortisone butyrate external ointment	4	

Drug name	Tier	Notes
hydrocortisone butyrate external solution	4	
hydrocortisone external cream 2.5 %	2	
hydrocortisone external lotion 2.5 %	2	
hydrocortisone external ointment 1 %, 2.5 %	2	
hydrocortisone oral	2	
hydrocortisone valerate	3	QL
methylprednisolone oral	2	
mometasone furoate external	2	
PANDEL	4	
prednisolone oral solution	2	
prednisolone oral tablet	3	
prednisolone sodium phosphate oral solution	2	
prednisolone sodium phosphate oral tablet dispersible	4	
prednisone intensol	3	
prednisone oral solution	3	
prednisone oral tablet	2	
prednisone oral tablet therapy pack	2	
TEXACORT	3	
triamcinolone acetonide external cream	2	QL
triamcinolone acetonide external lotion	2	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	2	
triderm	2	QL
Hormonal agents, stimulant/replacement/modifying (pituitary)		
cabergoline	2	
desmopressin ace spray refrig	3	
desmopressin acetate injection	4	
desmopressin acetate oral	2	
desmopressin acetate pf	4	
desmopressin acetate spray	3	
INCRELEX	5	PA; QL; SP
OMNITROPE	4	PA; QL; SP
Selective estrogen receptor modifying agents		
CLOMID	3	PA
Hormonal agents, stimulant/replacement/modifying (prostaglandins)		
PREPIDIL	4	
Hormonal agents, stimulant/replacement/modifying (sex hormones/modifiers)		
Androgens		
ANDRODERM	3	PA; QL
danazol oral	3	
methyltestosterone oral	4	
testosterone cypionate intramuscular	2	PA
testosterone enanthate intramuscular	2	PA

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MME Morphine milligram equivalent
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QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes	Drug name	Tier	Notes
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 50 mg/5gm (1%)	3	PA; QL	estradiol transdermal patch twice weekly	3	QL
Estrogens			estradiol transdermal patch weekly	2	QL
afirmelle	1		estradiol vaginal cream	3	
altavera	1		estradiol vaginal tablet	3	QL
alyacen 1/35	1		estradiol valerate intramuscular	2	
alyacen 7/7/7	1		estradiol-norethindrone acet	3	
amethyst	1		ESTRING	3	QL
ANNOVERA	1	QL	ethynodiol diac-eth estradiol	1	
apri	1		etonogestrel-ethinyl estradiol	1	
aranelle	1		falmina	1	
ashlyna	1		finzala	1	
aubra eq	1		fyavolv	3	
aurovela 1.5/30	1		gemma	1	
aurovela 1/20	1		hailey 1.5/30	1	
aurovela 24 fe	1		hailey 24 fe	1	
aurovela fe 1.5/30	1		hailey fe 1.5/30	1	
aurovela fe 1/20	1		hailey fe 1/20	1	
aviane	1		haloette	1	
ayuna	1		iclevia	1	
azurette	1		introvale	1	
balziva	1		isibloom	1	
BIJUVA ORAL CAPSULE 0.5-100 MG	4		jaimiess	1	
blisovi 24 fe	1		jasmiel	1	
blisovi fe 1.5/30	1		jintel	3	
blisovi fe 1/20	1		jolessa	1	
briellyn	1		joyeaux	1	
camrese	1		juleber	1	
camrese lo	1		junel 1.5/30	1	
charlotte 24 fe	1		junel 1/20	1	
chateal eq	1		junel fe 1.5/30	1	
CLIMARA PRO	4	QL	junel fe 1/20	1	
cryselle-28	1		junel fe 24	1	
cyred eq	1		kaitlib fe	1	
dasetta 1/35	1		kalliga	1	
dasetta 7/7/7	1		kariva	1	
daysee	1		kelnor 1/35	1	
delyla	1		kelnor 1/50	1	
desogestrel-ethinyl estradiol	1		kurvelo	1	
dolishale	1		larin 1.5/30	1	
dotti	3	QL	larin 1/20	1	
drospirene-eth estrad-levomefol	1		larin 24 fe	1	
drospirenone-ethinyl estradiol	1		larin fe 1.5/30	1	
DUAVEE	4	QL	larin fe 1/20	1	
elinest	1		layolis fe	1	
eluryng	1		leena	1	
enilloring	1		lessina	1	
enpresse-28	1		levonest	1	
enskyce	1		levonorgest-eth est & eth est	1	
estarrylla	1		levonorgest-eth estrad 91-day	1	
estradiol oral	2		levonorgest-eth estradiol-iron	1	
			levonorgestrel-ethinyl estrad	1	
			levonorg-eth estrad triphasic	1	

KEY: **7D** 7 day limit

MME Morphine milligram equivalent

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QL Quantity limit

SP Specialty medication

ST Step therapy

Drug name	Tier	Notes
levora 0.15/30 (28)	1	
LO LOESTRIN FE	1	
lojaimess	1	
loryna	1	
low-ogestrel	1	
lo-zumandimine	1	
lutera	1	
lyllana	3	QL
marlissa	1	
merzee	1	
mibelas 24 fe	1	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin 24 fe oral tablet 1-20 mg-mcg	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
milii	1	
mimvey	3	
mono-linyah	1	
NATAZIA	1	
necon 0.5/35 (28)	1	
NEXTSTELLIS	1	
nikki	1	
norelgestromin-eth estradiol	1	
norethin ace-eth estrad-fe	1	
norethindrone acet-ethinyl est	1	
norethindrone-eth estradiol	3	
norethindron-ethinyl estrad-fe	1	
norethin-eth estradiol-fe	1	
norgestimate-eth estradiol	1	
norgestimate-ethinyl estradiol triphasic	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
nortrel 7/7/7	1	
nylia 1/35	1	
nylia 7/7/7	1	
nymyo oral tablet 0.25-35 mg-mcg	1	
ocella	1	
philith	1	
pimtreia	1	
portia-28	1	
PREMARIN VAGINAL	4	
reclipsen	1	
rivilsa	1	
setlakin	1	
simliya	1	
simpesse	1	
sprintec 28	1	
sronyx	1	
syeda	1	

Drug name	Tier	Notes
tarina 24 fe	1	
tarina fe 1/20 eq	1	
taysofy	1	
tilia fe	1	
tri-estarrylla	1	
tri-legest fe	1	
tri-linyah	1	
tri-lo-estarrylla	1	
tri-lo-marzia	1	
tri-lo-mili	1	
tri-lo-sprintec	1	
tri-mili	1	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	
tri-sprintec	1	
trivora (28)	1	
tri-vylibra	1	
tri-vylibra lo	1	
turqoz	1	
TWIRLA	1	
TYBLUME	1	
tydemy	1	
velivet	1	
vestura	1	
vienna	1	
viorele	1	
volnea	1	
vyfemla	1	
vylibra	1	
wera	1	
wymzya fe	1	
xulane	1	
yuvafem	3	QL
zafemy	1	
zovia 1/35 (28)	1	
zumandimine	1	
Progestins		
aftera	1	
camila	1	
curae	1	
deblitane	1	
DEPO-SUBQ PROVERA 104	1	QL; Available under pharmacy or medical benefit
econtra one-step	1	
ELLA	1	QL
emzahh	1	
errin	1	
heather	1	
her style	1	
incassia	1	
jencycla	1	

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Drug name	Tier	Notes
KYLEENA	1	Available under pharmacy or medical benefit
levonorgestrel	1	
LILETTA (52 MG)	1	Available under pharmacy or medical benefit
lyeq	1	
lyza	1	
medroxyprogesterone acetate intramuscular suspension	1	QL; Available under pharmacy or medical benefit
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	Available under pharmacy or medical benefit
medroxyprogesterone acetate oral	2	
megestrol acetate oral suspension 40 mg/ml	2	
megestrol acetate oral suspension 625 mg/5ml	4	
megestrol acetate oral tablet	2	
MIRENA (52 MG)	1	Available under pharmacy or medical benefit
my choice	1	
my way	1	
new day	1	
NEXPLANON	1	QL; Available under pharmacy or medical benefit
nora-be	1	
norethindrone acetate oral	2	
norethindrone oral	1	
norlyroc	1	
opcicon one-step	1	
OPILL	1	
option 2	1	
PLAN B ONE-STEP	1	
progesterone intramuscular	2	
progesterone oral	2	
react	1	
sharobel	1	
SKYLA	1	Available under pharmacy or medical benefit
take action	1	
Selective estrogen receptor modifying agents		
OSPHENA	4	PA; QL
raloxifene hcl	2	QL; \$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.

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Drug name	Tier	Notes
Hormonal agents, stimulant/replacement/modifying (thyroid)		
ARMOUR THYROID	4	
euthyrox	2	
levo-t	2	
levothyroxine sodium oral tablet	2	
levoxyl	2	
liothyronine sodium oral	2	
NIVA THYROID	4	
np thyroid	4	
SYNTROID	3	
THYQUIDITY	4	PA
thyroid oral	4	
TIROSINT-SOL	4	PA
unithroid	2	
Hormonal agents, suppressant (adrenal)		
LYSODREN	4	
Hormonal agents, suppressant (pituitary)		
ELIGARD	5	PA; SP
leuprolide acetate injection	5	PA; SP
octreotide acetate	4	PA; SP
ORILISSA	4	PA; QL
SIGNIFOR	5	PA; QL; SP
SOMAVERT	5	PA; QL; SP
SYNAREL	3	
Hormonal agents, suppressant (thyroid)		
Antithyroid agents		
methimazole oral	2	
propylthiouracil oral	2	
Immunological agents		
Angioedema agents		
HAEGARDA	5	PA; QL; SP
icatibant acetate	4	PA; QL; SP
sajazir	4	PA; QL; SP
Immune suppressants		
ADALIMUMAB-ADAZ	5	PA; QL; SP
ADALIMUMAB-ADBM (2 PEN)	5	PA; QL; SP
ADALIMUMAB-ADBM (2 SYRINGE)	5	PA; QL; SP
ADALIMUMAB-ADBM(CD/UC/HS STRT)	5	PA; SP
ADALIMUMAB-ADBM(PS/UV STARTER)	5	PA; SP
AMJEVITA FOR NUVAILA	5	PA; SP
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	5	PA; QL; SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; QL; SP
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	5	PA; QL; SP
azathioprine oral tablet 50 mg	2	
CIMZIA	5	PA; QL; SP

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Drug name	Tier	Notes	Drug name	Tier	Notes
CIMZIA (2 SYRINGE)	5	PA; QL; SP	ACTHIB	1	QL
CIMZIA STARTER KIT	5	PA; QL; SP	ADACEL	1	QL
cyclosporine modified	2		AFLURIA	1	QL; \$0 copay for members 6 months of age or older.
cyclosporine oral	3		AFLURIA PRESERVATIVE FREE	1	QL; \$0 copay for members 6 months of age or older.
gengraf	3		AREXVY	1	QL; \$0 Copay for members 60 years of age or older.
HADLIMA	5	PA; QL; SP	BEXSERO	1	QL; \$0 copay for members 10 years of age or older.
HADLIMA PUSHTOUCH	5	PA; QL; SP	BOOSTRIX	1	QL
HUMIRA (2 PEN)	5	PA; QL; SP	BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	1	QL
HUMIRA (2 SYRINGE)	5	PA; QL; SP	CAPVAXIVE	1	QL; \$0 copay for members 19 years of age or older.
HUMIRA-CD/UC/HS STARTER	5	PA; SP	COMIRNATY	1	QL; \$0 copay for members 12 years of age or older.
HUMIRA-PSORIASIS/UVEIT STARTER	5	PA; QL; SP	COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML	1	QL; \$0 copay for members 12 years of age or older.
methotrexate sodium	2		DAPTACEL	1	QL
methotrexate sodium (pf)	2		DENGVAXIA	1	QL; \$0 copay for members between ages of 9 to 16 years.
mycophenolate mofetil oral capsule	3		ENGERIX-B	1	QL
mycophenolate mofetil oral suspension reconstituted	4		FLUAD	1	QL; \$0 copay for members 65 years of age or older.
mycophenolate mofetil oral tablet	3		FLUARIX	1	QL; \$0 copay for members 6 months of age or older.
mycophenolate sodium	4		FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	QL; \$0 copay for members 6 months of age or older.
mycophenolic acid	4		FLULAVAL	1	QL; \$0 copay for members 6 months of age or older.
OLUMIANT	5	PA; QL; SP	FLUMIST	1	QL; \$0 copay for members between ages of 2 to 49 years.
SIMPONI	5	PA; QL; SP			
sirolimus oral solution	5				
sirolimus oral tablet	4				
SKYRIZI PEN	5	PA; QL; SP			
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL; SP			
tacrolimus oral	2				
TALTZ	5	PA; SP			
XELJANZ	5	PA; QL; SP			
XELJANZ XR	5	PA; QL; SP			
Immunomodulators					
ACTEMRA ACTPEN	5	PA; QL; SP			
ACTEMRA SUBCUTANEOUS	5	PA; QL; SP			
ACTIMMUNE	5	PA; QL; SP			
BEYFORTUS	1	QL; \$0 copay for members 19 months of age or younger.			
leflunomide oral	2				
OTEZLA	5	PA; QL; SP			
RIDAURA	5	SP			
RINVOQ	5	PA; QL; SP			
RINVOQ LQ	5	PA; QL; SP			
XOLAIR SUBCUTANEOUS SOLUTION AUTO-Injector	5	PA; QL			
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	5	PA; QL; SP			
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; QL			
Vaccines					
ABRYSVO	1	QL			

