



# Your 2022 Prescription Drug List

## Advantage 4-Tier

Effective January 1, 2022



**United  
Healthcare**

This Prescription Drug List (PDL) is accurate as of January 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 and Oxford medical plans with a pharmacy benefit subject to the Advantage 4-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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# 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 health plan 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 health plan 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)<sup>1</sup> 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 medications<sup>2</sup>). 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 health plan 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.

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.

## 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.



# 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 health plan ID card or call the toll-free phone number on your 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 health plan 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
<b>Tier 1</b>	<b>\$ Lower-cost</b> 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.
<b>Tiers 2 and 3</b>	<b>\$\$ Mid-range cost</b> Medications that provide good overall value. A mix of brand name and generic drugs.	Use Tier 2 or Tier 3 drugs, instead of Tier 4, to help reduce your out-of-pocket costs.
<b>Tier 4</b>	<b>\$\$\$ Highest-cost</b> Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Many Tier 4 drugs have lower-cost options in Tiers 1, 2 or 3. Ask your doctor if they 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.

<b>E</b>	<b>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)</b> —Lower-cost options are available and covered.
<b>H</b>	<b>Health Care Reform Preventive</b> —This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.
<b>H-PA</b>	<b>Health Care Reform Preventive with Prior Authorization</b> —May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.
<b>PA</b>	<b>Prior Authorization (sometimes referred to as precertification)</b> <sup>3</sup> —Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.
<b>QL</b>	<b>Quantity Limits</b> —Specifies the largest quantity of medication covered per copayment or in a defined period of time.
<b>RS</b>	<b>Refill and Save Program</b> <sup>4</sup> —Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
<b>SP</b>	<b>Specialty Medication</b> —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.
<b>ST</b>	<b>Step Therapy (referred to as First Start in New Jersey)</b> —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, Golden Rule, Oxford and UnitedHealthOne.



# 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.

- **Central nervous system: sedatives/hypnotics**

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

- **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 member phone number on your health plan ID card



Visit your plan's member website listed on your health plan 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
<b>Analgesics - Drugs for Pain</b>		
acetaminophen-codeine	1	
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
apap-caff-dihydrocodeine oral capsule	4	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	4	
DURAGESIC-100	E	PA, ST, QL
DURAGESIC-12	E	PA, ST, QL
DURAGESIC-25	E	PA, ST, QL
DURAGESIC-50	E	PA, ST, QL
DURAGESIC-75	E	PA, ST, QL
endocet	1	
ESGIC	4	QL
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	4	QL
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 10-325 mg/15ml	1	
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	

Drug Name	Drug Tier	Requirements & Limits
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	
hydromorphone hcl er	4	PA, ST, QL
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	4	
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	1	
morphine sulfate rectal	1	
MS CONTIN	3	PA, ST, QL
NALOCET	E	QL
NUCYNTA	4	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	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 SUBLINGUAL LIQUID 400 MCG, 600 MCG, 800 MCG	E	PA, QL
tramadol hcl er (biphasic)	E	QL
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	E	QL
tramadol hcl er oral tablet extended release 24 hour	2	QL
tramadol hcl oral tablet 100 mg	E	
tramadol hcl oral tablet 50 mg	1	
TREZIX	4	QL
ULTRAM	E	
VTOL LQ	2	PA, QL
XTAMPZA ER	2	PA, QL
ZEBUTAL	4	QL
ZOHYDRO ER	E	PA, ST, QL
ZTLIDO	E	PA, QL
<b>Analgesics - Drugs for Pain and Inflammation</b>		
CATAFLAM	E	
CELEBREX	E	QL
celecoxib oral	2	QL
diclofenac potassium	1	
diclofenac sodium er	1	
diclofenac sodium external gel 1 %	E	
diclofenac sodium external solution	E	
diclofenac sodium oral	1	
DUROLANE	E	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	4	
ec-naproxen	1	
etodolac	1	

Drug Name	Drug Tier	Requirements & Limits
etodolac er	1	
EUFLEXXA	E	
GELSYN-3	E	
ibuprofen	1	
ibuprofen oral suspension	E	
INDOCIN	3	
indomethacin er	1	
INDOMETHACIN ORAL CAPSULE 20 MG	E	
indomethacin oral capsule 25 mg, 50 mg	1	
KETOROLAC TROMETHAMINE NASAL	4	ST, QL
ketorolac tromethamine oral	1	
LODINE	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	1	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	1	
PENNSAID	E	
QMIIZ ODT	E	
RELAFEN	E	
RELAFEN DS	E	
SPRIX	4	ST, QL
TIVORBEX	E	
VIVLODEX	E	QL
ZIPSOR	E	

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Drug Name	Drug Tier	Requirements & Limits
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
BUNAVAIL	E	PA, QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	2	QL
CHANTIX	4	PA, H
CHANTIX CONTINUING MONTH PAK	4	PA, H
CHANTIX STARTING MONTH PAK	4	PA, H
naloxone hcl injection	1	
naltrexone hcl oral	1	
NARCAN	2	QL
SUBOXONE	E	PA, QL
ZUBSOLV	2	QL
<b>Antibacterials - Drugs for Infections</b>		
ACTICLATE	E	
amoxicillin	1	
amoxicillin-potassium clavulanate er	E	
amoxicillin-potassium clavulanate oral	1	
AUGMENTIN	E	
AUGMENTIN ES-600	E	
avidoxy	1	
azithromycin oral	1	
BACTRIM	4	
BACTRIM DS	4	
cefadroxil	1	
cefdinir	1	
cefuroxime axetil	1	
CENTANY	4	QL
CENTANY AT	E	
cephalexin	1	
CIPRO ORAL TABLET	4	
ciprofloxacin hcl oral	1	
clarithromycin er	2	
clarithromycin oral suspension reconstituted	2	
clarithromycin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4	
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	4	
KEFLEX	4	
levofloxacin oral	1	
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	

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Drug Name	Drug Tier	Requirements & Limits
MINOLIRA	E	PA
mondoxyne nl oral capsule 100 mg	1	
mondoxyne nl oral capsule 75 mg	E	
morgidox oral	2	
mupirocin calcium	3	QL
mupirocin external	1	QL
NUZYRA ORAL	4	QL
penicillin v potassium	1	
SOLODYN	E	PA
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
TARGADOX	E	
vandazole	2	
VIBRAMYCIN ORAL CAPSULE	4	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	4	
XENLETA ORAL	3	
XEPI	3	QL
XIMINO	E	PA
ZITHROMAX ORAL	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
<b>Anticoagulants - Drugs to Treat or Prevent Blood Clots</b>		
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	2	QL
XARELTO STARTER PACK	2	QL
<b>Anticonvulsants - Drugs for Seizures</b>		
carbamazepine er oral capsule extended release 12 hour	2	
carbamazepine er oral tablet extended release 12 hour	3	
carbamazepine oral	1	
CARBATROL	4	
DEPAKOTE	4	PA

Drug Name	Drug Tier	Requirements & Limits
DEPAKOTE ER	4	PA, ST
DEPAKOTE SPRINKLES	4	PA, ST
DIASTAT ACUDIAL	4	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	
epitol	1	
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet	1	
KEPPRA ORAL	4	PA, ST
KEPPRA XR	4	PA, ST
LAMICTAL	4	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	4	PA, ST
LAMICTAL ODT ORAL TABLET DISPERSIBLE	4	PA, ST
LAMICTAL STARTER	4	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	4	PA, ST
oxcarbazepine	1	
OXTELLAR XR	E	ST

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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	4	
TOPAMAX	4	PA, ST
TOPAMAX SPRINKLE	4	PA, ST
topiramate er	E	PA, ST
topiramate oral	1	
TRILEPTAL	4	PA, ST
TROKENDI XR	E	ST
VALTOCO	3	PA, QL
VIMPAT ORAL	3	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG, 50 & 200 MG	3	PA
ZONEGRAN	4	PA, ST
zonisamide oral	1	
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
ARICEPT	E	
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	E	
donepezil hcl oral tablet dispersible	1	
<b>Antidepressants - Drugs for Depression</b>		
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

Drug Name	Drug Tier	Requirements & Limits
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide	1	
CYMBALTA	E	QL
desvenlafaxine succinate er	3	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
DRIZALMA SPRINKLE	4	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	1	
paroxetine hcl er	3	QL
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	1	

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Drug Name	Drug Tier	Requirements & Limits
trazodone hcl oral	1	
TRINTELLIX	4	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	4	QL
VIIBRYD STARTER PACK	4	
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
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	4	
scopolamine	3	
TRANSDERM SCOP (1.5 MG)	E	
TRANSDERM-SCOP (1.5 MG)	E	
ZOFRAN	E	
ZUPLENZ	E	QL
<b>Antifungals - Drugs for Fungal Infections</b>		
ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox treatment	E	
CRESEMBA ORAL	3	

Drug Name	Drug Tier	Requirements & Limits
DIFLUCAN	E	
EXTINA	4	ST
fluconazole oral	1	
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	
<b>Antigout Agents - Drugs for Gout</b>		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	
colchicine oral tablet	E	
COLCRYS	E	
febuxostat	3	ST, QL
GLOPERBA	4	PA
MITIGARE	2	
ULORIC	E	ST, QL
ZYLOPRIM	4	
<b>Antimigraine Agents - Drugs for Migraines</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 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
IMITREX SUBCUTANEOUS	E	QL
MAXALT	E	QL

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Drug Name	Drug Tier	Requirements & Limits
MAXALT-MLT	E	QL
naratriptan hcl	1	QL
ONZETRA XSAIL	E	QL
RELPAK	E	QL
REYVOW	2	PA, ST, QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill	1	QL
sumatriptan succinate subcutaneous	1	QL
UBRELVY	2	PA, ST, QL
ZEMBRACE SYMTOUCH	E	QL
ZOLMITRIPTAN NASAL	E	ST, QL
zolmitriptan oral tablet	2	QL
zolmitriptan oral tablet dispersible	3	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	ST, QL
ZOMIG NASAL SOLUTION 5 MG	4	ST, QL
ZOMIG ORAL	E	QL
ZOMIG ZMT	E	QL

#### Antineoplastics - Drugs for Cancer

ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	
ARIMIDEX	E	
bexarotene	E	SP
CALQUENCE	2	PA, QL, SP
capecitabine	1	QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA	2	PA, QL, SP
FEMARA	E	
fluorouracil external solution	1	
GLEEVEC	E	PA, QL, SP
IBRANCE	2	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate	1	PA, QL, SP
KOSELUGO	3	PA, QL, SP
letrozole oral	1	
LYNPARZA	2	PA, QL, SP
mercaptopurine oral	1	
NUBEQA	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
PURIXAN	4	PA, SP
REVLIMID	2	PA, QL, SP
ROZLYTREK	2	PA, QL, SP
SOLTAMOX	E	
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	4	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	4	QL
atovaquone-proguanil hcl	2	
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	QL
MALARONE	4	
permethrin external	1	
PLAQUENIL	E	

