

High Deductible Health Plan Preventive Medication List

OPEN Drug List

This benefit may be offered to high deductible health plans (HDHPs) designed for use with a health savings account (HSA). It applies only for specific large groups with an “open” benefit design that have elected this benefit. This list *does not* apply to the Premium Prescription Drug List (PDL) Closed Formulary.

If you are not certain whether your group has this benefit option, please contact BCBSAZ. The list is subject to change at any time, without prior notice. Some medications are available at a retail copay but will still require specialty distribution limited to a maximum of a 30-day supply.

HSA-compatible HDHPs generally require members to satisfy a deductible before the plan begins to pay for any benefits. The only permitted exception to that rule is for preventive care. The plan can pay for covered preventive care benefits before the member has met the high deductible.

The medications noted as HDHP have been identified as those most likely to qualify as preventive, based on U.S. Treasury Department guidance. This list does not include every medication that might possibly be considered preventive or every condition for which a preventive medication may be prescribed.

Neither BCBSAZ nor your plan sponsor can guarantee that the U.S. Treasury Department will agree that all of these medications qualify as preventative, particularly when applied to a member’s specific medical circumstances. You or your provider may be asked to demonstrate that you are taking a specific medication for purposes regarded as preventive under Treasury Department guidance.

If your plan covers BCBSAZ designated prevention medications as a preventive benefit and you have your prescription filled at an in-network pharmacy, your plan will treat these designated medications as preventive. This means you will pay only your applicable copay or coinsurance amount, regardless of whether you have met your deductible. The BCBSAZ prevention medication benefit applies only at in-network pharmacies. If you obtain BCBSAZ designated preventative medications from an out-of-network pharmacy, your standard prescription benefits, with applicable deductible, coinsurance and copays, will apply. Your cost share payments for preventive medications will count towards your deductible.

If you want any of these listed medications to process under your standard pharmacy benefit instead of your preventive care benefit, please [click here](#). If your medications process under your standard prescription benefit, your costs for applicable coverage will apply.

Questions?

Log in to MyBlueSM to find participating retail pharmacies, review your specific benefit information, and compare medication pricing and options. If you have questions, please call us.

Member Services	Phone Number	Standard Hours of Operation
Pharmacy Benefits	1 (866) 325-1794	24/7/365
BCBSAZ	Call the number on your ID card	8:30 a.m. to 4:30 p.m. Monday - Friday

HSA Preventive Drug List

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CURRENT AS OF 9/1/2020

Drug	Notes
Antiasthmatic And Bronchodilator Agents	
*5-Lipoxygenase Inhibitors***	
<i>zileuton er</i>	QL (2 tablets per day); ST (Step Therapy required: BOTH of the following for 3 months each in the last 12 months - montelukast AND zafirlukast); HDHP; AL (Min 12 Years)
ZYFLO	QL (4 tablets per day); ST (Step Therapy required: BOTH of the following for 3 months each in the last 12 months - montelukast AND zafirlukast); HDHP; AL (Min 12 Years)
*Adrenergic Combinations***	
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 500-50 MCG/ACT	QL (1 inhaler per month); HDHP
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT	QL (1 inhaler per day); HDHP
ADVAIR HFA	QL (1 inhaler per month); HDHP; AL (Min 3 Years)
AIRDUO DIGIHALER	QL (1 inhaler per month); ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); HDHP; AL (Min 12 Years)
AIRDUO RESPICLICK 113/14	QL (1 inhaler per month); ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); HDHP; AL (Min 12 Years)
AIRDUO RESPICLICK 232/14	QL (1 inhaler per month); ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); HDHP; AL (Min 12 Years)
AIRDUO RESPICLICK 55/14	QL (1 inhaler per month); ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); HDHP; AL (Min 12 Years)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	HDHP

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Drug	Notes
BEVESPI AEROSPHERE	QL (1x 5.9gm or 1x 10.7gm inhaler per month); ST (Step Therapy required: both of the following in the last 12 months - Anoro Ellipta AND Stiolto Respimat); HDHP; AL (Min 15 Years)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	HDHP
BREYNA	ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmeterol, or brand Symbicort); HDHP
BREZTRI AEROSPHERE	QL (Max one 10.7gm inhaler per month); ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Bevespi, Duaklir Pressair, or Lonhala Magnair); HDHP; AL (Min 18 Years)
<i>budesonide-formoterol fumarate</i>	ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmeterol, or brand Symbicort); HDHP
COMBIVENT RESPIMAT	HDHP
DUAKLIR PRESSAIR	QL (1 inhaler per month); ST (Step Therapy required: BOTH of the following in the last 6 months - Anoro Ellipta AND Symbicort); HDHP; AL (Min 18 Years)
DULERA	QL (1x 8.8gm or 1x 13gm inhaler per month); ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmeterol, or brand Symbicort); HDHP
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	HDHP
<i>fluticasone-salmeterol inhalation aerosol</i>	QL (1 inhaler per month); HDHP; AL (Min 3 Years)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 500-50 mcg/act</i>	QL (1 inhaler per month); HDHP
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	QL (1 inhaler per month); HDHP; AL (Min 12 Years)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 250-50 mcg/act</i>	QL (1 inhaler per day); HDHP
<i>ipratropium-albuterol</i>	QL (18ml per day); HDHP
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	QL (1 carton (4gm) per month); HDHP; AL (Max 18 Years)

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Drug	Notes
SYMBICORT	HDHP
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT	HDHP
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 500-50 MCG/ACT	QL (1 inhaler per month); HDHP
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT	QL (1 inhaler per day); HDHP
*Anti-Inflammatory Agents***	
<i>cromolyn sodium inhalation</i>	HDHP
*Beta Adrenergics***	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	HDHP
<i>albuterol sulfate inhalation</i>	HDHP
<i>albuterol sulfate oral syrup</i>	HDHP
<i>arformoterol tartrate</i>	QL (4ml (2 vials) per day); HDHP; AL (Min 18 Years)
BROVANA	QL (4ml (2 vials) per day); HDHP; AL (Min 18 Years)
<i>formoterol fumarate inhalation</i>	QL (1 carton per month); HDHP; AL (Min 18 Years)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	HDHP
<i>levalbuterol tartrate</i>	QL (1gm per day); ST (Step Therapy required: 1 fill in the last 1 month - Albuterol HFA); HDHP
PERFOROMIST	QL (1 carton per month); HDHP; AL (Min 18 Years)
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	HDHP
PROAIR RESPICLICK	HDHP
PROVENTIL HFA	HDHP
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	QL (1 inhaler per month); HDHP
STRIVERDI RESPIMAT	QL (4 inhalers per month); ST (Step Therapy required: ALL of the following for 3 months each in the last 12 months - Serevent, Anoro Ellipta, AND Spiriva); HDHP; AL (Min 18 Years)
<i>terbutaline sulfate injection</i>	HDHP
<i>terbutaline sulfate oral</i>	HDHP
VENTOLIN HFA	HDHP
XOPENEX HFA	QL (1gm per day); ST (Step Therapy required: 1 fill in the last 1 month - Albuterol HFA); HDHP
*Bronchodilators - Anticholinergics***	
ATROVENT HFA	QL (2x 12.9gm inhalers per month); HDHP

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Drug	Notes
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	HDHP
<i>ipratropium bromide inhalation</i>	HDHP
SPIRIVA HANDHALER	QL (1 capsule per day); HDHP
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	HDHP
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	QL (1 inhaler per month); HDHP
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	HDHP
YUPELRI	PA; HDHP
*Leukotriene Receptor Antagonists***	
ACCOLATE	HDHP
<i>montelukast sodium oral packet</i>	QL (1 packet per day); HDHP
<i>montelukast sodium oral tablet</i>	QL (1 tablet per day); HDHP
<i>montelukast sodium oral tablet chewable</i>	HDHP
SINGULAIR ORAL PACKET	QL (1 packet per day); HDHP
SINGULAIR ORAL TABLET	QL (1 tablet per day); HDHP
SINGULAIR ORAL TABLET CHEWABLE	HDHP
<i>zafirlukast</i>	HDHP
*Steroid Inhalants***	
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	QL (2x 6.1gm inhalers per month); DS (90 day supply max); HDHP
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	QL (1x 6.1gm inhaler per month); DS (90 day supply max); HDHP
ARMONAIR DIGIHALER	QL (1 inhaler per month); ST (Step Therapy required: 1 fill in the last 3 months - Flovent); HDHP; AL (Min 12 Years)
ARNUITY ELLIPTA	HDHP
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	HDHP
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	HDHP
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	HDHP
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	HDHP
ASMANEX HFA	HDHP
<i>budesonide inhalation</i>	HDHP
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	QL (One 60 count inhaler per month); HDHP
FLOVENT HFA	HDHP
<i>fluticasone propionate diskus</i>	HDHP
<i>fluticasone propionate hfa</i>	HDHP
PULMICORT	HDHP

