



2023 Qualified Health Plan (QHP) Prescription Drug List

Georgia

Effective as of Jan. 1, 2023

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Understanding your prescription drug list

What is a prescription drug list (PDL)?

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

To create the list, UnitedHealthcare® is guided by the Individual 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 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 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.

Some medications on your PDL have extra requirements before they can be covered. A few of the most common coverage programs are prior authorization (PA), step therapy (ST), quantity limits (QL), morphine milligram equivalent (MME) and 7-day limit (7D). We use programs like these to help make sure the medication you take is safe and effective. Check your plan documents for more information. If you want to see if a medication in one of these programs, please visit myuhc.com/exchange or call the Member Services number on your health plan ID card.

- **Prior authorization (PA):** UnitedHealthcare requires you or your physician to obtain prior authorization for certain drugs to be sure the drug is most appropriate for the 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.
- **Step therapy (ST):** 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.
- **Quantity limits (QL):** 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.
- **Morphine milligram equivalent (MME):** Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME) and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than 1 opioid drug for pain management. If your doctor prescribes more than this amount, or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.
- **7-day limit (7D):** If you have not filled an opioid prescription recently, you may be limited to a 7-day supply. This limit is intended to minimize long-term 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.

What are tiers?

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

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 provider to learn about alternatives.

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.



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.

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

You, your authorized representative or your provider can ask for a coverage request by calling the number on your health plan ID card. Once the request is received, a decision will be provided within 72 hours, unless 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 doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter medications

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

Reading your PDL

The PDL gives you choices so you and your 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.

Tier information

Using lower tier or preferred medications can help you pay your lowest out-of-pocket cost.

| Drug Tier | Cost Share | Helpful Tips |
|---------------|------------|--|
| Tier 1 | \$ | |
| Tier 2 | \$\$ | Drugs in lower tiers will have lower cost shares. If you are prescribed a medication on a higher tier, you should discuss with your provider if a lower tier medication may be appropriate for your condition. |
| Tier 3 | \$\$\$ | |
| Tier 4 | \$\$\$\$ | |
| HCR \$0 copay | \$0 | Preventive products listed in the HCR \$0 Tier are available at zero cost. |

Drug list 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.

| | |
|---------------|---|
| PA | Prior authorization required |
| QL | Quantity limit |
| ST | Step therapy |
| HCR \$0 copay | HCR \$0 copay – These drugs may be available at zero cost if specific requirements are met. |
| SP | Specialty medication – limited to a 1-month supply per prescription.* |
| MME | Morphine milligram equivalent |
| 7D | 7-day limit if you have not filled an opioid prescription recently |

*Your plan may allow more than a 1-month supply. Refer to your Benefit Plan Documents.

Questions

For the most current list of covered medications, information on network pharmacies or home delivery:



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 participating retail pharmacy by ZIP code
- Look up possible lower-cost medication alternatives
- Compare medication pricing and options



| Drug name | Drug tier | Requirements & limits |
|--|-----------|---|
| Analgesics | | |
| Nonsteroidal anti-inflammatory drugs | | |
| adult aspirin regimen | \$0 | HCR \$0 copay for members between ages of 12 to 79. |
| aspirin adult low dose | \$0 | HCR \$0 copay for members between ages of 12 to 79. |
| aspirin adult low strength | \$0 | HCR \$0 copay for members between ages of 12 to 79. |
| aspirin childrens | \$0 | HCR \$0 copay for members between ages of 12 to 79. |
| aspirin ec low dose | \$0 | HCR \$0 copay for members between ages of 12 to 79. |
| aspirin ec low strength | \$0 | HCR \$0 copay for members between ages of 12 to 79. |
| aspirin low dose | \$0 | HCR \$0 copay for members between ages of 12 to 79. |
| aspirin oral tablet delayed release 81 mg | \$0 | HCR \$0 copay for members between ages of 12 to 79. |
| BAYER ASPIRIN EC LOW DOSE | \$0 | HCR \$0 copay for members between ages of 12 to 79. |
| celecoxib oral | 1 | QL |
| diclofenac potassium oral tablet 50 mg | 1 | |
| diclofenac sodium er | 1 | |
| diclofenac sodium external gel 1 % | 2 | QL |
| diclofenac sodium oral | 1 | |
| diclofenac-misoprostol | 2 | |
| diflunisal oral | 1 | |
| DUEXIS | 4 | ST; QL |
| ec-naproxen | 1 | |
| etodolac | 1 | |
| etodolac er | 2 | |
| fenoprofen calcium oral tablet | 3 | |
| flurbiprofen oral | 1 | |
| goodsense aspirin low dose | \$0 | HCR \$0 copay for members between ages of 12 to 79. |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg | 1 | |
| ibuprofen-famotidine | 4 | ST; QL |
| INDOCIN RECTAL | 3 | |
| indomethacin er | 1 | |
| indomethacin oral capsule 25 mg, 50 mg | 1 | QL |

| Drug name | Drug tier | Requirements & limits |
|---|-----------|---|
| ketoprofen er | 3 | ST |
| ketoprofen oral | 2 | ST |
| ketorolac tromethamine oral | 1 | |
| meclofenamate sodium oral | 3 | |
| mefenamic acid oral | 3 | |
| meloxicam oral tablet | 1 | |
| nabumetone oral | 1 | |
| naproxen oral suspension | 3 | PA |
| naproxen oral tablet | 1 | |
| naproxen oral tablet delayed release | 1 | |
| naproxen sodium oral tablet 275 mg, 550 mg | 1 | |
| naproxen-esomeprazole mg | 3 | ST; QL |
| oxaprozin | 2 | |
| piroxicam oral | 1 | |
| salsalate oral | 1 | |
| ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE | \$0 | HCR \$0 copay for members between ages of 12 to 79. |
| sulindac oral | 1 | |
| Opioid analgesics, long-acting | | |
| fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr | 2 | PA; QL; MME; 7D |
| hydrocodone bitartrate er oral capsule extended release 12 hour | 3 | PA; QL; MME; 7D |
| hydromorphone hcl er | 3 | PA; QL; MME; 7D |
| levorphanol tartrate oral tablet 2 mg | 3 | QL; MME; 7D |
| methadone hcl intensol | 1 | QL; MME; 7D |
| methadone hcl oral concentrate | 1 | QL; MME; 7D |
| methadone hcl oral solution | 1 | PA; QL; MME; 7D |
| methadone hcl oral tablet | 1 | PA; QL; MME; 7D |
| methadone hcl oral tablet soluble | 1 | PA; QL; MME; 7D |
| methadose oral concentrate 10 mg/ml | 1 | QL; MME; 7D |
| methadose oral tablet soluble | 1 | PA; QL; MME; 7D |
| methadose sugar-free | 1 | QL; MME; 7D |
| morphine sulfate er oral tablet extended release | 3 | PA; QL; MME; 7D |
| NUCYNTA ER | 2 | PA; QL; MME; 7D |
| oxymorphone hcl er | 3 | PA; QL; MME; 7D |
| tramadol hcl er oral tablet extended release 24 hour | 2 | QL; MME; 7D |
| XTAMPZA ER | 2 | PA; QL; MME; 7D |
| Opioid analgesics, short-acting | | |
| acetaminophen-codeine | 1 | QL; MME; 7D |
| acetaminophen-codeine #2 | 1 | QL; MME; 7D |
| acetaminophen-codeine #3 | 1 | QL; MME; 7D |
| acetaminophen-codeine #4 | 1 | QL; MME; 7D |
| apap-caff-dihydrocodeine | 3 | QL; MME; 7D |
| ascomp-codeine | 2 | QL; MME; 7D |

KEY: **\$0**—(HCR \$0 copay) These drugs may be available at zero cost if specific requirements are met
7D—7 Day limit **MME**—Morphine milligram equivalent **PA**—Prior authorization required
QL—Quantity Limit **SP**—Specialty medication **ST**—Step Therapy



| Drug name | Drug tier | Requirements & limits |
|---|-----------|-----------------------|
| bac | 1 | QL |
| butalbital-acetaminophen oral tablet | 2 | QL |
| butalbital-apap-caff-cod oral capsule 50-325-40-30 mg | 2 | QL; MME; 7D |
| butalbital-apap-caffeine oral capsule | 2 | QL |
| butalbital-apap-caffeine oral tablet | 1 | QL |
| butalbital-asa-caff-codeine | 2 | QL; MME; 7D |
| butalbital-aspirin-caffeine | 1 | QL |
| codeine sulfate oral tablet 30 mg, 60 mg | 1 | QL; MME; 7D |
| endocet | 1 | QL; MME; 7D |
| fentanyl citrate buccal lozenge on a handle | 3 | PA; QL |
| hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml | 1 | QL; MME; 7D |
| hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg | 1 | QL; MME; 7D |
| hydrocodone-ibuprofen | 3 | QL; MME; 7D |
| hydromorphone hcl oral liquid | 2 | QL; MME; 7D |
| hydromorphone hcl oral tablet | 1 | QL; MME; 7D |
| hydromorphone hcl rectal | 2 | MME; 7D |
| LORTAB | 3 | QL; MME; 7D |
| morphine sulfate (concentrate) | 2 | QL; MME; 7D |
| morphine sulfate oral solution | 2 | QL; MME; 7D |
| morphine sulfate oral tablet | 1 | QL; MME; 7D |
| morphine sulfate rectal | 2 | MME; 7D |
| oxycodone hcl oral capsule | 1 | QL; MME; 7D |
| oxycodone hcl oral concentrate 100 mg/5ml | 3 | QL; MME; 7D |
| oxycodone hcl oral solution | 1 | QL; MME; 7D |
| oxycodone hcl oral tablet | 1 | QL; MME; 7D |
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 1 | QL; MME; 7D |
| oxymorphone hcl | 2 | QL; MME; 7D |
| pentazocine-naloxone hcl | 2 | QL; MME; 7D |
| TENCON | 2 | QL |
| tramadol hcl oral tablet 50 mg | 1 | QL; MME; 7D |
| tramadol-acetaminophen | 1 | QL; MME; 7D |
| VTOL LQ | 2 | PA; QL |
| Anesthetics | | |
| Local anesthetics | | |
| glydo | 1 | |
| lidocaine external ointment 5 % | 1 | QL |
| lidocaine external patch 5 % | 2 | PA; QL |
| lidocaine hcl external solution | 2 | |
| lidocaine hcl mouth/throat | 2 | |
| lidocaine hcl urethral/mucosal | 1 | |
| lidocaine viscous hcl | 1 | |
| lidocaine-prilocaine external cream | 1 | |
| premium lidocaine | 1 | QL |
| Anti-addiction/substance abuse treatment agents | | |
| Alcohol deterrents/anti-craving | | |
| acamprosate calcium | 2 | |
| disulfiram oral | 1 | |
| naltrexone hcl oral | \$0 | |

| Drug name | Drug tier | Requirements & limits |
|---|-----------|-----------------------|
| Opioid dependence treatments | | |
| buprenorphine hcl sublingual | \$0 | |
| buprenorphine hcl-naloxone hcl sublingual film | 3 | |
| buprenorphine hcl-naloxone hcl sublingual tablet sublingual | \$0 | |
| ZUBSOLV | 2 | |
| Opioid reversal agents | | |
| naloxone hcl injection | 1 | |
| naloxone hcl nasal | 2 | |
| NARCAN | 2 | |
| Smoking cessation agents | | |
| bupropion hcl er (smoking det) | \$0 | QL |
| goodsense nicotine mouth/throat lozenge 4 mg | \$0 | QL |
| habitrol | \$0 | QL |
| NICORETTE MOUTH/THROAT GUM 2 MG | \$0 | QL |
| NICORETTE MOUTH/THROAT LOZENGE 4 MG | \$0 | QL |
| nicotine polacrilex mini | \$0 | QL |
| nicotine polacrilex mouth/throat | \$0 | QL |
| nicotine step 1 | \$0 | QL |
| nicotine step 2 | \$0 | QL |
| nicotine step 3 | \$0 | QL |
| nicotine transdermal kit | \$0 | QL |
| NICOTROL | \$0 | PA; QL |
| NICOTROL NS | \$0 | PA; QL |
| varenicline tartrate | \$0 | PA; QL |
| Antibacterials | | |
| Aminoglycosides | | |
| gentamicin sulfate external | 2 | |
| neomycin sulfate oral | 1 | |
| paromomycin sulfate oral | 3 | |
| Antibacterials, other | | |
| ALTABAX | 3 | QL |
| clindamycin hcl oral | 1 | |
| clindamycin palmitate hcl | 2 | |
| clindamycin phosphate vaginal | 1 | |
| CLINDESSE | 2 | |
| FIRVANQ | 2 | |
| fosfomycin tromethamine | 3 | |
| linezolid oral suspension reconstituted | 3 | QL |
| linezolid oral tablet | 2 | QL |
| mafenide acetate external | 3 | |
| methenamine hippurate | 1 | |
| methenamine mandelate oral | 1 | |
| metronidazole oral tablet | 1 | |
| metronidazole vaginal | 1 | |
| mupirocin calcium | 3 | QL |
| mupirocin external | 1 | QL |
| NEO-SYNALAR | 3 | QL |
| nitrofurantoin | 3 | |
| nitrofurantoin macrocrystal | 2 | |
| nitrofurantoin monohydrate macrocrystals | 1 | |

KEY: \$0—(HCR \$0 copay) These drugs may be available at zero cost if specific requirements are met

7D—7 Day limit

MME—Morphine milligram equivalent

PA—Prior authorization required

QL—Quantity Limit

SP—Specialty medication

ST—Step Therapy



| Drug name | Drug tier | Requirements & limits |
|--|-----------|-----------------------|
| silver nitrate external | 1 | |
| silver sulfadiazine external | 1 | |
| ssd | 1 | |
| SULFAMYLON EXTERNAL CREAM | 3 | |
| tinidazole oral | 1 | |
| trimethoprim oral | 1 | |
| vancomycin hcl oral capsule | 1 | QL |
| vancomycin hcl oral solution reconstituted | 2 | |
| vandazole | 1 | |
| XEPI | 3 | QL |
| XIFAXAN | 4 | PA; QL |
| Beta-lactam, cephalosporins | | |
| cefaclor er | 2 | |
| cefaclor oral capsule | 1 | |
| cefadroxil oral capsule | 1 | |
| cefadroxil oral suspension reconstituted | 1 | |
| cefadroxil oral tablet | 2 | |
| cefdinir | 1 | |
| cefixime oral capsule | 2 | |
| cefixime oral suspension reconstituted | 3 | |
| cefpodoxime proxetil | 2 | |
| cefprozil | 1 | |
| cefuroxime axetil | 1 | |
| cephalexin oral capsule | 1 | |
| cephalexin oral suspension reconstituted | 1 | |
| Beta-lactam, penicillins | | |
| amoxicillin | 1 | |
| 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 | 1 | |
| amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg | 1 | |
| amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg | 1 | |
| ampicillin | 1 | |
| dicloxacillin sodium | 1 | |
| penicillin v potassium | 1 | |
| Macrolides | | |
| azithromycin oral | 1 | |
| clarithromycin er | 2 | |
| clarithromycin oral suspension reconstituted | 3 | |
| clarithromycin oral tablet | 1 | |
| DIFICID | 3 | QL |
| E.E.S. GRANULES | 3 | |
| ERYPED 200 | 3 | |
| ERYTHROCIN STEARATE | 3 | |
| erythromycin base oral capsule delayed release particles | 3 | |
| erythromycin base oral tablet | 3 | |
| erythromycin base oral tablet delayed release | 2 | |
| erythromycin ethylsuccinate oral | 3 | |

| Drug name | Drug tier | Requirements & limits |
|---|-----------|-----------------------|
| erythromycin oral | 2 | |
| Quinolones | | |
| BAXDELA ORAL | 3 | |
| CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%) | 3 | |
| ciprofloxacin hcl oral | 1 | |
| levofloxacin oral solution | 3 | |
| levofloxacin oral tablet | 1 | |
| moxifloxacin hcl oral | 1 | |
| ofloxacin oral | 2 | |
| Sulfonamides | | |
| sulfadiazine oral | 3 | |
| sulfamethoxazole-trimethoprim oral suspension | 1 | |
| sulfamethoxazole-trimethoprim oral tablet | 1 | |
| sulfatrim pediatric | 1 | |
| Tetracyclines | | |
| avidoxy | 1 | |
| demeclocycline hcl | 3 | |
| doxycycline hyclate oral capsule | 1 | |
| doxycycline hyclate oral tablet 100 mg, 20 mg | 1 | |
| doxycycline monohydrate oral capsule 100 mg, 50 mg | 1 | |
| doxycycline monohydrate oral suspension reconstituted | 2 | |
| doxycycline monohydrate oral tablet | 1 | |
| minocycline hcl oral capsule | 1 | |
| mondoxylene nl | 1 | |
| NUZYRA ORAL | 4 | QL |
| tetracycline hcl oral | 3 | |
| VIBRAMYCIN ORAL SYRUP | 3 | |
| Anticonvulsants | | |
| Anticonvulsants, other | | |
| levetiracetam er | 1 | |
| levetiracetam oral | 1 | |
| rowepra | 1 | |
| Calcium channel modifying agents | | |
| CELONTIN | 2 | |
| ethosuximide oral | 2 | |
| zonisamide oral | 1 | |
| Gamma-aminobutyric acid (GABA) augmenting agents | | |
| clobazam | 3 | PA; QL |
| DIACOMIT | 4 | PA; QL; SP |
| diazepam rectal | 3 | QL |
| gabapentin oral capsule | 1 | |
| gabapentin oral solution 250 mg/5ml | 1 | |
| gabapentin oral tablet 600 mg, 800 mg | 1 | |
| phenobarbital oral | 1 | |
| primidone oral | 1 | |
| tiagabine hcl | 3 | |
| valproic acid oral | 1 | |
| vigabatrin | 4 | PA; QL; SP |
| vigadrone | 4 | PA; QL; SP |

KEY: \$0—(HCR \$0 copay) These drugs may be available at zero cost if specific requirements are met

7D—7 Day limit

MME—Morphine milligram equivalent

PA—Prior authorization required

QL—Quantity Limit

SP—Specialty medication

ST—Step Therapy



| Drug name | Drug tier | Requirements & limits |
|---|-----------|-----------------------|
| Glutamate reducing agents | | |
| felbamate | 3 | |
| FYCOMPA ORAL SUSPENSION | 3 | PA; QL |
| LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG | 3 | PA |
| lamotrigine oral kit | 3 | PA |
| lamotrigine oral tablet | 1 | |
| lamotrigine oral tablet chewable | 1 | |
| lamotrigine oral tablet dispersible | 3 | PA |
| lamotrigine starter kit-blue | 3 | |
| lamotrigine starter kit-green | 3 | |
| lamotrigine starter kit-orange | 3 | |
| subvenite | 1 | |
| subvenite starter kit-blue | 3 | |
| subvenite starter kit-green | 3 | |
| subvenite starter kit-orange | 3 | |
| topiramate oral capsule sprinkle | 2 | |
| topiramate oral tablet | 1 | |
| Sodium channel agents | | |
| APTIOM | 3 | PA; QL |
| BANZEL ORAL TABLET | 3 | PA |
| carbamazepine er | 2 | |
| carbamazepine oral suspension | 2 | |
| carbamazepine oral tablet | 1 | |
| carbamazepine oral tablet chewable | 1 | |
| DILANTIN ORAL CAPSULE 30 MG | 3 | |
| epitol | 1 | |
| lacosamide oral solution | 3 | PA; QL |
| oxcarbazepine oral suspension | 3 | |
| oxcarbazepine oral tablet | 1 | |
| phenytoin infatabs | 1 | |
| phenytoin oral suspension 125 mg/5ml | 1 | |
| phenytoin oral tablet chewable | 1 | |
| phenytoin sodium extended | 1 | |
| rufinamide oral suspension | 3 | |
| rufinamide oral tablet | 3 | PA |
| VIMPAT ORAL SOLUTION | 3 | PA; QL |
| Antidementia agents | | |
| Cholinesterase inhibitors | | |
| donepezil hcl oral tablet 10 mg, 5 mg | 1 | QL |
| donepezil hcl oral tablet dispersible | 1 | QL |
| galantamine hydrobromide er | 2 | QL |
| galantamine hydrobromide oral solution | 3 | QL |
| galantamine hydrobromide oral tablet | 2 | QL |
| rivastigmine | 3 | QL |
| rivastigmine tartrate | 1 | QL |
| N-methyl-D-aspartate (NMDA) receptor antagonist | | |
| memantine hcl oral solution 2 mg/ml | 3 | QL |
| memantine hcl oral tablet | 1 | QL |
| Antidepressants | | |
| Antidepressants, other | | |
| bupropion hcl er (sr) | 1 | |
| bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg | 1 | QL |

| Drug name | Drug tier | Requirements & limits |
|---|-----------|-----------------------|
| bupropion hcl oral | 1 | |
| chlordiazepoxide-amitriptyline | 1 | |
| mirtazapine oral tablet | 1 | |
| mirtazapine oral tablet dispersible | 1 | |
| olanzapine-fluoxetine hcl | 3 | QL |
| perphenazine-amitriptyline | 1 | |
| Monoamine oxidase inhibitors | | |
| MARPLAN | 3 | |
| phenelzine sulfate oral | 1 | |
| tranylcypromine sulfate | 3 | |
| SSRI/SNRI (selective serotonin reuptake inhibitors/serotonin and norepinephrine reuptake inhibitors) | | |
| citalopram hydrobromide oral solution | 2 | |
| citalopram hydrobromide oral tablet | 1 | |
| desvenlafaxine succinate er | 1 | QL |
| duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg | 1 | QL |
| duloxetine hcl oral capsule delayed release particles 30 mg | 1 | QL |
| escitalopram oxalate oral solution | 2 | |
| escitalopram oxalate oral tablet | 1 | |
| FETZIMA | 3 | ST; QL |
| fluoxetine hcl (pmdd) | 2 | QL |
| fluoxetine hcl oral capsule | 1 | |
| fluoxetine hcl oral capsule delayed release | 2 | QL |
| fluoxetine hcl oral solution | 1 | |
| fluoxetine hcl oral tablet 10 mg, 20 mg | 2 | QL |
| fluvoxamine maleate | 1 | |
| fluvoxamine maleate er | 3 | QL |
| nefazodone hcl | 2 | |
| paroxetine hcl er | 2 | QL |
| paroxetine hcl oral suspension | 3 | |
| paroxetine hcl oral tablet | 1 | |
| PAXIL ORAL SUSPENSION | 3 | |
| sertraline hcl oral concentrate | 1 | |
| sertraline hcl oral tablet | 1 | |
| trazodone hcl oral | 1 | |
| venlafaxine hcl | 1 | |
| venlafaxine hcl er oral capsule extended release 24 hour | 1 | |
| VIIBRYD | 3 | QL |
| VIIBRYD STARTER PACK | 3 | QL |
| vilazodone hcl | 3 | QL |
| Tricyclics | | |
| amitriptyline hcl oral | 1 | |
| amoxapine | 1 | |
| clomipramine hcl oral | 3 | |
| desipramine hcl oral | 2 | |
| doxepin hcl oral capsule | 1 | |
| doxepin hcl oral concentrate | 1 | |
| imipramine hcl oral | 1 | |
| imipramine pamoate | 3 | |
| nortriptyline hcl oral capsule | 1 | |
| nortriptyline hcl oral solution | 2 | |
| protriptyline hcl | 2 | |

