



ROCKY MOUNTAIN
HEALTH PLANS®

A UnitedHealthcare Company

2024 Colorado Options Prescription Drug List

Colorado Options Plan

Effective as of Jan. 1, 2024

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Understanding your prescription drug list

What is a prescription drug list (PDL)?

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

To create the list, UnitedHealthcare® is guided by the Individual and 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 a medication is generic or brand, and if special rules apply. You can reference this list when you see your healthcare provider. If your medication is not listed here, please visit myuhc.com/exchange or call the Member Services number on your health plan ID card.

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's effectiveness, safety, cost, and the availability of alternative medications to treat the same or similar medical condition.

| Tier | Cost-share | Includes |
|------|------------|--|
| 1 | \$0 | \$0 Cost-share Preventive medications are available at no cost to you. |
| 2 | \$ | Lower cost-shares Medications that offer the greatest overall value, which includes mainly generic medications. |
| 3 | \$\$ | Mid-range cost-share Medications that offer good overall value, which includes preferred brand name medications. |
| 4 | \$\$\$ | Highest cost-shares |
| 5 | \$\$\$\$ | Medications that offer the lowest overall value. |

Coverage details

What are coverage requirements or limits?

Some medications on your PDL have extra requirements before they can be covered. A few of the most common coverage requirements 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 requirements or limits. Your benefit plan sets how these medications may be covered for you. To get a medication that has a coverage requirement or limit, see the "Prior authorization and exception requests" section.

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.



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

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 restrictions.

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

Why are some medications not covered?

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

What 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.

Which preventive medications are covered?

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

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

- Aspirin to prevent preeclampsia during pregnancy
- Birth control (contraceptives)
- Breast cancer preventive medications



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

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

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

Prior authorization and exception requests

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

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

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

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

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

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

If you need help, you can also start a request at myuhc.com/exchange or by calling the member services number on your 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.

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

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



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.

What if I am taking a specialty medication?

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

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

Reading your PDL

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

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

Questions



Review your Policy for more information about your pharmacy benefit.



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



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

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

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.

| Drug name | Drug tier | Notes |
|---|-----------|---|
| Analgesics | | |
| Nonsteroidal anti-inflammatory drugs | | |
| aspirin 81 oral tablet delayed release | 1 | \$0 Copay for members between ages of 16 to 49. |
| aspirin adult low dose | 1 | \$0 Copay for members between ages of 16 to 49. |
| aspirin adult low strength | 1 | \$0 Copay for members between ages of 16 to 49. |
| aspirin childrens | 1 | \$0 Copay for members between ages of 16 to 49. |
| aspirin ec low dose | 1 | \$0 Copay for members between ages of 16 to 49. |
| aspirin ec low strength | 1 | \$0 Copay for members between ages of 16 to 49. |
| aspirin low dose | 1 | \$0 Copay for members between ages of 16 to 49. |
| aspirin oral tablet chewable | 1 | \$0 Copay for members between ages of 16 to 49. |
| aspirin oral tablet delayed release 81 mg | 1 | \$0 Copay for members between ages of 16 to 49. |
| aspirin regimen | 1 | \$0 Copay for members between ages of 16 to 49. |
| celecoxib oral | 2 | QL |
| diclofenac-misoprostol | 3 | |
| etodolac | 2 | |
| goodsense aspirin low dose | 1 | \$0 Copay for members between ages of 16 to 49. |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg | 2 | |
| indomethacin oral | 2 | QL |
| ketorolac tromethamine oral | 2 | |
| meloxicam oral tablet | 2 | |
| mm aspirin | 1 | \$0 Copay for members between ages of 16 to 49. |
| naproxen oral tablet | 2 | |
| salsalate oral | 2 | |
| ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE | 1 | \$0 Copay for members between ages of 16 to 49. |
| sulindac oral | 2 | |
| Opioid analgesics, long-acting | | |
| fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr | 3 | PA; QL; MME; 7D |
| hydrocodone bitartrate er oral capsule extended release 12 hour | 4 | PA; QL; MME; 7D |
| 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 |

| Drug name | Drug tier | Notes |
|---|-----------|-----------------|
| 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 | 3 | PA; QL; MME; 7D |
| XTAMPZA ER | 4 | PA; QL; MME; 7D |
| Opioid analgesics, short-acting | | |
| 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-caffeine oral tablet | 2 | QL |
| butalbital-asa-caff-codeine | 3 | QL; MME; 7D |
| butalbital-aspirin-caffeine | 2 | QL |
| codeine sulfate oral tablet 30 mg, 60 mg | 2 | QL; MME; 7D |
| endocet | 2 | QL; MME; 7D |
| hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml | 2 | QL; MME; 7D |
| hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg | 2 | QL; MME; 7D |
| hydromorphone hcl oral liquid | 3 | QL; MME; 7D |
| hydromorphone hcl oral tablet | 2 | QL; MME; 7D |
| morphine sulfate (concentrate) | 3 | QL; MME; 7D |
| morphine sulfate oral solution | 3 | QL; MME; 7D |
| morphine sulfate oral tablet | 2 | QL; MME; 7D |
| oxycodone hcl oral capsule | 2 | QL; MME; 7D |
| oxycodone hcl oral concentrate 100 mg/5ml | 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 |
| Anesthetics | | |
| Local anesthetics | | |
| glydo | 2 | |
| lidocaine external ointment 5 % | 2 | QL |
| 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 | |
| premium lidocaine | 2 | QL |
| Anti-addiction/substance abuse treatment agents | | |
| Alcohol deterrents/anti-craving | | |
| acamprosate calcium | 3 | |
| disulfiram oral | 2 | |
| naltrexone hcl oral | 2 | |



| Drug name | Drug tier | Notes |
|---|-----------|-----------|
| Opioid dependence treatments | | |
| buprenorphine hcl sublingual | 2 | |
| buprenorphine hcl-naloxone hcl sublingual film | 4 | |
| buprenorphine hcl-naloxone hcl sublingual tablet sublingual | 2 | |
| Opioid reversal agents | | |
| naloxone hcl injection | 2 | |
| naloxone hcl nasal | 2 | \$0 Copay |
| NARCAN | 2 | \$0 Copay |
| Smoking cessation agents | | |
| bupropion hcl er (smoking det) | 1 | QL |
| goodsense nicotine mouth/throat lozenge 4 mg | 1 | QL |
| habitrol | 1 | QL |
| NICORETTE MOUTH/THROAT GUM 2 MG | 1 | QL |
| NICORETTE MOUTH/THROAT LOZENGE 4 MG | 1 | QL |
| nicotine mini | 1 | QL |
| nicotine polacrifex mini | 1 | QL |
| nicotine polacrifex mouth/throat | 1 | QL |
| nicotine step 1 | 1 | QL |
| nicotine step 2 | 1 | QL |
| nicotine step 3 | 1 | QL |
| nicotine transdermal kit | 1 | QL |
| nicotine transdermal patch 24 hour 21 mg/24hr | 1 | QL |
| NICOTROL | 1 | QL |
| NICOTROL NS | 1 | QL |
| varenicline tartrate | 1 | QL |
| varenicline tartrate (starter) | 1 | QL |
| Antibacterials | | |
| Aminoglycosides | | |
| gentamicin sulfate external | 3 | |
| neomycin sulfate oral | 2 | |
| Antibacterials, other | | |
| 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 calcium | 4 | QL |
| mupirocin external | 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 | |

| Drug name | Drug tier | Notes |
|--|-----------|-------|
| vancomycin hcl oral capsule | 2 | QL |
| vancomycin hcl oral solution reconstituted 250 mg/5ml, 50 mg/ml | 3 | |
| VANDAZOLE | 2 | |
| Beta-lactam, cephalosporins | | |
| cefadroxil oral capsule | 2 | |
| cefadroxil oral suspension reconstituted | 2 | |
| cefadroxil oral tablet | 3 | |
| cefdinir | 2 | |
| cefuroxime axetil | 2 | |
| cephalexin oral capsule | 2 | |
| cephalexin oral suspension reconstituted | 2 | |
| Beta-lactam, penicillins | | |
| amoxicillin | 2 | |
| amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml | 2 | |
| amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg | 2 | |
| amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg | 2 | |
| ampicillin | 2 | |
| dicloxacillin sodium | 2 | |
| penicillin v potassium | 2 | |
| Macrolides | | |
| azithromycin oral | 2 | |
| clarithromycin er | 3 | |
| clarithromycin oral suspension reconstituted | 4 | |
| clarithromycin oral tablet | 2 | |
| ERYTHROCIN STEARATE | 4 | |
| erythromycin base oral capsule delayed release particles | 4 | |
| erythromycin base oral tablet | 3 | |
| erythromycin base oral tablet delayed release | 3 | |
| erythromycin ethylsuccinate oral | 4 | |
| erythromycin oral | 3 | |
| Quinolones | | |
| ciprofloxacin hcl oral | 2 | |
| levofloxacin oral solution | 4 | |
| levofloxacin oral tablet | 2 | |
| moxifloxacin hcl oral | 2 | |
| ofloxacin oral | 3 | |
| Sulfonamides | | |
| sulfamethoxazole-trimethoprim oral suspension | 2 | |
| sulfamethoxazole-trimethoprim oral tablet | 2 | |
| sulfatrim pediatric | 2 | |
| Tetracyclines | | |
| avidoxy | 2 | |
| doxycycline hyclate oral capsule | 2 | |



| Drug name | Drug tier | Notes |
|---|-----------|------------|
| 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 | |
| mondoxyne nl | 2 | |
| tetracycline hcl oral | 2 | |
| Anticonvulsants | | |
| Anticonvulsants, other | | |
| levetiracetam er | 2 | |
| levetiracetam oral | 2 | |
| roweepra | 2 | |
| Calcium channel modifying agents | | |
| CELONTIN | 3 | |
| ethosuximide oral | 3 | |
| methsuximide | 3 | |
| zonisamide oral | 2 | |
| Gamma-aminobutyric acid (GABA) augmenting agents | | |
| diazepam rectal | 4 | QL |
| gabapentin oral capsule | 2 | |
| gabapentin oral solution 250 mg/5ml | 2 | |
| gabapentin oral tablet 600 mg, 800 mg | 2 | |
| phenobarbital oral | 2 | |
| primidone oral | 2 | |
| valproic acid oral | 2 | |
| vigabatrin | 4 | PA; QL; SP |
| vigadrone | 4 | PA; QL; SP |
| Glutamate reducing agents | | |
| felbamate | 4 | |
| lamotrigine oral kit | 4 | PA |
| lamotrigine oral tablet | 2 | |
| lamotrigine oral tablet chewable | 2 | |
| lamotrigine oral tablet dispersible | 4 | PA |
| lamotrigine starter kit-blue | 4 | |
| lamotrigine starter kit-green | 4 | |
| lamotrigine starter kit-orange | 4 | |
| subvenite | 2 | |
| subvenite starter kit-blue | 4 | |
| subvenite starter kit-green | 4 | |
| subvenite starter kit-orange | 4 | |
| topiramate oral capsule sprinkle | 3 | |
| topiramate oral tablet | 2 | |
| Sodium channel agents | | |
| carbamazepine er | 3 | |
| carbamazepine oral suspension | 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 | |

| Drug name | Drug tier | Notes |
|---|-----------|-------|
| oxcarbazepine oral tablet | 2 | |
| phenytoin infatabs | 2 | |
| phenytoin oral suspension 125 mg/5ml | 2 | |
| phenytoin oral tablet chewable | 2 | |
| phenytoin sodium extended | 2 | |
| Antidementia agents | | |
| Cholinesterase inhibitors | | |
| donepezil hcl oral tablet 10 mg, 5 mg | 2 | QL |
| donepezil hcl oral tablet dispersible | 2 | QL |
| galantamine hydrobromide er | 3 | QL |
| galantamine hydrobromide oral solution | 4 | QL |
| galantamine hydrobromide oral tablet | 3 | QL |
| N-Methyl-D-Aspartate (NMDA) receptor antagonist | | |
| memantine hcl oral solution | 4 | QL |
| memantine hcl oral tablet | 2 | QL |
| Antidepressants | | |
| Antidepressants, other | | |
| bupropion hcl er (sr) | 2 | |
| bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg | 2 | QL |
| bupropion hcl oral | 2 | |
| chlordiazepoxide-amitriptyline | 2 | |
| mirtazapine oral tablet | 2 | |
| mirtazapine oral tablet dispersible | 2 | |
| olanzapine-fluoxetine hcl | 4 | QL |
| perphenazine-amitriptyline | 2 | |
| Monoamine oxidase inhibitors | | |
| MARPLAN | 3 | |
| phenelzine sulfate oral | 2 | |
| tranylcypromine sulfate | 4 | |
| SSRI/SNRI (selective serotonin reuptake inhibitors/serotonin and norepinephrine reuptake inhibitors) | | |
| citalopram hydrobromide oral solution | 3 | |
| citalopram hydrobromide oral tablet | 2 | |
| duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg | 2 | QL |
| duloxetine hcl oral capsule delayed release particles 30 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 | |



| Drug name | Drug tier | Notes |
|--|-----------|-------|
| venlafaxine hcl | 2 | |
| venlafaxine hcl er oral capsule extended release 24 hour | 2 | |
| Tricyclics | | |
| 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 | |
| Antiemetics | | |
| Antiemetics, other | | |
| compro | 3 | |
| metoclopramide hcl oral solution | 2 | |
| metoclopramide hcl oral tablet | 2 | |
| perphenazine oral | 2 | |
| prochlorperazine | 3 | |
| prochlorperazine maleate oral | 2 | |
| promethazine hcl oral | 2 | |
| promethazine hcl rectal | 3 | QL |
| promethegan | 3 | QL |
| scopolamine | 3 | |
| trimethobenzamide hcl oral | 2 | |
| Emetogenic therapy adjuncts | | |
| aprepitant | 4 | QL |
| dronabinol | 4 | |
| EMEND ORAL SUSPENSION RECONSTITUTED | 3 | QL |
| granisetron hcl oral | 3 | QL |
| ondansetron hcl oral solution | 2 | |
| ondansetron hcl oral tablet | 2 | |
| ondansetron odt | 2 | |
| Antifungals | | |
| clotrimazole mouth/throat | 2 | |
| clotrimazole-betamethasone external cream | 2 | QL |
| clotrimazole-betamethasone external lotion | 3 | |
| fluconazole oral suspension reconstituted | 2 | |
| fluconazole oral tablet | 2 | |
| flucytosine oral | 4 | |
| griseofulvin microsize oral | 3 | |
| griseofulvin ultramicrosize | 3 | |
| ketoconazole external cream | 2 | QL |
| ketoconazole external shampoo | 2 | |
| ketoconazole oral | 2 | |
| miconazole 3 | 2 | |
| nyamyc | 2 | QL |
| nystatin external cream | 2 | |
| nystatin external ointment | 2 | |
| nystatin external powder | 2 | QL |
| nystatin mouth/throat | 2 | |

