



Your 2021 Prescription Drug List

Advantage 3-Tier

Effective September 1, 2021



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of September 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, Level2 and Oxford medical plans with a pharmacy benefit subject to the Advantage 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

Table of contents

Understanding your Prescription Drug List (PDL)	4
Medication tips	5
Reading your PDL	6
Questions	7
Analgesics	
Drugs for Pain	8
Drugs for Pain and Inflammation	9
Anti-Addiction / Substance Abuse Treatment Agents	9
Antibacterials	
Drugs for Infections	10
Anticoagulants	
Drugs to Treat or Prevent Blood Clots	11
Anticonvulsants	
Drugs for Seizures	11
Antidementia Agents	
Drugs for Alzheimer’s Disease and Dementia	12
Antidepressants	
Drugs for Depression	12
Antiemetics	
Drugs for Nausea and Vomiting	13
Antifungals	
Drugs for Fungal Infections	13
Antigout Agents	
Drugs for Gout	13
Antimigraine Agents	
Drugs for Migraines	13
Antineoplastics	
Drugs for Cancer	14
Antiparasitics	
Drugs for Parasitic Infections	14
Antiparkinson Agents	
Drugs for Parkinson’s Disease	14
Antiplatelets	
Drugs for Heart Attack and Stroke Prevention	14
Antipsychotics	
Drugs for Mood Disorders	15
Antivirals	
Drugs for Viral Infections	15
Anxiolytics	
Drugs for Anxiety	16
Bipolar Agents	
Drugs for Mood Disorders	16
Cardiovascular Agents	
Drugs for Heart and Circulation Conditions	16
Central Nervous System Agents	
Drugs for Attention Deficit Disorder	18
Drugs for Multiple Sclerosis	19
Miscellaneous	19
Dental and Oral Agents	
Drugs for Mouth and Throat Conditions	20



Dermatological Agents	
Drugs for Skin Conditions	20
Diabetes	
Glucose Monitoring	23
Insulin	23
Non-Insulin Agents	24
Drugs for Blood Disorders	25
Drugs for Sexual Dysfunction	25
Electrolytes / Vitamins	25
Gastrointestinal Agents	
Drugs for Acid Reflux and Ulcer	26
Drugs for Bowel, Intestine and Stomach Conditions	26
Genetic or Enzyme Disorder	
Drugs for Replacement, Modification, Treatment	27
Genitourinary Agents	
Drugs for Bladder, Genital and Kidney Conditions	27
Drugs for Prostate Conditions	27
Hormonal Agents	
Hormone Replacement and Birth Control	27
Oral Steroids	30
Other	31
Testosterone Replacement	31
Thyroid	31
Immunological Agents	
Drugs for Immune System Stimulation or Suppression	32
Infertility Agents	33
Inflammatory Bowel Disease Agents	33
Metabolic Bone Disease Agents	
Drugs for Osteoporosis	33
Ophthalmic Agents	
Drugs for Eye Allergy, Infection and Inflammation	33
Drugs for Glaucoma	34
Drugs for Miscellaneous Eye Conditions	35
Otic Agents	
Drugs for Ear Conditions	35
Respiratory	
Drugs for Anaphylaxis	35
Respiratory Tract / Pulmonary Agents	
Drugs for Allergies, Cough, Cold	35
Drugs for Asthma and COPD	35
Drugs for Cystic Fibrosis	36
Drugs for Pulmonary Hypertension	37
Skeletal Muscle Relaxants	
Drugs for Muscle Pain and Spasm	37
Sleep Disorder Agents	37
Index	38



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)¹ if similar alternatives are available at a lower cost. Examples include medications that work the same way, but one is much more expensive than the other, or options that are available without a prescription (also referred to as over-the-counter medications²). There are also some instances where the same product can be made by two or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

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

Who decides which medications are covered?

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

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

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

About this PDL

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



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

Specialty medications are high-cost and are used to treat rare or complex conditions that require additional care and support. For most plans, these medications are managed through the specialty pharmacy program. Take advantage of personalized support designed to help you get the most out of your treatment plan. Visit the member website listed on your 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
Tier 1	\$ Lower-cost Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost Medications that provide good overall value. A mix of brand name and generic drugs.	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
Tier 3	\$\$\$ Highest-cost Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Ask your doctor if a Tier 1 or Tier 2 option could work for you.

Drug list information

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

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

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

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



Reading your PDL (continued)

Coverage details

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

Questions

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



Call the toll-free 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
Analgesics - Drugs for Pain		
acetaminophen-codeine	1	
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
apap-caff-dihydrocodeine oral capsule	3	QL
apap-caff-dihydrocodeine oral tablet	1	QL
bac	1	QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
butalbital-apap-caffeine oral tablet	1	QL
CONZIP	E	QL
DILAUDID ORAL	3	
DURAGESIC-100	E	PA, ST, QL
DURAGESIC-12	E	PA, ST, QL
DURAGESIC-25	E	PA, ST, QL
DURAGESIC-50	E	PA, ST, QL
DURAGESIC-75	E	PA, ST, QL
endocet	1	
ESGIC	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 bitartrate er oral capsule extended release 12 hour	3	PA, ST, QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	E	PA, ST, QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	1	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	

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

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



Drug Name	Drug Tier	Requirements & Limits
OXYCONTIN	E	PA, ST, QL
PERCOCET	E	
premium lidocaine	2	QL
PROLATE	E	
QDOLO	E	PA, QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	E	
ROXICODONE ORAL TABLET 5 MG	E	QL
SUBSYS	E	PA, QL
tramadol hcl er	2	(generic for Ultram ER), QL
tramadol hcl er (biphasic)	E	(generic for Ryzolt), QL
tramadol hcl oral tablet 100 mg	E	
tramadol hcl oral tablet 50 mg	1	
TREZIX	3	QL
ULTRAM	E	
VTOL LQ	2	PA, QL
XTAMPZA ER	2	PA, QL
ZEBUTAL	3	QL
ZOHYDRO ER	E	PA, ST, QL
ZTLIDO	E	PA, QL
Analgesics - Drugs for Pain and Inflammation		
CATAFLAM	E	
CELEBREX	E	QL
celecoxib oral	2	QL
diclofenac potassium	1	
diclofenac sodium er	1	
diclofenac sodium external gel 1 %	E	
diclofenac sodium external solution	E	
diclofenac sodium oral	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	3	
ec-naproxen	1	
etodolac	1	
etodolac er	1	
ibuprofen	1	
ibuprofen oral suspension	E	
INDOCIN	3	

Drug Name	Drug Tier	Requirements & Limits
indomethacin er	1	
INDOMETHACIN ORAL CAPSULE 20 MG	E	
indomethacin oral capsule 25 mg, 50 mg	1	
KETOROLAC TROMETHAMINE NASAL	3	ST, QL
ketorolac tromethamine oral	1	
LODINE	E	
meloxicam oral capsule	E	QL
meloxicam oral tablet	1	
MOBIC	3	
nabumetone oral	1	
NAPRELAN	E	
NAPROSYN ORAL SUSPENSION	E	PA
NAPROSYN ORAL TABLET	E	
naproxen oral suspension	1	PA
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	E	
NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	E	
naproxen sodium oral tablet 275 mg, 550 mg	1	
PENNSAID	E	
QMIIZ ODT	E	
RELAFEN	E	
RELAFEN DS	E	
SPRIX	3	ST, QL
TIVORBEX	E	
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

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
CHANTIX CONTINUING MONTH PAK	3	PA, H
CHANTIX STARTING MONTH PAK	3	PA, H
naloxone hcl injection	1	
naltrexone hcl oral	1	
NARCAN	2	QL
SUBOXONE	E	PA, QL
ZUBSOLV	2	QL
Antibacterials - Drugs for Infections		
ACTICLATE	E	
amoxicillin	1	
amoxicillin-potassium clavulanate er	E	
amoxicillin-potassium clavulanate oral	1	
AUGMENTIN	E	
AUGMENTIN ES-600	E	
avidoxy	1	
azithromycin oral	1	
BACTRIM	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	E	
DORYX MPC	E	

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

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Drug Name	Drug Tier	Requirements & Limits
SOLODYN	E	PA
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
TARGADOX	E	
vandazole	2	
VIBRAMYCIN ORAL CAPSULE	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	
XENLETA ORAL	3	
XEPI	3	QL
XIMINO	E	PA
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	

Anticoagulants - Drugs to Treat or Prevent Blood Clots

ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium	2	QL
jantoven	1	
LOVENOX	E	QL
PRADAXA	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL

Anticonvulsants - Drugs for Seizures

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
DIASTAT ACUDIAL	3	QL
DIASTAT PEDIATRIC	2	QL
diazepam rectal	1	QL
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	

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

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
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	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT ORAL TABLET	E	
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	E	
donepezil hcl oral tablet dispersible	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide	1	
CYMBALTA	E	QL
desvenlafaxine succinate er	3	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
DRIZALMA SPRINKLE	3	PA, QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	QL
duloxetine hcl oral capsule delayed release particles 40 mg	E	

Drug Name	Drug Tier	Requirements & Limits
EFFEXOR XR	E	
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	3	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	3	QL
fluoxetine hcl oral tablet 20 mg	3	
fluoxetine hcl oral tablet 60 mg	E	
fluvoxamine maleate	1	
fluvoxamine maleate er	3	QL
FORFIVO XL	E	QL
LEXAPRO	E	
mirtazapine oral	1	
nortriptyline hcl oral	1	
PAMELOR	E	
paroxetine hcl	1	
paroxetine hcl er	3	QL
PAXIL CR	E	QL
PAXIL ORAL SUSPENSION	3	
PAXIL ORAL TABLET	E	
PRISTIQ	E	QL
PROZAC	E	
REMERON	3	
REMERON SOLTAB	3	
sertraline hcl oral	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	E	QL
VIIBRYD	3	QL
VIIBRYD STARTER PACK	3	
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	

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Drug Name	Drug Tier	Requirements & Limits
Antiemetics - Drugs for Nausea and Vomiting		
BONJESTA	E	PA
DICLEGIS	E	PA
doxylamine-pyridoxine	E	PA
GIMOTI	E	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	E	
ondansetron hcl oral	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
promethegan	1	
REGLAN	3	
scopolamine	3	
TRANSDERM SCOP (1.5 MG)	E	
ZOFRAN	E	
ZUPLENZ	E	QL
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox treatment	E	
CRESEMBA ORAL	3	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3	
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
LOPROX EXTERNAL SHAMPOO	E	

Drug Name	Drug Tier	Requirements & Limits
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystop	1	QL
terbinafine hcl oral	1	QL
terconazole	1	
XOLEGEL	3	
Antigout Agents - Drugs for Gout		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	
colchicine oral tablet	E	
COLCRYS	E	
febuxostat	3	ST, QL
GLOPERBA	3	PA
MITIGARE	2	
ULORIC	E	ST, QL
ZYLOPRIM	3	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA, ST, QL
AMERGE	E	QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA, ST, QL
EMGALITY (300 MG DOSE)	2	PA, ST, QL
IMITREX ORAL	E	QL
IMITREX STATDOSE REFILL	E	QL
IMITREX STATDOSE SYSTEM	E	QL
IMITREX SUBCUTANEOUS	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
naratriptan hcl	1	QL
ONZETRA XSAIL	E	QL
RELPAK	E	QL
REYVOW	2	PA, ST, QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill	1	QL
sumatriptan succinate subcutaneous	1	QL

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Drug Name	Drug Tier	Requirements & Limits
UBRELVY	2	PA, ST, QL
ZEMBRACE SYMTOUCH	E	QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	ST, QL
ZOLMITRIPTAN NASAL SOLUTION 5 MG	E	ST, QL
zolmitriptan oral tablet	2	QL
zolmitriptan oral tablet dispersible	3	QL
ZOMIG NASAL SOLUTION 2.5 MG	2	ST, QL
ZOMIG NASAL SOLUTION 5 MG	2	ST, QL
ZOMIG ORAL	E	QL
ZOMIG ZMT	E	QL
Antineoplastics - Drugs for Cancer		
ALEGENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	
ARIMIDEX	E	
bexarotene	E	SP
CALQUENCE	2	PA, QL, SP
capecitabine	1	QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA	2	PA, QL, SP
FEMARA	E	
fluorouracil external solution	1	
GLEEVEC	E	PA, QL, SP
IBRANCE	2	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate	1	PA, QL, SP
KOSELUGO	3	PA, QL, SP
letrozole oral	1	
LYNPARZA	2	PA, QL, SP
mercaptopurine oral	1	
NUBEQA	2	PA, QL, SP
ODOMZO	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

Drug Name	Drug Tier	Requirements & Limits
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
XELODA	E	QL, SP
ZEJULA	2	PA, QL, SP

Antiparasitics - Drugs for Parasitic Infections

ARAKODA	3	QL
atovaquone-proguanil hcl	2	
ELIMITE	3	
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	QL
MALARONE	3	
permethrin external	1	
PLAQUENIL	E	