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Drug	Notes
PULMICORT FLEXHALER	HDHP
QVAR REDIHALER	HDHP
Anticoagulants	
*Coumarin Anticoagulants***	
JANTOVEN	HDHP
<i>warfarin sodium oral</i>	HDHP
Antidepressants	
*Selective Serotonin Reuptake Inhibitors (SsrIs)***	
CELEXA ORAL TABLET	HDHP
<i>citalopram hydrobromide oral solution</i>	HDHP
<i>citalopram hydrobromide oral tablet</i>	HDHP
<i>escitalopram oxalate oral</i>	HDHP
<i>fluoxetine hcl oral capsule</i>	HDHP
<i>fluoxetine hcl oral solution</i>	HDHP
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	HDHP
<i>fluvoxamine maleate</i>	HDHP
<i>fluvoxamine maleate er</i>	HDHP
LEXAPRO ORAL TABLET	HDHP
<i>paroxetine hcl er</i>	QL (1 tablet per day); HDHP
<i>paroxetine hcl oral suspension</i>	HDHP
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	HDHP
<i>paroxetine hcl oral tablet 20 mg</i>	QL (1 tablet per day); HDHP
<i>paroxetine hcl oral tablet 30 mg</i>	QL (2 tablets per day); HDHP
PAXIL CR	QL (1 tablet per day); HDHP
PAXIL ORAL SUSPENSION	HDHP
PAXIL ORAL TABLET 10 MG, 40 MG	HDHP
PAXIL ORAL TABLET 20 MG	QL (1 tablet per day); HDHP
PAXIL ORAL TABLET 30 MG	QL (2 tablets per day); HDHP
PROZAC ORAL CAPSULE	HDHP
<i>sertraline hcl oral concentrate</i>	HDHP
<i>sertraline hcl oral tablet</i>	HDHP
ZOLOFT	HDHP
Antidiabetics	
*Alpha-Glucosidase Inhibitors***	
<i>acarbose oral</i>	HDHP
<i>miglitol</i>	HDHP
*Antidiabetic - Amylin Analogs***	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	QL (4 pens per month); HDHP; AL (Min 18 Years)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	QL (4 pens per month); HDHP; AL (Min 18 Years)

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Drug	Notes
*Biguanides***	
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	QL (5 tablets per day); HDHP
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	QL (3 tablets per day); HDHP
<i>metformin hcl oral solution</i>	HDHP
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	HDHP
RIOMET	HDHP
*Diabetic Other***	
BAQSIMI ONE PACK	QL (2 boxes per month); HDHP
BAQSIMI TWO PACK	QL (2 boxes per month); HDHP
<i>diazoxide oral</i>	HDHP
GLUCAGEN HYPOKIT	HDHP
<i>glucagon emergency injection kit</i>	QL (2 per month); HDHP
<i>glucagon emergency injection solution reconstituted</i>	HDHP
PROGLYCEM	HDHP
ZEGALOGUE	QL (0.6ml/day with fill limit of 2 fills/month); DS (2 day supply max); ST (Step Therapy required: 1 month in the last 12 months - generic Glucagon (NDC 00548585000)); HDHP; AL (Min 6 Years)
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***	
<i>alogliptin benzoate</i>	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta); HDHP; AL (Min 18 Years)
JANUVIA	QL (1 tablet per day); HDHP; AL (Min 18 Years)
NESINA	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta); HDHP; AL (Min 18 Years)
<i>saxagliptin hcl</i>	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta); HDHP; AL (Min 16 Years)
TRADJENTA	HDHP
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***	
<i>alogliptin-metformin hcl</i>	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta); HDHP

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Drug	Notes
JANUMET	HDHP; AL (Min 18 Years)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	QL (1 tablet per day); HDHP; AL (Min 18 Years)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	HDHP; AL (Min 18 Years)
JENTADUETO	HDHP
JENTADUETO XR	QL (1 tablet per day); HDHP; AL (Min 18 Years)
KAZANO	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta); HDHP
<i>saxagliptin-metformin er</i>	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta); HDHP
*Dopamine Receptor Agonists - Ergot Derivatives***	
CYCLOSET	HDHP
*Dpp-4 Inhibitor-Thiazolidinedione Combinations***	
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta); HDHP
*Human Insulin***	
ADMELOG INJECTION	QL (60ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog); HDHP
ADMELOG SOLOSTAR	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog); HDHP
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	PA; QL (6 units per day); HDHP; AL (Min 18 Years)
APIDRA	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog); HDHP
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog); HDHP
BASAGLAR KWIKPEN	QL (2ml per day); ST (Step Therapy required: 1 month in the last 12 months - Lantus); HDHP
BASAGLAR TEMPO PEN	QL (2 ml per day); ST (Step Therapy required: 1 month in the last 12 months - Lantus); HDHP

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Drug	Notes
FIASP FLEXTOUCH	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog); HDHP
FIASP INJECTION	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog); HDHP
FIASP PENFILL	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog); HDHP
FIASP PUMPCART	QL (2 ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog); HDHP
HUMALOG INJECTION	QL (60ml per day); HDHP
HUMALOG JUNIOR KWIKPEN	QL (2ml per day); HDHP
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	QL (2ml per day); HDHP
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	QL (2 ml per day); HDHP
HUMALOG MIX 50/50	QL (2 ml per day); HDHP
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	QL (2 ml per day); HDHP
HUMALOG MIX 75/25	QL (2 ml per day); HDHP
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	QL (2 ml per day); HDHP
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	QL (2 ml per day); HDHP
HUMALOG TEMPO PEN	QL (2ml per day); HDHP
HUMULIN 70/30	QL (2ml per day); HDHP
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	QL (2ml per day); HDHP
HUMULIN N	QL (2ml per day); HDHP
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	QL (2ml per day); HDHP
HUMULIN R	QL (2ml per day); HDHP
HUMULIN R U-500 (CONCENTRATED)	QL (2ml per day); HDHP
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	QL (2ml per day); ST (Step Therapy required: 3 months in the last 6 months - Humulin R U 100); HDHP
<i>insulin asp prot & asp flexpen</i>	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog Mix 75/25); HDHP
<i>insulin aspart flexpen</i>	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog); HDHP
<i>insulin aspart injection</i>	QL (2ML per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog); HDHP

Drug	Notes
<i>insulin aspart penfill</i>	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog); HDHP
<i>insulin aspart prot & aspart</i>	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog Mix 75/25); HDHP
<i>insulin degludec</i>	QL (2 ml per day); ST (Step Therapy required: 3 months in the last 12 months - Lantus); HDHP; AL (Min 1 Years)
<i>insulin degludec flextouch</i>	QL (2 ml per day); ST (Step Therapy required: 3 months in the last 12 months - Lantus); HDHP; AL (Min 1 Years)
<i>insulin glargine</i>	QL (2ml per day); ST (Step Therapy required: 1 month in the last 12 months - Lantus); HDHP
<i>insulin glargine max solostar</i>	HDHP
<i>insulin glargine solostar subcutaneous solution pen-injector 100 unit/ml</i>	QL (2ml per day); ST (Step Therapy required: 1 month in the last 12 months - Lantus); HDHP
<i>insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml</i>	HDHP
<i>insulin glargine-yfgn</i>	QL (2ml per day); ST (Step Therapy required: 1 month in the last 12 months - Lantus); HDHP
<i>insulin lispro (1 unit dial)</i>	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog); HDHP
<i>insulin lispro injection</i>	QL (60ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog); HDHP
<i>insulin lispro junior kwikpen</i>	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog); HDHP
<i>insulin lispro prot & lispro</i>	QL (2 ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog); HDHP
LANTUS	QL (2ml per day); HDHP
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	QL (2ml per day); HDHP
LEVEMIR	QL (2ml per day); ST (Step Therapy required: 1 month in the last 12 months - Lantus); HDHP
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	QL (2 ml per day); ST (Step Therapy required: 1 month in the last 12 months - Lantus); HDHP
LYUMJEV	QL (15 ml per month); HDHP
LYUMJEV KWIKPEN	QL (15 ml per month); HDHP
LYUMJEV TEMPO PEN	QL (15 ml per month); HDHP