| Drug name | Drug tier | Notes |
|--|-----------|--------|
| nystatin oral | 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 |
| Antigout agents | | |
| allopurinol oral tablet 100 mg, 300 mg | 2 | |
| COLCHICINE ORAL CAPSULE | 2 | QL |
| MITIGARE | 3 | QL |
| probenecid | 2 | |
| Antimigraine agents | | |
| AIMOVI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML | 3 | QL |
| Ergot alkaloids | | |
| dihydroergotamine mesylate injection | 4 | QL |
| ergotamine-caffeine | 4 | |
| MIGERGOT | 4 | |
| Serotonin (5-HT) receptor agonists | | |
| 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 |
| Antimyasthenic agents | | |
| Parasympathomimetics | | |
| pyridostigmine bromide er | 4 | |
| pyridostigmine bromide oral solution | 4 | |
| pyridostigmine bromide oral tablet 60 mg | 2 | |
| Antimycobacterials | | |
| Antimycobacterials, other | | |
| dapsone oral | 2 | |
| Antituberculars | | |
| ethambutol hcl oral | 2 | |
| isoniazid oral syrup | 4 | |
| isoniazid oral tablet | 2 | |
| pyrazinamide oral | 3 | |
| rifampin oral | 2 | |
| Antineoplastics | | |
| Alkylating agents | | |
| cyclophosphamide oral capsule | 4 | |
| CYCLOPHOSPHAMIDE ORAL TABLET | 4 | |
| GLEOSTINE | 5 | SP |
| LEUKERAN | 4 | |
| melphalan | 4 | |
| MYLERAN | 4 | |
| temozolomide | 5 | PA; SP |



| Drug name | Drug tier | Notes |
|---|-----------|--|
| VALCHLOR | 4 | PA; QL; SP |
| Antiandrogens | | |
| abiraterone acetate | 5 | PA; QL; SP |
| bicalutamide | 2 | |
| nilutamide | 4 | SP |
| NUBEQA | 5 | PA; QL; SP |
| Antiangiogenic agents | | |
| lenalidomide | 4 | PA; QL; SP |
| REVLIMID | 4 | PA; QL; SP |
| THALOMID | 4 | PA; QL; SP |
| Antiestrogens/modifiers | | |
| EMCYT | 4 | |
| tamoxifen citrate oral tablet 10 mg | 2 | |
| tamoxifen citrate oral tablet 20 mg | 2 | \$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention. |
| Antimetabolites | | |
| capecitabine | 5 | SP |
| DROXIA | 4 | |
| hydroxyurea oral | 2 | |
| mercaptopurine oral | 2 | |
| TABLOID | 5 | SP |
| Antineoplastics, other | | |
| FLUOROURACIL EXTERNAL CREAM 0.5 % | 4 | QL |
| fluorouracil external cream 5 % | 2 | QL |
| fluorouracil external solution | 2 | |
| leucovorin calcium oral | 2 | |
| VERZENIO | 4 | PA; QL; SP |
| Aromatase inhibitors, 3rd generation | | |
| anastrozole oral | 2 | \$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention. |
| exemestane | 4 | \$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention. |
| letrozole oral | 2 | \$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention. |
| Enzyme inhibitors | | |
| etoposide oral | 3 | SP |
| Molecular target inhibitors | | |
| ALECENSA | 4 | PA; QL; SP |
| BOSULIF | 5 | PA; QL; SP |

| Drug name | Drug tier | Notes |
|---|-----------|------------|
| 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 |
| IRESSA | 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 |
| Retinoids | | |
| tretinoin oral | 4 | QL; SP |
| Antiparasitics | | |
| Anthelmintics | | |
| albendazole oral | 4 | PA; QL |
| ivermectin oral | 2 | PA; QL |
| praziquantel oral | 4 | |
| Antiprotozoals | | |
| atovaquone | 4 | |
| atovaquone-proguanil hcl | 3 | |
| chloroquine phosphate oral | 2 | QL |
| hydroxychloroquine sulfate oral tablet 200 mg | 2 | QL |
| mefloquine hcl | 2 | |
| pentamidine isethionate inhalation | 3 | QL |
| primaquine phosphate | 2 | |
| quinine sulfate | 3 | |
| Pediculicides/scabicides | | |
| permethrin external | 2 | |
| Anti-Parkinson's | | |
| Anticholinergics | | |
| benztropine mesylate oral | 2 | |
| trihexyphenidyl hcl | 2 | |
| Anti-Parkinson's agents, other | | |
| amantadine hcl oral | 2 | |
| carbidopa-levodopa-entacapone | 4 | |
| entacapone | 3 | |
| Dopamine agonists | | |
| bromocriptine mesylate oral capsule | 4 | |
| bromocriptine mesylate oral tablet | 3 | |
| pramipexole dihydrochloride | 2 | |
| ropinirole hcl | 2 | |
| Dopamine precursors/l-amino acid decarboxylase inhibitors | | |
| carbidopa-levodopa er | 2 | |
| carbidopa-levodopa oral tablet | 2 | |



| Drug name | Drug tier | Notes |
|---|-----------|------------|
| Monoamine oxidase B (MAO-B) inhibitors | | |
| selegiline hcl oral | 3 | |
| Antipsychotics | | |
| 1st generation/typical | | |
| ADASUVE | 4 | |
| chlorpromazine hcl oral tablet | 2 | |
| fluphenazine hcl oral concentrate | 3 | |
| fluphenazine hcl oral elixir | 3 | |
| fluphenazine hcl oral tablet | 2 | |
| haloperidol lactate oral | 2 | |
| haloperidol oral | 2 | |
| loxapine succinate | 2 | |
| molindone hcl | 4 | |
| pimozide | 3 | |
| thioridazine hcl oral | 2 | |
| thiothixene | 2 | |
| trifluoperazine hcl | 2 | |
| 2nd generation/atypical | | |
| aripiprazole oral tablet | 2 | QL |
| asenapine maleate | 4 | ST; QL |
| lurasidone hcl | 2 | QL |
| olanzapine oral tablet | 2 | QL |
| olanzapine oral tablet dispersible | 2 | QL |
| paliperidone er | 4 | QL |
| quetiapine fumarate | 2 | QL |
| quetiapine fumarate er | 2 | QL |
| risperidone oral solution | 2 | |
| risperidone oral tablet | 2 | |
| risperidone oral tablet dispersible | 3 | |
| VRAYLAR | 4 | QL |
| ziprasidone hcl | 2 | QL |
| Treatment-resistant | | |
| clozapine oral tablet | 2 | |
| clozapine oral tablet dispersible | 4 | QL |
| Antivirals | | |
| LAGEVRIO | 4 | QL |
| PAXLOVID (150/100) | 4 | QL |
| PAXLOVID (300/100) | 4 | QL |
| valganciclovir hcl | 4 | QL |
| Anti-hepatitis B (HBV) agents | | |
| adefovir dipivoxil | 4 | SP |
| entecavir | 3 | SP |
| lamivudine oral tablet 100 mg | 3 | |
| Anti-hepatitis C (HCV) agents | | |
| MAVYRET | 4 | PA; QL; SP |
| PEGASYS | 4 | PA; QL; SP |
| ribavirin oral | 3 | |
| SOFOSBUVIR-VELPATASVIR | 4 | PA; QL; SP |
| Antiherpetic agents | | |
| acyclovir oral capsule | 2 | |
| acyclovir oral suspension | 4 | |
| acyclovir oral tablet | 2 | |
| famciclovir oral | 2 | QL |

| Drug name | Drug tier | Notes |
|---|-----------|--|
| Anti-HIV agents, integrase inhibitors (INSTI) | | |
| BIKTARVY | 4 | QL |
| DOVATO | 4 | QL |
| GENVOYA | 4 | QL |
| ISENTRESS ORAL PACKET | 4 | QL |
| ISENTRESS ORAL TABLET | 4 | QL |
| JULUCA | 4 | QL |
| STRIBILD | 4 | QL |
| Anti-HIV agents, non-nucleoside reverse transcriptase inhibitors (NNRTI) | | |
| COMPLERA | 4 | QL |
| EDURANT | 4 | QL |
| efavirenz | 4 | QL |
| etravirine | 4 | QL |
| INTELENCE ORAL TABLET 25 MG | 4 | QL |
| nevirapine oral suspension | 2 | QL |
| nevirapine oral tablet | 2 | QL |
| Anti-HIV agents, nucleoside and nucleotide reverse transcriptase inhibitors (NRTI) | | |
| abacavir sulfate oral solution | 4 | QL |
| abacavir sulfate oral tablet | 2 | QL |
| abacavir sulfate-lamivudine | 3 | QL |
| emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg | 4 | 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 high risk of HIV infection. |
| lamivudine oral solution | 2 | QL |
| lamivudine oral tablet 150 mg, 300 mg | 2 | QL |
| lamivudine-zidovudine | 3 | QL |
| ODEFSEY | 4 | QL |
| tenofovir disoproxil fumarate | 2 | QL; \$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at high risk of HIV infection. |
| TRIUMEQ | 4 | QL |
| zidovudine oral capsule | 3 | QL |
| zidovudine oral syrup | 3 | QL |
| zidovudine oral tablet | 2 | QL |
| Anti-HIV agents, other | | |
| maraviroc | 4 | QL |
| Anti-HIV agents, protease inhibitors | | |
| APTIVUS | 4 | QL |
| atazanavir sulfate | 4 | QL |
| darunavir | 4 | QL |



| Drug name | Drug tier | Notes |
|---|-----------|-------|
| fosamprenavir calcium | 4 | QL |
| LEXIVA ORAL SUSPENSION | 4 | QL |
| lopinavir-ritonavir | 4 | QL |
| NORVIR ORAL PACKET | 4 | QL |
| PREZISTA ORAL SUSPENSION | 4 | QL |
| REYATAZ ORAL PACKET | 4 | QL |
| ritonavir | 4 | QL |
| VIRACEPT | 4 | QL |
| Anti-influenza agents | | |
| oseltamivir phosphate oral | 3 | QL |
| rimantadine hcl | 2 | |
| Anxiolytics | | |
| Anxiolytics, other | | |
| bupirone hcl oral | 2 | |
| hydroxyzine hcl oral | 2 | |
| hydroxyzine pamoate oral | 2 | |
| Benzodiazepines | | |
| 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 | |
| Bipolar agents | | |
| Mood stabilizers | | |
| divalproex sodium er | 2 | |
| divalproex sodium oral capsule delayed release sprinkle | 2 | |
| divalproex sodium oral tablet delayed release | 2 | |
| lithium | 2 | |
| lithium carbonate er | 2 | |
| lithium carbonate oral | 2 | |
| Blood glucose monitoring | | |
| ACCU-CHEK AVIVA DEVICE | 3 | QL |
| ACCU-CHEK AVIVA PLUS TEST STRIPS | 3 | QL |
| ACCU-CHEK FASTCLIX LANCET KIT | 3 | QL |
| ACCU-CHEK GUIDE TEST STRIPS | 3 | QL |
| ACCU-CHEK GUIDE CONTROL | 3 | QL |
| ACCU-CHEK GUIDE KIT W/DEVICE | 3 | QL |
| ACCU-CHEK SMARTVIEW CONTROL | 3 | QL |
| ACCU-CHEK SMARTVIEW TEST STRIPS | 3 | QL |
| ACCU-CHEK SOFTCLIX LANCET DEVICE KIT | 3 | QL |
| AUTOLET LANCING DEVICE | 3 | QL |
| CARETOUCH CONTROL SOL LEVEL 2 | 3 | QL |
| CARETOUCH LANCING/EJECTOR | 3 | QL |

| Drug name | Drug tier | Notes |
|---|-----------|--------|
| CHEMSTRIP K | 3 | |
| CHEMSTRIP MICRAL | 3 | |
| CHEMSTRIP UGK | 3 | |
| CLEVER CHOICE COMFORT EZ | 3 | |
| CONTOUR CONTROL SOLUTION | 3 | QL |
| CONTOUR NEXT CONTROL SOLUTION | 3 | QL |
| CVS KETONE CARE | 3 | |
| EASYMAX 15 LEVEL 2-3 CONTROL | 3 | QL |
| EASYMAX CONTROL | 3 | QL |
| GLUCOSE CONTROL SOLUTIONS | 3 | QL |
| FORA TEST N'GO ADV-VOICE-6 CON | 3 | |
| FORTISCARE CONTROL | 3 | QL |
| KETO-DIASTIX | 3 | |
| KETONE TEST | 3 | |
| KETOSTIX | 3 | |
| LANCETS | 3 | |
| MICROLET NEXT LANCING DEVICE | 3 | QL |
| NOVOPEN ECHO | 3 | |
| ONETOUCH DELICA PLUS LANCING | 3 | QL |
| ONETOUCH DELICA SAFETY LANCING | 3 | QL |
| ONETOUCH ULTRA TEST STRIPS | 3 | QL |
| ONETOUCH ULTRA 2 KIT W/DEVICE | 3 | QL |
| ONETOUCH VERIO FLEX SYSTEM KIT | 3 | QL |
| ONETOUCH VERIO IN VITRO SOLUTION HIGH | 3 | QL |
| ONETOUCH VERIO TEST STRIPS | 3 | QL |
| ONETOUCH VERIO REFLECT KIT W/ DEVICE | 3 | QL |
| PIP GLUCOSE CONTROL SOLUTION | 3 | QL |
| TRUE METRIX LEVEL 1 | 3 | QL |
| TRUE METRIX LEVEL 2 | 3 | QL |
| TRUE METRIX LEVEL 3 | 3 | QL |
| UNISTRIP CONTROL IN VITRO SOLUTION LOW | 3 | QL |
| VERIFINE SAFE LANCET MINI 21G | 3 | |
| VERIFINE SAFE LANCET MINI 23G | 3 | |
| VERIFINE SAFE LANCET MINI 28G | 3 | |
| VERIFINE SAFE LANCET MINI 30G | 3 | |
| Blood glucose regulators | | |
| acarbose oral | 2 | QL |
| BYDUREON BCISE AUTOINJECTOR | 3 | PA; QL |
| FARXIGA | 3 | QL |
| glimepiride | 2 | QL |
| glipizide er | 2 | QL |
| glipizide ir | 2 | QL |
| glipizide xl | 2 | QL |
| glyburide oral | 2 | QL |
| JARDIANCE | 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 |



| Drug name | Drug tier | Notes |
|---------------------------------------|-----------|---------------|
| pioglitazone hcl | 2 | 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 |
| VICTOZA | 3 | PA; QL |
| XIGDUO XR | 3 | QL |
| Glycemic agents | | |
| BAQSIMI ONE PACK | 2 | QL; \$0 Copay |
| BAQSIMI TWO PACK | 2 | QL; \$0 Copay |
| diazoxide oral | 4 | |
| glucagon emergency kit 1 mg injection | 2 | QL; \$0 Copay |
| GLUCAGON EMERGENCY KIT 1 MG INJECTION | 2 | QL; \$0 Copay |
| GLUCAGON EMERGENCY KIT | 2 | QL; \$0 Copay |
| GLUCO TO GO | 3 | |
| GVOKE HYPOPEN 1-PACK | 2 | QL; \$0 Copay |
| GVOKE HYPOPEN 2-PACK | 2 | QL; \$0 Copay |
| GVOKE KIT | 2 | QL; \$0 Copay |
| GVOKE PFS | 2 | QL; \$0 Copay |
| ZEGALOGUE | 2 | QL; \$0 Copay |
| Insulins | | |
| 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 |

