

Iowa
Individual & Family plans

2027 Prescription Drug List

Effective as of Jan. 1, 2027

United Healthcare®

Table of contents

Analgesics 9
Anesthetics 10
Anti-Addiction/Substance Abuse Treatment Agents 10
Antibacterials 10
Anticonvulsants 11
Antidementia Agents 12
Antidepressants 12
Antiemetics 12
Antifungals 13
Antigout Agents 13
Antimigraine Agents 13
Antimyasthenic Agents 13
Antimycobacterials 13
Antineoplastics 14
Antiparasitics 15
Antiparkinson Agents 15
Antipsychotics 15
Antivirals 16
Anxiolytics 17
Bipolar Agents 17
Blood Glucose Monitoring 17
Blood Glucose Regulators 18
Blood Products and Modifiers 19
Cardiovascular Agents 19
Central Nervous System Agents 21
Dental and Oral Agents 22
Dermatological Agents 22
Electrolytes/Minerals/Metals/Vitamins 23
Gastrointestinal Agents 23
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment 25
Genitourinary Agents 25
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) 25
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) 26
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) 26
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) 26
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) 29

Hormonal Agents, Suppressant (Adrenal) 29
Hormonal Agents, Suppressant (Pituitary) 29
Hormonal Agents, Suppressant (Thyroid) 29
Immunological Agents 29
Inflammatory Bowel Disease Agents 31
Metabolic Bone Disease Agents 31
Miscellaneous Therapeutic Agents 31
Ophthalmic Agents 33
Otic Agents 34
Respiratory Tract/Pulmonary Agents 34
Skeletal Muscle Relaxants 35
Sleep Disorder Agents 35

Understanding your prescription drug list

What is a prescription drug list (PDL)?

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

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

About this PDL

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

How do I use my PDL?

You and your health care provider can use the PDL to help you choose the most cost-effective prescription medications. This guide tells you if your medication is covered, what tier your medication is considered under your plan, and if your medication has coverage rules or limits. You can reference this list when you see your health care provider. You can also search for medications at **myuhc.com/exchange** and find the PDL in the **Pharmacies & Prescriptions** section.

What are tiers?

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

Tier	Cost-share	Includes
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.

Can the PDL change?

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

Why are some medications not covered?

Non-formulary medications

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

Excluded medications

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

Coverage details

What are coverage rules or limits?

Some medications on your PDL have extra rules before they can be covered. A few of the most common coverage rules or limits are prior authorization (PA), quantity limits (QL), and step therapy (ST). We use programs like these to help make sure the medication you take is safe and effective. Check your plan documents for more information. In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage rules or limits. Your benefit plan sets how these medications may be covered for you. To get a medication that has a coverage rule or limit, see the "Prior authorization and exception requests" section.For more information about quantity limits, please visit: **https://welcome.optumrx.com/rxexternal/external-prescription-drug-list?type=ClientFormulary&var=GPX527IA&infoid=GPX527IA&page=insert&par=**

PA	**Prior authorization required**
	Requires your health care provider to provide information about why you are taking a medication before your plan can decide how it may be covered.
QL	**Quantity limit**
	A restriction on the quantity of medication covered by your plan.
ST	**Step therapy**
	Requires you to try one or more medications before the medication you are requesting may be covered.
SP	**Specialty medication**
	Specialty medications treat complex or rare conditions and may require special storage and handling. Your plan limits specialty medications to a 1-month supply. Specialty medications may not be available at a retail pharmacy. You may have to get these medications from a specialty pharmacy.

MME	**Morphine milligram equivalent and 7-day limit if you have not filled an opioid prescription recently**
	Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME) and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than 1 opioid drug for pain management. If your health care provider prescribes more than this amount, or thinks the limit is not right for your situation, you or your health care provider can ask the plan to cover the additional quantity.
7D	**7 day limit if you have not filled an opioid prescription recently**
	If you have not filled an opioid prescription recently, you may be limited to a 7-day supply. This limit is intended to minimize initial duration if you do not have recent history of opioid use. For members who are new to the plan and have a recent history of using opioids, the limit may be overridden by the pharmacy. For members who have filled an opioid recently, prescriptions are limited to a 1 month supply.

Which preventive medications are covered?

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

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

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

We follow recommendations by the U.S. Preventive Services Task Force and the Health Resources and Services Administration.

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 health care provider to provide information about your medical condition to confirm that you meet the requirements to obtain the preventive medication at no cost. Follow the steps in the "Prior authorization and exception requests" section. If you qualify, you can receive these drugs at $0 cost-share. If you are using it to treat another medical condition, a cost-share may apply.

What medications are covered under my medical benefit?

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

Prior authorization and exception requests

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

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

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

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

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

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

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

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

Medication tips

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

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. If you are taking a non-formulary brand-name medication that has a generic equivalent, you may also be responsible for the difference in cost between the brand-name drug and the generic equivalent. Check your plan documents for more information.

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

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

Over-the-counter medications

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

Reading your PDL

The PDL gives you choices so you and your health care provider can decide your best course of treatment. In this PDL, brand-name medications are shown in UPPERCASE (for example, JARDIANCE). Generic medications are shown in lowercase (for example, atorvastatin). There are 2 ways to find your drug within the PDL:

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

Questions



Review your policy for more information about your pharmacy benefit



Call the Member Services number on your health plan ID card



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

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

Drug name	Tier	Notes
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
aspirin 81 oral tablet delayed release	1	
aspirin adult low dose	1	
aspirin adult low strength	1	
aspirin childrens	1	
aspirin ec adult low dose	1	
aspirin ec low dose	1	
aspirin ec low strength	1	
aspirin low dose	1	
aspirin oral tablet chewable	1	
aspirin oral tablet delayed release 81 mg	1	
aspirin regimen	1	
celecoxib oral	2	
diclofenac potassium oral tablet 50 mg	2	
diclofenac sodium er	3	
diclofenac sodium oral	2	
diclofenac-misoprostol	3	
diflunisal oral	2	
etodolac	2	
etodolac er	3	
flurbiprofen oral tablet 100 mg	2	
ft aspirin adult low dose	1	
ft aspirin low dose	1	
ft aspirin oral tablet chewable	1	
goodsense aspirin low dose	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	2	
indomethacin er	2	
indomethacin oral capsule	2	
ketoprofen er	4	ST; QL
ketoprofen oral capsule 25 mg, 50 mg	3	ST; QL
ketorolac tromethamine oral	2	
meclofenamate sodium oral	4	
mefenamic acid oral	4	
meloxicam oral tablet	2	
mm aspirin	1	
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	
sulindac oral	2	

Drug name	Tier	Notes
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 oral solution	2	PA; QL; MME; 7D
methadone hcl oral tablet	2	PA; QL; MME; 7D
morphine sulfate er	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	3	PA; QL; MME; 7D
XTAMPZA ER	4	PA; QL; MME; 7D
xyvona	4	PA; QL; MME; 7D
Opioid Analgesics, Short-acting		
acetaminophen-codeine oral solution 120-12 mg/5ml	2	QL; MME; 7D
acetaminophen-codeine oral tablet	2	QL; MME; 7D
apap-caff-dihydrocodeine	4	QL; MME; 7D
ascomp-codeine	3	QL; MME; 7D
bac (butalbital-acetamin-caff)	2	QL
butalbital-acetaminophen oral tablet	3	
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	
butorphanol tartrate nasal	3	QL; MME; 7D
codeine sulfate	2	QL; MME; 7D
endocet	2	QL; MME; 7D
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 7.5-325 mg/15ml	2	QL; MME; 7D
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	QL; MME; 7D
hydrocodone-ibuprofen	4	QL; MME; 7D
hydromorphone hcl oral liquid 1 mg/ml	3	QL; MME; 7D
hydromorphone hcl oral tablet	2	QL; MME; 7D
morphine sulfate (concentrate) oral solution 100 mg/5ml	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

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
PA.....Prior authorization required
QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy

Drug name	Tier	Notes
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	
tramadol hcl oral tablet 50 mg	2	QL; MME; 7D
tramadol-acetaminophen	2	QL; MME; 7D
Anesthetics		
Local Anesthetics		
glydo	2	
lidocaine external patch 5 %	3	PA; QL
lidocaine hcl external solution	3	
lidocaine hcl mouth/throat	3	
lidocaine hcl urethral/mucosal	2	
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		
ft naloxone hcl	1	
naloxone hcl injection	2	
naloxone hcl nasal	1	
NARCAN	1	
OPVEE	4	
REXTOVY	1	
Smoking Cessation Agents		
bupropion hcl er (smoking det)	1	
ft nicotine	1	
ft nicotine mini	1	
goodsense nicotine mouth/throat gum	1	
goodsense nicotine mouth/throat lozenge 4 mg	1	
goodsense nicotine policrilex	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, 7 mg/24hr	1	
NICOTROL NS	1	PA
varenicline tartrate	1	PA
varenicline tartrate (starter)	1	PA
varenicline tartrate(continue)	1	PA
Antibacterials		
Aminoglycosides		
gentamicin sulfate external	3	QL
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	
linezolid oral tablet	3	
methenamine hippurate	3	
metronidazole oral tablet 250 mg, 500 mg	2	
metronidazole vaginal	2	
mupirocin cream	4	QL
mupirocin ointment	2	QL
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	3	
nitrofurantoin macrocrystal oral capsule 25 mg	4	
nitrofurantoin monohydrate macrocrystals	2	
nitrofurantoin oral suspension 25 mg/5ml	4	PA
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	
vancomycin hcl oral solution reconstituted	3	
VANDAZOLE	3	
XEPI	4	QL
XIFAXAN	5	PA; QL
Beta-lactam, Cephalosporins		
cefaclor er	3	
cefaclor oral capsule	2	

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
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Drug name	Tier	Notes
cefadroxil oral capsule	2	
cefadroxil oral suspension reconstituted	2	
cefadroxil oral tablet	3	
cefdinir	2	
cefixime oral capsule	3	
cefixime oral suspension reconstituted	4	
cefpodoxime proxetil	3	
cefprozil	2	
cefuroxime axetil	2	
cephalexin oral capsule 250 mg, 500 mg	2	
cephalexin oral suspension reconstituted	2	
Beta-lactam, Penicillins		
amoxicillin	2	
amoxicillin trihydrate oral	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 suspension reconstituted	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		
demeclocycline hcl	4	
doxycycline hyclate oral capsule 100 mg, 50 mg	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	
tetracycline hcl oral capsule	2	
Anticonvulsants		
Anticonvulsants, Other		
brivaracetam oral	4	PA
EPIDIOLEX	5	PA; SP
levetiracetam er	2	
levetiracetam oral solution	2	
levetiracetam oral tablet	2	
roweepra	2	
Calcium Channel Modifying Agents		
ethosuximide oral	3	
methsuximide	3	
zonisamide oral	2	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam oral suspension 2.5 mg/ml	4	PA; QL
clobazam oral tablet	4	PA; QL
DIACOMIT	5	PA; SP
diazepam rectal	3	QL
gabapentin oral capsule 100 mg, 300 mg, 400 mg	2	
gabapentin oral solution 250 mg/5ml	2	
gabapentin oral tablet 600 mg, 800 mg	2	
NAYZILAM	4	PA; QL
phenobarbital oral elixir 20 mg/5ml	2	
phenobarbital oral tablet	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
Glutamate Reducing Agents		
felbamate	4	
lamotrigine oral tablet	2	
lamotrigine oral tablet chewable	2	
perampanel	4	PA
subvenite oral tablet	2	
topiramate oral capsule sprinkle	3	
topiramate oral tablet	2	
Sodium Channel Agents		
carbamazepine er	3	
carbamazepine oral suspension 100 mg/5ml	3	

KEY: **7D**.....7 day limit
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Drug name	Tier	Notes
carbamazepine oral tablet	2	
carbamazepine oral tablet chewable 100 mg	2	
DILANTIN ORAL CAPSULE 30 MG	4	
eslicarbazepine acetate	4	PA
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	4	PA
lacosamide oral tablet	2	
oxcarbazepine oral suspension	4	
oxcarbazepine oral tablet	2	
phenytek	2	
phenytoin infatabs	2	
phenytoin oral suspension 125 mg/5ml	2	
phenytoin oral tablet chewable	2	
phenytoin sodium extended	2	
rufinamide oral suspension 40 mg/ml	4	PA
rufinamide oral tablet	4	PA
Antidementia Agents		
Cholinesterase Inhibitors		
donepezil hcl oral tablet 10 mg, 5 mg	2	
donepezil hcl oral tablet dispersible	2	
galantamine hydrobromide er	3	
galantamine hydrobromide oral solution	4	
galantamine hydrobromide oral tablet	3	
rivastigmine	4	
rivastigmine tartrate	2	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl oral solution 2 mg/ml	4	
memantine hcl oral tablet	2	
Antidepressants		
Antidepressants, Other		
bupropion hcl er (sr)	2	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	2	
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		
EMSAM	4	PA
MARPLAN	4	
phenelzine sulfate oral	2	
tranylcypromine sulfate	4	

Drug name	Tier	Notes
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)		
citalopram hydrobromide oral solution 10 mg/5ml	3	
citalopram hydrobromide oral tablet	1	
desvenlafaxine succinate er	3	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	1	
FETZIMA	4	ST; QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	3	QL
fluoxetine hcl oral solution	2	
fluoxetine hcl oral tablet 10 mg, 20 mg	3	
fluvoxamine maleate	2	
fluvoxamine maleate er	4	
nefazodone hcl	3	
paroxetine hcl er	3	
paroxetine hcl oral suspension	4	
paroxetine hcl oral tablet	2	
sertraline hcl oral concentrate	2	
sertraline hcl oral tablet	1	
trazodone hcl oral	2	
venlafaxine hcl	2	
venlafaxine hcl er oral capsule extended release 24 hour	2	
vilazodone hcl	4	
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	

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Drug name	Tier	Notes
metoclopramide hcl oral tablet	2	
perphenazine oral	2	
prochlorperazine	3	
prochlorperazine maleate oral	2	
promethazine hcl oral	2	
promethazine hcl rectal	3	
scopolamine	3	
trimethobenzamide hcl oral	2	
Emetogenic Therapy Adjuncts		
aprepitant	3	QL
dronabinol oral capsule	4	
granisetron hcl oral	3	
ondansetron hcl oral solution 4 mg/5ml	2	
ondansetron hcl oral tablet	2	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	2	
VARUBI (180 MG DOSE)	4	QL
Antifungals		
ciclodan	2	
ciclopirox external	2	
ciclopirox olamine external	2	
clotrimazole mouth/throat	2	
clotrimazole-betamethasone external cream	2	
clotrimazole-betamethasone external lotion	3	
CRESEMBA ORAL	4	PA
econazole nitrate external cream	3	
EXELDERM	4	
fluconazole oral	2	
flucytosine oral	4	
griseofulvin microsize oral	3	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	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	
miconazole 3 vaginal suppository	2	
naftifine hcl external cream	4	
nystatin external	2	QL
nystatin mouth/throat suspension 100000 unit/ml	2	
nystatin oral	2	
nystatin-triamcinolone	2	
nystop	2	QL
oxiconazole nitrate	4	QL
posaconazole oral tablet delayed release	3	

Drug name	Tier	Notes
SULCONAZOLE NITRATE	4	
tavaborole	3	QL
terbinafine hcl oral	2	
terconazole vaginal cream	2	
terconazole vaginal suppository	3	
voriconazole oral	4	QL
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	2	
colchicine oral tablet	2	
colchicine-probenecid	2	
febuxostat	2	
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
QULIPTA	4	PA; QL
UBRELVY	4	PA; QL
Ergot Alkaloids		
dihydroergotamine mesylate injection	4	
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 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 oral tablet extended release	4	
pyridostigmine bromide oral solution	4	
pyridostigmine bromide oral tablet 60 mg	2	
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral	2	
rifabutin	4	

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Drug name	Tier	Notes
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
Antineoplastics		
Alkylating Agents		
cyclophosphamide oral capsule	4	
CYCLOPHOSPHAMIDE ORAL TABLET	4	
LEUKERAN	4	
lomustine	5	SP
MATULANE	5	SP
MYLERAN	4	
temozolomide	5	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
XTANDI	5	PA; QL; SP
Antiangiogenic Agents		
lenalidomide	5	PA; QL; SP
pomalidomide	5	PA; QL; SP
THALOMID	5	PA; QL; SP
Antiestrogens/Modifiers		
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 tablet	2	
TABLOID	5	SP
Antineoplastics, Other		
diclofenac sodium external gel 3 %	4	QL
FLUOROURACIL EXTERNAL CREAM 0.5 %	4	
fluorouracil external cream 5 %	2	
fluorouracil external solution	2	
KISQALI (200 MG DOSE)	5	PA; QL; SP
KISQALI (400 MG DOSE)	5	PA; QL; SP
KISQALI (600 MG DOSE)	5	PA; QL; SP
lederle leucovorin	2	
leucovorin calcium oral	2	
PIQRAY	5	PA; QL; SP
VERZENIO	5	PA; QL; SP
ZOLINZA	5	QL; SP
Aromatase Inhibitors, 3rd Generation		
anastrozole oral	2	$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
exemestane	4	$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
letrozole oral	2	$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
Enzyme Inhibitors		
etoposide oral	5	SP
HYCAMTIN ORAL	5	PA; QL; SP
TALZENNA	5	PA; QL; SP
Molecular Target Inhibitors		
ALECENSA	5	PA; QL; SP
BOSULIF ORAL CAPSULE	5	PA; QL; SP
bosutinib	5	PA; QL; SP
BRUKINSA	5	PA; QL; SP
CALQUENCE	5	PA; QL; SP
CAPRELSA	5	PA; QL; SP
COMETRIQ	5	PA; QL; SP
COTELLIC	5	PA; QL; SP
dasatinib	5	PA; QL; SP
erlotinib hcl	5	QL; SP
everolimus oral tablet 5 mg	5	PA; QL; SP
gefitinib	5	PA; QL; SP
GILOTRIF	5	PA; QL; SP
ICLUSIG TAB 10MG	5	**PA**
ICLUSIG TAB 15MG	5	**PA**