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QL—Quantity Limit **SP**—Specialty medication **ST**—Step Therapy



| Drug name | Drug tier | Requirements & limits |
|--|-----------|-----------------------|
| trimipramine maleate oral | 3 | |
| Antiemetics | | |
| Antiemetics, other | | |
| compro | 2 | |
| meclizine hcl oral tablet 25 mg | 1 | |
| metoclopramide hcl oral solution | 1 | |
| metoclopramide hcl oral tablet | 1 | |
| perphenazine oral | 1 | |
| prochlorperazine | 2 | |
| prochlorperazine maleate oral | 1 | |
| scopolamine | 2 | |
| trimethobenzamide hcl oral | 1 | |
| Emetogenic therapy adjuncts | | |
| aprepitant | 3 | QL |
| dronabinol | 3 | |
| EMEND ORAL SUSPENSION RECONSTITUTED | 2 | QL |
| granisetron hcl oral | 2 | QL |
| ondansetron hcl oral solution | 1 | |
| ondansetron hcl oral tablet | 1 | |
| ondansetron odt | 1 | |
| VARUBI (180 MG DOSE) | 2 | QL |
| Antifungals | | |
| ciclodan | 1 | |
| ciclopirox external | 1 | |
| ciclopirox olamine external | 1 | |
| ciclopirox treatment | 1 | |
| clotrimazole mouth/throat | 1 | |
| clotrimazole-betamethasone external cream | 1 | QL |
| clotrimazole-betamethasone external lotion | 2 | |
| econazole nitrate external | 2 | QL |
| EXELDERM | 3 | |
| fluconazole oral suspension reconstituted | 1 | |
| fluconazole oral tablet | 1 | |
| flucytosine oral | 3 | |
| griseofulvin microsize oral | 2 | |
| griseofulvin ultramicrosize | 2 | |
| GYNAZOLE-1 | 3 | |
| hydrocortisone-iodoquinol | 1 | |
| itraconazole oral | 3 | QL |
| ketoconazole external cream | 1 | QL |
| ketoconazole external shampoo | 1 | |
| ketoconazole oral | 1 | |
| LULICONAZOLE | 3 | QL |
| MENTAX | 3 | |
| miconazole 3 | 1 | |
| naftifine hcl external cream 1 % | 3 | |
| nyamyc | 1 | QL |
| nystatin external cream | 1 | |
| nystatin external ointment | 1 | |
| nystatin external powder | 1 | QL |
| nystatin mouth/throat | 1 | |
| nystatin oral | 1 | |

| Drug name | Drug tier | Requirements & limits |
|---|-----------|-----------------------|
| nystop | 1 | QL |
| oxiconazole nitrate | 3 | PA; QL |
| posaconazole | 2 | QL |
| SULCONAZOLE NITRATE | 3 | |
| terbinafine hcl oral | 1 | QL |
| terconazole vaginal cream | 1 | |
| terconazole vaginal suppository | 2 | |
| voriconazole oral suspension reconstituted | 3 | |
| voriconazole oral tablet | 3 | QL |
| Antigout agents | | |
| allopurinol oral | 1 | |
| COLCHICINE ORAL CAPSULE | 1 | QL |
| colchicine-probenecid | 1 | |
| febuxostat | 2 | ST; QL |
| MITIGARE | 2 | QL |
| probenecid | 1 | |
| Antimigraine agents | | |
| Calcitonin gene-related peptide (CGRP) receptor antagonist | | |
| AIMOVIQ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML | 2 | QL |
| Ergot alkaloids | | |
| dihydroergotamine mesylate injection | 3 | QL |
| ergotamine-caffeine | 3 | |
| MIGERGOT | 3 | |
| Serotonin (5-HT) receptor agonists | | |
| almotriptan malate | 2 | QL |
| eletriptan hydrobromide | 2 | QL |
| frovatriptan succinate | 3 | QL |
| naratriptan hcl | 1 | QL |
| rizatriptan benzoate | 1 | QL |
| sumatriptan nasal | 3 | QL |
| sumatriptan succinate oral | 1 | QL |
| sumatriptan succinate refill subcutaneous solution cartridge | 3 | QL |
| sumatriptan succinate subcutaneous | 3 | QL |
| sumatriptan-naproxen sodium | 3 | QL |
| ZOLMITRIPTAN NASAL SOLUTION 2.5 MG | 3 | ST; QL |
| zolmitriptan nasal solution 5 mg | 3 | ST; QL |
| zolmitriptan oral | 2 | QL |
| Antimyasthenic agents | | |
| Parasympathomimetics | | |
| pyridostigmine bromide er | 3 | |
| pyridostigmine bromide oral solution | 3 | |
| pyridostigmine bromide oral tablet 60 mg | 1 | |
| Antimycobacterials | | |
| Antimycobacterials, other | | |
| dapsone oral | 1 | |
| rifabutin | 3 | |
| Antituberculars | | |
| cycloserine oral | 3 | |

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| Drug name | Drug tier | Requirements & limits |
|-------------------------------------|-----------|---|
| ethambutol hcl oral | 1 | |
| isoniazid oral syrup | 3 | |
| isoniazid oral tablet | 1 | |
| PASER | 3 | |
| PRIFTIN | 2 | |
| pyrazinamide oral | 2 | |
| rifampin oral | 1 | |
| TRECTOR | 2 | |
| Antineoplastics | | |
| Alkylating agents | | |
| cyclophosphamide oral capsule | 3 | |
| CYCLOPHOSPHAMIDE ORAL TABLET | 3 | |
| GLEOSTINE | 4 | SP |
| LEUKERAN | 3 | |
| melphalan | 3 | |
| MYLERAN | 3 | |
| temozolomide | 4 | PA; SP |
| VALCHLOR | 4 | PA; QL; SP |
| Antiandrogens | | |
| abiraterone acetate | 4 | PA; QL; SP |
| bicalutamide | 1 | |
| ERLEADA | 4 | PA; QL; SP |
| flutamide | 2 | |
| nilutamide | 4 | SP |
| Antiangiogenic agents | | |
| lenalidomide | 4 | PA; QL; SP |
| REVLIMID | 4 | PA; QL; SP |
| THALOMID | 4 | PA; QL; SP |
| Antiestrogens/modifiers | | |
| EMCYT | 3 | |
| tamoxifen citrate oral tablet 10 mg | 1 | |
| tamoxifen citrate oral tablet 20 mg | 1 | HCR \$0 Copay after prior authorization for members ages 35 and above who meet breast cancer prevention criteria. |
| toremifene citrate | 3 | |
| Antimetabolites | | |
| capecitabine | 4 | SP |
| DROXIA | 3 | |
| hydroxyurea oral | 1 | |
| mercaptopurine oral | 1 | |
| TABLOID | 4 | SP |
| Antineoplastics, other | | |
| FLUOROURACIL EXTERNAL CREAM 0.5 % | 3 | QL |
| fluorouracil external cream 5 % | 1 | QL |
| fluorouracil external solution | 1 | |
| leucovorin calcium oral | 1 | |
| PIQRAY | 4 | PA; QL; SP |
| ROZLYTREK | 4 | PA; QL; SP |
| SYNRIBO | 4 | PA; QL; SP |

| Drug name | Drug tier | Requirements & limits |
|---|-----------|---|
| ZOLINZA | 4 | QL; SP |
| Aromatase inhibitors, 3rd generation | | |
| anastrozole oral | 1 | HCR \$0 Copay after prior authorization for members ages 35 and above who meet breast cancer prevention criteria. |
| exemestane | 3 | |
| letrozole oral | 1 | HCR \$0 Copay after prior authorization for members ages 35 and above who meet breast cancer prevention criteria. |
| Enzyme inhibitors | | |
| etoposide oral | 4 | SP |
| HYCAMTIN ORAL | 4 | PA; QL; SP |
| TALZENNA | 4 | PA; QL; SP |
| Molecular target inhibitors | | |
| AFINITOR ORAL TABLET 10 MG | 4 | PA; QL; SP |
| BOSULIF | 4 | PA; QL; SP |
| CAPRELSA | 4 | 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 |
| imatinib mesylate | 4 | PA; QL; SP |
| IMBRUVICA | 4 | PA; QL; SP |
| JAKAFI | 4 | PA; QL; SP |
| LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 4 MG | 4 | PA; QL; SP |
| LENVIMA ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG | 3 | PA; QL; SP |
| LORBRENA | 4 | PA; QL; SP |
| NEXAVAR | 4 | PA; QL; SP |
| sorafenib tosylate | 4 | PA; QL; SP |
| STIVARGA | 4 | PA; QL; SP |
| sunitinib malate | 4 | PA; QL; SP |
| SUTENT | 4 | PA; QL; SP |
| VITRAKVI | 4 | PA; QL; SP |
| XOSPATA | 4 | PA; QL; SP |
| ZELBORAF | 4 | PA; QL; SP |
| ZYKADIA | 4 | PA; QL; SP |
| Retinoids | | |
| bexarotene external | 4 | QL; SP |
| bexarotene oral | 4 | SP |
| TARGRETIN EXTERNAL | 4 | QL; SP |
| tretinoin oral | 4 | QL; SP |
| Antiparasitics | | |
| Anthelmintics | | |
| albendazole oral | 3 | PA; QL |

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| Drug name | Drug tier | Requirements & limits |
|--|-----------|-----------------------|
| EGATEN | 3 | PA |
| ivermectin oral | 1 | PA; QL |
| praziquantel oral | 3 | |
| Antiprotozoals | | |
| ALINIA ORAL SUSPENSION RECONSTITUTED | 2 | QL |
| atovaquone | 3 | |
| atovaquone-proguanil hcl | 2 | |
| BENZNIDAZOLE | 2 | PA; QL |
| chloroquine phosphate oral | 1 | QL |
| hydroxychloroquine sulfate oral tablet 200 mg | 1 | QL |
| mefloquine hcl | 1 | |
| nitazoxanide oral | 2 | QL |
| pentamidine isethionate inhalation | 2 | QL |
| primaquine phosphate | 1 | |
| pyrimethamine oral | 4 | PA; SP |
| quinine sulfate oral | 2 | |
| Pediculicides/scabicides | | |
| croton | 3 | |
| lindane | 2 | QL |
| malathion | 3 | |
| permethrin external | 1 | |
| spinosad | 3 | |
| Antiparkinson agents | | |
| Anticholinergics | | |
| benztropine mesylate oral | 1 | |
| trihexyphenidyl hcl | 1 | |
| Antiparkinson agents, other | | |
| amantadine hcl oral | 1 | |
| carbidopa-levodopa-entacapone | 3 | |
| entacapone | 2 | |
| tolcapone | 3 | QL |
| Dopamine agonists | | |
| APOKYN | 4 | QL; SP |
| apomorphine hcl subcutaneous | 4 | QL; SP |
| bromocriptine mesylate oral capsule | 3 | |
| bromocriptine mesylate oral tablet | 2 | |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 2 MG/24HR | 3 | |
| pramipexole dihydrochloride | 1 | |
| ropinirole hcl | 1 | |
| Dopamine precursors/L-amino acid decarboxylase inhibitors | | |
| carbidopa oral | 3 | |
| carbidopa-levodopa er | 1 | |
| carbidopa-levodopa oral tablet | 1 | |
| carbidopa-levodopa oral tablet dispersible | 2 | |
| DUOPA | 3 | PA |
| Monoamine oxidase B (MAO-B) inhibitors | | |
| rasagiline mesylate oral | 3 | ST |
| selegiline hcl oral | 2 | |

| Drug name | Drug tier | Requirements & limits |
|---|-----------|-----------------------|
| Antipsychotics | | |
| 1st generation/typical | | |
| ADASUVE | 3 | |
| chlorpromazine hcl oral tablet | 1 | |
| fluphenazine hcl oral concentrate | 2 | |
| fluphenazine hcl oral elixir | 2 | |
| fluphenazine hcl oral tablet | 1 | |
| haloperidol lactate oral | 1 | |
| haloperidol oral | 1 | |
| loxapine succinate | 1 | |
| molindone hcl | 3 | |
| pimozide | 2 | |
| thioridazine hcl oral | 1 | |
| thiothixene | 1 | |
| trifluoperazine hcl | 1 | |
| 2nd generation/atypical | | |
| aripiprazole oral solution | 3 | QL |
| aripiprazole oral tablet | 1 | QL |
| asenapine maleate | 3 | ST; QL |
| FANAPT | 3 | QL |
| FANAPT TITRATION PACK | 3 | QL |
| LATUDA | 3 | ST; QL |
| olanzapine oral tablet | 1 | QL |
| olanzapine oral tablet dispersible | 1 | QL |
| paliperidone er | 3 | QL |
| quetiapine fumarate | 1 | QL |
| quetiapine fumarate er | 1 | QL |
| risperidone oral solution | 1 | |
| risperidone oral tablet | 1 | |
| risperidone oral tablet dispersible | 2 | |
| ziprasidone hcl | 1 | QL |
| Treatment-resistant | | |
| clozapine oral tablet | 1 | |
| clozapine oral tablet dispersible | 3 | QL |
| Antivirals | | |
| LAGEVRIO | 2 | QL |
| PAXLOVID (150/100) | 2 | QL |
| PAXLOVID (300/100) | 2 | QL |
| Anti-cytomegalovirus (CMV) agents | | |
| valganciclovir hcl | 3 | QL |
| Anti-hepatitis B (HBV) agents | | |
| adefovir dipivoxil | 4 | SP |
| BARACLUDE ORAL SOLUTION | 4 | SP |
| entecavir | 2 | SP |
| EPIVIR HBV ORAL SOLUTION | 4 | |
| lamivudine oral tablet 100 mg | 2 | |
| Anti-hepatitis C (HCV) agents, other | | |
| INTRON A | 4 | PA; SP |
| Anti-hepatitis C (HCV) agents | | |
| EPCLUSA | 4 | PA; QL; SP |
| HARVONI | 4 | PA; QL; SP |
| LEDIPASVIR-SOFOSBUVIR | 4 | PA; QL; SP |
| PEGASYS | 4 | PA; QL; SP |
| ribavirin oral | 2 | |

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| Drug name | Drug tier | Requirements & limits |
|---|-----------|--|
| SOFOSBUVIR-VELPATASVIR | 4 | PA; QL; SP |
| SOVALDI ORAL PACKET | 4 | PA; QL; SP |
| Antiherpetic agents | | |
| acyclovir oral capsule | 1 | |
| acyclovir oral suspension | 3 | |
| acyclovir oral tablet | 1 | |
| DENAVIR | 3 | QL |
| famciclovir oral | 1 | QL |
| valacyclovir hcl oral | 1 | QL |
| Anti-HIV agents, integrase inhibitors (INSTI) | | |
| BIKTARVY | 3 | QL |
| GENVOYA | 3 | QL |
| ISENTRESS ORAL PACKET | 3 | QL |
| STRIBILD | 3 | QL |
| Anti-HIV agents, non-nucleoside reverse transcriptase inhibitors (NNRTI) | | |
| COMPLERA | 3 | QL |
| EDURANT | 3 | QL |
| efavirenz | 3 | QL |
| etravirine | 3 | QL |
| INTELENCE | 3 | QL |
| nevirapine oral suspension | 1 | QL |
| nevirapine oral tablet | 1 | QL |
| Anti-HIV agents, nucleoside and nucleotide reverse transcriptase inhibitors (NRTI) | | |
| abacavir sulfate oral solution | 3 | QL |
| abacavir sulfate oral tablet | 1 | QL |
| abacavir sulfate-lamivudine | 2 | QL |
| emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg | 3 | QL |
| emtricitabine-tenofovir df oral tablet 200-300 mg | 3 | QL; HCR \$0 copay after prior authorization to prevent HIV (human immunodeficiency virus) infections in individuals who are at high risk of HIV acquisition. |
| lamivudine oral solution | 1 | QL |
| lamivudine oral tablet 150 mg, 300 mg | 1 | QL |
| lamivudine-zidovudine | 2 | QL |
| ODEFSEY | 3 | QL |
| stavudine | 2 | QL |
| tenofovir disoproxil fumarate | 1 | QL; HCR \$0 copay after prior authorization to prevent HIV (human immunodeficiency virus) infections in individuals who are at high risk of HIV acquisition. |
| TRIUMEQ | 3 | QL |
| zidovudine oral capsule | 2 | QL |
| zidovudine oral syrup | 2 | QL |

| Drug name | Drug tier | Requirements & limits |
|---|-----------|-----------------------|
| zidovudine oral tablet | 1 | QL |
| Anti-HIV agents, other | | |
| FUZEON | 4 | QL |
| maraviroc | 3 | QL |
| SELZENTRY | 3 | QL |
| Anti-HIV agents, protease inhibitors | | |
| APTIVUS | 3 | QL |
| atazanavir sulfate | 3 | QL |
| fosamprenavir calcium | 3 | QL |
| KALETRA ORAL TABLET | 3 | QL |
| LEXIVA ORAL SUSPENSION | 3 | QL |
| lopinavir-ritonavir | 3 | QL |
| NORVIR ORAL PACKET | 3 | QL |
| NORVIR ORAL SOLUTION | 3 | QL |
| PREZISTA | 3 | QL |
| REYATAZ ORAL PACKET | 3 | QL |
| ritonavir | 3 | QL |
| VIRACEPT | 3 | QL |
| Anti-influenza agents | | |
| oseltamivir phosphate oral | 2 | QL |
| RELENZA DISKHALER | 3 | QL |
| rimantadine hcl | 1 | |
| Anxiolytics | | |
| Anxiolytics, other | | |
| bupirone hcl oral | 1 | |
| hydroxyzine hcl oral | 1 | |
| hydroxyzine pamoate oral | 1 | |
| meprobamate | 3 | |
| Benzodiazepines | | |
| alprazolam er | 1 | QL |
| alprazolam intensol | 2 | QL |
| alprazolam oral tablet | 1 | QL |
| alprazolam oral tablet dispersible | 2 | QL |
| alprazolam xr | 1 | QL |
| chlordiazepoxide hcl | 1 | |
| clonazepam oral tablet | 1 | QL |
| clonazepam oral tablet dispersible | 1 | QL |
| clorazepate dipotassium | 2 | QL |
| diazepam intensol | 1 | QL |
| diazepam oral concentrate | 1 | QL |
| diazepam oral solution | 1 | |
| diazepam oral tablet | 1 | QL |
| estazolam | 1 | QL |
| lorazepam intensol | 1 | QL |
| lorazepam oral concentrate 2 mg/ml | 1 | QL |
| lorazepam oral tablet | 1 | QL |
| oxazepam | 1 | |
| quazepam | 3 | |
| Bipolar agents | | |
| Mood stabilizers | | |
| divalproex sodium er | 1 | |
| divalproex sodium oral capsule delayed release sprinkle | 1 | |
| divalproex sodium oral tablet delayed release | 1 | |