| Drug name | Drug tier | Notes |
|---|-----------|------------|
| Blood products and modifiers | | |
| Anticoagulants | | |
| 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 |
| Blood formation modifiers | | |
| anagrelide hcl | 4 | |
| PROMACTA | 5 | PA; QL; SP |
| RETACRIT | 4 | QL; SP |
| ZARXIO | 5 | SP |
| Hemostasis agents | | |
| aminocaproic acid oral | 4 | |
| RECOTHROM | 4 | |
| RECOTHROM SPRAY KIT | 4 | |
| THROMBIN-JMI EPISTAXIS | 4 | |
| THROMBIN-JMI EXTERNAL KIT | 4 | |
| tranexamic acid oral | 3 | QL |
| Platelet modifying agents | | |
| aspirin-dipyridamole er | 4 | QL |
| BRILINTA | 4 | QL |
| cilostazol | 2 | |
| clopidogrel bisulfate oral | 2 | QL |
| dipyridamole oral | 2 | |
| prasugrel hcl | 2 | QL |
| Cardiovascular agents | | |
| Alpha-adrenergic agonists | | |
| clonidine hcl oral | 2 | |
| guanfacine hcl | 2 | QL |
| METHYLDOPA | 2 | |
| midodrine hcl | 2 | |
| Alpha-adrenergic blocking agents | | |
| doxazosin mesylate oral | 2 | |
| phenoxybenzamine hcl oral | 4 | |
| prazosin hcl oral | 2 | |
| Angiotensin II receptor antagonists | | |
| irbesartan | 2 | QL |
| losartan potassium oral | 2 | QL |
| olmesartan medoxomil oral | 2 | QL |
| valsartan oral tablet | 2 | QL |
| Angiotensin-converting enzyme (ACE) inhibitors | | |
| benazepril hcl oral | 2 | QL |
| enalapril maleate oral tablet | 2 | QL |
| lisinopril oral | 2 | QL |
| Antiarrhythmics | | |
| amiodarone hcl oral | 2 | |
| disopyramide phosphate | 3 | |
| dofetilide | 4 | QL |
| flecainide acetate | 2 | |



| Drug name | Drug tier | Notes |
|--|-----------|--------|
| MULTAQ | 4 | PA; QL |
| NORPACE CR | 3 | |
| propafenone hcl | 2 | |
| propafenone hcl er | 4 | |
| quinidine gluconate er | 2 | |
| quinidine sulfate | 2 | |
| sotalol hcl (af) | 2 | |
| sotalol hcl oral | 2 | |
| SOTYLIZE | 4 | PA |
| Beta-adrenergic blocking agents | | |
| 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 solution | 2 | |
| propranolol hcl oral tablet | 2 | |
| Calcium channel blocking agents | | |
| amlodipine besylate oral | 2 | |
| cartia xt | 2 | |
| diltiazem hcl er | 2 | |
| diltiazem hcl er beads | 2 | |
| diltiazem hcl er coated beads | 2 | |
| diltiazem hcl oral | 2 | |
| dilt-xr | 2 | |
| felodipine er | 2 | |
| matzim la | 2 | |
| nimodipine oral | 4 | |
| NYMALIZE | 3 | |
| taztia xt | 2 | |
| tiadyt er | 2 | |
| verapamil hcl er oral capsule extended release 24 hour | 3 | |
| verapamil hcl er oral tablet extended release | 2 | |
| verapamil hcl oral | 2 | |
| Cardiovascular agents, other | | |
| amiloride-hydrochlorothiazide | 2 | |
| amlodipine besylate-benazepril hcl | 2 | QL |
| amlodipine besylate-valsartan | 2 | QL |
| atenolol-chlorthalidone | 2 | |
| benazepril-hydrochlorothiazide | 2 | QL |
| bisoprolol-hydrochlorothiazide | 2 | QL |
| candesartan cilexetil-hctz | 3 | QL |
| digoxin oral solution | 3 | |
| digoxin oral tablet 125 mcg | 2 | |
| digoxin oral tablet 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 |

| Drug name | Drug tier | Notes |
|--|-----------|--|
| lisinopril-hydrochlorothiazide | 2 | QL |
| losartan potassium-hctz | 2 | QL |
| pentoxifylline er | 2 | |
| spironolactone-hctz | 2 | |
| telmisartan-hctz | 3 | QL |
| triamterene-hctz | 2 | |
| valsartan-hydrochlorothiazide | 2 | QL |
| Diuretics, carbonic anhydrase inhibitors | | |
| acetazolamide er | 3 | |
| acetazolamide oral | 3 | |
| methazolamide oral | 4 | |
| Diuretics, loop | | |
| bumetanide oral | 2 | |
| furosemide oral | 2 | |
| toremide | 2 | |
| Diuretics, potassium-sparing | | |
| amiloride hcl oral | 2 | |
| eplerenone | 3 | |
| spironolactone oral | 2 | |
| triamterene oral | 3 | |
| Diuretics, thiazide | | |
| chlorthalidone | 2 | |
| hydrochlorothiazide oral | 2 | |
| indapamide | 2 | |
| metolazone | 2 | |
| Dyslipidemics, fibric acid derivatives | | |
| fenofibrate oral tablet 160 mg, 54 mg | 4 | |
| gemfibrozil oral | 2 | |
| Dyslipidemics, HMG COA reductase inhibitors | | |
| atorvastatin calcium oral tablet 10 mg, 20 mg | 2 | QL; \$0 Copay for members between ages 40 to 75 years. |
| atorvastatin calcium oral tablet 40 mg, 80 mg | 2 | QL |
| lovastatin oral | 2 | QL; \$0 Copay for members between ages 40 to 75 years. |
| pravastatin sodium | 2 | QL; \$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease. |
| rosuvastatin calcium oral tablet 10 mg, 5 mg | 2 | QL; \$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease. |
| rosuvastatin calcium oral tablet 20 mg, 40 mg | 2 | QL |



| Drug name | Drug tier | Notes |
|--|-----------|--|
| 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 |
| Dyslipidemics, other | | |
| cholestyramine light | 3 | |
| cholestyramine oral | 3 | |
| colesevelam hcl | 3 | |
| ezetimibe | 2 | QL |
| prevalite | 3 | |
| REPATHA | 4 | PA; QL |
| REPATHA PUSHTRONEX SYSTEM | 4 | PA; QL |
| REPATHA SURECLICK | 4 | PA; QL |
| Vasodilators, direct-acting arterial/venous | | |
| isosorbide dinitrate | 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 | |
| Vasodilators, direct-acting arterial | | |
| hydralazine hcl oral | 2 | |
| minoxidil oral | 2 | |
| Central nervous system agents | | |
| Attention deficit hyperactivity disorder agents, amphetamines | | |
| 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 |
| Attention deficit hyperactivity disorder agents, non-amphetamines | | |
| atomoxetine hcl | 3 | QL |
| dexmethylphenidate hcl | 2 | PA; QL |
| methylphenidate hcl oral tablet | 2 | PA; QL |
| Central nervous system, other | | |
| caffeine citrate oral | 2 | |
| riluzole | 4 | SP |
| tetrabenazine | 5 | PA; QL; SP |
| Fibromyalgia agents | | |
| pregabalin oral capsule | 2 | QL |
| SAVELLA TITRATION PACK | 4 | QL |
| Multiple sclerosis agents | | |
| AVONEX PEN | 5 | PA; QL; SP |
| AVONEX PREFILLED | 5 | PA; QL; SP |
| BETASERON | 5 | PA; QL; SP |
| dalfampridine er | 4 | PA; QL; SP |
| dimethyl fumarate oral | 4 | PA; QL; SP |
| dimethyl fumarate starter pack | 4 | PA; QL; SP |

| Drug name | Drug tier | Notes |
|--|-----------|------------|
| fingolimod hcl | 5 | PA; QL; SP |
| glatiramer acetate | 4 | PA; QL; SP |
| glatopa | 4 | PA; QL; SP |
| Dental and oral agents | | |
| chlorhexidine gluconate mouth/throat | 2 | |
| kourzeq | 2 | |
| oralone | 2 | |
| periogard | 2 | |
| triamcinolone acetonide mouth/throat | 2 | |
| Dermatological agents | | |
| accutane | 4 | |
| acitretin | 4 | |
| ammonium lactate external cream | 2 | |
| amnesteem | 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 swab | 2 | QL |
| clindacin-p | 2 | QL |
| clindamycin phos-benzoyl perox external gel 1.2-5 % | 4 | QL |
| clindamycin phosphate external lotion | 3 | QL |
| clindamycin phosphate external solution | 2 | QL |
| clindamycin phosphate external swab | 2 | QL |
| DUPIXENT | 4 | PA; QL; SP |
| EPIFOAM | 3 | |
| ery | 2 | |
| erythromycin external | 3 | |
| ESKATA | 3 | |
| imiquimod external cream 5 % | 2 | QL |
| isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg | 4 | |
| metronidazole external cream | 3 | |
| metronidazole external gel 0.75 % | 3 | |
| metronidazole external lotion | 3 | |
| podofilox external | 2 | |
| PRAMOSONE EXTERNAL LOTION | 3 | |
| selenium sulfide external lotion | 2 | |
| selenium sulfide external shampoo 2.25 % | 2 | |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE | 4 | PA; QL; SP |
| STELARA SUBCUTANEOUS | 4 | PA; QL; SP |
| sulfacetamide sodium (acne) | 2 | |
| tacrolimus external | 4 | ST; QL |
| tazarotene external cream | 4 | PA; QL |
| tazarotene external gel | 4 | PA; QL |
| TAZORAC EXTERNAL CREAM 0.05 % | 4 | PA; QL |
| tretinoin external cream | 3 | PA; QL |
| zenatane | 4 | |



| Drug name | Drug tier | Notes |
|---|-----------|---|
| Electrolytes/minerals/metals/vitamins | | |
| EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ | 3 | |
| effer-k oral tablet effervescent 25 meq | 2 | |
| FLORIVA ORAL LIQUID | 1 | |
| 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 sf | 3 | |
| potassium chloride crys er | 2 | |
| potassium chloride er | 2 | |
| potassium chloride oral packet | 4 | |
| potassium chloride oral solution | 2 | |
| potassium citrate er | 3 | |
| sodium fluoride oral | 1 | \$0 Copay for members ages 0 to 16 years. |
| Electrolyte/mineral/metal modifiers | | |
| CHEMET | 3 | |
| deferasirox oral tablet | 4 | PA; SP |
| deferasirox oral tablet soluble | 4 | PA; SP |
| sodium polystyrene sulfonate | 2 | |
| sps | 2 | |
| Phosphate binders | | |
| AURYXIA | 4 | |
| calcium acetate (phos binder) | 2 | |
| calcium acetate oral tablet 667 mg | 2 | |
| sevelamer carbonate | 4 | |
| sevelamer hcl | 4 | |
| Vitamins | | |
| ATABEX OB | 3 | |
| CITRANATAL BLOOM | 3 | |
| CITRANATAL MEDLEY | 3 | |
| cyanocobalamin injection solution 1000 mcg/ml | 2 | |
| DODEX | 3 | |
| ELITE-OB | 3 | |
| ENBRACE HR | 3 | |
| ergocalciferol oral capsule | 2 | |
| folic acid oral tablet 1 mg | 2 | |
| folic acid oral tablet 400 mcg, 800 mcg | 1 | |
| M-NATAL PLUS | 3 | |
| NEONATAL COMPLETE | 3 | |
| NEONATAL PLUS | 3 | |
| NESTABS | 3 | |
| ONE VITE WOMENS PLUS | 3 | |
| phytonadione oral | 4 | QL |
| pnv prenatal plus multivit+dha | 2 | |

| Drug name | Drug tier | Notes |
|--|-----------|--------|
| PREMESISRX | 3 | |
| PRENAISSANCE | 3 | |
| prenatal oral tablet 27-0.8 mg, 27-1 mg | 2 | |
| prenatal plus vitamin/mineral | 2 | |
| PRENATE | 3 | |
| PRENATE DHA | 3 | |
| PRENATE ELITE | 3 | |
| PRENATE ENHANCE | 3 | |
| PRENATE ESSENTIAL | 3 | |
| PRENATE MINI | 3 | |
| PRENATE PIXIE | 3 | |
| PRENATE RESTORE | 3 | |
| PRIMACARE | 3 | |
| RELNATE DHA | 3 | |
| SELECT-OB ORAL TABLET CHEWABLE 29-1 MG | 3 | |
| TRINATE | 3 | |
| TRISTART DHA | 3 | |
| VINATE ONE | 3 | |
| VITAFOL FE+ | 3 | |
| VITAFOL STRIPS | 3 | |
| VITAFOL-NANO | 3 | |
| VITAFOL-OB+DHA | 3 | |
| vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit | 2 | |
| VITATHELY WITH GINGER | 3 | |
| WESCAP-C DHA | 4 | |
| WESCAP-PN DHA | 4 | |
| WESNATAL DHA COMPLETE | 3 | |
| WESNATE DHA | 3 | |
| WESTAB PLUS | 3 | |
| WESTGEL DHA | 3 | |
| Gastrointestinal agents | | |
| Antispasmodics, gastrointestinal | | |
| dicyclomine hcl oral capsule | 2 | |
| dicyclomine hcl oral solution | 3 | |
| dicyclomine hcl oral tablet | 2 | |
| glycopyrrolate oral tablet 1 mg, 2 mg | 2 | |
| Gastrointestinal agents, other | | |
| alvimopan | 4 | |
| cromolyn sodium oral | 4 | |
| diphenoxylate-atropine oral tablet | 2 | |
| loperamide hcl oral capsule | 2 | |
| opium | 4 | QL |
| ursodiol oral capsule 300 mg | 4 | |
| ursodiol oral tablet | 3 | |
| Histamine2 (H2) receptor antagonists | | |
| cimetidine oral tablet 300 mg, 400 mg, 800 mg | 2 | |
| famotidine oral suspension reconstituted | 3 | |
| famotidine oral tablet 20 mg, 40 mg | 2 | |
| Irritable bowel syndrome agents | | |
| LINZESS | 3 | PA; QL |
| lubiprostone | 4 | QL |



| Drug name | Drug tier | Notes |
|--|-----------|--|
| Laxatives | | |
| bisacodyl ec | 1 | QL |
| bisacodyl oral | 1 | QL |
| citroma | 1 | QL |
| clearlax | 1 | QL |
| constulose | 2 | |
| enulose | 2 | |
| 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. |
| generlac | 2 | |
| gentle laxative oral | 1 | QL |
| gentlelax | 1 | QL |
| glycolax | 1 | QL |
| lactulose encephalopathy | 2 | |
| lactulose oral solution | 2 | |
| magnesium citrate oral solution | 1 | QL |
| mm clearlax | 1 | QL |
| 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. |
| polyethylene glycol 3350 oral powder | 1 | QL |
| qc magnesium citrate | 1 | QL |
| Protectants | | |
| misoprostol oral | 2 | |
| sucralfate oral suspension | 4 | PA |
| sucralfate oral tablet | 2 | |
| Proton pump inhibitors | | |
| 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 |
| Genetic or enzyme disorder: replacement, modifiers, treatment | | |
| CYSTAGON | 5 | SP |

