



Your 2022 Prescription Drug List

Advantage 3-Tier

Effective September 1, 2022



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of September 1, 2022 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Plan, UnitedHealthcare Freedom Plans, River Valley, All Savers, Level2 and Oxford medical plans with a pharmacy benefit subject to the Advantage 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

Table of contents

Understanding your Prescription Drug List (PDL)	4
Medication tips	5
Reading your PDL	6
Questions	7
Analgesics	
Drugs for Pain	8
Drugs for Pain and Inflammation	9
Anti-Addiction / Substance Abuse Treatment Agents	10
Antibacterials	
Drugs for Infections	10
Anticoagulants	
Drugs to Treat or Prevent Blood Clots	11
Anticonvulsants	
Drugs for Seizures	11
Antidementia Agents	
Drugs for Alzheimer’s Disease and Dementia	12
Antidepressants	
Drugs for Depression	12
Antiemetics	
Drugs for Nausea and Vomiting	13
Antifungals	
Drugs for Fungal Infections	13
Antigout Agents	
Drugs for Gout	13
Antimigraine Agents	
Drugs for Migraines	13
Antineoplastics	
Drugs for Cancer	14
Antiparasitics	
Drugs for Parasitic Infections	14
Antiparkinson Agents	
Drugs for Parkinson’s Disease	14
Antiplatelets	
Drugs for Heart Attack and Stroke Prevention	15
Antipsychotics	
Drugs for Mood Disorders	15
Antivirals	
Drugs for Viral Infections	15
Anxiolytics	
Drugs for Anxiety	16
Bipolar Agents	
Drugs for Mood Disorders	16
Cardiovascular Agents	
Drugs for Heart and Circulation Conditions	16
Central Nervous System Agents	
Drugs for Attention Deficit Disorder	19
Drugs for Multiple Sclerosis	19
Miscellaneous	20
Dental and Oral Agents	
Drugs for Mouth and Throat Conditions	20



Dermatological Agents	
Drugs for Skin Conditions	20
Diabetes	
Glucose Monitoring	23
Insulin	25
Non-Insulin Agents	25
Drugs for Blood Disorders	26
Drugs for Sexual Dysfunction.	27
Electrolytes / Vitamins	27
Gastrointestinal Agents	
Drugs for Acid Reflux and Ulcer.	27
Drugs for Bowel, Intestine and Stomach Conditions	28
Genetic or Enzyme Disorder	
Drugs for Replacement, Modification, Treatment	28
Genitourinary Agents	
Drugs for Bladder, Genital and Kidney Conditions.	28
Drugs for Prostate Conditions	29
Hormonal Agents	
Hormone Replacement and Birth Control	29
Oral Steroids	32
Other	32
Testosterone Replacement.	33
Thyroid	33
Immunological Agents	
Drugs for Immune System Stimulation or Suppression.	33
Infertility Agents.	34
Inflammatory Bowel Disease Agents.	35
Metabolic Bone Disease Agents	
Drugs for Osteoporosis.	35
Ophthalmic Agents	
Drugs for Eye Allergy, Infection and Inflammation	35
Drugs for Glaucoma	36
Drugs for Miscellaneous Eye Conditions	36
Otic Agents	
Drugs for Ear Conditions.	37
Respiratory	
Drugs for Anaphylaxis	37
Respiratory Tract / Pulmonary Agents	
Drugs for Allergies, Cough, Cold	37
Drugs for Asthma and COPD	37
Drugs for Cystic Fibrosis.	38
Drugs for Pulmonary Hypertension	38
Skeletal Muscle Relaxants	
Drugs for Muscle Pain and Spasm.	38
Sleep Disorder Agents	39
Index.	40



Understanding your Prescription Drug List (PDL)

What is a PDL?

This document is a list of the most commonly prescribed medications. It includes both brand-name and generic prescription medications approved by the Food and Drug Administration (FDA). Medications are listed by common categories or classes and placed in tiers that represent the cost you pay out-of-pocket. They are then listed in alphabetical order.

How do I use my PDL?

You and your doctor can consult the PDL to help you select the most cost-effective prescription medications. This guide tells you if a medication is generic or a brand-name, and if there are coverage requirements or limits. Bring this list with you when you see your doctor. If your medication is not listed here, please visit your plan's member website or call the toll-free member phone number on your member ID card.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, set by your employer or benefit plan. This is how much you will pay when you fill a prescription. See page 6 for more information.

When does the PDL change?

PDL changes typically occur 2-3 times per year. However, changes that have a positive impact for you — such as coverage for new medications or cost savings — may occur at any time. You can log in to the member website listed on your member ID card at any time to check your medication coverage and lower-cost options.

Why are some medications excluded from coverage?

We review medications based on their total value, including effectiveness and safety, how much they cost, and the availability of alternative medications to treat the same or similar medical conditions. Certain medications may be excluded from coverage or be subject to prior authorization (sometimes referred to as precertification)¹ if similar alternatives are available at a lower cost. Examples include medications that work the same way, but one is much more expensive than the other, or options that are available without a prescription (also referred to as over-the-counter medications²). There are also some instances where the same product can be made by two or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your member ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Who decides which medications are covered?

Thousands of medications are already available and more come to the market regularly. Often, several medications are available to treat the same condition. The UnitedHealthcare® Pharmacy and Therapeutics Committee, which includes both internal and external doctors and pharmacists, meets regularly to provide clinical reviews of all medications. Using this information, the PDL Management Committee, which includes senior UnitedHealth Group® doctors and business leaders, meets to evaluate overall health care value. They also set coverage and tier status for all medications.

About this PDL

Where differences exist between this PDL and your benefit plan documents, the benefit plan documents rule. This PDL is not a complete list of medications, and not all medications listed may be covered by your plan. Please look at the benefit plan documents provided by your employer or health plan to see which medications are covered under your plan.

1. Depending on your benefit, you may have notification or medical necessity requirements for select medications.
2. For New York and New Jersey plans, a prescription drug product that is therapeutically equal to an over-the-counter drug may be covered if it is determined to be medically necessary.



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. Once the patent for a brand-name medication ends, the FDA can approve a generic version with the same active ingredients. These types of medications are known as generic medications. Sometimes, the same company that makes a brand-name medication also makes the generic version.

What if my doctor writes a brand-name prescription?

If your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower-cost option is available and could be right for you. Generic medications are usually your lowest-cost option, but not always. For some benefit plans, if a brand-name drug is prescribed and a generic equal is available, your cost-share may be the copayment PLUS the cost difference between the brand-name drug and the generic equivalent.

What if I am taking a specialty medication?

Specialty medications are high-cost and are used to treat rare or complex conditions that require additional care and support. For most plans, these medications are managed through the specialty pharmacy program. Take advantage of personalized support designed to help you get the most out of your treatment plan. Visit the member website listed on your member ID card or call the toll-free phone number on your member ID card to learn more.

Please note, not all specialty medications are listed here. If you're taking a specialty medication that is on a higher tier, call the toll-free phone number on your member ID card to talk with a pharmacist about finding lower-cost options.

Over-the-counter (OTC) medications

An OTC medication may be the right treatment option for some conditions. Talk to your doctor about available OTC options. Even though these 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 doctor can decide your best course of treatment. In this PDL, brand-name medications are shown in UPPERCASE and generic medications in lowercase.

Tier information

Using lower-tier medications can help you pay your lowest out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high deductible plan, the tier cost levels may apply once you hit your deductible.

In the chart below, overall value indicates medications' effectiveness and safety, cost, and the availability of alternative medications to treat the same or similar medical condition(s).

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lower-cost Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost Medications that provide good overall value. A mix of brand name and generic drugs.	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
Tier 3	\$\$\$ Highest-cost Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Ask your doctor if a Tier 1 or Tier 2 option could work for you.

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.

E	May be excluded from coverage or subject to Prior Authorization in Connecticut, New Jersey and New York. (Referred to as First Start in New Jersey) —Lower-cost options are available and covered.
H	Health Care Reform Preventive —This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.
H-PA	Health Care Reform Preventive with Prior Authorization —May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.
PA	Prior Authorization (sometimes referred to as precertification) ³ —Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.
QL	Quantity Limits —Specifies the largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program ⁴ —Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
SP	Specialty Medication —Specialty medications treat complex or rare conditions and may require special storage and handling. You may be required to obtain these medications from a specialty pharmacy.
ST	Step Therapy (referred to as First Start in New Jersey) —Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered.

3. Depending on your benefit, you may have notification or medical necessity requirements for select medications.

4. Not applicable to Neighborhood Health Plan, some UnitedHealthcare Freedom Plans and Oxford plans.



Reading your PDL (continued)

Coverage details

Some drug classes in this PDL have additional/important coverage details. Review this list to see if drug classes that apply to you are noted.

- **Diabetes: blood glucose monitoring; insulin; non-insulin**

Diabetic supplies and prescription medications may be subject to different cost-share arrangements for Oxford plans. Please see your Summary of Benefits and Coverage (SBC) for specifics.

- **Diabetes: continuous glucose monitors, sensors**

Coverage is set by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Diabetic self-management items, including continuous glucose monitors, may be covered under the consumer pharmacy and/or medical plan depending on the benefit.

- **Endocrine: growth hormone**

Coverage is set by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share.

- **Infertility**

Coverage is set by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Prior authorization (sometimes referred to as precertification) may be required for Oxford plans or where a state mandates infertility drug coverage. This is not a covered benefit for Neighborhood Health Plan.

- **Medications for sexual dysfunction**

Coverage is set by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share.

Questions

For the most current list of covered medications or if you have questions:



Call the toll-free phone number on your member ID card



Visit your plan's member website listed on your member ID card to:

- View your pharmacy benefit and coverage information, including prescription history
- View medication interactions and side effects
- Locate a participating retail pharmacy by ZIP code
- Look up possible lower-cost medication alternatives
- Compare medication pricing and options

And, if home delivery services are included in your pharmacy benefit, you can also:

- Refill prescriptions
- Check the status of your order
- Set up reminders for refills
- Manage your account

Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine	1	
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
apap-caff-dihydrocodeine oral capsule	3	QL
apap-caff-dihydrocodeine oral tablet	1	QL
bac	1	QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
butalbital-apap-caffeine oral tablet	1	QL
CONZIP	E	QL
DILAUDID ORAL	3	
DUROLANE	E	
endocet	1	
ESGIC	3	QL
EUFLEXXA	E	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, ST, QL
FIORICET	3	QL
GELSYN-3	E	
HYALGAN	E	
hydrocodone bitartrate er oral capsule extended release 12 hour	3	PA, ST, QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	E	PA, ST, QL
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	
hydromorphone hcl er	3	PA, ST, QL

Drug Name	Drug Tier	Requirements & Limits
hydromorphone hcl oral	1	
hydromorphone hcl rectal	1	
HYSINGLA ER	E	PA, ST, QL
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine-prilocaine external cream	1	
LIDODERM	E	PA, QL
LORTAB	3	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	
morphine sulfate er oral capsule extended release 24 hour	E	PA, ST, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral solution 10 mg/5ml	1	
MORPHINE SULFATE ORAL SOLUTION 20 MG/5ML	3	
morphine sulfate oral tablet	1	
morphine sulfate rectal	1	
MS CONTIN	3	PA, ST, QL
NALOCET	E	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA, QL
OXAYDO	E	QL
OXYCODONE HCL ER	E	PA, ST, QL
oxycodone hcl oral capsule	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	
oxycodone hcl oral solution	1	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	
oxycodone hcl oral tablet 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION	E	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	E	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	E	QL

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
OXYCONTIN	E	PA, ST, QL
PERCOCET	E	
premium lidocaine	2	QL
PROLATE	E	
QDOLO	E	PA, QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	E	
ROXICODONE ORAL TABLET 5 MG	E	QL
SUBSYS	E	PA, QL
SUPARTZ FX	E	
tramadol hcl er (biphasic)	E	(generic for Ryzolt), QL
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	E	QL
tramadol hcl er oral tablet extended release 24 hour	2	(generic for Ultram ER), QL
tramadol hcl oral tablet 100 mg	E	
tramadol hcl oral tablet 50 mg	1	
TREZIX	3	QL
TRILURON	E	
ULTRAM	E	
VTOL LQ	2	PA, QL
XTAMPZA ER	2	PA, QL
ZEBUTAL	3	QL
ZTLIDO	3	PA, QL

Analgesics - Drugs for Pain and Inflammation

ANAPROX DS	E	
CATAFLAM	E	
CELEBREX	E	QL
celecoxib oral	2	QL
diclofenac potassium oral tablet 25 mg	E	
diclofenac potassium oral tablet 50 mg	2	
diclofenac sodium er	3	
diclofenac sodium external gel 1 %	E	
diclofenac sodium external solution	E	
diclofenac sodium oral	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	

Drug Name	Drug Tier	Requirements & Limits
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	3	
ec-naproxen	1	
etodolac	2	
etodolac er	3	
ibuprofen oral suspension 100 mg/5ml	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN	3	PA
indomethacin er	2	
INDOMETHACIN ORAL CAPSULE 20 MG	E	
indomethacin oral capsule 25 mg, 50 mg	1	
KETOROLAC TROMETHAMINE NASAL	3	ST, QL
ketorolac tromethamine oral	1	
LODINE	E	
LOFENA	E	
meloxicam oral capsule	E	QL
meloxicam oral tablet	1	
MOBIC	E	
nabumetone oral	1	
NAPRELAN	E	
NAPROSYN ORAL SUSPENSION	E	PA
NAPROSYN ORAL TABLET	E	
naproxen oral suspension	E	PA
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	E	
NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	E	
naproxen sodium oral tablet 275 mg, 550 mg	2	
PENNSAID	E	
RELAFEN	E	
RELAFEN DS	E	
SPRIX	3	ST, QL

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
TIVORBEX	E	
VIVLODEX	E	QL
ZIPSOR	E	
Anti-Addiction / Substance Abuse Treatment Agents		
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	2	QL
KLOXXADO	2	QL
naloxone hcl injection	1	
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	2	QL
SUBOXONE	E	PA, QL
varenicline tartrate	3	PA, H
ZIMHI	E	
ZUBSOLV	2	QL
Antibacterials - Drugs for Infections		
ACTICLATE	E	
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
amoxicillin-potassium clavulanate er	E	
AUGMENTIN	E	
AUGMENTIN ES-600	E	
avidoxy	1	
azithromycin oral	1	
BACTRIM	3	
BACTRIM DS	3	
cefadroxil	1	
cefdinir	1	
cefuroxime axetil	1	
CENTANY	3	QL
CENTANY AT	E	
cephalexin	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
clarithromycin er	2	
clarithromycin oral suspension reconstituted	2	
clarithromycin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	

Drug Name	Drug Tier	Requirements & Limits
clindamycin hcl oral	1	
CLINDESSE	2	
coremino	E	PA
DIFICID	3	QL
DORYX	E	
DORYX MPC	E	
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	E	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	E	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	1	
FLAGYL	3	
levofloxacin oral	1	
LYMEPAK	E	
metronidazole oral	1	
metronidazole vaginal	2	
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	E	PA
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg	E	PA
minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg	E	PA
minocycline hcl oral capsule	1	
minocycline hcl oral tablet	E	
MINOLIRA	E	PA
mondoxyne nl	1	
mupirocin calcium	3	QL

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
mupirocin external	1	QL
NUVESSA	E	
NUZYRA ORAL	3	QL
penicillin v potassium	1	
SOLODYN	E	PA
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
TARGADOX	E	
vandazole	2	
VIBRAMYCIN ORAL CAPSULE	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	
XENLETA ORAL	3	
XEPI	3	QL
XIMINO	E	PA
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium	2	QL
jantoven	1	
LOVENOX	E	QL
PRADAXA	2	QL
warfarin sodium oral	1	
XARELTO ORAL SUSPENSION RECONSTITUTED	2	
XARELTO ORAL TABLET	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
BRIVIACT ORAL SOLUTION	3	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er oral capsule extended release 12 hour	2	
carbamazepine er oral tablet extended release 12 hour	3	
carbamazepine oral	1	
CARBATROL	3	
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA, ST