Antiparkinson Agents - Drugs for Parkinson's Disease

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

Antiplatelets - Drugs for Heart Attack and Stroke Prevention

BRILINTA	3	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	
ZONTIVITY	3	QL

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Drug Name	Drug Tier	Requirements & Limits
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	QL
aripiprazole oral solution	3	
aripiprazole oral tablet	2	QL
aripiprazole oral tablet dispersible	2	QL
asenapine maleate	E	QL
GEODON ORAL	E	QL
LATUDA	3	QL
olanzapine oral tablet	1	QL
olanzapine oral tablet dispersible	2	QL
quetiapine fumarate	1	
quetiapine fumarate er	3	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	3	QL
SEROQUEL	E	
SEROQUEL XR	E	QL
VRAYLAR	3	ST, QL
ziprasidone hcl	2	QL
ZYPREXA ORAL	E	QL
ZYPREXA ZYDIS	E	QL
Antivirals - Drugs for Viral Infections		
acyclovir oral	1	
ATRIPLA	E	ST, QL
BARACLUDE ORAL SOLUTION	2	SP
BARACLUDE ORAL TABLET	E	SP
CIMDUO	2	QL
DOVATO	2	QL
efavirenz-emtricitab-tenofovir	E	ST, QL
efavirenz-lamivudine-tenofovir	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	1	SP
EPCLUSA ORAL TABLET 200-50 MG	2	PA, QL
EPCLUSA ORAL TABLET 400-100 MG	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
GENVOYA	3	QL
HARVONI ORAL PACKET	2	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET	2	PA, QL, SP
NORVIR ORAL PACKET	2	
NORVIR ORAL SOLUTION	2	
NORVIR ORAL TABLET	E	
ODEFSEY	3	QL
oseltamivir phosphate oral capsule	2	
oseltamivir phosphate oral suspension reconstituted	2	QL
PREZCOBIX	2	
PREZISTA	2	
ritonavir	2	
RUKOBIA	3	PA
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	3	QL
SYMFI	2	QL
SYMFI LO	2	QL
TAMIFLU ORAL CAPSULE	E	
TAMIFLU ORAL SUSPENSION RECONSTITUTED	E	QL
TEMIXYS	E	QL
tenofovir disoproxil fumarate	2	H-PA
TIVICAY	3	
TIVICAY PD	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	QL
VALTREX	E	QL
VEMLIDY	3	ST, SP

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Drug Name	Drug Tier	Requirements & Limits
VIREAD ORAL POWDER	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZEPATIER	2	PA, QL, SP
ZOVIRAX ORAL	3	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
clonazepam oral	1	
diazepam intensol	1	
diazepam oral	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	E	
VISTARIL	3	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	3	
acetazolamide er	1	
acetazolamide oral	1	

Drug Name	Drug Tier	Requirements & Limits
ALDACTONE	E	
aliskiren fumarate	3	
ALTACE	E	
ALTOPREV	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	QL, H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	QL
AVALIDE	E	
AVAPRO	E	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
BETAPACE	E	
BIDIL	2	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
BYSTOLIC	E	
CALAN SR	3	
CARDIZEM	E	
CARDIZEM CD	E	
CARDIZEM LA	E	
CARDURA	3	
CAROSPIR	3	PA
cartia xt	2	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
colesevelam hcl	E	
COREG	E	
CORGARD	3	
CORLANOR	3	PA, QL
COZAAR	E	

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Drug Name	Drug Tier	Requirements & Limits
CRESTOR	E	QL
diltiazem hcl er	1	
diltiazem hcl er coated beads	2	
diltiazem hcl oral	1	
dilt-xr	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
EDARBI	3	
EDARBYCLOR	3	
enalapril maleate oral	1	
EPANED	3	PA
EXFORGE	E	
EZALLOR SPRINKLE	3	PA
ezetimibe	2	
ezetimibe-simvastatin	3	
fenofibrate oral capsule 150 mg, 50 mg	E	
fenofibrate oral tablet 120 mg, 40 mg, 48 mg	E	
fenofibrate oral tablet 145 mg, 160 mg, 54 mg	2	
FENOGLIDE	E	
flecainide acetate	1	
FLOLIPID	3	PA
furosemide oral	1	
gemfibrozil oral	1	
GONITRO	E	QL
guanfacine hcl	1	
HEMANGEOL	E	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
icosapent ethyl	E	PA
INDERAL LA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
KAPSPARGO SPRINKLE	3	

Drug Name	Drug Tier	Requirements & Limits
labetalol hcl oral	1	
LASIX	3	
LIPITOR	E	QL
LIPOFEN	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	3	
LOPRESSOR	3	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTENSIN HCT	3	
LOTREL	E	
lovastatin oral	1	H
LOVAZA	E	
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	
MICARDIS	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	

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

Drug Name	Drug Tier	Requirements & Limits
TEKTURNA	3	
TEKTURNA HCT	3	
telmisartan	2	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
TOPROL XL	3	
toremide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan	2	
valsartan-hydrochlorothiazide	1	
VASOTEC	E	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM	3	
VYTORIN	E	
WELCHOL	2	
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	3	
ZOCOR	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	2	QL
ADHANSIA XR	E	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	E	QL

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Drug Name	Drug Tier	Requirements & Limits
APTENSIO XR	E	QL
atomoxetine hcl	3	QL
CONCERTA	2	QL
DEXEDRINE	E	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	3	QL
dextroamphetamine sulfate er	3	QL
dextroamphetamine sulfate oral solution	1	
dextroamphetamine sulfate oral tablet	3	
FOCALIN	3	
FOCALIN XR	E	QL
guanfacine hcl er	2	QL
INTUNIV	E	QL
JORNAY PM	E	QL
METHYLIN	3	
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	
methylphenidate hcl er (xr)	E	QL
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	3	QL
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	E	QL
methylphenidate hcl er oral tablet extended release 24 hour	E	QL
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	
methylphenidate hcl oral tablet chewable	3	
MYDAYIS	E	QL
PROCENTRA	3	
QUILLICHEW ER	E	QL
QUILLIVANT XR	E	QL
relexxii	E	QL
RITALIN	3	

Drug Name	Drug Tier	Requirements & Limits
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	3	QL
ZENZEDI	E	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	E	PA, QL, SP
AUBAGIO	3	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
dalfampridine er	2	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
GILENYA	3	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	2	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL, SP
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	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
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, QL, SP
LYRICA	3	PA, ST, QL
LYRICA CR	E	ST, QL
NUDEXTA	2	PA
pregabalin oral capsule	2	QL
pregabalin oral solution	3	QL
RILUTEK	3	SP
riluzole	1	SP
TIGLUTIK	3	PA
ZEPOSIA	3	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
ZEPOSIA 7-DAY STARTER PACK	3	PA, QL, SP
ZEPOSIA STARTER KIT	3	PA, QL, SP
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cavarest	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	3	
DENTAGEL	3	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	3	
PERIDEX	3	
periogard	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
PREVIDENT MOUTH/THROAT	3	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	PA
accutane	2	
ACZONE EXTERNAL GEL 5 %	3	QL
ACZONE EXTERNAL GEL 7.5 %	3	QL
ALA SCALP	3	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	
ALDARA	3	QL

Drug Name	Drug Tier	Requirements & Limits
ALTRENO	E	PA, QL
amnestem	2	
AMZEEQ	3	PA, QL
ATRALIN	E	PA, QL
AVAR CLEANSER	3	
AVAR LS CLEANSER	E	
AVAR-E EMOLLIENT	3	
AVAR-E GREEN	3	
AVAR-E LS	3	
AVITA	E	PA, QL
azelaic acid external	3	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external gel	1	
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	2	
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	2	
bp 10-1	1	
calcipotriene-betameth diprop external ointment	3	QL
calcipotriene-betameth diprop external suspension	E	QL
calcitriol external	1	QL
CAPEX	2	
CARAC	2	
claravis	2	
CLEOCIN-T	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phosphate external foam	3	

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Drug Name	Drug Tier	Requirements & Limits
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	QL
clindamycin phosphate external swab	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	E	
clindamycin phosphate gel 1 % external	3	QL
clobetasol propionate external cream	2	QL
clobetasol propionate external foam	E	QL
clobetasol propionate external gel	2	QL
clobetasol propionate external liquid	1	QL
clobetasol propionate external lotion	E	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external shampoo	E	QL
clobetasol propionate external solution	1	QL
CLOBEX	E	QL
CLOBEX SPRAY	E	QL
clodan external shampoo	E	QL
clotrimazole-betamethasone external cream	1	QL
clotrimazole-betamethasone external lotion	1	
dapsone external gel 5 %	E	QL
DAPSONE EXTERNAL GEL 7.5 %	E	QL
DERMA-SMOOTHIE/FS BODY	3	QL
DERMA-SMOOTHIE/FS SCALP	3	
DESONATE	3	ST, QL
desonide external cream	3	QL
desonide external gel	3	ST, QL
desonide external lotion	3	QL
desonide external ointment	3	QL
DESOWEN	3	QL
DIPROLENE	3	
DIPROLENE AF	3	
DUPIXENT	3	PA, ST, QL, SP

Drug Name	Drug Tier	Requirements & Limits
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 %	2	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
imiquimod external cream 3.75 %	E	QL
imiquimod external cream 5 %	1	QL
IMIQUIMOD PUMP	E	QL
IMPEKLO	E	QL
IMPOYZ	E	QL
isotretinoin oral	2	
KENALOG EXTERNAL	E	QL
METROCREAM	3	
METROGEL	E	
METROLOTION	3	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
metronidazole external gel 1 %	E	

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Drug Name	Drug Tier	Requirements & Limits
metronidazole external lotion	1	
MIRVASO	3	PA, QL
mometasone furoate external	1	
myorisan	2	
neuac external gel	3	QL
NORITATE	E	
OLUX	E	QL
PICATO	3	QL
PLEXION	E	
PLEXION CLEANSER	E	
PLEXION CLEANSING CLOTH	E	
RETIN-A	E	PA, QL
RHOFADE	3	PA, QL
rosadan external cream	1	
rosadan external gel	1	
SERNIVO	E	QL
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	
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	
sulfacetamide sod-sulfur wash external liquid	1	
SULFACLEANSE 8/4	E	

Drug Name	Drug Tier	Requirements & Limits
sulfamez wash	1	
SUMADAN WASH	E	
SUMAXIN	3	
SUMAXIN WASH	3	
SYNALAR	E	QL
TACLONEX EXTERNAL OINTMENT	E	QL
TACLONEX EXTERNAL SUSPENSION	3	QL
tazarotene external	3	PA, QL
TAZORAC	3	PA, QL
TEMOVATE	3	QL
TEXACORT	2	
tretinoin external cream	3	QL
tretinoin external gel 0.01 %	E	QL
tretinoin external gel 0.025 %	E	
tretinoin external gel 0.05 %	E	PA, QL
triamcinolone acetonide external aerosol solution	2	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
TRIANEX	E	
triderm external cream 0.1 %	1	
triderm external cream 0.5 %	1	QL
TRIDESILON	3	QL
VANOS	E	QL
VECTICAL	E	QL
VERDESO	E	QL
WYNZORA	E	QL
zenatane	2	
ZILXI	3	PA, ST, QL
ZYCLARA	E	QL
ZYCLARA PUMP	E	QL

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Drug Name	Drug Tier	Requirements & Limits
Diabetes - Glucose Monitoring		
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK FASTCLIX LANCETS	1	
accu-chek guide kit w/device	3	(Accu-Chek Guide Me)
ACCU-CHEK GUIDE ME METER	3	
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK SOFTXLIX LANCETS	1	
bd autoshield duo pen needles	2	
bd ultra-fine insulin syringes	2	
bd ultra-fine pen needles	2	
CONTOUR NEXT EZ KIT W/DEVICE	2	
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT TEST STRIPS	2	QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	3	PA, QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	3	PA, QL
FREESTYLE LIBRE 14 DAY READER	3	PA
FREESTYLE LIBRE 14 DAY SENSOR	3	PA
FREESTYLE LIBRE 2 READER	3	PA
FREESTYLE LIBRE 2 SENSOR	3	PA
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE LIBRE SENSOR SYSTEM	3	PA
INSULIN PEN NEEDLES	2	
INSULIN SYRINGES	2	
LANCETS	3	
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	

Drug Name	Drug Tier	Requirements & Limits
ONETOUCH DELICA PLUS LANCETS	1	
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 ULTRASOFT LANCETS	1	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO IQ SYSTEM	1	
ONETOUCH VERIO KIT W/DEVICE	1	
ONETOUCH VERIO REFLECT	1	
ONETOUCH VERIO TEST STRIPS	1	QL
Diabetes - Insulin		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
AFREZZA	E	PA, QL
BASAGLAR KWIKPEN	E	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMALOG VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	QL
HUMALOG VIAL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	1	QL
HUMULIN R VIAL	1	QL
INSULIN ASPART	E	ST, QL
INSULIN ASPART FLEXPEN	E	ST, QL