| Drug name | Drug tier | Notes |
|---|-----------|-------|
| ZENPEP | 3 | |
| Genitourinary agents | | |
| oxybutynin chloride er | 2 | QL |
| oxybutynin chloride oral solution | 2 | |
| oxybutynin chloride oral syrup | 2 | |
| oxybutynin chloride oral tablet 5 mg | 2 | |
| tolterodine tartrate | 2 | ST |
| Benign prostatic hypertrophy agents | | |
| alfuzosin hcl er | 2 | |
| finasteride oral tablet 5 mg | 2 | |
| tamsulosin hcl | 2 | |
| terazosin hcl | 2 | |
| Genitourinary agents, other | | |
| bethanechol chloride oral | 2 | |
| ELMIRON | 3 | |
| ENCARE | 1 | QL |
| LITHOSTAT | 4 | |
| OPTIONS GYNOL II CONTRACEPTIVE | 1 | |
| penicillamine oral | 5 | SP |
| phenazo oral tablet 200 mg | 2 | |
| phenazopyridine hcl oral | 2 | |
| PYRIDIUM | 4 | |
| VCF VAGINAL CONTRACEPTIVE VAGINAL FILM | 1 | |
| VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM | 1 | |
| vcf vaginal contraceptive vaginal gel | 1 | |
| Hormonal agents, stimulant/replacement/modifying (adrenal) | | |
| ALA SCALP | 4 | |
| alclometasone dipropionate | 2 | |
| betamethasone dipropionate aug | 3 | |
| betamethasone dipropionate external | 3 | |
| betamethasone valerate external cream | 2 | |
| betamethasone valerate external lotion | 2 | |
| betamethasone valerate external ointment | 2 | |
| CAPEX | 3 | |
| clobetasol prop emollient base | 4 | QL |
| 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 | 2 | QL |
| desonide external lotion | 3 | QL |
| desonide external ointment | 2 | QL |
| desoximetasone external | 3 | QL |
| dexamethasone intensol | 2 | |
| dexamethasone oral elixir | 2 | |
| dexamethasone oral solution | 2 | |
| dexamethasone oral tablet | 2 | |



| Drug name | Drug tier | Notes |
|---|-----------|--------|
| dexamethasone oral tablet therapy pack | 2 | |
| EMFLAZA | 5 | PA; SP |
| fludrocortisone acetate oral | 2 | |
| fluocinolone acetonide body | 3 | QL |
| fluocinolone acetonide external cream | 2 | QL |
| fluocinolone acetonide external ointment | 2 | QL |
| fluocinolone acetonide external solution | 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 | |
| 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 |
| Hormonal agents, stimulant/replacement/modifying (pituitary) | | |
| cabergoline | 3 | |
| desmopressin ace spray refrig | 3 | |
| desmopressin acetate injection | 4 | |
| desmopressin acetate oral | 2 | |
| desmopressin acetate pf | 4 | |
| desmopressin acetate spray | 3 | |

| Drug name | Drug tier | Notes |
|--|-----------|------------|
| INCRELEX | 5 | PA; QL; SP |
| Hormonal agents, stimulant/replacement/modifying (prostaglandins) | | |
| PREPIDIL | 4 | |
| Hormonal agents, stimulant/replacement/modifying (sex hormones/modifiers) | | |
| ANDRODERM | 3 | PA; QL |
| danazol oral | 3 | |
| INTRAROSA | 4 | |
| METHITEST | 3 | |
| methyltestosterone oral | 4 | |
| testosterone cypionate intramuscular | 2 | |
| testosterone enanthate intramuscular | 2 | |
| testosterone transdermal gel 50 mg/5gm (1%) | 3 | PA; QL |
| Estrogens | | |
| afirmelle | 1 | |
| altavera | 1 | |
| alyacen 1/35 | 1 | |
| alyacen 7/7/7 | 1 | |
| amabelz | 3 | |
| amethia | 1 | |
| amethyst | 1 | |
| ANGELIQ | 4 | |
| 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 | |
| BALCOLTRA | 1 | |
| balziva | 1 | |
| 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 |
| COMBIPATCH | 4 | QL |
| cryselle-28 | 1 | |
| cyred eq | 1 | |
| dasetta 1/35 | 1 | |
| dasetta 7/7/7 | 1 | |
| daysee | 1 | |
| delyla | 1 | |



| Drug name | Drug tier | Notes |
|--|-----------|-------|
| DEPO-ESTRADIOL | 4 | |
| desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5) | 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 tablet | 3 | QL |
| estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml | 2 | |
| estradiol-norethindrone acet | 3 | |
| ethynodiol diac-eth estradiol | 1 | |
| etonogestrel-ethinyl estradiol | 1 | |
| falmina | 1 | |
| finzala | 1 | |
| fyavolv | 3 | |
| gemmily | 1 | |
| hailey 1.5/30 | 1 | |
| hailey 24 fe | 1 | |
| hailey fe 1.5/30 | 1 | |
| hailey fe 1/20 | 1 | |
| haloette | 1 | |
| iclevia | 1 | |
| introvale | 1 | |
| isibloom | 1 | |
| jaimiess | 1 | |
| jasmiel | 1 | |
| jinteli | 3 | |
| jolessa | 1 | |
| joyeaux | 1 | |
| juleber | 1 | |
| junel 1.5/30 | 1 | |
| junel 1/20 | 1 | |
| junel fe 1.5/30 | 1 | |
| junel fe 1/20 | 1 | |
| junel fe 24 | 1 | |
| kaitlib fe | 1 | |
| kalliga | 1 | |
| 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 | |

| Drug name | Drug tier | Notes |
|--|-----------|-------|
| lessina | 1 | |
| levonest | 1 | |
| levonorgest-eth est & eth est | 1 | |
| levonorgest-eth estrad 91-day | 1 | |
| levonorgest-eth estradiol-iron | 1 | |
| levonorgestrel-ethinyl estrad | 1 | |
| levonorg-eth estrad triphasic | 1 | |
| levora 0.15/30 (28) | 1 | |
| LO LOESTRIN FE | 1 | |
| lojaimiess | 1 | |
| loryna | 1 | |
| low-ogestrel | 1 | |
| lo-zumandimine | 1 | |
| lutera | 1 | |
| marlissa | 1 | |
| merzee | 1 | |
| mibelas 24 fe | 1 | |
| microgestin 1.5/30 | 1 | |
| microgestin 1/20 | 1 | |
| microgestin 24 fe | 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 | |
| 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 | 1 | |
| ocella | 1 | |
| philith | 1 | |
| pimtrea | 1 | |
| portia-28 | 1 | |
| PREMPHASE | 4 | QL |
| reclipsen | 1 | |
| rivelsa | 1 | |
| setlakin | 1 | |
| simliya | 1 | |
| simpesse | 1 | |
| sprintec 28 | 1 | |
| sronyx | 1 | |



| Drug name | Drug tier | Notes |
|--|-----------|-------|
| syeda | 1 | |
| tarina 24 fe | 1 | |
| tarina fe 1/20 eq | 1 | |
| taysofy | 1 | |
| tilia fe | 1 | |
| tri-estarylla | 1 | |
| tri-legest fe | 1 | |
| tri-linyah | 1 | |
| tri-lo-estarylla | 1 | |
| tri-lo-marzia | 1 | |
| tri-lo-mili | 1 | |
| tri-lo-sprintec | 1 | |
| tri-mili | 1 | |
| tri-nymyo | 1 | |
| tri-sprintec | 1 | |
| trivora (28) | 1 | |
| tri-vylibra | 1 | |
| tri-vylibra lo | 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 | |
| Progestins | | |
| aftera | 1 | |
| camila | 1 | |
| curae | 1 | |
| deblitane | 1 | |
| DEPO-SUBQ PROVERA 104 | 1 | QL |
| econtra one-step | 1 | |
| ELLA | 1 | QL |
| errin | 1 | |
| heather | 1 | |
| her style | 1 | |
| incassia | 1 | |
| jencycla | 1 | |
| KYLEENA | 1 | |
| levonorgestrel | 1 | |
| LILETTA (52 MG) | 1 | |
| lyleq | 1 | |
| lyza | 1 | |
| medroxyprogesterone acetate intramuscular suspension | 1 | QL |

| Drug name | Drug tier | Notes |
|--|-----------|--|
| medroxyprogesterone acetate intramuscular suspension prefilled syringe | 1 | |
| 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 | |
| my choice | 1 | |
| my way | 1 | |
| new day | 1 | |
| NEXPLANON | 1 | QL |
| nora-be | 1 | |
| norethindrone acetate oral | 2 | |
| norethindrone oral | 1 | |
| norlyroc | 1 | |
| opcicon one-step | 1 | |
| option 2 | 1 | |
| PLAN B ONE-STEP | 1 | |
| progesterone intramuscular | 2 | |
| react | 1 | |
| sharobel | 1 | |
| SKYLA | 1 | |
| SLYND | 1 | |
| take action | 1 | |
| Selective estrogen receptor modifying agents | | |
| OSPHENA | 4 | PA; QL |
| raloxifene hcl | 2 | QL; \$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention. |
| Hormonal agents, stimulant/replacement/modifying (thyroid) | | |
| ARMOUR THYROID | 4 | |
| euthyrox | 2 | |
| levo-t | 2 | |
| levothyroxine sodium oral tablet | 2 | |
| levoxyl | 2 | |
| liothyronine sodium oral | 2 | |
| NIVA THYROID | 4 | |
| np thyroid | 4 | |
| thyroid oral | 4 | |
| unithroid | 2 | |
| Hormonal agents, suppressant (adrenal) | | |
| LYSODREN | 4 | |
| Hormonal agents, suppressant (pituitary) | | |
| leuprolide acetate injection | 4 | PA; SP |
| octreotide acetate | 4 | PA; SP |
| SYNAREL | 3 | |
| Hormonal agents, suppressant (thyroid) | | |
| methimazole oral | 2 | |
| propylthiouracil oral | 2 | |



| Drug name | Drug tier | Notes |
|---|-----------|---|
| Immunological agents | | |
| Angioedema agents | | |
| HAEGARDA | 5 | PA; QL; SP |
| icatibant acetate | 4 | PA; QL; SP |
| sajazir | 4 | PA; QL; SP |
| Immune suppressants | | |
| ADALIMUMAB-ADAZ | 4 | PA; QL; SP |
| AMJEVITA | 4 | PA; QL; SP |
| azathioprine oral tablet 50 mg | 2 | |
| CIMZIA | 4 | PA; QL; SP |
| CIMZIA STARTER KIT | 4 | PA; QL; SP |
| cyclosporine modified | 4 | |
| cyclosporine oral | 4 | |
| gengraf | 4 | |
| HADLIMA | 4 | PA; QL; SP |
| HADLIMA PUSH TOUCH | 4 | PA; QL; SP |
| HUMIRA | 4 | PA; QL; SP |
| HUMIRA PEDIATRIC CROHNS START | 4 | PA; QL; SP |
| HUMIRA PEN | 4 | PA; QL; SP |
| HUMIRA PEN-CD/UC/HS STARTER | 4 | PA; SP |
| HUMIRA PEN-PEDIATRIC UC START | 4 | PA; SP |
| HUMIRA PEN-PS/UV/ADOL HS START | 4 | PA; SP |
| HUMIRA PEN-PSOR/UEIT STARTER | 4 | PA; QL; SP |
| methotrexate sodium | 2 | |
| methotrexate sodium (pf) | 2 | |
| mycophenolate mofetil oral capsule | 3 | |
| mycophenolate mofetil oral tablet | 3 | |
| mycophenolate sodium | 4 | |
| SANDIMMUNE ORAL SOLUTION | 4 | |
| SIMPONI | 4 | PA; QL; SP |
| sirolimus oral | 4 | |
| SKYRIZI PEN | 4 | PA; QL; SP |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | PA; QL; SP |
| tacrolimus oral | 2 | |
| Immunomodulators | | |
| ACTIMMUNE | 4 | PA; QL; SP |
| ALFERON N | 5 | SP |
| ARCALYST | 4 | QL; SP |
| BENLYSTA SUBCUTANEOUS | 4 | PA; QL; SP |
| BEYFORTUS | 1 | QL; \$0 copay for members 2 years of age and younger. |
| leflunomide oral | 4 | |
| OTEZLA | 4 | PA; QL; SP |
| RIDAURA | 4 | SP |
| RINVOQ | 4 | PA; QL; SP |
| Vaccines | | |
| ABRYSVO | 1 | QL; \$0 copay for members 60 years of age or older. |
| ACTHIB | 1 | QL |
| ADACEL | 1 | QL |

| Drug name | Drug tier | Notes |
|--------------------------------|-----------|--|
| AFLURIA QUADRIVALENT | 1 | QL |
| 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 |
| COMIRNATY | 1 | QL; \$0 copay for members 12 years of age or older. |
| DAPTACEL | 1 | QL |
| DENGVAIXA | 1 | QL; \$0 copay for members between ages of 9 to 16. |
| ENGERIX-B | 1 | QL |
| FLUAD QUADRIVALENT | 1 | QL; \$0 copay for members 65 years of age or older. |
| FLUARIX QUADRIVALENT | 1 | QL |
| FLUBLOK QUADRIVALENT | 1 | QL; \$0 copay for members 18 years of age or older. |
| FLUCELVAX QUADRIVALENT | 1 | QL |
| FLULAVAL QUADRIVALENT | 1 | QL |
| FLUMIST QUADRIVALENT | 1 | QL; \$0 copay for members between ages of 2 to 49. |
| FLUZONE HIGH-DOSE QUADRIVALENT | 1 | QL; \$0 copay for members 65 years of age or older. |
| FLUZONE QUADRIVALENT | 1 | QL |
| GARDASIL 9 | 1 | QL; \$0 copay for members between ages of 9 to 45. |
| HAVRIX | 1 | QL |
| HEPLISAV-B | 1 | QL; \$0 copay for members 18 years of age or older. |
| HIBERIX | 1 | QL |
| INFANRIX | 1 | QL |
| IPOL | 1 | QL |
| MENACTRA | 1 | QL |
| MENQUADFI | 1 | QL |
| MENVEO | 1 | QL |
| M-M-R II | 1 | QL |
| MODERNA COVID-19 VAC 6M-11Y | 1 | QL |
| NOVAVAX COVID-19 VACCINE | 1 | QL; \$0 copay for members 12 years of age or older. |
| PEDIARIX | 1 | QL; \$0 copay for members 6 years of age or younger. |
| PEDVAX HIB | 1 | QL |
| 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. |