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| Drug name | Drug tier | Requirements & limits |
|--------------------------------------|-----------|-----------------------|
| EQUETRO | 3 | |
| lithium carbonate er | 1 | |
| lithium carbonate oral | 1 | |
| Blood glucose monitoring | | |
| ACCU-CHEK AVIVA DEVICE | 2 | QL |
| ACCU-CHEK AVIVA PLUS TEST STRIPS | 2 | QL |
| ACCU-CHEK FASTCLIX LANCET KIT | 2 | QL |
| ACCU-CHEK FASTCLIX LANCETS | 2 | |
| ACCU-CHEK GUIDE CONTROL | 2 | QL |
| ACCU-CHEK GUIDE TEST STRIPS | 2 | QL |
| ACCU-CHEK SAFE-T PRO LANCETS | 2 | |
| ACCU-CHEK SMARTVIEW CONTROL | 2 | QL |
| ACCU-CHEK SMARTVIEW TEST STRIPS | 2 | QL |
| ACCU-CHEK SOFTCLIX LANCET DEVICE KIT | 2 | QL |
| ACCU-CHEK SOFTCLIX LANCETS | 2 | |
| AUTOLET LANCING DEVICE | 2 | QL |
| CARETOUCH CONTROL SOL LEVEL 2 | 2 | QL |
| CARETOUCH LANCING/EJECTOR | 2 | QL |
| CARETOUCH TWIST MC LANCETS 30G | 2 | |
| CHEMSTRIP K | 2 | |
| CHEMSTRIP MICRAL | 2 | |
| CHEMSTRIP UGK | 2 | |
| CONTOUR CONTROL SOLUTION | 2 | QL |
| CONTOUR NEXT CONTROL SOLUTION | 2 | QL |
| CVS KETONE CARE | 2 | |
| EASYMAX 15 LEVEL 2-3 CONTROL | 2 | QL |
| EASYMAX CONTROL | 2 | QL |
| GLUCOSE CONTROL SOLUTIONS | 2 | QL |
| FORTISCARE CONTROL | 2 | QL |
| KETO-DIASTIX | 2 | |
| KETONE TEST | 2 | |
| KETOSTIX | 2 | |
| LANCETS | 2 | |
| MICROLET NEXT LANCING DEVICE | 2 | QL |
| NOVOPEN ECHO | 2 | |
| ONETOUCH CLUB LANCETS FINE PT | 2 | |
| ONETOUCH DELICA LANCETS 30G | 2 | |
| ONETOUCH DELICA LANCETS 33G | 2 | |
| ONETOUCH DELICA LANCING DEV | 2 | QL |
| ONETOUCH DELICA PLUS LANCET30G | 2 | |
| ONETOUCH DELICA PLUS LANCET33G | 2 | |
| ONETOUCH DELICA PLUS LANCING | 2 | QL |
| ONETOUCH FINEPOINT LANCETS | 2 | |
| ONETOUCH ULTRA TEST STRIPS | 2 | QL |
| ONETOUCH ULTRA 2 KIT W/DEVICE | 2 | QL |
| ONETOUCH ULTRA MINI KIT W/DEVICE | 2 | QL |
| ONETOUCH ULTRASOFT LANCETS | 2 | |
| ONETOUCH VERIO KIT W/DEVICE | 2 | QL |
| ONETOUCH VERIO FLEX SYSTEM | 2 | QL |

| Drug name | Drug tier | Requirements & limits |
|---|-----------|-----------------------|
| ONETOUCH VERIO IN VITRO SOLUTION HIGH | 2 | QL |
| ONETOUCH VERIO TEST STRIPS | 2 | QL |
| ONETOUCH VERIO IQ SYSTEM | 2 | QL |
| ONETOUCH VERIO REFLECT KIT W/DEVICE | 2 | QL |
| SURESTEP PRO HIGH GLUCOSE | 2 | QL |
| SURESTEP PRO LOW GLUCOSE | 2 | QL |
| SURESTEP PRO NORMAL GLUCOSE | 2 | QL |
| TRUE METRIX LEVEL 1 | 2 | QL |
| TRUE METRIX LEVEL 2 | 2 | QL |
| TRUE METRIX LEVEL 3 | 2 | QL |
| UNISTRIP CONTROL IN VITRO SOLUTION LOW | 2 | QL |
| Blood glucose regulators | | |
| Antidiabetic agents | | |
| acarbose oral | 1 | QL |
| BYDUREON BCISE AUTOINJECTOR | 2 | QL |
| FARXIGA | 2 | QL |
| glimepiride | 1 | QL |
| glipizide er | 1 | QL |
| glipizide ir | 1 | QL |
| glipizide xl | 1 | QL |
| glipizide-metformin hcl | 1 | QL |
| glyburide micronized | 1 | QL |
| glyburide oral | 1 | QL |
| glyburide-metformin | 1 | QL |
| JARDIANCE | 2 | QL |
| metformin hcl er | 1 | QL |
| metformin hcl oral solution | 3 | QL |
| metformin hcl oral tablet 1000 mg, 500 mg, 850 mg | 1 | QL |
| miglitol | 2 | QL |
| nateglinide | 2 | QL |
| ONGLYZA | 2 | QL |
| pioglitazone hcl | 1 | QL |
| pioglitazone hcl-glimepiride | 2 | QL |
| pioglitazone hcl-metformin hcl | 2 | QL |
| repaglinide | 1 | QL |
| SOLQUA | 2 | QL |
| SYNJARDY | 2 | QL |
| SYNJARDY XR | 2 | QL |
| TRADJENTA | 2 | QL |
| TRULICITY | 2 | QL |
| XIGDUO XR | 2 | QL |
| Glycemic agents | | |
| diazoxide oral | 3 | |
| GLUCAGEN HYPOKIT | 2 | QL |
| glucagon emergency kit 1 mg injection 1 mg | 2 | QL |
| GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG | 2 | QL |
| GLUCAGON EMERGENCY KIT | 2 | QL |
| Insulins | | |
| BASAGLAR KWIKPEN | 2 | QL |
| HUMALOG | 2 | QL |

KEY: \$0—(HCR \$0 copay) These drugs may be available at zero cost if specific requirements are met

7D—7 Day limit

MME—Morphine milligram equivalent

PA—Prior authorization required

QL—Quantity Limit

SP—Specialty medication

ST—Step Therapy



| Drug name | Drug tier | Requirements & limits |
|-------------------------------------|-----------|-----------------------|
| HUMALOG KWIKPEN | 2 | QL |
| HUMALOG MIX 50/50 KWIKPEN | 2 | QL |
| HUMALOG MIX 50/50 VIAL | 2 | QL |
| HUMALOG MIX 75/25 KWIKPEN | 2 | QL |
| HUMALOG MIX 75/25 VIAL | 2 | QL |
| HUMALOG U-100 JUNIOR KWIKPEN | 2 | QL |
| HUMULIN 70/30 KWIKPEN | 2 | QL |
| HUMULIN 70/30 VIAL | 2 | QL |
| HUMULIN N KWIKPEN | 2 | QL |
| HUMULIN N VIAL | 2 | QL |
| HUMULIN R U-500 KWIKPEN | 2 | QL |
| HUMULIN R U-500 VIAL | 2 | QL |
| HUMULIN R VIAL | 2 | QL |
| INSULIN ASPART PROT & ASPART | 2 | QL |
| INSULIN DEGLUDEC | 2 | QL |
| INSULIN DEGLUDEC FLEXTOUCH | 2 | QL |
| INSULIN LISPRO | 2 | QL |
| INSULIN LISPRO (1 UNIT DIAL) | 2 | QL |
| INSULIN LISPRO JUNIOR KWIKPEN | 2 | QL |
| INSULIN LISPRO PROT & LISPRO | 2 | QL |
| LEVEMIR U-100 FLEXTOUCH | 2 | QL |
| LEVEMIR U-100 VIAL | 2 | QL |
| TRESIBA | 2 | QL |
| TRESIBA FLEXTOUCH | 2 | QL |
| Blood products and modifiers | | |
| Anticoagulants | | |
| dabigatran etexilate mesylate | 2 | QL |
| ELIQUIS | 2 | QL |
| ELIQUIS DVT/PE STARTER PACK | 2 | QL |
| enoxaparin sodium | 2 | QL |
| fondaparinux sodium | 3 | QL |
| heparin sodium (porcine) | 1 | |
| heparin sodium (porcine) pf | 1 | |
| jantoven | 1 | |
| PRADAXA | 2 | QL |
| warfarin sodium oral | 1 | |
| XARELTO | 2 | QL |
| XARELTO STARTER PACK | 2 | QL |
| ZONTIVITY | 3 | QL |
| Blood formation modifiers | | |
| anagrelide hcl | 3 | |
| ARANESP (ALBUMIN FREE) | 4 | QL; SP |
| LEUKINE | 4 | SP |
| MOZOBIL | 4 | SP |
| NEULASTA | 4 | SP |
| NEULASTA ONPRO | 4 | SP |
| RETACRIT | 4 | QL; SP |
| ZARXIO | 4 | SP |
| Hemostasis agents | | |
| aminocaproic acid oral | 3 | |
| RECOTHROM | 3 | |
| RECOTHROM SPRAY KIT | 3 | |
| THROMBIN-JMI EPISTAXIS | 3 | |
| THROMBIN-JMI EXTERNAL KIT | 3 | |
| THROMBOGEN | 3 | |

| Drug name | Drug tier | Requirements & limits |
|---|-----------|-----------------------|
| tranexamic acid oral | 2 | QL |
| Platelet modifying agents | | |
| aspirin-dipyridamole er | 3 | QL |
| BRILINTA | 3 | QL |
| cilostazol | 1 | |
| clopidogrel bisulfate oral | 1 | QL |
| dipyridamole oral | 1 | |
| prasugrel hcl | 1 | QL |
| YOSPRALA | 2 | QL |
| Cardiovascular agents | | |
| Alpha-adrenergic agonists | | |
| clonidine | 2 | |
| clonidine hcl oral | 1 | |
| guanfacine hcl | 1 | QL |
| midodrine hcl | 1 | |
| Alpha-adrenergic blocking agents | | |
| doxazosin mesylate oral | 1 | |
| phenoxybenzamine hcl oral | 3 | |
| prazosin hcl oral | 1 | |
| Angiotensin II receptor antagonists | | |
| candesartan cilexetil | 1 | QL |
| EDARBI | 3 | QL |
| irbesartan | 1 | QL |
| losartan potassium oral | 1 | QL |
| olmesartan medoxomil oral | 1 | QL |
| telmisartan | 1 | QL |
| valsartan oral tablet | 1 | QL |
| Angiotensin-converting enzyme (ACE) inhibitors | | |
| benazepril hcl oral | 1 | QL |
| captopril oral | 1 | QL |
| enalapril maleate oral tablet | 1 | QL |
| fosinopril sodium | 1 | QL |
| lisinopril oral | 1 | QL |
| moexipril hcl | 1 | QL |
| perindopril erbumine | 1 | QL |
| quinapril hcl | 1 | QL |
| ramipril | 1 | QL |
| trandolapril | 1 | QL |
| Antiarrhythmics | | |
| amiodarone hcl oral | 1 | |
| disopyramide phosphate | 2 | |
| dofetilide | 3 | QL |
| flecainide acetate | 1 | |
| mexiletine hcl oral | 2 | |
| MULTAQ | 3 | PA; QL |
| NORPACE CR | 2 | |
| PACERONE ORAL TABLET 200 MG | 1 | |
| propafenone hcl | 1 | |
| propafenone hcl er | 3 | |
| quinidine gluconate er | 1 | |
| quinidine sulfate | 1 | |
| sotalol hcl (af) | 1 | |
| sotalol hcl oral | 1 | |
| SOTYLIZE | 3 | PA |

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| Drug name | Drug tier | Requirements & limits |
|--|-----------|-----------------------|
| Beta-adrenergic blocking agents | | |
| acebutolol hcl oral | 1 | |
| atenolol oral | 1 | |
| betaxolol hcl oral | 1 | |
| bisoprolol fumarate oral | 1 | |
| carvedilol | 1 | |
| labetalol hcl oral | 1 | |
| metoprolol succinate er | 1 | |
| metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg | 1 | |
| nadolol oral | 1 | |
| pindolol | 1 | |
| propranolol hcl er | 1 | |
| propranolol hcl oral solution | 1 | |
| propranolol hcl oral tablet | 1 | |
| timolol maleate oral | 1 | |
| Calcium channel blocking agents | | |
| amlodipine besylate oral | 1 | |
| cartia xt | 1 | |
| diltiazem hcl er | 1 | |
| diltiazem hcl er beads | 1 | |
| diltiazem hcl er coated beads | 1 | |
| diltiazem hcl oral | 1 | |
| dilt-xr | 1 | |
| felodipine er | 1 | |
| isradipine | 1 | |
| matzim la | 1 | |
| nicardipine hcl oral | 2 | |
| nifedipine er | 1 | QL |
| nifedipine er osmotic release | 1 | QL |
| nifedipine oral | 1 | |
| nimodipine oral | 3 | |
| nisoldipine er | 2 | |
| NYMALIZE | 2 | |
| taztia xt | 1 | |
| tiadyt er | 1 | |
| verapamil hcl er oral capsule extended release 24 hour | 2 | |
| verapamil hcl er oral tablet extended release | 1 | |
| verapamil hcl oral | 1 | |
| Cardiovascular agents, other | | |
| amiloride-hydrochlorothiazide | 1 | |
| amlodipine besylate-benazepril hcl | 1 | QL |
| amlodipine besylate-valsartan | 1 | QL |
| atenolol-chlorthalidone | 1 | |
| benazepril-hydrochlorothiazide | 1 | QL |
| BIDIL | 2 | QL |
| bisoprolol-hydrochlorothiazide | 1 | QL |
| candesartan cilexetil-hctz | 2 | QL |
| CORLANOR | 3 | PA; QL |
| digitek oral tablet 125 mcg | 1 | |
| digitek oral tablet 250 mcg | 1 | |
| digoxin oral solution | 2 | |
| digoxin oral tablet 125 mcg | 1 | |
| digoxin oral tablet 250 mcg | 1 | |

| Drug name | Drug tier | Requirements & limits |
|--|-----------|--|
| digoxin oral tablet 62.5 mcg | 3 | |
| EDARBYCLOR | 3 | QL |
| enalapril-hydrochlorothiazide | 1 | QL |
| ENTRESTO | 3 | PA; QL |
| fosinopril sodium-hctz | 1 | QL |
| irbesartan-hydrochlorothiazide | 1 | QL |
| isosorb dinitrate-hydralazine | 2 | QL |
| LANOXIN ORAL TABLET 62.5 MCG | 3 | |
| lisinopril-hydrochlorothiazide | 1 | QL |
| losartan potassium-hctz | 1 | QL |
| metoprolol-hydrochlorothiazide | 1 | |
| pentoxifylline er | 1 | |
| quinapril-hydrochlorothiazide | 1 | QL |
| ranolazine er | 3 | QL |
| spironolactone-hctz | 1 | |
| telmisartan-hctz | 2 | QL |
| triarterene-hctz | 1 | |
| valsartan-hydrochlorothiazide | 1 | QL |
| VECAMYL | 3 | PA |
| VYNDAQEL | 4 | PA; QL; SP |
| Diuretics, carbonic anhydrase inhibitors | | |
| acetazolamide er | 2 | |
| acetazolamide oral | 2 | |
| methazolamide oral | 3 | |
| Diuretics, loop | | |
| bumetanide oral | 1 | |
| ethacrynic acid | 3 | |
| furosemide oral | 1 | |
| toremide | 1 | |
| Diuretics, potassium-sparing | | |
| amiloride hcl oral | 1 | |
| CAROSPIR | 3 | PA |
| eplerenone | 2 | |
| spironolactone oral | 1 | |
| triarterene oral | 2 | |
| Diuretics, thiazide | | |
| chlorthalidone | 1 | |
| hydrochlorothiazide oral | 1 | |
| indapamide | 1 | |
| metolazone | 1 | |
| Dyslipidemics, fibric acid derivatives | | |
| fenofibrate oral tablet 160 mg, 54 mg | 3 | |
| gemfibrozil oral | 1 | |
| Dyslipidemics, HMG COA reductase inhibitors | | |
| atorvastatin calcium oral tablet 10 mg, 20 mg | 1 | QL; HCR \$0 Copay for members between ages 40 to 75. |
| atorvastatin calcium oral tablet 40 mg, 80 mg | 1 | QL |
| fluvastatin sodium | 2 | QL |

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QL—Quantity Limit **SP**—Specialty medication **ST**—Step Therapy



| Drug name | Drug tier | Requirements & limits |
|--|-----------|--|
| lovastatin oral | 1 | QL; HCR \$0 Copay for members between ages 40 to 75. |
| pravastatin sodium | 1 | QL |
| rosuvastatin calcium | 1 | QL |
| simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg | 1 | QL; HCR \$0 Copay for members between ages 40 to 75. |
| simvastatin oral tablet 80 mg | 1 | QL |
| Dyslipidemics, other | | |
| cholestyramine light | 2 | |
| cholestyramine oral | 2 | |
| colesevelam hcl | 2 | |
| colestipol hcl oral granules | 2 | |
| colestipol hcl oral packet | 2 | |
| colestipol hcl oral tablet | 1 | |
| ezetimibe | 1 | QL |
| ezetimibe-simvastatin | 2 | QL |
| icosapent ethyl | 3 | PA |
| niacin (antihyperlipidemic) | 2 | |
| niacin er (antihyperlipidemic) | 2 | |
| niacor | 2 | |
| prevalite | 2 | |
| REPATHA | 3 | PA; QL |
| REPATHA PUSHTRONEX SYSTEM | 3 | PA; QL |
| REPATHA SURECLICK | 3 | PA; QL |
| VASCEPA | 3 | PA |
| Vasodilators, direct-acting arterial/venous | | |
| isosorbide dinitrate | 1 | |
| isosorbide mononitrate | 1 | |
| isosorbide mononitrate er | 1 | |
| NITRO-BID | 2 | |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR | 3 | |
| nitroglycerin sublingual | 1 | |
| nitroglycerin transdermal | 1 | |
| NITROMIST | 3 | QL |
| NITRO-TIME | 1 | |
| RECTIV | 3 | QL |
| Vasodilators, direct-acting arterial | | |
| hydralazine hcl oral | 1 | |
| minoxidil oral | 1 | |
| Central nervous system agents | | |
| Attention deficit hyperactivity disorder agents, amphetamines | | |
| amphetamine sulfate | 3 | PA |
| amphetamine-dextroamphetamine | 1 | PA; QL |
| amphetamine-dextroamphetamine er | 2 | PA; QL |
| dextroamphetamine sulfate er | 2 | PA; QL |
| dextroamphetamine sulfate oral solution | 2 | PA |
| dextroamphetamine sulfate oral tablet 10 mg, 5 mg | 1 | PA; QL |
| methamphetamine hcl | 3 | PA |

| Drug name | Drug tier | Requirements & limits |
|--|-----------|-----------------------|
| Attention deficit hyperactivity disorder agents, non-amphetamines | | |
| atomoxetine hcl | 2 | QL |
| clonidine hcl er oral tablet extended release 12 hour | 2 | |
| dexmethylphenidate hcl | 1 | PA; QL |
| dexmethylphenidate hcl er | 2 | PA; QL |
| guanfacine hcl er | 1 | QL |
| methylphenidate hcl er (cd) | 2 | PA; QL |
| methylphenidate hcl er (la) | 2 | PA; QL |
| methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg | 2 | PA; QL |
| methylphenidate hcl oral solution | 2 | PA; QL |
| methylphenidate hcl oral tablet | 1 | PA; QL |
| methylphenidate hcl oral tablet chewable | 2 | PA; QL |
| Central nervous system, other | | |
| AUSTEDO | 4 | PA; QL; SP |
| caffeine citrate oral | 1 | |
| INGREZZA | 4 | PA; QL; SP |
| tetrabenazine | 4 | PA; QL; SP |
| Fibromyalgia agents | | |
| pregabalin oral capsule | 1 | QL |
| SAVELLA | 3 | QL |
| SAVELLA TITRATION PACK | 3 | QL |
| Multiple sclerosis agents | | |
| AVONEX PEN | 4 | PA; QL; SP |
| AVONEX PREFILLED | 4 | PA; QL; SP |
| BETASERON | 4 | PA; QL; SP |
| dalfampridine er | 4 | PA; QL; SP |
| dimethyl fumarate oral | 4 | PA; QL; SP |
| dimethyl fumarate starter pack | 4 | PA; QL; SP |
| glatiramer acetate | 4 | PA; QL; SP |
| glatopa | 4 | PA; QL; SP |
| PLEGRIDY | 4 | PA; QL; SP |
| PLEGRIDY STARTER PACK | 4 | PA; QL; SP |
| Dental and oral agents | | |
| cevimeline hcl | 3 | |
| chlorhexidine gluconate mouth/throat | 1 | |
| DEBACTEROL | 2 | |
| oralone | 1 | |
| periogard | 1 | |
| pilocarpine hcl oral | 2 | |
| triamcinolone acetonide mouth/throat | 1 | |
| Dermatological agents | | |
| acutane | 3 | |
| acitretin | 3 | |
| ammonium lactate external cream | 1 | |
| amnesteam | 3 | |
| ARZOL SILVER NIT APPLICATORS | 1 | |
| AVAR CLEANSER | 1 | |
| azelaic acid external | 3 | QL |
| benzoyl peroxide-erythromycin | 2 | QL |
| bp 10-1 | 1 | |

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| Drug name | Drug tier | Requirements & limits |
|--|-----------|-----------------------|
| bp cleansing wash | 1 | |
| calcipotriene external cream | 3 | QL |
| calcipotriene external ointment | 3 | QL |
| calcipotriene external solution | 2 | QL |
| calcipotriene-betameth diprop | 3 | QL |
| calcitriol external | 3 | QL |
| cerovel | 1 | |
| claravis | 3 | |
| clindacin etz external swab | 1 | QL |
| clindacin-p | 1 | QL |
| clindamycin phos-benzoyl perox external gel 1.2-5 % | 3 | QL |
| clindamycin phosphate external lotion | 2 | QL |
| clindamycin phosphate external solution | 1 | QL |
| clindamycin phosphate external swab | 1 | QL |
| coal tar external | 3 | |
| CONDYLOX | 3 | |
| doxepin hcl external | 3 | PA; QL |
| EPIFOAM | 2 | |
| ery | 1 | |
| erythromycin external | 2 | |
| ESKATA | 3 | |
| GORDOFILM | 2 | |
| HYDRO 40 | 3 | |
| hydrocortisone ace-pramoxine external cream 2.5-1 % | 2 | |
| imiquimod external cream 5 % | 1 | QL |
| INOVA 4/1 ACNE CONTROL THERAPY | 3 | |
| INOVA 8/2 ACNE CONTROL THERAPY | 3 | |
| isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg | 3 | |
| methoxsalen rapid | 3 | |
| metronidazole external cream | 2 | |
| metronidazole external gel 0.75 % | 2 | |
| metronidazole external lotion | 2 | |
| myorisan | 3 | |
| pimecrolimus | 3 | ST; QL |
| podocon-25 | 1 | |
| podofilox external | 1 | |
| PRAMOSONE EXTERNAL CREAM 1-2.5 % | 3 | |
| PRAMOSONE EXTERNAL LOTION | 2 | |
| PRAMOSONE EXTERNAL OINTMENT 1-1 % | 2 | |
| pramox | 1 | |
| PYROGALLIC ACID | 2 | |
| RHOFADE | 3 | PA; QL |
| rosadan external cream | 2 | |
| rosadan external gel | 2 | |
| salicylic acid external solution | 1 | |
| SCALACORT DK | 3 | |
| selenium sulfide external lotion | 1 | |
| selenium sulfide external shampoo 2.25 % | 1 | |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE | 4 | PA; QL; SP |
| sodium sulfacetamide wash | 2 | |

| Drug name | Drug tier | Requirements & limits |
|---|-----------|---|
| SODIUM SULFACETAMIDE-BAKUCHIOL | 2 | |
| sss 10-5 | 1 | |
| STELARA SUBCUTANEOUS | 4 | PA; QL; SP |
| sulfacetamide sodium (acne) | 1 | |
| sulfacetamide sodium (cleans) | 2 | |
| sulfacetamide sodium external | 2 | |
| sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 % | 1 | |
| sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 % | 1 | |
| sulfacetamide sodium-sulfur external lotion 10-5 % | 1 | |
| sulfacetamide sodium-sulfur external pad 10-4 % | 1 | |
| sulfacetamide sodium-sulfur external suspension 10-5 % | 1 | |
| sulfacetamide sod-sulfur wash external liquid 9-4 % | 1 | |
| sulfacetamide-sulfur in urea | 1 | |
| sulfamez wash | 1 | |
| tacrolimus external | 3 | ST; QL |
| tazarotene external cream | 3 | PA; QL |
| tazarotene external gel | 3 | PA; QL |
| TAZORAC EXTERNAL CREAM 0.05 % | 3 | PA; QL |
| TAZORAC EXTERNAL GEL | 3 | PA; QL |
| tretinoin external cream | 2 | PA; QL |
| urea external cream 40 %, 45 % | 1 | |
| urea external lotion | 1 | |
| urea nail | 1 | |
| UREMEZ-40 | 1 | |
| zenatane | 3 | |
| Electrolytes/minerals/metals/vitamins | | |
| Electrolyte/mineral replacement | | |
| CARBAGLU | 4 | PA; SP |
| carglumic acid | 4 | PA; SP |
| cytra k crystals | 1 | |
| EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ | 2 | |
| effe-k oral tablet effervescent 25 meq | 1 | |
| FLORIVA ORAL LIQUID | \$0 | HCR \$0 copay for members ages 0 to 16 years. |
| fluoritab | \$0 | HCR \$0 copay for members ages 0 to 16 years. |
| GALZIN | 3 | |
| hematinic/folic acid | 1 | |
| hemocyte-f | 1 | |
| klor-con 10 | 1 | |
| klor-con m10 | 1 | |
| klor-con m15 | 1 | |
| klor-con m20 | 1 | |
| klor-con oral packet | 3 | |
| klor-con oral tablet extended release | 1 | |
| klor-con/ef | 1 | |