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Drug Name	Drug Tier	Requirements & Limits
INSULIN ASPART PENFILL	E	ST, QL
INSULIN LISPRO	E	QL
INSULIN LISPRO (1 UNIT DIAL)	E	QL
INSULIN LISPRO JUNIOR KWIKPEN	E	QL
INSULIN LISPRO PROT & LISPRO	E	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LEVEMIR U-100 FLEXTOUCH	E	QL
LEVEMIR U-100 VIAL	E	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV VIAL	1	QL
NOVOLIN 70/30 FLEXPEN	E	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL
NOVOLIN 70/30 RELION	E	ST, QL
NOVOLIN 70/30 VIAL	E	ST, QL
NOVOLIN N FLEXPEN	E	ST, QL
NOVOLIN N FLEXPEN RELION	E	ST, QL
NOVOLIN N RELION	E	ST, QL
NOVOLIN N VIAL	E	ST, QL
NOVOLIN R FLEXPEN	E	ST, QL
NOVOLIN R FLEXPEN RELION	E	ST, QL
NOVOLIN R RELION	E	ST, QL
NOVOLIN R VIAL	E	ST, QL
NOVOLOG FLEXPEN	E	ST, QL
NOVOLOG PENFILL	E	ST, QL
NOVOLOG U-100 VIAL	E	ST, QL
SEMGLEE	E	QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
TRESIBA	E	QL
TRESIBA FLEXTOUCH	E	QL
Diabetes - Non-Insulin Agents		
ACTOS	E	QL
ADLYXIN	3	PA, ST, QL
ADLYXIN STARTER PACK	3	PA, ST, QL
ALOGLIPTIN BENZOATE	E	QL
ALOGLIPTIN-METFORMIN HCL	E	QL
ALOGLIPTIN-PIOGLITAZONE	E	QL

Drug Name	Drug Tier	Requirements & Limits
AMARYL	3	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE AUTOINJECTOR	2	PA, ST, QL
BYETTA 10 MCG PEN	2	PA, ST, QL
BYETTA 5 MCG PEN	2	PA, ST, QL
FARXIGA	E	ST, QL
FORTAMET	E	PA
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
glucagon emergency kit 1 mg injection 1 mg (Eli Lilly)	2	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG (Fresenius)	2	QL
GLUCOTROL	3	
GLUCOTROL XL	3	
GLUMETZA	E	PA
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST, QL
GVOKE HYPOPEN 1-PACK	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE PFS	2	QL
JANUVIA	E	ST, QL
JARDIANCE	2	ST, QL
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

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Drug Name	Drug Tier	Requirements & Limits
OSENI	2	QL
OZEMPIC	2	PA, ST, QL
pioglitazone hcl	1	QL
RIOMET	E	
RYBELSUS	2	PA, ST, QL
SOLIQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, ST, (2 Pak), QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, ST, (3 Pak), QL
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA
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
NOVOEIGHT	2	SP
NUWIQ	2	SP
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	

Drug Name	Drug Tier	Requirements & Limits
ZARXIO	2	SP
ZIEXTENZO	3	SP
Drugs for Sexual Dysfunction		
ADDYI	3	PA, QL
CIALIS ORAL TABLET 10 MG, 20 MG	E	QL
CIALIS ORAL TABLET 2.5 MG, 5 MG	E	ST, 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
STENDRA	3	PA, QL
tadalafil oral tablet 10 mg, 20 mg	2	QL
tadalafil oral tablet 2.5 mg, 5 mg	2	ST, QL
VIAGRA	E	QL
VYLEESI	3	PA, QL
Electrolytes / Vitamins		
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
DRISDOL	3	
ERGOCAL	3	
ergocalciferol oral capsule	1	
FLORIVA PLUS	3	
folic acid oral tablet 1 mg	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
KLOR-CON M15	3	
klor-con m20	1	
K-TAB	3	
LOKELMA	3	PA, QL
multi-vitamin/fluoride	1	
multivitamin/fluoride oral solution	1	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
NASCOBAL	3	

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

Drug Name	Drug Tier	Requirements & Limits
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
ANASPAZ	2	
CLENPIQ	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ED-SPAZ	3	
gavilyte-c	1	H
gavilyte-g	1	QL, H
GOLYTELY	3	QL
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
LEVBID	3	
LEVSIN ORAL	3	
LEVSIN/SL	3	
LINZESS	2	PA, QL
LOMOTIL	3	
MOTEGRITY	3	PA, QL
MOVIPREP	3	QL
NULEV	3	
oscimin	1	
oscimin sr	1	
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMAX DUOTAB	3	
SYMAX-SL	3	
SYMAX-SR	3	
SYMPROIC	2	PA, QL
TRULANCE	3	PA, ST, QL

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Drug Name	Drug Tier	Requirements & Limits
URSO 250	3	
URSO FORTE	3	
ursodiol oral	1	
VIBERZI	3	PA, QL
XIFAXAN	3	PA, QL
ZELNORM	3	PA, ST, QL

Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment

CERDELGA	2	PA, SP
clovique	3	PA, SP
CREON	2	
CUPRIMINE	E	SP
DEPEN TITRATABS	2	SP
ENDARI	3	PA, QL
nitisinone	3	PA, SP
NITYR	E	PA, SP
ORFADIN	2	PA, SP
PANCREAZE	3	ST
penicillamine oral capsule	3	SP
penicillamine oral tablet	2	SP
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
SYPRINE	E	PA, SP
TEGSEDI	2	PA, QL, SP
trientine hcl	3	PA, SP
VIOKACE	3	ST
ZENPEP	2	

Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions

AURYXIA	3	
DITROPAN XL	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	
TOVIAZ	3	
VELPHORO	2	

Drug Name	Drug Tier	Requirements & Limits
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	3	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	

Hormonal Agents - Hormone Replacement and Birth Control

afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
amethia	3	
amethia lo	3	
apri	1	H
ashlyna	3	
aubra	1	H
aubra eq	1	H
aurovela 1.5/30	2	
aurovela 1/20	2	
aurovela 24 fe	3	
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	3	
ayuna	1	H
azurette	2	
balziva	2	
bekyree	2	
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	3	
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	2	
camila	1	H
camrese	3	

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

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

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

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
merzee	E	
mibelas 24 fe	E	
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin 24 fe	3	
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
MINASTRIN 24 FE	E	
MINIVELLE	E	QL
MIRCETTE	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 capsule	E	
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	E	
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	2	
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H

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Drug Name	Drug Tier	Requirements & Limits
norlyda	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
NUVARING	1	H
nymyo	1	H
ocella	3	
orsythia	1	H
ORTHO MICRONOR	3	
philith	2	
pimtree	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	
PROMETRIUM	E	
PROVERA	3	
QUARTETTE	E	
reclipsen	1	H
rivelsa	E	
SAFYRAL	E	
SEASONIQUE	E	
setlakin	2	H
sharobel	1	H
simliya	2	
simpesse	3	
sprintec 28	1	H
sronyx	1	H
syeda	3	
tarina 24 fe	3	
tarina fe 1/20	1	H
tarina fe 1/20 eq	1	H
TAYTULLA	E	
tri femynor	1	H

Drug Name	Drug Tier	Requirements & Limits
tri-estarylla	1	H
tri-linyah	1	H
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	1	H
tri-nymyo	1	H
tri-previfem	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
tulana	1	H
tyblume	1	H
tydemy	E	
VAGIFEM	E	
vestura	3	
vienva	1	H
viorele	2	
VIVELLE-DOT	2	QL
volnea	2	
vyfemla	2	
vylibra	1	H
wera	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvafem	2	
zafemy	3	H
zarah	3	
zumandimine	3	
Hormonal Agents - Oral Steroids		
ALKINDI SPRINKLE	E	PA
CORTEF	3	
DECADRON	E	
DEXABLISS	E	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	

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Drug Name	Drug Tier	Requirements & Limits
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DXEVO 11-DAY	E	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET 32 MG	3	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
MILLIPRED	2	
ORAPRED ODT	3	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral	1	
prednisone intensol	1	
prednisone oral	1	
RAYOS	E	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
ZCORT 7-DAY	E	
Hormonal Agents - Other		
cabergoline	2	
DDAVP	E	
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 FLEXPPO	E	PA, QL, SP
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP
OMNITROPE	E	PA, QL, SP
ORIAHNN	3	PA, QL
ORILISSA	3	PA, QL
SOMATULINE DEPOT	3	SP
STIMATE	3	
ZOMACTON	E	PA, QL, SP
ZOMACTON (FOR ZOMA-JET 10)	E	PA, QL, SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	PA, QL
ANDROGEL	E	PA, QL
ANDROGEL PUMP	E	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
FORTESTA	E	PA, QL
NATESTO	E	PA, QL
TESTIM	2	PA, QL
testosterone cypionate intramuscular	1	
testosterone transdermal	E	PA, QL
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	
CYTOMEL	E	
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	E	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
NATURE-THROID	3	
np thyroid	1	
SYNTHROID	E	

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

Immunological Agents - Drugs for Immune System Stimulation or Suppression

ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ASTAGRAF XL	E	
AZASAN	3	
azathioprine oral	1	
CELLCEPT	E	
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	
ENBREL MINI	3	PA, ST, QL, SP
ENBREL SUBCUTANEOUS SOLUTION	3	PA, ST, QL
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, ST, QL, SP
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA, ST, QL, SP
ENBREL SURECLICK	3	PA, ST, QL, SP
ENVARUSUS XR	E	
FIRAZYR	2	PA, QL, SP
gengraf	1	
HAEGARDA	2	PA, QL, SP
HUMIRA	2	PA, QL, SP
HUMIRA PEDIATRIC CROHNS START	2	PA, QL, SP
HUMIRA PEN	2	PA, QL, SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
HUMIRA PEN-PEDIATRIC UC START	2	PA, QL, SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA, QL, SP
HUMIRA PEN-PSOR/UEVIT STARTER	2	PA, QL, SP
icatibant acetate	E	PA, QL, SP
IMURAN	E	
methotrexate oral	1	
methotrexate sodium	1	
methotrexate sodium (pf)	1	
mycophenolate mofetil oral	1	
mycophenolate sodium	2	
MYFORTIC	E	
NEORAL	E	
OLUMIANT ORAL TABLET 1 MG	2	PA, QL
OLUMIANT ORAL TABLET 2 MG	2	PA, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
OTEZLA	2	PA, QL, SP
OTREXUP	E	QL
PROGRAF ORAL CAPSULE	3	
PROGRAF ORAL PACKET	3	PA
RAPAMUNE ORAL SOLUTION	3	
RAPAMUNE ORAL TABLET	E	
RASUVO	2	QL
REDITREX	E	QL
RINVOQ	2	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral solution	2	
sirolimus oral tablet	1	
SKYRIZI (150 MG DOSE)	2	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION	2	PA, SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO	2	PA, QL, SP
TREMFYA	2	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
TREXALL	2	
XELJANZ ORAL SOLUTION	2	PA, ST, SP
XELJANZ ORAL TABLET	2	PA, ST, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, ST, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, ST, QL
Infertility Agents		
chorionic gonadotropin intramuscular	3	SP
CRINONE	3	ST
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	3	(Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(Organon), QL, SP
novarel intramuscular solution reconstituted 10000 unit	3	SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	3	SP
OVIDREL	3	SP
pregnyl	1	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	3	
ANALPRAM HC SINGLES	3	
ANALPRAM-HC EXTERNAL CREAM	3	
ANALPRAM-HC EXTERNAL LOTION	3	
APRISO	2	
ASACOL HD	E	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
budesonide er	E	
budesonide oral	2	
CANASA	E	
CORTIFOAM	2	

Drug Name	Drug Tier	Requirements & Limits
DELZICOL	E	
DIPENTUM	3	
ENTOCORT EC	E	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	2	
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	2	QL
ORTIKOS	E	
PENTASA	E	
PROCORT	E	
PROCTOFOAM HC	2	
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	3	
UCERIS RECTAL	2	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium	1	
BINOSTO	E	QL
BONIVA ORAL	3	
calcitriol oral	1	
FOSAMAX	3	
ibandronate sodium oral	2	
RAYALDEE	E	
ROCALTROL	3	
TERIPARATIDE (RECOMBINANT)	3	PA
TYMLOS	3	PA, SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	E	
ALREX	3	QL
AZASITE	3	
azelastine hcl ophthalmic	1	

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Drug Name	Drug Tier	Requirements & Limits
BESIVANCE	3	
CILOXAN OPHTHALMIC OINTMENT	3	
CILOXAN OPHTHALMIC SOLUTION	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	E	QL
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LASTACFT	3	QL
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	E	
loteprednol etabonate ophthalmic suspension	3	QL
MAXITROL	3	
MOXEZA	3	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic solution	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	
olopatadine hcl ophthalmic solution 0.2 %	E	
polymyxin b-trimethoprim	1	
POLYTRIM	3	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	

Drug Name	Drug Tier	Requirements & Limits
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION	3	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
TOBEX OPHTHALMIC OINTMENT	3	QL
TOBEX OPHTHALMIC SOLUTION	3	QL
VIGAMOX	E	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
AZOPT	E	QL
BETIMOL	2	QL
bimatoprost ophthalmic	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brinzolamide	2	QL
COMBIGAN	2	QL
COSOPT	3	
COSOPT PF	E	QL
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	3	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
timolol maleate ophthalmic gel forming solution	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
timolol maleate ophthalmic solution 0.5 % (daily)	3	
timolol maleate pf	2	
TIMOPTIC	3	