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NOVOLIN 70/30	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humulin 70/30); HDHP
NOVOLIN 70/30 FLEXPEN	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humulin 70/30); HDHP
NOVOLIN 70/30 FLEXPEN RELION	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humulin 70/30); HDHP
NOVOLIN 70/30 RELION	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humulin 70/30); HDHP
NOVOLIN N	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humulin N); HDHP
NOVOLIN N FLEXPEN	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humulin N); HDHP
NOVOLIN N FLEXPEN RELION	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humulin N); HDHP
NOVOLIN N RELION	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humulin N); HDHP
NOVOLIN R	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humulin R); HDHP
NOVOLIN R FLEXPEN	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humulin R); HDHP
NOVOLIN R FLEXPEN RELION	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humulin R); HDHP
NOVOLIN R RELION	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humulin R); HDHP
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog); HDHP
NOVOLOG INJECTION	QL (2ML per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog); HDHP
NOVOLOG MIX 70/30	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog Mix 75/25); HDHP
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog Mix 75/25); HDHP

Drug	Notes
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog); HDHP
NOVOLOG RELION INJECTION	QL (2ML per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog); HDHP
REZVOGLAR KWIKPEN	PA; HDHP
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION	QL (2ml per day); ST (Step Therapy required: 1 month in the last 12 months - Lantus); HDHP
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR	QL (2 ml per day); ST (Step Therapy required: 1 month in the last 12 months - Lantus); HDHP
SEMGLEE SUBCUTANEOUS SOLUTION	QL (2 ml per day); ST (Step Therapy required: 1 month in the last 12 months - Lantus); HDHP
TOUJEO MAX SOLOSTAR	QL (2 ml per day); HDHP
TOUJEO SOLOSTAR	QL (2 ml per day); HDHP
TRESIBA	QL (2 ml per day); ST (Step Therapy required: 3 months in the last 12 months - Lantus); HDHP; AL (Min 1 Years)
TRESIBA FLEXTOUCH	QL (2 ml per day); ST (Step Therapy required: 3 months in the last 12 months - Lantus); HDHP; AL (Min 1 Years)
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***	
BYDUREON BCISE	PA; QL (4 pens per month); ST (Step Therapy required: any of the following for 2 months in the last 6 months - insulins, amylin analogs, sulfonylureas, meglitinide analogues, sodium-glucose co-transporter 2 inhibitors, insulin sensitizing agents (thiazolidinediones), insulin-incretin mimetic combinations, metformin, dipeptidyl peptidase-4 (DPP-4) inhibitors); HDHP
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	PA; QL (2.4ml (60 doses) per month); ST (Step Therapy required: any of the following for 2 months in the last 6 months - insulins, amylin analogs, sulfonylureas, meglitinide analogues, sodium-glucose co-transporter 2 inhibitors, insulin sensitizing agents (thiazolidinediones), insulin-incretin mimetic combinations, metformin, dipeptidyl peptidase-4 (DPP-4) inhibitors); HDHP; AL (Min 18 Years)

Drug	Notes
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	PA; QL (1.2ml (60 doses) per month); ST (Step Therapy required: any of the following for 2 months in the last 6 months - insulins, amylin analogs, sulfonylureas, meglitinide analogues, sodium-glucose co-transporter 2 inhibitors, insulin sensitizing agents (thiazolidinediones), insulin-incretin mimetic combinations, metformin, dipeptidyl peptidase-4 (DPP-4) inhibitors); HDHP; AL (Min 18 Years)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	PA; QL (1 pen per 28 days); ST (Step Therapy required: any of the following for 2 months in the last 6 months - insulins, amylin analogs, sulfonylureas, meglitinide analogues, sodium-glucose co-transporter 2 inhibitors, insulin sensitizing agents (thiazolidinediones), insulin-incretin mimetic combinations, metformin, dipeptidyl peptidase-4 (DPP-4) inhibitors); HDHP
OZEMPIC (2 MG/DOSE)	PA; QL (1 pen per 28 days); ST (Step Therapy required: any of the following for 2 months in the last 6 months - insulins, amylin analogs, sulfonylureas, meglitinide analogues, sodium-glucose co-transporter 2 inhibitors, insulin sensitizing agents (thiazolidinediones), insulin-incretin mimetic combinations, metformin, dipeptidyl peptidase-4 (DPP-4) inhibitors); HDHP
RYBELSUS	PA; QL (1 tablet per day); ST (Step Therapy required: any of the following for 2 months in the last 6 months - insulins, amylin analogs, sulfonylureas, meglitinide analogues, sodium-glucose co-transporter 2 inhibitors, insulin sensitizing agents (thiazolidinediones), insulin-incretin mimetic combinations, metformin, dipeptidyl peptidase-4 (DPP-4) inhibitors); HDHP
TRULICITY	PA; QL (4 pens per month); ST (Step Therapy required: any of the following for 2 months in the last 6 months - insulins, amylin analogs, sulfonylureas, meglitinide analogues, sodium-glucose co-transporter 2 inhibitors, insulin sensitizing agents (thiazolidinediones), insulin-incretin mimetic combinations, metformin, dipeptidyl peptidase-4 (DPP-4) inhibitors); HDHP; AL (Min 18 Years)

Drug	Notes
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	PA; QL (3 pens per month); ST (Step Therapy required: any of the following for 2 months in the last 6 months - insulins, amylin analogs, sulfonylureas, meglitinide analogues, sodium-glucose co-transporter 2 inhibitors, insulin sensitizing agents (thiazolidinediones), insulin-incretin mimetic combinations, metformin, dipeptidyl peptidase-4 (DPP-4) inhibitors); HDHP; AL (Min 10 Years)
*Insulin-Incretin Mimetic Combinations***	
SOLIQUA	QL (5 pens (15ml) per month); HDHP; AL (Min 18 Years)
XULTOPHY	QL (5 pens per month); ST (Step Therapy required: 1 month in the last 12 months - Lantus); HDHP; AL (Min 18 Years)
*Meglitinide Analogues***	
<i>nateglinide</i>	HDHP
<i>repaglinide</i>	HDHP
*Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb***	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 5-2.5-1000 MG	HDHP
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-5-1000 MG	QL (1 tablet per day); HDHP
*Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations***	
GLYXAMBI	QL (1 tablet per day); HDHP; AL (Min 18 Years)
QTERN	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); HDHP; AL (Min 18 Years)
STEGLUJAN	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); HDHP; AL (Min 18 Years)
*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***	
<i>dapagliflozin propanediol</i>	HDHP
FARXIGA	HDHP
INVOKANA	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); HDHP; AL (Min 18 Years)