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| Drug name | Drug tier | Requirements & limits |
|---|-----------|---|
| K-PHOS | 2 | |
| K-PHOS NO 2 | 2 | |
| K-PHOS-NEUTRAL | 2 | |
| k-prime | 1 | |
| levocarnitine oral solution | 2 | |
| levocarnitine oral tablet | 1 | |
| levocarnitine sf | 2 | |
| nafrinse | \$0 | HCR \$0 copay for members ages 0 to 16 years. |
| nafrinse drops | \$0 | HCR \$0 copay for members ages 0 to 16 years. |
| ORACIT | 2 | |
| PHOSPHA 250 NEUTRAL | 1 | |
| phosphorous | 1 | |
| phospho-trin 250 neutral | 1 | |
| PHOSPHO-TRIN K500 | 2 | |
| pot & sod cit-cit ac | 1 | |
| potassium chloride crys er | 1 | |
| potassium chloride er | 1 | |
| potassium chloride oral packet | 3 | |
| potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%) | 1 | |
| potassium citrate er | 2 | |
| potassium citrate-citric acid | 1 | |
| sod citrate-citric acid | 1 | |
| sodium fluoride oral solution 1.1 (0.5 f) mg/ml | \$0 | HCR \$0 copay for members ages 0 to 16 years. |
| sodium fluoride oral tablet | \$0 | HCR \$0 copay for members ages 0 to 16 years. |
| sodium fluoride oral tablet chewable | \$0 | HCR \$0 copay for members ages 0 to 16 years. |
| tricitrates | 1 | |
| WILZIN | 3 | |
| Electrolyte/mineral/metal modifiers | | |
| CHEMET | 2 | |
| deferasirox | 4 | PA; SP |
| deferasirox granules | 4 | PA; SP |
| LOKELMA | 3 | PA; QL |
| sodium polystyrene sulfonate | 1 | |
| sps | 1 | |
| trientine hcl | 4 | PA; QL; SP |
| VELTASSA | 3 | PA; QL |
| Phosphate binders | | |
| AURYXIA | 3 | |
| calcium acetate (phos binder) | 1 | |
| calcium acetate oral tablet 667 mg | 1 | |
| FOSRENOL ORAL PACKET | 3 | |
| lanthanum carbonate | 3 | |
| PHOSLYRA | 3 | |

| Drug name | Drug tier | Requirements & limits |
|--|-----------|-----------------------|
| sevelamer carbonate | 3 | |
| sevelamer hcl | 3 | |
| VELPHORO | 2 | |
| Vitamins | | |
| ATABEX OB | 2 | |
| CITRANATAL BLOOM | 2 | |
| ELITE-OB | 2 | |
| ENBRACE HR | 2 | |
| ergocalciferol oral capsule | 1 | |
| folic acid oral tablet 1 mg | 1 | |
| folic acid oral tablet 400 mcg, 800 mcg | \$0 | |
| M-NATAL PLUS | 2 | |
| NEONATAL COMPLETE | 2 | |
| NEONATAL PLUS | 2 | |
| NESTABS | 2 | |
| ONE VITE WOMENS PLUS | 2 | |
| phytonadione oral | 3 | QL |
| PREMESISRX | 2 | |
| PRENAISSANCE | 2 | |
| prenatal oral tablet 27-1 mg | 1 | |
| prenatal plus vitamin/mineral | 1 | |
| prenatal vitamin plus low iron | 1 | |
| PRENATE | 2 | |
| PRENATE DHA | 2 | |
| PRENATE ELITE | 2 | |
| PRENATE ENHANCE | 2 | |
| PRENATE ESSENTIAL | 2 | |
| PRENATE MINI | 2 | |
| PRENATE PIXIE | 2 | |
| PRENATE RESTORE | 2 | |
| PRIMACARE | 2 | |
| RELNATE DHA | 2 | |
| TRINATE | 2 | |
| TRISTART DHA | 2 | |
| TRISTART ONE | 2 | |
| VINATE ONE | 2 | |
| VITAFOL FE+ | 2 | |
| VITAFOL STRIPS | 2 | |
| VITAFOL-NANO | 2 | |
| VITAFOL-OB+DHA | 2 | |
| vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit | 1 | |
| VITATHELY WITH GINGER | 2 | |
| WESCAP-C DHA | 3 | |
| WESCAP-PN DHA | 3 | |
| WESNATE DHA | 2 | |
| WESTAB PLUS | 2 | |
| WESTGEL DHA | 2 | |
| Gastrointestinal agents | | |
| Antispasmodics, gastrointestinal | | |
| belladonna alkaloids-opium | 1 | MME; 7D |
| dicyclomine hcl oral capsule | 1 | |
| dicyclomine hcl oral solution | 2 | |
| dicyclomine hcl oral tablet | 1 | |
| ED-SPAZ | 1 | |

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7D—7 Day limit

MME—Morphine milligram equivalent

PA—Prior authorization required

QL—Quantity Limit

SP—Specialty medication

ST—Step Therapy



| Drug name | Drug tier | Requirements & limits |
|---|-----------|---|
| glycopyrrolate oral tablet 1 mg, 2 mg | 1 | |
| hyoscyamine sulfate er | 1 | |
| hyoscyamine sulfate oral | 1 | |
| hyoscyamine sulfate sl | 1 | |
| hyoscyamine sulfate sublingual | 1 | |
| hyosyne | 1 | |
| methscopolamine bromide oral | 2 | |
| OSCIMIN SUBLINGUAL | 1 | |
| Gastrointestinal agents, other | | |
| alvimopan | 3 | |
| amoxicill-clarithro-lansopraz | 3 | QL |
| cromolyn sodium oral | 3 | |
| diphenoxylate-atropine oral liquid | 2 | |
| diphenoxylate-atropine oral tablet | 1 | |
| loperamide hcl oral capsule | 1 | |
| opium | 3 | QL |
| RELISTOR SUBCUTANEOUS | 3 | PA; QL |
| SYMPROIC | 2 | PA; QL |
| ursodiol oral capsule 300 mg | 3 | |
| ursodiol oral tablet | 2 | |
| Histamine2 (H2) receptor antagonists | | |
| cimetidine hcl | 1 | |
| cimetidine oral | 1 | |
| famotidine oral suspension reconstituted | 2 | |
| famotidine oral tablet 20 mg, 40 mg | 1 | |
| Irritable bowel syndrome agents | | |
| alosetron hcl | 3 | PA; QL |
| LINZESS | 2 | PA; QL |
| LUBIPROSTONE | 3 | PA; QL |
| VIBERZI | 3 | PA; QL |
| Laxatives | | |
| bisacodyl ec | \$0 | QL |
| citroma | \$0 | QL |
| clearlax | \$0 | QL |
| CLENPIQ | 3 | |
| constulose | 1 | |
| enulose | 1 | |
| gavilax oral powder | \$0 | QL |
| gavilyte-c | 1 | QL; HCR \$0 Copay after prior authorization if taken to prepare for a preventive colonoscopy. |
| gavilyte-g | 1 | QL; HCR \$0 Copay after prior authorization if taken to prepare for a preventive colonoscopy. |
| generlac | 1 | |
| gentle laxative oral | \$0 | QL |
| gentlelax | \$0 | QL |
| glycolax | \$0 | QL |
| KRISTALOSE | 3 | |
| lactulose encephalopathy | 1 | |

| Drug name | Drug tier | Requirements & limits |
|--|-----------|---|
| lactulose oral packet | 3 | |
| lactulose oral solution | 1 | |
| magnesium citrate oral solution | \$0 | QL |
| mm clearlax | \$0 | QL |
| na sulfate-k sulfate-mg sulf | 3 | QL |
| OSMOPREP | 3 | |
| peg 3350-kcl-na bicarb-nacl | 1 | QL; HCR \$0 Copay after prior authorization if taken to prepare for a preventive colonoscopy. |
| peg-3350/electrolytes | 1 | QL; HCR \$0 Copay after prior authorization if taken to prepare for a preventive colonoscopy. |
| peg-3350/electrolytes/ascorbic | 3 | QL |
| peg-kcl-nacl-nasulf-na asc-c | 3 | QL |
| peg-prep | 1 | HCR \$0 Copay after prior authorization if taken to prepare for a preventive colonoscopy. |
| PLENVU | 3 | QL |
| polyethylene glycol 3350 oral powder | \$0 | QL |
| qc magnesium citrate | \$0 | QL |
| SUPREP BOWEL PREP KIT | 3 | QL |
| Protectants | | |
| misoprostol oral | 1 | |
| sucalfate oral suspension | 3 | |
| sucalfate oral tablet | 1 | |
| Proton pump inhibitors | | |
| DEXILANT | 3 | QL |
| DEXLANSOPRAZOLE | 3 | QL |
| esomeprazole magnesium oral capsule delayed release 20 mg | 1 | QL |
| lansoprazole oral capsule delayed release | 2 | QL |
| omeprazole oral capsule delayed release 10 mg | 1 | QL |
| omeprazole oral capsule delayed release 20 mg, 40 mg | 1 | |
| pantoprazole sodium oral tablet delayed release | 1 | QL |
| rabeprazole sodium oral tablet delayed release | 1 | QL |
| sm lansoprazole | 2 | QL |
| Genetic or enzyme disorder: replacement, modifiers, treatment | | |
| CHOLBAM | 4 | PA; QL; SP |
| CREON | 2 | |
| CYSTAGON | 4 | SP |
| MYALEPT | 4 | PA; QL; SP |
| PERTZYE | 3 | ST |
| sodium phenylbutyrate oral powder | 4 | PA; SP |
| ZENPEP | 2 | |

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ST—Step Therapy



| Drug name | Drug tier | Requirements & limits |
|---|-----------|-----------------------|
| Genitourinary agents | | |
| Antispasmodics, urinary | | |
| darifenacin hydrobromide er | 3 | ST; QL |
| fesoterodine fumarate er | 3 | QL |
| flavoxate hcl | 1 | |
| HYOPHEN | 1 | |
| MYRBETRIQ | 3 | |
| oxybutynin chloride er | 1 | QL |
| oxybutynin chloride oral | 1 | |
| solifenacin succinate | 3 | ST; QL |
| tolterodine tartrate | 1 | ST |
| TOVIAZ | 3 | QL |
| tropium chloride | 1 | |
| tropium chloride er | 2 | |
| URIMAR-T | 2 | |
| urin ds | 1 | |
| URO-MP | 1 | |
| USTELL | 1 | |
| Benign prostatic hypertrophy agents | | |
| alfuzosin hcl er | 1 | |
| CARDURA XL | 3 | QL |
| dutasteride oral | 1 | QL |
| dutasteride-tamsulosin hcl | 3 | |
| finasteride oral tablet 5 mg | 1 | |
| silodosin | 2 | QL |
| tamsulosin hcl | 1 | |
| terazosin hcl | 1 | |
| Genitourinary agents, other | | |
| bethanechol chloride oral | 1 | |
| ELMIRON | 2 | |
| ENCARE | \$0 | QL |
| LITHOSTAT | 3 | |
| OPTIONS GYNOL II CONTRACEPTIVE | \$0 | |
| penicillamine oral | 4 | SP |
| phenazo oral tablet 200 mg | 1 | |
| phenazopyridine hcl oral tablet 100 mg, 200 mg | 1 | |
| PYRIDIUM | 3 | |
| tadalafil oral tablet 2.5 mg, 5 mg | 3 | QL |
| VCF VAGINAL CONTRACEPTIVE VAGINAL FILM | \$0 | |
| VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM | \$0 | |
| vcf vaginal contraceptive vaginal gel | \$0 | |
| Hormonal agents, stimulant/replacement/modifying (adrenal) | | |
| ALA SCALP | 3 | |
| ala-cort external cream 2.5 % | 1 | |
| alclometasone dipropionate | 1 | |
| amcinonide | 3 | |
| APEXICON E | 2 | QL |
| betamethasone dipropionate aug | 2 | |
| betamethasone dipropionate external | 2 | |
| betamethasone valerate external cream | 1 | |
| betamethasone valerate external lotion | 1 | |

| Drug name | Drug tier | Requirements & limits |
|---|-----------|-----------------------|
| betamethasone valerate external ointment | 1 | |
| CAPEX | 2 | |
| clobetasol prop emollient base | 3 | QL |
| clobetasol propionate e | 3 | QL |
| clobetasol propionate external cream | 2 | QL |
| clobetasol propionate external gel | 2 | QL |
| clobetasol propionate external ointment | 2 | QL |
| clobetasol propionate external solution | 1 | QL |
| clocortolone pivalate | 3 | ST; QL |
| CORDRAN EXTERNAL TAPE | 3 | QL |
| desonide external cream | 1 | QL |
| desonide external lotion | 2 | QL |
| desonide external ointment | 1 | QL |
| desoximetasone external cream | 2 | QL |
| desoximetasone external gel | 3 | QL |
| desoximetasone external ointment | 2 | QL |
| dexamethasone intensol | 1 | |
| dexamethasone oral elixir | 1 | |
| dexamethasone oral solution | 1 | |
| dexamethasone oral tablet | 1 | |
| dexamethasone oral tablet therapy pack | 1 | |
| diflorasone diacetate external cream | 3 | QL |
| EMFLAZA | 4 | PA; SP |
| fludrocortisone acetate oral | 1 | |
| fluocinolone acetonide body | 2 | QL |
| fluocinolone acetonide external cream | 1 | QL |
| fluocinolone acetonide external ointment | 1 | QL |
| fluocinolone acetonide external solution | 2 | QL |
| fluocinolone acetonide scalp | 2 | QL |
| fluocinonide emulsified base | 2 | QL |
| fluocinonide external cream 0.05 % | 2 | QL |
| fluocinonide external gel | 2 | QL |
| fluocinonide external ointment | 2 | QL |
| fluocinonide external solution | 2 | QL |
| flurandrenolide external lotion | 3 | ST; QL |
| fluticasone propionate external cream | 1 | |
| fluticasone propionate external ointment | 1 | |
| halobetasol propionate external cream | 2 | QL |
| halobetasol propionate external ointment | 2 | QL |
| hydrocortisone butyrate external cream | 3 | QL |
| hydrocortisone butyrate external ointment | 3 | |
| hydrocortisone butyrate external solution | 3 | |
| hydrocortisone external cream 2.5 % | 1 | |
| hydrocortisone external lotion 2.5 % | 1 | |
| hydrocortisone external ointment 1 %, 2.5 % | 1 | |
| hydrocortisone oral | 1 | |
| hydrocortisone valerate | 2 | QL |
| methylprednisolone oral | 1 | |
| MILLIPRED | 2 | |
| mometasone furoate external | 1 | |

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QL—Quantity Limit **SP**—Specialty medication **ST**—Step Therapy



| Drug name | Drug tier | Requirements & limits |
|---|-----------|-----------------------|
| NUCORT | 3 | |
| PANDEL | 3 | |
| prednicarbate | 2 | |
| prednisolone oral syrup 15 mg/5ml | 1 | |
| prednisolone sodium phosphate oral solution | 1 | |
| prednisolone sodium phosphate oral tablet dispersible | 3 | |
| prednisone intensol | 2 | |
| prednisone oral solution | 2 | |
| prednisone oral tablet | 1 | |
| prednisone oral tablet therapy pack | 1 | |
| TEXACORT | 2 | |
| triamcinolone acetonide external cream | 1 | QL |
| triamcinolone acetonide external lotion | 1 | |
| triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % | 1 | |
| triderm | 1 | QL |

Hormonal agents, stimulant/replacement/modifying (pituitary)

| | | |
|--------------------------------|---|------------|
| cabergoline | 2 | |
| desmopressin ace spray refrig | 2 | |
| desmopressin acetate injection | 3 | |
| desmopressin acetate oral | 1 | |
| desmopressin acetate pf | 3 | |
| desmopressin acetate spray | 2 | |
| EGRIFTA SV | 4 | PA; SP |
| INCRELEX | 4 | PA; QL; SP |
| NOCDURNA | 3 | PA; QL |
| NUTROPIN AQ NUSPIN 10 | 4 | PA; QL; SP |
| NUTROPIN AQ NUSPIN 20 | 4 | PA; QL; SP |
| NUTROPIN AQ NUSPIN 5 | 4 | PA; QL; SP |

Hormonal agents, stimulant/replacement/modifying (prostaglandins)

| | | |
|----------|---|--|
| PREPIDIL | 3 | |
|----------|---|--|

Hormonal agents, stimulant/replacement/modifying (sex hormones/modifiers)

Androgens

| | | |
|---|---|--------|
| ANDRODERM | 2 | PA; QL |
| danazol oral | 2 | |
| METHITEST | 2 | |
| methyltestosterone oral | 3 | |
| oxandrolone oral | 3 | QL |
| testosterone cypionate intramuscular | 1 | |
| testosterone enanthate intramuscular | 1 | |
| testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%) | 1 | PA; QL |
| testosterone transdermal gel 50 mg/5gm (1%) | 2 | PA; QL |

Estrogens

| | | |
|---------------|-----|--|
| afirmelle | \$0 | |
| altavera | \$0 | |
| alyacen 1/35 | \$0 | |
| alyacen 7/7/7 | \$0 | |
| amabelz | 2 | |

| Drug name | Drug tier | Requirements & limits |
|--|-----------|-----------------------|
| amethia | \$0 | |
| amethyst | \$0 | |
| ANGELIQ | 3 | |
| ANNOVERA | \$0 | QL |
| apri | \$0 | |
| aranelle | \$0 | |
| ashlyna | \$0 | |
| aubra | \$0 | |
| aubra eq | \$0 | |
| aurovela 1.5/30 | \$0 | |
| aurovela 1/20 | \$0 | |
| aurovela 24 fe | \$0 | |
| aurovela fe 1.5/30 | \$0 | |
| aurovela fe 1/20 | \$0 | |
| aviane | \$0 | |
| ayuna | \$0 | |
| azurette | \$0 | |
| balziva | \$0 | |
| blisovi 24 fe | \$0 | |
| blisovi fe 1.5/30 | \$0 | |
| blisovi fe 1/20 | \$0 | |
| briellyn | \$0 | |
| camrese | \$0 | |
| camrese lo | \$0 | |
| chateal | \$0 | |
| chateal eq | \$0 | |
| CLIMARA PRO | 3 | QL |
| COMBIPATCH | 3 | QL |
| COVARYX | 1 | |
| COVARYX HS | 1 | |
| cryselle-28 | \$0 | |
| cyred | \$0 | |
| cyred eq | \$0 | |
| dasetta 1/35 | \$0 | |
| dasetta 7/7/7 | \$0 | |
| daysee | \$0 | |
| DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML | 3 | |
| delyla | \$0 | |
| DEPO-ESTRADIOL | 3 | |
| desogestrel-ethinyl estradiol | \$0 | |
| dolishale | \$0 | |
| dotti | 2 | QL |
| drospiren-eth estrad-levomefol | \$0 | |
| drospirenone-ethinyl estradiol | \$0 | |
| EEMT | 1 | |
| EEMT HS | 1 | |
| elinst | \$0 | |
| eluryng | \$0 | |
| enpresse-28 | \$0 | |
| enskyce | \$0 | |
| est estrogens-methyltest | 1 | |
| est estrogens-methyltest ds | 1 | |
| est estrogens-methyltest hs | 1 | |
| estarylla | \$0 | |
| estradiol oral | 1 | |

