



**Massachusetts
Individual & Family plans**

2026 Prescription Drug List

Effective as of Jan. 1, 2026

Table of contents

Analgesics.....	9
Anesthetics	10
Anti-Addiction/Substance Abuse Treatment Agents.....	10
Antibacterials	10
Anticonvulsants.....	12
Antidementia Agents.....	13
Antidepressants	13
Antiemetics	13
Antifungals.....	14
Antigout Agents	14
Antimigraine Agents.....	14
Antimyasthenic Agents.....	15
Antimycobacterials.....	15
Antineoplastics	15
Antiparasitics	17
Antiparkinson Agents.....	17
Antipsychotics	18
Antivirals	18
Anxiolytics.....	20
Bipolar Agents	20
Blood Glucose Monitoring.....	20
Blood Glucose Regulators.....	21
Blood Products and Modifiers.....	22
Cardiovascular Agents.....	23
Central Nervous System Agents.....	26
Cholestatic Pruritus Agent	27
Dental and Oral Agents.....	27
Dermatological Agents.....	27
Electrolytes/Minerals/Metals/Vitamins.....	28
Gastrointestinal Agents	29
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	31
Genitourinary Agents.....	31
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal).....	32
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary).....	33
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	33
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	33

Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	36
Hormonal Agents, Suppressant (Adrenal)	37
Hormonal Agents, Suppressant (Pituitary)	37
Hormonal Agents, Suppressant (Thyroid).....	37
Immunological Agents	37
Inflammatory Bowel Disease Agents	39
Metabolic Bone Disease Agents.....	39
Miscellaneous Therapeutic Agents	40
Ophthalmic Agents.....	41
Otic Agents	43
Respiratory Tract/Pulmonary Agents	43
Skeletal Muscle Relaxants	45
Sleep Disorder Agents	45

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 Prescription Drug List Management Committee (PDL MC). This group reviews which medications will be covered based on their overall value. Medications are chosen for their safety, cost and effectiveness. The committee also makes sure there are safe and covered options.

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.

How do I use my PDL?

You and your health care 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 health care provider. You can also search for medications at myuhc.com/exchange and find the PDL in the **Pharmacies & Prescriptions** section.

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 may help you pay the lowest out-of-pocket cost. If you are prescribed a medication on a higher tier, you can ask your health care 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’s effectiveness, safety, cost, and the availability of alternative medications that can work for your condition.

Tier	Cost-share	Includes
\$0	\$0	\$0 Cost-share Medications available at no cost to you, which includes preventive medications .
1	\$	Lower cost-share Medications that offer the highest overall value , which includes mostly generic medications.
2	\$\$	Mid-range cost-share Medications that provide good overall value , which includes a mix of brand name and generic medications.
3	\$\$\$	Highest cost-share Medications that provide lower overall value , which includes mostly brand name medications.

Can the PDL change?

Most changes in drug coverage typically happen on January 1st. However, changes that have a positive impact for you – such as coverage for new medications or cost savings – may occur at any time.

Why are some medications not covered?

Non-formulary medications

Medications that are not covered on your PDL are also called non-formulary medications. We review treatments based on their total value, including how well they work, how safe they are, their cost and whether options are available to treat the same or similar medical conditions. Certain medications may not be covered if your plan covers other medications for your condition. Talk to your health care provider. They may be able to ask about an exception to get your medication covered or may switch you to a covered medication that can work for your condition. See the Prior authorization and exception requests section.

Excluded medications

Review your benefit plan documents to see if any medications are excluded from your plan. If excluded, ask your health care provider if covered medications may work for you.

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), quantity limits (QL), and step therapy (ST). 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.

	Prior authorization required
PA	Requires your health care provider to provide information about why you are taking a medication before your plan can decide how it may be covered.
	Quantity limit
QL	The largest quantity of medication covered per copayment or in a defined period of time.
	Step therapy
ST	Requires you to try one or more medications before the medication you are requesting may be covered.
	Specialty medication
SP	Specialty medications treat complex or rare conditions and may require special storage and handling. Specialty medications may not be available at a retail pharmacy. You may have to get these medications from a specialty pharmacy.
	Morphine milligram equivalent and 7-day limit if you have not filled an opioid prescription recently
MME	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 health care provider prescribes more than this amount, or thinks the limit is not right for your situation, you or your health care 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 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 health care 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 health care provider to submit a request. Health care 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 health care provider and request additional information.

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

You and your health care 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. If you are taking a non-formulary brand-name medication that has a generic equivalent, you may also be responsible for the difference in cost between the brand-name drug and the generic equivalent. Check your plan documents for more information.

What if my health care provider writes a brand-name prescription?

If your health care 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 health care 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.

Reading your PDL

The PDL gives you choices so you and your health care 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 2 ways to find your drug within the PDL:

1. By category – 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. By alphabet – 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
Analgesics		
JOURNAVX	3	QL
Nonsteroidal Anti-inflammatory Drugs		
aspirin 81 oral tablet delayed release	\$0	
aspirin adult low dose	\$0	
aspirin adult low strength	\$0	
aspirin childrens	\$0	
aspirin ec adult low dose	\$0	
aspirin ec low dose	\$0	
aspirin ec low strength	\$0	
aspirin low dose	\$0	
aspirin oral tablet chewable	\$0	
aspirin oral tablet delayed release 81 mg	\$0	
aspirin regimen	\$0	
celecoxib oral	2	QL
diclofenac potassium oral tablet 50 mg	2	
diclofenac sodium er	3	
diclofenac sodium oral	1	
diclofenac-misoprostol	3	
diflunisal oral	3	
etodolac	2	
etodolac er	3	
flurbiprofen oral tablet 100 mg	1	
ft aspirin low dose	\$0	
ft aspirin oral tablet chewable	\$0	
goodsense aspirin low dose	\$0	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN	3	PA
indomethacin er	2	
indomethacin oral capsule	1	QL
indomethacin oral suspension	3	PA
indomethacin rectal suppository 50 mg	3	PA
ketorolac tromethamine oral	1	
LURBIRO	3	
meclofenamate sodium oral	3	
mefenamic acid oral	3	
MELOXICAM ORAL SUSPENSION	3	PA; QL
meloxicam oral tablet	1	
mm aspirin	\$0	
nabumetone oral	1	
naproxen dr	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	2	
oxaprozin oral tablet	2	
piroxicam oral	2	
salsalate oral	1	
SPRIX	3	ST

Drug name	Tier	Notes
ST JOSEPH LOW DOSE	\$0	
sulindac oral	1	
tolmetin sodium oral tablet	3	
Opioid Analgesics, Long-acting		
BELBUCA	3	PA; QL; MME; 7D
buprenorphine	3	PA; QL; MME; 7D
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA; QL; MME; 7D
hydrocodone bitartrate er	3	PA; QL; MME; 7D
hydromorphone hcl er	3	PA; QL; MME; 7D
levorphanol tartrate oral	3	ST; QL; MME; 7D
methadone hcl intensol	1	QL; MME; 7D
methadone hcl oral concentrate	1	QL; MME; 7D
methadone hcl oral solution	1	PA; QL; MME; 7D
methadone hcl oral tablet	1	PA; QL; MME; 7D
methadone hcl oral tablet soluble	1	MME; 7D
METHADOSE ORAL CONCENTRATE 10 MG/ML	3	QL; MME; 7D
methadose oral tablet soluble	1	MME; 7D
METHADOSE SUGAR-FREE	3	QL; MME; 7D
morphine sulfate er beads	3	PA; QL; MME; 7D
morphine sulfate er oral capsule extended release 24 hour	3	PA; QL; MME; 7D
morphine sulfate er oral tablet extended release	1	PA; QL; MME; 7D
NUCYNTA ER	3	PA; QL; MME; 7D
oxymorphone hcl er	3	PA; QL; MME; 7D
tramadol hcl (er biphasic) oral tablet extended release 24 hour	2	QL; MME; 7D
tramadol hcl er	2	QL; MME; 7D
XTAMPZA ER	3	PA; QL; MME; 7D
Opioid Analgesics, Short-acting		
acetaminophen-codeine oral solution 120-12 mg/5ml	1	QL; MME; 7D
acetaminophen-codeine oral tablet	1	QL; MME; 7D
apap-caff-dihydrocodeine	3	QL; MME; 7D
ascomp-codeine	1	QL; MME; 7D
bac (butalbital-acetamin-caff)	1	QL
butalbital-acetaminophen oral tablet 50-325 mg	1	QL
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL; MME; 7D
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
BUTALBITAL-APAP-CAFFEINE ORAL SOLUTION	2	QL
butalbital-apap-caffeine oral tablet	1	QL
butalbital-asa-caff-codeine	1	QL; MME; 7D
butalbital-aspirin-caffeine	1	QL
butorphanol tartrate nasal	2	QL; MME; 7D
codeine sulfate	1	QL; MME; 7D
endocet	1	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
FIORICET	3	QL
hydrocodone-acetaminophen oral solution 10-300 mg/15ml	1	QL; MME; 7D
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	2	QL; MME; 7D
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL; MME; 7D
hydrocodone-ibuprofen	1	QL; MME; 7D
hydromorphone hcl oral	1	QL; MME; 7D
hydromorphone hcl rectal	1	MME; 7D
meperidine hcl oral	1	QL; MME; 7D
morphine sulfate (concentrate) oral solution 100 mg/5ml	1	QL; MME; 7D
morphine sulfate oral	1	QL; MME; 7D
NUCYNТА	3	QL; MME; 7D
oxycodone hcl oral capsule	1	QL; MME; 7D
oxycodone hcl oral concentrate	1	QL; MME; 7D
oxycodone hcl oral solution	1	QL; MME; 7D
oxycodone hcl oral tablet	1	QL; MME; 7D
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL; MME; 7D
oxymorphone hcl	2	QL; MME; 7D
pentazocine-naloxone hcl	1	QL; MME; 7D
TENCON	3	QL
tramadol hcl oral tablet 50 mg	1	QL; MME; 7D
tramadol-acetaminophen	1	QL; MME; 7D
TREZIX	3	QL; MME; 7D
Anesthetics		
Local Anesthetics		
glydo	1	
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	PA; QL
lidocaine hcl external solution	1	
lidocaine hcl mouth/throat	1	
lidocaine hcl urethral/mucosal	1	
lidocaine viscous hcl	1	
lidocaine-prilocaine external cream	1	
premium lidocaine	2	QL
ZTLIDO	3	PA; QL
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium	1	
disulfiram oral	1	
naltrexone hcl oral	1	
Opioid Dependence Treatments		
buprenorphine hcl sublingual	1	
buprenorphine hcl-naloxone hcl	2	
lofexidine hcl	3	PA
LUCEMYRA	3	PA
ZUBSOLV	2	

Drug name	Tier	Notes
Opioid Reversal Agents		
ft naloxone hcl	\$0	
KLOXXADO	\$0	
naloxone hcl injection	\$0	
naloxone hcl nasal	\$0	
NARCAN	\$0	
OPVEE	\$0	
REXTOVY	\$0	
ZIMHI	\$0	
Smoking Cessation Agents		
bupropion hcl er (smoking det)	\$0	
ft nicotine	\$0	
ft nicotine mini	\$0	
goodsense nicotine mouth/throat gum	\$0	
goodsense nicotine mouth/throat lozenge 4 mg	\$0	
goodsense nicotine polacrilex	\$0	
habitrol	\$0	
NICORETTE MINI	\$0	
NICORETTE MOUTH/THROAT GUM 2 MG	\$0	
NICORETTE MOUTH/THROAT LOZENGE	\$0	
nicotine mini	\$0	
nicotine polacrilex mini	\$0	
nicotine polacrilex mouth/throat	\$0	
nicotine step 1	\$0	
nicotine step 2	\$0	
nicotine step 3	\$0	
nicotine transdermal kit	\$0	
nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr	\$0	
NICOTROL NS	\$0	PA
varenicline tartrate	\$0	PA
varenicline tartrate (starter)	\$0	PA
varenicline tartrate(continue)	\$0	PA
Antibacterials		
Aminoglycosides		
ARIKAYCE	3	PA; QL; SP
gentamicin sulfate external	1	
HUMATIN	2	
neomycin sulfate oral	1	
Antibacterials, Other		
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3	
CLEOCIN VAGINAL CREAM	3	
CLEOCIN VAGINAL SUPPOSITORY	2	
clindamycin hcl oral	1	
clindamycin palmitate hcl	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
clindamycin phosphate vaginal	2	
CLINDESSE	2	
colistimethate sodium (cba)	1	
COLY-MYCIN M	3	
FIRVANQ	3	
fosfomycin tromethamine	3	
HIPREX	3	
LIKMEZ	3	
linezolid oral	2	QL
MACROBID	3	
MACRODANTIN	3	
methenamine hippurate	1	
methenamine mandelate oral	1	
metronidazole oral capsule	1	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal	2	
mupirocin cream	3	QL
mupirocin ointment	1	QL
NEO-SYNALAR	3	ST; QL
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1	
nitrofurantoin macrocrystal oral capsule 25 mg	1	QL
nitrofurantoin monohydrate macrocrystals	1	
nitrofurantoin oral suspension 25 mg/5ml	3	
SILVADENE	3	
silver sulfadiazine external	1	
SIVEXTRO ORAL	3	QL
SOLOSEC	3	ST; QL
ssd	1	
SULFAMYLOX	3	
tinidazole oral	3	
trimethoprim oral	1	
VANCOCIN	3	QL
vancomycin hcl oral capsule	1	QL
vancomycin hcl oral solution reconstituted	1	
VANDAZOLE	3	
XACIATO	2	
XIFAXAN	3	PA; QL
ZYVOX ORAL	3	QL
Beta-lactam, Cephalosporins		
cefaclor	1	
cefaclor er	1	
cefadroxil	1	
cefdinir	1	
cefixime	3	
cefepodoxime proxetil	1	
cefprozil	1	
cefuroxime axetil	1	
cephalexin	1	

Drug name	Tier	Notes
Beta-lactam, Penicillins		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
dicloxacillin sodium	1	
penicillin v potassium	1	
Macrolides		
azithromycin oral	1	
clarithromycin er	2	
clarithromycin oral suspension reconstituted	2	
clarithromycin oral tablet	1	
DIFICID	3	QL
E.E.S. GRANULES	3	
ERYPED 400	3	
erythromycin base oral capsule delayed release particles	1	
erythromycin base oral tablet	1	
erythromycin base oral tablet delayed release	3	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1	
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	3	
erythromycin oral	3	
fidaxomicin	3	QL
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
Quinolones		
BAXDELA ORAL	3	
CIPRO	3	
ciprofloxacin hcl oral	1	
levofloxacin oral	1	
moxifloxacin hcl oral	3	
ofloxacin oral	1	
Sulfonamides		
BACTRIM	3	
BACTRIM DS	3	
sulfadiazine oral	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric	1	
Tetracyclines		
AVIDOXY	3	
demeclocycline hcl	1	
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 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
doxycycline hyclate oral tablet 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	1	
minocycline hcl oral capsule	1	
NUZYRA ORAL	3	QL
tetracycline hcl oral capsule	3	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL	3	PA; QL
EPIDIOLEX	3	PA; SP
FINTEPLA	3	PA; QL; SP
KEPPRA ORAL	3	PA
KEPPRA XR	3	PA
levetiracetam er	2	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
roweepra	1	
Calcium Channel Modifying Agents		
CELONTIN	3	
ethosuximide oral	1	
methsuximide	2	
ZARONTIN	3	
ZONEGRAN	3	PA
ZONISADE	3	PA
zonisamide oral	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam oral suspension 2.5 mg/ml	3	PA; QL
clobazam oral tablet	2	PA; QL
DIACOMIT	3	PA; QL; SP
diazepam rectal	1	QL
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
MYSOLINE	2	PA
NAYZILAM	3	PA; QL
NEURONTIN	3	PA
ONFI	3	PA; QL
phenobarbital oral elixir 20 mg/5ml	1	
phenobarbital oral tablet	1	
primidone oral tablet 125 mg	1	PA
primidone oral tablet 250 mg, 50 mg	1	
SABRIL ORAL TABLET	3	PA; QL; SP
SYMPAZAN	3	PA; QL
tiagabine hcl	1	
valproic acid oral capsule	1	

Drug name	Tier	Notes
valproic acid oral solution 250 mg/5ml	1	
VALTOCO 10 MG DOSE	3	PA; QL
VALTOCO 15 MG DOSE	3	PA; QL
VALTOCO 20 MG DOSE	3	PA; QL
VALTOCO 5 MG DOSE	3	PA; QL
vigabatrin	2	PA; QL; SP
VIGADRUNE	2	PA; QL; SP
VIGAFYDE	2	PA; SP
XCOPRI	3	PA; QL
ZTALMY	3	PA; QL; SP
Glutamate Reducing Agents		
felbamate	1	
FELBATOL	3	PA
FYCOMPA	3	PA; QL
LAMICTAL	3	PA
LAMICTAL ODT	3	PA
LAMICTAL STARTER	3	PA
LAMICTAL XR	3	PA
lamotrigine er	3	
lamotrigine oral kit	3	PA
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	PA
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
perampanel	2	PA; QL
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TOPAMAX	3	PA
TOPAMAX SPRINKLE	3	PA
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
Sodium Channel Agents		
APTIOIM	3	PA; QL
BANZEL	3	PA
carbamazepine er	2	
carbamazepine oral suspension 100 mg/5ml	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	3	
DILANTIN	3	
DILANTIN INFATABS	3	
DILANTIN-125	3	
eslicarbazepine acetate	1	PA; QL
lacosamide oral	2	QL
MOTPOLY XR	3	PA; QL
oxcarbazepine	1	
phenytek	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
phenytoin infatabs	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable	1	
phenytoin sodium extended	1	
rufinamide oral suspension	3	
rufinamide oral tablet	3	PA
TEGRETOL	3	
TEGRETOL-XR	3	
TRILEPTAL	3	PA
VIMPAT ORAL	3	PA; QL
Antidementia Agents		
Cholinesterase Inhibitors		
donepezil hcl oral tablet 10 mg, 5 mg	1	QL
donepezil hcl oral tablet 23 mg	2	QL
donepezil hcl oral tablet dispersible	1	QL
galantamine hydrobromide	1	QL
galantamine hydrobromide er	1	QL
rivastigmine	3	QL
rivastigmine tartrate	1	QL
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl er	3	QL
memantine hcl oral solution 2 mg/ml	3	QL
memantine hcl oral tablet	1	QL
Antidepressants		
Antidepressants, Other		
AUVELITY	3	ST; QL
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
bupropion hcl oral	1	
chlordiazepoxide-amitriptyline	1	
mirtazapine oral	1	
olanzapine-fluoxetine hcl	2	QL
perphenazine-amitriptyline	1	
SPRAVATO (56 MG DOSE)	3	PA; QL; SP
SPRAVATO (84 MG DOSE)	3	PA; QL; SP
SYMBYAX	3	QL
ZURZUVAE	2	PA; QL; SP
Monoamine Oxidase Inhibitors		
EMSAM	3	QL
MARPLAN	3	
NARDIL	3	
PARNATE	3	
phenelzine sulfate oral	1	
tranylcypromine sulfate	1	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)		
citalopram hydrobromide oral solution 10 mg/5ml	1	

Drug name	Tier	Notes
citalopram hydrobromide oral tablet	1	
desvenlafaxine succinate er	3	QL
DRIZALMA SPRINKLE	3	QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	QL
escitalopram oxalate oral solution 5 mg/5ml	3	
escitalopram oxalate oral tablet	1	
FETZIMA	3	ST; QL
FETZIMA TITRATION	3	ST; QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	3	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet	3	QL
fluvoxamine maleate	1	
fluvoxamine maleate er	3	QL
nefazodone hcl	1	
paroxetine hcl er	3	QL
paroxetine hcl oral suspension	3	
paroxetine hcl oral tablet	1	
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
vilazodone hcl	3	QL
Tricyclics		
amitriptyline hcl oral	1	
amoxapine	1	
clomipramine hcl oral	3	
desipramine hcl oral	1	
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
imipramine hcl oral	1	
imipramine pamoate	1	
NORPRAMIN	3	
nortriptyline hcl oral	1	
protriptyline hcl	1	
trimipramine maleate oral	3	
Antiemetics		
Antiemetics, Other		
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	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
PROMETHEGAN	3	QL
REGLAN	3	
scopolamine	3	
trimethobenzamide hcl oral	1	
Emetogenic Therapy Adjuncts		
AKYNZEO ORAL	3	QL
ANZEMET	3	QL
aprepitant	2	QL
dronabinol	1	
EMEND ORAL	2	QL
granisetron hcl oral	2	QL
ondansetron hcl oral	1	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
SYNDROS	3	PA; QL
Antifungals		
ANCOBON	3	
BREXAFEMME	3	PA
ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox olamine external	1	
clotrimazole mouth/throat	1	
clotrimazole-betamethasone external cream	1	QL
clotrimazole-betamethasone external lotion	1	
CRESEMBA ORAL	3	
econazole nitrate external cream	2	QL
EXELDERM	3	
fluconazole oral	1	
flucytosine oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
itraconazole oral solution	2	QL
JUBLIA	3	PA; ST; QL
ketoconazole external cream	1	QL
ketoconazole external foam	3	ST; QL
ketoconazole external shampoo	1	
ketoconazole oral	1	
ketodan	3	ST; QL
klayesta	1	QL
LULICONAZOLE	3	ST; QL
LUZU	3	ST; QL
miconazole 3	1	
naftifine hcl external cream 1 %	3	ST
naftifine hcl external gel	3	ST
NOXAFIL ORAL PACKET	2	QL
NOXAFIL ORAL SUSPENSION	3	QL

Drug name	Tier	Notes
nyamyc	1	QL
nystatin external cream	1	
nystatin external ointment	1	
nystatin external powder	1	QL
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	2	
nystop	1	QL
ORAVIG	3	
oxiconazole nitrate	3	QL
posaconazole oral	2	QL
SPORANOX	3	QL
SULCONAZOLE NITRATE	3	
tavaborole	3	PA; ST; QL
terbinafine hcl oral	1	QL
terconazole	1	
VFEND	3	
VIVJOA	3	PA; QL
voriconazole oral suspension reconstituted	1	
voriconazole oral tablet	1	QL
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral	2	QL
colchicine-probenecid	1	
febuxostat	3	QL
GLOPERBA	3	PA; QL
MITIGARE	2	QL
probenecid	1	
Antimigraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; ST; QL
EMGALITY	2	PA; ST; QL
NURTEC	2	PA; ST; QL
QULIPTA	2	PA; ST; QL
UBRELVY	2	PA; ST; QL
ZAVZPRET	3	PA; ST; QL
Ergot Alkaloids		
dihydroergotamine mesylate injection	1	QL
dihydroergotamine mesylate nasal	3	PA; QL
ERGOMAR	3	PA; QL
ergotamine-caffeine	3	
MIGERGOT	3	
Serotonin (5-HT) Receptor Agonists		
almotriptan malate	3	QL
eletriptan hydrobromide	2	QL
frovatriptan succinate	3	QL
naratriptan hcl	1	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
REYVOW	3	PA; ST; QL
rizatriptan benzoate	1	QL
sumatriptan nasal	2	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge	1	QL
sumatriptan succinate subcutaneous	1	QL
zolmitriptan oral tablet	2	QL
zolmitriptan oral tablet dispersible	3	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	2	QL
Antimyasthenic Agents		
Parasympathomimetics		
MESTINON ORAL SOLUTION	3	
pyridostigmine bromide er oral tablet extended release	1	
pyridostigmine bromide oral solution	3	
pyridostigmine bromide oral tablet 60 mg	1	
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral	2	
rifabutin	1	
Antituberculars		
cycloserine oral	1	
ethambutol hcl oral	1	
isoniazid oral	1	
PRETOMANID	3	
PRIFTIN	2	
pyrazinamide oral	1	
rifampin oral	1	
SIRTURO	2	
Antineoplastics		
Alkylating Agents		
cyclophosphamide oral capsule	2	
CYCLOPHOSPHAMIDE ORAL TABLET	2	SP
GLEOSTINE	2	SP
HEPZATO W/50MM CATHETER	3	
HEPZATO W/62MM CATHETER	3	
LEUKERAN	2	
MATULANE	2	SP
MYLERAN	2	
temozolomide	1	PA; SP
VALCHLOR	2	PA; QL; SP
Antiandrogens		
abiraterone acetate tablet 250 mg oral	2	PA; QL; SP
bicalutamide	1	
CASODEX	3	
ERLEADA	2	PA; QL; SP

Drug name	Tier	Notes
NUBEQA	2	PA; QL; SP
ORGOVYX	3	PA; QL; SP
XTANDI	2	PA; QL; SP
Antiangiogenic Agents		
lenalidomide	2	PA; QL; SP
POMALYST	3	PA; QL; SP
REVLIMID	2	PA; QL; SP
THALOMID	2	PA; QL; SP
Antiestrogens/Modifiers		
ORSERDU	2	PA; QL; SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
toremifene citrate	2	
Antimetabolites		
capecitabine	1	SP
DROXIA	2	
HYDREA	3	
hydroxyurea oral	1	
mercaptopurine oral suspension	1	SP
mercaptopurine oral tablet	1	
PURIXAN	3	SP
TABLOID	2	SP
Antineoplastics, Other		
AKEEGA	3	PA; ST; QL; SP
AMELUZ	3	
BESREMI	3	PA; SP
COPIKTRA	3	PA; QL; SP
diclofenac sodium external gel 3 %	2	PA; QL
fluorouracil external cream 5 %	1	QL
fluorouracil external solution	1	
INREBIC	3	PA; ST; QL; SP
KISQALI (200 MG DOSE)	3	PA; ST; QL; SP
KISQALI (400 MG DOSE)	3	PA; ST; QL; SP
KISQALI (600 MG DOSE)	3	PA; ST; QL; SP
KLISYRI (250 MG)	3	ST; QL
KLISYRI (350 MG)	3	ST; QL
KRAZATI	3	PA; QL; SP
leucovorin calcium oral	1	
LEVULAN KERASTICK	3	
LONSURF	3	PA; QL; SP
LUMAKRAS	3	PA; QL; SP
MODEYSO	3	PA; QL; SP
NINLARO	2	PA; QL; SP
OJJAARA	3	PA; QL; SP
ONUREG	2	PA; QL; SP
PIQRAY	2	PA; 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
REVUFORJ	3	PA; QL; SP
TAZVERIK	3	PA; QL; SP
VERZENIO	2	PA; QL; SP
VONJO	3	PA; QL; SP
WELIREG	3	PA; QL; SP
XPOVIO (100 MG ONCE WEEKLY)	3	PA; QL; SP
XPOVIO (40 MG ONCE WEEKLY)	3	PA; QL; SP
XPOVIO (40 MG TWICE WEEKLY)	3	PA; QL; SP
XPOVIO (60 MG ONCE WEEKLY)	3	PA; QL; SP
XPOVIO (60 MG TWICE WEEKLY)	3	PA; QL; SP
XPOVIO (80 MG ONCE WEEKLY)	3	PA; QL; SP
XPOVIO (80 MG TWICE WEEKLY)	3	PA; QL; SP
ZOLINZA	2	PA; QL; SP
Aromatase Inhibitors, 3rd Generation		
anastrozole oral	1	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
exemestane	2	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
letrozole oral	1	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
Enzyme Inhibitors		
BALVERSA	3	PA; QL; SP
etoposide oral	1	SP
HYCAMTIN ORAL	2	PA; QL; SP
LYTGOBI (12 MG DAILY DOSE)	3	PA; QL; SP
LYTGOBI (16 MG DAILY DOSE)	3	PA; QL; SP
LYTGOBI (20 MG DAILY DOSE)	3	PA; QL; SP
OJEMDA	3	PA; QL; SP
PEMAZYRE	3	PA; QL; SP
RUBRACA	3	PA; ST; QL; SP
TALZENNA	3	PA; ST; QL; SP
VORANIGO	2	PA; QL; SP
ZEJULA	2	PA; QL; SP
Molecular Target Inhibitors		
ALECENSA	2	PA; QL; SP
ALUNBRIG	2	PA; QL; SP

