



Texas
Individual & Family plans
2025 Prescription Drug List

Effective as of Jan. 1, 2025

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Summary of formulary benefits

The information in this document is designed to help you understand the prescription drug benefits offered under this plan and to compare these benefits to those offered by other plans. Information contained in this summary is designed to help you compare both the value and scope of formulary benefits.

How to find information on the cost of prescription drugs

When you shop for a plan, you can check the price of a drug to see if it's covered and estimate your costs by visiting [welcome.optumrx.com/texas](https://www.welcome.optumrx.com/texas). The price estimate you see is based on the most recent network pricing and does not reflect any deductible requirements your plan may have. Once your plan is effective, you can check the price of a drug by visiting [myuhc.com/exchange](https://www.myuhc.com/exchange).

You can also use this Prescription Drug List (PDL) to find the tier of your medication and your Summary of Benefits and Coverage (SBC) document to find the cost-share for the corresponding tier.

Formulary by health benefit plan

The same formulary (this PDL) applies to all plans included below. You can reference your Summary of Benefits and Coverage (SBC) document, which includes your specific plan information. Your SBC includes your deductible and out of pocket maximums, cost-shares for each tier, and a link to your PDL.

2025 Marketing plan name	SBC document
UHC Bronze-X Value (\$0 Virtual Urgent Care, \$3 Tier 2 Rx)	https://www.uhc.com/ifp/sbc.40220TX0080010-00.en.2025.pdf
UHC Bronze Value (\$0 Virtual Urgent Care, \$3 Tier 2 Rx)	https://www.uhc.com/ifp/sbc.40220TX0080010-01.en.2025.pdf
UHC Bronze-A Value (\$0 Virtual Urgent Care, \$0 Tier 2 Rx)	https://www.uhc.com/ifp/sbc.40220TX0080010-02.en.2025.pdf
UHC Bronze-B Value (\$0 Virtual Urgent Care, \$3 Tier 2 Rx)	https://www.uhc.com/ifp/sbc.40220TX0080010-03.en.2025.pdf
UHC Gold-X Standard \$0 Indiv Ded (\$0 Virtual Urgent Care)	https://www.uhc.com/ifp/sbc.40220TX0080013-00.en.2025.pdf
UHC Gold Standard \$0 Indiv Ded (\$0 Virtual Urgent Care)	https://www.uhc.com/ifp/sbc.40220TX0080013-01.en.2025.pdf
UHC Gold-A Standard \$0 Indiv Ded	https://www.uhc.com/ifp/sbc.40220TX0080013-02.en.2025.pdf
UHC Gold-B Standard \$0 Indiv Ded (\$0 Virtual Urgent Care)	https://www.uhc.com/ifp/sbc.40220TX0080013-03.en.2025.pdf
UHC Bronze-X Standard	https://www.uhc.com/ifp/sbc.40220TX0080015-00.en.2025.pdf
UHC Bronze Standard	https://www.uhc.com/ifp/sbc.40220TX0080015-01.en.2025.pdf
UHC Bronze-A Standard	https://www.uhc.com/ifp/sbc.40220TX0080015-02.en.2025.pdf
UHC Bronze-B Standard	https://www.uhc.com/ifp/sbc.40220TX0080015-03.en.2025.pdf
UHC Silver-X Standard	https://www.uhc.com/ifp/sbc.40220TX0080020-00.en.2025.pdf
UHC Silver Standard	https://www.uhc.com/ifp/sbc.40220TX0080020-01.en.2025.pdf
UHC Silver-A Standard	https://www.uhc.com/ifp/sbc.40220TX0080020-02.en.2025.pdf
UHC Silver-B Standard	https://www.uhc.com/ifp/sbc.40220TX0080020-03.en.2025.pdf
UHC Silver-E Standard	https://www.uhc.com/ifp/sbc.40220TX0080020-04.en.2025.pdf
UHC Silver-D Standard	https://www.uhc.com/ifp/sbc.40220TX0080020-05.en.2025.pdf
UHC Silver-C Standard	https://www.uhc.com/ifp/sbc.40220TX0080020-06.en.2025.pdf
UHC Gold-X Standard	https://www.uhc.com/ifp/sbc.40220TX0080024-00.en.2025.pdf
UHC Gold Standard	https://www.uhc.com/ifp/sbc.40220TX0080024-01.en.2025.pdf
UHC Gold-A Standard	https://www.uhc.com/ifp/sbc.40220TX0080024-02.en.2025.pdf
UHC Gold-B Standard	https://www.uhc.com/ifp/sbc.40220TX0080024-03.en.2025.pdf
UHC Silver-X Value (\$0 Virtual Urgent Care, \$3 Tier 2 Rx)	https://www.uhc.com/ifp/sbc.40220TX0080025-00.en.2025.pdf
UHC Silver Value (\$0 Virtual Urgent Care, \$3 Tier 2 Rx)	https://www.uhc.com/ifp/sbc.40220TX0080025-01.en.2025.pdf
UHC Silver-A Value (\$0 Virtual Urgent Care, \$0 Tier 2 Rx)	https://www.uhc.com/ifp/sbc.40220TX0080025-02.en.2025.pdf
UHC Silver-B Value (\$0 Virtual Urgent Care, \$3 Tier 2 Rx)	https://www.uhc.com/ifp/sbc.40220TX0080025-03.en.2025.pdf
UHC Silver-E Value (\$0 Virtual Urgent Care, \$3 Tier 2 Rx)	https://www.uhc.com/ifp/sbc.40220TX0080025-04.en.2025.pdf
UHC Silver-D Value (\$0 Virtual Urgent Care, \$2 Tier 2 Rx)	https://www.uhc.com/ifp/sbc.40220TX0080025-05.en.2025.pdf
UHC Silver-C Value \$0 Indiv Ded (\$0 Virtual Urgent Care, \$2 Tier 2 Rx)	https://www.uhc.com/ifp/sbc.40220TX0080025-06.en.2025.pdf
UHC Silver-X Advantage (\$0 Virtual Urgent Care, \$3 Tier 2 Rx)	https://www.uhc.com/ifp/sbc.40220TX0080026-00.en.2025.pdf
UHC Silver Advantage (\$0 Virtual Urgent Care, \$3 Tier 2 Rx)	https://www.uhc.com/ifp/sbc.40220TX0080026-01.en.2025.pdf

2025 Marketing plan name	SBC document
UHC Silver-A Advantage (\$0 Virtual Urgent Care, \$0 Tier 2 Rx)	https://www.uhc.com/ifp/sbc.40220TX0080026-02.en.2025.pdf
UHC Silver-B Advantage (\$0 Virtual Urgent Care, \$3 Tier 2 Rx)	https://www.uhc.com/ifp/sbc.40220TX0080026-03.en.2025.pdf
UHC Silver-E Advantage (\$0 Virtual Urgent Care, \$3 Tier 2 Rx)	https://www.uhc.com/ifp/sbc.40220TX0080026-04.en.2025.pdf
UHC Silver-D Advantage (\$0 Virtual Urgent Care, \$1 Tier 2 Rx)	https://www.uhc.com/ifp/sbc.40220TX0080026-05.en.2025.pdf
UHC Silver-C Advantage (\$0 Virtual Urgent Care, \$1 Tier 2 Rx)	https://www.uhc.com/ifp/sbc.40220TX0080026-06.en.2025.pdf
UHC Gold-X Advantage (\$0 Virtual Urgent Care, \$3 Tier 2 Rx)	https://www.uhc.com/ifp/sbc.40220TX0080028-00.en.2025.pdf
UHC Gold Advantage (\$0 Virtual Urgent Care, \$3 Tier 2 Rx)	https://www.uhc.com/ifp/sbc.40220TX0080028-01.en.2025.pdf
UHC Gold-A Advantage (\$0 Virtual Urgent Care, \$0 Tier 2 Rx)	https://www.uhc.com/ifp/sbc.40220TX0080028-02.en.2025.pdf
UHC Gold-B Advantage (\$0 Virtual Urgent Care, \$3 Tier 2 Rx)	https://www.uhc.com/ifp/sbc.40220TX0080028-03.en.2025.pdf
UHC Bronze-X Copay Focus \$0 Indiv Med Ded (\$0 Virtual Urgent Care)	https://www.uhc.com/ifp/sbc.40220TX0080031-00.en.2025.pdf
UHC Bronze Copay Focus \$0 Indiv Med Ded (\$0 Virtual Urgent Care)	https://www.uhc.com/ifp/sbc.40220TX0080031-01.en.2025.pdf
UHC Bronze-A Copay Focus \$0 Indiv Ded (\$0 Virtual Urgent Care)	https://www.uhc.com/ifp/sbc.40220TX0080031-02.en.2025.pdf
UHC Bronze-B Copay Focus \$0 Indiv Med Ded (\$0 Virtual Urgent Care)	https://www.uhc.com/ifp/sbc.40220TX0080031-03.en.2025.pdf
UHC Kelsey-Seybold Bronze-X Copay Focus	https://www.uhc.com/ifp/sbc.40220TX0080032-00.en.2025.pdf
UHC Kelsey-Seybold Bronze Copay Focus	https://www.uhc.com/ifp/sbc.40220TX0080032-01.en.2025.pdf
UHC Kelsey-Seybold Bronze-A Copay Focus	https://www.uhc.com/ifp/sbc.40220TX0080032-02.en.2025.pdf
UHC Kelsey-Seybold Bronze-B Copay Focus	https://www.uhc.com/ifp/sbc.40220TX0080032-03.en.2025.pdf
UHC Kelsey-Seybold Silver-X Copay Focus	https://www.uhc.com/ifp/sbc.40220TX0080033-00.en.2025.pdf
UHC Kelsey-Seybold Silver Copay Focus	https://www.uhc.com/ifp/sbc.40220TX0080033-01.en.2025.pdf
UHC Kelsey-Seybold Silver-A Copay Focus	https://www.uhc.com/ifp/sbc.40220TX0080033-02.en.2025.pdf
UHC Kelsey-Seybold Silver-B Copay Focus	https://www.uhc.com/ifp/sbc.40220TX0080033-03.en.2025.pdf
UHC Kelsey-Seybold Silver-E Copay Focus	https://www.uhc.com/ifp/sbc.40220TX0080033-04.en.2025.pdf
UHC Kelsey-Seybold Silver-D Copay Focus	https://www.uhc.com/ifp/sbc.40220TX0080033-05.en.2025.pdf
UHC Kelsey-Seybold Silver-C Copay Focus	https://www.uhc.com/ifp/sbc.40220TX0080033-06.en.2025.pdf
UHC Kelsey-Seybold Gold-X Copay Focus (\$5 Tier 2 Rx)	https://www.uhc.com/ifp/sbc.40220TX0080034-00.en.2025.pdf
UHC Kelsey-Seybold Gold Copay Focus (\$5 Tier 2 Rx)	https://www.uhc.com/ifp/sbc.40220TX0080034-01.en.2025.pdf
UHC Kelsey-Seybold Gold-A Copay Focus (\$0 Tier 2 Rx)	https://www.uhc.com/ifp/sbc.40220TX0080034-02.en.2025.pdf
UHC Kelsey-Seybold Gold-B Copay Focus (\$5 Tier 2 Rx)	https://www.uhc.com/ifp/sbc.40220TX0080034-03.en.2025.pdf
UHC Bronze-X Essential (\$0 Virtual Urgent Care, \$3 Tier 2 Rx) (Off-Exchange Only)	https://www.uhc.com/ifp/sbc.40220TX0080036-00.en.2025.pdf
UHC Bronze-X Value HSA (Off-Exchange Only)	https://www.uhc.com/ifp/sbc.40220TX0080037-00.en.2025.pdf
UHC Silver-X Copay Focus \$0 Indiv Med Ded (\$0 Virtual Urgent Care) (Off-Exchange Only)	https://www.uhc.com/ifp/sbc.40220TX0080038-00.en.2025.pdf
UHC Silver-X Value HSA (Off-Exchange Only)	https://www.uhc.com/ifp/sbc.40220TX0080039-00.en.2025.pdf
UHC Gold-X Standard \$0 Indiv Ded (\$0 Virtual Urgent Care) (Off-Exchange Only)	https://www.uhc.com/ifp/sbc.40220TX0080040-00.en.2025.pdf
UHC Gold-X Value HSA (Off-Exchange Only)	https://www.uhc.com/ifp/sbc.40220TX0080041-00.en.2025.pdf
UHC Silver-X Value (\$0 Virtual Urgent Care, \$3 Tier 2 Rx) (Off-Exchange Only)	https://www.uhc.com/ifp/sbc.40220TX0080042-00.en.2025.pdf
UHC Silver Advantage (\$0 Virtual Urgent Care, \$3 Tier 2 Rx) (Off-Exchange Only)	https://www.uhc.com/ifp/sbc.40220TX0080043-00.en.2025.pdf
UHC Silver Standard (Off-Exchange Only)	https://www.uhc.com/ifp/sbc.40220TX0080044-00.en.2025.pdf
UHC Silver-X Advantage+ (\$0 Virtual Urgent Care, \$3 Tier 2 Rx, Dental + Vision)	https://www.uhc.com/ifp/sbc.40220TX0090001-00.en.2025.pdf
UHC Silver Advantage+ (\$0 Virtual Urgent Care, \$3 Tier 2 Rx, Dental + Vision)	https://www.uhc.com/ifp/sbc.40220TX0090001-01.en.2025.pdf
UHC Silver-A Advantage+ (\$0 Virtual Urgent Care, \$0 Tier 2 Rx, Dental + Vision)	https://www.uhc.com/ifp/sbc.40220TX0090001-02.en.2025.pdf
UHC Silver-B Advantage+ (\$0 Virtual Urgent Care, \$3 Tier 2 Rx, Dental + Vision)	https://www.uhc.com/ifp/sbc.40220TX0090001-03.en.2025.pdf
UHC Silver-E Advantage+ (\$0 Virtual Urgent Care, \$3 Tier 2 Rx, Dental + Vision)	https://www.uhc.com/ifp/sbc.40220TX0090001-04.en.2025.pdf
UHC Silver-D Advantage+ (\$0 Virtual Urgent Care, \$1 Tier 2 Rx, Dental + Vision)	https://www.uhc.com/ifp/sbc.40220TX0090001-05.en.2025.pdf
UHC Silver-C Advantage+ (\$0 Virtual Urgent Care, \$1 Tier 2 Rx, Dental + Vision)	https://www.uhc.com/ifp/sbc.40220TX0090001-06.en.2025.pdf

2025 Marketing plan name	SBC document
UHC Gold-X Advantage+ (\$0 Virtual Urgent Care, \$3 Tier 2 Rx, Dental + Vision)	https://www.uhc.com/ifp/sbc.40220TX0090002-00.en.2025.pdf
UHC Gold Advantage+ (\$0 Virtual Urgent Care, \$3 Tier 2 Rx, Dental + Vision)	https://www.uhc.com/ifp/sbc.40220TX0090002-01.en.2025.pdf
UHC Gold-A Advantage+ (\$0 Virtual Urgent Care, \$0 Tier 2 Rx, Dental + Vision)	https://www.uhc.com/ifp/sbc.40220TX0090002-02.en.2025.pdf
UHC Gold-B Advantage+ (\$0 Virtual Urgent Care, \$3 Tier 2 Rx, Dental + Vision)	https://www.uhc.com/ifp/sbc.40220TX0090002-03.en.2025.pdf
UHC Bronze-X Value+ (\$0 Virtual Urgent Care, \$3 Tier 2 Rx, Dental + Vision)	https://www.uhc.com/ifp/sbc.40220TX0090003-00.en.2025.pdf
UHC Bronze Value+ (\$0 Virtual Urgent Care, \$3 Tier 2 Rx, Dental + Vision)	https://www.uhc.com/ifp/sbc.40220TX0090003-01.en.2025.pdf
UHC Bronze-A Value+ (\$0 Virtual Urgent Care, \$0 Tier 2 Rx, Dental + Vision)	https://www.uhc.com/ifp/sbc.40220TX0090003-02.en.2025.pdf
UHC Bronze-B Value+ (\$0 Virtual Urgent Care, \$3 Tier 2 Rx, Dental + Vision)	https://www.uhc.com/ifp/sbc.40220TX0090003-03.en.2025.pdf
UHC Silver-X Value+ (\$0 Virtual Urgent Care, \$3 Tier 2 Rx, Dental + Vision)	https://www.uhc.com/ifp/sbc.40220TX0090004-00.en.2025.pdf
UHC Silver Value+ (\$0 Virtual Urgent Care, \$3 Tier 2 Rx, Dental + Vision)	https://www.uhc.com/ifp/sbc.40220TX0090004-01.en.2025.pdf
UHC Silver-A Value+ (\$0 Virtual Urgent Care, \$0 Tier 2 Rx, Dental + Vision)	https://www.uhc.com/ifp/sbc.40220TX0090004-02.en.2025.pdf
UHC Silver-B Value+ (\$0 Virtual Urgent Care, \$3 Tier 2 Rx, Dental + Vision)	https://www.uhc.com/ifp/sbc.40220TX0090004-03.en.2025.pdf
UHC Silver-E Value+ (\$0 Virtual Urgent Care, \$3 Tier 2 Rx, Dental + Vision)	https://www.uhc.com/ifp/sbc.40220TX0090004-04.en.2025.pdf
UHC Silver-D Value+ (\$0 Virtual Urgent Care, \$2 Tier 2 Rx, Dental + Vision)	https://www.uhc.com/ifp/sbc.40220TX0090004-05.en.2025.pdf
UHC Silver-C Value+ \$0 Indiv Ded (\$0 Virtual Urgent Care, \$2 Tier 2 Rx, Dental + Vision)	https://www.uhc.com/ifp/sbc.40220TX0090004-06.en.2025.pdf

Drugs by cost sharing tier

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, set by UnitedHealthcare®. This determines how much you will pay when you fill a prescription at a network pharmacy.

Drug tier	Cost share	% of drugs
Tier 1	\$0	11%
Tier 2	\$	39%
Tier 3	\$\$	21%
Tier 4	\$\$\$	19%
Tier 5	\$\$\$\$	10%

How prescription drugs are covered under the plan

Formulary composition

A PDL or a formulary is a list of covered prescribed medications 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. UnitedHealthcare's formulary is considered a closed formulary, in which only medications included in the formulary are covered. A drug that is not on the formulary may be covered by requesting an exception. Medications included on the formulary do not guarantee that your healthcare provider will prescribe that medication for a particular condition.

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

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.

Right to appeal

To get a medication not listed in the PDL, you, your authorized representative or your healthcare provider can ask for a coverage request by calling the number on your health plan ID card.