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| Drug name | Drug tier | Requirements & limits |
|--|-----------|-----------------------|
| estradiol transdermal patch twice weekly | 2 | QL |
| estradiol transdermal patch weekly | 1 | QL |
| estradiol vaginal cream | 2 | |
| estradiol vaginal tablet | 2 | QL |
| estradiol valerate intramuscular | 1 | |
| estradiol-norethindrone acet | 2 | |
| ESTRING | 2 | QL |
| ethynodiol diac-eth estradiol | \$0 | |
| etonogestrel-ethinyl estradiol | \$0 | |
| EVAMIST | 2 | |
| falmina | \$0 | |
| FEMRING | 3 | QL |
| femynor | \$0 | |
| fyavolv | 2 | |
| hailey 1.5/30 | \$0 | |
| hailey 24 fe | \$0 | |
| hailey fe 1.5/30 | \$0 | |
| hailey fe 1/20 | \$0 | |
| iclevia | \$0 | |
| introvale | \$0 | |
| isibloom | \$0 | |
| jaimiess | \$0 | |
| jasmiel | \$0 | |
| jinteli | 2 | |
| jolessa | \$0 | |
| juleber | \$0 | |
| junel 1.5/30 | \$0 | |
| junel 1/20 | \$0 | |
| junel fe 1.5/30 | \$0 | |
| junel fe 1/20 | \$0 | |
| junel fe 24 | \$0 | |
| kalliga | \$0 | |
| kariva | \$0 | |
| kelnor 1/35 | \$0 | |
| kelnor 1/50 | \$0 | |
| kurvelo | \$0 | |
| larin 1.5/30 | \$0 | |
| larin 1/20 | \$0 | |
| larin 24 fe | \$0 | |
| larin fe 1.5/30 | \$0 | |
| larin fe 1/20 | \$0 | |
| leena | \$0 | |
| lessina | \$0 | |
| levonest | \$0 | |
| levonorgest-eth estrad 91-day | \$0 | |
| levonorgestrel-ethinyl estrad | \$0 | |
| levonorg-eth estrad triphasic | \$0 | |
| levora 0.15/30 (28) | \$0 | |
| lojaimiess | \$0 | |
| loryna | \$0 | |
| low-ogestrel | \$0 | |
| lo-zumandimine | \$0 | |
| luteru | \$0 | |
| lyllana | 2 | QL |
| marlissa | \$0 | |

| Drug name | Drug tier | Requirements & limits |
|--|-----------|-----------------------|
| microgestin 1.5/30 | \$0 | |
| microgestin 1/20 | \$0 | |
| microgestin 24 fe | \$0 | |
| microgestin fe 1.5/30 | \$0 | |
| microgestin fe 1/20 | \$0 | |
| mili | \$0 | |
| mimvey | 2 | |
| mono-linyah | \$0 | |
| NATAZIA | \$0 | |
| necon 0.5/35 (28) | \$0 | |
| nikki | \$0 | |
| norethin ace-eth estrad-fe oral tablet | \$0 | |
| norethindrone acet-ethinyl est | \$0 | |
| norethindrone-eth estradiol | 2 | |
| norethindron-ethinyl estrad-fe | \$0 | |
| norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg | \$0 | |
| norgestimate-eth estradiol | \$0 | |
| norgestimate-ethinyl estradiol triphasic | \$0 | |
| nortrel 0.5/35 (28) | \$0 | |
| nortrel 1/35 (21) | \$0 | |
| nortrel 1/35 (28) | \$0 | |
| nortrel 7/7/7 | \$0 | |
| nylia 1/35 | \$0 | |
| nylia 7/7/7 | \$0 | |
| nymyo | \$0 | |
| ocella | \$0 | |
| philith | \$0 | |
| pimtrea | \$0 | |
| pirmella 1/35 | \$0 | |
| pirmella 7/7/7 | \$0 | |
| portia-28 | \$0 | |
| PREFEST | 2 | |
| PREMARIN VAGINAL | 3 | |
| PREMPHASE | 3 | QL |
| reclipsen | \$0 | |
| setlakin | \$0 | |
| simliya | \$0 | |
| simpesse | \$0 | |
| sprintec 28 | \$0 | |
| sronyx | \$0 | |
| syeda | \$0 | |
| tarina 24 fe | \$0 | |
| tarina fe 1/20 | \$0 | |
| tarina fe 1/20 eq | \$0 | |
| tilia fe | \$0 | |
| tri femynor | \$0 | |
| tri-estarylla | \$0 | |
| tri-legest fe | \$0 | |
| tri-linyah | \$0 | |
| tri-lo-estarylla | \$0 | |
| tri-lo-marzia | \$0 | |
| tri-lo-mili | \$0 | |
| tri-lo-sprintec | \$0 | |
| tri-mili | \$0 | |
| tri-nymyo | \$0 | |

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| Drug name | Drug tier | Requirements & limits |
|--|-----------|-----------------------|
| tri-sprintec | \$0 | |
| trivora (28) | \$0 | |
| tri-vylibra | \$0 | |
| tri-vylibra lo | \$0 | |
| TWIRLA | \$0 | |
| tyblume | \$0 | |
| tydemy | \$0 | |
| velivet | \$0 | |
| vestura | \$0 | |
| vienva | \$0 | |
| viorele | \$0 | |
| volnea | \$0 | |
| vyfemla | \$0 | |
| vylibra | \$0 | |
| wera | \$0 | |
| wymzya fe | \$0 | |
| xulane | \$0 | |
| yuvafem | 2 | QL |
| zafemy | \$0 | |
| zovia 1/35 (28) | \$0 | |
| zumandimine | \$0 | |
| Progestins | | |
| aftera | \$0 | |
| camila | \$0 | |
| deblitane | \$0 | |
| DEPO-SUBQ PROVERA 104 | \$0 | QL |
| econtra ez | \$0 | |
| econtra one-step | \$0 | |
| ELLA | \$0 | QL |
| errin | \$0 | |
| heather | \$0 | |
| incassia | \$0 | |
| jencycla | \$0 | |
| KYLEENA | \$0 | |
| levonorgestrel | \$0 | |
| lyleq | \$0 | |
| lyza | \$0 | |
| medroxyprogesterone acetate intramuscular suspension | \$0 | QL |
| medroxyprogesterone acetate intramuscular suspension prefilled syringe | \$0 | |
| medroxyprogesterone acetate oral | 1 | |
| megestrol acetate oral suspension 40 mg/ml | 1 | |
| megestrol acetate oral suspension 625 mg/5ml | 3 | |
| megestrol acetate oral tablet | 1 | |
| my choice | \$0 | |
| my way | \$0 | |
| new day | \$0 | |
| NEXPLANON | \$0 | QL |
| nora-be | \$0 | |
| norethindrone acetate oral | 1 | |
| norethindrone oral | \$0 | |
| norlyroc | \$0 | |

| Drug name | Drug tier | Requirements & limits |
|---|-----------|---|
| opcicon one-step | \$0 | |
| option 2 | \$0 | |
| PLAN B ONE-STEP | \$0 | |
| progesterone intramuscular | 1 | |
| progesterone oral | 1 | |
| react | \$0 | |
| sharobel | \$0 | |
| SLYND | \$0 | |
| take action | \$0 | |
| Selective estrogen receptor modifying agents | | |
| OSPHENA | 3 | PA; QL |
| raloxifene hcl | 1 | QL; HCR \$0 Copay after prior authorization for members ages 35 and above who meet breast cancer prevention criteria. |
| Hormonal agents, stimulant/replacement/modifying (thyroid) | | |
| ARMOUR THYROID | 3 | |
| euthyrox | 1 | |
| levo-t | 1 | |
| levothyroxine sodium oral tablet | 1 | |
| levoxyl | 1 | |
| liothyronine sodium oral | 1 | |
| np thyroid | 1 | |
| SYNTHROID | 2 | |
| THYQUIDITY | 3 | PA |
| TIROSINT-SOL | 3 | PA |
| unithroid | 1 | |
| Hormonal agents, suppressant (adrenal) | | |
| LYSODREN | 3 | |
| Hormonal agents, suppressant (pituitary) | | |
| ELIGARD | 4 | PA; SP |
| leuprolide acetate injection | 4 | PA; SP |
| octreotide acetate | 3 | PA; SP |
| ORLISSA | 3 | PA; QL |
| SIGNIFOR | 4 | PA; QL; SP |
| SOMAVERT | 4 | PA; QL; SP |
| SYNAREL | 2 | |
| Hormonal agents, suppressant (thyroid) | | |
| Antithyroid agents | | |
| methimazole oral | 1 | |
| propylthiouracil oral | 1 | |
| Immunological agents | | |
| Angioedema agents | | |
| BERINERT | 4 | PA; QL; SP |
| RUCONEST | 4 | PA; QL; SP |
| Immune suppressants | | |
| azathioprine oral tablet 50 mg | 1 | |
| CIMZIA | 4 | PA; QL; SP |
| CIMZIA PREFILLED KIT | 4 | PA; QL; SP |
| CIMZIA STARTER KIT | 4 | PA; QL; SP |

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| Drug name | Drug tier | Requirements & limits |
|---|-----------|--|
| cyclosporine modified | 3 | |
| cyclosporine oral | 3 | |
| gengraf | 3 | |
| 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; QL; SP |
| HUMIRA PEN-PEDIATRIC UC START | 4 | PA; QL; SP |
| HUMIRA PEN-PS/UV/ADOL HS START | 4 | PA; QL; SP |
| HUMIRA PEN-PSOR/UEIT STARTER | 4 | PA; QL; SP |
| methotrexate oral | 1 | |
| methotrexate sodium | 1 | |
| methotrexate sodium (pf) | 1 | |
| mycophenolate mofetil oral capsule | 2 | |
| mycophenolate mofetil oral suspension reconstituted | 3 | |
| mycophenolate mofetil oral tablet | 2 | |
| mycophenolate sodium | 3 | |
| OLUMIANT | 4 | PA; QL; SP |
| SANDIMMUNE ORAL SOLUTION | 4 | |
| SIMPONI | 4 | PA; QL; SP |
| sirolimus oral solution | 4 | |
| sirolimus oral tablet | 3 | |
| SKYRIZI (150 MG DOSE) | 4 | PA; QL; SP |
| SKYRIZI PEN | 4 | PA; QL; SP |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | PA; QL; SP |
| tacrolimus oral | 1 | |
| XELJANZ | 4 | PA; QL; SP |
| XELJANZ XR | 4 | PA; QL; SP |
| Immunomodulators | | |
| ACTEMRA ACTPEN | 4 | PA; QL; SP |
| ACTEMRA SUBCUTANEOUS | 4 | PA; QL; SP |
| ACTIMMUNE | 4 | PA; QL; SP |
| ALFERON N | 4 | SP |
| leflunomide oral | 3 | |
| OTEZLA | 4 | PA; QL; SP |
| RINVOQ | 4 | PA; QL; SP |
| Vaccines | | |
| ACTHIB | \$0 | QL |
| ADACEL | \$0 | QL; HCR \$0 copay for members 7 years of age or older. |
| AFLURIA QUADRIVALENT | \$0 | QL |
| BEXSERO | \$0 | QL; HCR \$0 copay for members 9 years of age or older. |
| BOOSTRIX | \$0 | QL; HCR \$0 copay for members 7 years of age or older. |
| COMIRNATY | \$0 | QL |
| ENGERIX-B | \$0 | QL |

| Drug name | Drug tier | Requirements & limits |
|---|-----------|---|
| FLUAD QUADRIVALENT | \$0 | QL; HCR \$0 copay for members 65 years of age or older. |
| FLUARIX QUADRIVALENT | \$0 | QL |
| FLUBLOK QUADRIVALENT | \$0 | QL |
| FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION | \$0 | QL; HCR \$0 copay for members between age of 2 to 49. |
| FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | \$0 | QL |
| FLULAVAL QUADRIVALENT | \$0 | QL |
| FLUMIST QUADRIVALENT | \$0 | QL; HCR \$0 copay for members between age of 2 to 49. |
| FLUZONE HIGH-DOSE QUADRIVALENT | \$0 | QL; HCR \$0 copay for members 65 years of age or older. |
| FLUZONE QUADRIVALENT | \$0 | QL |
| GARDASIL 9 | \$0 | QL; HCR \$0 copay for members between ages of 9 to 45. |
| HAVRIX | \$0 | QL |
| HEPLISAV-B | \$0 | QL; HCR \$0 copay for members 18 years of age or older. |
| HIBERIX | \$0 | QL |
| IPOL | \$0 | QL |
| JANSSEN COVID-19 VACCINE | \$0 | QL |
| MENACTRA | \$0 | QL |
| MENQUADFI | \$0 | QL |
| MENVEO | \$0 | QL |
| M-M-R II | \$0 | QL |
| MODERNA COVID-19 VACC 6M-5Y | \$0 | QL |
| MODERNA COVID-19 VACCINE | \$0 | QL |
| NOVAVAX COVID-19 VACCINE | \$0 | QL |
| PEDVAX HIB | \$0 | QL |
| PFIZER COVID-19 VAC BIVALENT | \$0 | QL |
| PFIZER COVID-19 VAC-TRIS 5-11Y | \$0 | QL |
| PFIZER COVID-19 VAC-TRIS 6M-4Y | \$0 | QL |
| PFIZER-BIONT COVID-19 VAC-TRIS | \$0 | QL |
| PFIZER-BIONTECH COVID-19 VACC | \$0 | QL |
| PNEUMOVAX 23 | \$0 | QL; HCR \$0 copay for members 2 years of age or older. |

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| Drug name | Drug tier | Requirements & limits |
|---|-----------|---|
| PREHEVBRIO | \$0 | QL; HCR \$0 copay for members 18 years of age or older. |
| PREVNAR 13 | \$0 | QL |
| PREVNAR 20 | \$0 | QL |
| RECOMBIVAX HB | \$0 | QL |
| SHINGRIX | \$0 | QL; HCR \$0 copay for members 50 years of age or older. |
| SPIKEVAX COVID-19 VACCINE | \$0 | QL |
| TENIVAC | \$0 | QL; HCR \$0 copay for members 7 years of age or older. |
| TRUMENBA | \$0 | QL; HCR \$0 copay for members 9 years of age or older. |
| TWINRIX | \$0 | QL; HCR \$0 copay for members 18 years of age or older. |
| VAQTA | \$0 | QL |
| VARIVAX | \$0 | QL |
| VAXNEUVANCE | \$0 | QL |
| Inflammatory bowel disease agents | | |
| Aminosalicylates | | |
| balsalazide disodium | 2 | |
| DIPENTUM | 3 | |
| mesalamine er oral capsule 0.375 gm | 2 | QL |
| mesalamine rectal suppository | 3 | QL |
| Glucocorticoids | | |
| ANALPRAM-HC EXTERNAL LOTION | 3 | |
| anucort-hc | 1 | |
| budesonide oral | 3 | |
| CORTIFOAM | 2 | |
| HEMMOREX-HC RECTAL SUPPOSITORY 25 MG | 1 | |
| hydrocortisone (perianal) external cream 2.5 % | 1 | |
| hydrocortisone ace-pramoxine external cream 1-1 % | 2 | |
| hydrocortisone acetate rectal | 1 | |
| hydrocortisone rectal | 2 | |
| hydrocort-pramoxine (perianal) | 2 | |
| PROCTOFOAM HC | 2 | |
| procto-med hc | 1 | |
| proctosol hc | 1 | |
| proctozone-hc | 1 | |
| UCERIS RECTAL | 2 | |
| Sulfonamides | | |
| sulfasalazine oral tablet | 1 | |
| sulfasalazine oral tablet delayed release | 1 | |

| Drug name | Drug tier | Requirements & limits |
|--|-----------|-----------------------|
| Metabolic bone disease agents | | |
| alendronate sodium oral solution | 2 | |
| alendronate sodium oral tablet | 1 | QL |
| calcitonin (salmon) injection | 3 | |
| calcitonin (salmon) nasal | 1 | QL |
| calcitriol oral capsule | 1 | |
| calcitriol oral solution | 2 | |
| doxercalciferol oral | 3 | |
| ibandronate sodium oral | 1 | QL |
| MIACALCIN | 3 | |
| paricalcitol oral | 2 | |
| risedronate sodium oral tablet | 1 | QL |
| Miscellaneous therapeutic agents | | |
| AEROCHAMBER PLUS FLO-VU | 2 | |
| ALCOHOL PREP PADS PAD , 70 % | 2 | |
| ARTISS | 3 | |
| ASTRINGYN | 3 | |
| AUM MINI INSULIN PEN NEEDLE | 2 | |
| AUM READYGARD DUO PEN NEEDLE | 2 | |
| AUM SAFETY PEN NEEDLE | 2 | |
| BINAXNOW COVID-19 AG HOME TEST | 2 | |
| BREATHE COMFORT CHAMBER/ ADULT | 2 | |
| BREATHE COMFORT CHAMBER/ CHILD | 2 | |
| CARESTART COVID-19 HOME TEST | 2 | |
| CAYA | \$0 | |
| CLEARDETECT COVID-19 AG HOME | 2 | |
| CLINITEST RAPID COVID-19 TEST | 2 | |
| CONDOMS | \$0 | QL |
| COVID-19 AT-HOME TEST | 2 | |
| COVID-19 RAPID SELF TEST KIT IN VITRO KIT | 2 | |
| DIATRUST COVID-19 HOME TEST | 2 | |
| DROPSAFE ALCOHOL PREP | 2 | |
| EASIVENT | 2 | |
| ELLUME COVID-19 HOME TEST | 2 | |
| ergoloid mesylates oral | 3 | |
| FC2 FEMALE CONDOM | \$0 | QL |
| FEMCAP | \$0 | |
| FLEXICHAMBER | 2 | |
| FLEXICHAMBER ADULT MASK/SMALL | 2 | |
| FLEXICHAMBER CHILD MASK/LARGE | 2 | |
| FLEXICHAMBER CHILD MASK/SMALL | 2 | |
| FLOWFLEX COVID-19 AG HOME TEST | 2 | |
| IHEALTH COVID-19 RAPID TEST | 2 | |
| INDICAID COVID-19 RAPID TEST | 2 | |
| INSPIREASE RESERVOIR BAGS | 2 | |
| INSULIN PEN NEEDLES 29G X 12.7MM , 29G X 12MM , 29G X 5MM , 29G X 8MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM | 2 | |

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| Drug name | Drug tier | Requirements & limits |
|---|-----------|-----------------------|
| 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" 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 | 2 | |
| INTELISWAB COVID-19 RAPID TEST | 2 | |
| methergine | 3 | QL |
| methylergonovine maleate oral | 3 | QL |
| NOVOFINE AUTOCOVER PEN NEEDLE | 2 | |
| NOVOFINE PEN NEEDLE | 2 | |
| NOVOFINE PLUS PEN NEEDLE | 2 | |
| ON/GO COVID-19 ANTIGEN TEST | 2 | |
| ON/GO ONE COVID-19 HOME TEST | 2 | |
| PARAGARD INTRAUTERINE COPPER | \$0 | |
| PHEXXI | \$0 | QL |
| PILOT COVID-19 AT-HOME TEST | 2 | |
| PREMIUM CONDOMS LUBRICATED | \$0 | QL |
| QUICKVUE AT-HOME COVID-19 TEST | 2 | |
| RADIOGARDASE | 4 | |
| RAYA SURE PEN NEEDLE | 2 | |
| SAFETY PEN NEEDLES 30G X 8 MM | 2 | |
| SHARPS CONTAINER | 2 | |
| TISSEEL EXTERNAL KIT | 3 | |
| VORTEX VALVED HOLDING CHAMBER | 2 | |
| WIDE-SEAL DIAPHRAGM 60 | \$0 | |
| WIDE-SEAL DIAPHRAGM 65 | \$0 | |
| WIDE-SEAL DIAPHRAGM 70 | \$0 | |
| WIDE-SEAL DIAPHRAGM 75 | \$0 | |
| WIDE-SEAL DIAPHRAGM 80 | \$0 | |
| WIDE-SEAL DIAPHRAGM 85 | \$0 | |
| WIDE-SEAL DIAPHRAGM 90 | \$0 | |
| WIDE-SEAL DIAPHRAGM 95 | \$0 | |
| Ophthalmic agents | | |
| Aminoglycosides | | |
| gentak | 1 | |
| gentamicin sulfate ophthalmic | 1 | |
| neomycin-polymyxin-gramicidin | 1 | |
| TOBRADEX OPHTHALMIC OINTMENT | 3 | |
| tobramycin ophthalmic | 1 | |
| tobramycin-dexamethasone | 2 | |
| TOBREX | 3 | |
| Antibacterials, other | | |
| ak-poly-bac | 1 | |
| bacitracin ophthalmic | 2 | |
| bacitracin-polymyxin b ophthalmic | 1 | |
| bacitra-neomycin-polymyxin-hc | 2 | |
| BETADINE OPHTHALMIC PREP | 3 | |
| neomycin-bacitracin zn-polymyx | 1 | |
| neomycin-polymyxin-dexameth ophthalmic ointment | 1 | |
| neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 | 1 | |
| neomycin-polymyxin-hc ophthalmic | 2 | |

| Drug name | Drug tier | Requirements & limits |
|---|-----------|-----------------------|
| neo-polycin | 1 | |
| neo-polycin hc | 2 | |
| polycin | 1 | |
| polymyxin b-trimethoprim | 1 | |
| POVIDONE-IODINE OPHTHALMIC | 3 | |
| Anti-cytomegalovirus (CMV) agents | | |
| ZIRGAN | 3 | |
| Antifungals | | |
| NATACYN | 3 | |
| Antiherpetic agents | | |
| trifluridine | 2 | |
| Macrolides | | |
| AZASITE | 3 | |
| erythromycin ophthalmic | 1 | |
| KLARITY-A | 3 | |
| Ophthalmic agents, other | | |
| AKTEN | 3 | |
| ALTACAINE | 1 | |
| atropine sulfate ophthalmic ointment | 1 | |
| atropine sulfate ophthalmic solution 1 % | 1 | |
| BLEPHAMIDE S.O.P. | 2 | |
| cyclopentolate hcl ophthalmic | 1 | |
| CYSTARAN | 4 | PA; QL; SP |
| homatropaire | 1 | |
| ISOPTO ATROPINE | 3 | |
| LACRISERT | 2 | |
| MITOSOL | 3 | |
| PRED-G | 3 | |
| PRED-G S.O.P. | 3 | |
| proparacaine hcl ophthalmic | 1 | |
| sulfacetamide-prednisolone | 1 | |
| tetracaine hcl ophthalmic | 1 | |
| ZYLET | 3 | |
| Ophthalmic anti-allergy agents | | |
| ALOCRIL | 3 | |
| ALOMIDE | 3 | |
| altafrin | 1 | |
| azelastine hcl ophthalmic | 1 | |
| bepotastine besilate | 3 | QL |
| BEPREVE | 3 | QL |
| cromolyn sodium ophthalmic | 1 | |
| CYCLOMYDRIL | 3 | |
| epinastine hcl | 1 | ST; QL |
| olopatadine hcl ophthalmic solution 0.1 % | 1 | QL |
| phenylephrine hcl ophthalmic | 1 | |
| Ophthalmic antiglaucoma agents | | |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % | 2 | QL |
| apraclonidine hcl | 1 | |
| AZOPT | 2 | QL |
| betaxolol hcl ophthalmic | 1 | |
| BETIMOL | 2 | QL |
| BETOPTIC-S | 3 | |
| brimonidine tartrate ophthalmic | 2 | QL |