Drug name	Tier	Notes
AUGTYRO	2	PA; QL; SP
AVMAPKI FAKZYNJA CO-PACK	3	PA; QL; SP
AYVAKIT	3	PA; QL; SP
BOSULIF	2	PA; ST; QL; SP
BRAFTOVI	3	PA; ST; QL; SP
BRUKINSA ORAL CAPSULE	3	PA; ST; QL; SP
CABOMETYX	2	PA; QL; SP
CALQUENCE	2	PA; QL; SP
CAPRELSA	2	PA; QL; SP
COMETRIQ	2	PA; QL; SP
COTELLIC	2	PA; QL; SP
dasatinib	3	PA; QL; SP
DAURISMO	2	PA; QL; SP
ERIVEDGE	2	PA; QL; SP
erlotinib hcl	2	PA; QL; SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	2	PA; QL; SP
everolimus oral tablet soluble	2	PA; QL; SP
FOTIVDA	3	PA; QL; SP
FRUZAQLA	3	PA; ST; QL; SP
GAVRETO	3	PA; QL; SP
gefitinib	3	PA; QL; SP
GILOTTRIF	3	PA; QL; SP
GOMEKLI	3	PA; QL; SP
IBRANCE	2	PA; QL; SP
ICLUSIG	3	PA; QL; SP
IDHIFA	2	PA; QL; SP
imatinib mesylate oral	1	PA; QL; SP
IMBRUVICA ORAL CAPSULE	2	PA; QL; SP
IMBRUVICA ORAL SUSPENSION	2	PA; QL; SP
IMBRUVICA ORAL TABLET 420 MG	2	PA; QL; SP
INLYTA	3	PA; QL; SP
INQOVI	3	PA; QL; SP
IRESSA	3	PA; QL; SP
ITOVEBI	2	PA; QL; SP
JAKAFI	2	PA; QL; SP
JAYPIRCA	3	PA; QL; SP
KOSELUGO ORAL CAPSULE	3	PA; QL; SP
lapatinib ditosylate	2	PA; QL; SP
LAZCLUZE	3	PA; QL; SP
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	3	PA; QL; SP
LORBRENA	3	PA; ST; QL; SP
LYNPARZA	2	PA; QL; SP
MEKINIST ORAL SOLUTION RECONSTITUTED	3	ST; QL; SP
MEKINIST ORAL TABLET	3	PA; ST; QL; SP
MEKTOVI	3	PA; ST; QL; SP
NERLYNX	2	PA; QL; SP
nilotinib hcl	2	PA; ST; QL; SP
ODOMZO	2	PA; 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
OGSIVEO	2	PA; QL; SP
pazopanib hcl	3	PA; QL; SP
QINLOCK	3	PA; QL; SP
RETEVMO	3	PA; QL; SP
REZLIDHIA	2	PA; QL; SP
ROMVIMZA	3	PA; QL; SP
ROZLYTREK	2	PA; QL; SP
RYDAPT	2	PA; QL; SP
SCEMBLIX	3	PA; QL; SP
sorafenib tosylate	2	PA; QL; SP
STIVARGA	2	PA; QL; SP
sunitinib malate	2	PA; QL; SP
TABRECTA	3	PA; QL; SP
TAFINLAR ORAL CAPSULE	3	PA; ST; QL; SP
TAFINLAR ORAL TABLET SOLUBLE	3	ST; QL; SP
TAGRISSO	3	PA; QL; SP
TASIGNA	2	PA; ST; QL; SP
TEPMETKO	3	PA; QL; SP
TIBSOVO	2	PA; QL; SP
torpenz	2	PA; QL; SP
TRUQAP	2	PA; QL; SP
TUKYSA	2	PA; QL; SP
TURALIO	2	PA; QL; SP
VANFLYTA	3	PA; QL; SP
VENCLEXTA	2	PA; QL; SP
VENCLEXTA STARTING PACK	2	PA; QL; SP
VIJOICE	3	PA; QL; SP
VITRAKVI	2	PA; QL; SP
VIZIMPRO	3	PA; QL; SP
XOSPATA	3	PA; QL; SP
ZELBORAF	2	PA; QL; SP
ZYDELIG	3	PA; QL; SP
Retinoids		
bexarotene external	3	QL; SP
bexarotene oral	2	SP
PANRETIN	3	
tretinoin oral	2	QL; SP
Treatment Adjuncts		
mesna oral	2	SP
MESNEX ORAL	3	SP
Antiparasitics		
Anthelmintics		
albendazole oral	3	PA; QL
BILTRICIDE	3	
EGATEN	3	
EMVERM	3	PA; QL
ivermectin oral	1	PA; QL
praziquantel oral	2	
STROMECTOL	3	PA; QL
Antiprotozoals		
ARAKODA	3	QL
atovaquone	2	

Drug name	Tier	Notes
atovaquone-proguanil hcl	2	
BENZNIDAZOLE	2	QL
chloroquine phosphate oral	1	QL
COARTEM	2	
DARAPRIM	3	PA; SP
hydroxychloroquine sulfate oral	1	QL
IMPAVIDO	2	PA; QL
KRINTAFEL	1	QL
LAMPIT	3	
MALARONE	3	
mefloquine hcl	1	
NEBUPENT	3	QL
nitazoxanide oral	2	QL
pentamidine isethionate inhalation	2	QL
primaquine phosphate	1	
pyrimethamine oral	2	PA; SP
quinine sulfate	1	
Pediculicides/Scabicides		
CROTAN	3	
ELIMITE	3	
malathion	1	
OVIDE	3	
permethrin external	1	
PRURADIK	3	
spinosad	3	
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate oral	1	
trihexyphenidyl hcl	1	
Antiparkinson Agents, Other		
amantadine hcl oral	1	
carbidopa-levodopa-entacapone	1	
entacapone	1	
NOURIANZ	3	PA; QL
tolcapone	3	QL
Dopamine Agonists		
APOKYN	3	PA; QL; SP
apomorphine hcl subcutaneous	3	PA; QL; SP
bromocriptine mesylate oral	1	
INBRIJA	3	PA; QL; SP
NEUPRO	3	
pramipexole dihydrochloride	1	
ropinirole hcl	1	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
carbidopa oral	1	
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
CREXONT	3	ST
DUOPA	3	PA
SINEMET	3	

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
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate oral	3	
selegiline hcl oral	1	
ZELAPAR	3	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl oral concentrate	3	PA
chlorpromazine hcl oral tablet	1	
fluphenazine hcl oral	1	
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral	1	
loxapine succinate	1	
molindone hcl	3	
pimozide	2	
thioridazine hcl oral	1	
thiothixene	1	
trifluoperazine hcl	1	
2nd Generation/Atypical		
aripiprazole oral solution	3	QL
aripiprazole oral tablet	2	QL
aripiprazole oral tablet dispersible	2	QL
asenapine maleate	3	QL
CAPLYTA	3	PA; ST; QL
FANAPT	3	QL
FANAPT TITRATION PACK A	3	QL
FANAPT TITRATION PACK B	3	QL
FANAPT TITRATION PACK C	3	QL
lurasidone hcl	2	QL
NUPLAZID	3	PA; QL
olanzapine oral tablet	1	QL
olanzapine oral tablet dispersible	2	QL
paliperidone er	3	QL
quetiapine fumarate	1	QL
quetiapine fumarate er	2	QL
REXULTI	3	QL
risperidone	1	
VRAYLAR	3	QL
ziprasidone hcl	2	QL
Antipsychotics, Other		
COBENFY	3	PA; QL
COBENFY STARTER PACK	3	PA; QL
Treatment-Resistant		
clozapine oral tablet	1	
clozapine oral tablet dispersible	1	QL
CLOZARIL	3	
Antivirals		
LAGEVRIO	2	QL
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100 & 150/100)	2	QL
PAXLOVID (300/100)	2	QL
ribavirin inhalation	3	

Drug name	Tier	Notes
TEMBEXA	3	
TPOXX ORAL	3	
Anti-cytomegalovirus (CMV) Agents		
LIVTENCITY	3	PA; QL; SP
PREVYMIS ORAL	2	PA; QL
valganciclovir hcl	1	QL
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	2	
BARACLUDE ORAL SOLUTION	2	
entecavir	1	
lamivudine oral tablet 100 mg	1	
Anti-hepatitis C (HCV) Agents		
EPCLUSA	2	PA; QL; SP
HARVONI	2	PA; ST; QL; SP
LEDIPASVIR-SOFOSBUVIR	2	PA; ST; QL; SP
MAVYRET	2	PA; QL; SP
PEGASYS	2	QL; SP
ribavirin oral	1	
SOFOSBUVIR-VELPATASVIR	2	PA; QL; SP
SOVALDI	3	PA; ST; QL; SP
VOSEVI	2	PA; QL; SP
ZEPATIER	2	PA; QL; SP
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	3	QL
DOVATO	2	QL
GENVOYA	3	QL
ISENTRESS	2	QL
ISENTRESS HD	2	QL
JULUCA	2	QL
STRIBILD	3	QL
TIVICAY	3	QL
TIVICAY PD	3	QL
TYBOST	2	QL
VOCABRIA	3	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	3	QL
DELSTRIGO	2	QL
EDURANT	2	QL
EDURANT PED	2	QL
efavirenz	2	QL
efavirenz-emtricitab-tenofo df	2	QL
efavirenz-lamivudine-tenofovir	2	QL
emtricitab- rilpivir-tenofof df	3	QL
etravirine	2	QL
INTELENCE ORAL TABLET 100 MG, 200 MG	3	QL
INTELENCE ORAL TABLET 25 MG	2	QL
nevirapine	1	QL
nevirapine er	3	QL
PIFELTRO	3	QL
SYMFI	2	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
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate	1	QL
abacavir sulfate-lamivudine	2	QL
CIMDUO	2	QL
DESCOVY ORAL TABLET 120-15 MG	3	QL
DESCOVY ORAL TABLET 200-25 MG	3	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.
emtricitabine	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	\$0	QL
EMTRIVA ORAL CAPSULE	3	QL
EMTRIVA ORAL SOLUTION	2	QL
EPIVIR	3	QL
lamivudine oral solution 10 mg/ml	1	QL
lamivudine oral tablet 150 mg, 300 mg	1	QL
lamivudine-zidovudine	1	QL
ODEFSEY	3	QL
RETROVIR ORAL	3	QL
tenofovir disoproxil fumarate	1	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	2	QL
TRIUMEQ PD	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL

Drug name	Tier	Notes
VIREAD ORAL POWDER	3	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.
VIREAD ORAL TABLET 150 MG, 200 MG, 250 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.
ZIAGEN	3	QL
zidovudine	1	QL
Anti-HIV Agents, Other		
FUZEON	3	PA; QL
maraviroc	2	PA; QL
RUKOBIA	3	PA; QL
SELZENTRY ORAL SOLUTION	2	PA; QL
SELZENTRY ORAL TABLET	3	PA; QL
SUNLENCA ORAL	3	PA; QL
YEZTUGO ORAL	3	QL
Anti-HIV Agents, Protease Inhibitors		
APTIVUS	2	QL
atazanavir sulfate	2	QL
darunavir	1	QL
EVOTAZ	2	QL
fosamprenavir calcium	2	QL
KALETRA	3	QL
lopinavir-ritonavir	2	QL
NORVIR ORAL PACKET	2	QL
PREZCOBIX	2	QL
PREZISTA ORAL SUSPENSION	2	QL
PREZISTA ORAL TABLET 150 MG, 75 MG	2	QL
REYATAZ ORAL PACKET	2	QL
ritonavir	2	QL
VIRACEPT	2	QL
Anti-influenza Agents		
oseltamivir phosphate oral	2	QL
RELENZA DISKHALER	3	QL
rimantadine hcl	1	
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	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
Antihyperlipidemic Agents		
acyclovir external ointment	3	QL
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
famciclovir oral	2	QL
valacyclovir hcl oral	1	QL
Anxiolytics		
Anxiolytics, Other		
buspirone hcl oral	1	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
meprobamate	1	
Benzodiazepines		
alprazolam er	1	QL
alprazolam intensol	1	QL
alprazolam oral	1	QL
alprazolam xr	1	QL
chlordiazepoxide hcl	1	
clonazepam oral	1	QL
clorazepate dipotassium	1	QL
diazepam intensol	1	QL
diazepam oral concentrate	1	QL
diazepam oral solution	1	
diazepam oral tablet	1	QL
estazolam	1	QL
lorazepam intensol	1	QL
lorazepam oral concentrate 2 mg/ml	1	QL
lorazepam oral tablet	1	QL
midazolam hcl oral	1	
oxazepam	1	
quazepam	3	ST
Bipolar Agents		
Mood Stabilizers		
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA
DEPAKOTE SPRINKLES	3	PA
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
EQUETRO	3	
lithium	1	
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	PA
Blood Glucose Monitoring		
ACCU-CHEK GUIDE	3	QL
ACCU-CHEK GUIDE KIT W/DEVICE	3	QL
ACCU-CHEK GUIDE TEST STRIPS	3	QL

Drug name	Tier	Notes
ADVOCATE SAFETY LANCETS 21G	3	
ADVOCATE SAFETY LANCETS 23G	3	
ADVOCATE SAFETY LANCETS 28G	3	
AUTOLET LANCING DEVICE	3	
AUTOLET LITE LANCING DEVICE	3	
CARESENS LANCETS 30G	3	
CARETOUCH LANCING/EJECTOR	3	
CEQR SIMPLICITY 2U 10PK	3	ST
CHEMSTRIP K	2	
CHEMSTRIP UGK	3	
CHOSEN LANCETS 30G	3	
CHOSEN LANCING DEVICE	3	
CHOSEN SAFETY LANCETS 28G	3	
CLEVER CHOICE COMFORT EZ	3	
COMFORT TOUCH TWIST LANCET 30G	3	
CONTOUR NEXT EZ KIT W/DEVICE	1	QL
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	1	QL
CONTOUR NEXT GEN TEST STRIPS	1	QL
CONTOUR NEXT MONITOR KIT W/DEVICE	1	QL
CONTOUR NEXT ONE KIT	2	QL
CONTOUR NEXT ONE KIT W/DEVICE	1	QL
CONTOUR PLUS BLUE KIT W/DEVICE	1	QL
CONTOUR PLUS TEST STRIP	1	QL
DEXCOM G6 RECEIVER	3	PA; QL
DEXCOM G6 SENSOR	3	PA; QL
DEXCOM G6 TRANSMITTER	3	PA; QL
DEXCOM G7 15 DAY SENSOR	3	PA; QL
DEXCOM G7 RECEIVER	3	PA; QL
DEXCOM G7 SENSOR	3	PA; QL
DIASTIX REAGENT	3	
DROPSAFE ACTI-LANCE 23G	3	
ENLITE GLUCOSE SENSOR	3	PA; QL
EVERSENSE 365 SENSOR/HOLDER	3	PA; QL
EVERSENSE 365 SMART TRANSMIT	3	PA; QL
EVERSENSE SENSOR/HOLDER	3	PA; QL
EVERSENSE SMART TRANSMITTER	3	PA; QL
FORA TEST N'GO ADV-VOICE-6 CON	3	
FREESTYLE LIBRE 14 DAY READER	3	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA; QL
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA; QL
FREESTYLE LIBRE 2 READER	3	PA; QL
FREESTYLE LIBRE 2 SENSOR	3	PA; QL
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA; QL
FREESTYLE LIBRE 3 READER	3	PA; QL
FREESTYLE LIBRE 3 SENSOR	3	PA; QL
FREESTYLE LIBRE READER	3	PA; QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA; QL
GUARDIAN 4 TRANSMITTER	3	PA; 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
GUARDIAN LINK 3 TRANSMITTER	3	PA; QL
GUARDIAN SENSOR 3	3	PA; QL
IHEALTH CONTROL SOLUTION	3	QL
IHEALTH LANCING DEVICE	3	
INPEN 100-BLUE-LILLY-HUMALOG	3	ST
INPEN 100-BLUE-NOVOLOG-FIASP	3	ST
INPEN 100-GREY-LILLY-HUMALOG	3	ST
INPEN 100-GREY-NOVOLOG-FIASP	3	ST
INPEN 100-PINK-LILLY-HUMALOG	3	ST
INPEN 100-PINK-NOVOLOG-FIASP	3	ST
KETO-DIASTIX	3	
KETONE CARE	3	
KETOSTIX	2	
LANCETS	3	
LANCETS 28G THIN	3	
LANCETS SUPER THIN	3	
MICROLET NEXT LANCING DEVICE	3	
MINIMED INSTINCT GLUC SENSOR	3	PA; QL
MM BLOOD GLUCOSE SYSTEM REFILL	2	QL
MOBILE LANCETS 30G	3	
NOVOPEN ECHO	3	
ONETOUCH DELICA PLUS LANCING	3	
ONETOUCH DELICA SAFETY LANCING	3	
ONETOUCH ULTRA 2 KIT W/DEVICE	1	QL
ONETOUCH ULTRA BLUE TEST	1	QL
ONETOUCH ULTRA TEST STRIPS	1	QL
ONETOUCH ULTRA TEST STRIPS	1	QL
ONETOUCH VERIO FLEX SYSTEM KIT	1	QL
ONETOUCH VERIO TEST STRIPS	1	QL
PERFECT POINT SAFETY LANCETS	3	
SIMPLERA SENSOR	3	PA; QL
SIMPLERA SYNC SENSOR	3	PA; QL
SIMPLERA SYSTEM	3	PA; QL
TECHLITE LANCETS 26G	3	
TEMPO REFILL	2	QL
TRUE METRIX LEVEL 1	2	QL
TRUE METRIX LEVEL 2	2	QL
TRUE METRIX LEVEL 3	3	QL
VERIFINE SAFE LANCET MINI 21G	3	
VERIFINE SAFE LANCET MINI 23G	3	
VERIFINE SAFE LANCET MINI 28G	3	
VERIFINE SAFE LANCET MINI 30G	3	
VIVAGUARD INO GLUCOSE METER KIT	2	QL
VIVAGUARD LANCETS 30G	3	
VIVAGUARD LANCING DEVICE	3	
VIVAGUARD SAFETY LANCETS 28G	3	

Drug name	Tier	Notes
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose oral	1	QL
ACTOPLUS MET	3	QL
ALOGLIPTIN BENZOATE	2	QL
ALOGLIPTIN-METFORMIN HCL	2	QL
ALOGLIPTIN-PIOGLITAZONE	2	QL
BRENZAVVY	3	ST; QL
CYCLOSET	3	QL
DUETACT	3	QL
EXENATIDE	2	PA; QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	QL
glipizide er	1	QL
glipizide oral tablet 10 mg, 5 mg	1	QL
glipizide-metformin hcl	2	QL
GLUCOTROL XL	3	QL
glyburide micronized	1	QL
glyburide oral	1	QL
glyburide-metformin	1	QL
GLYXAMBI	2	ST; QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
liraglutide	2	PA; QL
metformin hcl er	1	QL
metformin hcl oral solution	3	QL
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	QL
miglitol	2	QL
MOUNJARO	2	PA; QL
nateglinide	2	QL
OZEMPIC	2	PA; QL
pioglitazone hcl	1	QL
pioglitazone hcl-glimepiride	1	QL
pioglitazone hcl-metformin hcl	2	QL
repaglinide	2	QL
RYBELSUS	2	PA; QL
saxagliptin hcl	2	QL
saxagliptin-metformin er	2	QL
SOLIQUA	2	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA; QL
Glycemic Agents		
BAQSIMI ONE PACK	\$0	QL
BAQSIMI TWO PACK	\$0	QL
diazoxide oral	3	
GLUCAGON EMERGENCY KIT	\$0	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
glucagon emergency kit injection solution reconstituted 1 mg	\$0	QL
GVOKE HYPOPEN 1-PACK	\$0	QL
GVOKE HYPOPEN 2-PACK	\$0	QL
GVOKE KIT	\$0	QL
GVOKE PFS	\$0	QL
PROGLYCEM	3	
ZEGALOGUE	\$0	QL
Insulins		
ADMELOG SOLOSTAR	\$0	QL
APIDRA VIAL	3	ST; QL
FIASP FLEXTOUCH	3	ST; QL
HUMALOG KWIKPEN	\$0	QL
HUMALOG MIX 50/50 KWIKPEN	\$0	QL
HUMALOG MIX 75/25 KWIKPEN	\$0	QL
HUMALOG MIX 75/25 VIAL	\$0	QL
HUMALOG SUBCUTANEOUS	\$0	QL
HUMALOG U-100 JUNIOR KWIKPEN	\$0	QL
HUMULIN 70/30 KWIKPEN	\$0	QL
HUMULIN 70/30 VIAL	\$0	QL
HUMULIN N KWIKPEN	\$0	QL
HUMULIN N VIAL	\$0	QL
HUMULIN R U-500 KWIKPEN	\$0	QL
HUMULIN R VIAL	\$0	QL
INSULIN DEGLUDEC	3	ST; QL
INSULIN LISPRO	\$0	QL
INSULIN LISPRO (1 UNIT DIAL)	\$0	QL
INSULIN LISPRO JUNIOR KWIKPEN	\$0	QL
INSULIN LISPRO PROT & LISPRO	\$0	QL
LANTUS SOLOSTAR	\$0	QL
LANTUS U-100 VIAL	\$0	QL
LYUMJEV KWIKPEN	\$0	QL
LYUMJEV VIAL	\$0	QL
NOVOLOG MIX 70/30 RELION	3	ST; QL
NOVOLOG MIX 70/30 VIAL	3	ST; QL
NOVOLOG RELION	3	ST; QL
TOUJEO MAX SOLOSTAR	\$0	QL
TOUJEO SOLOSTAR	\$0	QL
TRESIBA	3	ST; QL
Blood Products and Modifiers		
EMPAVELI	2	PA; QL; SP
FABHALTA	2	PA; QL; SP
VOYDEYA	2	PA; QL; SP
Anticoagulants		
dabigatran etexilate mesylate	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
ELIQUIS ORAL TABLET	2	QL
enoxaparin sodium	2	QL
fondaparinux sodium	2	QL
FRAGMIN	3	QL
heparin sodium (porcine)	1	
heparin sodium (porcine) pf	1	

Drug name	Tier	Notes
jantoven	1	
PRADAXA ORAL CAPSULE	2	QL
PRADAXA ORAL PACKET	3	PA; QL
rivaroxaban	2	QL
SAVAYSA	3	ST; QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
ZONTIVITY	3	QL
Blood Formation Modifiers		
ALVAIZ	3	PA; QL; SP
anagrelide hcl	1	
ARANESP (ALBUMIN FREE)	2	QL; SP
DOPTelet	3	PA; QL; SP
eltrombopag olamine oral packet	1	PA; QL; SP
LEUKINE	2	SP
MOZOBIL	3	SP
MULPLETA	3	PA; QL; SP
NEULASTA	2	SP
NIVESTYM	2	SP
plerixafor	2	SP
PROMACTA ORAL PACKET	3	PA; QL; SP
PYRUKYND	3	PA; QL; SP
PYRUKYND TAPER PACK	3	PA; QL; SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL; SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	QL
UDENYCA	2	SP
VAFSEO	3	PA; QL
XOLREMDI	2	PA; QL; SP
ZARXIO	2	SP
Hemostasis Agents		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 2000 UNIT, 250 UNIT	2	SP
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT	3	PA; SP
AFSTYLA INTRAVENOUS KIT 250 UNIT	3	PA; SP
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/3ML	3	PA; SP
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT	2	SP
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	2	SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	3	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
ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT	3	PA; SP
aminocaproic acid oral	3	
BENEFIX INTRAVENOUS KIT 250 UNIT	2	SP
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT	2	SP
CORIFACT	2	SP
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT	3	PA; SP
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	2	SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA; SP
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT	2	SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 250-600 UNIT	2	SP
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT	3	SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	3	PA; SP
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT	2	SP
KOGENATE FS INTRAVENOUS KIT 250 UNIT	2	SP
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 2000 UNIT, 250 UNIT	2	SP
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	2	SP
NUWIQ INTRAVENOUS KIT 250 UNIT	2	SP
OBIZUR	3	SP
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	2	SP
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 220-400 UNIT	2	SP
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 5000 UNIT	3	
RECOTHROM SPRAY KIT	3	
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT	2	SP
THROMBIN-JMI EPISTAXIS	3	
THROMBIN-JMI EXTERNAL KIT	3	
tranexamic acid oral	2	QL
TRETEN	3	SP

Drug name	Tier	Notes
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 650 UNIT	2	SP
WILATE INTRAVENOUS KIT 500-500 UNIT	2	SP
XYNTHA INTRAVENOUS KIT 250 UNIT	3	PA; ST; SP
XYNTHA SOLOFUSE INTRAVENOUS KIT 250 UNIT, 3000 UNIT	3	PA; ST; SP
Platelet Modifying Agents		
aspirin-dipyridamole er	3	QL
BRILINTA	3	QL
CABLIVI	2	PA; QL; SP
cilostazol	1	
clopidogrel bisulfate oral	1	QL
dipyridamole oral	1	
prasugrel hcl	3	QL
TAVALISSE	3	PA; QL; SP
ticagrelor	3	QL
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine	3	
clonidine hcl oral	1	
guanfacine hcl	1	QL
methyldopa	3	PA; ST
midodrine hcl	1	
Alpha-adrenergic Blocking Agents		
CARDURA	3	
doxazosin mesylate oral	1	
phenoxybenzamine hcl oral	2	
prazosin hcl oral	1	
Angiotensin II Receptor Antagonists		
candesartan cilexetil	3	QL
irbesartan	1	QL
losartan potassium oral	1	QL
olmesartan medoxomil oral	2	QL
telmisartan	2	QL
valsartan oral solution	3	PA; QL
valsartan oral tablet	2	QL
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl oral	1	QL
captopril oral	1	QL
enalapril maleate oral solution	3	PA
enalapril maleate oral tablet	1	QL
EPANED	3	PA
fosinopril sodium	1	QL
lisinopril oral	\$0	QL
LOTENSIN	3	QL
moexipril hcl	1	QL
perindopril erbumine	2	QL
QBRELIS	3	PA; QL
quinapril hcl	1	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
ramipril	1	QL
trandolapril	1	QL
Antiarrhythmics		
amiodarone hcl oral	1	
BETAPACE AF	3	
disopyramide phosphate	1	
dofetilide	2	QL
flecainide acetate	1	
mexiletine hcl oral	1	
MULTAQ	3	PA; QL
NORPACE	3	
NORPACE CR	2	
PACERONE	3	
propafenone hcl	1	
propafenone hcl er	3	
quinidine gluconate er	1	
quinidine sulfate	1	
sotalol hcl (af)	1	
sotalol hcl oral	1	
SOTYLIZE	3	PA
TIKOSYN	3	QL
Beta-adrenergic Blocking Agents		
acebutolol hcl oral	1	
atenolol oral	1	
betaxolol hcl oral	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
carvedilol	1	
HEMANGEOL	3	
KAPSPARGO SPRINKLE	3	
labetalol hcl oral	1	
LOPRESSOR ORAL TABLET	3	
metoprolol succinate er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
nadolol oral	1	
nebivolol hcl	3	QL
pindolol	1	
propranolol hcl er	2	
propranolol hcl oral	1	
timolol maleate oral	1	
Calcium Channel Blocking Agents		
amlodipine besylate oral	1	
cartia xt	2	
dilt-xr	1	
diltiazem hcl er beads	2	
diltiazem hcl er coated beads	2	
diltiazem hcl er oral capsule extended release 12 hour	1	
diltiazem hcl er oral capsule extended release 24 hour	1	
diltiazem hcl er oral tablet extended release 24 hour	2	