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ICLUSIG TAB 30MG	5	PA
ICLUSIG TAB 45MG	5	PA
imatinib mesylate oral	5	QL; SP
IMBRUVICA	5	PA; QL; SP
INLYTA	5	PA; QL; SP
JAKAFI	5	PA; QL; SP
JAKAFI XR	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
LYNPARZA	5	PA; QL; SP
ROZLYTREK	5	PA; QL; SP
RYDAPT CAP 25MG	5	PA
SCEMBLIX TAB 20MG	5	PA
SCEMBLIX TAB 40MG	5	PA
SCEMBLIX TAB 100MG	5	PA
sorafenib tosylate	5	PA; QL; SP
STIVARGA	5	PA; QL; SP
sunitinib malate	5	PA; QL; SP
TAGRISSO	5	PA; QL; SP
torpenz oral tablet 5 mg	5	PA; QL; SP
TRUQAP	5	PA; QL; SP
TURALIO	5	PA; QL; SP
VENCLEXTA	5	PA; QL; SP
VENCLEXTA STARTING PACK	5	PA; QL; SP
VITRAKVI	5	PA; QL; SP
XOSPATA	5	PA; QL; SP
yulithira	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		
mesna oral	5	SP
Antiparasitics		
Anthelmintics		
albendazole oral	4	QL
ivermectin oral tablet 3 mg	2	PA; QL
praziquantel oral	4	
Antiprotozoals		
atovaquone	4	
atovaquone-proguanil hcl	3	
BENZNIDAZOLE	3	QL
chloroquine phosphate oral	2	
hydroxychloroquine sulfate oral	2	
KRINTAFEL	3	QL
mefloquine hcl	2	
nitazoxanide oral	3	QL
pentamidine isethionate inhalation	3	

Drug name	Tier	Notes
primaquine phosphate	2	
pyrimethamine oral	5	PA; SP
quinine sulfate	3	
Pediculicides/Scabicides		
CROTAN	4	
malathion	4	
permethrin external	2	
PRURADIK	4	
spinosad	4	
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate oral	2	
trihexyphenidyl hcl	2	
Antiparkinson Agents, Other		
amantadine hcl oral capsule	2	
amantadine hcl oral solution 50 mg/5ml	2	
amantadine hcl oral tablet	2	
carbidopa-levodopa-entacapone	4	
entacapone	3	
tolcapone	4	
Dopamine Agonists		
apomorphine hcl subcutaneous	5	QL; SP
bromocriptine mesylate oral capsule	4	
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 oral tablet extended release	2	
carbidopa-levodopa oral tablet	2	
carbidopa-levodopa oral tablet dispersible	3	
DUOPA	5	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	QL
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	

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trifluoperazine hcl	2	
2nd Generation/Atypical		
aripiprazole oral solution	4	
aripiprazole oral tablet	2	
asenapine maleate	4	ST; QL
lurasidone hcl	2	QL
olanzapine oral tablet	2	
olanzapine oral tablet dispersible	3	
paliperidone er	4	QL
quetiapine fumarate	2	
quetiapine fumarate er	3	
risperidone oral solution 1 mg/ml	2	
risperidone oral tablet	2	
risperidone oral tablet dispersible	3	
VRAYLAR	4	QL
ziprasidone hcl	3	
Treatment-Resistant		
clozapine oral tablet	2	
clozapine oral tablet dispersible	4	
Antivirals		
Antivirals		
LAGEVRIO	4	QL
PAXLOVID (150/100)	4	QL
PAXLOVID (300/100 & 150/100)	4	QL
PAXLOVID (300/100)	4	QL
XOCOVA TAB 125MG	4	
Anti-cytomegalovirus (CMV) Agents		
valganciclovir hcl oral solution reconstituted	4	
valganciclovir hcl oral tablet	2	
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; SP
ribavirin oral	3	
SOFOSBUVIR-VELPATASVIR	4	PA; QL; SP
SOVALDI	5	PA; QL; SP
VOSEVI	4	PA; QL; SP
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	4	QL
DOVATO	4	QL
GENVOYA	4	QL
ISENTRESS ORAL PACKET	4	
JULUCA	4	QL
TIVICAY	4	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
EDURANT PED	4	
efavirenz	2	
efavirenz-emtricitab-tenofo df	2	QL
efavirenz-lamivudine-tenofovir	3	QL
emtricitab-rilpivir-tenofov df	4	QL
etravirine	4	
INTELENCE ORAL TABLET 25 MG	4	
nevirapine	2	
nevirapine er	2	
rilpivirine hcl	4	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate oral solution	3	
abacavir sulfate oral tablet	2	
abacavir sulfate-lamivudine	2	
DESCOVY ORAL TABLET 200-25 MG	4	QL; $0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection.
emtricitabine	3	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	2	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	2	QL; $0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection.
lamivudine oral solution 10 mg/ml	2	
lamivudine oral tablet 150 mg, 300 mg	2	
lamivudine-zidovudine	2	
ODEFSEY	4	QL
tenofovir disoproxil fumarate	2	$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	

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Drug name	Tier	Notes
Anti-HIV Agents, Other		
maraviroc	2	
YEZTUGO ORAL	4	QL
Anti-HIV Agents, Protease Inhibitors		
APTIVUS	4	
atazanavir sulfate	2	
darunavir	2	
EVOTAZ	4	
fosamprenavir calcium	4	
lopinavir-ritonavir	2	
NORVIR ORAL PACKET	4	
PREZISTA ORAL SUSPENSION	4	
REYATAZ ORAL PACKET	4	
ritonavir	2	
VIRACEPT	4	
Anti-influenza Agents		
oseltamivir phosphate oral	2	
RELENZA DISKHALER	4	
rimantadine hcl	3	
Antiherpetic Agents		
acyclovir external ointment	3	QL
acyclovir oral capsule	2	
acyclovir oral suspension 200 mg/5ml	2	
acyclovir oral tablet	2	
famciclovir oral	2	
penciclovir	4	
valacyclovir hcl oral	2	QL
Anxiolytics		
Anxiolytics, Other		
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	2	
hydroxyzine hcl oral syrup 10 mg/5ml	2	
hydroxyzine hcl oral tablet	2	
hydroxyzine pamoate oral	2	
meprobamate	4	
Benzodiazepines		
alprazolam er	3	QL
alprazolam intensol	3	QL
alprazolam oral tablet	2	QL
alprazolam oral tablet dispersible	3	QL
alprazolam xr	3	QL
chlordiazepoxide hcl	2	
clonazepam oral tablet	2	QL
clonazepam oral tablet dispersible	3	QL
clorazepate dipotassium	3	QL
diazepam intensol	2	QL
diazepam oral concentrate	2	QL
diazepam oral solution	2	
diazepam oral tablet	2	QL
estazolam	2	QL

Drug name	Tier	Notes
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	
lithium	2	
lithium carbonate er	2	
lithium carbonate oral	2	
Blood Glucose Monitoring		
ACCU-CHEK AVIVA DEVICE	1	QL
ACCU-CHEK FASTCLIX LANCET KIT	1	QL
ACCU-CHEK GUIDE	3	QL
ACCU-CHEK GUIDE CONTROL	1	QL
ACCU-CHEK GUIDE KIT W/DEVICE	3	QL
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK SMARTVIEW CONTROL	1	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	QL
ADVANTAGE SAFETY LANCETS 28G	1	
ADVOCATE SAFETY LANCETS 21G	1	
ADVOCATE SAFETY LANCETS 23G	1	
ADVOCATE SAFETY LANCETS 28G	1	
ASSURE CONTROL SOLUTION 2/3	1	QL
AUTOLET LANCING DEVICE	1	QL
AUTOLET LITE LANCING DEVICE	1	QL
CARESENS CONTROL SOLUTION A/B	1	QL
CARESENS LANCETS 30G	1	
CARESENS S CONTROL SOLN A/B	1	QL
CARETOUCH CONTROL SOL LEVEL 2	1	QL
CARETOUCH LANCING/EJECTOR	1	QL
CHEMSTRIP K	1	
CHEMSTRIP MICRAL	1	
CHEMSTRIP UGK	1	
CHOSEN LANCETS 30G	1	
CHOSEN LANCING DEVICE	1	QL
CHOSEN SAFETY LANCETS 28G	1	
CLEVER CHOICE COMFORT EZ	1	
COMFORT TOUCH TWIST LANCET 30G	1	
CONTOUR CONTROL SOLUTION	1	QL
CONTOUR NEXT	1	QL
CONTOUR NEXT CONTROL SOLUTION	1	QL
CONTOUR NEXT EZ KIT W/DEVICE	1	QL
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	1	QL
CONTOUR NEXT GEN TEST STRIPS	1	QL

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CONTOUR NEXT MONITOR KIT W/ DEVICE	1	QL
CONTOUR NEXT ONE KIT W/ DEVICE	1	QL
CONTOUR PLUS BLUE KIT W/ DEVICE	1	QL
CONTOUR PLUS CONTROL SOLUTION	1	QL
CONTOUR PLUS TEST STRIP	1	QL
CONTOUR TEST STRIPS	1	QL
DEXCOM G6 RECEIVER	4	PA; QL
DEXCOM G6 SENSOR	4	PA; QL
DEXCOM G6 TRANSMITTER	4	PA; QL
DEXCOM G7 15 DAY SENSOR	4	PA; QL
DEXCOM G7 RECEIVER	4	PA; QL
DEXCOM G7 SENSOR	4	PA; QL
DIASTIX REAGENT	1	
DROPSAFE ACTI-LANCE 23G	1	
DROPSAFE MEDLANCE LANCET 30G	1	
EASY TOUCH HEALTHPRO HIGH/ LOW	1	QL
EASYMAX 15 LEVEL 2-3 CONTROL	1	QL
EASYMAX CONTROL	1	QL
EMBRACE WAVE GLUCOSE CONTROL	1	QL
FONDCIRCLE CONTROL SOLUTION	1	QL
FONDCIRCLE LANCING DEVICE	1	QL
FONDCIRCLE SINGLE USE LANCETS	1	
FORA TEST N'GO ADV-VOICE-6 CON	1	
FREESTYLE LIBRE 14 DAY READER	4	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR	4	PA; QL
FREESTYLE LIBRE 2 PLUS SENSOR	4	PA; QL
FREESTYLE LIBRE 2 READER	4	PA; QL
FREESTYLE LIBRE 2 SENSOR	4	PA; QL
FREESTYLE LIBRE 3 PLUS SENSOR	4	PA; QL
FREESTYLE LIBRE 3 READER	4	PA; QL
FREESTYLE LIBRE 3 SENSOR	4	PA; QL
GLUCOSE CONTROL SOLUTIONS	1	QL
IHEALTH CONTROL SOLUTION	1	QL
IHEALTH LANCING DEVICE	1	QL
KETO-DIASTIX	1	
KETONE CARE	1	
KETOSTIX	1	
LANCETS	1	
LANCETS 28G THIN	1	
LANCETS SUPER THIN	1	
MICROLET NEXT LANCETS	1	
MICROLET NEXT LANCING DEVICE	1	QL
MOBI CONNECT LANCING DEVICE	1	QL
MOBI CONNECT TWIST LANCETS	1	
MOBILE LANCETS 30G	1	
NOVOPEN ECHO	1	
ONETOUCH DELICA PLUS LANCING	1	QL
ONETOUCH DELICA SAFETY LANCING	1	
ONETOUCH ULTRA IN VITRO LIQUID	1	QL
ONETOUCH VERIO IN VITRO LIQUID HIGH	1	QL
PERFECT POINT SAFETY LANCETS	1	
PIP GLUCOSE CONTROL SOLUTION	1	QL
PURE COMFORT SAFETY LANCET 30G	1	
RELION GLUCOSE TEST STRIPS	1	QL
SENSILANCE SAFETY LANCETS 21G	1	
SENSILANCE SAFETY LANCETS 26G	1	
SENSILANCE SAFETY LANCETS 28G	1	
TECHLITE LANCETS 26G	1	
TRUE METRIX LEVEL 1	1	QL
TRUE METRIX LEVEL 2	1	QL
TRUE METRIX LEVEL 3	1	QL
ULTRA-CARE SAFETY LANCETS 30G	1	
UNISTRIP CONTROL IN VITRO SOLUTION LOW	1	QL
VERIFINE SAFE LANCET MINI 21G	1	
VERIFINE SAFE LANCET MINI 23G	1	
VERIFINE SAFE LANCET MINI 28G	1	
VERIFINE SAFE LANCET MINI 30G	1	
VIVAGUARD INO CONTROL SOLUTION	1	QL
VIVAGUARD LANCETS 30G	1	
VIVAGUARD LANCING DEVICE	1	QL
VIVAGUARD SAFETY LANCETS 28G	1	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose oral	2	
dapagliflozin base-metformin er	3	QL
dapagliflozin	3	QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er	1	
glipizide oral tablet 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin hcl	3	
glyburide	2	
glyburide-metformin	2	
JARDIANCE	3	QL
metformin hcl er	1	
metformin hcl oral solution	4	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
miglitol	3	
MOUNJARO	3	PA; QL
nateglinide	3	QL

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OZEMPIC	3	PA; QL
pioglitazone hcl	1	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
TRULICITY	3	PA; QL
Glycemic Agents		
BAQSIMI ONE PACK	1	QL
BAQSIMI TWO PACK	1	QL
diazoxide oral	4	
ft glucose	3	
GLUCAGON EMERGENCY KIT	1	QL
glucagon emergency kit injection solution reconstituted 1 mg	1	QL
GLUCO TO GO	3	
glucose gummies	3	
GVOKE HYPOPEN 1-PACK	1	QL
GVOKE HYPOPEN 2-PACK	1	QL
GVOKE KIT	1	QL
GVOKE PFS	1	QL
INSTA-GLUCOSE	3	
Insulins		
BASAGLAR KWIKPEN	1	QL
HUMALOG KWIKPEN	1	QL
HUMALOG MIX 50/50 KWIKPEN	1	QL
HUMALOG MIX 75/25 KWIKPEN	1	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG SUBCUTANEOUS	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 VIAL	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
NOVOLOG 70/30 FLEXPEN RELION	1	QL
NOVOLOG FLEXPEN	1	QL
NOVOLOG FLEXPEN RELION	1	QL
NOVOLOG MIX 70/30 FLEXPEN	1	QL
NOVOLOG MIX 70/30 RELION	1	QL
NOVOLOG MIX 70/30 VIAL	1	QL
NOVOLOG PENFILL	1	QL
REZVOGLAR KWIKPEN	1	QL
TRESIBA	1	QL
TRESIBA FLEXTOUCH	1	QL
Blood Products and Modifiers		
Anticoagulants		
dabigatran etexilate mesylate	3	QL
ELIQUIS	3	QL
ELIQUIS (1.5 MG PACK)	3	QL
ELIQUIS (2 MG PACK)	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) +rfid	2	
heparin sodium (porcine) pf	2	
rivaroxaban	3	QL
warfarin sodium oral	2	
XARELTO	3	QL
XARELTO STARTER PACK	3	QL
Blood Formation Modifiers		
anagrelide hcl	4	
ARANESP (ALBUMIN FREE)	5	QL; SP
eltrombopag olamine oral packet	5	PA; QL; SP
eltrombopag olamine oral tablet	5	PA; SP
LEUKINE	5	SP
NEULASTA	5	SP
NEULASTA ONPRO	5	SP
plerixafor	5	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	
tranexamic acid oral	3	
Platelet Modifying Agents		
aspirin-dipyridamole er	4	
cilostazol	2	
clopidogrel bisulfate oral	2	
dipyridamole oral	2	
prasugrel hcl	2	
ticagrelor	4	QL
YOSPRALA	3	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine	3	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	2	
guanfacine hcl	2	
methyldopa	2	
midodrine hcl	2	

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Drug name	Tier	Notes
Alpha-adrenergic Blocking Agents		
doxazosin mesylate oral	2	
phenoxybenzamine hcl oral	4	
prazosin hcl oral	2	
Angiotensin II Receptor Antagonists		
candesartan cilexetil	3	
irbesartan	2	
losartan potassium oral	1	
olmesartan medoxomil oral	2	
telmisartan	3	
valsartan oral tablet	2	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl oral	2	
captopril oral	2	
enalapril maleate oral tablet	2	
fosinopril sodium	2	
lisinopril oral	1	
moexipril hcl	2	
perindopril erbumine	2	
quinapril hcl	2	
ramipril	2	
trandolapril	2	
Antiarrhythmics		
amiodarone hcl oral	2	
disopyramide phosphate	3	
dofetilide	4	
flecainide acetate	2	
mexiletine hcl oral	3	
MULTAQ	4	PA
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	1	
labetalol hcl oral	2	
metoprolol succinate er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
nadolol oral	2	
nebivolol hcl	2	
pindolol	2	
propranolol hcl er	2	
propranolol hcl oral	2	
timolol maleate oral	2	

Drug name	Tier	Notes
Calcium Channel Blocking Agents		
amlodipine besylate oral	1	
cartia xt	2	
dilt-xr	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	
felodipine er	2	
isradipine	2	
matzim la	3	
nicardipine hcl oral	3	
nifedipine er	2	
nifedipine er osmotic release	2	
nifedipine oral	2	
nimodipine oral capsule	4	
nisoldipine er	3	
NYMALIZE	3	
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	
amiloride-hydrochlorothiazide	2	
amlodipine besylate-benazepril hcl	2	
amlodipine besylate-valsartan	3	
amlodipine-olmesartan	3	
atenolol-chlorthalidone	2	
benazepril-hydrochlorothiazide	3	
bisoprolol-hydrochlorothiazide	2	
candesartan cilexetil-hctz	3	
captopril-hydrochlorothiazide	3	
CORLANOR ORAL SOLUTION	4	PA; QL
digoxin oral solution	3	
digoxin oral tablet 125 mcg, 250 mcg	2	
digoxin oral tablet 62.5 mcg	4	
enalapril-hydrochlorothiazide	2	
ENTRESTO ORAL CAPSULE SPRINKLE	4	PA; QL
fosinopril sodium-hctz	3	
irbesartan-hydrochlorothiazide	2	
isosorb dinitrate-hydralazine	3	
ivabradine hcl	4	PA; QL
lisinopril-hydrochlorothiazide	1	
losartan potassium-hctz	1	