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| Drug name | Drug tier | Requirements & limits |
|--|-----------|-----------------------|
| brimonidine tartrate-timolol | 2 | QL |
| brinzolamide | 2 | QL |
| carteolol hcl | 1 | |
| COMBIGAN | 2 | QL |
| dorzolamide hcl ophthalmic | 1 | |
| dorzolamide hcl-timolol mal | 1 | QL |
| dorzolamide hcl-timolol mal pf | 2 | QL |
| levobunolol hcl | 1 | |
| PHOSPHOLINE IODIDE | 2 | |
| pilocarpine hcl ophthalmic | 1 | |
| SIMBRINZA | 3 | QL |
| timolol maleate (once-daily) | 1 | |
| timolol maleate oculosol | 2 | |
| timolol maleate ophthalmic gel forming solution | 2 | |
| timolol maleate ophthalmic solution | 1 | |
| timolol maleate pf | 2 | |
| TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 % | 2 | |
| Ophthalmic anti-inflammatories | | |
| ALREX | 3 | QL |
| bromfenac sodium (once-daily) | 2 | QL |
| dexamethasone sodium phosphate ophthalmic | 1 | |
| DEXTENZA | 4 | SP |
| diclofenac sodium ophthalmic | 1 | |
| difluprednate | 3 | |
| FLAREX | 2 | |
| fluorometholone | 1 | |
| flurbiprofen sodium | 1 | |
| FML | 3 | |
| FML FORTE | 3 | |
| INVELTYS | 3 | QL |
| ketorolac tromethamine ophthalmic | 1 | |
| LOTEMAX OPHTHALMIC OINTMENT | 3 | |
| LOTEMAX SM | 3 | QL |
| loteprednol etabonate ophthalmic suspension | 3 | QL |
| MAXIDEX | 2 | |
| NEVANAC | 3 | |
| PRED MILD | 3 | |
| prednisolone acetate ophthalmic | 1 | |
| prednisolone acetate p-f | 1 | |
| prednisolone sodium phosphate ophthalmic | 1 | |
| Ophthalmic prostaglandin and prostamide analogs | | |
| latanoprost ophthalmic | 1 | |
| LUMIGAN | 2 | QL |
| travoprost (bak free) | 2 | QL |
| XELPROS | 3 | QL |
| ZIOPTAN | 3 | ST; QL |
| Quinolones | | |
| BESIVANCE | 3 | |
| CILOXAN | 3 | |
| ciprofloxacin hcl ophthalmic | 1 | |
| gatifloxacin ophthalmic | 2 | |

| Drug name | Drug tier | Requirements & limits |
|---|-----------|-----------------------|
| levofloxacin ophthalmic solution 0.5 % | 1 | |
| moxifloxacin hcl (2x day) | 1 | |
| moxifloxacin hcl ophthalmic solution | 1 | |
| ofloxacin ophthalmic | 1 | |
| Sulfonamides | | |
| sulfacetamide sodium ophthalmic ointment | 1 | |
| sulfacetamide sodium ophthalmic solution | 1 | |
| Otic agents | | |
| acetic acid otic | 1 | |
| ciprofloxacin hcl otic | 2 | |
| ciprofloxacin-dexamethasone | 3 | ST |
| CIPROFLOXACIN-FLUOCINOLONE PF | 3 | |
| cortic-nd | 1 | |
| CORTISPORIN-TC | 3 | |
| flac | 2 | |
| fluocinolone acetonide otic | 2 | |
| hydrocortisone-acetic acid | 2 | |
| neomycin-polymyxin-hc otic | 1 | |
| ofloxacin otic | 1 | |
| OTOVEL | 3 | |
| Respiratory tract/pulmonary agents | | |
| Antihistamines | | |
| azelastine hcl nasal solution 0.1 %, 137 mcg/spray | 1 | QL |
| carbinoxamine maleate oral solution | 1 | |
| carbinoxamine maleate oral tablet 4 mg | 1 | |
| clemastine fumarate oral tablet 2.68 mg | 1 | |
| cyproheptadine hcl oral | 1 | |
| desloratadine oral tablet | 1 | |
| diphenhydramine hcl oral elixir | 1 | |
| levocetirizine dihydrochloride oral solution | 2 | |
| levocetirizine dihydrochloride oral tablet | 1 | QL |
| olopatadine hcl nasal | 2 | QL |
| promethazine hcl oral | 1 | |
| promethazine hcl rectal | 2 | QL |
| promethazine vc | 1 | |
| promethazine-phenylephrine | 1 | |
| promethegan | 2 | QL |
| Anti-inflammatories, inhaled corticosteroids | | |
| ARNUITY ELLIPTA | 2 | QL |
| ASMANEX (120 METERED DOSES) | 2 | QL |
| ASMANEX (14 METERED DOSES) | 2 | QL |
| ASMANEX (30 METERED DOSES) | 2 | QL |
| ASMANEX (60 METERED DOSES) | 2 | QL |
| ASMANEX HFA | 2 | QL |
| BECONASE AQ | 3 | QL |
| BEVESPI AEROSPHERE | 2 | QL |
| BREO ELLIPTA | 3 | QL |
| budesonide inhalation | 2 | QL |
| BUDESONIDE-FORMOTEROL FUMARATE | 3 | QL |
| DULERA | 3 | QL |
| FLOVENT DISKUS | 2 | QL |

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| Drug name | Drug tier | Requirements & limits |
|--|-----------|-----------------------|
| FLOVENT HFA | 2 | QL |
| flunisolide nasal | 1 | |
| FLUTICASONE FUROATE-VILANTEROL | 3 | QL |
| FLUTICASONE PROPIONATE HFA | 2 | QL |
| fluticasone propionate nasal | 1 | QL |
| fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act | 2 | QL |
| FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT | 2 | QL |
| PULMICORT FLEXHALER | 2 | QL |
| QVAR REDIHALER | 3 | QL |
| SYMBICORT | 3 | QL |
| wixela inhub | 2 | QL |
| XHANCE | 3 | QL |
| ZETONNA | 3 | QL |
| Antileukotrienes | | |
| montelukast sodium oral packet | 1 | QL |
| montelukast sodium oral tablet | 1 | QL |
| montelukast sodium oral tablet chewable | 1 | QL |
| zafirlukast | 2 | QL |
| zileuton er | 3 | ST |
| Bronchodilators, anticholinergic | | |
| ATROVENT HFA | 3 | QL |
| INCRUSE ELLIPTA | 2 | QL |
| ipratropium bromide inhalation | 1 | |
| ipratropium bromide nasal | 1 | |
| SPIRIVA HANDIHALER | 2 | QL |
| SPIRIVA RESPIMAT | 2 | QL |
| Bronchodilators, sympathomimetic | | |
| albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation | 2 | QL |
| ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION | 2 | QL |
| albuterol sulfate inhalation | 1 | |
| albuterol sulfate oral | 2 | |
| epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml | 3 | QL |
| levalbuterol hcl inhalation | 2 | QL |
| PROAIR RESPICLICK | 3 | QL |
| STRIVERDI RESPIMAT | 2 | QL |
| SYMJEPI | 2 | QL |
| terbutaline sulfate oral | 3 | |
| VENTOLIN HFA | 2 | QL |
| Cystic fibrosis agents | | |
| ORKAMBI | 4 | PA; QL; SP |
| PULMOZYME | 4 | PA; QL; SP |
| tobramycin nebulization solution 300 mg/5ml inhalation | 4 | PA; QL; SP |
| Mast cell stabilizers | | |
| cromolyn sodium inhalation | 2 | |

| Drug name | Drug tier | Requirements & limits |
|--|-----------|-----------------------|
| Phosphodiesterase inhibitors, airways disease | | |
| DALIRESP | 3 | PA; QL |
| elixophyllin | 2 | |
| THEO-24 | 3 | |
| theophylline | 2 | |
| theophylline er | 1 | |
| Pulmonary antihypertensives | | |
| ADEMPAS | 4 | PA; QL; SP |
| alyq | 4 | PA; QL; SP |
| ambrisentan | 4 | PA; QL; SP |
| bosentan | 4 | PA; QL; SP |
| ORENITRAM | 4 | PA; QL; SP |
| sildenafil citrate oral suspension reconstituted | 2 | PA; QL; SP |
| sildenafil citrate oral tablet 20 mg | 2 | PA; QL; SP |
| tadalafil (pah) | 4 | PA; QL; SP |
| TRACLEER 32 MG | 4 | PA; QL; SP |
| TYVASO | 4 | PA; QL; SP |
| TYVASO DPI MAINTENANCE KIT | 4 | PA; QL; SP |
| TYVASO DPI TITRATION KIT | 4 | PA; QL; SP |
| TYVASO REFILL | 4 | PA; QL; SP |
| TYVASO STARTER | 4 | PA; QL; SP |
| VENTAVIS | 4 | PA; QL; SP |
| Pulmonary fibrosis agents | | |
| ESBRIET | 4 | PA; QL; SP |
| pirfenidone | 4 | PA; QL; SP |
| Respiratory tract agents, other | | |
| acetylcysteine inhalation | 1 | |
| ADRENALIN NASAL | 2 | |
| azelastine-fluticasone | 3 | QL |
| benzonatate oral capsule 100 mg, 200 mg | 1 | |
| DUAKLIR PRESSAIR | 3 | QL |
| GILPHEX TR | 3 | |
| guaiaatussin ac | 1 | QL |
| guaifenesin ac | 1 | QL |
| guaifenesin-codeine | 1 | QL |
| hydrocodone bit-homatrop mbr | 1 | PA; QL |
| hydrocodone polst-chlorphen polst er susp | 3 | PA; QL |
| hydromet | 1 | PA; QL |
| HYPERSAL | 2 | |
| ipratropium-albuterol | 1 | |
| maxi-tuss ac | 1 | QL |
| mometasone furoate nasal | 2 | QL |
| NEBUSAL | 3 | |
| potassium iodide oral | 3 | |
| promethazine vc/codeine | 1 | PA; QL |
| promethazine-codeine | 1 | PA; QL |
| promethazine-dm | 1 | |
| promethazine-phenyleph-codeine | 1 | PA; QL |
| pseudoephedrine-bromphen-dm | 1 | |
| sodium chloride inhalation | 1 | |
| SSKI | 3 | |
| TUXARIN ER | 3 | PA; QL |

KEY: \$0—(HCR \$0 copay) These drugs may be available at zero cost if specific requirements are met

7D—7 Day limit

QL—Quantity Limit

MME—Morphine milligram equivalent

SP—Specialty medication

PA—Prior authorization required

ST—Step Therapy



| Drug name | Drug tier | Requirements & limits |
|--|-----------|-----------------------|
| TUZISTRA XR | 3 | PA; QL |
| Skeletal muscle relaxants | | |
| baclofen oral tablet | 1 | |
| carisoprodol oral tablet 350 mg | 1 | QL |
| chlorzoxazone oral tablet 500 mg | 2 | |
| cyclobenzaprine hcl oral | 1 | |
| dantrolene sodium oral | 2 | |
| metaxalone | 2 | |
| methocarbamol oral tablet 500 mg, 750 mg | 1 | |
| orphenadrine citrate er | 1 | |
| orphenadrine-aspirin-caffeine | 4 | |
| tizanidine hcl oral capsule | 2 | |
| tizanidine hcl oral tablet | 1 | |
| Sleep disorder agents | | |
| GABA receptor modulators | | |
| eszopiclone | 1 | QL |
| flurazepam hcl | 1 | QL |
| temazepam | 1 | QL |
| triazolam | 1 | QL |
| zaleplon | 1 | QL |
| zolpidem tartrate oral | 1 | QL |
| Sleep disorders, other | | |
| BELSOMRA | 3 | ST; QL |
| doxepin hcl oral tablet | 1 | QL |
| HETLIOZ | 4 | PA; QL; SP |
| HETLIOZ LQ | 4 | PA; QL; SP |
| ramelteon | 3 | ST; QL |
| Wakefulness promoting agents | | |
| armodafinil | 1 | PA; QL |
| modafinil | 2 | PA; QL |
| XYREM | 4 | PA; QL; SP |

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| epitol. | 10 | etodolac er. | 7 | FLOVENT DISKUS. | 29 |
| EPIVIR HBV ORAL SOLUTION | 13 | etonogestrel-ethinyl estradiol. | 24 | FLOVENT HFA | 30 |
| eplerenone. | 17 | etoposide oral | 12 | FLOWFLEX COVID-19 AG HOME TEST | 27 |
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| ergoloid mesylates oral. | 27 | EVAMIST | 24 | FLUBLOK QUADRIVALENT | 26 |
| ergotamine-caffeine | 11 | everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg. | 12 | FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION | 26 |
| ERLEADA | 12 | EXELDERM | 11 | FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE. | 26 |
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| errin. | 25 | ezetimibe | 18 | fluconazole oral tablet. | 11 |
| ery | 19 | ezetimibe-simvastatin | 18 | flucytosine oral | 11 |
| ERYPED 200 | 9 | falmina | 24 | fludrocortisone acetate oral. | 22 |
| ERYTHROCIN STEARATE | 9 | famciclovir oral. | 14 | FLULAVAL QUADRIVALENT | 26 |
| erythromycin base oral capsule delayed release particles | 9 | famotidine oral suspension reconstituted | 21 | FLUMIST QUADRIVALENT. | 26 |
| erythromycin base oral tablet | 9 | famotidine oral tablet 20 mg, 40 mg | 21 | flunisolide nasal | 30 |
| erythromycin base oral tablet delayed release | 9 | FANAPT | 13 | fluocinolone acetonide body | 22 |
| erythromycin ethylsuccinate oral. | 9 | FANAPT TITRATION PACK | 13 | fluocinolone acetonide external cream | 22 |
| erythromycin external. | 19 | FARXIGA | 15 | fluocinolone acetonide external ointment | 22 |
| erythromycin ophthalmic | 28 | FC2 FEMALE CONDOM. | 27 | fluocinolone acetonide external solution. | 22 |
| erythromycin oral | 9 | febuxostat | 11 | fluocinolone acetonide otic | 29 |
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| escitalopram oxalate oral solution. | 10 | felodipine er. | 17 | fluocinonide emulsified base | 22 |
| escitalopram oxalate oral tablet. | 10 | FEMCAP | 27 | fluocinonide external cream 0.05 % | 22 |
| ESKATA | 19 | FEMRING | 24 | fluocinonide external gel | 22 |
| esomeprazole magnesium oral capsule delayed release 20 mg | 21 | femynor. | 24 | fluocinonide external ointment. | 22 |
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| est estrogens-methyltest ds. | 23 | fenofibrat transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr. | 7 | FLUOROURACIL EXTERNAL CREAM 0.5 % | 12 |
| est estrogens-methyltest hs. | 23 | fesoterodine fumarate er | 22 | fluorouracil external cream 5 % | 12 |
| estradiol-norethindrone acet | 24 | FETZIMA | 10 | fluorouracil external solution | 12 |
| estradiol oral | 23 | finasteride oral tablet 5 mg. | 22 | fluoxetine hcl oral capsule | 10 |
| estradiol transdermal patch twice weekly. | 24 | FIRVANQ | 8 | fluoxetine hcl oral capsule delayed release | 10 |
| estradiol transdermal patch weekly. | 24 | flac | 29 | fluoxetine hcl oral solution | 10 |
| estradiol vaginal cream. | 24 | FLAREX | 29 | fluoxetine hcl oral tablet 10 mg, 20 mg | 10 |
| estradiol vaginal tablet | 24 | flavoxate hcl | 22 | fluoxetine hcl (pmdd) | 10 |
| estradiol valerate intramuscular. | 24 | flecainide acetate | 16 | | |
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| eszopiclone | 31 | FLEXICHAMBER ADULT MASK/ SMALL | 27 | | |
| ethacrynic acid | 17 | FLEXICHAMBER CHILD MASK/ LARGE | 27 | | |
| ethambutol hcl oral | 12 | | | | |
| ethosuximide oral | 9 | | | | |



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| fluphenazine hcl oral concentrate . . . | 13 | gabapentin oral tablet 600 mg, 800 mg | 9 | griseofulvin ultramicrosize | 11 |
| fluphenazine hcl oral elixir | 13 | galantamine hydrobromide er | 10 | guaiaatussin ac | 30 |
| fluphenazine hcl oral tablet | 13 | galantamine hydrobromide oral solution | 10 | guaifenesin ac | 30 |
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| flurazepam hcl | 31 | GARDASIL 9 | 26 | guanfacine hcl | 16 |
| flurbiprofen oral | 7 | gatifloxacin ophthalmic | 29 | guanfacine hcl er | 18 |
| flurbiprofen sodium | 29 | gavilax oral powder | 21 | GYNAZOLE-1 | 11 |
| flutamide | 12 | gavilyte-c | 21 | habitrol | 8 |
| FLUTICASONE FUROATE-VILANTEROL | 30 | gavilyte-g | 21 | hailey 1.5/30 | 24 |
| fluticasone propionate external cream | 22 | gemfibrozil oral | 17 | hailey 24 fe | 24 |
| fluticasone propionate external ointment | 22 | generlac | 21 | hailey fe 1.5/30 | 24 |
| FLUTICASONE PROPIONATE HFA . | 30 | gengraf | 26 | hailey fe 1/20 | 24 |
| fluticasone propionate nasal | 30 | gentak | 28 | halobetasol propionate external cream | 22 |
| fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act | 30 | gentamicin sulfate external | 8 | halobetasol propionate external ointment | 22 |
| FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT | 30 | gentamicin sulfate ophthalmic | 28 | haloperidol lactate oral | 13 |
| fluvastatin sodium | 17 | gentlelax | 21 | haloperidol oral | 13 |
| fluvoxamine maleate | 10 | gentle laxative oral | 21 | HARVONI | 13 |
| fluvoxamine maleate er | 10 | GENVOYA | 14 | HAVRIX | 26 |
| FLUZONE HIGH-DOSE QUADRIVALENT | 26 | GILPHEX TR | 30 | heather | 25 |
| FLUZONE QUADRIVALENT | 26 | glatiramer acetate | 18 | hematinic/folic acid | 19 |
| FML | 29 | glatopa | 18 | HEMMOREX-HC RECTAL SUPPOSITORY 25 MG | 27 |
| FML FORTE | 29 | GLEOSTINE | 12 | hemocyte-f | 19 |
| folic acid oral tablet 1 mg | 20 | glimepiride | 15 | heparin sodium (porcine) | 16 |
| folic acid oral tablet 400 mcg, 800 mcg | 20 | glipizide er | 15 | heparin sodium (porcine) pf | 16 |
| fondaparinux sodium | 16 | glipizide ir | 15 | HEPLISAV-B | 26 |
| FORTISCARE CONTROL | 15 | glipizide-metformin hcl | 15 | HETLIOZ | 31 |
| fosamprenavir calcium | 14 | glipizide xl | 15 | HETLIOZ LQ | 31 |
| fosfomycin tromethamine | 8 | GLUCAGEN HYPOKIT | 15 | HIBERIX | 26 |
| fosinopril sodium | 16 | GLUCAGON EMERGENCY KIT | 15 | homatropaire | 28 |
| fosinopril sodium-hctz | 17 | glucagon emergency kit 1 mg injection 1 mg | 15 | HUMALOG | 15 |
| FOSRENOL ORAL PACKET | 20 | GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG | 15 | HUMALOG KWIKPEN | 16 |
| frovatriptan succinate | 11 | GLUCOSE CONTROL SOLUTIONS | 15 | HUMALOG MIX 50/50 KWIKPEN | 16 |
| furosemide oral | 17 | glyburide-metformin | 15 | HUMALOG MIX 50/50 VIAL | 16 |
| FUZEON | 14 | glyburide micronized | 15 | HUMALOG MIX 75/25 KWIKPEN | 16 |
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| | | goodsense nicotine mouth/throat lozenge 4 mg | 8 | HUMIRA PEN-CD/UC/HS STARTER26 | |
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| | | griseofulvin microsize oral | 11 | HUMIRA PEN-PS/UV/ADOL HS START | 26 |



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| HUMULIN 70/30 KWIKPEN | 16 | hydroxychloroquine sulfate oral tablet 200 mg. | 13 | INTELISWAB COVID-19 RAPID TEST28 | |
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| HUMULIN N VIAL | 16 | hydroxyzine pamoate oral | 14 | INVELTYS. | 29 |
| HUMULIN R U-500 KWIKPEN | 16 | HYOPHEN | 22 | IPOL | 26 |
| HUMULIN R U-500 VIAL. | 16 | hyoscyamine sulfate er | 21 | ipratropium-albuterol | 30 |
| HUMULIN R VIAL | 16 | hyoscyamine sulfate oral | 21 | ipratropium bromide inhalation | 30 |
| HYCAMTIN ORAL. | 12 | hyoscyamine sulfate sl | 21 | ipratropium bromide nasal. | 30 |
| hydralazine hcl oral | 18 | hyoscyamine sulfate sublingual. | 21 | irbesartan | 16 |
| HYDRO 40 | 19 | hyosyne | 21 | irbesartan-hydrochlorothiazide | 17 |
| hydrochlorothiazide oral. | 17 | HYPERSAL. | 30 | ISENTRESS ORAL PACKET. | 14 |
| hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml. | 8 | ibandronate sodium oral. | 27 | isibloom | 24 |
| hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5- 325 mg | 8 | ibuprofen-famotidine. | 7 | isoniazid oral syrup | 12 |
| hydrocodone bitartrate er oral capsule extended release 12 hour | 7 | ibuprofen oral tablet 400 mg, 600 mg, 800 mg | 7 | isoniazid oral tablet | 12 |
| hydrocodone bit-homatrop mbr. | 30 | iclevia | 24 | ISOPTO ATROPINE. | 28 |
| hydrocodone-ibuprofen | 8 | icosapent ethyl. | 18 | isosorb dinitrate-hydralazine | 17 |
| hydrocodone polst-chlorphen polst er susp | 30 | IHEALTH COVID-19 RAPID TEST | 27 | isosorbide dinitrate | 18 |
| hydrocortisone ace-pramoxine external cream 1-1 %. | 27 | imatinib mesylate. | 12 | isosorbide mononitrate. | 18 |
| hydrocortisone ace-pramoxine external cream 2.5-1 % | 19 | IMBRUVICA | 12 | isosorbide mononitrate er | 18 |
| hydrocortisone acetate rectal | 27 | imipramine hcl oral | 10 | isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg | 19 |
| hydrocortisone-acetic acid. | 29 | imipramine pamoate | 10 | isradipine | 17 |
| hydrocortisone butyrate external cream | 22 | imiquimod external cream 5 %. | 19 | itraconazole oral | 11 |
| hydrocortisone butyrate external ointment | 22 | incassia. | 25 | ivermectin oral | 13 |
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| hydrocortisone oral. | 22 | indomethacin er. | 7 | jasmiel. | 24 |
| hydrocortisone (perianal) external cream 2.5 % | 27 | indomethacin oral capsule 25 mg, 50 mg | 7 | jencycla. | 25 |
| hydrocortisone rectal | 27 | INGREZZA. | 18 | jinteli | 24 |
| hydrocortisone valerate | 22 | INOVA 4/1 ACNE CONTROL THERAPY. | 19 | jolessa. | 24 |
| hydrocort-pramoxine (perianal) | 27 | INOVA 8/2 ACNE CONTROL THERAPY. | 19 | juleber. | 24 |
| hydromet | 30 | INSPIREASE RESERVOIR BAGS. | 27 | junel 1.5/30 | 24 |
| hydromorphone hcl er | 7 | INSULIN ASPART PROT & ASPART 16 | | junel 1/20 | 24 |
| hydromorphone hcl oral liquid. | 8 | INSULIN DEGLUDEC | 16 | junel fe 1.5/30 | 24 |
| hydromorphone hcl oral tablet. | 8 | INSULIN DEGLUDEC FLEXTOUCH 16 | | junel fe 1/20 | 24 |
| hydromorphone hcl rectal | 8 | INSULIN LISPRO. | 16 | junel fe 24. | 24 |
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| | | INSULIN SYRINGES | 28 | kelnor 1/50. | 24 |
| | | INTELENCE | 14 | ketoconazole external cream | 11 |
| | | | | ketoconazole external shampoo | 11 |
| | | | | ketoconazole oral | 11 |
| | | | | KETO-DIASTIX. | 15 |