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Drug	Notes
JARDIANCE	QL (1 tablet per day); HDHP
STEGLATRO	QL (1ml per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); HDHP
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***	
<i>dapagliflozin pro-metformin er</i>	HDHP
INVOKAMET	QL (2 tablets per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); HDHP; AL (Min 18 Years)
INVOKAMET XR	QL (2 tablets per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); HDHP; AL (Min 18 Years)
SEGLUROMET	QL (2 tablets per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); HDHP; AL (Min 18 Years)
SYNJARDY	HDHP
SYNJARDY XR	HDHP
XIGDUO XR	HDHP
*Sulfonylurea-Biguanide Combinations***	
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	QL (2 tablets per day); HDHP
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	HDHP
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	QL (3 tablets per day); HDHP
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	HDHP
*Sulfonylureas***	
<i>glimepiride oral tablet 1 mg, 2 mg</i>	QL (3 tablets per day); HDHP
<i>glimepiride oral tablet 4 mg</i>	QL (2 tablets per day); HDHP
<i>glipizide er</i>	HDHP
<i>glipizide oral tablet 10 mg, 5 mg</i>	HDHP
<i>glipizide xl</i>	HDHP
GLUCOTROL XL	HDHP
<i>glyburide micronized</i>	HDHP
<i>glyburide oral</i>	HDHP
GLYNASE	HDHP

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Drug	Notes
*Thiazolidinedione-Biguanide Combinations***	
ACTOPLUS MET ORAL TABLET 15-850 MG	HDHP; AL (Min 16 Years)
<i>pioglitazone hcl-metformin hcl</i>	HDHP; AL (Min 16 Years)
*Thiazolidinediones***	
ACTOS	QL (1 tablet per day); HDHP
<i>pioglitazone hcl</i>	QL (1 tablet per day); HDHP
Antihyperlipidemics	
*Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb***	
NEXLIZET	QL (1 tablet per day); ST (Step Therapy required: BOTH of the following for 2 months each in the last 12 months - two statins AND ezetimibe (generic for ZETIA)); HDHP; AL (Min 18 Years)
*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors***	
NEXLETOL	QL (1 tablet per day); ST (Step Therapy required: BOTH of the following for 2 months each in the last 12 months - two statins AND ezetimibe (generic for ZETIA)); HDHP; AL (Min 18 Years)
*Antihyperlipidemics - Misc.***	
<i>icosapent ethyl</i>	HDHP
LOVAZA	PA; QL (4 capsules per day); HDHP; AL (Min 18 Years)
<i>omega-3-acid ethyl esters</i>	QL (4 capsules per day); HDHP; AL (Min 18 Years)
VASCEPA	PA; HDHP
*Bile Acid Sequestrants***	
<i>cholestyramine light</i>	HDHP
<i>cholestyramine oral</i>	HDHP
<i>colesevelam hcl oral packet</i>	QL (1 packet per day); HDHP
<i>colesevelam hcl oral tablet</i>	QL (6 tablets per day); HDHP
COLESTID	HDHP
COLESTID FLAVORED	HDHP
<i>colestipol hcl</i>	HDHP
PREVALITE	HDHP
QUESTRAN	HDHP
QUESTRAN LIGHT ORAL POWDER	HDHP
WELCHOL ORAL PACKET	QL (1 packet per day); HDHP
WELCHOL ORAL TABLET	QL (6 tablets per day); HDHP
*Fibric Acid Derivatives***	
<i>fenofibrate oral tablet 145 mg</i>	QL (1 tablet per day); HDHP
<i>fenofibrate oral tablet 48 mg</i>	QL (2 tablets per day); HDHP
<i>fenofibric acid oral capsule delayed release</i>	HDHP; AL (Min 18 Years)

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Drug	Notes
<i>fenofibric acid oral tablet 105 mg</i>	QL (1 tablet per day); HDHP
<i>fenofibric acid oral tablet 35 mg</i>	QL (2 tablets per day); HDHP
FIBRICOR ORAL TABLET 105 MG	QL (1 tablet per day); HDHP
FIBRICOR ORAL TABLET 35 MG	QL (2 tablets per day); HDHP
<i>gemfibrozil oral</i>	HDHP
LOPID	HDHP
TRILIPIX	HDHP; AL (Min 18 Years)
*Hmg Coa Reductase Inhibitors***	
ALTOPREV	HDHP
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg</i>	QL (45 tablets per month); HDHP
<i>atorvastatin calcium oral tablet 80 mg</i>	QL (1 tablet per day); HDHP
CRESTOR ORAL TABLET 10 MG, 20 MG, 5 MG	HDHP
CRESTOR ORAL TABLET 40 MG	QL (1 tablet per day); HDHP
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 5 MG	HDHP
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 40 MG	QL (1 capsule per day); HDHP
<i>fluvastatin sodium er</i>	QL (1 tablet per day); HDHP
<i>fluvastatin sodium oral capsule 20 mg</i>	QL (3 capsules per day); HDHP
<i>fluvastatin sodium oral capsule 40 mg</i>	QL (1 capsule per day); HDHP
LESCOL XL	QL (1 tablet per day); HDHP
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG	QL (45 tablets per month); HDHP
LIPITOR ORAL TABLET 80 MG	QL (1 tablet per day); HDHP
LIVALO	QL (1 tablet per day); ST (Step Therapy required: 2 of the following in the last 12 months - atorvastatin, simvastatin, or rosuvastatin); HDHP; AL (Min 8 Years)
<i>lovastatin oral tablet 10 mg, 20 mg</i>	HDHP
<i>lovastatin oral tablet 40 mg</i>	QL (2 tablets per day); HDHP
<i>pitavastatin calcium</i>	HDHP
<i>pravastatin sodium oral tablet 10 mg, 20 mg</i>	HDHP
<i>pravastatin sodium oral tablet 40 mg</i>	QL (2 tablets per day); HDHP
<i>pravastatin sodium oral tablet 80 mg</i>	QL (1 tablet per day); HDHP
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 5 mg</i>	HDHP
<i>rosuvastatin calcium oral tablet 40 mg</i>	QL (1 tablet per day); HDHP
<i>simvastatin oral tablet 10 mg, 20 mg, 5 mg</i>	HDHP
<i>simvastatin oral tablet 40 mg</i>	QL (1 tablet per day); HDHP
<i>simvastatin oral tablet 80 mg</i>	PA; QL (1 tablet per day: Covered only for patients who have been stable at this dose for at least 12 months); HDHP
ZOCOR ORAL TABLET 10 MG, 20 MG	HDHP
ZOCOR ORAL TABLET 40 MG	QL (1 tablet per day); HDHP

Drug	Notes
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	QL (1 tablet per day); ST (Step Therapy required: 2 of the following in the last 12 months - atorvastatin, simvastatin, or rosuvastatin); HDHP; AL (Min 8 Years)
*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***	
<i>ezetimibe-rosuvastatin</i>	QL (1 tablet per day); HDHP
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg</i>	HDHP
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i>	QL (1 tablet per day); HDHP
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	PA; QL (1 tablet per day: Covered only for patients who have been stable at this dose for at least 12 months); HDHP
ROSZET	QL (1 tablet per day); HDHP
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG	HDHP
VYTORIN ORAL TABLET 10-40 MG	QL (1 tablet per day); HDHP
VYTORIN ORAL TABLET 10-80 MG	PA; QL (1 tablet per day: Covered only for patients who have been stable at this dose for at least 12 months); HDHP
*Intestinal Cholesterol Absorption Inhibitors***	
<i>ezetimibe</i>	QL (1 tablet per day); HDHP
ZETIA	QL (1 tablet per day); HDHP
*Nicotinic Acid Derivatives***	
<i>niacin (antihyperlipidemic)</i>	HDHP
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>	QL (2 tablets per day); HDHP
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>	QL (3 tablets per day); HDHP
NIACOR	HDHP
Antihypertensives	
*Ace Inhibitor & Calcium Channel Blocker Combinations***	
<i>amlodipine besy-benazepril hcl</i>	HDHP
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	HDHP
<i>trandolapril-verapamil hcl er</i>	HDHP
*Ace Inhibitors & Thiazide/Thiazide-Like***	
<i>benazepril-hydrochlorothiazide</i>	HDHP
<i>enalapril-hydrochlorothiazide</i>	HDHP
<i>fosinopril sodium-hctz</i>	HDHP
<i>lisinopril-hydrochlorothiazide</i>	HDHP
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	HDHP
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	HDHP
VASERETIC	HDHP
ZESTORETIC	HDHP
*Ace Inhibitors***	
ACCUPRIL	HDHP
ALTACE ORAL CAPSULE	HDHP