Once the request is received, a decision will be provided within 72 hours, unless state law requires faster response or there are exigent circumstances and an expedited review is requested, in which case a decision will be provided in 24 hours.

If approved, your cost share will be based on the second highest tier in your benefit plan design.

If the request is denied, you have the right to appeal or request an external review. Your denial letter will describe the process to appeal that decision or request an external review.

Continuation of coverage

You have the right to continue coverage for a prescription drug at the same coverage level or tier at which the drug was covered at the beginning of the plan year, until your plan renewal date.

Off-label drug use

We may provide coverage for off-label drug use. Off-label use of FDA approved drugs occurs when a drug is prescribed for a reason that has not been approved by the FDA. Off-label drug use may be covered when all of the following apply:

- Drug has been approved by the Food and Drug Administration for at least one indication
- Drug is recognized for treatment of the indication for which the drug is prescribed in:
 - a standard drug reference compendium; or
 - substantially accepted peer-reviewed medical literature

Cost sharing

Your plan specific cost-shares (deductible, out of pocket max, and tier costs) at a network pharmacy are listed on your Summary of Benefits and Coverage document. Your deductible is the amount of money that you and anyone covered by your plan must pay out-of-pocket each plan year for covered services before your plan starts to pay. The out-of-pocket cost share for covered prescriptions applies to your deductible until your deductible is met. Your cost share may be a copayment (an amount you pay out-of-pocket for your prescription medicines after you've met any deductible) or coinsurance (a percentage of the total cost that you pay for your medicines, after you've met any deductible).

Using lower-tier medications can help you pay your lowest out-of-pocket cost. Preferred medications (generic & brand) are in lower tiers. Non-preferred medications (generic & brand) are in higher tiers. If you are prescribed a medication on a higher tier, you should discuss with your healthcare provider if a lower tier medication may be appropriate for your condition.

In the chart below, the overall value is based on factors such as effectiveness, safety, cost, and the availability of alternative medications to treat the same or similar medical condition.

Your drug list has the following tiers:

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

Medical management requirements

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

PA	<p>Prior authorization required</p> <p>UnitedHealthcare requires you or your healthcare provider to obtain prior authorization for certain drugs to be sure the drug is most appropriate for your condition. This means that you will need to get approval from UnitedHealthcare before you fill your prescriptions. If you don't get approval, the drug may not be covered.</p>
QL	<p>Quantity limit</p> <p>For certain drugs, UnitedHealthcare limits the amount of the drug being filled per copayment or over a certain period of time. We update quantity limits based on medical guidance and Food and Drug Administration (FDA) recommendations. This helps reduce waste and ensures medications are used appropriately.</p>
ST	<p>Step therapy</p> <p>In some cases, UnitedHealthcare requires you to first try certain drugs to treat your medical condition before we cover another drug for that condition. Step Therapy makes sure you are filling medically appropriate and affordable medications.</p>
SP	<p>Specialty medication</p> <p>Limited to a 1-month supply per prescription.</p>
MME	<p>Morphine milligram equivalent</p> <p>Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME) and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than 1 opioid drug for pain management. If your healthcare provider prescribes more than this amount, or thinks the limit is not right for your situation, you or your healthcare provider can ask the plan to cover the additional quantity.</p>
7D	<p>7 day limit if you have not filled an opioid prescription recently</p> <p>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.</p>

FAQs

How do I use my PDL?

You and your healthcare provider can use the PDL to help you choose the most cost-effective prescription medications.

This guide tells you if a medication is generic or brand, and if coverage rules or limits apply. You can reference this list when you see your healthcare provider. If your medication is not listed here, please visit myuhc.com/exchange or call the Member Services number on your health plan ID card.

Can the PDL change?

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

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

Why are some medications not covered?

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

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

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

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

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

What if I am taking a specialty medication?

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

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

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.

Over-the-counter medications

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

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

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

Preventive medications are listed as Tier 1 or are noted as \$0 Copay medications in this drug list. Some medications are available at no cost to you only when certain requirements are met. As noted in this list, we may need your healthcare provider to provide information about your medical condition to confirm that you meet the requirements to obtain the preventive medication at no cost. Follow the steps in the “Prior Authorization and Exceptions” section below. If you qualify, you can receive these drugs at \$0 cost-share. If you do not qualify, you are responsible for the customary cost-share amount for your plan.

Prior authorization and exceptions

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

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

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

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

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

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

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

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

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

How can I get a medication not listed on the PDL covered?

You, your authorized representative or your healthcare provider can ask for a coverage request by following the instructions above. Once the request is received, a decision will be provided within 72 hours, unless there are exigent circumstances and an expedited review is requested, in which case a decision will be provided in 24 hours. These responses may be shorter based on state laws. If the request is denied, information will be provided describing the process to appeal that decision and request an external review.

Reading your PDL

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

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

Questions



Review your Policy for more information about your pharmacy benefit



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

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



Call the Member Services number on your health plan ID card.

Drug name	Drug tier	Notes
Analgesics		
Nonsteroidal anti-inflammatory drugs		
aspirin 81 oral tablet delayed release	1	\$0 Copay for members between ages of 16 to 49 years.
aspirin adult low dose	1	\$0 Copay for members between ages of 16 to 49 years.
aspirin adult low strength	1	\$0 Copay for members between ages of 16 to 49 years.
aspirin childrens	1	\$0 Copay for members between ages of 16 to 49 years.
aspirin ec adult low dose	1	\$0 Copay for members between ages of 16 to 49 years.
aspirin ec low dose	1	\$0 Copay for members between ages of 16 to 49 years.
aspirin ec low strength	1	\$0 Copay for members between ages of 16 to 49 years.
aspirin low dose	1	\$0 Copay for members between ages of 16 to 49 years.
aspirin oral tablet chewable	1	\$0 Copay for members between ages of 16 to 49 years.
aspirin oral tablet delayed release 81 mg	1	\$0 Copay for members between ages of 16 to 49 years.
aspirin regimen	1	\$0 Copay for members between ages of 16 to 49 years.
celecoxib oral	2	QL
diclofenac potassium oral tablet 50 mg	2	
diclofenac sodium er	3	
diclofenac sodium external gel 1 %	3	QL
diclofenac sodium oral	2	
diclofenac-misoprostol	3	
diflunisal oral	2	
ec-naproxen	2	
etodolac	2	
etodolac er	3	
fenoprofen calcium oral tablet	4	

Drug name	Drug tier	Notes
flurbiprofen oral tablet 100 mg	2	
ft aspirin low dose	1	\$0 Copay for members between ages of 16 to 49 years.
ft aspirin oral tablet chewable	1	\$0 Copay for members between ages of 16 to 49 years.
goodsense aspirin low dose	1	\$0 Copay for members between ages of 16 to 49 years.
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	2	
indomethacin er	2	
indomethacin oral capsule	2	QL
ketoprofen er	4	ST
ketoprofen oral	3	ST
ketorolac tromethamine oral	2	
KIPROFEN	3	ST
meclofenamate sodium oral	4	
mefenamic acid oral	4	
meloxicam oral tablet	2	
mm aspirin	1	\$0 Copay for members between ages of 16 to 49 years.
nabumetone oral	2	
naproxen dr	2	
naproxen oral suspension	4	PA
naproxen oral tablet	2	
naproxen oral tablet delayed release	2	
naproxen sodium oral tablet 275 mg, 550 mg	2	
oxaprozin oral tablet	3	
piroxicam oral	2	
salsalate oral	2	
ST JOSEPH LOW DOSE	1	\$0 Copay for members between ages of 16 to 49 years.
sulindac oral	2	
tolmetin sodium	4	
Opioid analgesics, long-acting		
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	3	PA; QL; MME; 7D
hydrocodone bitartrate er oral capsule extended release 12 hour	4	PA; QL; MME; 7D
hydromorphone hcl er	4	PA; QL; MME; 7D
levorphanol tartrate oral	4	PA; QL; MME; 7D
methadone hcl intensol	2	PA; QL; MME; 7D
methadone hcl oral concentrate	2	PA; QL; MME; 7D
methadone hcl oral solution	2	PA; QL; MME; 7D

KEY: **7D** – 7 Day limit **MME** – Morphine milligram equivalent **PA** – Prior authorization required
QL – Quantity Limit **SP** – Specialty medication **ST** – Step Therapy

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

Drug name	Drug tier	Notes
Anesthetics		
Local anesthetics		
glydo	2	
lidocaine external patch 5 %	3	PA; QL
lidocaine hcl external solution	3	
lidocaine hcl mouth/throat	3	
lidocaine hcl urethral/mucosal	2	
lidocaine viscous hcl	2	
lidocaine-prilocaine external cream	2	
Anti-addiction/substance abuse treatment agents		
Alcohol deterrents/anti-craving		
acamprosate calcium	3	
disulfiram oral	2	
naltrexone hcl oral	2	
Opioid dependence treatments		
buprenorphine hcl sublingual	2	
buprenorphine hcl-naloxone hcl sublingual film	4	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	
ZUBSOLV	3	
Opioid reversal agents		
naloxone hcl injection	2	
naloxone hcl nasal	1	
NARCAN	1	
Smoking cessation agents		
bupropion hcl er (smoking det)	1	
ft nicotine	1	
ft nicotine mini	1	
goodsense nicotine mouth/throat gum 2 mg	1	
goodsense nicotine mouth/throat lozenge 4 mg	1	
habitrol	1	
NICORETTE MINI	1	
NICORETTE MOUTH/THROAT GUM 2 MG	1	
NICORETTE MOUTH/THROAT LOZENGE	1	
nicotine mini	1	
nicotine polacrilex mini	1	
nicotine polacrilex mouth/throat	1	
nicotine step 1	1	
nicotine step 2	1	
nicotine step 3	1	
nicotine transdermal kit	1	
nicotine transdermal patch 24 hour 21 mg/24hr	1	
NICOTROL	1	PA
NICOTROL NS	1	PA
varenicline tartrate	1	PA
varenicline tartrate (starter)	1	PA

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Drug name	Drug tier	Notes
varenicline tartrate(continue)	1	PA
Antibacterials		
Aminoglycosides		
gentamicin sulfate external	3	
HUMATIN	4	
neomycin sulfate oral	2	
Antibacterials, other		
clindamycin hcl oral	2	
clindamycin palmitate hcl	3	
clindamycin phosphate vaginal	2	
fosfomycin tromethamine	4	
linezolid oral suspension reconstituted	4	QL
linezolid oral tablet	3	QL
mafenide acetate external	4	
methenamine hippurate	3	
metronidazole oral tablet	2	
metronidazole vaginal	2	
mupirocin cream	4	QL
mupirocin ointment	2	QL
NEO-SYNALAR	4	QL
nitrofurantoin macrocrystal	3	
nitrofurantoin monohydrate macrocrystals	2	
nitrofurantoin oral suspension 25 mg/5ml	4	
silver sulfadiazine external	2	
SIVEXTRO ORAL	4	PA; QL
SOLOSEC	4	QL
ssd	2	
SULFAMYLON	4	
tinidazole oral	2	
trimethoprim oral	2	
vancomycin hcl oral capsule	2	QL
vancomycin hcl oral solution reconstituted	3	
VANDAZOLE	3	
XIFAXAN	5	PA; QL
Beta-lactam, cephalosporins		
cefaclor er	3	
cefaclor oral capsule	2	
cefadroxil oral capsule	2	
cefadroxil oral suspension reconstituted	2	
cefadroxil oral tablet	3	
cefdinir	2	
cefixime oral capsule	3	
cefixime oral suspension reconstituted	4	
cefepodoxime proxetil	3	
cefprozil	2	
cefuroxime axetil	2	

Drug name	Drug tier	Notes
cephalexin oral capsule 250 mg, 500 mg	2	
cephalexin oral suspension reconstituted	2	
Beta-lactam, penicillins		
amoxicillin	2	
amoxicillin-potassium clavulanate	2	
ampicillin	2	
dicloxacillin sodium	2	
penicillin v potassium	2	
Macrolides		
azithromycin oral	2	
clarithromycin er	3	
clarithromycin oral suspension reconstituted	4	
clarithromycin oral tablet	2	
erythromycin base oral capsule delayed release particles	4	
erythromycin base oral tablet	3	
erythromycin base oral tablet delayed release	3	
erythromycin ethylsuccinate oral	4	
erythromycin oral	3	
Quinolones		
BAXDELA ORAL	4	
ciprofloxacin hcl oral	2	
levofloxacin oral solution	4	
levofloxacin oral tablet	2	
moxifloxacin hcl oral	2	
ofloxacin oral	3	
Sulfonamides		
sulfadiazine oral	4	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	2	
sulfamethoxazole-trimethoprim oral tablet	2	
sulfatrim pediatric	2	
Tetracyclines		
avidoxy	2	
demeclocycline hcl	4	
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg, 20 mg	2	
doxycycline monohydrate oral capsule 100 mg, 50 mg	2	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	2	
minocycline hcl oral capsule	2	
mondoxylene nl	2	
tetracycline hcl oral capsule	2	

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Drug name	Drug tier	Notes
Anticonvulsants		
Anticonvulsants, other		
levetiracetam er	2	
levetiracetam oral	2	
NAYZILAM	5	PA
roweepra	2	
Calcium channel modifying agents		
ethosuximide oral	3	
methsuximide	3	
zonisamide oral	2	
Gamma-aminobutyric acid (GABA) augmenting agents		
clobazam	4	PA; QL
DIACOMIT	5	PA; QL; SP
diazepam rectal	4	QL
gabapentin oral capsule	2	
gabapentin oral solution 250 mg/5ml	2	
gabapentin oral tablet 600 mg, 800 mg	2	
phenobarbital oral	2	
primidone oral	2	
tiagabine hcl	4	
valproic acid oral capsule	2	
valproic acid oral solution 250 mg/5ml	2	
vigabatrin	5	PA; QL; SP
vigadrone	5	PA; QL; SP
vigpoder	5	PA; QL; SP
Glutamate reducing agents		
felbamate	4	
FYCOMPA ORAL SUSPENSION	4	PA; QL
lamotrigine oral tablet	2	
lamotrigine oral tablet chewable	2	
subvenite	2	
topiramate oral capsule sprinkle	3	
topiramate oral tablet	2	
Sodium channel agents		
APTIOM	4	PA; QL
carbamazepine er	3	
carbamazepine oral suspension 100 mg/5ml	3	
carbamazepine oral tablet	2	
carbamazepine oral tablet chewable	2	
DILANTIN ORAL CAPSULE 30 MG	4	
epitol	2	
lacosamide oral	4	PA; QL
oxcarbazepine oral suspension	4	
oxcarbazepine oral tablet	2	
phenytek	2	
phenytoin infatabs	2	
phenytoin oral	2	

Drug name	Drug tier	Notes
phenytoin sodium extended	2	
rufinamide	4	PA
Antidementia agents		
Cholinesterase inhibitors		
donepezil hcl oral tablet 10 mg, 5 mg	2	QL
donepezil hcl oral tablet dispersible	2	QL
galantamine hydrobromide er	3	QL
galantamine hydrobromide oral solution	4	QL
galantamine hydrobromide oral tablet	3	QL
rivastigmine	4	QL
rivastigmine tartrate	2	QL
N-methyl-D-aspartate (NMDA) receptor antagonist		
memantine hcl oral solution	4	QL
memantine hcl oral tablet	2	QL
Antidepressants		
Antidepressants, other		
bupropion hcl er (sr)	2	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	2	QL
bupropion hcl oral	2	
chlordiazepoxide-amitriptyline	3	
mirtazapine oral tablet	2	
mirtazapine oral tablet dispersible	3	
olanzapine-fluoxetine hcl	4	QL
perphenazine-amitriptyline	3	
Monoamine oxidase inhibitors		
MARPLAN	4	
phenelzine sulfate oral	2	
tranylcypromine sulfate	4	
SSRI/SNRI (selective serotonin reuptake inhibitors/serotonin and norepinephrine reuptake inhibitors)		
citalopram hydrobromide oral solution	3	
citalopram hydrobromide oral tablet	2	
desvenlafaxine succinate er	3	QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	QL
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	2	
FETZIMA	4	ST; QL
fluoxetine hcl (pmdd)	3	QL
fluoxetine hcl oral capsule	2	
fluoxetine hcl oral capsule delayed release	3	QL
fluoxetine hcl oral solution	2	
fluoxetine hcl oral tablet 10 mg, 20 mg	3	QL

KEY: **7D** – 7 Day limit
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Drug name	Drug tier	Notes
fluvoxamine maleate	2	
fluvoxamine maleate er	4	QL
nefazodone hcl	3	
paroxetine hcl er	3	QL
paroxetine hcl oral suspension	4	
paroxetine hcl oral tablet	2	
sertraline hcl oral concentrate	2	
sertraline hcl oral tablet	2	
trazodone hcl oral	2	
venlafaxine hcl	2	
venlafaxine hcl er oral capsule extended release 24 hour	2	
vilazodone hcl	4	QL
Tricyclics		
amitriptyline hcl oral	2	
amoxapine	2	
clomipramine hcl oral	4	
desipramine hcl oral	3	
doxepin hcl oral capsule	2	
doxepin hcl oral concentrate	2	
imipramine hcl oral	2	
imipramine pamoate	4	
nortriptyline hcl oral capsule	2	
nortriptyline hcl oral solution	3	
protriptyline hcl	3	
trimipramine maleate oral	4	
Antiemetics		
Antiemetics, other		
doxylamine-pyridoxine	4	
meclizine hcl oral tablet 25 mg	2	
meclizine hcl oral tablet 50 mg	3	
metoclopramide hcl oral solution 5 mg/5ml	2	
metoclopramide hcl oral tablet	2	
perphenazine oral	2	
prochlorperazine	3	
prochlorperazine maleate oral	2	
promethazine hcl oral	2	
promethazine hcl rectal	3	QL
promethegan	3	QL
scopolamine	3	
trimethobenzamide hcl oral	2	
Emetogenic therapy adjuncts		
ANZEMET	4	QL
aprepitant	3	QL
dronabinol	4	
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
granisetron hcl oral	3	QL
ondansetron hcl oral	2	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	2	