#### Antiparkinson Agents - Drugs for Parkinson's Disease

APOKYN	4	PA, QL, SP
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
DUOPA	4	PA
INBRIJA	3	PA, QL, SP
KYNMOBI	3	PA, QL, SP
KYNMOBI TITRATION KIT	3	PA, SP
MIRAPEX	4	
MIRAPEX ER	E	
NOURIANZ	3	PA, QL
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	E	
ropinirole hcl	1	
ropinirole hcl er	E	

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Drug Name	Drug Tier	Requirements & Limits
RYTARY	E	
SINEMET	4	
<b>Antiplatelets - Drugs for Heart Attack and Stroke Prevention</b>		
BRILINTA	4	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	
ZONTIVITY	4	QL
<b>Antipsychotics - Drugs for Mood Disorders</b>		
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	4	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	4	ST, QL
ziprasidone hcl	2	QL
ZYPREXA ORAL	E	QL
ZYPREXA ZYDIS	E	QL
<b>Antivirals - Drugs for Viral Infections</b>		
acyclovir oral	1	
ATRIPLA	E	ST, QL
BARACLUDE ORAL SOLUTION	2	SP
BARACLUDE ORAL TABLET	E	SP
CIMDUO	2	QL
DESCOVY	E	PA, ST, QL
DOVATO	2	QL
efavirenz-emtricitab-tenofovir	E	ST, QL
efavirenz-lamivudine-tenofovir	2	QL

Drug Name	Drug Tier	Requirements & Limits
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 TABLET 200-50 MG	2	PA, QL
EPCLUSA ORAL TABLET 400-100 MG	2	PA, QL, SP
GENVOYA	4	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	2	PA, QL, SP
NORVIR ORAL PACKET	2	
NORVIR ORAL SOLUTION	2	
NORVIR ORAL TABLET	E	
ODEFSEY	4	QL
oseltamivir phosphate oral capsule	2	
oseltamivir phosphate oral suspension reconstituted	2	QL
PREZCOBIX	2	
PREZISTA	2	
ritonavir	2	
RUKOBIA	4	PA
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	4	QL
SYMFI	2	QL
SYMFI LO	2	QL
TAMIFLU ORAL CAPSULE	E	
TAMIFLU ORAL SUSPENSION RECONSTITUTED	E	QL
TEMIXYS	E	QL
tenofovir disoproxil fumarate	2	H-PA
TIVICAY	3	
TIVICAY PD	3	

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Drug Name	Drug Tier	Requirements & Limits
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	QL
VALTREX	E	QL
VEMLIDY	4	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	4	
<b>Anxiolytics - Drugs for Anxiety</b>		
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	4	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	E	
VISTARIL	4	
XANAX	E	
XANAX XR	E	

Drug Name	Drug Tier	Requirements & Limits
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	4	PA
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
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 ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG	4	
CARDIZEM	E	
CARDIZEM CD	E	
CARDIZEM LA	E	
CARDURA	4	

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Drug Name	Drug Tier	Requirements & Limits
CAROSPIR	4	PA
cartia xt	2	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
colesevelam hcl	E	
COREG	E	
CORGARD	4	
CORLANOR	3	PA, QL
COZAAR	E	
CRESTOR	E	QL
diltiazem hcl er	1	
diltiazem hcl er coated beads	2	
diltiazem hcl oral	1	
dilt-xr	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
EDARBI	3	
EDARBYCLOR	3	
enalapril maleate oral	1	
EPANED	4	PA
EXFORGE	E	
EZALLOR SPRINKLE	3	PA
ezetimibe	2	
ezetimibe-simvastatin	3	
fenofibrate oral capsule 150 mg, 50 mg	E	
fenofibrate oral tablet 120 mg, 40 mg, 48 mg	E	
fenofibrate oral tablet 145 mg, 160 mg, 54 mg	2	
FENOGLIDE	E	
flecainide acetate	1	
FLOLIPID	4	PA
furosemide oral	1	
gemfibrozil oral	1	
GONITRO	E	QL
guanfacine hcl	1	
HEMANGEOL	E	

Drug Name	Drug Tier	Requirements & Limits
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
icosapent ethyl	E	PA
INDERAL LA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
KAPSPARGO SPRINKLE	4	
labetalol hcl oral	1	
LASIX	4	
LIPITOR	E	QL
LIPOFEN	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	4	
LOPRESSOR	4	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	4	
LOTENSIN HCT	4	
LOTREL	E	
lovastatin oral	1	H
matzim la	2	
MAXZIDE	4	
MAXZIDE-25	4	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
MICARDIS	E	
MINIPRESS	4	
minitran	1	
MULTAQ	4	PA

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Drug Name	Drug Tier	Requirements & Limits
nadolol oral	1	
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	4	QL
NITROSTAT	4	
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	4	
PRALUENT	E	PA, ST, QL
pravastatin sodium	1	
prazosin hcl oral	1	
PRINIVIL	4	
PROCARDIA XL	E	
propranolol hcl er	2	
propranolol hcl oral	1	
QBRELIS	4	PA
quinapril hcl	1	
ramipril	1	
RANEXA	E	
ranolazine er	2	
REPATHA	2	PA, ST, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL

Drug Name	Drug Tier	Requirements & Limits
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	
sotalol hcl oral	1	
SOTYLIZE	4	PA
spironolactone oral	1	
TEKTURNA	3	
TEKTURNA HCT	3	
telmisartan	2	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
TOPROL XL	E	
torseamide	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	4	
VERELAN PM	4	
VERQUOVO	E	PA, QL
VYTORIN	E	
WELCHOL	2	
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	

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Drug Name	Drug Tier	Requirements & Limits
ZIAC ORAL TABLET 5-6.25 MG	4	
ZOCOR	E	
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
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	3	
FOCALIN	4	
FOCALIN XR	E	QL
guanfacine hcl er	2	QL
INTUNIV	E	QL
JORNAY PM	E	QL
METHYLIN	4	
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	4	QL
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	E	QL
methylphenidate hcl er oral tablet extended release 24 hour	E	QL

Drug Name	Drug Tier	Requirements & Limits
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	
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
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, ST, QL, SP
REBIF REBIDOSE	E	PA, ST, QL, SP
REBIF REBIDOSE TITRATION PACK	E	PA, ST, QL, SP
REBIF TITRATION PACK	E	PA, ST, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
<b>Central Nervous System Agents - Miscellaneous</b>		
AUSTEDO	2	PA, QL, SP
LYRICA	4	PA, ST, QL
LYRICA CR	E	ST, QL
NUEDEXTA	2	PA
pregabalin oral capsule	2	QL
pregabalin oral solution	3	QL
RILUTEK	4	SP
riluzole	1	SP
TIGLUTIK	4	PA
ZEPOSIA	3	PA, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, QL, SP
ZEPOSIA STARTER KIT	3	PA, QL, SP
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
cavarest	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	4	
DENTAGEL	4	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	4	
PERIDEX	4	
periogard	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	4	
PREVIDENT DENTAL	4	
PREVIDENT MOUTH/THROAT	3	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	

Drug Name	Drug Tier	Requirements & Limits
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
ABSORICA	E	PA
acutane	2	
ACZONE EXTERNAL GEL 5 %	4	QL
ACZONE EXTERNAL GEL 7.5 %	3	QL
ALA SCALP	4	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	
ALDARA	4	QL
ALTRENO	E	PA, QL
amnestem	2	
AMZEEQ	4	PA, QL
ATRALIN	E	PA, QL
AVAR CLEANSER	4	
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 external ointment	3	QL
calcipotriene-betameth diprop external suspension	E	QL

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Drug Name	Drug Tier	Requirements & Limits
calcitriol external	1	QL
CAPEX	2	
CARAC	E	
claravis	2	
CLEOCIN-T	4	
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	
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	

Drug Name	Drug Tier	Requirements & Limits
dapsone external gel 5 %	E	QL
DAPSONE EXTERNAL GEL 7.5 %	E	QL
DERMA-SMOOTH/FS BODY	4	QL
DERMA-SMOOTH/FS SCALP	4	
DESONATE	4	ST, QL
desonide external cream	3	QL
desonide external gel	3	ST, QL
desonide external lotion	3	QL
desonide external ointment	3	QL
DESOWEN	3	QL
DIPROLENE	4	
DIPROLENE AF	4	
DUPIXENT	4	PA, ST, QL, SP
EFUDEX	4	
ENSTILAR	4	QL
EUCRISA	3	ST, QL
EVOC LIN	4	
FINACEA	4	
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	4	
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	

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Drug Name	Drug Tier	Requirements & Limits
imiquimod external cream 3.75 %	E	QL
imiquimod external cream 5 %	1	QL
IMIQUIMOD PUMP	E	QL
IMPEKLO	E	QL
IMPOYZ	E	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
ivermectin external cream	E	QL
KENALOG EXTERNAL	E	QL
KLISYRI	E	ST, QL
METROCREAM	4	
METROGEL	E	
METROLOTION	4	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
metronidazole external gel 1 %	E	
metronidazole external lotion	1	
MIRVASO	4	PA, QL
mometasone furoate external	1	
myorisan	2	
neuac external gel	3	QL
NORITATE	E	
OLUX	E	QL
PLEXION	E	
PLEXION CLEANSER	E	
PLEXION CLEANSING CLOTH	E	
RETIN-A	E	PA, QL
RHOFADE	4	PA, QL
rosadan external cream	1	
rosadan external gel	1	
SERNIVO	E	QL
SOOLANTRA	4	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 emulsion	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 %	E	

Drug Name	Drug Tier	Requirements & Limits
sulfacetamide sodium-sulfur external liquid 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 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	4	
SUMAXIN WASH	3	
SYNALAR	E	QL
TACLONEX EXTERNAL OINTMENT	E	QL
TACLONEX EXTERNAL SUSPENSION	3	QL
tazarotene external cream	3	PA, QL
TAZORAC	4	PA, QL
TEMOVATE	4	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
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	
TRIANEX	E	

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Drug Name	Drug Tier	Requirements & Limits
triderm external cream 0.1 %	1	
triderm external cream 0.5 %	1	QL
TRIDESILON	3	QL
VANOS	E	QL
VECTICAL	E	QL
VERDESO	E	QL
WYNZORA	E	QL
zenatane	2	
ZILXI	4	PA, ST, QL
ZYCLARA	E	QL
ZYCLARA PUMP	E	QL
<b>Diabetes - Glucose Monitoring</b>		
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK FASTCLIX LANCETS	1	
accu-chek guide kit w/device	3	(Accu-Chek Guide Me)
ACCU-CHEK GUIDE TEST STRIPS	3	
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK SOFTXLIX LANCETS	1	
bd autoshield duo pen needles	2	
bd ultra-fine insulin syringes	2	
bd ultra-fine pen needles	2	
CONTOUR NEXT EZ KIT W/DEVICE	2	
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT TEST STRIPS	2	QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	3	PA, QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	3	PA, QL
FREESTYLE LIBRE 14 DAY READER	3	PA
FREESTYLE LIBRE 14 DAY SENSOR	3	PA