Drug name	Tier	Notes
diltiazem hcl oral	1	
felodipine er	1	
isradipine	1	
matzim la	2	
nicardipine hcl oral	1	
nifedipine er	1	QL
nifedipine er osmotic release	1	QL
nifedipine oral	1	
nimodipine oral capsule	1	
NIMODIPINE ORAL SOLUTION	2	
nisoldipine er	2	
NORLIQVA	3	PA
NYMALIZE	2	
SULAR	3	
tiadylt er	2	
TIAZAC	3	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
Cardiovascular Agents, Other		
ACCURETIC	3	QL
aliskiren fumarate	3	QL
amiloride-hydrochlorothiazide	1	
amlodipine besylate-benazepril hcl	1	QL
amlodipine besylate-valsartan	2	QL
atenolol-chlorthalidone	1	
ATTRUBY	2	PA; QL; SP
benazepril-hydrochlorothiazide	1	QL
bisoprolol-hydrochlorothiazide	1	QL
CAMZYOS	3	PA; QL; SP
candesartan cilexetil-hctz	3	QL
captopril-hydrochlorothiazide	1	QL
CORLANOR	3	PA; QL
DEMSE	3	PA
digoxin oral	1	
droxidopa	3	PA; QL; SP
enalapril-hydrochlorothiazide	1	QL
ENTRESTO	3	PA; QL
fosinopril sodium-hctz	1	QL
irbesartan-hydrochlorothiazide	1	QL
isosorb dinitrate-hydralazine	2	QL
ivabradine hcl	3	PA; QL
LANOXIN ORAL	3	
lisinopril-hydrochlorothiazide	1	QL
LODOCO	3	QL
losartan potassium-hctz	1	QL
LOTENSIN HCT	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
metoprolol-hydrochlorothiazide	1	
metyrosine	3	PA
olmesartan medoxomil-hctz	2	QL
pentoxifylline er	1	
quinapril-hydrochlorothiazide	2	QL
ranolazine er	2	QL
sacubitril-valsartan	3	PA; QL
spironolactone-hctz	1	
TEKTURN	3	QL
telmisartan-hctz	2	QL
trandolapril-verapamil hcl er	3	QL
triamterene-hctz	1	
TRYVIO	3	PA; QL
valsartan-hydrochlorothiazide	1	QL
VECAMEL	3	PA
VERQUVO	3	PA; QL
VYNDAMAX	2	PA; QL; SP
VYNDAQEL	2	PA; QL; SP
Diuretics, Carbonic Anhydrase Inhibitors		
acetazolamide er	1	
acetazolamide oral	1	
dichlorphenamide	2	PA; QL; SP
methazolamide oral	1	
Diuretics, Loop		
bumetanide oral	1	
BUMEX	3	
ethacrynic acid	3	
FUROSCIX	3	PA; QL
furosemide oral	1	
LASIX	3	
torsemide	1	
Diuretics, Potassium-sparing		
amiloride hcl oral	1	
CAROSPIR	3	PA
eplerenone	2	
spironolactone oral suspension	3	PA
spironolactone oral tablet	1	
triamterene oral	3	
Diuretics, Thiazide		
chlorthalidone	1	
DIURIL	2	
hydrochlorothiazide oral	1	
indapamide	1	
metolazone	1	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized	2	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
fenofibric acid oral capsule delayed release	3	

Drug name	Tier	Notes
gemfibrozil oral	1	
LOPID	3	
Dyslipidemics, HMG CoA Reductase Inhibitors		
ATORVALIQ	3	PA; QL; \$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.
atorvastatin calcium oral tablet 10 mg, 20 mg	\$0	QL; \$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.
atorvastatin calcium oral tablet 40 mg, 80 mg	\$0	QL
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 5 MG	3	PA; QL; \$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 20 MG, 40 MG	3	PA; QL
FLOLIPID	3	PA; QL; \$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.
fluvastatin sodium	1	QL; \$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.
fluvastatin sodium er	3	ST; QL; \$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.
lovastatin oral	\$0	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
pravastatin sodium	1	QL; \$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.
rosuvastatin calcium oral tablet 10 mg, 5 mg	2	QL; \$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.
rosuvastatin calcium oral tablet 20 mg, 40 mg	2	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	QL; \$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.
simvastatin oral tablet 80 mg	1	QL
Dyslipidemics, Other		
cholestyramine light	1	
cholestyramine oral	1	
colesevelam hcl	2	
COLESTID	3	
colestipol hcl	1	
ezetimibe	2	QL
ezetimibe-simvastatin	3	QL
JUXTAPID	3	PA; ST; QL; SP
NEXLETOL	2	PA; ST; QL
NEXLIZET	2	PA; ST; QL
niacin er (antihyperlipidemic)	2	
omega-3-acid ethyl esters	2	QL
prevalite	1	
QUESTRAN	3	
QUESTRAN LIGHT	3	
REPATHA	2	QL
REPATHA SURECLICK	2	QL
Vasodilators, Direct-acting Arterial		
hydralazine hcl oral	1	
minoxidil oral	1	
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
NITRO-BID	2	

Drug name	Tier	Notes
NITRO-DUR	3	
nitroglycerin rectal	3	QL
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
NITROSTAT	3	
RECTIV	3	QL
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphet-dextroamphet 3-bead er	3	QL
AMPHETAMINE ER	3	QL
amphetamine sulfate	2	
amphetamine-dextroamphetamine	1	QL
amphetamine-dextroamphetamine er	2	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	3	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	2	QL
dextroamphetamine sulfate oral solution	1	
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	QL
lisdexamfetamine dimesylate	3	QL
methamphetamine hcl	1	
PROCENTRA	3	
XELSTRYM	3	PA; QL
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hcl	3	QL
AZSTARYS	3	ST; QL
clonidine hcl er	2	
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er	2	QL
FOCALIN	3	QL
guanfacine hcl er	2	QL
JORNAY PM	3	ST; QL
METHYLIN	3	QL
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la)	2	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	QL
methylphenidate hcl er oral tablet extended release	2	QL
methylphenidate hcl er oral tablet extended release 24 hour 27 mg, 54 mg	2	QL
methylphenidate hcl oral solution	1	QL
methylphenidate hcl oral tablet	1	QL
methylphenidate hcl oral tablet chewable	3	QL
ONYDA XR	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
Central Nervous System, Other		
ADDYI	3	PA; QL
AUSTEDO	2	PA; QL; SP
AUSTEDO XR	2	PA; QL; SP
AUSTEDO XR PATIENT TITRATION	2	PA; QL; SP
caffeine citrate oral	1	
DAYBUE	2	PA; QL; SP
INGREZZA ORAL CAPSULE 40 MG, 80 MG	2	PA; QL; SP
INGREZZA ORAL CAPSULE 60 MG	2	PA; QL
INGREZZA ORAL CAPSULE SPRINKLE	2	PA; QL; SP
INGREZZA ORAL CAPSULE THERAPY PACK	2	PA; QL; SP
NUEDEXTA	2	PA; QL
RADICAVA ORS	3	PA; QL
RADICAVA ORS STARTER KIT	3	PA
riluzole	1	SP
SKYCLARYS	2	PA; QL; SP
TEGLUTIK	3	PA; SP
tetrabenazine	2	PA; QL; SP
TIGLUTIK	3	PA; SP
VYLEESI	3	PA; QL
Fibromyalgia Agents		
LYRICA	3	PA; QL
pregabalin oral capsule	2	QL
pregabalin oral solution	3	QL
SAVELLA	3	QL
SAVELLA TITRATION PACK	3	QL
Multiple Sclerosis Agents		
AVONEX PEN	2	PA; QL; SP
AVONEX PREFILLED	2	PA; QL; SP
BAFIERTAM	2	PA; QL; SP
BETASERON	2	PA; QL; SP
dalfampridine er	2	PA; QL; SP
dimethyl fumarate oral	1	PA; QL; SP
dimethyl fumarate starter pack	1	PA; QL; SP
fingolimod hcl	1	PA; QL; SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA; QL; SP
glatiramer acetate	2	PA; QL; SP
glatopa	2	PA; QL; SP
KESIMPTA	2	PA; SP
MAVENCLAD	3	PA; ST; QL; SP
MAYZENT ORAL TABLET 0.25 MG, 2 MG	3	PA; QL; SP
MAYZENT ORAL TABLET 1 MG	3	PA; QL
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA; QL; SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA; QL
PLEGRIDY INTRAMUSCULAR	3	PA; QL
PLEGRIDY STARTER PACK	3	PA; QL; SP
PLEGRIDY SUBCUTANEOUS	3	PA; QL; SP

Drug name	Tier	Notes
teriflunomide	2	PA; QL; SP
ZEPOSIA	3	PA; ST; QL; SP
ZEPOSIA 7-DAY STARTER PACK	3	PA; ST; QL; SP
ZEPOSIA STARTER KIT	3	PA; ST; QL; SP
Cholestatic Pruritus Agent		
Ileal Bile Acid Transporter Inhibitor		
BYLVAY	3	PA; SP
BYLVAY (PELLETS)	3	PA; SP
LIVMARLI	3	PA; QL; SP
Dental and Oral Agents		
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
KOURZEQ	2	
ORALONE	2	
PERIDEX	3	
periogard	1	
pilocarpine hcl oral	1	
SALAGEN	3	
triamcinolone acetonide mouth/throat	1	
Dermatological Agents		
accutane	2	
acitretin	1	
adapalene-benzoyl peroxide external gel	3	QL
ADBRY	2	PA; QL; SP
AKLIEF	3	PA; QL
amnestem	2	
AMZEEQ	3	QL
azelaic acid external	3	QL
AZELEX	3	QL
BENZAMYCIN	2	QL
benzoyl peroxide-erythromycin	1	QL
BIMZELX	3	PA; ST; QL; SP
brimonidine tartrate external	3	PA; QL
calcipotriene external cream	2	QL
calcipotriene external ointment	2	QL
calcipotriene external solution	1	QL
CALCITRENE	3	QL
calcitriol external	1	QL
CIBINQO	2	PA; QL; SP
claravis	2	
CLEOCIN-T	3	QL
clindacin	3	
CLINDACIN ETZ EXTERNAL KIT	1	QL
clindacin etz external swab	1	QL
clindacin-p	1	QL
clindamycin phos (twice-daily)	2	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phosphate external foam	3	

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
clindamycin phosphate external lotion	3	QL
clindamycin phosphate external solution	1	QL
clindamycin phosphate external swab	1	QL
CONDYLOX	3	
COSENTYX (300 MG DOSE)	2	PA; QL; SP
COSENTYX 150 MG/ML SUBCUTANEOUS	2	PA; QL; SP
COSENTYX SENSOREADY (300 MG)	2	PA; QL; SP
COSENTYX SENSOREADY PEN	2	PA; QL; SP
COSENTYX UNOREADY	2	PA; QL; SP
dapsone external	3	QL
doxepin hcl external	3	PA; QL
DUPIXENT	2	PA; QL; SP
EBGLYSS	2	PA; QL; SP
ENSTILAR	3	QL
EPIFOAM	2	
ery pad 2%	1	
erythromycin external	1	
EUCRISA	3	ST; QL
FILSUEVZ	3	PA; SP
FINACEA EXTERNAL FOAM	3	QL
hydrocortisone ace-pramoxine external cream 2.5-1 %	1	
HYFTOR	3	PA; QL
imiquimod external cream 5 %	1	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
KLARON	3	
LITFULO	3	PA; QL; SP
methoxsalen rapid	1	
METROCREAM	3	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
metronidazole external lotion	1	
MIRVASO	2	PA; QL
neuac	3	QL
OPZELURA	3	PA; QL; SP
pimecrolimus	3	QL
podofilox external gel	3	
podofilox external solution	1	
PRAMOSONE EXTERNAL CREAM	2	
PRAMOSONE EXTERNAL LOTION	2	
PRAMOSONE EXTERNAL OINTMENT 1-1 %	2	
PRAMOSONE EXTERNAL OINTMENT 1-2.5 %	3	
RHOFADE	3	PA; QL
SANTYL	3	QL
selenium sulfide external lotion	1	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	2	PA; QL; SP

Drug name	Tier	Notes
SOOLANTRA	3	QL
SOTYKTU	2	PA; QL; SP
SPEVIGO SUBCUTANEOUS	3	PA; QL; SP
sulfacetamide sodium (acne)	1	
TACLONEX	3	QL
tacrolimus external	2	QL
tazarotene external cream	3	PA; QL
tazarotene external gel	3	PA; QL
TAZORAC	3	PA; QL
tretinoin external cream	3	QL
VEREGEN	3	ST; QL
VTAMA	3	PA; QL
zenatane	2	
ZILXI	3	PA; ST
ZORYVE EXTERNAL CREAM 0.15 %, 0.3 %	3	PA; QL
ZORYVE EXTERNAL FOAM	3	PA; QL
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
carglumic acid	2	PA; SP
CARNITOR ORAL	3	
CARNITOR SF	3	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	2	
effer-k oral tablet effervescent 25 meq	1	
GALZIN	3	
K-PHOS	2	
K-PHOS NO 2	2	
K-PHOS-NEUTRAL	2	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con/ef	1	
levocarnitine oral solution	1	
levocarnitine oral tablet	1	
levocarnitine sf	1	
PHOSPHA 250 NEUTRAL	2	
phospho-trin 250 neutral	1	
phosphorous	1	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
sodium fluoride oral	\$0	
UROCIT-K 10	3	
UROCIT-K 15	3	
wes-phos 250 neutral	1	
Electrolyte/Mineral/Metal Modifiers		
CHEMET	2	
deferasirox	2	PA; 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
deferasirox granules	2	PA; SP
deferiprone	3	PA; SP
FERRIPROX ORAL SOLUTION	2	PA; SP
FERRIPROX ORAL TABLET	3	PA; SP
FERRIPROX TWICE-A-DAY	3	PA
JYNARQUE	2	PA; QL; SP
LOKELMA	3	PA; QL
SAMSCA	3	PA; QL; SP
sodium polystyrene sulfonate	1	
SPS (SODIUM POLYSTYRENE SULF)	3	
tolvaptan oral tablet	2	PA; QL; SP
tolvaptan oral tablet therapy pack	1	PA; QL; SP
trientine hcl	3	PA; QL; SP
VELTASSA	3	PA; QL
Phosphate Binders		
calcium acetate (phos binder)	1	
calcium acetate oral tablet 667 mg	1	
FOSRENOL ORAL PACKET	3	ST
lanthanum carbonate	3	ST
sevelamer carbonate oral packet	2	PA
sevelamer carbonate oral tablet	2	
VELPHORO	3	ST
Vitamins		
ATABEX OB	3	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	3	
DRISDOL	3	
ELITE-OB	3	
ENBRACE HR	3	
ergocalciferol oral capsule	1	
FLORIVA PLUS	3	
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	\$0	
ft folic acid	\$0	
M-NATAL PLUS	3	
MULTI-VIT-FLOR	3	
multi-vitamin/fluoride	1	
multivitamin w/fluoride	1	
multivitamin/fluoride oral tablet chewable	1	
NASCOBAL	3	
NATAL PNV	3	
NEO-VITAL RX	3	
NEONATAL COMPLETE	3	
NEONATAL PLUS	3	
NESTABS	3	
NESTABS ONE	3	
ONE VITE WOMENS PLUS	3	
phytonadione oral	3	QL

Drug name	Tier	Notes
pnv 27-ca/fe/fa	1	
POLY-VI-FLOR ORAL TABLET CHEWABLE	3	
PREMESISRX	3	
prenatal oral tablet 27-1 mg	1	
prenatal plus vitamin/mineral	1	
PRENATE	3	
PRENATE DHA	3	
PRENATE ELITE	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL	3	
PRENATE MINI	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
QUFLORA PEDIATRIC	3	
RELNATE DHA	3	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	3	
TRI-VI-FLORO	3	
tri-vite/fluoride	1	
TRINATE	3	
TRISTART DHA	3	
TRUE FOLIC ACID ORAL TABLET 400 MCG	\$0	
VITAFOL FE+	3	
VITAFOL-OB+DHA	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITATHELY WITH GINGER	3	
WESNATAL DHA COMPLETE	2	
WESNATE DHA	3	
WESTGEL DHA	3	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
CUVPOSA	3	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral solution 10 mg/5ml	1	
dicyclomine hcl oral tablet 20 mg	1	
glycopyrrolate oral solution	3	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
methscopolamine bromide oral	1	
Gastrointestinal Agents, Other		
alvimopan	3	
bis subcit-metronid-tetracyc	3	QL
bismuth/metronidaz/tetracyclin	3	QL
CHENODAL	3	ST; SP
chlordiazepoxide-clidinium	3	
cromolyn sodium oral	1	
diphenoxylate-atropine	1	
GATTEx	2	PA; QL; SP
IQIRVO	3	PA; ST; 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
LIVDELZI	3	PA; ST; QL; SP
LOMOTIL	3	
MYTESI	3	PA; QL
OMECLAMOX-PAK	3	QL
opium	1	QL
prucalopride succinate	3	PA; QL
PYLERA	3	QL
RELISTOR SUBCUTANEOUS	3	PA; QL
REZDIFFRA	3	PA; QL
SEROSTIM	3	PA; QL; SP
SYMPROIC	2	PA; QL
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VOQUEZNA	3	PA; QL
VOQUEZNA DUAL PAK	3	ST; QL
VOQUEZNA TRIPLE PAK	3	ST; QL
VOWST	3	PA; SP
XERMELO	3	PA; QL; SP
Histamine2 (H2) Receptor Antagonists		
cimetidine hcl	1	
cimetidine oral	1	
famotidine oral suspension reconstituted	1	
nizatidine	3	ST
Irritable Bowel Syndrome Agents		
alosetron hcl	2	PA; QL
LINZESS	2	PA; QL
lubiprostone	2	PA; QL
VIBERZI	3	PA; QL
Laxatives		
bisacodyl ec	\$0	QL
citroma	\$0	QL
clearlax	\$0	QL
CLENPIQ	3	\$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
constulose	1	
enulose	1	
ft clearlax	\$0	QL
ft laxative	\$0	QL
ft magnesium citrate	\$0	QL
ft mineral oil	1	
gavilax oral powder	\$0	QL
gavilyte-c	\$0	QL
gavilyte-g	\$0	QL
gavilyte-n with flavor pack	\$0	QL
generlac	1	
gentle laxative oral tablet delayed release	\$0	QL
glycolax	\$0	QL

Drug name	Tier	Notes
GOLYTELY	\$0	QL
KRISTALOSE	3	
lactulose encephalopathy	1	
lactulose oral packet 20 gm	3	
lactulose oral solution	1	
magnesium citrate oral solution	\$0	QL
mineral oil heavy oral	1	
mineral oil lubricant laxative	1	
mm clearlax	\$0	QL
MOVIPREP	3	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
na sulfate-k sulfate-mg sulf	3	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
peg 3350 oral powder	\$0	QL
peg 3350-kcl-na bicarb-nacl	\$0	QL
peg-3350/electrolytes	\$0	QL
peg-3350/electrolytes/ascorbat	3	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
peg-kcl-nacl-nasulf-na asc-c	3	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
PLENVU	3	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
polyethylene glycol 3350 oral powder	\$0	QL
smooth lax oral powder	\$0	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
SUFLAVE	3	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
SUPREP BOWEL PREP KIT	3	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
SUTAB	3	QL
true laxative	\$0	QL
Protectants		
CYTOTEC	3	
misoprostol oral	1	
sucalfate oral suspension	3	
sucalfate oral tablet	1	
Proton Pump Inhibitors		
esomeprazole magnesium oral packet	3	PA; ST; QL
goodsense lansoprazole oral tablet delayed release dispersible	3	PA; ST; QL
lansoprazole oral tablet delayed release dispersible	3	PA; ST; QL
NEXIUM ORAL PACKET	3	PA; ST; QL
omeprazole oral capsule delayed release 10 mg	1	QL
omeprazole oral capsule delayed release 20 mg, 40 mg	1	
pantoprazole sodium oral tablet delayed release	1	QL
rabeprazole sodium oral tablet delayed release	2	QL
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
betaine	2	SP
CERDELGA	2	PA; QL; SP
CHOLBAM	2	PA; QL; SP
CREON	2	
CYSTADANE	3	SP
CYSTAGON	2	SP
DUVYZAT	3	PA; QL; SP
EVRYSDI	2	PA; QL; SP
GALAFOLD	3	PA; QL; SP
miglustat	2	SP
MYALEPT	3	PA; QL; SP
OCALIVA	3	PA; ST; QL; SP
OPFOLDA	2	PA; QL; SP
ORFADIN	2	PA; SP
PALYNZIQ	3	PA; ST; QL; SP
PANCREAZE	3	ST

Drug name	Tier	Notes
PERTZYE	3	ST
PROCYSBI ORAL CAPSULE DELAYED RELEASE	3	PA; ST; SP
PROCYSBI ORAL PACKET	3	SP
RAVICTI	3	PA; ST; QL; SP
sapropterin dihydrochloride	2	PA; QL; SP
sodium phenylbutyrate oral powder	1	PA; SP
sodium phenylbutyrate oral tablet	3	PA; SP
STRENSIQ	2	PA; QL; SP
SUCRAID	2	PA; SP
VIOKACE	3	ST
VOXZOGO	3	PA; QL; SP
WAINUA	2	PA; QL; SP
zelvysia	2	PA; QL; SP
ZENPEP	2	
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin hydrobromide er	3	ST; QL
fesoterodine fumarate er	3	ST; QL
flavoxate hcl	1	
mirabegron er	3	ST
oxybutynin chloride er	2	QL
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet 2.5 mg	3	
oxybutynin chloride oral tablet 5 mg	1	
solifenacin succinate	2	QL
tolterodine tartrate	3	
tropium chloride	3	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	1	
CARDURA XL	3	QL
dutasteride oral	2	QL
finasteride oral tablet 5 mg	1	
silodosin	3	QL
tamsulosin hcl	1	
terazosin hcl	1	
Genitourinary Agents, Other		
avanafil	3	PA; QL
bethanechol chloride oral	1	
CAVERJECT	3	QL
CAVERJECT IMPULSE	3	QL
DEPEN TITRATABS	2	SP
EDEX	3	QL
ELMIRON	3	ST
ENCARE	\$0	QL
FILSPARI	3	PA; QL; SP
LITHOSTAT	3	
OPTIONS GYNOL II CONTRACEPTIVE	\$0	
penicillamine oral tablet	2	SP
phenazopyridine hcl oral tablet 100 mg, 200 mg	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
PYRIDIUM	3	
RIVFLOZA	3	PA; QL; SP
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	3	PA; QL
tadalafil oral	2	QL
THIOLA	3	SP
THIOLA EC	3	SP
tiopronin	3	SP
TODAY SPONGE	\$0	
vardenafil hcl oral	3	QL
VCF VAGINAL CONTRACEPTIVE	\$0	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ALA SCALP	3	
alclometasone dipropionate	1	
amcinonide external cream	3	
amcinonide external ointment	1	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external gel	1	
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	2	
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	2	
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
clobetasol propionate e	2	QL
clobetasol propionate external cream 0.05 %	2	QL
clobetasol propionate external gel	2	QL
clobetasol propionate external liquid	1	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external solution	1	QL
clocortolone pivalate	3	ST; QL
CORDRAN	3	QL
CORTEF	3	
DERMA-SMOOTH/FS BODY	3	QL
DERMA-SMOOTH/FS SCALP	3	QL
desonide external cream	2	QL
desonide external gel	3	ST; QL
desonide external lotion	3	QL

Drug name	Tier	Notes
desonide external ointment	2	QL
desoximetasone external cream	1	QL
desoximetasone external gel	3	QL
desoximetasone external ointment	3	QL
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
diflorasone diacetate external cream	3	QL
DIPROLENE	3	
fludrocortisone acetate oral	1	
fluocinolone acetonide body	3	QL
fluocinolone acetonide external cream	3	QL
fluocinolone acetonide external ointment	2	QL
fluocinolone acetonide external solution	3	QL
fluocinolone acetonide scalp	3	QL
fluocinolone emulsified base	1	QL
fluocinolone external cream 0.05 %	1	QL
fluocinolone external gel	1	QL
fluocinolone external ointment	1	QL
fluocinolone external solution	1	QL
flurandrenolide	3	ST; QL
fluticasone propionate external cream	1	
fluticasone propionate external lotion	3	ST; QL
fluticasone propionate external ointment	1	
halcinonide external cream	3	ST; QL
halobetasol propionate external cream	2	QL
halobetasol propionate external ointment	2	QL
hydrocortisone butyrate external cream	1	QL
hydrocortisone butyrate external ointment	1	
hydrocortisone butyrate external solution	1	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2 %	3	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone oral	1	
hydrocortisone valerate external cream	2	QL
hydrocortisone valerate external ointment	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
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
mometasone furoate external	1	
ORAPRED ODT	3	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone oral tablet	3	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisone intensol	1	
prednisone oral	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	3	
TAPERDEX 7-DAY	3	
TEXACORT	2	
TOPICORT	3	QL
triamcinolone acetonide external aerosol solution	2	QL
triamcinolone acetonide external cream	1	QL
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm	1	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
ACTHAR	3	PA; ST; QL; SP
ACTHAR GEL	3	PA; ST; QL; SP
cabergoline	2	
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CORTROPHIN	3	PA; ST; QL; SP
CRENESSITY	3	PA; QL; SP
desmopressin ace spray refrig	1	
desmopressin acetate injection	1	
DESMOPRESSIN ACETATE NASAL	3	
desmopressin acetate oral	1	
desmopressin acetate pf	1	
desmopressin acetate spray	1	
EGRIFTA SV	3	PA; SP
EGRIFTA WR	3	QL; SP
FOLLISTIM AQ	2	PA; SP
GONAL-F	3	PA; ST; SP
GONAL-F RFF REDIRECT	3	PA; ST; SP
INCRELEX	2	PA; QL; SP
ISTURISA	3	PA; QL; SP
MENOPUR	3	PA; SP
NGENLA	3	PA; QL; SP
NORDITROPIN FLEXPOR	2	PA; QL; SP

Drug name	Tier	Notes
NOVAREL	3	SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	2	PA; QL; SP
OVIDREL	3	SP
PREGNYL	3	SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	3	PA; QL; SP
Selective Estrogen Receptor Modifying Agents		
CLOMID	2	
clomiphene citrate oral	2	
milofene	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
CERVIDIL	3	
MIFEPREX	3	
mifepristone oral tablet 200 mg	1	
mifepristone oral tablet 300 mg	3	PA; QL; SP
PREPIDIL	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
danazol oral	1	
DEPO-TESTOSTERONE	3	
INTRAROSA	3	PA
KYZATREX	3	PA; QL
METHITEST	2	
methyltestosterone oral	2	
TESTIM	2	PA; QL
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)	2	PA; QL
testosterone transdermal gel 12.5 mg/act (1%)	3	PA; QL
Estrogens		
abigale	1	
abigale lo	2	
ACTIVELLA	3	
afirmelle	\$0	
ALORA	3	QL
altavera	\$0	
alyacen 1/35	\$0	
alyacen 7/7/7	\$0	
amethyst	\$0	
ANGELIQ	3	
ANNOVERA	\$0	QL
apri	\$0	
aranelle	\$0	
ashlyna	\$0	
aubra eq	\$0	