Drug Name	Drug Tier	Requirements & Limits
DEPAKOTE SPRINKLES	3	PA, ST
DIASTAT ACUDIAL	3	QL
DIASTAT PEDIATRIC	2	QL
diazepam rectal	1	QL
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
ELEPSIA XR	E	PA
epitol	1	
EPRONTIA	E	
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet	1	
KEPPRA ORAL	3	PA, ST
KEPPRA XR	3	PA, ST
LAMICTAL	3	PA, ST
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG	3	PA, ST
LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG	3	PA, ST
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	PA, ST
LAMICTAL STARTER	3	PA, ST
LAMICTAL XR	3	PA, ST
lamotrigine er	3	PA, ST
lamotrigine oral kit	3	PA, ST
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	PA, ST
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	2	
levetiracetam oral	1	
NAYZILAM	3	PA, QL
NEURONTIN	3	PA, ST
oxcarbazepine	1	
OXTELLAR XR	E	ST

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
QUDEXY XR	E	ST
roweepra	1	
SPRITAM	E	ST
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL	3	
TEGRETOL-XR	3	
TOPAMAX	3	PA, ST
TOPAMAX SPRINKLE	3	PA, ST
topiramate er	E	ST
topiramate oral	1	
TRILEPTAL	3	PA, ST
TROKENDI XR	E	ST
VALTOCO	3	PA, QL
VIMPAT ORAL	3	PA
XCOPRI	3	PA
ZONEGRAN	3	PA, ST
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT	E	
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	E	
donepezil hcl oral tablet dispersible	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	
CELEXA	E	
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	E	
citalopram hydrobromide oral solution	1	

Drug Name	Drug Tier	Requirements & Limits
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	QL
desvenlafaxine succinate er	3	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
DRIZALMA SPRINKLE	3	PA, QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	QL
duloxetine hcl oral capsule delayed release particles 40 mg	E	
EFFEXOR XR	E	
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	3	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	3	QL
fluoxetine hcl oral tablet 20 mg	3	
fluoxetine hcl oral tablet 60 mg	E	
fluvoxamine maleate	1	
fluvoxamine maleate er	3	QL
FORFIVO XL	E	QL
LEXAPRO	E	
mirtazapine oral	1	
nortriptyline hcl oral	1	
PAMELOR	E	
paroxetine hcl er	3	QL
paroxetine hcl oral suspension	3	
paroxetine hcl oral tablet	1	
PAXIL CR	E	QL
PAXIL ORAL SUSPENSION	3	
PAXIL ORAL TABLET	E	
PRISTIQ	E	QL
PROZAC	E	
REMERON	E	
REMERON SOLTAB	E	
SERTRALINE HCL ORAL CAPSULE	E	QL
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	E	QL
VIIBRYD	3	QL
VIIBRYD STARTER PACK	3	
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	

Antiemetics - Drugs for Nausea and Vomiting

BONJESTA	E	PA
DICLEGIS	E	PA
doxylamine-pyridoxine	E	PA
GIMOTI	E	QL
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	E	
ondansetron hcl oral	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
promethegan	1	
REGLAN	3	
scopolamine	3	
TRANSDERM-SCOP	E	
ZUPLENZ	E	QL

Antifungals - Drugs for Fungal Infections

ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox treatment	E	
CRESEMBA ORAL	3	
DIFLUCAN	E	
EXTINA	3	ST
fluconazole oral	1	

Drug Name	Drug Tier	Requirements & Limits
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external foam	3	ST
ketoconazole external shampoo	1	
ketodan external foam	3	ST
LOPROX EXTERNAL SHAMPOO	E	
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystop	1	QL
terbinafine hcl oral	1	QL
terconazole	1	
XOLEGEL	3	

Antigout Agents - Drugs for Gout

allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	
colchicine oral tablet	E	
COLCRYS	E	
febuxostat	3	ST, QL
GLOPERBA	3	PA
MITIGARE	2	
ULORIC	E	ST, QL
ZYLOPRIM	3	

Antimigraine Agents - Drugs for Migraines

AIMOVIG	2	PA, ST
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, ST, QL
AMERGE	E	QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA, ST, QL
EMGALITY (300 MG DOSE)	2	PA, ST, QL
IMITREX ORAL	E	QL
IMITREX STATDOSE REFILL	E	QL
IMITREX STATDOSE SYSTEM	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
naratriptan hcl	1	QL
NURTEC ODT	2	PA, ST, QL
ONZETRA XSAIL	E	QL
RELPAK	E	QL

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge	1	QL
sumatriptan succinate subcutaneous	1	QL
UBRELVY	2	PA, ST, QL
ZEMBRACE SYMTOUCH	E	QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	QL
zolmitriptan nasal solution 5 mg	E	QL
zolmitriptan oral tablet	2	QL
zolmitriptan oral tablet dispersible	3	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	2	QL
ZOMIG ORAL	E	QL
Antineoplastics - Drugs for Cancer		
ALECENSA	2	PA, QL, SP
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
bexarotene	E	SP
CALQUENCE	2	PA, QL, SP
capecitabine	1	QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA	2	PA, QL, SP
EXKIVITY	3	PA, QL, SP
FEMARA	E	
fluorouracil external solution	1	
GAVRETO	3	PA, QL, SP
IBRANCE	2	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL, SP
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	2	PA, QL, SP
letrozole oral	1	H-PA
LYNPARZA	2	PA, QL, SP
mercaptopurine oral	1	

Drug Name	Drug Tier	Requirements & Limits
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
PURIXAN	3	PA, SP
REVLIMID	2	PA, QL, SP
ROZLYTREK	2	PA, QL, SP
SOLTAMOX	E	
STIVARGA	2	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TARGRETIN EXTERNAL	3	QL, SP
TARGRETIN ORAL	2	SP
TASIGNA	2	PA, ST, QL, SP
UKONIQ	3	PA, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XELODA	E	QL, SP
ZEJULA	2	PA, QL, SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	3	QL
atovaquone-proguanil hcl	2	
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	QL
MALARONE	3	
permethrin external	1	
PLAQUENIL	E	
Antiparkinson Agents - Drugs for Parkinson's Disease		
APOKYN	3	PA, QL, SP
apomorphine hcl subcutaneous	1	PA, QL, SP
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
DHIVY	E	
DUOPA	3	PA
INBRIJA	3	PA, QL, SP
KYNMOBI	3	PA, QL, SP
KYNMOBI TITRATION KIT	3	PA, SP
MIRAPEX ER	E	
NOURIANZ	3	PA, QL
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	E	

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
ropinirole hcl	1	
ropinirole hcl er	E	
RYTARY	E	
SINEMET	3	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	3	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	
ZONTIVITY	3	QL
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	QL
aripiprazole oral solution	3	
aripiprazole oral tablet	2	QL
aripiprazole oral tablet dispersible	2	QL
asenapine maleate	E	QL
GEODON ORAL	E	QL
LATUDA	3	QL
olanzapine oral tablet	1	QL
olanzapine oral tablet dispersible	2	QL
quetiapine fumarate	1	
quetiapine fumarate er	3	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	3	QL
SEROQUEL	E	
SEROQUEL XR	E	QL
VRAYLAR	3	QL
ziprasidone hcl	2	QL
ZYPREXA ORAL	E	QL
ZYPREXA ZYDIS	E	QL
Antivirals - Drugs for Viral Infections		
acyclovir oral	1	
ATRIPLA	E	ST, QL
BARACLUDE ORAL SOLUTION	2	SP
BARACLUDE ORAL TABLET	E	SP
CIMDUO	2	QL
DESCOVY ORAL TABLET 200-25 MG	E	PA, ST, QL
DESCOVY TABLET 120-15 MG ORAL	E	PA, ST

Drug Name	Drug Tier	Requirements & Limits
DOVATO	2	QL
efavirenz-emtricitab-tenofovir	2	ST, QL
efavirenz-lamivudine-tenofovir	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	1	SP
EPCLUSA ORAL PACKET 150-37.5 MG	2	PA, QL, SP
EPCLUSA ORAL PACKET 200-50 MG	2	PA, SP
EPCLUSA ORAL TABLET	2	PA, QL, SP
GENVOYA	3	QL
HARVONI ORAL PACKET	2	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET ORAL PACKET	2	QL, SP
MAVYRET ORAL TABLET	2	PA, QL, SP
NORVIR ORAL PACKET	2	
NORVIR ORAL SOLUTION	2	
NORVIR ORAL TABLET	E	
ODEFSEY	3	QL
oseltamivir phosphate oral capsule	2	
oseltamivir phosphate oral suspension reconstituted	2	QL
PREZCOBIX	2	
PREZISTA	2	
ritonavir	2	
RUKOBIA	3	PA
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	3	QL
SYMFI	2	QL
SYMFI LO	2	QL
TAMIFLU ORAL CAPSULE	E	
TAMIFLU ORAL SUSPENSION RECONSTITUTED	E	QL

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
TEMIXYS	E	QL
tenofovir disoproxil fumarate	2	H
TIVICAY	3	
TIVICAY PD	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	QL
VALTREX	E	QL
VEMLIDY	3	ST, SP
VIREAD ORAL POWDER	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZEPATIER	2	PA, QL, SP
ZOVIRAX ORAL	3	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
clonazepam oral	1	
diazepam intensol	1	
diazepam oral	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
LOREEV XR	E	
triazolam	1	

Drug Name	Drug Tier	Requirements & Limits
VALIUM	E	
VISTARIL	3	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	E	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTONE	E	
aliskiren fumarate	3	
ALTACE	E	
ALTOPREV	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	QL, H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	QL
AVALIDE	E	
AVAPRO	E	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
BETAPACE	E	
BIDIL	2	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
BYSTOLIC	E	
CALAN SR	3	
CARDIZEM	E	
CARDIZEM CD	E	

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CARDIZEM LA	E		guanfacine hcl	1	
CARDURA	3		HEMANGEOL	E	
CAROSPIR	3	PA	hydralazine hcl oral	1	
cartia xt	2		hydrochlorothiazide oral	1	
carvedilol	1		HYZAAR	E	
chlorthalidone	1		icosapent ethyl	E	PA
clonidine hcl oral	1		INDERAL LA	E	
colesevelam hcl	E		irbesartan	1	
COREG	E		irbesartan-hydrochlorothiazide	1	
CORGARD	3		isosorbide mononitrate	1	
CORLANOR	3	PA, QL	isosorbide mononitrate er	1	
COZAAR	E		KAPSPARGO SPRINKLE	3	
CRESTOR	E	QL	labetalol hcl oral	1	
diltiazem hcl er	1		LASIX	3	
diltiazem hcl er coated beads	2		LIPITOR	E	QL
diltiazem hcl oral	1		LIPOFEN	E	
dilt-xr	1		lisinopril oral	1	
DIOVAN	E		lisinopril-hydrochlorothiazide	1	
DIOVAN HCT	E		LOPID	3	
doxazosin mesylate oral	1		LOPRESSOR	3	
EDARBI	3		losartan potassium oral	1	
EDARBYCLOR	3		losartan potassium-hctz	1	
enalapril maleate oral solution	3	PA	LOTENSIN	3	
enalapril maleate oral tablet	1		LOTENSIN HCT	3	
EPANED	3	PA	LOTREL	E	
EXFORGE	E		lovastatin oral	1	H
EZALLOR SPRINKLE	3	PA	LOVAZA	E	
ezetimibe	2		matzim la	2	
ezetimibe-simvastatin	3		MAXZIDE	3	
fenofibrate oral capsule 150 mg, 50 mg	E		MAXZIDE-25	3	
fenofibrate oral tablet 120 mg, 40 mg, 48 mg	E		metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
fenofibrate oral tablet 145 mg, 160 mg, 54 mg	2		metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
FENOGLIDE	E		metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
flecainide acetate	1		metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
FLOLIPID	3	PA	MICARDIS	E	
furosemide oral	1		MINIPRESS	3	
gemfibrozil oral	1				
GONITRO	E	QL			

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
MULTAQ	3	PA
nadolol oral	1	
nebivolol hcl	E	
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
niacin (antihyperlipidemic)	E	
niacin er (antihyperlipidemic)	2	
niacor	E	
NIASPAN	E	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
NITRO-BID	2	
NITRO-DUR	3	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
nitroglycerin translingual	E	QL
NITROLINGUAL	E	QL
NITROMIST	3	QL
NITROSTAT	3	
NITRO-TIME	3	
NORVASC	E	
olmesartan medoxomil oral	2	
olmesartan medoxomil-hctz	2	
omega-3-acid ethyl esters	2	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	3	
PRALUENT	E	PA, ST, QL
pravastatin sodium	1	
prazosin hcl oral	1	
PROCARDIA XL	E	
propranolol hcl er	2	
propranolol hcl oral	1	
QBRELIS	3	PA
quinapril hcl	1	
ramipril	1	
RANEXA	E	
ranolazine er	2	
REPATHA	2	PA, ST, QL

Drug Name	Drug Tier	Requirements & Limits
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL
REPATHA SURECLICK	2	PA, ST, QL
rosuvastatin calcium	2	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOAANZ	E	
sotalol hcl oral	1	
SOTYLIZE	3	PA
spironolactone oral	1	
TEKTURNA	3	
TEKTURNA HCT	3	
telmisartan	2	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
THALITONE	E	
TOPROL XL	E	
torsemide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan	2	
valsartan-hydrochlorothiazide	1	
VASCEPA	E	PA
VASOTEC	E	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM	3	
VERQUVO	3	PA, QL
VYTORIN	E	
WELCHOL	2	
ZESTORETIC	E	
ZESTRIL	E	

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	3	
ZOCOR	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	2	QL
ADHANSIA XR	E	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	E	QL
APTENSIO XR	E	QL
atomoxetine hcl	3	QL
CONCERTA	2	QL
DEXEDRINE	E	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	3	QL
dextroamphetamine sulfate er	3	QL
dextroamphetamine sulfate oral solution	1	
dextroamphetamine sulfate oral tablet	E	
FOCALIN	3	
FOCALIN XR	E	QL
guanfacine hcl er	2	QL
INTUNIV	E	QL
JORNAY PM	E	QL
METHYLIN	3	
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	
methylphenidate hcl er (xr)	E	QL
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	3	QL
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	E	QL

Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl er oral tablet extended release 24 hour	E	QL
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	
methylphenidate hcl oral tablet chewable	3	
MYDAYIS	E	QL
PROCENTRA	3	
QUILLICHEW ER	E	QL
QUILLIVANT XR	E	QL
relexxii	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	3	QL
ZENZEDI	E	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	E	PA, QL, SP
AUBAGIO	3	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
dalfampridine er	2	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
GILENYA	3	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	2	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
REBIF	E	PA, QL, SP
REBIF REBIDOSE	E	PA, QL, SP
REBIF REBIDOSE TITRATION PACK	E	PA, QL, SP
REBIF TITRATION PACK	E	PA, QL, SP

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, QL, SP
EXSERVAN	E	PA, SP
LYRICA	3	PA, ST, QL
LYRICA CR	E	ST, QL
NUEDEXTA	2	PA, QL
pregabalin er	E	ST, QL
pregabalin oral capsule	2	QL
pregabalin oral solution	3	QL
RILUTEK	E	SP
riluzole	1	SP
TIGLUTIK	3	PA
ZEPOSIA	3	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT	3	PA, ST, QL, SP
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cavarest	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	3	
DENTAGEL	3	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
JUST RIGHT 5000	3	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	3	
PERIDEX	3	
periogard	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
PREVIDENT MOUTH/THROAT	3	