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metoprolol-hydrochlorothiazide	3	
olmesartan medoxomil-hctz	2	
pentoxifylline er	2	
quinapril-hydrochlorothiazide	3	
ranolazine er	4	
sacubitril-valsartan	3	PA; QL
spironolactone-hctz	2	
telmisartan-hctz	3	
triamterene-hctz	2	
valsartan-hydrochlorothiazide	2	
Diuretics, Carbonic Anhydrase Inhibitors		
acetazolamide er	3	
acetazolamide oral	3	
methazolamide oral	4	
Diuretics, Loop		
bumetanide oral	2	
ethacrynic acid	4	
furosemide oral solution	2	
furosemide oral tablet	1	
torsemide	2	
Diuretics, Potassium-sparing		
amiloride hcl oral	2	
eplerenone	3	
spironolactone oral tablet	2	
Diuretics, Thiazide		
chlorthalidone	2	
hydrochlorothiazide oral	1	
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	1	
fluvastatin sodium	3	$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.
lovastatin oral	2	$0 Copay for members between ages 40 to 75 years.
pravastatin sodium	2	$0 Copay for members between ages 40 to 75 years.
rosuvastatin calcium oral tablet 10 mg, 5 mg	2	$0 Copay for members between ages 40 to 75 years.
rosuvastatin calcium oral tablet 20 mg, 40 mg	2	
simvastatin oral	1	
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 oral	2	
ezetimibe-simvastatin	3	
icosapent ethyl	4	PA
niacin (antihyperlipidemic)	3	
niacin er (antihyperlipidemic)	3	
niacor	3	
omega-3-acid ethyl esters	2	PA
prevalite	3	
REPATHA SURECLICK	3	PA; QL
Vasodilators, Direct-acting Arterial		
hydralazine hcl oral	2	
minoxidil oral	2	
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 ointment	3	
nitroglycerin transdermal patch 24 hour	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

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lisdexamfetamine dimesylate oral capsule	4	PA; QL
methamphetamine hcl	4	PA
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hcl oral capsule	3	QL
clonidine hcl er	3	
dexmethylphenidate hcl	2	PA; QL
dexmethylphenidate hcl er	3	PA; QL
guanfacine hcl er	2	
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
AUSTEDO XR	5	PA; QL; SP
AUSTEDO XR PATIENT TITRATION	5	PA; QL; SP
caffeine citrate oral	2	
DAYBUE	5	PA; QL; SP
INGREZZA	5	PA; QL; SP
riluzole	4	SP
tetrabenazine	4	PA; SP
Fibromyalgia Agents		
milnacipran hcl oral	4	ST; QL
milnacipran hcl oral tablet	4	QL
pregabalin oral capsule	2	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	4	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	4	PA; QL; SP
ZEPOSIA	5	PA; QL; SP
ZEPOSIA 7-DAY STARTER PACK	5	PA; QL; SP
ZEPOSIA STARTER KIT	5	PA; QL; SP
Dental and Oral Agents		
cevimeline hcl	4	
chlorhexidine gluconate mouth/throat	2	
periogard	2	
pilocarpine hcl oral	3	
triamcinolone acetonide mouth/throat	2	
Dermatological Agents		
accutane	4	
acitretin	4	
adapalene external cream	4	PA; QL
adapalene external gel	4	PA; QL
ammonium lactate external cream	2	
amnesteem	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	2	
clindacin-p	2	
clindamycin phos (once-daily)	3	QL
clindamycin phos (twice-daily)	3	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	2	
clindamycin phosphate external swab	2	
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	QL
podofilox external gel	4	
podofilox external solution	2	
SANTYL	4	QL
selenium sulfide external lotion	2	

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SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA; QL; SP
sulfacetamide sodium (acne)	4	
tacrolimus external	3	QL
TALTZ	5	PA; QL; SP
tazarotene external cream 0.1 %	4	PA; QL
tazarotene external gel	4	PA; QL
tretinoin external cream	3	PA; QL
trilitas	4	PA; QL
VEREGEN	4	QL
zenatane	4	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
carglumic acid	5	PA; SP
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	
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	
levocarnitine oral solution	3	
levocarnitine oral tablet	2	
levocarnitine sf	3	
potassium chloride crys er	2	
potassium chloride er	2	
potassium chloride oral packet 20 meq	4	
potassium chloride oral solution	2	
potassium citrate er	3	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	$0 Copay for members ages 0 to 16 years.
sodium fluoride oral tablet	1	$0 Copay for members ages 0 to 16 years.
sodium fluoride oral tablet chewable	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 oral	2	
tolvaptan (hyponatremia)	4	PA; QL; SP
trientine hcl oral capsule 250 mg	5	PA; SP

Drug name	Tier	Notes
Phosphate Binders		
calcium acetate (phos binder)	2	
calcium acetate oral tablet 667 mg	2	
ferric citrate	4	SP
FOSRENOL ORAL PACKET	4	
lanthanum carbonate	4	
sevelamer carbonate oral packet	4	
sevelamer carbonate oral tablet	3	
VELPHORO	3	SP
Vitamins		
cyanocobalamin injection solution 1000 mcg/ml	2	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	2	
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	
NATALCORE	2	
NEONATAL PLUS	2	
ONE VITE WOMENS PLUS	2	
phytonadione oral	4	QL
pnv 27-ca/fe/fa	2	
pnv prenatal plus multivit+dha	2	
prenatal oral tablet 27-1 mg	2	
TRINATE	2	
TRUE FOLIC ACID ORAL TABLET 1 MG	2	
TRUE FOLIC ACID ORAL TABLET 400 MCG	1	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	2	
WESTAB PLUS	2	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
dicyclomine hcl oral capsule	2	
dicyclomine hcl oral solution 10 mg/5ml	3	
dicyclomine hcl oral tablet 20 mg	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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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	3	QL
VIBERZI	4	PA; QL; SP
Laxatives		
bisacodyl ec	1	
clearlax	1	
CLENPIQ	4	QL; $0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
constulose	2	
enulose	2	
FRESKARO MAGNESIUM CITRATE	1	
ft clearlax	1	
ft laxative	1	
ft magnesium citrate	1	
gavilax oral powder	1	
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	
glycolax	1	
goodsense clearlax	1	
INSTALAX	1	
KRISTALOSE	4	
lactulose encephalopathy	2	
lactulose oral packet	4	
lactulose oral solution	2	
laxative osmotic	1	
magnesium citrate oral solution	1	
MIRALAX ORAL POWDER	1	
mm clearlax	1	
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	
peg 3350 oral powder	1	
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.
polyethylene glycol 3350 oral powder	1	
smooth lax oral powder	1	

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SUFLAVE	4	QL; $0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
Protectants		
misoprostol oral	2	
sucralfate oral suspension	4	PA
sucralfate oral tablet	2	
Proton Pump Inhibitors		
esomeprazole magnesium oral capsule delayed release	2	QL
ft acid reducer oral capsule delayed release 15 mg	2	QL
goodsense lansoprazole oral capsule delayed release	2	QL
lansoprazole oral capsule delayed release	2	QL
omeprazole oral capsule delayed release	2	
pantoprazole sodium oral tablet delayed release	2	
rabeprazole sodium oral tablet delayed release	3	QL
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
betaine	5	SP
CREON	3	
CYSTAGON	5	SP
MYALEPT	5	PA; QL; SP
nitisinone	4	PA; SP
sapropterin dihydrochloride	5	PA; QL; SP
SUCRAID	5	PA; SP
zelvysia	5	PA; QL; SP
ZENPEP	3	
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin hydrobromide er	3	ST
fesoterodine fumarate er	4	ST
flavoxate hcl	2	
oxybutynin chloride er	2	
oxybutynin chloride oral solution	2	
oxybutynin chloride oral tablet 5 mg	2	
solifenacin succinate	2	
tolterodine tartrate	3	
tolterodine tartrate er	3	
trospium chloride	3	
trospium chloride er	3	ST
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	2	
dutasteride oral	2	
dutasteride-tamsulosin hcl	4	

Drug name	Tier	Notes
finasteride oral tablet 5 mg	2	
silodosin	3	
tamsulosin hcl	2	
terazosin hcl	2	
Genitourinary Agents, Other		
bethanechol chloride oral	2	
ELMIRON	3	
ENCARE	1	
OPTIONS GYNOL II CONTRACEPTIVE	1	
penicillamine oral	5	SP
phenazopyridine hcl oral tablet 100 mg, 200 mg	2	
tadalafil oral tablet 2.5 mg, 5 mg	4	QL
tiopronin oral tablet	5	SP
TODAY SPONGE	1	
VCF VAGINAL CONTRACEPTIVE	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
alclometasone dipropionate	2	
amcinonide	4	ST
betamethasone dipropionate aug	3	
betamethasone dipropionate external	3	
betamethasone valerate external cream	3	
betamethasone valerate external lotion	3	
betamethasone valerate external ointment	3	
clobetasol prop emollient base	4	QL
clobetasol propionate e	4	QL
clobetasol propionate external cream 0.05 %	3	QL
clobetasol propionate external gel	3	QL
clobetasol propionate external ointment	3	QL
clobetasol propionate external solution	4	QL
clocortolone pivalate	4	ST; 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	ST; QL
fludrocortisone acetate oral	2	
fluocinolone acetonide body	3	QL
fluocinolone acetonide external	3	QL
fluocinolone acetonide scalp	3	QL

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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	4	ST; QL
fluticasone propionate external cream	2	
fluticasone propionate external ointment	2	
halobetasol propionate external cream	3	QL
halobetasol propionate external ointment	3	QL
hydrocortisone butyrate external cream	4	QL
hydrocortisone butyrate external ointment	4	
hydrocortisone butyrate external solution	4	
hydrocortisone external cream 2.5 %	2	
hydrocortisone external lotion 2.5 %	2	
hydrocortisone external ointment 1 %, 2.5 %	2	
hydrocortisone oral	2	
hydrocortisone valerate	3	QL
methylprednisolone oral	2	
mometasone furoate external	2	
prednisolone oral solution	2	
prednisolone oral tablet	3	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 25 mg/5ml, 5 mg/5ml	2	
prednisolone sodium phosphate oral solution 20 mg/5ml	2	QL
prednisolone sodium phosphate oral tablet dispersible 30 mg	4	
prednisone intensol	3	
prednisone oral solution	3	
prednisone oral tablet	2	
prednisone oral tablet therapy pack	2	
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	

Drug name	Tier	Notes
FOLLISTIM AQ	5	PA; QL; SP
INCRELEX	5	PA; QL; SP
MENOPUR	5	PA; QL; SP
NORDITROPIN FLEXPRO	4	PA; QL; SP
OMNITROPE	4	PA; QL; SP
PREGNYL	4	PA
Selective Estrogen Receptor Modifying Agents		
clomid	3	PA
clomiphene citrate oral	3	PA
milophene	3	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
MIFEPREX	3	
mifepristone oral tablet 200 mg	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
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		
abigale	3	
abigale lo	3	
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	

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Drug name	Tier	Notes
camrese	1	
camrese lo	1	
charlotte 24 fe	1	
chateal eq	1	
CLIMARA PRO	4	QL
cryselle	1	
cyred eq	1	
dasetta 1/35 (28)	1	
dasetta 7/7/7	1	
daysee	1	
delyla	1	
dolishale	1	
dotti	3	QL
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	
drospirenone-ethinyl estradiol	1	
DUAVEE	4	QL
elinest	1	
eluryng	1	
enilloring	1	
enskyce	1	
estarylla	1	
estradiol oral	2	
estradiol transdermal patch twice weekly	3	QL
estradiol transdermal patch weekly	2	QL
estradiol vaginal	3	
estradiol valerate intramuscular	2	
estradiol-norethindrone acet	3	
ESTRING	3	QL
etonogestrel-ethinyl estradiol	1	
falmina	1	
feirza 1.5/30	1	
feirza 1/20	1	
finzala	1	
fyavolv	3	
galbriela	1	
hailey 1.5/30	1	
hailey 24 fe	1	
hailey fe 1.5/30	1	
hailey fe 1/20	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	
kariva	1	
kelnor 1/35	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	
lessina	1	
levonest	1	
levonorg-eth estrad triphasic	1	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	1	
levonorgest-eth estradiol-iron	1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg	1	
LO LOESTRIN FE	1	
lo-zumandimine	1	
lojaimiess	1	
loryna	1	
low-ogestrel	1	
luizza 1.5/30	1	
luizza 1/20	1	
lutera	1	
lyllana	3	QL
marlissa	1	
mibelas 24 fe	1	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
mili	1	
mimvey	3	
minzoya	1	
mono-linyah	1	
necon 0.5/35 (28)	1	
nikki	1	
norelgestromin-eth estradiol	1	
norethin ace-eth estrad-fe oral tablet chewable	1	
norethindrone acet-ethinyl est	1	
norethindrone-eth estradiol	3	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	
norgestimate-ethinyl estradiol triphasic	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	

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Drug name	Tier	Notes
nortrel 7/7/7	1	
nylia 1/35	1	
nylia 7/7/7	1	
philith	1	
pimtrea	1	
portia-28	1	
PREMARIN VAGINAL	4	
reclipsen	1	
rivelsa	1	
rosyrah	1	
setlakin	1	
simliya	1	
simpesse	1	
sprintec 28	1	
syeda	1	
tarina 24 fe	1	
tarina fe 1/20 eq	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-sprintec	1	
tri-vylibra	1	
tri-vylibra lo	1	
turqoz	1	
TYBLUME	1	
tydemy	1	
valtya 1/35	1	
valtya 1/50	1	
velivet	1	
vestura	1	
vienva	1	
viorele	1	
volnea	1	
vyfemla	1	
vylibra	1	
wera	1	
wymzya fe	1	
xarah fe	1	
xelria fe	1	
xulane	1	
yuvafem	3	
zafemy	1	
zovia 1/35 (28)	1	
zumandimine	1	
Progestins		
aftera	1	
camila	1	
deblitane	1	
DEPO-SUBQ PROVERA 104	1	QL
econtra one-step	1	
emzahh	1	
errin	1	
gallifrey	2	
heather	1	
her style	1	
incassia	1	
jencycla	1	
levonorgestrel	1	
lyleq	1	
lyza	1	
medroxyprogesterone acetate intramuscular	1	QL
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	
meleya	1	
my choice	1	
my way	1	
new day	1	
nora-be	1	
norethindrone acetate oral	2	
norethindrone oral	1	
norlyroc	1	
opcicon one-step	1	
OPILL	1	
option 2	1	
orquidea	1	
PLAN B ONE-STEP	1	
progesterone intramuscular	2	
progesterone oral	2	
sharobel	1	
shewise	1	
SLYND	1	PA
take action	1	
your choice	1	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	4	PA; QL
raloxifene hcl	2	$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.

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Drug name	Tier	Notes
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ARMOUR THYROID	4	
levothyroxine sodium oral tablet	2	
levoxyl	2	
liomny	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	
Hormonal Agents, Suppressant (Pituitary)		
ELIGARD	5	PA; SP
ganirelix acetate	5	PA; QL; SP
leuprolide acetate injection	5	PA; SP
octreotide acetate injection	4	PA; SP
octreotide acetate subcutaneous	4	PA; SP
ORILISSA	4	PA; QL
SIGNIFOR	5	PA; QL; SP
SOMAVERT	5	PA; QL; SP
SYNAREL	3	
VABRINTY SUBCUTANEOUS KIT 45 MG	5	PA; SP
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
Immune Suppressants		
ADALIMUMAB-ADAZ	5	PA; QL; SP
ADALIMUMAB-ADBM (2 PEN)	5	PA; QL; SP
ADALIMUMAB-ADBM (2 SYRINGE)	5	PA; QL; SP
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	5	PA; QL; SP
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	5	PA; QL; SP
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	5	PA; QL; SP
AMJEVITA-PED 15KG TO <30KG	5	PA; QL; SP
azathioprine oral tablet 50 mg	2	
CIMZIA	5	PA; SP
CIMZIA (1 SYRINGE)	5	PA; QL; SP
CIMZIA (2 SYRINGE)	5	PA; QL; SP
CIMZIA-STARTER	5	PA; SP
cyclosporine modified oral capsule	2	
cyclosporine modified oral solution	3	
cyclosporine oral	4	
gengraf	2	
HADLIMA	5	PA; QL; SP
HADLIMA PUSHTOUCH	5	PA; QL; SP
methotrexate sodium	2	
methotrexate sodium (pf)	2	
mycophenolate mofetil oral capsule	2	
mycophenolate mofetil oral suspension reconstituted	4	
mycophenolate mofetil oral tablet	2	
mycophenolate sodium	4	
mycophenolic acid	4	
OLUMIANT	5	PA; QL; SP
RASUVO	4	PA; QL
SIMPONI	5	PA; QL; SP
sirolimus oral solution	5	
sirolimus oral tablet	4	
SKYRIZI PEN	5	PA; QL; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL; SP
STEQEYMA SUBCUTANEOUS SOLUTION	5	PA; QL
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL; SP
tacrolimus oral	2	
tofacitinib citrate er	5	PA; QL; SP
tofacitinib citrate oral	5	PA; QL; SP
TREXALL	4	PA
YESINTEK SUBCUTANEOUS	5	PA; QL; SP
Immunological Agents, Other		
OMLYCLO INJ 75/0.5ML	5	PA
OMLYCLO INJ 150MG/ML	5	PA
OMLYCLO INJ 300/2ML	5	PA
TREMFYA INJ 100MG/ML	5	PA
TREMFYA INJ 200/2ML	5	PA
Immunomodulators		
ACTEMRA ACTPEN	5	PA; QL; SP
ACTEMRA SUBCUTANEOUS	5	PA; QL; SP
ACTIMMUNE	5	PA; QL; SP
AURANOFIN	5	SP
AVTOZMA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL; SP
AVTOZMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL
BEYFORTUS	1	QL; $0 copay for members 19 months of age or younger.

