



# Your 2021 Prescription Drug List

## Traditional 3-Tier

Effective Jan. 1, 2021



**United  
Healthcare**

This Prescription Drug List (PDL) is accurate as of Jan. 1, 2021 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, River Valley, Oxford, and Student Resources medical plans with a pharmacy benefit subject to the Traditional 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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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 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 2 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 ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

## Who decides which medications are covered?

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

## About this PDL

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

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

2. For New York and New Jersey plans, a prescription drug product that is therapeutically equal to an over-the-counter drug may be covered if it is determined to be medically necessary.



# Medication tips

## What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. Once the patent for a brand-name medication ends, the FDA can approve a generic version with the same active ingredients. These types of medications are known as generic medications. Sometimes, the same company that makes a brand-name medication also makes the generic version.

## What if my doctor writes a brand-name prescription?

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

## What if I am taking a specialty medication?

Specialty medications are high-cost and are used to treat rare or complex conditions that require additional care and support. For most plans, these medications are managed through the specialty pharmacy program. Take advantage of personalized support designed to help you get the most out of your treatment plan. Visit the member website listed on your 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 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>Tier 2</b>	<b>\$\$ Mid-range cost</b> Medications that provide good overall value. Mainly preferred brand-name drugs.	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
<b>Tier 3</b>	<b>\$\$\$ Highest-cost</b> Medications that provide the lowest overall value.	Ask your doctor if a Tier 1 or Tier 2 option could work for you.

## Drug list information

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan sets how these medications may be covered for you.

<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. <sup>4</sup>
<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>5</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. <sup>6</sup>

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

4. For certain Student Resources plans, applies to specialty medications and topical retinoids only.

5. Not applicable to Oxford and Student Resources plans.

6. Not applicable to certain Student Resources plans.



# Reading your PDL (continued)

## Coverage details

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

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

Diabetic supplies and prescription medications may be subject to different cost-share arrangements for Oxford plans. Please see your Summary of Benefits and Coverage (SBC) for specifics. Medications that require step therapy may require prior authorization (sometimes referred to as precertification) if covered under another benefit.

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

## Questions

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



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



Visit your plan's member website listed on your 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	1	QL
ARYMO ER	E	PA, ST, QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine	1	QL
CONZIP	E	QL
DILAUDID ORAL	3	
DVORAH	E	QL
endocet	1	
ESGIC	3	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, ST, QL
FIORICET	3	QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	1	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	
hydromorphone hcl er	1	PA, ST, QL
hydromorphone hcl oral	1	
hydromorphone hcl rectal	1	
HYSINGLA ER	E	PA, ST, QL
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	E	PA, ST, QL
lidocaine external ointment	1	QL
lidocaine external patch 5 %	1	PA, QL
lidocaine-prilocaine external cream	1	
lorcet	1	
lorcet hd	1	
lorcet plus	1	

Drug Name	Drug Tier	Requirements & Limits
LORTAB	3	
MORPHABOND ER	E	PA, ST, QL
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
NORCO	3	
NUCYNТА	3	QL
NUCYNТА 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	1	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCONTIN	E	PA, ST, QL
premium lidocaine	1	QL
PRIMLEV	E	
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	
ROXICODONE ORAL TABLET 5 MG	3	
SUBSYS	E	PA, QL
tramadol hcl er (biphasic)	E	QL
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	E	QL
tramadol hcl er oral capsule extended release 24 hour 150 mg	1	QL
tramadol hcl er oral tablet extended release 24 hour	1	QL
tramadol hcl oral tablet 50 mg	1	
TREZIX	1	QL
TYLENOL WITH CODEINE #3	3	

See page 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.





Drug Name	Drug Tier	Requirements & Limits
ULTRAM	3	
VANATOL LQ	2	PA, QL
VANATOL S	2	PA, QL
vicodin hp oral tablet 10-300 mg	E	
XTAMPZA ER	2	PA, QL
ZEBUTAL	3	QL
ZTLIDO	E	PA, QL

#### Analgesics - Drugs for Pain and Inflammation

celecoxib oral	1	QL
diclofenac potassium	1	
diclofenac sodium er	1	
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	E	QL
diclofenac sodium transdermal solution	E	
EC-NAPROSYN	3	
ec-naproxen	1	
etodolac	1	
etodolac er	1	
ibu	1	
ibuprofen oral suspension	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN	3	
indomethacin er	1	
indomethacin oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine oral	1	
meloxicam oral	1	
MOBIC	3	
nabumetone oral	1	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	E	
NAPROSYN ORAL SUSPENSION	3	PA
naproxen dr	1	
naproxen oral suspension	1	PA
naproxen oral tablet	1	
naproxen sodium er	E	
naproxen sodium oral tablet 275 mg, 550 mg	1	

Drug Name	Drug Tier	Requirements & Limits
PENNSAID	E	
QMIIZ ODT	E	
RELAFEN DS	E	
SPRIX	3	ST, QL
VIVLODEX	E	QL
ZIPSOR	E	

#### Anti-Addiction / Substance Abuse Treatment Agents

BUNAVAIL	E	PA, QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
CHANTIX	3	PA, H
EVZIO	E	PA, QL
naloxone hcl injection solution	1	
naloxone hcl injection solution cartridge	1	
naloxone hcl injection solution prefilled syringe	1	
naltrexone hcl oral	1	
NARCAN	2	QL
ZUBSOLV	1	QL

#### Antibacterials - Drugs for Infections

amoxicillin	1	
amoxicillin-potassium clavulanate er	E	
amoxicillin-potassium clavulanate oral	1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	E	
avidoxy	1	
azithromycin oral	1	
BACTRIM	3	
BACTRIM DS	3	
cefadroxil	1	
cefdinir	1	
cefuroxime axetil	1	
CENTANY	3	QL
CENTANY AT	E	
cephalexin	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
clarithromycin er	1	
clarithromycin oral	1	

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Drug Name	Drug Tier	Requirements & Limits
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
coremino	E	PA
DIFICID	3	QL
DORYX MPC	E	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	
doxycycline hyclate oral tablet delayed release	E	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
doxycycline monohydrate oral suspension reconstituted	1	
doxycycline monohydrate oral tablet	1	
FLAGYL	3	
KEFLEX	3	
LEVAQUIN ORAL TABLET 500 MG, 750 MG	3	
levofloxacin oral	1	
MACROBID	3	
MACRODANTIN	3	
metronidazole oral	1	
metronidazole vaginal	1	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg	E	PA
minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg	E	PA
minocycline hcl oral capsule	1	
minocycline hcl oral tablet	E	
MINOLIRA	E	PA
mondoxyne nl oral capsule 100 mg	1	
mondoxyne nl oral capsule 75 mg	E	
morgidox oral	1	

Drug Name	Drug Tier	Requirements & Limits
mupirocin calcium	1	QL
mupirocin external	1	QL
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	E	
okebo	E	
penicillin v potassium	1	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
vandazole	1	
VIBRAMYCIN ORAL CAPSULE	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	
XEPI	3	QL
XIMINO	E	PA
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
<b>Anticoagulants - Drugs to Treat or Prevent Blood Clots</b>		
BEVYXXA	3	QL
COUMADIN	3	
ELIQUIS	2	QL
enoxaparin sodium	1	QL
jantoven	1	
PRADAXA	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
<b>Anticonvulsants - Drugs for Seizures</b>		
carbamazepine er	1	
carbamazepine oral	1	
CARBATROL	3	
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA, ST
DEPAKOTE SPRINKLES	3	PA, ST
divalproex sodium er	1	
divalproex sodium oral	1	
epitol	1	
gabapentin oral	1	
KEPPRA ORAL	3	PA, ST
KEPPRA XR	3	PA, ST

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Drug Name	Drug Tier	Requirements & Limits
LAMICTAL	3	PA, ST
LAMICTAL ODT ORAL KIT	3	PA, ST
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	PA, ST
LAMICTAL STARTER	3	PA, ST
LAMICTAL XR	3	PA, ST
lamotrigine er	1	PA, ST
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	PA, ST
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	1	
levetiracetam oral	1	
NAYZILAM SPRAY 5 MG	3	PA, QL
NEURONTIN	3	PA, ST
oxcarbazepine	1	
OXTELLAR XR	E	PA, ST
roweepra	1	
roweepra xr	1	
SPRITAM	E	PA, ST
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL	3	
TEGRETOL-XR	3	
TOPAMAX	3	PA, ST
TOPAMAX SPRINKLE	3	PA, ST
topiramate er	E	PA, ST
topiramate oral	1	
TRILEPTAL	3	PA, ST
TROKENDI XR	E	PA, ST
VALTOCO	3	PA, QL
VIMPAT ORAL	3	PA
XCOPRI PAK	3	PA
XCOPRI TABLET	3	PA
ZONEGRAN	3	PA, ST
zonisamide oral	1	

Drug Name	Drug Tier	Requirements & Limits
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
ARICEPT ORAL TABLET 10 MG, 5 MG	3	
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
bupropion hcl oral	1	
citalopram hydrobromide	1	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
DRIZALMA SPRINKLE	3	PA, QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL
duloxetine hcl oral capsule delayed release particles 40 mg	E	
escitalopram oxalate	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	1	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	1	QL
fluoxetine hcl oral tablet 20 mg	1	
fluoxetine hcl oral tablet 60 mg	E	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	QL
FORFIVO XL	E	QL
mirtazapine oral	1	
nortriptyline hcl oral	1	
PAMELOR	3	

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Drug Name	Drug Tier	Requirements & Limits
paroxetine hcl	1	
paroxetine hcl er	1	QL
PAXIL CR	3	QL
PAXIL ORAL SUSPENSION	3	
PAXIL ORAL TABLET	3	
REMERON	3	
REMERON SOLTAB	3	
sertraline hcl oral	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	E	QL
VIIBRYD	3	QL
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
BONJESTA	E	PA
doxylamine-pyridoxine	E	PA
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	E	
ondansetron hcl oral	1	
ondansetron odt	1	
phenadoz	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
promethegan	1	
REGLAN	3	
scopolamine	1	
TRANSDERM SCOP (1.5 MG)	3	
VARUBI (180 MG DOSE)	2	QL
ZOFRAN	3	
ZUPLENZ	E	QL
<b>Antifungals - Drugs for Fungal Infections</b>		
ciclodan	1	
ciclopirox	1	
ciclopirox treatment	E	

Drug Name	Drug Tier	Requirements & Limits
CRESEMBA ORAL	3	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3	
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	3	
DIFLUCAN ORAL TABLET 50 MG	3	
EXTINA	3	QL
fluconazole oral	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external foam	1	QL
ketoconazole external shampoo	1	
ketodan external foam	1	QL
NIZORAL	3	
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	1	ST, QL
GLOPERBA	3	PA
MITIGARE	2	
ZYLOPRIM	3	
<b>Antimigraine Agents - Drugs for Migraines</b>		
AIMOVIG	2	PA, ST, QL
AMERGE	3	QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA, ST, QL
EMGALITY (300 MG DOSE)	2	PA, ST, QL
naratriptan hcl	1	QL
ONZETRA XSAIL	E	QL
REYVOW TABLET	2	PA, ST, QL
rizatriptan benzoate	1	QL

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Drug Name	Drug Tier	Requirements & Limits
sumatriptan succinate oral	1	QL
sumatriptan succinate refill	1	QL
sumatriptan succinate subcutaneous	1	QL
UBRELVY TABLET	2	PA, ST, QL
ZEMBRACE SYMTOUCH	E	QL
<b>Antineoplastics - Drugs for Cancer</b>		
anastrozole oral	1	
bexarotene	E	SP
capecitabine	E	QL, SP
ERLEADA	2	PA, QL, SP
IBRANCE ORAL CAPSULE	2	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate	1	PA, QL, SP
letrozole oral	1	
LYNPARZA	2	PA, QL, SP
mercaptopurine oral	1	
NUBEQA	2	PA, QL, SP
PURIXAN	3	PA, SP
REVLIMID	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	1	SP
TASIGNA	2	PA, ST, QL, SP
VERZENIO	2	PA, QL, SP
XELODA	1	QL, SP
ZEJULA	2	PA, QL, SP
<b>Antiparasitics - Drugs for Parasitic Infections</b>		
ARAKODA	3	QL
atovaquone-proguanil hcl	1	
ELIMITE	3	
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	QL
MALARONE	3	
permethrin external	1	
<b>Antiparkinson Agents - Drugs for Parkinson's Disease</b>		
carbidopa-levodopa	1	
carbidopa-levodopa er	1	