Drug Name	Drug Tier	Requirements & Limits
FREESTYLE LIBRE 2 READER	3	PA
FREESTYLE LIBRE 2 SENSOR	3	PA
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE LIBRE SENSOR SYSTEM	3	PA
INSULIN SYRINGE AND PEN NEEDLES	2	
LANCETS	3	
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOTWIST	2	
ONETOUCH DELICA PLUS LANCETS	1	
ONETOUCH ULTRA 2 KIT W/DEVICE	1	
ONETOUCH ULTRA BLUE TEST STRIPS IN VITRO STRIP	1	
ONETOUCH ULTRA MINI KIT W/DEVICE	1	
ONETOUCH ULTRASOFT LANCETS	1	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO IQ SYSTEM	1	
ONETOUCH VERIO KIT W/DEVICE	1	
ONETOUCH VERIO REFLECT	1	
ONETOUCH VERIO TEST STRIPS	1	QL
<b>Diabetes - Insulin</b>		
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 U-100 JUNIOR KWIKPEN	2	QL

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Drug Name	Drug Tier	Requirements & Limits
HUMALOG VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	QL
HUMALOG VIAL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	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	QL
LEVEMIR U-100 VIAL	E	QL
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 PENFILL	E	ST, QL

Drug Name	Drug Tier	Requirements & Limits
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
<b>Diabetes - Non-Insulin Agents</b>		
ACTOS	E	QL
ADLYXIN	4	PA, ST, QL
ADLYXIN STARTER PACK	4	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
FORTAMET	E	PA
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	2	(Eli Lilly), QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	2	(Fresenius), QL
GLUCOTROL XL	4	
GLUMETZA	E	PA
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST, QL
GVOKE HYPOPEN 1-PACK	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE PFS	2	QL
JANUVIA	E	ST, QL
JARDIANCE	2	ST, QL

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Drug Name	Drug Tier	Requirements & Limits
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
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, ST, (3 Pak), QL
<b>Drugs for Blood Disorders</b>		
ADVATE	2	SP
ADYNOVATE	4	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	4	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	4	PA, SP
ALPHANATE	2	SP
ARANESP (ALBUMIN FREE)	2	QL, SP
ELOCTATE	4	PA, SP

Drug Name	Drug Tier	Requirements & Limits
JIVI	4	PA, SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, QL, SP
NEULASTA	3	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	
ZARXIO	2	
ZIEXTENZO	3	SP
<b>Drugs for Sexual Dysfunction</b>		
ADDYI	4	PA, QL
CIALIS ORAL TABLET 10 MG, 20 MG	E	QL
CIALIS ORAL TABLET 2.5 MG, 5 MG	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	4	PA, QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	4	PA, QL
tadalafil oral tablet 10 mg, 20 mg	2	QL
tadalafil oral tablet 2.5 mg, 5 mg	2	QL
VIAGRA	E	QL
VYLEESI	3	PA, QL
<b>Electrolytes / Vitamins</b>		
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
DRISDOL	4	

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Drug Name	Drug Tier	Requirements & Limits
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 oral solution	1	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
NASCOBAL	3	
POLY-VI-FLOR	3	
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	1	
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	
QUFLORA PEDIATRIC	3	
UROCIT-K 10	4	
UROCIT-K 15	4	
UROCIT-K 5	4	
VELTASSA	3	PA, QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
ACIPHEX	E	QL
ACIPHEX SPRINKLE	E	QL
CARAFATE	E	
CYTOTEC	4	
DEXILANT	3	QL
FIRST-OMEPRAZOLE	3	PA
misoprostol oral	1	

Drug Name	Drug Tier	Requirements & Limits
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
OMEPRAZOLE+SYRSPEND SF ALKA	3	PA
pantoprazole sodium oral packet	E	
pantoprazole sodium tablet delayed release 20 mg oral	1	
pantoprazole sodium tablet delayed release 20 mg oral	E	
pantoprazole sodium tablet delayed release 40 mg oral	E	
pantoprazole sodium tablet delayed release 40 mg oral	1	
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	
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
ANASPAZ	2	
CLENPIQ	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ED-SPAZ	3	
gavilyte-c	1	H
gavilyte-g	1	QL, H
GOLYTELY	4	QL
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
LEVBID	4	
LEVSIN ORAL	4	
LEVSIN/SL	4	
LINZESS	2	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
LOMOTIL	4	
MOTTEGRITY	3	PA, QL
MOVIPREP	3	QL
NULEV	4	
oscimin	1	
oscimin sr	1	
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMAX DUOTAB	3	
SYMAX-SL	4	
SYMAX-SR	4	
SYMPROIC	2	PA, QL
TRULANCE	4	PA, ST, QL
URSO 250	E	
URSO FORTE	E	
ursodiol oral	1	
VIBERZI	4	PA, QL
XIFAXAN	3	PA, QL
ZELNORM	3	PA, ST, QL
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
CERDELGA	2	PA, SP
clovique	3	PA, SP
CREON	2	
CUPRIMINE	E	SP
DEPEN TITRATABS	2	SP
ENDARI	4	PA, QL
nitisinone	E	PA, SP
NITYR	E	PA, SP
ORFADIN	2	PA, SP
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 4200-14200 UNIT	3	ST
penicillamine oral capsule	4	SP
penicillamine oral tablet	2	SP

Drug Name	Drug Tier	Requirements & Limits
PERTZYE	4	ST
STRENSIQ	2	PA, QL, SP
SYPRINE	E	PA, SP
TEGSEDI	2	PA, QL, SP
trientine hcl	3	PA, SP
VIOKACE ORAL TABLET 20880-78300 UNIT	4	ST
ZENPEP	2	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
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	
TOVIAZ	3	
VELPHORO	2	
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	
<b>Hormonal Agents - Hormone Replacement and Birth Control</b>		
afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
amethia	3	
apri	1	H
ashlyna	3	
aubra	1	H
aubra eq	1	H

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Drug Name	Drug Tier	Requirements & Limits
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	4	
ayuna	1	H
azurette	2	
balziva	2	
bekyree	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
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	4	QL
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
DEPO-SUBQ PROVERA 104	2	QL
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2	

Drug Name	Drug Tier	Requirements & Limits
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	E	
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
estradiol patch twice weekly 0.025 mg/24hr transdermal	E	(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	E	(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	E	(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	E	(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	E	(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

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Drug Name	Drug Tier	Requirements & Limits
etonogestrel-ethinyl estradiol	E	
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
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

Drug Name	Drug Tier	Requirements & Limits
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	4	
low-ogestrel	1	H
lo-zumandimine	3	
luteria	1	H
lyleq	1	H
lyllana	E	QL
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	
mibelas 24 fe	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
NATAZIA	2	
necon 0.5/35 (28)	1	H

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Drug Name	Drug Tier	Requirements & Limits
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
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
NUVARING	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
progesterone oral	2	
PROMETRIUM	E	
PROVERA	4	
QUARTETTE	E	
reclipsen	1	H

Drug Name	Drug Tier	Requirements & Limits
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
TAYTULLA	E	
tri femynor	1	H
tri-estarylla	1	H
tri-linyah	1	H
tri-lo-estarylla	2	
tri-lo-marzia	2	
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	2	QL
volnea	2	
vyfemla	2	
vylibra	1	H
wera	1	H

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Drug Name	Drug Tier	Requirements & Limits
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvafem	2	
zafemy	3	H
zarah	3	
zumandimine	3	
<b>Hormonal Agents - Oral Steroids</b>		
ALKINDI SPRINKLE	E	PA
CORTEF	4	
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	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	4	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET 32 MG	3	
MEDROL ORAL TABLET THERAPY PACK	4	
methylprednisolone oral	1	
MILLIPRED	2	
ORAPRED ODT	4	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral	1	
prednisone intensol	1	
prednisone oral	1	
RAYOS	E	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	4	

Drug Name	Drug Tier	Requirements & Limits
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
ZCORT 7-DAY	E	
<b>Hormonal Agents - Other</b>		
cabergoline	2	
DDAVP	E	
DDAVP PF	E	
desmopressin acetate injection	1	
desmopressin acetate oral	1	
desmopressin acetate pf	1	
GENOTROPIN	E	PA, QL, SP
GENOTROPIN MINIQUICK	E	PA, QL, SP
HUMATROPE	E	PA, QL, SP
NOCDURNA	3	PA, QL
NORDITROPIN FLEXPRO	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	4	PA, QL
ORILISSA	4	PA, QL
SOMATULINE DEPOT	4	SP
STIMATE	3	
ZOMACTON	E	PA, QL, SP
ZOMACTON (FOR ZOMA-JET 10)	E	PA, QL, SP
<b>Hormonal Agents - Testosterone Replacement</b>		
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	4	
FORTESTA	E	PA, QL
NATESTO	E	PA, QL
TESTIM	2	PA, QL
testosterone cypionate intramuscular	1	

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Drug Name	Drug Tier	Requirements & Limits
testosterone transdermal	E	PA, QL
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
<b>Hormonal Agents - Thyroid</b>		
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	
TAPAZOLE	4	
THYQUIDITY	E	PA
TIROSINT	E	
TIROSINT-SOL	2	PA
unithroid	1	
WESTHROID	3	
WP THYROID	3	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ASTAGRAF XL	E	
AZASAN	3	
azathioprine oral	1	
BERINERT	4	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

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	4	PA, ST, QL, SP
ENBREL SUBCUTANEOUS SOLUTION	4	PA, ST, QL
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA, ST, QL, SP
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA, ST, QL, SP
ENBREL SURECLICK	4	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	
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
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

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Drug Name	Drug Tier	Requirements & Limits
OTREXUP	E	QL
PROGRAF ORAL CAPSULE	4	
PROGRAF ORAL PACKET	4	PA
RAPAMUNE ORAL SOLUTION	4	
RAPAMUNE ORAL TABLET	E	
RASUVO	2	QL
REDITREX	E	QL
RINVOQ	2	PA, QL, SP
RUCONEST	4	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral solution	2	
sirolimus oral tablet	1	
SKYRIZI (150 MG DOSE)	2	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION	2	PA, SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO	2	PA, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	
XELJANZ	2	PA, ST, QL, SP
XELJANZ XR	2	PA, ST, QL, SP
<b>Infertility Agents</b>		
chorionic gonadotropin intramuscular	4	SP
CRINONE	4	ST
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	4	(Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(Merck/ Organon), QL, SP
novarel intramuscular solution reconstituted 10000 unit	3	SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	3	SP
OVIDREL	4	SP
pregnyl	1	SP