Drug name	Drug tier	Notes
VARUBI (180 MG DOSE)	3	QL
Antifungals		
ciclodan	2	
ciclopirox external	2	
ciclopirox olamine external	2	
clotrimazole mouth/throat	2	
clotrimazole-betamethasone external cream	2	QL
clotrimazole-betamethasone external lotion	3	
CRESEMBA ORAL	4	PA
econazole nitrate external	3	QL
EXELDERM	4	
fluconazole oral	2	
flucytosine oral	4	
griseofulvin microsize oral	3	
griseofulvin ultramicrosize	3	
GYNAZOLE-1	4	
itraconazole oral	4	QL
ketoconazole external cream	2	QL
ketoconazole external shampoo	2	
ketoconazole oral	2	
klayesta	2	QL
LULICONAZOLE	4	QL
miconazole 3	2	
naftifine hcl external cream	4	
nyamyc	2	QL
nystatin external cream	2	
nystatin external ointment	2	
nystatin external powder	2	QL
nystatin mouth/throat	2	
nystatin oral	2	
nystatin-triamcinolone	2	
nystop	2	QL
oxiconazole nitrate	4	QL
posaconazole oral tablet delayed release	3	QL
SULCONAZOLE NITRATE	4	
tavaborole	3	QL
terbinafine hcl oral	2	QL
terconazole vaginal cream	2	
terconazole vaginal suppository	3	
voriconazole oral suspension reconstituted	4	
voriconazole oral tablet	4	QL
Antigout agents		
allopurinol oral tablet 100 mg, 300 mg	2	
colchicine oral tablet	2	QL
colchicine-probenecid	2	
febuxostat	2	ST; QL

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Drug name	Drug tier	Notes
probenecid	2	
Antimigraine agents		
Calcitonin gene-related peptide (CGRP) receptor antagonist		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL
EMGALITY	3	PA; QL
UBRELVY	3	PA; QL
Ergot alkaloids		
dihydroergotamine mesylate injection	4	QL
ERGOMAR	4	QL
ergotamine-caffeine	4	
MIGERGOT	4	
Serotonin (5-HT) receptor agonists		
almotriptan malate	3	ST; QL
eletriptan hydrobromide	3	ST; QL
frovatriptan succinate	4	ST; QL
naratriptan hcl	2	QL
rizatriptan benzoate	2	QL
sumatriptan nasal	4	QL
sumatriptan succinate oral	2	QL
sumatriptan succinate refill subcutaneous solution cartridge	4	QL
sumatriptan succinate subcutaneous	4	QL
sumatriptan-naproxen sodium	4	ST; QL
zolmitriptan nasal	4	ST; QL
zolmitriptan oral	3	ST; QL
Antimyasthenic agents		
Parasympathomimetics		
pyridostigmine bromide er	4	
pyridostigmine bromide oral solution	4	
pyridostigmine bromide oral tablet 60 mg	2	
Antimycobacterials		
Antimycobacterials, other		
dapsone oral	2	
rifabutin	4	
Antituberculars		
cycloserine oral	4	
ethambutol hcl oral	2	
isoniazid oral syrup	4	
isoniazid oral tablet	2	
PRIFTIN	3	
pyrazinamide oral	3	
rifampin oral	2	
SIRTURO	5	PA

Drug name	Drug tier	Notes
TRECTOR	3	
Antineoplastics		
Alkylating agents		
cyclophosphamide oral capsule	4	
CYCLOPHOSPHAMIDE ORAL TABLET	4	
GLEOSTINE	5	SP
LEUKERAN	4	
MATULANE	5	SP
MYLERAN	4	
temozolomide	5	PA; SP
VALCHLOR	5	PA; QL; SP
Antiandrogens		
abiraterone acetate	5	PA; QL; SP
bicalutamide	2	
ERLEADA	5	PA; QL; SP
nilutamide	5	SP
NUBEQA	5	PA; QL; SP
Antiangiogenic agents		
lenalidomide	5	PA; QL; SP
POMALYST	5	PA; QL; SP
THALOMID	5	PA; QL; SP
Antiestrogens/modifiers		
EMCYT	4	
tamoxifen citrate oral tablet 10 mg	2	
tamoxifen citrate oral tablet 20 mg	2	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
toremifene citrate	4	
Antimetabolites		
capecitabine	5	SP
DROXIA	4	
hydroxyurea oral	2	
mercaptopurine oral	2	
TABLOID	5	SP
Antineoplastics, other		
diclofenac sodium external gel 3 %	4	QL
fluorouracil external cream	2	QL
fluorouracil external solution	2	
leucovorin calcium oral	2	
PIQRAY	5	PA; QL; SP
ROZLYTREK	5	PA; QL; SP
VERZENIO	5	PA; QL; SP

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Drug name	Drug tier	Notes
ZOLINZA	5	QL; SP
Aromatase inhibitors, 3rd generation		
anastrozole oral	2	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
exemestane	4	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
letrozole oral	2	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
Enzyme inhibitors		
etoposide oral	5	SP
HYCAMTIN ORAL	5	PA; QL; SP
TALZENNA	5	PA; QL; SP
Molecular target inhibitors		
ALECENSA	5	PA; QL; SP
BOSULIF	5	PA; QL; SP
CAPRELSA	5	PA; QL; SP
COMETRIQ	5	PA; QL; SP
COTELLIC	5	PA; QL; SP
erlotinib hcl	5	PA; QL; SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	5	PA; QL; SP
gefitinib	5	PA; QL; SP
imatinib mesylate	5	PA; QL; SP
IMBRUVICA	5	PA; QL; SP
JAKAFI	5	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	5	PA; QL; SP
LORBRENA	5	PA; QL; SP
sorafenib tosylate	5	PA; QL; SP
STIVARGA	5	PA; QL; SP
sunitinib malate	5	PA; QL; SP
TURALIO	5	PA; QL; SP
VENCLEXTA	5	PA; QL; SP

Drug name	Drug tier	Notes
VENCLEXTA STARTING PACK	5	PA; QL; SP
VITRAKVI	5	PA; QL; SP
XOSPATA	5	PA; QL; SP
ZELBORAF	5	PA; QL; SP
ZYKADIA	5	PA; QL; SP
Retinoids		
bexarotene external	5	QL; SP
bexarotene oral	5	SP
tretinoin oral	5	QL; SP
Treatment adjuncts		
MESNEX ORAL	5	SP
Antiparasitics		
Anthelmintics		
albendazole oral	4	PA; QL
EGATEN	4	PA
ivermectin oral	2	PA; QL
praziquantel oral	4	
Antiprotozoals		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	3	QL
atovaquone	4	
atovaquone-proguanil hcl	3	
BENZNIDAZOLE	3	PA; QL
chloroquine phosphate oral	2	QL
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg	2	QL
KRINTAFEL	3	QL
mefloquine hcl	2	
nitazoxanide oral	3	QL
pentamidine isethionate inhalation	3	QL
primaquine phosphate	2	
pyrimethamine oral	5	PA; SP
quinine sulfate	3	
Pediculicides/scabicides		
CROTAN	4	
malathion	4	
permethrin external	2	
spinosad	4	
AntiParkinson's agents		
Anticholinergics		
benztropine mesylate oral	2	
trihexyphenidyl hcl	2	
AntiParkinson's agents, other		
amantadine hcl oral	2	
carbidopa-levodopa-entacapone	4	
entacapone	3	
tolcapone	4	QL
Dopamine agonists		
apomorphine hcl subcutaneous	5	QL; SP
bromocriptine mesylate oral capsule	4	

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Drug name	Drug tier	Notes
bromocriptine mesylate oral tablet	3	
NEUPRO TRANSDERMAL PATCH 24 HOUR 2 MG/24HR	4	
pramipexole dihydrochloride	2	
ropinirole hcl	2	
Dopamine precursors/L-amino acid decarboxylase inhibitors		
carbidopa oral	4	
carbidopa-levodopa er	2	
carbidopa-levodopa oral tablet	2	
carbidopa-levodopa oral tablet dispersible	3	
DUOPA	4	PA
Monoamine oxidase B (MAO-B) inhibitors		
rasagiline mesylate oral	4	ST
selegiline hcl oral	3	
Antipsychotics		
1st generation/typical		
chlorpromazine hcl oral tablet	2	
fluphenazine hcl oral	3	
haloperidol lactate oral concentrate 2 mg/ml	2	
haloperidol oral	2	
loxapine succinate	2	
pimozide	3	
thioridazine hcl oral	2	
thiothixene	2	
trifluoperazine hcl	2	
2nd generation/atypical		
aripiprazole oral solution	4	QL
aripiprazole oral tablet	2	QL
asenapine maleate	4	ST; QL
lurasidone hcl	2	QL
olanzapine oral tablet	2	QL
olanzapine oral tablet dispersible	3	QL
paliperidone er	4	QL
quetiapine fumarate	2	QL
quetiapine fumarate er	3	QL
risperidone oral solution	2	
risperidone oral tablet	2	
risperidone oral tablet dispersible	3	
VRAYLAR	4	QL
ziprasidone hcl	3	QL
Treatment-resistant		
clozapine oral tablet	2	
clozapine oral tablet dispersible	4	QL
Antivirals		
LAGEVRIO	4	QL
PAXLOVID (150/100)	4	QL
PAXLOVID (300/100)	4	QL
Anti-cytomegalovirus (CMV) agents		

Drug name	Drug tier	Notes
valganciclovir hcl oral solution reconstituted	4	QL
valganciclovir hcl oral tablet	2	QL
Anti-hepatitis B (HBV) agents		
adefovir dipivoxil	5	
BARACLUDE ORAL SOLUTION	5	
entecavir	3	
lamivudine oral tablet 100 mg	3	
Anti-hepatitis C (HCV) agents		
LEDIPASVIR-SOFOSBUVIR	4	PA; QL; SP
PEGASYS	5	PA; QL; SP
ribavirin oral	3	
SOFOSBUVIR-VELPATASVIR	4	PA; QL; SP
SOVALDI	5	PA; QL; SP
VOSEVI	4	PA; QL; SP
Antitherpetic agents		
acyclovir external ointment	3	QL
acyclovir oral	2	
famciclovir oral	2	QL
penciclovir	4	QL
valacyclovir hcl oral	2	QL
Anti-HIV agents, integrase inhibitors (INSTI)		
BIKTARVY	4	QL
DOVATO	4	QL
GENVOYA	4	QL
JULUCA	4	QL
STRIBILD	4	QL
TIVICAY	4	QL
Anti-HIV agents, non-nucleoside reverse transcriptase inhibitors (NNRTI)		
COMPLERA	4	QL
EDURANT	4	QL
efavirenz	2	QL
efavirenz-emtricitab-tenofo df	2	QL
efavirenz-lamivudine-tenofovir	3	QL
etravirine	4	QL
INTELENCE ORAL TABLET 25 MG	4	QL
nevirapine	2	QL
nevirapine er	2	QL
Anti-HIV agents, nucleoside and nucleotide reverse transcriptase inhibitors (NRTI)		
abacavir sulfate oral solution	3	QL
abacavir sulfate oral tablet	2	QL
abacavir sulfate-lamivudine	2	QL
emtricitabine	3	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	2	QL

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emtricitabine-tenofovir df oral tablet 200-300 mg	2	QL; \$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection.
lamivudine oral solution	2	QL
lamivudine oral tablet 150 mg, 300 mg	2	QL
lamivudine-zidovudine	2	QL
ODEFSEY	4	QL
tenofovir disoproxil fumarate	2	QL; \$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection.
TRIUMEQ	4	QL
zidovudine	2	QL
Anti-HIV agents, other		
FUZEON	5	QL
maraviroc	2	QL
SELZENTRY ORAL SOLUTION	4	QL
Anti-HIV agents, protease inhibitors		
APTIVUS	4	QL
atazanavir sulfate	2	QL
darunavir	2	QL
EVOTAZ	4	QL
fosamprenavir calcium	4	QL
lopinavir-ritonavir	2	QL
NORVIR ORAL PACKET	4	QL
PREZISTA ORAL SUSPENSION	4	QL
REYATAZ ORAL PACKET	4	QL
ritonavir	2	QL
VIRACEPT	4	QL
Anti-influenza agents		
oseltamivir phosphate oral	2	QL
RELENZA DISKHALER	4	QL
rimantadine hcl	3	
Anxiolytics		
Anxiolytics, other		
bupirone hcl oral	2	
hydroxyzine hcl oral	2	
hydroxyzine pamoate oral	2	

Drug name	Drug tier	Notes
meprobamate	4	
Benzodiazepines		
alprazolam er	3	QL
alprazolam intensol	3	QL
alprazolam oral tablet	2	QL
alprazolam oral tablet dispersible	3	QL
alprazolam xr	3	QL
chlordiazepoxide hcl	2	
clonazepam oral tablet	2	QL
clonazepam oral tablet dispersible	3	QL
clorazepate dipotassium	3	QL
diazepam intensol	2	QL
diazepam oral concentrate	2	QL
diazepam oral solution	2	
diazepam oral tablet	2	QL
estazolam	2	QL
lorazepam intensol	2	QL
lorazepam oral concentrate 2 mg/ml	2	QL
lorazepam oral tablet	2	QL
oxazepam	2	
quazepam	4	
Bipolar agents		
Mood stabilizers		
divalproex sodium er	2	
divalproex sodium oral	2	
EQUETRO	4	
lithium	2	
lithium carbonate er	2	
lithium carbonate oral	2	
Blood glucose monitoring		
ACCU-CHEK AVIVA DEVICE	3	QL
ACCU-CHEK AVIVA PLUS TEST STRIPS	3	QL
ACCU-CHEK FASTCLIX LANCET KIT	3	QL
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK GUIDE CONTROL	3	QL
ACCU-CHEK GUIDE KIT W/DEVICE	3	QL
ACCU-CHEK SMARTVIEW CONTROL	3	QL
ACCU-CHEK SMARTVIEW TEST STRIPS	3	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	3	QL
AUTOLET LANCING DEVICE	3	
CARESENS LANCETS 30G	3	QL
CARETOUCH LANCING/EJECTOR	3	
CHEMSTRIP K	3	
CHEMSTRIP MICRAL	3	

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CHEMSTRIP UGK	3	
CHOSEN LANCETS 30G	3	QL
CHOSEN LANCING DEVICE	3	
CHOSEN SAFETY LANCETS 28G	3	QL
CLEVER CHOICE COMFORT EZ	3	QL
COMFORT TOUCH TWIST LANCET 30G	3	QL
CONTOUR CONTROL IN VITRO LIQUID LOW , NORMAL	3	QL
CVS KETONE CARE	3	
DEXCOM G6 RECEIVER	4	PA; QL
DEXCOM G6 SENSOR	4	PA; QL
DEXCOM G6 TRANSMITTER	4	PA; QL
DEXCOM G7 RECEIVER	4	PA; QL
DEXCOM G7 SENSOR	4	PA; QL
DIASTIX REAGENT	3	
FORA TEST N'GO ADV-VOICE-6 CON	3	
FREESTYLE LIBRE 14 DAY READER	4	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR	4	PA; QL
FREESTYLE LIBRE 2 READER	4	PA; QL
FREESTYLE LIBRE 2 SENSOR	4	PA; QL
FREESTYLE LIBRE 3 READER	4	PA; QL
FREESTYLE LIBRE 3 SENSOR	4	PA; QL
FREESTYLE LIBRE READER	4	PA; QL
KETO-DIASTIX	3	
KETONE TEST	3	
KETOSTIX	3	
LANCETS	3	QL
LANCETS SUPER THIN	3	QL
MICROLET NEXT LANCING DEVICE	3	
NOVOPEN ECHO	3	
ONETOUCH DELICA PLUS LANCING	3	
ONETOUCH DELICA SAFETY LANCING	3	QL
ONETOUCH ULTRA TEST STRIPS	3	QL
ONETOUCH ULTRA 2 KIT W/ DEVICE	3	QL
ONETOUCH ULTRA TEST STRIPS	3	QL
ONETOUCH VERIO FLEX SYSTEM KIT	3	QL
ONETOUCH VERIO IN VITRO LIQUID HIGH	3	QL
ONETOUCH VERIO TEST STRIPS	3	QL
PERFECT POINT SAFETY LANCETS	3	QL
TECHLITE LANCETS 26G	3	QL
VERIFINE SAFE LANCET MINI 21G	3	QL
VERIFINE SAFE LANCET MINI 23G	3	QL
VERIFINE SAFE LANCET MINI 28G	3	QL
VERIFINE SAFE LANCET MINI 30G	3	QL
VIVAGUARD LANCETS 30G	3	QL

Drug name	Drug tier	Notes
VIVAGUARD LANCING DEVICE	3	
VIVAGUARD SAFETY LANCETS 28G	3	QL
Blood glucose regulators		
Antidiabetic agents		
acarbose oral	2	QL
BYDUREON BCISE AUTOINJECTOR	3	PA; QL
FARXIGA	3	QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	2	QL
glipizide er	2	QL
glipizide ir	2	QL
glipizide xl	2	QL
glipizide-metformin hcl	3	QL
glyburide micronized	2	QL
glyburide oral	2	QL
glyburide-metformin	2	QL
JARDIANCE	3	QL
JENTADUETO	3	QL
JENTADUETO XR	3	QL
metformin hcl er	2	QL
metformin hcl oral solution	4	QL
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	2	QL
miglitol	3	QL
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	3	PA; QL
nateglinide	3	QL
OZEMPIC	3	PA; QL
pioglitazone hcl	2	QL
pioglitazone hcl-metformin hcl	3	QL
repaglinide	2	QL
RYBELSUS	3	PA; QL
saxagliptin hcl	3	QL
saxagliptin-metformin er	3	QL
SOLIQUA	3	QL
SYNJARDY	3	QL
SYNJARDY XR	3	QL
TRADJENTA	3	QL
TRULICITY	3	PA; QL
XIGDUO XR	3	QL
Glycemic agents		
BAQSIMI ONE PACK	1	QL
BAQSIMI TWO PACK	1	QL
diazoxide oral	4	
glucagon emergency kit	1	QL
GLUCAGON EMERGENCY KIT	1	QL
GLUCO TO GO	3	
GVOKE HYPOPEN 1-PACK	1	QL
GVOKE HYPOPEN 2-PACK	1	QL