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FLUMIST QUADRIVALENT NASAL SUSPENSION	1	QL; \$0 copay for members between ages of 2 to 49 years.	PROQUAD	1	QL; \$0 copay for members between ages of 1 to 12 years.
FLUZONE HIGH-DOSE	1	QL; \$0 copay for members 65 years of age or older.	QUADRACEL INTRAMUSCULAR SUSPENSION	1	QL
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	QL; \$0 copay for members 6 months of age or older.	RECOMBIVAX HB	1	QL
GARDASIL 9	1	QL; \$0 copay for members between ages of 9 to 45 years.	ROTARIX	1	QL; \$0 copay for members 8 months of age or younger.
HAVRIX	1	QL	ROTATEQ	1	QL; \$0 copay for members 8 months of age or younger.
HEPLISAV-B	1	QL; \$0 copay for members 18 years of age or older.	SHINGRIX	1	QL; \$0 Copay for members 19 years of age or older.
HIBERIX	1	QL	SPIKEVAX	1	QL; \$0 copay for members 12 years of age or older.
INFANRIX	1	QL	TDVAX	1	QL
IPOP	1	QL	TENIVAC	1	QL
MENQUADFI	1	QL	TETANUS-DIPHTHERIA TOXOIDS TD	1	QL
MENVEO	1	QL	TRUMENBA	1	QL; \$0 copay for members 10 years of age or older.
M-M-R II	1	QL	TWINRIX	1	QL
PEDIARIX	1	QL; \$0 copay for members 6 years of age or younger.	VAQTA	1	QL
PEDVAX HIB	1	QL	VARIVAX	1	QL
PENBRAYA	1	QL; \$0 copay for members between ages of 10 to 25 years.	VAXELIS	1	QL; \$0 copay for members 4 years of age or younger.
PENTACEL	1	QL; \$0 copay for members 4 years of age or younger.	VAXNEUVANCE	1	QL; \$0 copay for members 1 month of age or older.
PFIZER COVID-19 VAC-TRIS 5-11Y	1	QL; \$0 copay for members between ages of 5 to 11 years.	Inflammatory bowel disease agents		
PFIZER COVID-19 VAC-TRIS 6M-4Y	1	QL; \$0 copay for members between ages of 6 months to 4 years.	Aminosalicylates		
PNEUMOVAX 23	1	QL	balsalazide disodium	3	
PREHEVBRI	1	QL; \$0 copay for members 18 years of age or older.	DIPENTUM	4	
PREVNAR 20	1	QL; \$0 copay for members 1 month of age or older.	mesalamine er oral capsule 0.375 gm	3	QL
PRIORIX	1	QL	mesalamine oral tablet delayed release 1.2 gm	3	QL
			mesalamine rectal	4	QL
			mesalamine-cleanser	4	QL
			Glucocorticoids		
			ANALPRAM-HC EXTERNAL LOTION	4	
			budesonide oral	4	
			budesonide rectal	3	
			CORTIFOAM	3	
			hydrocortisone (perianal) external cream 2.5 %	2	

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Drug name	Tier	Notes	Drug name	Tier	Notes
hydrocortisone ace-pramoxine external cream 1-1 %	3		BREATHE COMFORT CHAMBER/ ADULT	2	QL
hydrocortisone rectal	3		BREATHE COMFORT CHAMBER/ CHILD	2	QL
PROCTOFOAM HC	3		CAYA	1	
procto-med hc	2		COMFORT EZ PRO PEN NEEDLES	1	
proctosol hc	2		CONDOMS	1	QL
proctozone-hc	2		DROPSAFE ALCOHOL PREP	3	
Sulfonamides			DROPSAFE SAFETY SYRINGE/ NEEDLE	1	
sulfasalazine oral	2		DUREX EXTRA SENSITIVE THIN	1	QL
Metabolic bone disease agents			DUREX TROPICAL	1	QL
alendronate sodium oral solution	3		EASIVENT	2	QL
alendronate sodium oral tablet 10 mg, 35 mg, 70 mg	2	QL	EASY COMFORT SHARPS CONTAINER	3	
calcitonin (salmon) nasal	2	QL	EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	1	
calcitriol oral capsule	2		ergoloid mesylates oral	4	
calcitriol oral solution	3		FC2 FEMALE CONDOM	1	QL
cinacalcet hcl	3	PA; QL	FEMCAP	1	
doxercalciferol oral	4		FLEXICHAMBER	2	QL
ibandronate sodium oral	2	QL	FLEXICHAMBER ADULT MASK/ SMALL	2	QL
paricalcitol oral	3		FLEXICHAMBER CHILD MASK/ LARGE	2	QL
risedronate sodium oral tablet	3	QL	FLEXICHAMBER CHILD MASK/ SMALL	2	QL
TYMLOS	5	PA; QL; SP	GRASTEK	4	PA; QL
Miscellaneous therapeutic agents			INSPIREASE RESERVOIR BAGS	2	QL
ADVOCATE INSULIN PEN NEEDLE	1		INSULIN PEN NEEDLES 29G X 12.7MM , 29G X 12MM , 29G X 5MM , 29G X 8MM , 30G X 5 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	1	
AEROCHAMBER HOLDING CHAMBER	2	QL	INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 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 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 30G X 5/16" 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" 1 ML	1	
AEROCHAMBER PLS FLOVU MTHPIECE	2	QL	methergine	4	QL
AEROCHAMBER PLUS FLO-VU INTERM	2	QL	methylergonovine maleate oral	4	QL
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	QL	NOVOFINE PEN NEEDLE	1	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	QL	NOVOFINE PLUS PEN NEEDLE	1	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	QL	OMNIPOD 5 G6 INTRO (GEN 5)	4	PA; QL
ALCOHOL PREP PADS PAD , 70 %	3		OMNIPOD 5 G6 PODS (GEN 5)	4	PA; QL
AQ INSULIN SYRINGE	1		PARAGARD INTRAUTERINE COPPER	1	Available under pharmacy or medical benefit
AQINJECT PEN NEEDLE	1				
ASSURE ID DUO PRO PEN NEEDLES	1				
ASSURE ID PRO PEN NEEDLES	1				
AUM ALCOHOL PREP PADS	3				
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				
BD AUTOSHIELD DUO PEN NEEDLES	1				
BD SHARPS COLLECTOR	3				
BD ULTRA-FINE INSULIN SYRINGES	1				
BD ULTRA-FINE PEN NEEDLES	1				

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Drug name	Tier	Notes
PARI VORTEX ADULT MASK	2	QL
PHEXXI	1	QL
PURE COMFORT SAFETY PEN NEEDLE	1	
RADIOGARDASE	5	
RAYA SURE PEN NEEDLE	1	
SAFETY PEN NEEDLES	1	
SHARPS COLLECTOR	3	
SHARPS CONTAINER	3	
TRUE COVER	1	QL
UNIFINE PROTECT PEN NEEDLE	1	
VERIFINE INSULIN PEN NEEDLE	1	
VERIFINE INSULIN SYRINGE	1	
VERIFINE PLUS PEN NEEDLE	1	
VERIFINE SHARPS CONTAINER	3	
VORTEX VALVED HOLDING CHAMBER	2	QL
WIDE-SEAL DIAPHRAGM 60	1	
WIDE-SEAL DIAPHRAGM 65	1	
WIDE-SEAL DIAPHRAGM 70	1	
WIDE-SEAL DIAPHRAGM 75	1	
WIDE-SEAL DIAPHRAGM 80	1	
WIDE-SEAL DIAPHRAGM 85	1	
WIDE-SEAL DIAPHRAGM 90	1	
WIDE-SEAL DIAPHRAGM 95	1	
Ophthalmic agents		
Aminoglycosides		
gentamicin sulfate ophthalmic	2	
neomycin-polymyxin-gramicidin	2	
TOBRADEX	4	
tobramycin ophthalmic	2	
tobramycin-dexamethasone	3	
TOBREX	4	
Antibacterials, other		
bacitracin ophthalmic	3	
bacitracin-polymyxin b	2	
bacitra-neomycin-polymyxin-hc	3	
BETADINE OPHTHALMIC PREP	4	
neomycin-bacitracin zn-polymyx	2	
neomycin-polymyxin-dexameth ophthalmic ointment	2	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	2	
neomycin-polymyxin-hc ophthalmic	3	
neo-polycin	2	
neo-polycin hc	3	
polycin	2	
polymyxin b-trimethoprim	2	
Anti-cytomegalovirus (CMV) agents		
ZIRGAN	4	
Antifungals		
NATACYN	4	

Drug name	Tier	Notes
Antiherpetic agents		
trifluridine	3	
Macrolides		
AZASITE	4	
erythromycin ophthalmic	2	\$0 Copay once your healthcare provider confirms use is to prevent gonococcal ophthalmia neonatorum in newborns.
Ophthalmic agents, other		
AKTEN	4	
ALTACAINE	2	
atropine sulfate ophthalmic solution 1 %	2	
cyclopentolate hcl ophthalmic	2	
cyclosporine ophthalmic	4	PA; QL
CYSTARAN	5	PA; QL; SP
MITOSOL	4	
proparacaine hcl ophthalmic	2	
sulfacetamide-prednisolone	2	
tetracaine hcl ophthalmic	2	
ZYLET	4	
Ophthalmic anti-allergy agents		
ALOCRIL	4	
ALOMIDE	4	
altafrin	2	
azelastine hcl ophthalmic	2	
bepotastine besilate	4	QL
cromolyn sodium ophthalmic	2	
CYCLOMYDRIL	4	
epinastine hcl	2	ST; QL
olopatadine hcl ophthalmic solution 0.1 %	2	QL
phenylephrine hcl ophthalmic	2	
Ophthalmic antiglaucoma agents		
apraclonidine hcl	2	
betaxolol hcl ophthalmic	2	
BETIMOL	3	QL
BETOPTIC-S	4	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	2	QL
brimonidine tartrate-timolol	3	QL
brinzolamide	3	QL
carteolol hcl	2	
dorzolamide hcl ophthalmic	2	
dorzolamide hcl-timolol mal	2	QL
dorzolamide hcl-timolol mal pf	3	QL
IOPIDINE	4	
levobunolol hcl	2	
PHOSPHOLINE IODIDE	3	
pilocarpine hcl ophthalmic	2	

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Drug name	Tier	Notes
SIMBRINZA	4	QL
timolol maleate (once-daily)	2	
timolol maleate ophthalmic gel forming solution	3	
timolol maleate ophthalmic solution	2	
timolol maleate pf	3	
Ophthalmic anti-inflammatories		
bromfenac sodium (once-daily)	3	QL
dexamethasone sodium phosphate ophthalmic	2	
diclofenac sodium ophthalmic	2	
difluprednate	4	
fluorometholone	2	
flurbiprofen sodium	2	
INVELTYS	4	QL
ketorolac tromethamine ophthalmic	2	
LOTEMAX OPHTHALMIC OINTMENT	4	
LOTEMAX SM	4	QL
loteprednol etabonate ophthalmic suspension 0.5 %	4	QL
prednisolone acetate ophthalmic	2	
prednisolone sodium phosphate ophthalmic	2	
Ophthalmic prostaglandin and prostamide analogs		
latanoprost ophthalmic	2	
LUMIGAN	3	QL
tafluprost (pf)	4	ST; QL
travoprost (bak free)	3	QL
XELPROS	4	QL
Quinolones		
BESIVANCE	4	
CILOXAN	4	
ciprofloxacin hcl ophthalmic	2	
gatifloxacin ophthalmic	3	
levofloxacin ophthalmic	2	
moxifloxacin hcl (2x day)	2	
moxifloxacin hcl ophthalmic	2	
ofloxacin ophthalmic	2	
Sulfonamides		
sulfacetamide sodium ophthalmic	2	
Otic agents		
acetic acid otic	2	
ciprofloxacin hcl otic	3	
ciprofloxacin-dexamethasone	4	ST
CIPROFLOXACIN-FLUOCINOLONE PF	4	
CORTISPORIN-TC	4	
flac	3	
fluocinolone acetonide otic	3	
hydrocortisone-acetic acid	3	
neomycin-polymyxin-hc otic	2	
ofloxacin otic	2	

