



## **Colorado Individual & Family plans**

# **2025 Prescription Drug List**

**Effective as of Jan. 1, 2025**

# Table of contents

Analgesics.....	9
Anesthetics .....	10
Anti-addiction/substance abuse treatment agents.....	10
Antibacterials .....	10
Anticonvulsants.....	11
Antidementia agents .....	11
Antidepressants .....	11
Antiemetics .....	12
Antifungals.....	12
Antigout agents.....	12
Antimigraine agents .....	12
Antimyasthenic agents.....	13
Antimycobacterials.....	13
Antineoplastics .....	13
Antiparasitics .....	14
Anti-Parkinson's agents .....	14
Antipsychotics .....	14
Antivirals .....	14
Anxiolytics.....	15
Bipolar agents.....	15
Blood glucose monitoring.....	16
Blood glucose regulators .....	16
Blood products and modifiers.....	17
Cardiovascular agents.....	17
Central nervous system agents .....	19
Dental and oral agents.....	19
Dermatological agents .....	19
Electrolytes/minerals/metals/vitamins.....	20
Gastrointestinal agents.....	20
Genetic or enzyme disorder: replacement, modifiers, treatment .....	22
Genitourinary agents .....	22
Hormonal agents, stimulant/replacement/modifying (adrenal) .....	22
Hormonal agents, stimulant/replacement/modifying (pituitary) .....	23
Hormonal agents, stimulant/replacement/modifying (prostaglandins) .....	23
Hormonal agents, stimulant/replacement/modifying (sex hormones/modifiers).....	23
Hormonal agents, stimulant/replacement/modifying (thyroid).....	25

Hormonal agents, suppressant (adrenal) .....	26
Hormonal agents, suppressant (pituitary).....	26
Hormonal agents, suppressant (thyroid) .....	26
Immunological agents .....	26
Inflammatory bowel disease agents .....	28
Metabolic bone disease agents .....	28
Miscellaneous therapeutic agents .....	28
Ophthalmic agents .....	29
Otic agents.....	30
Respiratory tract/pulmonary agents.....	30
Skeletal muscle relaxants.....	31
Sleep disorder agents .....	31

# Understanding your prescription drug list

## What is a prescription drug list (PDL)?

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

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

## How do I use my PDL?

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

## What are tiers?

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

Tier	Cost-share	Includes
1	\$0	<b>\$0 Cost-share</b> Medications available at no cost to you, which includes medications for <b>preventive care, behavioral health, and sexually transmitted infections.</b>
2	\$	<b>Lower cost-share</b> Medications that offer the <b>highest overall value</b> , which includes <b>preferred generic medications.</b>
3	\$\$	<b>Mid-range cost-share</b> Medications that provide <b>good overall value</b> , which includes <b>preferred brand name and non-preferred generic medications.</b>
4	\$\$\$	<b>Higher cost-share</b> Medications that provide <b>good overall value</b> , which includes <b>preferred specialty medications.</b>
5	\$\$\$\$	<b>Highest cost-share</b> Medications that provide <b>lower overall value</b> , which includes <b>non-preferred brand name medications.</b>

## About this PDL

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

## Can the PDL change?

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

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

## Why are some medications not covered?

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

## Coverage details

### What are coverage rules or limits?

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

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

<b>7D</b>	<b>7 day limit if you have not filled an opioid prescription recently</b> 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.
<b>PRV*</b>	<b>Preventive</b> Preventive medication may be available at no cost to you only when certain requirements are met.
<b>PRV-A</b>	<b>Preventive for certain ages</b> Preventive medication may be available at no cost to you if within a certain age range

## Which preventive medications are covered?

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

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

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

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

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

## What medications are covered under my medical benefit?

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

## Prior authorization and exception requests

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

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

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

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

- Online: [professionals.optumrx.com/prior-authorization.html](https://professionals.optumrx.com/prior-authorization.html)
- Phone: 1-800-711-4555

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

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

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

You and your healthcare provider can learn more and find clinical criteria by visiting [uhcprovider.com/exchange](https://uhcprovider.com/exchange).

## Medication tips

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

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

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

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

### Over-the-counter medications

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

## What if I am taking a specialty medication?

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

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

## Reading your PDL

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

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

## Questions



Review your policy for more information about your pharmacy benefit



Call the Member Services number on your health plan ID card



Register or login to your online account at [myuhc.com/exchange](https://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
<b>Analgesics</b>		
<b>Nonsteroidal anti-inflammatory drugs</b>		
aspirin 81 oral tablet delayed release	1	\$0 Copay for members between ages of 16 to 49 years.
aspirin adult low dose	1	\$0 Copay for members between ages of 16 to 49 years.
aspirin adult low strength	1	\$0 Copay for members between ages of 16 to 49 years.
aspirin childrens	1	\$0 Copay for members between ages of 16 to 49 years.
aspirin ec adult low dose	1	\$0 Copay for members between ages of 16 to 49 years.
aspirin ec low dose	1	\$0 Copay for members between ages of 16 to 49 years.
aspirin ec low strength	1	\$0 Copay for members between ages of 16 to 49 years.
aspirin low dose	1	\$0 Copay for members between ages of 16 to 49 years.
aspirin oral tablet chewable	1	\$0 Copay for members between ages of 16 to 49 years.
aspirin oral tablet delayed release 81 mg	1	\$0 Copay for members between ages of 16 to 49 years.
aspirin regimen	1	\$0 Copay for members between ages of 16 to 49 years.
celecoxib oral	2	QL
diclofenac-misoprostol	3	
etodolac	2	
ft aspirin low dose	1	\$0 Copay for members between ages of 16 to 49 years.
ft aspirin oral tablet chewable	1	\$0 Copay for members between ages of 16 to 49 years.
goodsense aspirin low dose	1	\$0 Copay for members between ages of 16 to 49 years.

Drug name	Tier	Notes
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	2	
indomethacin oral capsule	2	QL
ketorolac tromethamine oral	2	
meloxicam oral tablet	2	
mm aspirin	1	\$0 Copay for members between ages of 16 to 49 years.
naproxen oral tablet	2	
salsalate oral	2	
ST JOSEPH LOW DOSE	1	\$0 Copay for members between ages of 16 to 49 years.
sulindac oral	2	
<b>Opioid analgesics, long-acting</b>		
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
methadone hcl intensol	2	PA; QL; MME; 7D
methadone hcl oral concentrate	2	PA; QL; MME; 7D
methadone hcl oral solution	2	PA; QL; MME; 7D
methadone hcl oral tablet	2	PA; QL; MME; 7D
morphine sulfate er oral tablet extended release	2	PA; QL; MME; 7D
oxymorphone hcl er	4	PA; QL; MME; 7D
tramadol hcl (er biphasic) oral tablet extended release 24 hour	3	PA; QL; MME; 7D
tramadol hcl er tablet	3	PA; QL; MME; 7D
XTAMPZA ER	4	PA; QL; MME; 7D
<b>Opioid analgesics, short-acting</b>		
acetaminophen-codeine	2	QL; MME; 7D
ascomp-codeine	3	QL; MME; 7D
bac	2	QL
butalbital-acetaminophen oral tablet 50-300 mg	3	QL
butalbital-apap-caff-cod	4	QL; MME; 7D
butalbital-apap-caffeine oral capsule	4	QL
butalbital-apap-caffeine oral tablet	2	QL
butalbital-asa-caff-codeine	3	QL; MME; 7D
butalbital-aspirin-caffeine	3	QL
codeine sulfate	2	QL; MME; 7D
endocet	2	QL; MME; 7D
hydrocodone-acetaminophen oral solution 75-325 mg/15ml	2	QL; MME; 7D
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	2	QL; MME; 7D
hydromorphone hcl oral liquid	3	QL; MME; 7D
hydromorphone hcl oral tablet	2	QL; MME; 7D
morphine sulfate (concentrate)	3	QL; MME; 7D
morphine sulfate oral solution	3	QL; MME; 7D

KEY: **7D** ..... 7 day limit  
**MME** ..... Morphine milligram equivalent  
**PA** ..... Prior authorization required  
**PRV-A** ..... Preventive medication within a certain age range

**PRV\*** ..... Preventive medication within certain requirements  
**QL** ..... Quantity limit  
**SP** ..... Specialty medication  
**ST** ..... Step therapy

Drug name	Tier	Notes
morphine sulfate oral tablet	2	QL; MME; 7D
oxycodone hcl oral capsule	2	QL; MME; 7D
oxycodone hcl oral concentrate	4	QL; MME; 7D
oxycodone hcl oral solution	2	QL; MME; 7D
oxycodone hcl oral tablet	2	QL; MME; 7D
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	QL; MME; 7D
oxymorphone hcl	3	QL; MME; 7D
pentazocine-naloxone hcl	3	QL; MME; 7D
tramadol hcl oral tablet 50 mg	2	QL; MME; 7D
tramadol-acetaminophen	2	QL; MME; 7D
<b>Anesthetics</b>		
<b>Local anesthetics</b>		
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	
<b>Anti-addiction/substance abuse treatment agents</b>		
<b>Alcohol deterrents/anti-craving</b>		
acamprosate calcium	3	
disulfiram oral	2	
naltrexone hcl oral	2	
<b>Opioid dependence treatments</b>		
buprenorphine hcl sublingual	2	
buprenorphine hcl-naloxone hcl sublingual film	4	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	
<b>Opioid reversal agents</b>		
naloxone hcl injection	2	
naloxone hcl nasal	1	
NARCAN	1	
REXTOVY	1	
<b>Smoking cessation agents</b>		
bupropion hcl er (smoking det)	1	
ft nicotine	1	
ft nicotine mini	1	
goodsense nicotine mouth/throat gum 2 mg	1	
goodsense nicotine mouth/throat lozenge 4 mg	1	
habitrol	1	
NICORETTE MINI	1	
NICORETTE MOUTH/THROAT GUM 2 MG	1	
NICORETTE MOUTH/THROAT LOZENGE	1	
nicotine mini	1	
nicotine polacrilex mini	1	
nicotine polacrilex mouth/throat	1	

Drug name	Tier	Notes
nicotine step 1	1	
nicotine step 2	1	
nicotine step 3	1	
nicotine transdermal kit	1	
nicotine transdermal patch 24 hour 21 mg/24hr	1	
NICOTROL	1	
NICOTROL NS	1	
varenicline tartrate	1	
varenicline tartrate (starter)	1	
varenicline tartrate(continue)	1	
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
gentamicin sulfate external	3	
HUMATIN	4	
neomycin sulfate oral	2	
<b>Antibacterials, other</b>		
clindamycin hcl oral	2	
clindamycin palmitate hcl	3	
clindamycin phosphate vaginal	2	
linezolid oral suspension reconstituted	4	QL
linezolid oral tablet	3	QL
metronidazole oral tablet	2	
metronidazole vaginal	2	
mupirocin cream	4	QL
mupirocin ointment	2	QL
nitrofurantoin macrocrystal	3	
nitrofurantoin monohydrate macrocrystals	2	
nitrofurantoin oral suspension 25 mg/5ml	4	
silver sulfadiazine external	2	
ssd	2	
tinidazole oral	2	
trimethoprim oral	2	
vancomycin hcl oral capsule	2	QL
vancomycin hcl oral solution reconstituted 250 mg/5ml, 50 mg/ml	3	
VANDAZOLE	3	
<b>Beta-lactam, cephalosporins</b>		
cefadroxil oral capsule	2	
cefadroxil oral suspension reconstituted	2	
cefadroxil oral tablet	3	
cefdinir	2	
cefuroxime axetil	2	
cephalexin oral capsule 250 mg, 500 mg	2	
cephalexin oral suspension reconstituted	2	
<b>Beta-lactam, penicillins</b>		
amoxicillin	2	

KEY: **7D** ..... 7 day limit  
**MME** ..... Morphine milligram equivalent  
**PA** ..... Prior authorization required  
**PRV-A** ..... Preventive medication within a certain age range

**PRV\*** ..... Preventive medication within certain requirements  
**QL** ..... Quantity limit  
**SP** ..... Specialty medication  
**ST** ..... Step therapy

Drug name	Tier	Notes
amoxicillin-potassium clavulanate	2	
ampicillin	2	
dicloxacillin sodium	2	
penicillin v potassium	2	
<b>Macrolides</b>		
azithromycin oral	2	
clarithromycin er	3	
clarithromycin oral suspension reconstituted	4	
clarithromycin oral tablet	2	
erythromycin base oral capsule delayed release particles	4	
erythromycin base oral tablet	3	
erythromycin base oral tablet delayed release	3	
erythromycin ethylsuccinate oral	4	
erythromycin oral	3	
<b>Quinolones</b>		
ciprofloxacin hcl oral	2	
levofloxacin oral solution	4	
levofloxacin oral tablet	2	
moxifloxacin hcl oral	2	
ofloxacin oral	3	
<b>Sulfonamides</b>		
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	2	
sulfamethoxazole-trimethoprim oral tablet	2	
sulfatrim pediatric	2	
<b>Tetracyclines</b>		
avidoxy	2	
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg, 20 mg	2	
doxycycline monohydrate oral capsule 100 mg, 50 mg	2	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	2	
minocycline hcl oral capsule	2	
mondoxylene nl	2	
tetracycline hcl oral capsule	2	
<b>Anticonvulsants</b>		
<b>Anticonvulsants, other</b>		
levetiracetam er	2	
levetiracetam oral	2	
roweepra	2	
<b>Calcium channel modifying agents</b>		
ethosuximide oral	3	
methsuximide	3	
zonisamide oral	2	
<b>Gamma-aminobutyric acid (GABA) augmenting agents</b>		
diazepam rectal	4	QL

Drug name	Tier	Notes
gabapentin oral capsule	2	
gabapentin oral solution 250 mg/5ml	2	
gabapentin oral tablet 600 mg, 800 mg	2	
phenobarbital oral	2	
primidone oral	2	
valproic acid oral capsule	2	
valproic acid oral solution 250 mg/5ml	2	
vigabatrin	4	PA; QL; SP
vigadrone	4	PA; QL; SP
vigpoder	4	PA; QL; SP
<b>Glutamate reducing agents</b>		
felbamate	4	
lamotrigine oral tablet	2	
lamotrigine oral tablet chewable	2	
subvenite	2	
topiramate oral capsule sprinkle	3	
topiramate oral tablet	2	
<b>Sodium channel agents</b>		
carbamazepine er	3	
carbamazepine oral suspension 100 mg/5ml	3	
carbamazepine oral tablet	2	
carbamazepine oral tablet chewable	2	
DILANTIN ORAL CAPSULE 30 MG	4	
epitol	2	
lacosamide oral	4	PA; QL
oxcarbazepine oral suspension	4	
oxcarbazepine oral tablet	2	
phenytek	2	
phenytoin infatabs	2	
phenytoin oral	2	
phenytoin sodium extended	2	
<b>Antidementia agents</b>		
<b>Cholinesterase inhibitors</b>		
donepezil hcl oral tablet 10 mg, 5 mg	2	QL
donepezil hcl oral tablet dispersible	2	QL
galantamine hydrobromide er	3	QL
galantamine hydrobromide oral solution	4	QL
galantamine hydrobromide oral tablet	3	QL
<b>N-methyl-D-aspartate (NMDA) receptor antagonist</b>		
memantine hcl oral solution	4	QL
memantine hcl oral tablet	2	QL
<b>Antidepressants</b>		
<b>Antidepressants, other</b>		
bupropion hcl er (sr)	2	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	2	QL

KEY: 7D ..... 7 day limit

MME ..... Morphine milligram equivalent

PA ..... Prior authorization required

PRV-A ..... Preventive medication within a certain age range

PRV\* ..... Preventive medication within certain requirements

QL ..... Quantity limit

SP ..... Specialty medication

ST ..... Step therapy

Drug name	Tier	Notes
bupropion hcl oral	2	
chlordiazepoxide-amitriptyline	3	
mirtazapine oral tablet	2	
mirtazapine oral tablet dispersible	3	
olanzapine-fluoxetine hcl	4	QL
perphenazine-amitriptyline	3	
<b>Monoamine oxidase inhibitors</b>		
MARPLAN	3	
phenelzine sulfate oral	2	
tranylcypromine sulfate	4	
<b>SSRI/SNRI (selective serotonin reuptake inhibitors/ serotonin and norepinephrine reuptake inhibitors)</b>		
citalopram hydrobromide oral solution	3	
citalopram hydrobromide oral tablet	2	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	QL
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	2	
fluoxetine hcl (pmdd)	3	QL
fluoxetine hcl oral capsule	2	
fluoxetine hcl oral capsule delayed release	3	QL
fluoxetine hcl oral solution	2	
fluoxetine hcl oral tablet 10 mg, 20 mg	3	QL
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg	4	QL
paroxetine hcl oral tablet	2	
sertraline hcl oral concentrate	2	
sertraline hcl oral tablet	2	
trazodone hcl oral	2	
venlafaxine hcl	2	
venlafaxine hcl er oral capsule extended release 24 hour	2	
<b>Tricyclics</b>		
amitriptyline hcl oral	2	
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	
<b>Antiemetics</b>		
<b>Antiemetics, other</b>		
meclizine hcl oral tablet 50 mg	3	
metoclopramide hcl oral solution 5 mg/5ml	2	
metoclopramide hcl oral tablet	2	
perphenazine oral	2	