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Drug name	Tier	Notes
ENFLONSIA	1	QL; $0 copay for members between ages of 0 to 7 months.
leflunomide oral	2	
OTEZLA	5	PA; QL; SP
OTEZLA XR	5	PA; QL; SP
OTEZLA/OTEZLA XR INITIATION PK	5	PA; QL; SP
RIDAURA	5	SP
RINVOQ	5	PA; QL; SP
RINVOQ LQ	5	PA; QL; SP
WEZLANA SUBCUTANEOUS	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
AREXVY	1	QL; $0 Copay for members 50 years of age or older.
BEXSERO	1	QL; $0 Copay for members 10 years of age or older.
BOOSTRIX	1	QL
CAPVAXIVE	1	QL; $0 copay for members 19 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 18 years of age or older.
FLUARIX	1	QL; $0 copay for members 6 months of age or older.
FLUCELVAX	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.

Drug name	Tier	Notes
FLUMIST	1	QL; $0 copay for members between ages of 2 to 49 years.
FLUZONE HIGH-DOSE	1	QL; $0 copay for members 18 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
M-M-R II	1	QL
MENQUADFI	1	QL; $0 Copay for members 2 months of age or older.
MENVEO	1	QL; $0 Copay for members 2 months of age or older.
MNEXSPIKE	1	QL; $0 copay for members 12 years of age or older.
PEDIARIX	1	QL; $0 copay for members 6 years of age or younger.
PEDVAXHIB	1	QL
PENBRAYA	1	QL; $0 Copay for members 10 years of age or older.
PENMENVY	1	QL; $0 Copay for members 10 years of age or older.
PENTACEL	1	QL; $0 copay for members 4 years of age or younger.
PNEUMOVAX 23	1	QL
PREVNAR 20	1	QL; $0 copay for members 1 month of age or older.
PRIORIX	1	QL

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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.
SPIKEVAX	1	QL; $0 copay for members 12 years of age or older.
SPIKEVAX 6M-11Y	1	QL; $0 copay for members between ages of 6 months to 11 years.
TENIVAC	1	QL
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	
mesalamine oral tablet delayed release 1.2 gm	3	
mesalamine rectal	4	QL
mesalamine-cleanser	4	QL
Glucocorticoids		
ANALPRAM HC EXTERNAL LOTION	4	
budesonide oral	4	
CORTIFOAM	3	
hydrocortisone (perianal) external cream 2.5 %	2	
hydrocortisone ace-pramoxine external cream 1-1 %	3	
hydrocortisone rectal	3	
procto-med hc	2	
Sulfonamides		
sulfasalazine oral	2	
Metabolic Bone Disease Agents		
alendronate sodium oral solution	3	
alendronate sodium oral tablet	2	
calcitonin (salmon) nasal	2	
calcitriol oral capsule	2	
calcitriol oral solution	3	
cinacalcet hcl	3	PA
doxercalciferol oral	4	
ibandronate sodium oral	2	
paricalcitol oral	3	
risedronate sodium oral tablet	3	
TYMLOS	5	PA; SP
Miscellaneous Therapeutic Agents		
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
AEROCHAMBER2GO ANTI-STATIC	2	QL
ALCOHOL PREP PADS PAD, 70 %	1	
AQ INSULIN SYRINGE	1	QL
AQINJECT PEN NEEDLE	1	QL
ASSURE ID DUO PRO PEN NEEDLES	1	QL
ASSURE ID PRO PEN NEEDLES	1	QL
AUM ALCOHOL PREP PADS	1	
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	1	QL
AUM MINI INSULIN PEN NEEDLE	1	QL
AUM PEN NEEDLE 32G X 5 MM, 33G X 4 MM, 33G X 5 MM, 33G X 6 MM	1	QL
AUM READYGARD DUO PEN NEEDLE	1	QL
AUM SAFETY PEN NEEDLE	1	QL
AUTOKEEPER SAFETY PEN NEEDLE	1	QL
BD AUTOSHIELD DUO PEN NEEDLES	1	QL
BD PEN NEEDLE MICRO ULTRAFINE	1	QL
BD PEN NEEDLE MINI ULTRAFINE	1	QL
BD PEN NEEDLE NANO ULTRAFINE	1	QL
BD PEN NEEDLE ORIG ULTRAFINE	1	QL
BD PEN NEEDLE SHORT ULTRAFINE	1	QL
BD SHARPS COLLECTOR	1	

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Drug name	Tier	Notes
BD ULTRA-FINE INSULIN SYRINGES 29G X 1/2" 0.3 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML	1	QL
BD ULTRA-FINE PEN NEEDLES	1	QL
BD VEO INSULIN SYR ULTRAFINE	1	QL
BREATHE COMFORT CHAMBER/ ADULT	2	QL
BREATHE COMFORT CHAMBER/ CHILD	2	QL
CAYA	1	
COMFORT EZ PRO PEN NEEDLES	1	QL
CONDOMS	1	QL
DROPLET MICRON	1	QL
DROPSAFE ALCOHOL PREP	1	
DROPSAFE AUTOPROTECT DUO	1	QL
DROPSAFE SAFETY SYRINGE/ NEEDLE	1	QL
DUREX EXTRA SENSITIVE THIN	1	QL
DUREX TROPICAL	1	QL
EASIVENT	2	QL
EASY COMFORT SHARPS CONTAINER	1	
EMBECTA AUTOSHIELD DUO	1	QL
EMBECTA INS SYR U/F 1/2 UNIT	1	QL
EMBECTA INSULIN SYR ULTRAFINE	1	QL
EMBECTA INSULIN SYRINGE	1	QL
EMBECTA INSULIN SYRINGE U-100	1	QL
EMBECTA INSULIN SYRINGE U-500	1	QL
EMBECTA PEN NEEDLE NANO	1	QL
EMBECTA PEN NEEDLE NANO 2 GEN	1	QL
EMBECTA PEN NEEDLE ULTRAFINE	1	QL
EMBRACE PEN NEEDLES 30G X 5 MM, 30G X 8 MM, 31G X 6 MM, 31G X 8 MM, 32G X 4 MM	1	QL
FC2 FEMALE CONDOM	1	QL
FEMCAP	1	
FLEXICHAMBER	2	QL
FLEXICHAMBER ADULT MASK/ SMALL	2	QL
FLEXICHAMBER CHILD MASK/ LARGE	2	QL
FLEXICHAMBER CHILD MASK/ SMALL	2	QL
GOODSENSE ALCOHOL SWABS	1	
GRASTEK	4	PA; QL
INSPIREASE RESERVOIR BAGS	2	QL

Drug name	Tier	Notes
INSULIN PEN NEEDLES 29G X 12.7MM, 29G X 12MM, 29G X 4MM, 29G X 5MM, 29G X 8MM, 30G X 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, 34G X 3.5 MM	1	QL
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 1 ML	1	QL
INSUPEN32G EXTR3ME	1	QL
methylergonovine maleate oral	4	QL
NOVOFINE PEN NEEDLE	1	QL
NOVOFINE PLUS PEN NEEDLE	1	QL
OMNIPOD 5 DEXCOM INTRO KIT	4	PA; QL
OMNIPOD 5 DEXCOM PODS	4	PA; QL
OMNIPOD 5 LIBRE INTRO KIT	4	PA; QL
OMNIPOD 5 LIBRE PODS	4	PA; QL
PARI VORTEX ADULT MASK	2	QL
PARI VORTEX PEDIATRIC MASK	2	QL
PEN NEEDLE/5-BEVEL TIP	1	QL
PHEXX	1	
PURE COMFORT SAFETY PEN NEEDLE	1	QL
QUICK TOUCH INSULIN PEN NEEDLE	1	QL
RADIOGARDASE	5	
RAYA SURE PEN NEEDLE	1	QL
SAFETY PEN NEEDLES	1	QL
SHARPS COLLECTOR	1	
SHARPS CONTAINER	1	
TECHLITE PLUS PEN NEEDLES	1	QL
TOPFINE INSULIN PEN NEEDLE	1	QL
TRUE COMFORT SAFETY PEN NEEDLE	1	QL
TRUE COVER	1	QL
UNIFINE OTC PEN NEEDLES	1	QL
UNIFINE PROTECT PEN NEEDLE	1	QL
VERIFINE INSULIN PEN NEEDLE	1	QL
VERIFINE INSULIN SYRINGE	1	QL
VERIFINE PLUS PEN NEEDLE	1	QL
VERIFINE SHARPS CONTAINER	1	
VORTEX VALVE CHAMBER-PEDI MASK	2	QL
VORTEX VALVED HOLDING CHAMBER	2	QL
WIDE-SEAL DIAPHRAGM 60	1	

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Drug name	Tier	Notes
WIDE-SEAL DIAPHRAGM 65	1	
WIDE-SEAL DIAPHRAGM 70	1	
WIDE-SEAL DIAPHRAGM 75	1	
WIDE-SEAL DIAPHRAGM 80	1	
WIDE-SEAL DIAPHRAGM 85	1	
WIDE-SEAL DIAPHRAGM 90	1	
WIDE-SEAL DIAPHRAGM 95	1	
Ophthalmic Agents		
Aminoglycosides		
gentamicin sulfate ophthalmic	2	QL
neomycin-polymyxin-gramicidin	2	
tobramycin ophthalmic	2	QL
tobramycin-dexamethasone	3	
Anti-cytomegalovirus (CMV) Agents		
ZIRGAN	4	
Antibacterials, Other		
bacitra-neomycin-polymyxin-hc	3	
bacitracin-polymyxin b	2	
BETADINE OPHTHALMIC PREP	4	
neomycin-bacitracin zn-polymyx	2	
neomycin-polymyxin-dexameth	2	
neomycin-polymyxin-hc ophthalmic	3	
polymyxin b-trimethoprim	2	
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 (pf)	4	PA; QL
CYSTARAN	5	PA; QL; SP
loteprednol-tobramycin	4	
MIEBO DRO 1.3GM/ML	4	PA
MITOSOL	4	
proparacaine hcl ophthalmic	2	
sulfacetamide-prednisolone	2	
tetracaine hcl ophthalmic	2	
TRYPTYR SOL 0.003%	4	PA

Drug name	Tier	Notes
Ophthalmic Anti-allergy Agents		
azelastine hcl ophthalmic	2	
bepotastine besilate	4	QL
cromolyn sodium ophthalmic	2	
CYCLOMYDRIL	4	
epinastine hcl	2	ST; QL
LASTACAFT	4	
olopatadine hcl ophthalmic solution 0.1 %	2	
phenylephrine hcl ophthalmic	2	
Ophthalmic Anti-inflammatories		
bromfenac sodium (once-daily)	3	QL
dexamethasone sodium phosphate ophthalmic	2	
diclofenac sodium ophthalmic	2	
difluprednate	4	
fluorometholone	2	
flurbiprofen sodium	2	
INVELTYS	4	QL
ketorolac tromethamine ophthalmic	2	
LOTEMAX OPHTHALMIC OINTMENT	4	
LOTEMAX SM	4	QL
loteprednol etabonate ophthalmic suspension 0.5 %	4	QL
prednisolone acetate ophthalmic	2	
prednisolone sodium phosphate ophthalmic	2	
Ophthalmic Antiglaucoma Agents		
apraclonidine hcl	2	
betaxolol hcl ophthalmic	2	
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 solution 1 %, 2 %, 4 %	2	
timolol hemihydrate	3	QL
timolol maleate (once-daily)	3	
timolol maleate ophthalmic solution	2	
Ophthalmic Prostaglandin and Prostamide Analogs		
bimatoprost solution 0.01 % ophthalmic	3	QL
latanoprost ophthalmic	2	
LUMIGAN	3	QL
tafluprost (pf)	4	ST; QL
travoprost (bak free)	3	QL

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Drug name	Tier	Notes
Quinolones		
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	
fluocinolone acetonide otic	3	
hydrocortisone-acetic acid	3	
neomycin-polymyxin-hc otic	2	
ofloxacin otic	2	
OTOVEL	4	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ALVESCO	4	ST; QL
ARNUITY ELLIPTA	3	QL
BEVESPI AEROSPHERE	3	QL
breyna	4	QL
budesonide inhalation	3	QL
budesonide-formoterol fumarate	4	QL
flunisolide nasal	3	
fluticasone propionate nasal	2	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
QVAR REDIHALER	3	QL
wixela inhub	3	QL
Antihistamines		
azelastine hcl nasal	2	
carbinoxamine maleate oral solution	2	
carbinoxamine maleate oral tablet 4 mg	2	
clemastine fumarate oral tablet	2	
cyproheptadine hcl oral syrup 2 mg/5ml	2	
cyproheptadine hcl oral tablet	2	
desloratadine oral tablet	3	
diphenhydramine hcl oral elixir	2	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	2	
olopatadine hcl nasal	3	
promethazine-phenylephrine	2	
Antileukotrienes		
montelukast sodium oral	2	
zafirlukast	3	
zileuton er	4	ST
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL
ipratropium bromide hfa	4	QL
ipratropium bromide inhalation	2	
ipratropium bromide nasal	2	
SPIRIVA RESPIMAT	3	QL
tiotropium bromide	3	QL
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa	1	
albuterol sulfate inhalation	1	
albuterol sulfate oral syrup 2 mg/5ml	3	
albuterol sulfate oral tablet	3	
arformoterol tartrate	4	QL
epinephrine injection solution auto-injector	1	QL
formoterol fumarate inhalation	4	QL
levalbuterol hcl inhalation	3	QL
STRIVERDI RESPIMAT	3	QL
terbutaline sulfate oral	4	
VENTOLIN HFA	1	
Cystic Fibrosis Agents		
ORKAMBI	5	PA; QL; SP
PULMOZYME	5	PA; QL; SP
tobramycin nebulization solution 300 mg/5ml inhalation	5	PA; QL; SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	5	PA; QL; SP
TRIKAFTA	5	PA; QL; SP
Mast Cell Stabilizers		
cromolyn sodium inhalation	3	
Phosphodiesterase Inhibitors, Airways Disease		
elixophyllin	3	
roflumilast	4	QL
THEO-24	4	
theophylline er	2	
theophylline oral	3	
Pulmonary Antihypertensives		
ADEMPAS	5	PA; QL; SP
alyq	5	PA; QL; SP
ambrisentan	5	PA; QL; SP
bosentan oral tablet	5	PA; QL; SP

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macitentan	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 DPI INSTITUTIONAL KIT	5	PA; QL; SP
TYVASO DPI MAINTENANCE KIT	5	PA; QL; SP
TYVASO DPI TITRATION KIT	5	PA; QL; SP
Pulmonary Fibrosis Agents		
nintedanib esylate	5	PA; QL; SP
pirfenidone	4	PA; QL; SP
Respiratory Tract Agents, Other		
acetylcysteine inhalation	2	
AIRSUPRA	4	
azelastine-fluticasone	4	QL
benzonatate oral capsule 100 mg, 200 mg	2	
BREZTRI AEROSPHERE	3	QL
guaifenesin-codeine	2	PA; QL
hydrocod poli-chlorphe poli er	4	PA; QL
hydrocodone bit-homatrop mbr	2	PA; QL
HYPERSAL	3	
ipratropium-albuterol	2	
maxi-tuss ac	2	PA; QL
mometasone furoate nasal	3	QL
NEBUSAL	3	
promethazine-codeine	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 oral tablet 800 mg	3	
methocarbamol oral tablet 500 mg, 750 mg	2	
orphenadrine citrate er	2	
orphenadrine-aspirin-caffeine	5	PA
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	3	
tizanidine hcl oral tablet	2	

Drug name	Tier	Notes
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	4	QL
ramelteon	4	ST; QL
tasimelteon	5	PA; QL; SP
Wakefulness Promoting Agents		
armodafinil	3	QL
modafinil oral	2	QL
sodium oxybate	5	PA; QL; SP
SUNOSI	4	PA; QL