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Drug	Notes
<i>benazepril hcl oral</i>	HDHP
<i>captopril oral</i>	HDHP
<i>enalapril maleate oral tablet</i>	HDHP
<i>fosinopril sodium</i>	HDHP
<i>lisinopril oral</i>	HDHP
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	HDHP
<i>moexipril hcl</i>	HDHP
<i>perindopril erbumine</i>	HDHP
QBRELIS	HDHP
<i>quinapril hcl</i>	HDHP
<i>ramipril</i>	HDHP
<i>trandolapril</i>	HDHP
VASOTEC	HDHP
ZESTRIL	HDHP
*Angiotensin li Receptor Antag & Ca Channel Blocker Comb***	
<i>amlodipine besylate-valsartan</i>	QL (1 tablet per day); HDHP
<i>amlodipine-olmesartan</i>	QL (1 tablet per day); HDHP
AZOR	QL (1 tablet per day); HDHP
EXFORGE	QL (1 tablet per day); HDHP
<i>telmisartan-amlodipine</i>	HDHP
*Angiotensin li Receptor Antag & Thiazide/Thiazide-Like***	
ATACAND HCT	HDHP
AVALIDE ORAL TABLET 150-12.5 MG	QL (2 tablets per day); HDHP
AVALIDE ORAL TABLET 300-12.5 MG	QL (1 tablet per day); HDHP
BENICAR HCT ORAL TABLET 20-12.5 MG	QL (45 tablets per month); HDHP
BENICAR HCT ORAL TABLET 40-12.5 MG, 40-25 MG	QL (1 tablet per day); HDHP
<i>candesartan cilexetil-hctz</i>	HDHP
DIOVAN HCT ORAL TABLET 160-12.5 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	HDHP
DIOVAN HCT ORAL TABLET 160-25 MG	QL (2 tablets per day); HDHP
EDARBYCLOR	HDHP
HYZAAR	HDHP
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	QL (2 tablets per day); HDHP
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	QL (1 tablet per day); HDHP
<i>losartan potassium-hctz</i>	HDHP
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG	HDHP
MICARDIS HCT ORAL TABLET 80-25 MG	QL (1 tablet per day); HDHP
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg</i>	QL (45 tablets per month); HDHP
<i>olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg</i>	QL (1 tablet per day); HDHP
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg</i>	HDHP

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Drug	Notes
<i>telmisartan-hctz oral tablet 80-25 mg</i>	QL (1 tablet per day); HDHP
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	HDHP
<i>valsartan-hydrochlorothiazide oral tablet 160-25 mg</i>	QL (2 tablets per day); HDHP
*Angiotensin li Receptor Antagonists***	
ATACAND	HDHP
AVAPRO ORAL TABLET 150 MG, 75 MG	HDHP
AVAPRO ORAL TABLET 300 MG	QL (1 tablet per day); HDHP
BENICAR ORAL TABLET 20 MG	QL (45 tablets per month); HDHP
BENICAR ORAL TABLET 40 MG	QL (1 tablet per day); HDHP
BENICAR ORAL TABLET 5 MG	QL (3 tablets per day); HDHP
<i>candesartan cilexetil</i>	HDHP
COZAAR	HDHP
DIOVAN ORAL TABLET 160 MG	QL (2 tablets per day); HDHP
DIOVAN ORAL TABLET 320 MG	QL (1 tablet per day); HDHP
DIOVAN ORAL TABLET 40 MG, 80 MG	HDHP
EDARBI	HDHP; AL (Min 18 Years)
<i>irbesartan oral tablet 150 mg, 75 mg</i>	HDHP
<i>irbesartan oral tablet 300 mg</i>	QL (1 tablet per day); HDHP
<i>losartan potassium oral</i>	HDHP
MICARDIS	HDHP
<i>olmesartan medoxomil oral tablet 20 mg</i>	QL (45 tablets per month); HDHP
<i>olmesartan medoxomil oral tablet 40 mg</i>	QL (1 tablet per day); HDHP
<i>olmesartan medoxomil oral tablet 5 mg</i>	QL (3 tablets per day); HDHP
<i>telmisartan</i>	HDHP
<i>valsartan oral tablet 160 mg</i>	QL (2 tablets per day); HDHP
<i>valsartan oral tablet 320 mg</i>	QL (1 tablet per day); HDHP
<i>valsartan oral tablet 40 mg, 80 mg</i>	HDHP
*Angiotensin li Receptor Ant-Ca Channel Blocker-Thiazides***	
<i>amlodipine-valsartan-hctz</i>	QL (1 tablet per day); HDHP
EXFORGE HCT	QL (1 tablet per day); HDHP
<i>olmesartan-amlodipine-hctz</i>	HDHP
TRIBENZOR	HDHP
*Antiadrenergics - Centrally Acting***	
CATAPRES-TTS-1	HDHP
CATAPRES-TTS-2	HDHP
CATAPRES-TTS-3	HDHP
<i>clonidine</i>	HDHP
<i>clonidine hcl oral</i>	HDHP
<i>guanfacine hcl oral</i>	HDHP

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Drug	Notes
*Antiadrenergics - Peripherally Acting***	
CARDURA	HDHP
<i>doxazosin mesylate oral</i>	HDHP
MINIPRESS	HDHP
<i>prazosin hcl oral</i>	HDHP
<i>terazosin hcl oral</i>	HDHP
*Antihypertensives - Misc.***	
VECAMYL	HDHP
*Beta Blocker & Diuretic Combinations***	
<i>atenolol-chlorthalidone</i>	HDHP
<i>bisoprolol-hydrochlorothiazide</i>	HDHP
<i>metoprolol-hydrochlorothiazide</i>	HDHP
TENORETIC 100	HDHP
TENORETIC 50	HDHP
*Direct Renin Inhibitors***	
<i>aliskiren fumarate</i>	HDHP; AL (Min 18 Years)
TEKTURNA	HDHP; AL (Min 18 Years)
*Selective Aldosterone Receptor Antagonists (Saras)***	
<i>epplerenone oral tablet 25 mg</i>	QL (1 tablet per day); HDHP
<i>epplerenone oral tablet 50 mg</i>	QL (2 tablets per day); HDHP
INSPIRA ORAL TABLET 25 MG	QL (1 tablet per day); HDHP
INSPIRA ORAL TABLET 50 MG	QL (2 tablets per day); HDHP
*Vasodilators***	
<i>hydralazine hcl oral</i>	HDHP
<i>minoxidil oral</i>	HDHP
Beta Blockers	
*Alpha-Beta Blockers***	
<i>carvedilol</i>	HDHP
<i>carvedilol phosphate er</i>	HDHP
COREG	HDHP
COREG CR	HDHP
<i>labetalol hcl oral</i>	HDHP
*Beta Blockers Cardio-Selective***	
<i>acebutolol hcl oral</i>	HDHP
<i>atenolol oral</i>	HDHP
<i>betaxolol hcl oral tablet 10 mg</i>	QL (45 tablets per month); HDHP
<i>betaxolol hcl oral tablet 20 mg</i>	QL (1 tablet per day); HDHP
<i>bisoprolol fumarate oral</i>	HDHP
BYSTOLIC	HDHP