Drug Name	Drug Tier	Requirements & Limits
DUOPA	3	PA
INBRIJA	3	PA, QL, SP
MIRAPEX	3	
NOURIANZ ORAL TABLET	3	PA, QL
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	E	
ropinirole hcl	1	
ropinirole hcl er	E	
RYTARY	E	
SINEMET	3	
<b>Antiplatelets - Drugs for Heart Attack and Stroke Prevention</b>		
BRILINTA	3	QL
clopidogrel bisulfate oral	1	
ZONTIVITY	3	QL
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY MYCITE	E	PA, QL
aripiprazole oral solution	1	
aripiprazole oral tablet	1	QL
aripiprazole oral tablet dispersible	1	QL
LATUDA	3	QL
olanzapine oral	1	QL
quetiapine fumarate	1	
quetiapine fumarate er	1	QL
risperidone	1	
SAPHRIS	3	QL
ziprasidone hcl	1	QL
<b>Antivirals - Drugs for Viral Infections</b>		
acyclovir oral	1	
ATRIPLA	E	ST, QL
BARACLUDE ORAL SOLUTION	2	SP
BIKTARVY	3	QL
CIMDUO	2	QL
DESCOVY	E	PA, ST, QL
DOVATO	2	QL
emtricitabine/tenofovir disoproxil fumarate	1	QL, H
entecavir	1	SP
EPCLUSA	2	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
GENVOYA	3	QL
HARVONI	2	PA, ST, QL, SP
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
LEDIP-SOFOSB ORAL TABLET 90-400MG	2	PA, ST, QL, SP
MAVYRET	2	PA, QL, SP
NORVIR ORAL PACKET	2	
NORVIR ORAL SOLUTION	2	
ODEFSEY	3	QL
oseltamivir phosphate oral capsule	1	
oseltamivir phosphate oral suspension reconstituted	1	QL
PREZCOBIX	2	
PREZISTA	2	
ritonavir	1	
SITAVIG	E	QL
SOFOS/VELPAT ORAL TABLET 400-100	2	PA, QL, SP
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	3	QL
SYMFI	2	QL
SYMFI LO	2	QL
TEMIXYS	E	QL
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA	3	QL
valacyclovir hcl oral	1	QL
VEMLIDY	3	ST, SP
VIREAD ORAL POWDER	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VOSEVI	2	PA, QL, SP
XOFLUZA	3	QL
ZEPATIER	2	PA, QL, SP
ZOVIRAX ORAL SUSPENSION	3	

Drug Name	Drug Tier	Requirements & Limits
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
buspirone hcl oral	1	
clonazepam oral	1	
diazepam intensol	1	
diazepam oral	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
triazolam	1	
VISTARIL	3	
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
ACCUPRIL	3	
acetazolamide er	1	
acetazolamide oral	1	
ADALAT CC ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	3	
ALDACTONE	3	
aliskiren fumarate	1	
ALTACE	3	
ALTOPREV	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	QL, H-PA

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Drug Name	Drug Tier	Requirements & Limits
atorvastatin calcium oral tablet 40 mg, 80 mg	1	QL
AVALIDE	3	
AVAPRO	3	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BIDIL	2	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
BYSTOLIC	E	
CALAN SR	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	E	
CARDURA	3	
CAROSPIR	3	PA
cartia xt	1	
carvedilol	1	
CATAPRES	3	
chlorthalidone	1	
clonidine hcl oral	1	
colesevelam hcl	E	
COREG	3	
CORGARD	3	
CORLANOR	3	PA, QL
COZAAR	3	
diltiazem hcl er coated beads	1	
diltiazem hcl er oral capsule extended release 12 hour	1	
diltiazem hcl oral	1	
dilt-xr	1	
doxazosin mesylate oral	1	
DYAZIDE	3	
EDARBI	3	
EDARBYCLOR	3	
enalapril maleate oral	1	
EPANED	3	PA
EZALLOR SPRINKLE	3	PA
ezetimibe	1	
ezetimibe-simvastatin	1	
fenofibrate oral capsule 150 mg, 50 mg	E	

Drug Name	Drug Tier	Requirements & Limits
fenofibrate oral tablet 120 mg, 40 mg, 48 mg	E	
fenofibrate oral tablet 160 mg, 145 mg, 54 mg	1	
flecainide acetate	1	
FLOLIPID	3	PA
furosemide oral	1	
gemfibrozil oral	1	
GONITRO	E	QL
guanfacine hcl	1	
HEMANGEOL	E	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	3	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
KAPSPARGO SPRINKLE	3	
labetalol hcl oral	1	
LASIX	3	
LIPOFEN	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	3	
LOPRESSOR	3	
losartan potassium	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTENSIN HCT	3	
LOTREL	3	
lovastatin	1	H
matzim la	1	
MAXZIDE	3	
MAXZIDE-25	3	
metoprolol succinate er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
MINIPRESS	3	

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Drug Name	Drug Tier	Requirements & Limits
minitran	1	
MULTAQ	3	PA
nadolol oral	1	
NEXLETOL TABLET	2	PA, ST, QL
NEXLIZET TABLET	2	PA, ST, QL
niacin (antihyperlipidemic)	1	
niacin er (antihyperlipidemic)	1	
niacor	1	
NIASPAN	3	
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
NITROMIST	3	QL
NITROSTAT	3	
nitro-time	1	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
pacerone oral tablet 200 mg	1	
PRALUENT	2	PA, ST, QL
PRAVACHOL	3	
pravastatin sodium	1	
prazosin hcl oral	1	
PRINIVIL	3	
PROCARDIA	3	
PROCARDIA XL	3	
propranolol hcl er	1	
propranolol hcl oral	1	
QBRELIS	3	PA
quinapril hcl	1	
ramipril	1	
ranolazine er	1	
REPATHA	2	PA, ST, QL

Drug Name	Drug Tier	Requirements & Limits
rosuvastatin calcium	1	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	3	PA
spironolactone oral	1	
TEKTURNA	3	
TEKTURNA HCT	3	
telmisartan	1	
TOPROL XL	3	
toremide	1	
triamterene-hctz	1	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASCEPA ORAL CAPSULE 0.5 GM	3	PA
VASCEPA ORAL CAPSULE 1 GM	3	PA
verapamil hcl er	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM	3	
WELCHOL	1	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	3	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	3	
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL XR	1	QL
ADHANSIA XR	E	PA, QL
amphetamine-dextroamphetamine	1	PA
amphetamine-dextroamphetamine er	E	QL
APTENSIO XR	E	PA, QL
atomoxetine hcl	1	QL
CONCERTA	1	PA, QL
dexmethylphenidate hcl	1	PA
dexmethylphenidate hcl er	1	PA, QL
dextroamphetamine sulfate	1	PA
dextroamphetamine sulfate er	1	PA
FOCALIN	3	PA

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Drug Name	Drug Tier	Requirements & Limits
guanfacine hcl er	1	QL
JORNAY PM	E	PA, QL
metadate er	1	PA, QL
METHYLIN	3	PA
methylphenidate hcl er (cd)	1	PA, QL
methylphenidate hcl er (la)	1	PA, QL
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	1	PA, QL
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	E	PA, QL
methylphenidate hcl er oral tablet extended release 24 hour	E	PA, QL
methylphenidate hcl oral	1	PA
MYDAYIS	E	PA, QL
PROCENTRA	3	PA
QUILLICHEW ER	E	PA, QL
QUILLIVANT XR	E	PA, QL
relexxii	E	PA, QL
RITALIN	3	PA
VYVANSE	3	PA, QL
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	E	PA
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AUBAGIO	3	PA, QL, SP
AVONEX	2	PA, QL, SP
BAFIERTAM CAPSULE	2	PA, QL, SP
BETASERON	2	PA, QL, SP
dalfampridine er	1	PA, QL, SP
dimethyl fumarate	1	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
GILENYA ORAL CAPSULE	3	PA, QL, SP
glatiramer acetate	1	PA, QL, SP
glatopa	1	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT	3	PA, QL, SP
PLEGRIDY	3	PA, QL, SP
REBIF	3	PA, ST, QL, SP
REBIF REBIDOSE	3	PA, ST, QL, SP
TECFIDERA	E	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
<b>Central Nervous System Agents - Miscellaneous</b>		
AUSTEDO	2	PA, QL, SP
LYRICA	3	PA, ST, QL
LYRICA CR	E	ST, QL
NUEDEXTA	2	PA
pregabalin oral	1	QL
RILUTEK	3	SP
riluzole	1	SP
TIGLUTIK	3	PA
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
cavarest	1	
chlorhexidine gluconate mouth/throat	1	
clinpro 5000	1	
denta 5000 plus	1	
dentagel	1	
fluoridex	1	
fluoridex enhanced whitening	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	3	
neutral sodium fluoride	1	
paroex	1	
PERIDEX	3	
periogard	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
PREVIDENT MOUTH/THROAT	3	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride dental	1	

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Drug Name	Drug Tier	Requirements & Limits
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
ABSORICA	E	PA
ACZONE EXTERNAL GEL 5 %	1	QL
ACZONE EXTERNAL GEL 7.5 %	3	QL
ALA SCALP	3	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	
ALDARA	3	QL
ALTRENO	E	PA, QL
amnestem	1	
AMZEEQ AER 4%	3	PA, QL
avar cleanser	1	
azelaic acid external	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
calcipotriene-betameth diprop external ointment	1	QL
calcitriol external	1	QL
CAPEX	2	
CARAC	2	
claravis	1	
CLEOCIN-T EXTERNAL GEL	3	QL
CLEOCIN-T EXTERNAL LOTION	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	QL
clindamycin phosphate external foam	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	QL
clindamycin phosphate external swab	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	E	
clindamycin phosphate gel 1 % external	1	QL
clobetasol propionate external cream	1	QL

Drug Name	Drug Tier	Requirements & Limits
clobetasol propionate external foam	E	QL
clobetasol propionate external gel	1	QL
clobetasol propionate external liquid	1	QL
clobetasol propionate external lotion	E	QL
clobetasol propionate external ointment	1	QL
clobetasol propionate external shampoo	E	QL
clobetasol propionate external solution	1	QL
clodan external shampoo	E	QL
clotrimazole-betamethasone external cream	1	QL
clotrimazole-betamethasone external lotion	1	
dapsone external gel 5 %	E	QL
DERMA-SMOOTH/FS BODY	3	QL
DERMA-SMOOTH/FS SCALP	3	
desonide cream, lotion, ointment	1	QL
desonide gel	1	ST, QL
DESOWEN	3	QL
DIPROLENE	3	
DIPROLENE AF	3	
DUPIXENT	3	PA, ST, QL, SP
EFUDEX	3	
ENSTILAR	3	QL
EUCRISA	3	ST, QL
EVOCLIN	3	
FINACEA EXTERNAL GEL, FOAM	3	
fluocinolone acetonide body	1	QL
fluocinolone acetonide external	1	QL
fluocinolone acetonide scalp	1	
fluocinonide external cream 0.05 %	1	
fluocinonide external cream 0.1 %	E	QL
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
FLUOROPLEX	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	3	

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Drug Name	Drug Tier	Requirements & Limits
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
imiquimod external	1	QL
IMIQUIMOD PUMP	E	QL
IMPOYZ	E	QL
isotretinoin oral	1	
METROCREAM	3	
METROLOTION	3	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
metronidazole external gel 1 %	E	
metronidazole external lotion	1	
MIRVASO	3	PA, QL
mometasone furoate external	1	
myorisan	1	
neuac external gel	1	QL
NORITATE	E	
PICATO	3	QL
RHOFADE CREAM 1%	3	PA, QL
rosadan external cream	1	
rosadan external gel	1	
SERNIVO	E	QL
SOOLANTRA CREAM 1%	3	QL
sss 10-5	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external emulsion	1	
sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %	1	
sulfacetamide sodium-sulfur external pad	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfamez wash	1	

