



# Your 2021 Prescription Drug List

## Advantage 3-Tier

Effective May 1, 2021



**United  
Healthcare**

This Prescription Drug List (PDL) is accurate as of May 1, 2021 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Plan, River Valley, All Savers, Level 2 and Oxford medical plans with a pharmacy benefit subject to the Advantage 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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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 two or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your 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. A mix of brand name and generic 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. Mostly brand-name drugs, as well as some generics.	Ask your doctor if a Tier 1 or Tier 2 option could work for you.

## Drug list information

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

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

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

4. Not applicable to Neighborhood Health Plan and Oxford plans.



# Reading your PDL (continued)

## Coverage details

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

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

Diabetic supplies and prescription medications may be subject to different cost-share arrangements for Oxford plans. Please see your Summary of Benefits and Coverage (SBC) for specifics. 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	3	QL
ARYMO ER	E	PA, ST, QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
butalbital-apap-caffeine oral tablet	1	QL
CONZIP	E	QL
DILAUDID ORAL	3	
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	2	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, ST, QL
FIORICET	3	QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	1	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	
hydromorphone hcl er	3	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

Drug Name	Drug Tier	Requirements & Limits
lidocaine external ointment	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine-prilocaine external cream	1	
lorcet	1	
lorcet hd	1	
lorcet plus	1	
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
NUCYNTA	3	QL
NUCYNTA ER	3	PA, QL
OXAYDO	E	QL
OXYCODONE HCL ER	E	PA, ST, QL
oxycodone hcl oral capsule	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	
oxycodone hcl oral solution	1	
oxycodone hcl oral tablet	1	PA
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	2	QL
PRIMLEV	E	
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

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





Drug Name	Drug Tier	Requirements & Limits
tramadol hcl er oral tablet extended release 24 hour	2	QL
tramadol hcl oral tablet 50 mg	1	
TREZIX	3	QL
TYLENOL WITH CODEINE #3	3	
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
ZOXYDOL ER	E	PA, ST, QL
ZYLKID	E	PA, QL

#### Analgesics - Drugs for Pain and Inflammation

celecoxib oral	2	QL
diclofenac potassium	1	
diclofenac sodium er	1	
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	E	
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	

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

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

BUNAVAIL	E	PA, QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	2	QL
CHANTIX	3	PA, H
CHANTIX CONTINUING MONTH PAK	3	PA, H
CHANTIX STARTING MONTH PAK	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	2	QL

#### Antibacterials - Drugs for Infections

AEMCOLO	3	QL
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	

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



Drug Name	Drug Tier	Requirements & Limits
BACTRIM	3	
BACTRIM DS	3	
cefadroxil	1	
cefdinir	1	
cefuroxime axetil	1	
CENTANY	3	QL
CENTANY AT	E	
cephalexin	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
clarithromycin er	2	
clarithromycin oral suspension reconstituted	2	
clarithromycin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
coremino	E	PA
DIFICID	3	QL
DORYX MPC	E	
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline hyclate oral tablet delayed release	E	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	1	
FLAGYL	3	
KEFLEX	3	

Drug Name	Drug Tier	Requirements & Limits
LEVAQUIN ORAL TABLET 500 MG, 750 MG	3	
levofloxacin oral	1	
MACROBID	3	
MACRODANTIN	3	
metronidazole oral	1	
metronidazole vaginal	2	
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	2	
mupirocin calcium	3	QL
mupirocin external	1	QL
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	E	
NUZYRA	3	QL
okebo	E	
penicillin v potassium	1	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
vandazole	2	
VIBRAMYCIN ORAL CAPSULE	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	
XENLETA	3	
XEPI	3	QL
XIFAXAN	3	PA
XIMINO	E	PA
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	

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Drug Name	Drug Tier	Requirements & Limits
<b>Anticoagulants - Drugs to Treat or Prevent Blood Clots</b>		
BEVYXXA	3	QL
COUMADIN	3	
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium	2	QL
jantoven	1	
PRADAXA	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
<b>Anticonvulsants - Drugs for Seizures</b>		
carbamazepine er oral capsule extended release 12 hour	2	
carbamazepine er oral tablet extended release 12 hour	3	
carbamazepine oral	1	
CARBATROL	3	
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA, ST
DEPAKOTE SPRINKLES	3	PA, ST
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
epitol	1	
gabapentin oral	1	
KEPPRA ORAL	3	PA, ST
KEPPRA XR	3	PA, ST
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	3	PA, ST
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	

Drug Name	Drug Tier	Requirements & Limits
lamotrigine oral tablet dispersible	3	PA, ST
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	2	
levetiracetam oral	1	
NAYZILAM	3	PA, QL
NEURONTIN	3	PA, ST
oxcarbazepine	1	
OXTELLAR XR	E	PA, ST
roweepra	1	
roweepra xr	2	
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	3	PA
ZONEGRAN	3	PA, ST
zonisamide oral	1	
<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	

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Drug Name	Drug Tier	Requirements & Limits
<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	3	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
DRIZALMA SPRINKLE	3	PA, QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	QL
duloxetine hcl oral capsule delayed release particles 40 mg	E	
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	3	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	3	QL
fluoxetine hcl oral tablet 20 mg	3	
fluoxetine hcl oral tablet 60 mg	E	
fluvoxamine maleate	1	
fluvoxamine maleate er	3	QL
FORFIVO XL	E	QL
mirtazapine oral	1	
nortriptyline hcl oral	1	
PAMELOR	3	
paroxetine hcl	1	
paroxetine hcl er	3	QL
PAXIL ORAL SUSPENSION	3	
PAXIL ORAL TABLET	3	
REMERON	3	
REMERON SOLTAB	3	

Drug Name	Drug Tier	Requirements & Limits
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
VIIBRYD STARTER PACK	3	
<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	3	
TRANSDERM-SCOP (1.5 MG)	3	
VARUBI (180 MG DOSE)	E	QL
ZOFRAN	3	
ZUPLENZ	E	QL
<b>Antifungals - Drugs for Fungal Infections</b>		
ciclofanol	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox treatment	E	
CRESEMBA ORAL	3	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3	

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Drug Name	Drug Tier	Requirements & Limits
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	3	
DIFLUCAN ORAL TABLET 50 MG	3	
EXTINA	3	ST, QL
fluconazole oral	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external foam	3	ST, QL
ketoconazole external shampoo	1	
ketodan external foam	3	ST, 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	3	ST, QL
GLOPERBA	3	PA
MITIGARE	2	
ZYLOPRIM	3	
<b>Antimigraine Agents - Drugs for Migraines</b>		
AIMOVIG	2	PA, ST, QL
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, ST, QL
AMERGE	3	QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA, ST, QL
EMGALITY (300 MG DOSE)	2	PA, ST, QL
naratriptan hcl	1	QL
ONZETRA XSAIL	E	QL

Drug Name	Drug Tier	Requirements & Limits
REYVOW	2	PA, ST, QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill	1	QL
sumatriptan succinate subcutaneous	1	QL
UBRELVY	2	PA, ST, QL
ZEMBRACE SYMTOUCH	E	QL
<b>Antineoplastics - Drugs for Cancer</b>		
ALECENSA	2	PA, QL, SP
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	
bexarotene	E	SP
CALQUENCE	2	PA, QL, SP
capecitabine	1	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
KOSELUGO	2	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
ROZLYTREK	2	PA, QL, SP
SOLTAMOX	E	
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TARGRETIN EXTERNAL	3	QL, SP
TARGRETIN ORAL	2	SP
TASIGNA	2	PA, ST, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
ZEJULA	2	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
<b>Antiparasitics - Drugs for Parasitic Infections</b>		
ARAKODA	3	QL
atovaquone-proguanil hcl	2	
ELIMITE	3	
hydroxychloroquine sulfate oral	1	QL
KRINTAFEL	1	QL
MALARONE	3	
permethrin external	1	
<b>Antiparkinson Agents - Drugs for Parkinson's Disease</b>		
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
DUOPA	3	PA
INBRIJA	3	PA, QL, SP
KYNMOBI	3	PA, QL, SP
MIRAPEX	3	
NOURIANZ	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	3	
aripiprazole oral tablet	2	QL
aripiprazole oral tablet dispersible	2	QL
LATUDA	3	QL
olanzapine oral tablet	1	QL
olanzapine oral tablet dispersible	2	QL
quetiapine fumarate	1	
quetiapine fumarate er	3	QL
risperidone	1	
SAPHRIS	3	QL

Drug Name	Drug Tier	Requirements & Limits
VRAYLAR	3	ST, QL
ziprasidone hcl	2	QL
<b>Antivirals - Drugs for Viral Infections</b>		
acyclovir oral	1	
ATRIPLA	E	ST, QL
BARACLUDE ORAL SOLUTION	2	SP
CIMDUO	2	QL
DESCOVY	E	PA, ST, QL
DOVATO	2	QL
emtricitabine-tenofovir df	1	QL, H
entecavir	1	SP
EPCLUSA	2	PA, QL, SP
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	2	
oseltamivir phosphate oral suspension reconstituted	2	QL
PREZCOBIX	2	
PREZISTA	2	
ritonavir	2	
RUKOBIA	3	PA
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

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Drug Name	Drug Tier	Requirements & Limits
tenofovir disoproxil fumarate	2	
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA	E	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 (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZEPATIER	2	PA, QL, SP
ZOVIRAX ORAL SUSPENSION	3	
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
bupirone 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	

Drug Name	Drug Tier	Requirements & Limits
ADALAT CC ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	3	
ALDACTONE	3	
aliskiren fumarate	3	
ALTACE	3	
ALTOPREV	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	QL, H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	QL
AVALIDE	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	2	
carvedilol	1	
CATAPRES	3	
chlorthalidone	1	
clonidine hcl oral	1	
colesevelam hcl	E	
COREG	3	
CORGARD	3	
CORLANOR	3	PA, QL
diltiazem hcl er coated beads	2	

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Drug Name	Drug Tier	Requirements & Limits
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	2	
ezetimibe-simvastatin	3	
fenofibrate oral capsule 150 mg, 50 mg	E	
fenofibrate oral tablet 120 mg, 40 mg, 48 mg	E	
fenofibrate oral tablet 160 mg, 145 mg, 54 mg	2	
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	
icosapent ethyl	E	PA
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	

Drug Name	Drug Tier	Requirements & Limits
LOPID	3	
LOPRESSOR	3	
losartan potassium	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTENSIN HCT	3	
lovastatin	1	H
matzim la	2	
MAXZIDE	3	
MAXZIDE-25	3	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
MINIPRESS	3	
minitran	1	
MULTAQ	3	PA
nadolol oral	1	
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
niacin (antihyperlipidemic)	E	
niacin er (antihyperlipidemic)	3	
niacor	E	
NIASPAN	2	
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	