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Drug Name	Drug Tier	Requirements & Limits
TIMOPTIC OCUDOSE OPTHALMIC SOLUTION 0.25 %	2	
TIMOPTIC OCUDOSE OPTHALMIC SOLUTION 0.5 %	3	
TIMOPTIC-XE	3	
TRAVATAN Z	E	QL
travoprost (bak free)	2	QL
VYZULTA	E	ST, QL
XALATAN	E	
XELPROS	3	QL

Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions

CEQUA	E	PA, QL
FLAREX	2	
RESTASIS	3	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
XIIDRA	3	PA, QL

Otic Agents - Drugs for Ear Conditions

CIPRODEX	3	
ciprofloxacin-dexamethasone	E	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	

Respiratory - Drugs for Anaphylaxis

AUVI-Q	E	QL
epinephrine injection solution auto-injector 0.15 mg/0.15ml	E	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	E	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	2	(generic for EpiPen), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	E	(generic for EpiPen-Single Pack), QL
EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION	E	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	2	(generic for EpiPen), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	E	QL

Drug Name	Drug Tier	Requirements & Limits
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
SYMJEPI	2	QL

Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold

azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl nasal solution 0.15 %	E	
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
cyproheptadine hcl oral	1	
fluticasone propionate nasal	2	QL
hydrocodone polst-chlorphen polster susp	3	PA, QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
OMNARIS	E	QL
promethazine hcl oral solution	1	
promethazine hcl oral syrup	1	
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
TESSALON PERLES	3	
TUSSICAPS	3	PA, QL
XHANCE	E	QL
ZETONNA	3	QL

Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD

ADVAIR DISKUS	3	QL, RS
ADVAIR HFA	3	QL, RS
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
albuterol sulfate er	1	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(ProAir HFA or Proventil HFA), QL

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Drug Name	Drug Tier	Requirements & Limits
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(Ventolin HFA), QL
albuterol sulfate inhalation	1	
albuterol sulfate oral syrup	1	
albuterol sulfate oral tablet	3	PA
ALVESCO	E	QL
ANORO ELLIPTA	3	QL
ARNUIITY ELLIPTA	1	QL
ASMANEX (120 METERED DOSES)	E	QL
ASMANEX (14 METERED DOSES)	E	QL
ASMANEX (30 METERED DOSES)	E	QL
ASMANEX (60 METERED DOSES)	E	QL
ASMANEX (7 METERED DOSES)	E	QL
ASMANEX HFA	E	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	2	QL
BUDESONIDE-FORMOTEROL FUMARATE	E	QL, RS
COMBIVENT RESPIMAT	3	QL
FASENRA PEN	3	PA, QL
FLOVENT DISKUS	1	QL
FLOVENT HFA	1	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	E	QL, RS
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL
INCRUSE ELLIPTA	E	QL
ipratropium-albuterol	2	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
montelukast sodium oral packet	2	
montelukast sodium oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
montelukast sodium oral tablet chewable	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
PERFORMIST	3	QL
PROAIR HFA	E	QL
PROAIR RESPICLICK	E	QL
PROVENTIL HFA	E	QL
PULMICORT FLEXHALER	1	QL
PULMICORT SUSPENSION	E	QL
QVAR REDHALER	E	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL
wixela inhub	E	QL, RS
XOPENEX HFA	3	QL
YUPELRI	3	PA, QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	E	PA, QL, SP
KITABIS PAK	E	PA, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI NEBULIZER	E	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	2	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	2	PA, QL, SP
bosentan	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
TRACLEER	2	PA, QL, SP
TYVASO	2	PA, SP
TYVASO REFILL	2	PA, SP
TYVASO STARTER	2	PA, SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
AMRIX	E	
baclofen oral	1	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl er	E	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
metaxalone	3	
methocarbamol oral	1	
OZOBAX	3	PA
ROBAXIN-750	3	
SKELAXIN	E	
SOMA ORAL TABLET 250 MG	E	
SOMA ORAL TABLET 350 MG	E	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
VANADOM	E	
ZANAFLEX	3	

Drug Name	Drug Tier	Requirements & Limits
Sleep Disorder Agents		
AMBIEN	E	QL
AMBIEN CR	E	QL
BELSOMRA	3	ST, QL
DAYVIGO	3	ST, QL
EDLUAR	E	QL
eszopiclone	2	QL
LUNESTA	E	QL
modafinil	2	PA, QL
PROVIGIL	E	PA, QL
RESTORIL	3	
SUNOSI	3	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYREM	3	PA, QL, SP
XYWAV	E	PA, QL, SP
zolpidem tartrate er	3	QL
zolpidem tartrate oral	1	QL
zolpidem tartrate sublingual	E	QL
ZOLPIMIST	3	ST, QL

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Index

A

ABILIFY	15	ADVATE	25	ALTOPREV	16
ABSORICA	20	ADYNOVATE	25	ALTRENO	20
ACCU-CHEK FASTCLIX LANCET KIT	23	afirmelle	27	ALUNBRIG	14
ACCU-CHEK FASTCLIX LANCETS	23	AFREZZA	23	ALVESCO	36
accu-chek guide kit w/device	23	AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	25	alyacen 1/35	27
Accu-Chek Guide Me	23	AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	25	AMARYL	24
ACCU-CHEK GUIDE ME METER	23	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	13	AMBIEN	37
ACCU-CHEK GUIDE TEST STRIPS	23	AIRDUO RESPICLICK 113/14	35	AMBIEN CR	37
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	23	AIRDUO RESPICLICK 232/14	35	AMERGE	13
ACCU-CHEK SOFTXLIX LANCETS	23	AIRDUO RESPICLICK 55/14	35	amethia	27
ACUPRIL	16	ALA SCALP	20	amethia lo	27
accutane	20	ala-cort external cream 1 %	20	amiodarone hcl oral	16
acetaminophen-codeine	8	ala-cort external cream 2.5 %	20	amitriptyline hcl oral	12
acetaminophen-codeine #2	8	albuterol sulfate er	35	amlodipine besylate oral	16
acetaminophen-codeine #3	8	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	35, 36	amlodipine besylate-benazepril hcl	16
acetaminophen-codeine #4	8	albuterol sulfate inhalation	36	amlodipine besylate-valsartan	16
acetazolamide er	16	albuterol sulfate oral syrup	36	amnestem	20
acetazolamide oral	16	albuterol sulfate oral tablet	36	amoxicillin	10
ACIPHEX	26	ALDACTONE	16	amoxicillin-potassium clavulanate er	10
ACIPHEX SPRINKLE	26	ALDARA	20	amoxicillin-potassium clavulanate oral	10
ACTEMRA ACTPEN	32	ALECENSA	14	amphetamine-dextroamphetamine	18
ACTEMRA SUBCUTANEOUS	32	alendronate sodium	33	amphetamine-dextroamphetamine er	18
ACTICLATE	10	alfuzosin hcl er	27	AMPYRA	19
ACTOS	24	aliskiren fumarate	16	AMRIX	37
ACULAR	33	ALKINDI SPRINKLE	30	AMZEEQ	20
ACULAR LS	33	allopurinol oral	13	ANALPRAM HC	33
ACUVAIL	33	ALOGLIPTIN BENZOATE	24	ANALPRAM HC SINGLES	33
acyclovir oral	15	ALOGLIPTIN-METFORMIN HCL	24	ANALPRAM-HC EXTERNAL CREAM	33
ACZONE EXTERNAL GEL 5 %	20	ALOGLIPTIN-PIOGLITAZONE	24	ANALPRAM-HC EXTERNAL LOTION	33
ACZONE EXTERNAL GEL 7.5 %	20	ALORA	27	ANASPAZ	26
ADDERALL	18	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	34	anastrozole oral	14
ADDERALL XR	18	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	34	ANDRODERM	31
ADDYI	25	alprazolam er	16	ANDROGEL	31
ADEMPAS	37	alprazolam intensol	16	ANDROGEL PUMP	31
ADHANSIA XR	18	alprazolam oral	16	ANORO ELLIPTA	36
ADLYXIN	24	alprazolam xr	16	apap-caff-dihydrocodeine oral capsule	8
ADLYXIN STARTER PACK	24	ALREX	33	apap-caff-dihydrocodeine oral tablet	8
ADMELOG	23	ALTACE	16	APOKYN	14
ADMELOG SOLOSTAR	23	altavera	27	apri	27
ADRENACLICK	35			APRISO	33
ADVAIR DISKUS	35				
ADVAIR HFA	35				



APTENSIO XR	19	AVALIDE	16	BENICAR HCT	16	
ARAKODA	14	AVAPRO	16	benzonatate oral capsule 100 mg, 200 mg	35	
ARANESP (ALBUMIN FREE)	25	AVAR CLEANSER	20	benzonatate oral capsule 150 mg	35	
ARICEPT ORAL TABLET	12	AVAR LS CLEANSER	20	BESIVANCE	34	
ARIMIDEX	14	AVAR-E EMOLLIENT	20	betamethasone dipropionate aug external cream	20	
aripiprazole oral solution	15	AVAR-E GREEN	20	betamethasone dipropionate aug external gel	20	
aripiprazole oral tablet	15	AVAR-E LS	20	betamethasone dipropionate aug external lotion	20	
aripiprazole oral tablet dispersible	15	aviane	27	betamethasone dipropionate aug external ointment	20	
ARMOUR THYROID	31	avidoxy	10	betamethasone dipropionate external cream	20	
ARNUITY ELLIPTA	36	AVITA	20	betamethasone dipropionate external lotion	20	
ASACOL HD	33	AVONEX PEN	19	betamethasone dipropionate external ointment	20	
asenapine maleate	15	AVONEX PREFILLED	19	betamethasone dipropionate external cream	20	
ashlyna	27	AYGESTIN	27	betamethasone dipropionate external lotion	20	
ASMANEX (120 METERED DOSES)	36	ayuna	27	betamethasone dipropionate external ointment	20	
ASMANEX (14 METERED DOSES)	36	AZASAN	32	BETAPACE	16	
ASMANEX (30 METERED DOSES)	36	AZASITE	33	BETASERON	19	
ASMANEX (60 METERED DOSES)	36	azathioprine oral	32	BETHKIS	36	
ASMANEX (7 METERED DOSES)	36	azelaic acid external	20	BETIMOL	34	
ASMANEX HFA	36	azelastine hcl nasal solution 0.1 %, 137 mcg/spray	35	BEVESPI AEROSPHERE	36	
ASTAGRAF XL	32	azelastine hcl nasal solution 0.15 %	35	bexarotene	14	
atenolol oral	16	azelastine hcl ophthalmic	33	BEYAZ	27	
atenolol-chlorthalidone	16	azithromycin oral	10	BIDIL	16	
ATIVAN ORAL	16	AZOPT	34	BIJUVA	27	
atomoxetine hcl	19	AZULFIDINE	33	bimatoprost ophthalmic	34	
atorvastatin calcium oral tablet 10 mg, 20 mg	16	AZULFIDINE EN-TABS	33	BINOSTO	33	
atorvastatin calcium oral tablet 40 mg, 80 mg	16	azurette	27	bisoprolol fumarate oral	16	
atovaquone-proguanil hcl	14	B			bisoprolol-hydrochlorothiazide	16
ATRALIN	20	bac	8	blisovi 24 fe	27	
ATRIPLA	15	baclofen oral	37	blisovi fe 1/20	27	
ATROVENT HFA	36	BACTRIM	10	blisovi fe 1.5/30	27	
AUBAGIO	19	BACTRIM DS	10	BONIVA ORAL	33	
aubra	27	BAFIERTAM	19	BONJESTA	13	
aubra eq	27	balziva	27	bosentan	37	
AUGMENTIN	10	BAQSIMI ONE PACK	24	bp 10-1	20	
AUGMENTIN ES-600	10	BAQSIMI TWO PACK	24	BREO ELLIPTA	36	
aurovela 1/20	27	BARACLUDE ORAL SOLUTION	15	BREZTRI AEROSPHERE	36	
aurovela 1.5/30	27	BARACLUDE ORAL TABLET	15	briellyn	27	
aurovela 24 fe	27	BASAGLAR KWIKPEN	23	BRILINTA	14	
aurovela fe 1/20	27	bd autoshield duo pen needles	23	brimonidine tartrate ophthalmic solution 0.15 %	34	
aurovela fe 1.5/30	27	bd ultra-fine insulin syringes	23	brimonidine tartrate ophthalmic solution 0.2 %	34	
AURYXIA	27	bd ultra-fine pen needles	23	brinzolamide	34	
AUSTEDO	19	bekyree	27	budesonide er	33	
AUVI-Q	35	BELBUCA	8	budesonide inhalation	36	
		BELSOMRA	37	budesonide oral	33	
		benazepril hcl oral	16			
		benazepril-hydrochlorothiazide	16			
		BENICAR	16			