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Index

abacavir sulfate-lamivudine....16
abacavir sulfate oral solution....16
abacavir sulfate oral tablet....16
abigale....26
abigale lo....26
abiraterone acetate....14
ABRYSVO....30
acamprosate calcium....10
acarbose oral....18
ACCU-CHEK AVIVA DEVICE....17
ACCU-CHEK FASTCLIX LANCET KIT....17
ACCU-CHEK GUIDE....17
ACCU-CHEK GUIDE CONTROL....17
ACCU-CHEK GUIDE KIT W/DEVICE....17
ACCU-CHEK GUIDE TEST STRIPS....17
ACCU-CHEK SMARTVIEW CONTROL....17
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT....17
accutane....22
acebutolol hcl oral....20
acetaminophen-codeine oral solution 120-12 mg/5ml....9
acetaminophen-codeine oral tablet....9
acetazolamide er....21
acetazolamide oral....21
acetic acid otic....34
acetylcysteine inhalation....35
acitretin....22
ACTEMRA ACTPEN....29
ACTEMRA SUBCUTANEOUS....29
ACTHIB....30
ACTIMMUNE....29
acyclovir external ointment....17
acyclovir oral capsule....17
acyclovir oral suspension 200 mg/5ml....17
acyclovir oral tablet....17
ADACEL....30
ADALIMUMAB-ADAZ....29
ADALIMUMAB-ADBM (2 PEN)....29
ADALIMUMAB-ADBM (2 SYRINGE)....29
adapalene external cream....22
adapalene external gel....22
adefovir dipivoxil....16
ADEMPAS....34
ADVANTAGE SAFETY LANCETS 28G....17
ADVOCATE SAFETY LANCETS 21G....17
ADVOCATE SAFETY LANCETS 23G....17
ADVOCATE SAFETY LANCETS 28G....17
AEROCHAMBER2GO ANTI-STATIC....31
AEROCHAMBER HOLDING CHAMBER....31
AEROCHAMBER PLS FLOVU MTHPIECE....31
AEROCHAMBER PLUS FLO-VU INTERM....31
AEROCHAMBER PLUS FLO-VU LARGE DEVICE....31
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE....31
AEROCHAMBER PLUS FLO-VU SMALL DEVICE....31
afirmelle....26
aftera....28
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML....13
AIRSUPRA....35
AKTEN....33
albendazole oral....15
albuterol sulfate hfa....34
albuterol sulfate inhalation....34
albuterol sulfate oral syrup 2 mg/5ml....34
albuterol sulfate oral tablet....34
alclometasone dipropionate....25
ALCOHOL PREP PADS PAD, 70 %....31
ALECENSA....14
alendronate sodium oral solution....31
alendronate sodium oral tablet....31
alfuzosin hcl er....25
aliskiren fumarate....20
allopurinol oral tablet 100 mg, 300 mg....13
almotriptan malate....13
alosetron hcl....24
alprazolam er....17
alprazolam intensol....17
alprazolam oral tablet....17
alprazolam oral tablet dispersible....17
alprazolam xr....17
ALTACAINE....33
altavera....26
ALVESCO....34
alvimopan....23
alyacen 1/35....26
alyacen 7/7/7....26
alyq....34
amantadine hcl oral capsule....15
amantadine hcl oral solution 50 mg/5ml....15
amantadine hcl oral tablet....15
ambrisentan....34
amcinonide....25
amethyst....26
amiloride hcl oral....21
amiloride-hydrochlorothiazide....20
aminocaproic acid oral....19
amiodarone hcl oral....20
amitriptyline hcl oral....12
AMJEVITA-PED 15KG TO <30KG....29
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS....29
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS....29
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS....29
amlodipine besylate-benazepril hcl....20
amlodipine besylate oral....20
amlodipine besylate-valsartan....20
amlodipine-olmesartan....20
ammonium lactate external cream....22
amnesteem....22
amoxapine....12
amoxicill-clarithro-lansopraz....23
amoxicillin....11
amoxicillin-potassium clavulanate....11
amoxicillin trihydrate oral....11
amphetamine-dextroamphetamine....21
amphetamine-dextroamphetamine er21
amphetamine sulfate....21
ampicillin....11
anagrelide hcl....19
ANALPRAM HC EXTERNAL LOTION....31
anastrozole oral....14
ANNOVERA....26
apap-caff-dihydrocodeine....9
apomorphine hcl subcutaneous....15
apraclonidine hcl....33
aprepitant....13
apri....26
APTIVUS....17
AQINJECT PEN NEEDLE....31
AQ INSULIN SYRINGE....31
aranelle....26
ARANESP (ALBUMIN FREE)....19
AREXVY....30
arformoterol tartrate....34
aripiprazole oral solution....16
aripiprazole oral tablet....16
armodafinil....35
ARMOUR THYROID....29
ARNUITY ELLIPTA....34
ascomp-codeine....9
asenapine maleate....16
ashlyna....26
aspirin 81 oral tablet delayed release....9
aspirin adult low dose....9
aspirin adult low strength....9
aspirin childrens....9
aspirin-dipyridamole er....19

aspirin ec adult low dose 9
aspirin ec low dose 9
aspirin ec low strength 9
aspirin low dose 9
aspirin oral tablet chewable 9
aspirin oral tablet delayed release 81 mg 9
aspirin regimen 9
ASSURE CONTROL SOLUTION 2/3 17
ASSURE ID DUO PRO PEN NEEDLES 31
ASSURE ID PRO PEN NEEDLES 31
atazanavir sulfate 17
atenolol-chlorthalidone 20
atenolol oral 20
atomoxetine hcl oral capsule 22
atorvastatin calcium oral 21
atovaquone 15
atovaquone-proguanil hcl 15
atropine sulfate ophthalmic solution 1 % 33
ATROVENT HFA 34
aubra eq 26
AUM ALCOHOL PREP PADS 31
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM 31
AUM MINI INSULIN PEN NEEDLE 31
AUM PEN NEEDLE 32G X 5 MM, 33G X 4 MM, 33G X 5 MM, 33G X 6 MM 31
AUM READYGARD DUO PEN NEEDLE 31
AUM SAFETY PEN NEEDLE 31
AURANOFIN 29
aurovela 1.5/30 26
aurovela 1/20 26
aurovela 24 fe 26
aurovela fe 1.5/30 26
aurovela fe 1/20 26
AUSTEDO 22
AUSTEDO XR 22
AUSTEDO XR PATIENT TITRATION 22
AUTOKEEPER SAFETY PEN NEEDLE 31
AUTOLET LANCING DEVICE 17
AUTOLET LITE LANCING DEVICE 17
aviane 26
AVONEX PEN 22
AVONEX PREFILLED 22
AVTOZMA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 29
AVTOZMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 29
ayuna 26
AZASITE 33
azathioprine oral tablet 50 mg 29
azelaic acid external 22
azelastine-fluticasone 35
azelastine hcl nasal 34
azelastine hcl ophthalmic 33
azithromycin oral 11
azurette 26
bac (butalbital-acetamin-caff) 9
bacitracin-polymyxin b 33
bacitra-neomycin-polymyxin-hc 33
baclofen oral tablet 10 mg, 20 mg, 5 mg 35
balsalazide disodium 31
balziva 26
BAQSIMI ONE PACK 19
BAQSIMI TWO PACK 19
BARACLUDE ORAL SOLUTION 16
BASAGLAR KWIKPEN 19
BAXDELA ORAL 11
BD AUTOSHIELD DUO PEN NEEDLES 31
BD PEN NEEDLE MICRO ULTRAFINE 31
BD PEN NEEDLE MINI ULTRAFINE 31
BD PEN NEEDLE NANO ULTRAFINE 31
BD PEN NEEDLE ORIG ULTRAFINE 31
BD PEN NEEDLE SHORT ULTRAFINE 31
BD SHARPS COLLECTOR 31
BD ULTRA-FINE INSULIN SYRINGES 29G X 1/2" 0.3 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML 32
BD ULTRA-FINE PEN NEEDLES 32
BD VEO INSULIN SYR ULTRAFINE 32
BELSOMRA 35
benazepril hcl oral 20
benazepril-hydrochlorothiazide 20
BENZNIDAZOLE 15
benzonatate oral capsule 100 mg, 200 mg 35
benzoyl peroxide-erythromycin 22
benztropine mesylate oral 15
bepotastine besilate 33
BETADINE OPHTHALMIC PREP 33
betaine 25
betamethasone dipropionate aug 25
betamethasone dipropionate external 25
betamethasone valerate external cream 25
betamethasone valerate external lotion 25
betamethasone valerate external ointment 25
BETASERON 22
betaxolol hcl ophthalmic 33
betaxolol hcl oral 20
bethanechol chloride oral 25
BEVESPI AEROSPHERE 34
bexarotene external 15
bexarotene oral 15
BEXSERO 30
BEYFORTUS 29
bicalutamide 14
BIJUVA ORAL CAPSULE 0.5-100 MG 26
BIKTARVY 16
bimatoprost solution 0.01 % ophthalmic 33
bisacodyl ec 24
bisoprolol fumarate oral 20
bisoprolol-hydrochlorothiazide 20
blisovi 24 fe 26
blisovi fe 1.5/30 26
blisovi fe 1/20 26
BOOSTRIX 30
bosentan oral tablet 34
BOSULIF ORAL CAPSULE 14
bosutinib 14
BREATHE COMFORT CHAMBER/ ADULT 32
BREATHE COMFORT CHAMBER/ CHILD 32
breyna 34
BREZTRI AEROSPHERE 35
briellyn 26
brimonidine tartrate external 22
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 % 33
brimonidine tartrate-timolol 33
brinzolamide 33
brivaracetam oral 11
bromfenac sodium (once-daily) 33
bromocriptine mesylate oral capsule 15
bromocriptine mesylate oral tablet 15
BRUKINSA 14
budesonide-formoterol fumarate 34
budesonide inhalation 34
budesonide oral 31
bumetanide oral 21
buprenorphine hcl-naloxone hcl sublingual film 10
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 10
buprenorphine hcl sublingual 10
bupropion hcl er (smoking det) 10
bupropion hcl er (sr) 12
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg 12
bupropion hcl oral 12
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg 17
butalbital-acetaminophen oral tablet 9
butalbital-apap-caff-cod 9
butalbital-apap-caffeine oral capsule 9
butalbital-apap-caffeine oral tablet 9
butalbital-asa-caff-codeine 9
butalbital-aspirin-caffeine 9
butorphanol tartrate nasal 9

cabergoline ... 26
caffeine citrate oral ... 22
calcipotriene-betameth diprop ... 22
calcipotriene external cream ... 22
calcipotriene external ointment ... 22
calcipotriene external solution ... 22
calcitonin (salmon) nasal ... 31
calcitriol external ... 22
calcitriol oral capsule ... 31
calcitriol oral solution ... 31
calcium acetate oral tablet 667 mg ... 23
calcium acetate (phos binder) ... 23
CALQUENCE ... 14
camila ... 28
camrese ... 27
camrese lo ... 27
candesartan cilexetil ... 20
candesartan cilexetil-hctz ... 20
capecitabine ... 14
CAPRELSA ... 14
captopril-hydrochlorothiazide ... 20
captopril oral ... 20
CAPVAXIVE ... 30
carbamazepine er ... 11
carbamazepine oral suspension 100 mg/5ml ... 11
carbamazepine oral tablet ... 12
carbamazepine oral tablet chewable 100 mg ... 12
carbidopa-levodopa-entacapone ... 15
carbidopa-levodopa er oral tablet extended release ... 15
carbidopa-levodopa oral tablet ... 15
carbidopa-levodopa oral tablet dispersible ... 15
carbidopa oral ... 15
carbinoxamine maleate oral solution ... 34
carbinoxamine maleate oral tablet 4 mg ... 34
CARESENS CONTROL SOLUTION A/B ... 17
CARESENS LANCETS 30G ... 17
CARESENS S CONTROL SOLN A/B ... 17
CARETOUCH CONTROL SOL LEVEL 2 ... 17
CARETOUCH LANCING/EJECTOR ... 17
carglumic acid ... 23
carisoprodol oral tablet 350 mg ... 35
carteolol hcl ... 33
cartia xt ... 20
carvedilol ... 20
CAYA ... 32
cefaclor er ... 10
cefaclor oral capsule ... 10
cefadroxil oral capsule ... 11
cefadroxil oral suspension reconstituted ... 11
cefadroxil oral tablet ... 11
cefdinir ... 11
cefixime oral capsule ... 11
cefixime oral suspension reconstituted ... 11
cefpodoxime proxetil ... 11
cefprozil ... 11
cefuroxime axetil ... 11
celecoxib oral ... 9
cephalexin oral capsule 250 mg, 500 mg ... 11
cephalexin oral suspension reconstituted ... 11
cevimeline hcl ... 22
charlotte 24 fe ... 27
chateal eq ... 27
CHEMET ... 23
CHEMSTRIP K ... 17
CHEMSTRIP MICRAL ... 17
CHEMSTRIP UGK ... 17
chlordiazepoxide-amitriptyline ... 12
chlordiazepoxide hcl ... 17
chlorhexidine gluconate mouth/throat ... 22
chloroquine phosphate oral ... 15
chlorpromazine hcl oral tablet ... 15
chlorthalidone ... 21
chlorzoxazone oral tablet 500 mg ... 35
cholestyramine light ... 21
cholestyramine oral ... 21
CHOSEN LANCETS 30G ... 17
CHOSEN LANCING DEVICE ... 17
CHOSEN SAFETY LANCETS 28G ... 17
ciclodan ... 13
ciclopirox external ... 13
ciclopirox olamine external ... 13
cilostazol ... 19
cimetidine hcl ... 24
cimetidine oral ... 24
CIMZIA ... 29
CIMZIA (1 SYRINGE) ... 29
CIMZIA (2 SYRINGE) ... 29
CIMZIA-STARTER ... 29
cinacalcet hcl ... 31
ciprofloxacin-dexamethasone ... 34
CIPROFLOXACIN-FLUOCINOLONE PF ... 34
ciprofloxacin hcl ophthalmic ... 34
ciprofloxacin hcl oral ... 11
ciprofloxacin hcl otic ... 34
citalopram hydrobromide oral solution 10 mg/5ml ... 12
citalopram hydrobromide oral tablet ... 12
claravis ... 22
clarithromycin er ... 11
clarithromycin oral suspension reconstituted ... 11
clarithromycin oral tablet ... 11
clearlax ... 24
clemastine fumarate oral tablet ... 34
CLENPIQ ... 24
CLEVER CHOICE COMFORT EZ ... 17
CLIMARA PRO ... 27
clindacin etz ... 22
clindacin-p ... 22
clindamycin hcl oral ... 10
clindamycin palmitate hcl ... 10
clindamycin phos-benzoyl perox external gel 1.2-5 % ... 22
clindamycin phos (once-daily) ... 22
clindamycin phosphate external lotion ... 22
clindamycin phosphate external solution ... 22
clindamycin phosphate external swab ... 22
clindamycin phosphate vaginal ... 10
clindamycin phos (twice-daily) ... 22
clobazam oral suspension 2.5 mg/ml ... 11
clobazam oral tablet ... 11
clobetasol prop emollient base ... 25
clobetasol propionate e ... 25
clobetasol propionate external cream 0.05 % ... 25
clobetasol propionate external gel ... 25
clobetasol propionate external ointment ... 25
clobetasol propionate external solution ... 25
clocortolone pivalate ... 25
clomid ... 26
clomiphene citrate oral ... 26
clomipramine hcl oral ... 12
clonazepam oral tablet ... 17
clonazepam oral tablet dispersible ... 17
clonidine ... 19
clonidine hcl er ... 22
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg ... 19
clopidogrel bisulfate oral ... 19
clorazepate dipotassium ... 17
clotrimazole-betamethasone external cream ... 13
clotrimazole-betamethasone external lotion ... 13
clotrimazole mouth/throat ... 13
clozapine oral tablet ... 16
clozapine oral tablet dispersible ... 16
codeine sulfate ... 9
colchicine oral tablet ... 13
colchicine-probenecid ... 13
colesevelam hcl ... 21
colestipol hcl oral granules ... 21
colestipol hcl oral packet ... 21
colestipol hcl oral tablet ... 21
COMETRIQ ... 14
COMFORT EZ PRO PEN NEEDLES ... 32

COMFORT TOUCH TWIST LANCET 30G....17
CONDOMS....32
constulose....24
CONTOUR CONTROL SOLUTION....17
CONTOUR NEXT....17
CONTOUR NEXT CONTROL SOLUTION....17
CONTOUR NEXT EZ KIT W/DEVICE....17
CONTOUR NEXT GEN MONITOR KIT W/DEVICE....17
CONTOUR NEXT GEN TEST STRIPS....17
CONTOUR NEXT MONITOR KIT W/ DEVICE....18
CONTOUR NEXT ONE KIT W/DEVICE....18
CONTOUR PLUS BLUE KIT W/DEVICE....18
CONTOUR PLUS CONTROL SOLUTION18
CONTOUR PLUS TEST STRIP....18
CONTOUR TEST STRIPS....18
CORLANOR ORAL SOLUTION....20
CORTIFOAM....31
CORTISPORIN-TC....34
COTELLIC....14
CREON....25
CRESEMBA ORAL....13
cromolyn sodium inhalation....34
cromolyn sodium ophthalmic....33
cromolyn sodium oral....23
CROTAN....15
cryselle....27
cyanocobalamin injection solution 1000 mcg/ml....23
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML....23
cyclobenzaprine hcl oral....35
CYCLOMYDRIL....33
cyclopentolate hcl ophthalmic....33
cyclophosphamide oral capsule....14
CYCLOPHOSPHAMIDE ORAL TABLET....14
cycloserine oral....14
cyclosporine modified oral capsule....29
cyclosporine modified oral solution....29
cyclosporine oral....29
cyclosporine (pf)....33
cyproheptadine hcl oral syrup 2 mg/5ml....34
cyproheptadine hcl oral tablet....34
cyred eq....27
CYSTAGON....25
CYSTARAN....33
dabigatran etexilate mesylate....19
dalfampridine er....22
danazol oral....26
dantrolene sodium oral....35
dapagliflozin base-metformin er....18
dapagliflozin....18
dapsone oral....13
DAPTACEL....30
darifenacin hydrobromide er....25
darunavir....17
dasatinib....14
dasetta 1/35 (28)....27
dasetta 7/7/7....27
DAYBUE....22
daysee....27
deblitane....28
deferasirox granules....23
deferasirox oral packet....23
deferasirox oral tablet....23
deferasirox oral tablet soluble....23
delyla....27
demeclocycline hcl....11
DENGVAXIA....30
DEPO-SUBQ PROVERA 104....28
DESCOVY ORAL TABLET 200-25 MG....16
desipramine hcl oral....12
desloratadine oral tablet....34
desmopressin ace spray refrig....26
desmopressin acetate injection....26
desmopressin acetate oral....26
desmopressin acetate pf....26
desmopressin acetate spray....26
desonide external cream....25
desonide external lotion....25
desonide external ointment....25
desoximetasone external....25
desvenlafaxine succinate er....12
dexamethasone intensol....25
dexamethasone oral elixir....25
dexamethasone oral solution....25
dexamethasone oral tablet....25
dexamethasone sodium phosphate ophthalmic....33
DEXCOM G6 RECEIVER....18
DEXCOM G6 SENSOR....18
DEXCOM G6 TRANSMITTER....18
DEXCOM G7 15 DAY SENSOR....18
DEXCOM G7 RECEIVER....18
DEXCOM G7 SENSOR....18
dexmethylphenidate hcl....22
dexmethylphenidate hcl er....22
dextroamphetamine sulfate er....21
dextroamphetamine sulfate oral solution....21
dextroamphetamine sulfate oral tablet 10 mg, 5 mg....21
DIACOMIT....11
DIASTIX REAGENT....18
diazepam intensol....17
diazepam oral concentrate....17
diazepam oral solution....17
diazepam oral tablet....17
diazepam rectal....11
diazoxide oral....19
diclofenac-misoprostol....9
diclofenac potassium oral tablet 50 mg 9
diclofenac sodium er....9
diclofenac sodium external gel 3 %....14
diclofenac sodium ophthalmic....33
diclofenac sodium oral....9
dicloxacillin sodium....11
dicyclomine hcl oral capsule....23
dicyclomine hcl oral solution 10 mg/5ml....23
dicyclomine hcl oral tablet 20 mg....23
diflorasone diacetate external cream. 25
diflunisal oral....9
difluprednate....33
digoxin oral solution....20
digoxin oral tablet 62.5 mcg....20
digoxin oral tablet 125 mcg, 250 mcg. 20
dihydroergotamine mesylate injection 13
DILANTIN ORAL CAPSULE 30 MG....12
diltiazem hcl er beads....20
diltiazem hcl er coated beads....20
diltiazem hcl er oral capsule extended release 12 hour....20
diltiazem hcl er oral capsule extended release 24 hour....20
diltiazem hcl er oral tablet extended release 24 hour....20
diltiazem hcl oral....20
dilt-xr....20
dimethyl fumarate oral....22
dimethyl fumarate starter pack....22
DIPENTUM....31
diphenhydramine hcl oral elixir....34
diphenoxylate-atropine oral liquid....23
diphenoxylate-atropine oral tablet....23
dipyridamole oral....19
disopyramide phosphate....20
disulfiram oral....10
divalproex sodium er....17
divalproex sodium oral....17
dofetilide....20
dolishale....27
donepezil hcl oral tablet 10 mg, 5 mg..12
donepezil hcl oral tablet dispersible...12
dorzolamide hcl ophthalmic....33
dorzolamide hcl-timolol mal....33
dorzolamide hcl-timolol mal pf....33
dotti....27
DOVATO....16
doxazosin mesylate oral....20
doxepin hcl external....22
doxepin hcl oral capsule....12