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Drug Name	Drug Tier	Requirements & Limits
olmesartan medoxomil oral	2	
olmesartan medoxomil-hctz	2	
omega-3-acid ethyl esters	2	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
pacerone oral tablet 200 mg	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	2	
propranolol hcl oral	1	
QBRELIS	3	PA
quinapril hcl	1	
ramipril	1	
ranolazine er	2	
REPATHA	2	PA, ST, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL
REPATHA SURECLICK	2	PA, ST, QL
rosuvastatin calcium	2	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
sotalol hcl oral	1	
SOTYLIZE	3	PA
spironolactone oral	1	
TEKTURNA	3	
TEKTURNA HCT	3	
telmisartan	2	
TOPROL XL	3	
toremide	1	
triamterene-hctz	1	
valsartan	2	
valsartan-hydrochlorothiazide	1	
VASCEPA ORAL CAPSULE 0.5 GM	E	PA
VASCEPA ORAL CAPSULE 1 GM	E	PA

Drug Name	Drug Tier	Requirements & Limits
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM	3	
WELCHOL	2	
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	

#### Central Nervous System Agents - Drugs for Attention Deficit Disorder

ADDERALL XR	2	QL
ADHANSIA XR	E	PA, QL
amphetamine-dextroamphetamine	1	PA
amphetamine-dextroamphetamine er	E	QL
APTENSIO XR	E	PA, QL
atomoxetine hcl	3	QL
CONCERTA	2	PA, QL
dexmethylphenidate hcl	1	PA
dexmethylphenidate hcl er	3	PA, QL
dextroamphetamine sulfate er	3	PA
dextroamphetamine sulfate oral solution	1	PA
dextroamphetamine sulfate oral tablet	3	PA
FOCALIN	3	PA
guanfacine hcl er	2	QL
JORNAY PM	E	PA, QL
metadate er	3	PA, QL
METHYLIN	3	PA
methylphenidate hcl er (cd)	2	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	PA, QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	PA
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	3	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 solution	1	PA
methylphenidate hcl oral tablet	1	PA
methylphenidate hcl oral tablet chewable	3	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

#### Central Nervous System Agents - Drugs for Multiple Sclerosis

AUBAGIO	3	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM CAPSULE	2	PA, QL, SP
BETASERON	2	PA, QL, SP
dalfampridine er	2	PA, QL, SP
dimethyl fumarate	2	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
GILENYA	3	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	2	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD (10 TABS)	3	PA, ST, QL, SP

Drug Name	Drug Tier	Requirements & Limits
MAVENCLAD (4 TABS)	3	PA, ST, QL, SP
MAVENCLAD (5 TABS)	3	PA, ST, QL, SP
MAVENCLAD (6 TABS)	3	PA, ST, QL, SP
MAVENCLAD (7 TABS)	3	PA, ST, QL, SP
MAVENCLAD (8 TABS)	3	PA, ST, QL, SP
MAVENCLAD (9 TABS)	3	PA, ST, QL, SP
MAYZENT	3	PA, QL, SP
MAYZENT STARTER PACK	3	PA, QL, SP
PLEGRIDY	3	PA, QL, SP
PLEGRIDY STARTER PACK	3	PA, QL, SP
REBIF	3	PA, ST, QL, SP
REBIF REBIDOSE	3	PA, ST, QL, SP
REBIF REBIDOSE TITRATION PACK	3	PA, ST, QL, SP
REBIF TITRATION PACK	3	PA, ST, QL, SP
TECFIDERA	E	PA, QL, SP
ZEPOSIA	3	PA, QL, SP

#### Central Nervous System Agents - Miscellaneous

AUSTEDO	2	PA, QL, SP
LYRICA	3	PA, ST, QL
LYRICA CR	E	ST, QL
NUEDEXTA	2	PA
pregabalin oral capsule	2	QL
pregabalin oral solution	3	QL
RILUTEK	3	SP
riluzole	1	SP
TIGLUTIK	3	PA

#### Dental and Oral Agents - Drugs for Mouth and Throat Conditions

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	

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Drug Name	Drug Tier	Requirements & Limits
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	

Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	PA
ACZONE	3	QL
ALA SCALP	3	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	
ALDARA	3	QL
ALTRENO	E	PA, QL
amnesteem	2	
AMZEEQ	3	PA, QL
avar cleanser	1	
AVAR LS CLEANSER	E	
AVAR-E EMOLLIENT	3	
AVAR-E GREEN	3	
AVAR-E LS	3	
avita	E	PA, QL
azelaic acid external	3	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external gel	1	
betamethasone dipropionate aug external lotion	3	

Drug Name	Drug Tier	Requirements & Limits
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	2	
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	2	
bp 10-1	1	
calcipotriene-betameth diprop external ointment	3	QL
calcitriol external	1	QL
CAPEX	2	
CARAC	2	
claravis	2	
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 %	3	QL
clindamycin phosphate external foam	3	
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	QL
clindamycin phosphate external swab	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	E	
clindamycin phosphate gel 1 % external	3	QL
clobetasol propionate external cream	2	QL
clobetasol propionate external foam	E	QL
clobetasol propionate external gel	2	QL
clobetasol propionate external liquid	1	QL
clobetasol propionate external lotion	E	QL
clobetasol propionate external ointment	2	QL

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Drug Name	Drug Tier	Requirements & Limits
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	
DESONATE	3	ST, QL
desonide external	3	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	3	
fluocinolone acetonide body	3	QL
fluocinolone acetonide external cream	3	QL
fluocinolone acetonide external ointment	2	QL
fluocinolone acetonide external solution	3	QL
fluocinolone acetonide scalp	3	
fluocinonide external cream 0.05 %	1	
fluocinonide external cream 0.1 %	E	QL
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
FLUOROPLEX	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	3	
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	

Drug Name	Drug Tier	Requirements & Limits
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	2	
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	2	
neuac external gel	3	QL
NORITATE	E	
PICATO	3	QL
PLEXION	E	
PLEXION CLEANSER	E	
PLEXION CLEANSING CLOTH	E	
RHOFADE	3	PA, QL
rosadan external cream	1	
rosadan external gel	1	
SERNIVO	E	QL
SOOLANTRA	3	QL
sss 10-5	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external cream 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external emulsion	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %	1	

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Drug Name	Drug Tier	Requirements & Limits
sulfacetamide sodium-sulfur external lotion 10-5 %	1	
sulfacetamide sodium-sulfur external lotion 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external pad	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide sodium-sulfur external suspension 8-4 %	E	
sulfacleanse 8/4	E	
sulfamez wash	1	
SUMADAN WASH	E	
SUMAXIN	3	
SUMAXIN WASH	3	
TACLONEX EXTERNAL SUSPENSION	3	QL
tazarotene external	3	PA, QL
TAZORAC	3	PA, QL
TEMOVATE	3	QL
TEXACORT	2	
TOLAK	E	
tretinoin external cream	3	QL
tretinoin external gel 0.01 %, 0.05 %	E	QL
tretinoin external gel 0.025 %	E	
triamcinolone acetonide external aerosol solution	2	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
trianex	E	
triderm external cream 0.1 %	1	
triderm external cream 0.5 %	1	QL
TRIDESILON	3	QL

Drug Name	Drug Tier	Requirements & Limits
VERDESO	E	QL
zenatane	2	
ZILXI	3	PA, ST, QL
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 KIT W/DEVICE	3	
ACCU-CHEK GUIDE ME KIT W/DEVICE	3	
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	E	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD ULTRA-FINE INSULIN SYRINGES	2	
BD ULTRA-FINE PEN NEEDLES	2	
CONTOUR NEXT EZ MONITOR	2	
CONTOUR NEXT LNK MONITOR	E	
CONTOUR NEXT MONITOR	2	
CONTOUR NEXT ONE MONITOR	2	
CONTOUR NEXT TEST STRIP	2	QL
CONTOUR TEST STRIP	E	QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	3	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	3	PA, QL
EASYPLUS BLOOD GLUCOSE TEST	E	QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE LIBRE SENSOR SYSTEM	3	PA, QL
FREESTYLE PRECISION NEO TEST	E	QL
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	
GUARDIAN SENSOR (3)	3	PA
INSULIN SYRINGES	2	
LANCETS	1	
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
ONETOUCH ULTRA 2 KIT W/DEVICE	1	
ONETOUCH ULTRA BLUE TEST STRIPS IN VITRO STRIP	1	QL
ONETOUCH ULTRA MINI KIT W/DEVICE	1	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO IQ SYSTEM	1	
ONETOUCH VERIO KIT W/DEVICE	1	
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
PRECISION LINK	E	
PRECISION PCX PLUS TEST	E	QL
PRECISION QID MONITOR	E	
PRECISION QID TEST	E	QL
PRECISION SOF-TACT MONITOR	E	

Drug Name	Drug Tier	Requirements & Limits
PRECISION SOF-TACT TEST	E	QL
PRECISION XTRA BLOOD GLUCOSE	E	QL
PRECISION XTRA DEVICE	E	
PRECISION XTRA KIT	E	
PRECISION XTRA MONITOR	E	
RELION BLOOD GLUCOSE TEST	E	QL
RELION ULTIMA TEST	E	QL
SOFTCLIX	1	
TRUE METRIX BLOOD GLUCOSE TEST	E	QL
TRUETRACK TEST	E	QL
<b>Diabetes - Insulin</b>		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT	E	PA, QL
AFREZZA INHALATION POWDER 4 & 8 & 12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	E	PA, QL
BASAGLAR KWIKPEN	E	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG SUBCUTANEOUS SOLUTION	1	QL
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL (CONCENTRATED)	1	QL
HUMULIN R VIAL	1	QL

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Drug Name	Drug Tier	Requirements & Limits
INSULIN ASPART	E	ST, QL
INSULIN ASPART FLEXPEN	E	ST, QL
INSULIN ASPART PENFILL	E	ST, QL
INSULIN LISPRO	E	QL
INSULIN LISPRO (1 UNIT DIAL)	E	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LEVEMIR U-100 FLEXTOUCH	E	QL
LEVEMIR U-100 VIAL	E	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV VIAL	1	QL
NOVOLIN 70/30 FLEXPEN	E	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL
NOVOLIN 70/30 RELION	E	ST, QL
NOVOLIN 70/30 VIAL	E	ST, QL
NOVOLIN N FLEXPEN	E	ST, QL
NOVOLIN N FLEXPEN RELION	E	ST, QL
NOVOLIN N RELION	E	ST, QL
NOVOLIN N VIAL	E	ST, QL
NOVOLIN R FLEXPEN	E	ST, QL
NOVOLIN R FLEXPEN RELION	E	ST, QL
NOVOLIN R RELION	E	ST, QL
NOVOLIN R VIAL	E	ST, QL
NOVOLOG FLEXPEN	E	ST, QL
NOVOLOG PENFILL	E	ST, QL
NOVOLOG U-100 VIAL	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
ADLYXIN STARTER PACK	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