| Drug name | Drug tier | Notes |
|---|-----------|--|
| PFIZER COVID-19 VAC-TRIS 6M-4Y | 1 | QL; \$0 copay for members 4 years of age or younger. |
| PNEUMOVAX 23 | 1 | QL |
| PREHEVBRIO | 1 | QL; \$0 copay for members 18 years of age or older. |
| PREVNAR 13 | 1 | QL |
| PREVNAR 20 | 1 | QL; \$0 copay for members 19 years of age or older. |
| PRIORIX | 1 | QL |
| PROQUAD | 1 | QL; \$0 copay for members between ages of 1 to 12. |
| QUADRACEL INTRAMUSCULAR SUSPENSION | 1 | QL |
| RECOMBIVAX HB | 1 | QL |
| ROTARIX ORAL SUSPENSION | 1 | QL |
| ROTATEQ | 1 | QL |
| SHINGRIX | 1 | QL; \$0 copay for members 50 years of age or older. \$0 Copay for members between ages 19 and 49 years once your healthcare provider confirms use is for an Advisory Committee on Immunization Practices (ACIP) recommended vaccine regimen. |
| SPIKEVAX | 1 | QL; \$0 copay for members 12 years of age or older. |
| TDVAX | 1 | QL |
| TENIVAC | 1 | QL |
| TETANUS-DIPHThERIA TOXOIDS TD | 1 | QL |
| 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 |
| Inflammatory bowel disease agents | | |
| Aminosalicylates | | |
| balsalazide disodium | 3 | |
| mesalamine er | 3 | QL |
| mesalamine oral tablet delayed release 1.2 gm | 3 | QL |
| mesalamine rectal | 4 | QL |
| mesalamine-cleanser | 4 | QL |
| Glucocorticoids | | |
| ANALPRAM-HC EXTERNAL LOTION | 4 | |
| budesonide oral | 4 | |

| Drug name | Drug tier | Notes |
|--|-----------|-------|
| 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 | |
| UCERIS RECTAL | 3 | |
| Sulfonamides | | |
| AZULFIDINE EN-TABS | 4 | |
| sulfasalazine oral tablet | 2 | |
| sulfasalazine oral tablet delayed release | 2 | |
| Metabolic bone disease agents | | |
| alendronate sodium oral solution | 3 | |
| alendronate sodium oral tablet 10 mg, 35 mg, 70 mg | 2 | QL |
| calcitonin (salmon) injection | 4 | |
| calcitonin (salmon) nasal | 2 | QL |
| calcitriol oral capsule | 2 | |
| paricalcitol oral capsule 4 mcg | 3 | |
| Miscellaneous therapeutic agents | | |
| AEROCHAMBER PLUS FLO-VU | 3 | |
| ALCOHOL PREP PADS PAD , 70 % | 3 | |
| AQ INSULIN SYRINGE | 3 | |
| AQINJECT PEN NEEDLE | 3 | |
| ARTISS | 4 | |
| 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 SHARPS COLLECTOR | 3 | |
| BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | |
| BD ULTRA-FINE PEN NEEDLES | 3 | |
| BREATHE COMFORT CHAMBER/ ADULT | 3 | |
| BREATHE COMFORT CHAMBER/ CHILD | 3 | |
| CAYA | 1 | |
| COMFORT EZ PRO PEN NEEDLES | 3 | |
| CONDOMS | 1 | QL |
| DROPSAFE ALCOHOL PREP | 3 | |
| DROPSAFE SAFETY SYRINGE/ NEEDLE 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | |
| DUREX EXTRA SENSITIVE THIN | 1 | QL |



| Drug name | Drug tier | Notes |
|--|-----------|-------|
| EASIVENT | 3 | |
| EMBRACE PEN NEEDLES 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | 3 | |
| ENFAMIL HUMAN MILK FORTIFIER ORAL CONCENTRATE | 4 | |
| ENFAMIL NEUROPRO GENTLEASE ORAL PACKET | 4 | |
| ENFAMIL NEUROPRO INFANT ORAL PACKET | 4 | |
| ENU PRO3 PLUS | 4 | |
| EQUACARE JR | 4 | |
| ergoloid mesylates oral | 4 | |
| ESSENTIAL CARE JR | 4 | |
| FC2 FEMALE CONDOM | 1 | QL |
| FEMCAP | 1 | |
| FLEXICHAMBER | 3 | |
| FLEXICHAMBER ADULT MASK/ SMALL | 3 | |
| FLEXICHAMBER CHILD MASK/ LARGE | 3 | |
| FLEXICHAMBER CHILD MASK/ SMALL | 3 | |
| INSPIREASE RESERVOIR BAGS | 3 | |
| INSULIN PEN NEEDLES | 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 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | |
| methergine | 4 | QL |
| methylergonovine maleate oral | 4 | QL |
| NOVOFINE AUTOCOVER PEN NEEDLE | 3 | |
| NOVOFINE PEN NEEDLE | 3 | |
| NOVOFINE PLUS PEN NEEDLE | 3 | |
| PARAGARD INTRAUTERINE COPPER | 1 | |
| PARI VORTEX ADULT MASK | 3 | |
| PHEXXI | 1 | QL |
| PKU EASY SHAKE & GO | 4 | |
| PURE COMFORT SAFETY PEN NEEDLE | 3 | |
| RAYA SURE PEN NEEDLE | 3 | |
| SAFETY PEN NEEDLES 30G X 8 MM | 3 | |
| SHARPS COLLECTOR | 3 | |
| SHARPS CONTAINER | 3 | |
| TISSEEL EXTERNAL KIT | 4 | |
| TYROS 2 | 4 | |
| VERIFINE INSULIN PEN NEEDLE | 3 | |
| VERIFINE INSULIN SYRINGE | 3 | |
| VERIFINE PLUS PEN NEEDLE | 3 | |
| VORTEX VALVED HOLDING CHAMBER | 3 | |
| WIDE-SEAL DIAPHRAGM 60 | 1 | |

| Drug name | Drug tier | Notes |
|---|-----------|--|
| WIDE-SEAL DIAPHRAGM 65 | 1 | |
| WIDE-SEAL DIAPHRAGM 70 | 1 | |
| WIDE-SEAL DIAPHRAGM 75 | 1 | |
| WIDE-SEAL DIAPHRAGM 80 | 1 | |
| WIDE-SEAL DIAPHRAGM 85 | 1 | |
| WIDE-SEAL DIAPHRAGM 90 | 1 | |
| WIDE-SEAL DIAPHRAGM 95 | 1 | |
| Ophthalmic agents | | |
| gentamicin sulfate ophthalmic | 2 | |
| neomycin-polymyxin-gramicidin | 2 | |
| tobramycin ophthalmic | 2 | |
| tobramycin-dexamethasone | 3 | |
| Antibacterials, other | | |
| bacitracin ophthalmic | 3 | |
| bacitracin-polymyxin b ophthalmic | 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 | |
| POVIDONE-IODINE OPHTHALMIC | 4 | |
| Antiherpetic agents | | |
| trifluridine | 3 | |
| Macrolides | | |
| erythromycin ophthalmic | 2 | \$0 Copay once your healthcare provider confirms use is to prevent gonococcal ophthalmia neonatorum in newborns. |
| Ophthalmic agents, other | | |
| AKTEN | 4 | |
| ALTACAINE | 2 | |
| atropine sulfate ophthalmic solution 1 % | 2 | |
| cyclopentolate hcl ophthalmic | 2 | |
| cyclosporine ophthalmic | 4 | PA; QL |
| ISOPTO ATROPINE | 4 | |
| MITOSOL | 4 | |
| proparacaine hcl ophthalmic | 2 | |
| sulfacetamide-prednisolone | 2 | |
| tetracaine hcl ophthalmic | 2 | |
| ZYLET | 4 | |
| Ophthalmic anti-allergy agents | | |
| altafrin | 2 | |
| azelastine hcl ophthalmic | 2 | |
| cromolyn sodium ophthalmic | 2 | |
| CYCLOMYDRIL | 4 | |



| Drug name | Drug tier | Notes |
|--|-----------|-------|
| phenylephrine hcl ophthalmic | 2 | |
| Ophthalmic antiglaucoma agents | | |
| betaxolol hcl ophthalmic | 2 | |
| brimonidine tartrate ophthalmic solution 0.15 %, 0.2 % | 3 | QL |
| brimonidine tartrate-timolol | 3 | QL |
| carteolol hcl | 2 | |
| dorzolamide hcl ophthalmic | 2 | |
| dorzolamide hcl-timolol mal | 2 | QL |
| 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 | |
| Ophthalmic anti-inflammatories | | |
| 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 | 4 | QL |
| Ophthalmic prostaglandin and prostamide analogs | | |
| latanoprost ophthalmic | 2 | |
| Quinolones | | |
| ciprofloxacin hcl ophthalmic | 2 | |
| levofloxacin ophthalmic | 2 | |
| moxifloxacin hcl (2x day) | 2 | |
| moxifloxacin hcl ophthalmic | 2 | |
| ofloxacin ophthalmic | 2 | |
| Sulfonamides | | |
| sulfacetamide sodium ophthalmic ointment | 2 | |
| sulfacetamide sodium ophthalmic solution | 2 | |
| Otic agents | | |
| 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 | |
| Respiratory tract/pulmonary agents | | |
| azelastine hcl nasal solution 0.1 %, 137 mcg/spray | 2 | QL |
| clemastine fumarate oral tablet 2.68 mg | 2 | |
| cyproheptadine hcl oral | 2 | |
| levocetirizine dihydrochloride oral tablet | 2 | QL |

| Drug name | Drug tier | Notes |
|--|-----------|---------------|
| promethazine vc | 2 | |
| Anti-inflammatories, inhaled corticosteroids | | |
| ARNUITY ELLIPTA | 3 | QL |
| BEVESPI AEROSPHERE | 3 | QL |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT | 4 | QL |
| breyana | 4 | QL |
| budesonide inhalation | 3 | QL |
| budesonide-formoterol fumarate | 4 | QL |
| FLOVENT DISKUS | 3 | QL |
| FLOVENT HFA | 3 | QL |
| flunisolide nasal | 2 | |
| FLUTICASONE FUROATE-VILANTEROL | 4 | QL |
| fluticasone propionate nasal | 2 | QL |
| fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act | 3 | QL |
| FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT | 3 | QL |
| PULMICORT FLEXHALER | 3 | QL |
| QVAR REDHALER | 3 | QL |
| wixela inhub | 3 | QL |
| Antileukotrienes | | |
| montelukast sodium oral packet | 2 | QL |
| montelukast sodium oral tablet | 2 | QL |
| montelukast sodium oral tablet chewable | 2 | QL |
| Bronchodilators, anticholinergic | | |
| ATROVENT HFA | 4 | QL |
| INCRUSE ELLIPTA | 3 | QL |
| ipratropium bromide inhalation | 2 | |
| ipratropium bromide nasal | 2 | |
| SPIRIVA HANDHALER | 3 | QL |
| SPIRIVA RESPIMAT | 3 | QL |
| tiotropium bromide monohydrate | 3 | QL |
| Bronchodilators, sympathomimetic | | |
| albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation | 2 | QL; \$0 Copay |
| ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION | 2 | QL; \$0 Copay |
| albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml | 2 | \$0 Copay |
| albuterol sulfate oral | 3 | |
| epinephrine injection solution auto-injector | 2 | QL; \$0 Copay |
| STRIVERDI RESPIMAT | 3 | QL |
| SYMJEPI | 2 | QL; \$0 Copay |
| terbutaline sulfate oral | 4 | |
| VENTOLIN HFA | 2 | QL; \$0 Copay |



| Drug name | Drug tier | Notes |
|--|-----------|------------|
| Cystic fibrosis agents | | |
| 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 |
| Mast cell stabilizers | | |
| cromolyn sodium inhalation | 3 | |
| Phosphodiesterase inhibitors, airways disease | | |
| elixophyllin | 3 | |
| theophylline | 3 | |
| theophylline er | 2 | |
| Pulmonary antihypertensives | | |
| 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 |
| REVATIO ORAL SUSPENSION RECONSTITUTED | 4 | PA; QL; SP |
| sildenafil citrate oral suspension reconstituted | 3 | PA; QL; SP |
| sildenafil citrate oral tablet 20 mg | 3 | PA; QL; SP |
| tadalafil (pah) | 4 | PA; QL; SP |
| TYVASO | 5 | PA; QL; SP |
| TYVASO DPI MAINTENANCE KIT | 5 | PA; QL; SP |
| TYVASO DPI TITRATION KIT | 5 | PA; QL; SP |
| TYVASO REFILL | 5 | PA; QL; SP |
| TYVASO STARTER | 5 | PA; QL; SP |
| VENTAVIS | 5 | PA; QL; SP |
| Pulmonary fibrosis agents | | |
| pirfenidone | 4 | PA; QL; SP |
| Respiratory tract agents, other | | |
| acetylcysteine inhalation | 2 | |
| benzonatate oral capsule 100 mg, 200 mg | 2 | |
| GILPHEX TR ORAL TABLET 10-388 MG | 4 | |
| guaifenesin ac | 2 | PA; 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 inhalation nebulization solution 3 % | 2 | |
| NEBUSAL INHALATION NEBULIZATION SOLUTION 6 % | 4 | |
| promethazine vc/codeine | 2 | PA; QL |
| promethazine-codeine | 2 | PA; QL |
| promethazine-dm | 2 | |
| pseudoephedrine-bromphen-dm | 2 | |

| Drug name | Drug tier | Notes |
|--|-----------|--------|
| pulmosal | 2 | |
| sodium chloride inhalation | 2 | |
| Skeletal muscle relaxants | | |
| baclofen oral tablet | 2 | |
| cyclobenzaprine hcl oral | 2 | |
| metaxalone oral tablet 400 mg | 3 | |
| methocarbamol oral tablet 500 mg, 750 mg | 2 | |
| tizanidine hcl oral capsule | 3 | |
| tizanidine hcl oral tablet | 2 | |
| Sleep disorder agents | | |
| flurazepam hcl | 2 | QL |
| temazepam | 2 | QL |
| triazolam | 2 | QL |
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| gemfibrozil oral | 16 | hailey fe 1/20 | 21 | hydrocortisone butyrate external ointment | 20 |
| gemmily | 21 | halobetasol propionate external cream | 20 | hydrocortisone butyrate external solution | 20 |
| generlac | 19 | halobetasol propionate external ointment | 20 | hydrocortisone external cream 2.5 % | 20 |
| gengraf | 23 | haloette | 21 | hydrocortisone external lotion 2.5 % | 20 |
| gentamicin sulfate external | 9 | haloperidol lactate oral | 13 | hydrocortisone external ointment 1 %, 2.5 % | 20 |
| gentamicin sulfate ophthalmic | 25 | haloperidol oral | 13 | hydrocortisone oral | 20 |
| gentlelax | 19 | HAVRIX | 23 | hydrocortisone (perianal) external cream 2.5 % | 24 |
| gentle laxative oral | 19 | heather | 22 | hydrocortisone rectal | 24 |
| GENVOYA | 13 | heparin sodium (porcine) | 15 | hydrocortisone valerate | 20 |
| GILPHEX TR ORAL TABLET 10-388 MG | 27 | heparin sodium (porcine) pf | 15 | hydromet | 27 |
| glatiramer acetate | 17 | HEPLISAV-B | 23 | hydromorphone hcl oral liquid | 8 |
| glatopa | 17 | her style | 22 | hydromorphone hcl oral tablet | 8 |
| GLEOSTINE | 11 | HIBERIX | 23 | hydroxychloroquine sulfate oral tablet 200 mg | 12 |
| glimepiride | 14 | HUMALOG | 15 | hydroxyurea oral | 12 |
| glipizide er | 14 | HUMALOG KWIKPEN | 15 | hydroxyzine hcl oral | 14 |
| glipizide ir | 14 | HUMALOG MIX 50/50 KWIKPEN | 15 | hydroxyzine pamoate oral | 14 |
| glipizide xl | 14 | HUMALOG MIX 50/50 VIAL | 15 | HYPERSAL | 27 |
| GLUCAGON EMERGENCY KIT | 15 | HUMALOG MIX 75/25 KWIKPEN | 15 | ibuprofen oral tablet 400 mg, 600 mg, 800 mg | 8 |
| glucagon emergency kit 1 mg injection | 15 | HUMALOG MIX 75/25 VIAL | 15 | icatibant acetate | 23 |
| GLUCAGON EMERGENCY KIT 1 MG INJECTION | 15 | HUMALOG U-100 JUNIOR KWIKPEN | 15 | iclevia | 21 |
| GLUCOSE CONTROL SOLUTIONS | 14 | HUMIRA | 23 | imatinib mesylate | 12 |
| GLUCO TO GO | 15 | HUMIRA PEDIATRIC CROHNS START | 23 | IMBRUVICA | 12 |
| glyburide oral | 14 | HUMIRA PEN | 23 | imipramine hcl oral | 11 |
| glycolax | 19 | HUMIRA PEN-CD/UC/HS STARTER | 23 | imipramine pamoate | 11 |
| glycopyrrolate oral tablet 1 mg, 2 mg | 18 | HUMIRA PEN-PEDIATRIC UC START | 23 | imiquimod external cream 5 % | 17 |
| glydo | 8 | HUMIRA PEN-PSOR/UEIT STARTER | 23 | incassia | 22 |
| goodsense aspirin low dose | 8 | HUMIRA PEN-PS/UV/ADOL HS START | 23 | INCRELEX | 20 |
| goodsense nicotine mouth/throat lozenge 4 mg | 9 | HUMULIN 70/30 KWIKPEN | 15 | INCRUSE ELLIPTA | 26 |
| granisetron hcl oral | 11 | HUMULIN 70/30 VIAL | 15 | indapamide | 16 |
| griseofulvin microsize oral | 11 | HUMULIN N KWIKPEN | 15 | indomethacin oral | 8 |
| griseofulvin ultramicrosize | 11 | HUMULIN N VIAL | 15 | INFANRIX | 23 |
| guaifenesin ac | 27 | HUMULIN R U-500 KWIKPEN | 15 | | |
| guaifenesin-codeine | 27 | HUMULIN R U-500 VIAL | 15 | | |
| guanfacine hcl | 15 | HUMULIN R VIAL | 15 | | |
| GVOKE HYOPEN 1-PACK | 15 | hydralazine hcl oral | 17 | | |
| GVOKE HYOPEN 2-PACK | 15 | hydrochlorothiazide oral | 16 | | |
| GVOKE KIT | 15 | | | | |
| GVOKE PFS | 15 | | | | |