Drug Name	Drug Tier	Requirements & Limits
TACLONEX EXTERNAL SUSPENSION	3	
tazarotene external	1	PA, QL
TAZORAC EXTERNAL CREAM 0.1 %	3	PA, QL
TAZORAC EXTERNAL GEL	3	PA, QL
TEMOVATE	3	QL
TEXACORT	2	
TOLAK	E	
tretinoin external cream	1	QL
triamcinolone acetonide external aerosol solution	1	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	
triderm external cream 0.1 %	1	
triderm external cream 0.5 %	1	QL
TRIDESILON	1	QL
VERDESO	E	QL
zenatane	1	
ZYCLARA	E	QL
ZYCLARA PUMP	E	QL
<b>Diabetes - Glucose Monitoring</b>		
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	E	
ACCU-CHEK AVIVA DEVICE	E	
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	E	
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK COMPACT PLUS CARE KIT	E	
ACCU-CHEK COMPACT PLUS TEST STRIPS	E	QL
ACCU-CHEK GUIDE TEST STRIPS	3	QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ACCU-CHEK GUIDE/GUIDE ME KIT W/DEVICE	3		NOVOFINE AUTOCOVER PEN NEEDLE	2	
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	E		NOVOFINE PEN NEEDLE	2	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL	NOVOFINE PLUS PEN NEEDLE	2	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1		ONETOUCH ULTRA 2 KIT W/ DEVICE	1	
BD AUTOSHIELD DUO PEN NEEDLES	2		ONETOUCH ULTRA BLUE TEST STRIPS IN VITRO STRIP	1	QL
BD ULTRA-FINE INSULIN SYRINGES	2		ONETOUCH ULTRA MINI KIT W/DEVICE	1	
BD ULTRA-FINE PEN NEEDLES	2		ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1	
CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM	2		ONETOUCH VERIO IQ SYSTEM	1	
CONTOUR NEXT MONITOR	2		ONETOUCH VERIO KIT W/DEVICE	1	
CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM	2		ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	1	
CONTOUR NEXT TEST	2	QL	ONETOUCH VERIO TEST STRIPS	1	QL
CONTOUR TEST	E	QL	RELION BLOOD GLUCOSE TEST	E	QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	3	PA, QL	RELION ULTIMA TEST	3	QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	3	PA, QL	SOFTCLIX	1	
FREESTYLE LIBRE 14 DAY READER	3	PA, QL	<b>Diabetes - Insulin</b>		
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL	ADMELOG	E	QL
FREESTYLE LIBRE READER	3	PA, QL	AFREZZA INHALATION POWDER	E	PA, QL
FREESTYLE LIBRE SENSOR SYSTEM	3	PA, QL	BASAGLAR KWIKPEN	E	QL
FREESTYLE PRECISION NEO TEST	E	QL	HUMALOG KWIKPEN	2	QL
GUARDIAN CONNECT TRANSMITTER	3		HUMALOG MIX 50/50 KWIKPEN	2	QL
GUARDIAN CONNECT TRANSMITTER	3	PA, QL	HUMALOG MIX 50/50 VIAL	1	QL
GUARDIAN LINK 3 TRANSMITTER	3		HUMALOG MIX 75/25 KWIKPEN	2	QL
GUARDIAN SENSOR (3)	3	PA	HUMALOG MIX 75/25 VIAL	1	QL
INSULIN SYRINGES	2		HUMALOG SUBCUTANEOUS SOLUTION	1	QL
LANCETS	1		HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	QL
			HUMALOG U-100 JUNIOR KWIKPEN	2	QL
			HUMULIN 70/30 KWIKPEN	2	QL
			HUMULIN 70/30 VIAL	1	QL
			HUMULIN N KWIKPEN	2	QL
			HUMULIN N VIAL	1	QL
			HUMULIN R U-500 KWIKPEN	2	QL
			HUMULIN R U-500 VIAL (CONCENTRATED)	1	QL

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Drug Name	Drug Tier	Requirements & Limits
HUMULIN R VIAL	1	QL
INSULIN ASPART	E	ST, QL
INSULIN LISPRO	E	QL
INSULIN LISPRO (1 UNIT DIAL)	E	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LEVEMIR	E	QL
NOVOLIN 70/30	E	ST, QL
NOVOLIN N	E	ST, QL
NOVOLIN R	E	ST, QL
NOVOLOG	E	ST, QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
TRESIBA	E	QL
TRESIBA FLEXTOUCH	E	QL
<b>Diabetes - Non-Insulin Agents</b>		
ADLYXIN	3	PA, ST, QL
ALOGLIPTIN BENZOATE	E	QL
ALOGLIPTIN-METFORMIN HCL	E	QL
ALOGLIPTIN-PIOGLITAZONE	E	QL
AMARYL	3	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON	2	PA, ST, QL
BYDUREON BCISE AUTOINJECTOR	2	PA, ST, QL
BYETTA	2	PA, ST, QL
FARXIGA	E	ST, QL
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
GLUCAGON EMERGENCY KIT INJECTION KIT	2	QL
GLUCOTROL	3	
GLUCOTROL XL	3	
GLUCOVANCE ORAL TABLET 5-500 MG	3	
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST, QL

Drug Name	Drug Tier	Requirements & Limits
GVOKE PFS	2	QL
INVOKANA	E	ST, QL
JANUVIA	E	ST, QL
JARDIANCE	2	ST, QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KAZANO	2	QL
KOMBIGLYZE XR	2	QL
metformin hcl er	1	
metformin hcl er (mod)	E	PA
metformin hcl er (osm)	E	PA
METFORMIN HCL ORAL SOLUTION	1	
metformin hcl oral tablet	1	
NESINA	2	QL
ONGLYZA	2	QL
OSENI	2	QL
OZEMPIC	2	PA, ST, QL
pioglitazone hcl	1	QL
RIOMET	3	
RYBELSUS	2	PA, ST, QL
SOLIQUA	2	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 Pack)	2	PA, ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (3 Pack)	3	PA, ST, QL
<b>Drugs for Blood Disorders</b>		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT	3	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
ELOCTATE	3	PA, SP
JIVI	3	PA, SP
KOGENATE FS	2	SP

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Drug Name	Drug Tier	Requirements & Limits
KOVALTRY	2	SP
MULPLETA	2	PA, QL, SP
NEULASTA	3	SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
RECOMBINATE	2	SP
RETACRIT	2	QL, SP
ZARXIO	2	SP
ZIEXTENZO	3	SP

#### Drugs for Sexual Dysfunction

ADDYI	3	PA, QL
IMVEXXY	3	QL
INTRAROSA	3	QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	3	PA, QL
tadalafil oral tablet 10 mg, 20 mg	1	QL
tadalafil oral tablet 2.5 mg, 5 mg	1	ST, QL
VYLEESI	3	PA, QL

#### Electrolytes / Vitamins

DRISDOL	3	
ERGOCAL	3	
ergocalciferol oral capsule	1	
FLORIVA PLUS	3	
folic acid oral tablet 1 mg	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
KLOR-CON M15	3	
klor-con m20	1	
klor-con sprinkle	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	
multivitamins/fluoride	1	
mvc-fluoride	1	
NASCOBAL	3	

Drug Name	Drug Tier	Requirements & Limits
POLY-VI-FLOR	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
QUFLORA PEDIATRIC	3	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
VELTASSA	3	PA, QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	

#### Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer

ACIPHEX SPRINKLE	E	QL
CARAFATE	3	
CYTOTEC	3	
DEXILANT	3	QL
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium tablet delayed release 20 mg oral	1	
pantoprazole sodium tablet delayed release 40 mg oral	1	
PROTONIX ORAL PACKET	E	
PYLERA	3	QL
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	E	QL
rabeprazole sodium oral tablet delayed release	1	QL
sucalfate oral	1	

#### Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions

ACTIGALL	3	
AEMCOLO	3	QL
ANASPAZ	2	
CLENPIQ	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ed-spaz	1	
gavilyte-c	1	H

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Drug Name	Drug Tier	Requirements & Limits
gavilyte-g	1	QL, H
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	2	QL
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	QL
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
LEVBIID	3	
LEVSIN ORAL	3	
LEVSIN/SL	3	
LINZESS	2	PA, QL
LOMOTIL	3	
MOTTEGRITY	3	PA, QL
MOVIPREP	3	QL
NULEV	3	
oscimin	1	
oscimin sr	1	
peg-3350/electrolytes	1	QL, H
PLENVU	3	QL
PREPOPIK	3	QL
SUPREP BOWEL PREP KIT	3	QL
SYMAX DUOTAB	3	
symax-sl	1	
symax-sr	1	
SYMPROIC	2	PA, QL
URSO 250	3	
URSO FORTE	3	
ursodiol oral	1	
VIBERZI	3	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	E	PA, SP
CREON	2	
CUPRIMINE	E	SP

Drug Name	Drug Tier	Requirements & Limits
DEPEN TITRATABS	2	SP
ENDARI	3	PA, QL
nitisinone	E	PA, SP
NITYR	2	PA, SP
ORFADIN ORAL CAPSULE 20 MG	E	PA, SP
ORFADIN ORAL SUSPENSION	E	PA, SP
PANCREAZE	3	ST
penicillamine oral capsule	1	SP
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
SYPRINE	1	PA, SP
TEGSEDI	2	PA, QL, SP
trientine hcl	E	PA, SP
VIOKACE	3	ST
ZENPEP	2	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
AURYXIA	3	
DITROPAN XL	3	
GELNIQUE	E	
oxybutynin chloride er	1	
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	
PROSCAR	3	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	3	
<b>Hormonal Agents - Hormone Replacement and Birth Control</b>		
afirmelle	1	H
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	QL

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Drug Name	Drug Tier	Requirements & Limits
altavera	1	H
alyacen 1/35	1	H
amethia	1	H
amethia lo	1	H
apri	1	H
ashlyna	1	H
aubra	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	3	
ayuna	1	H
azurette	1	H
balziva	1	H
bekyree	1	H
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	1	H
camila	1	H
camrese	1	H
camrese lo	1	H
chateal	1	H
chateal eq	1	H
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	1	H
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	QL

Drug Name	Drug Tier	Requirements & Limits
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
DEPO-SUBQ PROVERA 104	2	QL
desogestrel-ethinyl estradiol	1	H
DIVIGEL TRANSDERMAL GEL	3	
dotti	E	QL
drosipren-eth estrad-levomefol	E	
drosiprenone-ethinyl estradiol	1	H
DUAVEE	3	QL
ELESTRIN	3	
elinest	1	H
eluryng	E	
emoquette	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE ORAL	3	
ESTRACE VAGINAL	1	
estradiol oral	1	
estradiol patch twice weekly transdermal (generic MINIVELLE)	1	QL
estradiol patch twice weekly 0.025 mg/24hr transdermal (generic VIVELLE-DOT)	E	QL
estradiol transdermal patch weekly (generic CLIMARA)	1	QL
estradiol vaginal cream	E	
estradiol vaginal tablet	1	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	E	
EVAMIST	2	
falmina	1	H
fayosim	E	
femynor	1	H
gianvi	1	H
hailey 1.5/30	1	H
hailey 24 fe	1	H
heather	1	H
incassia	1	H
introvale	1	H

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Drug Name	Drug Tier	Requirements & Limits
isibloom	1	H
jasmiel	1	H
jencycla	1	H
jolessa	1	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kariva	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
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	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levora 0.15/30 (28)	1	H
lillow	1	H
LO LOESTRIN FE	3	
LOESTRIN 1.5/30 (21)	3	
LOESTRIN 1/20 (21)	3	
LOESTRIN FE 1.5/30	3	
LOESTRIN FE 1/20	3	
loryna	1	H
LOSEASONIQUE	3	
low-ogestrel	1	H
lo-zumandimine	1	H
lutra	1	H
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular suspension	1	QL, H

Drug Name	Drug Tier	Requirements & Limits
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	H
medroxyprogesterone acetate oral	1	
melodetta 24 fe	E	
MENOSTAR	3	QL
mibelas 24 fe	E	
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
MIRCETTE	3	
mono-lynh	1	H
NATAZIA	2	
necon 0.5/35 (28)	1	H
nikki	1	H
nora-be	1	H
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	1	H
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic	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
ocella	1	H
ogestrel	1	H
orsythia	1	H
ORTHO MICRONOR	3	
philith	1	H
pimtrea	1	H
pirmella 1/35	1	H

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Drug Name	Drug Tier	Requirements & Limits
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
previfem	1	H
progesterone micronized oral	1	
PROVERA	3	
reclipsen	1	H
rivelsa	E	
SEASONIQUE	3	
setlakin	1	H
sharobel	1	H
simliya	1	H
simpesse	1	H
sprintec 28	1	H
sronyx	1	H
syeda	1	H
tarina 24 fe	1	H
tarina fe 1/20	1	H
tarina fe 1/20 eq	1	H
TAYTULLA	E	
tri femynor	1	H
tri-estarylla	1	H
tri-lynyah	1	H
tri-lo-estarylla	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-previfem	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
tulana	1	H
tydemy	E	
vienva	1	H
violele	1	H
VIVELLE-DOT	1	QL
vyfemla	1	H
vylibra	1	H