Drug Name	Drug Tier	Requirements & Limits
BYDUREON	2	PA, ST, QL
BYDUREON BCISE AUTOINJECTOR	2	PA, ST, QL
BYETTA 10 MCG PEN	2	PA, ST, QL
BYETTA 5 MCG PEN	2	PA, ST, QL
FARXIGA	E	ST, QL
glimepiride	1	
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
GVOKE HYOPEN, PFS	2	QL
JANUVIA	E	ST, QL
JARDIANCE	2	ST, QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KAZANO	2	QL
KOMBIGLYZE XR	2	QL
metformin hcl er	1	
metformin hcl er (mod)	E	PA
metformin hcl er (osm)	E	PA
METFORMIN HCL ORAL SOLUTION	3	
metformin hcl oral tablet	1	
NESINA	2	QL
ONGLYZA	2	QL
OSENI	2	QL
OZEMPIC	2	PA, ST, QL
pioglitazone hcl	1	QL
RYBELSUS	2	PA, ST, QL
SOLIQUA	2	QL
SYMLINPEN 60	3	QL

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Drug Name	Drug Tier	Requirements & Limits
SYMLNPEN 120	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (2 Pak)	2	PA, ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (3 Pak)	3	PA, ST, QL
<b>Drugs for Blood Disorders</b>		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
ELOCTATE	3	PA, SP
JIVI	3	PA, SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, QL, SP
NEULASTA	3	SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
RECOMBINATE	2	SP
RETACRIT	2	QL, SP
ZARXIO	2	SP
ZIEXTENZO	3	PA, QL
<b>Drugs for Sexual Dysfunction</b>		
ADDYI	3	PA, QL
IMVEXXY MAINTENANCE PACK	3	QL
IMVEXXY STARTER PACK	3	QL
INTRAROSA	3	QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL

Drug Name	Drug Tier	Requirements & Limits
STENDRA	3	PA, QL
tadalafil oral tablet 10 mg, 20 mg	2	QL
tadalafil oral tablet 2.5 mg, 5 mg	2	ST, QL
VYLEESI	3	PA, QL
<b>Electrolytes / Vitamins</b>		
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	
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	

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Drug Name	Drug Tier	Requirements & Limits
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
ACIPHEX SPRINKLE	E	QL
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 20 mg oral	E	
pantoprazole sodium tablet delayed release 40 mg oral	1	
pantoprazole sodium tablet delayed release 40 mg oral	E	
PROTONIX ORAL PACKET	E	
PYLERA	3	QL
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	E	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
ACTIGALL	3	
ANASPAZ	2	
CLENPIQ	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ed-spaz	1	
gavilyte-c	1	H
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	

Drug Name	Drug Tier	Requirements & Limits
hyoscyamine sulfate sublingual	1	
hyosyne	1	
LEVBID	3	
LEVSIN ORAL	3	
LEVSIN/SL	3	
LINZESS	2	PA, QL
LOMOTIL	3	
MOTEGRITY	3	PA, QL
MOVIPREP	3	QL
NULEV	3	
oscimin	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
TRULANCE	3	PA, ST, QL
URSO 250	3	
URSO FORTE	3	
ursodiol oral	1	
VIBERZI	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
DEPEN TITRATABS	2	SP
ENDARI	3	PA, QL
nitisinone	E	PA, SP
NITYR	E	PA, SP
ORFADIN ORAL CAPSULE	2	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
penicillamine oral capsule	3	SP

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Drug Name	Drug Tier	Requirements & Limits
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
TEGSEDI	2	PA, QL, SP
trientine hcl	3	PA, SP
VIOKACE	3	ST
ZENPEP	2	

#### Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions

AURYXIA	3	
DITROPAN XL	3	
GELNIQUE	E	
oxybutynin chloride er	2	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
solifenacin	3	
TOVIAZ	3	
VELPHORO	2	

#### Genitourinary Agents - Drugs for Prostate Conditions

alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
PROSCAR	3	
tamsulosin hcl	1	
terazosin hcl	1	

#### Hormonal Agents - Hormone Replacement and Birth Control

afirmelle	1	H
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	QL
altavera	1	H
alyacen 1/35	1	H
amethia	3	
amethia lo	3	
apri	1	H
ashlyna	3	
aubra	1	H
aubra eq	1	H

Drug Name	Drug Tier	Requirements & Limits
aurovela 1.5/30	2	
aurovela 1/20	2	
aurovela 24 fe	3	
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	3	
ayuna	1	H
azurette	2	
balziva	2	
bekyree	2	
BIJUVA	3	
blisovi 24 fe	3	
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	2	
camila	1	H
camrese	3	
camrese lo	3	
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	3	
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	QL
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
DEPO-SUBQ PROVERA 104	2	QL
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2	

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Drug Name	Drug Tier	Requirements & Limits
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM	3	
dotti	E	QL
drospiren-eth estrad-levomefol	E	
drospirenone-ethinyl estradiol	3	
DUAVEE	3	QL
ELESTRIN	3	
elinest	1	H
eluryng	E	
emoquette	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE ORAL	3	
estradiol oral	1	
estradiol patch twice weekly transdermal (generic for Minivelle)	2	QL
estradiol patch twice weekly transdermal (generic for Vivelle-Dot)	E	QL
estradiol transdermal patch weekly (generic for Climara)	1	QL
estradiol vaginal cream	3	
estradiol vaginal tablet	2	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	E	
EVAMIST	2	
falmina	1	H
fayosim	E	
femynor	1	H
gianvi	3	
hailey 1.5/30	2	
hailey 24 fe	3	
heather	1	H
incassia	1	H
introvale	2	H
isibloom	1	H

Drug Name	Drug Tier	Requirements & Limits
jasmiel	3	
jencycla	1	H
jolessa	2	H
juleber	1	H
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	3	
kalliga	1	H
kariva	2	
kurvelo	1	H
larin 1.5/30	2	
larin 1/20	2	
larin 24 fe	3	
larin fe 1.5/30	1	H
larin fe 1/20	1	H
larissia	1	H
lessina	1	H
levonorgest-eth est & eth est	E	
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	3	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
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	3	
LOSEASONIQUE	3	
low-ogestrel	1	H
lo-zumandimine	3	
lutera	1	H

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

Drug Name	Drug Tier	Requirements & Limits
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
NUVARING	1	H
ocella	3	
ogestrel	2	
orsythia	1	H
ORTHO MICRONOR	3	
philith	2	
pimtrea	2	
pirmella 1/35	1	H
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
previfem	1	H
progesterone micronized oral	2	
PROVERA	3	
reclipsen	1	H
rivelsa	E	
setlakin	2	H
sharobel	1	H
simliya	2	
simpesse	3	
sprintec 28	1	H
sronyx	1	H
syeda	3	
tarina 24 fe	3	
tarina fe 1/20	1	H
tarina fe 1/20 eq	1	H
TAYTULLA	E	
tri femynor	1	H
tri-estarylla	1	H
tri-linyah	1	H
tri-lo-estarylla	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	1	H
tri-previfem	1	H

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Drug Name	Drug Tier	Requirements & Limits
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
tulana	1	H
tydemy	E	
vienva	1	H
viorele	2	
VIVELLE-DOT	2	QL
vyfemla	2	
vylibra	1	H
wera	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvafem	2	
zarah	3	
zumandimine	3	
<b>Hormonal Agents - Oral Steroids</b>		
CORTEF	3	
DECADRON	E	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DEXTAK 10 DAY	3	
DEXTAK 13 DAY	3	
DEXTAK 6 DAY	3	
DXEVO 11-DAY	E	
HIDEX 6-DAY	E	
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	

Drug Name	Drug Tier	Requirements & Limits
MILLIPRED DP	2	
MILLIPRED DP 12-DAY	2	
ORAPRED ODT	3	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral	1	
prednisone intensol	1	
prednisone oral	1	
RAYOS	E	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
<b>Hormonal Agents - Other</b>		
cabergoline	2	
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
NORDITROPIN FLEXPOR	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
octreotide	1	PA, SP
OMNITROPE	E	PA, QL, SP
ORIAHNN	3	PA, QL
ORLISSA	3	PA, QL
SOMATULINE DEPOT	3	SP
STIMATE	3	
ZOMACTON	E	PA, QL, SP
<b>Hormonal Agents - Testosterone Replacement</b>		
ANDRODERM	2	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	E	

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Drug Name	Drug Tier	Requirements & Limits
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	E	
NATESTO	E	PA, QL
STRIANT	3	PA, QL
TESTIM	2	PA, QL
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	E	
testosterone enanthate intramuscular	1	
testosterone transdermal	E	PA, QL
XYOSTED	E	PA
<b>Hormonal Agents - Thyroid</b>		
ARMOUR THYROID	3	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral	1	
levoxyl	2	
liothyronine sodium oral	2	
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	
TIROSINT-SOL	3	PA
unithroid	1	
WESTHROID	3	
WP THYROID	3	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ASTAGRAF XL	E	SP
AZASAN	3	SP
azathioprine oral	1	SP

Drug Name	Drug Tier	Requirements & Limits
CIMZIA PREFILLED KIT	2	PA, QL, SP
CIMZIA STARTER KIT	2	PA, QL, SP
COSENTYX (300 MG DOSE)	3	PA, ST, QL, SP
COSENTYX 150 MG/ML	3	PA, ST, QL, SP
COSENTYX SENSOREADY (300 MG)	3	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	3	PA, ST, QL, SP
cyclosporine modified	1	SP
ENBREL	3	PA, ST, QL, SP
ENBREL MINI	3	PA, ST, QL, SP
ENBREL SURECLICK	3	PA, ST, QL, SP
ENVARUSUS XR	E	SP
FIRAZYR	2	PA, QL, SP
gengraf	1	SP
HAEGARDA	2	PA, QL, SP
HUMIRA	2	PA, QL, SP
HUMIRA PEDIATRIC CROHNS START	2	PA, QL, SP
HUMIRA PEN	2	PA, QL, SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA, QL, SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA, QL, SP
icatibant acetate	E	PA, QL, SP
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil	1	SP
mycophenolate sodium	2	SP
OLUMIANT	2	PA, QL, SP
ORENCIA	3	PA, ST, QL, SP
ORENCIA CLICKJET	3	PA, ST, 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 solution	2	SP

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Drug Name	Drug Tier	Requirements & Limits
sirolimus oral tablet	1	SP
SKYRIZI (150 MG DOSE)	2	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION	2	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
tacrolimus oral	1	SP
TAKHZYRO	2	PA, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	
XELJANZ	2	PA, ST, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, ST, QL, SP
<b>Infertility Agents</b>		
chorionic gonadotropin intramuscular	3	SP
CRINONE VAGINAL GEL 4 %	3	ST
CRINONE VAGINAL GEL 8 %	3	ST
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous (Ferring)	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous (Merck/ Organon)	2	QL, SP
novarel intramuscular solution reconstituted 10000 unit	3	SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	3	SP
OVIDREL	3	SP
pregnyl	1	SP
<b>Inflammatory Bowel Disease Agents</b>		
ANALPRAM HC	3	
ANALPRAM HC SINGLES	3	
ANALPRAM-HC EXTERNAL CREAM	3	
ANALPRAM-HC EXTERNAL LOTION	3	
APRISO	2	

Drug Name	Drug Tier	Requirements & Limits
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
budesonide er	E	
budesonide oral	2	
CORTIFOAM	2	
DIPENTUM	3	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	2	
mesalamine er	E	
mesalamine oral	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	2	QL
PENTASA	E	
PROCORT	E	
PROCTOFOAM HC	2	
SFROWASA	3	
sulfasalazine oral tablet	1	
UCERIS ORAL	3	
UCERIS RECTAL	2	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
alendronate sodium	1	
BONIVA ORAL	3	
FORTEO	E	PA, SP
FOSAMAX	3	
ibandronate sodium oral	2	
TERIPARATIDE (RECOMBINANT)	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