Drug name	Tier	Notes
OTOVEL	4	
Respiratory tract/pulmonary agents		
Antihistamines		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	QL
carbinoxamine maleate oral solution	2	
carbinoxamine maleate oral tablet 4 mg	2	
clemastine fumarate oral tablet	2	
cypheptadine hcl oral	2	
desloratadine oral tablet	3	
diphenhydramine hcl oral elixir	2	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	2	QL
olopatadine hcl nasal	3	QL
promethazine vc	2	
promethazine-phenylephrine	2	
Anti-inflammatories, inhaled corticosteroids		
ALVESCO	4	ST; QL
ARNUITY ELLIPTA	3	QL
ASMANEX (120 METERED DOSES)	3	QL
ASMANEX (14 METERED DOSES)	3	QL
ASMANEX (30 METERED DOSES)	3	QL
ASMANEX (60 METERED DOSES)	3	QL
ASMANEX HFA	3	QL
BEVESPI AEROSPHERE	3	QL
breyna	4	QL
budesonide inhalation	3	QL
budesonide-formoterol fumarate	4	QL
flunisolide nasal	3	
fluticasone propionate nasal	2	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
QVAR REDIHALER	3	QL
wixela inhuh	3	QL
Antileukotrienes		
montelukast sodium oral	2	QL
zaflirlukast	3	QL
zileuton er	4	ST
Bronchodilators, anticholinergic		
ATROVENT HFA	4	QL
INCRUSE ELLIPTA	3	QL
ipratropium bromide inhalation	2	
ipratropium bromide nasal	2	

KEY: **7D** 7 day limit

MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit

SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
SPIRIVA HANDIHALER	3	QL
SPIRIVA RESPIMAT	3	QL
tiotropium bromide monohydrate	3	QL
Bronchodilators, sympathomimetic		
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	1	
albuterol sulfate inhalation	1	
albuterol sulfate oral	3	
arformoterol tartrate	4	QL
epinephrine injection solution auto-injector	1	QL
formoterol fumarate inhalation	4	QL
levalbuterol hcl inhalation	3	QL
STRIVERDI RESPIMAT	3	QL
terbutaline sulfate oral	4	
VENTOLIN HFA	1	
Cystic fibrosis agents		
ORKAMBI	5	PA; QL; SP
PULMOZYME	5	PA; QL; SP
tobramycin nebulization solution 300 mg/5ml inhalation	5	PA; QL; SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	5	PA; QL; SP
Mast cell stabilizers		
cromolyn sodium inhalation	3	
Phosphodiesterase inhibitors, airways disease		
elizophyllin	3	
roflumilast	4	PA; QL
THEO-24	4	
theophylline er	2	
theophylline oral	3	
Pulmonary antihypertensives		
ADEMPAS	5	PA; QL; SP
alyq	5	PA; QL; SP
ambrisentan	5	PA; QL; SP
bosentan	5	PA; QL; SP
OPSUMIT	5	PA; QL; SP
ORENITRAM	5	PA; QL; SP
ORENITRAM MONTH 1	5	PA; QL; SP
ORENITRAM MONTH 2	5	PA; QL; SP
ORENITRAM MONTH 3	5	PA; QL; SP
sildenafil citrate oral suspension reconstituted	5	PA; QL; SP
sildenafil citrate oral tablet 20 mg	4	PA; QL; SP
tadalafil (pah)	5	PA; QL; SP
TYVASO	5	PA; QL; SP
TYVASO DPI INSTITUTIONAL KIT	5	PA; QL; SP
TYVASO DPI MAINTENANCE KIT	5	PA; QL; SP
TYVASO DPI TITRATION KIT	5	PA; QL; SP

KEY: **7D** 7 day limit

MME Morphine milligram equivalent

PA Prior authorization required

Drug name	Tier	Notes
TYVASO REFILL KIT	5	PA; QL; SP
TYVASO STARTER KIT	5	PA; QL; SP
VENTAVIS	5	PA; QL; SP
Pulmonary fibrosis agents		
OFEV	5	PA; QL; SP
pirfenidone	4	PA; QL; SP
Respiratory tract agents, other		
acetylcysteine inhalation	2	
azelastine-fluticasone	4	QL
benzonatate oral capsule 100 mg, 200 mg	2	
BREZTRI AEROSPHERE	3	QL
guaifenesin-codeine	2	PA; QL
hydrocod poli-chlorphe poli er	4	PA; QL
hydrocodone bit-homatrop mbr	2	PA; QL
hydromet	2	PA; QL
HYPERSAL	3	
ipratropium-albuterol	2	
maxi-tuss ac	2	PA; QL
mometasone furoate nasal	3	QL
NEBUSAL	3	
promethazine-codeine oral solution	2	PA; QL
promethazine-dm	2	
pseudoephedrine-bromphen-dm	2	
PULMOSAL	3	
sodium chloride inhalation	2	
STIOLTO RESPIMAT	3	QL
TRELEGY ELLIPTA	3	QL
TUXARIN ER	4	PA; QL
Skeletal muscle relaxants		
baclofen oral tablet 10 mg, 20 mg, 5 mg	2	
carisoprodol oral tablet 350 mg	2	QL
chlorzoxazone oral tablet 500 mg	3	
cyclobenzaprine hcl oral	2	
dantrolene sodium oral	3	
metaxalone	3	
methocarbamol oral tablet 500 mg, 750 mg	2	
orphenadrine citrate er	2	
orphenadrine-aspirin-caffeine	5	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	2	
Sleep disorder agents		
GABA receptor modulators		
eszopiclone	2	QL
flurazepam hcl	2	QL
temazepam	2	QL
triazolam	2	QL
zaleplon	2	QL
zolpidem tartrate er	3	QL
zolpidem tartrate oral tablet	2	QL

QL Quantity limit

SP Specialty medication

ST Step therapy

Drug name	Tier	Notes
Sleep disorders, other		
BELSOMRA	4	ST; QL
doxepin hcl oral tablet	2	QL
ramelteon	4	ST; QL
tasimelteon	5	PA; QL; SP
Wakefulness promoting agents		
armodafinil	3	PA; QL
modafinil oral	2	PA; QL
SODIUM OXYBATE	5	PA; QL; SP
SUNOSI	4	PA; QL

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Index

abacavir sulfate-lamivudine.....	16	AEROCHAMBER PLUS FLO-VU SMALL DEVICE	31
abacavir sulfate oral solution.....	16	afirmelle.....	26
abacavir sulfate oral tablet.....	16	AFLURIA.....	29
abiraterone acetate.....	14	AFLURIA PRESERVATIVE FREE	29
ABRYSVO.....	29	aftera.....	27
acamprosate calcium.....	10	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	13
acarbose oral.....	18	AKTEN.....	32
ACCU-CHEK AVIVA DEVICE	17	ALA SCALP	25
ACCU-CHEK AVIVA PLUS TEST STRIPS.	17	albendazole oral	15
ACCU-CHEK FASTCLIX LANCET KIT	17	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation.....	34
ACCU-CHEK GUIDE CONTROL	17	ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	34
ACCU-CHEK GUIDE KIT W/DEVICE	17	albuterol sulfate inhalation.....	34
ACCU-CHEK GUIDE TEST STRIPS	17	albuterol sulfate oral.....	34
ACCU-CHEK SMARTVIEW CONTROL	17	alclometasone dipropionate	25
ACCU-CHEK SMARTVIEW TEST STRIPS17		ALCOHOL PREP PADS PAD , 70 %	31
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	17	ALECENSA	15
accutane	21	alendronate sodium oral solution	31
acebutolol hcl oral	19	alendronate sodium oral tablet 10 mg, 35 mg, 70 mg.....	31
acetaminophen-codeine.....	10	alfuzosin hcl er	24
acetazolamide er	20	ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	15
acetazolamide oral	20	aliskiren fumarate.....	20
acetic acid otic.....	33	allopurinol oral tablet 100 mg, 300 mg	13
acetylcysteine inhalation.....	34	almotriptan malate	13
acitretin	21	ALOCRIL	32
ACTEMRA ACTPEN.....	29	ALOMIDE.....	32
ACTEMRA SUBCUTANEOUS	29	alosetron hcl	23
ACTHIB	29	alprazolam er	17
ACTIMMUNE	29	alprazolam intensol.....	17
acyclovir external ointment	16	alprazolam oral tablet	17
acyclovir oral.....	16	alprazolam oral tablet dispersible.....	17
ADACEL	29	alprazolam xr.....	17
ADALIMUMAB-ADAZ	28	ALTACAINE.....	32
ADALIMUMAB-ADBM (2 PEN).....	28	altafrin	32
ADALIMUMAB-ADBM (2 SYRINGE)....	28	altavera.....	26
ADALIMUMAB-ADBM(CD/UC/HS STRT)	28	ALVESCO.....	33
ADALIMUMAB-ADBM(PS/UV STARTER).....	28	alvimopan.....	23
adapalene external cream.....	21	alyacen 1/35	26
adapalene external gel	21	alyacen 7/7/7.....	26
adefovir dipivoxil.....	16	alyq.....	34
ADEMPAS	34	amantadine hcl oral.....	15
ADVOCATE INSULIN PEN NEEDLE.....	31	ambrisentan	34
AEROCHAMBER HOLDING CHAMBER.	31	amcinonide	25
AEROCHAMBER PLS FLOVU MTHPIECE	31	amethyst	26
AEROCHAMBER PLUS FLO-VU INTERM	31	amiloride hcl oral	20
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	31	amiloride-hydrochlorothiazide.....	20
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	31	aminocaproic acid oral	19
		amiodarone hcl oral	19
		amitriptyline hcl oral.....	12
		Amjevita for Nuvaila	28
		AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML..	28
		AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	28
		AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML.....	28
		amlodipine besylate-benazepril hcl...	20
		amlodipine besylate oral	19
		amlodipine besylate-valsartan.....	20
		ammonium lactate external cream	21
		amnesteem	21
		amoxapine	13
		amoxicill-clarithro-lansopraz.....	23
		amoxicillin.....	11
		amoxicillin-potassium clavulanate.....	11
		amphetamine-dextroamphetamine	21
		amphetamine-dextroamphetamine er21	
		amphetamine sulfate.....	21
		ampicillin.....	11
		anagrelide hcl.....	18
		ANALPRAM-HC EXTERNAL LOTION ..	30
		anastrozole oral	14
		ANDRODERM	25
		ANNOVERA.....	26
		ANZEMET	13
		apap-caff-dihydrocodeine	10
		APEXICON E	25
		apomorphine hcl subcutaneous	15
		apraclonidine hcl	32
		aprepitant	13
		apri	26
		APTIOM	12
		APTIVUS.....	16
		AQINJECT PEN NEEDLE.....	31
		AQ INSULIN SYRINGE	31
		aranelle.....	26
		ARANESP (ALBUMIN FREE)	18
		AREXVY.....	29
		arformoterol tartrate	34
		ariPIPRAZOLE oral solution	16
		ariPIPRAZOLE oral tablet.....	16
		armodafinil	35
		ARMOUR THYROID	28
		ARNUNITY ELLIPTA	33
		ascomp-codeine.....	10
		asenapine maleate	16
		ashlyna	26