Drug Name	Drug Tier	Requirements & Limits
wera	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvaferm	1	
zarah	1	H
zumandimine	1	H
<b>Hormonal Agents - Oral Steroids</b>		
CORTEF	3	
DECADRON	E	
dexamethasone intensol	1	
dexamethasone oral	1	
DEXTAK	3	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET 32 MG	3	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
MILLIPRED	2	
ORAPRED ODT	3	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral	1	
prednisone intensol	1	
prednisone oral	1	
RAYOS	E	
TAPERDEX	3	
<b>Hormonal Agents - Other</b>		
cabergoline	1	
DDAVP INJECTION	3	
DDAVP ORAL	3	
desmopressin acetate injection	1	
desmopressin acetate oral	1	
GENOTROPIN	E	PA, QL, SP
GENOTROPIN MINIQUICK	E	PA, QL, SP
HUMATROPE	E	PA, QL, SP
NOCDURNA	3	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
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
ORLISSA	3	PA, QL
STIMATE	3	
ZOMACTON	E	PA, QL, SP

#### Hormonal Agents - Testosterone Replacement

ANDRODERM	2	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
NATESTO	E	PA, QL
STRIANT	3	PA, QL
TESTIM	1	PA, QL
TESTOSTERONE CYPIONATE INJECTION	3	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone transdermal	E	PA, QL
XYOSTED	E	PA

#### Hormonal Agents - Thyroid

ARMOUR THYROID	3	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NATURE-THROID	3	
np thyroid	1	
SYNTHROID	E	
TAPAZOLE	3	
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
TIROSINT	E	

Drug Name	Drug Tier	Requirements & Limits
TIROSINT-SOL	3	PA
unithroid	1	
WESTHROID	3	
WP THYROID	3	

#### Immunological Agents - Drugs for Immune System Stimulation or Suppression

ACTEMRA	3	PA, ST, QL, SP
ASTAGRAF XL	E	SP
AZASAN	3	
azathioprine oral	1	
CIMZIA	2	PA, QL, SP
COSENTYX	3	PA, ST, QL, SP
cyclosporine modified	1	SP
ENBREL	3	PA, ST, QL, SP
ENVARUSUS XR	E	SP
FIRAZYR	1	PA, QL, SP
gengraf	1	SP
HAEGARDA	2	PA, QL, SP
HUMIRA	2	PA, QL, SP
icatibant acetate	E	PA, QL, SP
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil	1	SP
mycophenolate sodium	1	SP
OLUMIANT ORAL TABLET	2	PA, QL, SP
OTEZLA	2	PA, QL, SP
OTREXUP	E	QL
PROGRAF ORAL PACKET	3	PA, SP
RAPAMUNE ORAL SOLUTION	3	SP
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	3	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral	1	SP
SKYRIZI (150 MG DOSE)	2	PA, QL, SP
STELARA	2	PA, QL, SP
tacrolimus oral	1	SP
TAKHZYRO	2	PA, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	

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Drug Name	Drug Tier	Requirements & Limits
XELJANZ	2	PA, ST, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, ST, QL, SP
<b>Infertility Agents</b>		
chorionic gonadotropin intramuscular	1	SP
CRINONE VAGINAL GEL 4 %	3	PA, ST
CRINONE VAGINAL GEL 8 %	3	PA, ST
ENDOMETRIN	2	PA
FOLLISTIM AQ	2	SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	QL, SP
novarel intramuscular solution reconstituted 10000 unit	1	SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	3	SP
pregnyl	1	SP
<b>Inflammatory Bowel Disease Agents</b>		
APRISO	1	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
budesonide er	E	
budesonide oral	1	
CORTIFOAM	2	
DIPENTUM	3	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	1	
mesalamine er	E	
mesalamine oral	E	
mesalamine rectal	1	
PENTASA	E	
PROCORT	E	
PROCTOFOAM HC	2	
SFROWASA	3	
sulfasalazine oral tablet	1	
UCERIS ORAL	1	
UCERIS RECTAL	2	

Drug Name	Drug Tier	Requirements & Limits
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
alendronate sodium	1	
BONIVA ORAL	3	
FORTEO	E	PA, ST, SP
FOSAMAX	3	
ibandronate sodium oral	1	
TERIPARATIDE	3	PA, SP
TYMLOS	3	PA, SP
<b>Metabolic Bone Disease Agents - Other</b>		
calcitriol oral	1	
ROCALTROL	3	
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	E	
ALREX	3	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
CILOXAN OPHTHALMIC OINTMENT	3	
CILOXAN OPHTHALMIC SOLUTION	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LASTACAFT	3	QL
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	3	QL
LOTEMAX SM	3	QL
loteprednol etabonate	1	QL
MAXITROL	3	
MOXEZA	3	
moxifloxacin hcl ophthalmic	1	

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Drug Name	Drug Tier	Requirements & Limits
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	1	QL
olopatadine hcl ophthalmic solution 0.2 %	E	QL
polymyxin b-trimethoprim	1	
POLYTRIM	3	
PRED FORTE	3	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION	3	
TOBRADEX ST	E	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBREX OPHTHALMIC OINTMENT	3	
TOBREX OPHTHALMIC SOLUTION	3	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
AZOPT	2	QL
BETIMOL	2	QL
bimatoprost ophthalmic	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	1	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
COMBIGAN	2	QL
COSOPT	3	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	3	

Drug Name	Drug Tier	Requirements & Limits
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
timolol maleate ophthalmic	1	
TIMOPTIC	3	
TIMOPTIC OCUDOSE	2	
TIMOPTIC-XE	3	
TRAVATAN Z	3	QL
travoprost (bak free)	1	QL
VYZULTA	E	ST, QL
XELPROS	3	QL
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
CEQUA	E	PA, QL
RESTASIS	3	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
XIIDRA	3	PA, QL
<b>Otic Agents - Drugs for Ear Conditions</b>		
CIPRODEX	3	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
<b>Respiratory - Drugs for Anaphylaxis</b>		
AUVI-Q	E	QL
epinephrine injection solution auto-injector 0.15 mg/0.3ml (generic EPIPEN Jr. 2 Pack)	1	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection (generic EPIPEN 2 Pack)	1	QL
SYMJEPI	2	QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl nasal solution 0.15 %	E	
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
bromfed dm	1	
cyproheptadine hcl oral	1	
fluticasone propionate nasal	1	QL

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Drug Name	Drug Tier	Requirements & Limits
hydrocodone polst-cpm polst er	1	PA, QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral	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	3	
TUSSICAPS	3	PA, QL
XHANCE	E	QL
ZETONNA	3	QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD</b>		
ADVAIR DISKUS	1	QL
ADVAIR HFA	3	QL, RS
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
albuterol sulfate er	1	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation (generic PROAIR HFA, PROVENTIL HFA)	1	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (VENTOLIN HFA)	E	QL
albuterol sulfate inhalation	1	
albuterol sulfate oral	1	PA
ALVESCO	E	
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	1	QL
ASMANEX	E	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	E	
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL, RS
budesonide inhalation	1	QL

Drug Name	Drug Tier	Requirements & Limits
COMBIVENT RESPIMAT	3	QL
EASIVENT	2	
FASENRA PEN	3	PA, QL, SP
FLOVENT DISKUS	1	QL
FLOVENT HFA	1	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	E	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	QL
INCRUSE ELLIPTA	E	QL
ipratropium-albuterol	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
montelukast sodium oral	1	
NUCALA	3	PA, QL, SP
PERFOROMIST	3	QL
PROAIR DIGIHALER	E	QL
PROAIR HFA	3	QL
PROAIR RESPICLICK	3	QL
PROVENTIL HFA	3	QL
PULMICORT FLEXHALER	1	QL
QVAR REDIHALER	E	
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	2	QL
wixela inhub	E	QL
XOPENEX HFA	3	QL
YUPELRI	3	PA, QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
BETHKIS	1	PA, QL, SP
KITABIS PAK	E	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
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	1	PA, QL, SP
OPSUMIT	2	PA, QL, SP
ORENITRAM	3	PA, QL, SP
TRACLEER	2	PA, QL, SP
TYVASO	2	PA, SP
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
baclofen oral	1	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl er	E	
cyclobenzaprine hcl oral 5 mg, 10 mg	1	
metaxalone	1	
methocarbamol oral	1	
OZOBAX	3	PA
ROBAXIN-750	3	
SOMA ORAL TABLET 350 MG	3	
tizanidine hcl oral	1	
ZANAFLEX ORAL CAPSULE	3	

Drug Name	Drug Tier	Requirements & Limits
<b>Sleep Disorder Agents</b>		
EDLUAR	E	QL
eszopiclone	1	QL
modafinil	1	PA, QL
RESTORIL	3	
SUNOSI	3	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYREM	3	PA, QL, SP
zolpidem tartrate er	1	QL
zolpidem tartrate oral	1	QL
zolpidem tartrate sublingual	E	QL

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ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT . . . . .	30	azurette . . . . .	24	BRILINTA . . . . .	13
ASTAGRAF XL . . . . .	27	<b>B</b>		brimonidine tartrate ophthalmic solution 0.15 % . . . . .	29
atenolol oral . . . . .	14	baclofen oral . . . . .	31	brimonidine tartrate ophthalmic solution 0.2 % . . . . .	29
atenolol-chlorthalidone . . . . .	14	BACTRIM . . . . .	9	bromfed dm . . . . .	29
atomoxetine hcl . . . . .	16	BACTRIM DS . . . . .	9	budesonide er . . . . .	28
atorvastatin calcium oral tablet 10 mg, 20 mg . . . . .	14	BAFIERTAM CAPSULE . . . . .	17	budesonide inhalation . . . . .	30
atorvastatin calcium oral tablet 40 mg, 80 mg . . . . .	15	balziva . . . . .	24	budesonide oral . . . . .	28
atovaquone-proguanil hcl . . . . .	13	BAQSIMI ONE PACK . . . . .	21	BUNAVAIL . . . . .	9
ATRIPLA . . . . .	13	BAQSIMI TWO PACK . . . . .	21	buprenorphine hcl sublingual . . . . .	9
ATROVENT HFA . . . . .	30	BARACLUDE ORAL SOLUTION . . . . .	13	buprenorphine hcl-naloxone hcl . . . . .	9
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aubra . . . . .	24	BD AUTOSHIELD DUO PEN NEEDLES . . . . .	20	bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg . . . . .	11
aubra eq . . . . .	24	BD ULTRA-FINE INSULIN SYRINGES . . . . .	20	BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG . . . . .	11
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML . . . . .	9	BD ULTRA-FINE PEN NEEDLES . . . . .	20	bupropion hcl oral . . . . .	11
aurovela 1/20 . . . . .	24	bekyree . . . . .	24	buspirone hcl oral . . . . .	14
aurovela 1.5/30 . . . . .	24	BELBUCA . . . . .	8	butalbital-apap-caffeine . . . . .	8
aurovela 24 fe . . . . .	24	benazepril hcl oral . . . . .	15	BYDUREON . . . . .	21
aurovela fe 1/20 . . . . .	24	benazepril-hydrochlorothiazide . . . . .	15	BYDUREON BCISE AUTOINJECTOR . . . . .	21
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AUVI-Q . . . . .	29	betamethasone dipropionate aug . . . . .	18	cabergoline . . . . .	26
AVALIDE . . . . .	15	betamethasone dipropionate external . . . . .	18	CALAN SR . . . . .	15
AVAPRO . . . . .	15	BETASERON . . . . .	17	calcipotriene-betameth diprop external ointment . . . . .	18
avar cleanser . . . . .	18	BETHKIS . . . . .	30	calcitriol external . . . . .	18
aviane . . . . .	24	BETIMOL . . . . .	29	calcitriol oral . . . . .	28
avidoxy . . . . .	9	BEVESPI AEROSPHERE . . . . .	30	camila . . . . .	24
AVONEX . . . . .	17	BEVYXXA . . . . .	10	camrese . . . . .	24
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AZASITE . . . . .	28	BIKTARVY . . . . .	13	CARAC . . . . .	18
azathioprine oral . . . . .	27	bimatoprost ophthalmic . . . . .	29	CARAFATE . . . . .	22
azelaic acid external . . . . .	18	bisoprolol fumarate . . . . .	15	carbamazepine er . . . . .	10
azelastine hcl nasal solution 0.1 %, 137 mcg/spray . . . . .	29	bisoprolol-hydrochlorothiazide . . . . .	15	carbamazepine oral . . . . .	10
azelastine hcl nasal solution 0.15 % . . . . .	29	blisovi 24 fe . . . . .	24	CARBATROL . . . . .	10
azelastine hcl ophthalmic . . . . .	28	blisovi fe 1/20 . . . . .	24	carbidopa-levodopa . . . . .	13
azithromycin oral . . . . .	9	blisovi fe 1.5/30 . . . . .	24	carbidopa-levodopa er . . . . .	13
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		briellyn . . . . .	24		



CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG . . . . .	15	CLEOCIN ORAL CAPSULE 75 MG. . . 10	COMBIVENT RESPIMAT . . . . .	30
CARDURA . . . . .	15	CLEOCIN-T EXTERNAL GEL . . . . .	CONCERTA . . . . .	16
carisoprodol oral tablet 250 mg . . . . .	31	CLEOCIN-T EXTERNAL LOTION . . . . .	CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM . . . . .	20
carisoprodol oral tablet 350 mg . . . . .	31	CLIMARA PRO . . . . .	CONTOUR NEXT MONITOR . . . . .	20
CAROSPIR . . . . .	15	clindacin etz external swab . . . . .	CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM . . . . .	20
cartia xt . . . . .	15	clindacin-p . . . . .	CONTOUR NEXT TEST . . . . .	20
carvedilol . . . . .	15	CLINDAGEL . . . . .	CONTOUR TEST . . . . .	20
CATAPRES . . . . .	15	clindamycin hcl oral . . . . .	CONZIP . . . . .	8
cavarest . . . . .	17	clindamycin phos-benzoyl perox external gel 1.2-5 % . . . . .	COREG . . . . .	15
cefadroxil . . . . .	9	clindamycin phosphate external foam . . . . .	coremino . . . . .	10
cefdinir . . . . .	9	clindamycin phosphate external lotion . . . . .	CORGARD . . . . .	15
cefuroxime axetil . . . . .	9	clindamycin phosphate external solution . . . . .	CORLANOR . . . . .	15
celecoxib oral . . . . .	9	clindamycin phosphate external swab . . . . .	CORTEF . . . . .	26
CENTANY . . . . .	9	CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL . . . . .	CORTIFOAM . . . . .	28
CENTANY AT . . . . .	9	CLINDESSE . . . . .	COSENTYX . . . . .	27
cephalexin . . . . .	9	clinpro 5000 . . . . .	COSOPT . . . . .	29
CEQUA . . . . .	29	clobetasol propionate external cream . . . . .	COUMADIN . . . . .	10
CERDELGA . . . . .	23	clobetasol propionate external foam . . . . .	COZAAR . . . . .	15
CHANTIX . . . . .	9	clobetasol propionate external gel . . . . .	CREON . . . . .	23
chateal . . . . .	24	clobetasol propionate external liquid . . . . .	CRESEMBA ORAL . . . . .	12
chateal eq . . . . .	24	clobetasol propionate external lotion . . . . .	CRINONE VAGINAL GEL 4 % . . . . .	28
chlorhexidine gluconate mouth/ throat . . . . .	17	clobetasol propionate external ointment . . . . .	CRINONE VAGINAL GEL 8 % . . . . .	28
chlorthalidone . . . . .	15	clobetasol propionate external shampoo . . . . .	cryselle-28 . . . . .	24
chorionic gonadotropin intramuscular . . . . .	28	clobetasol propionate external solution . . . . .	CUPRIMINE . . . . .	23
ciclodan . . . . .	12	clodan external shampoo . . . . .	cyclafem 1/35 . . . . .	24
ciclopirox . . . . .	12	clonazepam oral . . . . .	cyclobenzaprine hcl er . . . . .	31
ciclopirox treatment . . . . .	12	clonidine hcl oral . . . . .	cyclobenzaprine hcl oral 5 mg, 10 mg . . . . .	31
CILOXAN OPHTHALMIC OINTMENT . . . . .	28	clopidogrel bisulfate oral . . . . .	cyclosporine modified . . . . .	27
CILOXAN OPHTHALMIC SOLUTION . . . . .	28	clotrimazole-betamethasone external cream . . . . .	cyproheptadine hcl oral . . . . .	29
CIMDUO . . . . .	13	clotrimazole-betamethasone external lotion . . . . .	cyred . . . . .	24
CIMZIA . . . . .	27	clovique . . . . .	cyred eq . . . . .	24
CIPRO ORAL TABLET . . . . .	9	COLCHICINE ORAL CAPSULE . . . . .	CYTOTEC . . . . .	22
CIPRODEX . . . . .	29	colchicine oral tablet . . . . .		
ciprofloxacin hcl ophthalmic . . . . .	28	COLCRYS . . . . .		
ciprofloxacin hcl oral . . . . .	9	colesevelam hcl . . . . .		
citalopram hydrobromide . . . . .	11	COMBIGAN . . . . .		
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daysee . . . . .	24
DDAVP INJECTION . . . . .	26
DDAVP ORAL . . . . .	26
deblitane . . . . .	24
DECADRON . . . . .	26
delyla . . . . .	24
denta 5000 plus . . . . .	17
dentagel . . . . .	17



DEPAKOTE . . . . .	10	diclofenac sodium transdermal solution . . . . .	9	doxycycline monohydrate oral tablet . . . . .	10
DEPAKOTE ER . . . . .	10	dicyclomine hcl oral . . . . .	22	doxylamine-pyridoxine . . . . .	12
DEPAKOTE SPRINKLES . . . . .	10	DIFICID . . . . .	10	DRISDOL . . . . .	22
DEPEN TITRATABS . . . . .	23	DIFLUCAN ORAL SUSPENSION RECONSTITUTED . . . . .	12	DRIZALMA SPRINKLE . . . . .	11
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML . . . . .	24	DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG . . . . .	12	drosipren-eth estrad-levomefol . . . . .	24
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE . . . . .	24	DIFLUCAN ORAL TABLET 50 MG . . . . .	12	drosiprenone-ethinyl estradiol . . . . .	24
DEPO-SUBQ PROVERA 104 . . . . .	24	DILAUDID ORAL . . . . .	8	DUAVEE . . . . .	24
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML . . . . .	27	dilt-xr . . . . .	15	duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg . . . . .	11
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML . . . . .	27	diltiazem hcl er coated beads . . . . .	15	duloxetine hcl oral capsule delayed release particles 40 mg . . . . .	11
DERMA-SMOOTH/FS BODY . . . . .	18	diltiazem hcl er oral capsule extended release 12 hour . . . . .	15	DUOPA . . . . .	13
DERMA-SMOOTH/FS SCALP . . . . .	18	diltiazem hcl oral . . . . .	15	DUPIXENT . . . . .	18
DESCOVY . . . . .	13	dimethyl fumarate . . . . .	17	DVORAH . . . . .	8
desmopressin acetate injection . . . . .	26	DIPENTUM . . . . .	28	DYAZIDE . . . . .	15
desmopressin acetate oral . . . . .	26	diphenoxylate-atropine . . . . .	22		
desogestrel-ethinyl estradiol . . . . .	24	DIPROLENE . . . . .	18	<b>E</b>	
desonide cream, lotion, ointment . . . . .	18	DIPROLENE AF . . . . .	18	EASIVENT . . . . .	30
desonide gel . . . . .	18	DITROPAN XL . . . . .	23	EC-NAPROSYN . . . . .	9
DESOWEN . . . . .	18	divalproex sodium er . . . . .	10	ec-naproxen . . . . .	9
desvenlafaxine succinate er . . . . .	11	divalproex sodium oral . . . . .	10	ed-spaz . . . . .	22
dexamethasone intensol . . . . .	26	DIVIGEL TRANSDERMAL GEL . . . . .	24	EDARBI . . . . .	15
dexamethasone oral . . . . .	26	donepezil hcl oral tablet 10 mg, 5 mg . . . . .	11	EDARBYCLOR . . . . .	15
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) . . . . .	20	donepezil hcl oral tablet 23 mg . . . . .	11	EDLUAR . . . . .	31
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE . . . . .	20	donepezil hcl oral tablet dispersible . . . . .	11	EFUDEX . . . . .	18
DEXILANT . . . . .	22	DORYX MPC . . . . .	10	ELESTRIN . . . . .	24
dexmethylphenidate hcl . . . . .	16	dorzolamide hcl-timolol mal . . . . .	29	eletriptan hydrobromide . . . . .	12
dexmethylphenidate hcl er . . . . .	16	dorzolamide hcl-timolol mal pf . . . . .	29	ELIMITE . . . . .	13
DEXPAK . . . . .	26	dotti . . . . .	24	elinest . . . . .	24
dextroamphetamine sulfate . . . . .	16	DOVATO . . . . .	13	ELIQUIS . . . . .	10
dextroamphetamine sulfate er . . . . .	16	doxazosin mesylate oral . . . . .	15	ELOCTATE . . . . .	21
diazepam intensol . . . . .	14	doxepin hcl oral capsule . . . . .	11	eluryng . . . . .	24
diazepam oral . . . . .	14	doxepin hcl oral concentrate . . . . .	11	EMGALITY . . . . .	12
diclofenac potassium . . . . .	9	doxycycline hyclate oral capsule . . . . .	10	EMGALITY (300 MG DOSE) . . . . .	12
diclofenac sodium er . . . . .	9	doxycycline hyclate oral tablet 100 mg, 20 mg . . . . .	10	emoquette . . . . .	24
diclofenac sodium oral . . . . .	9	doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg . . . . .	10	emtricitabine/tenofovir disoproxil fumarate . . . . .	13
diclofenac sodium transdermal gel 1 % . . . . .	9	doxycycline hyclate oral tablet delayed release . . . . .	10	enalapril maleate oral . . . . .	15
		doxycycline monohydrate oral capsule 100 mg, 50 mg . . . . .	10	ENBREL . . . . .	27
		doxycycline monohydrate oral capsule 150 mg, 75 mg . . . . .	10	ENDARI . . . . .	23
		doxycycline monohydrate oral suspension reconstituted . . . . .	10	endocet . . . . .	8
				ENDOMETRIN . . . . .	28
				enoxaparin sodium . . . . .	10
				enskyce . . . . .	24
				ENSTILAR . . . . .	18
				entecavir . . . . .	13