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Drug Name	Drug Tier	Requirements & Limits
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
CILOXAN OPHTHALMIC OINTMENT	3	
CILOXAN OPHTHALMIC SOLUTION	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
FLAREX	2	
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	3	QL
MAXITROL	3	
MOXEZA	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	QL
olopatadine hcl ophthalmic solution 0.2 %	E	QL
PAZEO	E	QL
polymyxin b-trimethoprim	1	
POLYTRIM	3	
PRED FORTE	3	
PRED MILD	3	

Drug Name	Drug Tier	Requirements & Limits
prednisolone acetate ophthalmic	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION	3	
TOBRADEX ST	E	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	2	
TOBEX OPHTHALMIC OINTMENT	3	QL
TOBEX OPHTHALMIC SOLUTION	3	QL
<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 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
COMBIGAN	2	QL
COSOPT	3	
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	3	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
timolol maleate ophthalmic gel forming solution	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
timolol maleate ophthalmic solution 0.5 % (daily)	2	
TIMOPTIC	3	
TIMOPTIC OCUDOSE 0.25 %	2	
TIMOPTIC-XE	3	

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Drug Name	Drug Tier	Requirements & Limits
travoprost (bak free)	2	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	2	
<b>Respiratory - Drugs for Anaphylaxis</b>		
AUVI-Q	E	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection (generic EpiPen Jr)	2	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection (generic EpiPen)	2	QL
SYMJEPI	2	QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl nasal solution 0.15 %	E	
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
bromfed dm	1	
cyproheptadine hcl oral	1	
fluticasone propionate nasal	2	QL
hydrocodone polst-cpm polst er	3	PA, QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
OMNARIS	E	QL
promethazine hcl oral solution	1	

Drug Name	Drug Tier	Requirements & Limits
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	3	QL, RS
ADVAIR HFA	3	QL, RS
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
albuterol sulfate er	1	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation (ProAir HFA or Proventil HFA)	2	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (Ventolin HFA)	E	QL
albuterol sulfate inhalation	1	
albuterol sulfate oral	3	PA
ALVESCO	E	QL
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	1	QL
ASMANEX (120 METERED DOSES)	E	QL
ASMANEX (14 METERED DOSES)	E	QL
ASMANEX (30 METERED DOSES)	E	QL
ASMANEX (60 METERED DOSES)	E	QL
ASMANEX (7 METERED DOSES)	E	QL
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	E	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL, RS
BREZTRI AEROSPHERE	3	QL, RS

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

Drug Name	Drug Tier	Requirements & Limits
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL
wixela inhub	E	QL, RS
XOPENEX HFA	3	QL
YUPELRI	3	PA, QL

#### Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis

KITABIS PAK	E	PA, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin nebulization solution 300 mg/4ml inhalation	2	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

#### Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension

ADEMPAS	2	PA, QL, SP
ambrisentan	2	PA, QL, SP
bosentan	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
ORENITRAM	3	PA, QL, SP
sildenafil oral tablets	1	QL
TRACLEER	2	PA, QL, SP
TYVASO	2	PA, SP
TYVASO REFILL	2	PA, SP
TYVASO STARTER	2	PA, SP

#### Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm

baclofen oral	1	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl er	E	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral 7.5 mg	E	
FEXMID	E	

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Drug Name	Drug Tier	Requirements & Limits
metaxalone	3	
methocarbamol oral	1	
OZOBAX	3	PA
ROBAXIN-750	3	
SOMA ORAL TABLET 350 MG	3	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
ZANAFLEX ORAL CAPSULE	3	
<b>Sleep Disorder Agents</b>		
BELSOMRA	3	ST, QL
DAYVIGO	3	ST, QL
EDLUAR	E	QL
eszopiclone	2	QL
modafinil	2	PA, QL
RESTORIL	3	
SUNOSI	3	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYREM	3	PA, QL, SP
zolpidem tartrate er	3	QL
zolpidem tartrate oral	1	QL
zolpidem tartrate sublingual	E	QL

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ARAKODA . . . . .	14	AVAR-E GREEN. . . . .	19	external lotion . . . . .	19
ARANESP (ALBUMIN FREE) . . . . .	24	AVAR-E LS . . . . .	19	betamethasone dipropionate aug	
ARICEPT ORAL TABLET 10 MG,		aviane . . . . .	26	external ointment. . . . .	19
5 MG. . . . .	11	avidoxy . . . . .	9	betamethasone dipropionate	
aripiprazole oral solution . . . . .	14	avita. . . . .	19	external cream. . . . .	19
aripiprazole oral tablet . . . . .	14	AVONEX PEN. . . . .	18	betamethasone dipropionate	
aripiprazole oral tablet dispersible .	14	AVONEX PREFILLED . . . . .	18	external lotion . . . . .	19
ARMOUR THYROID . . . . .	30	AYGESTIN . . . . .	26	betamethasone dipropionate	
ARNUITY ELLIPTA . . . . .	33	ayuna . . . . .	26	external ointment. . . . .	19
ARYMO ER. . . . .	8	AZASAN. . . . .	30	BETASERON . . . . .	18
ashlyna . . . . .	26	AZASITE. . . . .	32	BETIMOL . . . . .	32
ASMANEX (120 METERED		azathioprine oral . . . . .	30	BEVESPI AEROSPHERE . . . . .	33
DOSES). . . . .	33	azelaic acid external . . . . .	19	BEVYXXA. . . . .	11
ASMANEX (14 METERED		azelastine hcl nasal solution 0.1 %,		bexarotene . . . . .	13
DOSES). . . . .	33	137 mcg/spray. . . . .	33	BIDIL. . . . .	15
ASMANEX (30 METERED		azelastine hcl nasal solution 0.15 %.	33	BIJUVA . . . . .	26
DOSES). . . . .	33	azelastine hcl ophthalmic. . . . .	32	bimatoprost ophthalmic . . . . .	32
ASMANEX (60 METERED		azithromycin oral . . . . .	9	bisoprolol fumarate . . . . .	15
DOSES). . . . .	33	AZOPT . . . . .	32	bisoprolol-hydrochlorothiazide . . . .	15
ASMANEX (7 METERED DOSES) . .	33	AZULFIDINE. . . . .	31	blisovi 24 fe . . . . .	26
ASMANEX HFA INHALATION		AZULFIDINE EN-TABS . . . . .	31	blisovi fe 1/20. . . . .	26
AEROSOL 100 MCG/ACT, 200		azurette. . . . .	26	blisovi fe 1.5/30 . . . . .	26
MCG/ACT. . . . .	33			BONIVA ORAL. . . . .	31
ASTAGRAF XL . . . . .	30			BONJESTA. . . . .	12
atenolol oral . . . . .	15			bosentan . . . . .	34
atenolol-chlorthalidone. . . . .	15			bp 10-1 . . . . .	19
atomoxetine hcl . . . . .	17			BREO ELLIPTA . . . . .	33
atorvastatin calcium oral tablet				BREZTRI AEROSPHERE . . . . .	33
10 mg, 20 mg. . . . .	15			briellyn . . . . .	26
atorvastatin calcium oral tablet				BRILINTA . . . . .	14
40 mg, 80 mg. . . . .	15			brimonidine tartrate ophthalmic	
atovaquone-proguanil hcl. . . . .	14			solution 0.15 %. . . . .	32
ATRIPLA . . . . .	14			brimonidine tartrate ophthalmic	
ATROVENT HFA . . . . .	33			solution 0.2 %. . . . .	32
AUBAGIO . . . . .	18			bromfed dm . . . . .	33
aubra. . . . .	26			budesonide er . . . . .	31
aubra eq . . . . .	26			budesonide inhalation. . . . .	34
AUGMENTIN ORAL SUSPENSION				budesonide oral. . . . .	31
RECONSTITUTED 125-31.25 MG/				BUNAVAIL . . . . .	9
5ML. . . . .	9			buprenorphine hcl sublingual . . . . .	9
aurovela 1/20 . . . . .	26			buprenorphine hcl-naloxone hcl . . . .	9
aurovela 1.5/30 . . . . .	26			bupropion hcl er (sr) . . . . .	12
aurovela 24 fe. . . . .	26			bupropion hcl er (xl) oral tablet	
aurovela fe 1/20 . . . . .	26			extended release 24 hour 150 mg,	
aurovela fe 1.5/30 . . . . .	26			300 mg . . . . .	12
AURYXIA . . . . .	26			BUPROPION HCL ER (XL) ORAL	
AUSTEDO. . . . .	18			TABLET EXTENDED RELEASE	
AUVI-Q . . . . .	33			24 HOUR 450 MG . . . . .	12
AVALIDE . . . . .	15			bupropion hcl oral . . . . .	12
avar cleanser . . . . .	19			buspiron hcl oral . . . . .	15
AVAR LS CLEANSER . . . . .	19			butalbital-apap-caffeine oral	
				capsule 50-300-40 mg . . . . .	8

## B

baclofen oral . . . . .	34	betamethasone dipropionate aug	
BACTRIM . . . . .	10	external cream. . . . .	19
BACTRIM DS . . . . .	10	betamethasone dipropionate aug	
BAFIERTAM CAPSULE. . . . .	18	external gel. . . . .	19
balziva. . . . .	26		
BAQSIMI ONE PACK. . . . .	23		
BAQSIMI TWO PACK . . . . .	23		
BARACLUDE ORAL SOLUTION . . .	14		
BASAGLAR KWIKPEN . . . . .	22		
BD AUTOSHIELD DUO PEN			
NEEDLES . . . . .	21		
BD ULTRA-FINE INSULIN			
SYRINGES . . . . .	21		
BD ULTRA-FINE PEN NEEDLES . .	21		
bekyree. . . . .	26		
BELBUCA. . . . .	8		
BELSOMRA . . . . .	35		
benazepril hcl oral. . . . .	15		
benazepril-hydrochlorothiazide . . .	15		
benzonatate oral capsule 100 mg,			
200 mg . . . . .	33		
benzonatate oral capsule 150 mg .	33		
BESIVANCE . . . . .	32		
betamethasone dipropionate aug			
external cream. . . . .	19		
betamethasone dipropionate aug			
external gel. . . . .	19		