BUDESONIDE-FORMOTEROL FUMARATE	36	CARDIZEM	16	CIMZIA PREFILLED KIT	32
BUNAVAIL	9	CARDIZEM CD	16	CIMZIA STARTER KIT	32
buprenorphine hcl sublingual	9	CARDIZEM LA	16	CIPRO ORAL TABLET	10
buprenorphine hcl-naloxone hcl	9	CARDURA	16	CIPRODEX	35
bupropion hcl er (sr)	12	carisoprodol oral tablet 250 mg.	37	ciprofloxacin hcl ophthalmic	34
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	12	carisoprodol oral tablet 350 mg.	37	ciprofloxacin hcl oral	10
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	12	CAROSPIR	16	ciprofloxacin-dexamethasone	35
bupropion hcl oral	12	cartia xt.	16	citalopram hydrobromide	12
buspirone hcl oral	16	carvedilol	16	claravis	20
butalbital-apap-caffeine oral capsule 50-300-40 mg	8	CATAFLAM	9	clarithromycin er	10
butalbital-apap-caffeine oral capsule 50-325-40 mg	8	cavarest	20	clarithromycin oral suspension reconstituted	10
butalbital-apap-caffeine oral tablet	8	cefadroxil	10	clarithromycin oral tablet	10
BYDUREON BCISE AUTOINJECTOR	24	cefdinir	10	CLENPIQ	26
BYETTA 10 MCG PEN	24	cefuroxime axetil	10	CLEOCIN ORAL CAPSULE 150 MG, 300 MG	10
BYETTA 5 MCG PEN	24	CELEBREX	9	CLEOCIN ORAL CAPSULE 75 MG	10
BYSTOLIC	16	celecoxib oral	9	CLEOCIN-T	20
C					
cabergoline	31	CELEXA	12	CLIMARA	28
CALAN SR	16	CELLCEPT	32	CLIMARA PRO	28
calcipotriene-betameth diprop external ointment	20	CENTANY	10	clindacin etz external swab	20
calcipotriene-betameth diprop external suspension	20	CENTANY AT	10	clindacin-p	20
calcitriol external	20	cephalexin	10	CLINDAGEL	20
calcitriol oral	33	CEQUA	35	clindamycin hcl oral	10
CALQUENCE	14	CERDELGA	27	clindamycin phos-benzoyl perox external gel 1.2-5 %	20
camila	27	CHANTIX	9, 10	clindamycin phosphate external foam	20
camrese	27, 28	CHANTIX CONTINUING MONTH PAK	10	clindamycin phosphate external lotion	21
camrese lo	28	CHANTIX STARTING MONTH PAK	10	clindamycin phosphate external solution	21
CANASA	33	charlotte 24 fe	28	clindamycin phosphate external swab	21
capecitabine	14	chateal	28	CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	21
CAPEX	20	chateal eq.	28	CLINDESSE	10
CARAC	20	chlorhexidine gluconate mouth/throat	20	CLINPRO 5000	20
CARAFATE	26	chlorthalidone	16	clobetasol propionate external cream	21
carbamazepine er oral capsule extended release 12 hour	11	chorionic gonadotropin intramuscular	33	clobetasol propionate external foam	21
carbamazepine er oral tablet extended release 12 hour	11	CIALIS ORAL TABLET 10 MG, 20 MG	25	clobetasol propionate external gel	21
carbamazepine oral	11	CIALIS ORAL TABLET 2.5 MG, 5 MG	25	clobetasol propionate external liquid	21
CARBATROL	11	ciclodan	13	clobetasol propionate external lotion	21
carbidopa-levodopa	14	ciclopirox external gel	13	clobetasol propionate external ointment	21
carbidopa-levodopa er	14	ciclopirox external shampoo	13	clobetasol propionate external shampoo	21
		ciclopirox external solution	13		
		ciclopirox treatment	13		
		CILOXAN OPHTHALMIC OINTMENT	34		
		CILOXAN OPHTHALMIC SOLUTION	34		
		CIMDUO	15		



clobetasol propionate external solution	21	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	25	desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	28	
CLOBEX	21	cyclafem 1/35	28	desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	28	
CLOBEX SPRAY	21	cyclobenzaprine hcl er	37	DESONATE	21	
clodan external shampoo	21	cyclobenzaprine hcl oral tablet 10 mg, 5 mg	37	desonide external cream	21	
clonazepam oral	16	cyclobenzaprine hcl oral tablet 7.5 mg	37	desonide external gel	21	
clonidine hcl oral	16	cyclosporine modified	32	desonide external lotion	21	
clopidogrel bisulfate oral	14	CYMBALTA	12	desonide external ointment	21	
clotrimazole-betamethasone external cream	21	cyproheptadine hcl oral	35	DESOWEN	21	
clotrimazole-betamethasone external lotion	21	cyred	28	desvenlafaxine succinate er	12	
clovique	27	cyred eq	28	DEXABLISS	30	
COLCHICINE ORAL CAPSULE	13	CYTOMEL	31	dexamethasone intensol	30	
colchicine oral tablet	13	CYTOTEC	26	dexamethasone oral elixir	30	
COLCRYS	13	D			dexamethasone oral solution	30
colesevelam hcl	16	dalfampridine er	19	dexamethasone oral tablet	31	
COMBIGAN	34	dapsone external gel 5 %	21	dexamethasone oral tablet therapy pack	31	
COMBIVENT RESPIMAT	36	DAPSONE EXTERNAL GEL 7.5 %	21	DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	23	
CONCERTA	19	dasetta 1/35	28	DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	23	
CONTOUR NEXT EZ KIT W/DEVICE	23	daysee	28	DEXEDRINE	19	
CONTOUR NEXT MONITOR KIT W/DEVICE	23	DAYVIGO	37	DEXILANT	26	
CONTOUR NEXT ONE KIT	23	DDAVP	31	dexmethylphenidate hcl	19	
CONTOUR NEXT TEST STRIPS	23	deblitane	28	dexmethylphenidate hcl er	19	
CONZIP	8	DECADRON	30	dextroamphetamine sulfate er	19	
COPAXONE	19	delyla	28	dextroamphetamine sulfate oral solution	19	
COREG	16	DELZICOL	33	dextroamphetamine sulfate oral tablet	19	
coremino	10	DENTA 5000 PLUS	20	DIASTAT ACUDIAL	11	
CORGARD	16	DENTAGEL	20	DIASTAT PEDIATRIC	11	
CORLANOR	16	DEPAKOTE	11	diazepam intensol	16	
CORTEF	30	DEPAKOTE ER	11	diazepam oral	16	
CORTIFOAM	33	DEPAKOTE SPRINKLES	11	diazepam rectal	11	
COSENTYX (300 MG DOSE)	32	DEPEN TITRATABS	27	DICLEGIS	13	
COSENTYX 150 MG/ML	32	DEPO-PROVERA INTRAMUSCULAR SUSPENSION	28	diclofenac potassium	9	
COSENTYX SENSOREADY (300 MG)	32	DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	28	diclofenac sodium er	9	
COSENTYX SENSOREADY PEN	32	DEPO-SUBQ PROVERA 104	28	diclofenac sodium external gel 1 %	9	
COSOPT	34	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	31	diclofenac sodium external solution	9	
COSOPT PF	34	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	31	diclofenac sodium oral	9	
COZAAR	16	DERMA-SMOOTH/FS BODY	21	dicyclomine hcl oral	26	
CREON	27	DERMA-SMOOTH/FS SCALP	21	DIFICID	10	
CRESEMBA ORAL	13	desmopressin acetate injection	31	DIFLUCAN ORAL SUSPENSION RECONSTITUTED	13	
CRESTOR	17	desmopressin acetate oral	31			
CRINONE	33					
cryselles-28	28					
CUPRIMINE	27					
cyanocobalamin injection solution 1000 mcg/ml	25					



DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	13	doxycycline monohydrate oral capsule 150 mg, 75 mg.	10	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg.	15	
DIFLUCAN ORAL TABLET 50 MG.	13	doxycycline monohydrate oral suspension reconstituted.	10	emtricitabine-tenofovir df oral tablet 200-300 mg	15	
DILAUDID ORAL	8	doxycycline monohydrate oral tablet.	10	enalapril maleate oral	17	
dilt-xr	17	doxylamine-pyridoxine	13	ENBREL MINI.	32	
diltiazem hcl er.	17	DRISDOL	25	ENBREL SUBCUTANEOUS SOLUTION	32	
diltiazem hcl er coated beads	17	DRIZALMA SPRINKLE	12	ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.	32	
diltiazem hcl oral	17	drosipren-eth estrad-levomefol	28	ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED.	32	
DIOVAN	17	drosiprenone-ethinyl estradiol	28	ENBREL SURECLICK.	32	
DIOVAN HCT	17	DUAVEE	28	ENDARI.	27	
DIPENTUM.	33	duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	12	endocet	8	
diphenoxylate-atropine.	26	duloxetine hcl oral capsule delayed release particles 40 mg	12	ENDOMETRIN	33	
DIPROLENE.	21	DUOPA	14	enoxaparin sodium	11	
DIPROLENE AF	21	DUPIXENT	21	enskyce	28	
DITROPAN XL	27	DURAGESIC-100.	8	ENSTILAR	21	
divalproex sodium er.	11	DURAGESIC-12	8	entecavir.	15	
divalproex sodium oral capsule delayed release sprinkle.	11	DURAGESIC-25.	8	ENTOCORT EC	33	
divalproex sodium oral tablet delayed release	11	DURAGESIC-50.	8	ENVARUSUS XR	32	
DIVIGEL	28	DURAGESIC-75.	8	EPANED	17	
donepezil hcl oral tablet 10 mg, 5 mg	12	DURAGESIC-100.	8	EPCLUSA ORAL TABLET 200-50 MG	15	
donepezil hcl oral tablet 23 mg	12	DURAGESIC-12	8	EPCLUSA ORAL TABLET 400-100 MG	15	
donepezil hcl oral tablet dispersible	12	DURAGESIC-25.	8	epinephrine injection solution auto- injector 0.15 mg/0.15ml.	35	
DORYX	10	DURAGESIC-50.	8	epinephrine solution auto-injector 0.15 mg/0.3ml injection.	35	
DORYX MPC	10	DURAGESIC-75.	8	epinephrine solution auto-injector 0.3 mg/0.3ml injection	35	
dorzolamide hcl-timolol mal	34	DXEVO 11-DAY.	31	EPIPEN	35	
dorzolamide hcl-timolol mal pf.	34	E			EPIPEN 2-PAK	35
dotti.	28	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG.	9	EPIPEN JR 2-PAK	35	
DOVATO	15	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG.	9	EPIPEN-SINGLE PACK.	35	
doxazosin mesylate oral	17	ec-naproxen	9	epitol.	11	
doxepin hcl oral capsule.	12	ED-SPAZ	26	ERGOCAL	25	
doxepin hcl oral concentrate	12	EDARBI.	17	ergocalciferol oral capsule.	25, 26	
doxycycline hyclate oral capsule.	10	EDARBYCLOR.	17	ERIVEDGE	14	
doxycycline hyclate oral tablet 100 mg	10	EDLUAR	37	ERLEADA.	14	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	10	efavirenz-emtricitab-tenofovir.	15	errin.	28	
doxycycline hyclate oral tablet 20 mg	10	efavirenz-lamivudine-tenofovir	15	erythromycin ophthalmic	34	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	10	EFFEXOR XR	12	escitalopram oxalate oral solution.	12	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG.	10	EFUDEX	21	escitalopram oxalate oral tablet.	12	
doxycycline monohydrate oral capsule 100 mg, 50 mg	10	ELESTRIN.	28	ESGIC.	8	
		eletriptan hydrobromide	13	estarylla	28	
		ELIMITE	14	ESTRACE ORAL	28	
		elinest	28	ESTRACE VAGINAL	28	
		ELIQUIS	11			
		ELIQUIS DVT/PE STARTER PACK.	11			
		ELOCTATE	25			
		eluryng	28			
		EMGALITY	13			
		EMGALITY (300 MG DOSE).	13			
		emoquette	28			