ASMANEX (14 METERED DOSES).....	33	azathioprine oral tablet 50 mg	28
ASMANEX (30 METERED DOSES)	33	azelaic acid external	21
ASMANEX (60 METERED DOSES)	33	azelastine-fluticasone	34
ASMANEX (120 METERED DOSES)	33	azelastine hcl nasal solution 0.1 %, 137 mcg/spray	33
ASMANEX HFA	33	azelastine hcl ophthalmic	32
aspirin 81 oral tablet delayed release	9	azithromycin oral	11
aspirin adult low dose.....	9	azurette	26
aspirin adult low strength	9	bac	10
aspirin childrens	9	bacitracin ophthalmic	32
aspirin-dipyridamole er.....	19	bacitracin-polymyxin b	32
aspirin ec adult low dose	9	bacitra-neomycin-polymyxin-hc.....	32
aspirin ec low dose.....	9	baclofen oral tablet 10 mg, 20 mg, 5 mg.....	34
aspirin ec low strength.....	9	balsalazide disodium	30
aspirin low dose.....	9	balziva.....	26
aspirin oral tablet chewable	9	BAQSIMI ONE PACK	18
aspirin oral tablet delayed release 81 mg.....	9	BAQSIMI TWO PACK.....	18
aspirin regimen	9	BARACLUDE ORAL SOLUTION	16
ASSURE ID DUO PRO PEN NEEDLES ..	31	BASAGLAR KWIKPEN	18
ASSURE ID PRO PEN NEEDLES	31	BAXDELA ORAL	11
ATABEX OB	22	BD AUTOSHIELD DUO PEN NEEDLES ..	31
atazanavir sulfate	16	BD SHARPS COLLECTOR	31
atenolol-chlorthalidone	20	BD ULTRA-FINE INSULIN SYRINGES ..	31
atenolol oral.....	19	BD ULTRA-FINE PEN NEEDLES.....	31
atomoxetine hcl	21	BELSOMRA.....	35
atorvastatin calcium oral tablet 10 mg, 20 mg.....	20	benazepril hcl oral	19
atorvastatin calcium oral tablet 40 mg, 80 mg.....	20	benazepril-hydrochlorothiazide.....	20
atovaquone	15	BENZNIDAZOLE	15
atovaquone-proguanil hcl.....	15	benzonatate oral capsule 100 mg, 200 mg	34
atropine sulfate ophthalmic solution 1%	32	benzoyl peroxide-erythromycin.....	21
ATROVENT HFA	33	benztropine mesylate oral.....	15
aura eq.....	26	bepotastine besilate.....	32
AUM ALCOHOL PREP PADS	31	BESIVANCE.....	33
AUM INSULIN SAFETY PEN NEEDLE ..	31	BETADINE OPHTHALMIC PREP	32
AUM MINI INSULIN PEN NEEDLE	31	betaine	24
AUM PEN NEEDLE	31	betamethasone dipropionate aug	25
AUM READYGARD DUO PEN NEEDLE ..	31	betamethasone dipropionate external	25
AUM SAFETY PEN NEEDLE	31	betamethasone valerate external cream	25
aurovela 1.5/30.....	26	betamethasone valerate external lotion	25
aurovela 1/20	26	betamethasone valerate external ointment	25
aurovela 24 fe	26	BETASERON.....	21
aurovela fe 1.5/30	26	betaxolol hcl ophthalmic	32
aurovela fe 1/20.....	26	betaxolol hcl oral.....	19
AURYXIA.....	22	bethanechol chloride oral	24
AUSTEDO.....	21	BETIMOL.....	32
AUTOLET LANCING DEVICE	17	BETOPTIC-S.....	32
aviane	26	BEVESPI AEROSPHERE	33
avidoxy	11	bexarotene external	15
AVONEX PEN.....	21	bexarotene oral	15
AVONEX PREFILLED	21	BEXSERO.....	29
ayuna.....	26	BEYFORTUS.....	29
AZASITE	32	bicalutamide.....	14
		BIJUVA ORAL CAPSULE 0.5-100 MG ..	26
		BIKTARVY	16
		bisacodyl ec	23
		bisacodyl oral	23
		bisoprolol fumarate oral.....	19
		bisoprolol-hydrochlorothiazide	20
		blisovi 24 fe.....	26
		blisovi fe 1.5/30	26
		blisovi fe 1/20	26
		BOOSTRIX.....	29
		BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 ..	29
		bosentan	34
		BOSULIF	15
		BREATHE COMFORT CHAMBER/ ADULT	31
		BREATHE COMFORT CHAMBER/ CHILD	31
		breyna.....	33
		BREZTRI AEROSPHERE	34
		briellyn	26
		BRILINTA.....	19
		brimonidine tartrate external	22
		brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	32
		brimonidine tartrate-timolol	32
		brinzolamide	32
		bromfenac sodium (once-daily)	33
		bromocriptine mesylate oral capsule ..	15
		bromocriptine mesylate oral tablet ..	15
		budesonide-formoterol fumarate ..	33
		budesonide inhalation	33
		budesonide oral	30
		budesonide rectal	30
		bumetanide oral	20
		buprenorphine hcl-naloxone hcl sublingual film	10
		buprenorphine hcl-naloxone hcl sublingual tablet sublingual	10
		buprenorphine hcl sublingual	10
		bupropion hcl er (smoking det)	10
		bupropion hcl er (sr)	12
		bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	12
		bupropion hcl oral	12
		buspirone hcl oral	17
		butalbital-acetaminophen oral tablet ..	10
		butalbital-apap-caff-cod	10
		butalbital-apap-caffeine oral capsule ..	10
		butalbital-apap-caffeine oral tablet ..	10
		butalbital-asa-caff-codeine	10
		butalbital-aspirin-caffeine	10
		butorphanol tartrate nasal	10
		BYDUREON BCISE AUTOINJECTOR ..	18

cabergoline	25	cefprozil.....	11	CLINDACIN ETZ EXTERNAL KIT.....	22
caffeine citrate oral.....	21	cefuroxime axetil	11	clindacin etz external swab.....	22
calcipotriene-betameth diprop.....	22	celecoxib oral	9	clindacin-p	22
calcipotriene external cream.....	22	cephalexin oral capsule 250 mg, 500		clindamycin hcl oral	10
calcipotriene external ointment	22	mg.....	11	clindamycin palmitate hcl	11
calcipotriene external solution.....	22	cephalexin oral suspension		clindamycin phos-benzoyl perox	
calcitonin (salmon) nasal.....	31	reconstituted	11	external gel 1.2-5 %	22
calcitriol external	22	cevimeline hcl.....	21	clindamycin phosphate external gel ..	22
calcitriol oral capsule	31	charlotte 24 fe	26	clindamycin phosphate external lotion	22
calcitriol oral solution.....	31	chateal eq.....	26	clindamycin phosphate external	
calcium acetate oral tablet 667 mg....	22	CHEMET.....	22	solution.....	22
calcium acetate (phos binder)	22	CHEMSTRIP K	17	clindamycin phosphate external swab ..	22
camila	27	CHEMSTRIP MICRAL	17	clindamycin phosphate vaginal	11
camrese	26	CHEMSTRIP UGK.....	17	clobazam.....	11
camrese lo	26	chlordiazepoxide-amitriptyline	12	clobetasol propionate e	25
candesartan cilexetil.....	19	chlordiazepoxide hcl.....	17	clobetasol propionate external cream ..	25
candesartan cilexetil-hctz.....	20	chlorhexidine gluconate mouth/throat	21	clobetasol propionate external gel ..	25
capecitabine	14	chloroquine phosphate oral	15	clobetasol propionate external	
CAPRELSA.....	15	chlorpromazine hcl oral tablet	15	ointment	25
captопril-hydrochlorothiazide	20	chlorthalidone	20	clobetasol propionate external	
captопril oral.....	19	chloroxazole oral tablet 500 mg	34	solution	25
CAPVAXIVE.....	29	cholestyramine light.....	20	clocortolone pivalate	25
carbamazepine er.....	12	cholestyramine oral.....	21	CLOMID	25
carbamazepine oral suspension 100		CHOSEN LANCEETS 30G	17	clomipramine hcl oral	13
mg/5ml.....	12	CHOSEN LANCING DEVICE	17	clonazepam oral tablet	17
carbamazepine oral tablet	12	CHOSEN SAFETY LANCEETS 28G	17	clonazepam oral tablet dispersible	17
carbamazepine oral tablet chewable ..	12	ciclodan	13	clonidine	19
carbidopa-levodopa-entacapone.....	15	ciclopirox external	13	clonidine hcl er oral tablet extended	
carbidopa-levodopa er	15	ciclopirox olamine external.....	13	release 12 hour	21
carbidopa-levodopa oral tablet.....	15	cilostazol	19	clonidine hcl oral	19
carbidopa-levodopa oral tablet		CILOXAN	33	clopidogrel bisulfate oral	19
dispersible	15	cimetidine hcl	23	clorazepate dipotassium	17
carbidopa oral	15	cimetidine oral	23	clotrimazole-betamethasone	
carbinoxamine maleate oral solution ..	33	CIMZIA	28	external cream	13
carbinoxamine maleate oral tablet 4		CIMZIA (2 SYRINGE).....	29	clotrimazole-betamethasone	
mg.....	33	CIMZIA STARTER KIT	29	external lotion	13
CARDURA XL.....	24	cinacalcet hcl	31	clotrimazole mouth/throat	13
CARESENS LANCESTS 30G	17	ciprofloxacin-dexamethasone	33	clozapine oral tablet	16
CARETOUCH LANCING/EJECTOR.....	17	CIPROFLOXACIN-FLUOCINOLONE PF33		clozapine oral tablet dispersible	16
carglumic acid	22	ciprofloxacin hcl ophthalmic.....	33	codeine sulfate	10
carisoprodol oral tablet 350 mg.....	34	ciprofloxacin hcl oral	11	colchicine oral tablet	13
carteolol hcl.....	32	ciprofloxacin hcl otic	33	colchicine-probenecid	13
cartia xt	19	citalopram hydrobromide oral solution	12	colesevelam hcl	21
carvedilol.....	19	citalopram hydrobromide oral tablet ..	12	colestipol hcl oral granules	21
CAYA.....	31	citroma	23	colestipol hcl oral packet	21
cefaclor er.....	11	claravis	22	colestipol hcl oral tablet	21
cefaclor oral capsule.....	11	clarithromycin er.....	11	COMETRIQ	15
cefadroxil oral capsule.....	11	clarithromycin oral suspension		COMFORT EZ PRO PEN NEEDLES	31
cefadroxil oral suspension		reconstituted	11	COMFORT TOUCH TWIST LANCET	
reconstituted	11	clarithromycin oral tablet	11	30G	17
cefadroxil oral tablet.....	11	clearlax	23	COMIRNATY	29
cefdinir	11	clemastine fumarate oral tablet.....	33	COMIRNATY INTRAMUSCULAR	
cefixime oral capsule	11	CLENPIQ	23	SUSPENSION 30 MCG/0.3ML	29
cefixime oral suspension reconstituted	11	CLEVER CHOICE COMFORT EZ	17	COMPLERA	16
cefpodoxime proxetil.....	11	CLIMARA PRO.....	26	CONDOMS	31
				constulose	23

CONTOUR CONTROL IN VITRO	
LIQUID LOW , NORMAL.....	17
CORDRAN.....	25
CORLANOR	20
CORTIFOAM	30
CORTISPORIN-TC.....	33
COTELLIC.....	15
CREON	24
CRESEMDA ORAL	13
cromolyn sodium inhalation.....	34
cromolyn sodium ophthalmic.....	32
cromolyn sodium oral	23
CROTAN	15
cryselle-28	26
curae	27
CVS KETONE CARE	17
cyanocobalamin injection solution 1000 mcg/ml.....	22
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	22
cyclobenzaprine hcl oral.....	34
CYCLOMYDRIL.....	32
cyclopentolate hcl ophthalmic.....	32
cyclophosphamide oral capsule	14
CYCLOPHOSPHAMIDE ORAL TABLET ..	14
cycloserine oral	14
cyclosporine modified.....	29
cyclosporine ophthalmic	32
cyclosporine oral.....	29
cyproheptadine hcl oral	33
cyred eq	26
CYSTAGON	24
CYSTARAN	32
dalfampridine er.....	21
danazol oral	25
dantrolene sodium oral.....	34
dapsone oral	14
DAPTACEL.....	29
darifenacin hydrobromide er.....	24
darunavir.....	16
dasetta 1/35.....	26
dasetta 7/7/7.....	26
DAYBUE	21
daysee.....	26
deblitane.....	27
deferasirox granules.....	22
deferasirox oral packet	22
deferasirox oral tablet	22
deferasirox oral tablet soluble.....	22
delyla	26
demeclocycline hcl.....	11
DENGVAXIA.....	29
DEPO-SUBQ PROVERA 104.....	27
desipramine hcl oral	13
desloratadine oral tablet	33
desmopressin ace spray refrig	25
desmopressin acetate injection.....	25
desmopressin acetate oral	25
desmopressin acetate pf	25
desmopressin acetate spray	25
desogestrel-ethinyl estradiol.....	26
desonide external cream	25
desonide external lotion.....	25
desonide external ointment.....	25
desoximetasone external.....	25
desvenlafaxine succinate er.....	12
dexamethasone intensol	25
dexamethasone oral elixir.....	25
dexamethasone oral solution	25
dexamethasone oral tablet.....	25
dexamethasone sodium phosphate ophthalmic.....	33
DEXCOM G6 RECEIVER.....	17
DEXCOM G6 SENSOR.....	17
DEXCOM G6 TRANSMITTER.....	17
DEXCOM G7 RECEIVER.....	17
DEXCOM G7 SENSOR.....	17
dexlansoprazole	24
dexamethylphenidate hcl	21
dexamethylphenidate hcl er.....	21
dextroamphetamine sulfate er.....	21
dextroamphetamine sulfate oral solution.....	21
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	21
DIACOMIT	12
DIASTIX REAGENT.....	17
diazepam intensol	17
diazepam oral concentrate.....	17
diazepam oral solution	17
diazepam oral tablet.....	17
diazepam rectal.....	12
diazoxide oral	18
diclofenac-misoprostol.....	9
diclofenac potassium oral tablet 50 mg	9
diclofenac sodium er	9
diclofenac sodium external gel 1 %.....	9
diclofenac sodium external gel 3 % ..	14
diclofenac sodium ophthalmic.....	33
diclofenac sodium oral	9
dicloxacillin sodium.....	11
dicyclomine hcl oral capsule	23
dicyclomine hcl oral solution.....	23
dicyclomine hcl oral tablet	23
diflorasone diacetate external cream.	25
diflunisal oral.....	9
difluprednate	33
digoxin oral solution	20
digoxin oral tablet 62.5 mcg.....	20
digoxin oral tablet 125 mcg, 250 mcg	20
dihydroergotamine mesylate injection	13
DILANTIN ORAL CAPSULE 30 MG	12
diltiazem hcl er beads	19
diltiazem hcl er coated beads	19
diltiazem hcl er oral capsule extended release 12 hour.....	19
diltiazem hcl er oral capsule extended release 24 hour.....	19
diltiazem hcl er oral tablet extended release 24 hour.....	19
diltiazem hcl oral.....	19
dilt-xr.....	19
dimethyl fumarate oral	21
dimethyl fumarate starter pack	21
DIPENTUM	30
diphenhydramine hcl oral elixir	33
diphenoxylate-atropine oral liquid.....	23
diphenoxylate-atropine oral tablet ..	23
dipyridamole oral	19
disopyramide phosphate	19
disulfiram oral.....	10
DIURIL	20
divalproex sodium er	17
divalproex sodium oral	17
DODEX	22
dofetilide	19
dolishale.....	26
donepezil hcl oral tablet 10 mg, 5 mg ..	12
donepezil hcl oral tablet dispersible ..	12
dorzolamide hcl ophthalmic	32
dorzolamide hcl-timolol mal	32
dorzolamide hcl-timolol mal pf	32
dotti	26
DOVATO	16
doxazosin mesylate oral	19
doxepin hcl external	22
doxepin hcl oral capsule	13
doxepin hcl oral concentrate	13
doxepin hcl oral tablet	35
doxercalciferol oral	31
doxycycline hyclate oral capsule	11
doxycycline hyclate oral tablet 100 mg, 20 mg	11
doxycycline monohydrate oral capsule 100 mg, 50 mg	11
doxycycline monohydrate oral suspension reconstituted	11
doxycycline monohydrate oral tablet ..	11
doxylamine-pyridoxine	13
dronabinol	13
DROPSAFE ALCOHOL PREP	31
DROPSAFE SAFETY SYRINGE/NEEDLE	31
drospirene-eth estrad-levomefol	26
drospirenone-ethinyl estradiol	26
DROXIA	14
DUAVEE	26

duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	12
DUOBRII	22
DUOPA	15
DUPIXENT	22
DUREX EXTRA SENSITIVE THIN	31
DUREX TROPICAL	31
dutasteride oral	24
dutasteride-tamsulosin hcl	24
EASIVENT	31
EASY COMFORT SHARPS CONTAINER	31
ec-naproxen	9
econazole nitrate external	13
econtra one-step	27
EDARBI	19
EDARBYCLOR	20
EDURANT	16
efavirenz	16
efavirenz-emtricitab-tenofo df	16
efavirenz-lamivudine-tenofovir	16
EFFER-K ORAL TABLET	
EFFERVESCENT 10 MEQ, 20 MEQ	22
effer-k oral tablet effervescent 25 meq	22
EGATEN	15
eletriptan hydrobromide	13
ELIGARD	28
elinest	26
ELIQUIS	18
ELIQUIS DVT/PE STARTER PACK	18
elixophyllin	34
ELLA	27
ELMIRON	24
elurong	26
EMBRACE PEN NEEDLES 30G X 5 MM ,30G X 8 MM ,31G X 6 MM ,31G X 8 MM ,32G X 4 MM	31
EMCYT	14
EMEND ORAL SUSPENSION RECONSTITUTED	13
EMGALITY	13
emtricitabine	16
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	16
emtricitabine-tenofovir df oral tablet 200-300 mg	16
emzahh	27
enalapril-hydrochlorothiazide	20
enalapril maleate oral tablet	19
ENCARE	24
endocet	10
ENGERIX-B	29
enilloring	26
exoxaparin sodium	18
enpresse-28	26
enskyce	26
entacapone	15
entecavir	16
ENTRESTO	20
enulose	23
epinastine hcl	32
epinephrine injection solution auto-injector	34
epitol	12
eplerenone	20
EQUETRO	17
ergocalciferol oral capsule	22
ergoloid mesylates oral	31
ERGOMAR	13
ergotamine-caffeine	13
ERLEADA	14
erlotinib hcl	15
errin	27
ery pad 2%	22
erythromycin base oral capsule delayed release particles	11
erythromycin base oral tablet	11
erythromycin base oral tablet delayed release	11
erythromycin ethylsuccinate oral	11
erythromycin external	22
erythromycin ophthalmic	32
erythromycin oral	11
escitalopram oxalate oral solution	12
escitalopram oxalate oral tablet	12
ESKATA	22
esomeprazole magnesium oral capsule delayed release	24
estarrylla	26
estazolam	17
estradiol-norethindrone acet	26
estradiol oral	26
estradiol transdermal patch twice weekly	26
estradiol transdermal patch weekly	26
estradiol vaginal cream	26
estradiol vaginal tablet	26
estradiol valerate intramuscular	26
ESTRING	26
eszopiclone	34
ethacrynic acid	20
ethambutol hcl oral	14
ethosuximide oral	11
ethynodiol diac-eth estradiol	26
etodolac	9
etodolac er	9
etonogetrel-ethinyl estradiol	26
etoposide oral	14
etravirine	16
euthyrox	28
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	15
EVOTAZ	16
EXELDERM	13
exemestane	14
ezetimibe	21
ezetimibe-simvastatin	21
falmina	26
famciclovir oral	16
famotidine oral suspension reconstituted	23
famotidine oral tablet 20 mg, 40 mg	23
FARXIGA	18
FC2 FEMALE CONDOM	31
febuxostat	13
felbamate	12
felodipine er	19
FEMCAP	31
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	20
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	20
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	20
fenoprofen calcium oral tablet	9
fentanyl citrate buccal lozenge on a handle	10
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	9
fesoterodine fumarate er	24
FETZIMA	12
finasteride oral tablet 5 mg	24
fingolimod hcl	21
finzala	26
flac	33
flavoxate hcl	24
flecainide acetate	19
FLEXICHAMBER	31
FLEXICHAMBER ADULT MASK/SMALL	31
FLEXICHAMBER CHILD MASK/LARGE	31
FLEXICHAMBER CHILD MASK/SMALL	31
FLUAD	29
FLUARIX	29
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	29
fluconazole oral	13
flucytosine oral	13
fludrocortisone acetate oral	25
FLULAVAL	29
FLUMIST	29
FLUMIST QUADRIVALENT NASAL SUSPENSION	30
flunisolide nasal	33
fluocinolone acetonide body	25
fluocinolone acetonide external	25
fluocinolone acetonide otic	33

fluocinolone acetonide scalp	25	FREESTYLE LIBRE READER.....	17
fluocinonide emulsified base	25	FRESKARO MAGNESIUM CITRATE	23
fluocinonide external cream 0.05 %... <td>25</td> <td>frovatriptan succinate</td> <td>14</td>	25	frovatriptan succinate	14
fluocinonide external gel.....	25	ft acid reducer oral capsule delayed release 15 mg	24
fluocinonide external ointment.....	25	ft aspirin low dose	9
fluocinonide external solution	25	ft aspirin oral tablet chewable.....	9
fluorometholone.....	33	ft clearlax	23
fluorouracil external cream.....	14	ft folic acid	23
fluorouracil external solution.....	14	ft laxative.....	23
fluoxetine hcl oral capsule.....	12	ft magnesium citrate	23
fluoxetine hcl oral capsule delayed release.....	12	ft nicotine	10
fluoxetine hcl oral solution	12	ft nicotine mini.....	10
fluoxetine hcl oral tablet 10 mg, 20 mg	12	furosemide oral	20
fluoxetine hcl (pmdd)	12	FUZEON	16
fluphenazine hcl oral	15	fyavolv.....	26
flurandrenolide external lotion.....	25	FYCOMPA ORAL SUSPENSION.....	12
flurazepam hcl	34	gabapentin oral capsule.....	12
flurbiprofen oral tablet 100 mg	9	gabapentin oral solution 250 mg/5ml	.12
flurbiprofen sodium	33	gabapentin oral tablet 600 mg, 800 mg.....	12
fluticasone propionate external cream	25	galantamine hydrobromide er	12
fluticasone propionate external ointment	25	galantamine hydrobromide oral solution.....	12
fluticasone propionate nasal	33	galantamine hydrobromide oral tablet	12
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	33	GALZIN.....	22
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ ACT, 232-14 MCG/ACT, 55-14 MCG/ ACT	33	GARDASIL 9.....	30
fluvastatin sodium	20	gatifloxacin ophthalmic	33
fluvoxamine maleate	12	gavilax oral powder	23
FLUZONE HIGH-DOSE.....	30	gavilyte-c.....	23
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE... <td>30</td> <td>gavilyte-g</td> <td>23</td>	30	gavilyte-g	23
folic acid oral tablet 1 mg.....	22	gavilyte-n with flavor pack.....	23
folic acid oral tablet 400 mcg, 800 mcg.....	23	gefitinib	15
fondaparinux sodium.....	18	gemfibrozil oral	20
FORA TEST N'GO ADV-VOICE-6 CON ..	17	gemmily.....	26
formoterol fumarate inhalation	34	generlac.....	23
fosamprenavir calcium	16	genraf.....	29
fosfomycin tromethamine	11	gentamicin sulfate external	10
fosinopril sodium	19	gentamicin sulfate ophthalmic	32
fosinopril sodium-hctz.....	20	gentrelax	23
FOSRENOL ORAL PACKET.....	22	gentle laxative oral tablet delayed release.....	23
FRAGMIN.....	18	GENVOYA	16
FREESTYLE LIBRE 2 READER.....	17	glatiramer acetate.....	21
FREESTYLE LIBRE 2 SENSOR.....	17	glatopa	21
FREESTYLE LIBRE 3 READER.....	17	GLEOSTINE	14
FREESTYLE LIBRE 3 SENSOR.....	17	glimepiride oral tablet 1 mg, 2 mg, 4 mg.....	18
FREESTYLE LIBRE 14 DAY READER....	17	glipizide er	18
FREESTYLE LIBRE 14 DAY SENSOR.....	17	glipizide ir	18
		glipizide-metformin hcl	18
		glipizide xl.....	18
		glucagon emergency kit.....	18
		GLUCAGON EMERGENCY KIT.....	18
		GLUCO TO GO	18
		glyburide-metformin	18
		glyburide micronized	18
		glyburide oral	18
		glycolax	23
		glycopyrrolate oral tablet 1 mg, 2 mg .	23
		glydo	10
		goodsense aspirin low dose	9
		goodsense nicotine mouth/throat gum 2 mg	10
		goodsense nicotine mouth/throat lozenge 4 mg.....	10
		granisetron hcl oral	13
		GRASTEK	31
		griseofulvin microsize oral.....	13
		griseofulvin ultramicrosize	13
		guaifenesin-codeine.....	34
		guanfacine hcl	19
		guanfacine hcl er	21
		GVOKE HYPOOPEN 1-PACK	18
		GVOKE HYPOOPEN 2-PACK	18
		GVOKE KIT	18
		GVOKE PFS	18
		GYNAZOLE-1	13
		habitrol	10
		HADLIMA	29
		HADLIMA PUSHTOUCH	29
		HAEGARDA	28
		hailey 1.5/30	26
		hailey 24 fe	26
		hailey fe 1.5/30	26
		hailey fe 1/20	26
		halobetasol propionate external cream	25
		halobetasol propionate external ointment	25
		haloette	26
		haloperidol lactate oral concentrate 2 mg/ml	15
		haloperidol oral	15
		HAVRIX	30
		heather	27
		heparin sodium (porcine)	18
		heparin sodium (porcine) pf	18
		HEPLISAV-B	30
		her style	27
		HIBERIX	30
		HUMALOG	18
		HUMALOG KWIKPEN	18
		HUMALOG MIX 50/50 KWIKPEN	18
		HUMALOG MIX 50/50 VIAL	18
		HUMALOG MIX 75/25 KWIKPEN	18
		HUMALOG MIX 75/25 VIAL	18
		HUMALOG U-100 JUNIOR KWIKPEN ..	18
		HUMATIN	10
		HUMIRA (2 PEN)	29
		HUMIRA (2 SYRINGE)	29
		HUMIRA-CD/UC/HS STARTER	29