butalbital-apap-caffeine oral capsule 50-325-40 mg . . . . .	8	butalbital-apap-caffeine oral tablet . . . . .	8	clindamycin phosphate external solution . . . . .	19
BYDUREON . . . . .	23	BYDUREON BCISE AUTOINJECTOR . . . . .	23	clindamycin phosphate external swab . . . . .	19
BYETTA 10 MCG PEN. . . . .	23	BYETTA 5 MCG PEN. . . . .	23	CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL . . . . .	19
BYSTOLIC . . . . .	15			CLINDESSE . . . . .	10
<b>C</b>				clinpro 5000 . . . . .	18
cabergoline . . . . .	29	CHANTIX . . . . .	9	clobetasol propionate external cream . . . . .	19
CALAN SR . . . . .	15	CHANTIX CONTINUING MONTH PAK . . . . .	9	clobetasol propionate external foam . . . . .	19
calcipotriene-betameth diprop external ointment . . . . .	19	CHANTIX STARTING MONTH PAK . . . . .	9	clobetasol propionate external gel . . . . .	19
calcitriol external . . . . .	19	chateal . . . . .	26	clobetasol propionate external liquid . . . . .	19
calcitriol oral . . . . .	31	chateal eq. . . . .	26	clobetasol propionate external lotion . . . . .	19
CALQUENCE . . . . .	13	chlorhexidine gluconate mouth/throat . . . . .	18	clobetasol propionate external ointment . . . . .	19
camila . . . . .	26	chlorthalidone . . . . .	15	clobetasol propionate external shampoo . . . . .	20
camrese . . . . .	26	chorionic gonadotropin intramuscular . . . . .	31	clobetasol propionate external solution . . . . .	20
camrese lo . . . . .	26	ciclodan . . . . .	12	clodan external shampoo . . . . .	20
capecitabine . . . . .	13	ciclopirox external gel . . . . .	12	clonazepam oral . . . . .	15
CAPEX . . . . .	19	ciclopirox external shampoo . . . . .	12	clonidine hcl oral . . . . .	15
CARAC . . . . .	19	ciclopirox external solution . . . . .	12	clopidogrel bisulfate oral . . . . .	14
carbamazepine er oral capsule extended release 12 hour . . . . .	11	ciclopirox treatment . . . . .	12	clotrimazole-betamethasone external cream . . . . .	20
carbamazepine er oral tablet extended release 12 hour . . . . .	11	CILOXAN OPHTHALMIC OINTMENT . . . . .	32	clotrimazole-betamethasone external lotion . . . . .	20
carbamazepine oral . . . . .	11	CILOXAN OPHTHALMIC SOLUTION . . . . .	32	clovique . . . . .	25
CARBATROL . . . . .	11	CIMDUO . . . . .	14	COLCHICINE ORAL CAPSULE . . . . .	13
carbidopa-levodopa . . . . .	14	CIMZIA PREFILLED KIT . . . . .	30	colchicine oral tablet . . . . .	13
carbidopa-levodopa er . . . . .	14	CIMZIA STARTER KIT . . . . .	30	COLCRYS . . . . .	13
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG . . . . .	15	CIPRO ORAL TABLET . . . . .	10	colesevelam hcl . . . . .	15
CARDURA . . . . .	15	CIPRODEX . . . . .	33	COMBIGAN . . . . .	32
carisoprodol oral tablet 250 mg . . . . .	34	ciprofloxacin hcl ophthalmic . . . . .	32	COMBIVENT RESPIMAT . . . . .	34
carisoprodol oral tablet 350 mg . . . . .	34	ciprofloxacin hcl oral . . . . .	10	CONCERTA . . . . .	17
CAROSPIR . . . . .	15	citalopram hydrobromide . . . . .	12	CONTOUR NEXT EZ MONITOR . . . . .	21
cartia xt . . . . .	15	claravis . . . . .	19	CONTOUR NEXT LNK MONITOR . . . . .	21
carvedilol . . . . .	15	clarithromycin er . . . . .	10	CONTOUR NEXT MONITOR . . . . .	21
CATAPRES . . . . .	15	clarithromycin oral suspension reconstituted . . . . .	10	CONTOUR NEXT ONE MONITOR . . . . .	21
cavarest . . . . .	18	clarithromycin oral tablet . . . . .	10	CONTOUR NEXT TEST STRIP . . . . .	21
cefadroxil . . . . .	10	CLENPIQ . . . . .	25	CONZIP . . . . .	8
cefdinir . . . . .	10	CLEOCIN ORAL CAPSULE 150 MG, 300 MG . . . . .	10	COREG . . . . .	15
cefuroxime axetil . . . . .	10	CLEOCIN ORAL CAPSULE 75 MG . . . . .	10	coremino . . . . .	10
celecoxib oral . . . . .	9	CLEOCIN-T EXTERNAL GEL . . . . .	19	CORGARD . . . . .	15
CENTANY . . . . .	10	CLEOCIN-T EXTERNAL LOTION . . . . .	19	CORLANOR . . . . .	15
CENTANY AT . . . . .	10	Climara . . . . .	26, 27	CORTEF . . . . .	29
cephalexin . . . . .	10	CLIMARA PRO . . . . .	26	CORTIFOAM . . . . .	31
CEQUA . . . . .	33	clindacin etz external swab . . . . .	19	COSENTYX (300 MG DOSE) . . . . .	30
CERDELGA . . . . .	25	clindacin-p . . . . .	19		
		CLINDAGEL . . . . .	19		
		clindamycin hcl oral . . . . .	10		
		clindamycin phos-benzoyl perox external gel 1.2-5 % . . . . .	19		
		clindamycin phosphate external foam . . . . .	19		
		clindamycin phosphate external lotion . . . . .	19		





COSENTYX 150 MG/ML . . . . .	30	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML . . . . .	30	DIFLUCAN ORAL SUSPENSION RECONSTITUTED . . . . .	12
COSENTYX SENSOREADY (300 MG). . . . .	30	DERMA-SMOOTH/FS BODY . . . . .	20	DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG . . . . .	13
COSENTYX SENSOREADY PEN . . . . .	30	DERMA-SMOOTH/FS SCALP . . . . .	20	DIFLUCAN ORAL TABLET 50 MG . . . . .	13
COSOPT . . . . .	32	DESCOVY . . . . .	14	DILAUDID ORAL . . . . .	8
COUMADIN . . . . .	11	desmopressin acetate injection . . . . .	29	dilt-xr . . . . .	16
CREON . . . . .	25	desmopressin acetate oral . . . . .	29	diltiazem hcl er coated beads . . . . .	15
CRESEMBA ORAL . . . . .	12	desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5) . . . . .	26	diltiazem hcl er oral capsule extended release 12 hour . . . . .	16
CRINONE VAGINAL GEL 4 % . . . . .	31	desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg . . . . .	27	diltiazem hcl oral . . . . .	16
CRINONE VAGINAL GEL 8 % . . . . .	31	DESONATE . . . . .	20	dimethyl fumarate . . . . .	18
cryselle-28 . . . . .	26	desonide external . . . . .	20	DIPENTUM . . . . .	31
CUPRIMINE . . . . .	25	DESOWEN . . . . .	20	diphenoxylate-atropine . . . . .	25
cyclaferm 1/35 . . . . .	26	desvenlafaxine succinate er . . . . .	12	DIPROLENE . . . . .	20
cyclobenzaprine hcl er . . . . .	34	dexamethasone intensol . . . . .	29	DIPROLENE AF . . . . .	20
cyclobenzaprine hcl oral 7.5 mg . . . . .	34	dexamethasone oral elixir . . . . .	29	DITROPAN XL . . . . .	26
cyclobenzaprine hcl oral tablet 10 mg, 5 mg . . . . .	34	dexamethasone oral solution . . . . .	29	divalproex sodium er . . . . .	11
cyclosporine modified . . . . .	30	dexamethasone oral tablet . . . . .	29	divalproex sodium oral capsule delayed release sprinkle . . . . .	11
cyproheptadine hcl oral . . . . .	33	dexamethasone oral tablet therapy pack . . . . .	29	divalproex sodium oral tablet delayed release . . . . .	11
cyred . . . . .	26	DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) . . . . .	21, 22	DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM . . . . .	27
cyred eq . . . . .	26	DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE . . . . .	22	donepezil hcl oral tablet 10 mg, 5 mg . . . . .	11
CYTOTEC . . . . .	25	DEXILANT . . . . .	25	donepezil hcl oral tablet 23 mg . . . . .	11
<b>D</b>					
dalfampridine er . . . . .	18	dexamethylphenidate hcl . . . . .	17	donepezil hcl oral tablet dispersible . . . . .	11
dapsone external gel 5 % . . . . .	20	dexamethylphenidate hcl er . . . . .	17	DORYX MPC . . . . .	10
dasetta 1/35 . . . . .	26	DEXPAK 10 DAY . . . . .	29	dorzolamide hcl-timolol mal . . . . .	32
daysee . . . . .	26	DEXPAK 13 DAY . . . . .	29	dorzolamide hcl-timolol mal pf . . . . .	32
DAYVIGO . . . . .	35	DEXPAK 6 DAY . . . . .	29	dotti . . . . .	27
DDAVP INJECTION . . . . .	29	dextroamphetamine sulfate er . . . . .	17	DOVATO . . . . .	14
DDAVP ORAL . . . . .	29	dextroamphetamine sulfate oral solution . . . . .	17	doxazosin mesylate oral . . . . .	16
deblitane . . . . .	26	dextroamphetamine sulfate oral tablet . . . . .	17	doxepin hcl oral capsule . . . . .	12
DECADRON . . . . .	29	diazepam intensol . . . . .	15	doxepin hcl oral concentrate . . . . .	12
delyla . . . . .	26	diazepam oral . . . . .	15	doxycycline hyclate oral capsule . . . . .	10
denta 5000 plus . . . . .	18	diclofenac potassium . . . . .	9	doxycycline hyclate oral tablet 100 mg . . . . .	10
dentagel . . . . .	18	diclofenac sodium er . . . . .	9	doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg . . . . .	10
DEPAKOTE . . . . .	11	diclofenac sodium oral . . . . .	9	doxycycline hyclate oral tablet 20 mg . . . . .	10
DEPAKOTE ER . . . . .	11	diclofenac sodium transdermal gel 1 % . . . . .	9	doxycycline hyclate oral tablet delayed release . . . . .	10
DEPAKOTE SPRINKLES . . . . .	11	diclofenac sodium transdermal solution . . . . .	9	doxycycline monohydrate oral capsule 100 mg, 50 mg . . . . .	10
DEPEN TITRATABS . . . . .	25	dicyclomine hcl oral . . . . .	25	doxycycline monohydrate oral capsule 150 mg, 75 mg . . . . .	10
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML . . . . .	26	DIFICID . . . . .	10	doxycycline monohydrate oral suspension reconstituted . . . . .	10
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE . . . . .	26				
DEPO-SUBQ PROVERA 104 . . . . .	26				
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML . . . . .	29				

doxycycline monohydrate oral tablet . . . . .	10
doxylamine-pyridoxine . . . . .	12
DRISDOL . . . . .	24
DRIZALMA SPRINKLE . . . . .	12
drosipren-eth estrad-levomefol . . . . .	27
drosiprenone-ethinyl estradiol . . . . .	27
DUAVEE . . . . .	27
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg . . . . .	12
duloxetine hcl oral capsule delayed release particles 40 mg . . . . .	12
DUOPA . . . . .	14
DUPIXENT . . . . .	20
DVORAH . . . . .	8
DXEVO 11-DAY . . . . .	29
DYAZIDE . . . . .	16