glipizide xl . . . . .	21	HUMULIN N VIAL . . . . .	20	IDHIFA . . . . .	13	
GLOPERBA . . . . .	12	HUMULIN R U-500 KWIKPEN . . . . .	20	ILEVRO . . . . .	28	
GLUCAGON EMERGENCY KIT INJECTION KIT . . . . .	21	HUMULIN R U-500 VIAL (CONCENTRATED) . . . . .	20	imatinib mesylate . . . . .	13	
GLUCOTROL . . . . .	21	HUMULIN R VIAL . . . . .	21	imiquimod external . . . . .	19	
GLUCOTROL XL . . . . .	21	hydralazine hcl oral . . . . .	15	IMIQUIMOD PUMP . . . . .	19	
GLUCOVANCE ORAL TABLET 5-500 MG . . . . .	21	hydrochlorothiazide oral . . . . .	15	IMPOYZ . . . . .	19	
glyburide oral . . . . .	21	hydrocodone polst-cpm polst er. . . . .	30	IMVEXXY . . . . .	22	
glyburide-metformin . . . . .	21	hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml . . . . .	8	INBRIJA . . . . .	13	
GLYXAMBI . . . . .	21	hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg . . . . .	8	incassia . . . . .	24	
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM . . . . .	23	hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg . . . . .	8	INCRUSE ELLIPTA . . . . .	30	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM . . . . .	23	hydrocort-pramoxine (perianal) . . . . .	28	INDOCIN . . . . .	9	
GONITRO . . . . .	15	hydrocortisone ace-pramoxine external cream 1-1 % . . . . .	28	indomethacin er . . . . .	9	
guanfacine hcl . . . . .	15, 17	hydrocortisone external cream 1 % . . . . .	19	indomethacin oral capsule 25 mg, 50 mg . . . . .	9	
guanfacine hcl er . . . . .	17	hydrocortisone external cream 2.5 % . . . . .	19	INSULIN ASPART . . . . .	21	
GUARDIAN CONNECT TRANSMITTER . . . . .	20	hydrocortisone external lotion 2.5 % . . . . .	19	INSULIN LISPRO . . . . .	21	
GUARDIAN LINK 3 TRANSMITTER . . . . .	20	hydrocortisone external ointment 1 %, 2.5 % . . . . .	19	INSULIN LISPRO (1 UNIT DIAL) . . . . .	21	
GUARDIAN SENSOR (3) . . . . .	20	hydrocortisone oral . . . . .	26	INSULIN SYRINGES . . . . .	20	
GVOKE PFS . . . . .	21	hydromorphone hcl er . . . . .	8	INTRAROSA . . . . .	22	
GYNAZOLE-1 . . . . .	12	hydromorphone hcl oral . . . . .	8	introvale . . . . .	24	
<b>H</b>		hydromorphone hcl rectal . . . . .	8	INVELTYS . . . . .	28	
HAEGARDA . . . . .	27	hydroxychloroquine sulfate oral . . . . .	13	INVOKANA . . . . .	21	
hailey 1.5/30 . . . . .	24	hydroxyzine hcl oral . . . . .	14	ipratropium bromide nasal . . . . .	30	
hailey 24 fe . . . . .	24	hydroxyzine pamoate oral . . . . .	14	ipratropium-albuterol . . . . .	30	
HALCION . . . . .	14	hyoscyamine sulfate er . . . . .	23	irbesartan . . . . .	15	
HARVONI . . . . .	14	hyoscyamine sulfate oral . . . . .	23	irbesartan-hydrochlorothiazide . . . . .	15	
heather . . . . .	24	hyoscyamine sulfate sl . . . . .	23	ISENTRESS . . . . .	14	
HEMANGEOL . . . . .	15	hyoscyamine sulfate sublingual . . . . .	23	ISENTRESS HD . . . . .	14	
HUMALOG KWIKPEN . . . . .	20	hyosyne . . . . .	23	isibloom . . . . .	25	
HUMALOG MIX 50/50 KWIKPEN . . . . .	20	HYSINGLA ER . . . . .	8	isosorbide mononitrate . . . . .	15	
HUMALOG MIX 50/50 VIAL . . . . .	20	HYZAAR . . . . .	15	isosorbide mononitrate er . . . . .	15	
HUMALOG MIX 75/25 KWIKPEN . . . . .	20	<b>I</b>			isotretinoin oral . . . . .	19
HUMALOG MIX 75/25 VIAL . . . . .	20	ibandronate sodium oral . . . . .	28	ISTALOL . . . . .	29	
HUMALOG SUBCUTANEOUS SOLUTION . . . . .	20	IBRANCE ORAL CAPSULE . . . . .	13	<b>J</b>		
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE . . . . .	20	ibu . . . . .	9	jantoven . . . . .	10	
HUMALOG U-100 JUNIOR KWIKPEN . . . . .	20	ibuprofen oral suspension . . . . .	9	JANUVIA . . . . .	21	
HUMATROPE . . . . .	26	ibuprofen oral tablet 400 mg, 600 mg, 800 mg . . . . .	9	JARDIANCE . . . . .	21	
HUMIRA . . . . .	27	icatibant acetate . . . . .	27	jasmiel . . . . .	25	
HUMULIN 70/30 KWIKPEN . . . . .	20					
HUMULIN 70/30 VIAL . . . . .	20					
HUMULIN N KWIKPEN . . . . .	20					





junel 1/20 . . . . .	25	lamotrigine oral tablet dispersible . . .	11	lidocaine-prilocaine external cream . . .	8
junel 1.5/30 . . . . .	25	lamotrigine starter kit-blue . . . . .	11	lillow . . . . .	25
junel fe 1/20 . . . . .	25	lamotrigine starter kit-green . . . . .	11	LINZESS . . . . .	23
junel fe 1.5/30 . . . . .	25	lamotrigine starter kit-orange . . . . .	11	liothyronine sodium oral . . . . .	27
junel fe 24 . . . . .	25	LANCETS . . . . .	20	LIPOFEN . . . . .	15
<b>K</b>					
K-TAB . . . . .	22	LANTUS SOLOSTAR . . . . .	21	lisinopril oral . . . . .	15
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG . . . . .	8	LANTUS U-100 VIAL . . . . .	21	lisinopril-hydrochlorothiazide . . . . .	15
kalliga . . . . .	25	larin 1/20 . . . . .	25	lithium carbonate er . . . . .	14
KAPSPARGO SPRINKLE . . . . .	15	larin 1.5/30 . . . . .	25	lithium carbonate oral . . . . .	14
kariva . . . . .	25	larin 24 fe . . . . .	25	LITHOBID . . . . .	14
KAZANO . . . . .	21	larin fe 1/20 . . . . .	25	LO LOESTRIN FE . . . . .	25
KEFLEX . . . . .	10	larin fe 1.5/30 . . . . .	25	lo-zumandimine . . . . .	25
KEPPRA ORAL . . . . .	10	larissia . . . . .	25	LOESTRIN 1/20 (21) . . . . .	25
KEPPRA XR . . . . .	10	LASIX . . . . .	15	LOESTRIN 1.5/30 (21) . . . . .	25
ketoconazole external cream . . . . .	12	LASTACAPT . . . . .	28	LOESTRIN FE 1/20 . . . . .	25
ketoconazole external foam . . . . .	12	latanoprost ophthalmic . . . . .	29	LOESTRIN FE 1.5/30 . . . . .	25
ketoconazole external shampoo . . . . .	12	LATUDA . . . . .	13	LOKELMA . . . . .	22
ketodan external foam . . . . .	12	LEDIP-SOFOSB ORAL TABLET 90-400MG . . . . .	14	LOMOTIL . . . . .	23
ketorolac tromethamine ophthalmic . . . . .	28	LEDIPASVIR-SOFOSBUVIR . . . . .	14	LOPID . . . . .	15
ketorolac tromethamine oral . . . . .	9	lessina . . . . .	25	LOPRESSOR . . . . .	15
KITABIS PAK . . . . .	30	letrozole oral . . . . .	13	lorazepam intensol . . . . .	14
klor-con . . . . .	22	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT . . . . .	30	lorazepam oral concentrate 2 mg/ml . . . . .	14
klor-con 10 . . . . .	22	LEVAQUIN ORAL TABLET 500 MG, 750 MG . . . . .	10	lorazepam oral tablet . . . . .	14
klor-con m10 . . . . .	22	LEVBID . . . . .	23	lorcet . . . . .	8
KLOR-CON M15 . . . . .	22	LEVEMIR . . . . .	21	lorcet hd . . . . .	8
klor-con m20 . . . . .	22	levetiracetam er . . . . .	11	lorcet plus . . . . .	8
klor-con sprinkle . . . . .	22	levetiracetam oral . . . . .	11	LORTAB . . . . .	8
KOGENATE FS . . . . .	21	levo-t . . . . .	27	loryna . . . . .	25
KOMBIGLYZE XR . . . . .	21	levocetirizine dihydrochloride oral . . . . .	30	losartan potassium . . . . .	15
KOVALTRY . . . . .	22	levofloxacin oral . . . . .	10	losartan potassium-hctz . . . . .	15
KRINTAFEL . . . . .	13	levonorgest-eth est & eth est . . . . .	25	LOSEASONIQUE . . . . .	25
kurvelo . . . . .	25	levonorgest-eth estrad 91-day . . . . .	25	LOTEMAX OPHTHALMIC GEL . . . . .	28
<b>L</b>					
labetalol hcl oral . . . . .	15	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg . . . . .	25	LOTEMAX OPHTHALMIC OINTMENT . . . . .	28
LAMICTAL . . . . .	11	levora 0.15/30 (28) . . . . .	25	LOTEMAX OPHTHALMIC SUSPENSION . . . . .	28
LAMICTAL ODT ORAL KIT . . . . .	11	levothyroxine sodium oral . . . . .	27	LOTEMAX SM . . . . .	28
LAMICTAL ODT ORAL TABLET DISPERSIBLE . . . . .	11	levoxyl . . . . .	27	LOTENSIN . . . . .	15
LAMICTAL STARTER . . . . .	11	LEVSIN ORAL . . . . .	23	LOTENSIN HCT . . . . .	15
LAMICTAL XR . . . . .	11	LEVSIN/SL . . . . .	23	loteprednol etabonate . . . . .	28
lamotrigine er . . . . .	11	LIALDA . . . . .	28	LOTREL . . . . .	15
lamotrigine oral tablet . . . . .	11	lidocaine external ointment . . . . .	8	lovastatin . . . . .	15
lamotrigine oral tablet chewable . . . . .	11	lidocaine external patch 5 % . . . . .	8	low-ogestrel . . . . .	25
		lidocaine hcl mouth/throat . . . . .	17	LUMIGAN . . . . .	29
		lidocaine viscous hcl . . . . .	17	lutera . . . . .	25
				LYNPARZA . . . . .	13



LYRICA . . . . .	17	methylphenidate hcl er (cd) . . . . .	17	mirtazapine oral . . . . .	11
LYRICA CR . . . . .	17	methylphenidate hcl er (la) . . . . .	17	MIRVASO . . . . .	19
lyza . . . . .	25	methylphenidate hcl er oral tablet extended release 10 mg, 20 mg . . . . .	17	misoprostol oral . . . . .	22
<b>M</b>					
MACROBID . . . . .	10	methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg . . . . .	17	MITIGARE . . . . .	12
MACRODANTIN . . . . .	10	methylphenidate hcl er oral tablet extended release 24 hour . . . . .	17	MOBIC . . . . .	9
MALARONE . . . . .	13	methylphenidate hcl oral . . . . .	17	modafinil . . . . .	31
marlissa . . . . .	25	methylprednisolone oral . . . . .	26	mometasone furoate external . . . . .	19
matzim la . . . . .	15	metoclopramide hcl oral solution 5 mg/5ml . . . . .	12	mondoxyne nl oral capsule 100 mg . . . . .	10
MAVENCLAD . . . . .	17	metoclopramide hcl oral tablet . . . . .	12	mondoxyne nl oral capsule 75 mg . . . . .	10
MAVYRET . . . . .	14	metoclopramide hcl oral tablet dispersible . . . . .	12	mono-lynyah . . . . .	25
MAXITROL . . . . .	28	metoprolol succinate er . . . . .	15	montelukast sodium oral . . . . .	30
MAXZIDE . . . . .	15	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg . . . . .	15	morgidox oral . . . . .	10
MAXZIDE-25 . . . . .	15	metoprolol tartrate oral tablet 37.5 mg, 75 mg . . . . .	15	MORPHABOND ER . . . . .	8
MAYZENT . . . . .	17	METROCREAM . . . . .	19	morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml . . . . .	8
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG . . . . .	26	METROLOTION . . . . .	19	morphine sulfate er oral capsule extended release 24 hour . . . . .	8
MEDROL ORAL TABLET 2 MG . . . . .	26	metronidazole external cream . . . . .	19	morphine sulfate er oral tablet extended release . . . . .	8
MEDROL ORAL TABLET 32 MG . . . . .	26	metronidazole external gel 0.75 % . . . . .	19	morphine sulfate oral . . . . .	8
MEDROL ORAL TABLET THERAPY PACK . . . . .	26	metronidazole external gel 1 % . . . . .	19	morphine sulfate rectal . . . . .	8
medroxyprogesterone acetate intramuscular suspension . . . . .	25	metronidazole external lotion . . . . .	19	MOTEGRITY . . . . .	23
medroxyprogesterone acetate intramuscular suspension prefilled syringe . . . . .	25	metronidazole oral . . . . .	10	MOVIPREP . . . . .	23
medroxyprogesterone acetate oral . . . . .	25	metronidazole vaginal . . . . .	10	MOXEZA . . . . .	28
melodetta 24 fe . . . . .	25	mibelas 24 fe . . . . .	25	moxifloxacin hcl ophthalmic . . . . .	28
meloxicam oral . . . . .	9	microgestin 1/20 . . . . .	25	MS CONTIN . . . . .	8
MENOSTAR . . . . .	25	microgestin 1.5/30 . . . . .	25	MULPLETA . . . . .	22
mercaptopurine oral . . . . .	13	microgestin fe 1/20 . . . . .	25	MULTAQ . . . . .	16
mesalamine er . . . . .	28	microgestin fe 1.5/30 . . . . .	25	multi-vitamin/fluoride . . . . .	22
mesalamine oral . . . . .	28	mili . . . . .	25	multivitamin/fluoride oral solution . . . . .	22
mesalamine rectal . . . . .	28	MILLIPRED . . . . .	26	multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg . . . . .	22
metadate er . . . . .	17	MINIPRESS . . . . .	15	multivitamins/fluoride . . . . .	22
metaxalone . . . . .	31	minitran . . . . .	16	mupirocin calcium . . . . .	10
metformin hcl er . . . . .	21	minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg . . . . .	10	mupirocin external . . . . .	10
metformin hcl er (mod) . . . . .	21	minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg . . . . .	10	mvc-fluoride . . . . .	22
metformin hcl er (osm) . . . . .	21	minocycline hcl oral capsule . . . . .	10	mycophenolate mofetil . . . . .	27
METFORMIN HCL ORAL SOLUTION . . . . .	21	minocycline hcl oral tablet . . . . .	10	mycophenolate sodium . . . . .	27
metformin hcl oral tablet . . . . .	21	MINOLIRA . . . . .	10	MYDAYIS . . . . .	17
methimazole oral . . . . .	27	MIRAPEX . . . . .	13	myorisan . . . . .	19
methocarbamol oral . . . . .	31	MIRCETTE . . . . .	25	<b>N</b>	
methotrexate oral . . . . .	27			nabumetone oral . . . . .	9
methotrexate sodium oral . . . . .	27			nadolol oral . . . . .	16
METHYLIN . . . . .	17			NAFRINSE DAILY/NEUTRAL . . . . .	17
				NAFRINSE WEEKLY . . . . .	17
				NALOCET . . . . .	8
				naloxone hcl injection solution . . . . .	9