Drug name	Tier	Notes
prochlorperazine	3	
prochlorperazine maleate oral	2	
promethazine hcl oral	2	
promethazine hcl rectal	3	QL
promethegan	3	QL
scopolamine	3	
trimethobenzamide hcl oral	2	
<b>Emetogenic therapy adjuncts</b>		
aprepitant	3	QL
dronabinol	4	
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
granisetron hcl oral	3	QL
ondansetron hcl oral	2	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	2	
<b>Antifungals</b>		
clotrimazole mouth/throat	2	
clotrimazole-betamethasone external cream	2	QL
clotrimazole-betamethasone external lotion	3	
fluconazole oral	2	
flucytosine oral	4	
griseofulvin microsize oral	3	
griseofulvin ultramicrosize	3	
ketoconazole external cream	2	QL
ketoconazole external shampoo	2	
ketoconazole oral	2	
klayesta	2	QL
miconazole 3	2	
nyamyc	2	QL
nystatin external cream	2	
nystatin external ointment	2	
nystatin external powder	2	QL
nystatin mouth/throat	2	
nystatin oral	2	
nystatin-triamcinolone	2	
nystop	2	QL
posaconazole oral tablet delayed release	3	QL
SULCONAZOLE NITRATE	4	
terbinafine hcl oral	2	QL
voriconazole oral suspension reconstituted	4	
voriconazole oral tablet	4	QL
<b>Antigout agents</b>		
allopurinol oral tablet 100 mg, 300 mg	2	
colchicine oral tablet	2	QL
febuxostat	2	ST; QL
probenecid	2	
<b>Antimigraine agents</b>		

KEY: **7D** ..... 7 day limit  
**MME** ..... Morphine milligram equivalent  
**PA** ..... Prior authorization required  
**PRV-A** ..... Preventive medication within a certain age range

**PRV\*** ..... Preventive medication within certain requirements  
**QL** ..... Quantity limit  
**SP** ..... Specialty medication  
**ST** ..... Step therapy

Drug name	Tier	Notes
<b>Calcitonin gene-related peptide (CGRP) receptor antagonist</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL
EMGALITY	3	PA; QL
UBRELVY	3	PA; QL
<b>Ergot alkaloids</b>		
dihydroergotamine mesylate injection	4	QL
ERGOMAR	4	QL
ergotamine-caffeine	4	
MIGERGOT	4	
<b>Serotonin (5-HT) receptor agonists</b>		
naratriptan hcl	2	QL
rizatriptan benzoate	2	QL
sumatriptan nasal	4	QL
sumatriptan succinate oral	2	QL
sumatriptan succinate refill subcutaneous solution cartridge	4	QL
sumatriptan succinate subcutaneous	4	QL
zolmitriptan oral	3	ST; QL
<b>Antimyasthenic agents</b>		
<b>Parasympathomimetics</b>		
pyridostigmine bromide er	4	
pyridostigmine bromide oral solution	4	
pyridostigmine bromide oral tablet 60 mg	2	
<b>Antimycobacterials</b>		
<b>Antimycobacterials, other</b>		
dapsone oral	2	
<b>Antituberculars</b>		
ethambutol hcl oral	2	
isoniazid oral syrup	4	
isoniazid oral tablet	2	
pyrazinamide oral	3	
rifampin oral	2	
<b>Antineoplastics</b>		
<b>Alkylating agents</b>		
cyclophosphamide oral capsule	4	
CYCLOPHOSPHAMIDE ORAL TABLET	4	
GLEOSTINE	5	SP
LEUKERAN	4	
MATULANE	5	SP
MYLERAN	4	
temozolomide	5	PA; SP
<b>Antiandrogens</b>		
abiraterone acetate	5	PA; QL; SP
bicalutamide	2	
nilutamide	4	SP

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

KEY: **7D** .....7 day limit  
**MME** .....Morphine milligram equivalent  
**PA** .....Prior authorization required  
**PRV-A** .....Preventive medication within a certain age range

**PRV\*** .....Preventive medication within certain requirements  
**QL** .....Quantity limit  
**SP** .....Specialty medication  
**ST** .....Step therapy

Drug name	Tier	Notes
<b>Molecular target inhibitors</b>		
ALECENSA	4	PA; QL; SP
BOSULIF	5	PA; QL; SP
CAPRELSA	5	PA; QL; SP
COMETRIQ	4	PA; QL; SP
erlotinib hcl	4	PA; QL; SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	4	PA; QL; SP
gefitinib	5	PA; QL; SP
imatinib mesylate	4	PA; QL; SP
IMBRUVICA	5	PA; QL; SP
lapatinib ditosylate	4	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
sorafenib tosylate	4	PA; QL; SP
STIVARGA	5	PA; QL; SP
sunitinib malate	4	PA; QL; SP
ZELBORAF	5	PA; QL; SP
ZYKADIA	5	PA; QL; SP
<b>Retinoids</b>		
tretinoin oral	4	QL; SP
<b>Treatment adjuncts</b>		
MESNEX ORAL	5	SP
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
albendazole oral	4	PA; QL
ivermectin oral	2	PA; QL
praziquantel oral	4	
<b>Antiprotozoals</b>		
atovaquone	4	
atovaquone-proguanil hcl	3	
chloroquine phosphate oral	2	QL
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg	2	QL
mefloquine hcl	2	
pentamidine isethionate inhalation	3	QL
primaquine phosphate	2	
quinine sulfate	3	
<b>Pediculicides/scabicides</b>		
permethrin external	2	
<b>Anti-Parkinson's agents</b>		
<b>Anticholinergics</b>		
benztropine mesylate oral	2	
trihexyphenidyl hcl	2	
<b>Anti-Parkinson's agents, other</b>		
amantadine hcl oral	2	
carbidopa-levodopa-entacapone	4	
entacapone	3	
<b>Dopamine agonists</b>		
bromocriptine mesylate oral capsule	4	

Drug name	Tier	Notes
bromocriptine mesylate oral tablet	3	
pramipexole dihydrochloride	2	
ropinirole hcl	2	
<b>Dopamine precursors/L-amino acid decarboxylase inhibitors</b>		
carbidopa-levodopa er	2	
carbidopa-levodopa oral tablet	2	
<b>Monoamine oxidase B (MAO-B) inhibitors</b>		
selegiline hcl oral	3	
<b>Antipsychotics</b>		
<b>1st generation/typical</b>		
chlorpromazine hcl oral tablet	2	
fluphenazine hcl oral	3	
haloperidol lactate oral concentrate 2 mg/ml	2	
haloperidol oral	2	
loxapine succinate	2	
pimozide	3	
thioridazine hcl oral	2	
thiothixene	2	
trifluoperazine hcl	2	
<b>2nd generation/atypical</b>		
aripiprazole oral tablet	2	QL
asenapine maleate	4	ST; QL
lurasidone hcl	2	QL
olanzapine oral tablet	2	QL
olanzapine oral tablet dispersible	3	QL
paliperidone er	4	QL
quetiapine fumarate	2	QL
quetiapine fumarate er	3	QL
risperidone oral solution	2	
risperidone oral tablet	2	
risperidone oral tablet dispersible	3	
VRAYLAR	4	QL
ziprasidone hcl	3	QL
<b>Treatment-resistant</b>		
clozapine oral tablet	2	
clozapine oral tablet dispersible	4	QL
<b>Antivirals</b>		
LAGEVRIO	4	QL
PAXLOVID (150/100)	4	QL
PAXLOVID (300/100)	4	QL
<b>Anti-cytomegalovirus (CMV) agents</b>		
valganciclovir hcl oral solution reconstituted	4	QL
valganciclovir hcl oral tablet	2	QL
<b>Anti-hepatitis B (HBV) agents</b>		
adefovir dipivoxil	4	
entecavir	3	
lamivudine oral tablet 100 mg	3	
<b>Anti-hepatitis C (HCV) agents</b>		
MAVYRET	4	PA; QL; SP

KEY: 7D ..... 7 day limit

MME ..... Morphine milligram equivalent

PA ..... Prior authorization required

PRV-A ..... Preventive medication within a certain age range

PRV\* ..... Preventive medication within certain requirements

QL ..... Quantity limit

SP ..... Specialty medication

ST ..... Step therapy

Drug name	Tier	Notes
PEGASYS	4	PA; QL; SP
ribavirin oral	3	
SOFOSBUVIR-VELPATASVIR	4	PA; QL; SP
<b>Antitherpetic agents</b>		
acyclovir external ointment	3	QL
acyclovir oral	2	
famciclovir oral	2	QL
<b>Anti-HIV agents, integrase inhibitors (INSTI)</b>		
BIKTARVY	4	QL
DOVATO	4	QL
GENVOYA	4	QL
JULUCA	4	QL
STRIBILD	4	QL
TIVICAY	4	QL
<b>Anti-HIV agents, non-nucleoside reverse transcriptase inhibitors (NNRTI)</b>		
COMPLERA	4	QL
EDURANT	4	QL
efavirenz	2	QL
efavirenz-emtricitab-tenofo df	2	QL
efavirenz-lamivudine-tenofovir	3	QL
etravirine	4	QL
INTELENCE ORAL TABLET 25 MG	4	QL
nevirapine	2	QL
nevirapine er	2	QL
<b>Anti-HIV agents, nucleoside and nucleotide reverse transcriptase inhibitors (NRTI)</b>		
abacavir sulfate oral solution	3	QL
abacavir sulfate oral tablet	2	QL
abacavir sulfate-lamivudine	2	QL
emtricitabine	3	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	2	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	2	QL; \$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection.
lamivudine oral solution	2	QL
lamivudine oral tablet 150 mg, 300 mg	2	QL
lamivudine-zidovudine	2	QL
ODEFSEY	4	QL

Drug name	Tier	Notes
tenofovir disoproxil fumarate	2	QL; \$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection.
TRIUMEQ	4	QL
zidovudine	2	QL
<b>Anti-HIV agents, other</b>		
maraviroc	2	QL
<b>Anti-HIV agents, protease inhibitors</b>		
APTIVUS	4	QL
atazanavir sulfate	2	QL
darunavir	2	QL
EVOTAZ	4	QL
fosamprenavir calcium	4	QL
lopinavir-ritonavir	2	QL
NORVIR ORAL PACKET	4	QL
PREZISTA ORAL SUSPENSION	4	QL
REYATAZ ORAL PACKET	4	QL
ritonavir	2	QL
VIRACEPT	4	QL
<b>Anti-influenza agents</b>		
oseltamivir phosphate oral	2	QL
rimantadine hcl	3	
<b>Anxiolytics</b>		
<b>Anxiolytics, other</b>		
bupirone hcl oral	2	
hydroxyzine hcl oral	2	
hydroxyzine pamoate oral	2	
<b>Benzodiazepines</b>		
alprazolam oral tablet	2	QL
chlordiazepoxide hcl	2	
clonazepam oral tablet	2	QL
diazepam intensol	2	QL
diazepam oral concentrate	2	QL
diazepam oral solution	2	
diazepam oral tablet	2	QL
lorazepam intensol	2	QL
lorazepam oral concentrate 2 mg/ml	2	QL
lorazepam oral tablet	2	QL
oxazepam	2	
<b>Bipolar agents</b>		
<b>Mood stabilizers</b>		
divalproex sodium er	2	
divalproex sodium oral	2	
lithium	2	

KEY: **7D** ..... 7 day limit  
**MME** ..... Morphine milligram equivalent  
**PA** ..... Prior authorization required  
**PRV-A** ..... Preventive medication within a certain age range

**PRV\*** ..... Preventive medication within certain requirements  
**QL** ..... Quantity limit  
**SP** ..... Specialty medication  
**ST** ..... Step therapy

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

Drug name	Tier	Notes
ONETOUCH DELICA SAFETY LANCING	3	QL
ONETOUCH ULTRA TEST STRIPS	3	QL
ONETOUCH ULTRA 2 KIT W/DEVICE	3	QL
ONETOUCH ULTRA TEST STRIPS	3	QL
ONETOUCH VERIO FLEX SYSTEM KIT	3	QL
ONETOUCH VERIO IN VITRO LIQUID HIGH	3	QL
ONETOUCH VERIO TEST STRIPS	3	QL
PERFECT POINT SAFETY LANCETS	3	QL
TECHLITE LANCETS 26G	3	QL
VERIFINE SAFE LANCET MINI 21G	3	QL
VERIFINE SAFE LANCET MINI 23G	3	QL
VERIFINE SAFE LANCET MINI 28G	3	QL
VERIFINE SAFE LANCET MINI 30G	3	QL
VIVAGUARD LANCETS 30G	3	QL
VIVAGUARD LANCING DEVICE	3	
VIVAGUARD SAFETY LANCETS 28G	3	QL
<b>Blood glucose regulators</b>		
<b>Antidiabetic agents</b>		
acarbose oral	2	QL
BYDUREON BCISE AUTOINJECTOR	3	PA; QL
FARXIGA	3	QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	2	QL
glipizide er	2	QL
glipizide ir	2	QL
glipizide xl	2	QL
glipizide-metformin hcl	3	QL
glyburide oral	2	QL
glyburide-metformin	2	QL
JARDIANCE	3	QL
JENTADUETO	3	QL
JENTADUETO XR	3	QL
metformin hcl er	2	QL
metformin hcl oral solution	4	QL
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	2	QL
MOUNJARO	3	PA; QL
OZEMPIC	3	PA; QL
pioglitazone hcl	2	QL
pioglitazone hcl-metformin hcl	3	QL
repaglinide	2	QL
RYBELSUS	3	PA; QL
saxagliptin hcl	3	QL
SYNJARDY	3	QL
SYNJARDY XR	3	QL
TRADJENTA	3	QL
TRULICITY	3	PA; QL
XIGDUO XR	3	QL

KEY: **7D** ..... 7 day limit

**MME** ..... Morphine milligram equivalent

**PA** ..... Prior authorization required

**PRV-A** ..... Preventive medication within a certain age range

**PRV\*** ..... Preventive medication within certain requirements

**QL** ..... Quantity limit

**SP** ..... Specialty medication

**ST** ..... Step therapy



Drug name	Tier	Notes
<b>Glycemic agents</b>		
BAQSIMI ONE PACK	1	QL
BAQSIMI TWO PACK	1	QL
diazoxide oral	4	
glucagon emergency kit	1	QL
GLUCAGON EMERGENCY KIT	1	QL
GLUCO TO GO	3	
GVOKE HYOPEN 1-PACK	1	QL
GVOKE HYOPEN 2-PACK	1	QL
GVOKE KIT	1	QL
GVOKE PFS	1	QL
ZEGALOGUE	1	QL
<b>Insulins</b>		
BASAGLAR KWIKPEN	3	QL
HUMALOG	3	QL
HUMALOG KWIKPEN	3	QL
HUMALOG MIX 50/50 KWIKPEN	3	QL
HUMALOG MIX 50/50 VIAL	3	QL
HUMALOG MIX 75/25 KWIKPEN	3	QL
HUMALOG MIX 75/25 VIAL	3	QL
HUMALOG U-100 JUNIOR KWIKPEN	3	QL
HUMULIN 70/30 KWIKPEN	3	QL
HUMULIN 70/30 VIAL	3	QL
HUMULIN N KWIKPEN	3	QL
HUMULIN N VIAL	3	QL
HUMULIN R U-500 KWIKPEN	3	QL
HUMULIN R U-500 VIAL	3	QL
HUMULIN R VIAL	3	QL
INSULIN ASPART PROT & ASPART	3	QL
INSULIN DEGLUDEC	3	QL
INSULIN DEGLUDEC FLEXTOUCH	3	QL
INSULIN LISPRO	3	QL
INSULIN LISPRO (1 UNIT DIAL)	3	QL
INSULIN LISPRO JUNIOR KWIKPEN	3	QL
INSULIN LISPRO PROT & LISPRO	3	QL
LEVEMIR FLEXPEN	3	QL
LEVEMIR U-100 VIAL	3	QL
REZVOGLAR KWIKPEN	3	QL
TRESIBA	3	QL
TRESIBA FLEXTOUCH	3	QL
<b>Blood products and modifiers</b>		
<b>Anticoagulants</b>		
ELIQUIS	3	QL
ELIQUIS DVT/PE STARTER PACK	3	QL
fondaparinux sodium	4	QL
heparin sodium (porcine)	2	
heparin sodium (porcine) pf	2	
jantoven	2	
warfarin sodium oral	2	
XARELTO	3	QL
XARELTO STARTER PACK	3	QL
<b>Blood formation modifiers</b>		

Drug name	Tier	Notes
anagrelide hcl	4	
plerixafor	5	SP
PROMACTA	5	PA; QL; SP
RETACRIT	4	QL; SP
ZARXIO	5	SP
<b>Hemostasis agents</b>		
aminocaproic acid oral	4	
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 5000 UNIT	4	
RECOTHROM SPRAY KIT	4	
THROMBIN-JMI EPISTAXIS	4	
THROMBIN-JMI EXTERNAL KIT	4	
tranexamic acid oral	3	QL
<b>Platelet modifying agents</b>		
aspirin-dipyridamole er	4	QL
BRILINTA	4	QL
cilostazol	2	
clopidogrel bisulfate oral	2	QL
dipyridamole oral	2	
prasugrel hcl	2	QL
<b>Cardiovascular agents</b>		
<b>Alpha-adrenergic agonists</b>		
clonidine hcl oral	2	
guanfacine hcl	2	QL
METHYLDOPA	2	
midodrine hcl	2	
<b>Alpha-adrenergic blocking agents</b>		
doxazosin mesylate oral	2	
phenoxybenzamine hcl oral	4	
prazosin hcl oral	2	
<b>Angiotensin II receptor antagonists</b>		
irbesartan	2	QL
losartan potassium oral	2	QL
olmesartan medoxomil oral	2	QL
valsartan oral tablet	2	QL
<b>Angiotensin-converting enzyme (ACE) inhibitors</b>		
benazepril hcl oral	2	QL
enalapril maleate oral tablet	2	QL
lisinopril oral	2	QL
<b>Antiarrhythmics</b>		
amiodarone hcl oral	2	
disopyramide phosphate	3	
dofetilide	4	QL
flecainide acetate	2	
MULTAQ	4	PA; QL
NORPACE CR	3	
propafenone hcl	2	
propafenone hcl er	4	
quinidine gluconate er	2	
quinidine sulfate	2	
sotalol hcl (af)	2	
sotalol hcl oral	2	