HUMIRA-PSORIASIS/UVEIT STARTER.	29	imipramine hcl oral	13
HUMULIN 70/30 KWIKPEN.....	18	imipramine pamoate	13
HUMULIN 70/30 VIAL	18	imiquimod external cream 5 %.....	22
HUMULIN N KWIKPEN	18	incassia.....	27
HUMULIN N VIAL	18	INCRELEX.....	25
HUMULIN R U-500 KWIKPEN.....	18	INCRUSE ELLIPTA	33
HUMULIN R U-500 VIAL	18	indapamide	20
HUMULIN R VIAL.....	18	indomethacin er	9
HYCAMTIN ORAL	15	indomethacin oral capsule	9
hydralazine hcl oral	21	INFANRIX	30
hydrochlorothiazide oral	20	INGREZZA.....	21
hydrocodone-acetaminophen oral solution 75-325 mg/15ml.....	10	INSPIREASE RESERVOIR BAGS.....	31
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 75-325 mg.....	10	INSULIN ASPART PROT & ASPART.....	18
hydrocodone bitartrate er oral capsule extended release 12 hour.....	9	INSULIN DEGLUDEC	18
hydrocodone bit-homatrop mbr.....	34	INSULIN DEGLUDEC FLEXTOUCH.....	18
hydrocodone-ibuprofen.....	10	INSULIN LISPRO	18
hydrocod poli-chlorphe poli er	34	INSULIN LISPRO (1 UNIT DIAL).....	18
hydrocortisone ace-pramoxine external cream 1-1 %.....	31	INSULIN LISPRO JUNIOR KWIKPEN	18
hydrocortisone-acetic acid.....	33	INSULIN LISPRO PROT & LISPRO	18
hydrocortisone butyrate external cream	25	INSULIN PEN NEEDLES 29G X 12.7MM ,29G X 12MM ,29G X 5MM ,29G X 8MM ,30G X 5 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	31
hydrocortisone butyrate external ointment	25	INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 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" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 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" 1 ML.....	31
hydrocortisone external cream 2.5 % ..	25	INTELENCE ORAL TABLET 25 MG	16
hydrocortisone external lotion 2.5 % ..	25	introvale.....	26
hydrocortisone external ointment 1 %, 2.5 %	25	INVELTYS.....	33
hydrocortisone oral	25	IOPIDINE.....	32
hydrocortisone (perianal) external cream 2.5 %.....	30	IPOL.....	30
hydrocortisone rectal.....	31	ipratropium-albuterol	34
hydrocortisone valerate	25	ipratropium bromide inhalation.....	33
hydromet.....	34	ipratropium bromide nasal	33
hydromorphone hcl er.....	9	irbesartan	19
hydromorphone hcl oral liquid	10	irbesartan-hydrochlorothiazide	20
hydromorphone hcl oral tablet.....	10	isibloom	26
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg	15	isoniazid oral syrup	14
hydroxyurea oral	14	isoniazid oral tablet.....	14
hydroxyzine hcl oral.....	17	isosorb dinitrate-hydralazine.....	20
hydroxyzine pamoate oral.....	17	isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	21
HYPERSAL.....	34	isosorbide mononitrate.....	21
ibandronate sodium oral	31	isosorbide mononitrate er.....	21
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	9	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg.....	22
icatibant acetate.....	28	isradipine.....	19
iclevia.....	26		
icosapent ethyl.....	21		
imatinib mesylate.....	15		
IMBRUVICA	15		

lactulose encephalopathy oral solution 10 gm/15ml	23	levonorgest-eth estradiol-iron	26
lactulose oral packet.....	23	levonorgestrel.....	28
lactulose oral solution	23	levonorgestrel-ethinyl estrad	26
LAGEVRIO	16	levonorg-eth estrad triphasic	26
lamivudine oral solution	16	levora 0.15/30 (28).....	27
lamivudine oral tablet 100 mg.....	16	levorphanol tartrate oral	9
lamivudine oral tablet 150 mg, 300 mg.....	16	levo-t.....	28
lamivudine-zidovudine	16	levothyroxine sodium oral tablet.....	28
lamotrigine oral tablet.....	12	levoxyl.....	28
lamotrigine oral tablet chewable.....	12	lidocaine external patch 5 %.....	10
LANCETS.....	17	lidocaine hcl external solution	10
LANCETS SUPER THIN.....	17	lidocaine hcl mouth/throat.....	10
lansoprazole oral capsule delayed release.....	24	lidocaine hcl urethral/mucosal.....	10
lanthanum carbonate	22	lidocaine-prilocaine external cream ..	10
larin 1.5/30	26	lidocaine viscous hcl.....	10
larin 1/20	26	LILETTA (52 MG).....	28
larin 24 fe.....	26	linezolid oral suspension reconstituted	11
larin fe 1.5/30.....	26	linezolid oral tablet	11
larin fe 1/20	26	LINZESS	23
latanoprost ophthalmic	33	liothyronine sodium oral.....	28
layolis fe	26	lisdexamfetamine dimesylate oral capsule	21
LEDIPASVIR-SOFOSBUVIR	16	lisinopril-hydrochlorothiazide	20
leena	26	lisinopril oral	19
leflunomide oral	29	lithium.....	17
lenalidomide	14	lithium carbonate er	17
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	15	lithium carbonate oral	17
lessina	26	lojaimiess.....	27
letrozole oral	14	LOKELMA	22
leucovorin calcium oral.....	14	LO LOESTRIN FE.....	27
LEUKERAN	14	loperamide hcl oral capsule	23
LEUKINE	19	lopinavir-ritonavir.....	17
leuprolide acetate injection	28	lorazepam intensol	17
levalbuterol hcl inhalation.....	34	lorazepam oral concentrate 2 mg/ml ..	17
LEVEMIR FLEXPEN	18	lorazepam oral tablet.....	17
LEVEMIR U-100 VIAL	18	LORBRENA	15
levetiracetam er	11	loryna.....	27
levetiracetam oral	11	losartan potassium-hctz.....	20
levobunolol hcl.....	32	losartan potassium oral.....	19
levocarnitine oral solution.....	22	LOTEMAX OPHTHALMIC OINTMENT ..	33
levocarnitine oral tablet	22	LOTEMAX SM.....	33
levocarnitine sf	22	loteprednol etabonate ophthalmic suspension 0.5 %	33
levocetirizine dihydrochloride oral solution	33	lovastatin oral	20
levocetirizine dihydrochloride oral tablet	33	low-ogestrel.....	27
levofloxacin ophthalmic.....	33	loxapine succinate.....	15
levofloxacin oral solution	11	lo-zumandimine	27
levofloxacin oral tablet	11	lubiprostone	23
levonest	26	LULICONAZOLE	13
levonorgest-eth est & eth est.....	26	LUMIGAN	33
levonorgest-eth estrad 91-day	26	lurasidone hcl	16
		Iutera	27
		lyeq	28
		lyllana	27
		LYSODREN	28
		lyza	28
		mafенide acetate external	11
		magnesium citrate oral solution	23
		malathion	15
		maraviroc	16
		marlissa	27
		MARPLAN	12
		MATULANE	14
		matzim la.....	19
		maxi-tuss ac.....	34
		meclizine hcl oral tablet 25 mg	13
		meclizine hcl oral tablet 50 mg	13
		meclofenamate sodium oral	9
		medroxyprogesterone acetate intramuscular suspension	28
		medroxyprogesterone acetate intramuscular suspension prefilled syringe	28
		medroxyprogesterone acetate oral	28
		mefenamic acid oral	9
		mefloquine hcl	15
		megestrol acetate oral suspension 40 mg/ml	28
		megestrol acetate oral suspension 625 mg/5ml	28
		megestrol acetate oral tablet	28
		meloxicam oral tablet	9
		memantine hcl oral solution	12
		memantine hcl oral tablet	12
		MENQUADFI	30
		MENVEO	30
		meprobamate	17
		mercaptopurine oral	14
		merzee	27
		mesalamine-cleanser	30
		mesalamine er oral capsule 0.375 gm ..	30
		mesalamine oral tablet delayed release 1.2 gm	30
		mesalamine rectal	30
		MESNEX ORAL	15
		metaxalone	34
		metformin hcl er	18
		metformin hcl oral solution	18
		metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	18
		methadone hcl intensol	9
		methadone hcl oral concentrate	9
		methadone hcl oral solution	9
		methadone hcl oral tablet	9
		methamphetamine hcl	21
		methazolamide oral	20
		methenamine hippurate	11
		methergine	31
		methimazole oral	28
		methocarbamol oral tablet 500 mg, 750 mg	34

methotrexate sodium	29	mm clearlax.....	23
methotrexate sodium (pf).....	29	M-M-R II.....	30
methoxsalen rapid.....	22	M-NATAL PLUS.....	23
methscopolamine bromide oral.....	23	modafinil oral	35
methsuximide	11	moexipril hcl	19
METHYLDOPA.....	19	mometasone furoate external	25
methylergonovine maleate oral.....	31	mometasone furoate nasal.....	34
methylphenidate hcl er (cd).....	21	mondoxyne nl.....	11
methylphenidate hcl er (la).....	21	mono-linyah	27
methylphenidate hcl er oral tablet extended release	21	montelukast sodium oral	33
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg.....	21	morphine sulfate (concentrate).....	10
methylphenidate hcl oral solution	21	morphine sulfate er oral tablet extended release	9
methylphenidate hcl oral tablet.....	21	morphine sulfate oral solution	10
methylphenidate hcl oral tablet chewable.....	21	morphine sulfate oral tablet.....	10
methylprednisolone oral	25	MOUNJARO.....	18
methyltestosterone oral	25	moxifloxacin hcl (2x day).....	33
metoclopramide hcl oral solution 5 mg/5ml.....	13	moxifloxacin hcl ophthalmic	33
metoclopramide hcl oral tablet	13	moxifloxacin hcl oral.....	11
metolazone	20	MULTAQ	19
metoprolol-hydrochlorothiazide	20	mupirocin cream.....	11
metoprolol succinate er	19	mupirocin ointment	11
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	19	MYALEPT	24
metronidazole external cream	22	my choice	28
metronidazole external gel 0.75 %	22	mycophenolate mofetil oral capsule ..	29
metronidazole external lotion	22	mycophenolate mofetil oral suspension reconstituted	29
metronidazole oral tablet	11	mycophenolate mofetil oral tablet	29
metronidazole vaginal	11	mycophenolate sodium	29
mexiletine hcl oral	19	mycophenolic acid.....	29
mibelas 24 fe.....	27	MYLERAN	14
miconazole 3.....	13	my way	28
microgestin 1.5/30.....	27	nabumetone oral	9
microgestin 1/20.....	27	nadolol oral	19
microgestin 24 fe oral tablet 1-20 mg-mcg	27	naftifine hcl external cream	13
microgestin fe 1.5/30	27	naloxone hcl injection	10
microgestin fe 1/20	27	naloxone hcl nasal	10
MICROLET NEXT LANCING DEVICE	17	naltrexone hcl oral	10
midodrine hcl	19	naproxen dr	9
MIGERGOT.....	13	naproxen oral suspension	9
miglitol	18	naproxen oral tablet	9
mihi	27	naproxen oral tablet delayed release ..	9
mimvey.....	27	naproxen sodium oral tablet 275 mg, 550 mg	9
minocycline hcl oral capsule	11	naratriptan hcl	14
minoxidil oral.....	21	NARCAN	10
MIRENA (52 MG).....	28	na sulfate-k sulfate-mg sulf	24
mirtazapine oral tablet	12	NATACYN	32
mirtazapine oral tablet dispersible.....	12	NATAZIA	27
misoprostol oral.....	24	nateglinide	18
MITOSOL.....	32	NAYZILAM	11
mm aspirin	9	NEBUSAL	34
		necon 0.5/35 (28).....	27
		nefazodone hcl	12
		neomycin-bacitracin zn-polymyx	32
		neomycin-polymyxin-dexameth ophthalmic ointment	32
		neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	32
		neomycin-polymyxin-gramicidin	32
		neomycin-polymyxin-hc ophthalmic ..	32
		neomycin-polymyxin-hc otic	33
		neomycin sulfate oral	10
		NEONATAL COMPLETE	23
		NEONATAL PLUS	23
		neo-polycin	32
		neo-polycin hc	32
		NEO-SYNALAR	11
		NEULASTA	19
		NEULASTA ONPRO	19
		NEUPRO TRANSDERMAL PATCH 24 HOUR 2 MG/24HR	15
		nevirapine	16
		nevirapine er	16
		new day	28
		NEXPLANON	28
		NEXTSTELLIS	27
		niacin (antihyperlipidemic)	21
		niacin er (antihyperlipidemic)	21
		niacor	21
		nicardipine hcl oral	19
		NICORETTE MINI	10
		NICORETTE MOUTH/THROAT GUM 2 MG	10
		NICORETTE MOUTH/THROAT LOZENGE	10
		nicotine mini	10
		nicotine polacrilex mini	10
		nicotine polacrilex mouth/throat	10
		nicotine step 1	10
		nicotine step 2	10
		nicotine step 3	10
		nicotine transdermal kit	10
		nicotine transdermal patch 24 hour 21 mg/24hr	10
		NICOTROL	10
		NICOTROL NS	10
		nifedipine er	19
		nifedipine er osmotic release	19
		nifedipine oral	19
		nikki	27
		nilutamide	14
		nimodipine oral	19
		nisoldipine er	19
		nitazoxanide oral	15
		NITRO-BID	21
		NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	21
		nitrofurantoin macrocrystal	11
		nitrofurantoin monohydrate macrocrystals	11