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Drug	Notes
KAPSPARGO SPRINKLE	QL (1 capsule per day); ST (Step Therapy required: any of the following for 3 months in the last 12 months - metoprolol succinate tab ER 24HR or Toprol XL tab ER 24HR); HDHP; AL (Min 6 Years)
LOPRESSOR ORAL	HDHP
<i>metoprolol succinate er</i>	HDHP
<i>metoprolol tartrate oral</i>	HDHP
<i>nebivolol hcl</i>	HDHP
TENORMIN	HDHP
TOPROL XL	HDHP
*Beta Blockers Non-Selective***	
BETAPACE AF	HDHP
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	HDHP
CORGARD ORAL TABLET 20 MG, 40 MG	HDHP
HEMANGEOL	HDHP
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	HDHP
<i>pindolol</i>	HDHP
<i>propranolol hcl er</i>	HDHP
<i>propranolol hcl oral</i>	HDHP
<i>sotalol hcl (af)</i>	HDHP
<i>sotalol hcl oral</i>	HDHP
SOTYLIZE	HDHP
<i>timolol maleate oral</i>	HDHP
Calcium Channel Blockers	
*Calcium Channel Blockers***	
<i>amlodipine besylate oral</i>	HDHP
CARDIZEM CD	HDHP
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	HDHP
CARTIA XT	HDHP
CONJUPRI	QL (1 tablet per day); ST (Step Therapy required: 1 fill in the last 3 months - levamlodipine maleate); HDHP
<i>diltiazem hcl er beads</i>	HDHP
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	HDHP
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	HDHP
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg</i>	QL (1 tablet per day); HDHP
<i>diltiazem hcl er oral capsule extended release 24 hour 240 mg</i>	HDHP
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 300 mg, 360 mg, 420 mg</i>	QL (1 tablet per day); HDHP
<i>diltiazem hcl er oral tablet extended release 24 hour 240 mg</i>	QL (2 tablets per day); HDHP
<i>diltiazem hcl oral</i>	HDHP

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Drug	Notes
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg</i>	QL (1 tablet per day); HDHP
<i>dilt-xr oral capsule extended release 24 hour 240 mg</i>	HDHP
<i>felodipine er</i>	HDHP
<i>isradipine</i>	HDHP
<i>levamlodipine maleate</i>	QL (1 tablet per day); HDHP
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 300 MG, 360 MG, 420 MG	QL (1 tablet per day); HDHP
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 240 MG	QL (2 tablets per day); HDHP
<i>nicardipine hcl oral</i>	HDHP
<i>nifedipine er</i>	HDHP
<i>nifedipine er osmotic release</i>	HDHP
<i>nifedipine oral</i>	HDHP
<i>nimodipine oral</i>	HDHP
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 30 mg, 34 mg, 8.5 mg</i>	HDHP
<i>nisoldipine er oral tablet extended release 24 hour 25.5 mg</i>	QL (1 tablet per day); HDHP
<i>nisoldipine er oral tablet extended release 24 hour 40 mg</i>	QL (2 tablets per day); HDHP
NORVASC	HDHP
NYMALIZE ORAL SOLUTION 6 MG/ML	HDHP
PROCARDIA XL	HDHP
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	HDHP
TAZTIA XT	HDHP
TIADYLT ER	HDHP
TIAZAC	HDHP
<i>verapamil hcl er capsule extended release 24 hour 200 mg oral</i>	HDHP
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	HDHP
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	HDHP
<i>verapamil hcl oral</i>	HDHP
VERELAN	HDHP
VERELAN PM	HDHP
Diuretics	
*Diuretic Combinations***	
MAXZIDE	HDHP
MAXZIDE-25	HDHP
<i>spironolactone-hctz</i>	HDHP
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	HDHP
<i>triamterene-hctz oral tablet</i>	HDHP
*Loop Diuretics***	
<i>bumetanide oral</i>	HDHP

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Drug	Notes
BUMEX ORAL TABLET 0.5 MG	HDHP
EDECRIN	HDHP
<i>ethacrynic acid oral</i>	HDHP
<i>furosemide injection solution 10 mg/ml</i>	HDHP
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	HDHP
<i>furosemide oral tablet</i>	HDHP
LASIX	HDHP
<i>toremide oral</i>	HDHP
*Potassium Sparing Diuretics***	
ALDACTONE	HDHP
<i>spironolactone oral tablet</i>	HDHP
*Thiazides And Thiazide-Like Diuretics***	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	HDHP
DIURIL	HDHP
<i>hydrochlorothiazide oral</i>	HDHP
<i>indapamide oral</i>	HDHP
<i>metolazone</i>	HDHP
THALITONE	HDHP
Endocrine And Metabolic Agents - Misc.	
*Bisphosphonates***	
ACTONEL ORAL TABLET 150 MG	QL (1 tablet per month); HDHP
ACTONEL ORAL TABLET 35 MG	QL (4 tablets per month); HDHP
<i>alendronate sodium oral solution</i>	QL (10.72ml per day); HDHP
<i>alendronate sodium oral tablet 10 mg, 70 mg</i>	HDHP
<i>alendronate sodium oral tablet 35 mg, 5 mg</i>	QL (1 tablet per day); HDHP
FOSAMAX ORAL TABLET 70 MG	HDHP
<i>ibandronate sodium oral</i>	QL (1 tablet per month); HDHP
<i>risedronate sodium oral tablet 150 mg</i>	QL (1 tablet per month); HDHP
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	HDHP
<i>risedronate sodium oral tablet 35 mg</i>	QL (4 tablets per month); HDHP
*Calcitonins***	
<i>calcitonin (salmon)</i>	HDHP
MIACALCIN INJECTION	HDHP
*Selective Estrogen Receptor Modulators (Serms)***	
OSPHENA	PA; HDHP
Hematological Agents - Misc.	
*Direct-Acting P2y12 Inhibitors***	
BRILINTA	HDHP
*Hematorheologic Agents***	
<i>pentoxifylline er</i>	HDHP

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Drug	Notes
*Phosphodiesterase Iii Inhibitors***	
<i>cilostazol</i>	QL (2 tablets per day); HDHP
*Platelet Aggregation Inhibitor Combinations***	
<i>aspirin-dipyridamole er</i>	HDHP
*Platelet Aggregation Inhibitors***	
<i>dipyridamole oral</i>	HDHP
*Protease-Activated Receptor-1 (Par-1) Antagonists***	
ZONTIVITY	QL (1 tablet per day); HDHP; AL (Min 16 Years)
*Quinazoline Agents***	
AGRYLIN	HDHP
<i>anagrelide hcl</i>	HDHP
*Thienopyridine Derivatives***	
<i>clopidogrel bisulfate oral tablet 300 mg</i>	QL (1 tablet per month); DS (30 day supply max); HDHP
<i>clopidogrel bisulfate oral tablet 75 mg</i>	QL (1 tablet per day); HDHP
EFFIENT	HDHP; AL (Min 16 Years)
PLAVIX ORAL TABLET 75 MG	QL (1 tablet per day); HDHP
<i>prasugrel hcl</i>	HDHP; AL (Min 16 Years)
Multivitamins	
*Prenatal Mv & Min W/Fe-Fa & Coenzyme Q10***	
THERANATAL OVAVITE	HDHP; F
*Prenatal Mv & Min W/Fe-Fa***	
ATABEX EC	HDHP; F
ATABEX OB	HDHP; F
ATABEX ORAL TABLET CHEWABLE	HDHP; F
<i>classic prenatal</i>	HDHP; F
<i>c-nate dha</i>	HDHP; F
<i>completenate</i>	HDHP; F
CO-NATAL FA	HDHP; F
CONCEPT DHA	HDHP; F
CONCEPT OB	HDHP; F
<i>cvs prenatal oral tablet 27-0.8 mg</i>	HDHP; F
ELITE-OB	HDHP; F
<i>eql prenatal formula</i>	HDHP; F
<i>gnp prenatal</i>	HDHP; F
HEALTHY MAMA BE WELL ROUNDED	HDHP; F
INATAL GT	HDHP; F
<i>kosher prenatal plus iron</i>	HDHP; F
<i>kp prenatal multivitamins</i>	HDHP; F
<i>kpn prenatal</i>	HDHP; F