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| ketoprofen oral..... | 7 | larin fe 1.5/30 | 24 | lidocaine external patch 5 % | 8 |
| ketorolac tromethamine ophthalmic | 29 | larin fe 1/20 | 24 | lidocaine hcl external solution | 8 |
| ketorolac tromethamine oral | 7 | latanoprost ophthalmic..... | 29 | lidocaine hcl mouth/throat..... | 8 |
| KETOSTIX | 15 | LATUDA | 13 | lidocaine hcl urethral/mucosal..... | 8 |
| KLARITY-A | 28 | LEDIPASVIR-SOFOSBUVIR | 13 | lidocaine-prilocaine external cream . | 8 |
| klor-con 10 | 19 | leena | 24 | lidocaine viscous hcl..... | 8 |
| klor-con/ef | 19 | leflunomide oral..... | 26 | lindane | 13 |
| klor-con m10 | 19 | lenalidomide..... | 12 | linezolid oral suspension reconstituted | 8 |
| klor-con m15..... | 19 | LENVIMA ORAL CAPSULE | | linezolid oral tablet | 8 |
| klor-con m20 | 19 | THERAPY PACK 10 & 4 MG, 10 | | LINZESS | 21 |
| klor-con oral packet..... | 19 | MG, 4 MG..... | 12 | liothyronine sodium oral | 25 |
| klor-con oral tablet extended release | 19 | LENVIMA ORAL CAPSULE | | lisinopril-hydrochlorothiazide | 17 |
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| labetalol hcl oral | 17 | LEUKINE..... | 16 | lopinavir-ritonavir | 14 |
| lacosamide oral solution..... | 10 | leuprolide acetate injection | 25 | lorazepam intensol | 14 |
| LACRISERT | 28 | levabuterol hcl inhalation..... | 30 | lorazepam oral concentrate 2 mg/ml | 14 |
| lactulose encephalopathy..... | 21 | LEVEMIR U-100 FLEXTOUCH | 16 | lorazepam oral tablet | 14 |
| lactulose oral packet..... | 21 | LEVEMIR U-100 VIAL | 16 | LORBRENA | 12 |
| lactulose oral solution..... | 21 | levetiracetam er..... | 9 | LORTAB | 8 |
| LAGEVRIO | 13 | levetiracetam oral | 9 | loryna | 24 |
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| 14X100 MG..... | 10 | levocarnitine oral tablet..... | 20 | LOTEMAX OPHTHALMIC | |
| lamivudine oral solution | 14 | levocarnitine sf..... | 20 | OINTMENT..... | 29 |
| lamivudine oral tablet 100 mg | 13 | levocetirizine dihydrochloride oral | | LOTEMAX SM | 29 |
| lamivudine oral tablet 150 mg, 300 | | solution..... | 29 | loteprednol etabonate ophthalmic | |
| mg..... | 14 | levocetirizine dihydrochloride oral | | suspension..... | 29 |
| lamivudine-zidovudine | 14 | tablet..... | 29 | lovastatin oral..... | 18 |
| lamotrigine oral kit..... | 10 | levofloxacin ophthalmic solution 0.5 | | low-ogestrel | 24 |
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| lamotrigine oral tablet chewable ... | 10 | levofloxacin oral solution | 9 | lo-zumandimine | 24 |
| lamotrigine oral tablet dispersible .. | 10 | levofloxacin oral tablet | 9 | LUBIPROSTONE | 21 |
| lamotrigine starter kit-blue | 10 | levonest | 24 | LULICONAZOLE | 11 |
| lamotrigine starter kit-green..... | 10 | levonorgest-eth estrad 91-day | 24 | LUMIGAN | 29 |
| lamotrigine starter kit-orange..... | 10 | levonorgestrel | 25 | lutera..... | 24 |
| LANCETS | 15 | levonorgestrel-ethinyl estrad | 24 | lyleq | 25 |
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| lansoprazole oral capsule delayed | | levora 0.15/30 (28)..... | 24 | LYSODREN | 25 |
| release | 21 | levorphanol tartrate oral tablet 2 mg . | 7 | lyza | 25 |
| lanthanum carbonate | 20 | levo-t..... | 25 | mafenide acetate external | 8 |
| larin 1.5/30..... | 24 | levothyroxine sodium oral tablet ... | 25 | | |
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| magnesium citrate oral solution . . . | 21 | methazolamide oral | 17 | mili | 24 |
| malathion | 13 | methenamine hippurate | 8 | MILLIPRED | 22 |
| maraviroc | 14 | methenamine mandelate oral | 8 | mimvey | 24 |
| marlissa | 24 | methergine | 28 | minocycline hcl oral capsule | 9 |
| MARPLAN | 10 | methimazole oral | 25 | minoxidil oral | 18 |
| matzim la | 17 | METHITEST | 23 | mirtazapine oral tablet | 10 |
| MAXIDEX | 29 | methocarbamol oral tablet 500 mg, 750 mg | 31 | mirtazapine oral tablet dispersible . | 10 |
| maxi-tuss ac | 30 | methotrexate oral | 26 | misoprostol oral | 21 |
| meclizine hcl oral tablet 25 mg | 11 | methotrexate sodium | 26 | MITIGARE | 11 |
| meclofenamate sodium oral | 7 | methotrexate sodium (pf) | 26 | MITOSOL | 28 |
| medroxyprogesterone acetate intramuscular suspension | 25 | methoxsalen rapid | 19 | mm clearlax | 21 |
| medroxyprogesterone acetate intramuscular suspension prefilled syringe | 25 | methscopolamine bromide oral | 21 | M-M-R II | 26 |
| medroxyprogesterone acetate oral . | 25 | methylergonovine maleate oral | 28 | M-NATAL PLUS | 20 |
| mefenamic acid oral | 7 | methylphenidate hcl er (cd) | 18 | modafinil | 31 |
| mefloquine hcl | 13 | methylphenidate hcl er (la) | 18 | MODERNA COVID-19 VACC 6M-5Y | 26 |
| megestrol acetate oral suspension 40 mg/ml | 25 | methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg | 18 | MODERNA COVID-19 VACCINE . . . | 26 |
| megestrol acetate oral suspension 625 mg/5ml | 25 | methylphenidate hcl oral solution . . | 18 | moexipril hcl | 16 |
| megestrol acetate oral tablet | 25 | methylphenidate hcl oral tablet | 18 | molindone hcl | 13 |
| meloxicam oral tablet | 7 | methylphenidate hcl oral tablet chewable | 18 | mometasone furoate external | 22 |
| melphalan | 12 | methylprednisolone oral | 22 | mometasone furoate nasal | 30 |
| memantine hcl oral solution 2 mg/ml | 10 | methyltestosterone oral | 23 | mondoxyne nl | 9 |
| memantine hcl oral tablet | 10 | metoclopramide hcl oral solution . . | 11 | mono-lynyah | 24 |
| MENACTRA | 26 | metoclopramide hcl oral tablet | 11 | montelukast sodium oral packet . . . | 30 |
| MENQUADFI | 26 | metolazone | 17 | montelukast sodium oral tablet | 30 |
| MENTAX | 11 | metoprolol-hydrochlorothiazide | 17 | montelukast sodium oral tablet chewable | 30 |
| MENVEO | 26 | metoprolol succinate er | 17 | morphine sulfate (concentrate) | 8 |
| meprobamate | 14 | metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg | 17 | morphine sulfate er oral tablet extended release | 7 |
| mercaptapurine oral | 12 | metronidazole external cream | 19 | morphine sulfate oral solution | 8 |
| mesalamine er oral capsule 0.375 gm | 27 | metronidazole external gel 0.75 % . . | 19 | morphine sulfate oral tablet | 8 |
| mesalamine rectal suppository | 27 | metronidazole external lotion | 19 | morphine sulfate rectal | 8 |
| metaxalone | 31 | metronidazole oral tablet | 8 | moxifloxacin hcl (2x day) | 29 |
| metformin hcl er | 15 | metronidazole vaginal | 8 | moxifloxacin hcl ophthalmic solution | 29 |
| metformin hcl oral solution | 15 | mexiletine hcl oral | 16 | moxifloxacin hcl oral | 9 |
| metformin hcl oral tablet 1000 mg, 500 mg, 850 mg | 15 | MIACALCIN | 27 | MOZOBIL | 16 |
| methadone hcl intensol | 7 | miconazole 3 | 11 | MULTAQ | 16 |
| methadone hcl oral concentrate | 7 | microgestin 1.5/30 | 24 | mupirocin calcium | 8 |
| methadone hcl oral solution | 7 | microgestin 1/20 | 24 | mupirocin external | 8 |
| methadone hcl oral tablet | 7 | microgestin 24 fe | 24 | MYALEPT | 21 |
| methadone hcl oral tablet soluble . . . | 7 | microgestin fe 1.5/30 | 24 | my choice | 25 |
| methadose oral concentrate 10 mg/ml | 7 | microgestin fe 1/20 | 24 | mycophenolate mofetil oral capsule | 26 |
| methadose oral tablet soluble | 7 | MICROLET NEXT LANCING DEVICE | 15 | mycophenolate mofetil oral suspension reconstituted | 26 |
| methadose sugar-free | 7 | midodrine hcl | 16 | mycophenolate mofetil oral tablet . . | 26 |
| methamphetamine hcl | 18 | MIGERGOT | 11 | mycophenolate sodium | 26 |
| | | miglitol | 15 | MYLERAN | 12 |
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| nabumetone oral | 7 | niacin er (antihyperlipidemic) | 18 | NORPACE CR | 16 |
| nadolol oral | 17 | niacor | 18 | nortrel 0.5/35 (28) | 24 |
| nafrinse | 20 | nicardipine hcl oral | 17 | nortrel 1/35 (21) | 24 |
| nafrinse drops | 20 | NICORETTE MOUTH/THROAT GUM 2 MG | 8 | nortrel 1/35 (28) | 24 |
| naftifine hcl external cream 1 % | 11 | NICORETTE MOUTH/THROAT LOZENGE 4 MG | 8 | nortrel 7/7/7 | 24 |
| naloxone hcl injection | 8 | nicotine polacrilex mini | 8 | nortriptyline hcl oral capsule | 10 |
| naloxone hcl nasal | 8 | nicotine polacrilex mouth/throat | 8 | nortriptyline hcl oral solution | 10 |
| naltrexone hcl oral | 8 | nicotine step 1 | 8 | NORVIR ORAL PACKET | 14 |
| naproxen-esomeprazole mg | 7 | nicotine step 2 | 8 | NORVIR ORAL SOLUTION | 14 |
| naproxen oral suspension | 7 | nicotine step 3 | 8 | NOVAVAX COVID-19 VACCINE | 26 |
| naproxen oral tablet | 7 | nicotine transdermal kit | 8 | NOVOFINE AUTOCOVER PEN NEEDLE | 28 |
| naproxen oral tablet delayed release | 7 | NICOTROL | 8 | NOVOFINE PEN NEEDLE | 28 |
| naproxen sodium oral tablet 275 mg, 550 mg | 7 | NICOTROL NS | 8 | NOVOFINE PLUS PEN NEEDLE | 28 |
| naratriptan hcl | 11 | nifedipine er | 17 | NOVOPEN ECHO | 15 |
| NARCAN | 8 | nifedipine er osmotic release | 17 | np thyroid | 25 |
| na sulfate-k sulfate-mg sulf | 21 | nifedipine oral | 17 | NUCORT | 23 |
| NATACYN | 28 | nikki | 24 | NUCYNTA ER | 7 |
| NATAZIA | 24 | nilutamide | 12 | NUTROPIN AQ NUSPIN 5 | 23 |
| nateglinide | 15 | nimodipine oral | 17 | NUTROPIN AQ NUSPIN 10 | 23 |
| NEBUSAL | 30 | nisoldipine er | 17 | NUTROPIN AQ NUSPIN 20 | 23 |
| necon 0.5/35 (28) | 24 | nitazoxanide oral | 13 | NUZYRA ORAL | 9 |
| nefazodone hcl | 10 | NITRO-BID | 18 | nyamyc | 11 |
| neomycin-bacitracin zn-polymyx | 28 | NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR | 18 | nylia 1/35 | 24 |
| neomycin-polymyxin-dexameth ophthalmic ointment | 28 | nitrofurantoin | 8 | nylia 7/7/7 | 24 |
| neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.128 | 28 | nitrofurantoin macrocrystal | 8 | NYMALIZE | 17 |
| neomycin-polymyxin-gramicidin | 28 | nitrofurantoin monohydrate macrocrystals | 8 | nymyo | 24 |
| neomycin-polymyxin-hc ophthalmic | 28 | nitroglycerin sublingual | 18 | nystatin external cream | 11 |
| neomycin-polymyxin-hc otic | 29 | nitroglycerin transdermal | 18 | nystatin external ointment | 11 |
| neomycin sulfate oral | 8 | NITROMIST | 18 | nystatin external powder | 11 |
| NEONATAL COMPLETE | 20 | NITRO-TIME | 18 | nystatin mouth/throat | 11 |
| NEONATAL PLUS | 20 | NOCDURNA | 23 | nystatin oral | 11 |
| neo-polycin | 28 | nora-be | 25 | nystop | 11 |
| neo-polycin hc | 28 | norethin ace-eth estrad-fe oral tablet | 24 | ocella | 24 |
| NEO-SYNALAR | 8 | norethindrone acetate oral | 25 | octreotide acetate | 25 |
| NESTABS | 20 | norethindrone acet-ethinyl est | 24 | ODEFSEY | 14 |
| NEULASTA | 16 | norethindrone-eth estradiol | 24 | ofloxacin ophthalmic | 29 |
| NEULASTA ONPRO | 16 | norethindrone oral | 25 | ofloxacin oral | 9 |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 2 MG/24HR | 13 | norethindron-ethinyl estrad-fe | 24 | ofloxacin otic | 29 |
| NEVANAC | 29 | norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg | 24 | olanzapine-fluoxetine hcl | 10 |
| nevirapine oral suspension | 14 | norgestimate-eth estradiol | 24 | olanzapine oral tablet | 13 |
| nevirapine oral tablet | 14 | norgestimate-ethinyl estradiol triphasic | 24 | olanzapine oral tablet dispersible | 13 |
| new day | 25 | | | olmesartan medoxomil oral | 16 |
| NEXAVAR | 12 | | | olopatadine hcl nasal | 29 |
| NEXPLANON | 25 | | | olopatadine hcl ophthalmic solution 0.1 % | 28 |
| | | | | OLUMIANT | 26 |



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| omeprazole oral capsule delayed release 10 mg | 21 | OSMOPREP | 21 | pentoxifylline er | 17 |
| omeprazole oral capsule delayed release 20 mg, 40 mg | 21 | OSPHENA | 25 | perindopril erbumine. | 16 |
| ondansetron hcl oral solution. | 11 | OTEZLA | 26 | periogard | 18 |
| ondansetron hcl oral tablet | 11 | OTOVEL | 29 | permethrin external. | 13 |
| ondansetron odt | 11 | oxandrolone oral | 23 | perphenazine-amitriptyline. | 10 |
| ONETOUCH CLUB LANCETS FINE PT | 15 | oxaprozin | 7 | perphenazine oral | 11 |
| ONETOUCH DELICA LANCETS 30G15 | | oxazepam. | 14 | PERTZYE | 21 |
| ONETOUCH DELICA LANCETS 33G15 | | oxcarbazepine oral suspension. | 10 | PFIZER-BIONT COVID-19 VAC-TRIS | 26 |
| ONETOUCH DELICA LANCING DEV15 | | oxcarbazepine oral tablet | 10 | PFIZER-BIONTECH COVID-19 VACC26 | |
| ONETOUCH DELICA PLUS LANCET30G | 15 | oxiconazole nitrate | 11 | PFIZER COVID-19 VAC BIVALENT. | 26 |
| ONETOUCH DELICA PLUS LANCET33G | 15 | oxybutynin chloride er | 22 | PFIZER COVID-19 VAC-TRIS 5-11Y | 26 |
| ONETOUCH DELICA PLUS LANCING | 15 | oxybutynin chloride oral | 22 | PFIZER COVID-19 VAC-TRIS 6M-4Y | 26 |
| ONETOUCH FINEPOINT LANCETS | 15 | oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 8 | phenazo oral tablet 200 mg | 22 |
| ONETOUCH ULTRA 2 KIT W/DEVICE15 | | oxycodone hcl oral capsule | 8 | phenazopyridine hcl oral tablet 100 mg, 200 mg | 22 |
| ONETOUCH ULTRA MINI KIT W/DEVICE. | 15 | oxycodone hcl oral concentrate 100 mg/5ml | 8 | phenelzine sulfate oral | 10 |
| ONETOUCH ULTRASOFT LANCETS15 | | oxycodone hcl oral solution | 8 | phenobarbital oral | 9 |
| ONETOUCH ULTRA TEST STRIPS. | 15 | oxycodone hcl oral tablet | 8 | phenoxybenzamine hcl oral | 16 |
| ONETOUCH VERIO FLEX SYSTEM | 15 | oxycodone hcl oral tablet | 8 | phenylephrine hcl ophthalmic | 28 |
| ONETOUCH VERIO IN VITRO SOLUTION HIGH. | 15 | oxymorphone hcl. | 8 | phenytoin infatabs. | 10 |
| ONETOUCH VERIO IQ SYSTEM | 15 | oxymorphone hcl er | 7 | phenytoin oral suspension 125 mg/5ml | 10 |
| ONETOUCH VERIO KIT W/DEVICE | 15 | PACERONE ORAL TABLET 200 MG | 16 | phenytoin oral tablet chewable | 10 |
| ONETOUCH VERIO REFLECT KIT W/DEVICE | 15 | paliperidone er. | 13 | phenytoin sodium extended. | 10 |
| ONETOUCH VERIO TEST STRIPS | 15 | PANDEL | 23 | PHEXXI. | 28 |
| ONE VITE WOMENS PLUS | 20 | pantoprazole sodium oral tablet delayed release | 21 | philith | 24 |
| ONGLYZA. | 15 | PARAGARD INTRAUTERINE COPPER. | 28 | PHOSLYRA | 20 |
| ON/GO COVID-19 ANTIGEN TEST | 28 | paricalcitol oral | 27 | PHOSPHA 250 NEUTRAL | 20 |
| ON/GO ONE COVID-19 HOME TEST | 28 | paromomycin sulfate oral | 8 | PHOSPHOLINE IODIDE | 29 |
| opcicon one-step. | 25 | paroxetine hcl er | 10 | phosphorous | 20 |
| opium | 21 | paroxetine hcl oral suspension | 10 | phospho-trin 250 neutral | 20 |
| option 2. | 25 | paroxetine hcl oral tablet | 10 | PHOSPHO-TRIN K500 | 20 |
| OPTIONS GYNOL II CONTRACEPTIVE. | 22 | PASER | 12 | phytonadione oral | 20 |
| ORACIT | 20 | PAXIL ORAL SUSPENSION | 10 | pilocarpine hcl ophthalmic. | 29 |
| oralone | 18 | PAXLOVID (150/100) | 13 | pilocarpine hcl oral | 18 |
| ORENITRAM | 30 | PAXLOVID (300/100). | 13 | PILOT COVID-19 AT-HOME TEST | 28 |
| ORLISSA | 25 | PEDVAX HIB. | 26 | pimecrolimus. | 19 |
| ORKAMBI. | 30 | peg-3350/electrolytes. | 21 | pimozide. | 13 |
| orphenadrine-aspirin-caffeine | 31 | peg-3350/electrolytes/ascorbat | 21 | pimtrea | 24 |
| orphenadrine citrate er | 31 | peg 3350-kcl-na bicarb-nacl | 21 | pindolol. | 17 |
| OSCIMIN SUBLINGUAL | 21 | PEGASYS. | 13 | pioglitazone hcl | 15 |
| oseltamivir phosphate oral. | 14 | peg-kcl-nacl-nasulf-na asc-c | 21 | pioglitazone hcl-glimepiride. | 15 |
| | | peg-prep. | 21 | pioglitazone hcl-metformin hcl. | 15 |
| | | penicillamine oral | 22 | PIQRAY. | 12 |
| | | penicillin v potassium | 9 | pirfenidone. | 30 |
| | | pentamidine isethionate inhalation | 13 | pirmella 1/35 | 24 |
| | | pentazocine-naloxone hcl. | 8 | pirmella 7/7/7. | 24 |
| | | | | piroxicam oral | 7 |