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GVOKE KIT	1	QL
GVOKE PFS	1	QL
ZEGALOGUE	1	QL
Insulins		
BASAGLAR KWIKPEN	1	QL
HUMALOG	1	QL
HUMALOG KWIKPEN	1	QL
HUMALOG MIX 50/50 KWIKPEN	1	QL
HUMALOG MIX 50/50 VIAL	1	QL
HUMALOG MIX 75/25 KWIKPEN	1	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG U-100 JUNIOR KWIKPEN	1	QL
HUMULIN 70/30 KWIKPEN	1	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	1	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	1	QL
HUMULIN R U-500 VIAL	1	QL
HUMULIN R VIAL	1	QL
INSULIN ASPART PROT & ASPART	1	QL
INSULIN DEGLUDEC	1	QL
INSULIN DEGLUDEC FLEXTOUCH	1	QL
INSULIN LISPRO	1	QL
INSULIN LISPRO (1 UNIT DIAL)	1	QL
INSULIN LISPRO JUNIOR KWIKPEN	1	QL
INSULIN LISPRO PROT & LISPRO	1	QL
LEVEMIR FLEXPEN	1	QL
LEVEMIR U-100 VIAL	1	QL
REZVOGLAR KWIKPEN	1	QL
TRESIBA	1	QL
TRESIBA FLEXTOUCH	1	QL
Blood products and modifiers		
Anticoagulants		
ELIQUIS	3	QL
ELIQUIS DVT/PE STARTER PACK	3	QL
enoxaparin sodium	3	QL
fondaparinux sodium	4	QL
FRAGMIN	4	QL
heparin sodium (porcine)	2	
heparin sodium (porcine) pf	2	
jantoven	2	
warfarin sodium oral	2	
XARELTO	3	QL
XARELTO STARTER PACK	3	QL
Blood formation modifiers		
anagrelide hcl	4	
ARANESP (ALBUMIN FREE)	5	QL; SP
LEUKINE	5	SP
NEULASTA	5	SP
NEULASTA ONPRO	5	SP

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

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

Drug name	Drug tier	Notes
tiadylt er	2	
verapamil hcl er oral capsule extended release 24 hour	3	
verapamil hcl er oral tablet extended release	2	
verapamil hcl oral	2	
Cardiovascular agents, other		
aliskiren fumarate	4	QL
amiloride-hydrochlorothiazide	2	
amlodipine besylate-benazepril hcl	2	QL
amlodipine besylate-valsartan	3	QL
atenolol-chlorthalidone	2	
benazepril-hydrochlorothiazide	3	QL
bisoprolol-hydrochlorothiazide	2	QL
candesartan cilexetil-hctz	3	QL
captopril-hydrochlorothiazide	3	QL
CORLANOR	4	PA; QL
digoxin oral solution	3	
digoxin oral tablet 125 mcg, 250 mcg	2	
digoxin oral tablet 62.5 mcg	4	
EDARBYCLOR	4	QL
enalapril-hydrochlorothiazide	2	QL
ENTRESTO	4	PA; QL
fosinopril sodium-hctz	3	QL
irbesartan-hydrochlorothiazide	2	QL
isosorb dinitrate-hydralazine	3	QL
ivabradine hcl	4	PA; QL
lisinopril-hydrochlorothiazide	2	QL
losartan potassium-hctz	2	QL
metoprolol-hydrochlorothiazide	3	
olmesartan medoxomil-hctz	2	QL
pentoxifylline er	2	
quinapril-hydrochlorothiazide	3	QL
ranolazine er	4	QL
spironolactone-hctz	2	
telmisartan-hctz	3	QL
triarterene-hctz	2	
valsartan-hydrochlorothiazide	2	QL
Diuretics, carbonic anhydrase inhibitors		
acetazolamide er	3	
acetazolamide oral	3	
methazolamide oral	4	
Diuretics, loop		
bumetanide oral	2	
ethacrynic acid	4	
furosemide oral	2	
toremide	2	
Diuretics, potassium-sparing		
amiloride hcl oral	2	
eplerenone	3	
spironolactone oral tablet	2	

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Diuretics, thiazide		
chlorthalidone	2	
DIURIL	3	
hydrochlorothiazide oral	2	
indapamide	2	
metolazone	2	
Dyslipidemics, fibric acid derivatives		
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	2	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
gemfibrozil oral	2	
Dyslipidemics, HMG COA reductase inhibitors		
atorvastatin calcium oral tablet 10 mg, 20 mg	2	QL; \$0 Copay for members between ages 40 to 75 years.
atorvastatin calcium oral tablet 40 mg, 80 mg	2	QL
fluvastatin sodium	3	QL; \$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.
lovastatin oral	2	QL; \$0 Copay for members between ages 40 to 75 years.
pravastatin sodium	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 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	2	QL; \$0 Copay for members between ages 40 to 75 years.
simvastatin oral tablet 80 mg	2	QL

Drug name	Drug tier	Notes
Dyslipidemics, other		
cholestyramine light	3	
cholestyramine oral	3	
colesevelam hcl	3	
colestipol hcl oral granules	3	
colestipol hcl oral packet	3	
colestipol hcl oral tablet	2	
ezetimibe	2	QL
ezetimibe-simvastatin	3	QL
icosapent ethyl	4	PA
niacin (antihyperlipidemic)	3	
niacin er (antihyperlipidemic)	3	
niacor	3	
omega-3-acid ethyl esters	2	PA; QL
prevalite	3	
REPATHA	4	PA; QL
REPATHA PUSHTRONEX SYSTEM	4	PA; QL
REPATHA SURECLICK	4	PA; QL
Vasodilators, direct-acting arterial/venous		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	2	
isosorbide mononitrate	2	
isosorbide mononitrate er	2	
NITRO-BID	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	
nitroglycerin rectal	4	QL
nitroglycerin sublingual	2	
nitroglycerin transdermal	2	
Vasodilators, direct-acting arterial		
hydralazine hcl oral	2	
minoxidil oral	2	
Central nervous system agents		
Attention deficit hyperactivity disorder agents, amphetamines		
amphetamine sulfate	4	PA
amphetamine-dextroamphetamine	2	PA; QL
amphetamine-dextroamphetamine er	3	PA; QL
dextroamphetamine sulfate er	3	PA; QL
dextroamphetamine sulfate oral solution	3	PA
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	PA; QL
lisdexamfetamine dimesylate oral capsule	4	PA; QL
methamphetamine hcl	4	PA
Attention deficit hyperactivity disorder agents, non-amphetamines		
atomoxetine hcl	3	QL
clonidine hcl er oral tablet extended release 12 hour	3	

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Drug name	Drug tier	Notes
dexmethylphenidate hcl	2	PA; QL
dexmethylphenidate hcl er	3	PA; QL
guanfacine hcl er	2	QL
methylphenidate hcl er (cd)	3	PA; QL
methylphenidate hcl er (la)	3	PA; QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	3	PA; QL
methylphenidate hcl er oral tablet extended release	3	PA; QL
methylphenidate hcl oral solution	3	PA; QL
methylphenidate hcl oral tablet	2	PA; QL
methylphenidate hcl oral tablet chewable	3	PA; QL
Central nervous system, other		
AUSTEDO	5	PA; QL; SP
caffeine citrate oral	2	
DAYBUE	5	PA; QL; SP
INGREZZA	5	PA; QL; SP
riluzole	4	SP
tetrabenazine	5	PA; QL; SP
Fibromyalgia agents		
pregabalin oral capsule	2	QL
SAVELLA	4	ST; QL
SAVELLA TITRATION PACK	4	ST; QL
Multiple sclerosis agents		
AVONEX PEN	5	PA; QL; SP
AVONEX PREFILLED	5	PA; QL; SP
BETASERON	5	PA; QL; SP
dalfampridine er	4	PA; QL; SP
dimethyl fumarate oral	4	PA; QL; SP
dimethyl fumarate starter pack	4	PA; QL; SP
fingolimod hcl	5	PA; QL; SP
glatiramer acetate	4	PA; QL; SP
glatopa	4	PA; QL; SP
PLEGRIDY	5	PA; QL; SP
PLEGRIDY STARTER PACK	5	PA; QL; SP
teriflunomide	5	PA; QL; SP
Dental and oral agents		
cevimeline hcl	4	
chlorhexidine gluconate mouth/throat	2	
kourzeq	2	
oralone	2	
perio gard	2	
pilocarpine hcl oral	3	
triamcinolone acetonide mouth/throat	2	
Dermatological agents		
acutane	4	
acitretin	4	
adapalene external cream	4	PA; QL

Drug name	Drug tier	Notes
adapalene external gel	4	PA; QL
ammonium lactate external cream	2	
amnestem	4	
azelaic acid external	4	QL
benzoyl peroxide-erythromycin	3	QL
brimonidine tartrate external	4	QL
calcipotriene external cream	4	QL
calcipotriene external ointment	4	QL
calcipotriene external solution	3	QL
calcipotriene-betameth diprop	4	QL
calcitriol external	4	QL
claravis	4	
CLINDACIN ETZ EXTERNAL KIT	2	QL
clindacin etz external swab	2	QL
clindacin-p	2	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phosphate external gel	3	QL
clindamycin phosphate external lotion	3	QL
clindamycin phosphate external solution	2	QL
clindamycin phosphate external swab	2	QL
doxepin hcl external	4	PA; QL
DUOBRII	4	ST; QL
DUPIXENT	5	PA; QL; SP
ery pad 2%	2	
erythromycin external	3	
ESKATA	4	
imiquimod external cream 5 %	2	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	
ivermectin external cream	4	QL
methoxsalen rapid	4	
metronidazole external cream	3	
metronidazole external gel 0.75 %	3	
metronidazole external lotion	3	
pimecrolimus	4	ST; QL
podofilox external gel	4	
podofilox external solution	2	
REGANEX	3	PA; QL
SANTYL	4	QL
selenium sulfide external lotion	2	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA; QL; SP
STELARA SUBCUTANEOUS	5	PA; QL; SP
sulfacetamide sodium (acne)	4	
tacrolimus external	4	ST; QL
tazarotene external cream 0.1 %	4	PA; QL
tazarotene external gel	4	PA; QL
tretinoin external cream	3	PA; QL

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Drug name	Drug tier	Notes
VEREGEN	4	QL
zenatane	4	
Electrolytes/minerals/metals/vitamins		
Electrolyte/mineral replacement		
carglumic acid	5	PA; SP
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	
effer-k oral tablet effervescent 25 meq	2	
GALZIN	4	
klor-con 10	2	
klor-con m10	2	
klor-con m15	2	
klor-con m20	2	
klor-con oral packet	4	
klor-con oral tablet extended release	2	
klor-con/ef	2	
k-prime	2	
levocarnitine oral solution	3	
levocarnitine oral tablet	2	
levocarnitine sf	3	
potassium chloride crys er	2	
potassium chloride er	2	
potassium chloride oral packet	4	
potassium chloride oral solution	2	
potassium citrate er	3	
sodium fluoride oral	1	\$0 Copay for members ages 0 to 16 years.
Electrolyte/mineral/metal modifiers		
CHEMET	3	
deferasirox granules	5	PA; SP
deferasirox oral packet	5	PA; SP
deferasirox oral tablet	4	PA; SP
deferasirox oral tablet soluble	5	PA; SP
LOKELMA	4	PA; QL
sodium polystyrene sulfonate	2	
SPS	3	
trientine hcl oral capsule 250 mg	5	PA; QL; SP
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	4	PA; QL
Phosphate binders		
AURYXIA	4	SP
calcium acetate (phos binder)	2	
calcium acetate oral tablet 667 mg	2	
FOSRENOL ORAL PACKET	4	
lanthanum carbonate	4	
sevelamer carbonate oral packet	4	
sevelamer carbonate oral tablet	3	
VELPHORO	3	SP

Drug name	Drug tier	Notes
Vitamins		
ATABEX OB	2	
cyanocobalamin injection solution 1000 mcg/ml	2	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	2	
DODEX	3	
ergocalciferol oral capsule	2	
folic acid oral tablet 1 mg	2	
folic acid oral tablet 400 mcg, 800 mcg	1	
ft folic acid	1	
M-NATAL PLUS	2	
NEONATAL COMPLETE	2	
NEONATAL PLUS	2	
ONE VITE WOMENS PLUS	2	
phytonadione oral	4	QL
pnv prenatal plus multivit+dha	2	
prenatal oral tablet 27-1 mg	2	
prenatal plus vitamin/mineral	2	
PRENATRIX	2	
PRENATRYL	2	
TRINATE	2	
TRUE FOLIC ACID ORAL TABLET 1 MG	2	
TRUE FOLIC ACID ORAL TABLET 400 MCG	1	
VINATE ONE ORAL TABLET 60-1 MG	2	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	2	
VITATHELY WITH GINGER	2	
WESNATAL DHA COMPLETE	2	
WESTAB PLUS	2	
Gastrointestinal agents		
Antispasmodics, gastrointestinal		
dicyclomine hcl oral capsule	2	
dicyclomine hcl oral solution	3	
dicyclomine hcl oral tablet	2	
glycopyrrolate oral tablet 1 mg, 2 mg	2	
methscopolamine bromide oral	3	
Gastrointestinal agents, other		
alvimopan	4	
amoxicill-clarithro-lansopraz	4	QL
cromolyn sodium oral	4	
diphenoxylate-atropine oral liquid	3	
diphenoxylate-atropine oral tablet	2	
loperamide hcl oral capsule	2	
opium	4	QL
RELISTOR SUBCUTANEOUS	4	PA; QL
SYMPROIC	3	PA; QL

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Drug name	Drug tier	Notes
ursodiol oral capsule 300 mg	2	
ursodiol oral tablet	2	
Histamine2 (H2) receptor antagonists		
cimetidine hcl	2	
cimetidine oral	2	
famotidine oral suspension reconstituted	3	
famotidine oral tablet 20 mg, 40 mg	2	
nizatidine	3	
Irritable bowel syndrome agents		
alosetron hcl	4	PA; QL
LINZESS	3	PA; QL
lubiprostone	4	QL
VIBERZI	4	PA; QL; SP
Laxatives		
bisacodyl ec	1	QL
bisacodyl oral	1	QL
citroma	1	QL
clearlax	1	QL
CLENPIQ	4	\$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
constulose	2	
enulose	2	
FRESKARO MAGNESIUM CITRATE	1	QL
ft clearlax	1	QL
ft laxative	1	QL
ft magnesium citrate	1	QL
gavilax oral powder	1	QL
gavilyte-c	2	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
gavilyte-g	2	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
gavilyte-n with flavor pack	2	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
generlac	2	
gentle laxative oral tablet delayed release	1	QL

Drug name	Drug tier	Notes
gentlelax	1	QL
glycolax	1	QL
KRISTALOSE	4	
lactulose encephalopathy oral solution 10 gm/15ml	2	
lactulose oral packet	4	
lactulose oral solution	2	
magnesium citrate oral solution	1	QL
mm clearlax	1	QL
na sulfate-k sulfate-mg sulf	4	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
ONELAX MAGNESIUM CITRATE	1	QL
peg 3350-kcl-na bicarb-nacl	2	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
peg-3350/electrolytes	2	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
peg-3350/electrolytes/ascorbat	4	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
peg-kcl-nacl-nasulf-na asc-c	4	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
PLENVU	4	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
polyethylene glycol 3350 oral powder	1	QL
TRUE LAXATIVE	1	QL
Protectants		
misoprostol oral	2	
sucalfate oral suspension	4	PA
sucalfate oral tablet	2	

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Drug name	Drug tier	Notes
Proton pump inhibitors		
dexlansoprazole	4	QL
esomeprazole magnesium oral capsule delayed release	2	QL
ft acid reducer oral capsule delayed release 15 mg	2	QL
lansoprazole oral capsule delayed release	2	QL
omeprazole oral capsule delayed release 10 mg	2	QL
omeprazole oral capsule delayed release 20 mg, 40 mg	2	
pantoprazole sodium oral tablet delayed release	2	QL
rabeprazole sodium oral tablet delayed release	3	QL
sm lansoprazole	2	QL
Genetic or enzyme disorder: replacement, modifiers, treatment		
betaine	5	SP
CREON	3	
CYSTAGON	5	SP
MYALEPT	5	PA; QL; SP
sapropterin dihydrochloride	5	PA; QL; SP
SUCRAID	5	PA; SP
ZENPEP	3	
Genitourinary agents		
Antispasmodics, urinary		
darifenacin hydrobromide er	3	ST; QL
fesoterodine fumarate er	4	ST; QL
flavoxate hcl	2	
oxybutynin chloride er	2	QL
oxybutynin chloride oral solution	2	
oxybutynin chloride oral tablet 5 mg	2	
solifenacin succinate	2	QL
tolterodine tartrate	3	
tolterodine tartrate er	3	
trospium chloride	3	
trospium chloride er	3	ST
Benign prostatic hypertrophy agents		
alfuzosin hcl er	2	
CARDURA XL	4	QL
dutasteride oral	2	QL
dutasteride-tamsulosin hcl	4	
finasteride oral tablet 5 mg	2	
silodosin	3	QL
tamsulosin hcl	2	
terazosin hcl	2	
Genitourinary agents, other		
bethanechol chloride oral	2	
ELMIRON	3	
ENCARE	1	QL

Drug name	Drug tier	Notes
OPTIONS GYNOL II CONTRACEPTIVE	1	
penicillamine oral	5	SP
phenazo oral tablet 200 mg	2	
phenazopyridine hcl oral tablet 100 mg, 200 mg	2	
tadalafil oral tablet 2.5 mg, 5 mg	4	QL
tiopronin oral tablet	5	SP
VCF VAGINAL CONTRACEPTIVE	1	
Hormonal agents, stimulant/replacement/modifying (adrenal)		
ALA SCALP	4	
alclometasone dipropionate	2	
amcinonide	4	
APEXICON E	3	QL
betamethasone dipropionate aug	3	
betamethasone dipropionate external	3	
betamethasone valerate external cream	3	
betamethasone valerate external lotion	3	
betamethasone valerate external ointment	3	
clobetasol propionate e	4	QL
clobetasol propionate external cream	3	QL
clobetasol propionate external gel	3	QL
clobetasol propionate external ointment	3	QL
clobetasol propionate external solution	2	QL
clocortolone pivalate	4	ST; QL
CORDRAN	4	QL
desonide external cream	3	QL
desonide external lotion	3	QL
desonide external ointment	3	QL
desoximetasone external	3	QL
dexamethasone intensol	2	
dexamethasone oral elixir	2	
dexamethasone oral solution	2	
dexamethasone oral tablet	2	
diflorasone diacetate external cream	4	QL
fludrocortisone acetate oral	2	
fluocinolone acetonide body	3	QL
fluocinolone acetonide external	3	QL
fluocinolone acetonide scalp	3	QL
fluocinonide emulsified base	3	QL
fluocinonide external cream 0.05 %	3	QL
fluocinonide external gel	3	QL
fluocinonide external ointment	3	QL
fluocinonide external solution	3	QL
flurandrenolide external lotion	4	ST; QL