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Drug	Notes
<i>masonatal</i>	HDHP; F
<i>multi prenatal</i>	HDHP; F
NATALVIT	HDHP; F
NEEVO DHA ORAL CAPSULE 27-1.13 MG	HDHP; F
<i>neonatal prenatal</i>	HDHP; F
NEONATAL VITAMIN	HDHP; F
NESTABS	HDHP; F
OB COMPLETE ONE	HDHP; F
OB COMPLETE ORAL TABLET	HDHP; F
OB COMPLETE PREMIER	HDHP; F
OB COMPLETE/DHA	HDHP; F
OBTREX	HDHP; F
<i>one vite womens</i>	HDHP; F
ONE-A-DAY WOMENS PRENATAL	HDHP; F
ONE-A-DAY WOMENS PRENATAL 1	HDHP; F
<i>pnv tabs 20-1</i>	HDHP; F
<i>pnv-omega</i>	HDHP; F
<i>pnv-select</i>	HDHP; F
<i>prena1 pearl</i>	HDHP; F
<i>prenatabs fa oral tablet 29-1 mg</i>	HDHP; F
<i>prenatal 19</i>	HDHP; F
<i>prenatal complete oral tablet</i>	HDHP; F
<i>prenatal formula a-free</i>	HDHP; F
<i>prenatal formula oral capsule</i>	HDHP; F
<i>prenatal forte</i>	HDHP; F
<i>prenatal multi +dha oral capsule 27-0.8-228 mg</i>	HDHP; F
<i>prenatal one daily</i>	HDHP; F
<i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg, 6.75-0.2 mg</i>	HDHP; F
<i>prenatal vitamin and mineral</i>	HDHP; F
<i>prenatal vitamins oral tablet 28-0.8 mg</i>	HDHP; F
<i>prenatalliron</i>	HDHP; F
PRENATAL-U	HDHP; F
<i>prenatvite complete</i>	HDHP; F
<i>prenatvite plus</i>	HDHP; F
<i>prenatvite rx</i>	HDHP; F
PROVIDA OB	HDHP; F
<i>px prenatal multivitamins</i>	HDHP; F
<i>qc prenatal</i>	HDHP; F
<i>ra prenatal</i>	HDHP; F
<i>ra prenatal formula</i>	HDHP; F

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Drug	Notes
<i>relnate dha</i>	HDHP; F
RIGHT STEP PRENATAL	HDHP; F
SELECT-OB	HDHP; F
<i>se-natal 19</i>	HDHP; F
<i>sm one daily prenatal</i>	HDHP; F
<i>sm prenatal vitamins</i>	HDHP; F
<i>trinatal rx 1</i>	HDHP; F
TRINATE	HDHP; F
VINATE CARE	HDHP; F
VINATE DHA RF	HDHP; F
VINATE II	HDHP; F
VINATE ONE	HDHP; F
VITAFOL-NANO	HDHP; F
VITAFOL-OB	HDHP; F
VITAPEARL	HDHP; F
VIVA DHA	HDHP; F
*Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil***	
<i>complete natal dha oral 29-1-200 & 200 mg</i>	HDHP; F
<i>prenatal + complete multi oral therapy pack 18-0.8 & 290 mg</i>	HDHP; F
<i>wesnatal dha complete</i>	HDHP; F
*Prenatal Mv & Min W/Fe-Fa-Dha***	
BRAINSTRONG PRENATAL	HDHP; F
<i>cadeau dha</i>	HDHP; F
CENTRUM SPECIALIST PRENATAL	HDHP; F
<i>cvs prenatal multi+dha</i>	HDHP; F
<i>cvs womens prenatal+dha</i>	HDHP; F
ENFAMIL EXPECTA	HDHP; F
OBSTETRIX ONE	HDHP; F
<i>pnv-dha</i>	HDHP; F
<i>pnv-dha+docusate</i>	HDHP; F
<i>prenaissance</i>	HDHP; F
<i>prenaissance plus</i>	HDHP; F
<i>prenatal multi +dha oral capsule 27-0.8-250 mg</i>	HDHP; F
PRENATAL MULTIVITAMIN + DHA	HDHP; F
<i>prenatal multivitamin plus dha</i>	HDHP; F
<i>prenatal+dha oral 28-0.975 & 200 mg</i>	HDHP; F
PRENATE ENHANCE	HDHP; F
PRENATE RESTORE	HDHP; F
SIMILAC PRENATAL EARLY SHIELD	HDHP; F
STUART ONE	HDHP; F

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Drug	Notes
THERANATAL COMPLETE	HDHP; F
THERANATAL ONE	HDHP; F
<i>ultra prenatal + dha</i>	HDHP; F
VITAFOL FE+ ORAL CAPSULE	HDHP; F
VITAFOL-ONE	HDHP; F
*Prenatal Mv & Minerals W/ Fa Without Iron***	
<i>cvs prenatal gummy oral tablet chewable 0.4 mg</i>	HDHP; F
*Prenatal Mv & Minerals W/ Fa-Omega Fatty Acids W/O Iron***	
<i>cvs prenatal gummy oral tablet chewable 0.4-113.5 mg</i>	HDHP; F
*Prenatal Mv & Minerals W/Fa Without Iron***	
<i>cvs prenatal gummy oral tablet chewable 0.4-25 mg</i>	HDHP; F
ONE A DAY PRENATAL	HDHP; F
<i>prenatal + complete multi oral therapy pack 0.267 & 373 mg</i>	HDHP; F
<i>prenatal adult gummy/dhalfa</i>	HDHP; F
<i>prenatal gummies/dha & fa</i>	HDHP; F
PRENATE	HDHP; F
*Prenatal Vitamins***	
PREMESISRX	HDHP; F
<i>prena1</i>	HDHP; F
PRENATE AM	HDHP; F
VITAFOL STRIPS	HDHP; F
VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE 1.4 MG	HDHP; F
Vasopressors	
*Anaphylaxis Therapy Agents***	
ADRENALIN INJECTION	HDHP
<i>epinephrine (anaphylaxis) injection solution 1 mg/ml</i>	HDHP
<i>epinephrine injection solution auto-injector</i>	QL (2 pens per month. Mylan Epinephrine is preferred product.); HDHP
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	QL (2 pens per month. Mylan Epinephrine is preferred product.); HDHP
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	QL (2 pens per month. Mylan Epinephrine is preferred product.); HDHP
SYMJEPI	HDHP
*Vasopressors***	
<i>epinephrine pf injection solution</i>	HDHP

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HUMALOG	11	<i>labetalol hcl</i>	23	<i>nicardipine hcl</i>	25
HUMALOG JUNIOR KWIKPEN	11	LANTUS	12	<i>nifedipine</i>	25
HUMALOG KWIKPEN	11	LANTUS SOLOSTAR	12	<i>nifedipine er</i>	25
HUMALOG MIX 50/50	11	LASIX	26	<i>nifedipine er osmotic release</i>	25
HUMALOG MIX 50/50 KWIKPEN	11	LESCOL XL	19	<i>nimodipine</i>	25
HUMALOG MIX 75/25	11	<i>levabuterol hcl</i>	6	<i>nisoldipine er</i>	25
HUMALOG MIX 75/25 KWIKPEN	11	<i>levabuterol tartrate</i>	6	NORVASC	25
HUMALOG TEMPO PEN	11	<i>levamlodipine maleate</i>	25	NOVOLIN 70/30	13
HUMALOG JUNIOR KWIKPEN	11	LEVEMIR	12	NOVOLIN 70/30 FLEXPEN	13
HUMALOG KWIKPEN	11	LEVEMIR FLEXPEN	12	NOVOLIN 70/30 FLEXPEN	
HUMALOG MIX 50/50	11	LEXAPRO	8	RELION	13
HUMALOG MIX 50/50 KWIKPEN	11	LIPITOR	19	NOVOLIN 70/30 RELION	13
HUMALOG MIX 75/25	11	<i>lisinopril</i>	21	NOVOLIN N	13
HUMALOG MIX 75/25 KWIKPEN	11	<i>lisinopril-hydrochlorothiazide</i>	20	NOVOLIN N FLEXPEN	13
HUMALOG TEMPO PEN	11	LIVALO	19	NOVOLIN N FLEXPEN RELION	13
HUMULIN 70/30	11				
HUMULIN 70/30 KWIKPEN	11				
HUMULIN N	11				
HUMULIN N KWIKPEN	11				
HUMULIN R	11				
HUMULIN R U-500					
(CONCENTRATED)	11				