KEY: **7D** ..... 7 day limit  
**MME** ..... Morphine milligram equivalent  
**PA** ..... Prior authorization required  
**PRV-A** ..... Preventive medication within a certain age range

**PRV\*** ..... Preventive medication within certain requirements  
**QL** ..... Quantity limit  
**SP** ..... Specialty medication  
**ST** ..... Step therapy

Drug name	Tier	Notes
SOTYLIZE	4	PA
<b>Beta-adrenergic blocking agents</b>		
atenolol oral	2	
bisoprolol fumarate oral	2	
carvedilol	2	
labetalol hcl oral	2	
metoprolol succinate er	2	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	2	
propranolol hcl oral	2	
<b>Calcium channel blocking agents</b>		
amlodipine besylate oral	2	
cartia xt	2	
diltiazem hcl er beads	2	
diltiazem hcl er coated beads	2	
diltiazem hcl er oral capsule extended release 12 hour	3	
diltiazem hcl er oral capsule extended release 24 hour	2	
diltiazem hcl er oral tablet extended release 24 hour	3	
diltiazem hcl oral	2	
dilt-xr	2	
felodipine er	2	
matzim la	3	
nimodipine oral	4	
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	
<b>Cardiovascular agents, other</b>		
amiloride-hydrochlorothiazide	2	
amlodipine besylate-benazepril hcl	2	QL
amlodipine besylate-valsartan	3	QL
atenolol-chlorthalidone	2	
benazepril-hydrochlorothiazide	3	QL
bisoprolol-hydrochlorothiazide	2	QL
candesartan cilexetil-hctz	3	QL
digoxin oral solution	3	
digoxin oral tablet 125 mcg, 250 mcg	2	
digoxin oral tablet 62.5 mcg	4	
EDARBYCLOR	4	QL
enalapril-hydrochlorothiazide	2	QL
ENTRESTO	4	PA; QL
irbesartan-hydrochlorothiazide	2	QL
isosorb dinitrate-hydralazine	3	QL
lisinopril-hydrochlorothiazide	2	QL
losartan potassium-hctz	2	QL
olmesartan medoxomil-hctz	2	QL
pentoxifylline er	2	
spironolactone-hctz	2	

Drug name	Tier	Notes
telmisartan-hctz	3	QL
triamterene-hctz	2	
valsartan-hydrochlorothiazide	2	QL
<b>Diuretics, carbonic anhydrase inhibitors</b>		
acetazolamide er	3	
acetazolamide oral	3	
methazolamide oral	4	
<b>Diuretics, loop</b>		
bumetanide oral	2	
furosemide oral	2	
toremide	2	
<b>Diuretics, potassium-sparing</b>		
amiloride hcl oral	2	
eplerenone	3	
spironolactone oral tablet	2	
<b>Diuretics, thiazide</b>		
chlorthalidone	2	
hydrochlorothiazide oral	2	
indapamide	2	
metolazone	2	
<b>Dyslipidemics, fibric acid derivatives</b>		
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	
<b>Dyslipidemics, HMG COA reductase inhibitors</b>		
atorvastatin calcium oral tablet 10 mg, 20 mg	2	QL; \$0 Copay for members between ages 40 to 75 years.
atorvastatin calcium oral tablet 40 mg, 80 mg	2	QL
fluvastatin sodium	3	QL; \$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.
lovastatin oral	2	QL; \$0 Copay for members between ages 40 to 75 years.
pravastatin sodium	2	QL; \$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.

KEY: **7D** ..... 7 day limit  
**MME** ..... Morphine milligram equivalent  
**PA** ..... Prior authorization required  
**PRV-A** ..... Preventive medication within a certain age range

**PRV\*** ..... Preventive medication within certain requirements  
**QL** ..... Quantity limit  
**SP** ..... Specialty medication  
**ST** ..... Step therapy

Drug name	Tier	Notes
rosuvastatin calcium oral tablet 10 mg, 5 mg	2	QL; \$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.
rosuvastatin calcium oral tablet 20 mg, 40 mg	2	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	2	QL; \$0 Copay for members between ages 40 to 75 years.
simvastatin oral tablet 80 mg	2	QL
<b>Dyslipidemics, other</b>		
cholestyramine light	3	
cholestyramine oral	3	
colesevelam hcl	3	
colestipol hcl oral tablet	2	
ezetimibe	2	QL
prevalite	3	
REPATHA	4	PA; QL
REPATHA PUSHTRONEX SYSTEM	4	PA; QL
REPATHA SURECLICK	4	PA; QL
<b>Vasodilators, direct-acting arterial/venous</b>		
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 sublingual	2	
nitroglycerin transdermal	2	
<b>Vasodilators, direct-acting arterial</b>		
hydralazine hcl oral	2	
minoxidil oral	2	
<b>Central nervous system agents</b>		
<b>Attention deficit hyperactivity disorder agents, amphetamines</b>		
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
<b>Attention deficit hyperactivity disorder agents, non-amphetamines</b>		
atomoxetine hcl	3	QL
clonidine hcl er oral tablet extended release 12 hour	3	
dexmethylphenidate hcl	2	PA; QL

Drug name	Tier	Notes
methylphenidate hcl er oral tablet extended release	3	PA; QL
methylphenidate hcl oral tablet	2	PA; QL
<b>Central nervous system, other</b>		
caffeine citrate oral	2	
DAYBUE	5	PA; QL; SP
riluzole	4	SP
tetrabenazine	5	PA; QL; SP
<b>Fibromyalgia agents</b>		
pregabalin oral capsule	2	QL
<b>Multiple sclerosis agents</b>		
AVONEX PEN	5	PA; QL; SP
AVONEX PREFILLED	5	PA; QL; SP
BETASERON	5	PA; QL; SP
dalfampridine er	4	PA; QL; SP
dimethyl fumarate oral	4	PA; QL; SP
dimethyl fumarate starter pack	4	PA; QL; SP
fingolimod hcl	5	PA; QL; SP
glatiramer acetate	4	PA; QL; SP
glatopa	4	PA; QL; SP
teriflunomide	5	PA; QL; SP
<b>Dental and oral agents</b>		
chlorhexidine gluconate mouth/throat	2	
kourzeq	2	
oralone	2	
periogard	2	
triamcinolone acetonide mouth/throat	2	
<b>Dermatological agents</b>		
accutane	4	
acitretin	4	
adapalene external cream	4	PA; QL
adapalene external gel	4	PA; QL
ammonium lactate external cream	2	
amnestem	4	
azelaic acid external	4	QL
benzoyl peroxide-erythromycin	3	QL
calcipotriene external cream	4	QL
calcipotriene external ointment	4	QL
calcipotriene external solution	3	QL
calcitriol external	4	QL
claravis	4	
CLINDACIN ETZ EXTERNAL KIT	2	QL
clindacin etz external swab	2	QL
clindacin-p	2	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phosphate external gel	3	QL
clindamycin phosphate external lotion	3	QL
clindamycin phosphate external solution	2	QL

KEY: **7D** .....7 day limit  
**MME** .....Morphine milligram equivalent  
**PA** .....Prior authorization required  
**PRV-A** .....Preventive medication within a certain age range

**PRV\*** .....Preventive medication within certain requirements  
**QL** .....Quantity limit  
**SP** .....Specialty medication  
**ST** .....Step therapy

Drug name	Tier	Notes
clindamycin phosphate external swab	2	QL
DUPIXENT	5	PA; QL; SP
ery pad 2%	2	
erythromycin external	3	
ESKATA	3	
imiquimod external cream 5 %	2	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	
ivermectin external cream	4	QL
metronidazole external cream	3	
metronidazole external gel 0.75 %	3	
metronidazole external lotion	3	
podofilox external solution	2	
REGRANEX	3	PA; QL
selenium sulfide external lotion	2	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA; QL; SP
STELARA SUBCUTANEOUS	5	PA; QL; SP
sulfacetamide sodium (acne)	4	
tacrolimus external	4	ST; QL
tazarotene external cream 0.1 %	4	PA; QL
tazarotene external gel	4	PA; QL
tretinoin external cream	3	PA; QL
zenatane	4	
<b>Electrolytes/minerals/metals/vitamins</b>		
<b>Electrolyte/mineral replacement</b>		
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	
effer-k oral tablet effervescent 25 meq	2	
GALZIN	4	
klor-con 10	2	
klor-con m10	2	
klor-con m15	2	
klor-con m20	2	
klor-con oral packet	4	
klor-con oral tablet extended release	2	
klor-con/ef	2	
k-prime	2	
levocarnitine oral solution	3	
levocarnitine oral tablet	2	
levocarnitine sf	3	
potassium chloride crys er	2	
potassium chloride er	2	
potassium chloride oral packet	4	
potassium chloride oral solution	2	
potassium citrate er	3	
sodium fluoride oral	1	\$0 Copay for members ages 0 to 16 years.
<b>Electrolyte/mineral/metal modifiers</b>		
CHEMET	3	

Drug name	Tier	Notes
deferasirox oral tablet	4	PA; SP
deferasirox oral tablet soluble	4	PA; SP
sodium polystyrene sulfonate	2	
SPS	3	
<b>Phosphate binders</b>		
AURYXIA	4	SP
calcium acetate (phos binder)	2	
calcium acetate oral tablet 667 mg	2	
sevelamer carbonate oral packet	4	
sevelamer carbonate oral tablet	3	
<b>Vitamins</b>		
ATABEX OB	2	
cyanocobalamin injection solution 1000 mcg/ml	2	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	2	
DODEX	3	
ergocalciferol oral capsule	2	
folic acid oral tablet 1 mg	2	
folic acid oral tablet 400 mcg, 800 mcg	1	
ft folic acid	1	
M-NATAL PLUS	2	
NEONATAL COMPLETE	2	
NEONATAL PLUS	2	
ONE VITE WOMENS PLUS	2	
phytonadione oral	4	QL
pnv prenatal plus multivit+dha	2	
prenatal oral tablet 27-1 mg	2	
prenatal plus vitamin/mineral	2	
PRENATRIX	2	
PRENATRYL	2	
TRINATE	2	
TRUE FOLIC ACID ORAL TABLET 1 MG	2	
TRUE FOLIC ACID ORAL TABLET 400 MCG	1	
VINATE ONE ORAL TABLET 60-1 MG	2	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	2	
VITATHELY WITH GINGER	2	
WESNATAL DHA COMPLETE	2	
WESTAB PLUS	2	
<b>Gastrointestinal agents</b>		
<b>Antispasmodics, gastrointestinal</b>		
dicyclomine hcl oral capsule	2	
dicyclomine hcl oral solution	3	
dicyclomine hcl oral tablet	2	
glycopyrrolate oral tablet 1 mg, 2 mg	2	
<b>Gastrointestinal agents, other</b>		
alvimopan	4	
cromolyn sodium oral	4	

KEY: **7D** ..... 7 day limit  
**MME** ..... Morphine milligram equivalent  
**PA** ..... Prior authorization required  
**PRV-A** ..... Preventive medication within a certain age range

**PRV\*** ..... Preventive medication within certain requirements  
**QL** ..... Quantity limit  
**SP** ..... Specialty medication  
**ST** ..... Step therapy

Drug name	Tier	Notes
diphenoxylate-atropine oral tablet	2	
loperamide hcl oral capsule	2	
opium	4	QL
SYMPROIC	3	PA; QL
ursodiol oral capsule 300 mg	2	
ursodiol oral tablet	2	
<b>Histamine2 (H2) receptor antagonists</b>		
cimetidine hcl	2	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	2	
famotidine oral suspension reconstituted	3	
famotidine oral tablet 20 mg, 40 mg	2	
<b>Irritable bowel syndrome agents</b>		
LINZESS	3	PA; QL
lubiprostone	4	QL
<b>Laxatives</b>		
bisacodyl ec	1	QL
bisacodyl oral	1	QL
citroma	1	QL
clearlax	1	QL
CLENPIQ	4	\$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
constulose	2	
enulose	2	
FRESKARO MAGNESIUM CITRATE	1	QL
ft clearlax	1	QL
ft laxative	1	QL
ft magnesium citrate	1	QL
gavilax oral powder	1	QL
gavilyte-c	2	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
gavilyte-g	2	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.

Drug name	Tier	Notes
gavilyte-n with flavor pack	2	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
generlac	2	
gentle laxative oral tablet delayed release	1	QL
gentlelax	1	QL
glycolax	1	QL
lactulose encephalopathy oral solution 10 gm/15ml	2	
lactulose oral solution	2	
magnesium citrate oral solution	1	QL
mm clearlax	1	QL
na sulfate-k sulfate-mg sulf	4	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
ONELAX MAGNESIUM CITRATE	1	QL
peg 3350-kcl-na bicarb-nacl	2	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
peg-3350/electrolytes	2	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
peg-3350/electrolytes/ascorbat	4	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
peg-kcl-nacl-nasulf-na asc-c	4	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.

KEY: **7D** ..... 7 day limit  
**MME** ..... Morphine milligram equivalent  
**PA** ..... Prior authorization required  
**PRV-A** ..... Preventive medication within a certain age range

**PRV\*** ..... Preventive medication within certain requirements  
**QL** ..... Quantity limit  
**SP** ..... Specialty medication  
**ST** ..... Step therapy

Drug name	Tier	Notes
PLENVU	4	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
polyethylene glycol 3350 oral powder	1	QL
TRUE LAXATIVE	1	QL
<b>Protectants</b>		
misoprostol oral	2	
sucalfate oral suspension	4	PA
sucalfate oral tablet	2	
<b>Proton pump inhibitors</b>		
esomeprazole magnesium oral capsule delayed release	2	QL
ft acid reducer oral capsule delayed release 15 mg	2	QL
lansoprazole oral capsule delayed release	2	QL
omeprazole oral capsule delayed release 10 mg	2	QL
omeprazole oral capsule delayed release 20 mg, 40 mg	2	
pantoprazole sodium oral tablet delayed release	2	QL
rabeprazole sodium oral tablet delayed release	3	QL
sm lansoprazole	2	QL
<b>Genetic or enzyme disorder: replacement, modifiers, treatment</b>		
betaine	5	SP
CYSTAGON	5	SP
sapropterin dihydrochloride	5	PA; QL; SP
ZENPEP	3	
<b>Genitourinary agents</b>		
<b>Antispasmodics, urinary</b>		
oxybutynin chloride er	2	QL
oxybutynin chloride oral solution	2	
oxybutynin chloride oral tablet 5 mg	2	
solifenacin succinate	2	QL
tolterodine tartrate	3	
<b>Benign prostatic hypertrophy agents</b>		
alfuzosin hcl er	2	
finasteride oral tablet 5 mg	2	
tamsulosin hcl	2	
terazosin hcl	2	
<b>Genitourinary agents, other</b>		
bethanechol chloride oral	2	
ELMIRON	3	
ENCARE	1	QL
OPTIONS GYNOL II CONTRACEPTIVE	1	

Drug name	Tier	Notes
penicillamine oral	5	SP
phenazo oral tablet 200 mg	2	
phenazopyridine hcl oral tablet 100 mg, 200 mg	2	
VCF VAGINAL CONTRACEPTIVE	1	
<b>Hormonal agents, stimulant/replacement/modifying (adrenal)</b>		
ALA SCALP	4	
alclometasone dipropionate	2	
betamethasone dipropionate aug	3	
betamethasone dipropionate external	3	
betamethasone valerate external cream	3	
betamethasone valerate external lotion	3	
betamethasone valerate external ointment	3	
clobetasol propionate e	4	QL
clobetasol propionate external cream	3	QL
clobetasol propionate external gel	3	QL
clobetasol propionate external ointment	3	QL
clobetasol propionate external solution	2	QL
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	
fludrocortisone acetate oral	2	
fluocinolone acetonide body	3	QL
fluocinolone acetonide external	3	QL
fluocinolone acetonide scalp	3	QL
fluocinonide emulsified base	3	QL
fluocinonide external cream 0.05 %	3	QL
fluocinonide external gel	3	QL
fluocinonide external ointment	3	QL
fluocinonide external solution	3	QL
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	

KEY: 7D ..... 7 day limit

MME ..... Morphine milligram equivalent

PA ..... Prior authorization required

PRV-A ..... Preventive medication within a certain age range

PRV\* ..... Preventive medication within certain requirements

QL ..... Quantity limit

SP ..... Specialty medication

ST ..... Step therapy

Drug name	Tier	Notes
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 sodium phosphate oral solution	2	
prednisone intensol	3	
prednisone oral solution	3	
prednisone oral tablet	2	
prednisone oral tablet therapy pack	2	
TEXACORT	3	
triamcinolone acetonide external cream	2	QL
triamcinolone acetonide external lotion	2	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	2	
triderm	2	QL
<b>Hormonal agents, stimulant/replacement/modifying (pituitary)</b>		
cabergoline	2	
desmopressin ace spray refrig	3	
desmopressin acetate injection	4	
desmopressin acetate oral	2	
desmopressin acetate pf	4	
desmopressin acetate spray	3	
INCRELEX	5	PA; QL; SP
OMNITROPE	4	PA; QL; SP
<b>Hormonal agents, stimulant/replacement/modifying (prostaglandins)</b>		
MIFEPREX	3	
mifepristone oral tablet 200 mg	2	
PREPIDIL	4	
<b>Hormonal agents, stimulant/replacement/modifying (sex hormones/modifiers)</b>		
<b>Androgens</b>		
ANDRODERM	3	PA; QL
danazol oral	3	
methyltestosterone oral	4	
testosterone cypionate intramuscular	2	PA
testosterone enanthate intramuscular	2	PA
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 50 mg/5gm (1%)	3	PA; QL
<b>Estrogens</b>		
afirmelle	1	
altavera	1	
alyacen 1/35	1	
alyacen 7/7/7	1	