## E

EASIVENT . . . . .	34
EASYPLUS BLOOD GLUCOSE TEST . . . . .	22
EC-NAPROSYN . . . . .	9
ec-naproxen . . . . .	9
ed-spaz . . . . .	25
EDARBI . . . . .	16
EDARBYCLOR . . . . .	16
EDLUAR . . . . .	35
EFUDEX . . . . .	20
ELESTRIN . . . . .	27
eletriptan hydrobromide . . . . .	13
ELIMITE . . . . .	14
elinest . . . . .	27
ELIQUIS . . . . .	11
ELIQUIS DVT/PE STARTER PACK . . . . .	11
ELOCTATE . . . . .	24
eluryng . . . . .	27
EMGALITY . . . . .	13
EMGALITY (300 MG DOSE) . . . . .	13
emoquette . . . . .	27
emtricitabine-tenofovir df . . . . .	14
enalapril maleate oral . . . . .	16
ENBREL . . . . .	30
ENBREL MINI . . . . .	30
ENBREL SURECLICK . . . . .	30
ENDARI . . . . .	25
endocet . . . . .	8
ENDOMETRIN . . . . .	31
enoxaparin sodium . . . . .	11
enskyce . . . . .	27

ENSTILAR . . . . .	20
entecavir . . . . .	14
ENVARBUS XR . . . . .	30
EPANED . . . . .	16
EPCLUSA . . . . .	14
epinephrine solution auto-injector 0.15 mg/0.3ml injection . . . . .	33
epinephrine solution auto-injector 0.3 mg/0.3ml injection . . . . .	33
EpiPen . . . . .	33
EpiPen Jr . . . . .	33
epitol . . . . .	11
ERGOCAL . . . . .	24
ergocalciferol oral capsule . . . . .	24
ERLEADA . . . . .	13
errin . . . . .	27
erythromycin ophthalmic . . . . .	32
escitalopram oxalate oral solution . . . . .	12
escitalopram oxalate oral tablet . . . . .	12
ESGIC . . . . .	8
estarylla . . . . .	27
ESTRACE ORAL . . . . .	27
estradiol oral . . . . .	26, 27
estradiol patch twice weekly transdermal . . . . .	27
estradiol transdermal patch weekly . . . . .	27
estradiol vaginal cream . . . . .	27
estradiol vaginal tablet . . . . .	27
ESTRING . . . . .	27
ESTROGEL . . . . .	27
eszopiclone . . . . .	35
etodolac . . . . .	9
etodolac er . . . . .	9
etonogestrel-ethinyl estradiol . . . . .	27
EUCRISA . . . . .	20
euthyrox . . . . .	30
EVAMIST . . . . .	27
EVOCLIN . . . . .	20
EVZIO . . . . .	9
EXTAVIA . . . . .	18
EXTINA . . . . .	13
EZALLOR SPRINKLE . . . . .	16
ezetimibe . . . . .	16
ezetimibe-simvastatin . . . . .	16

## F

falmina . . . . .	27
FARXIGA . . . . .	23
FASENRA PEN . . . . .	34
fayosim . . . . .	27
febuxostat . . . . .	13
femynor . . . . .	27, 28

fenofibrate oral capsule 150 mg, 50 mg . . . . .	16
fenofibrate oral tablet 120 mg, 40 mg, 48 mg . . . . .	16
fenofibrate oral tablet 160 mg, 145 mg, 54 mg . . . . .	16
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr . . . . .	8
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr . . . . .	8
FEXMID . . . . .	34
FINACEA . . . . .	20
finasteride oral tablet 5 mg . . . . .	26
FIORICET . . . . .	8
FIRAZYR . . . . .	30
FLAGYL . . . . .	10
FLAREX . . . . .	32
flecainide acetate . . . . .	16
FLOLIPID . . . . .	16
FLORIVA PLUS . . . . .	24
FLOVENT DISKUS . . . . .	34
FLOVENT HFA . . . . .	34
fluconazole oral . . . . .	13
fluocinolone acetonide body . . . . .	20
fluocinolone acetonide external cream . . . . .	20
fluocinolone acetonide external ointment . . . . .	20
fluocinolone acetonide external solution . . . . .	20
fluocinolone acetonide scalp . . . . .	20
fluocinonide external cream 0.05 % . . . . .	20
fluocinonide external cream 0.1 % . . . . .	20
fluocinonide external gel . . . . .	20
fluocinonide external ointment . . . . .	20
fluocinonide external solution . . . . .	20
fluoridex . . . . .	18
fluoridex enhanced whitening . . . . .	18
FLUOROPLEX . . . . .	20
FLUOROURACIL EXTERNAL CREAM 0.5 % . . . . .	20
fluorouracil external cream 5 % . . . . .	20
fluorouracil external solution . . . . .	20
fluoxetine hcl oral capsule . . . . .	12
fluoxetine hcl oral capsule delayed release . . . . .	12
fluoxetine hcl oral solution . . . . .	12
fluoxetine hcl oral tablet 10 mg . . . . .	12
fluoxetine hcl oral tablet 20 mg . . . . .	12
fluoxetine hcl oral tablet 60 mg . . . . .	12
fluticasone propionate nasal . . . . .	33





fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose . . . . .	34
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT . . . . .	34
fluvoxamine maleate . . . . .	12
fluvoxamine maleate er . . . . .	12
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LOKELMA . . . . .	24	MAXITROL . . . . .	32	metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg . . . . .	16	
LOMOTIL . . . . .	25	MAXZIDE . . . . .	16	metoprolol succinate er oral tablet extended release 24 hour 25 mg . . . . .	16	
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LOPRESSOR . . . . .	16	MAYZENT . . . . .	18	metoprolol tartrate oral tablet 37.5 mg, 75 mg . . . . .	16	
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lorazepam oral concentrate 2 mg/ml . . . . .	15	MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG . . . . .	29	METROLOTION . . . . .	20	
lorazepam oral tablet . . . . .	15	MEDROL ORAL TABLET 2 MG . . . . .	29	metronidazole external cream . . . . .	20	
lorcet . . . . .	8	MEDROL ORAL TABLET 32 MG . . . . .	29	metronidazole external gel 0.75 % . . . . .	20	
lorcet hd . . . . .	8	MEDROL ORAL TABLET THERAPY PACK . . . . .	29	metronidazole external gel 1 % . . . . .	20	
lorcet plus . . . . .	8	medroxyprogesterone acetate intramuscular suspension . . . . .	28	metronidazole external lotion . . . . .	20	
LORTAB . . . . .	8	medroxyprogesterone acetate intramuscular suspension prefilled syringe . . . . .	28	metronidazole oral . . . . .	10	
loryna . . . . .	27	medroxyprogesterone acetate oral . . . . .	28	metronidazole vaginal . . . . .	10	
losartan potassium . . . . .	16	melodetta 24 fe . . . . .	28	mibelas 24 fe . . . . .	28	
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lutura . . . . .	27	METFORMIN HCL ORAL SOLUTION . . . . .	23			
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LYRICA CR . . . . .	18	methocarbamol oral . . . . .	35			
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Minivelle . . . . .	27	mycophenolate mofetil . . . . .	30	nifedipine er . . . . .	16	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg . . . . .	10	mycophenolate sodium . . . . .	30	nifedipine er osmotic release . . . . .	16	
minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg . . . . .	10	MYDAYIS . . . . .	18	nifedipine oral . . . . .	16	
minocycline hcl oral capsule . . . . .	10	myorisan . . . . .	20	nikki . . . . .	28	
minocycline hcl oral tablet . . . . .	10	<b>N</b>			nitisinone . . . . .	25
MINOLIRA . . . . .	10	nabumetone oral . . . . .	9	NITRO-BID . . . . .	16	
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MIRVASO . . . . .	20	NALOCET . . . . .	8	nitrofurantoin monohydrate macrocrystals . . . . .	10	
misoprostol oral . . . . .	25	naloxone hcl injection solution . . . . .	9	nitroglycerin sublingual . . . . .	16	
MITIGARE . . . . .	13	naloxone hcl injection solution cartridge . . . . .	9	nitroglycerin transdermal . . . . .	16	
MOBIC . . . . .	9	naloxone hcl injection solution prefilled syringe . . . . .	9	nitroglycerin translingual . . . . .	16	
modafinil . . . . .	35	naltrexone hcl oral . . . . .	9	NITROMIST . . . . .	16	
mometasone furoate external . . . . .	20	NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG . . . . .	9	NITROSTAT . . . . .	16	
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montelukast sodium oral tablet . . . . .	34	naproxen sodium er . . . . .	9	NORDITROPIN FLEXPRO . . . . .	29	
montelukast sodium oral tablet chewable . . . . .	34	naproxen sodium oral tablet 275 mg, 550 mg . . . . .	9	norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24) . . . . .	28	
morgidox oral . . . . .	10	naratriptan hcl . . . . .	13	norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg . . . . .	28	
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mupirocin external . . . . .	10	niacin (antihyperlipidemic) . . . . .	16			
		niacin er (antihyperlipidemic) . . . . .	16			
		niacor . . . . .	16			



NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	31
NOVOEIGHT	24
NOVOFINE AUTOCOVER PEN NEEDLE	22
NOVOFINE PEN NEEDLE	22
NOVOFINE PLUS PEN NEEDLE	22
NOVOLIN 70/30 FLEXPEN	23
NOVOLIN 70/30 FLEXPEN RELION	23
NOVOLIN 70/30 RELION	23
NOVOLIN 70/30 VIAL	23
NOVOLIN N FLEXPEN	23
NOVOLIN N FLEXPEN RELION	23
NOVOLIN N RELION	23
NOVOLIN N VIAL	23
NOVOLIN R FLEXPEN	23
NOVOLIN R FLEXPEN RELION	23
NOVOLIN R RELION	23
NOVOLIN R VIAL	23
NOVOLOG FLEXPEN	23
NOVOLOG PENFILL	23
NOVOLOG U-100 VIAL	23
np thyroid	30
NUBEQA	13
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	34
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	34
NUCYNTA	8
NUCYNTA ER	8
NUDEXTA	18
NULEV	25
NUTROPIN AQ NUSPIN 10	29
NUTROPIN AQ NUSPIN 20	29
NUTROPIN AQ NUSPIN 5	29
NUVARING	28
NUVESSA	10
NUWIQ	24
NUZYRA	10
nyamyc	13
nystatin external	13
nystatin mouth/throat	13
nystop	13

## O

ocella	28
octreotide	29
OCUFLOX	32
ODEFSEY	14
ofloxacin ophthalmic	32

ofloxacin otic	33
ogestrel	28
okebo	10
olanzapine oral tablet	14
olanzapine oral tablet dispersible	14
olmesartan medoxomil oral	17
olmesartan medoxomil-hctz	17
olopatadine hcl ophthalmic solution 0.1 %	32
olopatadine hcl ophthalmic solution 0.2 %	32
OLUMIANT	30
OMECLAMOX-PAK	25
omega-3-acid ethyl esters	17
omeprazole oral capsule delayed release	25
OMNARIS	33
OMNITROPE	29
ondansetron hcl oral	12
ondansetron odt	12
ONETOUCH ULTRA 2 KIT W/DEVICE	22
ONETOUCH ULTRA BLUE TEST STRIPS IN VITRO STRIP	22
ONETOUCH ULTRA MINI KIT W/DEVICE	22
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	22
ONETOUCH VERIO IQ SYSTEM	22
ONETOUCH VERIO KIT W/DEVICE	22
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	22
ONETOUCH VERIO TEST STRIPS	22
ONGLYZA	23
ONZETRA XSAIL	13
OPSUMIT	34
ORAPRED ODT	29
ORENCIA	30
ORENCIA CLICKJET	30
ORENITRAM	34
ORFADIN ORAL CAPSULE	25
ORFADIN ORAL SUSPENSION	25
ORIAHNN	29
ORLISSA	29
orsythia	28
ORTHO MICRONOR	28
oscimin	25
oscimin sr	25
oseltamivir phosphate oral capsule	14
oseltamivir phosphate oral suspension reconstituted	14
OSENI	23