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
aurovela 1.5/30	\$0	
aurovela 1/20	\$0	
aurovela 24 fe	\$0	
aurovela fe 1.5/30	\$0	
aurovela fe 1/20	\$0	
AVERI	\$0	
aviane	\$0	
ayuna	\$0	
azurette	\$0	
balziva	\$0	
BIJUVA	3	
blisovi 24 fe	\$0	
blisovi fe 1.5/30	\$0	
blisovi fe 1/20	\$0	
briellyn	\$0	
camrese	\$0	
camrese lo	\$0	
charlotte 24 fe	\$0	
chateal eq	\$0	
CLIMARA PRO	3	QL
COMBIPATCH	3	QL
cryselle-28	\$0	
cyred eq	\$0	
dasetta 1/35 (28)	\$0	
dasetta 7/7/7	\$0	
daysee	\$0	
DELESTROGEN	3	
delyla	\$0	
DEPO-ESTRADIOL	3	
desogestrel-ethinyl estradiol	\$0	
DIVIGEL	3	QL
dolishale	\$0	
dotti	2	QL
drospiren-eth estrad-levomefol	\$0	
drospirenone-ethinyl estradiol	3	\$0 Copay once your healthcare provider confirms use is for birth control (contraception).
DUAVEE	3	QL
ELESTRIN	3	QL
elinest	\$0	
eluryng	\$0	
enilloring	\$0	
enpresse-28	\$0	
enskyce	\$0	
estarylla	\$0	
estradiol oral	1	
estradiol transdermal gel	3	QL
estradiol transdermal patch twice weekly	2	QL
estradiol transdermal patch weekly	1	QL
estradiol vaginal cream	3	

Drug name	Tier	Notes
estradiol vaginal tablet	2	QL
estradiol valerate intramuscular	1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	2	
estradiol-norethindrone acet oral tablet 1-0.5 mg	1	
ESTRING	2	QL
ESTROGEL	3	QL
ethynodiol diac-eth estradiol	\$0	
etonogestrel-ethinyl estradiol	\$0	
EVAMIST	2	
falmina	\$0	
feirza 1.5/30	\$0	
feirza 1/20	\$0	
FEMLYV	\$0	
FEMRING	3	QL
finzala	\$0	
fyavolv	3	
galbriela	\$0	
gemmily	\$0	
hailey 1.5/30	\$0	
hailey 24 fe	\$0	
hailey fe 1.5/30	\$0	
hailey fe 1/20	\$0	
haloette	\$0	
iclevia	\$0	
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
introvale	\$0	
isibloom	\$0	
jaimiess	\$0	
jasmiel	3	\$0 Copay once your healthcare provider confirms use is for birth control (contraception).
jinteli	3	
jolessa	\$0	
joyeaux	\$0	
juleber	\$0	
junel 1.5/30	\$0	
junel 1/20	\$0	
junel fe 1.5/30	\$0	
junel fe 1/20	\$0	
junel fe 24	\$0	
kaitlib fe	\$0	
kalliga	\$0	
kariva	\$0	
kelnor 1/35	\$0	
kurvelo	\$0	
larin 1.5/30	\$0	
larin 1/20	\$0	
larin 24 fe	\$0	

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
larin fe 1.5/30	\$0	
larin fe 1/20	\$0	
leena	\$0	
lessina	\$0	
levonest	\$0	
levonorg-eth estrad triphasic	\$0	
levonorgest-eth est & eth est	\$0	
levonorgest-eth estrad 91-day	\$0	
levonorgest-eth estradiol-iron	\$0	
levonorgestrel-ethinyl estrad	\$0	
levora 0.15/30 (28)	\$0	
LO LOESTRIN FE	\$0	
lo-zumandimine	3	\$0 Copay once your healthcare provider confirms use is for birth control (contraception).
lojaimiess	\$0	
loryna	3	\$0 Copay once your healthcare provider confirms use is for birth control (contraception).
low-ogestrel	\$0	
luizza 1.5/30	\$0	
luizza 1/20	\$0	
lutura	\$0	
lyllana	2	QL
marlissa	\$0	
MENOSTAR	3	QL
mibelas 24 fe	\$0	
microgestin 1.5/30	\$0	
microgestin 1/20	\$0	
microgestin fe 1.5/30	\$0	
microgestin fe 1/20	\$0	
mili	\$0	
mimvey	1	
minzoya	\$0	
mono-linyah	\$0	
MYFEMBREE	2	PA; QL
NATAZIA	\$0	
necon 0.5/35 (28)	\$0	
NEXTSTELLIS	\$0	
nikki	3	\$0 Copay once your healthcare provider confirms use is for birth control (contraception).
norelgestromin-eth estradiol	\$0	
norethin ace-eth estrad-fe	\$0	
norethin-eth estradiol-fe	\$0	
norethindrone acet-ethinyl est	\$0	

Drug name	Tier	Notes
norethindrone-eth estradiol	2	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	\$0	
norgestimate-ethinyl estradiol triphasic	\$0	
nortrel 0.5/35 (28)	\$0	
nortrel 1/35 (21)	\$0	
nortrel 1/35 (28)	\$0	
nortrel 7/7/7	\$0	
nylia 1/35	\$0	
nylia 7/7/7	\$0	
ORIAHNN	2	PA; QL
philith	\$0	
pimtrea	\$0	
portia-28	\$0	
PREMARIN ORAL	3	QL
PREMARIN VAGINAL	3	
PREMPHASE	3	QL
PREMPRO	3	QL
reclipsen	\$0	
rivelsa	\$0	
rosyrah	\$0	
setlakin	\$0	
simliya	\$0	
simpesse	\$0	
sprintec 28	\$0	
sronyx	\$0	
syeda	3	\$0 Copay once your healthcare provider confirms use is for birth control (contraception).
tarina 24 fe	\$0	
tarina fe 1/20 eq	\$0	
taysofy	\$0	
tilia fe	\$0	
tri-estarylla	\$0	
tri-legest fe	\$0	
tri-linyah	\$0	
tri-lo-estarylla	\$0	
tri-lo-marzia	\$0	
tri-lo-mili	\$0	
tri-lo-sprintec	\$0	
tri-mili	\$0	
tri-sprintec	\$0	
tri-vylibra	\$0	
tri-vylibra lo	\$0	
turqoz	\$0	
TWIRLA	\$0	
TYBLUME	\$0	
tydemy	\$0	
valtya 1/35	\$0	
valtya 1/50	\$0	

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
velivet	\$0	
vestura	3	\$0 Copay once your healthcare provider confirms use is for birth control (contraception).
vienva	\$0	
viorele	\$0	
volnea	\$0	
vyfemla	\$0	
vylibra	\$0	
wera	\$0	
wymzya fe	\$0	
xarah fe	\$0	
xelria fe	\$0	
xulane	\$0	
YASMIN 28	\$0	
YAZ	\$0	
yuvaferm	2	QL
zafemy	\$0	
zovia 1/35 (28)	\$0	
zumandimine	3	\$0 Copay once your healthcare provider confirms use is for birth control (contraception).
Progestins		
aftera	\$0	
camila	\$0	
CRINONE	3	ST
deblitane	\$0	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	3	QL; \$0 Copay once your healthcare provider confirms use is for birth control (contraception).
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	\$0 Copay once your healthcare provider confirms use is for birth control (contraception).
DEPO-SUBQ PROVERA 104	\$0	QL
econtra one-step	\$0	
ELLA	\$0	QL
emzahh	\$0	
ENDOMETRIN	2	
errin	\$0	
gallifrey	1	
heather	\$0	
her style	\$0	
incassia	\$0	
jencycla	\$0	

Drug name	Tier	Notes
levonorgestrel	\$0	
lyleq	\$0	
lyza	\$0	
medroxyprogesterone acetate intramuscular suspension	\$0	QL
medroxyprogesterone acetate intramuscular suspension prefilled syringe	\$0	
medroxyprogesterone acetate oral	1	
megestrol acetate oral suspension 40 mg/ml	1	
megestrol acetate oral suspension 625 mg/5ml	3	
megestrol acetate oral tablet	1	
meleya	\$0	
my choice	\$0	
my way	\$0	
new day	\$0	
nora-be	\$0	
norethindrone acetate oral	1	
norethindrone oral	\$0	
norlyroc	\$0	
opcicon one-step	\$0	
OPILL	\$0	
option 2	\$0	
orquidea	\$0	
PLAN B ONE-STEP	\$0	
progesterone intramuscular	1	
progesterone oral	2	
progesterone vaginal	2	
PROVERA	3	
react	\$0	
sharobel	\$0	
SLYND	\$0	
take action	\$0	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	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.
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ARMOUR THYROID	3	
ERMEZA	2	PA
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liomny	2	
liothyronine sodium 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
NIVA THYROID	3	
np thyroid	1	
RENTHYROID	3	
thyroid oral	1	
TIROSINT-SOL	2	PA
unithroid	1	
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	2	
Hormonal Agents, Suppressant (Pituitary)		
CETROTIDE	3	PA; ST; SP
FIRMAGON	3	SP
FIRMAGON (240 MG DOSE)	3	SP
FYREMADEL	3	SP
ganirelix acetate	3	SP
leuprolide acetate injection	1	PA; SP
octreotide acetate injection	1	PA; SP
octreotide acetate subcutaneous	1	PA; SP
ORLISSA	2	PA; QL
SIGNIFOR	3	PA; QL; SP
SOMAVERT	3	PA; QL; SP
SYNAREL	2	
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole oral	1	
propylthiouracil oral	1	
Immunological Agents		
Angioedema Agents		
BERINERT	3	PA; ST; QL; SP
HAEGARDA	2	PA; QL; SP
icatibant acetate	2	PA; QL; SP
RUCONEST	3	PA; QL; SP
TAKHZYRO	2	PA; QL; SP
Immune Suppressants		
ADALIMUMAB-ADAZ	2	PA; QL; SP
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	2	PA; QL; SP
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	2	PA; QL; SP
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	2	PA; QL; SP
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	2	PA; QL; SP
AZASAN	3	
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	1	
CIMZIA (2 SYRINGE)	2	PA; QL; SP
CIMZIA-STARTER	2	PA; SP
cyclosporine modified	1	

Drug name	Tier	Notes
cyclosporine oral	1	
ENBREL	2	PA; QL; SP
ENBREL MINI	2	PA; QL; SP
ENBREL SURECLICK	2	PA; QL; SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3	
gengraf	1	
HUMIRA (1 PEN)	2	PA; SP
HUMIRA (2 PEN)	2	PA; QL; SP
HUMIRA (2 SYRINGE)	2	PA; QL; SP
HUMIRA-CD/UC/HS STARTER	2	PA; SP
HUMIRA-PSORIASIS/UEVIT STARTER	2	PA; QL; SP
JYLAMVO	3	PA
KINERET	3	PA; ST; QL; SP
LUPKYNIS	3	PA; QL; SP
methotrexate sodium	1	
methotrexate sodium (pf)	1	
mycophenolate mofetil oral	1	
mycophenolate sodium	2	
mycophenolic acid	2	
MYHIBBIN	1	
OLUMIANT ORAL TABLET 1 MG, 2 MG	3	PA; ST; QL; SP
OLUMIANT ORAL TABLET 4 MG	3	PA; ST; QL
OMVOH (300 MG DOSE)	2	PA; QL; SP
OMVOH SUBCUTANEOUS	2	PA; QL; SP
ORENCIA CLICKJECT	3	PA; ST; QL; SP
ORENCIA SUBCUTANEOUS	3	PA; ST; QL; SP
PROGRAF ORAL CAPSULE	3	
PROGRAF ORAL PACKET	3	PA
RASUVO	2	QL
REZUROCK	3	PA; QL; SP
SIMPONI	2	PA; QL; SP
sirolimus oral solution	2	
sirolimus oral tablet	1	
SKYRIZI PEN	2	PA; QL; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; QL; SP
STEQEYMA SUBCUTANEOUS	2	PA; QL; SP
tacrolimus oral	1	
TREXALL	2	
XATMEP	3	PA; QL
XELJANZ	2	PA; QL; SP
XELJANZ XR	2	PA; QL; SP
YESINTEK SUBCUTANEOUS	2	PA; QL; SP
Immunomodulators		
ACTEMRA ACTPEN	3	PA; ST; QL; SP
ACTEMRA SUBCUTANEOUS	3	PA; ST; QL; SP
ACTIMMUNE	2	PA; QL; SP
ARCALYST	2	PA; QL; SP
BENLYSTA SUBCUTANEOUS	2	PA; 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
BEYFORTUS	\$0	QL; \$0 copay for members 19 months of age or younger.
ENFLONIA	\$0	QL
ENSPRYNG	3	PA; SP
ENTYVIO PEN	2	PA; QL; SP
KEVZARA	3	PA; ST; QL; SP
leflunomide oral	1	
OTEZLA	2	PA; QL; SP
RIDAURA	3	SP
RINVOQ	2	PA; QL; SP
RINVOQ LQ	2	PA; QL; SP
STELARA SUBCUTANEOUS	2	PA; QL; SP
TREMFYA ONE-PRESS	2	PA; QL; SP
TREMFYA PEN	2	PA; QL; SP
TREMFYA SUBCUTANEOUS	2	PA; QL; SP
TREMFYA-CD/UC INDUCTION	3	PA; SP
TYENNE SUBCUTANEOUS	3	PA; ST; QL; SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL; SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; QL; SP
Immunosuppressants		
JOENJA	2	PA; QL; SP
Vaccines		
ABRYSVO	\$0	QL
ACTHIB	\$0	QL
ADACEL	\$0	QL
AFLURIA	\$0	QL; \$0 copay for members 6 months of age or older.
AFLURIA PRESERVATIVE FREE	\$0	QL; \$0 copay for members 6 months of age or older.
AREXVY	\$0	QL; \$0 Copay for members 50 years of age or older.
BEXSERO	\$0	QL; \$0 copay for members between ages of 10 to 25 years.
BOOSTRIX	\$0	QL
CAPVAXIVE	\$0	QL; \$0 copay for members 19 years of age or older.
COMIRNATY	\$0	QL; \$0 copay for members 12 years of age or older.
COMIRNATY 5-11 YEARS	\$0	QL; \$0 copay for members between ages of 5 to 11 years.

DAPTACEL	\$0	QL
DENGVAIXIA	\$0	QL; \$0 copay for members between ages of 9 to 16 years.
ENGERIX-B	\$0	QL
FLUAD	\$0	QL; \$0 copay for members 18 years of age or older.
FLUARIX	\$0	QL; \$0 copay for members 6 months of age or older.
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	QL; \$0 copay for members 6 months of age or older.
FLULAVAL	\$0	QL; \$0 copay for members 6 months of age or older.
FLUMIST	\$0	QL; \$0 copay for members between ages of 2 to 49 years.
FLUZONE HIGH-DOSE	\$0	QL; \$0 copay for members 18 years of age or older.
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	QL; \$0 copay for members 6 months of age or older.
GARDASIL 9	\$0	QL; \$0 copay for members between ages of 9 to 45 years.
HAVRIX	\$0	QL
HEPLISAV-B	\$0	QL; \$0 copay for members 18 years of age or older.
HIBERIX	\$0	QL
INFANRIX	\$0	QL
IPOL	\$0	QL
M-M-R II	\$0	QL
MENQUADFI	\$0	QL; \$0 Copay for members 2 years of age or older.
MENVEO	\$0	QL; \$0 copay for members between ages of 2 months to 55 years.
MNEXSPIKE	\$0	QL; \$0 copay for members 12 years of age or older.

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
PEDIARIX	\$0	QL; \$0 copay for members 6 years of age or younger.
PEDVAX HIB	\$0	QL
PENBRAYA	\$0	QL; \$0 copay for members between ages of 10 to 25 years.
PENTACEL	\$0	QL; \$0 copay for members 4 years of age or younger.
PNEUMOVAX 23	\$0	QL
PREVNAR 20	\$0	QL; \$0 copay for members 1 month of age or older.
PRIORIX	\$0	QL
PROQUAD	\$0	QL; \$0 copay for members between ages of 1 to 12 years.
QUADRACEL INTRAMUSCULAR SUSPENSION	\$0	QL
RECOMBIVAX HB	\$0	QL
ROTARIX	\$0	QL
ROTATEQ	\$0	QL
SHINGRIX	\$0	QL; \$0 Copay for members 19 years of age or older.
SPIKEVAX	\$0	QL; \$0 copay for members 12 years of age or older.
SPIKEVAX 6M-11Y	\$0	QL; \$0 copay for members between ages of 6 months to 11 years.
TENIVAC	\$0	QL
TRUMENBA	\$0	QL; \$0 copay for members between ages of 10 to 25 years.
TWINRIX	\$0	QL
VAQTA	\$0	QL
VARIVAX	\$0	QL
VAXELIS	\$0	QL; \$0 copay for members 4 years of age or younger.
VAXNEUVANCE	\$0	QL; \$0 copay for members 1 month of age or older.

Drug name	Tier	Notes
Inflammatory Bowel Disease Agents		
Aminosalicylates		
APRISO	1	QL
balsalazide disodium	1	
DIPENTUM	3	
mesalamine oral capsule delayed release 400 mg	2	
mesalamine oral tablet delayed release 1.2 gm	2	QL
mesalamine rectal enema	1	QL
mesalamine rectal suppository	2	QL
mesalamine-cleanser	1	QL
ROWASA	3	QL
SFROWASA	3	QL
Glucocorticoids		
ANALPRAM HC EXTERNAL CREAM 1-1 %	3	
ANALPRAM HC EXTERNAL LOTION	3	
ANUCORT-HC	2	
ANUSOL-HC EXTERNAL	3	
ANUSOL-HC RECTAL	2	
budesonide oral	2	
budesonide rectal	2	
CORTENEMA	3	
CORTIFOAM	2	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	2	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	2	
hydrocortisone rectal	1	
procto-med hc	1	
PROCTOFOAM HC	2	
PROCTOSOL HC	3	
PROCTOZONE-HC	3	
TARPEYO	3	PA; SP
UCERIS ORAL	3	
Sulfonamides		
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
sulfasalazine oral	1	
Metabolic Bone Disease Agents		
alendronate sodium oral solution	1	
alendronate sodium oral tablet	1	QL
BONSITY	3	PA; ST; QL; SP
calcitonin (salmon) injection	3	
calcitonin (salmon) nasal	2	QL
calcitriol oral	1	
cinacalcet hcl	3	PA; QL
doxercalciferol oral	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
FOSAMAX	3	QL
FOSAMAX PLUS D	3	QL
ibandronate sodium oral	2	QL
MIACALCIN	3	
paricalcitol oral	1	
risedronate sodium oral tablet	3	QL
ROCALTRON	3	
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	3	PA; QL; SP
TERIPARATIDE SOLUTION PEN- INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	3	QL; SP
TYMLOS	3	PA; QL; SP
ZEMPLAR ORAL	3	
Miscellaneous Therapeutic Agents		
AEROCHAMBER HOLDING CHAMBER	3	QL
AEROCHAMBER PLS FLOVU MTHPIECE	3	QL
AEROCHAMBER PLUS FLO-VU INTERM	3	QL
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	3	QL
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	3	QL
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	3	QL
AEROCHAMBER2GO ANTI-STATIC	3	QL
AQ INSULIN SYRINGE	\$0	
AQINJECT PEN NEEDLE	\$0	
AQNEURSA	3	PA; QL; SP
ASSURE ID DUO PRO PEN NEEDLES	\$0	
ASSURE ID PRO PEN NEEDLES	\$0	
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	\$0	
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	\$0	
AUM PEN NEEDLE 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	\$0	
AUM READYGARD DUO PEN NEEDLE	\$0	
AUM SAFETY PEN NEEDLE	\$0	
BD AUTOSHIELD DUO PEN NEEDLES	\$0	
BD PEN NEEDLE MICRO ULTRAFINE	\$0	
BD PEN NEEDLE MINI ULTRAFINE	\$0	
BD PEN NEEDLE NANO ULTRAFINE	\$0	
BD PEN NEEDLE ORIG ULTRAFINE	\$0	
BD PEN NEEDLE SHORT ULTRAFINE	\$0	
BD SHARPS COLLECTOR	3	

Drug name	Tier	Notes
BD ULTRA-FINE INSULIN SYRINGES 29G X 1/2" 0.3 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML	\$0	
BD ULTRA-FINE PEN NEEDLES	\$0	
BD VEO INSULIN SYR ULTRAFINE	\$0	
BREATHE COMFORT CHAMBER/ ADULT	3	QL
BREATHE COMFORT CHAMBER/ CHILD	3	QL
CAYA	\$0	
COMFORT EZ PRO PEN NEEDLES	\$0	
CONDOMS	\$0	QL
CORTROSYN	3	QL
cosyntropin	1	QL
DOJOLVI	3	PA; SP
DROPLET MICRON	\$0	
DROPSAFE SAFETY SYRINGE/ NEEDLE	\$0	
DUREX EXTRA SENSITIVE THIN	\$0	QL
DUREX TROPICAL	\$0	QL
EASIVENT	3	QL
EASY COMFORT SHARPS CONTAINER	3	
EMBECTA AUTOSHIELD DUO	\$0	
EMBECTA INS SYR U/F 1/2 UNIT	\$0	
EMBECTA INSULIN SYR ULTRAFINE	\$0	
EMBECTA INSULIN SYRINGE	\$0	
EMBECTA INSULIN SYRINGE U-100	\$0	
EMBECTA INSULIN SYRINGE U-500	\$0	
EMBECTA PEN NEEDLE NANO	\$0	
EMBECTA PEN NEEDLE NANO 2 GEN	\$0	
EMBECTA PEN NEEDLE ULTRAFINE	\$0	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	\$0	
ENDARI	3	PA; QL
FC2 FEMALE CONDOM	\$0	QL
FEMCAP	\$0	
FIRDAPSE	2	PA; QL; SP
FLEXICHAMBER	3	QL
FLEXICHAMBER ADULT MASK/ SMALL	2	QL
FLEXICHAMBER CHILD MASK/ LARGE	2	QL
FLEXICHAMBER CHILD MASK/ SMALL	2	QL
GRASTEK	3	PA; QL
INSPIREASE RESERVOIR BAGS	2	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
INSULIN PEN NEEDLES 29G X 12.7MM , 29G X 12MM , 29G X 4MM , 29G X 5MM , 29G X 8MM , 30G X 5MM , 30G X 8MM , 31G X 4MM , 31G X 5MM , 31G X 6MM , 31G X 8MM , 32G X 4MM , 32G X 6MM , 32G X 8MM , 33G X 4MM , 33G X 5MM , 33G X 6MM	\$0	
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" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 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	\$0	
INSUPEN32G EXTR3ME	\$0	
IWILFIN	2	PA; QL; SP
KERENDIA	3	PA; QL
l-glutamine oral packet	3	PA; QL
METHERGINE	3	QL
methylergonovine maleate oral	1	QL
METOPIRON	3	
MIPLYFFA	3	PA; QL; SP
NOVOFINE PEN NEEDLE	\$0	
NOVOFINE PLUS PEN NEEDLE	\$0	
ODACTRA	3	PA; QL
OMNIPOD 5 DEXCOM INTRO KIT	2	PA; QL
OMNIPOD 5 DEXCOM PODS	2	PA; QL
OMNIPOD 5 LIBRE PODS	2	PA; QL
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	2	PA; QL
PALFORZIA	3	PA; QL
PALFORZIA (1 MG DAILY DOSE)	3	PA; QL
PALFORZIA INITIAL DOSE 1-3YRS	3	PA; QL
PALFORZIA INITIAL DOSE 4-17YRS	3	PA; QL
PARI VORTEX ADULT MASK	2	QL
PARI VORTEX PEDIATRIC MASK	2	QL
PEN NEEDLE/5-BEVEL TIP	\$0	
PHEXXI	\$0	QL
PURE COMFORT SAFETY PEN NEEDLE	\$0	
QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM , 31G X 4MM , 31G X 5MM , 31G X 6MM , 31G X 8MM , 32G X 4MM , 32G X 6MM , 32G X 8MM , 33G X 4MM , 33G X 5MM , 33G X 6MM , 33G X 8MM	\$0	
RADIOGARDASE	3	
RAGWITEK	3	PA; QL
RAYA SURE PEN NEEDLE	\$0	
SAFETY PEN NEEDLES	\$0	
SHARPS COLLECTOR	3	
SHARPS CONTAINER	3	

Drug name	Tier	Notes
SOHONOS	3	PA; QL; SP
TAVNEOS	3	PA; QL; SP
TECHLITE PLUS PEN NEEDLES	\$0	
TRUE COMFORT SAFETY PEN NEEDLE	\$0	
TRUE COVER	\$0	QL
UNIFINE OTC PEN NEEDLES	\$0	
UNIFINE PROTECT PEN NEEDLE	\$0	
VEOZAH	3	PA
VERIFINE INSULIN PEN NEEDLE	\$0	
VERIFINE INSULIN SYRINGE	\$0	
VERIFINE PLUS PEN NEEDLE	\$0	
VERIFINE SHARPS CONTAINER	3	
VISTOGARD	2	QL
VORTEX VALVE CHAMBER-PEDI MASK	3	QL
VORTEX VALVED HOLDING CHAMBER	3	QL
WIDE-SEAL DIAPHRAGM 60	\$0	
WIDE-SEAL DIAPHRAGM 65	\$0	
WIDE-SEAL DIAPHRAGM 70	\$0	
WIDE-SEAL DIAPHRAGM 75	\$0	
WIDE-SEAL DIAPHRAGM 80	\$0	
WIDE-SEAL DIAPHRAGM 85	\$0	
WIDE-SEAL DIAPHRAGM 90	\$0	
WIDE-SEAL DIAPHRAGM 95	\$0	
XPHOZAH	3	PA; QL
YORVIPATH	3	PA; QL; SP
ZILBRYSQ	3	PA; SP
ZOKINVY	2	PA; QL; SP
Ophthalmic Agents		
Aminoglycosides		
gentamicin sulfate ophthalmic	1	
neomycin-polymyxin-gramicidin	1	
TOBRADEX	3	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	2	
TOBREX	3	
Anti-cytomegalovirus (CMV) Agents		
ZIRGAN	3	
Antibacterials, Other		
bacitra-neomycin-polymyxin-hc	1	
bacitracin ophthalmic	1	
bacitracin-polymyxin b	1	
BETADINE OPHTHALMIC PREP	3	
MAXITROL	3	
NEO-POLYCIN	3	
NEO-POLYCIN HC	3	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-dexameth	1	
neomycin-polymyxin-hc ophthalmic	1	
POLYCIN	3	
polymyxin b-trimethoprim	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
XDEMVI	3	PA
Antifungals		
NATACYN	3	
Antihypertensive Agents		
trifluridine	1	
Macrolides		
AZASITE	3	
erythromycin ophthalmic	1	\$0 Copay once your healthcare provider confirms use is to prevent gonococcal ophthalmia neonatorum in newborns.
Ophthalmic Agents, Other		
AKTEN	3	
ALCAINE	3	
ALTACAIN	3	
atropine sulfate ophthalmic solution 1 %	1	
CYCLOGYL	3	
cyclopentolate hcl ophthalmic	1	
CYSTADROPS	3	PA; QL; SP
CYSTARAN	2	PA; QL; SP
MIEBO	3	PA; QL
MITOSOL	3	
OXERVATE	3	PA; QL; SP
proparacaine hcl ophthalmic	1	
RESTASIS	3	PA; QL
sulfacetamide-prednisolone	1	
tetracaine hcl ophthalmic	1	
TYRVAYA	3	PA; QL
VERKAZIA	3	PA; QL
XIIDRA	3	PA; QL
ZYLET	3	
Ophthalmic Anti-allergy Agents		
ALOCRI	3	
altafrin	1	
azelastine hcl ophthalmic	1	
bepotastine besilate	3	ST; QL
cromolyn sodium ophthalmic	1	
CYCLOMYDRIL	3	
epinastine hcl	3	QL
olopatadine hcl ophthalmic solution 0.1 %	3	QL
phenylephrine hcl ophthalmic	1	
UPNEEQ	3	PA
ZERVATE	3	ST; QL
Ophthalmic Anti-inflammatories		
ACULAR	3	
ACULAR LS	3	
ALREX	3	QL