estradiol oral	28	fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	8	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	36
estradiol patch twice weekly 0.025 mg/24hr transdermal	28	FEXMID.	37	fluvoxamine maleate	12
estradiol patch twice weekly 0.0375 mg/24hr transdermal	28	FINACEA	21	fluvoxamine maleate er.	12
estradiol patch twice weekly 0.05 mg/24hr transdermal	28	finasteride oral tablet 5 mg.	27	FOCALIN	19
estradiol patch twice weekly 0.075 mg/24hr transdermal	28	FIORICET	8	FOCALIN XR	19
estradiol patch twice weekly 0.1 mg/24hr transdermal	28	FIRAZYR	32	folic acid oral tablet 1 mg	25
estradiol transdermal patch weekly.	28	FIRST-OMEPRAZOLE.	26	FOLLISTIM AQ.	33
estradiol vaginal cream.	28	FLAGYL	10	FORFIVO XL.	12
estradiol vaginal tablet	28	FLAREX	35	FORTAMET	24
ESTRING	28	flecainide acetate	17	FORTESTA	31
ESTROGEL	28	FLOLIPID	17	FOSAMAX	33
eszopiclone	37	FLOMAX.	27	FREESTYLE LIBRE 14 DAY READER.	23
etodolac	9	FLORIVA PLUS	25	FREESTYLE LIBRE 14 DAY SENSOR.	23
etodolac er.	9	FLOVENT DISKUS.	36	FREESTYLE LIBRE 2 READER	23
etonogestrel-ethinyl estradiol.	28	FLOVENT HFA	36	FREESTYLE LIBRE 2 SENSOR	23
EUCRISA	21	fluconazole oral.	13	FREESTYLE LIBRE READER.	23
euthyrox	31	fluocinolone acetonide body	21	FREESTYLE LIBRE SENSOR SYSTEM	23
EVAMIST	28	fluocinolone acetonide external cream	21	furosemide oral	17
EVOCLIN	21	fluocinolone acetonide external ointment	21		
EXFORGE.	17	fluocinolone acetonide external solution.	21	G	
EXTAVIA	19	fluocinolone acetonide scalp	21	gabapentin oral capsule	11
EXTINA.	13	fluocinonide external cream 0.05 %	21	gabapentin oral solution 250 mg/5ml	11
EYSUVIS.	34	fluocinonide external cream 0.1 %	21	gabapentin oral tablet.	11
EZALLOR SPRINKLE	17	fluocinonide external gel	21	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous (Ferring)	33
ezetimibe	17	fluocinonide external ointment.	21	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous (Organon)	33
ezetimibe-simvastatin	17	fluocinonide external solution	21	gavilyte-c	26
F		FLUORIDEX	20	gavilyte-g	26
falmina	28	FLUORIDEX ENHANCED WHITENING	20	GELNIQUE	27
FARXIGA	24	FLUOROPLEX	21	gemfibrozil oral	17
FASENRA PEN.	36	FLUOROURACIL EXTERNAL CREAM 0.5 %	21	gemmily	28
fayosim	28	fluorouracil external cream 5 %	21	gengraf.	32
febuxostat	13	fluorouracil external solution	14	GENOTROPIN	31
FEMARA.	14	fluoxetine hcl oral capsule	12	GENOTROPIN MINIQUICK.	31
femynor.	28, 30	fluoxetine hcl oral capsule delayed release	12	GENVOYA.	15
fenofibrate oral capsule 150 mg, 50 mg	17	fluoxetine hcl oral solution	12	GEODON ORAL	15
fenofibrate oral tablet 120 mg, 40 mg, 48 mg.	17	fluoxetine hcl oral tablet 10 mg	12	GILENYA.	19
fenofibrate oral tablet 145 mg, 160 mg, 54 mg.	17	fluoxetine hcl oral tablet 20 mg	12	GIMOTI.	13
FENOGLIDE.	17	fluoxetine hcl oral tablet 60 mg	12	glatiramer acetate	19
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr.	8	fluticasone propionate nasal	35	glatopa	19
		fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/ dose, 500-50 mcg/dose	36	GLEEVEC.	14



glimepiride	24	HUMATROPE	31	hydroxychloroquine sulfate oral	14
glipizide er	24	HUMIRA	32	hydroxyzine hcl oral	16
glipizide ir	24	HUMIRA PEDIATRIC CROHNS START	32	hydroxyzine pamoate oral	16
glipizide xl	24	HUMIRA PEN	32	hyoscyamine sulfate er	26
GLOPERBA	13	HUMIRA PEN-CD/UC/HS STARTER	32	hyoscyamine sulfate oral	26
glucagon emergency kit 1 mg injection 1 mg (Eli Lilly)	24	HUMIRA PEN-PEDIATRIC UC START	32	hyoscyamine sulfate sl	26
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG (Fresenius)	24	HUMIRA PEN-PS/UV/ADOL HS START	32	hyosyane	26
GLUCOTROL	24	HUMIRA PEN-PSOR/UVEIT STARTER	32	HYSINGLA ER	8
GLUCOTROL XL	24	HUMULIN 70/30 KWIKPEN	23	HYZAAR	17
GLUMETZA	24	HUMULIN 70/30 VIAL	23		
glyburide oral	24	HUMULIN N KWIKPEN	23	I	
glyburide-metformin	24	HUMULIN N VIAL	23	ibandronate sodium oral	33
GLYXAMBI	24	HUMULIN R U-500 KWIKPEN	23	IBRANCE	14
GOLYTELY	26	HUMULIN R U-500 VIAL	23	ibuprofen	9
GONITRO	17	HUMULIN R VIAL	23	ibuprofen oral suspension	9
guanfacine hcl	17, 19	hydralazine hcl oral	17	icatibant acetate	32
guanfacine hcl er	19	hydrochlorothiazide oral	17	iclevia	28
GVOKE HYPOPEN 1-PACK	24	hydrocodone bitartrate er oral capsule extended release 12 hour	8	icosapent ethyl	17
GVOKE HYPOPEN 2-PACK	24	hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	8	IDHIFA	14
GVOKE PFS	24	hydrocodone polst-chlorphen polst er susp	35	ILEVRO	34
GYNAZOLE-1	13	hydrocodone-acetaminophen oral solution 10-325 mg/15ml	8	imatinib mesylate	14
H		hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	8	imiquimod external cream 3.75 %	21
HAEGARDA	32	hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	8	imiquimod external cream 5 %	21
hailey 1.5/30	28	hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	8	IMIQUIMOD PUMP	21
hailey 24 fe	28	hydrocort-pramoxine (perianal)	33	IMITREX ORAL	13
hailey fe 1/20	28	hydrocortisone ace-pramoxine external cream 1-1 %	33	IMITREX STATDOSE REFILL	13
hailey fe 1.5/30	28	hydrocortisone external cream 1 %	21	IMITREX STATDOSE SYSTEM	13
HALCION	16	hydrocortisone external cream 2.5 %	21	IMITREX SUBCUTANEOUS	13
HARVONI ORAL PACKET	15	hydrocortisone external lotion 2.5 %	21	IMPEKLO	21
HARVONI ORAL TABLET	15	hydrocortisone external ointment 1 %, 2.5 %	21	IMPOYZ	21
heather	28	hydrocortisone oral	31	IMURAN	32
HEMADY	31	hydromorphone hcl er	8	IMVEXXY MAINTENANCE PACK	25
HEMANGEOL	17	hydromorphone hcl oral	8	IMVEXXY STARTER PACK	25
HIDEX 6-DAY	31	hydromorphone hcl rectal	8	INBRIJA	14
HUMALOG KWIKPEN	23			incassia	28
HUMALOG MIX 50/50 KWIKPEN	23			INCRUSE ELLIPTA	36
HUMALOG MIX 50/50 VIAL	23			INDERAL LA	17
HUMALOG MIX 75/25 KWIKPEN	23			INDOCIN	9
HUMALOG MIX 75/25 VIAL	23			indomethacin er	9
HUMALOG U-100 JUNIOR KWIKPEN	23			INDOMETHACIN ORAL CAPSULE 20 MG	9
HUMALOG VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML	23			indomethacin oral capsule 25 mg, 50 mg	9
HUMALOG VIAL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	23			INSULIN ASPART	23, 24
				INSULIN ASPART FLEXPEN	23
				INSULIN ASPART PENFILL	24
				INSULIN LISPRO	24
				INSULIN LISPRO (1 UNIT DIAL)	24



INSULIN LISPRO JUNIOR		KEPPRA ORAL	11	LANTUS U-100 VIAL	24
KWIKPEN	24	KEPPRA XR	11	larin 1/20	29
INSULIN LISPRO PROT & LISPRO .	24	KESIMPTA	19	larin 1.5/30	29
INSULIN PEN NEEDLES	23	ketoconazole external cream	13	larin 24 fe	29
INSULIN SYRINGES	23	ketoconazole external foam	13	larin fe 1/20	29
INTRAROSA	25	ketoconazole external shampoo	13	larin fe 1.5/30	29
introvale	28	ketodan external foam	13	larissia	29
INTUNIV	19	KETOROLAC TROMETHAMINE		LASIX	17
INVELTYS	34	NASAL	9	LASTACAFT	34
ipratropium bromide nasal	35	ketorolac tromethamine		latanoprost ophthalmic	34
ipratropium-albuterol	36	ophthalmic	34	LATUDA	15
irbesartan	17	ketorolac tromethamine oral	9	LEDIPASVIR-SOFOSBUVIR	15
irbesartan-hydrochlorothiazide	17	KITABIS PAK	36	lessina	29
ISENTRESS	15	KLONOPIN	16	letrozole oral	14
ISENTRESS HD	15	klor-con	25	LEVALBUTEROL HFA INHALATION	
isibloom	28	klor-con 10	25	AEROSOL 45 MCG/ACT	36
isosorbide mononitrate	17	klor-con m10	25	LEVBID	26
isosorbide mononitrate er	17	KLOR-CON M15	25	LEVEMIR U-100 FLEXTOUCH	24
isotretinoin oral	21	klor-con m20	25	LEVEMIR U-100 VIAL	24
ISTALOL	34	KOGENATE FS	25	levetiracetam er	11
J					
jaimiess	28	KOMBIGLYZE XR	24	levetiracetam oral	11
jantoven	11	KOSELUGO	14	levo-t	31
JANUVIA	24	KOVALTRY	25	levocetirizine dihydrochloride oral	
JARDIANCE	24	KRINTAFEL	14	solution	35
jasmiel	28	kurvelo	29	levocetirizine dihydrochloride oral	
jencycla	28	KYNMOBI	14	tablet	35
JENTADUETO	24	KYNMOBI TITRATION KIT	14	levofloxacin oral	10
JENTADUETO XR	24	L			
JIVI	25	labetalol hcl oral	17	levonorgest-eth est & eth est	29
jolessa	29	LAMICTAL	11	levonorgest-eth estrad 91-day oral	
JORNAY PM	19	LAMICTAL ODT ORAL KIT 21 X		tablet 0.1-0.02 & 0.01 mg,	
juleber	29	25 MG & 7 X 50 MG, 42 X 50 MG &		0.15-0.03 & 0.01 mg	29
JULUCA	15	14X100 MG	11	levonorgest-eth estrad 91-day oral	
junel 1/20	29	LAMICTAL ODT ORAL KIT 25 & 50		tablet 0.15-0.03 mg	29
junel 1.5/30	29	& 100 MG	11	levonorgestrel-ethinyl estrad oral	
junel fe 1/20	29	LAMICTAL ODT ORAL TABLET		tablet 0.1-20 mg-mcg,	
junel fe 1.5/30	29	DISPERSIBLE	11	0.15-30 mg-mcg	29
junel fe 24	29	LAMICTAL STARTER	11	levora 0.15/30 (28)	29
K					
K-TAB	25	LAMICTAL XR	11	LEVOTHYROXINE SODIUM ORAL	
kalliga	29	lamotrigine er	11	CAPSULE	31
KAPSPARGO SPRINKLE	17	lamotrigine oral kit	11	levothyroxine sodium oral tablet	31
kariva	29	lamotrigine oral tablet	11	levoxyl	31
KAZANO	24	lamotrigine oral tablet chewable	11	LEVSIN ORAL	26
KEFLEX	10	lamotrigine oral tablet dispersible	11	LEVSIN/SL	26
KENALOG EXTERNAL	21	lamotrigine starter kit-blue	11	LEXAPRO	12
		lamotrigine starter kit-green	11	LIALDA	33
		lamotrigine starter kit-orange	11	lidocaine external ointment 5 %	8
		LANCETS	23	lidocaine external patch 5 %	8
		LANTUS SOLOSTAR	24	lidocaine hcl mouth/throat	20
				lidocaine viscous hcl	20
				lidocaine-prilocaine external cream	8
				LIDODERM	8



lillow	29	LUNESTA	37	metformin hcl oral solution	24
LINZESS	26	lutera	29	metformin hcl oral tablet	24
liothyronine sodium oral	31	lyleq	29	methimazole oral	31
LIPITOR	17	lyllana	29	methocarbamol oral	37
LIPOFEN	17	LYNPARZA	14	methotrexate oral	32
lisinopril oral	17	LYRICA	19	methotrexate sodium	32
lisinopril-hydrochlorothiazide	17	LYRICA CR	19	methotrexate sodium (pf)	32
lithium carbonate er	16	LYUMJEV KWIKPEN	24	METHYLIN	19
lithium carbonate oral	16	LYUMJEV VIAL	24	methylphenidate hcl er (cd)	19
LITHOBID	16	lyza	29	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	19
LO LOESTRIN FE	29			methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	19
lo-zumandimine	29	M		methylphenidate hcl er (xr)	19
LODINE	9	MALARONE	14	methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	19
LOESTRIN 1/20 (21)	29	marlissa	29	methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	19
LOESTRIN 1.5/30 (21)	29	matzim la	17	methylphenidate hcl er oral tablet extended release 24 hour	19
LOESTRIN FE 1/20	29	MAVENCLAD	19	methylphenidate hcl oral solution	19
LOESTRIN FE 1.5/30	29	MAVYRET	15	methylphenidate hcl oral tablet	19
lojaimiess	29	MAXALT	13	methylphenidate hcl oral tablet chewable	19
LOKELMA	25	MAXALT-MLT	13	methylprednisolone oral	31
LOMOTIL	26	MAXITROL	34	metoclopramide hcl oral solution	13
LOPID	17	MAXZIDE	17	metoclopramide hcl oral tablet	13
LOPRESSOR	17	MAXZIDE-25	17	metoclopramide hcl oral tablet dispersible	13
LOPROX EXTERNAL SHAMPOO	13	MAYZENT	19	metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	17
lorazepam intensol	16	MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	31	metoprolol succinate er oral tablet extended release 24 hour 25 mg	17
lorazepam oral concentrate 2 mg/ml	16	MEDROL ORAL TABLET 2 MG	31	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	17
lorazepam oral tablet	16	MEDROL ORAL TABLET 32 MG	31	metoprolol tartrate oral tablet 37.5 mg, 75 mg	17
LORTAB	8	MEDROL ORAL TABLET THERAPY PACK	31	METROCREAM	21
loryna	29	medroxyprogesterone acetate intramuscular suspension	29	METROGEL	21
losartan potassium oral	17	medroxyprogesterone acetate intramuscular suspension prefilled syringe	29	METROLOTION	21
losartan potassium-hctz	17	medroxyprogesterone acetate oral	29	metronidazole external cream	21
LOSEASONIQUE	29	melodetta 24 fe	29	metronidazole external gel 0.75 %	21
LOTEMAX OPHTHALMIC OINTMENT	34	meloxicam oral capsule	9	metronidazole external gel 1 %	21
LOTEMAX OPHTHALMIC SUSPENSION	34	meloxicam oral tablet	9	metronidazole oral	10
LOTEMAX SM	34	MENOSTAR	29	metronidazole vaginal	10
LOTENSIN	17	mercaptopurine oral	14	mibelas 24 fe	29
LOTENSIN HCT	17	merzee	29	MICARDIS	17
loteprednol etabonate ophthalmic gel	34	mesalamine er oral capsule 0.375 gm	33		
loteprednol etabonate ophthalmic suspension	34	mesalamine oral	33		
LOTREL	17	mesalamine rectal enema	33		
lovastatin oral	17	mesalamine rectal suppository	33		
LOVAZA	17	metaxalone	37		
LOVENOX	11	metformin hcl er	24		
low-ogestrel	29	metformin hcl er (mod)	24		
LUMIGAN	34	metformin hcl er (osm)	24		