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Drug name	Drug tier	Notes
fluticasone propionate external cream	2	
fluticasone propionate external ointment	2	
halobetasol propionate external cream	3	QL
halobetasol propionate external ointment	3	QL
hydrocortisone butyrate external cream	4	QL
hydrocortisone butyrate external ointment	4	
hydrocortisone butyrate external solution	4	
hydrocortisone external cream 2.5 %	2	
hydrocortisone external lotion 2.5 %	2	
hydrocortisone external ointment 1%, 2.5 %	2	
hydrocortisone oral	2	
hydrocortisone valerate	3	QL
methylprednisolone oral	2	
mometasone furoate external PANDEL	4	
prednisolone oral solution	2	
prednisolone oral tablet	3	
prednisolone sodium phosphate oral solution	2	
prednisolone sodium phosphate oral tablet dispersible	4	
prednisone intensol	3	
prednisone oral solution	3	
prednisone oral tablet	2	
prednisone oral tablet therapy pack	2	
TEXACORT	3	
triamcinolone acetonide external cream	2	QL
triamcinolone acetonide external lotion	2	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	2	
triderm	2	QL
Hormonal agents, stimulant/replacement/modifying (pituitary)		
cabergoline	2	
desmopressin ace spray refrig	3	
desmopressin acetate injection	4	
desmopressin acetate oral	2	
desmopressin acetate pf	4	
desmopressin acetate spray	3	
FOLLISTIM AQ	5	PA; SP
INCRELEX	5	PA; QL; SP
MENOPUR	5	PA; SP

Drug name	Drug tier	Notes
OMNITROPE	4	PA; QL; SP
PREGNYL	4	PA
Selective estrogen receptor modifying agents		
CLOMID	3	PA
Hormonal agents, stimulant/replacement/modifying (prostaglandins)		
PREPIDIL	4	
Hormonal agents, stimulant/replacement/modifying (sex hormones/modifiers)		
Androgens		
ANDRODERM	3	PA; QL
danazol oral	3	
methyltestosterone oral	4	
testosterone cypionate intramuscular	2	PA
testosterone enanthate intramuscular	2	PA
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 50 mg/5gm (1%)	3	PA; QL
Estrogens		
afirmelle	1	
altavera	1	
alyacen 1/35	1	
alyacen 7/7/7	1	
amethyst	1	
ANNOVERA	1	QL
apri	1	
aranelle	1	
ashlyna	1	
aubra eq	1	
aurovela 1.5/30	1	
aurovela 1/20	1	
aurovela 24 fe	1	
aurovela fe 1.5/30	1	
aurovela fe 1/20	1	
aviane	1	
ayuna	1	
azurette	1	
balziva	1	
BIJUVA ORAL CAPSULE 0.5-100 MG	4	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
blisovi fe 1/20	1	
briellyn	1	
camrese	1	
camrese lo	1	
charlotte 24 fe	1	
chateal eq	1	
CLIMARA PRO	4	QL
cryselle-28	1	
cyred eq	1	

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Drug name	Drug tier	Notes
dasetta 1/35	1	
dasetta 7/7/7	1	
daysee	1	
delyla	1	
desogestrel-ethinyl estradiol	1	
dolishale	1	
dotti	3	QL
drospiren-eth estrad-levomefol	1	
drospirenone-ethinyl estradiol	1	
DUAVEE	4	QL
elinest	1	
eluryng	1	
enilloring	1	
enpresse-28	1	
enskyce	1	
estarylla	1	
estradiol oral	2	
estradiol transdermal patch twice weekly	3	QL
estradiol transdermal patch weekly	2	QL
estradiol vaginal cream	3	
estradiol vaginal tablet	3	QL
estradiol valerate intramuscular	2	
estradiol-norethindrone acet	3	
ESTRING	3	QL
ethynodiol diac-eth estradiol	1	
etonogestrel-ethinyl estradiol	1	
falmina	1	
finzala	1	
fyavolv	3	
gemmily	1	
hailey 1.5/30	1	
hailey 24 fe	1	
hailey fe 1.5/30	1	
hailey fe 1/20	1	
haloette	1	
iclevia	1	
introvale	1	
isibloom	1	
jaimiess	1	
jasmiel	1	
jinteli	3	
jolessa	1	
joyeaux	1	
juleber	1	
junel 1.5/30	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
junel fe 24	1	
kaitlib fe	1	
kalliga	1	

Drug name	Drug tier	Notes
kariva	1	
kelnor 1/35	1	
kelnor 1/50	1	
kurvelo	1	
larin 1.5/30	1	
larin 1/20	1	
larin 24 fe	1	
larin fe 1.5/30	1	
larin fe 1/20	1	
layolis fe	1	
leena	1	
lessina	1	
levonest	1	
levonorgest-eth est & eth est	1	
levonorgest-eth estrad 91-day	1	
levonorgest-eth estradiol-iron	1	
levonorgestrel-ethinyl estrad	1	
levonorg-eth estrad triphasic	1	
levora 0.15/30 (28)	1	
LO LOESTRIN FE	1	
lojaimiess	1	
loryna	1	
low-ogestrel	1	
lo-zumandimine	1	
lutera	1	
lyllana	3	QL
marlissa	1	
merzee	1	
mibelas 24 fe	1	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin 24 fe oral tablet 1-20 mg-mcg	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
mili	1	
mimvey	3	
mono-lynyah	1	
NATAZIA	1	
necon 0.5/35 (28)	1	
NEXTSTELLIS	1	
nikki	1	
norelgestromin-eth estradiol	1	
norethin ace-eth estrad-fe	1	
norethindrone acet-ethinyl est	1	
norethindrone-eth estradiol	3	
norethindron-ethinyl estrad-fe	1	
norethin-eth estradiol-fe	1	
norgestimate-eth estradiol	1	
norgestimate-ethinyl estradiol triphasic	1	
nortrel 0.5/35 (28)	1	

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Drug name	Drug tier	Notes
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
nortrel 7/7/7	1	
nylia 1/35	1	
nylia 7/7/7	1	
nymyo oral tablet 0.25-35 mg-mcg	1	
ocella	1	
philith	1	
pimtrea	1	
portia-28	1	
PREMARIN VAGINAL	4	
reclipsen	1	
rivelsa	1	
setlakin	1	
simliya	1	
simpesse	1	
sprintec 28	1	
sronyx	1	
syeda	1	
tarina 24 fe	1	
tarina fe 1/20 eq	1	
taysofy	1	
tilia fe	1	
tri-estarylla	1	
tri-legest fe	1	
tri-linyah	1	
tri-lo-estarylla	1	
tri-lo-marzia	1	
tri-lo-mili	1	
tri-lo-sprintec	1	
tri-mili	1	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	
tri-sprintec	1	
trivora (28)	1	
tri-vylibra	1	
tri-vylibra lo	1	
turqoz	1	
TWIRLA	1	
TYBLUME	1	
tydemy	1	
velivet	1	
vestura	1	
vienva	1	
viorele	1	
volnea	1	
vyfemla	1	
vylibra	1	
wera	1	
wymzya fe	1	
xulane	1	
yuvafem	3	QL

Drug name	Drug tier	Notes
zafemy	1	
zovia 1/35 (28)	1	
zumandimine	1	
Progestins		
aftera	1	
camila	1	
curae	1	
deblitane	1	
DEPO-SUBQ PROVERA 104	1	QL; Available under pharmacy or medical benefit
econtra one-step	1	
ELLA	1	QL
emzahh	1	
errin	1	
heather	1	
her style	1	
incassia	1	
jencycla	1	
KYLEENA	1	Available under pharmacy or medical benefit
levonorgestrel	1	
LILETTA (52 MG)	1	Available under pharmacy or medical benefit
lyleq	1	
lyza	1	
medroxyprogesterone acetate intramuscular suspension	1	QL; Available under pharmacy or medical benefit
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	Available under pharmacy or medical benefit
medroxyprogesterone acetate oral	2	
megestrol acetate oral suspension 40 mg/ml	2	
megestrol acetate oral suspension 625 mg/5ml	4	
megestrol acetate oral tablet	2	
MIRENA (52 MG)	1	Available under pharmacy or medical benefit
my choice	1	
my way	1	
new day	1	
NEXPLANON	1	QL; Available under pharmacy or medical benefit
nora-be	1	
norethindrone acetate oral	2	
norethindrone oral	1	

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Drug name	Drug tier	Notes
norlyroc	1	
opcicon one-step	1	
OPILL	1	
option 2	1	
PLAN B ONE-STEP	1	
progesterone intramuscular	2	
progesterone oral	2	
react	1	
sharobel	1	
SKYLA	1	Available under pharmacy or medical benefit
take action	1	

Selective estrogen receptor modifying agents

OSPHENA	4	PA; QL
raloxifene hcl	2	QL; \$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.

Hormonal agents, stimulant/replacement/modifying (thyroid)

ARMOUR THYROID	4	
euthyrox	2	
levo-t	2	
levothyroxine sodium oral tablet	2	
levoxyl	2	
liothyronine sodium oral	2	
NIVA THYROID	4	
np thyroid	4	
SYNTHROID	3	
THYQUIDITY	4	PA
thyroid oral	4	
TIROSINT-SOL	4	PA
unithroid	2	

Hormonal agents, suppressant (adrenal)

LYSODREN	4	
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Hormonal agents, suppressant (pituitary)

ELIGARD	5	PA; SP
fyremadel	5	PA; SP
ganirelix acetate	5	PA; SP
leuprolide acetate injection	5	PA; SP
octreotide acetate	4	PA; SP
ORLISSA	4	PA; QL
SIGNIFOR	5	PA; QL; SP
SOMAVERT	5	PA; QL; SP
SYNAREL	3	

Drug name	Drug tier	Notes
Hormonal agents, suppressant (thyroid)		
Antithyroid agents		
methimazole oral	2	
propylthiouracil oral	2	
Immunological agents		
Angioedema agents		
HAEGARDA	5	PA; QL; SP
icatibant acetate	4	PA; QL; SP
sajazir	4	PA; QL; SP
Immune suppressants		
ADALIMUMAB-ADAZ	5	PA; QL; SP
ADALIMUMAB-ADBM (2 PEN)	5	PA; QL; SP
ADALIMUMAB-ADBM (2 SYRINGE)	5	PA; QL; SP
ADALIMUMAB-ADBM(CD/UC/HS STRT)	5	PA; SP
ADALIMUMAB-ADBM(PS/UV STARTER)	5	PA; SP
AMJEVITA FOR NUVAILA	5	PA; SP
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	5	PA; QL; SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; QL; SP
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	5	PA; QL; SP
azathioprine oral tablet 50 mg	2	
CIMZIA	5	PA; QL; SP
CIMZIA (2 SYRINGE)	5	PA; QL; SP
CIMZIA STARTER KIT	5	PA; QL; SP
cyclosporine modified	2	
cyclosporine oral	3	
gengraf	3	
HADLIMA	5	PA; QL; SP
HADLIMA PUSH TOUCH	5	PA; QL; SP
HUMIRA (2 PEN)	5	PA; QL; SP
HUMIRA (2 SYRINGE)	5	PA; QL; SP
HUMIRA-CD/UC/HS STARTER	5	PA; SP
HUMIRA-PSORIASIS/UEVIT STARTER	5	PA; QL; SP
methotrexate sodium	2	
methotrexate sodium (pf)	2	
mycophenolate mofetil oral capsule	3	
mycophenolate mofetil oral suspension reconstituted	4	
mycophenolate mofetil oral tablet	3	
mycophenolate sodium	4	
mycophenolic acid	4	
OLUMIANT	5	PA; QL; SP
SIMPONI	5	PA; QL; SP
sirolimus oral solution	5	

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Drug name	Drug tier	Notes
sirolimus oral tablet	4	
SKYRIZI PEN	5	PA; QL; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL; SP
tacrolimus oral	2	
TALTZ	5	PA; SP
XELJANZ	5	PA; QL; SP
XELJANZ XR	5	PA; QL; SP
Immunomodulators		
ACTEMRA ACTPEN	5	PA; QL; SP
ACTEMRA SUBCUTANEOUS	5	PA; QL; SP
ACTIMMUNE	5	PA; QL; SP
BEYFORTUS	1	QL; \$0 copay for members 19 months of age or younger.
leflunomide oral	2	
OTEZLA	5	PA; QL; SP
RIDAURA	5	SP
RINVOQ	5	PA; QL; SP
RINVOQ LQ	5	PA; QL; SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	5	PA; QL; SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; QL
Vaccines		
ABRYSVO	1	QL
ACTHIB	1	QL
ADACEL	1	QL
AFLURIA	1	QL; \$0 copay for members 6 months of age or older.
AFLURIA PRESERVATIVE FREE	1	QL; \$0 copay for members 6 months of age or older.
AREXVY	1	QL; \$0 Copay for members 60 years of age or older.
BEXSERO	1	QL; \$0 copay for members 10 years of age or older.
BOOSTRIX	1	QL
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	1	QL
CAPVAXIVE	1	QL; \$0 copay for members 19 years of age or older.

Drug name	Drug tier	Notes
COMIRNATY	1	QL; \$0 copay for members 12 years of age or older.
COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML	1	QL; \$0 copay for members 12 years of age or older.
DAPTACEL	1	QL
DENGVAXIA	1	QL; \$0 copay for members between ages of 9 to 16 years.
ENGERIX-B	1	QL
FLUAD	1	QL; \$0 copay for members 65 years of age or older.
FLUARIX	1	QL; \$0 copay for members 6 months of age or older.
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	QL; \$0 copay for members 6 months of age or older.
FLULAVAL	1	QL; \$0 copay for members 6 months of age or older.
FLUMIST	1	QL; \$0 copay for members between ages of 2 to 49 years.
FLUMIST QUADRIVALENT NASAL SUSPENSION	1	QL; \$0 copay for members between ages of 2 to 49 years.
FLUZONE HIGH-DOSE	1	QL; \$0 copay for members 65 years of age or older.
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	QL; \$0 copay for members 6 months of age or older.
GARDASIL 9	1	QL; \$0 copay for members between ages of 9 to 45 years.
HAVRIX	1	QL
HEPLISAV-B	1	QL; \$0 copay for members 18 years of age or older.
HIBERIX	1	QL
INFANRIX	1	QL
IPOL	1	QL
MENQUADFI	1	QL
MENVEO	1	QL

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M-M-R II	1	QL
PEDIARIX	1	QL; \$0 copay for members 6 years of age or younger.
PEDVAX HIB	1	QL
PENBRAYA	1	QL; \$0 copay for members between ages of 10 to 25 years.
PENTACEL	1	QL; \$0 copay for members 4 years of age or younger.
PFIZER COVID-19 VAC-TRIS 5-11Y	1	QL; \$0 copay for members between ages of 5 to 11 years.
PFIZER COVID-19 VAC-TRIS 6M-4Y	1	QL; \$0 copay for members between ages of 6 months to 4 years.
PNEUMOVAX 23	1	QL
PREHEVBRIO	1	QL; \$0 copay for members 18 years of age or older.
PREVNAR 20	1	QL; \$0 copay for members 1 month of age or older.
PRIORIX	1	QL
PROQUAD	1	QL; \$0 copay for members between ages of 1 to 12 years.
QUADRACEL INTRAMUSCULAR SUSPENSION	1	QL
RECOMBIVAX HB	1	QL
ROTARIX	1	QL; \$0 copay for members 8 months of age or younger.
ROTATEQ	1	QL; \$0 copay for members 8 months of age or younger.
SHINGRIX	1	QL; \$0 Copay for members 19 years of age or older.
SPIKEVAX	1	QL; \$0 copay for members 12 years of age or older.
TDVAX	1	QL
TENIVAC	1	QL
TETANUS-DIPHThERIA TOXOIDS TD	1	QL

Drug name	Drug tier	Notes
TRUMENBA	1	QL; \$0 copay for members 10 years of age or older.
TWINRIX	1	QL
VAQTA	1	QL
VARIVAX	1	QL
VAXELIS	1	QL; \$0 copay for members 4 years of age or younger.
VAXNEUVANCE	1	QL; \$0 copay for members 1 month of age or older.
Inflammatory bowel disease agents		
Aminosalicylates		
balsalazide disodium	3	
DIPENTUM	4	
mesalamine er oral capsule 0.375 gm	3	QL
mesalamine oral tablet delayed release 1.2 gm	3	QL
mesalamine rectal	4	QL
mesalamine-cleanser	4	QL
Glucocorticoids		
ANALPRAM-HC EXTERNAL LOTION	4	
budesonide oral	4	
budesonide rectal	3	
CORTIFOAM	3	
hydrocortisone (perianal) external cream 2.5 %	2	
hydrocortisone ace-pramoxine external cream 1-1 %	3	
hydrocortisone rectal	3	
PROCTOFOAM HC	3	
procto-med hc	2	
proctosol hc	2	
proctozone-hc	2	
Sulfonamides		
sulfasalazine oral	2	
Metabolic bone disease agents		
alendronate sodium oral solution	3	
alendronate sodium oral tablet 10 mg, 35 mg, 70 mg	2	QL
calcitonin (salmon) nasal	2	QL
calcitriol oral capsule	2	
calcitriol oral solution	3	
cinacalcet hcl	3	PA; QL
doxercalciferol oral	4	
ibandronate sodium oral	2	QL
paricalcitol oral	3	
risedronate sodium oral tablet	3	QL
TYMLOS	5	PA; QL; SP

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Drug name	Drug tier	Notes
Miscellaneous therapeutic agents		
ADVOCATE INSULIN PEN NEEDLE	1	
AEROCHAMBER HOLDING CHAMBER	2	QL
AEROCHAMBER PLS FLOVU MTHPIECE	2	QL
AEROCHAMBER PLUS FLO-VU INTERM	2	QL
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	QL
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	QL
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	QL
ALCOHOL PREP PADS PAD , 70 %	3	
AQ INSULIN SYRINGE	1	
AQINJECT PEN NEEDLE	1	
ASSURE ID DUO PRO PEN NEEDLES	1	
ASSURE ID PRO PEN NEEDLES	1	
AUM ALCOHOL PREP PADS	3	
AUM INSULIN SAFETY PEN NEEDLE	1	
AUM MINI INSULIN PEN NEEDLE	1	
AUM PEN NEEDLE	1	
AUM READYGARD DUO PEN NEEDLE	1	
AUM SAFETY PEN NEEDLE	1	
BD AUTOSHIELD DUO PEN NEEDLES	1	
BD SHARPS COLLECTOR	3	
BD ULTRA-FINE INSULIN SYRINGES	1	
BD ULTRA-FINE PEN NEEDLES	1	
BREATHE COMFORT CHAMBER/ ADULT	2	QL
BREATHE COMFORT CHAMBER/ CHILD	2	QL
CAYA	1	
COMFORT EZ PRO PEN NEEDLES	1	
CONDOMS	1	QL
DROPSAFE ALCOHOL PREP	3	
DROPSAFE SAFETY SYRINGE/ NEEDLE	1	
DUREX EXTRA SENSITIVE THIN	1	QL
DUREX TROPICAL	1	QL
EASIVENT	2	QL
EASY COMFORT SHARPS CONTAINER	3	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	1	
ergoloid mesylates oral	4	
FC2 FEMALE CONDOM	1	QL
FEMCAP	1	