Drug Name	Drug Tier	Requirements & Limits
<b>Inflammatory Bowel Disease Agents</b>		
ANALPRAM HC	4	
ANALPRAM HC SINGLES	4	
ANALPRAM-HC EXTERNAL CREAM	4	
ANALPRAM-HC EXTERNAL LOTION	3	
APRISO	2	
ASACOL HD	E	
AZULFIDINE	4	
AZULFIDINE EN-TABS	4	
budesonide er	E	
budesonide oral	2	
CANASA	E	
CORTIFOAM	2	
DELZICOL	E	
DIPENTUM	3	
ENTOCORT EC	E	
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	4	
sulfasalazine oral	1	
UCERIS ORAL	3	
UCERIS RECTAL	2	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
alendronate sodium	1	
BINOSTO	E	QL
BONIVA	E	
calcitriol oral	1	

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Drug Name	Drug Tier	Requirements & Limits
FOSAMAX	4	
ibandronate sodium oral	2	
RAYALDEE	E	
ROCALTROL	4	
TERIPARATIDE (RECOMBINANT)	3	PA, SP
TYMLOS	3	PA, SP
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
ACULAR	4	
ACULAR LS	4	
ACUVAIL	E	
ALREX	4	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
CILOXAN OPHTHALMIC SOLUTION	4	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	E	QL
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LASTACFT	3	QL
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	E	
loteprednol etabonate ophthalmic suspension	3	QL
MAXITROL	4	
MOXEZA	4	
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	

Drug Name	Drug Tier	Requirements & Limits
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	
olopatadine hcl ophthalmic solution 0.2 %	E	
polymyxin b-trimethoprim	1	
POLYTRIM	4	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
TOBRADEX OPHTHALMIC SUSPENSION	4	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
TOBREX OPHTHALMIC OINTMENT	3	QL
TOBREX OPHTHALMIC SOLUTION	4	QL
VIGAMOX	E	
ZYLET	3	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
AZOPT	4	QL
BETIMOL	2	QL
bimatoprost external	E	QL
bimatoprost ophthalmic	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brinzolamide	2	QL
COMBIGAN	2	QL
COSOPT	4	
COSOPT PF	E	QL
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	4	

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Drug Name	Drug Tier	Requirements & Limits
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
timolol maleate ophthalmic gel forming solution	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
timolol maleate ophthalmic solution 0.5 % (daily)	3	
timolol maleate pf	2	
TIMOPTIC	4	
TIMOPTIC OCUDOSE OPTHALMIC SOLUTION 0.25 %	2	
TIMOPTIC OCUDOSE OPTHALMIC SOLUTION 0.5 %	4	
TIMOPTIC-XE	4	
TRAVATAN Z	E	QL
travoprost (bak free)	E	QL
VYZULTA	E	ST, QL
XALATAN	E	
XELPROS	3	QL
ZIOPTAN	3	ST, QL
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
CEQUA	E	PA, QL
FLAREX	2	
RESTASIS	4	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
XIIDRA	4	PA, QL
<b>Otic Agents - Drugs for Ear Conditions</b>		
CIPRODEX	3	
ciprofloxacin-dexamethasone	E	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	
<b>Respiratory - Drugs for Anaphylaxis</b>		
AUVI-Q	E	QL
epinephrine injection solution auto-injector 0.15 mg/0.15ml	E	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	E	QL

Drug Name	Drug Tier	Requirements & Limits
epinephrine solution auto-injector 0.15 mg/0.3ml injection	2	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	E	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	2	QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
SYMJEPI	2	QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
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 polst er susp	3	PA, QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
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	
TESSALON PERLES	4	
TUSSICAPS	3	PA, QL
XHANCE	E	QL
ZETONNA	3	QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD</b>		
ADVAIR DISKUS	3	QL, RS
ADVAIR HFA	3	QL, RS
AIRDUO RESPICLICK 113/14	E	QL

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Drug Name	Drug Tier	Requirements & Limits
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic 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
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 (7 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
budesonide inhalation	2	QL
BUDESONIDE-FORMOTEROL FUMARATE	E	QL, RS
COMBIVENT RESPIMAT	3	QL
FASENRA PEN	4	PA, QL
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
INCRUSE ELLIPTA	E	QL
ipratropium-albuterol	2	

Drug Name	Drug Tier	Requirements & Limits
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	4	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA, QL, SP
PERFOROMIST	4	QL
PROAIR HFA	E	QL
PROAIR RESPICLICK	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
SPIRIVA 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	4	PA, QL

<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
BETHKIS	E	PA, QL, SP
BRONCHITOL	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

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
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, QL, SP
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
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
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
AMRIX	E	
baclofen oral	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	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
metaxalone	3	
methocarbamol oral	1	
OZOBAX	4	PA
SKELAXIN	E	
SOMA	E	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
VANADOM	E	
ZANAFLEX	4	
<b>Sleep Disorder Agents</b>		
AMBIEN	E	QL
AMBIEN CR	E	QL
BELSOMRA	4	ST, QL
DAYVIGO	4	ST, QL
EDLUAR	E	QL

Drug Name	Drug Tier	Requirements & Limits
eszopiclone	2	QL
LUNESTA	E	QL
modafinil	2	PA, QL
PROVIGIL	E	PA, QL
RESTORIL	4	
SUNOSI	3	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYREM	4	PA, QL, SP
XYWAV	4	PA, QL, SP
zolpidem tartrate er	3	QL
zolpidem tartrate oral	1	QL
zolpidem tartrate sublingual	E	QL
ZOLPIMIST	4	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).



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cryselle-28 . . . . .	28	desmopressin acetate injection . . . . .	31	dilt-xr . . . . .	17	
CUPRIMINE . . . . .	27	desmopressin acetate oral . . . . .	31	diltiazem hcl er. . . . .	17	
cyanocobalamin injection solution 1000 mcg/ml . . . . .	25	desmopressin acetate pf . . . . .	31	diltiazem hcl er coated beads . . . . .	17	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML . . . . .	25	desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5) . . . . .	28	diltiazem hcl oral . . . . .	17	
cyclafem 1/35 . . . . .	28	desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg . . . . .	28	DIOVAN . . . . .	17	
cyclobenzaprine hcl er . . . . .	37	DESONATE . . . . .	21	DIOVAN HCT . . . . .	17	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg . . . . .	37	desonide external cream . . . . .	21	DIPENTUM . . . . .	33	
cyclobenzaprine hcl oral tablet 7.5 mg . . . . .	37	desonide external gel . . . . .	21	diphenoxylate-atropine . . . . .	26	
cyclosporine modified . . . . .	32	desonide external lotion . . . . .	21	DIPROLENE . . . . .	21	
CYMBALTA . . . . .	12	desonide external ointment . . . . .	21	DIPROLENE AF . . . . .	21	
cyproheptadine hcl oral . . . . .	35	DESOWEN . . . . .	21	DITROPAN XL . . . . .	27	



divalproex sodium er. . . . .	11	DURAGESIC-12 . . . . .	8	entecavir. . . . .	15	
divalproex sodium oral capsule delayed release sprinkle. . . . .	11	DURAGESIC-25. . . . .	8	ENTOCORT EC . . . . .	33	
divalproex sodium oral tablet delayed release . . . . .	11	DURAGESIC-50. . . . .	8	ENVARBUS XR . . . . .	32	
DIVIGEL . . . . .	28	DURAGESIC-75 . . . . .	8	EPANED . . . . .	17	
donepezil hcl oral tablet 10 mg, 5 mg . . . . .	12	DUROLANE . . . . .	9	EPCLUSA ORAL TABLET 200-50 MG . . . . .	15	
donepezil hcl oral tablet 23 mg . . . .	12	DXEVO 11-DAY. . . . .	31	EPCLUSA ORAL TABLET 400-100 MG . . . . .	15	
donepezil hcl oral tablet dispersible .	12	<b>E</b>			epinephrine injection solution auto- injector 0.15 mg/0.15ml. . . . .	35
DORYX . . . . .	10	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG. . . . .	9	epinephrine solution auto-injector 0.15 mg/0.3ml injection. . . . .	35	
DORYX MPC . . . . .	10	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG. . . . .	9	epinephrine solution auto-injector 0.3 mg/0.3ml injection . . . . .	35	
dorzolamide hcl-timolol mal . . . . .	34	ec-naproxen . . . . .	9	EPIPEN 2-PAK . . . . .	35	
dorzolamide hcl-timolol mal pf. . . . .	34	ED-SPAZ . . . . .	26	EPIPEN JR 2-PAK . . . . .	35	
dotti. . . . .	28	EDARBI. . . . .	17	epitol. . . . .	11	
DOVATO . . . . .	15	EDARBYCLOR. . . . .	17	ERGOCAL . . . . .	26	
doxazosin mesylate oral . . . . .	17	EDLUAR . . . . .	37	ergocalciferol oral capsule . . . . .	26	
doxepin hcl oral capsule. . . . .	12	efavirenz-emtricitab-tenofovir. . . . .	15	ERIVEDGE . . . . .	14	
doxepin hcl oral concentrate . . . . .	12	efavirenz-lamivudine-tenofovir . . . . .	15	ERLEADA. . . . .	14	
doxycycline hyclate oral capsule. . . .	10	EFFEXOR XR . . . . .	12	errin. . . . .	28	
doxycycline hyclate oral tablet 100 mg . . . . .	10	EFUDEX . . . . .	21	erythromycin ophthalmic . . . . .	34	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg . . . . .	10	ELESTRIN. . . . .	28	escitalopram oxalate oral solution. . .	12	
doxycycline hyclate oral tablet 20 mg . . . . .	10	eletriptan hydrobromide . . . . .	13	escitalopram oxalate oral tablet. . . .	12	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg . . . . .	10	elinest . . . . .	28	ESGIC. . . . .	8	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG. . . . .	10	ELIQUIS . . . . .	11	estarylla . . . . .	28	
doxycycline monohydrate oral capsule 100 mg, 50 mg . . . . .	10	ELIQUIS DVT/PE STARTER PACK. . .	11	ESTRACE. . . . .	28	
doxycycline monohydrate oral capsule 150 mg, 75 mg. . . . .	10	ELOCTATE . . . . .	25	estradiol oral . . . . .	28	
doxycycline monohydrate oral suspension reconstituted. . . . .	10	eluryng . . . . .	28	estradiol patch twice weekly 0.025 mg/24hr transdermal . . . . .	28	
doxycycline monohydrate oral tablet	10	EMGALITY . . . . .	13	estradiol patch twice weekly 0.0375 mg/24hr transdermal . . . . .	28	
doxylamine-pyridoxine . . . . .	13	EMGALITY (300 MG DOSE). . . . .	13	estradiol patch twice weekly 0.05 mg/24hr transdermal . . . . .	28	
DRISDOL . . . . .	25	emoquette . . . . .	28	estradiol patch twice weekly 0.075 mg/24hr transdermal . . . . .	28	
DRIZALMA SPRINKLE . . . . .	12	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg. . . . .	15	estradiol patch twice weekly 0.1 mg/24hr transdermal . . . . .	28	
drosipren-eth estrad-levomefol . . . .	28	emtricitabine-tenofovir df oral tablet 200-300 mg . . . . .	15	estradiol transdermal patch weekly. .	28	
drosiprenone-ethinyl estradiol . . . .	28	enalapril maleate oral . . . . .	17	estradiol vaginal cream. . . . .	28	
DUAVEE . . . . .	28	ENBREL MINI. . . . .	32	estradiol vaginal tablet . . . . .	28	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg . . . . .	12	ENBREL SUBCUTANEOUS SOLUTION . . . . .	32	ESTRING . . . . .	28	
duloxetine hcl oral capsule delayed release particles 40 mg . . . . .	12	ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE. . .	32	ESTROGEL . . . . .	28	
DUOPA . . . . .	14	ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED. . . . .	32	eszopiclone . . . . .	37	
DUPIXENT . . . . .	21	ENBREL SURECLICK. . . . .	32	etodolac . . . . .	9	
DURAGESIC-100. . . . .	8	ENDARI. . . . .	27	etodolac er. . . . .	9	
		endocet . . . . .	8	etonogestrel-ethinyl estradiol. . . . .	29	
		ENDOMETRIN . . . . .	33	EUCRISA . . . . .	21	
		enoxaparin sodium . . . . .	11	EUFLEXXA . . . . .	9	
		enskyce . . . . .	28	euthyrox . . . . .	32	
		ENSTILAR . . . . .	21			