naloxone hcl injection solution cartridge . . . . .	9	nitro-time . . . . .	16	NOVOLOG . . . . .	21
naloxone hcl injection solution prefilled syringe . . . . .	9	nitrofurantoin macrocrystal oral . . . . .	10	np thyroid . . . . .	27
naltrexone hcl oral . . . . .	9	nitrofurantoin monohydrate macrocrystals . . . . .	10	NUBEQA . . . . .	13
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG . . . . .	9	nitroglycerin sublingual . . . . .	16	NUCALA . . . . .	30
NAPROSYN ORAL SUSPENSION . . . . .	9	nitroglycerin transdermal . . . . .	16	NUCYNTA . . . . .	8
naproxen dr. . . . .	9	nitroglycerin translingual . . . . .	16	NUCYNTA ER . . . . .	8
naproxen oral suspension . . . . .	9	NITROMIST . . . . .	16	NUEDEXTA . . . . .	17
naproxen oral tablet . . . . .	9	NITROSTAT . . . . .	16	NULEV . . . . .	23
naproxen sodium er . . . . .	9	NITYR . . . . .	23	NUTROPIN AQ NUSPIN 10 . . . . .	27
naproxen sodium oral tablet 275 mg, 550 mg . . . . .	9	NIZORAL . . . . .	12	NUTROPIN AQ NUSPIN 20 . . . . .	27
naratriptan hcl . . . . .	12	NOCDURNA . . . . .	26	NUTROPIN AQ NUSPIN 5 . . . . .	27
NARCAN . . . . .	9	nora-be . . . . .	25	NUVARING . . . . .	25
NASCOBAL . . . . .	22	NORCO . . . . .	8	NUVESSA . . . . .	10
NATAZIA . . . . .	25	NORDITROPIN FLEXPRO . . . . .	27	NUWIQ . . . . .	22
NATESTO . . . . .	27	norethin ace-eth estrad-fe oral tablet . . . . .	25	nyamyc . . . . .	12
NATURE-THROID . . . . .	27	norethin ace-eth estrad-fe oral tablet chewable . . . . .	25	nystatin external . . . . .	12
NAYZILAM SPRAY 5 MG . . . . .	11	norethindrone acet-ethinyl est . . . . .	25	nystatin mouth/throat . . . . .	12
necon 0.5/35 (28) . . . . .	25	norethindrone acetate oral . . . . .	25	nystop . . . . .	12
neomycin-polymyxin-dexameth ophthalmic ointment . . . . .	29	norethindrone oral . . . . .	25		
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 . . . . .	29	norgestimate-eth estradiol . . . . .	25	<b>O</b>	
neomycin-polymyxin-hc otic . . . . .	29	norgestimate-ethinyl estradiol triphasic . . . . .	25	ocella . . . . .	25
NESINA . . . . .	21	NORITATE . . . . .	19	OCUFLOX . . . . .	29
neuac external gel . . . . .	19	norlyda . . . . .	25	ODEFSEY . . . . .	14
NEULASTA . . . . .	22	norlyroc . . . . .	25	ofloxacin ophthalmic . . . . .	29
NEURONTIN . . . . .	11	nortrel 0.5/35 (28) . . . . .	25	ofloxacin otic . . . . .	29
neutral sodium fluoride . . . . .	17	nortrel 1/35 (21) . . . . .	25	ogestrel . . . . .	25
NEVANAC . . . . .	29	nortrel 1/35 (28) . . . . .	25	okebo . . . . .	10
NEXLETOL TABLET . . . . .	16	nortriptyline hcl oral . . . . .	11	olanzapine oral . . . . .	13
NEXLIZET TABLET . . . . .	16	NORVIR ORAL PACKET . . . . .	14	olmesartan medoxomil oral . . . . .	16
niacin (antihyperlipidemic) . . . . .	16	NORVIR ORAL SOLUTION . . . . .	14	olmesartan medoxomil-hctz . . . . .	16
niacin er (antihyperlipidemic) . . . . .	16	NOURIANZ ORAL TABLET . . . . .	13	olopatadine hcl ophthalmic solution 0.1 % . . . . .	29
niacor . . . . .	16	novarel intramuscular solution reconstituted 10000 unit . . . . .	28	olopatadine hcl ophthalmic solution 0.2 % . . . . .	29
NIASPAN . . . . .	16	NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT . . . . .	28	OLUMIANT ORAL TABLET . . . . .	27
nifedipine er . . . . .	16	NOVOEIGHT . . . . .	22	OMECLAMOX-PAK . . . . .	22
nifedipine er osmotic release . . . . .	16	NOVOFINE AUTOCOVER PEN NEEDLE . . . . .	20	omega-3-acid ethyl esters . . . . .	16
nifedipine oral . . . . .	16	NOVOFINE PEN NEEDLE . . . . .	20	omeprazole oral capsule delayed release . . . . .	22
nikki . . . . .	25	NOVOFINE PLUS PEN NEEDLE . . . . .	20	OMNARIS . . . . .	30
nitisinone . . . . .	23	NOVOLIN 70/30 . . . . .	21	OMNITROPE . . . . .	27
NITRO-BID . . . . .	16	NOVOLIN N . . . . .	21	ondansetron hcl oral . . . . .	12
NITRO-DUR . . . . .	16	NOVOLIN R . . . . .	21	ondansetron odt . . . . .	12
				ONETOUCH ULTRA 2 KIT W/DEVICE . . . . .	20
				ONETOUCH ULTRA BLUE TEST STRIPS IN VITRO STRIP . . . . .	20





ONETOUCH ULTRA MINI KIT W/DEVICE . . . . .	20	pacerone oral tablet 200 mg. . . . .	16	PRAVACHOL. . . . .	16
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE . . . . .	20	PAMELOR . . . . .	11	pravastatin sodium. . . . .	16
ONETOUCH VERIO IQ SYSTEM. . . . .	20	PANCREAZE. . . . .	23	prazosin hcl oral. . . . .	16
ONETOUCH VERIO KIT W/DEVICE. . . . .	20	pantoprazole sodium tablet delayed release 20 mg oral . . . . .	22	PRED FORTE . . . . .	29
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE . . . . .	20	pantoprazole sodium tablet delayed release 40 mg oral . . . . .	22	PRED MILD. . . . .	29
ONETOUCH VERIO TEST STRIPS. . . . .	20	paroex . . . . .	17	prednisolone acetate ophthalmic. . . . .	29
ONGLYZA . . . . .	21	paroxetine hcl . . . . .	12	prednisolone oral solution. . . . .	26
ONZETRA XSAIL . . . . .	12	paroxetine hcl er. . . . .	12	prednisolone sodium phosphate oral. . . . .	26
OPSUMIT . . . . .	31	PAXIL CR. . . . .	12	prednisone intensol . . . . .	26
ORAPRED ODT . . . . .	26	PAXIL ORAL SUSPENSION . . . . .	12	prednisone oral. . . . .	26
ORENITRAM. . . . .	31	PAXIL ORAL TABLET. . . . .	12	pregabalin oral . . . . .	17
ORFADIN ORAL CAPSULE 20 MG . . . . .	23	PEDIAPRED . . . . .	26	pregnyl. . . . .	28
ORFADIN ORAL SUSPENSION . . . . .	23	peg-3350/electrolytes . . . . .	23	PREMARIN ORAL . . . . .	26
ORLISSA . . . . .	27	penicillamine oral capsule. . . . .	23	PREMARIN VAGINAL. . . . .	26
orsythia . . . . .	25	penicillin v potassium. . . . .	10	premium lidocaine . . . . .	8
ORTHO MICRONOR . . . . .	25	PENNSAID . . . . .	9	PREMPHASE . . . . .	26
oscimin . . . . .	23	PENTASA . . . . .	28	PREMPRO. . . . .	26
oscimin sr . . . . .	23	PERFOROMIST . . . . .	30	PREPOPIK. . . . .	23
oseltamivir phosphate oral capsule . . . . .	14	PERIDEX . . . . .	17	PREVIDENT 5000 BOOSTER PLUS. . . . .	17
oseltamivir phosphate oral suspension reconstituted . . . . .	14	perigard. . . . .	17	PREVIDENT 5000 DRY MOUTH. . . . .	17
OSENI . . . . .	21	permethrin external . . . . .	13	PREVIDENT 5000 ORTHO DEFENSE . . . . .	17
OSPHENA . . . . .	22	PERTZYE. . . . .	23	PREVIDENT 5000 PLUS . . . . .	17
OTEZLA. . . . .	27	phenadoz. . . . .	12	PREVIDENT DENTAL. . . . .	17
OTREXUP . . . . .	27	phenazo oral tablet 200 mg. . . . .	23	PREVIDENT MOUTH/THROAT. . . . .	17
OXAYDO . . . . .	8	phenazopyridine hcl oral tablet 100 mg, 200 mg . . . . .	23	previfem. . . . .	26
oxcarbazepine . . . . .	11	philith. . . . .	25	PREZCOBIX . . . . .	14
OXTELLAR XR . . . . .	11	PICATO . . . . .	19	PREZISTA . . . . .	14
oxybutynin chloride er. . . . .	23	pimtrea . . . . .	25	PRIMLEV . . . . .	8
oxybutynin chloride oral . . . . .	23	pioglitazone hcl . . . . .	21	PRINIVIL . . . . .	16
OXYCODONE HCL ER. . . . .	8	pirmella 1/35. . . . .	25	PROAIR DIGIHALER . . . . .	30
oxycodone hcl oral capsule . . . . .	8	PLEGRIDY. . . . .	17	PROAIR HFA. . . . .	30
oxycodone hcl oral concentrate 100 mg/5ml. . . . .	8	PLENVU. . . . .	23	PROAIR RESPICLICK . . . . .	30
oxycodone hcl oral solution . . . . .	8	POLY-VI-FLOR. . . . .	22	PROCARDIA. . . . .	16
oxycodone hcl oral tablet . . . . .	8	polymyxin b-trimethoprim . . . . .	29	PROCARDIA XL . . . . .	16
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg . . . . .	8	POLYTRIM . . . . .	29	PROCENTRA . . . . .	17
OXYCONTIN . . . . .	8	portia-28 . . . . .	26	prochlorperazine maleate oral . . . . .	12
OZEMPIC. . . . .	21	potassium chloride crys er . . . . .	22	PROCORT. . . . .	28
OZOBAX . . . . .	31	potassium chloride er . . . . .	22	PROCTOFOAM HC . . . . .	28
		potassium chloride oral . . . . .	22	progesterone micronized oral. . . . .	26
		potassium citrate er . . . . .	22	PROGRAF ORAL PACKET . . . . .	27
		PRADAXA . . . . .	10	promethazine hcl oral solution . . . . .	30
		PRALUENT . . . . .	16	promethazine hcl oral syrup . . . . .	30
		pramipexole dihydrochloride. . . . .	13	promethazine hcl oral tablet . . . . .	12
		pramipexole dihydrochloride er . . . . .	13	promethazine hcl rectal. . . . .	12
				promethazine-codeine. . . . .	30