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|--|----|---|----|--|----|
| INSPIREASE RESERVOIR BAGS. | 25 | joyeaux | 21 | lamotrigine starter kit-orange | 10 |
| INSULIN ASPART PROT & ASPART | 15 | juleber. | 21 | LANCETS. | 14 |
| INSULIN DEGLUDEC | 15 | JULUCA | 13 | lapatinib ditosylate. | 12 |
| INSULIN DEGLUDEC FLEXTOUCH | 15 | junel 1.5/30 | 21 | larin 1.5/30 | 21 |
| INSULIN LISPRO | 15 | junel 1/20 | 21 | larin 1/20 | 21 |
| INSULIN LISPRO (1 UNIT DIAL). | 15 | junel fe 1.5/30 | 21 | larin 24 fe | 21 |
| INSULIN LISPRO JUNIOR KWIKPEN15 | | junel fe 1/20 | 21 | larin fe 1.5/30 | 21 |
| INSULIN LISPRO PROT & LISPRO | 15 | junel fe 24. | 21 | larin fe 1/20 | 21 |
| INSULIN PEN NEEDLES | 25 | kaitlib fe | 21 | latanoprost ophthalmic | 26 |
| INSULIN SYRINGES 27G X 1/2" 0.5 | | kalliga | 21 | layolis fe | 21 |
| ML, 27G X 1/2" 1 ML, 28G X 1/2" | | kariva | 21 | leena | 21 |
| 0.5 ML, 28G X 1/2" 1 ML, 29G X | | kelnor 1/35. | 21 | leflunomide oral | 23 |
| 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G | | kelnor 1/50. | 21 | lenalidomide. | 12 |
| X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, | | ketoconazole external cream | 11 | LENVIMA ORAL CAPSULE | |
| 30G X 1/2" 1 ML, 30G X 5/16" 0.3 | | ketoconazole external shampoo | 11 | THERAPY PACK 10 & 4 MG, 10 | |
| ML, 30G X 5/16" 0.5 ML, 30G X | | ketoconazole oral | 11 | MG, 10 MG & 2 X 4 MG, 2 X 10 MG, | |
| 5/16" 1 ML, 31G X 15/64" 0.3 ML, | | KETO-DIASTIX. | 14 | 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 | |
| 31G X 15/64" 0.5 ML, 31G X 5/16" | | KETONE TEST. | 14 | MG, 4 MG. | 12 |
| 0.3 ML, 31G X 5/16" 0.5 ML, 31G X | | ketorolac tromethamine ophthalmic | 26 | lessina. | 21 |
| 5/16" 1 ML | 25 | ketorolac tromethamine oral | 8 | letrozole oral | 12 |
| INTELENCE ORAL TABLET 25 MG. | 13 | KETOSTIX | 14 | leucovorin calcium oral | 12 |
| INTRAROSA. | 20 | klor-con 10 | 18 | LEUKERAN | 11 |
| introvale | 21 | klor-con/ef | 18 | leuprolide acetate injection | 22 |
| IPOL | 23 | klor-con m10 | 18 | LEVEMIR FLEXPEN | 15 |
| ipratropium-albuterol | 27 | klor-con m15. | 18 | LEVEMIR U-100 VIAL | 15 |
| ipratropium bromide inhalation | 26 | klor-con m20 | 18 | levetiracetam er | 10 |
| ipratropium bromide nasal | 26 | klor-con oral packet | 18 | levetiracetam oral | 10 |
| irbesartan. | 15 | klor-con oral tablet extended release | 18 | levobunolol hcl. | 26 |
| irbesartan-hydrochlorothiazide | 16 | kourzeq. | 17 | levocarnitine oral solution. | 18 |
| IRESSA. | 12 | k-prime | 18 | levocarnitine sf. | 18 |
| ISENTRESS ORAL PACKET. | 13 | kurvelo | 21 | levocetirizine dihydrochloride oral | |
| ISENTRESS ORAL TABLET. | 13 | KYLEENA. | 22 | tablet. | 26 |
| isibloom | 21 | labetalol hcl oral | 16 | levofloxacin ophthalmic | 26 |
| isoniazid oral syrup | 11 | lacosamide oral | 10 | levofloxacin oral solution | 9 |
| isoniazid oral tablet | 11 | lactulose encephalopathy. | 19 | levofloxacin oral tablet | 9 |
| ISOPTO ATROPINE. | 25 | lactulose oral solution. | 19 | levonest | 21 |
| isosorb dinitrate-hydralazine | 16 | LAGEVRIO | 13 | levonorgest-eth est & eth est | 21 |
| isosorbide dinitrate | 17 | lamivudine oral solution | 13 | levonorgest-eth estrad 91-day | 21 |
| isosorbide mononitrate | 17 | lamivudine oral tablet 100 mg | 13 | levonorgest-eth estradiol-iron | 21 |
| isosorbide mononitrate er | 17 | lamivudine oral tablet 150 mg, 300 | | levonorgestrel | 22 |
| isotretinoin oral capsule 10 mg, 20 | | mg. | 13 | levonorgestrel-ethinyl estrad | 21 |
| mg, 30 mg, 40 mg | 17 | lamivudine-zidovudine | 13 | levonorg-eth estrad triphasic | 21 |
| ivermectin oral. | 12 | lamotrigine oral kit. | 10 | levora 0.15/30 (28). | 21 |
| jaimiess. | 21 | lamotrigine oral tablet. | 10 | levo-t. | 22 |
| jantoven | 15 | lamotrigine oral tablet chewable | 10 | levothyroxine sodium oral tablet | 22 |
| JARDIANCE. | 14 | lamotrigine oral tablet dispersible | 10 | levoxyl. | 22 |
| jasmiel. | 21 | lamotrigine starter kit-blue | 10 | LEXIVA ORAL SUSPENSION | 14 |
| jencycla. | 22 | lamotrigine starter kit-green | 10 | lidocaine external ointment 5 % | 8 |
| jinteli | 21 | | | lidocaine external patch 5 % | 8 |
| jolessa. | 21 | | | | |



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|---|----|--|----|---|----|
| lidocaine hcl external solution | 8 | medroxyprogesterone acetate intramuscular suspension | 22 | metoclopramide hcl oral tablet | 11 |
| lidocaine hcl mouth/throat | 8 | medroxyprogesterone acetate intramuscular suspension prefilled syringe | 22 | metolazone. | 16 |
| lidocaine hcl urethral/mucosal. | 8 | medroxyprogesterone acetate oral. | 22 | metoprolol succinate er | 16 |
| lidocaine-prilocaine external cream | 8 | mefloquine hcl. | 12 | metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg | 16 |
| lidocaine viscous hcl. | 8 | megestrol acetate oral suspension 40 mg/ml | 22 | metronidazole external cream | 17 |
| LILETTA (52 MG) | 22 | megestrol acetate oral suspension 625 mg/5ml | 22 | metronidazole external gel 0.75 %.. . . . | 17 |
| linezolid oral suspension reconstituted9 | | megestrol acetate oral tablet | 22 | metronidazole external lotion. | 17 |
| linezolid oral tablet | 9 | meloxicam oral tablet | 8 | metronidazole oral tablet | 9 |
| LINZESS. | 18 | melphalan. | 11 | metronidazole vaginal. | 9 |
| liothyronine sodium oral | 22 | memantine hcl oral solution. | 10 | mibelas 24 fe | 21 |
| lisinopril-hydrochlorothiazide. | 16 | memantine hcl oral tablet. | 10 | miconazole 3 | 11 |
| lisinopril oral. | 15 | MENACTRA. | 23 | microgestin 1.5/30 | 21 |
| lithium | 14 | MENQUADFI | 23 | microgestin 1/20 | 21 |
| lithium carbonate er | 14 | MENVEO | 23 | microgestin 24 fe. | 21 |
| lithium carbonate oral. | 14 | mercaptapurine oral | 12 | microgestin fe 1.5/30 | 21 |
| LITHOSTAT | 19 | merzee | 21 | microgestin fe 1/20 | 21 |
| lojaimiess | 21 | mesalamine-cleanser | 24 | MICROLET NEXT LANCING DEVICE14 | |
| LO LOESTRIN FE. | 21 | mesalamine er | 24 | midodrine hcl. | 15 |
| loperamide hcl oral capsule. | 18 | mesalamine oral tablet delayed release 1.2 gm | 24 | MIGERGOT | 11 |
| lopinavir-ritonavir | 14 | mesalamine rectal. | 24 | mili. | 21 |
| lorazepam intensol | 14 | metaxalone oral tablet 400 mg | 27 | mimvey | 21 |
| lorazepam oral concentrate 2 mg/ml14 | | metformin hcl er | 14 | minocycline hcl oral capsule | 10 |
| lorazepam oral tablet | 14 | metformin hcl oral solution. | 14 | minoxidil oral | 17 |
| loryna | 21 | metformin hcl oral tablet 1000 mg, 500 mg, 850 mg. | 14 | MIRENA (52 MG) | 22 |
| losartan potassium-hctz | 16 | methadone hcl intensol | 8 | mirtazapine oral tablet | 10 |
| losartan potassium oral | 15 | methadone hcl oral concentrate | 8 | mirtazapine oral tablet dispersible | 10 |
| LOTEMAX OPHTHALMIC OINTMENT. | 26 | methadone hcl oral solution. | 8 | misoprostol oral. | 19 |
| LOTEMAX SM | 26 | methadone hcl oral tablet. | 8 | MITIGARE | 11 |
| loteprednol etabonate ophthalmic suspension. | 26 | methazolamide oral. | 16 | MITOSOL | 25 |
| lovastatin oral. | 16 | methergine. | 25 | mm aspirin | 8 |
| low-ogestrel | 21 | methimazole oral. | 22 | mm clearlax | 19 |
| loxapine succinate. | 13 | METHITEST | 20 | M-M-R II | 23 |
| lo-zumandimine | 21 | methocarbamol oral tablet 500 mg, 750 mg | 27 | M-NATAL PLUS | 18 |
| lubiprostone. | 18 | methotrexate sodium | 23 | modafinil. | 27 |
| lurasidone hcl | 13 | methotrexate sodium (pf) | 23 | MODERNA COVID-19 VAC 6M-11Y | 23 |
| lutera. | 21 | methsuximide | 10 | molindone hcl | 13 |
| lyleq | 22 | METHYLDOPA. | 15 | mometasone furoate external | 20 |
| LYSODREN | 22 | methylergonovine maleate oral | 25 | mondoxyne nl | 10 |
| lyza | 22 | methylphenidate hcl oral tablet | 17 | mono-lynyah | 21 |
| magnesium citrate oral solution. | 19 | methylprednisolone oral. | 20 | montelukast sodium oral packet | 26 |
| maraviroc | 13 | methyltestosterone oral | 20 | montelukast sodium oral tablet | 26 |
| marlissa | 21 | metoclopramide hcl oral solution | 11 | montelukast sodium oral tablet chewable | 26 |
| MARPLAN | 10 | | | morphine sulfate (concentrate) | 8 |
| matzim la | 16 | | | morphine sulfate er oral tablet extended release. | 8 |
| MAVYRET | 13 | | | morphine sulfate oral solution | 8 |
| maxi-tuss ac. | 27 | | | morphine sulfate oral tablet | 8 |