EVAMIST . . . . .	29	flucinolone acetonide external solution . . . . .	21	furosemide oral . . . . .	17
EVOCLIN . . . . .	21	flucinolone acetonide scalp . . . . .	21	<b>G</b>	
EXFORGE . . . . .	17	fluocinonide external cream 0.05 % . . . . .	21	gabapentin oral capsule . . . . .	11
EXTAVIA . . . . .	19	fluocinonide external cream 0.1 % . . . . .	21	gabapentin oral solution 250 mg/5ml . . . . .	11
EXTINA . . . . .	13	fluocinonide external gel . . . . .	21	gabapentin oral tablet . . . . .	11
EYSUVIS . . . . .	34	fluocinonide external ointment . . . . .	21	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous . . . . .	33
EZALLOR SPRINKLE . . . . .	17	fluocinonide external solution . . . . .	21	gavilyte-c . . . . .	26
ezetimibe . . . . .	17	FLUORIDEX . . . . .	20	gavilyte-g . . . . .	26
ezetimibe-simvastatin . . . . .	17	FLUORIDEX ENHANCED WHITENING . . . . .	20	GELNIQUE . . . . .	27
<b>F</b>		FLUOROPLEX . . . . .	21	GELSYN-3 . . . . .	9
falmina . . . . .	29	FLUOROURACIL EXTERNAL CREAM 0.5 % . . . . .	21	gemfibrozil oral . . . . .	17
FARXIGA . . . . .	24	fluorouracil external cream 5 % . . . . .	21	gemmily . . . . .	29
FASENRA PEN . . . . .	36	fluorouracil external solution . . . . .	14	gengraf . . . . .	32
fayosim . . . . .	29	fluoxetine hcl oral capsule . . . . .	12	GENOTROPIN . . . . .	31
febuxostat . . . . .	13	fluoxetine hcl oral capsule delayed release . . . . .	12	GENOTROPIN MINIQUICK . . . . .	31
FEMARA . . . . .	14	fluoxetine hcl oral solution . . . . .	12	GENVOYA . . . . .	15
femynor . . . . .	29, 30	fluoxetine hcl oral tablet 10 mg . . . . .	12	GEODON ORAL . . . . .	15
fenofibrate oral capsule 150 mg, 50 mg . . . . .	17	fluoxetine hcl oral tablet 20 mg . . . . .	12	GILENYA . . . . .	19
fenofibrate oral tablet 120 mg, 40 mg, 48 mg . . . . .	17	fluoxetine hcl oral tablet 60 mg . . . . .	12	GIMOTI . . . . .	13
fenofibrate oral tablet 145 mg, 160 mg, 54 mg . . . . .	17	fluticasone propionate nasal . . . . .	35	glatiramer acetate . . . . .	19
FENOGLIDE . . . . .	17	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose . . . . .	36	glatopa . . . . .	19
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr . . . . .	8	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT . . . . .	36	GLEEVEC . . . . .	14
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr . . . . .	8	fluvoxamine maleate . . . . .	12	glimepiride . . . . .	24
FEXMID . . . . .	37	fluvoxamine maleate er . . . . .	12	glipizide er . . . . .	24
FINACEA . . . . .	21	FOCALIN . . . . .	19	glipizide ir . . . . .	24
finasteride oral tablet 5 mg . . . . .	27	FOCALIN XR . . . . .	19	glipizide xl . . . . .	24
FIORICET . . . . .	8	folic acid oral tablet 1 mg . . . . .	26	GLOPERBA . . . . .	13
FIRAZYR . . . . .	32	FOLLISTIM AQ . . . . .	33	GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG . . . . .	24
FIRST-OMEPRAZOLE . . . . .	26	FORFIVO XL . . . . .	12	GLUCOTROL XL . . . . .	24
FLAGYL . . . . .	10	FORTAMET . . . . .	24	GLUMETZA . . . . .	24
FLAREX . . . . .	35	FORTESTA . . . . .	31	glyburide oral . . . . .	24
flecainide acetate . . . . .	17	FOSAMAX . . . . .	34	glyburide-metformin . . . . .	24
FLOLIPID . . . . .	17	FREESTYLE LIBRE 14 DAY READER . . . . .	23	GLYXAMBI . . . . .	24
FLOMAX . . . . .	27	FREESTYLE LIBRE 14 DAY SENSOR . . . . .	23	GOLYTELY . . . . .	26
FLORIVA PLUS . . . . .	26	FREESTYLE LIBRE 2 READER . . . . .	23	GONITRO . . . . .	17
FLOVENT DISKUS . . . . .	36	FREESTYLE LIBRE 2 SENSOR . . . . .	23	guanfacine hcl . . . . .	17, 19
FLOVENT HFA . . . . .	36	FREESTYLE LIBRE READER . . . . .	23	guanfacine hcl er . . . . .	19
fluconazole oral . . . . .	13	FREESTYLE LIBRE SENSOR SYSTEM . . . . .	23	GVOKE HYOPEN 1-PACK . . . . .	24
fluocinolone acetonide body . . . . .	21			GVOKE HYOPEN 2-PACK . . . . .	24
fluocinolone acetonide external cream . . . . .	21			GVOKE PFS . . . . .	24
fluocinolone acetonide external ointment . . . . .	21			GYNAZOLE-1 . . . . .	13
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				HAEGARDA . . . . .	32
				hailey 1.5/30 . . . . .	29
				hailey 24 fe . . . . .	29





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JORNAY PM	19
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junel fe 1.5/30	29
junel fe 24	29

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KAPSPARGO SPRINKLE	17
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KAZANO	25
KEFLEX	10
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KEPPRA XR	11
KESIMPTA	19
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ketoconazole external foam	13
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KETOROLAC TROMETHAMINE NASAL	9
ketorolac tromethamine ophthalmic	34
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LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG	11
LAMICTAL ODT ORAL TABLET DISPERSIBLE	11
LAMICTAL STARTER	11
LAMICTAL XR	11
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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
LANCETS	23
LANTUS SOLOSTAR	24
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LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	36
LEVIBID	26
LEVEMIR U-100 FLEXTOUCH	24
LEVEMIR U-100 VIAL	24
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levetiracetam oral	11
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levocetirizine dihydrochloride oral solution	35
levocetirizine dihydrochloride oral tablet	35
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levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	29
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	29
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	29
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LEVOTHYROXINE SODIUM ORAL CAPSULE	32
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lidocaine external ointment 5 %	8
lidocaine external patch 5 %	8
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lidocaine viscous hcl	20
lidocaine-prilocaine external cream	8
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lorazepam oral concentrate 2 mg/ml	16
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loryna . . . . .	29	medroxyprogesterone acetate intramuscular suspension prefilled syringe . . . . .	29	metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg . . . . .	17
losartan potassium oral . . . . .	17	medroxyprogesterone acetate oral . . . . .	29	metoprolol succinate er oral tablet extended release 24 hour 25 mg . . . . .	17
losartan potassium-hctz . . . . .	17	meloxicam oral capsule . . . . .	9	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg . . . . .	17
LOSEASONIQUE . . . . .	29	meloxicam oral tablet . . . . .	9	metoprolol tartrate oral tablet 37.5 mg, 75 mg . . . . .	17
LOTEMAX OPHTHALMIC OINTMENT . . . . .	34	MENOSTAR . . . . .	29	METROCREAM . . . . .	22
LOTEMAX OPHTHALMIC SUSPENSION . . . . .	34	mercaptapurine oral . . . . .	14	METROGEL . . . . .	22
LOTEMAX SM . . . . .	34	merzee . . . . .	29	METROLOTION . . . . .	22
LOTENSIN . . . . .	17	mesalamine er oral capsule 0.375 gm . . . . .	33	metronidazole external cream . . . . .	22
LOTENSIN HCT . . . . .	17	mesalamine oral . . . . .	33	metronidazole external gel 0.75 % . . . . .	22
loteprednol etabonate ophthalmic gel . . . . .	34	mesalamine rectal enema . . . . .	33	metronidazole external gel 1 % . . . . .	22
loteprednol etabonate ophthalmic suspension . . . . .	34	mesalamine rectal suppository . . . . .	33	metronidazole external lotion . . . . .	22
LOTREL . . . . .	17	metaxalone . . . . .	37	metronidazole oral . . . . .	10
lovastatin oral . . . . .	17	metformin hcl er . . . . .	25	metronidazole vaginal . . . . .	10
LOVENOX . . . . .	11	metformin hcl er (mod) . . . . .	25	mibelas 24 fe . . . . .	29
low-ogestrel . . . . .	29	metformin hcl er (osm) . . . . .	25	MICARDIS . . . . .	17
LUMIGAN . . . . .	35	metformin hcl oral solution . . . . .	25	microgestin 1/20 . . . . .	29
LUNESTA . . . . .	37	metformin hcl oral tablet . . . . .	25	microgestin 1.5/30 . . . . .	29
lutura . . . . .	29	methimazole oral . . . . .	32	microgestin 24 fe . . . . .	29
lyleq . . . . .	29	methocarbamol oral . . . . .	37	microgestin fe 1/20 . . . . .	29
lyllana . . . . .	29	methotrexate oral . . . . .	32	microgestin fe 1.5/30 . . . . .	29
LYNPARZA . . . . .	14	methotrexate sodium . . . . .	32	mili . . . . .	29
LYRICA . . . . .	20	methotrexate sodium (pf) . . . . .	32	MILLIPRED . . . . .	31
LYRICA CR . . . . .	20	METHYLIN . . . . .	19	MINASTRIN 24 FE . . . . .	29
LYUMJEV KWIKPEN . . . . .	24	methylphenidate hcl er (cd) . . . . .	19	MINIPRESS . . . . .	17
LYUMJEV VIAL . . . . .	24	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg . . . . .	19	minitran . . . . .	17
lyza . . . . .	29	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg . . . . .	19	MINIVELLE . . . . .	28, 29
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MALARONE . . . . .	14	methylphenidate hcl er (xr) . . . . .	19	MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR . . . . .	10
marlissa . . . . .	29	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
matzim la . . . . .	17	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
MAVENCLAD . . . . .	19	methylphenidate hcl er oral tablet extended release 24 hour . . . . .	19	minocycline hcl oral capsule . . . . .	10
MAVYRET . . . . .	15	methylphenidate hcl oral solution . . . . .	19	minocycline hcl oral tablet . . . . .	10
MAXALT . . . . .	13	methylphenidate hcl oral tablet . . . . .	19	MINOLIRA . . . . .	11
MAXALT-MLT . . . . .	14	methylphenidate hcl oral tablet chewable . . . . .	19	MIRAPEX . . . . .	14
MAXITROL . . . . .	34	methylprednisolone oral . . . . .	31	MIRAPEX ER . . . . .	14
MAXZIDE . . . . .	17	metoclopramide hcl oral solution . . . . .	13	MIRCETTE . . . . .	29
MAXZIDE-25 . . . . .	17	metoclopramide hcl oral tablet . . . . .	13	mirtazapine oral . . . . .	12
MAYZENT . . . . .	19	metoclopramide hcl oral tablet dispersible . . . . .	13	MIRVASO . . . . .	22
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG . . . . .	31			misoprostol oral . . . . .	26
MEDROL ORAL TABLET 2 MG . . . . .	31			MITIGARE . . . . .	13
MEDROL ORAL TABLET 32 MG . . . . .	31			MOBIC . . . . .	9
MEDROL ORAL TABLET THERAPY PACK . . . . .	31			modafinil . . . . .	37
medroxyprogesterone acetate intramuscular suspension . . . . .	29				