Drug Name	Drug Tier	Requirements & Limits
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	
sodium fluoride mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	PA
accutane	2	
ACZONE	3	QL
ALA SCALP	3	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	
ALDARA	3	QL
ALTRENO	E	PA, QL
amnestem	2	
AMZEEQ	3	PA, QL
ATRALIN	E	PA, QL
AVAR CLEANSER	3	
AVAR LS CLEANSER	E	
AVAR-E EMOLLIENT	3	
AVAR-E GREEN	3	
AVAR-E LS	3	
AVITA	E	PA, QL
azelaic acid external	3	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external gel	1	
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	2	
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	2	
bp 10-1	1	
calcipotriene-betameth diprop	E	QL
calcitriol external	1	QL

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
CAPEX	2	
CARAC	E	
claravis	2	
CLENIA PLUS	E	
CLEOCIN-T	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phosphate external foam	3	
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	QL
clindamycin phosphate external swab	1	
clindamycin phosphate gel 1 % external	E	QL
clindamycin phosphate gel 1 % external	3	QL
clobetasol propionate external cream	2	QL
clobetasol propionate external foam	E	QL
clobetasol propionate external gel	2	QL
clobetasol propionate external liquid	1	QL
clobetasol propionate external lotion	E	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external shampoo	E	QL
clobetasol propionate external solution	1	QL
CLOBEX	E	QL
CLOBEX SPRAY	E	QL
clodan external shampoo	E	QL
clotrimazole-betamethasone external cream	1	QL
clotrimazole-betamethasone external lotion	1	
dapsone gel	E	QL
DERMA-SMOOTH/FS BODY	3	QL

Drug Name	Drug Tier	Requirements & Limits
DERMA-SMOOTH/FS SCALP	3	
desonide external cream	3	QL
desonide external gel	3	ST, QL
desonide external lotion	3	QL
desonide external ointment	3	QL
DESOWEN	3	QL
desrx	3	ST, QL
DIPROLENE	3	
DUPIXENT	3	PA, ST, QL, SP
EFUDEX	3	
ENSTILAR	3	QL
EUCRISA	3	ST, QL
EVOCLIN	3	
FINACEA	3	
fluocinolone acetonide body	3	QL
fluocinolone acetonide external cream	3	QL
fluocinolone acetonide external ointment	2	QL
fluocinolone acetonide external solution	3	QL
fluocinolone acetonide scalp	3	
fluocinonide external cream 0.05 %	1	
fluocinonide external cream 0.1 %	E	QL
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
FLUOROPLEX	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
imiquimod external cream 3.75 %	E	QL
imiquimod external cream 5 %	1	QL
imiquimod pump	E	QL
IMPEKLO	E	QL

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
IMPOYZ	E	QL
isotretinoin capsule 10 mg oral	E	PA
isotretinoin capsule 10 mg oral	2	(generic for Absorica)
isotretinoin capsule 20 mg oral	E	PA
isotretinoin capsule 20 mg oral	2	(generic for Absorica)
isotretinoin capsule 30 mg oral	E	PA
isotretinoin capsule 30 mg oral	2	(generic for Absorica)
isotretinoin capsule 40 mg oral	E	PA
isotretinoin capsule 40 mg oral	2	(generic for Absorica)
isotretinoin oral capsule 25 mg, 35 mg	E	PA
ivermectin external cream	E	QL
KENALOG EXTERNAL	E	QL
KLISYRI	3	ST, QL
METROCREAM	3	
METROGEL	E	
METROLOTION	3	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
metronidazole external gel 1 %	E	
metronidazole external lotion	1	
MIRVASO	3	PA, QL
mometasone furoate external	1	
myorisan	2	
neuac external gel	3	QL
NORITATE	E	
OLUX	E	QL
PICATO EXTERNAL GEL 0.015 %, 0.05 %	3	QL
PLEXION	E	
PLEXION CLEANSER	E	
PLEXION CLEANSING CLOTH	E	
RETIN-A	E	PA, QL
RHOFADE	3	PA, QL
rosadan external cream	1	
rosadan external gel	1	
SERNIVO	E	QL

Drug Name	Drug Tier	Requirements & Limits
SOOLANTRA	3	QL
sss 10-5	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external cream 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %, 9-4.5 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %	1	
sulfacetamide sodium-sulfur external lotion 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external pad 10-4 %	1	
sulfacetamide sodium-sulfur external pad 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide sodium-sulfur external suspension 8-4 %	E	
sulfacetamide sod-sulfur wash	1	
SULFACLEANSE 8/4	E	
sulfamez wash	1	
SUMADAN WASH	E	
SUMAXIN	3	
SYNALAR	E	QL
TACLONEX EXTERNAL OINTMENT	E	QL
TACLONEX EXTERNAL SUSPENSION	3	QL
tazarotene external cream	3	PA, QL
TAZORAC	3	PA, QL
TEMOVATE	3	QL
TEXACORT	2	
tretinoin external cream	3	QL
tretinoin external gel 0.01 %, 0.025 %	E	QL
tretinoin external gel 0.05 %	E	PA, QL
triamcinolone acetonide external aerosol solution	2	QL

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
triamcinolone in absorbase	E	
TRIANEX	E	
triderm external cream 0.1 %	1	
triderm external cream 0.5 %	1	QL
TRIDESILON	3	QL
tritocin	E	
VANOS	E	QL
VECTICAL	E	QL
VERDESO	E	QL
WYNZORA	E	QL
zenatane	2	
ZILXI	3	PA, ST, QL
ZYCLARA	E	QL
ZYCLARA PUMP	E	QL
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	E	QL
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK FASTCLIX LANCETS	1	
ACCU-CHEK GUIDE BLOOD GLUCOSE METER	3	
ACCU-CHEK GUIDE KIT W/DEVICE	3	(Accu-Chek Guide Me)
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK MULTICLIX LANCET KIT	1	
ACCU-CHEK MULTICLIX LANCETS	1	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFT TOUCH LANCETS	1	

Drug Name	Drug Tier	Requirements & Limits
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK SOFTCLIX LANCETS	1	
ACCUTREND GLUCOSE	E	QL
bd autoshield duo pen needles	2	
bd ultra-fine insulin syringes	2	
bd ultra-fine pen needles	2	
BLOOD GLUCOSE TEST STRIPS	E	QL
CARETOUCH MONITOR SYSTEM	E	
CARETOUCH TEST	E	QL
CHEMSTRIP BG LOG BOOK	1	
CONTOUR MONITOR DEVICE	E	
CONTOUR MONITOR KIT W/DEVICE	E	
CONTOUR NEXT BLOOD GLUCOSE METER	E	
CONTOUR NEXT EZ KIT W/DEVICE	2	
CONTOUR NEXT LINK KIT W/DEVICE	E	
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE DEVICE	E	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT TEST STRIPS	2	QL
CONTOUR TEST STRIPS	E	QL
CVS ADVANCED GLUCOSE TEST	E	QL
CVS GLUCOSE METER TEST STRIPS	E	QL
D-CARE BLOOD GLUCOSE	E	QL
D-CARE GLUCOMETER	E	
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
EASY TOUCH TEST	E	QL
EASYMAX 15 TEST	E	QL
EASYMAX NG BLOOD GLUCOSE	E	
EASYMAX V BLOOD GLUCOSE	E	
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	E	QL
FORTISCARE G1 TEST STRIP	E	QL

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
FORTISCARE T1 GLUCOSE SYSTEM	E		ONETOUCH SOLUTIONS STARTER KIT	E	
FORTISCARE TEST	E	QL	ONETOUCH SURESOFT LANCING DEV	1	
FREESTYLE LIBRE 14 DAY READER	3	PA	ONETOUCH ULTRA 2 KIT W/DEVICE	1	
FREESTYLE LIBRE 14 DAY SENSOR	3	PA	ONETOUCH ULTRA MINI KIT W/DEVICE	1	
FREESTYLE LIBRE 2 READER	3	PA	ONETOUCH ULTRA TEST STRIPS	1	QL
FREESTYLE LIBRE 2 SENSOR	3	PA	ONETOUCH ULTRASOFT LANCETS	1	
FREESTYLE LIBRE CONTINUOUS BLOOD GLUCOSE MONITOR	3	PA	ONETOUCH VERIO FLEX SYSTEM	1	
FREESTYLE LIBRE READER	3	PA, QL	ONETOUCH VERIO IQ SYSTEM	1	
FREESTYLE PRECISION NEO SYSTEM	E		ONETOUCH VERIO KIT W/DEVICE	1	
FREESTYLE PRECISION NEO TEST	E	QL	ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
GUARDIAN REAL-TIME REPLACE PED	3	PA	ONETOUCH VERIO TEST STRIPS	1	QL
GUARDIAN SENSOR (3)	3	PA	OPTIUMEZ TEST	E	QL
IN TOUCH	1		PRECISION XTRA	E	
INSULIN PEN NEEDLES	2		PRECISION XTRA BLOOD GLUCOSE	E	QL
MICRODOT TEST	E	QL	PREMIUM BLOOD GLUCOSE TEST	E	QL
MM EASY TOUCH GLUCOSE METER	E		QUINTET AC BLOOD GLUCOSE	E	
NEUTEK 2TEK TEST	E	QL	QUINTET AC BLOOD GLUCOSE TEST	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE	2		QUINTET BLOOD GLUCOSE SYSTEM	E	
NOVOFINE PEN NEEDLE	2		QUINTET BLOOD GLUCOSE TEST	E	QL
NOVOFINE PLUS PEN NEEDLE	2		RELION TRUE MET AIR GLUC METER	E	
NOVOTWIST	2		RELION TRUE METRIX TEST STRIPS	E	QL
ONETOUCH CLUB LANCETS FINE PT	1		RELION ULTIMA GLUCOSE SYSTEM	E	
ONETOUCH DELICA LANCETS 30G	1		RELION ULTIMA TEST	E	QL
ONETOUCH DELICA LANCETS 33G	1		SURESTEP PRO LINEARITY	1	
ONETOUCH DELICA LANCING DEV	1	QL	TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
ONETOUCH DELICA PLUS LANCET30G	1		TRUE METRIX AIR GLUCOSE METER	E	
ONETOUCH DELICA PLUS LANCET33G	1		TRUE METRIX BLOOD GLUCOSE TEST	E	QL
ONETOUCH DELICA PLUS LANCING	1	QL	TRUE METRIX GO GLUCOSE METER	E	
ONETOUCH FINEPOINT LANCETS	1				

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
TRUE METRIX METER KIT	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	QL
TRUETRACK BLOOD GLUCOSE DEVICE	E	
TRUETRACK TEST	E	QL
UNISTRIPI1 GENERIC	E	QL
Diabetes - Insulin		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
AFREZZA	E	PA, QL
BASAGLAR KWIKPEN	E	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG SUBCUTANEOUS SOLUTION	1	QL
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	1	QL
HUMULIN R VIAL	1	QL
INSULIN ASPART	E	ST, QL
INSULIN ASPART FLEXPEN	E	ST, QL
INSULIN ASPART PENFILL	E	ST, QL
INSULIN LISPRO	E	QL
INSULIN LISPRO (1 UNIT DIAL)	E	QL
INSULIN LISPRO JUNIOR KWIKPEN	E	QL
INSULIN LISPRO PROT & LISPRO	E	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LEVEMIR U-100 FLEXTOUCH	E	PA, QL
LEVEMIR U-100 VIAL	E	PA, QL

Drug Name	Drug Tier	Requirements & Limits
LYUMJEV KWIKPEN	2	QL
LYUMJEV VIAL	1	QL
NOVOLIN 70/30 FLEXPEN	E	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL
NOVOLIN 70/30 RELION	E	ST, QL
NOVOLIN 70/30 VIAL	E	ST, QL
NOVOLIN N FLEXPEN	E	ST, QL
NOVOLIN N FLEXPEN RELION	E	ST, QL
NOVOLIN N RELION	E	ST, QL
NOVOLIN N VIAL	E	ST, QL
NOVOLIN R FLEXPEN	E	ST, QL
NOVOLIN R FLEXPEN RELION	E	ST, QL
NOVOLIN R RELION	E	ST, QL
NOVOLIN R VIAL	E	ST, QL
NOVOLOG FLEXPEN	E	ST, QL
NOVOLOG FLEXPEN RELION	E	ST, QL
NOVOLOG PENFILL	E	ST, QL
NOVOLOG RELION	E	ST, QL
NOVOLOG U-100 VIAL	E	ST, QL
SEMGLEE	E	QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
TRESIBA	E	QL
TRESIBA FLEXTOUCH	E	QL
Diabetes - Non-Insulin Agents		
ACTOS	E	QL
ADLYXIN	3	PA, ST, QL
ADLYXIN STARTER PACK	3	PA, ST, QL
ALOGLIPTIN BENZOATE	E	QL
ALOGLIPTIN-METFORMIN HCL	E	QL
ALOGLIPTIN-PIOGLITAZONE	E	QL
AMARYL	E	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE AUTOINJECTOR	2	PA, ST, QL
BYETTA 10 MCG PEN	2	PA, ST, QL
BYETTA 5 MCG PEN	2	PA, ST, QL
FARXIGA	E	ST, QL
glimepiride	1	

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	2	(Fresenius), QL
GLUCOTROL XL	3	
GLUMETZA	E	PA
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST, QL
JANUVIA	E	ST, QL
JARDIANCE	2	ST, QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KAZANO	2	QL
KOMBIGLYZE XR	2	QL
metformin hcl er	1	
metformin hcl er (mod)	E	PA
metformin hcl er (osm)	E	PA
metformin hcl oral solution	3	
metformin hcl oral tablet	1	
NESINA	2	QL
ONGLYZA	2	QL
OSENI	2	QL
OZEMPIC	2	PA, ST, QL
pioglitazone hcl	1	QL
RIOMET	E	
RYBELSUS	2	PA, ST, QL
SOLIQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, ST, (2 Pak), QL

Drug Name	Drug Tier	Requirements & Limits
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, ST, (3 Pak), QL
ZEGALOGUE	2	QL
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
ALPHANATE	2	SP
ARANESP (ALBUMIN FREE)	2	QL, SP
DOPTelet	3	PA, ST, QL, SP
ELOCTATE	3	PA, SP
EMPAVELI	2	PA, QL, SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
JIVI	3	PA, SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, QL, SP
NEULASTA	3	SP
NEULASTA ONPRO	E	SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	SP
TAVALISSE	3	PA, QL, SP
WILATE	2	SP
ZARXIO	2	SP
ZIEXTENZO	3	SP

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
Drugs for Sexual Dysfunction		
ADDYI	3	PA, QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	3	PA, QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	3	PA, QL
tadalafil oral	2	QL
VIAGRA	E	QL
VYLEESI	3	PA, QL
Electrolytes / Vitamins		
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
DRISDOL	3	
ERGOCAL	3	
ergocalciferol oral capsule	1	
FLORIVA PLUS	3	
folic acid oral tablet 1 mg	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	3	
klor-con m20	1	
K-TAB	3	
LOKELMA	3	PA, QL
multi-vitamin/fluoride	1	
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 0.5 mg oral	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL	3	
multivitamin/fluoride tablet chewable 1 mg oral	1	

Drug Name	Drug Tier	Requirements & Limits
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL	3	
MULTI-VIT-FLOR	3	
NASCOBAL	3	
POLY-VI-FLOR	3	
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	1	
potassium chloride crys er oral tablet extended release 15 meq	3	
potassium chloride er	1	
potassium chloride oral packet	1	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
potassium citrate er	1	
PRENA1 PEARL	3	
QUFLORA PEDIATRIC	3	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
VELTASSA	3	PA, QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
VITAPEARL	3	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
CARAFATE	E	
CYTOTEC	3	
DEXILANT	E	QL
DEXLANSOPRAZOLE	E	QL
FIRST-OMEPRAZOLE	3	PA
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
OMEPRAZOLE+SYRSPEND SF ALKA	3	PA
pantoprazole sodium oral packet	E	
pantoprazole sodium oral tablet delayed release	1	

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
PROTONIX ORAL	E	
PYLERA	3	QL
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	E	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
ANASPAZ	2	
CLENPIQ	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ED-SPAZ	3	
gavilyte-c	1	H
gavilyte-g	1	QL, H
GOLYTELY	3	QL
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
LEVBID	3	
LEVSIN ORAL	3	
LEVSIN/SL	3	
LINZESS	2	PA, QL
LOMOTIL	3	
MOTEGRITY	3	PA, QL
MOVIPREP	3	QL
NULEV	3	
OSCIMIN	3	
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbate	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
RELTONE	E	
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
URSO 250	E	