Drug name	Tier	Notes
amethyst	1	
ANNOVERA	1	QL
apri	1	
aranelle	1	
ashlyna	1	
aubra eq	1	
aurovela 1.5/30	1	
aurovela 1/20	1	
aurovela 24 fe	1	
aurovela fe 1.5/30	1	
aurovela fe 1/20	1	
aviane	1	
ayuna	1	
azurette	1	
balziva	1	
BIJUVA ORAL CAPSULE 0.5-100 MG	4	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
blisovi fe 1/20	1	
briellyn	1	
camrese	1	
camrese lo	1	
charlotte 24 fe	1	
chateal eq	1	
CLIMARA PRO	4	QL
cryselle-28	1	
cyred eq	1	
dasetta 1/35	1	
dasetta 7/7/7	1	
daysee	1	
delyla	1	
desogestrel-ethinyl estradiol	1	
dolishale	1	
drospiren-eth estrad-levomefol	1	
drospirenone-ethinyl estradiol	1	
elinest	1	
eluryng	1	
enilloring	1	
enpresse-28	1	
enskyce	1	
estarylla	1	
estradiol oral	2	
estradiol transdermal patch weekly	2	QL
estradiol vaginal cream	3	
estradiol vaginal tablet	3	QL
estradiol valerate intramuscular	2	
estradiol-norethindrone acet	3	
ethynodiol diac-eth estradiol	1	
etonogestrel-ethinyl estradiol	1	
falmina	1	
finzala	1	
fyavolv	3	

KEY: 7D .....7 day limit

MME .....Morphine milligram equivalent

PA .....Prior authorization required

PRV-A .....Preventive medication within a certain age range

PRV\* .....Preventive medication within certain requirements

QL .....Quantity limit

SP .....Specialty medication

ST .....Step therapy

Drug name	Tier	Notes
gemmily	1	
hailey 1.5/30	1	
hailey 24 fe	1	
hailey fe 1.5/30	1	
hailey fe 1/20	1	
haloette	1	
iclevia	1	
introvale	1	
isibloom	1	
jaimiess	1	
jasmiel	1	
jinteli	3	
jolessa	1	
joyeaux	1	
juleber	1	
junel 1.5/30	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
junel fe 24	1	
kaitlib fe	1	
kalliga	1	
kariva	1	
kelnor 1/35	1	
kelnor 1/50	1	
kurvelo	1	
larin 1.5/30	1	
larin 1/20	1	
larin 24 fe	1	
larin fe 1.5/30	1	
larin fe 1/20	1	
layolis fe	1	
leena	1	
lessina	1	
levonest	1	
levonorgest-eth est & eth est	1	
levonorgest-eth estrad 91-day	1	
levonorgest-eth estradiol-iron	1	
levonorgestrel-ethinyl estrad	1	
levonorg-eth estrad triphasic	1	
levora 0.15/30 (28)	1	
LO LOESTRIN FE	1	
lojaimiess	1	
loryna	1	
low-ogestrel	1	
lo-zumandimine	1	
luteru	1	
marlissa	1	
merzee	1	
mibelas 24 fe	1	
microgestin 1.5/30	1	
microgestin 1/20	1	

Drug name	Tier	Notes
microgestin 24 fe oral tablet 1-20 mg-mcg	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
mili	1	
mimvey	3	
mono-lynyah	1	
NATAZIA	1	
necon 0.5/35 (28)	1	
NEXTSTELLIS	1	
nikki	1	
norelgestromin-eth estradiol	1	
norethin ace-eth estrad-fe	1	
norethindrone acet-ethinyl est	1	
norethindrone-eth estradiol	3	
norethindron-ethinyl estrad-fe	1	
norethin-eth estradiol-fe	1	
norgestimate-eth estradiol	1	
norgestimate-ethinyl estradiol triphasic	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
nortrel 7/7/7	1	
nylia 1/35	1	
nylia 7/7/7	1	
nymyo oral tablet 0.25-35 mg-mcg	1	
ocella	1	
philith	1	
pimtrea	1	
portia-28	1	
reclipsen	1	
rivelsa	1	
setlakin	1	
simliya	1	
simpesse	1	
sprintec 28	1	
sronyx	1	
syeda	1	
tarina 24 fe	1	
tarina fe 1/20 eq	1	
taysofy	1	
tilia fe	1	
tri-estarylla	1	
tri-legest fe	1	
tri-lynyah	1	
tri-lo-estarylla	1	
tri-lo-marzia	1	
tri-lo-mili	1	
tri-lo-sprintec	1	
tri-mili	1	

KEY: **7D** ..... 7 day limit

**MME** ..... Morphine milligram equivalent

**PA** ..... Prior authorization required

**PRV-A** ..... Preventive medication within a certain age range

**PRV\*** ..... Preventive medication within certain requirements

**QL** ..... Quantity limit

**SP** ..... Specialty medication

**ST** ..... Step therapy



Drug name	Tier	Notes
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	
tri-sprintec	1	
trivora (28)	1	
tri-vylibra	1	
tri-vylibra lo	1	
turqoz	1	
TWIRLA	1	
TYBLUME	1	
tydemy	1	
velivet	1	
vestura	1	
vienva	1	
viorele	1	
volnea	1	
vyfemla	1	
vylibra	1	
wera	1	
wymzya fe	1	
xulane	1	
yuvafem	3	QL
zafemy	1	
zovia 1/35 (28)	1	
zumandimine	1	
<b>Progestins</b>		
aftera	1	
camila	1	
curae	1	
deblitane	1	
DEPO-SUBQ PROVERA 104	1	QL; Available under pharmacy or medical benefit
econtra one-step	1	
ELLA	1	QL
emzahh	1	
errin	1	
heather	1	
her style	1	
incassia	1	
jencycla	1	
KYLEENA	1	Available under pharmacy or medical benefit
levonorgestrel	1	
LILETTA (52 MG)	1	Available under pharmacy or medical benefit
lyleq	1	
lyza	1	
medroxyprogesterone acetate intramuscular suspension	1	QL; Available under pharmacy or medical benefit

Drug name	Tier	Notes
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	Available under pharmacy or medical benefit
medroxyprogesterone acetate oral	2	
megestrol acetate oral suspension 40 mg/ml	2	
megestrol acetate oral suspension 625 mg/5ml	4	
megestrol acetate oral tablet	2	
MIRENA (52 MG)	1	Available under pharmacy or medical benefit
my choice	1	
my way	1	
new day	1	
NEXPLANON	1	QL; Available under pharmacy or medical benefit
nora-be	1	
norethindrone acetate oral	2	
norethindrone oral	1	
norlyroc	1	
opcicon one-step	1	
OPILL	1	
option 2	1	
PLAN B ONE-STEP	1	
progesterone intramuscular	2	
progesterone oral	2	
react	1	
sharobel	1	
SKYLA	1	Available under pharmacy or medical benefit
take action	1	
<b>Selective estrogen receptor modifying agents</b>		
OSPHENA	4	PA; QL
rалoxifene hcl	2	QL; \$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
<b>Hormonal agents, stimulant/replacement/modifying (thyroid)</b>		
ARMOUR THYROID	4	
euthyrox	2	
levo-t	2	
levothyroxine sodium oral tablet	2	
levoxyl	2	
liothyronine sodium oral	2	
NIVA THYROID	4	
np thyroid	4	

KEY: **7D** ..... 7 day limit  
**MME** ..... Morphine milligram equivalent  
**PA** ..... Prior authorization required  
**PRV-A** ..... Preventive medication within a certain age range

**PRV\*** ..... Preventive medication within certain requirements  
**QL** ..... Quantity limit  
**SP** ..... Specialty medication  
**ST** ..... Step therapy

Drug name	Tier	Notes
thyroid oral	4	
unithroid	2	
<b>Hormonal agents, suppressant (adrenal)</b>		
LYSODREN	4	
<b>Hormonal agents, suppressant (pituitary)</b>		
leuprolide acetate injection	4	PA; SP
octreotide acetate	4	PA; SP
SYNAREL	3	
<b>Hormonal agents, suppressant (thyroid)</b>		
<b>Antithyroid agents</b>		
methimazole oral	2	
propylthiouracil oral	2	
<b>Immunological agents</b>		
<b>Angioedema agents</b>		
HAEGARDA	5	PA; QL; SP
icatibant acetate	4	PA; QL; SP
sajazir	4	PA; QL; SP
<b>Immune suppressants</b>		
ADALIMUMAB-ADAZ	5	PA; QL; SP
ADALIMUMAB-ADBM (2 PEN)	5	PA; QL; SP
ADALIMUMAB-ADBM (2 SYRINGE)	5	PA; QL; SP
ADALIMUMAB-ADBM(CD/UC/HS STRT)	5	PA; SP
ADALIMUMAB-ADBM(PS/UV STARTER)	5	PA; SP
AMJEVITA FOR NUVAILA	5	PA; SP
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	5	PA; QL; SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; QL; SP
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	5	PA; QL; SP
azathioprine oral tablet 50 mg	2	
CIMZIA	5	PA; QL; SP
CIMZIA (2 SYRINGE)	5	PA; QL; SP
CIMZIA STARTER KIT	5	PA; QL; SP
cyclosporine modified	2	
cyclosporine oral	3	
gengraf	3	
HADLIMA	5	PA; QL; SP
HADLIMA PUSH TOUCH	5	PA; QL; SP
HUMIRA (2 PEN)	5	PA; QL; SP
HUMIRA (2 SYRINGE)	5	PA; QL; SP
HUMIRA-CD/UC/HS STARTER	5	PA; SP
HUMIRA-PSORIASIS/UVEIT STARTER	5	PA; QL; SP
methotrexate sodium	2	
methotrexate sodium (pf)	2	
mycophenolate mofetil oral capsule	3	
mycophenolate mofetil oral tablet	3	
mycophenolate sodium	4	

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

KEY: **7D** ..... 7 day limit  
**MME** ..... Morphine milligram equivalent  
**PA** ..... Prior authorization required  
**PRV-A** ..... Preventive medication within a certain age range

**PRV\*** ..... Preventive medication within certain requirements  
**QL** ..... Quantity limit  
**SP** ..... Specialty medication  
**ST** ..... Step therapy

Drug name	Tier	Notes
CAPVAXIVE	1	QL; \$0 copay for members 19 years of age or older.
COMIRNATY	1	QL; \$0 copay for members 12 years of age or older.
COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML	1	QL; \$0 copay for members 12 years of age or older.
DAPTACEL	1	QL
DENGVAIXIA	1	QL; \$0 copay for members between ages of 9 to 16 years.
ENGERIX-B	1	QL
FLUAD	1	QL; \$0 copay for members 65 years of age or older.
FLUARIX	1	QL; \$0 copay for members 6 months of age or older.
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	QL; \$0 copay for members 6 months of age or older.
FLULAVAL	1	QL; \$0 copay for members 6 months of age or older.
FLUMIST	1	QL; \$0 copay for members between ages of 2 to 49 years.
FLUMIST QUADRIVALENT NASAL SUSPENSION	1	QL; \$0 copay for members between ages of 2 to 49 years.
FLUZONE HIGH-DOSE	1	QL; \$0 copay for members 65 years of age or older.
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	QL; \$0 copay for members 6 months of age or older.
GARDASIL 9	1	QL; \$0 copay for members between ages of 9 to 45 years.
HAVRIX	1	QL
HEPLISAV-B	1	QL; \$0 copay for members 18 years of age or older.
HIBERIX	1	QL
INFANRIX	1	QL

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

KEY: **7D** ..... 7 day limit  
**MME** ..... Morphine milligram equivalent  
**PA** ..... Prior authorization required  
**PRV-A** ..... Preventive medication within a certain age range

**PRV\*** ..... Preventive medication within certain requirements  
**QL** ..... Quantity limit  
**SP** ..... Specialty medication  
**ST** ..... Step therapy

Drug name	Tier	Notes
TENIVAC	1	QL
TETANUS-DIPHTHERIA TOXOIDS TD	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.
<b>Inflammatory bowel disease agents</b>		
<b>Aminosalicylates</b>		
balsalazide disodium	3	
mesalamine er oral capsule 0.375 gm	3	QL
mesalamine oral tablet delayed release 1.2 gm	3	QL
mesalamine rectal	4	QL
mesalamine-cleanser	4	QL
<b>Glucocorticoids</b>		
ANALPRAM-HC EXTERNAL LOTION	4	
budesonide oral	4	
budesonide rectal	3	
CORTIFOAM	3	
hydrocortisone (perianal) external cream 2.5 %	2	
hydrocortisone ace-pramoxine external cream 1-1 %	3	
hydrocortisone rectal	3	
PROCTOFOAM HC	3	
procto-med hc	2	
proctosol hc	2	
proctozone-hc	2	
<b>Sulfonamides</b>		
AZULFIDINE EN-TABS	4	
sulfasalazine oral	2	
<b>Metabolic bone disease agents</b>		
alendronate sodium oral solution	3	
alendronate sodium oral tablet 10 mg, 35 mg, 70 mg	2	QL
calcitonin (salmon) nasal	2	QL
calcitriol oral capsule	2	
cinacalcet hcl	3	PA; QL
TYMLOS	5	PA; QL; SP
<b>Miscellaneous therapeutic agents</b>		
ADVOCATE INSULIN PEN NEEDLE	3	
AEROCHAMBER HOLDING CHAMBER	2	QL

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

KEY: 7D .....7 day limit

MME .....Morphine milligram equivalent

PA .....Prior authorization required

PRV-A .....Preventive medication within a certain age range

PRV\* .....Preventive medication within certain requirements

QL .....Quantity limit

SP .....Specialty medication

ST .....Step therapy

Drug name	Tier	Notes
INSULIN PEN NEEDLES 29G X 12.7MM, 29G X 12MM, 29G X 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	3	
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 1 ML	3	
methergine	4	QL
methylergonovine maleate oral	4	QL
NOVOFINE PEN NEEDLE	3	
NOVOFINE PLUS PEN NEEDLE	3	
OMNIPOD 5 G6 INTRO (GEN 5)	4	PA; QL
OMNIPOD 5 G6 PODS (GEN 5)	4	PA; QL
PARAGARD INTRAUTERINE COPPER	1	Available under pharmacy or medical benefit
PARI VORTEX ADULT MASK	2	QL
PHEXXI	1	QL
PURE COMFORT SAFETY PEN NEEDLE	3	
RAYA SURE PEN NEEDLE	3	
SAFETY PEN NEEDLES	3	
SHARPS COLLECTOR	3	
SHARPS CONTAINER	3	
TRUE COVER	1	QL
UNIFINE PROTECT PEN NEEDLE	3	
VERIFINE INSULIN PEN NEEDLE	3	
VERIFINE INSULIN SYRINGE	3	
VERIFINE PLUS PEN NEEDLE	3	
VERIFINE SHARPS CONTAINER	3	
VORTEX VALVED HOLDING CHAMBER	2	QL
WIDE-SEAL DIAPHRAGM 60	1	
WIDE-SEAL DIAPHRAGM 65	1	
WIDE-SEAL DIAPHRAGM 70	1	
WIDE-SEAL DIAPHRAGM 75	1	
WIDE-SEAL DIAPHRAGM 80	1	
WIDE-SEAL DIAPHRAGM 85	1	
WIDE-SEAL DIAPHRAGM 90	1	
WIDE-SEAL DIAPHRAGM 95	1	
<b>Ophthalmic agents</b>		
<b>Aminoglycosides</b>		
gentamicin sulfate ophthalmic	2	
neomycin-polymyxin-gramicidin	2	
tobramycin ophthalmic	2	

Drug name	Tier	Notes
tobramycin-dexamethasone	3	
<b>Antibacterials, other</b>		
bacitracin ophthalmic	3	
bacitracin-polymyxin b	2	
bacitra-neomycin-polymyxin-hc	3	
BETADINE OPHTHALMIC PREP	4	
neomycin-bacitracin zn-polymyx	2	
neomycin-polymyxin-dexameth ophthalmic ointment	2	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	2	
neomycin-polymyxin-hc ophthalmic	3	
neo-polycin	2	
neo-polycin hc	3	
polycin	2	
polymyxin b-trimethoprim	2	
<b>Antiherpetic agents</b>		
trifluridine	3	
<b>Macrolides</b>		
erythromycin ophthalmic	2	\$0 Copay once your healthcare provider confirms use is to prevent gonococcal ophthalmia neonatorum in newborns.
<b>Ophthalmic agents, other</b>		
AKTEN	4	
ALTACAINE	2	
atropine sulfate ophthalmic solution 1 %	2	
cyclopentolate hcl ophthalmic	2	
cyclosporine ophthalmic	4	PA; QL
MITOSOL	4	
proparacaine hcl ophthalmic	2	
sulfacetamide-prednisolone	2	
tetracaine hcl ophthalmic	2	
ZYLET	4	
<b>Ophthalmic anti-allergy agents</b>		
altafrin	2	
azelastine hcl ophthalmic	2	
cromolyn sodium ophthalmic	2	
CYCLOMYDRIL	4	
phenylephrine hcl ophthalmic	2	
<b>Ophthalmic antiglaucoma agents</b>		
betaxolol hcl ophthalmic	2	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	2	QL
brimonidine tartrate-timolol	3	QL
carteolol hcl	2	
dorzolamide hcl ophthalmic	2	
dorzolamide hcl-timolol mal	2	QL