nitrofurantoin oral suspension 25 mg/5ml.....	11	olmesartan medoxomil-hctz.....	20
nitroglycerin rectal	21	olmesartan medoxomil oral	19
nitroglycerin sublingual	21	olopatadine hcl nasal	33
nitroglycerin transdermal	21	olopatadine hcl ophthalmic solution 0.1%	32
NIVA THYROID	28	OLUMIANT	29
nizatidine.....	23	omega-3-acid ethyl esters.....	21
nora-be.....	28	omeprazole oral capsule delayed release 10 mg	24
norelgestromin-eth estradiol	27	omeprazole oral capsule delayed release 20 mg, 40 mg	24
norethnin ace-eth estrad-fe	27	OMNIPOD 5 G6 INTRO (GEN 5).....	31
norethindrone acetate oral.....	28	OMNIPOD 5 G6 PODS (GEN 5).....	31
norethindrone acet-ethinyl est.....	27	OMNITROPE	25
norethindrone-eth estradiol	27	ondansetron hcl oral.....	13
norethindrone oral.....	28	ondansetron odt oral tablet dispersible 4 mg, 8 mg.....	13
norethindron-ethinyl estrad-fe.....	27	ONELAX MAGNESIUM CITRATE.....	24
norethin-eth estradiol-fe	27	ONETOUCH DELICA PLUS LANCING ..	17
norgestimate-eth estradiol.....	27	ONETOUCH DELICA SAFETY LANCING.....	17
norgestimate-ethinyl estradiol triphasic.....	27	ONETOUCH ULTRA 2 KIT W/DEVICE ..	17
norlyroc	28	ONETOUCH ULTRA TEST STRIPS.....	17
NORPACE CR.....	19	ONETOUCH ULTRA TEST STRIPS.....	17
nortrel 0.5/35 (28)	27	ONETOUCH VERIO FLEX SYSTEM KIT ..	17
nortrel 1/35 (21).....	27	ONETOUCH VERIO IN VITRO LIQUID HIGH	17
nortrel 1/35 (28)	27	ONETOUCH VERIO TEST STRIPS.....	18
nortrel 7/7/7.....	27	ONE VITE WOMENS PLUS	23
nortriptyline hcl oral capsule	13	opcicon one-step	28
nortriptyline hcl oral solution	13	OPILL	28
NORVIR ORAL PACKET	17	opium	23
NOVOFINE PEN NEEDLE	31	OPSUMIT	34
NOVOFINE PLUS PEN NEEDLE	31	option 2	28
NOVOPEN ECHO.....	17	OPTIONS GYNOL II CONTRACEPTIVE ..	24
np thyroid	28	oralone	21
NUBEQA.....	14	ORENITRAM	34
NUCYNTA ER.....	10	ORENITRAM MONTH 1	34
nyamyc	13	ORENITRAM MONTH 2	34
nylia 1/35.....	27	ORENITRAM MONTH 3	34
nylia 7/7/7	27	ORILISSA	28
nymyo oral tablet 0.25-35 mg-mcg ..	27	ORKAMBI	34
nystatin external cream	13	orphenadrine-aspirin-caffeine	34
nystatin external ointment	13	orphenadrine citrate er	34
nystatin external powder	13	oseltamivir phosphate oral	17
nystatin mouth/throat.....	13	OSPHENA	28
nystatin oral.....	13	OTEZLA	29
nystatin-triamcinolone	13	OTOVEL	33
nystop	13	oxaprozin oral tablet	9
ocella.....	27	oxazepam	17
octreotide acetate.....	28	oxcarbazepine oral suspension.....	12
ODEFSEY.....	16	oxcarbazepine oral tablet	12
OFEV	34	oxiconazole nitrate	13
ofloxacin ophthalmic	33	oxybutynin chloride er	24
ofloxacin oral.....	11	oxybutynin chloride oral solution	24
ofloxacin otic.....	33	oxybutynin chloride oral tablet 5 mg ..	24
olanzapine-fluoxetine hcl	12		
olanzapine oral tablet	16		
olanzapine oral tablet dispersible	16		

phenytoin sodium extended	12	PREHEVBARIO	30	quinapril-hydrochlorothiazide	20
PHEXXI	32	PREMARIN VAGINAL	27	quinidine gluconate er	19
philith	27	prenatal oral tablet 27-1 mg	23	quinidine sulfate	19
PHOSPHOLINE IODIDE	32	prenatal plus vitamin/mineral	23	quinine sulfate	15
phytonadione oral	23	PRENATRIX	23	QVAR REDIHALER	33
pilocarpine hcl ophthalmic	32	PRENATRYL	23	rabeprazole sodium oral tablet	
pilocarpine hcl oral	21	PREPIDIL	25	delayed release	24
pimecrolimus	22	prevalite	21	RADIOGARDASE	32
pimozide	15	PREVNAR 20	30	raloxifene hcl	28
pimtrexa	27	PREZISTA ORAL SUSPENSION	17	ramelteon	35
pindolol	19	PRIFTIN	14	ramipril	19
pioglitazone hcl	18	primaquine phosphate	15	ranolazine er	20
pioglitazone hcl-metformin hcl	18	primidone oral	12	rasagiline mesylate oral	15
PIQRAY	14	PRIORIX	30	RAYA SURE PEN NEEDLE	32
pirfenidone	34	probenecid	13	react	28
piroxicam oral	9	prochlorperazine	13	reclipsen	27
PLAN B ONE-STEP	28	prochlorperazine maleate oral	13	RECOMBIVAX HB	30
PLEGRIDY	21	PROTOFOAM HC	31	RECOETHROM EXTERNAL SOLUTION	
PLEGRIDY STARTER PACK	21	procto-med hc	31	RECONSTITUTED 5000 UNIT	19
PLENUVU	24	proctosol hc	31	RECOETHROM SPRAY KIT	19
plerixafor	19	proctozone-hc	31	REGRANEX	22
PNEUMOVAX 23	30	progesterone intramuscular	28	RELENZA DISKHALER	17
pnv prenatal plus multivit+dha	23	progesterone oral	28	RELISTOR SUBCUTANEOUS	23
podofilox external gel	22	PROMACTA	19	repaglinide	18
podofilox external solution	22	promethazine-codeine oral solution	34	REPATHA	21
polycin	32	promethazine-dm	34	REPATHA PUSHTRONEX SYSTEM	21
Polyethylene glycol 3350 oral powder	24	promethazine hcl oral	13	REPATHA SURECLICK	21
polymyxin b-trimethoprim	32	promethazine hcl rectal	13	RETACRIT	19
POMALYST	14	promethazine-phenylephrine	33	REYATAZ ORAL PACKET	17
portia-28	27	promethazine vc	33	REZVOGLAR KWIKPEN	18
posaconazole oral tablet delayed release	13	promethegan	13	ribavirin oral	16
potassium chloride crys er	22	propafenone hcl	19	RIDAURA	29
potassium chloride er	22	propafenone hcl er	19	rifabutin	14
potassium chloride oral packet	22	proparacaine hcl ophthalmic	32	rifampin oral	14
potassium chloride oral solution	22	propranolol hcl er	19	riluzole	21
potassium citrate er	22	propranolol hcl oral	19	rimantadine hcl	17
pramipexole dihydrochloride	15	propylthiouracil oral	28	RINVOQ	29
prasugrel hcl	19	PROQUAD	30	RINVOQ LQ	29
pravastatin sodium	20	protriptyline hcl	13	risedronate sodium oral tablet	31
praziquantel oral	15	pseudoephedrine-bromphen-dm	34	risperidone oral solution	16
prazosin hcl oral	19	PULMOSAL	34	risperidone oral tablet	16
prednisolone acetate ophthalmic	33	PULMOZYME	34	risperidone oral tablet dispersible	16
prednisolone oral solution	25	PURE COMFORT SAFETY PEN NEEDLE	32	ritonavir	17
prednisolone oral tablet	25	pyrazinamide oral	14	rivastigmine	12
prednisolone sodium phosphate	33	pyridostigmine bromide er	14	rivastigmine tartrate	12
ophthalmic		pyridostigmine bromide oral solution	14	rivelsa	27
prednisolone sodium phosphate oral		pyridostigmine bromide oral tablet		rizatriptan benzoate	14
solution	25	60 mg	14	roflumilast	34
prednisolone sodium phosphate oral tablet		pyrimethamine oral	15	ropinirole hcl	15
dispersible	25	QUADRACEL INTRAMUSCULAR		rosuvastatin calcium oral tablet	
prednisone intensol	25	SUSPENSION	30	mg, 5 mg	20
prednisone oral solution	25	quazepam	17	rosuvastatin calcium oral tablet	
prednisone oral tablet	25	quetiapine fumarate	16	mg, 40 mg	20
prednisone oral tablet therapy pack	25	quetiapine fumarate er	16	ROTARIX	30
pregabalin oral capsule	21	quinapril hcl	19	ROTATEQ	30

roweepra	11	solifenacin succinate	24	SYNTHROID	28
ROZLYTREK	14	SOLIQUA.....	18	TABLOID.....	14
rufinamide	12	SOLOSEC.....	11	tacrolimus external	22
RYBELSUS.....	18	SOMAVERT.....	28	tacrolimus oral	29
SAFETY PEN NEEDLES	32	sorafenib tosylate.....	15	tadalafil oral tablet 2.5 mg, 5 mg	24
sajazir.....	28	sotalol hcl (af).....	19	tadalafil (pah).....	34
salsalate oral	9	sotalol hcl oral.....	19	tafluprost (pf).....	33
SANTYL.....	22	SOTYLIZE	19	take action	28
sapropterin dihydrochloride.....	24	SOVALDI	16	TALTZ	29
SAVELLA	21	SPIKEVAX	30	TALZENNA	15
SAVELLA TITRATION PACK.....	21	spinosad.....	15	tamoxifen citrate oral tablet 10 mg	14
saxagliptin hcl.....	18	SPIRIVA HANDIHALER.....	34	tamoxifen citrate oral tablet 20 mg	14
saxagliptin-metformin er.....	18	SPIRIVA RESPIMAT.....	34	tamsulosin hcl	24
scopolamine	13	spironolactone-hctz	20	tarina 24 fe	27
selegiline hcl oral	15	spironolactone oral tablet.....	20	tarina fe 1/20 eq	27
selenium sulfide external lotion.....	22	sprintec 28	27	tasimelteon	35
SELZENTRY ORAL SOLUTION.....	16	SPS	22	tavaborole.....	13
sertraline hcl oral concentrate	12	sronyx	27	taysofy	27
sertraline hcl oral tablet	12	ssd.....	11	tazarotene external cream 0.1 %	22
setlakin	27	STELARA SUBCUTANEOUS.....	22	tazarotene external gel.....	22
sevelamer carbonate oral packet	22	STIOLTO RESPIMAT.....	34	TDVAX	30
sevelamer carbonate oral tablet	22	STIVARGA	15	TECHLITE LANCETS 26G	18
sharobel	28	ST JOSEPH LOW DOSE	9	telmisartan	19
SHARPS COLLECTOR.....	32	STRIBILD	16	telmisartan-hctz	20
SHARPS CONTAINER	32	STRIVERDI RESPIMAT	34	temazepam	34
SHINGRIX	30	subvenite.....	12	temozolomide	14
SIGNIFOR	28	SUCRAID	24	TENCON	10
sildenafil citrate oral suspension reconstituted	34	sucralfate oral suspension.....	24	TENIVAC	30
sildenafil citrate oral tablet 20 mg	34	sucralfate oral tablet.....	24	tenofovir disoproxil fumarate	16
silodosin	24	SULCONAZOLE NITRATE	13	terazosin hcl	24
silver sulfadiazine external	11	sulfacetamide-prednisolone	32	terbinafine hcl oral	13
SIMBRINZA	33	sulfacetamide sodium (acne)	22	terbutaline sulfate oral	34
simliya	27	sulfacetamide sodium ophthalmic ...	33	terconazole vaginal cream	13
simpesse	27	sulfadiazine oral	11	terconazole vaginal suppository	13
SIMPONI	29	sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml.....	11	teriflunomide	21
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	20	sulfamethoxazole-trimethoprim oral tablet	11	testosterone cypionate intramuscular	25
simvastatin oral tablet 80 mg	20	SULFAMYLON	11	testosterone enanthate intramuscular	25
sirolimus oral solution	29	sulfasalazine oral	31	testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 50 mg/5gm (1%)	26
sirolimus oral tablet	29	sulfatrim pediatric	11	TETANUS-DIPHTHERIA TOXOIDS TD ..	30
SIRTURO	14	sulindac oral	9	tetrabenazine	21
SIVEXTRO ORAL	11	sumatriptan-naproxen sodium	14	tetracaine hcl ophthalmic	32
SKYLA	28	sumatriptan nasal	14	tetracycline hcl oral capsule	11
SKYRIZI PEN	29	sumatriptan succinate oral	14	TEXACORT	25
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	22	sumatriptan succinate refill subcutaneous solution cartridge	14	THALOMID	14
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	29	sumatriptan succinate subcutaneous ..	14	THEO-24	34
sm lansoprazole	24	sunitinib malate	15	theophylline er	34
sodium chloride inhalation	34	SUNOSI	35	theophylline oral	34
sodium fluoride oral	22	syeda	27	thioridazine hcl oral	15
SODIUM OXYBATE	35	SYMPROIC	23	thiothixene	15
sodium polystyrene sulfonate	22	SYNAREL	28	THROMBIN-JMI EPISTAXIS	19
SOFOSBUVIR-VELPATASVIR.....	16	SYNJARDY	18	THROMBIN-JMI EXTERNAL KIT	19
		SYNJARDY XR	18	THYQUIDITY	28
				thyroid oral	28
				tiadylt er	20