Drug name	Tier	Notes
bromfenac sodium (once-daily)	3	QL
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
difluprednate	3	
EYSUVIS	3	QL
FLAREX	2	
fluorometholone	1	
flurbiprofen sodium	1	
FML FORTE	3	
FML LIQUIFILM	3	
INVELTYS	3	QL
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic suspension	3	QL
MAXIDEX	2	
NEVANAC	3	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	1	
Ophthalmic Antiglaucoma Agents		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
apraclonidine hcl	1	
betaxolol hcl ophthalmic	1	
BETIMOL	3	QL
BETOPTIC-S	3	
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	QL
brinzolamide	2	QL
carteolol hcl	1	
COMBIGAN	2	QL
COSOPT	3	QL
dorzolamide hcl ophthalmic	1	
dorzolamide hcl-timolol mal	2	QL
IOPIDINE	3	
ISTALOL	3	
levobunolol hcl	1	
PHOSPHOLINE IODIDE	2	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
timolol hemihydrate	2	QL
timolol maleate (once-daily)	3	
timolol maleate oculosol	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
timolol maleate ophthalmic	1	
timolol maleate pf	2	
TIMOPTIC OCUDOSE	3	
Ophthalmic Prostaglandin and Prostanamide Analogs		
bimatoprost ophthalmic	2	QL
latanoprost ophthalmic	1	
LUMIGAN	2	QL
tafluprost (pf)	3	ST; QL
travoprost (bak free)	3	QL
XELPROS	3	QL
ZIOPTAN	3	ST; QL
Quinolones		
BESIVANCE	3	
CILOXAN	3	
ciprofloxacin hcl ophthalmic	1	
gatifloxacin ophthalmic	3	
levofloxacin ophthalmic	1	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
Sulfonamides		
sulfacetamide sodium ophthalmic	1	
Otic Agents		
acetic acid otic	1	
CETRAXAL	3	
CIPRO HC	3	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	3	
CORTISPORIN-TC	3	
DERMOTIC	3	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ADVAIR HFA	3	QL
ARNUITY ELLIPTA	1	QL
ASMANEX HFA	3	ST; QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL
budesonide inhalation	1	QL
flunisolide nasal	3	
FLUTICASONE PROPIONATE DISKUS	2	QL
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

Drug name	Tier	Notes
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
QVAR REDIHALER	1	QL
SYMBICORT	3	QL
wixela inhub	3	QL
Antihistamines		
azelastine hcl nasal	2	QL
carbinoxamine maleate oral solution	1	
carbinoxamine maleate oral tablet 4 mg	1	
CARBZAH	2	
clemastine fumarate oral tablet	1	
CLEMSZA	3	
cyproheptadine hcl oral	1	
desloratadine oral tablet	3	ST
diphenhydramine hcl oral elixir	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	QL
olopatadine hcl nasal	3	QL
promethazine-phenylephrine	1	
Antileukotrienes		
ACCOLATE	3	QL
montelukast sodium oral packet	2	QL
montelukast sodium oral tablet	1	QL
montelukast sodium oral tablet chewable	1	QL
SINGULAIR ORAL PACKET	3	QL
zafirlukast	1	QL
zileuton er	3	
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	QL
ipratropium bromide inhalation	1	
ipratropium bromide nasal	1	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
YUPELRI	3	PA; QL
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa	\$0	
albuterol sulfate inhalation	\$0	
albuterol sulfate oral syrup 2 mg/5ml	1	
albuterol sulfate oral tablet	3	PA
arformoterol tartrate	3	QL
AUVI-Q	\$0	QL
BROVANA	3	QL
epinephrine injection solution auto-injector	\$0	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
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	\$0	QL
EPIPEN 2-PAK	\$0	QL
formoterol fumarate inhalation	3	QL
levalbuterol hcl inhalation	3	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
NEFFY	3	QL
PERFOROMIST	3	QL
SEREVENT DISKUS	2	QL
STRIVERDI RESPIMAT	2	QL
terbutaline sulfate oral	1	
XOPENEX HFA	3	
Cystic Fibrosis Agents		
BRONCHITOL	3	PA; ST; QL; SP
BRONCHITOL TOLERANCE TEST	3	PA; ST; QL; SP
CAYSTON	3	PA; ST; QL; SP
KALYDECO	2	PA; QL; SP
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	2	PA; QL; SP
ORKAMBI ORAL PACKET 75-94 MG	2	PA; QL
ORKAMBI ORAL TABLET	2	PA; QL; SP
PULMOZYME	2	PA; QL; SP
SYMDEKO	2	PA; QL; SP
TOBI NEBULIZER	3	PA; QL; SP
TOBI PODHALER	3	PA; QL; SP
tobramycin inhalation nebulization solution 300 mg/4ml	2	PA; QL; SP
TRIKAFTA	2	PA; QL; SP
Mast Cell Stabilizers		
cromolyn sodium inhalation	1	
Phosphodiesterase Inhibitors, Airways Disease		
elixophyllin	3	
OHTUVAYRE	3	PA; QL
roflumilast	2	QL
THEO-24	3	
theophylline er	1	
theophylline oral	1	
Pulmonary Antihypertensives		
ADEMPAS	2	PA; QL; SP
alyq	2	PA; QL; SP
ambrisentan	2	PA; QL; SP
bosentan oral tablet	2	PA; QL; SP
bosentan oral tablet soluble	1	PA; QL; SP
OPSUMIT	2	PA; QL; SP
ORENITRAM	3	PA; QL; SP
ORENITRAM MONTH 1	3	PA; QL; SP
ORENITRAM MONTH 2	3	PA; QL; SP
ORENITRAM MONTH 3	3	PA; QL; SP
sildenafil citrate oral suspension reconstituted	3	PA; QL; SP
sildenafil citrate oral tablet 20 mg	1	QL; SP

Drug name	Tier	Notes
tadalafil (pah)	1	PA; QL; SP
TADLIQ	3	PA; QL; SP
TRACLEER	2	PA; QL; SP
TYVASO	2	PA; QL; SP
TYVASO DPI INSTITUTIONAL KIT	2	PA; QL; SP
TYVASO DPI MAINTENANCE KIT	2	PA; QL; SP
TYVASO DPI TITRATION KIT	2	PA; QL; SP
TYVASO REFILL KIT	2	PA; QL; SP
TYVASO STARTER KIT	2	PA; QL; SP
UPTRAVI ORAL	3	PA; QL; SP
UPTRAVI TITRATION	3	PA; QL; SP
WINREVAIR	3	PA; QL; SP
Pulmonary Fibrosis Agents		
OFEV	3	PA; QL; SP
pirfenidone oral capsule	2	PA; QL; SP
pirfenidone oral tablet 267 mg, 801 mg	2	PA; QL; SP
pirfenidone oral tablet 534 mg	2	PA; QL
Respiratory Tract Agents, Other		
acetylcysteine inhalation	1	
AIRSUPRA	3	
ANORO ELLIPTA	3	QL
benzonatate	1	
BREZTRI AEROSPHERE	3	QL
COMBIVENT RESPIMAT	3	QL
FASENRA PEN	3	PA; SP
guaifenesin-codeine	1	QL
hydrocod poli-chlorphe poli er	3	PA; QL
hydrocodone bit-homatrop mbr	1	PA; QL
hydromet	1	PA; QL
HYPERSAL	2	
ipratropium-albuterol	2	
maxi-tuss ac	1	QL
mometasone furoate nasal	3	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL; SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
ORALAIR	3	PA; QL
ORALAIR ADULT STARTER PACK	3	PA; QL
ORALAIR CHILDRENS STARTER PACK	3	PA
promethazine-codeine oral solution	1	PA; QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
PULMOSAL	2	
sodium chloride inhalation	1	
STIOLTO RESPIMAT	2	QL
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL; SP
TRELEGY ELLIPTA	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
TUXARIN ER	3	PA; QL
Skeletal Muscle Relaxants		
baclofen oral solution 10 mg/5ml	3	PA
baclofen oral solution 5 mg/5ml	3	
baclofen oral suspension	3	PA
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
carisoprodol oral tablet 350 mg	1	QL
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
DANTRIUM ORAL	3	
dantrolene sodium oral	1	
FLEQSUVY	3	PA
metaxalone oral tablet 400 mg, 800 mg	3	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	2	
OZOBAX DS	3	PA
TANLOR	3	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
ZANAFLEX ORAL TABLET	3	
Sleep Disorder Agents		
GABA Receptor Modulators		
eszopiclone	2	QL
flurazepam hcl	1	QL
HALCION	3	QL
RESTORIL	3	QL
temazepam	1	QL
triazolam	1	QL
zaleplon	1	QL
zolpidem tartrate er	2	QL
zolpidem tartrate oral tablet	1	QL
Sleep Disorders, Other		
BELSOMRA	3	ST; QL
DAYVIGO	3	ST; QL
HETLIOZ	3	PA; QL; SP
HETLIOZ LQ	3	PA; QL; SP
ramelteon	3	ST; QL
tasimelteon	3	PA; QL; SP
Wakefulness Promoting Agents		
armodafinil	2	QL
LUMRYZ	3	PA; QL; SP
LUMRYZ STARTER PACK	3	PA; QL; SP
modafinil oral	2	QL
SODIUM OXYBATE	3	PA; QL; SP
SUNOSI	2	PA; QL
WAKIX	3	PA; QL; SP
XYWAV	3	PA; QL; SP

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	19	ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT.....	22	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	42
abacavir sulfate-lamivudine.....	19	AEROCHAMBER2GO ANTI-STATIC....	40	ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT.....	22
abigale	33	AEROCHAMBER HOLDING CHAMBER	40	ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT.....	22
abigale lo.....	33	AEROCHAMBER PLS FLOVU MTHPIECE	40	alprazolam er	20
abiraterone acetate tablet 250 mg oral	15	AEROCHAMBER PLUS FLO-VU INTERM	40	alprazolam intensol	20
ABRYSVO.....	38	AEROCHAMBER PLUS FLO-VU LARGE DEVICE.....	40	alprazolam oral	20
acamprosate calcium.....	10	AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	40	alprazolam xr.....	20
acarbose oral.....	21	AEROCHAMBER PLUS FLO-VU SMALL DEVICE	40	ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT.....	22
ACCOLATE	43	afirmelle.....	33	ALREX	42
ACCU-CHEK GUIDE.....	20	AFLURIA.....	38	ALTACAINE.....	42
ACCU-CHEK GUIDE KIT W/DEVICE....	20	AFLURIA PRESERVATIVE FREE	38	altafrin	42
ACCU-CHEK GUIDE TEST STRIPS	20	AFSTYLA INTRAVENOUS KIT 250 UNIT	22	altavera.....	33
ACCURETIC	24	aftera.....	36	ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT.....	23
accutane	27	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	14	ALUNBRIG.....	16
acebutolol hcl oral	24	AIRSUPRA	44	ALVAIZ.....	22
acetaminophen-codeine oral solution 120-12 mg/5ml	9	AKEEGA	15	alvimopan	29
acetaminophen-codeine oral tablet....	9	AKLIEF	27	alyacen 1/35	33
acetazolamide er	25	AKTEN.....	42	alyacen 7/7/7.....	33
acetazolamide oral	25	AKYNZEO ORAL.....	14	alyq.....	44
acetic acid otic.....	43	ALA SCALP	32	amantadine hcl oral.....	17
acetylcysteine inhalation.....	44	albendazole oral	17	ambrisentan	44
acitretin	27	albuterol sulfate hfa	43	amcinonide external cream	32
ACTEMRA ACTPEN.....	37	albuterol sulfate inhalation.....	43	amcinonide external ointment.....	32
ACTEMRA SUBCUTANEOUS	37	albuterol sulfate oral syrup 2 mg/5ml.	43	AMELUZ	15
ACTHAR	33	albuterol sulfate oral tablet.....	43	amethyst.....	33
ACTHAR GEL	33	ALCAINE	42	amiloride hcl oral	25
ACTHIB.....	38	alclometasone dipropionate	32	amiloride-hydrochlorothiazide.....	24
ACTIMMUNE.....	37	ALECENSA	16	aminocaproic acid oral	23
ACTIVEVILLA.....	33	alendronate sodium oral solution	39	amiodarone hcl oral	24
ACTOPLUS MET.....	21	alendronate sodium oral tablet	39	amitriptyline hcl oral.....	13
ACULAR	42	alfuzosin hcl er	31	AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS.....	37
ACULAR LS.....	42	ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/3ML.....	22	AMJEVITA SOLUTION AUTO- INJECTOR 40 MG/0.4ML SUBCUTANEOUS.....	37
acyclovir external ointment	20	aliskiren fumarate.....	24	AMJEVITA SOLUTION AUTO- INJECTOR 80 MG/0.8ML SUBCUTANEOUS.....	37
acyclovir oral capsule.....	20	allopurinol oral tablet 100 mg, 300 mg	14	AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS.....	37
acyclovir oral suspension 200 mg/5ml	20	almotriptan malate	14	amlodipine besylate-benazepril hcl....	24
acyclovir oral tablet.....	20	ALOCRIL	42	amlodipine besylate oral	24
ADACEL	38	ALOGLIPTIN BENZOATE.....	21	amlodipine besylate-valsartan	24
ADALIMUMAB-ADAZ	37	ALOGLIPTIN-METFORMIN HCL.....	21	amnestem	27
adapalene-benzoyl peroxide external gel	27	ALOGLIPTIN-PIOGLITAZONE.....	21	amoxapine	13
ADBRY.....	27	ALORA.....	33		
ADDYI	27	alosetron hcl	30		
adefovir dipivoxil.....	18	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	42		
ADEMPAS	44				
ADMELOG SOLOSTAR	22				
ADVAIR HFA	43				
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 2000 UNIT, 250 UNIT.....	22				
ADVOCATE SAFETY LANCETS 21G....	20				
ADVOCATE SAFETY LANCETS 23G....	20				
ADVOCATE SAFETY LANCETS 28G ...	20				

amoxicillin.....	11	aspirin childrens	9	AVMAPKI FAKZYNJA CO-PACK.....	16
amoxicillin-potassium clavulanate.....	11	aspirin-dipyridamole er.....	23	AVONEX PEN.....	27
amphetamine-dextroamphetamine..	26	aspirin ec adult low dose	9	AVONEX PREFILLED.....	27
amphetamine-dextroamphetamine er26		aspirin ec low dose.....	9	ayuna.....	34
AMPHETAMINE ER.....	26	aspirin ec low strength.....	9	AYVAKIT.....	16
amphetamine sulfate.....	26	aspirin low dose.....	9	AZASAN.....	37
amphet-dextroamphet 3-bead er	26	aspirin oral tablet chewable	9	AZASITE.....	42
ampicillin.....	11	aspirin oral tablet delayed release 81		azathioprine oral tablet 50 mg.....	37
AMZEEQ.....	27	mg.....	9	azathioprine oral tablet 100 mg, 75 mg37	
anagrelide hcl.....	22	aspirin regimen	9	azelaic acid external	27
ANALPRAM HC EXTERNAL CREAM		ASSURE ID DUO PRO PEN NEEDLES..	40	azelastine hcl nasal	43
1-1 %.....	39	ASSURE ID PRO PEN NEEDLES.....	40	azelastine hcl ophthalmic	42
ANALPRAM HC EXTERNAL LOTION...	39	ATABEX OB	29	AZELEX.....	27
anastrozole oral.....	16	atazanavir sulfate	19	azithromycin oral	11
ANCOBON	14	atenolol-chlorthalidone	24	AZSTARYS	26
ANGELIQ.....	33	atenolol oral.....	24	AZULFIDINE	39
ANNOVERA.....	33	atomoxetine hcl	26	AZULFIDINE EN-TABS	39
ANORO ELLIPTA.....	44	ATORVALIQ	25	azurette	34
ANUCORT-HC.....	39	atorvastatin calcium oral tablet 10		bac (butalbital-acetamin-caff).....	9
ANUSOL-HC EXTERNAL	39	mg, 20 mg.....	25	bacitracin ophthalmic	41
ANUSOL-HC RECTAL	39	atorvastatin calcium oral tablet 40		bacitracin-polymyxin b	41
ANZEMET	14	mg, 80 mg.....	25	bacitra-neomycin-polymyxin-hc.....	41
apap-caff-dihydrocodeine	9	atovaquone	17	baclofen oral solution 5 mg/5ml.....	45
APIDRA VIAL	22	atovaquone-proguanil hcl.....	17	baclofen oral solution 10 mg/5ml.....	45
APOKYN.....	17	atropine sulfate ophthalmic solution		baclofen oral suspension.....	45
apomorphine hcl subcutaneous	17	1 %.....	42	baclofen oral tablet 10 mg, 20 mg, 5	
apraclonidine hcl	42	ATROVENT HFA	43	mg.....	45
aprepitant.....	14	ATTRUBY	24	BACTRIM.....	11
apri	33	aubra eq.....	33	BACTRIM DS	11
APRISO	39	AUGTYRO	16	BAFIERTAM	27
APTIOM	12	AUM INSULIN SAFETY PEN NEEDLE		balsalazide disodium	39
APTIVUS.....	19	31G X 4 MM.....	40	BALVERSA	16
AQINJECT PEN NEEDLE.....	40	AUM MINI INSULIN PEN NEEDLE		balziva.....	34
AQ INSULIN SYRINGE	40	32G X 4 MM , 32G X 6 MM , 32G X 8		BANZEL	12
AQNEURSA.....	40	MM , 33G X 4 MM , 33G X 5 MM , 33G		BAQSIMI ONE PACK	21
ARAKODA	17	X 6 MM	40	BAQSIMI TWO PACK	21
aranelle.....	33	AUM PEN NEEDLE 33G X 4 MM , 33G		BARACLUDE ORAL SOLUTION	18
ARANESP (ALBUMIN FREE)	22	X 5 MM , 33G X 6 MM.....	40	BAXDELA ORAL	11
ARCALYST	37	AUM READYGARD DUO PEN NEEDLE..	40	BD AUTOSHIELD DUO PEN NEEDLES..	40
AREXVY.....	38	AUM SAFETY PEN NEEDLE	40	BD PEN NEEDLE MICRO ULTRAFINE..	40
arformoterol tartrate	43	aurovela 1.5/30.....	34	BD PEN NEEDLE MINI ULTRAFINE	40
ARIKAYCE	10	aurovela 1/20	34	BD PEN NEEDLE NANO ULTRAFINE....	40
aripiprazole oral solution	18	aurovela 24 fe	34	BD PEN NEEDLE ORIG ULTRAFINE ...	40
aripiprazole oral tablet.....	18	aurovela fe 1.5/30.....	34	BD PEN NEEDLE SHORT ULTRAFINE..	40
aripiprazole oral tablet dispersible....	18	aurovela fe 1/20.....	34	BD SHARPS COLLECTOR.....	40
armodafinil.....	45	AUSTEDO.....	27	BD ULTRA-FINE INSULIN SYRINGES	
ARMOUR THYROID	36	AUSTEDO XR.....	27	29G X 1/2" 0.3 ML, 30G X 1/2" 0.3 ML,	
ARNUITY ELLIPTA	43	AUSTEDO XR PATIENT TITRATION....	27	30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML,	
ascomp-codeine.....	9	AUTOLET LANCING DEVICE	20	31G X 15/64" 0.3 ML, 31G X 5/16" 0.3	
asenapine maleate	18	AUTOLET LITE LANCING DEVICE	20	ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1	
ashlyna	33	AUVELITY	13	ML, 31G X 6MM 0.5 ML.....	40
ASMANEX HFA	43	AUVI-Q	43	BD ULTRA-FINE PEN NEEDLES.....	40
aspirin 81 oral tablet delayed release ...	9	avanafil.....	31	BD VEO INSULIN SYR ULTRAFINE....	40
aspirin adult low dose.....	9	AVERI.....	34	BELBUCA.....	9
aspirin adult low strength	9	aviane	34	BELSOMRA.....	45
		AVIDOXY	11	benazepril hcl oral	23

benazepril-hydrochlorothiazide.....	24	bis subcit-metronid-tetracyc.....	29	BUTALBITAL-APAP-CAFFEINE ORAL SOLUTION	9
BENEFIX INTRAVENOUS KIT 250 UNIT23		blisovi 24 fe.....	34	butalbital-apap-caffeine oral tablet	9
BENLYSTA SUBCUTANEOUS.....	37	blisovi fe 1.5/30	34	butalbital-asa-caff-codeine.....	9
BENZAMYCIN	27	blisovi fe 1/20	34	butalbital-aspirin-caffeine	9
BENZNIDAZOLE	17	BONSITY	39	butorphanol tartrate nasal	9
benzonatate	44	BOOSTRIX.....	38	BYLVAY	27
benzoyl peroxide-erythromycin.....	27	bosentan oral tablet.....	44	BYLVAY (PELLETS)	27
benztropine mesylate oral.....	17	bosentan oral tablet soluble.....	44	cabergoline	33
bepotastine besilate.....	42	BOSULIF	16	CABLIVI.....	23
BERINERT	37	BRAFTOVI.....	16	CABOMETYX.....	16
BESIVANCE.....	43	BREATHE COMFORT CHAMBER/ ADULT	40	caffeine citrate oral	27
BESREMI	15	BREATHE COMFORT CHAMBER/ CHILD	40	calcipotriene external cream.....	27
BETADINE OPHTHALMIC PREP	41	BRENZAVVY.....	21	calcipotriene external ointment	27
betaine	31	BREO ELLIPTA	43	calcipotriene external solution.....	27
betamethasone dipropionate aug external cream.....	32	BREXAFEMME.....	14	calcitonin (salmon) injection.....	39
betamethasone dipropionate aug external gel	32	BREZTRI AEROSPHERE	44	calcitonin (salmon) nasal.....	39
betamethasone dipropionate aug external lotion	32	briellyn	34	CALCITRENE.....	27
betamethasone dipropionate aug external ointment.....	32	BRILINTA.....	23	calcitriol external	27
betamethasone dipropionate external cream.....	32	brimonidine tartrate external	27	calcitriol oral	39
betamethasone dipropionate external lotion	32	brimonidine tartrate ophthalmic solution 0.2 %	42	calcium acetate oral tablet 667 mg...	29
betamethasone dipropionate external ointment.....	32	brimonidine tartrate ophthalmic solution 0.15 %	42	calcium acetate (phos binder)	29
betamethasone valerate external cream	32	brinzolamide.....	42	CALQUENCE	16
betamethasone valerate external lotion	32	BRIVIACT ORAL.....	12	camila	36
betamethasone valerate external ointment.....	32	bromfenac sodium (once-daily)	42	camrese.....	34
BETAPACE AF	24	bromocriptine mesylate oral	17	camrese lo	34
BETASERON.....	27	BRONCHITOL	44	CAMZYOS	24
betaxolol hcl ophthalmic.....	42	BRONCHITOL TOLERANCE TEST	44	candesartan cilexetil.....	23
betaxolol hcl oral.....	24	BROVANA.....	43	candesartan cilexetil-hctz.....	24
bethanechol chloride oral	31	BRUKINSA ORAL CAPSULE.....	16	capecitabine	15
BETIMOL.....	42	budesonide inhalation.....	43	CAPLYTA.....	18
BETOPTIC-S.....	42	budesonide oral.....	39	CAPRELSA.....	16
BEVESPI AEROSPHERE.....	43	budesonide rectal	39	captopril-hydrochlorothiazide	24
bexarotene external	17	bumetanide oral	25	captopril oral.....	23
bexarotene oral	17	BUMEX	25	CAPVAXIVE.....	38
BEXSERO.....	38	buprenorphine.....	9	carbamazepine er.....	12
BEYFORTUS.....	38	buprenorphine hcl-naloxone hcl.....	10	carbamazepine oral suspension 100 mg/5ml.....	12
bicalutamide.....	15	buprenorphine hcl sublingual	10	carbamazepine oral tablet	12
BIJUVA	34	bupropion hcl er (smoking det)	10	carbamazepine oral tablet chewable ..	12
BIKTARVY	18	bupropion hcl er (sr).....	13	CARBATROL.....	12
BILTRICIDE.....	17	bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg.....	13	carbidopa-levodopa	17
bimatoprost ophthalmic	43	bupropion hcl oral	13	carbidopa-levodopa-entacapone.....	17
BIMZELX	27	buspirone hcl oral.....	20	carbidopa-levodopa er	17
bisacodyl ec.....	30	butalbital-acetaminophen oral tablet 50-325 mg	9	carbidopa oral	17
bismuth/metronidaz/tetracyclin.....	29	butalbital-apap-caff-cod oral capsule 50-325-40-30 mg.....	9	carbinoxamine maleate oral solution .	43
bisoprolol fumarate oral tablet 10 mg, 5 mg	24	butalbital-apap-caffeine oral capsule 50-300-40 mg	9	carbinoxamine maleate oral tablet 4 mg.....	43
bisoprolol-hydrochlorothiazide	24	butalbital-apap-caffeine oral capsule 50-325-40 mg	9	CARBZAH.....	43
				CARDURA	23
				CARDURA XL.....	31
				CARESENS LANCETS 30G.....	20
				CARETOUCH LANCING/EJECTOR.....	20
				carglumic acid	28
				carisoprodol oral tablet 350 mg.....	45