KEY: **7D** ..... 7 day limit  
**MME** ..... Morphine milligram equivalent  
**PA** ..... Prior authorization required  
**PRV-A** ..... Preventive medication within a certain age range

**PRV\*** ..... Preventive medication within certain requirements  
**QL** ..... Quantity limit  
**SP** ..... Specialty medication  
**ST** ..... Step therapy

Drug name	Tier	Notes
levobunolol hcl	2	
pilocarpine hcl ophthalmic	2	
SIMBRINZA	4	QL
timolol maleate (once-daily)	2	
timolol maleate ophthalmic gel forming solution	3	
timolol maleate ophthalmic solution	2	
timolol maleate pf	3	
<b>Ophthalmic anti-inflammatories</b>		
diclofenac sodium ophthalmic	2	
fluorometholone	2	
flurbiprofen sodium	2	
ketorolac tromethamine ophthalmic	2	
LOTEMAX OPHTHALMIC OINTMENT	4	
LOTEMAX SM	4	QL
loteprednol etabonate ophthalmic suspension 0.5 %	4	QL
prednisolone acetate ophthalmic	2	
<b>Ophthalmic prostaglandin and prostamide analogs</b>		
latanoprost ophthalmic	2	
<b>Quinolones</b>		
ciprofloxacin hcl ophthalmic	2	
levofloxacin ophthalmic	2	
moxifloxacin hcl (2x day)	2	
moxifloxacin hcl ophthalmic	2	
ofloxacin ophthalmic	2	
<b>Sulfonamides</b>		
sulfacetamide sodium ophthalmic	2	
<b>Otic agents</b>		
acetic acid otic	2	
ciprofloxacin hcl otic	3	
CORTISPORIN-TC	4	
flac	3	
fluocinolone acetonide otic	3	
hydrocortisone-acetic acid	3	
neomycin-polymyxin-hc otic	2	
ofloxacin otic	2	
<b>Respiratory tract/pulmonary agents</b>		
<b>Antihistamines</b>		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	QL
clemastine fumarate oral tablet	2	
cyproheptadine hcl oral	2	
levocetirizine dihydrochloride oral tablet	2	QL
promethazine vc	2	
promethazine-phenylephrine	2	
<b>Anti-inflammatories, inhaled corticosteroids</b>		
ALVESCO	4	ST; QL
ARNUITY ELLIPTA	3	QL
ASMANEX (120 METERED DOSES)	3	QL
ASMANEX (14 METERED DOSES)	3	QL

Drug name	Tier	Notes
ASMANEX (30 METERED DOSES)	3	QL
ASMANEX (60 METERED DOSES)	3	QL
ASMANEX HFA	3	QL
BEVESPI AEROSPHERE	3	QL
brey-na	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
<b>Antileukotrienes</b>		
montelukast sodium oral	2	QL
<b>Bronchodilators, anticholinergic</b>		
ATROVENT HFA	4	QL
INCRUSE ELLIPTA	3	QL
ipratropium bromide inhalation	2	
ipratropium bromide nasal	2	
SPIRIVA HANDHALER	3	QL
SPIRIVA RESPIMAT	3	QL
tiotropium bromide monohydrate	3	QL
<b>Bronchodilators, sympathomimetic</b>		
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	1	
albuterol sulfate inhalation	1	
albuterol sulfate oral	3	
arformoterol tartrate	4	QL
epinephrine injection solution auto-injector	1	QL
formoterol fumarate inhalation	4	QL
STRIVERDI RESPIMAT	3	QL
terbutaline sulfate oral	4	
VENTOLIN HFA	1	
<b>Cystic fibrosis agents</b>		
ORKAMBI ORAL PACKET	4	PA; QL; SP
ORKAMBI ORAL TABLET	5	PA; QL; SP
PULMOZYME	5	PA; QL; SP
tobramycin nebulization solution 300 mg/5ml inhalation	4	PA; QL; SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	4	PA; QL; SP

KEY: **7D** ..... 7 day limit  
**MME** ..... Morphine milligram equivalent  
**PA** ..... Prior authorization required  
**PRV-A** ..... Preventive medication within a certain age range

**PRV\*** ..... Preventive medication within certain requirements  
**QL** ..... Quantity limit  
**SP** ..... Specialty medication  
**ST** ..... Step therapy

Drug name	Tier	Notes
<b>Mast cell stabilizers</b>		
cromolyn sodium inhalation	3	
<b>Phosphodiesterase inhibitors, airways disease</b>		
elixophyllin	3	
theophylline er	2	
theophylline oral	3	
<b>Pulmonary antihypertensives</b>		
ADEMPAS	5	PA; QL; SP
alyq	4	PA; QL; SP
ambrisentan	4	PA; QL; SP
bosentan	4	PA; QL; SP
ORENITRAM	4	PA; QL; SP
ORENITRAM MONTH 1	4	PA; QL; SP
ORENITRAM MONTH 2	4	PA; QL; SP
ORENITRAM MONTH 3	4	PA; QL; SP
sildenafil citrate oral suspension reconstituted	5	PA; QL; SP
sildenafil citrate oral tablet 20 mg	4	PA; QL; SP
tadalafil (pah)	4	PA; QL; SP
TYVASO	5	PA; QL; SP
TYVASO DPI INSTITUTIONAL KIT	5	PA; QL; SP
TYVASO DPI MAINTENANCE KIT	5	PA; QL; SP
TYVASO DPI TITRATION KIT	5	PA; QL; SP
TYVASO REFILL KIT	5	PA; QL; SP
TYVASO STARTER KIT	5	PA; QL; SP
VENTAVIS	5	PA; QL; SP
<b>Pulmonary fibrosis agents</b>		
pirfenidone	4	PA; QL; SP
<b>Respiratory tract agents, other</b>		
acetylcysteine inhalation	2	
benzonatate oral capsule 100 mg, 200 mg	2	
BREZTRI AEROSPHERE	3	QL
guaifenesin-codeine	2	PA; QL
hydrocodone bit-homatrop mbr	2	PA; QL
hydromet	2	PA; QL
HYPERSAL	3	
ipratropium-albuterol	2	
maxi-tuss ac	2	PA; QL
NEBUSAL	3	
promethazine-codeine oral solution	2	PA; QL
promethazine-dm	2	
pseudoephedrine-bromphen-dm	2	
PULMOSAL	3	
sodium chloride inhalation	2	
STIOLTO RESPIMAT	3	QL
TRELEGY ELLIPTA	3	QL
<b>Skeletal muscle relaxants</b>		
baclofen oral tablet 10 mg, 20 mg, 5 mg	2	
carisoprodol oral tablet 350 mg	2	QL
cyclobenzaprine hcl oral	2	

Drug name	Tier	Notes
dantrolene sodium oral	3	
metaxalone oral tablet 400 mg	3	
methocarbamol oral tablet 500 mg, 750 mg	2	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	2	
<b>Sleep disorder agents</b>		
<b>GABA receptor modulators</b>		
eszopiclone	2	QL
flurazepam hcl	2	QL
temazepam	2	QL
triazolam	2	QL
zolpidem tartrate er	3	QL
zolpidem tartrate oral tablet	2	QL
<b>Sleep disorders, other</b>		
doxepin hcl oral tablet	2	QL
<b>Wakefulness promoting agents</b>		
armodafinil	3	PA; QL
modafinil oral	2	PA; QL

KEY: **7D** ..... 7 day limit  
**MME** ..... Morphine milligram equivalent  
**PA** ..... Prior authorization required  
**PRV-A** ..... Preventive medication within a certain age range

**PRV\*** ..... Preventive medication within certain requirements  
**QL** ..... Quantity limit  
**SP** ..... Specialty medication  
**ST** ..... Step therapy

# Index

abacavir sulfate-lamivudine.....	15	AFLURIA PRESERVATIVE FREE .....	26	amoxicillin.....	10
abacavir sulfate oral solution.....	15	aftera.....	25	amoxicillin-potassium clavulanate.....	11
abacavir sulfate oral tablet.....	15	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML .....	13	amphetamine-dextroamphetamine...19	
abiraterone acetate.....	13	AKTEN.....	29	amphetamine-dextroamphetamine er19	
ABRYSVO.....	26	ALA SCALP.....	22	ampicillin.....	11
acamprosate calcium.....	10	albendazole oral.....	14	anagrelide hcl.....	17
acarbose oral.....	16	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation.....	30	ANALPRAM-HC EXTERNAL LOTION ..	28
ACCU-CHEK AVIVA DEVICE .....	16	ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION .....	30	anastrozole oral.....	13
ACCU-CHEK AVIVA PLUS TEST STRIPS.16		albuterol sulfate inhalation.....	30	ANDRODERM .....	23
ACCU-CHEK FASTCLIX LANCET KIT ..	16	albuterol sulfate oral.....	30	ANNOVERA.....	23
ACCU-CHEK GUIDE CONTROL .....	16	alclometasone dipropionate .....	22	aprepitant.....	12
ACCU-CHEK GUIDE KIT W/DEVICE...16		ALCOHOL PREP PADS PAD , 70 %.....	28	apri.....	23
ACCU-CHEK GUIDE TEST STRIPS.....16		ALECENSA .....	14	APTIVUS.....	15
ACCU-CHEK SMARTVIEW CONTROL ..16		alendronate sodium oral solution.....	28	AQINJECT PEN NEEDLE.....	28
ACCU-CHEK SMARTVIEW TEST STRIPS16		alendronate sodium oral tablet 10 mg, 35 mg, 70 mg.....	28	AQ INSULIN SYRINGE .....	28
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT .....	16	alfuzosin hcl er.....	22	aranelle.....	23
accutane.....	19	allopurinol oral tablet 100 mg, 300 mg	12	ARCALYST .....	26
acetaminophen-codeine.....	9	alprazolam oral tablet .....	15	AREXVY.....	26
acetazolamide er.....	18	ALTACAINE.....	29	arformoterol tartrate.....	30
acetazolamide oral.....	18	altafrin.....	29	aripiprazole oral tablet.....	14
acetic acid otic.....	30	altavera.....	23	armodafinil.....	31
acetylcysteine inhalation.....	31	ALVESCO.....	30	ARMOUR THYROID .....	25
acitretin.....	19	alvimopan.....	20	ARNUITY ELLIPTA .....	30
ACTHIB.....	26	alyacen 1/35 .....	23	ascomp-codeine.....	9
ACTIMMUNE.....	26	alyacen 7/7/7.....	23	asenapine maleate .....	14
acyclovir external ointment .....	15	alyq.....	31	ashlyna .....	23
acyclovir oral.....	15	amantadine hcl oral.....	14	ASMANEX (14 METERED DOSES).....	30
ADACEL.....	26	ambrisentan .....	31	ASMANEX (30 METERED DOSES).....	30
ADALIMUMAB-ADAZ .....	26	amethyst.....	23	ASMANEX (60 METERED DOSES).....	30
ADALIMUMAB-ADB (2 PEN).....	26	amiloride hcl oral .....	18	ASMANEX (120 METERED DOSES)....	30
ADALIMUMAB-ADB (2 SYRINGE)....	26	amiloride-hydrochlorothiazide.....	18	ASMANEX HFA .....	30
ADALIMUMAB-ADB (CD/UC/HS STRT).....	26	aminocaproic acid oral .....	17	aspirin 81 oral tablet delayed release ..	9
ADALIMUMAB-ADB (PS/UV STARTER).....	26	amiodarone hcl oral .....	17	aspirin adult low dose.....	9
adapalene external cream.....	19	amitriptyline hcl oral.....	12	aspirin adult low strength .....	9
adapalene external gel.....	19	Amjevita for Nuvaia .....	26	aspirin childrens .....	9
adefovir dipivoxil.....	14	AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML...	26	aspirin-dipyridamole er.....	17
ADEMPAS .....	31	AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML .....	26	aspirin ec adult low dose .....	9
ADVOCATE INSULIN PEN NEEDLE....	28	AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML.....	26	aspirin ec low dose.....	9
AEROCHAMBER HOLDING CHAMBER 28		amlodipine besylate-benazepril hcl...18		aspirin ec low strength.....	9
AEROCHAMBER PLS FLOVU MTHPIECE .....	28	amlodipine besylate oral .....	18	aspirin low dose.....	9
AEROCHAMBER PLUS FLO-VU INTERM .....	28	amlodipine besylate-valsartan .....	18	aspirin oral tablet chewable .....	9
AEROCHAMBER PLUS FLO-VU LARGE DEVICE.....	28	ammonium lactate external cream ...19		aspirin oral tablet delayed release 81 mg.....	9
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE .....	28	amnesteem .....	19	aspirin regimen .....	9
AEROCHAMBER PLUS FLO-VU SMALL DEVICE .....	28			ASSURE ID DUO PRO PEN NEEDLES..	28
afirmelle.....	23			ASSURE ID PRO PEN NEEDLES.....	28
AFLURIA.....	26			ATABEX OB .....	20



atorvastatin calcium oral tablet 10 mg, 20 mg.....	18	benzoyl peroxide-erythromycin.....	19	bupropion hcl er (smoking det).....	10
atorvastatin calcium oral tablet 40 mg, 80 mg.....	18	benztropine mesylate oral.....	14	bupropion hcl er (sr).....	11
atovaquone.....	14	BETADINE OPHTHALMIC PREP.....	29	bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg.....	11
atovaquone-proguanil hcl.....	14	betaine.....	22	bupropion hcl oral.....	12
atropine sulfate ophthalmic solution 1%.....	29	betamethasone dipropionate aug.....	22	bupropion hcl oral.....	15
ATROVENT HFA.....	30	betamethasone dipropionate external.....	22	butalbital-acetaminophen oral tablet 50-300 mg.....	9
aubra eq.....	23	betamethasone valerate external cream.....	22	butalbital-apap-caff-cod.....	9
AUM ALCOHOL PREP PADS.....	28	betamethasone valerate external lotion.....	22	butalbital-apap-caffeine oral capsule.....	9
AUM INSULIN SAFETY PEN NEEDLE.....	28	betamethasone valerate external ointment.....	22	butalbital-apap-caffeine oral tablet.....	9
AUM MINI INSULIN PEN NEEDLE.....	28	BETASERON.....	19	butalbital-asa-caff-codeine.....	9
AUM PEN NEEDLE.....	28	betaxolol hcl ophthalmic.....	29	butalbital-aspirin-caffeine.....	9
AUM READYGARD DUO PEN NEEDLE.....	28	bethanechol chloride oral.....	22	BYDUREON BCISE AUTOINJECTOR.....	16
AUM SAFETY PEN NEEDLE.....	28	BEVESPI AEROSPHERE.....	30	cabergoline.....	23
aurovela 1.5/30.....	23	BEXSERO.....	26	caffeine citrate oral.....	19
aurovela 1/20.....	23	BEYFORTUS.....	26	calcipotriene external cream.....	19
aurovela 24 fe.....	23	bicalutamide.....	13	calcipotriene external ointment.....	19
aurovela fe 1.5/30.....	23	BIJUVA ORAL CAPSULE 0.5-100 MG.....	23	calcipotriene external solution.....	19
aurovela fe 1/20.....	23	BIKTARVY.....	15	calcitonin (salmon) nasal.....	28
AURYXIA.....	20	bisacodyl ec.....	21	calcitriol external.....	19
AUTOLET LANCING DEVICE.....	16	bisacodyl oral.....	21	calcitriol oral capsule.....	28
aviane.....	23	bisoprolol fumarate oral.....	18	calcium acetate oral tablet 667 mg.....	20
avidoxy.....	11	bisoprolol-hydrochlorothiazide.....	18	calcium acetate (phos binder).....	20
AVONEX PEN.....	19	blisovi 24 fe.....	23	camila.....	25
AVONEX PREFILLED.....	19	blisovi fe 1.5/30.....	23	camrese.....	23
ayuna.....	23	blisovi fe 1/20.....	23	camrese lo.....	23
azathioprine oral tablet 50 mg.....	26	BOOSTRIX.....	26	candesartan cilexetil-hctz.....	18
azelaic acid external.....	19	BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5.....	26	capecitabine.....	13
azelastine hcl nasal solution 0.1 %, 137 mcg/spray.....	30	bosentan.....	31	CAPRELSA.....	14
azelastine hcl ophthalmic.....	29	BOSULIF.....	14	CAPVAXIVE.....	27
azithromycin oral.....	11	BREATHE COMFORT CHAMBER/ADULT.....	28	carbamazepine er.....	11
AZULFIDINE EN-TABS.....	28	BREATHE COMFORT CHAMBER/CHILD.....	28	carbamazepine oral suspension 100 mg/5ml.....	11
azurette.....	23	breyna.....	30	carbamazepine oral tablet.....	11
bac.....	9	BREZTRI AEROSPHERE.....	31	carbamazepine oral tablet chewable.....	11
bacitracin ophthalmic.....	29	briellyn.....	23	carbidopa-levodopa-entacapone.....	14
bacitracin-polymyxin b.....	29	BRILINTA.....	17	carbidopa-levodopa er.....	14
bacitra-neomycin-polymyxin-hc.....	29	brimonidine tartrate ophthalmic solution 0.15 %, 0.2%.....	29	carbidopa-levodopa oral tablet.....	14
baclofen oral tablet 10 mg, 20 mg, 5 mg.....	31	brimonidine tartrate-timolol.....	29	CARESENS LANCETS 30G.....	16
balsalazide disodium.....	28	bromocriptine mesylate oral capsule.....	14	CARETOUCH LANCING/EJECTOR.....	16
balziva.....	23	bromocriptine mesylate oral tablet.....	14	carisoprodol oral tablet 350 mg.....	31
BAQSIMI ONE PACK.....	17	budesonide-formoterol fumarate.....	30	carteolol hcl.....	29
BAQSIMI TWO PACK.....	17	budesonide inhalation.....	30	cartia xt.....	18
BASAGLAR KWIKPEN.....	17	budesonide oral.....	28	carvedilol.....	18
BD AUTOSHIELD DUO PEN NEEDLES.....	28	budesonide rectal.....	28	CAYA.....	28
BD SHARPS COLLECTOR.....	28	bumetanide oral.....	18	cefadroxil oral capsule.....	10
BD ULTRA-FINE INSULIN SYRINGES.....	28	buprenorphine hcl-naloxone hcl sublingual film.....	10	cefadroxil oral suspension reconstituted.....	10
BD ULTRA-FINE PEN NEEDLES.....	28	buprenorphine hcl-naloxone hcl sublingual tablet sublingual.....	10	cefadroxil oral tablet.....	10
benazepril hcl oral.....	17	buprenorphine hcl sublingual.....	10	cefdinir.....	10
benazepril-hydrochlorothiazide.....	18			cefuroxime axetil.....	10
BENLYSTA SUBCUTANEOUS.....	26			celecoxib oral.....	9
benzonatate oral capsule 100 mg, 200 mg.....	31			cephalexin oral capsule 250 mg, 500 mg.....	10