mometasone furoate external . . . . .	22	naproxen oral tablet delayed release . . . . .	9	nora-be . . . . .	30
mondoxyne nl oral capsule 100 mg . . . . .	11	naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg . . . . .	9	NORDITROPIN FLEXPEN . . . . .	31
mondoxyne nl oral capsule 75 mg. . . . .	11	NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG . . . . .	9	norethin ace-eth estrad-fe oral capsule . . . . .	30
mono-linyah . . . . .	29	naproxen sodium oral tablet 275 mg, 550 mg. . . . .	9	norethin ace-eth estrad-fe oral tablet. . . . .	30
montelukast sodium oral packet . . . . .	36	naratriptan hcl . . . . .	14	norethin ace-eth estrad-fe oral tablet chewable . . . . .	30
montelukast sodium oral tablet . . . . .	36	NARCAN . . . . .	10	norethindrone acet-ethinyl est . . . . .	30
montelukast sodium oral tablet chewable . . . . .	36	NASCOBAL . . . . .	26	norethindrone acetate oral . . . . .	30
morgidox oral. . . . .	11	NATAZIA . . . . .	29	norethindrone oral . . . . .	30
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml. . . . .	8	NATESTO . . . . .	31	norgestimate-eth estradiol . . . . .	30
morphine sulfate er oral capsule extended release 24 hour. . . . .	8	NATURE-THROID . . . . .	32	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-25 mcg. . . . .	30
morphine sulfate er oral tablet extended release. . . . .	8	NAYZILAM . . . . .	11	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-35 mcg. . . . .	30
morphine sulfate oral . . . . .	8	necon 0.5/35 (28) . . . . .	29	NORITATE . . . . .	22
morphine sulfate rectal . . . . .	8	neomycin-polymyxin-dexameth ophthalmic ointment . . . . .	34	norlyda . . . . .	30
MOTEGRITY . . . . .	27	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 . . . . .	34	norlyroc . . . . .	30
MOVIPREP . . . . .	27	neomycin-polymyxin-hc otic. . . . .	35	nortrel 0.5/35 (28) . . . . .	30
MOXEZA . . . . .	34	NEORAL . . . . .	32	nortrel 1/35 (21). . . . .	30
moxifloxacin hcl (2x day). . . . .	34	NESINA . . . . .	25	nortrel 1/35 (28). . . . .	30
moxifloxacin hcl ophthalmic solution . . . . .	34	neuac external gel. . . . .	22	nortriptyline hcl oral . . . . .	12
MS CONTIN . . . . .	8	NEULASTA . . . . .	25	NORVASC . . . . .	18
MULPLETA . . . . .	25	NEURONTIN . . . . .	11	NORVIR ORAL PACKET . . . . .	15
MULTAQ . . . . .	17	NEVANAC . . . . .	34	NORVIR ORAL SOLUTION . . . . .	15
multi-vitamin/fluoride . . . . .	26	NEXLETOL . . . . .	18	NORVIR ORAL TABLET . . . . .	15
multivitamin/fluoride oral solution . . . . .	26	NEXLIZET . . . . .	18	NOURIANZ . . . . .	14
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg. . . . .	26	niacin (antihyperlipidemic) . . . . .	18	novarel intramuscular solution reconstituted 10000 unit. . . . .	33
mupirocin calcium. . . . .	11	niacin er (antihyperlipidemic) . . . . .	18	NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT . . . . .	33
mupirocin external. . . . .	11	niacor . . . . .	18	NOVOEIGHT . . . . .	25
mycophenolate mofetil oral . . . . .	32	NIASPAN . . . . .	18	NOVOFINE AUTOCOVER PEN NEEDLE . . . . .	23
mycophenolate sodium . . . . .	32	nifedipine er . . . . .	18	NOVOFINE PEN NEEDLE . . . . .	23
MYDAYIS . . . . .	19	nifedipine er osmotic release . . . . .	18	NOVOFINE PLUS PEN NEEDLE . . . . .	23
MYFORTIC . . . . .	32	nifedipine oral . . . . .	18	NOVOLIN 70/30 FLEXPEN . . . . .	24
myorisan . . . . .	22	nikki . . . . .	30	NOVOLIN 70/30 FLEXPEN RELION . . . . .	24
<b>N</b>		nitisisonone . . . . .	27	NOVOLIN 70/30 RELION . . . . .	24
nabumetone oral . . . . .	9	NITRO-BID . . . . .	18	NOVOLIN 70/30 RELION . . . . .	24
nadolol oral . . . . .	18	NITRO-DUR . . . . .	18	NOVOLIN 70/30 VIAL . . . . .	24
NAFRINSE DAILY/NEUTRAL . . . . .	20	NITRO-TIME . . . . .	18	NOVOLIN N FLEXPEN . . . . .	24
NAFRINSE WEEKLY . . . . .	20	nitroglycerin sublingual. . . . .	18	NOVOLIN N FLEXPEN RELION . . . . .	24
NALOCET . . . . .	8	nitroglycerin transdermal . . . . .	18	NOVOLIN N RELION . . . . .	24
naloxone hcl injection . . . . .	10	nitroglycerin translingual . . . . .	18	NOVOLIN N VIAL . . . . .	24
naltrexone hcl oral. . . . .	10	NITROLINGUAL . . . . .	18	NOVOLIN R FLEXPEN . . . . .	24
NAPRELAN . . . . .	9	NITROMIST . . . . .	18	NOVOLIN R FLEXPEN RELION . . . . .	24
NAPROSYN ORAL SUSPENSION. . . . .	9	NITROSTAT . . . . .	18	NOVOLIN R RELION . . . . .	24
NAPROSYN ORAL TABLET . . . . .	9	NITYR . . . . .	27	NOVOLIN R VIAL . . . . .	24
naproxen oral suspension . . . . .	9	NOCDURNA . . . . .	31		
naproxen oral tablet . . . . .	9				