tiagabine hcl	12	triamterene-hctz	20	VALCHLOR	14
tilia fe.....	27	triazolam	34	valganciclovir hcl oral solution reconstituted	16
timolol maleate (once-daily).....	33	triderm	25	valganciclovir hcl oral tablet.....	16
timolol maleate ophthalmic gel forming solution	33	trientine hcl oral capsule 250 mg	22	valproic acid oral capsule.....	12
timolol maleate ophthalmic solution ..	33	tri-estarylla.....	27	valproic acid oral solution 250 mg/5ml	12
timolol maleate oral	19	trifluoperazine hcl	15	valsartan-hydrochlorothiazide	20
timolol maleate pf	33	trifluridine.....	32	valsartan oral tablet	19
tinidazole oral	11	trihexyphenidyl hcl	15	vancomycin hcl oral capsule	11
tiopronin oral tablet	24	tri-legest fe.....	27	vancomycin hcl oral solution reconstituted	11
tiotropium bromide monohydrate ..	34	tri-linyah.....	27	VANDAZOLE.....	11
TIROSINT-SOL.....	28	tri-lo-estarylla.....	27	VAQTA	30
TIVICAY	16	tri-lo-marzia.....	27	varenicline tartrate	10
tizanidine hcl oral capsule.....	34	tri-lo-mili.....	27	varenicline tartrate(continue).....	10
tizanidine hcl oral tablet.....	34	tri-lo-sprintec	27	varenicline tartrate (starter).....	10
TOBRADEX	32	trimethobenzamide hcl oral.....	13	VARIVAX	30
tobramycin-dexamethasone.....	32	trimethoprim oral.....	11	VARUBI (180 MG DOSE)	13
tobramycin nebulization solution 300 mg/5ml inhalation	34	tri-milli	27	VAXELIS	30
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	34	trimipramine maleate oral.....	13	VAXNEUVANCE	30
tobramycin ophthalmic	32	TRINATE.....	23	VCF VAGINAL CONTRACEPTIVE	24
TOBREX	32	tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg.....	27	velvet	27
tolcapone	15	tri-sprintec	27	VELPHORO	22
tolmetin sodium	9	TRIUMEQ.....	16	VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	22
tolterodine tartrate	24	trivora (28)	27	VENCLEXTA	15
tolterodine tartrate er	24	tri-vylibra	27	VENCLEXTA STARTING PACK	15
topiramate oral capsule sprinkle	12	tri-vylibra lo	27	venlafaxine hcl	12
topiramate oral tablet	12	trospium chloride	24	venlafaxine hcl er oral capsule extended release 24 hour.....	12
toremifene citrate	14	trospium chloride er	24	VENTAVIS	34
torsemide	20	TRUE COVER.....	32	VENTOLIN HFA	34
TRADJENTA	18	TRUE FOLIC ACID ORAL TABLET 1 MG	23	verapamil hcl er oral capsule extended release 24 hour.....	20
tramadol-acetaminophen.....	10	TRUE FOLIC ACID ORAL TABLET 400 MCG	23	verapamil hcl er oral tablet extended release.....	20
tramadol hcl (er biphasic) oral tablet extended release 24 hour.....	10	TRUE LAXATIVE	24	verapamil hcl oral	20
tramadol hcl er tablet	10	TRULICITY	18	VEREGEN	22
tramadol hcl oral tablet 50 mg	10	TRUMENBA.....	30	VERIFINE INSULIN PEN NEEDLE	32
trandolapril.....	19	TURALIO	15	VERIFINE INSULIN SYRINGE	32
tranexamic acid oral	19	turqoz	27	VERIFINE PLUS PEN NEEDLE	32
tranylcyprromine sulfate	12	TUXARIN ER.....	34	VERIFINE SAFE LANCET MINI 21G	18
travoprost (bak free).....	33	TWINRIX	30	VERIFINE SAFE LANCET MINI 23G	18
trazodone hcl oral	12	TWIRLA.....	27	VERIFINE SAFE LANCET MINI 28G	18
TRECATOR	14	TYBLUME	27	VERIFINE SAFE LANCET MINI 30G	18
TRELEGY ELLIPTA	34	tydemy	27	VERIFINE SHARPS CONTAINER	32
TRESIBA	18	TYMLOS	31	VERZENIO	14
TRESIBA FLEXTOUCH	18	TYVASO	34	vestura	27
tretinoin external cream.....	22	TYVASO DPI INSTITUTIONAL KIT	34	VIBERZI	23
tretinoin oral	15	TYVASO DPI MAINTENANCE KIT	34	vienna	27
triamcinolone acetonide external cream	25	TYVASO DPI TITRATION KIT	34	vigabatrin	12
triamcinolone acetonide external lotion	25	TYVASO REFILL KIT	34	vigadrone	12
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	25	TYVASO STARTER KIT	34	vigpoder	12
triamcinolone acetonide mouth/ throat.....	21	UBRELVY	13	vilazodone hcl.....	12
		UNIFINE PROTECT PEN NEEDLE	32	VINATE ONE ORAL TABLET 60-1 MG..	23
		unithroid	28	viorele	27
		ursodiol oral capsule 300 mg.....	23		
		ursodiol oral tablet.....	23		
		valacyclovir hcl oral	16		

VIRACEPT	17
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 IU), 50000 unit	23
VITATHELY WITH GINGER	23
VITRAKVI.....	15
VIVAGUARD LANCETS 30G.....	18
VIVAGUARD LANCING DEVICE	18
VIVAGUARD SAFETY LANCETS 28G....	18
volnea	27
voriconazole oral suspension reconstituted	13
voriconazole oral tablet	13
VORTEX VALVED HOLDING CHAMBER	32
VOSEVI.....	16
VRAYLAR.....	16
vyfemla.....	27
vylibra	27
warfarin sodium oral.....	18
wera	27
WESNATAL DHA COMPLETE	23
WESTAB PLUS	23
WIDE-SEAL DIAPHRAGM 60	32
WIDE-SEAL DIAPHRAGM 65.....	32
WIDE-SEAL DIAPHRAGM 70.....	32
WIDE-SEAL DIAPHRAGM 75.....	32
WIDE-SEAL DIAPHRAGM 80	32
WIDE-SEAL DIAPHRAGM 85.....	32
WIDE-SEAL DIAPHRAGM 90	32
WIDE-SEAL DIAPHRAGM 95.....	32
wixela inhub.....	33
wymzya fe.....	27
XARELTO	18
XARELTO STARTER PACK	18
XELJANZ	29
XELJANZ XR.....	29
XELPROS.....	33
XIFAXAN.....	11
XIGDUO XR.....	18
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	29
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML.....	29
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML... ..	29
XOSPATA	15
XTAMPZA ER	10
xulane	27
YOSPRALA	19
yuvafem.....	27
zafemy	27
zaflunakast.....	33
zaleplon	34
ZARXIO.....	19
ZEGALOGUE	18
ZELBORAF	15
zenatane	22
ZENPEP	24
zidovudine	16
zileuton er.....	33
ziprasidone hcl.....	16
ZIRGAN.....	32
ZOLINZA	14
zolmitriptan nasal.....	14
zolmitriptan oral	14
zolpidem tartrate er	34
zolpidem tartrate oral tablet	34
zonisamide oral	11
zovia 1/35 (28)	27
ZUBSOLV	10
zumandimine	27
ZYKADIA	15
ZYLET	32

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French: Les services de traduction et d'interprétation vous sont fournis gratuitement. Si vous avez besoin d'aide, veuillez appeler le numéro ci-dessus ou le numéro de services aux membres figurant sur votre carte d'assurance maladie.

Russian: Вам доступны бесплатные услуги перевода и устные переводчики. Если вам нужна помощь, позвоните по указанному выше номеру или по номеру отдела обслуживания участников, указанному на вашей идентификационной карте программы страхования здоровья.

Polish: Mogą Państwo bezpłatnie skorzystać z usługi tłumaczenia pisemnego lub ustnego. Jeśli potrzebują Państwo pomocy, należy zadzwonić pod numer podany powyżej lub numer usług dla członków podany na karcie identyfikacyjnej członka planu ubezpieczenia zdrowotnego.



German: Übersetzungsdiene und Dolmetscher stehen Ihnen kostenlos zur Verfügung. Wenn Sie Hilfe benötigen, rufen Sie bitte die oben genannte Nummer oder die Nummer des Mitgliederservices auf Ihrer Versichertenkarte an.

Gujarati: અનુવાદ સેવાઓ અને દુભાષિયા તમારા માટે નિઃશુલ્ક ઉપલબ્ધ છે. જો તમને મદદની જરૂર હોય, તો કૃપા કરીને ઉપરના નંબર પર અથવા તમારા હેલ્થ પ્લાન આઇડી કાર્ડ પરના સભ્ય સેવાઓ નંબર પર કોલ કરો.

Urdu: آپ کے لیے بغیر کسی فیس یا اخراجات کے ترجمہ کی خدمات اور ترجمان دستیاب ہیں۔ اگر آپ کو مدد کی ضرورت ہو، تو برائے مہربانی اوپر دیئے گئے نمبر یا اپنے بیلٹھ پلان آئی ڈی کارڈ پر موجود Member Services کے نمبر پر کال کریں۔

Portuguese: Você tem à disposição serviços gratuitos de tradução e intérpretes. Caso precise de ajuda, ligue para o número acima ou para o número de Atendimento a Membros exibido em seu cartão de identificação do plano de saúde.

Japanese: 翻訳サービスと通訳サービスを利用できます。サポートが必要な場合は、上記の電話番号か、保険プラン ID カードのメンバーサービス番号に電話してください。

Hindi: અનુવાદ સેવાએ ઔર દુભાષિએ આપકે લિએ નિઃશુલ્ક ઉપલબ્ધ હોયાં। યदિ આપકો સહાયતા કી આવશ્યકતા હૈ, તો કૃપા અપને સ્વાસ્થ્ય યોજના આઇડી કાર્ડ પર ઊપર દિએ ગए નંબર યા સદસ્ય સેવા નંબર પર કોલ કરો।

Persian: خدمات ترجمه کتبی و شفاهی به صورت رایگان برای شما فراهم است. اگر به کمک نیاز دارید، با شماره تلفن بالا یا شماره تلفن خدمات مشتری درج شده روی کارت شناسایی برنامه درمانی خود تماس بگیرید.

Amharic: የትርጉም አገልግሎቶች እና አስተርማሚያዎች ለእርስዥ የለ የሚገም ወጪ ይገኙሉ:: እርዳታ ከፈላጊ:: እባክዎን ከለይ ባለው ቅጥር ወይም በጠና እቅድ: መታወቂያ ከርድዎ ለይ ባለው የአባላት አገልግሎት ቅጥር ይደውሉ::

Italian: Sono disponibili gratuitamente servizi di traduzione e interpreti. Se hai bisogno di aiuto, chiama il numero sopra oppure il numero di assistenza presente sulla tua tessera sanitaria.





Notice of non-discrimination

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Mail: Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130

Email: UHC_Civil_Rights@uhc.com

You must send the complaint within 60 days of the incident. We will send you a decision within 30 days. If you disagree with the decision, you have 15 days to appeal.

If you need help with your complaint, please call **toll-free 1-877-265-9199** or the toll-free number on your health plan ID card (TTY/RTT 711). We are available Monday through Friday, 8 a.m. to 6 p.m., E.T.

You can also file a complaint with the U.S. Dept. of Health and Human services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free **1-800-368-1019, 1-800-537-7697** (TDD)

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue, SW Room 509F
HHH Building
Washington, D.C. 20201



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