Drug name	Drug tier	Notes
FLEXICHAMBER	2	QL
FLEXICHAMBER ADULT MASK/ SMALL	2	QL
FLEXICHAMBER CHILD MASK/ LARGE	2	QL
FLEXICHAMBER CHILD MASK/ SMALL	2	QL
GRASTEK	4	PA; QL
INSPIREASE RESERVOIR BAGS	2	QL
INSULIN PEN NEEDLES 29G X 12.7MM , 29G X 12MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	1	
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 1 ML	1	
methergine	4	QL
methylergonovine maleate oral	4	QL
NOVOFINE PEN NEEDLE	1	
NOVOFINE PLUS PEN NEEDLE	1	
OMNIPOD 5 G6 INTRO (GEN 5)	4	PA; QL
OMNIPOD 5 G6 PODS (GEN 5)	4	PA; QL
PARAGARD INTRAUTERINE COPPER	1	Available under pharmacy or medical benefit
PARI VORTEX ADULT MASK	2	QL
PHEXXI	1	QL
PURE COMFORT SAFETY PEN NEEDLE	1	
RADIOGARDASE	5	
RAYA SURE PEN NEEDLE	1	
SAFETY PEN NEEDLES	1	
SHARPS COLLECTOR	3	
SHARPS CONTAINER	3	
TRUE COVER	1	QL
UNIFINE PROTECT PEN NEEDLE	1	
VERIFINE INSULIN PEN NEEDLE	1	
VERIFINE INSULIN SYRINGE	1	
VERIFINE PLUS PEN NEEDLE	1	
VERIFINE SHARPS CONTAINER	3	
VORTEX VALVED HOLDING CHAMBER	2	QL
WIDE-SEAL DIAPHRAGM 60	1	
WIDE-SEAL DIAPHRAGM 65	1	
WIDE-SEAL DIAPHRAGM 70	1	

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Drug name	Drug tier	Notes
WIDE-SEAL DIAPHRAGM 75	1	
WIDE-SEAL DIAPHRAGM 80	1	
WIDE-SEAL DIAPHRAGM 85	1	
WIDE-SEAL DIAPHRAGM 90	1	
WIDE-SEAL DIAPHRAGM 95	1	
Ophthalmic agents		
Aminoglycosides		
gentamicin sulfate ophthalmic	2	
neomycin-polymyxin-gramicidin	2	
TOBRADEX	4	
tobramycin ophthalmic	2	
tobramycin-dexamethasone	3	
TOBREX	4	
Antibacterials, other		
bacitracin ophthalmic	3	
bacitracin-polymyxin b	2	
bacitra-neomycin-polymyxin-hc	3	
BETADINE OPHTHALMIC PREP	4	
neomycin-bacitracin zn-polymyx	2	
neomycin-polymyxin-dexameth ophthalmic ointment	2	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	2	
neomycin-polymyxin-hc ophthalmic	3	
neo-polycin	2	
neo-polycin hc	3	
polycin	2	
polymyxin b-trimethoprim	2	
Anti-cytomegalovirus (CMV) agents		
ZIRGAN	4	
Antifungals		
NATACYN	4	
Antiherpetic agents		
trifluridine	3	
Macrolides		
AZASITE	4	
erythromycin ophthalmic	2	\$0 Copay once your healthcare provider confirms use is to prevent gonococcal ophthalmia neonatorum in newborns.
Ophthalmic agents, other		
AKTEN	4	
ALTACAINE	2	
atropine sulfate ophthalmic solution 1 %	2	
cyclopentolate hcl ophthalmic	2	
cyclosporine ophthalmic	4	PA; QL

Drug name	Drug tier	Notes
CYSTARAN	5	PA; QL; SP
MITOSOL	4	
proparacaine hcl ophthalmic	2	
sulfacetamide-prednisolone	2	
tetracaine hcl ophthalmic	2	
ZYLET	4	
Ophthalmic anti-allergy agents		
ALOCRIAL	4	
ALOMIDE	4	
altafrin	2	
azelastine hcl ophthalmic	2	
bepotastine besilate	4	QL
cromolyn sodium ophthalmic	2	
CYCLOMYDRIL	4	
epinastine hcl	2	ST; QL
olopatadine hcl ophthalmic solution 0.1 %	2	QL
phenylephrine hcl ophthalmic	2	
Ophthalmic antiglaucoma agents		
apraclonidine hcl	2	
betaxolol hcl ophthalmic	2	
BETIMOL	3	QL
BETOPTIC-S	4	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	2	QL
brimonidine tartrate-timolol	3	QL
brinzolamide	3	QL
carteolol hcl	2	
dorzolamide hcl ophthalmic	2	
dorzolamide hcl-timolol mal	2	QL
dorzolamide hcl-timolol mal pf	3	QL
IOPIDINE	4	
levobunolol hcl	2	
PHOSPHOLINE IODIDE	3	
pilocarpine hcl ophthalmic	2	
SIMBRINZA	4	QL
timolol maleate (once-daily)	2	
timolol maleate ophthalmic gel forming solution	3	
timolol maleate ophthalmic solution	2	
timolol maleate pf	3	
Ophthalmic anti-inflammatories		
bromfenac sodium (once-daily)	3	QL
dexamethasone sodium phosphate ophthalmic	2	
diclofenac sodium ophthalmic	2	
difluprednate	4	
fluorometholone	2	
flurbiprofen sodium	2	
INVELTYS	4	QL
ketorolac tromethamine ophthalmic	2	

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Drug name	Drug tier	Notes
LOTEMAX OPHTHALMIC OINTMENT	4	
LOTEMAX SM	4	QL
loteprednol etabonate ophthalmic suspension 0.5 %	4	QL
prednisolone acetate ophthalmic	2	
prednisolone sodium phosphate ophthalmic	2	
Ophthalmic prostaglandin and prostamide analogs		
latanoprost ophthalmic	2	
LUMIGAN	3	QL
tafluprost (pf)	4	ST; QL
travoprost (bak free)	3	QL
XELPROS	4	QL
Quinolones		
BESIVANCE	4	
CILOXAN	4	
ciprofloxacin hcl ophthalmic	2	
gatifloxacin ophthalmic	3	
levofloxacin ophthalmic	2	
moxifloxacin hcl (2x day)	2	
moxifloxacin hcl ophthalmic	2	
ofloxacin ophthalmic	2	
Sulfonamides		
sulfacetamide sodium ophthalmic	2	
Otic agents		
acetic acid otic	2	
ciprofloxacin hcl otic	3	
ciprofloxacin-dexamethasone	4	ST
CIPROFLOXACIN-FLUOCINOLONE PF	4	
CORTISPORIN-TC	4	
flac	3	
fluocinolone acetonide otic	3	
hydrocortisone-acetic acid	3	
neomycin-polymyxin-hc otic	2	
ofloxacin otic	2	
OTOVEL	4	
Respiratory tract/pulmonary agents		
Antihistamines		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	QL
carbinoxamine maleate oral solution	2	
carbinoxamine maleate oral tablet 4 mg	2	
clemastine fumarate oral tablet	2	
cyproheptadine hcl oral	2	
desloratadine oral tablet	3	
diphenhydramine hcl oral elixir	2	
levocetirizine dihydrochloride oral solution	3	

Drug name	Drug tier	Notes
levocetirizine dihydrochloride oral tablet	2	QL
olopatadine hcl nasal	3	QL
promethazine vc	2	
promethazine-phenylephrine	2	
Anti-inflammatories, inhaled corticosteroids		
ALVESCO	4	ST; QL
ARNUITY ELLIPTA	3	QL
ASMANEX (120 METERED DOSES)	3	QL
ASMANEX (14 METERED DOSES)	3	QL
ASMANEX (30 METERED DOSES)	3	QL
ASMANEX (60 METERED DOSES)	3	QL
ASMANEX HFA	3	QL
BEVESPI AEROSPHERE	3	QL
breyna	4	QL
budesonide inhalation	3	QL
budesonide-formoterol fumarate	4	QL
flunisolide nasal	3	
fluticasone propionate nasal	2	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
QVAR REDHALER	3	QL
wixela inhub	3	QL
Antileukotrienes		
montelukast sodium oral	2	QL
zafirlukast	3	QL
zileuton er	4	ST
Bronchodilators, anticholinergic		
ATROVENT HFA	4	QL
INCRUSE ELLIPTA	3	QL
ipratropium bromide inhalation	2	
ipratropium bromide nasal	2	
SPIRIVA HANDHALER	3	QL
SPIRIVA RESPIMAT	3	QL
tiotropium bromide monohydrate	3	QL
Bronchodilators, sympathomimetic		
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	1	
albuterol sulfate inhalation	1	
albuterol sulfate oral	3	
arformoterol tartrate	4	QL
epinephrine injection solution auto-injector	1	QL

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Drug name	Drug tier	Notes
formoterol fumarate inhalation	4	QL
levalbuterol hcl inhalation	3	QL
STRIVERDI RESPIMAT	3	QL
terbutaline sulfate oral	4	
VENTOLIN HFA	1	
Cystic fibrosis agents		
ORKAMBI	5	PA; QL; SP
PULMOZYME	5	PA; QL; SP
tobramycin nebulization solution 300 mg/5ml inhalation	5	PA; QL; SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	5	PA; QL; SP
Mast cell stabilizers		
cromolyn sodium inhalation	3	
Phosphodiesterase inhibitors, airways disease		
elixophyllin	3	
roflumilast	4	PA; QL
THEO-24	4	
theophylline er	2	
theophylline oral	3	
ADEMPAS		
alyq	5	PA; QL; SP
ambrisentan	5	PA; QL; SP
bosentan	5	PA; QL; SP
OPSUMIT	5	PA; QL; SP
ORENITRAM	5	PA; QL; SP
ORENITRAM MONTH 1	5	PA; QL; SP
ORENITRAM MONTH 2	5	PA; QL; SP
ORENITRAM MONTH 3	5	PA; QL; SP
sildenafil citrate oral suspension reconstituted	5	PA; QL; SP
sildenafil citrate oral tablet 20 mg	4	PA; QL; SP
tadalafil (pah)	5	PA; QL; SP
TYVASO	5	PA; QL; SP
TYVASO DPI INSTITUTIONAL KIT	5	PA; QL; SP
TYVASO DPI MAINTENANCE KIT	5	PA; QL; SP
TYVASO DPI TITRATION KIT	5	PA; QL; SP
TYVASO REFILL KIT	5	PA; QL; SP
TYVASO STARTER KIT	5	PA; QL; SP
VENTAVIS	5	PA; QL; SP
Pulmonary fibrosis agents		
OFEV	5	PA; QL; SP
pirfenidone	4	PA; QL; SP
Respiratory tract agents, other		
acetylcysteine inhalation	2	
azelastine-fluticasone	4	QL
benzonatate oral capsule 100 mg, 200 mg	2	
BREZTRI AEROSPHERE	3	QL
guaifenesin-codeine	2	PA; QL

Drug name	Drug tier	Notes
hydrocod poli-chlorophe poli er	4	PA; QL
hydrocodone bit-homatrop mbr	2	PA; QL
hydromet	2	PA; QL
HYPERSAL	3	
ipratropium-albuterol	2	
maxi-tuss ac	2	PA; QL
mometasone furoate nasal	3	QL
NEBUSAL	3	
promethazine-codeine oral solution	2	PA; QL
promethazine-dm	2	
pseudoephedrine-bromphen-dm	2	
PULMOSAL	3	
sodium chloride inhalation	2	
STIOLTO RESPIMAT	3	QL
TRELEGY ELLIPTA	3	QL
TUXARIN ER	4	PA; QL
Skeletal muscle relaxants		
baclofen oral tablet 10 mg, 20 mg, 5 mg	2	
carisoprodol oral tablet 350 mg	2	QL
chlorzoxazone oral tablet 500 mg	3	
cyclobenzaprine hcl oral	2	
dantrolene sodium oral	3	
metaxalone	3	
methocarbamol oral tablet 500 mg, 750 mg	2	
orphenadrine citrate er	2	
orphenadrine-aspirin-caffeine	5	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	2	
Sleep disorder agents		
GABA receptor modulators		
eszopiclone	2	QL
flurazepam hcl	2	QL
temazepam	2	QL
triazolam	2	QL
zaleplon	2	QL
zolpidem tartrate er	3	QL
zolpidem tartrate oral tablet	2	QL
Sleep disorders, other		
BELSOMRA	4	ST; QL
doxepin hcl oral tablet	2	QL
ramelteon	4	ST; QL
tasimelteon	5	PA; QL; SP
Wakefulness promoting agents		
armodafinil	3	PA; QL
modafinil oral	2	PA; QL
SODIUM OXYBATE	5	PA; QL; SP
SUNOSI	4	PA; QL

KEY: **7D** – 7 Day limit
QL – Quantity Limit

MME – Morphine milligram equivalent
SP – Specialty medication

PA – Prior authorization required
ST – Step Therapy

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erythromycin ophthalmic	37	fenofibrate oral capsule 134 mg, 200 mg, 67 mg	25	fluoxetine hcl oral solution	16
erythromycin oral	15	fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	25	fluoxetine hcl oral tablet 10 mg, 20 mg	16
escitalopram oxalate oral solution	16	fenopropfen calcium oral tablet	13	fluoxetine hcl (pmdd)	16
escitalopram oxalate oral tablet	16	fentanyl citrate buccal lozenge on a handle	14	fluphenazine hcl oral	20
ESKATA	26	fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	13	flurandrenolide external lotion	29
esomeprazole magnesium oral capsule delayed release	29	fesoterodine fumarate er	29	flurazepam hcl	39
estarylla	31	FETZIMA	16	flurbiprofen oral tablet 100 mg	13
estazolam	21	finasteride oral tablet 5 mg	29	flurbiprofen sodium	37
estradiol-norethindrone acet	31	fingolimod hcl	26	fluticasone propionate external cream	30
estradiol oral	31	finzala	31	fluticasone propionate external ointment	30
estradiol transdermal patch twice weekly	31	flac	38	fluticasone propionate nasal	38
estradiol transdermal patch weekly	31	flavoxate hcl	29	fluticasone-salmeterol inhalation aerosol powder breath activated	
estradiol vaginal cream	31	flecainide acetate	24		
estradiol vaginal tablet	31	FLEXICHAMBER	36		
estradiol valerate intramuscular	31				
ESTRING	31				
eszopiclone	39				

100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	38	fyremadel	33	goodsense nicotine mouth/throat lozenge 4 mg	14
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	38	gabapentin oral capsule	16	granisetron hcl oral	17
fluvastatin sodium	25	gabapentin oral solution 250 mg/5ml	16	GRASTEK	36
fluvoxamine maleate	17	gabapentin oral tablet 600 mg, 800 mg	16	griseofulvin microsize oral	17
fluvoxamine maleate er	17	galantamine hydrobromide er	16	griseofulvin ultramicrosize	17
FLUZONE HIGH-DOSE	34	galantamine hydrobromide oral solution	16	guaifenesin-codeine	39
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	34	galantamine hydrobromide oral tablet	16	guanfacine hcl	23
folic acid oral tablet 1 mg	27	GALZIN	27	guanfacine hcl er	26
folic acid oral tablet 400 mcg, 800 mcg	27	ganirelix acetate	33	GVOKE HYPOPEN 1-PACK	22
FOLLISTIM AQ	30	GARDASIL 9	34	GVOKE HYPOPEN 2-PACK	22
fondaparinux sodium	23	gatifloxacin ophthalmic	38	GVOKE KIT	23
FORA TEST N'GO ADV-VOICE-6 CON	22	gavilax oral powder	28	GVOKE PFS	23
formoterol fumarate inhalation	39	gavilyte-c	28	GYNAZOLE-1	17
fosamprenavir calcium	21	gavilyte-g	28	habitrol	14
fosfomycin tromethamine	15	gavilyte-n with flavor pack	28	HADLIMA	33
fosinopril sodium	23	gefitinib	19	HADLIMA PUSHTOUCH	33
fosinopril sodium-hctz	24	gemfibrozil oral	25	HAEGARDA	33
FOSRENOL ORAL PACKET	27	gemmily	31	hailey 1.5/30	31
FRAGMIN	23	generlac	28	hailey 24 fe	31
FREESTYLE LIBRE 2 READER	22	gengraf	33	hailey fe 1.5/30	31
FREESTYLE LIBRE 2 SENSOR	22	gentamicin sulfate external	15	hailey fe 1/20	31
FREESTYLE LIBRE 3 READER	22	gentamicin sulfate ophthalmic	37	halobetasol propionate external cream	30
FREESTYLE LIBRE 3 SENSOR	22	gentlelax	28	halobetasol propionate external ointment	30
FREESTYLE LIBRE 14 DAY READER	22	gentle laxative oral tablet delayed release	28	haloette	31
FREESTYLE LIBRE 14 DAY SENSOR	22	GENVOYA	20	haloperidol lactate oral concentrate 2 mg/ml	20
FREESTYLE LIBRE READER	22	glatiramer acetate	26	haloperidol oral	20
FRESKARO MAGNESIUM CITRATE .	28	glatopa	26	HAVRIX	34
frovatriptan succinate	18	GLEOSTINE	18	heather	32
ft acid reducer oral capsule delayed release 15 mg	29	glimepiride oral tablet 1 mg, 2 mg, 4 mg	22	heparin sodium (porcine)	23
ft aspirin low dose	13	glipizide er	22	heparin sodium (porcine) pf	23
ft aspirin oral tablet chewable	13	glipizide ir	22	HEPLISAV-B	34
ft clearlax	28	glipizide-metformin hcl	22	her style	32
ft folic acid	27	glipizide xl	22	HIBERIX	34
ft laxative	28	glucagon emergency kit	22	HUMALOG	23
ft magnesium citrate	28	GLUCAGON EMERGENCY KIT	22	HUMALOG KWIKPEN	23
ft nicotine	14	GLUCO TO GO	22	HUMALOG MIX 50/50 KWIKPEN	23
ft nicotine mini	14	glyburide-metformin	22	HUMALOG MIX 50/50 VIAL	23
furosemide oral	24	glyburide micronized	22	HUMALOG MIX 75/25 KWIKPEN	23
FUZEON	21	glyburide oral	22	HUMALOG MIX 75/25 VIAL	23
fyavolv	31	glycolax	28	HUMALOG U-100 JUNIOR KWIKPEN	23
FYCOMPA ORAL SUSPENSION	16	glycopyrrolate oral tablet 1 mg, 2 mg	27	HUMATIN	15
		glydo	14	HUMIRA (2 PEN)	33
		goodsense aspirin low dose	13	HUMIRA (2 SYRINGE)	33
		goodsense nicotine mouth/throat gum 2 mg	14	HUMIRA-CD/UC/HS STARTER	33