cephalexin oral suspension reconstituted	10	clindamycin phosphate vaginal	10	cyred eq	23
charlotte 24 fe	23	clobetasol propionate e	22	CYSTAGON	22
chateal eq	23	clobetasol propionate external cream	22	dalfampridine er	19
CHEMET	20	clobetasol propionate external gel	22	danazol oral	23
CHEMSTRIP K	16	clobetasol propionate external ointment	22	dantrolene sodium oral	31
CHEMSTRIP MICRAL	16	clobetasol propionate external solution	22	dapsone oral	13
CHEMSTRIP UGK	16	clonazepam oral tablet	15	DAPTACEL	27
chlordiazepoxide-amitriptyline	12	clonidine hcl er oral tablet extended release 12 hour	19	darunavir	15
chlordiazepoxide hcl	15	clonidine hcl oral	17	dasetta 1/35	23
chlorhexidine gluconate mouth/throat	19	clopidogrel bisulfate oral	17	dasetta 7/7/7	23
chloroquine phosphate oral	14	clotrimazole-betamethasone external cream	12	DAYBUE	19
chlorpromazine hcl oral tablet	14	clotrimazole-betamethasone external lotion	12	daysee	23
chlorthalidone	18	clotrimazole mouth/throat	12	deblitane	25
cholestyramine light	19	clozapine oral tablet	14	deferasirox oral tablet	20
cholestyramine oral	19	clozapine oral tablet dispersible	14	deferasirox oral tablet soluble	20
CHOSEN LANCETS 30G	16	codeine sulfate	9	delyla	23
CHOSEN LANCING DEVICE	16	colchicine oral tablet	12	DENG VAXIA	27
CHOSEN SAFETY LANCETS 28G	16	colesevelam hcl	19	DEPO-SUBQ PROVERA 104	25
cilostazol	17	colestipol hcl oral tablet	19	desipramine hcl oral	12
cimetidine hcl	21	COMETRIQ	14	desmopressin ace spray refrig	23
cimetidine oral tablet 300 mg, 400 mg, 800 mg	21	COMFORT EZ PRO PEN NEEDLES	28	desmopressin acetate injection	23
CIMZIA	26	COMFORT TOUCH TWIST LANCET 30G	16	desmopressin acetate oral	23
CIMZIA (2 SYRINGE)	26	COMIRNATY	27	desmopressin acetate pf	23
CIMZIA STARTER KIT	26	COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML	27	desmopressin acetate spray	23
cinacalcet hcl	28	COMPLERA	15	desogestrel-ethinyl estradiol	23
ciprofloxacin hcl ophthalmic	30	CONDOMS	28	desonide external cream	22
ciprofloxacin hcl oral	11	constulose	21	desonide external lotion	22
ciprofloxacin hcl otic	30	CONTOUR CONTROL IN VITRO LIQUID LOW , NORMAL	16	desonide external ointment	22
citalopram hydrobromide oral solution	12	CORTIFOAM	28	desoximetasone external	22
citalopram hydrobromide oral tablet	12	CORTISPORIN-TC	30	dexamethasone intensol	22
citroma	21	cromolyn sodium inhalation	31	dexamethasone oral elixir	22
claravis	19	cromolyn sodium ophthalmic	29	dexamethasone oral solution	22
clarithromycin er	11	cromolyn sodium oral	20	dexamethasone oral tablet	22
clarithromycin oral suspension reconstituted	11	cryselle-28	23	DEXCOM G6 RECEIVER	16
clarithromycin oral tablet	11	curae	25	DEXCOM G6 SENSOR	16
clearlax	21	CVS KETONE CARE	16	DEXCOM G6 TRANSMITTER	16
clemastine fumarate oral tablet	30	cyanocobalamin injection solution 1000 mcg/ml	20	DEXCOM G7 RECEIVER	16
CLENPIQ	21	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	20	DEXCOM G7 SENSOR	16
CLEVER CHOICE COMFORT EZ	16	cyclobenzaprine hcl oral	31	dexmethylphenidate hcl	19
CLIMARA PRO	23	CYCLOMYDRIL	29	dextroamphetamine sulfate er	19
CLINDACIN ETZ EXTERNAL KIT	19	cyclopentolate hcl ophthalmic	29	dextroamphetamine sulfate oral solution	19
clindacin etz external swab	19	cyclophosphamide oral capsule	13	dextroamphetamine sulfate oral tablet 10 mg, 5 mg	19
clindacin-p	19	CYCLOPHOSPHAMIDE ORAL TABLET	13	DIASTIX REAGENT	16
clindamycin hcl oral	10	cyclosporine modified	26	diazepam intensol	15
clindamycin palmitate hcl	10	cyclosporine ophthalmic	29	diazepam oral concentrate	15
clindamycin phos-benzoyl perox external gel 1.2-5 %	19	cyclosporine oral	26	diazepam oral solution	15
clindamycin phosphate external gel	19	cyproheptadine hcl oral	30	diazepam oral tablet	15
clindamycin phosphate external lotion	19			diazepam rectal	11
clindamycin phosphate external solution	19			diazoxide oral	17
clindamycin phosphate external swab	20			diclofenac-misoprostol	9

dicyclomine hcl oral capsule .....	20	DUREX EXTRA SENSITIVE THIN .....	28	errin .....	25
dicyclomine hcl oral solution .....	20	DUREX TROPICAL .....	28	ery pad 2% .....	20
dicyclomine hcl oral tablet .....	20	EASIVENT .....	28	erythromycin base oral capsule	
digoxin oral solution .....	18	EASY COMFORT SHARPS CONTAINER	28	delayed release particles .....	11
digoxin oral tablet 62.5 mcg .....	18	econtra one-step .....	25	erythromycin base oral tablet .....	11
digoxin oral tablet 125 mcg, 250 mcg ..	18	EDARBYCLOR .....	18	erythromycin base oral tablet	
dihydroergotamine mesylate injection	13	EDURANT .....	15	delayed release .....	11
DILANTIN ORAL CAPSULE 30 MG .....	11	efavirenz .....	15	erythromycin ethylsuccinate oral .....	11
diltiazem hcl er beads .....	18	efavirenz-emtricitab-tenofo df .....	15	erythromycin external .....	20
diltiazem hcl er coated beads .....	18	efavirenz-lamivudine-tenofovir .....	15	erythromycin ophthalmic .....	29
diltiazem hcl er oral capsule		EFFER-K ORAL TABLET		erythromycin oral .....	11
extended release 12 hour .....	18	EFFERVESCENT 10 MEQ, 20 MEQ .....	20	escitalopram oxalate oral solution .....	12
diltiazem hcl er oral capsule		effer-k oral tablet effervescent 25		escitalopram oxalate oral tablet .....	12
extended release 24 hour .....	18	meq .....	20	ESKATA .....	20
diltiazem hcl er oral tablet extended		elinest .....	23	esomeprazole magnesium oral	
release 24 hour .....	18	ELIQUIS .....	17	capsule delayed release .....	22
diltiazem hcl oral .....	18	ELIQUIS DVT/PE STARTER PACK .....	17	estarylla .....	23
dilt-xr .....	18	elixophyllin .....	31	estradiol-norethindrone acet .....	23
dimethyl fumarate oral .....	19	ELLA .....	25	estradiol oral .....	23
dimethyl fumarate starter pack .....	19	ELMIRON .....	22	estradiol transdermal patch weekly ..	23
diphenoxylate-atropine oral tablet .....	21	eluryng .....	23	estradiol vaginal cream .....	23
dipyridamole oral .....	17	EMBRACE PEN NEEDLES 30G X 5		estradiol vaginal tablet .....	23
disopyramide phosphate .....	17	MM, 30G X 8 MM, 31G X 6 MM, 31G		estradiol valerate intramuscular .....	23
disulfiram oral .....	10	X 8 MM, 32G X 4 MM .....	28	eszopiclone .....	31
divalproex sodium er .....	15	EMCYT .....	13	ethambutol hcl oral .....	13
divalproex sodium oral .....	15	EMEND ORAL SUSPENSION		ethosuximide oral .....	11
DODEX .....	20	RECONSTITUTED .....	12	ethynodiol diac-eth estradiol .....	23
dofetilide .....	17	EMGALITY .....	13	etodolac .....	9
dolishale .....	23	emtricitabine .....	15	etonogestrel-ethinyl estradiol .....	23
donepezil hcl oral tablet 10 mg, 5 mg ..	11	emtricitabine-tenofovir df oral		etoposide oral .....	13
donepezil hcl oral tablet dispersible ..	11	tablet 100-150 mg, 133-200 mg, 167-		etravirine .....	15
250 mg .....	15	250 mg .....	15	euthyrox .....	25
dorzolamide hcl ophthalmic .....	29	emtricitabine-tenofovir df oral		everolimus oral tablet 10 mg, 2.5 mg,	
dorzolamide hcl-timolol mal .....	29	tablet 200-300 mg .....	15	5 mg, 75 mg .....	14
DOVATO .....	15	emzahh .....	25	EVOTAZ .....	15
doxazosin mesylate oral .....	17	enalapril-hydrochlorothiazide .....	18	exemestane .....	13
doxepin hcl oral capsule .....	12	enalapril maleate oral tablet .....	17	ezetimibe .....	19
doxepin hcl oral concentrate .....	12	ENCARE .....	22	falmina .....	23
doxepin hcl oral tablet .....	31	endocet .....	9	famciclovir oral .....	15
doxycycline hyclate oral capsule .....	11	ENGERIX-B .....	27	famotidine oral suspension	
doxycycline hyclate oral tablet 100		enilloring .....	23	reconstituted .....	21
mg, 20 mg .....	11	enpresse-28 .....	23	famotidine oral tablet 20 mg, 40 mg ..	21
doxycycline monohydrate oral		enskyce .....	23	FARXIGA .....	16
capsule 100 mg, 50 mg .....	11	entacapone .....	14	FC2 FEMALE CONDOM .....	28
doxycycline monohydrate oral		entecavir .....	14	febuxostat .....	12
suspension reconstituted .....	11	ENTRESTO .....	18	felbamate .....	11
doxycycline monohydrate oral tablet ..	11	enulose .....	21	felodipine er .....	18
dronabinol .....	12	epinephrine injection solution auto-		FEMCAP .....	28
DROPSAFE ALCOHOL PREP .....	28	injector .....	30	fenofibrate micronized oral capsule	
DROPSAFE SAFETY SYRINGE/		epitol .....	11	134 mg, 200 mg, 67 mg .....	18
NEEDLE .....	28	eplerenone .....	18	fenofibrate oral capsule 134 mg, 200	
drospiren-eth estrad-levomefol .....	23	ergocalciferol oral capsule .....	20	mg, 67 mg .....	18
drospirenone-ethinyl estradiol .....	23	ergoloid mesylates oral .....	28	fenofibrate oral tablet 145 mg, 160	
DROXIA .....	13	ERGOMAR .....	13	mg, 48 mg, 54 mg .....	18
duloxetine hcl oral capsule delayed		ergotamine-caffeine .....	13	fenfentanyl transdermal patch 72 hour	
release particles 20 mg, 30 mg, 60 mg	12	erlotinib hcl .....	14	100 mcg/hr, 12 mcg/hr, 25 mcg/hr,	
DUPIXENT .....	20			50 mcg/hr, 75 mcg/hr .....	9

finasteride oral tablet 5 mg.....	22	FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE... 27	GLEOSTINE.....	13	
fingolimod hcl.....	19	folic acid oral tablet 1 mg.....	20	glimepiride oral tablet 1 mg, 2 mg, 4 mg.....	16
finzala.....	23	folic acid oral tablet 400 mcg, 800 mcg.....	20	glipizide er.....	16
flac.....	30	fondaparinux sodium.....	17	glipizide ir.....	16
flecainide acetate.....	17	FORA TEST N'GO ADV-VOICE-6 CON..	16	glipizide-metformin hcl.....	16
FLEXICHAMBER.....	28	formoterol fumarate inhalation.....	30	glipizide xl.....	16
FLEXICHAMBER ADULT MASK/SMALL	28	fosamprenavir calcium.....	15	glucagon emergency kit.....	17
FLEXICHAMBER CHILD MASK/LARGE	28	FREESTYLE LIBRE 2 READER.....	16	GLUCAGON EMERGENCY KIT.....	17
FLEXICHAMBER CHILD MASK/SMALL	28	FREESTYLE LIBRE 2 SENSOR.....	16	GLUCO TO GO.....	17
FLUAD.....	27	FREESTYLE LIBRE 3 READER.....	16	glyburide-metformin.....	16
FLUARIX.....	27	FREESTYLE LIBRE 3 SENSOR.....	16	glyburide oral.....	16
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE... 27		FREESTYLE LIBRE 14 DAY READER....	16	glycolax.....	21
fluconazole oral.....	12	FREESTYLE LIBRE 14 DAY SENSOR....	16	glycopyrrolate oral tablet 1 mg, 2 mg.	20
flucytosine oral.....	12	FREESTYLE LIBRE 14 DAY SENSOR....	16	glydo.....	10
fludrocortisone acetate oral.....	22	FREESTYLE LIBRE READER.....	16	goodsense aspirin low dose.....	9
FLULAVAL.....	27	FRESKARO MAGNESIUM CITRATE....	21	goodsense nicotine mouth/throat gum 2 mg.....	10
FLUMIST.....	27	ft acid reducer oral capsule delayed release 15 mg.....	22	goodsense nicotine mouth/throat lozenge 4 mg.....	10
FLUMIST QUADRIVALENT NASAL SUSPENSION.....	27	ft aspirin low dose.....	9	granisetron hcl oral.....	12
flunisolide nasal.....	30	ft aspirin oral tablet chewable.....	9	griseofulvin microsize oral.....	12
fluocinolone acetonide body.....	22	ft clearlax.....	21	griseofulvin ultramicrosize.....	12
fluocinolone acetonide external.....	22	ft folic acid.....	20	guaifenesin-codeine.....	31
fluocinolone acetonide otic.....	30	ft laxative.....	21	guanfacine hcl.....	17
fluocinolone acetonide scalp.....	22	ft magnesium citrate.....	21	GVOKE HYPOPEN 1-PACK.....	17
fluocinonide emulsified base.....	22	ft nicotine.....	10	GVOKE HYPOPEN 2-PACK.....	17
fluocinonide external cream 0.05 %..	22	ft nicotine mini.....	10	GVOKE KIT.....	17
fluocinonide external gel.....	22	furosemide oral.....	18	GVOKE PFS.....	17
fluocinonide external ointment.....	22	fyavolv.....	23	habitrol.....	10
fluocinonide external solution.....	22	gabapentin oral capsule.....	11	HADLIMA.....	26
fluorometholone.....	30	gabapentin oral solution 250 mg/5ml	11	HADLIMA PUSH TOUCH.....	26
fluorouracil external cream.....	13	gabapentin oral tablet 600 mg, 800 mg.....	11	HAEGARDA.....	26
fluorouracil external solution.....	13	galantamine hydrobromide er.....	11	hailey 1.5/30.....	24
fluoxetine hcl oral capsule.....	12	galantamine hydrobromide oral solution.....	11	hailey 24 fe.....	24
fluoxetine hcl oral capsule delayed release.....	12	galantamine hydrobromide oral tablet	11	hailey fe 1.5/30.....	24
fluoxetine hcl oral solution.....	12	GALZIN.....	20	hailey fe 1/20.....	24
fluoxetine hcl oral tablet 10 mg, 20 mg	12	GARDASIL 9.....	27	halobetasol propionate external cream.....	22
fluoxetine hcl (pmdd).....	12	gavilax oral powder.....	21	halobetasol propionate external ointment.....	22
fluphenazine hcl oral.....	14	gavilyte-c.....	21	haloette.....	24
flurazepam hcl.....	31	gavilyte-g.....	21	haloperidol lactate oral concentrate 2 mg/ml.....	14
flurbiprofen sodium.....	30	gavilyte-n with flavor pack.....	21	haloperidol oral.....	14
fluticasone propionate nasal.....	30	gefitinib.....	14	HAVRIX.....	27
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act.....	30	gemfibrozil oral.....	18	heather.....	25
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ ACT, 232-14 MCG/ACT, 55-14 MCG/ ACT.....	30	gemmily.....	24	heparin sodium (porcine).....	17
fluvastatin sodium.....	18	generlac.....	21	heparin sodium (porcine) pf.....	17
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg.....	12	gengraf.....	26	HEPLISAV-B.....	27
FLUZONE HIGH-DOSE.....	27	gentamicin sulfate external.....	10	her style.....	25
		gentamicin sulfate ophthalmic.....	29	HIBERIX.....	27
		gentlelax.....	21	HUMALOG.....	17
		gentle laxative oral tablet delayed release.....	21	HUMALOG KWIKPEN.....	17
		GENVOYA.....	15	HUMALOG MIX 50/50 KWIKPEN.....	17
		glatiramer acetate.....	19	HUMALOG MIX 50/50 VIAL.....	17
		glatopa.....	19		