phenazo oral tablet 200 mg . . . . .	27	PREVIDENT 5000 BOOSTER PLUS . . . . .	20	QDOLO . . . . .	9
phenazopyridine hcl oral tablet 100 mg, 200 mg. . . . .	27	PREVIDENT 5000 DRY MOUTH . . . . .	20	QMIIZ ODT . . . . .	9
philith . . . . .	30	PREVIDENT 5000 ORTHO DEFENSE . . . . .	20	QUARTETTE . . . . .	30
pimtrex . . . . .	30	PREVIDENT 5000 PLUS . . . . .	20	QUDEXY XR . . . . .	12
pioglitazone hcl . . . . .	25	PREVIDENT DENTAL . . . . .	20	quetiapine fumarate . . . . .	15
pirmella 1/35 . . . . .	30	PREVIDENT MOUTH/THROAT . . . . .	20	quetiapine fumarate er . . . . .	15
PLAQUENIL . . . . .	14	previfem . . . . .	30	QUFLORA PEDIATRIC . . . . .	26
PLAVIX . . . . .	15	PREZCOBIX . . . . .	15	QUILLICHEW ER . . . . .	19
PLEGRIDY INTRAMUSCULAR . . . . .	19	PREZISTA . . . . .	15	QUILLIVANT XR . . . . .	19
PLEGRIDY STARTER PACK . . . . .	19	PRINIVIL . . . . .	18	quinapril hcl . . . . .	18
PLEGRIDY SUBCUTANEOUS . . . . .	19	PRISTIQ . . . . .	12	QVAR REDIHALER . . . . .	36
PLENVU . . . . .	27	PROAIR HFA . . . . .	36		
PLEXION . . . . .	22	PROAIR RESPICLICK . . . . .	36	<b>R</b>	
PLEXION CLEANSER . . . . .	22	PROCARDIA XL . . . . .	18	RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE . . . . .	26
PLEXION CLEANSING CLOTH . . . . .	22	PROCENTRA . . . . .	19	rabeprazole sodium oral tablet delayed release . . . . .	26
POLY-VI-FLOR . . . . .	26	prochlorperazine maleate oral . . . . .	13	ramipril . . . . .	18
polymyxin b-trimethoprim . . . . .	34	PROCORT . . . . .	33	RANEXA . . . . .	18
POLYTRIM . . . . .	34	PROCTOFOAM HC . . . . .	33	ranolazine er . . . . .	18
portia-28 . . . . .	30	progesterone oral . . . . .	30	RAPAMUNE ORAL SOLUTION . . . . .	33
potassium chloride crys er oral tablet extended release 10 meq, 20 meq . . . . .	26	PROGRAF ORAL CAPSULE . . . . .	33	RAPAMUNE ORAL TABLET . . . . .	33
potassium chloride er . . . . .	26	PROGRAF ORAL PACKET . . . . .	33	RASUVO . . . . .	33
potassium chloride oral packet . . . . .	26	PROLATE . . . . .	9	RAYALDEE . . . . .	34
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%) . . . . .	26	promethazine hcl oral solution . . . . .	35	RAYOS . . . . .	31
potassium citrate er . . . . .	26	promethazine hcl oral syrup . . . . .	35	REBIF . . . . .	19
PRADAXA . . . . .	11	promethazine hcl oral tablet . . . . .	13	REBIF REBIDOSE . . . . .	19
PRALUENT . . . . .	18	promethazine hcl rectal . . . . .	13	REBIF REBIDOSE TITRATION PACK . . . . .	19
pramipexole dihydrochloride . . . . .	14	promethazine-codeine . . . . .	35	REBIF TITRATION PACK . . . . .	19
pramipexole dihydrochloride er . . . . .	14	promethazine-dm . . . . .	35	reclipsen . . . . .	30
pravastatin sodium . . . . .	18	promethegan . . . . .	13	RECOMBINATE . . . . .	25
prazosin hcl oral . . . . .	18	PROMETRIUM . . . . .	30	REDITREX . . . . .	33
PRED FORTE . . . . .	34	propranolol hcl er . . . . .	18	REGLAN . . . . .	13
PRED MILD . . . . .	34	propranolol hcl oral . . . . .	18	RELAFEN . . . . .	9
prednisolone acetate ophthalmic . . . . .	34	PROSCAR . . . . .	27	RELAFEN DS . . . . .	9
prednisolone oral solution . . . . .	31	PROTONIX ORAL . . . . .	26	relexxii . . . . .	19
prednisolone sodium phosphate oral . . . . .	31	PROVENTIL HFA . . . . .	36	RELPAX . . . . .	14
prednisone intensol . . . . .	31	PROVERA . . . . .	28, 30	REMERON . . . . .	12
prednisone oral . . . . .	31	PROVIGIL . . . . .	37	REMERON SOLTAB . . . . .	12
pregabalin oral capsule . . . . .	20	PROZAC . . . . .	12	REPATHA . . . . .	18
pregabalin oral solution . . . . .	20	pseudoephedrine-bromphen-dm . . . . .	35	REPATHA PUSHTRONEX SYSTEM . . . . .	18
pregnyl . . . . .	33	PULMICORT FLEXHALER . . . . .	36	REPATHA SURECLICK . . . . .	18
PREMARIN ORAL . . . . .	30	PULMICORT SUSPENSION . . . . .	36	RESTASIS . . . . .	35
PREMARIN VAGINAL . . . . .	30	PULMOZYME . . . . .	36	RESTASIS MULTIDOSE . . . . .	35
premium lidocaine . . . . .	9	PURIXAN . . . . .	14	RESTORIL . . . . .	37
PREMPHASE . . . . .	30	PYLERA . . . . .	26	RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML . . . . .	25
PREMPRO . . . . .	30	PYRIDIUM . . . . .	27		
				<b>Q</b>	
		QBRELIS . . . . .	18		



RETACRIT INJECTION SOLUTION			
20000 UNIT/ML	25	sharobel	30
RETIN-A	22	sildenafil citrate oral tablet 100 mg,	
REVLIMID	14	25 mg, 50 mg	25
REYVOW	14	simliya	30
RHOFADE	22	simpesse	30
RHOPRESSA	35	SIMPONI	33
RILUTEK	20	simvastatin oral tablet 10 mg,	
riluzole	20	20 mg, 40 mg, 5 mg	18
RINVOQ	33	simvastatin oral tablet 80 mg	18
RIOMET	25	SINEMET	15
RISPERDAL	15	SINGULAIR ORAL PACKET	36
risperidone	15	SINGULAIR ORAL TABLET	36
RITALIN	19	SINGULAIR ORAL TABLET	
RITALIN LA	19	CHEWABLE	36
ritonavir	15	sirolimus oral solution	33
rivelsa	30	sirolimus oral tablet	33
rizatriptan benzoate	14	SITAVIG	15
ROCALTROL	34	SKELAXIN	37
ROCKLATAN	35	SKYRIZI (150 MG DOSE)	33
ropinirole hcl	14	sodium fluoride 5000 plus	20
ropinirole hcl er	14	sodium fluoride 5000 ppm	20
rosadan external cream	22	sodium fluoride dental	20
rosadan external gel	22	SOFOSBUVIR-VELPATASVIR	15
rosuvastatin calcium	18	SOLIQUA	25
roweepra	12	SOLODYN	11
ROXICODONE ORAL TABLET 15		SOLTAMOX	14
MG, 30 MG	9	SOMA	37
ROXICODONE ORAL TABLET 5 MG	9	SOMATULINE DEPOT	31
ROZLYTREK	14	SOOLANTRA	22
RUCONEST	33	sotalol hcl oral	18
RUKOBIA	15	SOTYLIZE	18
RYBELSUS	25	SPIRIVA HANDHALER	36
RYTARY	15	SPIRIVA RESPIMAT	36
		spironolactone oral	18
		sprintec 28	30
		SPRITAM	12
		SPRIX	9
		sronyx	30
		sss 10-5	22
		STELARA SUBCUTANEOUS	
		SOLUTION	33
		STELARA SUBCUTANEOUS	
		SOLUTION PREFILLED SYRINGE	33
		STENDRA	25
		STIMATE	31
		STRATTERA	19
		STRENSIQ	27
		STRIBILD	15
		STRIVERDI RESPIMAT	36
		SUBOXONE	10
		SUBSYS SUBLINGUAL LIQUID	
		400 MCG, 600 MCG, 800 MCG	9
		subvenite	12
		subvenite starter kit-blue	12
		subvenite starter kit-green	12
		subvenite starter kit-orange	12
		sucalfate oral suspension	26
		sucalfate oral tablet	26
		sulfacetamide sod-sulfur wash	22
		sulfacetamide sodium-sulfur	
		external cream 10-2 %, 10-5 %	22
		sulfacetamide sodium-sulfur	
		external cream 9.8-4.8 %	22
		sulfacetamide sodium-sulfur	
		external emulsion	22
		sulfacetamide sodium-sulfur	
		external liquid 10-2 %, 9.8-4.8 %	22
		sulfacetamide sodium-sulfur	
		external liquid 9-4 %, 9-4.5 %	22
		sulfacetamide sodium-sulfur	
		external lotion 10-5 %	22
		sulfacetamide sodium-sulfur	
		external lotion 9.8-4.8 %	22
		sulfacetamide sodium-sulfur	
		external pad 10-4 %	22
		sulfacetamide sodium-sulfur	
		external suspension 10-5 %	22
		sulfacetamide sodium-sulfur	
		external suspension 8-4 %	22
		SULFACLEANSE 8/4	22
		sulfamethoxazole-trimethoprim	
		oral	11
		sulfamez wash	22
		sulfasalazine oral	33
		sulfatrim pediatric	11
		SUMADAN WASH	22
		sumatriptan succinate oral	14
		sumatriptan succinate refill	14
		sumatriptan succinate	
		subcutaneous	14
		SUMAXIN	22
		SUMAXIN WASH	22
		SUNOSI	37
		SUPREP BOWEL PREP KIT	27
		SUTAB	27
		syeda	30
		SYMAX DUOTAB	27
		SYMAX-SL	27
		SYMAX-SR	27
		SYMBICORT	36
		SYMFI	15
		SYMFI LO	15

## S

SAFYRAL	30
SAPHRIS	15
scopolamine	13
SEASONIQUE	30
SEMGLEE	24
SEREVENT DISKUS	36
SERNIVO	22
SEROQUEL	15
SEROQUEL XR	15
sertraline hcl oral	12
setlakin	30
sf	20, 26
sf 5000 plus	20
SFROWASA	33