microgestin 1/20	29	morphine sulfate rectal	8	necon 0.5/35 (28)	29	
microgestin 1.5/30	29	MOTEGRITY	26	neomycin-polymyxin-dexameth ophthalmic ointment	34	
microgestin 24 fe	29	MOVIPREP	26	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	34	
microgestin fe 1/20	29	MOXEZA	34	neomycin-polymyxin-hc otic	35	
microgestin fe 1.5/30	29	moxifloxacin hcl (2x day)	34	NEORAL	32	
mili	29	moxifloxacin hcl ophthalmic solution	34	NESINA	24	
MILLIPRED	31	MS CONTIN	8	neuac external gel	22	
MINASTRIN 24 FE	29	MULPLETA	25	NEURONTIN	11	
MINIPRESS	17	MULTAQ	17	NEVANAC	34	
minitrans	17	multi-vitamin/fluoride	25	NEXLETOL	17	
MINIVELLE	28, 29	multivitamin/fluoride oral solution	25	NEXLIZET	17	
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	10	multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	25	niacin (antihyperlipidemic)	17	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg	10	mupirocin calcium	10	niacin er (antihyperlipidemic)	17	
minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg	10	mupirocin external	10	niacor	17	
minocycline hcl oral capsule	10	mycophenolate mofetil oral	32	NIASPAN	17	
minocycline hcl oral tablet	10	mycophenolate sodium	32	nifedipine er	17	
MINOLIRA	10	MYDAYIS	19	nifedipine er osmotic release	17	
MIRAPEX	14	MYFORTIC	32	nifedipine oral	18	
MIRAPEX ER	14	myorisan	22	nikki	29	
MIRCETTE	29	N			nitisinone	27
mirtazapine oral	12	nabumetone oral	9	NITRO-BID	18	
MIRVASO	22	nadolol oral	17	NITRO-DUR	18	
misoprostol oral	26	NAFRINSE DAILY/NEUTRAL	20	NITRO-TIME	18	
MITIGARE	13	NAFRINSE WEEKLY	20	nitroglycerin sublingual	18	
MOBIC	9	NALOCET	8	nitroglycerin transdermal	18	
modafinil	37	naloxone hcl injection	10	nitroglycerin translingual	18	
mometasone furoate external	22	naltrexone hcl oral	10	NITROLINGUAL	18	
mondoxylene nl oral capsule 100 mg	10	NAPRELAN	9	NITROMIST	18	
mondoxylene nl oral capsule 75 mg	10	NAPROSYN ORAL SUSPENSION	9	NITROSTAT	18	
mono-linyah	29	NAPROSYN ORAL TABLET	9	NITYR	27	
montelukast sodium oral packet	36	naproxen oral suspension	9	NOCDURNA	31	
montelukast sodium oral tablet	36	naproxen oral tablet	9	nora-be	29	
montelukast sodium oral tablet chewable	36	naproxen oral tablet delayed release	9	NORDITROPIN FLEXPROM	31	
morgidox oral	10	naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	9	norethin ace-eth estrad-fe oral capsule	29	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	8	NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	9	norethin ace-eth estrad-fe oral tablet	29	
morphine sulfate er oral capsule extended release 24 hour	8	naproxen sodium oral tablet 275 mg, 550 mg	9	norethin ace-eth estrad-fe oral tablet chewable	29	
morphine sulfate er oral tablet extended release	8	naratriptan hcl	13	norethindrone acet-ethinyl est	29	
morphine sulfate oral	8	NARCAN	10	norethindrone acetate oral	29	
		NASCOBAL	25	norethindrone oral	29	
		NATAZIA	29	norgestimate-eth estradiol	29	
		NATESTO	31	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-25 mcg	29	
		NATURE-THROID	31			
		NAYZILAM	11			



norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-35 mcg.	29	NUTROPIN AQ NUSPIN 10	31	ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE.	23
NORITATE	22	NUTROPIN AQ NUSPIN 20	31	ONETOUCH VERIO IQ SYSTEM . . .	23
norlyda	30	NUTROPIN AQ NUSPIN 5	31	ONETOUCH VERIO KIT W/DEVICE	23
norlyroc	30	NUVARING.	30	ONETOUCH VERIO REFLECT.	23
nortrel 0.5/35 (28)	30	NUWIQ	25	ONETOUCH VERIO TEST STRIPS.	23
nortrel 1/35 (21)	30	NUZYRA ORAL	10	ONGLYZA.	24
nortrel 1/35 (28)	30	nyamyc	13	ONZETRA XSAIL.	13
nortriptyline hcl oral	12	nymyo	30	OPSUMIT	37
NORVASC	18	nystatin external	13	ORAPRED ODT	31
NORVIR ORAL PACKET.	15	nystatin mouth/throat	13	ORENCIA CLICKJECT	32
NORVIR ORAL SOLUTION	15	nystop	13	ORENCIA SUBCUTANEOUS	32
NORVIR ORAL TABLET	15			ORFADIN	27
NOURIANZ.	14	O		ORIAHNN.	31
novarel intramuscular solution reconstituted 10000 unit.	33	ocella	30	ORILISSA	31
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	33	OCUFLOX.	34	orsythia.	30
NOVOEIGHT	25	ODEFSEY.	15	ORTHO MICRONOR.	30
NOVOFINE AUTOCOVERT PEN NEEDLE	23	ODOMZO	14	ORTIKOS	33
NOVOFINE PEN NEEDLE.	23	ofloxacin ophthalmic.	34	oscimin	26
NOVOFINE PLUS PEN NEEDLE . . .	23	ofloxacin otic	35	oscimin sr.	26
NOVOLIN 70/30 FLEXPEN.	24	olanzapine oral tablet	15	oseltamivir phosphate oral capsule.	15
NOVOLIN 70/30 FLEXPEN RELION	24	olanzapine oral tablet dispersible . .	15	oseltamivir phosphate oral suspension reconstituted	15
NOVOLIN 70/30 RELION	24	olmesartan medoxomil oral	18	OSENI	25
NOVOLIN 70/30 VIAL	24	olmesartan medoxomil-hctz.	18	OSPHENA	25
NOVOLIN N FLEXPEN	24	olopatadine hcl ophthalmic solution 0.1 %	34	OTEZLA	32
NOVOLIN N FLEXPEN RELION	24	olopatadine hcl ophthalmic solution 0.2 %	34	OTREXUP.	32
NOVOLIN N RELION.	24	OLUMIANT ORAL TABLET 1 MG . .	32	OVIDREL	33
NOVOLIN N VIAL.	24	OLUMIANT ORAL TABLET 2 MG . .	32	OXAYDO.	8
NOVOLIN R FLEXPEN	24	OLUX	22	oxcarbazepine	11
NOVOLIN R FLEXPEN RELION	24	OMECLAMOX-PAK	26	OXTELLAR XR.	11
NOVOLIN R RELION.	24	omega-3-acid ethyl esters	18	oxybutynin chloride er	27
NOVOLIN R VIAL.	24	omeprazole oral capsule delayed release	26	oxybutynin chloride oral	27
NOVOLOG FLEXPEN	24	OMEPRAZOLE+SYRSPEND SF		OXYCODONE HCL ER	8
NOVOLOG PENFILL	24	ALKA.	26	oxycodone hcl oral capsule	8
NOVOLOG U-100 VIAL	24	OMNARIS.	35	oxycodone hcl oral concentrate 100 mg/5ml	8
np thyroid	31	OMNITROPE	31	oxycodone hcl oral solution	8
NUBEQA.	14	ondansetron hcl oral	13	oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	8
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	36	ondansetron odt	13	oxycodone hcl oral tablet 5 mg	8
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE. . .	36	ONETOUCH DELICA PLUS LANCETS.	23	OXYCODONE-ACETAMINOPHEN ORAL SOLUTION	8
NUCYNTA.	8	ONETOUCH ULTRA 2 KIT W/DEVICE	23	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG	8
NUCYNTA ER.	8	ONETOUCH ULTRA BLUE TEST STRIPS IN VITRO STRIP	23		
NUDEXTA	19	ONETOUCH ULTRA MINI KIT W/DEVICE	23		
NULEV	26	ONETOUCH ULTRASOFT LANCETS.	23		

oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	8
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	8
OXYCONTIN	9
OZEMPIC	25
OZOBAX	37

P

PACERONE ORAL TABLET 100 MG, 400 MG	18
PACERONE ORAL TABLET 200 MG	18
PAMELOR	12
PANCREAZE	27
pantoprazole sodium oral packet	26
pantoprazole sodium tablet delayed release 20 mg oral	26
pantoprazole sodium tablet delayed release 40 mg oral	26
paroxetine hcl	12
paroxetine hcl er	12
PAXIL CR	12
PAXIL ORAL SUSPENSION	12
PAXIL ORAL TABLET	12
PEDIAPRED	31
peg-3350/electrolytes	26
peg-3350/electrolytes/ascorbat	26
peg-kcl-nacl-nasulf-na asc-c	26
penicillamine oral capsule	27
penicillamine oral tablet	27
penicillin v potassium	10
PENNSAID	9
PENTASA	33
PERCOCET	9
PERFOROMIST	36
PERIDEX	20
perio gard	20
permethrin external	14
PERTZYE	27
phenazo oral tablet 200 mg	27
phenazopyridine hcl oral tablet 100 mg, 200 mg	27
philith	30
PICATO	22
pimtrex	30
pioglitazone hcl	25
pirmella 1/35	30
PLAQUENIL	14

PLAVIX	14
PLEGRIDY INTRAMUSCULAR	19
PLEGRIDY STARTER PACK	19
PLEGRIDY SUBCUTANEOUS	19
PLENVU	26
PLEXION	22
PLEXION CLEANSER	22
PLEXION CLEANSING CLOTH	22
POLY-VI-FLOR	26
polymyxin b-trimethoprim	34
POLYTRIM	34
portia-28	30
potassium chloride crys er	26
potassium chloride er	26
potassium chloride oral packet	26
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	26
potassium citrate er	26
PRADAXA	11
PRALUENT	18
pramipexole dihydrochloride	14
pramipexole dihydrochloride er	14
pravastatin sodium	18
prazosin hcl oral	18
PRED FORTE	34
PRED MILD	34
prednisolone acetate ophthalmic	34
prednisolone oral solution	31
prednisolone sodium phosphate oral	31
prednisone intensol	31
prednisone oral	31
pregabalin oral capsule	19
pregabalin oral solution	19
pregnyl	33
PREMARIN ORAL	30
PREMARIN VAGINAL	30
premium lidocaine	9
PREMPHASE	30
PREMPRO	30
PREVIDENT 5000 BOOSTER PLUS	20
PREVIDENT 5000 DRY MOUTH	20
PREVIDENT 5000 ORTHO DEFENSE	20
PREVIDENT 5000 PLUS	20
PREVIDENT DENTAL	20
PREVIDENT MOUTH/THROAT	20
previfem	30