**P**

PACERONE ORAL TABLET 100 MG, 400 MG . . . . .	16
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promethazine-dm . . . . .	30	RESTASIS . . . . .	29	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg . . . . .	22
promethegan . . . . .	12	RESTASIS MULTIDOSE . . . . .	29	simliya . . . . .	26
propranolol hcl er . . . . .	16	RESTORIL . . . . .	31	simpesse . . . . .	26
propranolol hcl oral . . . . .	16	RETACRIT . . . . .	22	SIMPONI . . . . .	27
PROSCAR . . . . .	23	REVLIMID . . . . .	13	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg . . . . .	16
PROTONIX ORAL PACKET . . . . .	22	REYVOW TABLET . . . . .	12	simvastatin oral tablet 80 mg . . . . .	16
PROVENTIL HFA . . . . .	30	RHOFADE CREAM 1% . . . . .	19	SINEMET . . . . .	13
PROVERA . . . . .	24, 26	RHOPRESSA . . . . .	29	SINGULAIR ORAL PACKET . . . . .	30
pseudoephedrine-bromphen-dm . . . . .	30	RILUTEK . . . . .	17	sirolimus oral . . . . .	27
PULMICORT FLEXHALER . . . . .	30	riluzole . . . . .	17	SITAVIG . . . . .	14
PULMOZYME . . . . .	31	RINVOQ . . . . .	27	SKYRIZI (150 MG DOSE) . . . . .	27
PURIXAN . . . . .	13	RIOMET . . . . .	21	sodium fluoride 5000 plus . . . . .	17
PYLERA . . . . .	22	risperidone . . . . .	13	sodium fluoride dental . . . . .	17
PYRIDIUM . . . . .	23	RITALIN . . . . .	17	SOFOS/VELPAT ORAL TABLET 400-100 . . . . .	14
<b>Q</b>					
QBRELIS . . . . .	16	ritonavir . . . . .	14	SOFOSBUVIR-VELPATASVIR . . . . .	14
QMIIZ ODT . . . . .	9	rivelsa . . . . .	26	SOFTCLIX . . . . .	20
quetiapine fumarate . . . . .	13	rizatRIPTAN benzoate . . . . .	12	SOLIQUA . . . . .	21
quetiapine fumarate er . . . . .	13	ROBAXIN-750 . . . . .	31	SOLTAMOX . . . . .	13
QUFLORA PEDIATRIC . . . . .	22	ROCALTROL . . . . .	28	SOMA ORAL TABLET 350 MG . . . . .	31
QUILLICHEW ER . . . . .	17	ROCKLATAN . . . . .	29	SOOLANTRA CREAM 1% . . . . .	19
QUILLIVANT XR . . . . .	17	ropinirole hcl . . . . .	13	sotalol hcl oral . . . . .	16
quinapril hcl . . . . .	16	ropinirole hcl er . . . . .	13	SOTYLIZE . . . . .	16
QVAR REDIHALER . . . . .	30	rosadan external cream . . . . .	19	SPIRIVA HANDIHALER . . . . .	30
<b>R</b>					
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE . . . . .	22	rosadan external gel . . . . .	19	SPIRIVA RESPIMAT . . . . .	30
rabeprazole sodium oral tablet delayed release . . . . .	22	rosuvastatin calcium . . . . .	16	spironolactone oral . . . . .	16
ramipril . . . . .	16	roweepra . . . . .	11	sprintec 28 . . . . .	26
ranolazine er . . . . .	16	roweepra xr . . . . .	11	SPRITAM . . . . .	11
RAPAMUNE ORAL SOLUTION . . . . .	27	ROXICODONE ORAL TABLET 15 MG, 30 MG . . . . .	8	SPRIX . . . . .	9
RASUVO . . . . .	27	ROXICODONE ORAL TABLET 5 MG . . . . .	8	sronyx . . . . .	26
RAYOS . . . . .	26	RUCONEST . . . . .	27	sss 10-5 . . . . .	19
REBIF . . . . .	17	RYBELSUS . . . . .	21	STELARA . . . . .	27
REBIF REBIDOSE . . . . .	17	RYTARY . . . . .	13	STENDRA . . . . .	22
reclipsen . . . . .	26	<b>S</b>			
RECOMBINATE . . . . .	22	SAPHRIS . . . . .	13	STIMATE . . . . .	27
REGLAN . . . . .	12	scopolamine . . . . .	12	STRENSIQ . . . . .	23
RELAFEN DS . . . . .	9	SEASONIQUE . . . . .	26	STRIANT . . . . .	27
relexxii . . . . .	17	SEREVENT DISKUS . . . . .	30	STRIBILD . . . . .	14
RELION BLOOD GLUCOSE TEST . . . . .	20	SERNIVO . . . . .	19	STRIVERDI RESPIMAT . . . . .	30
RELION ULTIMA TEST . . . . .	20	sertraline hcl oral . . . . .	12	SUBSYS . . . . .	8
REMERON . . . . .	12	setlakin . . . . .	26	subvenite . . . . .	11
REMERON SOLTAB . . . . .	12	sf . . . . .	17	subvenite starter kit-blue . . . . .	11
REPATHA . . . . .	16	sf 5000 plus . . . . .	17	subvenite starter kit-green . . . . .	11
		SFROWASA . . . . .	28	subvenite starter kit-orange . . . . .	11
		sharobel . . . . .	26	sucrafate oral . . . . .	22
				sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 % . . . . .	19



sulfacetamide sodium-sulfur external emulsion . . . . .	19	tarina fe 1/20 . . . . .	26	TOBRADEX OPHTHALMIC SUSPENSION . . . . .	29
sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 % . . . . .	19	tarina fe 1/20 eq . . . . .	26	TOBRADEX ST . . . . .	29
sulfacetamide sodium-sulfur external lotion 10-5 % . . . . .	19	TASIGNA . . . . .	13	tobramycin nebulization solution 300 mg/5ml inhalation . . . . .	31
sulfacetamide sodium-sulfur external pad . . . . .	19	TAYTULLA . . . . .	26	tobramycin ophthalmic . . . . .	29
sulfacetamide sodium-sulfur external suspension 10-5 % . . . . .	19	tazarotene external . . . . .	19	tobramycin-dexamethasone . . . . .	29
sulfamethoxazole-trimethoprim oral . . . . .	10	TAZORAC EXTERNAL CREAM 0.1 % . . . . .	19	TOBEX OPHTHALMIC OINTMENT . . . . .	29
sulfamez wash . . . . .	19	TAZORAC EXTERNAL GEL . . . . .	19	TOBEX OPHTHALMIC SOLUTION . . . . .	29
sulfasalazine oral tablet . . . . .	28	TECFIDERA . . . . .	17	TOLAK . . . . .	19
sulfatrim pediatric . . . . .	10	TEGRETOL . . . . .	11	TOPAMAX . . . . .	11
sumatriptan succinate oral . . . . .	13	TEGRETOL-XR . . . . .	11	TOPAMAX SPRINKLE . . . . .	11
sumatriptan succinate refill . . . . .	13	TEGSEDI . . . . .	23	topiramate er . . . . .	11
sumatriptan succinate subcutaneous . . . . .	13	TEKURNA . . . . .	16	topiramate oral . . . . .	11
SUNOSI . . . . .	31	TEKURNA HCT . . . . .	16	TOPROL XL . . . . .	16
SUPREP BOWEL PREP KIT . . . . .	23	telmisartan . . . . .	16	torsemide . . . . .	16
syeda . . . . .	26	temazepam . . . . .	31	TOUJEO MAX SOLOSTAR . . . . .	21
SYMAX DUOTAB . . . . .	23	TEMIXYS . . . . .	14	TOUJEO SOLOSTAR . . . . .	21
symax-sl . . . . .	23	TEMOVATE . . . . .	19	TOVIAZ . . . . .	23
symax-sr . . . . .	23	tenofovir disoproxil fumarate . . . . .	13, 14	TRACLEER . . . . .	31
SYMBICORT . . . . .	30	terazosin hcl . . . . .	23	TRADJENTA . . . . .	21
SYMFI . . . . .	14	terbinafine hcl oral . . . . .	12	tramadol hcl er (biphasic) . . . . .	8
SYMFI LO . . . . .	14	terconazole . . . . .	12	TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG . . . . .	8
SYMJEPI . . . . .	29	TERIPARATIDE . . . . .	28	tramadol hcl er oral capsule extended release 24 hour 150 mg . . . . .	8
SYMPROIC . . . . .	23	TESSALON PERLES . . . . .	30	tramadol hcl er oral tablet extended release 24 hour . . . . .	8
SYNJARDY . . . . .	21	TESTIM . . . . .	27	tramadol hcl oral tablet 50 mg . . . . .	8
SYNJARDY XR . . . . .	21	TESTOSTERONE CYPIONATE INJECTION . . . . .	27	TRANSDERM SCOP (1.5 MG) . . . . .	12
SYNTHROID . . . . .	27	testosterone cypionate intramuscular . . . . .	27	TRAVATAN Z . . . . .	29
SYPRINE . . . . .	23	testosterone enanthate intramuscular . . . . .	27	travoprost (bak free) . . . . .	29
		testosterone transdermal . . . . .	27	trazodone hcl oral . . . . .	12
		TEXACORT . . . . .	19	TRELEGY ELLIPTA . . . . .	30
		thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg . . . . .	27	TREMFYA . . . . .	27
		TIGLUTIK . . . . .	17	TRESIBA . . . . .	21
		timolol maleate ophthalmic . . . . .	29	TRESIBA FLEXTOUCH . . . . .	21
		TIMOPTIC . . . . .	29	tretinoin external cream . . . . .	19
		TIMOPTIC OCUDOSE . . . . .	29	TREXALL . . . . .	27
		TIMOPTIC-XE . . . . .	29	TREZIX . . . . .	8
		TIROSINT . . . . .	27	tri femynor . . . . .	26
		TIROSINT-SOL . . . . .	27	tri-estarylla . . . . .	26
		TIVICAY . . . . .	14	tri-linyah . . . . .	26
		tizanidine hcl oral . . . . .	31	tri-lo-estarylla . . . . .	26
		TOBI PODHALER . . . . .	31	tri-lo-mili . . . . .	26
		TOBRADEX OPHTHALMIC OINTMENT . . . . .	29		

## T

TACLONEX EXTERNAL SUSPENSION . . . . .	19
tacrolimus oral . . . . .	27
tadalafil oral tablet 10 mg, 20 mg . . . . .	22
tadalafil oral tablet 2.5 mg, 5 mg . . . . .	22
TAKHZYRO . . . . .	27
tamoxifen citrate oral tablet 10 mg . . . . .	13
tamoxifen citrate oral tablet 20 mg . . . . .	13
tamsulosin hcl . . . . .	23
TAPAZOLE . . . . .	27
TAPERDEX . . . . .	26
TARGRETIN EXTERNAL . . . . .	13
TARGRETIN ORAL . . . . .	13
tarina 24 fe . . . . .	26





YAZ	26
YUPELRI	30
yuvafem	26

## Z

ZANAFLEX ORAL CAPSULE	31
zarah	26
ZARXIO	22
ZEBUTAL	9
ZEJULA	13
ZELNORM	23
ZEMBRACE SYMTOUCH	13
zenatane	19
ZENPEP	23
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	17
ZEPATIER	14
ZETONNA	30
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	16
ZIAC ORAL TABLET 5-6.25 MG	16
ZIEXTENZO	22
ziprasidone hcl	13
ZIPSOR	9
ZITHROMAX ORAL	10
ZITHROMAX TRI-PAK	10
ZITHROMAX Z-PAK	10
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	16
ZOFRAN	12
zolpidem tartrate er	31
zolpidem tartrate oral	31
zolpidem tartrate sublingual	31
ZOMACTON	27
ZONEGRAN	11
zonisamide oral	11
ZONTIVITY	13
ZOVIRAX ORAL SUSPENSION	14
ZTLIDO	9
ZUBSOLV	9
zumandimine	26
ZUPLENZ	12
ZYCLARA	19
ZYCLARA PUMP	19
ZYLOPRIM	12

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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 LƯU 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 معرّف 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. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

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

CEEBOOM: 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 ntwam koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សម្រាប់ជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីស្នើសុំសេវាជំនួយភាសាឥតគិតថ្លៃ។

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'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yánílti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shq'odí ninaaltsoos nit'i'izi bee nééhozinígíí bine'déé' t'áá jíík'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomali (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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