NOVOLIN N RELION.....	13	<i>prenatal adult gummy/dhalfa</i>	30	SEMGLEE.....	14
NOVOLIN R.....	13	<i>prenatal complete</i>	28	SEMGLEE (YFGN).....	14
NOVOLIN R FLEXPEN.....	13	<i>prenatal formula</i>	28	<i>se-natal 19</i>	29
NOVOLIN R FLEXPEN RELION.....	13	<i>prenatal formula a-free</i>	28	SEREVENT DISKUS.....	6
NOVOLIN R RELION.....	13	<i>prenatal forte</i>	28	<i>sertraline hcl</i>	8
NOVOLOG.....	13	<i>prenatal gummies/dha & fa</i>	30	SIMILAC PRENATAL EARLY	
NOVOLOG FLEXPEN.....	13	<i>prenatal multi +dha</i>	28, 29	SHIELD.....	29
NOVOLOG MIX 70/30.....	13	PRENATAL MULTIVITAMIN +		<i>simvastatin</i>	19
NOVOLOG MIX 70/30 FLEXPEN.....	13	DHA	29	SINGULAIR.....	7
NOVOLOG PENFILL.....	14	<i>prenatal multivitamin plus dha</i>	29	<i>sm one daily prenatal</i>	29
NOVOLOG RELION.....	14	<i>prenatal one daily</i>	28	<i>sm prenatal vitamins</i>	29
NYMALIZE.....	25	<i>prenatal vitamin and mineral</i>	28	SOLIQUA.....	16
OB COMPLETE.....	28	<i>prenatal vitamins</i>	28	<i>sotalol hcl</i>	24
OB COMPLETE ONE.....	28	<i>prenataliron</i>	28	<i>sotalol hcl (af)</i>	24
OB COMPLETE PREMIER.....	28	<i>prenatal+dha</i>	29	SOTYLIZE.....	24
OB COMPLETE/DHA.....	28	PRENATAL-U	28	SPIRIVA HANDIHALER.....	7
OBSTETRIX ONE.....	29	PRENATE	30	SPIRIVA RESPIMAT.....	7
OBTREX.....	28	PRENATE AM	30	<i>spironolactone</i>	26
<i>olmesartan medoxomil</i>	22	PRENATE ENHANCE	29	<i>spironolactone-hctz</i>	25
<i>olmesartan medoxomil-hctz</i>	21	PRENATE RESTORE	29	STEGLATRO.....	17
<i>olmesartan-amlodipine-hctz</i>	22	<i>prenatvite complete</i>	28	STEGLUJAN.....	16
<i>omega-3-acid ethyl esters</i>	18	<i>prenatvite plus</i>	28	STIOLTO RESPIMAT.....	5
ONE A DAY PRENATAL.....	30	<i>prenatvite rx</i>	28	STRIVERDI RESPIMAT.....	6
<i>one vite womens</i>	28	PREVALITE	18	STUART ONE.....	29
ONE-A-DAY WOMENS		PROAIR DIGIHALER	6	SULAR.....	25
PRENATAL.....	28	PROAIR RESPICLICK	6	SYMBICORT.....	6
ONE-A-DAY WOMENS		PROCARDIA XL	25	SYMJEPI.....	30
PRENATAL 1.....	28	PROGLYCEM	9	SYMLINPEN 120.....	8
OSPHENA.....	26	<i>propranolol hcl</i>	24	SYMLINPEN 60.....	8
OZEMPIC (1 MG/DOSE).....	15	<i>propranolol hcl er</i>	24	SYNJARDY.....	17
OZEMPIC (2 MG/DOSE).....	15	PROVENTIL HFA	6	SYNJARDY XR.....	17
<i>paroxetine hcl</i>	8	PROVIDA OB	28	TAZTIA XT.....	25
<i>paroxetine hcl er</i>	8	PROZAC	8	TEKTRUNA.....	23
PAXIL.....	8	PULMICORT	7	<i>telmisartan</i>	22
PAXIL CR.....	8	PULMICORT FLEXHALER	8	<i>telmisartan-amlodipine</i>	21
<i>pentoxifylline er</i>	26	<i>px prenatal multivitamins</i>	28	<i>telmisartan-hctz</i>	21, 22
PERFOROMIST.....	6	QBRELIS	21	TENORETIC 100.....	23
<i>perindopril erbumine</i>	21	<i>qc prenatal</i>	28	TENORETIC 50.....	23
<i>pindolol</i>	24	QTERN	16	TENORMIN.....	24
<i>pioglitazone hcl</i>	18	QUESTRAN	18	<i>terazosin hcl</i>	23
<i>pioglitazone hcl-metformin hcl</i>	18	QUESTRAN LIGHT	18	<i>terbutaline sulfate</i>	6
<i>pitavastatin calcium</i>	19	<i>quinapril hcl</i>	21	THALITONE.....	26
PLAVIX.....	27	<i>quinapril-hydrochlorothiazide</i>	20	THERANATAL COMPLETE.....	30
<i>pnv tabs 20-1</i>	28	QVAR REDIHALER	8	THERANATAL ONE.....	30
<i>pnv-dha</i>	29	<i>ra prenatal</i>	28	THERANATAL OVAVITE.....	27
<i>pnv-dha+docusate</i>	29	<i>ra prenatal formula</i>	28	TIADYLT ER.....	25
<i>pnv-omega</i>	28	<i>ramipril</i>	21	TIAZAC.....	25
<i>pnv-select</i>	28	<i>relnate dha</i>	29	<i>timolol maleate</i>	24
<i>prasugrel hcl</i>	27	<i>repaglinide</i>	16	TOPROL XL.....	24
<i>pravastatin sodium</i>	19	REZVOGLAR KWIKPEN	14	<i>torseamide</i>	26
<i>prazosin hcl</i>	23	RIGHT STEP PRENATAL	29	TOUJEO MAX SOLOSTAR.....	14
PREMESISRX.....	30	RIOMET	9	TOUJEO SOLOSTAR.....	14
<i>prena1</i>	30	<i>risedronate sodium</i>	26	TRADJENTA.....	9
<i>prena1 pearl</i>	28	<i>rosuvastatin calcium</i>	19	<i>trandolapril</i>	21
<i>prenaissance</i>	29	ROSZET	20	<i>trandolapril-verapamil hcl er</i>	20
<i>prenaissance plus</i>	29	RYBELSUS	15	TRELEGY ELLIPTA.....	6
<i>prenatabs fa</i>	28	<i>saxagliptin hcl</i>	9	TRESIBA.....	14
<i>prenatal</i>	28	<i>saxagliptin-metformin er</i>	10	TRESIBA FLEXTOUCH.....	14
<i>prenatal + complete multi</i>	29, 30	SEGLUROMET	17	<i>triamterene-hctz</i>	25
<i>prenatal 19</i>	28	SELECT-OB	29	TRIBENZOR.....	22

TRIJARDY XR	16
TRILIPIX	19
<i>trinatal rx 1</i>	29
TRINATE	29
TRULICITY	15
TUDORZA PRESSAIR	7
<i>ultra prenatal + dha</i>	30
<i>valsartan</i>	22
<i>valsartan-hydrochlorothiazide</i>	22
VASCEPA	18
VASERETIC	20
VASOTEC	21
VECAMYL	23
VENTOLIN HFA	6
<i>verapamil hcl</i>	25
<i>verapamil hcl er</i>	25
VERELAN	25
VERELAN PM	25
VICTOZA	16
VINATE CARE	29
VINATE DHA RF	29
VINATE II	29
VINATE ONE	29
VITAFOL FE+	30
VITAFOL STRIPS	30
VITAFOL-NANO	29
VITAFOL-OB	29
VITAFOL-ONE	30
VITAMEDMD REDICHEW RX	30
VITAPEARL	29
VIVA DHA	29
VYTORIN	20
<i>warfarin sodium</i>	8
WELCHOL	18
<i>wesnata dha complete</i>	29
WIXELA INHUB	6
XIGDUO XR	17
XOPENEX HFA	6
XULTOPHY	16
YUPELRI	7
<i>zafirlukast</i>	7
ZEGALOGUE	9
ZESTORETIC	20
ZESTRIL	21
ZETIA	20
<i>zileuton er</i>	4
ZOCOR	19
ZOLOFT	8
ZONTIVITY	27
ZYFLO	4
ZYPITAMAG	20

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