SYMJEPI. . . . .	35	tenofovir disoproxil fumarate . . . . .	15	TOPAMAX SPRINKLE. . . . .	12
SYMLINPEN 120 . . . . .	25	TENORETIC 100 . . . . .	18	topiramate er . . . . .	12
SYMLINPEN 60 . . . . .	25	TENORETIC 50 . . . . .	18	topiramate oral. . . . .	12
SYMPROIC. . . . .	27	TENORMIN . . . . .	18	TOPROL XL . . . . .	18
SYNALAR. . . . .	22	terazosin hcl. . . . .	27	torsemide . . . . .	18
SYNJARDY. . . . .	25	terbinafine hcl oral. . . . .	13	TOUJEO MAX SOLOSTAR. . . . .	24
SYNJARDY XR. . . . .	25	terconazole . . . . .	13	TOUJEO SOLOSTAR . . . . .	24
SYNTHROID. . . . .	32	TERIPARATIDE (RECOMBINANT). . . . .	34	TOVIAZ. . . . .	27
SYPRINE. . . . .	27	TESSALON PERLES . . . . .	35	TRACLEER. . . . .	37
<b>T</b>					
TACLONEX EXTERNAL OINTMENT. . . . .	22	TESTIM. . . . .	31	tramadol hcl er (biphasic) . . . . .	9
TACLONEX EXTERNAL SUSPENSION . . . . .	22	testosterone cypionate intramuscular. . . . .	31	TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR . . . . .	9
tacrolimus oral. . . . .	33	testosterone transdermal . . . . .	32	tramadol hcl er oral tablet extended release 24 hour . . . . .	9
tadalafil oral tablet 10 mg, 20 mg . . . . .	25	TEXACORT . . . . .	22	tramadol hcl oral tablet 100 mg. . . . .	9
tadalafil oral tablet 2.5 mg, 5 mg . . . . .	25	THYQUIDITY . . . . .	32	tramadol hcl oral tablet 50 mg. . . . .	9
TAKHZYRO . . . . .	33	TIGLUTIK . . . . .	20	TRANSDERM SCOP (1.5 MG) . . . . .	13
TAMIFLU ORAL CAPSULE. . . . .	15	timolol maleate ophthalmic gel forming solution. . . . .	35	TRANSDERM-SCOP (1.5 MG). . . . .	13
TAMIFLU ORAL SUSPENSION RECONSTITUTED. . . . .	15	timolol maleate ophthalmic solution 0.25 %, 0.5 % . . . . .	35	TRAVATAN Z . . . . .	35
tamoxifen citrate oral tablet 10 mg . . . . .	14	timolol maleate ophthalmic solution 0.5 % (daily) . . . . .	35	travoprost (bak free) . . . . .	35
tamoxifen citrate oral tablet 20 mg . . . . .	14	timolol maleate pf . . . . .	35	trazodone hcl oral . . . . .	13
tamsulosin hcl . . . . .	27	TIMOPTIC . . . . .	35	TRELEGY ELLIPTA . . . . .	36
TAPAZOLE . . . . .	32	TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 % . . . . .	35	TREMFYA. . . . .	33
TAPERDEX 12-DAY . . . . .	31	TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 % . . . . .	35	TRESIBA. . . . .	24
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG. . . . .	31	TIMOPTIC-XE. . . . .	35	TRESIBA FLEXTOUCH. . . . .	24
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21) . . . . .	31	TIROSINT. . . . .	32	tretinoin external cream . . . . .	22
TAPERDEX 7-DAY . . . . .	31	TIROSINT-SOL. . . . .	32	tretinoin external gel 0.01 %, 0.025 % . . . . .	22
TARGADOX . . . . .	11	TIVICAY. . . . .	15	tretinoin external gel 0.05 % . . . . .	22
TARGRETIN EXTERNAL . . . . .	14	TIVICAY PD . . . . .	15	TREXALL . . . . .	33
TARGRETIN ORAL . . . . .	14	TIVORBEX . . . . .	9	TREZIX . . . . .	9
tarina 24 fe . . . . .	30	tizanidine hcl oral capsule . . . . .	37	tri femynor . . . . .	30
tarina fe 1/20 . . . . .	30	tizanidine hcl oral tablet . . . . .	37	tri-estarylla . . . . .	30
tarina fe 1/20 eq. . . . .	30	TOBI NEBULIZER . . . . .	36	tri-linyah . . . . .	30
TASIGNA . . . . .	14	TOBI PODHALER . . . . .	36	tri-lo-estarylla . . . . .	30
TAYTULLA . . . . .	30	TOBRADEX OPHTHALMIC SUSPENSION . . . . .	34	tri-lo-marzia . . . . .	30
tazarotene external cream . . . . .	22	TOBRADEX ST . . . . .	34	tri-lo-mili . . . . .	30
TAZORAC. . . . .	22	tobramycin inhalation nebulization solution 300 mg/4ml . . . . .	36	tri-lo-sprintec . . . . .	30
TEGRETOL. . . . .	12	tobramycin nebulization solution 300 mg/5ml inhalation . . . . .	37	tri-mili . . . . .	30
TEGRETOL-XR. . . . .	12	tobramycin ophthalmic. . . . .	34	tri-nymyo. . . . .	30
TEGSEDI. . . . .	27	tobramycin-dexamethasone. . . . .	34	tri-previfem . . . . .	30
TEKTURNA . . . . .	18	TOBREX OPHTHALMIC OINTMENT. . . . .	34	tri-sprintec . . . . .	30
TEKTURNA HCT . . . . .	18	TOBREX OPHTHALMIC SOLUTION . . . . .	34	tri-vylibra. . . . .	30
telmisartan . . . . .	18	TOPAMAX . . . . .	12	tri-vylibra lo. . . . .	30
temazepam . . . . .	37			triamcinolone acetonide external aerosol solution . . . . .	22
TEMIXYS . . . . .	15			triamcinolone acetonide external cream 0.025 %, 0.1 % . . . . .	22
TEMOVATE. . . . .	22				



triamcinolone acetonide external cream 0.5 % . . . . .	22	URSO FORTE . . . . .	27	VIIBRYD . . . . .	13
triamcinolone acetonide external lotion . . . . .	22	ursodiol oral . . . . .	27	VIIBRYD STARTER PACK . . . . .	13
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % . . . . .	22	<b>V</b>			
triamcinolone acetonide external ointment 0.05 % . . . . .	22	VAGIFEM . . . . .	30	VIMPAT ORAL . . . . .	12
triamterene-hctz . . . . .	18	valacyclovir hcl oral . . . . .	16	VIOKACE ORAL TABLET 20880-78300 UNIT . . . . .	27
TRIANEX . . . . .	22	VALIUM . . . . .	16	viorele . . . . .	30
triazolam . . . . .	16	valsartan . . . . .	18	VIREAD ORAL POWDER . . . . .	16
TRICOR . . . . .	18	valsartan-hydrochlorothiazide . . . . .	18	VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG . . . . .	16
triderm external cream 0.1 % . . . . .	23	VALTOCO . . . . .	12	VIREAD ORAL TABLET 300 MG . . . . .	16
triderm external cream 0.5 % . . . . .	23	VALTRESX . . . . .	16	VISTARIL . . . . .	16
TRIDESILON . . . . .	23	VANADOM . . . . .	37	vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut) . . . . .	26
trientine hcl . . . . .	27	vandazole . . . . .	11	VITRAKVI . . . . .	14
TRIJARDY XR . . . . .	25	VANOS . . . . .	23	VIVELLE-DOT . . . . .	28, 30
TRILEPTAL . . . . .	12	VASCEPA . . . . .	18	VIVLODEX . . . . .	9
TRINTELLIX . . . . .	13	VASOTEC . . . . .	18	VOGELXO . . . . .	32
TRIUMEQ . . . . .	16	VECTICAL . . . . .	23	VOGELXO PUMP . . . . .	32
TROKENDI XR . . . . .	12	VELPHORO . . . . .	27	volnea . . . . .	30
TRULANCE . . . . .	27	VELTASSA . . . . .	26	VOSEVI . . . . .	16
TRULICITY . . . . .	25	VEMLIDY . . . . .	16	VRAYLAR . . . . .	15
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG . . . . .	16	venlafaxine hcl . . . . .	13	VTOL LQ . . . . .	9
TRUVADA ORAL TABLET 200-300 MG . . . . .	16	venlafaxine hcl er oral capsule extended release 24 hour . . . . .	13	vyfemla . . . . .	30
tulana . . . . .	30	venlafaxine hcl er oral tablet extended release 24 hour . . . . .	13	VYLEESI . . . . .	25
TUSSICAPS . . . . .	35	VENTOLIN HFA . . . . .	36	vylibra . . . . .	30
tyblume . . . . .	30	verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg . . . . .	18	VYTORIN . . . . .	18
tydemy . . . . .	30	verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg . . . . .	18	VYVANSE . . . . .	19
TYMLOS . . . . .	34	verapamil hcl er oral tablet extended release . . . . .	18	VYZULTA . . . . .	35
TYVASO . . . . .	37	verapamil hcl oral . . . . .	18	<b>W</b>	
TYVASO REFILL . . . . .	37	VERDESO . . . . .	23	WAKIX . . . . .	37
TYVASO STARTER . . . . .	37	VERELAN . . . . .	18	warfarin sodium oral . . . . .	11
<b>U</b>		VERELAN PM . . . . .	18	WELCHOL . . . . .	18
UBRELVY . . . . .	14	VERQUVO . . . . .	18	WELLBUTRIN SR . . . . .	13
UCERIS ORAL . . . . .	33	VERZENIO . . . . .	14	WELLBUTRIN XL . . . . .	13
UCERIS RECTAL . . . . .	33	vestura . . . . .	30	wera . . . . .	30
UKONIQ . . . . .	14	VIAGRA . . . . .	25	WESTHROID . . . . .	32
ULORIC . . . . .	13	VIBERZI . . . . .	27	wixela inhub . . . . .	36
ULTRAM . . . . .	9	VIBRAMYCIN ORAL CAPSULE . . . . .	11	WP THYROID . . . . .	32
unithroid . . . . .	32	VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED . . . . .	11	WYNZORA . . . . .	23
UROCIT-K 10 . . . . .	26	VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS . . . . .	25	<b>X</b>	
UROCIT-K 15 . . . . .	26	vienna . . . . .	30	XALATAN . . . . .	35
UROCIT-K 5 . . . . .	26	VIGAMOX . . . . .	34	XANAX . . . . .	16
UROXATRAL . . . . .	27			XANAX XR . . . . .	16
URSO 250 . . . . .	27			XARELTO . . . . .	11
				XARELTO STARTER PACK . . . . .	11
				XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG . . . . .	12



XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG, 50 & 200 MG	12	ZETONNA	35
XELJANZ	33	ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	18
XELJANZ XR	33	ZIAC ORAL TABLET 5-6.25 MG	19
XELODA	14	ZIEXTENZO	25
XELPROS	35	ZILXI	23
XENLETA ORAL	11	ZIOPTAN	35
XEPI	11	ziprasidone hcl	15
XHANCE	35	ZIPSOR	9
XIFAXAN	27	ZITHROMAX ORAL	11
XIIDRA	35	ZITHROMAX TRI-PAK	11
XIMINO	11	ZITHROMAX Z-PAK	11
XOFLUZA (40 MG DOSE)	16	ZOCOR	19
XOFLUZA (80 MG DOSE)	16	ZOFRAN	13
XOLEGEL	13	ZOHYDRO ER	9
XOPENEX HFA	36	ZOLMITRIPTAN NASAL	14
XTAMPZA ER	9	zolmitriptan oral tablet	14
xulane	31	zolmitriptan oral tablet dispersible	14
XYREM	37	ZOLOFT	13
XYWAV	37	zolpidem tartrate er	37
<b>Y</b>		zolpidem tartrate oral	37
YASMIN 28	31	zolpidem tartrate sublingual	37
YAZ	31	ZOLPIMIST	37
YUPELRI	36	ZOMACTON	31
yuvafem	31	ZOMACTON (FOR ZOMA-JET 10)	31
<b>Z</b>		ZOMIG NASAL SOLUTION 2.5 MG	14
zafemy	31	ZOMIG NASAL SOLUTION 5 MG	14
ZANAFLEX	37	ZOMIG ORAL	14
zarah	31	ZOMIG ZMT	14
ZARXIO	25	ZONEGRAN	12
ZCORT 7-DAY	31	zonisamide oral	12
ZEBUTAL	9	ZONTIVITY	15
ZEJULA	14	ZOVIRAX ORAL	16
ZELNORM	27	ZTLIDO	9
ZEMBRACE SYMTOUCH	14	ZUBSOLV	10
zenatane	23	zumandimine	31
ZENPEP	27	ZUPLENZ	13
ZENZEDI	19	ZYCLARA	23
ZEPATIER	16	ZYCLARA PUMP	23
ZEPOSIA	20	ZYLET	34
ZEPOSIA 7-DAY STARTER PACK	20	ZYLOPRIM	13
ZEPOSIA STARTER KIT	20	ZYPREXA ORAL	15
ZESTORETIC	18	ZYPREXA ZYDIS	15
ZESTRIL	18		
ZETIA	18		



# 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](mailto: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 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 health plan 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, नि:शुल्क 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)**សម្រាប់ជំនួយភាសាដទៃយុត្តិធម៌ខ្មែរ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីមាននូវលេខអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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.

DÍI BAA'AKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániit'igo, saad beę áka'anída'awo'ígíí, t'áa jíík'eh, bee ná'ahóót'i'. T'áa shqodí ninaaltsoos niit'izí bee nééhozinígíí bine'déę 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.

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