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| PLAN B ONE-STEP | 25 | prednisone oral tablet | 23 | promethazine vc/codeine | 30 |
| PLEGRIDY | 18 | prednisone oral tablet therapy pack | 23 | promethegan | 29 |
| PLEGRIDY STARTER PACK | 18 | PREFEST | 24 | propafenone hcl | 16 |
| PLENVU | 21 | pregabalin oral capsule | 18 | propafenone hcl er | 16 |
| PNEUMOVAX 23 | 26 | PREHEVBRIO | 27 | proparacaine hcl ophthalmic | 28 |
| podocon-25 | 19 | PREMARIN VAGINAL | 24 | propranolol hcl er | 17 |
| podofilox external | 19 | PREMESISRX | 20 | propranolol hcl oral solution | 17 |
| polycin | 28 | PREMIUM CONDOMS LUBRICATED | 28 | propranolol hcl oral tablet | 17 |
| polyethylene glycol 3350 oral powder | 21 | premium lidocaine. | 8 | propylthiouracil oral | 25 |
| polymyxin b-trimethoprim. | 28 | PREMPHASE | 24 | protriptyline hcl | 10 |
| portia-28 | 24 | PRENAISSANCE | 20 | pseudoephedrine-bromphen-dm . . | 30 |
| posaconazole | 11 | prenatal oral tablet 27-1 mg | 20 | PULMICORT FLEXHALER | 30 |
| potassium chloride crys er | 20 | prenatal plus vitamin/mineral. | 20 | PULMOZYME | 30 |
| potassium chloride er | 20 | prenatal vitamin plus low iron. | 20 | pyrazinamide oral | 12 |
| potassium chloride oral packet | 20 | PRENATE | 20 | PYRIDIDIUM | 22 |
| potassium chloride oral solution 20 | 20 | PRENATE DHA | 20 | pyridostigmine bromide er | 11 |
| meq/15ml (10%), 40 meq/15ml (20%) | 20 | PRENATE ELITE | 20 | pyridostigmine bromide oral solution | 11 |
| potassium citrate-citric acid. | 20 | PRENATE ENHANCE | 20 | pyridostigmine bromide oral tablet | |
| potassium citrate er. | 20 | PRENATE ESSENTIAL | 20 | 60 mg | 11 |
| potassium iodide oral | 30 | PRENATE MINI | 20 | pyrimethamine oral | 13 |
| pot & sod cit-cit ac. | 20 | PRENATE PIXIE | 20 | PYROGALLIC ACID. | 19 |
| POVIDONE-IODINE OPHTHALMIC. | 28 | PRENATE RESTORE. | 20 | qc magnesium citrate | 21 |
| PRADAXA | 16 | PREPIDIL | 23 | quazepam | 14 |
| pramipexole dihydrochloride | 13 | prevalite | 18 | quetiapine fumarate | 13 |
| PRAMOSONE EXTERNAL CREAM | | PREVNAR 13 | 27 | quetiapine fumarate er | 13 |
| 1-2.5 % | 19 | PREVNAR 20 | 27 | QUICKVUE AT-HOME COVID-19 | |
| PRAMOSONE EXTERNAL LOTION | 19 | PREZISTA. | 14 | TEST | 28 |
| PRAMOSONE EXTERNAL | | PRIFTIN | 12 | quinapril hcl | 16 |
| OINTMENT 1-1 % | 19 | PRIMACARE | 20 | quinapril-hydrochlorothiazide | 17 |
| pramox | 19 | primaquine phosphate | 13 | quinidine gluconate er | 16 |
| prasugrel hcl | 16 | primidone oral | 9 | quinidine sulfate | 16 |
| pravastatin sodium | 18 | PROAIR RESPICLICK | 30 | quinine sulfate oral | 13 |
| praziquantel oral | 13 | probenecid. | 11 | QVAR REDHALER | 30 |
| prazosin hcl oral | 16 | prochlorperazine. | 11 | rabeprazole sodium oral tablet | |
| PRED-G | 28 | prochlorperazine maleate oral. | 11 | delayed release | 21 |
| PRED-G S.O.P. | 28 | PROCTOFOAM HC | 27 | RADIOGARDASE | 28 |
| PRED MILD | 29 | procto-med hc | 27 | raloxifene hcl | 25 |
| prednicarbate | 23 | proctosol hc | 27 | ramelteon | 31 |
| prednisolone acetate ophthalmic | 29 | proctozone-hc | 27 | ramipril | 16 |
| prednisolone acetate p-f. | 29 | progesterone intramuscular. | 25 | ranolazine er | 17 |
| prednisolone oral syrup 15 mg/5ml | 23 | progesterone oral | 25 | rasagiline mesylate oral | 13 |
| prednisolone sodium phosphate | | promethazine-codeine | 30 | RAYA SURE PEN NEEDLE | 28 |
| ophthalmic | 29 | promethazine-dm | 30 | react | 25 |
| prednisolone sodium phosphate | | promethazine hcl oral | 29 | reclipsen. | 24 |
| oral solution | 23 | promethazine hcl rectal | 29 | RECOMBIVAX HB | 27 |
| prednisolone sodium phosphate | | promethazine-phenyleph-codeine. | 30 | RECOTHROM | 16 |
| oral tablet dispersible | 23 | promethazine-phenylephrine | 29 | RECOTHROM SPRAY KIT | 16 |
| prednisone intensol. | 23 | promethazine vc | 29 | RECTIV. | 18 |
| prednisone oral solution | 23 | | | RELENZA DISKHALER. | 14 |



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| RELISTOR SUBCUTANEOUS | 21 | sevelamer carbonate. | 20 | SPIKEVAX COVID-19 VACCINE | 27 |
| RELNATE DHA. | 20 | sevelamer hcl. | 20 | spinosad. | 13 |
| repaglinide | 15 | sharobel | 25 | SPIRIVA HANDIHALER. | 30 |
| REPATHA | 18 | SHARPS CONTAINER | 28 | SPIRIVA RESPIMAT | 30 |
| REPATHA PUSHTRONEX SYSTEM | 18 | SHINGRIX. | 27 | spironolactone-hctz | 17 |
| REPATHA SURECLICK. | 18 | SIGNIFOR. | 25 | spironolactone oral | 17 |
| RETACRIT | 16 | sildenafil citrate oral suspension | | sprintec 28 | 24 |
| REVLIMID. | 12 | reconstituted | 30 | sps | 20 |
| REYATAZ ORAL PACKET. | 14 | sildenafil citrate oral tablet 20 mg . . | 30 | sronyx. | 24 |
| RHOFADE. | 19 | silodosin | 22 | ssd | 9 |
| ribavirin oral | 13 | silver nitrate external | 9 | SSKI | 30 |
| rifabutin | 11 | silver sulfadiazine external | 9 | sss 10-5 | 19 |
| rifampin oral. | 12 | SIMBRINZA | 29 | stavudine | 14 |
| rimantadine hcl | 14 | simliya | 24 | STELARA SUBCUTANEOUS | 19 |
| RINVOQ | 26 | simpesse | 24 | STIVARGA | 12 |
| risedronate sodium oral tablet | 27 | SIMPONI. | 26 | ST JOSEPH LOW DOSE ORAL | |
| risperidone oral solution. | 13 | simvastatin oral tablet 10 mg, 20 | | TABLET CHEWABLE | 7 |
| risperidone oral tablet. | 13 | mg, 40 mg, 5 mg | 18 | STRIBILD | 14 |
| risperidone oral tablet dispersible. . . | 13 | simvastatin oral tablet 80 mg | 18 | STRIVERDI RESPIMAT | 30 |
| ritonavir. | 14 | sirolimus oral solution. | 26 | subvenite | 10 |
| rivastigmine | 10 | sirolimus oral tablet. | 26 | subvenite starter kit-blue | 10 |
| rivastigmine tartrate | 10 | SKYRIZI (150 MG DOSE) | 26 | subvenite starter kit-green | 10 |
| rizatriptan benzoate. | 11 | SKYRIZI PEN | 26 | subvenite starter kit-orange | 10 |
| ropinirole hcl | 13 | SKYRIZI SUBCUTANEOUS | | sucralfate oral suspension | 21 |
| rosadan external cream | 19 | SOLUTION CARTRIDGE | 19 | sucralfate oral tablet | 21 |
| rosadan external gel | 19 | SKYRIZI SUBCUTANEOUS | | SULCONAZOLE NITRATE | 11 |
| rosuvastatin calcium. | 18 | SOLUTION PREFILLED SYRINGE. | 26 | sulfacetamide-prednisolone. | 28 |
| roweepra | 9 | SLYND | 25 | sulfacetamide sodium (acne) | 19 |
| ROZLYTREK. | 12 | sm lansoprazole | 21 | sulfacetamide sodium (cleans). | 19 |
| RUCONEST | 25 | sod citrate-citric acid. | 20 | sulfacetamide sodium external | 19 |
| rufinamide oral suspension | 10 | sodium chloride inhalation | 30 | sulfacetamide sodium ophthalmic | |
| rufinamide oral tablet | 10 | sodium fluoride oral solution 1.1 | | ointment | 29 |
| SAFETY PEN NEEDLES 30G X 8 MM28 | | (0.5 f) mg/ml. | 20 | sulfacetamide sodium ophthalmic | |
| salicylic acid external solution | 19 | sodium fluoride oral tablet | 20 | solution. | 29 |
| salsalate oral | 7 | sodium fluoride oral tablet chewable20 | | sulfacetamide sodium-sulfur | |
| SANDIMMUNE ORAL SOLUTION. | 26 | sodium phenylbutyrate oral powder | 21 | external cream 10-2 %, 10-5 %. | 19 |
| SAVELLA | 18 | sodium polystyrene sulfonate | 20 | sulfacetamide sodium-sulfur | |
| SAVELLA TITRATION PACK | 18 | SODIUM SULFACETAMIDE- | | external liquid 10-5 %, 9-4 % | 19 |
| SCALACORT DK. | 19 | BAKUCHIOL | 19 | sulfacetamide sodium-sulfur | |
| scopolamine | 11 | sodium sulfacetamide wash. | 19 | external lotion 10-5 % | 19 |
| selegiline hcl oral. | 13 | SOFOSBUVIR-VELPATASVIR. | 14 | sulfacetamide sodium-sulfur | |
| selenium sulfide external lotion | 19 | solifenacin succinate. | 22 | external pad 10-4 % | 19 |
| selenium sulfide external shampoo | | SOLIQUA | 15 | sulfacetamide sodium-sulfur | |
| 2.25 % | 19 | SOMAVERT | 25 | external suspension 10-5 % | 19 |
| SELZENTRY. | 14 | sorafenib tosylate | 12 | sulfacetamide sod-sulfur wash | |
| sertraline hcl oral concentrate | 10 | sotalol hcl (af). | 16 | external liquid 9-4 % | 19 |
| sertraline hcl oral tablet | 10 | sotalol hcl oral | 16 | sulfacetamide-sulfur in urea. | 19 |
| setlakin | 24 | SOTYLIZE. | 16 | sulfadiazine oral. | 9 |
| | | SOVALDI ORAL PACKET | 14 | sulfamethoxazole-trimethoprim oral | |
| | | | | suspension. | 9 |



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| sulfamethoxazole-trimethoprim oral tablet | 9 | TAZORAC EXTERNAL GEL | 19 | TIROSINT-SOL | 25 |
| sulfamez wash | 19 | taztia xt | 17 | TISSEEL EXTERNAL KIT | 28 |
| SULFAMYLON EXTERNAL CREAM . | 9 | telmisartan | 16 | tizanidine hcl oral capsule | 31 |
| sulfasalazine oral tablet | 27 | telmisartan-hctz | 17 | tizanidine hcl oral tablet | 31 |
| sulfasalazine oral tablet delayed release | 27 | temazepam | 31 | TOBRADEX OPHTHALMIC OINTMENT | 28 |
| sulfatrim pediatric | 9 | temozolomide | 12 | tobramycin-dexamethasone | 28 |
| sulindac oral | 7 | TENCON | 8 | tobramycin nebulization solution 300 mg/5ml inhalation | 30 |
| sumatriptan-naproxen sodium | 11 | TENIVAC | 27 | tobramycin ophthalmic | 28 |
| sumatriptan nasal | 11 | tenofovir disoproxil fumarate | 14 | TOBEX | 28 |
| sumatriptan succinate oral | 11 | terazosin hcl | 22 | tolcapone | 13 |
| sumatriptan succinate refill | | terbutaline hcl oral | 30 | tolterodine tartrate | 22 |
| subcutaneous solution cartridge . . . | 11 | terconazole vaginal cream | 11 | topiramate oral capsule sprinkle . . . | 10 |
| sumatriptan succinate subcutaneous | 11 | terconazole vaginal suppository . . . | 11 | topiramate oral tablet | 10 |
| sunitinib malate | 12 | testosterone cypionate intramuscular | 23 | toremifene citrate | 12 |
| SUPREP BOWEL PREP KIT | 21 | testosterone enanthate intramuscular | 23 | torseamide | 17 |
| SURESTEP PRO HIGH GLUCOSE . | 15 | testosterone transdermal gel 1.62 % , 20.25 mg/1.25gm (1.62%) , 20.25 mg/act (1.62%) , 40.5 mg/2.5gm (1.62%) | 23 | TOVIAZ | 22 |
| SURESTEP PRO LOW GLUCOSE . . | 15 | testosterone transdermal gel 50 mg/5gm (1%) | 23 | TRACLEER 32 MG | 30 |
| SURESTEP PRO NORMAL GLUCOSE | 15 | tetrabenazine | 18 | TRADJENTA | 15 |
| SUTENT | 12 | tetracaine hcl ophthalmic | 28 | tramadol-acetaminophen | 8 |
| syeda | 24 | tetracycline hcl oral | 9 | tramadol hcl er oral tablet extended release 24 hour | 7 |
| SYMBICORT | 30 | TEXACORT | 23 | tramadol hcl oral tablet 50 mg | 8 |
| SYMJEPI | 30 | THALOMID | 12 | trandolapril | 16 |
| SYMPROIC | 21 | THEO-24 | 30 | tranexamic acid oral | 16 |
| SYNAREL | 25 | theophylline | 30 | tranylcypromine sulfate | 10 |
| SYNJARDY | 15 | theophylline er | 30 | travoprost (bak free) | 29 |
| SYNJARDY XR | 15 | thioridazine hcl oral | 13 | trazodone hcl oral | 10 |
| SYNRIBO | 12 | thiothixene | 13 | TRECTOR | 12 |
| SYNTHROID | 25 | THROMBIN-JMI EPISTAXIS | 16 | TRESIBA | 16 |
| TABLOID | 12 | THROMBIN-JMI EXTERNAL KIT . . . | 16 | TRESIBA FLEXTOUCH | 16 |
| tacrolimus external | 19 | THROMBOGEN | 16 | tretinoin external cream | 19 |
| tacrolimus oral | 26 | THYQUIDITY | 25 | tretinoin oral | 12 |
| tadalafil oral tablet 2.5 mg, 5 mg . . | 22 | tiadylt er | 17 | triamcinolone acetonide external cream | 23 |
| tadalafil (pah) | 30 | tiagabine hcl | 9 | triamcinolone acetonide external lotion | 23 |
| take action | 25 | tilia fe | 24 | triamcinolone acetonide external ointment 0.025 % , 0.1 % , 0.5 % | 23 |
| TALZENNA | 12 | timolol maleate ocudose | 29 | triamcinolone acetonide mouth/throat | 18 |
| tamoxifen citrate oral tablet 10 mg . | 12 | timolol maleate (once-daily) | 29 | triamterene-hctz | 17 |
| tamoxifen citrate oral tablet 20 mg . | 12 | timolol maleate ophthalmic gel forming solution | 29 | triamterene oral | 17 |
| tamsulosin hcl | 22 | timolol maleate ophthalmic solution | 29 | triazolam | 31 |
| TARGRETIN EXTERNAL | 12 | timolol maleate oral | 17 | tricitrates | 20 |
| tarina 24 fe | 24 | timolol maleate pf | 29 | triderm | 23 |
| tarina fe 1/20 | 24 | TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 % . . | 29 | trientine hcl | 20 |
| tarina fe 1/20 eq | 24 | tinidazole oral | 9 | tri-estarylla | 24 |
| tazarotene external cream | 19 | | | | |
| tazarotene external gel | 19 | | | | |
| TAZORAC EXTERNAL CREAM 0.05 % | 19 | | | | |



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| tri femynor | 24 | UREMEZ-40 | 19 | VIIBRYD STARTER PACK | 10 |
| trifluoperazine hcl | 13 | URIMAR-T | 22 | vilazodone hcl | 10 |
| trifluridine | 28 | urin ds | 22 | VIMPAT ORAL SOLUTION | 10 |
| trihexyphenidyl hcl | 13 | URO-MP | 22 | VINATE ONE | 20 |
| tri-legest fe | 24 | ursodiol oral capsule 300 mg | 21 | viorele | 25 |
| tri-linyah | 24 | ursodiol oral tablet | 21 | VIRACEPT | 14 |
| tri-lo-estarylla | 24 | USTELL | 22 | VITAFOL FE+ | 20 |
| tri-lo-marzia | 24 | valacyclovir hcl oral | 14 | VITAFOL-NANO | 20 |
| tri-lo-mili | 24 | VALCHLOR | 12 | VITAFOL-OB+DHA | 20 |
| tri-lo-sprintec | 24 | valganciclovir hcl | 13 | VITAFOL STRIPS | 20 |
| trimethobenzamide hcl oral | 11 | valproic acid oral | 9 | vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit | 20 |
| trimethoprim oral | 9 | valsartan-hydrochlorothiazide | 17 | VITATHELY WITH GINGER | 20 |
| tri-mili | 24 | valsartan oral tablet | 16 | VITRAKVI | 12 |
| trimipramine maleate oral | 11 | vancomycin hcl oral capsule | 9 | volnea | 25 |
| TRINATE | 20 | vancomycin hcl oral solution reconstituted | 9 | voriconazole oral suspension reconstituted | 11 |
| tri-nymyo | 24 | vandazole | 9 | voriconazole oral tablet | 11 |
| tri-sprintec | 25 | VAQTA | 27 | VORTEX VALVED HOLDING CHAMBER | 28 |
| TRISTART DHA | 20 | varenicline tartrate | 8 | VTOL LQ | 8 |
| TRISTART ONE | 20 | VARIVAX | 27 | vyfemla | 25 |
| TRIUMEQ | 14 | VARUBI (180 MG DOSE) | 11 | vylibra | 25 |
| trivora (28) | 25 | VASCEPA | 18 | VYNDAQEL | 17 |
| tri-vylibra | 25 | VAXNEUVANCE | 27 | warfarin sodium oral | 16 |
| tri-vylibra lo | 25 | VCF VAGINAL CONTRACEPTIVE VAGINAL FILM | 22 | wera | 25 |
| tropium chloride | 22 | VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM | 22 | WESCAP-C DHA | 20 |
| tropium chloride er | 22 | vcf vaginal contraceptive vaginal gel | 22 | WESCAP-PN DHA | 20 |
| TRUE METRIX LEVEL 1 | 15 | VECAMYL | 17 | WESNATE DHA | 20 |
| TRUE METRIX LEVEL 2 | 15 | velivet | 25 | WESTAB PLUS | 20 |
| TRUE METRIX LEVEL 3 | 15 | VELPHORO | 20 | WESTGEL DHA | 20 |
| TRULICITY | 15 | VELTASSA | 20 | WIDE-SEAL DIAPHRAGM 60 | 28 |
| TRUMENBA | 27 | venlafaxine hcl | 10 | WIDE-SEAL DIAPHRAGM 65 | 28 |
| TUXARIN ER | 30 | venlafaxine hcl er oral capsule extended release 24 hour | 10 | WIDE-SEAL DIAPHRAGM 70 | 28 |
| TUZISTRA XR | 31 | VENTAVIS | 30 | WIDE-SEAL DIAPHRAGM 75 | 28 |
| TWINRIX | 27 | VENTOLIN HFA | 30 | WIDE-SEAL DIAPHRAGM 80 | 28 |
| TWIRLA | 25 | verapamil hcl er oral capsule extended release 24 hour | 17 | WIDE-SEAL DIAPHRAGM 85 | 28 |
| tyblume | 25 | verapamil hcl er oral tablet extended release | 17 | WIDE-SEAL DIAPHRAGM 90 | 28 |
| tydemy | 25 | verapamil hcl oral | 17 | WIDE-SEAL DIAPHRAGM 95 | 28 |
| TYVASO | 30 | vestura | 25 | WILZIN | 20 |
| TYVASO DPI MAINTENANCE KIT | 30 | VIBERZI | 21 | wixela inhub | 30 |
| TYVASO DPI TITRATION KIT | 30 | VIBRAMYCIN ORAL SYRUP | 9 | wymzya fe | 25 |
| TYVASO REFILL | 30 | vienva | 25 | XARELTO | 16 |
| TYVASO STARTER | 30 | vigabatrin | 9 | XARELTO STARTER PACK | 16 |
| UCERIS RECTAL | 27 | vigadrone | 9 | XELJANZ | 26 |
| UNISTRIP CONTROL IN VITRO SOLUTION LOW | 15 | VIIBRYD | 10 | XELJANZ XR | 26 |
| unithroid | 25 | | | XELPROS | 29 |
| urea external cream 40 %, 45 % | 19 | | | XEPI | 9 |
| urea external lotion | 19 | | | | |
| urea nail | 19 | | | | |



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|---------------------------------------|----|
| XHANCE | 30 |
| XIFAXAN | 9 |
| XIGDUO XR | 15 |
| XOSPATA | 12 |
| XTAMPZA ER | 7 |
| xulane | 25 |
| XYREM | 31 |
| YOSPRALA | 16 |
| yuvafem | 25 |
| zafemy | 25 |
| zafirlukast | 30 |
| zaleplon | 31 |
| ZARXIO | 16 |
| ZELBORAF | 12 |
| zenatane | 19 |
| ZENPEP | 21 |
| ZETONNA | 30 |
| zidovudine oral capsule | 14 |
| zidovudine oral syrup | 14 |
| zidovudine oral tablet | 14 |
| zileuton er | 30 |
| ZIOPTAN | 29 |
| ziprasidone hcl | 13 |
| ZIRGAN | 28 |
| ZOLINZA | 12 |
| ZOLMITRIPTAN NASAL SOLUTION 2.5 MG | 11 |
| zolmitriptan nasal solution 5 mg | 11 |
| zolmitriptan oral | 11 |
| zolpidem tartrate oral | 31 |
| zonisamide oral | 9 |
| ZONTIVITY | 16 |
| zovia 1/35 (28) | 25 |
| ZUBSOLV | 8 |
| zumandimine | 25 |
| ZYKADIA | 12 |
| ZYLET | 28 |



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 pagsasalin 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 مُعرف 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. |
| አንገሊዝኛ |
| በሌላ ቋንቋ እርዳታ የሚፈልጉ ከሆነ ወይም በሌላ ፎርማት የተዘጋጀ ካስፈለግዎት፣ ለምሳሌ በትልቅ የተጻፈ፣ አባክዎን 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 ይቻላል። |

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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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