PREZCOBIX	15
PREZISTA	15
PRINIVIL	18
PRISTIQ	12
PROAIR HFA	35, 36
PROAIR RESPICLICK	36
PROCARDIA	18
PROCARDIA XL	18
PROCENTRA	19
prochlorperazine maleate oral	13
PROCORT	33
PROCTOFOAM HC	33
progesterone micronized oral	30
PROGRAF ORAL CAPSULE	32
PROGRAF ORAL PACKET	32
PROLATE	9
promethazine hcl oral solution	35
promethazine hcl oral syrup	35
promethazine hcl oral tablet	13
promethazine hcl rectal	13
promethazine-codeine	35
promethazine-dm	35
promethegan	13
PROMETRIUM	30
propranolol hcl er	18
propranolol hcl oral	18
PROSCAR	27
PROTONIX ORAL	26
PROVENTIL HFA	35, 36
PROVERA	28, 30
PROVIGIL	37
PROZAC	12
pseudoephedrine-bromphen-dm	35
PULMICORT FLEXHALER	36
PULMICORT SUSPENSION	36
PULMOZYME	36
PURIXAN	14
PYLERA	26
PYRIDIUM	27

Q

QBRELIS	18
QDOLO	9
QMIIZ ODT	9
QUARTETTE	30
QUDEXY XR	11
quetiapine fumarate	15
quetiapine fumarate er	15
QUFLORA PEDIATRIC	26
QUILLICHEW ER	19



QUILLIVANT XR.	19	RILUTEK.	19	simpesse	30
quinapril hcl	18	riluzole	19	SIMPONI.	32
QVAR REDHALER	36	RINVOQ	32	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	18
R					
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	26	RIOMET	25	simvastatin oral tablet 80 mg	18
rabeprazole sodium oral tablet delayed release	26	RISPERDAL	15	SINEMET	14
ramipril	18	risperidone.	15	SINGULAIR ORAL PACKET.	36
RANEXA.	18	RITALIN	19	SINGULAIR ORAL TABLET	36
ranolazine er	18	RITALIN LA.	19	SINGULAIR ORAL TABLET CHEWABLE	36
RAPAMUNE ORAL SOLUTION	32	ritonavir.	15	sirolimus oral solution.	32
RAPAMUNE ORAL TABLET.	32	rivelsa	30	sirolimus oral tablet.	32
RASUVO.	32	rizatriptan benzoate.	13	SITAVIG	15
RAYALDEE.	33	ROBAXIN-750	37	SKELAXIN	37
RAYOS	31	ROCALTROL	33	SKYRIZI (150 MG DOSE)	32
REBIF	19	ROCKLATAN	34	sodium fluoride 5000 plus	20
REBIF REBIDOSE	19	ropinirole hcl	14	sodium fluoride 5000 ppm	20
REBIF REBIDOSE TITRATION PACK.	19	ropinirole hcl er	14	sodium fluoride dental	20
REBIF TITRATION PACK	19	rosadan external cream	22	SOFOSBUVIR-VELPATASVIR.	15
reclipsen.	30	rosadan external gel	22	SOLIQUA	25
RECOMBINATE	25	rosuvastatin calcium	18	SOLODYN	11
REDITREX	32	roweepra	11	SOLTAMOX	14
REGLAN	13	ROXICODONE ORAL TABLET 15 MG, 30 MG	9	SOMA ORAL TABLET 250 MG	37
RELAFEN	9	ROXICODONE ORAL TABLET 5 MG	9	SOMA ORAL TABLET 350 MG	37
RELAFEN DS	9	ROZLYTREK.	14	SOMATULINE DEPOT.	31
relexxii	19	RUKOBIA	15	SOOLANTRA.	22
RELPAK	13	RYBELSUS.	25	sotalol hcl oral	18
REMERON	12	RYTARY	14	SOTYLIZE.	18
REMERON SOLTAB	12	RYZOLT	9	SPIRIVA HANDIHALER.	36
REPATHA	18	S			
REPATHA PUSHTRONEX SYSTEM	18	SAFYRAL.	30	SPIRIVA RESPIMAT	36
REPATHA SURECLICK.	18	SAPHRIS	15	spironolactone oral	18
RESTASIS.	35	scopolamine	13	sprintec 28	30
RESTASIS MULTIDOSE	35	SEASONIQUE	30	SPRITAM	11
RESTORIL	37	SEMGLEE.	24	SPRIX	9
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML.	25	SEREVENT DISKUS	36	sronyx.	30
RETACRIT INJECTION SOLUTION 20000 UNIT/ML.	25	SERNIVO	22	sss 10-5	22
RETIN-A	22	SEROQUEL	15	STELARA SUBCUTANEOUS SOLUTION	32
REVLIMID.	14	SEROQUEL XR	15	STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.	32
REYVOW	13	sertraline hcl oral.	12	STENDRA.	25
RHOFADE.	22	setlakin	30	STIMATE.	31
RHOPRESSA.	34	sf	20, 26	STRATTERA	19
		sf 5000 plus	20	STRENSIQ	27
		SFROWASA	33	STRIBILD	15
		sharobel	30	STRIVERDI RESPIMAT.	36
		sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg.	25	SUBOXONE	10
		simliya.	30	SUBSYS	9
				subvenite	11
				subvenite starter kit-blue	11



subvenite starter kit-green	11	SYMLINPEN 60	25	TENORETIC 100	18	
subvenite starter kit-orange	11	SYMPROIC.	26	TENORETIC 50	18	
sucralfate oral suspension	26	SYNALAR.	22	TENORMIN	18	
sucralfate oral tablet	26	SYNJARDY.	25	terazosin hcl.	27	
sulfacetamide sod-sulfur wash external liquid	22	SYNJARDY XR.	25	terbinafine hcl oral.	13	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %.	22	SYNTHROID.	31	terconazole	13	
sulfacetamide sodium-sulfur external cream 9.8-4.8 %	22	SYPRINE.	27	TERIPARATIDE (RECOMBINANT).	33	
sulfacetamide sodium-sulfur external emulsion	22	T			TESSALON PERLES	35
sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 %	22	TACLONEX EXTERNAL OINTMENT.	22	TESTIM.	31	
sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %.	22	TACLONEX EXTERNAL SUSPENSION	22	testosterone cypionate intramuscular	31	
sulfacetamide sodium-sulfur external lotion 10-5 %	22	tacrolimus oral.	32	testosterone transdermal	31	
sulfacetamide sodium-sulfur external lotion 9.8-4.8 %	22	tadalafil oral tablet 10 mg, 20 mg	25	TEXACORT	22	
sulfacetamide sodium-sulfur external pad	22	tadalafil oral tablet 2.5 mg, 5 mg	25	THYQUIDITY	32	
sulfacetamide sodium-sulfur external suspension 10-5 %	22	TAKHZYRO	32	TIGLUTIK	19	
sulfacetamide sodium-sulfur external suspension 8-4 %	22	TAMIFLU ORAL CAPSULE.	15	timolol maleate ophthalmic gel forming solution.	34	
SULFACLEANSE 8/4.	22	TAMIFLU ORAL SUSPENSION RECONSTITUTED.	15	timolol maleate ophthalmic solution 0.25 %, 0.5 %	34	
sulfamethoxazole-trimethoprim oral	11	tamoxifen citrate oral tablet 10 mg	14	timolol maleate ophthalmic solution 0.5 % (daily)	34	
sulfamez wash	22	tamoxifen citrate oral tablet 20 mg	14	timolol maleate pf	34	
sulfasalazine oral.	33	tamsulosin hcl	27	TIMOPTIC	34, 35	
sulfatrim pediatric	11	TAPAZOLE.	32	TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %.. . . .	35	
SUMADAN WASH.	22	TAPERDEX 12-DAY	31	TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 %.. . . .	35	
sumatriptan succinate oral.	13	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG.	31	TIMOPTIC-XE.	35	
sumatriptan succinate refill	13	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	31	TIROSINT	32	
sumatriptan succinate subcutaneous	13	TAPERDEX 7-DAY	31	TIROSINT-SOL.	32	
SUMAXIN.	22	TARGADOX	11	TIVICAY.	15	
SUMAXIN WASH.	22	TARGRETIN EXTERNAL	14	TIVICAY PD	15	
SUNOSI	37	TARGRETIN ORAL	14	TIVORBEX	9	
SUPREP BOWEL PREP KIT	26	tarina 24 fe	30	tizanidine hcl oral capsule	37	
SUTAB	26	tarina fe 1/20	30	tizanidine hcl oral tablet	37	
syeda	30	tarina fe 1/20 eq.	30	TOBI NEBULIZER	36	
SYMAX DUOTAB.	26	TASIGNA	14	TOBI PODHALER	36	
SYMAX-SL	26	TAYTULLA	30	TOBRADEX OPHTHALMIC OINTMENT.	34	
SYMAX-SR.	26	tazarotene external	22	TOBRADEX OPHTHALMIC SUSPENSION	34	
SYMBICORT	36	TAZORAC.	22	TOBRADEX ST	34	
SYMFI	15	TEGRETOL.	11	tobramycin inhalation nebulization solution 300 mg/4ml.	36	
SYMFI LO	15	TEGRETOL-XR.	12	tobramycin nebulization solution 300 mg/5ml inhalation	36	
SYMJEPI.	35	TEGSEDI.	27	tobramycin ophthalmic.	34	
SYMLINPEN 120	25	TEKTURNA	18	tobramycin-dexamethasone.	34	
		TEKTURNA HCT.	18	TOBEX OPHTHALMIC OINTMENT.	34	
		telmisartan	18			
		temazepam	37			
		TEMIXYS	15			
		TEMOVATE.	22			
		tenofovir disoproxil fumarate	15			



TOBREX OPHTHALMIC SOLUTION	34	triamcinolone acetonide external cream 0.5 %	22	URSO FORTE	27
TOPAMAX	12	triamcinolone acetonide external lotion	22	ursodiol oral	27
TOPAMAX SPRINKLE	12	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	22		
topiramate er	12	triamcinolone acetonide external ointment 0.05 %	22	V	
topiramate oral	12	triamterene-hctz	18	VAGIFEM	30
TOPROL XL	18	TRIANEX	22	valacyclovir hcl oral	15
torseamide	18	triazolam	16	VALIUM	16
TOUJEO MAX SOLOSTAR	24	TRICOR	18	valsartan	18
TOUJEO SOLOSTAR	24	triderm external cream 0.1 %	22	valsartan-hydrochlorothiazide	18
TOVIAZ	27	triderm external cream 0.5 %	22	VALTOCO	12
TRACLEER	37	TRIDESILON	22	VALTRESX	15
TRADJENTA	25	trientine hcl	27	VANADOM	37
tramadol hcl er	9	TRIJARDY XR	25	vandazole	11
tramadol hcl er (biphasic)	9	TRILEPTAL	12	VANOS	22
tramadol hcl oral tablet 100 mg	9	TRINTELLIX	12	VASOTEC	18
tramadol hcl oral tablet 50 mg	9	TRIUMEQ	15	VECTICAL	22
TRANSDERM SCOP (1.5 MG)	13	TROKENDI XR	12	VELPHORO	27
TRAVATAN Z	35	TRULANCE	26	VELTASSA	26
travoprost (bak free)	35	TRULICITY	25	VEMLIDY	15
trazodone hcl oral	12	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	15	venlafaxine hcl	12
TRELEGY ELLIPTA	36	TRUVADA ORAL TABLET 200-300 MG	15	venlafaxine hcl er oral capsule extended release 24 hour	12
TREMFYA	32	tulana	30	venlafaxine hcl er oral tablet extended release 24 hour	12
TRESIBA	24	TUSSICAPS	35	VENTOLIN HFA	36
TRESIBA FLEXTOUCH	24	tyblume	30	verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	18
tretinoin external cream	22	tydemy	30	verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	18
tretinoin external gel 0.01 %	22	TYMLOS	33	verapamil hcl er oral tablet extended release	18
tretinoin external gel 0.025 %	22	TYVASO	37	verapamil hcl oral	18
tretinoin external gel 0.05 %	22	TYVASO REFILL	37	VERDESO	22
TREXALL	33	TYVASO STARTER	37	VERELAN	18
TREZIX	9			VERELAN PM	18
tri femynor	30	U		VERZENIO	14
tri-estarylla	30	UBRELVY	14	vestura	30
tri-linyah	30	UCERIS ORAL	33	VIAGRA	25
tri-lo-estarylla	30	UCERIS RECTAL	33	VIBERZI	27
tri-lo-marzia	30	ULORIC	13	VIBRAMYCIN ORAL CAPSULE	11
tri-lo-mili	30	ULTRAM	9	VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	11
tri-lo-sprintec	30	Ultram ER	9	VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (2 Pak)	25
tri-mili	30	unithroid	32	VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (3 Pak)	25
tri-nymyo	30	UROCIT-K 10	26	vienna	30
tri-previfem	30	UROCIT-K 15	26		
tri-sprintec	30	UROCIT-K 5	26		
tri-vylibra	30	UROXATRAL	27		
tri-vylibra lo	30	URSO 250	27		
triamcinolone acetonide external aerosol solution	22				
triamcinolone acetonide external cream 0.025 %, 0.1 %	22				



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Online: UHC_Civil_Rights@uhc.com

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

You must send the complaint within 60 days of your experience. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on your 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។ សូមទូរស័ព្ទទំនាក់ទំនងលើខ្សែតតិតតុល្ល ដល់មាន់នលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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 yániłti'go, saad beę áka'anída'awo'ígíí, t'áa jíík'eh, bee ná'ahóót'i'. T'áa shòqdí ninaaltsoos nił'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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