HUMALOG MIX 75/25 KWIKPEN.....	17	imipramine hcl oral .....	12	jasmiel.....	24
HUMALOG MIX 75/25 VIAL.....	17	imipramine pamoate .....	12	jencycla .....	25
HUMALOG U-100 JUNIOR KWIKPEN...17		imiquimod external cream 5 %.....	20	JENTADUETO.....	16
HUMATIN.....	10	incassia.....	25	JENTADUETO XR.....	16
HUMIRA (2 PEN) .....	26	INCRELEX.....	23	jinteli .....	24
HUMIRA (2 SYRINGE).....	26	INCRUSE ELLIPTA .....	30	jolessa .....	24
HUMIRA-CD/UC/HS STARTER.....	26	indapamide .....	18	joyeaux.....	24
HUMIRA-PSORIASIS/UEVEIT STARTER. 26		indomethacin oral capsule .....	9	juleber.....	24
HUMULIN 70/30 KWIKPEN.....	17	INFANRIX .....	27	JULUCA.....	15
HUMULIN 70/30 VIAL .....	17	INSPIREASE RESERVOIR BAGS.....	28	junel 1.5/30.....	24
HUMULIN N KWIKPEN.....	17	INSULIN ASPART PROT & ASPART.....17		junel 1/20 .....	24
HUMULIN N VIAL .....	17	INSULIN DEGLUDEC .....	17	junel fe 1.5/30.....	24
HUMULIN R U-500 KWIKPEN.....	17	INSULIN DEGLUDEC FLEXTOUCH....17		junel fe 1/20.....	24
HUMULIN R U-500 VIAL.....	17	INSULIN LISPRO.....	17	junel fe 24 .....	24
HUMULIN R VIAL.....	17	INSULIN LISPRO (1 UNIT DIAL).....17		kaitlib fe.....	24
hydralazine hcl oral .....	19	INSULIN LISPRO JUNIOR KWIKPEN...17		kalliga .....	24
hydrochlorothiazide oral .....	18	INSULIN LISPRO PROT & LISPRO ....17		kariva.....	24
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml.....	9	INSULIN PEN NEEDLES 29G X 12.7MM, 29G X 12MM, 29G X 5MM , 29G X 8MM, 30G X 5 MM, 30G X 8 MM, 31G X 4 MM, 31G X 5 MM, 31G X 6 MM, 31G X 8 MM, 32G X 4 MM, 32G X 5 MM, 32G X 6 MM, 32G X 8 MM, 33G X 4 MM, 33G X 5 MM, 33G X 6 MM .....	29	kelnor 1/35 .....	24
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg9		INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 1 ML.....	29	kelnor 1/50.....	24
hydrocodone bitartrate er oral capsule extended release 12 hour.....	9	INTELENCE ORAL TABLET 25 MG.....	15	ketoconazole external cream .....	12
hydrocodone bit-homatrop mbr.....	31	introvale.....	24	ketoconazole external shampoo .....	12
hydrocortisone ace-pramoxine external cream 1-1 %.....	28	IPOL.....	27	ketoconazole oral.....	12
hydrocortisone-acetic acid.....	30	ipratropium-albuterol .....	31	KETO-DIASTIX .....	16
hydrocortisone butyrate external cream .....	22	ipratropium bromide inhalation.....	30	KETONE TEST.....	16
hydrocortisone butyrate external ointment.....	22	ipratropium bromide nasal .....	30	ketorolac tromethamine ophthalmic . 30	
hydrocortisone butyrate external solution.....	22	irbesartan .....	17	ketorolac tromethamine oral.....	9
hydrocortisone external cream 2.5 % ..22		irbesartan-hydrochlorothiazide .....	18	KETOSTIX .....	16
hydrocortisone external lotion 2.5 % ..22		isibloom .....	24	klayesta .....	12
hydrocortisone external ointment 1 %, 2.5 % .....	23	isoniazid oral syrup .....	13	klor-con 10 .....	20
hydrocortisone oral.....	23	isoniazid oral tablet.....	13	klor-con/ef.....	20
hydrocortisone (perianal) external cream 2.5 %.....	28	isosorb dinitrate-hydralazine.....	18	klor-con m10.....	20
hydrocortisone rectal.....	28	isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg .....	19	klor-con m15.....	20
hydrocortisone valerate .....	23	isosorbide mononitrate.....	19	klor-con m20.....	20
hydromet.....	31	isosorbide mononitrate er.....	19	klor-con oral packet .....	20
hydromorphone hcl oral liquid .....	9	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg.....	20	klor-con oral tablet extended release. 20	
hydromorphone hcl oral tablet.....	9	ivermectin external cream .....	20	kourzeq.....	19
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg .....	14	ivermectin oral.....	14	k-prime .....	20
hydroxyurea oral .....	13	jaimiess.....	24	kurvelo .....	24
hydroxyzine hcl oral.....	15	jantoven.....	17	KYLEENA.....	25
hydroxyzine pamoate oral.....	15	JARDIANCE .....	16	labetalol hcl oral .....	18
HYPERSAL.....	31			lacosamide oral .....	11
ibuprofen oral tablet 400 mg, 600 mg, 800 mg .....	9			lactulose encephalopathy oral solution 10 gm/15ml.....	21
icatibant acetate.....	26			lactulose oral solution .....	21
iclevia.....	24			LAGEVRIO .....	14
imatinib mesylate.....	14			lamivudine oral solution.....	15
IMBRUVICA .....	14			lamivudine oral tablet 100 mg.....	14
				lamivudine oral tablet 150 mg, 300 mg15	
				lamivudine-zidovudine .....	15
				lamotrigine oral tablet.....	11
				lamotrigine oral tablet chewable.....	11
				LANCETS.....	16
				LANCETS SUPER THIN.....	16
				lansoprazole oral capsule delayed release.....	22

lapatinib ditosylate	14	lisinopril-hydrochlorothiazide	18	merzee	24
larin 1.5/30	24	lisinopril oral	17	mesalamine-cleanser	28
larin 1/20	24	lithium	15	mesalamine er oral capsule 0.375 gm	28
larin 24 fe	24	lithium carbonate er	16	mesalamine oral tablet delayed release 1.2 gm	28
larin fe 1.5/30	24	lithium carbonate oral	16	mesalamine rectal	28
larin fe 1/20	24	lojaimiess	24	MESNEX ORAL	14
latanoprost ophthalmic	30	LO LOESTRIN FE	24	metaxalone oral tablet 400 mg	31
layolis fe	24	loperamide hcl oral capsule	21	metformin hcl er	16
leena	24	lopinavir-ritonavir	15	metformin hcl oral solution	16
leflunomide oral	26	lorazepam intensol	15	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	16
lenalidomide	13	lorazepam oral concentrate 2 mg/ml	15	methadone hcl intensol	9
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	14	lorazepam oral tablet	15	methadone hcl oral concentrate	9
lessina	24	loryna	24	methadone hcl oral solution	9
letrozole oral	13	losartan potassium-hctz	18	methadone hcl oral tablet	9
leucovorin calcium oral	13	losartan potassium oral	17	methazolamide oral	18
LEUKERAN	13	LOTEMAX OPHTHALMIC OINTMENT	30	methergine	29
leuprolide acetate injection	26	LOTEMAX SM	30	methimazole oral	26
LEVEMIR FLEXPEN	17	loteprednol etabonate ophthalmic suspension 0.5 %	30	methocarbamol oral tablet 500 mg, 750 mg	31
LEVEMIR U-100 VIAL	17	lovastatin oral	18	methotrexate sodium	26
levetiracetam er	11	low-ogestrel	24	methotrexate sodium (pf)	26
levetiracetam oral	11	loxapine succinate	14	methsuximide	11
levobunolol hcl	30	lo-zumandimine	24	METHYLDOPA	17
levocarnitine oral solution	20	lubiprostone	21	methylergonovine maleate oral	29
levocarnitine oral tablet	20	lurasidone hcl	14	methylphenidate hcl er oral tablet extended release	19
levocarnitine sf	20	lutera	24	methylphenidate hcl oral tablet	19
levocetirizine dihydrochloride oral tablet	30	lyleq	25	methylprednisolone oral	23
levofloxacin ophthalmic	30	LYSODREN	26	methyltestosterone oral	23
levofloxacin oral solution	11	lyza	25	metoclopramide hcl oral solution 5 mg/5ml	12
levofloxacin oral tablet	11	magnesium citrate oral solution	21	metoclopramide hcl oral tablet	12
levonest	24	maraviroc	15	metolazone	18
levonorgest-eth est & eth est	24	marlissa	24	metoprolol succinate er	18
levonorgest-eth estrad 91-day	24	MARPLAN	12	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	18
levonorgest-eth estradiol-iron	24	MATULANE	13	metronidazole external cream	20
levonorgestrel	25	matzim la	18	metronidazole external gel 0.75 %	20
levonorgestrel-ethinyl estrad	24	MAVYRET	14	metronidazole external lotion	20
levonorg-eth estrad triphasic	24	maxi-tuss ac	31	metronidazole oral tablet	10
levora 0.15/30 (28)	24	meclizine hcl oral tablet 50 mg	12	metronidazole vaginal	10
levo-t	25	medroxyprogesterone acetate intramuscular suspension	25	mibelas 24 fe	24
levothyroxine sodium oral tablet	25	medroxyprogesterone acetate intramuscular suspension prefilled syringe	25	miconazole 3	12
levoxyl	25	medroxyprogesterone acetate oral	25	microgestin 1.5/30	24
lidocaine external patch 5 %	10	mefloquine hcl	14	microgestin 1/20	24
lidocaine hcl external solution	10	megestrol acetate oral suspension 40 mg/ml	25	microgestin 24 fe oral tablet 1-20 mg-mcg	24
lidocaine hcl mouth/throat	10	megestrol acetate oral suspension 625 mg/5ml	25	microgestin fe 1.5/30	24
lidocaine hcl urethral/mucosal	10	megestrol acetate oral tablet	25	microgestin fe 1/20	24
lidocaine-prilocaine external cream	10	meloxicam oral tablet	9	MICROLET NEXT LANCING DEVICE	16
lidocaine viscous hcl	10	memantine hcl oral solution	11	midodrine hcl	17
LILETTA (52 MG)	25	memantine hcl oral tablet	11	MIFEPREX	23
linezolid oral suspension reconstituted	10	MENQUADFI	27	mifepristone oral tablet 200 mg	23
linezolid oral tablet	10	MENVEO	27	MIGERGOT	13
LINZESS	21	mercaptapurine oral	13		
liothyronine sodium oral	25				

mili	24	neomycin sulfate oral	10	nortrel 1/35 (28)	24
mimvey	24	NEONATAL COMPLETE	20	nortrel 7/7/7	24
minocycline hcl oral capsule	11	NEONATAL PLUS	20	nortriptyline hcl oral capsule	12
minoxidil oral	19	neo-polycin	29	nortriptyline hcl oral solution	12
MIRENA (52 MG)	25	neo-polycin hc	29	NORVIR ORAL PACKET	15
mirtazapine oral tablet	12	nevirapine	15	NOVOFINE PEN NEEDLE	29
mirtazapine oral tablet dispersible	12	nevirapine er	15	NOVOFINE PLUS PEN NEEDLE	29
misoprostol oral	22	new day	25	NOVOPEN ECHO	16
MITOSOL	29	NEXPLANON	25	np thyroid	25
mm aspirin	9	NEXTSTELLIS	24	NUBEQA	13
mm clearlax	21	NICORETTE MINI	10	nyamyc	12
M-M-R II	27	NICORETTE MOUTH/THROAT GUM	10	nylia 1/35	24
M-NATAL PLUS	20	2 MG	10	nylia 7/7/7	24
modafinil oral	31	NICORETTE MOUTH/THROAT	10	nymyo oral tablet 0.25-35 mg-mcg	24
mometasone furoate external	23	LOZENGE	10	nystatin external cream	12
mondoxyne nl	11	nicotine mini	10	nystatin external ointment	12
mono-lynyah	24	nicotine polacrilex mini	10	nystatin external powder	12
montelukast sodium oral	30	nicotine polacrilex mouth/throat	10	nystatin mouth/throat	12
morphine sulfate (concentrate)	9	nicotine step 1	10	nystatin oral	12
morphine sulfate er oral tablet	9	nicotine step 2	10	nystatin-triamcinolone	12
extended release	9	nicotine step 3	10	nystop	12
morphine sulfate oral solution	9	nicotine transdermal kit	10	ocella	24
morphine sulfate oral tablet	10	nicotine transdermal patch 24 hour	10	octreotide acetate	26
MOUNJARO	16	21 mg/24hr	10	ODEFSEY	15
moxifloxacin hcl (2x day)	30	NICOTROL	10	ofloxacin ophthalmic	30
moxifloxacin hcl ophthalmic	30	NICOTROL NS	10	ofloxacin oral	11
moxifloxacin hcl oral	11	nikki	24	ofloxacin otic	30
MULTAQ	17	nilutamide	13	olanzapine-fluoxetine hcl	12
mupirocin calcium	10	nimodipine oral	18	olanzapine oral tablet	14
mupirocin external	10	NITRO-BID	19	olanzapine oral tablet dispersible	14
my choice	25	NITRO-DUR TRANSDERMAL PATCH	19	olmesartan medoxomil-hctz	18
mycophenolate mofetil oral capsule	26	24 HOUR 0.3 MG/HR, 0.8 MG/HR	19	olmesartan medoxomil oral	17
mycophenolate mofetil oral tablet	26	nitrofurantoin macrocrystal	10	omeprazole oral capsule delayed	22
mycophenolate sodium	26	nitrofurantoin monohydrate	10	release 10 mg	22
mycophenolic acid	26	macrocrystals	10	omeprazole oral capsule delayed	22
MYLERAN	13	nitrofurantoin oral suspension 25	10	release 20 mg, 40 mg	22
my way	25	mg/5ml	10	OMNIPOD 5 G6 INTRO (GEN 5)	29
naloxone hcl injection	10	nitroglycerin sublingual	19	OMNIPOD 5 G6 PODS (GEN 5)	29
naloxone hcl nasal	10	nitroglycerin transdermal	19	OMNITROPE	23
naltrexone hcl oral	10	NIVA THYROID	25	ondansetron hcl oral	12
naproxen oral tablet	9	nora-be	25	ondansetron odt oral tablet	12
naratriptan hcl	13	norelgestromin-eth estradiol	24	dispersible 4 mg, 8 mg	12
NARCAN	10	norethin ace-eth estrad-fe	24	ONELAX MAGNESIUM CITRATE	21
na sulfate-k sulfate-mg sulf	21	norethindrone acetate oral	25	ONETOUCH DELICA PLUS LANCING	16
NATAZIA	24	norethindrone acet-ethinyl est	24	ONETOUCH DELICA SAFETY	16
NEBUSAL	31	norethindrone-eth estradiol	24	LANCING	16
necon 0.5/35 (28)	24	norethindrone oral	25	ONETOUCH ULTRA 2 KIT W/DEVICE	16
neomycin-bacitracin zn-polymyx	29	norethindron-ethinyl estrad-fe	24	ONETOUCH ULTRA TEST STRIPS	16
neomycin-polymyxin-dexameth	29	norethin-eth estradiol-fe	24	ONETOUCH ULTRA TEST STRIPS	16
ophthalmic ointment	29	norgestimate-eth estradiol	24	ONETOUCH VERIO FLEX SYSTEM KIT	16
neomycin-polymyxin-dexameth	29	norgestimate-ethinyl estradiol	24	ONETOUCH VERIO IN VITRO	16
ophthalmic suspension 3.5-10000-0.1	29	triphasic	24	LIQUID	16
neomycin-polymyxin-gramicidin	29	norlyroc	25	HIGH	16
neomycin-polymyxin-hc ophthalmic	29	NORPACE CR	17	ONETOUCH VERIO TEST	16
neomycin-polymyxin-hc otic	30	nortrel 0.5/35 (28)	24	STRIPS	16
		nortrel 1/35 (21)	24	ONE VITE WOMENS	20
				PLUS	