Drug Name	Drug Tier	Requirements & Limits
URSO FORTE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA, QL
XIFAXAN	3	PA, QL
ZELNORM	3	PA, ST, QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	2	PA, SP
CREON	2	
CUPRIMINE	E	SP
DEPEN TITRATABS	2	SP
ENDARI	3	PA, QL
nitisinone	E	PA, SP
NITYR	E	PA
ORFADIN	2	PA, SP
PANCREAZE	3	ST
penicillamine oral capsule	E	SP
penicillamine oral tablet	2	SP
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
SYPRINE	E	PA, SP
TEGSEDI	2	PA, QL, SP
trientine hcl	3	PA, SP
VIOKACE	3	ST
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
DITROPAN XL	E	
GELNIQUE	E	
oxybutynin chloride er	2	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
THIOLA	3	SP
THIOLA EC	3	SP

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
tiopronin	3	SP
TOVIAZ	E	
VELPHORO	2	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	
Hormonal Agents - Hormone Replacement and Birth Control		
afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
amethia	3	
ANNOVERA	3	QL
apri	1	H
ashlyna	3	
aubra	1	H
aubra eq	1	H
aurovela 1.5/30	2	
aurovela 1/20	2	
aurovela 24 fe	3	
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	3	
ayuna	1	H
azurette	2	
balziva	2	
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	3	
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	2	
camila	1	H

Drug Name	Drug Tier	Requirements & Limits
camrese	3	
camrese lo	3	
charlotte 24 fe	E	
chateal	1	H
chateal eq	1	H
CLIMARA	E	QL
CLIMARA PRO	3	QL
cryselle-28	1	H
cyclafem 1/35	1	H
cyred	1	H
cyred eq	1	H
dasetta 1/35	1	H
daysee	3	
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	3	QL
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
DEPO-SUBQ PROVERA 104	2	QL
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2	
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL	3	
dotti	E	QL
drospiren-eth estrad-levomefol	E	
drospirenone-ethinyl estradiol	3	
DUAVEE	3	QL
ELESTRIN	3	
elinest	1	H
eluryng	1	H
emoquette	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Minivelle), QL

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal cream	3	
estradiol vaginal tablet	2	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
fayosim	E	
femynor	1	H
gemmily	E	
hailey 1.5/30	2	
hailey 24 fe	3	
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
heather	1	H
iclevia	2	H
incassia	1	H
introvale	2	H
isibloom	1	H
jaimiess	3	
jasmiel	3	
jencycla	1	H

Drug Name	Drug Tier	Requirements & Limits
jolessa	2	H
juleber	1	H
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	3	
kalliga	1	H
kariva	2	
kurvelo	1	H
larin 1.5/30	2	
larin 1/20	2	
larin 24 fe	3	
larin fe 1.5/30	1	H
larin fe 1/20	1	H
larissia	1	H
lessina	1	H
levonorgest-eth est & eth est	E	
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	3	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levora 0.15/30 (28)	1	H
lillow	1	H
LO LOESTRIN FE	3	
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
lojaimiess	3	
loryna	3	
LOSEASONIQUE	3	
low-ogestrel	1	H
lo-zumandimine	3	
luteria	1	H
lyleq	1	H
lyllana	E	QL

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular suspension	1	QL, H
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	H
medroxyprogesterone acetate oral	1	
MENOSTAR	3	QL
merzee	E	
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin 24 fe	3	
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
MINASTRIN 24 FE	E	
MINIVELLE	E	QL
MIRCETTE	E	
mono-linyah	1	H
MYFEMBREE	2	PA, QL
NATAZIA	2	
necon 0.5/35 (28)	1	H
nikki	3	
nora-be	1	H
norethin ace-eth estrad-fe oral capsule	E	
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	E	
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	2	
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyda	1	H
norlyroc	1	H

Drug Name	Drug Tier	Requirements & Limits
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
NUVARING	E	
nylia 1/35	1	H
nymyo	1	H
ocella	3	
orsythia	1	H
philith	2	
pimtrea	2	
pirmella 1/35	1	H
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
previfem	1	H
PROVERA	3	
QUARTETTE	E	
reclipsen	1	H
rivelsa	E	
SAFYRAL	E	
SEASONIQUE	E	
setlakin	2	H
sharobel	1	H
simliya	2	
simpesse	3	
sprintec 28	1	H
sronyx	1	H
syeda	3	
tarina 24 fe	3	
tarina fe 1/20	1	H
tarina fe 1/20 eq	1	H
taysofy	E	
TAYTULLA	E	
tri femynor	1	H
tri-estarylla	1	H
tri-linyah	1	H
tri-lo-estarylla	2	
tri-lo-marzia	2	

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	1	H
tri-nymyo	1	H
tri-previfem	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
tulana	1	H
tyblume	1	H
tydemy	E	
VAGIFEM	E	
vestura	3	
vienva	1	H
viorele	2	
VIVELLE-DOT	E	QL
volnea	2	
vyfemla	2	
vylibra	1	H
wera	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvaferm	2	
zafemy	3	H
zumandimine	3	
Hormonal Agents - Oral Steroids		
ALKINDI SPRINKLE	E	PA
CORTEF	3	
DECADRON	E	
DEXABLISS	E	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DXEVO 11-DAY	E	
HEMADY	E	
HIDEX 6-DAY	E	

Drug Name	Drug Tier	Requirements & Limits
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET 32 MG	3	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
MILLIPRED	2	
ORAPRED ODT	3	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL
prednisolone sodium phosphate oral tablet dispersible	1	
prednisone intensol	1	
prednisone oral	1	
RAYOS	E	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
ZCORT 7-DAY	E	
Hormonal Agents - Other		
cabergoline	2	
DDAVP	E	
DDAVP PF	E	
desmopressin acetate injection	1	
DESMOPRESSIN ACETATE NASAL	3	
desmopressin acetate oral	1	
desmopressin acetate pf	1	
GENOTROPIN	E	PA, QL, SP
GENOTROPIN MINISQUICK	E	PA, QL, SP
HUMATROPE	E	PA, QL, SP

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
LANREOTIDE ACETATE	3	SP
NOC DURNA	3	PA, QL
NORDITROPIN FLEXP	E	PA, QL, SP
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP
OMNITROPE	E	PA, QL, SP
ORIAHNN	2	QL
ORILISSA	2	PA, QL
SOMATULINE DEPOT	3	SP
STIMATE	3	
ZOMACTON	E	PA, QL, SP
ZOMACTON (FOR ZOMA-JET 10)	E	PA, QL, SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	PA, QL
ANDROGEL	E	PA, QL
ANDROGEL PUMP	E	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
FORTESTA	E	PA, QL
NATESTO	E	PA, QL
TESTIM	2	PA, QL
testosterone cypionate intramuscular	1	
testosterone gel 50 mg/5gm (1%) transdermal	3	PA, QL
testosterone gel 50 mg/5gm (1%) transdermal	E	PA, QL
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)	E	PA, QL
testosterone transdermal solution	E	PA, QL
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	
CYTOMEL	E	
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	E	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
NATURE-THROID	3	
np thyroid	1	
SYNTHROID	E	
THYQUIDITY	E	PA
TIROSINT	E	
TIROSINT-SOL	2	PA
unithroid	1	
WESTHROID	3	
WP THYROID	3	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ASTAGRAF XL	E	
AZASAN	3	
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	1	
BERINERT	3	PA, ST, QL, SP
CELLCEPT	E	
CIMZIA PREFILLED KIT	2	PA, QL, SP
CIMZIA STARTER KIT	2	PA, QL, SP
CINRYZE	E	PA, QL, SP
COSENTYX (300 MG DOSE)	3	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	3	PA, ST, QL, SP

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
COSENTYX SENSOREADY (300 MG)	3	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	3	PA, ST, QL, SP
cyclosporine modified	1	
ENBREL MINI	3	PA, ST, QL, SP
ENBREL SUBCUTANEOUS SOLUTION	3	PA, ST, QL, SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, ST, QL, SP
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA, ST, QL, SP
ENBREL SURECLICK	3	PA, ST, QL, SP
ENVARUSUS XR	E	
FIRAZYR	2	PA, QL, SP
gengraf	1	
HAEGARDA	2	PA, QL, SP
HUMIRA	2	PA, QL, SP
HUMIRA PEDIATRIC CROHNS START	2	PA, QL, SP
HUMIRA PEN	2	PA, QL, SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA, QL, SP
HUMIRA PEN-PEDIATRIC UC START	2	PA, QL, SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA, QL, SP
HUMIRA PEN-PSOR/UEIT STARTER	2	PA, QL, SP
icatibant acetate	E	PA, QL, SP
IMURAN	E	
MAYZENT STARTER PACK	3	PA, QL, SP
methotrexate oral	1	
methotrexate sodium	1	
methotrexate sodium (pf)	1	
mycophenolate mofetil oral	1	
mycophenolate sodium	2	
MYFORTIC	E	
NEORAL	E	
OLUMIANT ORAL TABLET 1 MG	2	PA, QL, SP
OLUMIANT ORAL TABLET 2 MG	2	PA, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
OTEZLA	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
OTREXUP	E	QL
PROGRAF ORAL CAPSULE	3	
PROGRAF ORAL PACKET	3	PA
RAPAMUNE ORAL SOLUTION	3	
RAPAMUNE ORAL TABLET	E	
RASUVO	2	QL
REDITREX	E	QL
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	2	PA, QL, SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG	2	PA, SP
RUCONEST	3	PA, QL, SP
sajazir	E	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral solution	2	
sirolimus oral tablet	1	
SKYRIZI	2	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION	2	PA, SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO SUBCUTANEOUS SOLUTION	2	PA, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	
XELJANZ	2	PA, ST, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, ST, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, ST, QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
Infertility Agents		
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CRINONE	3	ST
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
fyremadel	3	QL, SP

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	3	(Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(Merck/ Organon), QL, SP
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	1	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	3	
ANALPRAM HC SINGLES	3	
ANALPRAM-HC EXTERNAL CREAM	3	
ANALPRAM-HC EXTERNAL LOTION	3	
APRISO	2	
ASACOL HD	E	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
budesonide er	E	
budesonide oral	2	
CANASA	E	
CORTIFOAM	2	
DELZICOL	E	
DIPENTUM	3	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	2	
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	2	QL
ORTIKOS	E	
PENTASA	E	
PROCORT	E	
PROCTOFOAM HC	2	
SFROWASA	3	
sulfasalazine oral	1	
TARPEYO	E	PA, QL

Drug Name	Drug Tier	Requirements & Limits
UCERIS ORAL	3	
UCERIS RECTAL	2	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium	1	
BINOSTO	E	QL
BONIVA	E	
calcitriol oral	1	
FORTEO	E	PA, ST, SP
FOSAMAX	3	
ibandronate sodium oral	2	
RAYALDEE	E	
ROCALTROL	3	
TERIPARATIDE (RECOMBINANT)	3	PA, SP
TYMLOS	3	PA, SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	E	
ALREX	3	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
CILOXAN OPHTHALMIC OINTMENT	3	
CILOXAN OPHTHALMIC SOLUTION	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	3	QL
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LASTACAPT	3	QL
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL
LOTEMAX SM	3	QL

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
loteprednol etabonate ophthalmic gel	E	
loteprednol etabonate ophthalmic suspension	3	QL
MAXITROL	3	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic solution	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	
olopatadine hcl ophthalmic solution 0.2 %	E	
polymyxin b-trimethoprim	1	
POLYTRIM	3	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
prednisolone acetate p-f	E	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION	3	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
TOBREX	3	QL
VIGAMOX	E	
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
AZOPT	E	QL
BETIMOL	2	QL
bimatoprost ophthalmic	E	QL

Drug Name	Drug Tier	Requirements & Limits
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
BRIMONIDINE TARTRATE-TIMOLOL	E	QL
brinzolamide	2	QL
COMBIGAN	2	QL
COSOPT	3	
COSOPT PF	E	QL
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	3	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
timolol maleate (once-daily)	3	
timolol maleate ocudose	2	
timolol maleate ophthalmic	1	
timolol maleate pf	2	
TIMOPTIC	3	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %	2	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 %	3	
TIMOPTIC-XE	3	
TRAVATAN Z	E	QL
travoprost (bak free)	E	QL
VYZULTA	E	ST, QL
XALATAN	E	
XELPROS	3	QL
ZIOPTAN	3	ST, QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
CEQUA	E	PA, QL
cyclosporine ophthalmic	E	PA, QL
FLAREX	2	
RESTASIS	3	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	3	PA, QL
XIIDRA	3	PA, QL

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	3	
ciprofloxacin-dexamethasone	E	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	E	QL
epinephrine injection solution auto-injector 0.15 mg/0.15ml	E	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	E	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	2	(generic for EpiPen), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	E	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	E	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	2	(generic for EpiPen), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	E	QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
SYMJEPI	2	QL
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl nasal solution 0.15 %	E	
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
cyproheptadine hcl oral	1	
fluticasone propionate nasal	2	QL
hydrocodone polst-chlorphen polster susp	3	PA, QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	

Drug Name	Drug Tier	Requirements & Limits
levocetirizine dihydrochloride oral tablet	1	
OMNARIS	E	QL
promethazine hcl oral solution	1	
promethazine hcl oral syrup	1	
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
XHANCE	E	QL
ZETONNA	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ADVAIR DISKUS	3	QL, RS
ADVAIR HFA	3	QL, RS
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
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	(ProAir HFA or Proventil HFA), QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(Ventolin HFA), QL
albuterol sulfate inhalation	1	
albuterol sulfate oral syrup	1	
albuterol sulfate oral tablet	3	PA
ALVESCO	E	QL
ANORO ELLIPTA	3	QL
ARCAPTA NEOHALER	3	
ARNUITY ELLIPTA	1	QL
ASMANEX (120 METERED DOSES)	E	QL
ASMANEX (14 METERED DOSES)	E	QL
ASMANEX (30 METERED DOSES)	E	QL
ASMANEX (60 METERED DOSES)	E	QL
ASMANEX HFA	E	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL, RS
BREZTRI AEROSPHERE	3	QL, RS

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
budesonide inhalation	2	QL
BUDESONIDE-FORMOTEROL FUMARATE	E	QL, RS
COMBIVENT RESPIMAT	3	QL
FASENRA	E	PA, QL, SP
FASENRA PEN	3	PA, QL, SP
FLOVENT DISKUS	1	QL
FLOVENT HFA	1	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	E	QL, RS
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL
formoterol fumarate inhalation	3	QL
INCRUSE ELLIPTA	E	QL
ipratropium-albuterol	2	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
montelukast sodium oral packet	2	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
PERFOROMIST	3	QL
PROAIR HFA	E	QL
PROAIR RESPICLIK	E	QL
PROVENTIL HFA	E	QL
PULMICORT FLEXHALER	1	QL
PULMICORT SUSPENSION	E	QL
QVAR REDHALER	E	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	2	QL

Drug Name	Drug Tier	Requirements & Limits
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL
wixela inhub	E	QL, RS
XOPENEX HFA	3	QL
YUPELRI	3	PA, QL

Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis

BETHKIS	E	PA, QL, SP
BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
KITABIS PAK	E	PA, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI NEBULIZER	E	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	2	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, QL, SP

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension

ADEMPAS	2	PA, QL, SP
bosentan	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
TRACLEER	2	PA, QL, SP
TYVASO	2	PA, SP
TYVASO REFILL	2	PA, SP
TYVASO STARTER	2	PA, SP

Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm

AMRIX	E	
BACLOFEN ORAL SOLUTION	3	PA
baclofen oral tablet	1	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl er	E	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
FLEQSUVY	E	
metaxalone	3	
methocarbamol oral	1	
OZOBAX	3	PA
SKELAXIN	E	
SOMA	E	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
VANADOM	E	
ZANAFLEX	3	
Sleep Disorder Agents		
AMBIEN	E	QL
AMBIEN CR	E	QL
BELSOMRA	3	ST, QL
DAYVIGO	3	ST, QL
EDLUAR	E	QL
eszopiclone	2	QL
LUNESTA	E	QL
modafinil	2	PA, QL
PROVIGIL	E	PA, QL
RESTORIL	3	
SUNOSI	3	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYREM	3	PA, QL, SP
XYWAV	3	PA, QL, SP
zolpidem tartrate er	3	QL
zolpidem tartrate oral	1	QL
zolpidem tartrate sublingual	E	QL
ZOLPIMIST	3	ST, QL

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Index

A

ABILIFY	15
ABSORICA.....	20, 22
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	23
ACCU-CHEK FASTCLIX LANCET KIT.....	23
ACCU-CHEK FASTCLIX LANCETS.....	23
ACCU-CHEK GUIDE BLOOD GLUCOSE METER	23
ACCU-CHEK GUIDE KIT W/DEVICE	23
ACCU-CHEK GUIDE TEST STRIPS	23
ACCU-CHEK MULTICLIX LANCET KIT.....	23
ACCU-CHEK MULTICLIX LANCETS.....	23
ACCU-CHEK SMARTVIEW TEST STRIPS	23
ACCU-CHEK SOFT TOUCH LANCETS.....	23
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	23
ACCU-CHEK SOFTCLIX LANCETS.....	23
ACCUPRIL	16
accutane.....	20
ACCUTREND GLUCOSE	23
acetaminophen-codeine.....	8
acetaminophen-codeine #2	8
acetaminophen-codeine #3	8
acetaminophen-codeine #4	8
acetazolamide er.....	16
acetazolamide oral	16
ACIPHEX	27
ACTEMRA ACTPEN	33
ACTEMRA SUBCUTANEOUS	33
ACTICLATE	10
ACTOS	25
ACULAR.....	35
ACULAR LS.....	35
ACUVAIL.....	35
acyclovir oral	15
ACZONE.....	20
ADDERALL	19

ADDERALL XR	19
ADDYI.....	27
ADEMPAS	38
ADHANSIA XR.....	19
ADLYXIN.....	25
ADLYXIN STARTER PACK	25
ADMELOG	25
ADMELOG SOLOSTAR.....	25
ADVAIR DISKUS	37
ADVAIR HFA.....	37
ADVATE	26
ADYNOVATE	26
afirmelle	29
AFREZZA.....	25
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	26
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	26
AIMOVIG.....	13
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	13
AIRDUO RESPICLICK 113/14	37
AIRDUO RESPICLICK 232/14	37
AIRDUO RESPICLICK 55/14	37
ALA SCALP	20
ala-cort external cream 1 %	20
ala-cort external cream 2.5 %	20
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	37
albuterol sulfate inhalation	37
albuterol sulfate oral syrup.....	37
albuterol sulfate oral tablet.....	37
ALDACTONE	16
ALDARA.....	20
ALECENSA.....	14
alendronate sodium	35
alfuzosin hcl er.....	29
aliskiren fumarate	16
ALKINDI SPRINKLE	32
allopurinol oral.....	13
ALOGLIPTIN BENZOATE	25
ALOGLIPTIN-METFORMIN HCL	25
ALOGLIPTIN-PIOGLITAZONE	25
ALORA	29

ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %.....	36
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %.....	36
ALPHANATE	26
alprazolam er.....	16
alprazolam intensol.....	16
alprazolam oral	16
alprazolam xr.....	16
ALREX	35
ALTACE.....	16
altavera.....	29
ALTOPREV.....	16
ALTRENO.....	20
ALUNBRIG.....	14
ALVESCO.....	37
alyacen 1/35.....	29
AMARYL.....	25
AMBIEN	39
AMBIEN CR	39
AMERGE	13
amethia.....	29
amiodarone hcl oral	16
amitriptyline hcl oral	12
amlodipine besylate oral.....	16
amlodipine besylate-benazepril hcl.....	16
amlodipine besylate-valsartan	16
amnestem	20
amoxicillin.....	10
amoxicillin-potassium clavulanate ..	10
amoxicillin-potassium clavulanate er.....	10
amphetamine-dextroamphetamine ..	19
amphetamine-dextroamphetamine er	19
AMPYRA	19
AMRIX.....	38
AMZEEQ.....	20
ANALPRAM HC.....	35
ANALPRAM HC SINGLES	35
ANALPRAM-HC EXTERNAL CREAM.....	35
ANALPRAM-HC EXTERNAL LOTION.....	35
ANAPROX DS	9
ANASPAZ.....	28
anastrozole oral.....	14



ANDRODERM	33	aubra eq	29	balziva.	29	
ANDROGEL	33	AUGMENTIN	10	BAQSIMI ONE PACK.	25	
ANDROGEL PUMP	33	AUGMENTIN ES-600	10	BAQSIMI TWO PACK	25	
ANNOVERA	29	aurovela 1/20	29	BARACLUDE ORAL SOLUTION . . .	15	
ANORO ELLIPTA.	37	aurovela 1.5/30	29	BARACLUDE ORAL TABLET	15	
apap-caff-dihydrocodeine oral capsule.	8	aurovela 24 fe.	29	BASAGLAR KWIKPEN	25	
apap-caff-dihydrocodeine oral tablet.	8	aurovela fe 1/20	29	bd autoshield duo pen needles . . .	23	
APOKYN.	14	aurovela fe 1.5/30	29	bd ultra-fine insulin syringes.	23	
apomorphine hcl subcutaneous . . .	14	AURYXIA	28	bd ultra-fine pen needles	23	
apri	29	AUSTEDO.	20	BELBUCA.	8	
APRISO	35	AUVI-Q	37	BELSOMRA.	39	
APTENSIO XR	19	AVALIDE	16	benazepril hcl oral.	16	
ARAKODA	14	AVAPRO	16	benazepril-hydrochlorothiazide . . .	16	
ARANESP (ALBUMIN FREE)	26	AVAR CLEANSER	20	BENICAR	16	
ARCAPTA NEOHALER	37	AVAR LS CLEANSER	20	BENICAR HCT	16	
ARICEPT	12	AVAR-E EMOLLIENT.	20	benzonatate oral capsule 100 mg, 200 mg	37	
ARIMIDEX	14	AVAR-E GREEN.	20	benzonatate oral capsule 150 mg . .	37	
aripiprazole oral solution	15	AVAR-E LS	20	BERINERT	33	
aripiprazole oral tablet	15	aviane	29	BESIVANCE	35	
aripiprazole oral tablet dispersible .	15	avidoxy	10	betamethasone dipropionate aug external cream.	20	
ARMOUR THYROID	33	AVITA	20	betamethasone dipropionate aug external gel.	20	
ARNUITY ELLIPTA	37	AVONEX PEN.	19	betamethasone dipropionate aug external lotion	20	
ASACOL HD.	35	AVONEX PREFILLED	19	betamethasone dipropionate aug external ointment.	20	
asenapine maleate	15	AYGESTIN	29	betamethasone dipropionate external cream.	20	
ashlyna	29	ayuna	29	betamethasone dipropionate external lotion	20	
ASMANEX (120 METERED DOSES).	37	AZASAN.	33	betamethasone dipropionate external ointment.	20	
ASMANEX (14 METERED DOSES) .	37	AZASITE.	35	BETAPACE.	16	
ASMANEX (30 METERED DOSES) .	37	azathioprine oral tablet 100 mg, 75 mg	33	BETASERON	19	
ASMANEX (60 METERED DOSES) .	37	azathioprine oral tablet 50 mg	33	BETHKIS	38	
ASMANEX HFA	37	azelaic acid external	20	BETIMOL	36	
ASTAGRAF XL.	33	azelastine hcl nasal solution 0.1 %, 137 mcg/spray.	37	BEVESPI AEROSPHERE	37	
atenolol oral	16	azelastine hcl nasal solution 0.15 %	37	bexarotene.	14	
atenolol-chlorthalidone.	16	azelastine hcl ophthalmic.	35	BEYAZ	29	
ATIVAN ORAL	16	azithromycin oral	10	BIDIL.	16	
atomoxetine hcl	19	AZOPT	36	BIJUVA	29	
atorvastatin calcium oral tablet 10 mg, 20 mg.	16	AZULFIDINE.	35	bimatoprost ophthalmic	36	
atorvastatin calcium oral tablet 40 mg, 80 mg.	16	AZULFIDINE EN-TABS	35	BINOSTO	35	
atovaquone-proguanil hcl	14	azurette.	29	bisoprolol fumarate oral	16	
ATRALIN.	20				bisoprolol-hydrochlorothiazide . . .	16
ATRIPLA.	15				blisovi 24 fe	29
ATROVENT HFA	37				blisovi fe 1/20.	29
AUBAGIO	19					
aubra.	29					
B						
bac						8
BACLOFEN ORAL SOLUTION.						38
baclofen oral tablet						38
BACTRIM						10
BACTRIM DS.						10
BAFIERTAM						19

blisovi fe 1.5/30	29
BLOOD GLUCOSE TEST STRIPS . .	23
BONIVA	35
BONJESTA	13
bosentan	38
bp 10-1	20
BREO ELLIPTA	37
BREZTRI AEROSPHERE	37
briellyn	29
BRILINTA	15
brimonidine tartrate ophthalmic solution 0.15 %	36
brimonidine tartrate ophthalmic solution 0.2 %	36
BRIMONIDINE TARTRATE- TIMOLOL	36
brinzolamide	36
BRIVIACT ORAL SOLUTION	11
BRIVIACT ORAL TABLET	11
BRONCHITOL	38
BRONCHITOL TOLERANCE TEST	38
budesonide er	35
budesonide inhalation	38
budesonide oral	35
BUDESONIDE-FORMOTEROL FUMARATE	38
buprenorphine hcl sublingual . . .	10
buprenorphine hcl-naloxone hcl . .	10
bupropion hcl er (sr)	12
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	12
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	12
bupropion hcl oral	12
buspirone hcl oral	16
butalbital-apap-cafeine oral capsule 50-300-40 mg	8
butalbital-apap-cafeine oral capsule 50-325-40 mg	8
butalbital-apap-cafeine oral tablet .	8
BYDUREON BCISE AUTOINJECTOR	25
BYETTA 10 MCG PEN	25
BYETTA 5 MCG PEN	25
BYSTOLIC	16

C	
cabergoline	32
CALAN SR	16
calcipotriene-betameth diprop. . . .	20
calcitriol external	20
calcitriol oral	35
CALQUENCE	14
camila	29
camrese	29
camrese lo	29
CANASA	35
capecitabine	14
CAPEX	21
CARAC	21
CARAFATE	27
carbamazepine er oral capsule extended release 12 hour	11
carbamazepine er oral tablet extended release 12 hour	11
carbamazepine oral	11
CARBATROL	11
carbidopa-levodopa	14
carbidopa-levodopa er	14
CARDIZEM	16, 17
CARDIZEM CD	16
CARDIZEM LA	17
CARDURA	17
CARETOUCH MONITOR SYSTEM	23
CARETOUCH TEST	23
carisoprodol oral tablet 250 mg. . .	38
carisoprodol oral tablet 350 mg. . .	38
CAROSPIR	17
cartia xt.	17
carvedilol	17
CATAFLAM	9
cavarest	20
cefadroxil	10
cefdinir	10
cefuroxime axetil	10
CELEBREX	9
celecoxib oral	9
CELEXA	12
CELLCEPT	33
CENTANY	10
CENTANY AT	10
cephalexin	10
CEQUA	36

CERDELGA	28
charlotte 24 fe	29
chateal	29
chateal eq.	29
CHEMSTRIP BG LOG BOOK	23
chlorhexidine gluconate mouth/ throat	20
chlorthalidone	17
CHORIONIC GONADOTROPIN INTRAMUSCULAR	34
CIALIS	27
ciclodan	13
ciclopirox external gel	13
ciclopirox external shampoo	13
ciclopirox external solution	13
ciclopirox treatment	13
CILOXAN OPHTHALMIC OINTMENT	35
CILOXAN OPHTHALMIC SOLUTION	35
CIMDUO	15
CIMZIA PREFILLED KIT	33
CIMZIA STARTER KIT	33
CINRYZE	33
CIPRO ORAL TABLET	10
CIPRODEX	37
ciprofloxacin hcl ophthalmic	35
ciprofloxacin hcl oral	10
ciprofloxacin-dexamethasone	37
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	12
citalopram hydrobromide oral solution	12
citalopram hydrobromide oral tablet	12
claravis	21
clarithromycin er	10
clarithromycin oral suspension reconstituted	10
clarithromycin oral tablet	10
CLENIA PLUS	21
CLENPIQ	28
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	10
CLEOCIN ORAL CAPSULE 75 MG	10
CLEOCIN-T	21
CLIMARA	29, 30
CLIMARA PRO	29
clindacin etz external swab	21



DESCOVY ORAL TABLET 200-25 MG	15	diclofenac potassium oral tablet 50 mg	9	doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	10
DESCOVY TABLET 120-15 MG ORAL	15	diclofenac sodium er.	9	DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG.	10
desmopressin acetate injection.	32	diclofenac sodium external gel 1 %.	9	doxycycline monohydrate oral capsule 100 mg, 50 mg	10
DESMOPRESSIN ACETATE NASAL	32	diclofenac sodium external solution	9	doxycycline monohydrate oral capsule 150 mg, 75 mg.	10
desmopressin acetate oral.	32	diclofenac sodium oral	9	doxycycline monohydrate oral suspension reconstituted.	10
desmopressin acetate pf	32	dicyclomine hcl oral	28	doxycycline monohydrate oral tablet.	10
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	29	DIFICID	10	doxylamine-pyridoxine	13
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	29	DIFLUCAN	13	DRISDOL	27
desonide external cream	21	DILAUDID ORAL	8	DRIZALMA SPRINKLE	12
desonide external gel	21	dilt-xr	17	drospiren-eth estrad-levomefol	29
desonide external lotion	21	diltiazem hcl er.	17	drospirenone-ethinyl estradiol	29
desonide external ointment	21	diltiazem hcl er coated beads	17	DUAVEE	29
DESOWEN	21	diltiazem hcl oral	17	duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	12
desrx.	21	DIOVAN	17	duloxetine hcl oral capsule delayed release particles 40 mg	12
desvenlafaxine succinate er.	12	DIOVAN HCT	17	DUOPA	14
DEXABLISS	32	DIPENTUM.	35	DUPIXENT	21
dexamethasone intensol.	32	diphenoxylate-atropine	28	DUROLANE	8
dexamethasone oral elixir.	32	DIPROLENE	21	DXEVO 11-DAY.	32
dexamethasone oral solution.	32	DITROPAN XL	28		
dexamethasone oral tablet.	32	divalproex sodium er.	11		
dexamethasone oral tablet therapy pack	32	divalproex sodium oral capsule delayed release sprinkle.	11		
DEXCOM G6 RECEIVER.	23	divalproex sodium oral tablet delayed release	11		
DEXCOM G6 SENSOR	23	DIVIGEL	29		
DEXCOM G6 TRANSMITTER	23	donepezil hcl oral tablet 10 mg, 5 mg	12		
DEXEDRINE.	19	donepezil hcl oral tablet 23 mg	12		
DEXILANT	27	donepezil hcl oral tablet dispersible	12		
DEXLANSOPRAZOLE	27	DOPTelet.	26		
dexmethylphenidate hcl	19	DORYX	10		
dexmethylphenidate hcl er.	19	DORYX MPC	10		
dextroamphetamine sulfate er.	19	dorzolamide hcl-timolol mal.	36		
dextroamphetamine sulfate oral solution.	19	dorzolamide hcl-timolol mal pf.	36		
dextroamphetamine sulfate oral tablet.	19	dotti.	29		
DHIVY	14	DOVATO	15		
DIASTAT ACUDIAL	11	doxazosin mesylate oral	17		
DIASTAT PEDIATRIC.	11	doxepin hcl oral capsule.	12		
diazepam intensol.	16	doxepin hcl oral concentrate	12		
diazepam oral	16	doxycycline hyclate oral capsule	10		
diazepam rectal.	11	doxycycline hyclate oral tablet 100 mg	10		
DICLEGIS.	13	doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	10		
diclofenac potassium oral tablet 25 mg	9	doxycycline hyclate oral tablet 20 mg	10		
				E	
				EASY TOUCH TEST	23
				EASYMAX 15 TEST.	23
				EASYMAX NG BLOOD GLUCOSE	23
				EASYMAX V BLOOD GLUCOSE	23
				EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG.	9
				EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG.	9
				ec-naproxen.	9
				ED-SPAZ	28
				EDARBI.	17
				EDARBYCLOR.	17
				EDLUAR	39
				efavirenz-emtricitab-tenofovir.	15
				efavirenz-lamivudine-tenofovir	15
				EFFEXOR XR	12
				EFUDEX	21
				ELEPSIA XR.	11
				ELESTRIN.	29
				eletriptan hydrobromide	13