HUMIRA-PSORIASIS/UVEIT STARTER	33	ibandronate sodium oral.	35	ipratropium-albuterol	39
HUMULIN 70/30 KWIKPEN	23	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	13	ipratropium bromide inhalation	38
HUMULIN 70/30 VIAL	23	icatibant acetate	33	ipratropium bromide nasal	38
HUMULIN N KWIKPEN	23	iclevia	31	irbesartan	23
HUMULIN N VIAL	23	icosapent ethyl.	25	irbesartan-hydrochlorothiazide	24
HUMULIN R U-500 KWIKPEN	23	imatinib mesylate.	19	isibloom	31
HUMULIN R U-500 VIAL	23	IMBRUVICA	19	isoniazid oral syrup	18
HUMULIN R VIAL	23	imipramine hcl oral	17	isoniazid oral tablet	18
HYCAMTIN ORAL	19	imipramine pamoate	17	isosorb dinitrate-hydralazine	24
hydralazine hcl oral	25	imiquimod external cream 5 %	26	isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	25
hydrochlorothiazide oral	25	incassia.	32	isosorbide mononitrate	25
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	14	INCRELEX	30	isosorbide mononitrate er	25
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	14	INCRUSE ELLIPTA	38	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	26
hydrocodone bitartrate er oral capsule extended release 12 hour	13	indapamide	25	isradipine	24
hydrocodone bit-homatrop mbr.	39	indomethacin er.	13	itraconazole oral	17
hydrocodone-ibuprofen	14	indomethacin oral capsule	13	ivabradine hcl.	24
hydrocod poli-chlorophe poli er.	39	INFANRIX	34	ivermectin external cream	26
hydrocortisone ace-pramoxine external cream 1-1 %	35	INGREZZA	26	ivermectin oral	19
hydrocortisone-acetic acid	38	INSPIREASE RESERVOIR BAGS.	36	jaimiess.	31
hydrocortisone butyrate external cream	30	INSULIN ASPART PROT & ASPART	23	JAKAFI	19
hydrocortisone butyrate external ointment	30	INSULIN DEGLUDEC	23	jantoven	23
hydrocortisone butyrate external solution	30	INSULIN DEGLUDEC FLEXTOUCH	23	JARDIANCE	22
hydrocortisone external cream 2.5 %	30	INSULIN LISPRO	23	jasmiel.	31
hydrocortisone external lotion 2.5 %	30	INSULIN LISPRO (1 UNIT DIAL).	23	jencycla.	32
hydrocortisone external ointment 1 %, 2.5 %	30	INSULIN LISPRO JUNIOR KWIKPEN	23	JENTADUETO	22
hydrocortisone oral	30	INSULIN LISPRO PROT & LISPRO	23	JENTADUETO XR	22
hydrocortisone (perianal) external cream 2.5 %	35	INSULIN PEN NEEDLES 29G X 12.7MM , 29G X 12MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	36	jinteli	31
hydrocortisone rectal	35	INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 1 ML	36	jolessa.	31
hydrocortisone valerate	30	INTELENCE ORAL TABLET 25 MG.	20	joyeaux	31
hydromet	39	introvale	31	juleber.	31
hydromorphone hcl er	13	INVELTYS	37	JULUCA	20
hydromorphone hcl oral liquid	14	IOPIDINE	37	junel 1.5/30	31
hydromorphone hcl oral tablet	14	IPOL	34	junel 1/20	31
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg	19			junel fe 1.5/30	31
hydroxyurea oral	18			junel fe 1/20	31
hydroxyzine hcl oral	21			junel fe 24	31
hydroxyzine pamoate oral	21			kaitlib fe	31
HYPERSAL	39			kalliga	31
				kariva	31
				kelnor 1/35	31
				kelnor 1/50	31
				ketoconazole external cream	17
				ketoconazole external shampoo	17
				ketoconazole oral	17
				KETO-DIASTIX	22
				KETONE TEST	22

ketoprofen er	13	lenalidomide	18	linezolid oral tablet	15
ketoprofen oral	13	LENVIMA ORAL CAPSULE		LINZESS	28
ketorolac tromethamine ophthalmic	37	THERAPY PACK 10 & 4 MG, 10		liothyronine sodium oral	33
ketorolac tromethamine oral	13	MG, 10 MG & 2 X 4 MG, 2 X 10 MG,		lisdexamfetamine dimesylate oral	
KETOSTIX	22	2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4		capsule	25
KIPROFEN	13	MG, 4 MG	19	lisinopril-hydrochlorothiazide	24
klayesta	17	lessina	31	lisinopril oral	23
klor-con 10	27	letrozole oral	19	lithium	21
klor-con/ef	27	leucovorin calcium oral	18	lithium carbonate er	21
klor-con m10	27	LEUKERAN	18	lithium carbonate oral	21
klor-con m15	27	LEUKINE	23	lojaimiess	31
klor-con m20	27	leuprolide acetate injection	33	LOKELMA	27
klor-con oral packet	27	levabuterol hcl inhalation	39	LO LOESTRIN FE	31
klor-con oral tablet extended release	27	LEVEMIR FLEXPEN	23	loperamide hcl oral capsule	27
kourzeq	26	LEVEMIR U-100 VIAL	23	lopinavir-ritonavir	21
k-prime	27	levetiracetam er	16	lorazepam intensol	21
KRINTAFEL	19	levetiracetam oral	16	lorazepam oral concentrate 2 mg/ml	21
KRISTALOSE	28	levobunolol hcl	37	lorazepam oral tablet	21
kurvelo	31	levocarnitine oral solution	27	LORBRENA	19
KYLEENA	32	levocarnitine oral tablet	27	loryna	31
labetalol hcl oral	24	levocarnitine sf	27	losartan potassium-hctz	24
lacosamide oral	16	levocetirizine dihydrochloride oral		losartan potassium oral	23
lactulose encephalopathy oral		solution	38	LOTEMAX OPHTHALMIC	
solution 10 gm/15ml	28	levocetirizine dihydrochloride oral		OINTMENT	38
lactulose oral packet	28	tablet	38	LOTEMAX SM	38
lactulose oral solution	28	levofloxacin ophthalmic	38	loteprednol etabonate ophthalmic	
LAGEVRIO	20	levofloxacin oral solution	15	suspension 0.5 %	38
lamivudine oral solution	21	levofloxacin oral tablet	15	lovastatin oral	25
lamivudine oral tablet 100 mg	20	levonest	31	low-ogestrel	31
lamivudine oral tablet 150 mg, 300		levonorgest-eth est & eth est	31	loxapine succinate	20
mg	21	levonorgest-eth estrad 91-day	31	lo-zumandimine	31
lamivudine-zidovudine	21	levonorgest-eth estradiol-iron	31	lubiprostone	28
lamotrigine oral tablet	16	levonorgestrel	32	LULICONAZOLE	17
lamotrigine oral tablet chewable	16	levonorgestrel-ethinyl estrad	31	LUMIGAN	38
LANCETS	22	levonorg-eth estrad triphasic	31	lurasidone hcl	20
LANCETS SUPER THIN	22	levora 0.15/30 (28)	31	lutera	31
lansoprazole oral capsule delayed		levorphanol tartrate oral	13	lyleq	32
release	29	levo-t	33	lyllana	31
lanthanum carbonate	27	levothyroxine sodium oral tablet	33	LYSODREN	33
larin 1.5/30	31	levoxyl	33	lyza	32
larin 1/20	31	lidocaine external patch 5 %	14	mafenide acetate external	15
larin 24 fe	31	lidocaine hcl external solution	14	magnesium citrate oral solution	28
larin fe 1.5/30	31	lidocaine hcl mouth/throat	14	malathion	19
larin fe 1/20	31	lidocaine hcl urethral/mucosal	14	maraviroc	21
latanoprost ophthalmic	38	lidocaine-prilocaine external cream	14	marlissa	31
layolis fe	31	lidocaine viscous hcl	14	MARPLAN	16
LEDIPASVIR-SOFOSBUVIR	20	LILETTA (52 MG)	32	MATULANE	18
leena	31	linezolid oral suspension		matzim la	24
leflunomide oral	34	reconstituted	15	maxi-tuss ac	39

meclizine hcl oral tablet 25 mg	17	methscopolamine bromide oral	27	mirtazapine oral tablet dispersible . .	16
meclizine hcl oral tablet 50 mg	17	methsuximide	16	misoprostol oral	28
meclofenamate sodium oral	13	METHYLDOPA	23	MITOSOL	37
medroxyprogesterone acetate intramuscular suspension	32	methylergonovine maleate oral	36	mm aspirin	13
medroxyprogesterone acetate intramuscular suspension prefilled syringe	32	methylphenidate hcl er (cd)	26	mm clearlax	28
medroxyprogesterone acetate oral . .	32	methylphenidate hcl er (la)	26	M-M-R II	35
mefenamic acid oral	13	methylphenidate hcl er oral tablet extended release	26	M-NATAL PLUS	27
mefloquine hcl	19	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	26	modafinil oral	39
megestrol acetate oral suspension 40 mg/ml	32	methylphenidate hcl oral solution . . .	26	moexipril hcl	23
megestrol acetate oral suspension 625 mg/5ml	32	methylphenidate hcl oral tablet	26	mometasone furoate external	30
megestrol acetate oral tablet	32	methylphenidate hcl oral tablet chewable	26	mometasone furoate nasal	39
meloxicam oral tablet	13	methylprednisolone oral	30	mondoxyne nl	15
memantine hcl oral solution	16	methyltestosterone oral	30	mono-lynyah	31
memantine hcl oral tablet	16	metoclopramide hcl oral solution 5 mg/5ml	17	montelukast sodium oral	38
MENOPUR	30	metoclopramide hcl oral tablet	17	morphine sulfate (concentrate)	14
MENQUADFI	34	metolazone	25	morphine sulfate er oral tablet extended release	14
MENVEO	34	metoprolol-hydrochlorothiazide	24	morphine sulfate oral solution	14
meprobamate	21	metoprolol succinate er	24	morphine sulfate oral tablet	14
mercaptapurine oral	18	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	24	MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	22
merzee	31	metronidazole external cream	26	moxifloxacin hcl (2x day)	38
mesalamine-cleanser	35	metronidazole external gel 0.75 % . .	26	moxifloxacin hcl ophthalmic	38
mesalamine er oral capsule 0.375 gm35		metronidazole external lotion	26	moxifloxacin hcl oral	15
mesalamine oral tablet delayed release 1.2 gm	35	metronidazole oral tablet	15	MULTAQ	24
mesalamine rectal	35	metronidazole vaginal	15	mupirocin cream	15
MESNEX ORAL	19	mexiletine hcl oral	24	mupirocin ointment	15
metaxalone	39	mibelas 24 fe	31	MYALEPT	29
metformin hcl er	22	miconazole 3	17	my choice	32
metformin hcl oral solution	22	microgestin 1.5/30	31	mycophenolate mofetil oral capsule .	33
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	22	microgestin 1/20	31	mycophenolate mofetil oral suspension reconstituted	33
methadone hcl intensol	13	microgestin 24 fe oral tablet 1-20 mg-mcg	31	mycophenolate mofetil oral tablet . .	33
methadone hcl oral concentrate	13	microgestin fe 1.5/30	31	mycophenolate sodium	33
methadone hcl oral solution	13	microgestin fe 1/20	31	mycophenolic acid	33
methadone hcl oral tablet	14	MICROLET NEXT LANCING DEVICE	22	MYLERAN	18
methamphetamine hcl	25	midodrine hcl	23	my way	32
methazolamide oral	24	MIGERGOT	18	nabumetone oral	13
methenamine hippurate	15	miglitol	22	nadolol oral	24
methergine	36	mili	31	naftifine hcl external cream	17
methimazole oral	33	mimvey	31	naloxone hcl injection	14
methocarbamol oral tablet 500 mg, 750 mg	39	minocycline hcl oral capsule	15	naloxone hcl nasal	14
methotrexate sodium	33	minoxidil oral	25	naltrexone hcl oral	14
methotrexate sodium (pf)	33	MIRENA (52 MG)	32	naproxen dr	13
methoxsalen rapid	26	mirtazapine oral tablet	16	naproxen oral suspension	13
				naproxen oral tablet	13

naproxen oral tablet delayed release	13	nicotine step 2	14	NORVIR ORAL PACKET	21
naproxen sodium oral tablet 275 mg, 550 mg	13	nicotine step 3	14	NOVOFINE PEN NEEDLE	36
naratriptan hcl	18	nicotine transdermal kit	14	NOVOFINE PLUS PEN NEEDLE	36
NARCAN	14	nicotine transdermal patch 24 hour 21 mg/24hr.	14	NOVOPEN ECHO	22
na sulfate-k sulfate-mg sulf.	28	NICOTROL	14	np thyroid	33
NATACYN	37	NICOTROL NS	14	NUBEQA	18
NATAZIA	31	nifedipine er	24	NUCYNTA ER	14
nateglinide	22	nifedipine er osmotic release	24	nyamyc	17
NAYZILAM	16	nifedipine oral	24	nylia 1/35	32
NEBUSAL	39	nikki	31	nylia 7/7/7	32
necon 0.5/35 (28)	31	nilutamide	18	nymyo oral tablet 0.25-35 mg-mcg	32
nefazodone hcl	17	nimodipine oral	24	nystatin external cream	17
neomycin-bacitracin zn-polymyx	37	nisoldipine er	24	nystatin external ointment	17
neomycin-polymyxin-dexameth ophthalmic ointment	37	nitazoxanide oral	19	nystatin external powder	17
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.137	37	NITRO-BID	25	nystatin mouth/throat	17
neomycin-polymyxin-gramicidin	37	NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	25	nystatin oral	17
neomycin-polymyxin-hc ophthalmic	37	nitrofurantoin macrocrystal	15	nystatin-triamcinolone	17
neomycin-polymyxin-hc otic	38	nitrofurantoin monohydrate macrocrystals	15	nystop	17
neomycin sulfate oral	15	nitrofurantoin oral suspension 25 mg/5ml	15	ocella	32
NEONATAL COMPLETE	27	nitroglycerin rectal	25	octreotide acetate	33
NEONATAL PLUS	27	nitroglycerin sublingual	25	ODEFSEY	21
neo-polycin	37	nitroglycerin transdermal	25	OFEV	39
neo-polycin hc	37	NIVA THYROID	33	ofloxacin ophthalmic	38
NEO-SYNALAR	15	nizatidine	28	ofloxacin oral	15
NEULASTA	23	nora-be	32	ofloxacin otic	38
NEULASTA ONPRO	23	norelgestromin-eth estradiol	31	olanzapine-fluoxetine hcl	16
NEUPRO TRANSDERMAL PATCH 24 HOUR 2 MG/24HR.	20	norethin ace-eth estrad-fe	31	olanzapine oral tablet	20
nevirapine	20	norethindrone acetate oral	32	olanzapine oral tablet dispersible	20
nevirapine er	20	norethindrone acet-ethinyl est	31	olmesartan medoxomil-hctz	24
new day	32	norethindrone-eth estradiol	31	olmesartan medoxomil oral	23
NEXPLANON	32	norethindrone oral	32	olopatadine hcl nasal	38
NEXTSTELLIS	31	norethindron-ethinyl estrad-fe	31	olopatadine hcl ophthalmic solution 0.1 %	37
niacin (antihyperlipidemic)	25	norethin-eth estradiol-fe	31	OLUMIANT	33
niacin er (antihyperlipidemic)	25	norgestimate-eth estradiol	31	omega-3-acid ethyl esters	25
niacor	25	norgestimate-ethinyl estradiol triphasic	31	omeprazole oral capsule delayed release 10 mg	29
nicardipine hcl oral	24	norlyroc	33	omeprazole oral capsule delayed release 20 mg, 40 mg	29
NICORETTE MINI	14	NORPACE CR	24	OMNIPOD 5 G6 INTRO (GEN 5)	36
NICORETTE MOUTH/THROAT GUM 2 MG	14	nortrel 0.5/35 (28)	31	OMNIPOD 5 G6 PODS (GEN 5)	36
NICORETTE MOUTH/THROAT LOZENGE	14	nortrel 1/35 (21)	32	OMNITROPE	30
nicotine mini	14	nortrel 1/35 (28)	32	ondansetron hcl oral	17
nicotine polacrilex mini	14	nortrel 7/7/7	32	ondansetron odt oral tablet dispersible 4 mg, 8 mg	17
nicotine polacrilex mouth/throat	14	nortriptyline hcl oral capsule	17	ONELAX MAGNESIUM CITRATE	28
nicotine step 1	14	nortriptyline hcl oral solution	17	ONETOUCH DELICA PLUS LANCING	22