opcicon one-step .....	25	permethrin external .....	14	pregabalin oral capsule.....	19
OPILL .....	25	perphenazine-amitriptyline .....	12	PREHEVBRIO.....	27
opium .....	21	perphenazine oral .....	12	prenatal oral tablet 27-1 mg.....	20
option 2 .....	25	PFIZER COVID-19 VAC-TRIS 5-11Y ....	27	prenatal plus vitamin/mineral .....	20
OPTIONS GYNOL II CONTRACEPTIVE.....	22	PFIZER COVID-19 VAC-TRIS 6M-4Y ...	27	PRENATRIX.....	20
oralone .....	19	phenazo oral tablet 200 mg.....	22	PRENATRYL .....	20
ORENITRAM.....	31	phenazopyridine hcl oral tablet 100		PREPIDIL.....	23
ORENITRAM MONTH 1.....	31	mg, 200 mg .....	22	prevalite.....	19
ORENITRAM MONTH 2 .....	31	phenelzine sulfate oral .....	12	PREVNAR 20 .....	27
ORENITRAM MONTH 3 .....	31	phenobarbital oral .....	11	PREZISTA ORAL SUSPENSION .....	15
ORKAMBI ORAL PACKET .....	30	phenoxybenzamine hcl oral.....	17	primaquine phosphate .....	14
ORKAMBI ORAL TABLET.....	30	phenylephrine hcl ophthalmic .....	29	primidone oral .....	11
oseltamivir phosphate oral .....	15	phenytek .....	11	PRIORIX .....	27
OSPHENA .....	25	phenytoin infatabs.....	11	probenecid.....	12
OTEZLA .....	26	phenytoin oral .....	11	prochlorperazine.....	12
oxazepam .....	15	phenytoin sodium extended .....	11	prochlorperazine maleate oral .....	12
oxcarbazepine oral suspension.....	11	PHEXXI.....	29	PROCTOFOAM HC .....	28
oxcarbazepine oral tablet .....	11	philith .....	24	procto-med hc.....	28
oxybutynin chloride er .....	22	phytonadione oral .....	20	proctosol hc.....	28
oxybutynin chloride oral solution .....	22	pilocarpine hcl ophthalmic.....	30	proctozone-hc .....	28
oxybutynin chloride oral tablet 5 mg ..	22	pimozide .....	14	progesterone intramuscular .....	25
oxycodone-acetaminophen oral		pimtreea.....	24	progesterone oral.....	25
tablet 10-325 mg, 2.5-325 mg, 5-325		pioglitazone hcl.....	16	PROMACTA.....	17
mg, 7.5-325 mg .....	10	pioglitazone hcl-metformin hcl .....	16	promethazine-codeine oral solution..	31
oxycodone hcl oral capsule.....	10	pirfenidone.....	31	promethazine-dm .....	31
oxycodone hcl oral concentrate .....	10	PLAN B ONE-STEP .....	25	promethazine hcl oral .....	12
oxycodone hcl oral solution .....	10	PLENVU .....	22	promethazine hcl rectal .....	12
oxycodone hcl oral tablet .....	10	plerixafor.....	17	promethazine-phenylephrine .....	30
oxymorphone hcl .....	10	PNEUMOVAX 23.....	27	promethazine vc.....	30
oxymorphone hcl er .....	9	pnv prenatal plus multivit+dha.....	20	promethegan .....	12
OZEMPIC.....	16	podofilox external solution.....	20	propafenone hcl .....	17
paliperidone er.....	14	polycin .....	29	propafenone hcl er .....	17
pantoprazole sodium oral tablet		polyethylene glycol 3350 oral powder	22	proparacaine hcl ophthalmic.....	29
delayed release .....	22	polymyxin b-trimethoprim .....	29	propranolol hcl oral .....	18
PARAGARD INTRAUTERINE COPPER ..	29	portia-28 .....	24	propylthiouracil oral .....	26
PARI VORTEX ADULT MASK.....	29	posaconazole oral tablet delayed		PROQUAD.....	27
paroxetine hcl oral tablet.....	12	release.....	12	protriptyline hcl.....	12
PAXLOVID (150/100).....	14	potassium chloride crys er .....	20	pseudoephedrine-bromphen-dm .....	31
PAXLOVID (300/100).....	14	potassium chloride er .....	20	PULMOSAL.....	31
PEDIARIX.....	27	potassium chloride oral packet .....	20	PULMOZYME.....	30
PEDVAX HIB.....	27	potassium chloride oral solution.....	20	PURE COMFORT SAFETY PEN NEEDLE29	
peg-3350/electrolytes.....	21	potassium citrate er .....	20	pyrazinamide oral.....	13
peg-3350/electrolytes/ascorbat .....	21	pramipexole dihydrochloride.....	14	pyridostigmine bromide er .....	13
peg 3350-kcl-na bicarb-nacl .....	21	prasugrel hcl .....	17	pyridostigmine bromide oral solution ..	13
PEGASYS.....	15	pravastatin sodium .....	18	pyridostigmine bromide oral tablet	
peg-kcl-nacl-nasulf-na asc-c.....	21	praziquantel oral.....	14	60 mg .....	13
PENBRAYA.....	27	prazosin hcl oral.....	17	QUADRACEL INTRAMUSCULAR	
penicillamine oral.....	22	prednisolone acetate ophthalmic.....	30	SUSPENSION.....	27
penicillin v potassium.....	11	prednisolone oral solution.....	23	quetiapine fumarate.....	14
PENTACEL.....	27	prednisolone sodium phosphate oral		quetiapine fumarate er.....	14
pentamidine isethionate inhalation...	14	solution.....	23	quinidine gluconate er.....	17
pentazocine-naloxone hcl.....	10	prednisone intensol.....	23	quinidine sulfate .....	17
pentoxifylline er.....	18	prednisone oral solution.....	23	quinine sulfate .....	14
PERFECT POINT SAFETY LANCETS ...	16	prednisone oral tablet .....	23	QVAR REDIHALER.....	30
periogard.....	19	prednisone oral tablet therapy pack ..	23		



rabeprazole sodium oral tablet delayed release	22	SHARPS CONTAINER	29	sulfasalazine oral	28
raloxifene hcl	25	SHINGRIX	27	sulfatrim pediatric	11
RAYA SURE PEN NEEDLE	29	sildenafil citrate oral suspension reconstituted	31	sulindac oral	9
react	25	sildenafil citrate oral tablet 20 mg	31	sumatriptan nasal	13
reclipsen	24	silver sulfadiazine external	10	sumatriptan succinate oral	13
RECOMBIVAX HB	27	SIMBRINZA	30	sumatriptan succinate refill subcutaneous solution cartridge	13
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 5000 UNIT	17	simliya	24	sumatriptan succinate subcutaneous	13
RECOTHROM SPRAY KIT	17	simpesse	24	sunitinib malate	14
REGRANEX	20	SIMPONI	26	syeda	24
repaglinide	16	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	19	SYMPROIC	21
REPATHA	19	simvastatin oral tablet 80 mg	19	SYNAREL	26
REPATHA PUSHTRONEX SYSTEM	19	sirolimus oral	26	SYNJARDY	16
REPATHA SURECLICK	19	SKYLA	25	SYNJARDY XR	16
RETACRIT	17	SKYRIZI PEN	26	TABLOID	13
REYATAZ ORAL PACKET	15	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	20	tacrolimus external	20
REZVOGLAR KWIKPEN	17	SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	26	tacrolimus oral	26
ribavirin oral	15	sm lansoprazole	22	tadalafil (pah)	31
RIDAURA	26	sodium chloride inhalation	31	take action	25
rifampin oral	13	sodium fluoride oral	20	TALTZ	26
riluzole	19	sodium polystyrene sulfonate	20	TALZENNA	13
rimantadine hcl	15	SOFOSBUVIR-VELPATASVIR	15	tamoxifen citrate oral tablet 10 mg	13
RINVOQ	26	solifenacin succinate	22	tamoxifen citrate oral tablet 20 mg	13
RINVOQ LQ	26	sorafenib tosylate	14	tamsulosin hcl	22
risperidone oral solution	14	sotalol hcl (af)	17	tarina 24 fe	24
risperidone oral tablet	14	sotalol hcl oral	17	tarina fe 1/20 eq	24
risperidone oral tablet dispersible	14	SOTYLIZE	18	taysofy	24
ritonavir	15	SPIKEVAX	27	tazarotene external cream 0.1 %	20
rivelsa	24	SPIRIVA HANDIHALER	30	tazarotene external gel	20
rizatriptan benzoate	13	SPIRIVA RESPIMAT	30	TDVAX	27
ropinirole hcl	14	spironolactone-hctz	18	TECHLITE LANCETS 26G	16
rosuvastatin calcium oral tablet 10 mg, 5 mg	19	spironolactone oral tablet	18	telmisartan-hctz	18
rosuvastatin calcium oral tablet 20 mg, 40 mg	19	sprintec 28	24	temazepam	31
ROTARIX	27	SPS	20	temozolomide	13
ROTATEQ	27	sronyx	24	TENIVAC	28
roweepra	11	ssd	10	tenofovir disoproxil fumarate	15
RYBELSUS	16	STELARA SUBCUTANEOUS	20	terazosin hcl	22
SAFETY PEN NEEDLES	29	STIOLTO RESPIMAT	31	terbinafine hcl oral	12
sajazir	26	STIVARGA	14	terbutaline sulfate oral	30
salsalate oral	9	ST JOSEPH LOW DOSE	9	teriflunomide	19
sapropterin dihydrochloride	22	STRIBILD	15	testosterone cypionate intramuscular	23
saxagliptin hcl	16	STRIVERDI RESPIMAT	30	testosterone enanthate intramuscular	23
scopolamine	12	subvenite	11	testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 50 mg/5gm (1%)	23
selegiline hcl oral	14	sucalfate oral suspension	22	TETANUS-DIPHTHERIA TOXOIDS TD	28
selenium sulfide external lotion	20	sucalfate oral tablet	22	tetrabenazine	19
sertraline hcl oral concentrate	12	SULCONAZOLE NITRATE	12	tetracaine hcl ophthalmic	29
sertraline hcl oral tablet	12	sulfacetamide-prednisolone	29	tetracycline hcl oral capsule	11
setlakin	24	sulfacetamide sodium (acne)	20	TEXACORT	23
sevelamer carbonate oral packet	20	sulfacetamide sodium ophthalmic	30	THALOMID	13
sevelamer carbonate oral tablet	20	sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	11	theophylline er	31
sharobel	25	sulfamethoxazole-trimethoprim oral tablet	11	theophylline oral	31
SHARPS COLLECTOR	29			thioridazine hcl oral	14
				thiothixene	14
				THROMBIN-JMI EPISTAXIS	17

THROMBIN-JMI EXTERNAL KIT.....	17	trimethobenzamide hcl oral.....	12	venlafaxine hcl.....	12
thyroid oral.....	26	trimethoprim oral.....	10	venlafaxine hcl er oral capsule extended release 24 hour.....	12
tiadylt er.....	18	tri-mili.....	24	VENTAVIS.....	31
tilia fe.....	24	TRINATE.....	20	VENTOLIN HFA.....	30
timolol maleate (once-daily).....	30	tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg.....	25	verapamil hcl er oral capsule extended release 24 hour.....	18
timolol maleate ophthalmic gel forming solution.....	30	tri-sprintec.....	25	verapamil hcl er oral tablet extended release.....	18
timolol maleate ophthalmic solution.....	30	TRIUMEQ.....	15	verapamil hcl oral.....	18
timolol maleate pf.....	30	trivora (28).....	25	VERIFINE INSULIN PEN NEEDLE.....	29
tinidazole oral.....	10	tri-vylibra.....	25	VERIFINE INSULIN SYRINGE.....	29
tiotropium bromide monohydrate.....	30	tri-vylibra lo.....	25	VERIFINE PLUS PEN NEEDLE.....	29
TIVICAY.....	15	TRUE COVER.....	29	VERIFINE SAFE LANCET MINI 21G.....	16
tizanidine hcl oral capsule.....	31	TRUE FOLIC ACID ORAL TABLET 1 MG 20 400 MCG.....	20	VERIFINE SAFE LANCET MINI 23G.....	16
tizanidine hcl oral tablet.....	31	TRUE FOLIC ACID ORAL TABLET 400 MCG.....	20	VERIFINE SAFE LANCET MINI 28G.....	16
tobramycin-dexamethasone.....	29	TRUE LAXATIVE.....	22	VERIFINE SAFE LANCET MINI 30G.....	16
tobramycin nebulization solution 300 mg/5ml inhalation.....	30	TRULICITY.....	16	VERIFINE SHARPS CONTAINER.....	29
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION.....	30	TRUMENBA.....	28	VERZENIO.....	13
tobramycin ophthalmic.....	29	turqoz.....	25	vestura.....	25
tolterodine tartrate.....	22	TWINRIX.....	28	vienva.....	25
topiramate oral capsule sprinkle.....	11	TWIRLA.....	25	vigabatrin.....	11
topiramate oral tablet.....	11	TYBLUME.....	25	vigadrone.....	11
torsemide.....	18	tydemy.....	25	vigoder.....	11
TRADJENTA.....	16	TYMLOS.....	28	VINATE ONE ORAL TABLET 60-1 MG.....	20
tramadol-acetaminophen.....	10	TYVASO.....	31	viorele.....	25
tramadol hcl er.....	9	TYVASO DPI INSTITUTIONAL KIT.....	31	VIRACEPT.....	15
tramadol hcl (er biphasic) oral tablet extended release 24 hour.....	9	TYVASO DPI MAINTENANCE KIT.....	31	vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit.....	20
tramadol hcl oral tablet 50 mg.....	10	TYVASO DPI TITRATION KIT.....	31	VITATHELY WITH GINGER.....	20
tranexamic acid oral.....	17	TYVASO REFILL KIT.....	31	VIVAGUARD LANCETS 30G.....	16
tranylcypromine sulfate.....	12	TYVASO STARTER KIT.....	31	VIVAGUARD LANCING DEVICE.....	16
trazodone hcl oral.....	12	UBRELVY.....	13	VIVAGUARD SAFETY LANCETS 28G.....	16
TRELEGY ELLIPTA.....	31	UNIFINE PROTECT PEN NEEDLE.....	29	volnea.....	25
TRESIBA.....	17	unithroid.....	26	voriconazole oral suspension reconstituted.....	12
TRESIBA FLEXTOUCH.....	17	ursodiol oral capsule 300 mg.....	21	voriconazole oral tablet.....	12
tretinoin external cream.....	20	ursodiol oral tablet.....	21	VORTEX VALVED HOLDING CHAMBER.....	29
tretinoin oral.....	14	valganciclovir hcl oral solution reconstituted.....	14	VRAYLAR.....	14
triamcinolone acetonide external cream.....	23	valganciclovir hcl oral tablet.....	14	vyfemla.....	25
triamcinolone acetonide external lotion.....	23	valproic acid oral capsule.....	11	vylibra.....	25
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %.....	23	valproic acid oral solution 250 mg/5ml.....	11	warfarin sodium oral.....	17
triamcinolone acetonide mouth/throat.....	19	valsartan-hydrochlorothiazide.....	18	wera.....	25
triamterene-hctz.....	18	valsartan oral tablet.....	17	WESNATAL DHA COMPLETE.....	20
triazolam.....	31	vancomycin hcl oral capsule.....	10	WESTAB PLUS.....	20
triderm.....	23	vancomycin hcl oral solution reconstituted 250 mg/5ml, 50 mg/ml.....	10	WIDE-SEAL DIAPHRAGM 60.....	29
tri-estarylla.....	24	VANDAZOLE.....	10	WIDE-SEAL DIAPHRAGM 65.....	29
trifluoperazine hcl.....	14	VAQTA.....	28	WIDE-SEAL DIAPHRAGM 70.....	29
trifluridine.....	29	varenicline tartrate.....	10	WIDE-SEAL DIAPHRAGM 75.....	29
trihexyphenidyl hcl.....	14	varenicline tartrate(continue).....	10	WIDE-SEAL DIAPHRAGM 80.....	29
tri-legest fe.....	24	varenicline tartrate (starter).....	10	WIDE-SEAL DIAPHRAGM 85.....	29
tri-lynyah.....	24	VARIVAX.....	28	WIDE-SEAL DIAPHRAGM 90.....	29
tri-lo-estarylla.....	24	VAXELIS.....	28	WIDE-SEAL DIAPHRAGM 95.....	29
tri-lo-marzia.....	24	VAXNEUVANCE.....	28	wixela inhub.....	30
tri-lo-mili.....	24	VCF VAGINAL CONTRACEPTIVE.....	22	wymzya fe.....	25
tri-lo-sprintec.....	24	velivet.....	25		

XARELTO .....	17
XARELTO STARTER PACK .....	17
XELJANZ .....	26
XELJANZ XR .....	26
XIGDUO XR .....	16
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR .....	26
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML .....	26
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML .....	26
XTAMPZA ER .....	9
xulane .....	25
yuvafem .....	25
zafemy .....	25
ZARXIO .....	17
ZEGALOGUE .....	17
ZELBORAF .....	14
zenatane .....	20
ZENPEP .....	22
zidovudine .....	15
ziprasidone hcl .....	14
zolmitriptan oral .....	13
zolpidem tartrate er .....	31
zolpidem tartrate oral tablet .....	31
zonisamide oral .....	11
zovia 1/35 (28) .....	25
zumandimine .....	25
ZYKADIA .....	14
ZYLET .....	29

# Language Assistance Services

1-877-265-9199, TTY 711

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Hindi:** अनुवाद सेवाएँ और दुभाषिए आपके लिए नि:शुल्क उपलब्ध हैं। यदि आपको सहायता की आवश्यकता है, तो कृपया अपने स्वास्थ्य योजना आईडी कार्ड पर ऊपर दिए गए नंबर या सदस्य सेवा नंबर पर कॉल करें।

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

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

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



# Notice of non-discrimination

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

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

**Email:** [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

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

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

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

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

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

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



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