CARNITOR ORAL.....	28	ciclopirox external shampoo.....	14	clobazam oral suspension 2.5 mg/ml ..	12
CARNITOR SF.....	28	ciclopirox external solution.....	14	clobazam oral tablet.....	12
CAROSPIR.....	25	ciclopirox olamine external.....	14	clobetasol propionate e.....	32
carteolol hcl.....	42	cilostazol.....	23	clobetasol propionate external	
cartia xt.....	24	CILOXAN.....	43	cream 0.05 %.....	32
carvedilol.....	24	CIMDUO.....	19	clobetasol propionate external gel....	32
CASODEX.....	15	cimetidine hcl.....	30	clobetasol propionate external liquid.	32
CAVERJECT.....	31	cimetidine oral.....	30	clobetasol propionate external	
CAVERJECT IMPULSE.....	31	CIMZIA (2 SYRINGE).....	37	ointment.....	32
CAYA.....	40	CIMZIA-STARTER.....	37	clobetasol propionate external	
CAYSTON.....	44	cinacalcet hcl.....	39	solution.....	32
cefaclor.....	11	CIPRO.....	11	clocortolone pivalate.....	32
cefaclor er.....	11	ciprofloxacin-dexamethasone.....	43	CLOMID.....	33
cefadroxil.....	11	ciprofloxacin hcl ophthalmic.....	43	clomiphene citrate oral.....	33
cefdinir.....	11	ciprofloxacin hcl oral.....	11	clomipramine hcl oral.....	13
cefixime.....	11	ciprofloxacin hcl otic.....	43	clonazepam oral.....	20
cefpodoxime proxetil.....	11	CIPRO HC.....	43	clonidine.....	23
cefprozil.....	11	citalopram hydrobromide oral		clonidine hcl er.....	26
cefuroxime axetil.....	11	solution 10 mg/5ml.....	13	clonidine hcl oral.....	23
celecoxib oral.....	9	citalopram hydrobromide oral tablet ..	13	clopidogrel bisulfate oral.....	23
CELONTIN.....	12	citroma.....	30	clorazepate dipotassium.....	20
cephalexin.....	11	claravis.....	27	clotrimazole-betamethasone	
CEQUR SIMPLICITY 2U 10PK.....	20	clarithromycin er.....	11	external cream.....	14
CERDELGA.....	31	clarithromycin oral suspension		clotrimazole-betamethasone	
CERVIDIL.....	33	reconstituted.....	11	external lotion.....	14
CETRAXAL.....	43	clarithromycin oral tablet.....	11	clotrimazole mouth/throat.....	14
CETROTIDE.....	37	clearax.....	30	clozapine oral tablet.....	18
cevimeline hcl.....	27	clemastine fumarate oral tablet.....	43	clozapine oral tablet dispersible.....	18
charlotte 24 fe.....	34	CLEMSZA.....	43	CLOZARIL.....	18
chateal eq.....	34	CLENPIQ.....	30	COAGADEX INTRAVENOUS	
CHEMET.....	28	CLEOCIN ORAL CAPSULE 75 MG.....	10	SOLUTION RECONSTITUTED 250	
CHEMSTRIP K.....	20	CLEOCIN ORAL CAPSULE 150 MG,		UNIT.....	23
CHEMSTRIP UGK.....	20	300 MG.....	10	COARTEM.....	17
CHENODAL.....	29	CLEOCIN ORAL SOLUTION		COBENFY.....	18
chlordiazepoxide-amitriptyline.....	13	RECONSTITUTED.....	10	COBENFY STARTER PACK.....	18
chlordiazepoxide-clidinium.....	29	CLEOCIN-T.....	27	codeine sulfate.....	9
chlordiazepoxide hcl.....	20	CLEOCIN VAGINAL CREAM.....	10	colchicine oral.....	14
chlorhexidine gluconate mouth/		CLEOCIN VAGINAL SUPPOSITORY.....	10	colchicine-probenecid.....	14
throat.....	27	CLEVER CHOICE COMFORT EZ.....	20	colesevelam hcl.....	26
chloroquine phosphate oral.....	17	CLIMARA PRO.....	34	COLESTID.....	26
chlorpromazine hcl oral concentrate ..	18	clindacin.....	27	colestipol hcl.....	26
chlorpromazine hcl oral tablet.....	18	CLINDACIN ETZ EXTERNAL KIT.....	27	colistimethate sodium (cba).....	11
chlorthalidone.....	25	clindacin etz external swab.....	27	COLY-MYCIN M.....	11
chlorzoxazone oral tablet 500 mg.....	45	clindacin-p.....	27	COMBIGAN.....	42
CHOLBAM.....	31	clindamycin hcl oral.....	10	COMBIPATCH.....	34
cholestyramine light.....	26	clindamycin palmitate hcl.....	10	COMBIVENT RESPIMAT.....	44
cholestyramine oral.....	26	clindamycin phos-benzoyl perox		COMETRIQ.....	16
CHORIONIC GONADOTROPIN		external gel 1.2-5 %.....	27	COMFORT EZ PRO PEN NEEDLES.....	40
INTRAMUSCULAR.....	33	clindamycin phosphate external foam		COMFORT TOUCH TWIST LANCET	
CHOSEN LANCETS 30G.....	20	clindamycin phosphate external lotion		30G.....	20
CHOSEN LANCING DEVICE.....	20	clindamycin phosphate external		COMIRNATY.....	38
CHOSEN SAFETY LANCETS 28G.....	20	solution.....	28	COMIRNATY 5-11 YEARS.....	38
CIBINQO.....	27	clindamycin phosphate external swab		COMPLERA.....	18
ciclodan.....	14	clindamycin phosphate vaginal.....	11	CONDOMS.....	40
ciclopirox external gel.....	14	clindamycin phos (twice-daily).....	27	CONDYLOX.....	28
		CLINDESSE.....	11	constulose.....	30

CONTOUR NEXT EZ KIT W/DEVICE ...	20	cyproheptadine hcl oral	43	DESMOPRESSIN ACETATE NASAL	33
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	20	cyred eq	34	desmopressin acetate oral	33
CONTOUR NEXT GEN TEST STRIPS ...	20	CYSTADANE	31	desmopressin acetate pf	33
CONTOUR NEXT MONITOR KIT W/ DEVICE	20	CYSTADROPS	42	desmopressin acetate spray	33
CONTOUR NEXT ONE KIT	20	CYSTAGON	31	desogestrel-ethinyl estradiol	34
CONTOUR NEXT ONE KIT W/DEVICE ..	20	CYSTARAN	42	desonide external cream	32
CONTOUR PLUS BLUE KIT W/DEVICE ..	20	CYTOTEC	31	desonide external gel	32
CONTOUR PLUS TEST STRIP	20	dabigatran etexilate mesylate	22	desonide external lotion	32
COPIKTRA	15	dalfampridine er	27	desonide external ointment	32
CORDRAN	32	danazol oral	33	desoximetasone external cream	32
CORIFACT	23	DANTRIUM ORAL	45	desoximetasone external gel	32
CORLANOR	24	dantrolene sodium oral	45	desoximetasone external ointment ..	32
CORTEF	32	dapsone external	28	desvenlafaxine succinate er	13
CORTENEMA	39	dapsone oral	15	dexamethasone intensol	32
CORTIFOAM	39	DAPTACEL	38	dexamethasone oral elixir	32
CORTISPORIN-TC	43	DARAPRIM	17	dexamethasone oral solution	32
CORTROPHIN	33	darifenacin hydrobromide er	31	dexamethasone oral tablet	32
CORTROSYN	40	darunavir	19	dexamethasone oral tablet therapy pack	32
COSENTYX 150 MG/ML SUBCUTANEOUS	28	dasatinib	16	dexamethasone sodium phosphate ophthalmic	42
COSENTYX (300 MG DOSE)	28	dasetta 1/35 (28)	34	DEXCOM G6 RECEIVER	20
COSENTYX SENSOREADY (300 MG) ..	28	dasetta 7/7/7	34	DEXCOM G6 SENSOR	20
COSENTYX SENSOREADY PEN	28	DAURISMO	16	DEXCOM G6 TRANSMITTER	20
COSENTYX UNOREADY	28	DAYBUE	27	DEXCOM G7 15 DAY SENSOR	20
COSOPT	42	daysee	34	DEXCOM G7 RECEIVER	20
cosyntropin	40	DAYVIGO	45	DEXCOM G7 SENSOR	20
COTELLIC	16	deblitane	36	dexmethylphenidate hcl	26
CRENESSITY	33	deferasirox	28	dexmethylphenidate hcl er	26
CREON	31	deferasirox granules	29	dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	26
CRESEMBA ORAL	14	deferiprone	29	dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	26
CREXONT	17	DELESTROGEN	34	dextroamphetamine sulfate oral solution	26
CRINONE	36	DELSTRIGO	18	dextroamphetamine sulfate oral tablet 10 mg, 5 mg	26
cromolyn sodium inhalation	44	delyla	34	DIACOMIT	12
cromolyn sodium ophthalmic	42	demeclocycline hcl	11	DIASTIX REAGENT	20
cromolyn sodium oral	29	DEMSEER	24	diazepam intensol	20
CROTAN	17	DENGVAIXA	38	diazepam oral concentrate	20
cryselle-28	34	DEPAKOTE	20	diazepam oral solution	20
CUVPOSA	29	DEPAKOTE ER	20	diazepam oral tablet	20
cyanocobalamin injection solution 1000 mcg/ml	29	DEPAKOTE SPRINKLES	20	diazepam rectal	12
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	29	DEPEN TITRATABS	31	diazoxide oral	21
cyanocobalamin nasal	29	DEPO-ESTRADIOL	34	dichlorphenamide	25
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	45	DEPO-PROVERA INTRAMUSCULAR SUSPENSION	36	diclofenac-misoprostol	9
CYCLOGYL	42	DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ..	36	diclofenac potassium oral tablet 50 mg	9
CYCLOMYDRIL	42	DEPO-SUBQ PROVERA 104	36	diclofenac sodium er	9
cyclopentolate hcl ophthalmic	42	DEPO-TESTOSTERONE	33	diclofenac sodium external gel 3 % ..	15
cyclophosphamide oral capsule	15	DERMA-SMOOTH/FS BODY	32	diclofenac sodium ophthalmic	42
CYCLOPHOSPHAMIDE ORAL TABLET ..	15	DERMA-SMOOTH/FS SCALP	32	diclofenac sodium oral	9
cycloserine oral	15	DERMOTIC	43	dicloxacillin sodium	11
CYCLOSET	21	DESCOVY ORAL TABLET 120-15 MG ..	19	dicyclomine hcl oral capsule	29
cyclosporine modified	37	DESCOVY ORAL TABLET 200-25 MG ..	19		
cyclosporine oral	37	desipramine hcl oral	13		
		desloratadine oral tablet	43		
		desmopressin ace spray refrig	33		
		desmopressin acetate injection	33		

dicyclomine hcl oral solution 10 mg/5ml.....	29	doxycycline hyclate oral tablet 20 mg ..12	ELMIRON.....	31		
dicyclomine hcl oral tablet 20 mg.....	29	doxycycline hyclate oral tablet 100 mg 11	ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT.....	23		
DIFICID	11	doxycycline monohydrate oral capsule 100 mg, 50 mg	12	eltrombopag olamine oral packet	22	
diflorasone diacetate external cream ..	32	doxycycline monohydrate oral suspension reconstituted	12	eluryng	34	
diflunisal oral.....	9	doxycycline monohydrate oral tablet ..12	DRISDOL	29	EMBECTA AUTOSHIELD DUO	40
difluprednate	42	DRISDOL	29	EMBECTA INS SYR U/F 1/2 UNIT	40	
digoxin oral.....	24	DRIZALMA SPRINKLE.....	13	EMBECTA INSULIN SYRINGE.....	40	
dihydroergotamine mesylate injection 14		dronabinol	14	EMBECTA INSULIN SYRINGE U-100 ..	40	
dihydroergotamine mesylate nasal ...	14	DROPLET MICRON	40	EMBECTA INSULIN SYRINGE U-500 ..	40	
DILANTIN	12	DROPSAFE ACTI-LANCE 23G	20	EMBECTA INSULIN SYR ULTRAFINE ..	40	
DILANTIN-125	12	DROPSAFE SAFETY SYRINGE/NEEDLE	40	EMBECTA PEN NEEDLE NANO	40	
DILANTIN INFATABS.....	12	drospiren-eth estrad-levomefol.....	34	EMBECTA PEN NEEDLE NANO 2 GEN. 40		
diltiazem hcl er beads	24	drospirenone-ethinyl estradiol	34	EMBECTA PEN NEEDLE ULTRAFINE ..	40	
diltiazem hcl er coated beads	24	DROXIA.....	15	EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM.....	40	
diltiazem hcl er oral capsule extended release 12 hour.....	24	droxidopa	24	EMEND ORAL	14	
diltiazem hcl er oral capsule extended release 24 hour.....	24	DUAVEE	34	EMGALITY	14	
diltiazem hcl er oral tablet extended release 24 hour.....	24	DUETACT.....	21	EMPAVELI	22	
diltiazem hcl oral.....	24	duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg 13		EMSAM	13	
dilt-xr.....	24	DUOPA	17	emtricitabine	19	
dimethyl fumarate oral	27	DUPIXENT.....	28	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	19	
dimethyl fumarate starter pack.....	27	DUREX EXTRA SENSITIVE THIN.....	40	emtricitabine-tenofovir df oral tablet 200-300 mg	19	
DIPENTUM	39	DUREX TROPICAL	40	emtricitab- rilpivir-tenofov df.....	18	
diphenhydramine hcl oral elixir	43	dutasteride oral.....	31	EMTRIVA ORAL CAPSULE	19	
diphenoxylate-atropine	29	DUVYZAT	31	EMTRIVA ORAL SOLUTION	19	
DIPROLENE	32	EASIVENT	40	EMVERM	17	
dipyridamole oral	23	EASY COMFORT SHARPS CONTAINER 40		emzahn.....	36	
disopyramide phosphate	24	EBGLYSS	28	enalapril-hydrochlorothiazide.....	24	
disulfiram oral.....	10	econazole nitrate external cream	14	enalapril maleate oral solution	23	
DIURIL	25	econtra one-step	36	enalapril maleate oral tablet	23	
divalproex sodium er	20	EDEX	31	ENBRACE HR.....	29	
divalproex sodium oral capsule delayed release sprinkle	20	EDURANT	18	ENBREL	37	
divalproex sodium oral tablet delayed release	20	EDURANT PED	18	ENBREL MINI	37	
DIVIGEL.....	34	E.E.S. GRANULES.....	11	ENBREL SURECLICK.....	37	
dofetilide.....	24	efavirenz	18	ENCARE	31	
DOJOLVI.....	40	efavirenz-emtricitab-tenofo df	18	ENDARI.....	40	
dolishale.....	34	efavirenz-lamivudine-tenofovir	18	endocet	9	
donepezil hcl oral tablet 10 mg, 5 mg ..13		EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	28	ENDOMETRIN.....	36	
donepezil hcl oral tablet 23 mg.....	13	effer-k oral tablet effervescent 25 meq	28	ENFLONSIA	38	
donepezil hcl oral tablet dispersible ..13		EGATEN	17	ENGERIX-B.....	38	
DOPTELET	22	EGRIFTA SV	33	enilloring	34	
dorzolamide hcl ophthalmic	42	EGRIFTA WR.....	33	ENLITE GLUCOSE SENSOR	20	
dorzolamide hcl-timolol mal	42	ELESTRIN	34	enoxaparin sodium	22	
dotti	34	eletriptan hydrobromide	14	enpresse-28.....	34	
DOVATO	18	ELIMITE	17	enskyce.....	34	
doxazosin mesylate oral	23	elinest	34	ENSPRYNG	38	
doxepin hcl external	28	ELIQUIS DVT/PE STARTER PACK	22	ENSTILAR	28	
doxepin hcl oral capsule	13	ELIQUIS ORAL TABLET	22	entacapone	17	
doxepin hcl oral concentrate.....	13	ELITE-OB.....	29	entecavir	18	
doxercalciferol oral	39	elixophyllin	44	ENTRESTO	24	
doxycycline hyclate oral capsule	11	ELLA.....	36			

ENTYVIO PEN.....	38	ESTRING.....	34	FEMRING.....	34
enulose.....	30	ESTROGEL.....	34	fenofibrate micronized.....	25
EPANED.....	23	eszopiclone.....	45	fenofibrate oral capsule 134 mg, 200 mg, 67 mg.....	25
EPCLUSA.....	18	ethacrynic acid.....	25	fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg.....	25
EPIDIOLEX.....	12	ethambutol hcl oral.....	15	fenofibric acid oral capsule delayed release.....	25
EPIFOAM.....	28	ethosuximide oral.....	12	fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr.....	9
epinastine hcl.....	42	ethynodiol diac-eth estradiol.....	34	FERRIPROX ORAL SOLUTION.....	29
epinephrine injection solution auto-injector.....	43	etodolac.....	9	FERRIPROX ORAL TABLET.....	29
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML.....	44	etodolac er.....	9	FERRIPROX TWICE-A-DAY.....	29
EPIPEN 2-PAK.....	44	etonogestrel-ethinyl estradiol.....	34	fesoterodine fumarate er.....	31
EPIVIR.....	19	etoposide oral.....	16	FETZIMA.....	13
eplerenone.....	25	etravirine.....	18	FETZIMA TITRATION.....	13
EQUETRO.....	20	EUCRISA.....	28	FIASP FLEXTOUCH.....	22
ergocalciferol oral capsule.....	29	EVAMIST.....	34	fidaxomicin.....	11
ERGOMAR.....	14	everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg.....	37	FILSPARI.....	31
ergotamine-caffeine.....	14	everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg.....	16	FILSUVEZ.....	28
ERIVEDGE.....	16	everolimus oral tablet soluble.....	16	FINACEA EXTERNAL FOAM.....	28
ERLEADA.....	15	EVERSENSE 365 SENSOR/HOLDER... ..	20	finasteride oral tablet 5 mg.....	31
erlotinib hcl.....	16	EVERSENSE 365 SMART TRANSMIT... ..	20	fin golimod hcl.....	27
ERMEZA.....	36	EVERSENSE SENSOR/HOLDER.....	20	FINTEPLA.....	12
errin.....	36	EVERSENSE SMART TRANSMITTER... ..	20	finzala.....	34
ery pad 2%.....	28	EVOTAZ.....	19	FIORICET.....	10
ERYPED 400.....	11	EVRYSDI.....	31	FIRDAPSE.....	40
erythromycin base oral capsule delayed release particles.....	11	EXELDERM.....	14	FIRMAGON.....	37
erythromycin base oral tablet.....	11	exemestane.....	16	FIRMAGON (240 MG DOSE).....	37
erythromycin base oral tablet delayed release.....	11	EXENATIDE.....	21	FIRVANQ.....	11
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml11		EYSUVIS.....	42	FLAREX.....	42
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml11		EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 5 MG.....	25	flavoxate hcl.....	31
erythromycin external.....	28	EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 20 MG, 40 MG.....	25	flecainide acetate.....	24
erythromycin ophthalmic.....	42	ezetimibe.....	26	FLEQSUVY.....	45
erythromycin oral.....	11	ezetimibe-simvastatin.....	26	FLEXICHAMBER.....	40
escitalopram oxalate oral solution 5 mg/5ml.....	13	FABHALTA.....	22	FLEXICHAMBER ADULT MASK/SMALL40	
escitalopram oxalate oral tablet.....	13	falmina.....	34	FLEXICHAMBER CHILD MASK/LARGE40	
eslicarbazepine acetate.....	12	famciclovir oral.....	20	FLEXICHAMBER CHILD MASK/SMALL40	
esomeprazole magnesium oral packet31		famotidine oral suspension reconstituted.....	30	FLOLIPID.....	25
estarylla.....	34	FANAPT.....	18	FLORIVA PLUS.....	29
estazolam.....	20	FANAPT TITRATION PACK A.....	18	FLUAD.....	38
estradiol-norethindrone acet oral tablet 0.5-0.1 mg.....	34	FANAPT TITRATION PACK B.....	18	FLUARIX.....	38
estradiol-norethindrone acet oral tablet 1-0.5 mg.....	34	FANAPT TITRATION PACK C.....	18	FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE... ..	38
estradiol oral.....	34	FASENRA PEN.....	44	fluconazole oral.....	14
estradiol transdermal gel.....	34	FC2 FEMALE CONDOM.....	40	flucytosine oral.....	14
estradiol transdermal patch twice weekly.....	34	febuxostat.....	14	fludrocortisone acetate oral.....	32
estradiol transdermal patch weekly... ..	34	FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT.....	23	FLULAVAL.....	38
estradiol vaginal cream.....	34	feirza 1.5/30.....	34	FLUMIST.....	38
estradiol vaginal tablet.....	34	feirza 1/20.....	34	flunisolide nasal.....	43
estradiol valerate intramuscular.....	34	felbamate.....	12	fluocinolone acetonide body.....	32
		FELBATOL.....	12	fluocinolone acetonide external cream.....	32
		felodipine er.....	24	fluocinolone acetonide external ointment.....	32
		FEMCAP.....	40		
		FEMLYV.....	34		

fluocinolone acetonide external solution.....	32	fosfomycin tromethamine	11	generlac.....	30
fluocinolone acetonide otic	43	fosinopril sodium	23	gengraf.....	37
fluocinolone acetonide scalp	32	fosinopril sodium-hctz.	24	gentamicin sulfate external	10
fluocinonide emulsified base	32	FOSRENOL ORAL PACKET.....	29	gentamicin sulfate ophthalmic	41
fluocinonide external cream 0.05 %...	32	FOTIVDA	16	gentle laxative oral tablet delayed release.....	30
fluocinonide external gel	32	FRAGMIN.....	22	GENVOYA	18
fluocinonide external ointment.....	32	FREESTYLE LIBRE 2 PLUS SENSOR ...	20	GILENYA ORAL CAPSULE 0.25 MG....	27
fluocinonide external solution	32	FREESTYLE LIBRE 2 READER.....	20	GILOTREF.....	16
fluorometholone.....	42	FREESTYLE LIBRE 2 SENSOR.....	20	glatiramer acetate.....	27
fluorouracil external cream 5 %	15	FREESTYLE LIBRE 3 PLUS SENSOR ...	20	glatopa	27
fluorouracil external solution.....	15	FREESTYLE LIBRE 3 READER.....	20	GLEOSTINE	15
fluoxetine hcl oral capsule.....	13	FREESTYLE LIBRE 3 SENSOR.....	20	glimepiride oral tablet 1 mg, 2 mg, 4 mg.....	21
fluoxetine hcl oral capsule delayed release.....	13	FREESTYLE LIBRE 14 DAY READER....	20	glipizide er	21
fluoxetine hcl oral solution	13	FREESTYLE LIBRE 14 DAY SENSOR....	20	glipizide-metformin hcl	21
fluoxetine hcl oral tablet	13	FREESTYLE LIBRE READER.....	20	glipizide oral tablet 10 mg, 5 mg	21
fluphenazine hcl oral	18	frovatriptan succinate	14	GLOPERBA	14
flurandrenolide	32	FRUZAQLA	16	GLUCAGON EMERGENCY KIT.....	21
flurazepam hcl	45	ft aspirin low dose	9	glucagon emergency kit injection solution reconstituted 1 mg	22
flurbiprofen oral tablet 100 mg	9	ft aspirin oral tablet chewable.....	9	GLUCOTROL XL.....	21
flurbiprofen sodium	42	ft clearlax	30	glyburide-metformin	21
FLUTICASONE PROPIONATE DISKUS. 43		ft folic acid	29	glyburide micronized	21
fluticasone propionate external cream32		ft laxative.....	30	glyburide oral	21
fluticasone propionate external lotion 32		ft magnesium citrate	30	glycolax	30
fluticasone propionate external ointment	32	ft mineral oil.....	30	glycopyrrolate oral solution	29
fluticasone propionate nasal	43	ft naloxone hcl	10	glycopyrrolate oral tablet 1 mg, 2 mg .	29
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	43	ft nicotine	10	glydo	10
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT.....	43	ft nicotine mini.....	10	GLYXAMBI.....	21
fluvastatin sodium	25	FUOSCIX.....	25	GOLYTELY	30
fluvastatin sodium er	25	furosemide oral	25	GOMEKLI	16
fluvoxamine maleate	13	FUZEON	19	GONAL-F.....	33
fluvoxamine maleate er	13	fyavolv.....	34	GONAL-F RFF REDIRECT	33
FLUZONE HIGH-DOSE.....	38	FYCOMPA	12	goodsense aspirin low dose	9
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE... 38		FYREMADEL	37	goodsense lansoprazole oral tablet delayed release dispersible.....	31
FML FORTE.....	42	gabapentin oral capsule.....	12	goodsense nicotine mouth/throat gum	10
FML LIQUIFILM.....	42	gabapentin oral solution 250 mg/5ml .12		goodsense nicotine mouth/throat lozenge 4 mg.....	10
FOCALIN	26	gabapentin oral tablet 600 mg, 800 mg.....	12	goodsense nicotine polcilex	10
folic acid oral tablet 1 mg.....	29	GALAFOLD.....	31	granisetron hcl oral	14
folic acid oral tablet 400 mcg, 800 mcg.....	29	galantamine hydrobromide	13	GRASTEK.....	40
FOLLISTIM AQ	33	galantamine hydrobromide er	13	griseofulvin microsize oral.....	14
fondaparinux sodium.....	22	galbriela.....	34	griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	14
FORA TEST N'GO ADV-VOICE-6 CON . 20		gallifrey.....	36	guaifenesin-codeine.....	44
formoterol fumarate inhalation	44	GALZIN.....	28	guanfacine hcl	23
FOSAMAX	40	ganirelix acetate	37	guanfacine hcl er	26
FOSAMAX PLUS D.....	40	GARDASIL 9.....	38	GUARDIAN 4 GLUCOSE SENSOR.....	20
fosamprenavir calcium	19	gatifloxacin ophthalmic	43	GUARDIAN 4 TRANSMITTER	20
		GATTEX.....	29	GUARDIAN LINK 3 TRANSMITTER	21
		gavilax oral powder	30	GUARDIAN SENSOR 3	21
		gavilyte-c.....	30	GVOKE HYOPEN 1-PACK	22
		gavilyte-g	30	GVOKE HYOPEN 2-PACK.....	22
		gavilyte-n with flavor pack.....	30		
		GAVRETO.....	16		
		gefitinib	16		
		gemfibrozil oral	25		
		gemmily.....	34		