ONETOUCH DELICA SAFETY LANCING	22	paliperidone er.	20	PHOSPHOLINE IODIDE	37
ONETOUCH ULTRA 2 KIT W/DEVICE22		PANDEL	30	phytonadione oral	27
ONETOUCH ULTRA TEST STRIPS	22	pantoprazole sodium oral tablet delayed release	29	pilocarpine hcl ophthalmic	37
ONETOUCH ULTRA TEST STRIPS	22	PARAGARD INTRAUTERINE COPPER	36	pilocarpine hcl oral	26
ONETOUCH VERIO FLEX SYSTEM KIT	22	paricalcitol oral	35	pimecrolimus	26
ONETOUCH VERIO IN VITRO LIQUID HIGH	22	PARI VORTEX ADULT MASK	36	pimozide	20
ONETOUCH VERIO TEST STRIPS	22	paroxetine hcl er	17	pimtrea	32
ONE VITE WOMENS PLUS	27	paroxetine hcl oral suspension	17	pindolol	24
opcicon one-step	33	paroxetine hcl oral tablet	17	pioglitazone hcl	22
OPILL	33	PAXLOVID (150/100)	20	pioglitazone hcl-metformin hcl	22
opium	27	PAXLOVID (300/100)	20	PIQRAY	18
OPSUMIT	39	PEDIARIX	35	pirfenidone	39
option 2	33	PEDVAX HIB	35	piroxicam oral	13
OPTIONS GYNOL II CONTRACEPTIVE	29	peg-3350/electrolytes	28	PLAN B ONE-STEP	33
oralone	26	peg-3350/electrolytes/ascorbat	28	PLEGRIDY	26
ORENITRAM	39	peg 3350-kcl-na bicarb-nacl	28	PLEGRIDY STARTER PACK	26
ORENITRAM MONTH 1	39	PEGASYS	20	PLENVU	28
ORENITRAM MONTH 2	39	peg-kcl-nacl-nasulf-na asc-c	28	plerixafor	23
ORENITRAM MONTH 3	39	PENBRAYA	35	PNEUMOVAX 23	35
ORLISSA	33	penciclovir	20	pnv prenatal plus multivit+dha	27
ORKAMBI	39	penicillamine oral	29	podofilox external gel	26
orphenadrine-aspirin-caffeine	39	penicillin v potassium	15	podofilox external solution	26
orphenadrine citrate er	39	PENTACEL	35	polycin	37
oseltamivir phosphate oral	21	pentamidine isethionate inhalation	19	polyethylene glycol 3350 oral powder28	
OSPHENA	33	pentazocine-naloxone hcl	14	polymyxin b-trimethoprim	37
OTEZLA	34	pentoxifylline er	24	POMALYST	18
OTOVEL	38	PERFECT POINT SAFETY LANCETS	22	portia-28	32
oxaprozin oral tablet	13	perindopril erbumine	23	posaconazole oral tablet delayed release	17
oxazepam	21	periogard	26	potassium chloride crys er	27
oxcarbazepine oral suspension	16	permethrin external	19	potassium chloride er	27
oxcarbazepine oral tablet	16	perphenazine-amitriptyline	16	potassium chloride oral packet	27
oxiconazole nitrate	17	perphenazine oral	17	potassium chloride oral solution	27
oxybutynin chloride er	29	PFIZER COVID-19 VAC-TRIS 5-11Y	35	potassium citrate er	27
oxybutynin chloride oral solution	29	PFIZER COVID-19 VAC-TRIS 6M-4Y	35	pramipexole dihydrochloride	20
oxybutynin chloride oral tablet 5 mg	29	phenazo oral tablet 200 mg	29	prasugrel hcl	23
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	14	phenazopyridine hcl oral tablet 100 mg, 200 mg	29	pravastatin sodium	25
oxycodone hcl oral capsule	14	phenelzine sulfate oral	16	praziquantel oral	19
oxycodone hcl oral concentrate	14	phenobarbital oral	16	prazosin hcl oral	23
oxycodone hcl oral solution	14	phenoxybenzamine hcl oral	23	prednisolone acetate ophthalmic	38
oxycodone hcl oral tablet	14	phenylephrine hcl ophthalmic	37	prednisolone oral solution	30
oxymorphone hcl	14	phenytek	16	prednisolone oral tablet	30
oxymorphone hcl er	14	phenytoin infatabs	16	prednisolone sodium phosphate ophthalmic	38
OZEMPIC	22	phenytoin oral	16	prednisolone sodium phosphate oral solution	30
		phenytoin sodium extended	16	prednisolone sodium phosphate oral tablet dispersible	30
		PHEXXI	36	prednisone intensol	30
		philith	32		

prednisone oral solution	30	PURE COMFORT SAFETY PEN	36	riluzole	26
prednisone oral tablet	30	NEEDLE	36	rimantadine hcl	21
prednisone oral tablet therapy pack .	30	pyrazinamide oral	18	RINVOQ	34
pregabalin oral capsule	26	pyridostigmine bromide er	18	RINVOQ LQ	34
PREGNYL	30	pyridostigmine bromide oral solution	18	risedronate sodium oral tablet	35
PREHEVBRIO	35	pyridostigmine bromide oral tablet		risperidone oral solution	20
PREMARIN VAGINAL	32	60 mg	18	risperidone oral tablet	20
prenatal oral tablet 27-1 mg	27	pyrimethamine oral	19	risperidone oral tablet dispersible . .	20
prenatal plus vitamin/mineral	27	QUADRACEL INTRAMUSCULAR		ritonavir	21
PRENATRIX	27	SUSPENSION	35	rivastigmine	16
PRENATRYL	27	quazepam	21	rivastigmine tartrate	16
PREPIDIL	30	quetiapine fumarate	20	rivelsa	32
prevalite	25	quetiapine fumarate er	20	rizatriptan benzoate	18
PREVNAR 20	35	quinapril hcl	23	roflumilast	39
PREZISTA ORAL SUSPENSION	21	quinapril-hydrochlorothiazide	24	ropinirole hcl	20
PRIFTIN	18	quinidine gluconate er	24	rosuvastatin calcium oral tablet 10	
primaquine phosphate	19	quinidine sulfate	24	mg, 5 mg	25
primidone oral	16	quinine sulfate	19	rosuvastatin calcium oral tablet 20	
PRIORIX	35	QVAR REDIHALER	38	mg, 40 mg	25
probenecid	18	rabeprazole sodium oral tablet		ROTARIX	35
prochlorperazine	17	delayed release	29	ROTATEQ	35
prochlorperazine maleate oral	17	RADIOGARDASE	36	roweepra	16
PROCTOFOAM HC	35	raloxifene hcl	33	ROZLYTREK	18
procto-med hc	35	ramelteon	39	rufinamide	16
proctosol hc	35	ramipril	23	RYBELSUS	22
proctozone-hc	35	ranolazine er	24	SAFETY PEN NEEDLES	36
progesterone intramuscular	33	rasagiline mesylate oral	20	sajazir	33
progesterone oral	33	RAYA SURE PEN NEEDLE	36	salsalate oral	13
PROMACTA	23	react	33	SANTYL	26
promethazine-codeine oral solution .	39	reclipsen	32	sapropterin dihydrochloride	29
promethazine-dm	39	RECOMBIVAX HB	35	SAVELLA	26
promethazine hcl oral	17	RECOTHROM EXTERNAL		SAVELLA TITRATION PACK	26
promethazine hcl rectal	17	SOLUTION RECONSTITUTED		saxagliptin hcl	22
promethazine-phenylephrine	38	5000 UNIT	23	saxagliptin-metformin er	22
promethazine vc	38	RECOTHROM SPRAY KIT	23	scopolamine	17
promethegan	17	REGRANEX	26	selegiline hcl oral	20
propafenone hcl	24	RELENZA DISKHALER	21	selenium sulfide external lotion	26
propafenone hcl er	24	RELISTOR SUBCUTANEOUS	27	SELZENTRY ORAL SOLUTION	21
proparacaine hcl ophthalmic	37	repaglinide	22	sertraline hcl oral concentrate	17
propranolol hcl er	24	REPATHA	25	sertraline hcl oral tablet	17
propranolol hcl oral	24	REPATHA PUSHTRONEX SYSTEM	25	setlakin	32
propylthiouracil oral	33	REPATHA SURECLICK	25	sevelamer carbonate oral packet	27
PROQUAD	35	RETACRIT	23	sevelamer carbonate oral tablet	27
protriptyline hcl	17	REYATAZ ORAL PACKET	21	sharobel	33
pseudoephedrine-bromphen-dm	39	REZVOGLAR KWIKPEN	23	SHARPS COLLECTOR	36
PULMOSAL	39	ribavirin oral	20	SHARPS CONTAINER	36
PULMOZYME	39	RIDAURA	34	SHINGRIX	35
		rifabutin	18	SIGNIFOR	33
		rifampin oral	18		

sildenafil citrate oral suspension reconstituted	39	STIVARGA	19	tasimelteon	39
sildenafil citrate oral tablet 20 mg . . .	39	ST JOSEPH LOW DOSE	13	tavorole	17
silodosin	29	STRIBILD	20	taysofy	32
silver sulfadiazine external	15	STRIVERDI RESPIMAT	39	tazarotene external cream 0.1 %	26
SIMBRINZA	37	subvenite	16	tazarotene external gel	26
simliya	32	SUCRAID	29	TDVAX	35
simpesse	32	sucralfate oral suspension	28	TECHLITE LANCETS 26G	22
SIMPONI	33	sucralfate oral tablet	28	telmisartan	23
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	25	SULCONAZOLE NITRATE	17	telmisartan-hctz	24
simvastatin oral tablet 80 mg	25	sulfacetamide-prednisolone	37	temazepam	39
sirolimus oral solution	33	sulfacetamide sodium (acne)	26	temozolomide	18
sirolimus oral tablet	34	sulfacetamide sodium ophthalmic	38	TENCON	14
SIRTURO	18	sulfadiazine oral	15	TENIVAC	35
SIVEXTRO ORAL	15	sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	15	tenofovir disoproxil fumarate	21
SKYLA	33	sulfamethoxazole-trimethoprim oral tablet	15	terazosin hcl	29
SKYRIZI PEN	34	SULFAMYLON	15	terbinafine hcl oral	17
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	26	sulfasalazine oral	35	terbutaline sulfate oral	39
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	34	sulfatrim pediatric	15	terconazole vaginal cream	17
sm lansoprazole	29	sulindac oral	13	terconazole vaginal suppository	17
sodium chloride inhalation	39	sumatriptan-naproxen sodium	18	teriflunomide	26
sodium fluoride oral	27	sumatriptan nasal	18	testosterone cypionate intramuscular30	
SODIUM OXYBATE	39	sumatriptan succinate oral	18	testosterone enanthate intramuscular30	
sodium polystyrene sulfonate	27	sumatriptan succinate refill subcutaneous solution cartridge	18	testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 50 mg/5gm (1%)	30
SOFOSBUVIR-VELPATASVIR	20	sumatriptan succinate subcutaneous	18	TETANUS-DIPHTHERIA TOXOIDS TD	35
solifenacin succinate	29	sunitinib malate	19	tetrabenazine	26
SOLQUA	22	SUNOSI	39	tetracaine hcl ophthalmic	37
SOLOSEC	15	syeda	32	tetracycline hcl oral capsule	15
SOMAVERT	33	SYMPROIC	27	TEXACORT	30
sorafenib tosylate	19	SYNAREL	33	THALOMID	18
sotalol hcl (af)	24	SYNJARDY	22	THEO-24	39
sotalol hcl oral	24	SYNJARDY XR	22	theophylline er	39
SOTYLIZE	24	SYNTHROID	33	theophylline oral	39
SOVALDI	20	TABLOID	18	thioridazine hcl oral	20
SPIKEVAX	35	tacrolimus external	26	thiothixene	20
spinosad	19	tacrolimus oral	34	THROMBIN-JMI EPISTAXIS	23
SPIRIVA HANDHALER	38	tadalafil oral tablet 2.5 mg, 5 mg	29	THROMBIN-JMI EXTERNAL KIT	23
SPIRIVA RESPIMAT	38	tadalafil (pah)	39	THYQUIDITY	33
spironolactone-hctz	24	tafluprost (pf)	38	thyroid oral	33
spironolactone oral tablet	24	take action	33	tiadylt er	24
sprintec 28	32	TALTZ	34	tiagabine hcl	16
SPS	27	TALZENNA	19	tilia fe	32
sronyx	32	tamoxifen citrate oral tablet 10 mg	18	timolol maleate (once-daily)	37
ssid	15	tamoxifen citrate oral tablet 20 mg	18	timolol maleate ophthalmic gel forming solution	37
STELARA SUBCUTANEOUS	26	tamsulosin hcl	29	timolol maleate ophthalmic solution	37
STIOLTO RESPIMAT	39	tarina 24 fe	32	timolol maleate oral	24
		tarina fe 1/20 eq	32		

timolol maleate pf	37	triamterene-hctz	24	TYVASO STARTER KIT	39
tinidazole oral	15	triazolam	39	UBRELVY	18
tiopronin oral tablet	29	triderm	30	UNIFINE PROTECT PEN NEEDLE	36
tiotropium bromide monohydrate	38	trientine hcl oral capsule 250 mg	27	unithroid	33
TIROSINT-SOL	33	tri-estarylla	32	ursodiol oral capsule 300 mg	28
TIVICAY	20	trifluoperazine hcl	20	ursodiol oral tablet	28
tizanidine hcl oral capsule	39	trifluridine	37	valacyclovir hcl oral	20
tizanidine hcl oral tablet	39	trihexyphenidyl hcl	19	VALCHLOR	18
TOBRADEX	37	tri-legest fe	32	valganciclovir hcl oral solution reconstituted	20
tobramycin-dexamethasone	37	tri-linyah	32	valganciclovir hcl oral tablet	20
tobramycin nebulization solution 300 mg/5ml inhalation	39	tri-lo-estarylla	32	valproic acid oral capsule	16
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	39	tri-lo-marzia	32	valproic acid oral solution 250 mg/5ml	16
tobramycin ophthalmic	37	tri-lo-mili	32	valsartan-hydrochlorothiazide	24
TOBREX	37	tri-lo-sprintec	32	valsartan oral tablet	23
tolcapone	19	trimethobenzamide hcl oral	17	vancomycin hcl oral capsule	15
tolmetin sodium	13	trimethoprim oral	15	vancomycin hcl oral solution reconstituted	15
tolterodine tartrate	29	tri-mili	32	VANDAZOLE	15
tolterodine tartrate er	29	trimipramine maleate oral	17	VAQTA	35
topiramate oral capsule sprinkle	16	TRINATE	27	varenicline tartrate	14
topiramate oral tablet	16	tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	32	varenicline tartrate(continue)	15
toremifene citrate	18	tri-sprintec	32	varenicline tartrate (starter)	14
torsemide	24	TRIUMEQ	21	VARIVAX	35
TRADJENTA	22	trivora (28)	32	VARUBI (180 MG DOSE)	17
tramadol-acetaminophen	14	tri-vylibra	32	VAXELIS	35
tramadol hcl (er biphasic) oral tablet extended release 24 hour	14	tri-vylibra lo	32	VAXNEUVANCE	35
tramadol hcl er tablet	14	tropium chloride	29	VCF VAGINAL CONTRACEPTIVE	29
tramadol hcl oral tablet 50 mg	14	tropium chloride er	29	velivet	32
trandolapril	23	TRUE COVER	36	VELPHORO	27
tranexamic acid oral	23	TRUE FOLIC ACID ORAL TABLET 1 MG	27	VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	27
tranylcypromine sulfate	16	TRUE FOLIC ACID ORAL TABLET 400 MCG	27	VENCLEXTA	19
travoprost (bak free)	38	TRUE LAXATIVE	28	VENCLEXTA STARTING PACK	19
trazodone hcl oral	17	TRULICITY	22	venlafaxine hcl	17
TRECTOR	18	TRUMENBA	35	venlafaxine hcl er oral capsule extended release 24 hour	17
TRELEGY ELLIPTA	39	TURALIO	19	VENTAVIS	39
TRESIBA	23	turqoz	32	VENTOLIN HFA	39
TRESIBA FLEXTOUCH	23	TUXARIN ER	39	verapamil hcl er oral capsule extended release 24 hour	24
tretinoin external cream	26	TWINRIX	35	verapamil hcl er oral tablet extended release	24
tretinoin oral	19	TWIRLA	32	verapamil hcl oral	24
triamcinolone acetonide external cream	30	TYBLUME	32	VEREGEN	27
triamcinolone acetonide external lotion	30	tydemy	32	VERIFINE INSULIN PEN NEEDLE	36
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	30	TYMLOS	35	VERIFINE INSULIN SYRINGE	36
triamcinolone acetonide mouth/ throat	26	TYVASO	39	VERIFINE PLUS PEN NEEDLE	36
		TYVASO DPI INSTITUTIONAL KIT	39		
		TYVASO DPI MAINTENANCE KIT	39		
		TYVASO DPI TITRATION KIT	39		
		TYVASO REFILL KIT	39		

VERIFINE SAFE LANCET MINI 21G	22	XARELTO STARTER PACK.	23
VERIFINE SAFE LANCET MINI 23G	22	XELJANZ	34
VERIFINE SAFE LANCET MINI 28G	22	XELJANZ XR	34
VERIFINE SAFE LANCET MINI 30G	22	XELPROS	38
VERIFINE SHARPS CONTAINER.	36	XIFAXAN	15
VERZENIO	18	XIGDUO XR	22
vestura	32	XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	34
VIBERZI	28	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	34
vienna	32	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	34
vigabatrin	16	XOSPATA	19
vigadrone	16	XTAMPZA ER.	14
vigpoder	16	xulane	32
vilazodone hcl	17	YOSPRALA	23
VINATE ONE ORAL TABLET 60-1 MG27		yuvafem	32
viorele	32	zafemy	32
VIRACEPT	21	zafirlukast.	38
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	27	zaleplon	39
VITATHELY WITH GINGER.	27	ZARXIO	23
VITRAKVI	19	ZEGALOGUE	23
VIVAGUARD LANCETS 30G	22	ZELBORAF.	19
VIVAGUARD LANCING DEVICE	22	zenatane.	27
VIVAGUARD SAFETY LANCETS 28G22		ZENPEP	29
volnea	32	zidovudine	21
voriconazole oral suspension reconstituted	17	zileuton er.	38
voriconazole oral tablet.	17	ziprasidone hcl.	20
VORTEX VALVED HOLDING CHAMBER	36	ZIRGAN	37
VOSEVI.	20	ZOLINZA	19
VRAYLAR	20	zolmitriptan nasal	18
vyfemla.	32	zolmitriptan oral.	18
vylibra	32	zolpidem tartrate er	39
warfarin sodium oral	23	zolpidem tartrate oral tablet	39
wera	32	zonisamide oral	16
WESNATAL DHA COMPLETE	27	zovia 1/35 (28)	32
WESTAB PLUS	27	ZUBSOLV	14
WIDE-SEAL DIAPHRAGM 60.	36	zumandimine	32
WIDE-SEAL DIAPHRAGM 65.	36	ZYKADIA	19
WIDE-SEAL DIAPHRAGM 70.	36	ZYLET.	37
WIDE-SEAL DIAPHRAGM 75.	37		
WIDE-SEAL DIAPHRAGM 80.	37		
WIDE-SEAL DIAPHRAGM 85.	37		
WIDE-SEAL DIAPHRAGM 90.	37		
WIDE-SEAL DIAPHRAGM 95.	37		
wixela inhub	38		
wymzya fe.	32		
XARELTO	23		

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 مجاناً. إذا كنت بحاجة إلى المساعدة، فيرجى 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 pagsasalín at mga tagapagsalín 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 iyong 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.



Notice of non-discrimination

The company complies with applicable federal civil rights laws and does not treat members differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. If you think you were treated unfairly because of your race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can send a complaint 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

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

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

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

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

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

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



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