doxepin hcl oral concentrate....12
doxepin hcl oral tablet....35
doxercalciferol oral....31
doxycycline hyclate oral capsule 100 mg, 50 mg....11
doxycycline hyclate oral tablet 100 mg, 20 mg....11
doxycycline monohydrate oral capsule 100 mg, 50 mg....11
doxycycline monohydrate oral suspension reconstituted....11
doxycycline monohydrate oral tablet..11
doxylamine-pyridoxine....12
dronabinol oral capsule....13
DROPLET MICRON....32
DROPSAFE ACTI-LANCE 23G....18
DROPSAFE ALCOHOL PREP....32
DROPSAFE AUTOPROTECT DUO....32
DROPSAFE MEDLANCE LANCET 30G..18
DROPSAFE SAFETY SYRINGE/NEEDLE32
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg....27
drospirenone-ethinyl estradiol....27
DROXIA....14
DUAVEE....27
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg 12
DUOBRII....22
DUOPA....15
DUPIXENT....22
DUREX EXTRA SENSITIVE THIN....32
DUREX TROPICAL....32
dutasteride oral....25
dutasteride-tamsulosin hcl....25
EASIVENT....32
EASY COMFORT SHARPS CONTAINER 32
EASYMAX 15 LEVEL 2-3 CONTROL....18
EASYMAX CONTROL....18
EASY TOUCH HEALTHPRO HIGH/LOW.18
econazole nitrate external cream....13
econtra one-step....28
EDURANT PED....16
efavirenz....16
efavirenz-emtricitab-tenofo df....16
efavirenz-lamivudine-tenofovir....16
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ....23
effer-k oral tablet effervescent 25 meq....23
eletriptan hydrobromide....13
ELIGARD....29
elinest....27
ELIQUIS....19
ELIQUIS (1.5 MG PACK)....19
ELIQUIS (2 MG PACK)....19
ELIQUIS DVT/PE STARTER PACK....19
elixophyllin....34
ELMIRON....25
eltrombopag olamine oral packet....19
eltrombopag olamine oral tablet....19
eluryng....27
EMBECTA AUTOSHIELD DUO....32
EMBECTA INS SYR U/F 1/2 UNIT....32
EMBECTA INSULIN SYRINGE....32
EMBECTA INSULIN SYRINGE U-100..32
EMBECTA INSULIN SYRINGE U-500..32
EMBECTA INSULIN SYR ULTRAFINE..32
EMBECTA PEN NEEDLE NANO....32
EMBECTA PEN NEEDLE NANO 2 GEN..32
EMBECTA PEN NEEDLE ULTRAFINE..32
EMBRACE PEN NEEDLES 30G X 5 MM, 30G X 8 MM, 31G X 6 MM, 31G X 8 MM, 32G X 4 MM....32
EMBRACE WAVE GLUCOSE CONTROL.18
EMGALITY....13
EMSAM....12
emtricitabine....16
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg....16
emtricitabine-tenofovir df oral tablet 200-300 mg....16
emtricitab-rilpivir-tenofov df....16
emzahh....28
enalapril-hydrochlorothiazide....20
enalapril maleate oral tablet....20
ENCARE....25
endocet....9
ENFLONSIA....30
ENGERIX-B....30
enilloring....27
enoxaparin sodium....19
enskyce....27
entacapone....15
entecavir....16
ENTRESTO ORAL CAPSULE SPRINKLE20
enulose....24
EPIDIOLEX....11
epinastine hcl....33
epinephrine injection solution auto-injector....34
eplerenone....21
ergocalciferol oral capsule....23
ERGOMAR....13
ergotamine-caffeine....13
ERLEADA....14
erlotinib hcl....14
errin....28
ERY PAD 2%....22
erythromycin base oral capsule delayed release particles....11
erythromycin base oral tablet....11
erythromycin base oral tablet delayed release....11
erythromycin ethylsuccinate oral suspension reconstituted....11
erythromycin external....22
erythromycin ophthalmic....33
erythromycin oral....11
escitalopram oxalate oral solution....12
escitalopram oxalate oral tablet....12
ESKATA....22
eslicarbazepine acetate....12
esomeprazole magnesium oral capsule delayed release....25
estarylla....27
estazolam....17
estradiol-norethindrone acet....27
estradiol oral....27
estradiol transdermal patch twice weekly....27
estradiol transdermal patch weekly...27
estradiol vaginal....27
estradiol valerate intramuscular....27
ESTRING....27
eszopiclone....35
ethacrynic acid....21
ethambutol hcl oral....14
ethosuximide oral....11
etodolac....9
etodolac er....9
etonogestrel-ethinyl estradiol....27
etoposide oral....14
etravirine....16
everolimus oral tablet 5 mg....14
EVOTAZ....17
EXELDERM....13
exemestane....14
ezetimibe oral....21
ezetimibe-simvastatin....21
falmina....27
famciclovir oral....17
famotidine oral suspension reconstituted....24
famotidine oral tablet 20 mg, 40 mg..24
FC2 FEMALE CONDOM....32
febuxostat....13
feirza 1.5/30....27
feirza 1/20....27
felbamate....11
felodipine er....20
FEMCAP....32
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg....21
fenofibrate oral capsule 134 mg, 200 mg, 67 mg....21
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg....21

fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr 9
ferric citrate 23
fesoterodine fumarate er 25
FETZIMA 12
finasteride oral tablet 5 mg 25
fingolimod hcl 22
finzala 27
flavoxate hcl 25
flecainide acetate 20
FLEXICHAMBER 32
FLEXICHAMBER ADULT MASK/SMALL 32
FLEXICHAMBER CHILD MASK/LARGE 32
FLEXICHAMBER CHILD MASK/SMALL 32
FLUAD 30
FLUARIX 30
FLUCELVAX 30
fluconazole oral 13
flucytosine oral 13
fludrocortisone acetate oral 25
FLULAVAL 30
FLUMIST 30
flunisolide nasal 34
fluocinolone acetonide body 25
fluocinolone acetonide external 25
fluocinolone acetonide otic 34
fluocinolone acetonide scalp 25
fluocinonide emulsified base 26
fluocinonide external cream 0.05 % 26
fluocinonide external gel 26
fluocinonide external ointment 26
fluocinonide external solution 26
fluorometholone 33
FLUOROURACIL EXTERNAL CREAM 0.5 % 14
fluorouracil external cream 5 % 14
fluorouracil external solution 14
fluoxetine hcl oral capsule 12
fluoxetine hcl oral capsule delayed release 12
fluoxetine hcl oral solution 12
fluoxetine hcl oral tablet 10 mg, 20 mg 12
fluphenazine hcl oral 15
flurandrenolide 26
flurazepam hcl 35
flurbiprofen oral tablet 100 mg 9
flurbiprofen sodium 33
fluticasone propionate external cream 26
fluticasone propionate external ointment 26
fluticasone propionate nasal 34
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act 34
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT 34
fluvastatin sodium 21
fluvoxamine maleate 12
fluvoxamine maleate er 12
FLUZONE HIGH-DOSE 30
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30
folic acid oral tablet 1 mg 23
folic acid oral tablet 400 mcg, 800 mcg 23
FOLLISTIM AQ 26
fondaparinux sodium 19
FONDCIRCLE CONTROL SOLUTION 18
FONDCIRCLE LANCING DEVICE 18
FONDCIRCLE SINGLE USE LANCETS 18
FORA TEST N'GO ADV-VOICE-6 CON 18
formoterol fumarate inhalation 34
fosamprenavir calcium 17
fosfomycin tromethamine 10
fosinopril sodium 20
fosinopril sodium-hctz 20
FOSRENOL ORAL PACKET 23
FRAGMIN 19
FREESTYLE LIBRE 2 PLUS SENSOR 18
FREESTYLE LIBRE 2 READER 18
FREESTYLE LIBRE 2 SENSOR 18
FREESTYLE LIBRE 3 PLUS SENSOR 18
FREESTYLE LIBRE 3 READER 18
FREESTYLE LIBRE 3 SENSOR 18
FREESTYLE LIBRE 14 DAY READER 18
FREESTYLE LIBRE 14 DAY SENSOR 18
FRESKARO MAGNESIUM CITRATE 24
frovatriptan succinate 13
ft acid reducer oral capsule delayed release 15 mg 25
ft aspirin adult low dose 9
ft aspirin low dose 9
ft aspirin oral tablet chewable 9
ft clearlax 24
ft folic acid 23
ft glucose 19
ft laxative 24
ft magnesium citrate 24
ft naloxone hcl 10
ft nicotine 10
ft nicotine mini 10
furosemide oral solution 21
furosemide oral tablet 21
fyavolv 27
gabapentin oral capsule 100 mg, 300 mg, 400 mg 11
gabapentin oral solution 250 mg/5ml 11
gabapentin oral tablet 600 mg, 800 mg 11
galantamine hydrobromide er 12
galantamine hydrobromide oral solution 12
galantamine hydrobromide oral tablet 12
galbriela 27
gallifrey 28
GALZIN 23
ganirelix acetate 29
GARDASIL 9 30
gatifloxacin ophthalmic 34
gavilax oral powder 24
gavilyte-c 24
gavilyte-g 24
gavilyte-n with flavor pack 24
gefitinib 14
gemfibrozil oral 21
generlac 24
gengraf 29
gentamicin sulfate external 10
gentamicin sulfate ophthalmic 33
gentle laxative oral tablet delayed release 24
GENVOYA 16
GILOTRIF 14
glatiramer acetate 22
glatopa 22
glimepiride oral tablet 1 mg, 2 mg, 4 mg 18
glipizide er 18
glipizide-metformin hcl 18
glipizide oral tablet 10 mg, 2.5 mg, 5 mg 18
GLUCAGON EMERGENCY KIT 19
glucagon emergency kit injection solution reconstituted 1 mg 19
GLUCOSE CONTROL SOLUTIONS 18
glucose gummies 19
GLUCO TO GO 19
glyburide 18
glyburide-metformin 18
glycolax 24
glycopyrrolate oral tablet 1 mg, 2 mg 23
glydo 10
GOODSENSE ALCOHOL SWABS 32
goodsense aspirin low dose 9
goodsense clearlax 24
goodsense lansoprazole oral capsule delayed release 25
goodsense nicotine mouth/throat gum 10
goodsense nicotine mouth/throat lozenge 4 mg 10
goodsense nicotine policrilex 10
granisetron hcl oral 13

GRASTEK 32
griseofulvin microsize oral 13
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg 13
guaifenesin-codeine 35
guanfacine hcl 19
guanfacine hcl er 22
GVOKE HYPOPEN 1-PACK 19
GVOKE HYPOPEN 2-PACK 19
GVOKE KIT 19
GVOKE PFS 19
GYNAZOLE-1 13
habitrol 10
HADLIMA 29
HADLIMA PUSHTOUCH 29
HAEGARDA 29
hailey 1.5/30 27
hailey 24 fe 27
hailey fe 1.5/30 27
hailey fe 1/20 27
halobetasol propionate external cream 26
halobetasol propionate external ointment 26
haloperidol lactate oral concentrate 2 mg/ml 15
haloperidol oral 15
HAVRIX 30
heather 28
heparin sodium (porcine) 19
heparin sodium (porcine) +rfid 19
heparin sodium (porcine) pf 19
HEPLISAV-B 30
her style 28
HIBERIX 30
HUMALOG KWIKPEN 19
HUMALOG MIX 50/50 KWIKPEN 19
HUMALOG MIX 75/25 KWIKPEN 19
HUMALOG MIX 75/25 VIAL 19
HUMALOG SUBCUTANEOUS 19
HUMALOG U-100 JUNIOR KWIKPEN 19
HUMATIN 10
HUMULIN 70/30 KWIKPEN 19
HUMULIN 70/30 VIAL 19
HUMULIN N KWIKPEN 19
HUMULIN N VIAL 19
HUMULIN R U-500 KWIKPEN 19
HUMULIN R VIAL 19
HYCAMTIN ORAL 14
hydralazine hcl oral 21
hydrochlorothiazide oral 21
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 7.5-325 mg/15ml 9
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg 9
hydrocodone bitartrate er oral capsule extended release 12 hour 9
hydrocodone bit-homatrop mbr 35
hydrocodone-ibuprofen 9
hydrocod poli-chlorphe poli er 35
hydrocortisone ace-pramoxine external cream 1-1 % 31
hydrocortisone-acetic acid 34
hydrocortisone butyrate external cream 26
hydrocortisone butyrate external ointment 26
hydrocortisone butyrate external solution 26
hydrocortisone external cream 2.5 % 26
hydrocortisone external lotion 2.5 % 26
hydrocortisone external ointment 1 %, 2.5 % 26
hydrocortisone oral 26
hydrocortisone (perianal) external cream 2.5 % 31
hydrocortisone rectal 31
hydrocortisone valerate 26
hydromorphone hcl er 9
hydromorphone hcl oral liquid 1 mg/ml 9
hydromorphone hcl oral tablet 9
hydroxychloroquine sulfate oral 15
hydroxyurea oral 14
hydroxyzine hcl oral syrup 10 mg/5ml 17
hydroxyzine hcl oral tablet 17
hydroxyzine pamoate oral 17
HYPERSAL 35
ibandronate sodium oral 31
ibuprofen oral tablet 400 mg, 600 mg, 800 mg 9
icatibant acetate 29
iclevia 27
ICLUSIG TAB 10MG 14
ICLUSIG TAB 15MG 14
ICLUSIG TAB 30MG 15
ICLUSIG TAB 45MG 15
icosapent ethyl 21
IHEALTH CONTROL SOLUTION 18
IHEALTH LANCING DEVICE 18
imatinib mesylate oral 15
IMBRUVICA 15
imipramine hcl oral 12
imipramine pamoate 12
imiquimod external cream 5 % 22
incassia 28
INCRELEX 26
indapamide 21
indomethacin er 9
indomethacin oral capsule 9
INFANRIX 30
INGREZZA 22
INLYTA 15
INSPIREASE RESERVOIR BAGS 32
INSTA-GLUCOSE 19
INSTALAX 24
INSULIN LISPRO 19
INSULIN LISPRO (1 UNIT DIAL) 19
INSULIN LISPRO JUNIOR KWIKPEN 19
INSULIN LISPRO PROT & LISPRO 19
INSULIN PEN NEEDLES 29G X 12.7MM, 29G X 12MM, 29G X 4MM, 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, 34G X 3.5 MM 32
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 1 ML 32
INSUPEN32G EXTR3ME 32
INTELENCE ORAL TABLET 25 MG 16
introvale 27
INVELTYS 33
IOPIDINE 33
IPOL 30
ipratropium-albuterol 35
ipratropium bromide hfa 34
ipratropium bromide inhalation 34
ipratropium bromide nasal 34
irbesartan 20
irbesartan-hydrochlorothiazide 20
ISENTRESS ORAL PACKET 16
isibloom 27
isoniazid oral syrup 14
isoniazid oral tablet 14
isosorb dinitrate-hydralazine 20
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg 21
isosorbide mononitrate 21
isosorbide mononitrate er 21
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg 22
isradipine 20
itraconazole oral 13
ivabradine hcl 20
ivermectin external cream 22
ivermectin oral tablet 3 mg 15
jaimiess 27