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 6 MM, 32G X 8 MM, 33G X 4 MM, 33G X 5 MM, 33G X 6 MM	41	JAYPIRCA	16	klor-con/ef	28
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" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 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	41	jencycla	36	klor-con m10	28
INSUPEN32G EXTR3ME	41	JENTADUETO	21	klor-con m15	28
INTELENCE ORAL TABLET 25 MG	18	JENTADUETO XR	21	klor-con m20	28
INTELENCE ORAL TABLET 100 MG, 200 MG	18	jinteli	34	KLOXXADO	10
INTRAROSA	33	JIVI INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	23	KOATE INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT	23
introvale	34	JOENJA	38	KOGENATE FS INTRAVENOUS KIT 250 UNIT	23
INVELTYS	42	jolessa	34	KOSELUGO ORAL CAPSULE	16
IOPIDINE	42	JORNAY PM	26	KOURZEQ	27
IPOL	38	JOURNAVX	9	KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 2000 UNIT, 250 UNIT	23
ipratropium-albuterol	44	joyeaux	34	K-PHOS	28
ipratropium bromide inhalation	43	JUBLIA	14	K-PHOS-NEUTRAL	28
ipratropium bromide nasal	43	juleber	34	K-PHOS NO 2	28
IQIRVO	29	JULUCA	18	KRAZATI	15
irbesartan	23	junel 1.5/30	34	KRINTAFEL	17
irbesartan-hydrochlorothiazide	24	junel 1/20	34	KRISTALOSE	30
IRESSA	16	junel fe 1.5/30	34	kurvelo	34
ISENTRESS	18	junel fe 1/20	34	KYZATREX	33
ISENTRESS HD	18	junel fe 24	34	labetalol hcl oral	24
isibloom	34	JUXTAPID	26	lacosamide oral	12
isoniazid oral	15	JYLAMVO	37	lactulose encephalopathy	30
isosorb dinitrate-hydralazine	24	JYNARQUE	29	lactulose oral packet 20 gm	30
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	26	kaitlib fe	34	lactulose oral solution	30
isosorbide mononitrate	26	KALETRA	19	LAGEVRIO	18
isosorbide mononitrate er	26	kalliga	34	LAMICTAL	12
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	28	KALYDECO	44	LAMICTAL ODT	12
isradipine	24	KAPSPARGO SPRINKLE	24	LAMICTAL STARTER	12
ISTALOL	42	kariva	34	LAMICTAL XR	12
ISTURISA	33	kelnor 1/35	34	lamivudine oral solution 10 mg/ml	19
ITOVEBI	16	KEPPRA ORAL	12	lamivudine oral tablet 100 mg	18
itraconazole oral capsule	14	KEPPRA XR	12	lamivudine oral tablet 150 mg, 300 mg	19
itraconazole oral solution	14	KERENDIA	41	lamivudine-zidovudine	19
ivabradine hcl	24	KESIMPTA	27	lamotrigine er	12
ivermectin oral	17	ketoconazole external cream	14	lamotrigine oral kit	12
IWILFIN	41	ketoconazole external foam	14	lamotrigine oral tablet	12
jaimiess	34	ketoconazole external shampoo	14	lamotrigine oral tablet chewable	12
JAKAFI	16	ketoconazole oral	14	lamotrigine oral tablet dispersible	12
jantoven	22	ketodan	14	lamotrigine starter kit-blue	12
JARDIANCE	21	KETO-DIASTIX	21	lamotrigine starter kit-green	12
jasmiel	34	KETONE CARE	21	lamotrigine starter kit-orange	12
		ketorolac tromethamine ophthalmic	42	LAMPIT	17
		ketorolac tromethamine oral	9	LANCETS	21
		KETOSTIX	21	LANCETS 28G THIN	21
		KEVZARA	38	LANCETS SUPER THIN	21
		KINERET	37	LANOXIN ORAL	24
		KISQALI (200 MG DOSE)	15	lansoprazole oral tablet delayed release dispersible	31
		KISQALI (400 MG DOSE)	15	lanthanum carbonate	29
		KISQALI (600 MG DOSE)	15	LANTUS SOLOSTAR	22
		KLARON	28	LANTUS U-100 VIAL	22
		klayesta	14	lapatinib ditosylate	16
		KLISYRI (250 MG)	15	larin 1.5/30	34
		KLISYRI (350 MG)	15		
		klor-con	28		
		klor-con 10	28		

larin 1/20	34	lidocaine-prilocaine external cream ..	10	LUMRYZ STARTER PACK	45
larin 24 fe	34	lidocaine viscous hcl	10	LUPKYNIS	37
larin fe 1.5/30	35	LIKMEZ	11	lurasidone hcl	18
larin fe 1/20	35	linezolid oral	11	LURBIRO	9
LASIX	25	LINZESS	30	lutra	35
latanoprost ophthalmic	43	liomny	36	LUZU	14
LAZCLUZE	16	liothyronine sodium oral	36	lyleq	36
LEDIPASVIR-SOFOSBUVIR	18	liraglutide	21	lyllana	35
leena	35	lisdexamfetamine dimesylate	26	LYNPARZA	16
leflunomide oral	38	lisinopril-hydrochlorothiazide	24	LYRICA	27
lenalidomide	15	lisinopril oral	23	LYSODREN	37
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	16	LITFULO	28	LYTGOBI (12 MG DAILY DOSE)	16
lessina	35	lithium	20	LYTGOBI (16 MG DAILY DOSE)	16
letrozole oral	16	lithium carbonate er	20	LYTGOBI (20 MG DAILY DOSE)	16
leucovorin calcium oral	15	lithium carbonate oral	20	LYUMJEV KWIKPEN	22
LEUKERAN	15	LITHOBID	20	LYUMJEV VIAL	22
LEUKINE	22	LITHOSTAT	31	lyza	36
leuprolide acetate injection	37	LIVDELZI	30	MACROBID	11
levabuterol hcl inhalation	44	LIVMARLI	27	MACRODANTIN	11
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT.	44	LIVTENCITY	18	magnesium citrate oral solution	30
levetiracetam er	12	LODOCO	24	MALARONE	17
levetiracetam oral solution	12	lofedidine hcl	10	malathion	17
levetiracetam oral tablet	12	lojaimiess	35	maraviroc	19
levobunolol hcl	42	LOKELMA	29	marlissa	35
levocarnitine oral solution	28	LO LOESTRIN FE	35	MARPLAN	13
levocarnitine oral tablet	28	LOMOTIL	30	MATULANE	15
levocarnitine sf	28	LONSURF	15	matzim la	24
levocetirizine dihydrochloride oral solution	43	LOPID	25	MAVENCLAD	27
levocetirizine dihydrochloride oral tablet	43	lopinavir-ritonavir	19	MAVYRET	18
levofloxacin ophthalmic	43	LOPRESSOR ORAL TABLET	24	MAXIDEX	42
levofloxacin oral	11	lorazepam intensol	20	MAXITROL	41
levonest	35	lorazepam oral concentrate 2 mg/ml ..	20	maxi-tuss ac	44
levonorgest-eth est & eth est	35	lorazepam oral tablet	20	MAYZENT ORAL TABLET 0.25 MG, 2 MG	27
levonorgest-eth estrad 91-day	35	LORBRENA	16	MAYZENT ORAL TABLET 1 MG	27
levonorgest-eth estradiol-iron	35	loryna	35	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG ..	27
levonorgestrel	36	losartan potassium-hctz	24	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG ..	27
levonorgestrel-ethinyl estrad	35	losartan potassium oral	23	meclofenamate sodium oral	9
levonorg-eth estrad triphasic	35	LOTEMAX OPHTHALMIC OINTMENT ..	42	MEDROL ORAL TABLET 2 MG	33
levora 0.15/30 (28)	35	LOTEMAX SM	42	MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	33
levorphanol tartrate oral	9	LOTENSIN	23	MEDROL ORAL TABLET THERAPY PACK	33
levo-t	36	LOTENSIN HCT	24	medroxyprogesterone acetate intramuscular suspension	36
levothyroxine sodium oral tablet	36	loteprednol etabonate ophthalmic suspension	42	medroxyprogesterone acetate intramuscular suspension prefilled syringe	36
levoxyl	36	lovastatin oral	25	medroxyprogesterone acetate oral ...	36
LEVULAN KERASTICK	15	low-ogestrel	35	mefenamic acid oral	9
l-glutamine oral packet	41	loxapine succinate	18	mefloquine hcl	17
lidocaine external ointment 5 %	10	lo-zumandimine	35	megestrol acetate oral suspension 40 mg/ml	36
lidocaine external patch 5 %	10	lubiprostone	30	megestrol acetate oral suspension 625 mg/5ml	36
lidocaine hcl external solution	10	LUCEMYRA	10		
lidocaine hcl mouth/throat	10	luizza 1.5/30	35		
lidocaine hcl urethral/mucosal	10	luizza 1/20	35		
		LULICONAZOLE	14		
		LUMAKRAS	15		
		LUMIGAN	43		
		LUMRYZ	45		

megestrol acetate oral tablet	36	methscopolamine bromide oral	29	miglustat	31
MEKINIST ORAL SOLUTION RECONSTITUTED	16	methsuximide	12	mili	35
MEKINIST ORAL TABLET	16	methyldopa	23	milophene	33
MEKTOVI	16	methylergonovine maleate oral	41	mimvey	35
meleya	36	METHYLIN	26	mineral oil heavy oral	30
MELOXICAM ORAL SUSPENSION	9	methylphenidate hcl er (cd)	26	mineral oil lubricant laxative	30
meloxicam oral tablet	9	methylphenidate hcl er (la)	26	MINIMED INSTINCT GLUC SENSOR	21
memantine hcl er	13	methylphenidate hcl er oral tablet extended release	26	minocycline hcl oral capsule	12
memantine hcl oral solution 2 mg/ml	13	methylphenidate hcl er oral tablet extended release 24 hour 27 mg, 54 mg	26	minoxidil oral	26
memantine hcl oral tablet	13	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	26	minzoya	35
MENOPUR	33	methylphenidate hcl oral solution	26	MIPLYFFA	41
MENOSTAR	35	methylphenidate hcl oral tablet	26	mirabegron er	31
MENQUADFI	38	methylphenidate hcl oral tablet chewable	26	mirtazapine oral	13
MENVEO	38	methylprednisolone oral	33	MIRVASO	28
meperidine hcl oral	10	methyltestosterone oral	33	misoprostol oral	31
meprobamate	20	metoclopramide hcl oral solution 5 mg/5ml	13	MITIGARE	14
mercaptopurine oral suspension	15	metoclopramide hcl oral tablet	13	MITOSOL	42
mercaptopurine oral tablet	15	metolazone	25	mm aspirin	9
mesalamine-cleanser	39	METOPIRON	41	MM BLOOD GLUCOSE SYSTEM REFILL	21
mesalamine oral capsule delayed release 400 mg	39	metoprolol-hydrochlorothiazide	25	mm clearlax	30
mesalamine oral tablet delayed release 1.2 gm	39	metoprolol succinate er	24	M-M-R II	38
mesalamine rectal enema	39	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	24	M-NATAL PLUS	29
mesalamine rectal suppository	39	METROCREAM	28	MNEXSPIKE	38
mesna oral	17	metronidazole external cream	28	MOBILE LANCETS 30G	21
MESNEX ORAL	17	metronidazole external gel 0.75 %	28	modafinil oral	45
MESTINON ORAL SOLUTION	15	metronidazole external lotion	28	MODEYSO	15
metaxalone oral tablet 400 mg, 800 mg	45	metronidazole oral capsule	11	moexipril hcl	23
metformin hcl er	21	metronidazole oral tablet 250 mg, 500 mg	11	molindone hcl	18
metformin hcl oral solution	21	metronidazole vaginal	11	mometasone furoate external	33
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	21	metyrosine	25	mometasone furoate nasal	44
methadone hcl intensol	9	mexiletine hcl oral	24	mono-lynh	35
methadone hcl oral concentrate	9	MIACALCIN	40	montelukast sodium oral packet	43
methadone hcl oral solution	9	mibelas 24 fe	35	montelukast sodium oral tablet	43
methadone hcl oral tablet	9	miconazole 3	14	montelukast sodium oral tablet chewable	43
methadone hcl oral tablet soluble	9	microgestin 1.5/30	35	morphine sulfate (concentrate) oral solution 100 mg/5ml	10
METHADOSE ORAL CONCENTRATE 10 MG/ML	9	microgestin 1/20	35	morphine sulfate er beads	9
methadose oral tablet soluble	9	microgestin fe 1.5/30	35	morphine sulfate er oral capsule extended release 24 hour	9
METHADOSE SUGAR-FREE	9	microgestin fe 1/20	35	morphine sulfate er oral tablet extended release	9
methamphetamine hcl	26	MICROLET NEXT LANCING DEVICE	21	morphine sulfate oral	10
methazolamide oral	25	midazolam hcl oral	20	MOTPOLY XR	12
methenamine hippurate	11	midodrine hcl	23	MOUNJARO	21
methenamine mandelate oral	11	MIEBO	42	MOVIPREP	30
METHERGINE	41	MIFEPREX	33	moxifloxacin hcl (2x day)	43
methimazole oral	37	mifepristone oral tablet 200 mg	33	moxifloxacin hcl ophthalmic	43
METHITEST	33	mifepristone oral tablet 300 mg	33	moxifloxacin hcl oral	11
methocarbamol oral tablet 500 mg, 750 mg	45	MIGERGOT	14	MOZOBIL	22
methotrexate sodium	37	miglitol	21	MULPLETA	22
methotrexate sodium (pf)	37			MULTAQ	24
methoxsalen rapid	28			multi-vitamin/fluoride	29
				multivitamin/fluoride oral tablet chewable	29
				multivitamin w/fluoride	29

MULTI-VIT-FLOR.....	29	NERLYNX.....	16	NITROSTAT.....	26
mupirocin cream.....	11	NESTABS.....	29	NIVA THYROID.....	37
mupirocin ointment.....	11	NESTABS ONE.....	29	NIVESTYM.....	22
MYALEPT.....	31	neuac.....	28	nizatidine.....	30
my choice.....	36	NEULASTA.....	22	nora-be.....	36
mycophenolate mofetil oral.....	37	NEUPRO.....	17	NORDITROPIN FLEXPOR.....	33
mycophenolate sodium.....	37	NEURONTIN.....	12	norelgestromin-eth estradiol.....	35
mycophenolic acid.....	37	NEVANAC.....	42	norethin ace-eth estrad-fe.....	35
MYFEMBREE.....	35	nevirapine.....	18	norethindrone acetate oral.....	36
MYHIBBIN.....	37	nevirapine er.....	18	norethindrone acet-ethinyl est.....	35
MYLERAN.....	15	new day.....	36	norethindrone-eth estradiol.....	35
MYSOLINE.....	12	NEXIUM ORAL PACKET.....	31	norethindrone oral.....	36
MYTESI.....	30	NEXLETOL.....	26	norethin-eth estradiol-fe.....	35
my way.....	36	NEXLIZET.....	26	norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg.....	35
nabumetone oral.....	9	NEXTSTELLIS.....	35	norgestimate-ethinyl estradiol triphasic.....	35
nadolol oral.....	24	NGENLA.....	33	NORLIQVA.....	24
naftifine hcl external cream 1 %.....	14	niacin er (antihyperlipidemic).....	26	norlyroc.....	36
naftifine hcl external gel.....	14	nicardipine hcl oral.....	24	NORPACE.....	24
naloxone hcl injection.....	10	NICORETTE MINI.....	10	NORPACE CR.....	24
naloxone hcl nasal.....	10	NICORETTE MOUTH/THROAT GUM 2 MG.....	10	NORPRAMIN.....	13
naltrexone hcl oral.....	10	NICORETTE MOUTH/THROAT LOZENGE.....	10	nortrel 0.5/35 (28).....	35
naproxen dr.....	9	nicotine mini.....	10	nortrel 1/35 (21).....	35
naproxen oral tablet.....	9	nicotine polacrilex mini.....	10	nortrel 1/35 (28).....	35
naproxen oral tablet delayed release.....	9	nicotine polacrilex mouth/throat.....	10	nortrel 7/7/7.....	35
naproxen sodium oral tablet 275 mg, 550 mg.....	9	nicotine step 1.....	10	nortriptyline hcl oral.....	13
naratriptan hcl.....	14	nicotine step 2.....	10	NORVIR ORAL PACKET.....	19
NARCAN.....	10	nicotine step 3.....	10	NOURIANZ.....	17
NARDIL.....	13	nicotine transdermal kit.....	10	NOVAREL.....	33
NASCOBAL.....	29	nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr.....	10	NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT.....	23
na sulfate-k sulfate-mg sulf.....	30	NICOTROL NS.....	10	NOVOFINE PEN NEEDLE.....	41
NATACYN.....	42	nifedipine er.....	24	NOVOFINE PLUS PEN NEEDLE.....	41
NATAL PNV.....	29	nifedipine er osmotic release.....	24	NOVOLOG MIX 70/30 RELION.....	22
NATAZIA.....	35	nifedipine oral.....	24	NOVOLOG MIX 70/30 VIAL.....	22
nateglinide.....	21	nikki.....	35	NOVOLOG RELION.....	22
NAYZILAM.....	12	nilotinib hcl.....	16	NOVOPEN ECHO.....	21
nebivolol hcl.....	24	nimodipine oral capsule.....	24	NOXAFIL ORAL PACKET.....	14
NEBUPENT.....	17	NIMODIPINE ORAL SOLUTION.....	24	NOXAFIL ORAL SUSPENSION.....	14
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %.....	44	NINLARO.....	15	np thyroid.....	37
necon 0.5/35 (28).....	35	nisoldipine er.....	24	NUBEQA.....	15
nefazodone hcl.....	13	nitazoxanide oral.....	17	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	44
NEFFY.....	44	NITRO-BID.....	26	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.....	44
neomycin-bacitracin zn-polymyx.....	41	NITRO-DUR.....	26	NUCYNTA.....	10
neomycin-polymyxin-dexameth.....	41	nitrofurantoin macrocrystal oral capsule 25 mg.....	11	NUCYNTA ER.....	9
neomycin-polymyxin-gramicidin.....	41	nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg.....	11	NUEDEXTA.....	27
neomycin-polymyxin-hc ophthalmic.....	41	nitrofurantoin monohydrate macrocrystals.....	11	NUPLAZID.....	18
neomycin-polymyxin-hc otic.....	43	nitrofurantoin oral suspension 25 mg/5ml.....	11	NURTEC.....	14
neomycin sulfate oral.....	10	nitroglycerin rectal.....	26	NUWIQ INTRAVENOUS KIT 250 UNIT.....	23
NEONATAL COMPLETE.....	29	nitroglycerin sublingual.....	26	NUZYRA ORAL.....	12
NEONATAL PLUS.....	29	nitroglycerin transdermal.....	26	nyamyc.....	14
NEO-POLYCIN.....	41			nylia 1/35.....	35
NEO-POLYCIN HC.....	41				
NEO-SYNALAR.....	11				
NEO-VITAL RX.....	29				

nylia 7/7/7	35	ONETOUCH ULTRA BLUE TEST	21	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	10
NYMALIZE	24	ONETOUCH ULTRA TEST STRIPS	21	oxycodone hcl oral capsule	10
nystatin external cream	14	ONETOUCH ULTRA TEST STRIPS	21	oxycodone hcl oral concentrate	10
nystatin external ointment	14	ONETOUCH VERIO FLEX SYSTEM KIT	21	oxycodone hcl oral solution	10
nystatin external powder	14	ONETOUCH VERIO TEST STRIPS	21	oxycodone hcl oral tablet	10
nystatin mouth/throat	14	ONE VITE WOMENS PLUS	29	oxymorphone hcl	10
nystatin oral	14	ONFI	12	oxymorphone hcl er	9
nystatin-triamcinolone	14	ONUREG	15	OZEMPIC	21
nystop	14	ONYDA XR	26	OZOBAX DS	45
OBIZUR	23	opcicon one-step	36	PACERONE	24
OCALIVA	31	OPFOLDA	31	PALFORZIA	41
octreotide acetate injection	37	OPILL	36	PALFORZIA (1 MG DAILY DOSE)	41
octreotide acetate subcutaneous	37	opium	30	PALFORZIA INITIAL DOSE 1-3YRS	41
OCUFLOX	43	OPSUMIT	44	PALFORZIA INITIAL DOSE 4-17YRS	41
ODACTRA	41	option 2	36	paliperidone er	18
ODEFSEY	19	OPTIONS GYNOL II CONTRACEPTIVE	31	PALYNZIQ	31
ODOMZO	16	OPVEE	10	PANCREAZE	31
OFEV	44	OPZELURA	28	PANRETIN	17
ofloxacin ophthalmic	43	ORALAIR	44	pantoprazole sodium oral tablet delayed release	31
ofloxacin oral	11	ORALAIR ADULT STARTER PACK	44	paricalcitol oral	40
ofloxacin otic	43	ORALAIR CHILDRENS STARTER PACK	44	PARI VORTEX ADULT MASK	41
OGSIVEO	17	ORALONE	27	PARI VORTEX PEDIATRIC MASK	41
OHTUVAYRE	44	ORAPRED ODT	33	PARNATE	13
OJEMDA	16	ORAVIG	14	paroxetine hcl er	13
OJJAARA	15	ORENCIA CLICKJECT	37	paroxetine hcl oral suspension	13
olanzapine-fluoxetine hcl	13	ORENCIA SUBCUTANEOUS	37	paroxetine hcl oral tablet	13
olanzapine oral tablet	18	ORENITRAM	44	PAXLOVID (150/100)	18
olanzapine oral tablet dispersible	18	ORENITRAM MONTH 1	44	PAXLOVID (300/100)	18
olmesartan medoxomil-hctz	25	ORENITRAM MONTH 2	44	PAXLOVID (300/100 & 150/100)	18
olmesartan medoxomil oral	23	ORENITRAM MONTH 3	44	pazopanib hcl	17
olopatadine hcl nasal	43	ORFADIN	31	PEDIAPRED	33
olopatadine hcl ophthalmic solution 0.1 %	42	ORGOVYX	15	PEDIARIX	39
OLUMIANT ORAL TABLET 1 MG, 2 MG	37	ORIAHNN	35	PEDVAX HIB	39
OLUMIANT ORAL TABLET 4 MG	37	ORILISSA	37	peg-3350/electrolytes	30
OMECLAMOX-PAK	30	ORKAMBI ORAL PACKET 75-94 MG ...	44	peg-3350/electrolytes/ascorbat	30
omega-3-acid ethyl esters	26	ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	44	peg 3350-kcl-na bicarb-nacl	30
omeprazole oral capsule delayed release 10 mg	31	ORKAMBI ORAL TABLET	44	peg 3350 oral powder	30
omeprazole oral capsule delayed release 20 mg, 40 mg	31	orphenadrine citrate er	45	PEGASYS	18
OMNIPOD 5 DEXCOM INTRO KIT	41	orquidea	36	peg-kcl-nacl-nasulf-na asc-c	30
OMNIPOD 5 DEXCOM PODS	41	ORSERDU	15	PEMAZYRE	16
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	41	oseltamivir phosphate oral	19	PENBRAYA	39
OMNIPOD 5 LIBRE PODS	41	OSPHENA	36	penicillamine oral tablet	31
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	33	OTEZLA	38	penicillin v potassium	11
OMVOH (300 MG DOSE)	37	OVIDE	17	PEN NEEDLE/5-BEVEL TIP	41
OMVOH SUBCUTANEOUS	37	OVIDREL	33	PENTACEL	39
ondansetron hcl oral	14	oxaprozin oral tablet	9	pentamidine isethionate inhalation	17
ondansetron odt oral tablet dispersible 4 mg, 8 mg	14	oxazepam	20	pentazocine-naloxone hcl	10
ONETOUCH DELICA PLUS LANCING	21	oxcarbazepine	12	pentoxifylline er	25
ONETOUCH DELICA SAFETY LANCING	21	OXERVATE	42	perampanel	12
ONETOUCH ULTRA 2 KIT W/DEVICE	21	oxiconazole nitrate	14	PERFECT POINT SAFETY LANCETS	21
		oxybutynin chloride er	31	PERFOROMIST	44
		oxybutynin chloride oral solution	31	PERIDEX	27
		oxybutynin chloride oral tablet 2.5 mg	31		
		oxybutynin chloride oral tablet 5 mg	31		

perindopril erbumine.....	23	POLY-VI-FLOR ORAL TABLET CHEWABLE.....	29	PREZCOBIX.....	19
periogard.....	27	POMALYST.....	15	PREZISTA ORAL SUSPENSION.....	19
permethrin external.....	17	portia-28.....	35	PREZISTA ORAL TABLET 150 MG, 75 MG.....	19
perphenazine-amitriptyline.....	13	posaconazole oral.....	14	PRIFTIN.....	15
perphenazine oral.....	13	potassium chloride crys er.....	28	primaquine phosphate.....	17
PERTZYE.....	31	potassium chloride er.....	28	primidone oral tablet 125 mg.....	12
phenazopyridine hcl oral tablet 100 mg, 200 mg.....	31	potassium chloride oral.....	28	primidone oral tablet 250 mg, 50 mg..	12
phenelzine sulfate oral.....	13	potassium citrate er.....	28	PRIORIX.....	39
phenobarbital oral elixir 20 mg/5ml ..	12	PRADAXA ORAL CAPSULE.....	22	probenecid.....	14
phenobarbital oral tablet.....	12	PRADAXA ORAL PACKET.....	22	PROCENTRA.....	26
phenoxybenzamine hcl oral.....	23	pramipexole dihydrochloride.....	17	prochlorperazine.....	13
phenylephrine hcl ophthalmic.....	42	PRAMOSONE EXTERNAL CREAM.....	28	prochlorperazine maleate oral.....	13
phenytek.....	12	PRAMOSONE EXTERNAL LOTION.....	28	PROCTOFOAM HC.....	39
phenytoin infatabs.....	13	PRAMOSONE EXTERNAL OINTMENT 1-1 %.....	28	procto-med hc.....	39
phenytoin oral suspension 125 mg/5ml	13	PRAMOSONE EXTERNAL OINTMENT 1-2.5 %.....	28	PROCTOSOL HC.....	39
phenytoin oral tablet chewable.....	13	prasugrel hcl.....	23	PROCTOZONE-HC.....	39
phenytoin sodium extended.....	13	pravastatin sodium.....	26	PROCYSBI ORAL CAPSULE DELAYED RELEASE.....	31
PHEXXI.....	41	praziquantel oral.....	17	PROCYSBI ORAL PACKET.....	31
philith.....	35	prazosin hcl oral.....	23	PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT.....	23
PHOSPHA 250 NEUTRAL.....	28	PRED MILD.....	42	progesterone intramuscular.....	36
PHOSPHOLINE IODIDE.....	42	prednisolone acetate ophthalmic.....	42	progesterone oral.....	36
phosphorous.....	28	prednisolone oral solution.....	33	progesterone vaginal.....	36
phospho-trin 250 neutral.....	28	prednisolone oral tablet.....	33	PROGLYCEM.....	22
phytonadione oral.....	29	prednisolone sodium phosphate ophthalmic.....	42	PROGRAF ORAL CAPSULE.....	37
PIFELTRO.....	18	prednisolone sodium phosphate oral solution 15 mg/5ml.....	33	PROGRAF ORAL PACKET.....	37
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %.....	42	prednisone intensol.....	33	PROMACTA ORAL PACKET.....	22
pilocarpine hcl oral.....	27	prednisone oral.....	33	promethazine-codeine oral solution..	44
pimecrolimus.....	28	pregabalin oral capsule.....	27	promethazine-dm.....	44
pimozide.....	18	pregabalin oral solution.....	27	promethazine hcl oral.....	13
pimtrea.....	35	PREGNYL.....	33	promethazine hcl rectal.....	13
pindolol.....	24	PREMARIN ORAL.....	35	promethazine-phenylephrine.....	43
pioglitazone hcl.....	21	PREMARIN VAGINAL.....	35	PROMETHEGAN.....	14
pioglitazone hcl-glimepiride.....	21	PREMESISRX.....	29	propafenone hcl.....	24
pioglitazone hcl-metformin hcl.....	21	premium lidocaine.....	10	propafenone hcl er.....	24
PIQRAY.....	15	PREMPHASE.....	35	proparacaine hcl ophthalmic.....	42
pirfenidone oral capsule.....	44	PREMPRO.....	35	propranolol hcl er.....	24
pirfenidone oral tablet 267 mg, 801 mg.....	44	prenatal oral tablet 27-1 mg.....	29	propranolol hcl oral.....	24
pirfenidone oral tablet 534 mg.....	44	prenatal plus vitamin/mineral.....	29	propylthiouracil oral.....	37
piroxicam oral.....	9	PRENATE.....	29	PROQUAD.....	39
PLAN B ONE-STEP.....	36	PRENATE DHA.....	29	protiptyline hcl.....	13
PLEGRIDY INTRAMUSCULAR.....	27	PRENATE ELITE.....	29	PROVERA.....	36
PLEGRIDY STARTER PACK.....	27	PRENATE ENHANCE.....	29	prucalopride succinate.....	30
PLEGRIDY SUBCUTANEOUS.....	27	PRENATE ESSENTIAL.....	29	PRURADIK.....	17
PLENVU.....	30	PRENATE MINI.....	29	pseudoephedrine-bromphen-dm.....	44
plerixafor.....	22	PRENATE PIXIE.....	29	PULMOSAL.....	44
PNEUMOVAX 23.....	39	PRENATE RESTORE.....	29	PULMOZYME.....	44
pnv 27-ca/fe/fa.....	29	PREPIDIL.....	33	PURE COMFORT SAFETY PEN NEEDLE	41
podofilox external gel.....	28	PRETOMANID.....	15	PURIXAN.....	15
podofilox external solution.....	28	prevalite.....	26	PYLERA.....	30
POLYCIN.....	41	PREVNAR 20.....	39	pyrazinamide oral.....	15
polyethylene glycol 3350 oral powder	30	PREVYMIS ORAL.....	18	PYRIDIUM.....	32
polymyxin b-trimethoprim.....	41				