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|--|----|--|----|---|----|
| MOUNJARO | 14 | nicotine polacrilex mini | 9 | NOVOFINE PLUS PEN NEEDLE | 25 |
| moxifloxacin hcl (2x day). | 26 | nicotine polacrilex mouth/throat | 9 | NOVOPEN ECHO | 14 |
| moxifloxacin hcl ophthalmic. | 26 | nicotine step 1 | 9 | np thyroid | 22 |
| moxifloxacin hcl oral | 9 | nicotine step 2 | 9 | NUBEQA | 12 |
| MULTAQ | 16 | nicotine step 3 | 9 | nyamyc | 11 |
| mupirocin calcium | 9 | nicotine transdermal kit | 9 | nylia 1/35 | 21 |
| mupirocin external. | 9 | nicotine transdermal patch 24 hour 21 mg/24hr. | 9 | nylia 7/7/7 | 21 |
| my choice | 22 | NICOTROL | 9 | NYMALIZE | 16 |
| mycophenolate mofetil oral capsule | 23 | NICOTROL NS | 9 | nymyo | 21 |
| mycophenolate mofetil oral tablet . . | 23 | nikki | 21 | nystatin external cream | 11 |
| mycophenolate sodium | 23 | nilutamide | 12 | nystatin external ointment | 11 |
| MYLERAN | 11 | nimodipine oral | 16 | nystatin external powder | 11 |
| my way | 22 | NITRO-BID | 17 | nystatin mouth/throat | 11 |
| naloxone hcl injection | 9 | NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR | 17 | nystatin oral | 11 |
| naloxone hcl nasal | 9 | nitrofurantoin macrocrystal | 9 | nystop | 11 |
| naltrexone hcl oral | 8 | nitrofurantoin monohydrate macrocrystals | 9 | ocella | 21 |
| naproxen oral tablet | 8 | nitrofurantoin oral suspension 25 mg/5ml | 9 | octreotide acetate | 22 |
| naratriptan hcl | 11 | nitroglycerin sublingual | 17 | ODEFSEY | 13 |
| NARCAN | 9 | nitroglycerin transdermal | 17 | ofloxacin ophthalmic | 26 |
| NATAZIA | 21 | NIVA THYROID | 22 | ofloxacin oral | 9 |
| nebusal inhalation nebulization solution 3 % | 27 | nora-be | 22 | ofloxacin otic | 26 |
| NEBUSAL INHALATION NEBULIZATION SOLUTION 6 % | 27 | norethin ace-eth estrad-fe | 21 | olanzapine-fluoxetine hcl | 10 |
| necon 0.5/35 (28) | 21 | norethindrone acetate oral | 22 | olanzapine oral tablet | 13 |
| neomycin-bacitracin zn-polymyx | 25 | norethindrone acet-ethinyl est | 21 | olanzapine oral tablet dispersible . . | 13 |
| neomycin-polymyxin-dexameth ophthalmic ointment | 25 | norethindrone-eth estradiol | 21 | olmesartan medoxomil oral | 15 |
| neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.125 | 25 | norethindrone oral | 22 | omeprazole oral capsule delayed release 10 mg | 19 |
| neomycin-polymyxin-gramicidin | 25 | norethindrone-eth estradiol | 21 | omeprazole oral capsule delayed release 20 mg, 40 mg | 19 |
| neomycin-polymyxin-hc ophthalmic | 25 | norethindrone eth estradiol-fe | 21 | ondansetron hcl oral solution | 11 |
| neomycin-polymyxin-hc otic | 26 | norethin-eth estradiol-fe | 21 | ondansetron hcl oral tablet | 11 |
| neomycin sulfate oral | 9 | norgestimate-eth estradiol | 21 | ondansetron odt | 11 |
| NEONATAL COMPLETE | 18 | norgestimate-ethinyl estradiol triphasic | 21 | ONELAX MAGNESIUM CITRATE | 19 |
| NEONATAL PLUS | 18 | norlyroc | 22 | ONETOUCH DELICA PLUS LANCING | 14 |
| neo-polycin | 25 | NORPACE CR | 16 | ONETOUCH DELICA SAFETY LANCING | 14 |
| neo-polycin hc | 25 | nortrel 0.5/35 (28) | 21 | ONETOUCH ULTRA 2 KIT W/DEVICE | 14 |
| NESTABS | 18 | nortrel 1/35 (21) | 21 | ONETOUCH ULTRA TEST STRIPS | 14 |
| nevirapine oral suspension | 13 | nortrel 1/35 (28) | 21 | ONETOUCH VERIO FLEX SYSTEM KIT | 14 |
| nevirapine oral tablet | 13 | nortrel 7/7/7 | 21 | ONETOUCH VERIO IN VITRO SOLUTION HIGH | 14 |
| new day | 22 | nortriptyline hcl oral capsule | 11 | ONETOUCH VERIO REFLECT KIT W/DEVICE | 14 |
| NEXPLANON | 22 | nortriptyline hcl oral solution | 11 | ONETOUCH VERIO TEST STRIPS | 14 |
| NEXTSTELLIS | 21 | NORVIR ORAL PACKET | 14 | ONE VITE WOMENS PLUS | 18 |
| NICORETTE MOUTH/THROAT GUM 2 MG | 9 | NOVAVAX COVID-19 VACCINE | 23 | opcicon one-step | 22 |
| NICORETTE MOUTH/THROAT LOZENGE 4 MG | 9 | NOVOFINE AUTOCOVER PEN NEEDLE | 25 | opium | 18 |
| nicotine mini | 9 | NOVOFINE PEN NEEDLE | 25 | | |



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|---|----|---|----|--|----|
| option 2 | 22 | pentamidine isethionate inhalation | 12 | prasugrel hcl | 15 |
| OPTIONS GYNOL II CONTRACEPTIVE | 19 | pentazocine-naloxone hcl | 8 | pravastatin sodium | 16 |
| oralone | 17 | pentoxifylline er | 16 | praziquantel oral | 12 |
| ORENITRAM | 27 | perigard | 17 | prazosin hcl oral | 15 |
| ORENITRAM MONTH 1 | 27 | permethrin external | 12 | prednisolone oral solution | 20 |
| ORENITRAM MONTH 2 | 27 | perphenazine-amitriptyline | 10 | prednisolone sodium phosphate oral solution | 20 |
| ORENITRAM MONTH 3 | 27 | perphenazine oral | 11 | prednisone intensol | 20 |
| ORKAMBI ORAL PACKET | 27 | PFIZER COVID-19 VAC-TRIS 5-11Y | 23 | prednisone oral solution | 20 |
| ORKAMBI ORAL TABLET | 27 | PFIZER COVID-19 VAC-TRIS 6M-4Y | 24 | prednisone oral tablet | 20 |
| oseltamivir phosphate oral | 14 | phenazo oral tablet 200 mg | 19 | prednisone oral tablet therapy pack | 20 |
| OSPHENA | 22 | phenazopyridine hcl oral | 19 | pregabalin oral capsule | 17 |
| OTEZLA | 23 | phenelzine sulfate oral | 10 | PREHEVBRIO | 24 |
| oxazepam | 14 | phenobarbital oral | 10 | PREMESISRX | 18 |
| oxcarbazepine oral suspension | 10 | phenoxybenzamine hcl oral | 15 | premium lidocaine | 8 |
| oxcarbazepine oral tablet | 10 | phenylephrine hcl ophthalmic | 26 | PREMPHASE | 21 |
| oxybutynin chloride er | 19 | phenytoin infatabs | 10 | PRENAISSANCE | 18 |
| oxybutynin chloride oral solution | 19 | phenytoin oral suspension 125 mg/5ml | 10 | prenatal oral tablet 27-0.8 mg, 27-1 mg | 18 |
| oxybutynin chloride oral syrup | 19 | phenytoin oral tablet chewable | 10 | prenatal plus vitamin/mineral | 18 |
| oxybutynin chloride oral tablet 5 mg | 19 | phenytoin sodium extended | 10 | PRENATE | 18 |
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 8 | PHEXXI | 25 | PRENATE DHA | 18 |
| oxycodone hcl oral capsule | 8 | philith | 21 | PRENATE ELITE | 18 |
| oxycodone hcl oral concentrate 100 mg/5ml | 8 | phytonadione oral | 18 | PRENATE ENHANCE | 18 |
| oxycodone hcl oral solution | 8 | pilocarpine hcl ophthalmic | 26 | PRENATE ESSENTIAL | 18 |
| oxycodone hcl oral tablet | 8 | pimozide | 13 | PRENATE MINI | 18 |
| oxymorphone hcl | 8 | pimtreea | 21 | PRENATE PIXIE | 18 |
| oxymorphone hcl er | 8 | pioglitazone hcl | 15 | PRENATE RESTORE | 18 |
| OZEMPIC | 14 | PIP GLUCOSE CONTROL SOLUTION | 14 | PREPIDIL | 20 |
| paliperidone er | 13 | pirfenidone | 27 | prevalite | 17 |
| pantoprazole sodium oral tablet delayed release | 19 | PKU EASY SHAKE & GO | 25 | PREVNAR 13 | 24 |
| PARAGARD INTRAUTERINE COPPER | 25 | PLAN B ONE-STEP | 22 | PREVNAR 20 | 24 |
| paricalcitol oral capsule 4 mcg | 24 | PNEUMOVAX 23 | 24 | PREZISTA ORAL SUSPENSION | 14 |
| PARI VORTEX ADULT MASK | 25 | pnv prenatal plus multivit+dha | 18 | PRIMACARE | 18 |
| paroxetine hcl oral tablet | 10 | podofilox external | 17 | primaquine phosphate | 12 |
| PAXLOVID (150/100) | 13 | polycin | 25 | primidone oral | 10 |
| PAXLOVID (300/100) | 13 | polyethylene glycol 3350 oral powder | 19 | PRIORIX | 24 |
| PEDIARIX | 23 | polymyxin b-trimethoprim | 25 | probenecid | 11 |
| PEDVAX HIB | 23 | portia-28 | 21 | prochlorperazine | 11 |
| peg-3350/electrolytes | 19 | posaconazole oral tablet delayed release | 11 | prochlorperazine maleate oral | 11 |
| peg 3350-kcl-na bicarb-nacl | 19 | potassium chloride crys er | 18 | PROCTOFOAM HC | 24 |
| PEGASYS | 13 | potassium chloride er | 18 | procto-med hc | 24 |
| penicillamine oral | 19 | potassium chloride oral packet | 18 | proctosol hc | 24 |
| penicillin v potassium | 9 | potassium chloride oral solution | 18 | proctozone-hc | 24 |
| PENTACEL | 23 | potassium citrate er | 18 | progesterone intramuscular | 22 |
| | | POVIDONE-IODINE OPHTHALMIC | 25 | PROMACTA | 15 |
| | | pramipexole dihydrochloride | 12 | promethazine-codeine | 27 |
| | | PRAMOSONE EXTERNAL LOTION | 17 | promethazine-dm | 27 |



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|---|----|---|----|--|----|
| promethazine hcl oral | 11 | REVLIMID | 12 | silver sulfadiazine external | 9 |
| promethazine hcl rectal | 11 | REYATAZ ORAL PACKET | 14 | SIMBRINZA | 26 |
| promethazine vc | 26 | REZVOGLAR KWIKPEN | 15 | simliya | 21 |
| promethazine vc/codeine | 27 | ribavirin oral | 13 | simpesse | 21 |
| promethegan | 11 | RIDAURA | 23 | SIMPONI | 23 |
| propafenone hcl | 16 | rifampin oral | 11 | simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg | 17 |
| propafenone hcl er | 16 | riluzole | 17 | simvastatin oral tablet 80 mg | 17 |
| proparacaine hcl ophthalmic | 25 | rimantadine hcl | 14 | sirolimus oral | 23 |
| propranolol hcl oral solution | 16 | RINVOQ | 23 | SKYLA | 22 |
| propranolol hcl oral tablet | 16 | risperidone oral solution | 13 | SKYRIZI PEN | 23 |
| propylthiouracil oral | 22 | risperidone oral tablet | 13 | SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE | 17 |
| PROQUAD | 24 | risperidone oral tablet dispersible | 13 | SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 23 |
| protriptyline hcl | 11 | ritonavir | 14 | SLYND | 22 |
| pseudoephedrine-bromphen-dm | 27 | rivelsa | 21 | sodium chloride inhalation | 27 |
| PULMICORT FLEXHALER | 26 | rizatriptan benzoate | 11 | sodium fluoride oral | 18 |
| pulmosal | 27 | ropinirole hcl | 12 | sodium polystyrene sulfonate | 18 |
| PULMOZYME | 27 | rosuvastatin calcium oral tablet 10 mg, 5 mg | 16 | SOFOSBUVIR-VELPATASVIR | 13 |
| PURE COMFORT SAFETY PEN NEEDLE | 25 | rosuvastatin calcium oral tablet 20 mg, 40 mg | 16 | sorafenib tosylate | 12 |
| pyrazinamide oral | 11 | ROTARIX ORAL SUSPENSION | 24 | sotalol hcl (af) | 16 |
| PYRIDIUM | 19 | ROTATEQ | 24 | sotalol hcl oral | 16 |
| pyridostigmine bromide er | 11 | roweepra | 10 | SOTYLIZE | 16 |
| pyridostigmine bromide oral solution 11 | 11 | RYBELSUS | 15 | SPIKEVAX | 24 |
| pyridostigmine bromide oral tablet 60 mg | 11 | SAFETY PEN NEEDLES 30G X 8 MM25 | 23 | SPIRIVA HANDIHALER | 26 |
| qc magnesium citrate | 19 | sajazir | 23 | SPIRIVA RESPIMAT | 26 |
| QUADRACEL INTRAMUSCULAR SUSPENSION | 24 | salsalate oral | 8 | spironolactone-hctz | 16 |
| quetiapine fumarate | 13 | SANDIMMUNE ORAL SOLUTION | 23 | spironolactone oral | 16 |
| quetiapine fumarate er | 13 | SAVELLA TITRATION PACK | 17 | sprintec 28 | 21 |
| quinidine gluconate er | 16 | saxagliptin hcl | 15 | sps | 18 |
| quinidine sulfate | 16 | scopolamine | 11 | sronyx | 21 |
| quinine sulfate | 12 | SELECT-OB ORAL TABLET CHEWABLE 29-1 MG | 18 | ssd | 9 |
| QVAR REDIHALER | 26 | selegiline hcl oral | 13 | STELARA SUBCUTANEOUS | 17 |
| raloxifene hcl | 22 | selenium sulfide external lotion | 17 | STIVARGA | 12 |
| RAYA SURE PEN NEEDLE | 25 | selenium sulfide external shampoo 2.25 % | 17 | ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE | 8 |
| react | 22 | sertraline hcl oral concentrate | 10 | STRIBILD | 13 |
| reclipsen | 21 | sertraline hcl oral tablet | 10 | STRIVERDI RESPIMAT | 26 |
| RECOMBIVAX HB | 24 | setlakin | 21 | subvenite | 10 |
| RECOTHROM | 15 | sevelamer carbonate | 18 | subvenite starter kit-blue | 10 |
| RECOTHROM SPRAY KIT | 15 | sevelamer hcl | 18 | subvenite starter kit-green | 10 |
| RELNATE DHA | 18 | sharobel | 22 | subvenite starter kit-orange | 10 |
| repaglinide | 15 | SHARPS COLLECTOR | 25 | sucrafate oral suspension | 19 |
| REPATHA | 17 | SHARPS CONTAINER | 25 | sucrafate oral tablet | 19 |
| REPATHA PUSHTRONEX SYSTEM | 17 | SHINGRIX | 24 | SULCONAZOLE NITRATE | 11 |
| REPATHA SURECLICK | 17 | sildenafil citrate oral suspension reconstituted | 27 | sulfacetamide-prednisolone | 25 |
| RETACRIT | 15 | sildenafil citrate oral tablet 20 mg | 27 | sulfacetamide sodium (acne) | 17 |
| REVATIO ORAL SUSPENSION RECONSTITUTED | 27 | | | | |