FLUORIDEX	20
FLUORIDEX ENHANCED WHITENING	20
FLUORIMAX 5000	20
FLUOROPLEX	21
FLUOROURACIL EXTERNAL CREAM 0.5 %	21
fluorouracil external cream 5 %	21
fluorouracil external solution	14
fluoxetine hcl oral capsule	12
fluoxetine hcl oral capsule delayed release	12
fluoxetine hcl oral solution	12
fluoxetine hcl oral tablet 10 mg	12
fluoxetine hcl oral tablet 20 mg	12
fluoxetine hcl oral tablet 60 mg	12
fluticasone propionate nasal	37
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/ dose, 500-50 mcg/dose	38
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	38
fluvoxamine maleate	12
fluvoxamine maleate er	12
FOCALIN	19
FOCALIN XR	19
folic acid oral tablet 1 mg	27
FOLLISTIM AQ	34
FORFIVO XL	12
formoterol fumarate inhalation	38
FORTEO	35
FORTESTA	33
FORTISCARE G1 TEST STRIP	23
FORTISCARE T1 GLUCOSE SYSTEM	24
FORTISCARE TEST	24
FOSAMAX	35
FREESTYLE LIBRE 14 DAY READER	24
FREESTYLE LIBRE 14 DAY SENSOR	24
FREESTYLE LIBRE 2 READER	24
FREESTYLE LIBRE 2 SENSOR	24
FREESTYLE LIBRE CONTINUOUS BLOOD GLUCOSE MONITOR	24
FREESTYLE LIBRE READER	24

FREESTYLE PRECISION NEO SYSTEM	24
FREESTYLE PRECISION NEO TEST	24
furosemide oral	17
fyremadel	34

G

gabapentin oral capsule	11
gabapentin oral solution 250 mg/5ml	11
gabapentin oral tablet	11
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	35
gavilyte-c	28
gavilyte-g	28
GAVRETO	14
GELNIQUE	28
GELSYN-3	8
gemfibrozil oral	17
gemmily	30
gengraf	34
GENOTROPIN	32
GENOTROPIN MINIQUEL	32
GENVOYA	15
GEODON ORAL	15
GILENYA	19
GIMOTI	13
glatiramer acetate	19
glatopa	19
glimepiride	25
glipizide er	26
glipizide ir	26
glipizide xl	26
GLOPERBA	13
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	26
GLUCOTROL XL	26
GLUMETZA	26
glyburide oral	26
glyburide-metformin	26
GLYXAMBI	26
GOLYTELY	28
GONITRO	17
guanfacine hcl	17, 19
guanfacine hcl er	19
GUARDIAN REAL-TIME REPLACE PED	24
GUARDIAN SENSOR (3)	24

GYNAZOLE-1	13
----------------------	----

H

HAEGARDA	34
hailey 1.5/30	30
hailey 24 fe	30
hailey fe 1/20	30
hailey fe 1.5/30	30
HALCION	16
HARVONI ORAL PACKET	15
HARVONI ORAL TABLET	15
heather	30
HEMADY	32
HEMANGEOL	17
HEMOFIL M	26
HIDEX 6-DAY	32
HUMALOG KWIKPEN	25
HUMALOG MIX 50/50 KWIKPEN	25
HUMALOG MIX 50/50 VIAL	25
HUMALOG MIX 75/25 KWIKPEN	25
HUMALOG MIX 75/25 VIAL	25
HUMALOG SUBCUTANEOUS SOLUTION	25
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	25
HUMALOG U-100 JUNIOR KWIKPEN	25
HUMATE-P	26
HUMATROPE	32
HUMIRA	34
HUMIRA PEDIATRIC CROHNS START	34
HUMIRA PEN	34
HUMIRA PEN-CD/UC/HS STARTER	34
HUMIRA PEN-PEDIATRIC UC START	34
HUMIRA PEN-PS/UV/ADOL HS START	34
HUMIRA PEN-PSOR/UEIT STARTER	34
HUMULIN 70/30 KWIKPEN	25
HUMULIN 70/30 VIAL	25
HUMULIN N KWIKPEN	25
HUMULIN N VIAL	25
HUMULIN R U-500 KWIKPEN	25
HUMULIN R U-500 VIAL	25
HUMULIN R VIAL	25
HYALGAN	8
hydralazine hcl oral	17



hydrochlorothiazide oral	17
hydrocodone bitartrate er oral capsule extended release 12 hour . . .	8
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent . . .	8
hydrocodone polst-chlorphen polst er susp	37
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	8
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	8
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	8
hydrocort-pramoxine (perianal)	35
hydrocortisone ace-pramoxine external cream 1-1 %	35
hydrocortisone external cream 1 %	21
hydrocortisone external cream 2.5 %	21
hydrocortisone external lotion 2.5 %	21
hydrocortisone external ointment 1 %, 2.5 %	21
hydrocortisone oral	32
hydromorphone hcl er	8
hydromorphone hcl oral	8
hydromorphone hcl rectal	8
hydroxychloroquine sulfate oral	14
hydroxyzine hcl oral	16
hydroxyzine pamoate oral	16
hyoscyamine sulfate er	28
hyoscyamine sulfate oral	28
hyoscyamine sulfate sl	28
hyoscyamine sulfate sublingual	28
hyosyne	28
HYSINGLA ER	8
HYZAAR	17

I

ibandronate sodium oral	35
IBRANCE	14
ibuprofen oral suspension 100 mg/5ml	9
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	9
icatibant acetate	34
iclevia	30

ICLUSIG ORAL TABLET 10 MG, 30 MG	14
ICLUSIG ORAL TABLET 15 MG, 45 MG	14
icosapent ethyl	17
IDHIFA	14
ILEVRO	35
imiquimod external cream 3.75 % . . .	21
imiquimod external cream 5 %	21
imiquimod pump	21
IMITREX ORAL	13
IMITREX STATDOSE REFILL	13
IMITREX STATDOSE SYSTEM	13
IMPEKLO	21
IMPOYZ	22
IMURAN	34
IMVEXXY MAINTENANCE PACK	27
IMVEXXY STARTER PACK	27
IN TOUCH	24
INBRIJA	14
incassia	30
INCRUSE ELLIPTA	38
INDERAL LA	17
INDOCIN	9
indomethacin er	9
INDOMETHACIN ORAL CAPSULE 20 MG	9
indomethacin oral capsule 25 mg, 50 mg	9
INSULIN ASPART	25
INSULIN ASPART FLEXPEN	25
INSULIN ASPART PENFILL	25
INSULIN LISPRO	25
INSULIN LISPRO (1 UNIT DIAL)	25
INSULIN LISPRO JUNIOR KWIKPEN	25
INSULIN LISPRO PROT & LISPRO	25
INSULIN PEN NEEDLES	24
INTRAROSA	27
introvale	30
INTUNIV	19
INVELTYS	35
ipratropium bromide nasal	37
ipratropium-albuterol	38
irbesartan	17
irbesartan-hydrochlorothiazide	17
ISENTRESS	15
ISENTRESS HD	15
isibloom	30

isosorbide mononitrate	17
isosorbide mononitrate er	17
isotretinoin capsule 10 mg oral	22
isotretinoin capsule 20 mg oral	22
isotretinoin capsule 30 mg oral	22
isotretinoin capsule 40 mg oral	22
isotretinoin oral capsule 25 mg, 35 mg	22
ISTALOL	36
ivermectin external cream	22

J

jaimiess	30
jantoven	11
JANUVIA	26
JARDIANCE	26
jasmiel	30
jencycla	30
JENTADUETO	26
JENTADUETO XR	26
JIVI	26
jolessa	30
JORNAY PM	19
juleber	30
JULUCA	15
june1 1/20	30
june1 1.5/30	30
june1 fe 1/20	30
june1 fe 1.5/30	30
june1 fe 24	30
JUST RIGHT 5000	20

K

K-TAB	27
kalliga	30
KAPSPARGO SPRINKLE	17
kariva	30
KAZANO	26
KENALOG EXTERNAL	22
KEPPRA ORAL	11
KEPPRA XR	11
KESIMPTA	19
ketoconazole external cream	13
ketoconazole external foam	13
ketoconazole external shampoo	13
ketodan external foam	13
KETOROLAC TROMETHAMINE NASAL	9



ketorolac tromethamine ophthalmic	35
ketorolac tromethamine oral	9
KITABIS PAK	38
KLISYRI	22
KLONOPIN	16
klor-con	27
klor-con 10	27
klor-con m10	27
klor-con m15	27
klor-con m20	27
KLOXXADO	10
KOATE	26
KOATE-DVI	26
KOGENATE FS	26
KOMBIGLYZE XR	26
KOSELUGO	14
KOVALTRY	26
KRINTAFEL	14
kurvelo	30
KYNMOBI	14
KYNMOBI TITRATION KIT	14

L

labetalol hcl oral	17
LAMICTAL	11
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG	11
LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG	11
LAMICTAL ODT ORAL TABLET DISPERSIBLE	11
LAMICTAL STARTER	11
LAMICTAL XR	11
lamotrigine er	11
lamotrigine oral kit	11
lamotrigine oral tablet	11
lamotrigine oral tablet chewable	11
lamotrigine oral tablet dispersible	11
lamotrigine starter kit-blue	11
lamotrigine starter kit-green	11
lamotrigine starter kit-orange	11
LANREOTIDE ACETATE	33
LANTUS SOLOSTAR	25
LANTUS U-100 VIAL	25
larin 1/20	30
larin 1.5/30	30
larin 24 fe	30

larin fe 1/20	30
larin fe 1.5/30	30
larissia	30
LASIX	17
LASTACRAFT	35
latanoprost ophthalmic	36
LATUDA	15
LEDIPASVIR-SOFOSBUVIR	15
lenalidomide	14
lessina	30
letrozole oral	14
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	38
LEVBIID	28
LEVEMIR U-100 FLEXTOUCH	25
LEVEMIR U-100 VIAL	25
levetiracetam er	11
levetiracetam oral	11
levo-t	33
levocetirizine dihydrochloride oral solution	37
levocetirizine dihydrochloride oral tablet	37
levofloxacin oral	10
levonorgest-eth est & eth est	30
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	30
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	30
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	30
levora 0.15/30 (28)	30
LEVOTHYROXINE SODIUM ORAL CAPSULE	33
levothyroxine sodium oral tablet	33
levoxyl	33
LEVSIN ORAL	28
LEVSIN/SL	28
LEXAPRO	12
LIALDA	35
lidocaine external ointment 5 %	8
lidocaine external patch 5 %	8
lidocaine hcl mouth/throat	20
lidocaine viscous hcl	20
lidocaine-prilocaine external cream	8
LIDODERM	8
lillow	30

LINZESS	28
liothyronine sodium oral	33
LIPITOR	17
LIPOFEN	17
lisinopril oral	17
lisinopril-hydrochlorothiazide	17
lithium carbonate er	16
lithium carbonate oral	16
LITHOBID	16
LO LOESTRIN FE	30
lo-zumandimine	30
LODINE	9
LOESTRIN 1/20 (21)	30
LOESTRIN 1.5/30 (21)	30
LOESTRIN FE 1/20	30
LOESTRIN FE 1.5/30	30
LOFENA	9
lojaimiess	30
LOKELMA	27
LOMOTIL	28
LOPID	17
LOPRESSOR	17
LOPROX EXTERNAL SHAMPOO	13
lorazepam intensol	16
lorazepam oral concentrate 2 mg/ml	16
lorazepam oral tablet	16
LOREEV XR	16
LORTAB	8
loryna	30
losartan potassium oral	17
losartan potassium-hctz	17
LOSEASONIQUE	30
LOTEMAX OPHTHALMIC GEL	35
LOTEMAX OPHTHALMIC OINTMENT	35
LOTEMAX OPHTHALMIC SUSPENSION	35
LOTEMAX SM	35
LOTENSIN	17
LOTENSIN HCT	17
loteprednol etabonate ophthalmic gel	36
loteprednol etabonate ophthalmic suspension	36
LOTREL	17
lovastatin oral	17
LOVAZA	17
LOVENOX	11



low-ogestrel	30	mesalamine rectal enema	35	metronidazole external gel 0.75 %	22
LUMIGAN	36	mesalamine rectal suppository	35	metronidazole external gel 1 %	22
LUNESTA	39	metaxalone	39	metronidazole external lotion	22
luter	30	metformin hcl er	26	metronidazole oral	10
lyleq	30	metformin hcl er (mod)	26	metronidazole vaginal	10
lyllana	30	metformin hcl er (osm)	26	MICARDIS	17
LYMEPAK	10	metformin hcl oral solution	26	MICRODOT TEST	24
LYNPARZA	14	metformin hcl oral tablet	26	microgestin 1/20	31
LYRICA	20	methimazole oral	33	microgestin 1.5/30	31
LYRICA CR	20	methocarbamol oral	39	microgestin 24 fe	31
LYUMJEV KWIKPEN	25	methotrexate oral	34	microgestin fe 1/20	31
LYUMJEV VIAL	25	methotrexate sodium	34	microgestin fe 1.5/30	31
lyza	31	methotrexate sodium (pf)	34	mili	31
M		METHYLIN	19	MILLIPRED	32
MALARONE	14	methylphenidate hcl er (cd)	19	MINASTRIN 24 FE	31
marlissa	31	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	19	MINIPRESS	17
matzim la	17	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	19	MINIVELLE	29-31
MAVENCLAD	19	methylphenidate hcl er (xr)	19	MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	10
MAVYRET ORAL PACKET	15	methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	19	minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg	10
MAVYRET ORAL TABLET	15	methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	19	minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg	10
MAXALT	13	methylphenidate hcl er oral tablet extended release 24 hour	19	minocycline hcl oral capsule	10
MAXALT-MLT	13	methylphenidate hcl oral solution	19	minocycline hcl oral tablet	10
MAXITROL	36	methylphenidate hcl oral tablet	19	MINOLIRA	10
MAXZIDE	17	methylphenidate hcl oral tablet chewable	19	MIRAPEX ER	14
MAXZIDE-25	17	methylprednisolone oral	32	MIRCETTE	31
MAYZENT	19, 34	metoclopramide hcl oral solution	13	mirtazapine oral	12
MAYZENT STARTER PACK	34	metoclopramide hcl oral tablet	13	MIRVASO	22
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	32	metoclopramide hcl oral tablet dispersible	13	misoprostol oral	27
MEDROL ORAL TABLET 2 MG	32	metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	17	MITIGARE	13
MEDROL ORAL TABLET 32 MG	32	metoprolol succinate er oral tablet extended release 24 hour 25 mg	17	MM EASY TOUCH GLUCOSE METER	24
MEDROL ORAL TABLET THERAPY PACK	32	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	17	MOBIC	9
medroxyprogesterone acetate intramuscular suspension	31	metoprolol tartrate oral tablet 37.5 mg, 75 mg	17	modafinil	39
medroxyprogesterone acetate intramuscular suspension prefilled syringe	31	METROCREAM	22	mometasone furoate external	22
medroxyprogesterone acetate oral	31	METROGEL	22	mondoxylene nl	10
meloxicam oral capsule	9	METROLOTION	22	mono-lynyah	31
meloxicam oral tablet	9	metronidazole external cream	22	montelukast sodium oral packet	38
MENOSTAR	31			montelukast sodium oral tablet	38
mercaptopurine oral	14			montelukast sodium oral tablet chewable	38
merzee	31			morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	8
mesalamine er oral capsule 0.375 gm	35			morphine sulfate er oral capsule extended release 24 hour	8
mesalamine oral	35				

morphine sulfate er oral tablet extended release	8
morphine sulfate oral solution 10 mg/5ml	8
MORPHINE SULFATE ORAL SOLUTION 20 MG/5ML	8
morphine sulfate oral tablet	8
morphine sulfate rectal	8
MOTEGRITY	28
MOVIPREP	28
moxifloxacin hcl (2x day)	36
moxifloxacin hcl ophthalmic solution	36
MS CONTIN	8
MULPLETA	26
MULTAQ	18
MULTI-VIT-FLOR	27
multi-vitamin/fluoride	27
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	27
multivitamin/fluoride tablet chewable 0.5 mg oral	27
multivitamin/fluoride tablet chewable 1 mg oral	27
mupirocin calcium	10
mupirocin external	11
mycophenolate mofetil oral	34
mycophenolate sodium	34
MYDAYIS	19
MYFEMBREE	31
MYFORTIC	34
myorisan	22