pyridostigmine bromide er oral tablet extended release	15	RELISTOR SUBCUTANEOUS	30	rosyrah	35
pyridostigmine bromide oral solution	15	RELNATE DHA	29	ROTARIX	39
pyridostigmine bromide oral tablet 60 mg	15	RENTHYROID	37	ROTATEQ	39
pyrimethamine oral	17	repaglinide	21	ROWASA	39
PYRUKYND	22	REPATHA	26	roweepra	12
PYRUKYND TAPER PACK	22	REPATHA SURECLICK	26	ROZLYTREK	17
QBRELIS	23	RESTASIS	42	RUBRACA	16
QINLOCK	17	RESTORIL	45	RUCONEST	37
QUADRACEL INTRAMUSCULAR SUSPENSION	39	RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	22	rufinamide oral suspension	13
quazepam	20	RETACRIT INJECTION SOLUTION 20000 UNIT/ML	22	rufinamide oral tablet	13
QUESTRAN	26	RETEVMO	17	RUKOBIA	19
QUESTRAN LIGHT	26	RETROVIR ORAL	19	RYBELSUS	21
quetiapine fumarate	18	REVLIMID	15	RYDAPT	17
quetiapine fumarate er	18	REVUFORJ	16	SABRIL ORAL TABLET	12
QUFLORA PEDIATRIC	29	REXTOVY	10	sacubitril-valsartan	25
QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM	41	REXULTI	18	SAFETY PEN NEEDLES	41
quinapril hcl	23	REYATAZ ORAL PACKET	19	SALAGEN	27
quinapril-hydrochlorothiazide	25	REYVOW	15	salsalate oral	9
quinidine gluconate er	24	REZDIFFRA	30	SAMSCA	29
quinidine sulfate	24	REZLIDHIA	17	SANTYL	28
quinine sulfate	17	REZUROCK	37	sapropterin dihydrochloride	31
QULIPTA	14	RHOFADE	28	SAVAYSA	22
QVAR REDHALER	43	RHOPRESSA	42	SAVELLA	27
rabeprazole sodium oral tablet delayed release	31	ribavirin inhalation	18	SAVELLA TITRATION PACK	27
RADICAVA ORS	27	ribavirin oral	18	saxagliptin hcl	21
RADICAVA ORS STARTER KIT	27	RIDAURA	38	saxagliptin-metformin er	21
RADIOGARDASE	41	rifabutin	15	SCEMBLIX	17
RAGWITEK	41	rifampin oral	15	scopolamine	14
raloxifene hcl	36	riluzole	27	SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	29
ramelteon	45	rimantadine hcl	19	selegiline hcl oral	18
ramipril	24	RINVOQ	38	selenium sulfide external lotion	28
ranolazine er	25	RINVOQ LQ	38	SELZENTRY ORAL SOLUTION	19
rasagiline mesylate oral	18	risedronate sodium oral tablet	40	SELZENTRY ORAL TABLET	19
RASUVO	37	risperidone	18	SEREVENT DISKUS	44
RAVICTI	31	ritonavir	19	SEROSTIM	30
RAYA SURE PEN NEEDLE	41	rivaroxaban	22	sertraline hcl oral concentrate	13
react	36	rivastigmine	13	sertraline hcl oral tablet	13
reclipsen	35	rivastigmine tartrate	13	setlakin	35
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 220- 400 UNIT	23	rivelsa	35	sevelamer carbonate oral packet	29
RECOMBIVAX HB	39	RIVFLOZA	32	sevelamer carbonate oral tablet	29
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 5000 UNIT	23	RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT	23	SFROWASA	39
RECOTHROM SPRAY KIT	23	rizatriptan benzoate	15	sharobel	36
RECTIV	26	ROCALTROL	40	SHARPS COLLECTOR	41
REGLAN	14	ROCKLATAN	42	SHARPS CONTAINER	41
RELENZA DISKHALER	19	roflumilast	44	SHINGRIX	39
		ROMVIMZA	17	SIGNIFOR	37
		ropinirole hcl	17	sildenafil citrate oral suspension reconstituted	44
		rosuvastatin calcium oral tablet 10 mg, 5 mg	26	sildenafil citrate oral tablet 20 mg	44
		rosuvastatin calcium oral tablet 20 mg, 40 mg	26	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	32
				silodosin	31
				SILVADENE	11
				silver sulfadiazine external	11

simliya	35	SPRAVATO (56 MG DOSE)	13	SYMPROIC	30
simpesse	35	SPRAVATO (84 MG DOSE)	13	SYNAREL	37
SIMPLERA SENSOR	21	sprintec 28	35	SYNDROS	14
SIMPLERA SYNC SENSOR	21	SPRIX	9	SYNJARDY	21
SIMPLERA SYSTEM	21	SPS (SODIUM POLYSTYRENE SULF) ..	29	SYNJARDY XR	21
SIMPONI	37	sronyx	35	TABLOID	15
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	26	ssd	11	TABRECTA	17
simvastatin oral tablet 80 mg	26	STELARA SUBCUTANEOUS	38	TACLONEX	28
SINEMET	17	STENDRA	32	tacrolimus external	28
SINGULAIR ORAL PACKET	43	STEQEYMA SUBCUTANEOUS	37	tacrolimus oral	37
sirolimus oral solution	37	STIOLTO RESPIMAT	44	tadalafil oral	32
sirolimus oral tablet	37	STIVARGA	17	tadalafil (pah)	44
SIRTURO	15	ST JOSEPH LOW DOSE	9	TADLIQ	44
SIVEXTRO ORAL	11	STRENSIQ	31	TAFINLAR ORAL CAPSULE	17
SKYCLARYS	27	STRIBILD	18	TAFINLAR ORAL TABLET SOLUBLE ..	17
SKYRIZI PEN	37	STRIVERDI RESPIMAT	44	tafluprost (pf)	43
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	28	STROMECTOL	17	TAGRISSO	17
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	37	subvenite	12	take action	36
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	33	subvenite starter kit-blue	12	TAKHZYRO	37
SLYND	36	subvenite starter kit-green	12	TALZENNA	16
smooth lax oral powder	30	subvenite starter kit-orange	12	tamoxifen citrate oral tablet 10 mg ..	15
sodium chloride inhalation	44	SUCRAID	31	tamoxifen citrate oral tablet 20 mg ..	15
sodium fluoride oral	28	sucalfate oral suspension	31	tamsulosin hcl	31
SODIUM OXYBATE	45	sucalfate oral tablet	31	TANLOR	45
sodium phenylbutyrate oral powder ..	31	SUFLAVE	31	TAPERDEX 6-DAY	33
sodium phenylbutyrate oral tablet ..	31	SULAR	24	TAPERDEX 7-DAY	33
sodium polystyrene sulfonate	29	SULCONAZOLE NITRATE	14	TAPERDEX 12-DAY	33
SOFOSBUVIR-VELPATASVIR	18	sulfacetamide-prednisolone	42	tarina 24 fe	35
SOHONOS	41	sulfacetamide sodium (acne)	28	tarina fe 1/20 eq	35
solifenacin succinate	31	sulfacetamide sodium ophthalmic ...	43	TARPEYO	39
SOLQUA	21	sulfadiazine oral	11	TASIGNA	17
SOLOSEC	11	sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	11	tasimelteon	45
SOMAVERT	37	sulfamethoxazole-trimethoprim oral tablet	11	tavaborole	14
SOOLANTRA	28	SULFAMYLON	11	TAVALISSE	23
sorafenib tosylate	17	sulfasalazine oral	39	TAVNEOS	41
sotalol hcl (af)	24	sulfatrim pediatric	11	taysofy	35
sotalol hcl oral	24	sulindac oral	9	tazarotene external cream	28
SOTYKTU	28	sumatriptan nasal	15	tazarotene external gel	28
SOTYLIZE	24	sumatriptan succinate oral	15	TAZORAC	28
SOVALDI	18	sumatriptan succinate refill	15	TAZVERIK	16
SPEVIGO SUBCUTANEOUS	28	subcutaneous solution cartridge	15	TECHLITE LANCETS 26G	21
SPIKEVAX	39	sumatriptan succinate subcutaneous ..	15	TECHLITE PLUS PEN NEEDLES	41
SPIKEVAX 6M-11Y	39	sunitinib malate	17	TEGLUTIK	27
spinosad	17	SUNLENCA ORAL	19	TEGRETOL	13
SPIRIVA HANDIHALER	43	SUNOSI	45	TEGRETOL-XR	13
SPIRIVA RESPIMAT	43	SUPREP BOWEL PREP KIT	31	TEKTRUNA	25
spironolactone-hctz	25	SUTAB	31	telmisartan	23
spironolactone oral suspension	25	syeda	35	telmisartan-hctz	25
spironolactone oral tablet	25	SYMBICORT	43	temazepam	45
SPORANOX	14	SYMBYAX	13	TEMBEXA	18
		SYMDEKO	44	temozolomide	15
		SYMFI	18	TEMPO REFILL	21
		SYMPAZAN	12	TENCON	10
				TENIVAC	39

tenofovir disoproxil fumarate	19	tizanidine hcl oral capsule	45	triamcinolone acetonide external lotion	33
TEPMETKO	17	tizanidine hcl oral tablet	45	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	33
terazosin hcl	31	TOBI NEBULIZER	44	triamcinolone acetonide mouth/ throat	27
terbinafine hcl oral	14	TOBI PODHALER	44	triamterene-hctz	25
terbutaline sulfate oral	44	TOBRADEX	41	triamterene oral	25
terconazole	14	tobramycin-dexamethasone	41	triazolam	45
teriflunomide	27	tobramycin inhalation nebulization solution 300 mg/4ml	44	triderm	33
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	40	tobramycin ophthalmic	41	trientine hcl	29
TERIPARATIDE SOLUTION PEN- INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	40	TOBREX	41	tri-estarylla	35
TESTIM	33	TODAY SPONGE	32	trifluoperazine hcl	18
testosterone cypionate intramuscular	33	tolcapone	17	trifluridine	42
testosterone enanthate intramuscular	33	tolmetin sodium oral tablet	9	trihexyphenidyl hcl	17
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)	33	tolterodine tartrate	31	TRIJARDY XR	21
testosterone transdermal gel 12.5 mg/act (1%)	33	tolvaptan oral tablet	29	TRIKAFTA	44
tetrabenazine	27	tolvaptan oral tablet therapy pack	29	tri-legest fe	35
tetracaine hcl ophthalmic	42	TOPAMAX	12	TRILEPTAL	13
tetracycline hcl oral capsule	12	TOPAMAX SPRINKLE	12	tri-lingah	35
TEXACORT	33	TOPICORT	33	tri-lo-estarylla	35
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	44	topiramate oral capsule sprinkle	12	tri-lo-marzia	35
THALOMID	15	topiramate oral tablet	12	tri-lo-mili	35
THEO-24	44	toremifene citrate	15	tri-lo-sprintec	35
theophylline er	44	torpenz	17	trimethobenzamide hcl oral	14
theophylline oral	44	torsemide	25	trimethoprim oral	11
THIOLA	32	TOUJEO MAX SOLOSTAR	22	tri-mili	35
THIOLA EC	32	TOUJEO SOLOSTAR	22	trimipramine maleate oral	13
thioridazine hcl oral	18	TPOXX ORAL	18	TRINATE	29
thiothixene	18	TRACLEER	44	TRINTELLIX	13
THROMBIN-JMI EPISTAXIS	23	TRADJENTA	21	tri-sprintec	35
THROMBIN-JMI EXTERNAL KIT	23	tramadol-acetaminophen	10	TRISTART DHA	29
thyroid oral	37	tramadol hcl er	9	TRIUMEQ	19
tiadylt er	24	tramadol hcl (er biphasic) oral tablet extended release 24 hour	9	TRIUMEQ PD	19
tiagabine hcl	12	tramadol hcl oral tablet 50 mg	10	TRI-VI-FLORO	29
TIAZAC	24	trandolapril	24	tri-vite/fluoride	29
TIBSOVO	17	trandolapril-verapamil hcl er	25	tri-vylibra	35
ticagrelor	23	tranexamic acid oral	23	tri-vylibra lo	35
TIGLUTIK	27	tranylcypromine sulfate	13	tropium chloride	31
TIKOSYN	24	travoprost (bak free)	43	TRUE COMFORT SAFETY PEN NEEDLE	41
tilia fe	35	trazodone hcl oral	13	TRUE COVER	41
timolol hemihydrate	42	TRELEGY ELLIPTA	44	TRUE FOLIC ACID ORAL TABLET 400 MCG	29
timolol maleate ocudose	42	TREMFYA-CD/UC INDUCTION	38	true laxative	31
timolol maleate (once-daily)	42	TREMFYA ONE-PRESS	38	TRUE METRIX LEVEL 1	21
timolol maleate ophthalmic	43	TREMFYA PEN	38	TRUE METRIX LEVEL 2	21
timolol maleate oral	24	TREMFYA SUBCUTANEOUS	38	TRUE METRIX LEVEL 3	21
timolol maleate pf	43	TRESIBA	22	TRULICITY	21
TIMOPTIC OCUDOSE	43	tretinoin external cream	28	TRUMENBA	39
tinidazole oral	11	tretinoin oral	17	TRUQAP	17
tiopronin	32	TRETEN	23	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	19
TIROSINT-SOL	37	TREXALL	37	TRYVIO	25
TIVICAY	18	TREZIX	10	TUKYSA	17
TIVICAY PD	18	triamcinolone acetonide external aerosol solution	33	TURALIO	17
		triamcinolone acetonide external cream	33	turqoz	35

TUXARIN ER.....	45	VAXELIS	39	VITATHELY WITH GINGER.....	29
TWINRIX	39	VAXNEUVANCE	39	VITRAKVI.....	17
TWIRLA.....	35	VCF VAGINAL CONTRACEPTIVE.....	32	VIVAGUARD INO GLUCOSE METER KIT21	
TYBLUME.....	35	VECAMYL	25	VIVAGUARD LANCETS 30G.....	21
TYBOST.....	18	velivet	36	VIVAGUARD LANCING DEVICE	21
tydemy	35	VELPHORO.....	29	VIVAGUARD SAFETY LANCETS 28G....	21
TYENNE SUBCUTANEOUS.....	38	VELTASSA	29	VIVJOA	14
TYMLOS.....	40	VENCLEXTA.....	17	VIZIMPRO	17
TYRVAYA.....	42	VENCLEXTA STARTING PACK	17	VOCABRIA.....	18
TYVASO	44	venlafaxine hcl.....	13	volnea	36
TYVASO DPI INSTITUTIONAL KIT.....	44	venlafaxine hcl er oral capsule		VONJO	16
TYVASO DPI MAINTENANCE KIT.....	44	extended release 24 hour.....	13	VONVENDI INTRAVENOUS	
TYVASO DPI TITRATION KIT.....	44	VEOZAH	41	SOLUTION RECONSTITUTED 650	
TYVASO REFILL KIT.....	44	verapamil hcl er oral capsule		UNIT.....	23
TYVASO STARTER KIT.....	44	extended release 24 hour 100 mg,		VOQUEZNA	30
UBRELVI	14	200 mg, 300 mg	24	VOQUEZNA DUAL PAK.....	30
UCERIS ORAL	39	verapamil hcl er oral capsule		VOQUEZNA TRIPLE PAK.....	30
UDENYCA	22	extended release 24 hour 120 mg,		VORANIGO.....	16
UNIFINE OTC PEN NEEDLES	41	180 mg, 240 mg, 360 mg	24	voriconazole oral suspension	
UNIFINE PROTECT PEN NEEDLE	41	verapamil hcl er oral tablet extended		reconstituted	14
unithroid	37	release.....	24	voriconazole oral tablet	14
UPNEEQ.....	42	verapamil hcl oral.....	24	VORTEX VALVE CHAMBER-PEDI MASK	41
UPTRAVI ORAL	44	VEREGEN.....	28	VORTEX VALVED HOLDING CHAMBER	41
UPTRAVI TITRATION.....	44	VERIFINE INSULIN PEN NEEDLE	41	VOSEVI.....	18
UROCIT-K 10	28	VERIFINE INSULIN SYRINGE.....	41	VOWST	30
UROCIT-K 15	28	VERIFINE PLUS PEN NEEDLE	41	VOXZOGO.....	31
ursodiol oral capsule 300 mg.....	30	VERIFINE SAFE LANCET MINI 21G....	21	VOYDEYA.....	22
ursodiol oral tablet.....	30	VERIFINE SAFE LANCET MINI 23G ...	21	VRAYLAR	18
VAFSEO.....	22	VERIFINE SAFE LANCET MINI 28G ...	21	VTAMA.....	28
valacyclovir hcl oral	20	VERIFINE SAFE LANCET MINI 30G ...	21	vyfemla	36
VALCHLOR	15	VERIFINE SHARPS CONTAINER.....	41	VYLEESI.....	27
valganciclovir hcl	18	VERKAZIA	42	vylibra	36
valproic acid oral capsule.....	12	VERQUVO	25	VYNDAMAX	25
valproic acid oral solution 250 mg/5ml	12	VERZENIO.....	16	VYNDAGEL.....	25
valsartan-hydrochlorothiazide	25	vestura	36	WAINUA	31
valsartan oral solution	23	VFEND.....	14	WAKIX.....	45
valsartan oral tablet	23	VIBERZI	30	warfarin sodium oral.....	22
VALTOCO 5 MG DOSE	12	vienva	36	WELIREG.....	16
VALTOCO 10 MG DOSE	12	vigabatrin	12	wera	36
VALTOCO 15 MG DOSE	12	VIGADRONE	12	WESNATAL DHA COMPLETE	29
VALTOCO 20 MG DOSE.....	12	VIGAFYDE.....	12	WESNATE DHA	29
valtya 1/35	35	VIJOICE.....	17	wes-phos 250 neutral.....	28
valtya 1/50	35	vilazodone hcl.....	13	WESTGEL DHA	29
VANCOGIN.....	11	VIMPAT ORAL	13	WIDE-SEAL DIAPHRAGM 60	41
vancomycin hcl oral capsule	11	VIOKACE	31	WIDE-SEAL DIAPHRAGM 65.....	41
vancomycin hcl oral solution		viorele	36	WIDE-SEAL DIAPHRAGM 70.....	41
reconstituted	11	VIRACEPT	19	WIDE-SEAL DIAPHRAGM 75.....	41
VANDAZOLE.....	11	VIREAD ORAL POWDER	19	WIDE-SEAL DIAPHRAGM 80	41
VANFLYTA	17	VIREAD ORAL TABLET 150 MG, 200		WIDE-SEAL DIAPHRAGM 85.....	41
VAQTA.....	39	MG, 250 MG.....	19	WIDE-SEAL DIAPHRAGM 90	41
vardenafil hcl oral.....	32	VISTOGARD.....	41	WIDE-SEAL DIAPHRAGM 95.....	41
varenicline tartrate	10	VITAFOL FE+.....	29	WILATE INTRAVENOUS KIT 500-500	
varenicline tartrate(continue).....	10	VITAFOL-OB+DHA	29	UNIT.....	23
varenicline tartrate (starter).....	10	vitamin d (ergocalciferol) oral		WINREVAIR.....	44
VARIVAX.....	39	capsule 1.25 mg (50000 ut), 50000		wixela inhub.....	43
		unit	29		

wymzya fe	36	ZEJULA.....	16
XACIATO	11	ZELAPAR	18
xarah fe.....	36	ZELBORAF	17
XARELTO	22	zelvysia	31
XARELTO STARTER PACK	22	ZEMPLAR ORAL.....	40
XATMEP	37	zenatane	28
XCOPRI.....	12	ZENPEP	31
XDEMVY.....	42	ZEPATIER.....	18
XELJANZ	37	ZEPOSIA.....	27
XELJANZ XR.....	37	ZEPOSIA 7-DAY STARTER PACK	27
XELPROS.....	43	ZEPOSIA STARTER KIT	27
xelria fe.....	36	ZERViate.....	42
XELSTRYM.....	26	ZIAGEN.....	19
XERMELO	30	zidovudine	19
XIFAXAN.....	11	ZILBRYSQ	41
XIIDRA.....	42	zileuton er.....	43
XOFLUZA (40 MG DOSE)	19	ZILXI	28
XOFLUZA (80 MG DOSE)	19	ZIMHI	10
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	38	ZIOPTAN	43
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	38	ziprasidone hcl.....	18
XOLREMDI	22	ZIRGAN.....	41
XOPENEX HFA.....	44	ZITHROMAX ORAL	11
XOSPATA	17	ZITHROMAX TRI-PAK	11
XPHOZAH	41	ZITHROMAX Z-PAK	11
XPOVIO (40 MG ONCE WEEKLY)	16	ZOKINVY	41
XPOVIO (40 MG TWICE WEEKLY)	16	ZOLINZA	16
XPOVIO (60 MG ONCE WEEKLY)	16	zolmitriptan oral tablet	15
XPOVIO (60 MG TWICE WEEKLY)	16	zolmitriptan oral tablet dispersible ...	15
XPOVIO (80 MG ONCE WEEKLY)	16	zolpidem tartrate er	45
XPOVIO (80 MG TWICE WEEKLY)	16	zolpidem tartrate oral tablet	45
XPOVIO (100 MG ONCE WEEKLY).....	16	ZOMIG NASAL SOLUTION 2.5 MG	15
XTAMPZA ER	9	ZOMIG NASAL SOLUTION 5 MG	15
XTANDI.....	15	ZONEGRAN	12
xulane	36	ZONISADE.....	12
XYNTHA INTRAVENOUS KIT 250 UNIT	23	zonisamide oral	12
XYNTHA SOLOFUSE INTRAVENOUS KIT 250 UNIT, 3000 UNIT	23	ZONTIVITY	22
XYWAV.....	45	ZORYVE EXTERNAL CREAM 0.15 %, 0.3 %.....	28
YASMIN 28	36	ZORYVE EXTERNAL FOAM.....	28
YAZ	36	zovia 1/35 (28)	36
YESINTEK SUBCUTANEOUS	37	ZTALMY	12
YEZTUGO ORAL.....	19	ZTLIDO.....	10
YORVIPATH.....	41	ZUBSOLV	10
YUPELRI.....	43	zumandimine	36
yuvafer.....	36	ZURZUVAE.....	13
zafemy	36	ZYDELIG	17
zafirlukast	43	ZYLET	42
zaleplon	45	ZYVOX ORAL.....	11
ZANAFLEX ORAL TABLET.....	45		
ZARONTIN	12		
ZARXIO	22		
ZAVZPRET	14		
ZEGALOGUE	22		

Language Assistance Services

1-877-265-9199, TTY 711

English: Translation services and interpreters are available at no cost to you. If you need help, please call the number above or the Member Services number on your health plan ID card.

Spanish: Hay servicios de traducción e interpretación disponibles sin costo para usted. Si necesita ayuda, llame al número anterior o al número de Servicios para Miembros que figura en la tarjeta de identificación de su plan de salud.

Chinese: 翻译服务和口译员免费供您使用。如果您需要帮助，请拨打上述号码或拨打您健康计划 ID 卡上的会员服务号码。

Vietnamese: Dịch vụ dịch thuật và thông dịch viên được cung cấp miễn phí cho quý vị. Nếu quý vị cần trợ giúp, vui lòng gọi số ở trên hoặc số bộ phận Dịch vụ Thành viên trên thẻ ID chương trình sức khỏe của quý vị.

Korean: 번역 서비스와 통역사는 비용 부담 없이 이용하실 수 있습니다. 도움이 필요하신 경우, 전술한 번호 또는 의료 플랜 ID 카드에 기재된 가입자 서비스 번호로 전화하십시오.

Arabic: تتوفر خدمات الترجمة والمترجمون الفوريون لك مجانًا. إذا كنت بحاجة إلى المساعدة، فيُرجى الاتصال بالرقم أعلاه أو رقم خدمات الأعضاء الموجود على بطاقة معرف الخطة الصحية الخاصة بك.

French Creole: Sèvis tradiksyon ak entèprèt disponib pou ou gratis. Si w bezwen èd, tanpri rele nimewo ki anwo a oswa nimewo Sèvis Manm ki sou kat idantite (ID) plan sante w la.

Tagalog: Ang mga serbisyo sa pagsasalin at mga tagapagsalin ay magagamit mo nang walang bayad. Kung kailangan mo ng tulong, mangyaring tawagan ang numero sa itaas o ang numero ng mga Serbisyo sa Miyembro na nasa iyang ID kard ng planong pangkalusugan.

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: Übersetzungsdienste 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 નિ:શુલ્ક ઉપલબ્ધ છે. જો તમને મદદની જરૂર હોય, તો કૃપા કરીને ઉપરના નંબર પર અથવા તમારા હેલ્થ પ્લાન આઈડી કાર્ડ પરના સભ્ય સેવાઓ નંબર પર કૉલ 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 ہیلتھ 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: अनुवाद सेवाएँ और दुभाषिए आपके लिए नि:शुल्क उपलब्ध हैं। यदि आपको सहायता की आवश्यकता है, तो कृपया अपने स्वास्थ्य योजना आईडी कार्ड पर ऊपर दिए गए नंबर या सदस्य सेवा नंबर पर कॉल करें।

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 አስተርጓሚዎች ለእርስዎ ያለ ምንም ወጪ ይገኛሉ። እርዳታ ከፈለጉ፣ እባክዎን ከላይ ባለው ቁጥር ወይም በጤና እቅድ መታወቂያ ካርድዎ ላይ ባለው የአባላት አገልግሎት ቁጥር 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.

Pennsylvania Dutch: Wann du Deutsch schwetzscht un Druwwel hoscht fer Englisch verschtehe, kenne mer epper beigriege fer dich helfe unni as es dich ennich eppes koschte zeelt. Wann du Hilf brauchscht, ruf die Nummer drowwe uff odder die Nummer fer Member Services as uf dei Health Plan ID Card is.

Navajo: Naaltsoos hazaad bee hadilnééh bee áka'anída'awo'í dóó ata' dahalne'í t'áá jiik'eh ná hóló. Shika'adoowoł nínízingo, t'áá shqódi hódahdi námboo biki'ágíí doodago Bit Ha'dít'éhí Bika'aná'awo' nits'íis bee ha'dít'éhí ID ninaaltsoos nítł'izí baqah námboo biki'ágíí bee hodílnih.

Notice of non-discrimination

The company complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently based on race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes.

If you believe you were treated unfairly because of your race, color, national origin, age, disability, or sex, you can send a grievance to our Civil Rights Coordinator.

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

Email: UHC_Civil_Rights@uhc.com

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**).

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

Online: <https://www.hhs.gov/civil-rights/filing-a-complaint/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

We provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified American Sign Language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

We also provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please call toll-free **1-877-265-9199** or the toll-free number on your health plan ID card (TTY/RTT **711**).

This notice is available at <https://www.uhc.com/legal/nondiscrimination-and-language-assistance-notices>.





UnitedHealthcare Individual & Family plans medical plan coverage offered by: UnitedHealthcare of Arizona, Inc.; Rocky Mountain Health Maintenance Organization Incorporated in CO; UnitedHealthcare of Florida, Inc.; UnitedHealthcare of Georgia, Inc.; UnitedHealthcare of Illinois, Inc.; UnitedHealthcare Insurance Company in AL, IN, KS, LA, MO, NE, NH, NJ, NY, OR, SD, TN, and WY; Optimum Choice, Inc. in MD and VA; UnitedHealthcare Community Plan, Inc. in MI; UnitedHealthcare of Midlands, Inc. in ND; UnitedHealthcare of Mississippi, Inc.; UnitedHealthcare of New Mexico, Inc.; UnitedHealthcare of New York, Inc.; UnitedHealthcare of North Carolina, Inc.; UnitedHealthcare of Ohio, Inc.; UnitedHealthcare of Oklahoma, Inc.; UnitedHealthcare of South Carolina, Inc.; UnitedHealthcare of Texas, Inc.; UnitedHealthcare of Oregon, Inc. in WA; UnitedHealthcare of Wisconsin, Inc., and UnitedHealthcare Plan of the River Valley in Iowa. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

10/25 © 2025 United HealthCare Services, Inc. All Rights Reserved. IFP2895550-MA