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|--|----|---|----|---|----|
| sulfacetamide sodium ophthalmic ointment | 26 | testosterone cypionate intramuscular | 20 | tretinoin external cream | 17 |
| sulfacetamide sodium ophthalmic solution | 26 | testosterone enanthate intramuscular | 20 | tretinoin oral | 12 |
| sulfamethoxazole-trimethoprim oral suspension | 9 | testosterone transdermal gel 50 mg/5gm (1%) | 20 | triamcinolone acetonide external cream | 20 |
| sulfamethoxazole-trimethoprim oral tablet | 9 | TETANUS-DIPHTHERIA TOXOIDS TD | 24 | triamcinolone acetonide external lotion | 20 |
| sulfasalazine oral tablet | 24 | tetrabenazine | 17 | triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % | 20 |
| sulfasalazine oral tablet delayed release | 24 | tetracaine hcl ophthalmic | 25 | triamcinolone acetonide mouth/throat | 17 |
| sulfatrim pediatric | 9 | tetracycline hcl oral | 10 | triamterene-hctz | 16 |
| sulindac oral | 8 | TEXACORT | 20 | triamterene oral | 16 |
| sumatriptan nasal | 11 | THALOMID | 12 | triazolam | 27 |
| sumatriptan succinate oral | 11 | theophylline | 27 | triderm | 20 |
| sumatriptan succinate refill subcutaneous solution cartridge | 11 | theophylline er | 27 | tri-estarylla | 22 |
| sumatriptan succinate subcutaneous | 11 | thioridazine hcl oral | 13 | trifluoperazine hcl | 13 |
| sunitinib malate | 12 | thiothixene | 13 | trifluridine | 25 |
| syeda | 22 | THROMBIN-JMI EPISTAXIS | 15 | trihexyphenidyl hcl | 12 |
| SYMJEPI | 26 | THROMBIN-JMI EXTERNAL KIT | 15 | tri-legest fe | 22 |
| SYNAREL | 22 | thyroid oral | 22 | tri-linyah | 22 |
| SYNJARDY | 15 | tiadylt er | 16 | tri-lo-estarylla | 22 |
| SYNJARDY XR | 15 | tilia fe | 22 | tri-lo-marzia | 22 |
| TABLOID | 12 | timolol maleate (once-daily) | 26 | tri-lo-mili | 22 |
| tacrolimus external | 17 | timolol maleate ophthalmic gel forming solution | 26 | tri-lo-sprintec | 22 |
| tacrolimus oral | 23 | timolol maleate ophthalmic solution | 26 | trimethobenzamide hcl oral | 11 |
| tadalafil (pah) | 27 | timolol maleate pf | 26 | trimethoprim oral | 9 |
| take action | 22 | tinidazole oral | 9 | tri-mili | 22 |
| tamoxifen citrate oral tablet 10 mg | 12 | tiotropium bromide monohydrate | 26 | TRINATE | 18 |
| tamoxifen citrate oral tablet 20 mg | 12 | TISSEEL EXTERNAL KIT | 25 | tri-nymyo | 22 |
| tamsulosin hcl | 19 | tizanidine hcl oral capsule | 27 | tri-sprintec | 22 |
| tarina 24 fe | 22 | tizanidine hcl oral tablet | 27 | TRISTART DHA | 18 |
| tarina fe 1/20 eq | 22 | tobramycin-dexamethasone | 25 | TRIUMEQ | 13 |
| taysofy | 22 | tobramycin nebulization solution 300 mg/5ml inhalation | 27 | trivora (28) | 22 |
| tazarotene external cream | 17 | tobramycin ophthalmic | 25 | tri-vylibra | 22 |
| tazarotene external gel | 17 | tolterodine tartrate | 19 | tri-vylibra lo | 22 |
| TAZORAC EXTERNAL CREAM 0.05 % | 17 | topiramate oral capsule sprinkle | 10 | TRUE METRIX LEVEL 1 | 14 |
| taztia xt | 16 | topiramate oral tablet | 10 | TRUE METRIX LEVEL 2 | 14 |
| TDVAX | 24 | torse mide | 16 | TRUE METRIX LEVEL 3 | 14 |
| telmisartan-hctz | 16 | TRADJENTA | 15 | TRULICITY | 15 |
| temazepam | 27 | tramadol-acetaminophen | 8 | TRUMENBA | 24 |
| temozolomide | 11 | tramadol hcl er | 8 | TWINRIX | 24 |
| TENIVAC | 24 | tramadol hcl (er biphasic) oral tablet extended release 24 hour | 8 | TWIRLA | 22 |
| tenofovir disoproxil fumarate | 13 | tramadol hcl oral tablet 50 mg | 8 | tyblume | 22 |
| terazosin hcl | 19 | tranexamic acid oral | 15 | tydemy | 22 |
| terbinafine hcl oral | 11 | tranylcypromine sulfate | 10 | TYROS 2 | 25 |
| terbutaline sulfate oral | 26 | trazodone hcl oral | 10 | TYVASO | 27 |
| | | TRESIBA | 15 | TYVASO DPI MAINTENANCE KIT | 27 |
| | | TRESIBA FLEXTOUCH | 15 | TYVASO DPI TITRATION KIT | 27 |
| | | | | TYVASO REFILL | 27 |



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| TYVASO STARTER | 27 | vigabatrin | 10 | ZELBORAF..... | 12 |
| UCERIS RECTAL | 24 | vigadrone | 10 | zenatane | 17 |
| UNISTRIP CONTROL IN VITRO SOLUTION LOW | 14 | VINATE ONE | 18 | ZENPEP | 19 |
| unithroid | 22 | viorele | 22 | zidovudine oral capsule | 13 |
| ursodiol oral capsule 300 mg. | 18 | VIRACEPT | 14 | zidovudine oral syrup | 13 |
| ursodiol oral tablet | 18 | VITAFOL FE+ | 18 | zidovudine oral tablet | 13 |
| VALCHLOR | 12 | VITAFOL-NANO | 18 | ziprasidone hcl. | 13 |
| valganciclovir hcl | 13 | VITAFOL-OB+DHA..... | 18 | zolpidem tartrate oral tablet..... | 27 |
| valproic acid oral | 10 | VITAFOL STRIPS..... | 18 | zonisamide oral | 10 |
| valsartan-hydrochlorothiazide | 16 | vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit | 18 | zovia 1/35 (28) | 22 |
| valsartan oral tablet..... | 15 | VITATHELY WITH GINGER | 18 | zumandimine | 22 |
| vancomycin hcl oral capsule | 9 | volnea | 22 | ZYKADIA | 12 |
| vancomycin hcl oral solution reconstituted 250 mg/5ml, 50 mg/ml | 9 | voriconazole oral suspension reconstituted | 11 | ZYLET..... | 25 |
| VANDAZOLE | 9 | voriconazole oral tablet..... | 11 | | |
| VAQTA..... | 24 | VORTEX VALVED HOLDING CHAMBER | 25 | | |
| varenicline tartrate..... | 9 | VRAYLAR..... | 13 | | |
| varenicline tartrate (starter) | 9 | vyfemla | 22 | | |
| VARIVAX..... | 24 | vylibra | 22 | | |
| VAXELIS..... | 24 | warfarin sodium oral | 15 | | |
| VAXNEUVANCE..... | 24 | wera | 22 | | |
| VCF VAGINAL CONTRACEPTIVE VAGINAL FILM..... | 19 | WESCAP-C DHA | 18 | | |
| VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM..... | 19 | WESCAP-PN DHA | 18 | | |
| vcf vaginal contraceptive vaginal gel | 19 | WESNATAL DHA COMPLETE | 18 | | |
| velivet | 22 | WESNATE DHA | 18 | | |
| venlafaxine hcl..... | 11 | WESTAB PLUS | 18 | | |
| venlafaxine hcl er oral capsule extended release 24 hour..... | 11 | WESTGEL DHA | 18 | | |
| VENTAVIS..... | 27 | WIDE-SEAL DIAPHRAGM 60..... | 25 | | |
| VENTOLIN HFA | 26 | WIDE-SEAL DIAPHRAGM 65..... | 25 | | |
| verapamil hcl er oral capsule extended release 24 hour..... | 16 | WIDE-SEAL DIAPHRAGM 70..... | 25 | | |
| verapamil hcl er oral tablet extended release..... | 16 | WIDE-SEAL DIAPHRAGM 75..... | 25 | | |
| verapamil hcl oral | 16 | WIDE-SEAL DIAPHRAGM 80..... | 25 | | |
| VERIFINE INSULIN PEN NEEDLE .. | 25 | WIDE-SEAL DIAPHRAGM 85..... | 25 | | |
| VERIFINE INSULIN SYRINGE | 25 | WIDE-SEAL DIAPHRAGM 90..... | 25 | | |
| VERIFINE PLUS PEN NEEDLE..... | 25 | WIDE-SEAL DIAPHRAGM 95..... | 25 | | |
| VERIFINE SAFE LANCET MINI 21G | 14 | wixela inhub | 26 | | |
| VERIFINE SAFE LANCET MINI 23G | 14 | wymzya fe..... | 22 | | |
| VERIFINE SAFE LANCET MINI 28G | 14 | XARELTO | 15 | | |
| VERIFINE SAFE LANCET MINI 30G | 14 | XARELTO STARTER PACK..... | 15 | | |
| VERZENIO | 12 | XIGDUO XR | 15 | | |
| vestura | 22 | XTAMPZA ER..... | 8 | | |
| VICTOZA | 15 | xulane | 22 | | |
| vienva | 22 | yuvafem | 22 | | |
| | | zafemy | 22 | | |
| | | ZARXIO | 15 | | |
| | | ZEGALOGUE | 15 | | |



Language Assistance Services

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|---|
| English |
| If you need help in another language or you need another format, like large print, please call the member number on your health plan ID card, TTY / RTT 711. Translation services and interpreters are available at no cost to you. |
| Español |
| Si necesita ayuda en otro idioma o en otro formato, como letra grande, llame al número para miembros en su tarjeta de ID del plan de salud, TTY/RTT 711. Los servicios de traducción y de interpretación están disponibles sin costo para usted. |
| 中文 |
| 如果您需要以其他語言提供的協助，或您需要其他形式版本，例如大字體，請撥健保計劃會員卡上的會員電話，聽力語言殘障服務專線 / 即時訊息 (TTY / RTT) 711。可免費向您提供翻譯服務和口譯員服務。 |
| Tiếng Việt |
| Nếu quý vị cần trợ giúp bằng ngôn ngữ khác hoặc quý vị cần định dạng khác, như bản in cỡ lớn, vui lòng gọi đến số điện thoại dành cho hội viên trên thẻ ID chương trình hiểm y tế của quý vị, TTY/RTT 711. Có sẵn các dịch vụ dịch thuật và thông dịch viên miễn phí cho quý vị. |
| 한국어 |
| 귀하가 다른 언어로 도움이 필요하거나 큰 활자와 같은 다른 형식으로 필요한 경우 귀하의 건강보험 ID 카드에 기재된 회원 번호, TTY / RTT 711 번으로 전화하십시오. 귀하는 번역 서비스 및 통역사를 무료로 이용하실 수 있습니다. |
| Tagalog |
| Kung kailangan ninyo ng tulong sa ibang wika o kailangan ninyo ng ibang format, tulad ng malalaking titik, pakitawagan ang numero para sa miyembro na makikita sa inyong ID card sa planong pangkalusugan, para sa gumagamit ng TTY / RTT, tumawag sa 711. Available para sa inyo ang mga serbisyo sa pagsasalín at interpreter nang wala kayong babayaran. |
| Русский |
| Если Вам нужна помощь на другом языке или Вы хотели бы получить этот документ в другом формате (например, крупным шрифтом), позвоните по телефону, указанному на Вашей идентификационной карте участника плана медицинского страхования, линия TTY/RTT: 711. Услуги устного и письменного перевода предоставляются бесплатно. |
| اللغة العربية |
| إذا كنت بحاجة إلى مساعدة بلغة أخرى أو تحتاج إلى تنسيق آخر مثل الطباعة بأحرف كبيرة، فيرجى الاتصال برقم هاتف الأعضاء المُدرج على بطاقة معرف العضوية الخاص بخطتك الصحية، TTY/RTT 711. تتوفر خدمات الترجمة التحريرية والمترجمين الفوريين دون أن تتحمل أي تكلفة. |
| Français |
| Si vous avez besoin d'aide dans une autre langue ou souhaitez un autre format, par exemple en gros caractères, veuillez appeler le numéro d'assuré figurant sur votre carte d'assurance, ATS / RTT (texte en temps réel) 711. Des services de traduction et des interprètes sont disponibles gratuitement. |
| አንግሊዝኛ |
| በሌላ ቋንቋ እርዳታ የሚፈልጉ ከሆነ ወይም በሌላ ፎርማት የተዘጋጀ ካስፈለግዎት፣ ለምሳሌ በትልቅ የተጻፈ፣ እባክዎን በአንገራንስ ካርድዎ ላይ ባለው የአባል አገልግሎት መስጫ ስልክ ቁጥር ይደውሉ፣ መስማት ለተሳናቸው (TTY/RTT) በ 711። የጽሑፍ ትርጉም አገልግሎት እንዲሁም የቃል አስተርጓሚዎች ምንም ሳይከፍሉ መጠቀም ይችላሉ። |

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| Diné |
| <p>łá' nááná saad bee shika'a'doowot nínízingo doodago t'áá łahgo át'éego anályaago, nitsaago bee bik'e'ashchíígo da, t'áá shoǫdí nits'íís nánel'ííh naaltsoos bee ha'dít'éhígíí bił ninaaltsoos nit'ízí bee nééhizinígíí béesh bee hane'í biká'ígíí bee hodílnih, TTY / RTT 711. T'áá ni nizaad bee ha'dilyaago dóó atah hane'ígíí t'áá jiik'eh bee ná'agot'í.</p> |
| فارسی |
| <p>اگر به زبان دیگری به کمک نیاز دارید یا به فرمت متفاوتی از قبیل چاپ درشت نیاز دارید، لطفاً با شماره مرفوم شده بر روی کارت شناسایی برنامه درمانی خود، TTY / RTT 711 تماس بگیرید. خدمات ترجمه و مترجمین شفاهی بدون اخذ هزینه در اختیار شما می باشند.</p> |
| اردو |
| <p>اگر آپ کو کسی دوسری زبان میں معاونت کی ضرورت ہے یا آپ کو کسی اور فارمیٹ کی ضرورت ہے جیسے بڑے پرنٹ کی، تو براہ کرم اپنے ہیلتھ پلان ID کارڈ پر دئے گئے نمبر پر کال کریں، TTY / RTT 711۔ آپ کے لئے ترجمہ خدمات اور ترجمان بغیر کسی معاوضہ کے دستیاب ہیں۔</p> |
| Deutsch |
| <p>Wenn Sie Hilfe in einer anderen Sprache oder ein anderes Format benötigen, z. B. Großdruck, rufen Sie bitte die Telefonnummer für Mitglieder an, die auf Ihrer Versicherungskarte angegeben ist, TTY / RTT 711. Übersetzer- und Dolmetscherdienste stehen Ihnen kostenlos zur Verfügung.</p> |
| 日本語 |
| <p>他の言語でのお手伝いや他の形式（大きな文字など）が必要な場合は、医療保険プラン ID カードに記載されている電話番号（TTY/RTT は 711）にお電話ください。翻訳サービスと通訳は無料でご利用いただけます。</p> |
| ភាសាខ្មែរ |
| <p>បើសិនអ្នកត្រូវការជំនួយ ជាភាសាមួយទៀត ឬអ្នកត្រូវការទម្រង់មួយទៀត ដូចជាអក្សរពុម្ពធំៗ សូមទូរស័ព្ទទៅលេខសមាជិក មាននៅលើប័ណ្ណ ID គំរោងសុខភាពរបស់អ្នក, TTY / RTT 711។ សេវាការបកប្រែ និងអ្នកបកប្រែ គឺមានផ្តល់ជូនដោយ ឥតអស់ថ្លៃដល់អ្នក។</p> |



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