N

nabumetone oral	9
nadolol oral	18
NAFRINSE DAILY/NEUTRAL	20
NAFRINSE WEEKLY	20
NALOCET	8
naloxone hcl injection	10
naloxone hcl nasal	10
naltrexone hcl oral	10
NAPRELAN	9
NAPROSYN ORAL SUSPENSION	9
NAPROSYN ORAL TABLET	9
naproxen oral suspension	9
naproxen oral tablet	9
naproxen oral tablet delayed release	9

naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	9
NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	9
naproxen sodium oral tablet 275 mg, 550 mg	9
naratriptan hcl	13
NARCAN	10
NASCOBAL	27
NATAZIA	31
NATESTO	33
NATURE-THROID	33
NAYZILAM	11
nebivolol hcl	18
necon 0.5/35 (28)	31
neomycin-polymyxin-dexameth ophthalmic ointment	36
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	36
neomycin-polymyxin-hc otic	37
NEORAL	34
NESINA	26
neuac external gel	22
NEULASTA	26
NEULASTA ONPRO	26
NEURONTIN	11
NEUTEK 2TEK TEST	24
NEVANAC	36
NEXLETOL	18
NEXLIZET	18
niacin (antihyperlipidemic)	18
niacin er (antihyperlipidemic)	18
niacor	18
NIASPAN	18
nifedipine er	18
nifedipine er osmotic release	18
nifedipine oral	18
nikki	31
nitisinone	28
NITRO-BID	18
NITRO-DUR	18
NITRO-TIME	18
nitroglycerin sublingual	18
nitroglycerin transdermal	18
nitroglycerin translingual	18
NITROLINGUAL	18

NITROMIST	18
NITROSTAT	18
NITYR	28
NOC DURNA	33
nora-be	31
NORDITROPIN FLEXPEN	33
norethin ace-eth estrad-fe oral capsule	31
norethin ace-eth estrad-fe oral tablet	31
norethin ace-eth estrad-fe oral tablet chewable	31
norethindrone acet-ethinyl est	31
norethindrone acetate oral	31
norethindrone oral	31
norgestimate-eth estradiol	31
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-25 mcg	31
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-35 mcg	31
NORITATE	22
norlyda	31
norlyroc	31
nortrel 0.5/35 (28)	31
nortrel 1/35 (21)	31
nortrel 1/35 (28)	31
nortriptyline hcl oral	12
NORVASC	18
NORVIR ORAL PACKET	15
NORVIR ORAL SOLUTION	15
NORVIR ORAL TABLET	15
NOURIANZ	14
NOVAREL	35
NOVOEIGHT	26
NOVOFINE AUTOCOVER PEN NEEDLE	24
NOVOFINE PEN NEEDLE	24
NOVOFINE PLUS PEN NEEDLE	24
NOVOLIN 70/30 FLEXPEN	25
NOVOLIN 70/30 FLEXPEN RELION	25
NOVOLIN 70/30 RELION	25
NOVOLIN 70/30 VIAL	25
NOVOLIN N FLEXPEN	25
NOVOLIN N FLEXPEN RELION	25
NOVOLIN N RELION	25
NOVOLIN N VIAL	25
NOVOLIN R FLEXPEN	25



NOVOLIN R FLEXPEN RELION	25	olopatadine hcl ophthalmic solution 0.2 %	36	ONZETRA XSAIL	13
NOVOLIN R RELION	25	OLUMIANT ORAL TABLET 1 MG . .	34	OPSUMIT	38
NOVOLIN R VIAL	25	OLUMIANT ORAL TABLET 2 MG . .	34	OPTIUMEZ TEST	24
NOVOLOG FLEXPEN	25	OLUX	22	ORAPRED ODT	32
NOVOLOG FLEXPEN RELION	25	OMECLAMOX-PAK	27	ORENCIA CLICKJECT	34
NOVOLOG PENFILL	25	omega-3-acid ethyl esters	18	ORENCIA SUBCUTANEOUS	34
NOVOLOG RELION	25	omeprazole oral capsule delayed release	27	ORFADIN	28
NOVOLOG U-100 VIAL	25	OMEPRAZOLE+SYRSPEND SF ALKA	27	ORGOVYX	14
NOVOTWIST	24	OMNARIS	37	ORIAHNN	33
np thyroid	33	OMNITROPE	33	ORILISSA	33
NUBEQA	14	ondansetron hcl oral	13	orsythia	31
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	38	ondansetron odt	13	ORTIKOS	35
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE . .	38	ONETOUCH CLUB LANCETS FINE PT	24	OSCIMIN	28
NUCYNTA	8	ONETOUCH DELICA LANCETS 30G	24	oseltamivir phosphate oral capsule	15
NUCYNTA ER	8	ONETOUCH DELICA LANCETS 33G	24	oseltamivir phosphate oral suspension reconstituted	15
NUDEXTA	20	ONETOUCH DELICA LANCING DEV	24	OSENI	26
NULEV	28	ONETOUCH DELICA PLUS LANCET30G	24	OSPHENA	27
NURTEC ODT	13	ONETOUCH DELICA PLUS LANCET33G	24	OTEZLA	34
NUTROPIN AQ NUSPIN 10	33	ONETOUCH DELICA PLUS LANCING	24	OTREXUP	34
NUTROPIN AQ NUSPIN 20	33	ONETOUCH FINEPOINT LANCETS	24	OVIDREL	35
NUTROPIN AQ NUSPIN 5	33	ONETOUCH SOLUTIONS STARTER KIT	24	OXAYDO	8
NUVARING	31	ONETOUCH SURESOFT LANCING DEV	24	oxcarbazepine	11
NUVESSA	11	ONETOUCH ULTRA 2 KIT W/DEVICE	24	OXTELLAR XR	11
NUWIQ	26	ONETOUCH ULTRA MINI KIT W/DEVICE	24	oxybutynin chloride er	28
NUZYRA ORAL	11	ONETOUCH ULTRA TEST STRIPS	24	oxybutynin chloride oral	28
nyamyc	13	ONETOUCH ULTRASOFT LANCETS	24	OXYCODONE HCL ER	8
nylia 1/35	31	ONETOUCH VERIO FLEX SYSTEM	24	oxycodone hcl oral capsule	8
nymyo	31	ONETOUCH VERIO IQ SYSTEM . .	24	oxycodone hcl oral concentrate 100 mg/5ml	8
nystatin external	13	ONETOUCH VERIO KIT W/DEVICE	24	oxycodone hcl oral solution	8
nystatin mouth/throat	13	ONETOUCH VERIO REFLECT KIT W/DEVICE	24	oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	8
nystop	13	ONETOUCH VERIO TEST STRIPS .	24	oxycodone hcl oral tablet 5 mg	8
O		ONGLYZA	26	OXYCODONE-ACETAMINOPHEN ORAL SOLUTION	8
ocella	31			OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	8
OCUFLOX	36			oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	8
ODEFSEY	15			OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	8
ODOMZO	14			OXYCONTIN	9
ofloxacin ophthalmic	36			OZEMPIC	26
ofloxacin otic	37			OZOBAX	39
olanzapine oral tablet	15				
olanzapine oral tablet dispersible .	15				
olmesartan medoxomil oral	18				
olmesartan medoxomil-hctz	18				
olopatadine hcl ophthalmic solution 0.1 %	36				



P

PACERONE ORAL TABLET 100 MG, 400 MG	18	PLEXION CLEANSING CLOTH	22	premium lidocaine	9
PACERONE ORAL TABLET 200 MG	18	POLY-VI-FLOR	27	PREMPHASE	31
PAMELOR	12	polymyxin b-trimethoprim	36	PREMPRO	31
PANCREAZE	28	POLYTRIM	36	PRENA1 PEARL	27
pantoprazole sodium oral packet	27	portia-28	31	PREVIDENT 5000 BOOSTER PLUS	20
pantoprazole sodium oral tablet delayed release	27	potassium chloride crys er oral tablet extended release 10 meq, 20 meq	27	PREVIDENT 5000 DRY MOUTH	20
paroxetine hcl er	12	potassium chloride crys er oral tablet extended release 15 meq	27	PREVIDENT 5000 ORTHO DEFENSE	20
paroxetine hcl oral suspension	12	potassium chloride er	27	PREVIDENT 5000 PLUS	20
paroxetine hcl oral tablet	12	potassium chloride oral packet	27	PREVIDENT DENTAL	20
PAXIL CR	12	potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	27	PREVIDENT MOUTH/THROAT	20
PAXIL ORAL SUSPENSION	12	potassium citrate er	27	previfem	31
PAXIL ORAL TABLET	12	PRADAXA	11	PREZCOBIX	15
PEDIAPRED	32	PRALUENT	18	PREZISTA	15
peg-3350/electrolytes	28	pramipexole dihydrochloride	14	PRISTIQ	12
peg-3350/electrolytes/ascorbat	28	pramipexole dihydrochloride er	14	PROAIR HFA	37, 38
peg-kcl-nacl-nasulf-na asc-c	28	pravastatin sodium	18	PROAIR RESPICLICK	38
penicillamine oral capsule	28	prazosin hcl oral	18	PROCARDIA XL	18
penicillamine oral tablet	28	PRECISION XTRA	24	PROCENTRA	19
penicillin v potassium	11	PRECISION XTRA BLOOD GLUCOSE	24	prochlorperazine maleate oral	13
PENNSAID	9	PRED FORTE	36	PROCORT	35
PENTASA	35	PRED MILD	36	PROCTOFOAM HC	35
PERCOCET	9	prednisolone acetate ophthalmic	36	PROGRAF ORAL CAPSULE	34
PERFOROMIST	38	prednisolone acetate p-f	36	PROGRAF ORAL PACKET	34
PERIDEX	20	prednisolone oral solution	32	PROLATE	9
periogard	20	prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	32	promethazine hcl oral solution	37
permethrin external	14	prednisolone sodium phosphate oral solution 15 mg/5ml	32	promethazine hcl oral syrup	37
PERTZYE	28	prednisolone sodium phosphate oral solution 20 mg/5ml	32	promethazine hcl oral tablet	13
phenazo oral tablet 200 mg	28	prednisolone sodium phosphate oral tablet dispersible	32	promethazine hcl rectal	13
phenazopyridine hcl oral tablet 100 mg, 200 mg	28	prednisone intensol	32	promethazine-codeine	37
philith	31	prednisone oral	32	promethazine-dm	37
PICATO EXTERNAL GEL 0.015 %, 0.05 %	22	pregabalin er	20	promethegan	13
pimtrex	31	pregabalin oral capsule	20	propranolol hcl er	18
pioglitazone hcl	26	pregabalin oral solution	20	propranolol hcl oral	18
pirmella 1/35	31	PREGNYL	35	PROSCAR	29
PLAQUENIL	14	PREMARIN ORAL	31	PROTONIX ORAL	28
PLAVIX	15	PREMARIN VAGINAL	31	PROVENTIL HFA	37, 38
PLEGRIDY INTRAMUSCULAR	19	PREMIUM BLOOD GLUCOSE TEST	24	PROVERA	29, 31
PLEGRIDY STARTER PACK	19			PROVIGIL	39
PLEGRIDY SUBCUTANEOUS	19			PROZAC	12
PLENVU	28			pseudoephedrine-bromphen-dm	37
PLEXION	22			PULMICORT FLEXHALER	38
PLEXION CLEANSER	22			PULMICORT SUSPENSION	38
				PULMOZYME	38
				PURIXAN	14
				PYLERA	28
				PYRIDIUM	28



Q

QBRELIS	18
QDOLO	9
QUARTETTE	31
QUDEXY XR	12
quetiapine fumarate	15
quetiapine fumarate er	15
QUFLORA PEDIATRIC	27
QUILLICHEW ER	19
QUILLIVANT XR	19
quinapril hcl	18
QUINTET AC BLOOD GLUCOSE ..	24
QUINTET AC BLOOD GLUCOSE TEST	24
QUINTET BLOOD GLUCOSE SYSTEM	24
QUINTET BLOOD GLUCOSE TEST	24
QVAR REDHALER	38

R

RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	28
rabeprazole sodium oral tablet delayed release	28
ramipril	18
RANEXA	18
ranolazine er	18
RAPAMUNE ORAL SOLUTION	34
RAPAMUNE ORAL TABLET	34
RASUVO	34
RAYALDEE	35
RAYOS	32
REBIF	19
REBIF REBIDOSE	19
REBIF REBIDOSE TITRATION PACK	19
REBIF TITRATION PACK	19
reclipsen	31
RECOMBINATE	26
REDITREX	34
REGLAN	13
RELAFEN	9
RELAFEN DS	9
relexxii	19
RELION TRUE MET AIR GLUC METER	24
RELION TRUE METRIX TEST STRIPS	24

RELION ULTIMA GLUCOSE SYSTEM	24
RELION ULTIMA TEST	24
RELPAK	13
RELTONE	28
REMERON	12
REMERON SOLTAB	12
REPATHA	18
REPATHA PUSHTRONEX SYSTEM	18
REPATHA SURECLICK	18
RESTASIS	36
RESTASIS MULTIDOSE	36
RESTORIL	39
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	26
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	26
RETIN-A	22
REVLIMID	14
RHOFADE	22
RHOPRESSA	36
RILUTEK	20
riluzole	20
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	34
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG	34
RIOMET	26
RISPERDAL	15
risperidone	15
RITALIN	19
RITALIN LA	19
ritonavir	15
rivelsa	31
rizatriptan benzoate	14
ROCALTROL	35
ROCKLATAN	36
ropinirole hcl	15
ropinirole hcl er	15
rosadan external cream	22
rosadan external gel	22
rosuvastatin calcium	18
roweepra	12

ROXICODONE ORAL TABLET 15 MG, 30 MG	9
ROXICODONE ORAL TABLET 5 MG	9
ROZLYTREK	14
RUCONEST	34
RUKOBIA	15
RYBELSUS	26
RYTARY	15