OSPHENA	24
OTEZLA	30
OTREXUP	30
OVIDREL	31
OXAYDO	8
oxcarbazepine	11
OXTELLAR XR	11
oxybutynin chloride er	26
oxybutynin chloride oral	26
OXYCODONE HCL ER	8
oxycodone hcl oral capsule	8
oxycodone hcl oral concentrate 100 mg/5ml	8
oxycodone hcl oral solution	8
oxycodone hcl oral tablet	8
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	8
OXYCONTIN	8
OZEMPIC	23
OZOBAX	35

## P

PACERONE ORAL TABLET 100 MG, 400 MG	17
pacerone oral tablet 200 mg	17
PAMELOR	12
PANCREAZE	25
pantoprazole sodium tablet delayed release 20 mg oral	25
pantoprazole sodium tablet delayed release 40 mg oral	25
paroex	19
paroxetine hcl	12
paroxetine hcl er	12
PAXIL ORAL SUSPENSION	12
PAXIL ORAL TABLET	12
PAZEO	32
PEDIAPRED	29
peg-3350/electrolytes	25
penicillamine oral capsule	25
penicillin v potassium	10
PENNSAID	9
PENTASA	31
PERFOROMIST	34
PERIDEX	19
periogard	19
permethrin external	14
PERTZYE	26
phenadoz	12
phenazo oral tablet 200 mg	26
phenazopyridine hcl oral tablet 100 mg, 200 mg	26





philith . . . . .	28	premium lidocaine . . . . .	8	quetiapine fumarate . . . . .	14
PICATO . . . . .	20	PREMPHASE . . . . .	28	quetiapine fumarate er . . . . .	14
pimtrex . . . . .	28	PREMPRO . . . . .	28	QUFLORA PEDIATRIC . . . . .	24
pioglitazone hcl . . . . .	23	PREPOPIK . . . . .	25	QUILLICHEW ER . . . . .	18
pirmella 1/35 . . . . .	28	PREVIDENT 5000 BOOSTER PLUS . . . . .	19	QUILLIVANT XR . . . . .	18
PLEGRIDY . . . . .	18	PREVIDENT 5000 DRY MOUTH . . . . .	19	quinapril hcl . . . . .	17
PLEGRIDY STARTER PACK . . . . .	18	PREVIDENT 5000 ORTHO DEFENSE . . . . .	19	QVAR REDIHALER . . . . .	34
PLENVU . . . . .	25	PREVIDENT 5000 PLUS . . . . .	19		
PLEXION . . . . .	20	PREVIDENT DENTAL . . . . .	19	<b>R</b>	
PLEXION CLEANSER . . . . .	20	PREVIDENT MOUTH/THROAT . . . . .	19	RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE . . . . .	25
PLEXION CLEANSING CLOTH . . . . .	20	previfem . . . . .	28	rabeprazole sodium oral tablet delayed release . . . . .	25
POLY-VI-FLOR . . . . .	24	PREZCOBIX . . . . .	14	ramipril . . . . .	17
polymyxin b-trimethoprim . . . . .	32	PREZISTA . . . . .	14	ranolazine er . . . . .	17
POLYTRIM . . . . .	32	PRIMLEV . . . . .	8	RAPAMUNE ORAL SOLUTION . . . . .	30
portia-28 . . . . .	28	PRINIVIL . . . . .	17	RASUVO . . . . .	30
potassium chloride crys er . . . . .	24	PROAIR DIGIHALER . . . . .	34	RAYOS . . . . .	29
potassium chloride er . . . . .	24	PROAIR HFA . . . . .	33, 34	REBIF . . . . .	18
potassium chloride oral . . . . .	24	PROAIR RESPICLICK . . . . .	34	REBIF REBIDOSE . . . . .	18
potassium citrate er . . . . .	24	PROCARDIA . . . . .	17	REBIF REBIDOSE TITRATION PACK . . . . .	18
PRADAXA . . . . .	11	PROCARDIA XL . . . . .	17	REBIF TITRATION PACK . . . . .	18
PRALUENT . . . . .	17	PROCENTRA . . . . .	18	reclipsen . . . . .	28
pramipexole dihydrochloride . . . . .	14	prochlorperazine maleate oral . . . . .	12	RECOMBINATE . . . . .	24
pramipexole dihydrochloride er . . . . .	14	PROCORT . . . . .	31	REGLAN . . . . .	12
PRAVACHOL . . . . .	17	PROCTOFOAM HC . . . . .	31	relexxii . . . . .	18
pravastatin sodium . . . . .	17	progesterone micronized oral . . . . .	28	RELION BLOOD GLUCOSE TEST . . . . .	22
prazosin hcl oral . . . . .	17	PROGRAF ORAL PACKET . . . . .	30	RELION ULTIMA TEST . . . . .	22
PRECISION LINK . . . . .	22	promethazine hcl oral solution . . . . .	33	REMERON . . . . .	12
PRECISION PCX PLUS TEST . . . . .	22	promethazine hcl oral syrup . . . . .	33	REMERON SOLTAB . . . . .	12
PRECISION QID MONITOR . . . . .	22	promethazine hcl oral tablet . . . . .	12	REPATHA . . . . .	17
PRECISION QID TEST . . . . .	22	promethazine hcl rectal . . . . .	12	REPATHA PUSHTRONEX SYSTEM . . . . .	17
PRECISION SOF-TACT MONITOR . . . . .	22	promethazine-codeine . . . . .	33	REPATHA SURECLICK . . . . .	17
PRECISION SOF-TACT TEST . . . . .	22	promethazine-dm . . . . .	33	RESTASIS . . . . .	33
PRECISION XTRA BLOOD GLUCOSE . . . . .	22	promethegan . . . . .	12	RESTASIS MULTIDOSE . . . . .	33
PRECISION XTRA DEVICE . . . . .	22	propranolol hcl er . . . . .	17	RESTORIL . . . . .	35
PRECISION XTRA KIT . . . . .	22	propranolol hcl oral . . . . .	17	RETACRIT . . . . .	24
PRECISION XTRA MONITOR . . . . .	22	PROSCAR . . . . .	26	REVLIMID . . . . .	13
PRED FORTE . . . . .	32	PROTONIX ORAL PACKET . . . . .	25	REYVOW . . . . .	13
PRED MILD . . . . .	32	PROVENTIL HFA . . . . .	33, 34	RHOFADE . . . . .	20
prednisolone acetate ophthalmic . . . . .	32	PROVERA . . . . .	26, 28	RHOPRESSA . . . . .	32
prednisolone oral solution . . . . .	29	pseudoephedrine-bromphen-dm . . . . .	33	RILUTEK . . . . .	18
prednisolone sodium phosphate oral . . . . .	29	PULMICORT FLEXHALER . . . . .	34	riluzole . . . . .	18
prednisone intensol . . . . .	29	PULMOZYME . . . . .	34	RINVOQ . . . . .	30
prednisone oral . . . . .	29	PURIXAN . . . . .	13	risperidone . . . . .	14
pregabalin oral capsule . . . . .	18	PYLERA . . . . .	25	RITALIN . . . . .	18
pregabalin oral solution . . . . .	18	PYRIDIUM . . . . .	26	ritonavir . . . . .	14
pregnyl . . . . .	31			rivelsa . . . . .	28
PREMARIN ORAL . . . . .	28	<b>Q</b>		rizatriptan benzoate . . . . .	13
PREMARIN VAGINAL . . . . .	28	QBRELIS . . . . .	17	ROBAXIN-750 . . . . .	35
		QMIIZ ODT . . . . .	9		