JAKAFI 15
JAKAFI XR 15
JARDIANCE 18
jasmiel 27
jencycla 28
jinteli 27
jolessa 27
joyeaux 27
juleber 27
JULUCA 16
junel 1.5/30 27
junel 1/20 27
junel fe 1.5/30 27
junel fe 1/20 27
junel fe 24 27
kaitlib fe 27
kalliga 27
kariva 27
kelnor 1/35 27
ketoconazole external cream 13
ketoconazole external shampoo 13
ketoconazole oral 13
KETO-DIASTIX 18
KETONE CARE 18
ketoprofen er 9
ketoprofen oral capsule 25 mg, 50 mg ..9
ketorolac tromethamine ophthalmic . 33
ketorolac tromethamine oral 9
KETOSTIX 18
KISQALI (200 MG DOSE) 14
KISQALI (400 MG DOSE) 14
KISQALI (600 MG DOSE) 14
klayesta 13
klor-con 10 23
klor-con m10 23
klor-con m15 23
klor-con m20 23
klor-con oral packet 23
klor-con oral tablet extended release. 23
KRINTAFEL 15
KRISTALOSE 24
kurvelo 27
labetalol hcl oral 20
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml 12
lacosamide oral tablet 12
lactulose encephalopathy 24
lactulose oral packet 24
lactulose oral solution 24
LAGEVRIO 16
lamivudine oral solution 10 mg/ml 16
lamivudine oral tablet 100 mg 16
lamivudine oral tablet 150 mg, 300 mg 16
lamivudine-zidovudine 16
lamotrigine oral tablet 11
lamotrigine oral tablet chewable 11
LANCETS 18
LANCETS 28G THIN 18
LANCETS SUPER THIN 18
lansoprazole oral capsule delayed release 25
lanthanum carbonate 23
larin 1.5/30 27
larin 1/20 27
larin 24 fe 27
larin fe 1.5/30 27
larin fe 1/20 27
LASTACAFT 33
latanoprost ophthalmic 33
laxative osmotic 24
lederle leucovorin 14
LEDIPASVIR-SOFOSBUVIR 16
leflunomide oral 30
lenalidomide 14
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG 15
lessina 27
letrozole oral 14
leucovorin calcium oral 14
LEUKERAN 14
LEUKINE 19
leuprolide acetate injection 29
levalbuterol hcl inhalation 34
levetiracetam er 11
levetiracetam oral solution 11
levetiracetam oral tablet 11
levobunolol hcl 33
levocarnitine oral solution 23
levocarnitine oral tablet 23
levocarnitine sf 23
levocetirizine dihydrochloride oral solution 34
levocetirizine dihydrochloride oral tablet 34
levofloxacin ophthalmic 34
levofloxacin oral solution 11
levofloxacin oral tablet 11
levonest 27
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg 27
levonorgest-eth estradiol-iron 27
levonorgestrel 28
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg 27
levonorg-eth estrad triphasic 27
levorphanol tartrate oral 9
levothyroxine sodium oral tablet 29
levoxyl 29
lidocaine external patch 5 % 10
lidocaine hcl external solution 10
lidocaine hcl mouth/throat 10
lidocaine hcl urethral/mucosal 10
lidocaine-prilocaine external cream ... 10
lidocaine viscous hcl 10
linezolid oral suspension reconstituted 10
linezolid oral tablet 10
LINZESS 24
liomny 29
liothyronine sodium oral 29
lisdexamfetamine dimesylate oral capsule 22
lisinopril-hydrochlorothiazide 20
lisinopril oral 20
lithium 17
lithium carbonate er 17
lithium carbonate oral 17
lojaimiess 27
LOKELMA 23
LO LOESTRIN FE 27
lomustine 14
loperamide hcl oral capsule 23
lopinavir-ritonavir 17
lorazepam intensol 17
lorazepam oral concentrate 2 mg/ml .. 17
lorazepam oral tablet 17
LORBRENA 15
loryna 27
losartan potassium-hctz 20
losartan potassium oral 20
LOTEMAX OPHTHALMIC OINTMENT . 33
LOTEMAX SM 33
loteprednol etabonate ophthalmic suspension 0.5 % 33
loteprednol-tobramycin 33
lovastatin oral 21
low-ogestrel 27
loxapine succinate 15
lo-zumandimine 27
lubiprostone 24
luizza 1.5/30 27
luizza 1/20 27
LULICONAZOLE 13
LUMIGAN 33
lurasidone hcl 16
lutera 27
lyleq 28
lyllana 27
LYNPARZA 15
LYSODREN 29
lyza 28
macitentan 35
magnesium citrate oral solution 24
malathion 15
maraviroc 17

marlissa ... 27
MARPLAN ... 12
MATULANE ... 14
matzim la ... 20
maxi-tuss ac ... 35
meclizine hcl oral tablet 25 mg ... 12
meclizine hcl oral tablet 50 mg ... 12
meclofenamate sodium oral ... 9
medroxyprogesterone acetate intramuscular ... 28
medroxyprogesterone acetate oral ... 28
mefenamic acid oral ... 9
mefloquine hcl ... 15
megestrol acetate oral suspension 40 mg/ml ... 28
megestrol acetate oral suspension 625 mg/5ml ... 28
megestrol acetate oral tablet ... 28
meleya ... 28
meloxicam oral tablet ... 9
memantine hcl oral solution 2 mg/ml ... 12
memantine hcl oral tablet ... 12
MENOPUR ... 26
MENQUADFI ... 30
MENVEO ... 30
meprobamate ... 17
mercaptopurine oral tablet ... 14
mesalamine-cleanser ... 31
mesalamine er oral capsule 0.375 gm ... 31
mesalamine oral tablet delayed release 1.2 gm ... 31
mesalamine rectal ... 31
mesna oral ... 15
metaxalone oral tablet 800 mg ... 35
metformin hcl er ... 18
metformin hcl oral solution ... 18
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg ... 18
methadone hcl oral solution ... 9
methadone hcl oral tablet ... 9
methamphetamine hcl ... 22
methazolamide oral ... 21
methenamine hippurate ... 10
methimazole oral ... 29
methocarbamol oral tablet 500 mg, 750 mg ... 35
methotrexate sodium ... 29
methotrexate sodium (pf) ... 29
methoxsalen rapid ... 22
methscopolamine bromide oral ... 23
methsuximide ... 11
methyldopa ... 19
methylergonovine maleate oral ... 32
methylphenidate hcl er (cd) ... 22
methylphenidate hcl er (la) ... 22
methylphenidate hcl er oral tablet extended release ... 22
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg ... 22
methylphenidate hcl oral solution ... 22
methylphenidate hcl oral tablet ... 22
methylphenidate hcl oral tablet chewable ... 22
methylprednisolone oral ... 26
methyltestosterone oral ... 26
metoclopramide hcl oral solution 5 mg/5ml ... 12
metoclopramide hcl oral tablet ... 13
metolazone ... 21
metoprolol-hydrochlorothiazide ... 21
metoprolol succinate er ... 20
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg ... 20
metronidazole external cream ... 22
metronidazole external gel 0.75 % ... 22
metronidazole external lotion ... 22
metronidazole oral tablet 250 mg, 500 mg ... 10
metronidazole vaginal ... 10
mexiletine hcl oral ... 20
mibelas 24 fe ... 27
miconazole 3 vaginal suppository ... 13
microgestin 1.5/30 ... 27
microgestin 1/20 ... 27
microgestin fe 1.5/30 ... 27
microgestin fe 1/20 ... 27
MICROLET NEXT LANCETS ... 18
MICROLET NEXT LANCING DEVICE ... 18
midodrine hcl ... 19
MIEBO DRO 1.3GM/ML ... 33
MIFEPREX ... 26
mifepristone oral tablet 200 mg ... 26
MIGERGOT ... 13
miglitol ... 18
mili ... 27
milnacipran hcl oral ... 22
milnacipran hcl oral tablet ... 22
milophene ... 26
mimvey ... 27
minocycline hcl oral capsule ... 11
minoxidil oral ... 21
minzoya ... 27
MIRALAX ORAL POWDER ... 24
mirtazapine oral tablet ... 12
mirtazapine oral tablet dispersible ... 12
misoprostol oral ... 25
MITOSOL ... 33
mm aspirin ... 9
mm clearlax ... 24
M-M-R II ... 30
M-NATAL PLUS ... 23
MNEXSPIKE ... 30
MOBI CONNECT LANCING DEVICE ... 18
MOBI CONNECT TWIST LANCETS ... 18
MOBILE LANCETS 30G ... 18
modafinil oral ... 35
moexipril hcl ... 20
mometasone furoate external ... 26
mometasone furoate nasal ... 35
mono-linyah ... 27
montelukast sodium oral ... 34
morphine sulfate (concentrate) oral solution 100 mg/5ml ... 9
morphine sulfate er ... 9
morphine sulfate oral solution ... 9
morphine sulfate oral tablet ... 9
MOUNJARO ... 18
moxifloxacin hcl (2x day) ... 34
moxifloxacin hcl ophthalmic ... 34
moxifloxacin hcl oral ... 11
MULTAQ ... 20
mupirocin cream ... 10
mupirocin ointment ... 10
MYALEPT ... 25
my choice ... 28
mycophenolate mofetil oral capsule ... 29
mycophenolate mofetil oral suspension reconstituted ... 29
mycophenolate mofetil oral tablet ... 29
mycophenolate sodium ... 29
mycophenolic acid ... 29
MYLERAN ... 14
my way ... 28
nabumetone oral ... 9
nadolol oral ... 20
naftifine hcl external cream ... 13
naloxone hcl injection ... 10
naloxone hcl nasal ... 10
naltrexone hcl oral ... 10
naproxen dr ... 9
naproxen oral suspension ... 9
naproxen oral tablet ... 9
naproxen oral tablet delayed release ... 9
naproxen sodium oral tablet 275 mg, 550 mg ... 9
naratriptan hcl ... 13
NARCAN ... 10
na sulfate-k sulfate-mg sulf ... 24
NATACYN ... 33
NATALCORE ... 23
nateglinide ... 18
NAYZILAM ... 11
nebivolol hcl ... 20
NEBUSAL ... 35
necon 0.5/35 (28) ... 27

nefazodone hcl 12
neomycin-bacitracin zn-polymyx 33
neomycin-polymyxin-dexameth 33
neomycin-polymyxin-gramicidin 33
neomycin-polymyxin-hc ophthalmic . 33
neomycin-polymyxin-hc otic 34
neomycin sulfate oral 10
NEONATAL PLUS 23
NEULASTA 19
NEULASTA ONPRO 19
NEUPRO TRANSDERMAL PATCH 24 HOUR 2 MG/24HR 15
nevirapine 16
nevirapine er 16
new day 28
niacin (antihyperlipidemic) 21
niacin er (antihyperlipidemic) 21
niacor 21
nicardipine hcl oral 20
NICORETTE MINI 10
NICORETTE MOUTH/THROAT GUM 2 MG 10
NICORETTE MOUTH/THROAT LOZENGE 10
nicotine mini 10
nicotine polacrilex mini 10
nicotine polacrilex mouth/throat 10
nicotine step 1 10
nicotine step 2 10
nicotine step 3 10
nicotine transdermal kit 10
nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr 10
NICOTROL NS 10
nifedipine er 20
nifedipine er osmotic release 20
nifedipine oral 20
nikki 27
nilutamide 14
nimodipine oral capsule 20
nintedanib esylate 35
nisoldipine er 20
nitazoxanide oral 15
nitisinone 25
nitro-bid 21
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR 21
nitrofurantoin macrocrystal oral capsule 25 mg 10
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg 10
nitrofurantoin monohydrate macrocrystals 10
nitrofurantoin oral suspension 25 mg/5ml 10
nitroglycerin rectal 21
nitroglycerin sublingual 21
nitroglycerin transdermal ointment 21
nitroglycerin transdermal patch 24 hour 21
NIVA THYROID 29
nizatidine 24
nora-be 28
NORDITROPIN FLEXPRO 26
norelgestromin-eth estradiol 27
norethin ace-eth estrad-fe oral tablet chewable 27
norethindrone acetate oral 28
norethindrone acet-ethinyl est 27
norethindrone-eth estradiol 27
norethindrone oral 28
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg 27
norgestimate-ethinyl estradiol triphasic 27
norlyroc 28
nortrel 0.5/35 (28) 27
nortrel 1/35 (21) 27
nortrel 1/35 (28) 27
nortrel 7/7/7 28
nortriptyline hcl oral capsule 12
nortriptyline hcl oral solution 12
NORVIR ORAL PACKET 17
NOVOFINE PEN NEEDLE 32
NOVOFINE PLUS PEN NEEDLE 32
NOVOLOG 70/30 FLEXPEN RELION 19
NOVOLOG FLEXPEN 19
NOVOLOG FLEXPEN RELION 19
NOVOLOG MIX 70/30 FLEXPEN 19
NOVOLOG MIX 70/30 RELION 19
NOVOLOG MIX 70/30 VIAL 19
NOVOLOG PENFILL 19
NOVOPEN ECHO 18
np thyroid 29
NUBEQA 14
NUCYNTA ER 9
nylia 1/35 28
nylia 7/7/7 28
NYMALIZE 20
nystatin external 13
nystatin mouth/throat suspension 100000 unit/ml 13
nystatin oral 13
nystatin-triamcinolone 13
nystop 13
octreotide acetate injection 29
octreotide acetate subcutaneous 29
ODEFSEY 16
ofloxacin ophthalmic 34
ofloxacin oral 11
ofloxacin otic 34
olanzapine-fluoxetine hcl 12
olanzapine oral tablet 16
olanzapine oral tablet dispersible 16
olmesartan medoxomil-hctz 21
olmesartan medoxomil oral 20
olopatadine hcl nasal 34
olopatadine hcl ophthalmic solution 0.1 % 33
OLUMIANT 29
omega-3-acid ethyl esters 21
omeprazole oral capsule delayed release 25
OMLYCLO INJ 75/0.5ML 29
OMLYCLO INJ 150MG/ML 29
OMLYCLO INJ 300/2ML 29
OMNIPOD 5 DEXCOM INTRO KIT 32
OMNIPOD 5 DEXCOM PODS 32
OMNIPOD 5 LIBRE INTRO KIT 32
OMNIPOD 5 LIBRE PODS 32
OMNITROPE 26
ondansetron hcl oral solution 4 mg/5ml 13
ondansetron hcl oral tablet 13
ondansetron odt oral tablet dispersible 4 mg, 8 mg 13
ONELAX MAGNESIUM CITRATE 24
ONETOUCH DELICA PLUS LANCING 18
ONETOUCH DELICA SAFETY LANCING 18
ONETOUCH ULTRA IN VITRO LIQUID 18
ONETOUCH VERIO IN VITRO LIQUID HIGH 18
ONE VITE WOMENS PLUS 23
opcicon one-step 28
OPILL 28
opium 23
option 2 28
OPTIONS GYNOL II CONTRACEPTIVE 25
OPVEE 10
ORENITRAM 35
ORENITRAM MONTH 1 35
ORENITRAM MONTH 2 35
ORENITRAM MONTH 3 35
ORILISSA 29
ORKAMBI 34
orphenadrine-aspirin-caffeine 35
orphenadrine citrate er 35
orquidea 28
oseltamivir phosphate oral 17
OSPHENA 28
OTEZLA 30
OTEZLA/OTEZLA XR INITIATION PK 30
OTEZLA XR 30
OTOVEL 34
oxaprozin oral tablet 9
oxazepam 17
oxcarbazepine oral suspension 12

oxcarbazepine oral tablet 12
oxiconazole nitrate 13
oxybutynin chloride er 25
oxybutynin chloride oral solution 25
oxybutynin chloride oral tablet 5 mg 25
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg 10
oxycodone hcl oral capsule 9
oxycodone hcl oral concentrate 9
oxycodone hcl oral solution 9
oxycodone hcl oral tablet 9
oxymorphone hcl 10
oxymorphone hcl er 9
OZEMPIC 19
PA 14
PA 14
paliperidone er 16
pantoprazole sodium oral tablet delayed release 25
paricalcitol oral 31
PARI VORTEX ADULT MASK 32
PARI VORTEX PEDIATRIC MASK 32
paroxetine hcl er 12
paroxetine hcl oral suspension 12
paroxetine hcl oral tablet 12
PAXLOVID (150/100) 16
PAXLOVID (300/100) 16
PAXLOVID (300/100 & 150/100) 16
PEDIARIX 30
PEDVAXHIB 30
peg-3350/electrolytes 24
peg-3350/electrolytes/ascorbat 24
peg 3350-kcl-na bicarb-nacl 24
peg 3350 oral powder 24
PEGASYS 16
peg-kcl-nacl-nasulf-na asc-c 24
PENBRAYA 30
penciclovir 17
penicillamine oral 25
penicillin v potassium 11
PENMENVY 30
PEN NEEDLE/5-BEVEL TIP 32
PENTACEL 30
pentamidine isethionate inhalation 15
pentazocine-naloxone hcl 10
pentoxifylline er 21
perampanel 11
PERFECT POINT SAFETY LANCETS 18
perindopril erbumine 20
periogard 22
permethrin external 15
perphenazine-amitriptyline 12
perphenazine oral 13
phenazopyridine hcl oral tablet 100 mg, 200 mg 25
phenelzine sulfate oral 12
phenobarbital oral elixir 20 mg/5ml 11
phenobarbital oral tablet 11
phenoxybenzamine hcl oral 20
phenylephrine hcl ophthalmic 33
phenytek 12
phenytoin infatabs 12
phenytoin oral suspension 125 mg/5ml 12
phenytoin oral tablet chewable 12
phenytoin sodium extended 12
PHEXX 32
philith 28
PHOSPHOLINE IODIDE 33
phytonadione oral 23
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 % 33
pilocarpine hcl oral 22
pimecrolimus 22
pimozide 15
pimtrea 28
pindolol 20
pioglitazone hcl 19
pioglitazone hcl-metformin hcl 19
PIP GLUCOSE CONTROL SOLUTION 18
PIQRAY 14
pirfenidone 35
piroxicam oral 9
PLAN B ONE-STEP 28
PLEGRIDY 22
PLEGRIDY STARTER PACK 22
plerixafor 19
PNEUMOVAX 23 30
pnv 27-ca/fe/fa 23
pnv prenatal plus multivit+dha 23
podofilox external gel 22
podofilox external solution 22
polyethylene glycol 3350 oral powder 24
polymyxin b-trimethoprim 33
pomalidomide 14
portia-28 28
posaconazole oral tablet delayed release 13
potassium chloride crys er 23
potassium chloride er 23
potassium chloride oral packet 20 meq 23
potassium chloride oral solution 23
potassium citrate er 23
pramipexole dihydrochloride 15
prasugrel hcl 19
pravastatin sodium 21
praziquantel oral 15
prazosin hcl oral 20
prednisolone acetate ophthalmic 33
prednisolone oral solution 26
prednisolone oral tablet 26
prednisolone sodium phosphate ophthalmic 33
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 25 mg/5ml, 5 mg/5ml 26
prednisolone sodium phosphate oral solution 20 mg/5ml 26
prednisolone sodium phosphate oral tablet dispersible 30 mg 26
prednisone intensol 26
prednisone oral solution 26
prednisone oral tablet 26
prednisone oral tablet therapy pack 26
pregabalin oral capsule 22
PREGNYL 26
PREMARIN VAGINAL 28
prenatal oral tablet 27-1 mg 23
prevalite 21
PREVNAR 20 30
PREZISTA ORAL SUSPENSION 17
PRIFTIN 14
primaquine phosphate 15
primidone oral 11
PRIORIX 30
probenecid 13
prochlorperazine 13
prochlorperazine maleate oral 13
procto-med hc 31
progesterone intramuscular 28
progesterone oral 28
promethazine-codeine 35
promethazine-dm 35
promethazine hcl oral 13
promethazine hcl rectal 13
promethazine-phenylephrine 34
propafenone hcl 20
propafenone hcl er 20
proparacaine hcl ophthalmic 33
propranolol hcl er 20
propranolol hcl oral 20
propylthiouracil oral 29
PROQUAD 31
protriptyline hcl 12
PRURADIK 15
pseudoephedrine-bromphen-dm 35
PULMOSAL 35
PULMOZYME 34
PURE COMFORT SAFETY LANCET 30G 18
PURE COMFORT SAFETY PEN NEEDLE 32
pyrazinamide oral 14
pyridostigmine bromide er oral tablet extended release 13
pyridostigmine bromide oral solution 13