S

SAFYRAL	31
sajazir	34
SAPHRIS	15
scopolamine	13
SEASONIQUE	31
SEMGLEE	25
SEREVENT DISKUS	38
SERNIVO	22
SEROQUEL	15
SEROQUEL XR	15
SERTRALINE HCL ORAL CAPSULE	12
sertraline hcl oral concentrate	12
sertraline hcl oral tablet	12
setlakin	31
sf	20, 27
sf 5000 plus	20
SFROWASA	35
sharobel	31
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	27
simliya	31
simpesse	31
SIMPONI	34
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	18
simvastatin oral tablet 80 mg	18
SINEMET	15
SINGULAIR ORAL PACKET	38
SINGULAIR ORAL TABLET	38
SINGULAIR ORAL TABLET CHEWABLE	38
sirolimus oral solution	34
sirolimus oral tablet	34
SITAVIG	15
SKELAXIN	39
SKYRIZI	34
SOAANZ	18



sodium fluoride 5000 plus	20	sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %, 9-4.5 %	22	TACLONEX EXTERNAL SUSPENSION	22
sodium fluoride 5000 ppm	20	sulfacetamide sodium-sulfur external lotion 10-5 %	22	tacrolimus oral	34
sodium fluoride dental	20	sulfacetamide sodium-sulfur external lotion 9.8-4.8 %	22	tadalafil oral	27
sodium fluoride mouth/throat	20	sulfacetamide sodium-sulfur external pad 10-4 %	22	TAKHZYRO SUBCUTANEOUS SOLUTION	34
SOFOSBUVIR-VELPATASVIR.	15	sulfacetamide sodium-sulfur external pad 9.8-4.8 %	22	TAMIFLU ORAL CAPSULE.	15
SOLQUA	26	sulfacetamide sodium-sulfur external suspension 10-5 %	22	TAMIFLU ORAL SUSPENSION RECONSTITUTED.	15
SOLODYN	11	sulfacetamide sodium-sulfur external suspension 8-4 %	22	tamoxifen citrate oral tablet 10 mg	14
SOLTAMOX	14	SULFACLEANSE 8/4.	22	tamoxifen citrate oral tablet 20 mg	14
SOMA	39	sulfamethoxazole-trimethoprim oral	11	tamsulosin hcl	29
SOMATULINE DEPOT.	33	sulfamez wash	22	TAPERDEX 12-DAY	32
SOOLANTRA.	22	sulfasalazine oral.	35	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG.	32
sotalol hcl oral	18	sulfatrim pediatric	11	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	32
SOTYLIZE.	18	SUMADAN WASH	22	TAPERDEX 7-DAY	32
SPIRIVA HANDIHALER.	38	sumatriptan succinate oral	14	TARGADOX	11
SPIRIVA RESPIMAT	38	sumatriptan succinate refill subcutaneous solution cartridge.	14	TARGRETIN EXTERNAL	14
spironolactone oral	18	sumatriptan succinate subcutaneous	14	TARGRETIN ORAL	14
sprintec 28	31	SUMAXIN	22	tarina 24 fe	31
SPRITAM	12	SUNOSI	39	tarina fe 1/20	31
SPRIX	9	SUPARTZ FX	9	tarina fe 1/20 eq.	31
sronyx	31	SUPREP BOWEL PREP KIT	28	TARPEYO	35
sss 10-5	22	SURESTEP PRO LINEARITY	24	TASIGNA	14
STELARA SUBCUTANEOUS SOLUTION	34	SUTAB	28	TAVALISSE	26
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.	34	syeda	31	taysofy	31
STENDRA.	27	SYMBICORT	38	TAYTULLA	31
STIMATE.	33	SYMFI	15	tazarotene external cream	22
STIOLTO RESPIMAT	38	SYMFI LO	15	TAZORAC.	22
STIVARGA	14	SYMJEPI.	37	TEGRETOL.	12
STRATTERA	19	SYMLINPEN 120	26	TEGRETOL-XR.	12
STRENSIQ	28	SYMLINPEN 60	26	TEGSEDI.	28
STRIBILD	15	SYMPROIC.	28	TEKTURNA	18
STRIVERDI RESPIMAT	38	SYNALAR.	22	TEKTURNA HCT	18
SUBOXONE	10	SYNJARDY.	26	telmisartan	18
SUBSYS	9	SYNJARDY XR.	26	temazepam	39
subvenite	12	SYNTHROID.	33	TEMIXYS	16
subvenite starter kit-blue	12	SYPRINE.	28	TEMOVATE.	22
subvenite starter kit-green	12			tenofovir disoproxil fumarate	16
subvenite starter kit-orange	12			TENORETIC 100	18
sucralfate oral suspension	28			TENORETIC 50	18
sucralfate oral tablet	28			TENORMIN	18
sulfacetamide sod-sulfur wash	22			terazosin hcl.	29
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %.	22			terbinafine hcl oral.	13
sulfacetamide sodium-sulfur external cream 9.8-4.8 %	22			terconazole	13
sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 %	22			TERIPARATIDE (RECOMBINANT).	35

T

TACLONEX EXTERNAL OINTMENT.	22
--	----



TESTIM.	33	TOPAMAX SPRINKLE.	12	triamcinolone acetonide external cream 0.025 %, 0.1 %	23
testosterone cypionate intramuscular.	33	topiramate er.	12	triamcinolone acetonide external cream 0.5 %	23
testosterone gel 50 mg/5gm (1%) transdermal.	33	topiramate oral.	12	triamcinolone acetonide external lotion.	23
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)	33	TOPROL XL.	18	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	23
testosterone transdermal solution. .	33	torsemide.	18	triamcinolone acetonide external ointment 0.05 %	23
TEXACORT.	22	TOUJEO MAX SOLOSTAR.	25	triamcinolone in absorbbase.	23
THALITONE.	18	TOUJEO SOLOSTAR.	25	triamterene-hctz.	18
THIOLA.	28	TOVIAZ.	29	TRIANEX.	23
THIOLA EC.	28	TRACLEER.	38	triazolam.	16
THYQUIDITY.	33	TRADJENTA.	26	TRICOR.	18
TIGLUTIK.	20	tramadol hcl er (biphasic).	9	triderm external cream 0.1 %	23
timolol maleate (once-daily)	36	TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR.	9	triderm external cream 0.5 %	23
timolol maleate ocudose.	36	tramadol hcl er oral tablet extended release 24 hour.	9	TRIDESILON.	23
timolol maleate ophthalmic.	36	tramadol hcl oral tablet 100 mg.	9	trientine hcl.	28
timolol maleate pf.	36	tramadol hcl oral tablet 50 mg.	9	TRIJARDY XR.	26
TIMOPTIC.	36	TRANSDERM-SCOP.	13	TRILEPTAL.	12
TIMOPTIC OCUDOSE OPTHALMIC SOLUTION 0.25 % .	36	TRAVATAN Z.	36	TRILURON.	9
TIMOPTIC OCUDOSE OPTHALMIC SOLUTION 0.5 % .	36	travoprost (bak free).	36	TRINTELLIX.	13
TIMOPTIC-XE.	36	trazodone hcl oral.	13	tritocin.	23
tiopronin.	29	TRELEGY ELLIPTA.	38	TRIUMEQ.	16
TIROSINT.	33	TREMFYA.	34	TROKENDI XR.	12
TIROSINT-SOL.	33	TRESIBA.	25	TRUE FOCUS BLOOD GLUCOSE STRIP.	24
TIVICAY.	16	TRESIBA FLEXTOUCH.	25	TRUE METRIX AIR GLUCOSE METER.	24
TIVICAY PD.	16	tretinoin external cream.	22	TRUE METRIX BLOOD GLUCOSE TEST.	24
TIVORBEX.	10	tretinoin external gel 0.01 %, 0.025 % .	22	TRUE METRIX GO GLUCOSE METER.	24
tizanidine hcl oral capsule.	39	tretinoin external gel 0.05 % .	22	TRUE METRIX METER KIT.	25
tizanidine hcl oral tablet.	39	TREXALL.	34	TRUE METRIX PRO BLOOD GLUCOSE.	25
TOBI NEBULIZER.	38	TREZIX.	9	TRUETRACK BLOOD GLUCOSE DEVICE.	25
TOBI PODHALER.	38	tri femynor.	31	TRUETRACK TEST.	25
TOBRADEX OPTHALMIC OINTMENT.	36	tri-estarylla.	31	TRULICITY.	26
TOBRADEX OPTHALMIC SUSPENSION.	36	tri-linyah.	31	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG.	16
TOBRADEX ST.	36	tri-lo-estarylla.	31	TRUVADA ORAL TABLET 200-300 MG.	16
tobramycin inhalation nebulization solution 300 mg/4ml.	38	tri-lo-marzia.	31	tulana.	32
tobramycin nebulization solution 300 mg/5ml inhalation.	38	tri-lo-mili.	32	tyblume.	32
tobramycin ophthalmic.	36	tri-lo-sprintec.	32	tydemy.	32
tobramycin-dexamethasone.	36	tri-mili.	32	TYMLOS.	35
TOBREX.	36	tri-nymyo.	32		
TOPAMAX.	12	tri-previfem.	32		
		tri-sprintec.	32		
		tri-vylibra.	32		
		tri-vylibra lo.	32		
		triamcinolone acetonide external aerosol solution.	22		

TYRVAYA	36
TYVASO	38
TYVASO REFILL	38
TYVASO STARTER	38

U

UBRELVY	14
UCERIS ORAL	35
UCERIS RECTAL	35
UKONIQ	14
ULORIC	13
ULTRAM	9
UNISTRIP1 GENERIC	25
unithroid	33
UROCIT-K 10	27
UROCIT-K 15	27
UROCIT-K 5	27
UROXATRAL	29
URSO 250	28
URSO FORTE	28
URSODIOL ORAL CAPSULE 200 MG, 400 MG.	28
ursodiol oral capsule 300 mg.	28
ursodiol oral tablet	28

V

VAGIFEM	32
valacyclovir hcl oral	16
VALIUM	16
valsartan	18
valsartan-hydrochlorothiazide	18
VALTOCO	12
VALTREX	16
VANADOM	39
vandazole	11
VANOS	23
varenicline tartrate	10
VASCEPA	18
VASOTEC	18
VECTICAL	23
VELPHORO	29
VELTASSA	27
VEMLIDY	16
venlafaxine hcl	13
venlafaxine hcl er oral capsule extended release 24 hour.	13
venlafaxine hcl er oral tablet extended release 24 hour.	13
VENTOLIN HFA	37, 38

verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	18
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	18
verapamil hcl er oral tablet extended release.	18
verapamil hcl oral	18
VERDESO	23
VERELAN	18
VERELAN PM	18
VERQUVO	18
VERZENIO	14
vestura	32
VIAGRA	27
VIBERZI	28
VIBRAMYCIN ORAL CAPSULE.	11
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED.	11
VICTOZA SOLUTION PEN- INJECTOR 18 MG/3ML SUBCUTANEOUS	26
vienva	32
VIGAMOX	36
VIIBRYD	13
VIIBRYD STARTER PACK.	13
VIMPAT ORAL	12
VIOKACE	28
viorele	32
VIREAD ORAL POWDER	16
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG.	16
VIREAD ORAL TABLET 300 MG ...	16
VISTARIL	16
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	27
VITAPEARL	27
VITRAKVI	14
VIVELLE-DOT	30, 32
VIVLODEX	10
VOGELXO	33
VOGELXO PUMP	33
volnea	32
VOSEVI	16
VRAYLAR	15
VTOL LQ	9
vyfemla	32
VYLEESI	27

vylibra	32
VYTORIN	18
VYVANSE	19
VYZULTA	36

W

WAKIX	39
warfarin sodium oral	11
WELCHOL	18
WELLBUTRIN SR	13
WELLBUTRIN XL	13
wera	32
WESTHROID	33
WILATE	26
wixela inhub	38
WP THYROID	33
WYNZORA	23

X

XALATAN	36
XANAX	16
XANAX XR	16
XARELTO ORAL SUSPENSION RECONSTITUTED.	11
XARELTO ORAL TABLET	11
XARELTO STARTER PACK.	11
XCOPRI	12
XELJANZ	34
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	34
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	34
XELODA	14
XELPROS	36
XENLETA ORAL	11
XEPI	11
XHANCE	37
XIFAXAN	28
XIIDRA	36
XIMINO	11
XOFLUZA (40 MG DOSE)	16
XOFLUZA (80 MG DOSE)	16
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE. .	34
XOLEGEL	13
XOPENEX HFA	38
XTAMPZA ER	9



xulane	32
XYREM	39
XYWAV	39

Y

YASMIN 28	32
YAZ	32
YUPELRI	38
yuvafem	32

Z

zafemy	32
ZANAFLEX	39
ZARXIO	26
ZCORT 7-DAY	32
ZEBUTAL	9
ZEGALOGUE	26
ZEJULA	14
ZELNORM	28
ZEMBRACE SYMTOUCH	14
zenatane	23
ZENPEP	28
ZENZEDI	19
ZEPATIER	16
ZEPOSIA	20
ZEPOSIA 7-DAY STARTER PACK	20
ZEPOSIA STARTER KIT	20
ZESTORETIC	18
ZESTRIL	18
ZETIA	19
ZETONNA	37
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	19
ZIAC ORAL TABLET 5-6.25 MG	19
ZIEXTENZO	26
ZILXI	23
ZIMHI	10
ZIOPTAN	36
ziprasidone hcl	15
ZIPSOR	10
ZITHROMAX ORAL	11
ZITHROMAX TRI-PAK	11
ZITHROMAX Z-PAK	11
ZOCOR	19
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	14
zolmitriptan nasal solution 5 mg	14
zolmitriptan oral tablet	14

zolmitriptan oral tablet dispersible	14
ZOLOFT	13
zolpidem tartrate er	39
zolpidem tartrate oral	39
zolpidem tartrate sublingual	39
ZOLPIMIST	39
ZOMACTON	33
ZOMACTON (FOR ZOMA-JET 10)	33
ZOMIG NASAL SOLUTION 2.5 MG	14
ZOMIG NASAL SOLUTION 5 MG	14
ZOMIG ORAL	14
ZONEGRAN	12
zonisamide oral	12
ZONTIVITY	15
ZOVIRAX ORAL	16
ZTLIDO	9
ZUBSOLV	10
zumandimine	32
ZUPLENZ	13
ZYCLARA	23
ZYCLARA PUMP	23
ZYLET	36
ZYLOPRIM	13
ZYPREXA ORAL	15
ZYPREXA ZYDIS	15

Nondiscrimination notice and access to communication services

UnitedHealthcare® and its subsidiaries do not discriminate on the basis of race, color, national origin, age, disability or sex in their health programs or activities.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

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

You must send the complaint within 60 days of your experience. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on your member ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.

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

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

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

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

We provide free services to help you communicate with us, including letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your member ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.

Multi-language interpreter services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LU'U Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرف العضوية.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語(**Japanese**)を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សម្រាប់ជំនួយភាសាដទៃយកតម្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីមានលេខស័ព្ទស្តាប់ចំណុចសំខាន់ៗ។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániit'go, saad bee áka'anída'awo'ígíí, t'áa jíík'eh, bee ná'ahóót'i'. T'áa shòqdí ninaaltsoos nít'izí bee nééhozinígíí bine'déq' t'áa jíík'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

This document applies to commercial group members of UnitedHealthcare and Oxford New York and New Jersey plans.

Insurance coverage provided by or through UnitedHealthcare Insurance Company, Oxford Health Insurance, Inc. or their affiliates. Stop-loss insurance is underwritten by All Savers Insurance Company (except CA, MA, MN, NJ and NY), UnitedHealthcare Insurance Company in MA and MN, UnitedHealthcare Life Insurance Company in NJ, UnitedHealthcare Insurance Company of New York in NY, and All Savers Life Insurance Company of California in CA. UnitedHealthcare Freedom Plans are underwritten by Tufts Health Freedom Insurance Company. Administrative services provided by UnitedHealthcare Insurance Company, UnitedHealthcare Services, Inc., Oxford Health Plans LLC or their affiliates, and UnitedHealthcare Service LLC in NY. Health Plan coverage provided by or through a UnitedHealthcare company. OptumRx is an affiliate of UnitedHealthcare Insurance Company. UnitedHealthOne plans provided by or through Oxford Health Plans (NJ), Inc.

UnitedHealthcare® is a registered trademark owned by UnitedHealth Group Incorporated. All other trademarks are the property of their respective owners.