ROCALTROL . . . . .	31	SOMATULINE DEPOT. . . . .	29	sulfatrim pediatric . . . . .	10
ROCKLATAN . . . . .	32	SOOLANTRA . . . . .	20	SUMADAN WASH . . . . .	21
ropinirole hcl . . . . .	14	sotalol hcl oral . . . . .	17	sumatriptan succinate oral . . . . .	13
ropinirole hcl er . . . . .	14	SOTYLIZE. . . . .	17	sumatriptan succinate refill . . . . .	13
rosadan external cream . . . . .	20	SPIRIVA HANDIHALER. . . . .	34	sumatriptan succinate subcutaneous . . . . .	13
rosadan external gel . . . . .	20	SPIRIVA RESPIMAT . . . . .	34	SUMAXIN . . . . .	21
rosuvastatin calcium . . . . .	17	spironolactone oral . . . . .	17	SUMAXIN WASH. . . . .	21
roweepra . . . . .	11	sprintec 28 . . . . .	28	SUNOSI . . . . .	35
roweepra xr . . . . .	11	SPRITAM . . . . .	11	SUPREP BOWEL PREP KIT . . . . .	25
ROZLYTREK. . . . .	13	SPRIX . . . . .	9	syeda . . . . .	28
RUCONEST . . . . .	30	sronyx . . . . .	28	SYMAX DUOTAB. . . . .	25
RUKOBIA . . . . .	14	sss 10-5 . . . . .	20	symax-sl . . . . .	25
RYBELSUS. . . . .	23	STELARA SUBCUTANEOUS SOLUTION . . . . .	31	symax-sr . . . . .	25
RYTARY . . . . .	14	STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE . . . . .	31	SYMBICORT . . . . .	34
<b>S</b>					
SAPHRIS . . . . .	14	STENDRA. . . . .	24	SYMFI . . . . .	14
scopolamine . . . . .	12	STIMATE. . . . .	29	SYMFI LO . . . . .	14
SEREVENT DISKUS . . . . .	34	STRENSIQ . . . . .	26	SYMJEPI. . . . .	33
SERNIVO . . . . .	20	STRIANT. . . . .	30	SYMLINPEN 60 . . . . .	23
sertraline hcl oral. . . . .	12	STRIBILD . . . . .	14	SYMLNPEN 120. . . . .	24
setlakin . . . . .	28	STRIVERDI RESPIMAT . . . . .	34	SYMPROIC. . . . .	25
sf . . . . .	19	SUBSYS . . . . .	8	SYNJARDY . . . . .	24
sf 5000 plus . . . . .	19	subvenite . . . . .	11	SYNJARDY XR. . . . .	24
SFROWASA . . . . .	31	subvenite starter kit-blue . . . . .	11	SYNTHROID. . . . .	30
sharobel . . . . .	28	subvenite starter kit-green . . . . .	11	<b>T</b>	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg . . . . .	24	subvenite starter kit-orange . . . . .	11	TACLONEX EXTERNAL SUSPENSION . . . . .	21
sildenafil oral tablets . . . . .	34	sucrafate oral suspension . . . . .	25	tacrolimus oral . . . . .	31
simliya. . . . .	28	sucrafate oral tablet . . . . .	25	tadalafil oral tablet 10 mg, 20 mg . . . . .	24
simpesse . . . . .	28	sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 % . . . . .	20	tadalafil oral tablet 2.5 mg, 5 mg . . . . .	24
SIMPONI. . . . .	30	sulfacetamide sodium-sulfur external cream 9.8-4.8 % . . . . .	20	TAKHZYRO . . . . .	31
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg . . . . .	17	sulfacetamide sodium-sulfur external emulsion . . . . .	20	tamoxifen citrate oral tablet 10 mg . . . . .	13
simvastatin oral tablet 80 mg . . . . .	17	sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 % . . . . .	20	tamoxifen citrate oral tablet 20 mg . . . . .	13
SINEMET . . . . .	14	sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 % . . . . .	20	tamsulosin hcl . . . . .	26
SINGULAIR ORAL PACKET . . . . .	34	sulfacetamide sodium-sulfur external lotion 10-5 % . . . . .	21	TAPAZOLE . . . . .	30
sirolimus oral solution . . . . .	30	sulfacetamide sodium-sulfur external pad . . . . .	21	TAPERDEX 12-DAY . . . . .	29
sirolimus oral tablet. . . . .	31	sulfacetamide sodium-sulfur external suspension 10-5 % . . . . .	21	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21) . . . . .	29
SITAVIG . . . . .	14	sulfacetamide sodium-sulfur external suspension 8-4 % . . . . .	21	TAPERDEX 7-DAY . . . . .	29
SKYRIZI (150 MG DOSE) . . . . .	31	sulfacetamide sodium-sulfur external suspension 10-5 % . . . . .	21	TARGRETIN EXTERNAL . . . . .	13
sodium fluoride 5000 plus . . . . .	19	sulfacetamide sodium-sulfur external lotion 9.8-4.8 % . . . . .	21	TARGRETIN ORAL . . . . .	13
sodium fluoride dental . . . . .	19	sulfacetamide sodium-sulfur external pad . . . . .	21	tarina 24 fe . . . . .	28
SOFOS/VELPAT ORAL TABLET 400-100. . . . .	14	sulfacetamide sodium-sulfur external pad . . . . .	21	tarina fe 1/20 . . . . .	28
SOFOSBUVIR-VELPATASVIR. . . . .	14	sulfacetamide sodium-sulfur external suspension 10-5 % . . . . .	21	tarina fe 1/20 eq. . . . .	28
SOFTCLIX . . . . .	21, 22	sulfacetamide sodium-sulfur external suspension 10-5 % . . . . .	21	TASIGNA . . . . .	13
solifenacin . . . . .	26	sulfacetamide sodium-sulfur external suspension 8-4 % . . . . .	21	TAYTULLA . . . . .	28
SOLIQUA . . . . .	23	sulfacleanse 8/4. . . . .	21	tazarotene external . . . . .	21
SOLTAMOX . . . . .	13	sulfamethoxazole-trimethoprim oral . . . . .	10	TAZORAC. . . . .	21
SOMA ORAL TABLET 350 MG . . . . .	35	sulfamez wash . . . . .	21	TECFIDERA . . . . .	18
		sulfasalazine oral tablet . . . . .	31	TEGRETOL. . . . .	11
				TEGRETOL-XR. . . . .	11



TEGSEDI	26	TOBREX OPHTHALMIC OINTMENT	32	triamcinolone acetonide external aerosol solution	21
TEKTURNA	17	TOBREX OPHTHALMIC SOLUTION	32	triamcinolone acetonide external cream 0.025 %, 0.1 %	21
TEKTURNA HCT	17	TOLAK	21	triamcinolone acetonide external cream 0.5 %	21
telmisartan	17	TOPAMAX	11	triamcinolone acetonide external lotion	21
temazepam	35	TOPAMAX SPRINKLE	11	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	21
TEMIXYS	14	topiramate er	11	triamcinolone acetonide external ointment 0.05 %	21
TEMOVATE	21	topiramate oral	11	triamterene-hctz	17
tenofovir disoproxil fumarate	15	TOPROL XL	17	trianex	21
terazosin hcl	26	torsemide	17	triazolam	15
terbinafine hcl oral	13	TOUJEO MAX SOLOSTAR	23	triderm external cream 0.1 %	21
terconazole	13	TOUJEO SOLOSTAR	23	triderm external cream 0.5 %	21
TERIPARATIDE (RECOMBINANT)	31	TOVIAZ	26	TRIDESILON	21
TESSALON PERLES	33	TRACLEER	34	trientine hcl	26
TESTIM	30	TRADJENTA	24	TRIARDY XR	24
TESTOSTERONE CYPIONATE INJECTION	30	tramadol hcl er (biphasic)	8	TRILEPTAL	11
testosterone cypionate intramuscular	30	TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	8	TRINTELLIX	12
testosterone enanthate intramuscular	30	tramadol hcl er oral capsule extended release 24 hour 150 mg	8	TRIUMEQ	15
testosterone transdermal	30	tramadol hcl er oral tablet extended release 24 hour	9	TROKENDI XR	11
TEXACORT	21	tramadol hcl oral tablet 50 mg	9	TRUE METRIX BLOOD GLUCOSE TEST	22
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	30	TRANSDERM-SCOP (1.5 MG)	12	TRUETRACK TEST	22
TIGLUTIK	18	travoprost (bak free)	33	TRULANCE	25
timolol maleate ophthalmic gel forming solution	32	trazodone hcl oral	12	TRULICITY	24
timolol maleate ophthalmic solution 0.25 %, 0.5 %	32	TRELEGY ELLIPTA	34	TRUVADA	15
timolol maleate ophthalmic solution 0.5 % (daily)	32	TREMFYA	31	tulana	29
TIMOPTIC	32	TRESIBA	23	TUSSICAPS	33
TIMOPTIC OCUDOSE 0.25 %	32	TRESIBA FLEXTOUCH	23	tydemy	29
TIMOPTIC-XE	32	tretinoin external cream	21	TYLENOL WITH CODEINE #3	9
TIROSINT	30	tretinoin external gel 0.01 %, 0.05 %	21	TYMLOS	31
TIROSINT-SOL	30	tretinoin external gel 0.025 %	21	TYVASO	34
TIVICAY	15	TREXALL	31	TYVASO REFILL	34
tizanidine hcl oral capsule	35	TREZIX	9	TYVASO STARTER	34
tizanidine hcl oral tablet	35	tri femynor	28		
TOBI PODHALER	34	tri-estarylla	28	<b>U</b>	
TOBRADEX OPHTHALMIC OINTMENT	32	tri-linyah	28	UBRELVY	13
TOBRADEX OPHTHALMIC SUSPENSION	32	tri-lo-estarylla	28	UCERIS ORAL	31
TOBRADEX ST	32	tri-lo-mili	28	UCERIS RECTAL	31
tobramycin nebulization solution 300 mg/4ml inhalation	34	tri-lo-sprintec	28	ULTRAM	9
tobramycin nebulization solution 300 mg/5ml inhalation	34	tri-mili	28	unithroid	30
tobramycin ophthalmic	32	tri-previfem	28	UROCID-K 10	24
tobramycin-dexamethasone	32	tri-sprintec	29	UROCID-K 15	24
		tri-vylibra	29	UROCID-K 5	24
		tri-vylibra lo	29	URSO 250	25
				URSO FORTE	25
				ursodiol oral	25



**V**

valacyclovir hcl oral . . . . .	15
valsartan . . . . .	17
valsartan-hydrochlorothiazide . . . . .	17
VALTOCO . . . . .	11
VANATOL LQ . . . . .	9
VANATOL S . . . . .	9
vandazole . . . . .	10
VARUBI (180 MG DOSE) . . . . .	12
VASCEPA ORAL CAPSULE 0.5 GM . . . . .	17
VASCEPA ORAL CAPSULE 1 GM . . . . .	17
VELPHORO . . . . .	26
VELTASSA . . . . .	24
VEMLIDY . . . . .	15
venlafaxine hcl . . . . .	12
venlafaxine hcl er oral capsule extended release 24 hour . . . . .	12
venlafaxine hcl er oral tablet extended release 24 hour . . . . .	12
Ventolin HFA . . . . .	33, 34
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg . . . . .	17
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg . . . . .	17
verapamil hcl er oral tablet extended release . . . . .	17
verapamil hcl oral . . . . .	17
VERDESO . . . . .	21
VERELAN . . . . .	17
VERELAN PM . . . . .	17
VERZENIO . . . . .	13
VIBERZI . . . . .	25
VIBRAMYCIN ORAL CAPSULE . . . . .	10
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED . . . . .	10
vicodin hp oral tablet 10-300 mg . . . . .	9
VICTOZA SOLUTION PEN- INJECTOR 18 MG/3ML SUBCUTANEOUS (2 Pak) . . . . .	24
VICTOZA SOLUTION PEN- INJECTOR 18 MG/3ML SUBCUTANEOUS (3 Pak) . . . . .	24
vienna . . . . .	29
VIIBRYD . . . . .	12
VIIBRYD STARTER PACK . . . . .	12
VIMPAT ORAL . . . . .	11
VIOKACE . . . . .	26
viorele . . . . .	29
VIREAD ORAL POWDER . . . . .	15

VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG . . . . .	15
VISTARIL . . . . .	15
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut) . . . . .	24
VITRAKVI . . . . .	13
Vivelle-Dot . . . . .	27, 29
VIVLODEX . . . . .	9
VOLTAREN . . . . .	9
VOSEVI . . . . .	15
VRAYLAR . . . . .	14
vyfemla . . . . .	29
VYLEESI . . . . .	24
vylibra . . . . .	29
VYVANSE . . . . .	18
VYZULTA . . . . .	33

**W**

WAKIX . . . . .	35
warfarin sodium oral . . . . .	11
WELCHOL . . . . .	17
wera . . . . .	29
WESTHROID . . . . .	30
wixela inhub . . . . .	34
WP THYROID . . . . .	30

**X**

XARELTO . . . . .	11
XARELTO STARTER PACK . . . . .	11
XCOPRI . . . . .	11
XELJANZ . . . . .	31
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG . . . . .	31
XELPROS . . . . .	33
XENLETA . . . . .	10
XEPI . . . . .	10
XHANCE . . . . .	33
XIFAXAN . . . . .	10
XIIDRA . . . . .	33
XIMINO . . . . .	10
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# Nondiscrimination notice and access to communication services

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

**Online:** [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

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

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

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

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

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

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

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



# Multi-language interpreter services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សូមជំនួយភាសាដទៃយកតម្កល់ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទំនាក់ទំនងលើខ្សែកម្រិតតម្កល់ ដើម្បីមាននូវលិខិតអនុញ្ញាតិចំណាប់អារម្មណ៍របស់អ្នក។

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

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

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

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