pyridostigmine bromide oral tablet 60 mg 13
pyrimethamine oral 15
QUADRACEL INTRAMUSCULAR SUSPENSION 31
quazepam 17
quetiapine fumarate 16
quetiapine fumarate er 16
QUICK TOUCH INSULIN PEN NEEDLE 32
quinapril hcl 20
quinapril-hydrochlorothiazide 21
quinidine gluconate er 20
quinidine sulfate 20
quinine sulfate 15
QULIPTA 13
QVAR REDIHALER 34
rabeprazole sodium oral tablet delayed release 25
RADIOGARDASE 32
raloxifene hcl 28
ramelteon 35
ramipril 20
ranolazine er 21
rasagiline mesylate oral 15
RASUVO 29
RAYA SURE PEN NEEDLE 32
reclipsen 28
RECOMBIVAX HB 31
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 5000 UNIT 19
RECOTHROM SPRAY KIT 19
RELENZA DISKHALER 17
RELION GLUCOSE TEST STRIPS 18
RELISTOR SUBCUTANEOUS 23
repaglinide 19
REPATHA SURECLICK 21
RETACRIT 19
REXTOVY 10
REYATAZ ORAL PACKET 17
REZVOGLAR KWIKPEN 19
ribavirin oral 16
RIDAURA 30
rifabutin 13
rifampin oral 14
rilpivirine hcl 16
riluzole 22
rimantadine hcl 17
RINVOQ 30
RINVOQ LQ 30
risedronate sodium oral tablet 31
risperidone oral solution 1 mg/ml 16
risperidone oral tablet 16
risperidone oral tablet dispersible 16
ritonavir 17
rivaroxaban 19
rivastigmine 12
rivastigmine tartrate 12
rivelsa 28
rizatriptan benzoate 13
roflumilast 34
ropinirole hcl 15
rosuvastatin calcium oral tablet 10 mg, 5 mg 21
rosuvastatin calcium oral tablet 20 mg, 40 mg 21
rosyrah 28
ROTARIX 31
ROTATEQ 31
roweepra 11
ROZLYTREK 15
rufinamide oral suspension 40 mg/ml 12
rufinamide oral tablet 12
RYBELSUS 19
RYDAPT CAP 25MG 15
sacubitril-valsartan 21
SAFETY PEN NEEDLES 32
salsalate oral 9
SANTYL 22
sapropterin dihydrochloride 25
saxagliptin hcl 19
saxagliptin-metformin er 19
SCEMBLIX TAB 20MG 15
SCEMBLIX TAB 40MG 15
SCEMBLIX TAB 100MG 15
scopolamine 13
selegiline hcl oral 15
selenium sulfide external lotion 22
SENSILANCE SAFETY LANCETS 21G 18
SENSILANCE SAFETY LANCETS 26G 18
SENSILANCE SAFETY LANCETS 28G 18
sertraline hcl oral concentrate 12
sertraline hcl oral tablet 12
setlakin 28
sevelamer carbonate oral packet 23
sevelamer carbonate oral tablet 23
sharobel 28
SHARPS COLLECTOR 32
SHARPS CONTAINER 32
shewise 28
SIGNIFOR 29
sildenafil citrate oral suspension reconstituted 35
sildenafil citrate oral tablet 20 mg 35
silodosin 25
silver sulfadiazine external 10
simliya 28
simpesse 28
SIMPONI 29
simvastatin oral 21
sirolimus oral solution 29
sirolimus oral tablet 29
SIRTURO 14
SIVEXTRO ORAL 10
SKYRIZI PEN 29
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 23
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 29
SLYND 28
smooth lax oral powder 24
sodium chloride inhalation 35
sodium fluoride oral solution 1.1 (0.5 f) mg/ml 23
sodium fluoride oral tablet 23
sodium fluoride oral tablet chewable 23
sodium oxybate 35
sodium polystyrene sulfonate oral 23
SOFOSBUVIR-VELPATASVIR 16
solifenacin succinate 25
SOLIQUA 19
SOLOSEC 10
SOMAVERT 29
sorafenib tosylate 15
sotalol hcl (af) 20
sotalol hcl oral 20
SOTYLIZE 20
SOVALDI 16
SPIKEVAX 31
SPIKEVAX 6M-11Y 31
spinosad 15
SPIRIVA RESPIMAT 34
spironolactone-hctz 21
spironolactone oral tablet 21
sprintec 28 28
ssd 10
STEQEYMA SUBCUTANEOUS SOLUTION 29
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 29
STIOLTO RESPIMAT 35
STIVARGA 15
ST JOSEPH LOW DOSE 9
STRIVERDI RESPIMAT 34
subvenite oral tablet 11
SUCRAID 25
sucralfate oral suspension 25
sucralfate oral tablet 25
SUFLAVE 25
SULCONAZOLE NITRATE 13
sulfacetamide-prednisolone 33
sulfacetamide sodium (acne) 23
sulfacetamide sodium ophthalmic 34
sulfadiazine oral 11
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml 11

sulfamethoxazole-trimethoprim oral tablet ... 11
SULFAMYLON ... 10
sulfasalazine oral ... 31
sulfatrim pediatric ... 11
sulindac oral ... 9
sumatriptan-naproxen sodium ... 13
sumatriptan nasal ... 13
sumatriptan succinate oral ... 13
sumatriptan succinate subcutaneous ... 13
sunitinib malate ... 15
SUNOSI ... 35
syeda ... 28
SYMPROIC ... 23
SYNAREL ... 29
SYNJARDY ... 19
SYNJARDY XR ... 19
SYNTHROID ... 29
TABLOID ... 14
tacrolimus external ... 23
tacrolimus oral ... 29
tadalafil oral tablet 2.5 mg, 5 mg ... 25
tadalafil (pah) ... 35
tafluprost (pf) ... 33
TAGRISSO ... 15
take action ... 28
TALTZ ... 23
TALZENNA ... 14
tamoxifen citrate oral tablet 10 mg ... 14
tamoxifen citrate oral tablet 20 mg ... 14
tamsulosin hcl ... 25
tarina 24 fe ... 28
tarina fe 1/20 eq ... 28
tasimelteon ... 35
tavaborole ... 13
tazarotene external cream 0.1 % ... 23
tazarotene external gel ... 23
TECHLITE LANCETS 26G ... 18
TECHLITE PLUS PEN NEEDLES ... 32
telmisartan ... 20
telmisartan-hctz ... 21
temazepam ... 35
temozolomide ... 14
TENCON ... 10
TENIVAC ... 31
tenofovir disoproxil fumarate ... 16
terazosin hcl ... 25
terbinafine hcl oral ... 13
terbutaline sulfate oral ... 34
terconazole vaginal cream ... 13
terconazole vaginal suppository ... 13
teriflunomide ... 22
testosterone cypionate intramuscular 26
testosterone enanthate intramuscular 26
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 50 mg/5gm (1%) 26
tetrabenazine ... 22
tetracaine hcl ophthalmic ... 33
tetracycline hcl oral capsule ... 11
THALOMID ... 14
THEO-24 ... 34
theophylline er ... 34
theophylline oral ... 34
thioridazine hcl oral ... 15
thiothixene ... 15
THYQUIDITY ... 29
thyroid oral ... 29
tiadylt er ... 20
tiagabine hcl ... 11
ticagrelor ... 19
tilia fe ... 28
timolol hemihydrate ... 33
timolol maleate (once-daily) ... 33
timolol maleate ophthalmic solution ... 33
timolol maleate oral ... 20
tinidazole oral ... 10
tiopronin oral tablet ... 25
tiotropium bromide ... 34
TIROSINT-SOL ... 29
TIVICAY ... 16
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg ... 35
tizanidine hcl oral tablet ... 35
tobramycin-dexamethasone ... 33
tobramycin nebulization solution 300 mg/5ml inhalation ... 34
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION 34
tobramycin ophthalmic ... 33
TODAY SPONGE ... 25
tofacitinib citrate er ... 29
tofacitinib citrate oral ... 29
tolcapone ... 15
tolterodine tartrate ... 25
tolterodine tartrate er ... 25
tolvaptan (hyponatremia) ... 23
TOPFINE INSULIN PEN NEEDLE ... 32
topiramate oral capsule sprinkle ... 11
topiramate oral tablet ... 11
toremifene citrate ... 14
torpenz oral tablet 5 mg ... 15
torsemide ... 21
tramadol-acetaminophen ... 10
tramadol hcl er ... 9
tramadol hcl (er biphasic) oral tablet extended release 24 hour ... 9
tramadol hcl oral tablet 50 mg ... 10
trandolapril ... 20
tranexamic acid oral ... 19
tranylcypromine sulfate ... 12
travoprost (bak free) ... 33
trazodone hcl oral ... 12
TRELEGY ELLIPTA ... 35
TREMFYA INJ 100MG/ML ... 29
TREMFYA INJ 200/2ML ... 29
TRESIBA ... 19
TRESIBA FLEXTOUCH ... 19
tretinoin external cream ... 23
tretinoin oral ... 15
TREXALL ... 29
triamcinolone acetonide external cream ... 26
triamcinolone acetonide external lotion ... 26
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % ... 26
triamcinolone acetonide mouth/throat ... 22
triamterene-hctz ... 21
triazolam ... 35
triderm ... 26
trientine hcl oral capsule 250 mg ... 23
tri-estarylla ... 28
trifluoperazine hcl ... 16
trifluridine ... 33
trihexyphenidyl hcl ... 15
TRIKAFTA ... 34
tri-legest fe ... 28
tri-linyah ... 28
trilitas ... 23
tri-lo-estarylla ... 28
tri-lo-marzia ... 28
tri-lo-mili ... 28
tri-lo-sprintec ... 28
trimethobenzamide hcl oral ... 13
trimethoprim oral ... 10
tri-mili ... 28
trimipramine maleate oral ... 12
TRINATE ... 23
tri-sprintec ... 28
TRIUMEQ ... 16
tri-vylibra ... 28
tri-vylibra lo ... 28
trospium chloride ... 25
trospium chloride er ... 25
TRUE COMFORT SAFETY PEN NEEDLE 32
TRUE COVER ... 32
TRUE FOLIC ACID ORAL TABLET 1 MG 23
TRUE FOLIC ACID ORAL TABLET 400 MCG ... 23
TRUE METRIX LEVEL 1 ... 18
TRUE METRIX LEVEL 2 ... 18
TRUE METRIX LEVEL 3 ... 18
TRULICITY ... 19
TRUMENBA ... 31
TRUQAP ... 15

TRYPTYR SOL 0.003% ... 33
TURALIO ... 15
turqoz ... 28
TUXARIN ER ... 35
TWINRIX ... 31
TYBLUME ... 28
tydemy ... 28
TYMLOS ... 31
TYVASO DPI INSTITUTIONAL KIT ... 35
TYVASO DPI MAINTENANCE KIT ... 35
TYVASO DPI TITRATION KIT ... 35
UBRELVY ... 13
ULTRA-CARE SAFETY LANCETS 30G ... 18
UNIFINE OTC PEN NEEDLES ... 32
UNIFINE PROTECT PEN NEEDLE ... 32
UNISTRIP CONTROL IN VITRO SOLUTION LOW ... 18
unithroid ... 29
ursodiol oral capsule 300 mg ... 24
ursodiol oral tablet ... 24
VABRINTY SUBCUTANEOUS KIT 45 MG ... 29
valacyclovir hcl oral ... 17
VALCHLOR ... 14
valganciclovir hcl oral solution reconstituted ... 16
valganciclovir hcl oral tablet ... 16
valproic acid oral capsule ... 11
valproic acid oral solution 250 mg/5ml 11
valsartan-hydrochlorothiazide ... 21
valsartan oral tablet ... 20
valtya 1/35 ... 28
valtya 1/50 ... 28
vancomycin hcl oral capsule ... 10
vancomycin hcl oral solution reconstituted ... 10
VANDAZOLE ... 10
VAQTA ... 31
varenicline tartrate ... 10
varenicline tartrate(continue) ... 10
varenicline tartrate (starter) ... 10
VARIVAX ... 31
VARUBI (180 MG DOSE) ... 13
VAXELIS ... 31
VAXNEUVANCE ... 31
VCF VAGINAL CONTRACEPTIVE ... 25
velivet ... 28
VELPHORO ... 23
VENCLEXTA ... 15
VENCLEXTA STARTING PACK ... 15
venlafaxine hcl ... 12
venlafaxine hcl er oral capsule extended release 24 hour ... 12
VENTOLIN HFA ... 34
verapamil hcl er oral capsule extended release 24 hour ... 20
verapamil hcl er oral tablet extended release ... 20
verapamil hcl oral ... 20
VEREGEN ... 23
VERIFINE INSULIN PEN NEEDLE ... 32
VERIFINE INSULIN SYRINGE ... 32
VERIFINE PLUS PEN NEEDLE ... 32
VERIFINE SAFE LANCET MINI 21G ... 18
VERIFINE SAFE LANCET MINI 23G ... 18
VERIFINE SAFE LANCET MINI 28G ... 18
VERIFINE SAFE LANCET MINI 30G ... 18
VERIFINE SHARPS CONTAINER ... 32
VERZENIO ... 14
vestura ... 28
VIBERZI ... 24
vienva ... 28
vigabatrin ... 11
vilazodone hcl ... 12
viorele ... 28
VIRACEPT ... 17
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut) ... 23
VITRAKVI ... 15
VIVAGUARD INO CONTROL SOLUTION ... 18
VIVAGUARD LANCETS 30G ... 18
VIVAGUARD LANCING DEVICE ... 18
VIVAGUARD SAFETY LANCETS 28G ... 18
volnea ... 28
voriconazole oral ... 13
VORTEX VALVE CHAMBER-PEDI MASK 32
VORTEX VALVED HOLDING CHAMBER 32
VOSEVI ... 16
VRAYLAR ... 16
vyfemla ... 28
vylibra ... 28
warfarin sodium oral ... 19
wera ... 28
WESTAB PLUS ... 23
WEZLANA SUBCUTANEOUS ... 30
WIDE-SEAL DIAPHRAGM 60 ... 32
WIDE-SEAL DIAPHRAGM 65 ... 33
WIDE-SEAL DIAPHRAGM 70 ... 33
WIDE-SEAL DIAPHRAGM 75 ... 33
WIDE-SEAL DIAPHRAGM 80 ... 33
WIDE-SEAL DIAPHRAGM 85 ... 33
WIDE-SEAL DIAPHRAGM 90 ... 33
WIDE-SEAL DIAPHRAGM 95 ... 33
wixela inhub ... 34
wymzya fe ... 28
xarah fe ... 28
XARELTO ... 19
XARELTO STARTER PACK ... 19
xelria fe ... 28
XEPI ... 10
XIFAXAN ... 10
XOCOVA TAB 125MG ... 16
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR ... 30
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML ... 30
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML ... 30
XOSPATA ... 15
XTAMPZA ER ... 9
XTANDI ... 14
xulane ... 28
xyvona ... 9
YESINTEK SUBCUTANEOUS ... 29
YEZTUGO ORAL ... 17
YOSPRALA ... 19
your choice ... 28
yulithira ... 15
yuvafem ... 28
zafemy ... 28
zafirlukast ... 34
zaleplon ... 35
ZARXIO ... 19
ZELBORAF ... 15
zelvysia ... 25
zenatane ... 23
ZENPEP ... 25
ZEPOSIA ... 22
ZEPOSIA 7-DAY STARTER PACK ... 22
ZEPOSIA STARTER KIT ... 22
zidovudine ... 16
zileuton er ... 34
ziprasidone hcl ... 16
ZIRGAN ... 33
ZOLINZA ... 14
zolmitriptan nasal ... 13
zolmitriptan oral ... 13
zolpidem tartrate er ... 35
zolpidem tartrate oral tablet ... 35
zonisamide oral ... 11
zovia 1/35 (28) ... 28
ZUBSOLV ... 10
zumandimine ... 28
ZYKADIA ... 15

Language Assistance Services

1-877-265-9199, TTY 711

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

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

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

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

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

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

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

Tagalog: Ang mga serbisyo sa pagsasalin at mga tagapagsalin ay magagamit mo nang walang bayad. Kung kailangan mo ng tulong, mangyaring tawagan ang numero sa itaas o ang numero ng mga Serbisyo sa Miyembro na nasa 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 નિઃશુલ્ક 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 निःशुल्क उपलब्ध हैं। यदि आपको सहायता की आवश्यकता है, तो कृपया अपने स्वास्थ्य योजना आईडी कार्ड पर ऊपर दिए गए नंबर या सदस्य सेवा नंबर पर कॉल करें।

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

Amharic: የትርጉም አገልግሎቶች እና አስተርጓሚዎች ለእርስዎ ያለ ምንም ወጪ ይገኛሉ። እርዳታ ከፈለጉ፣ እባክዎን ከላይ ባለው ቁጥር ወይም በጤና እቅድ መታወቂያ ካርድዎ ላይ ባለው የአባላት አገልግሎት ቁጥር ይደውሉ።

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

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

Navajo: Naaltsoos hazaad bee hadilnééh bee áka'anída'awo'í dóó ata' dahalne'í t'áá jiik'eh ná hóló. Shika'adoowoł nínízingo, t'áá shǫǫdí hódahdi námboo bikí'ágíí doodago Bił Ha'dít'éhí Bika'aná'awo' nits'íís bee ha'dít'éhí ID ninaaltsoos nitł'izí bąąh námboo bikí'ágíí bee hodíilnih.

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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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