



# Your 2023 Prescription Drug List

## Advantage 3-Tier

Effective January 1, 2023



**United  
Healthcare**

This Prescription Drug List (PDL) is accurate as of January 1, 2023 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Plan, UnitedHealthcare Freedom Plans, River Valley, All Savers, Level2 and Oxford medical plans with a pharmacy benefit subject to the Advantage 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

# Table of contents

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



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



# Understanding your Prescription Drug List (PDL)

## What is a PDL?

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

## How do I use my PDL?

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

## What are tiers?

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

## When does the PDL change?

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

## Why are some medications excluded from coverage?

We review medications based on their total value, including effectiveness and safety, how much they cost, and the availability of alternative medications to treat the same or similar medical conditions. Certain medications may be excluded from coverage or be subject to prior authorization (sometimes referred to as precertification)<sup>1</sup> if similar alternatives are available at a lower cost. Examples include medications that work the same way, but one is much more expensive than the other, or options that are available without a prescription (also referred to as over-the-counter medications<sup>2</sup>). There are also some instances where the same product can be made by two or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

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

## Who decides which medications are covered?

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

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 member ID card or call the toll-free phone number on your member ID card to learn more.

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

## Over-the-counter (OTC) medications

An OTC medication may be the right treatment option for some conditions. Talk to your doctor about available OTC options. Even though these medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

# Reading your PDL

The PDL gives you choices so you and your doctor can decide your best course of treatment. In this PDL, brand-name medications are shown in UPPERCASE and generic medications in lowercase.

## Tier information

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

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

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

## Drug list information

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

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

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

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



# Reading your PDL (continued)

## Coverage details

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

## Questions

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



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



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

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

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

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



Drug Name	Drug Tier	Requirements & Limits
<b>Analgesics - Drugs for Pain</b>		
acetaminophen-codeine	1	
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
apap-caff-dihydrocodeine	3	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	E	
DUROLANE	E	
endocet	1	
ESGIC	3	QL
EUFLEXXA	E	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, ST, QL
FIORICET	3	QL
GELSYN-3	E	
GEN7T EXTERNAL PATCH	E	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	E	
hydrocodone bitartrate er oral capsule extended release 12 hour	3	PA, ST, QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	3	PA, ST, QL
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	
hydromorphone hcl er	3	PA, ST, QL
hydromorphone hcl oral	1	

Drug Name	Drug Tier	Requirements & Limits
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	3	PA, ST, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	1	
morphine sulfate rectal	1	
MS CONTIN	E	PA, ST, QL
NALOCET	E	QL
NUCYNTA ER	3	PA, QL
NUCYNTA ORAL TABLET 100 MG, 75 MG	3	QL
NUCYNTA ORAL TABLET 50 MG	3	QL
OXAYDO	E	QL
OXYCODONE HCL ER	E	PA, ST, QL
oxycodone hcl oral capsule	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	
oxycodone hcl oral solution	1	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	
oxycodone hcl oral tablet 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION	E	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	E	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	E	QL
OXYCONTIN	E	PA, ST, QL
PERCOCET	E	
premium lidocaine	2	QL
PROLATE	E	

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





Drug Name	Drug Tier	Requirements & Limits
QDOLO	E	PA, QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	E	
ROXICODONE ORAL TABLET 5 MG	E	QL
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG	E	QL
ROXYBOND ORAL TABLET ABUSE-DETERRENT 5 MG	E	
SUBSYS	E	PA, QL
SUPARTZ FX	E	
SYNOJOYNT	E	
tramadol hcl er (biphasic)	2	(generic for Ryzolt), QL
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	E	(generic for Conzip), QL
tramadol hcl er oral tablet extended release 24 hour	2	(generic for Ultram ER), QL
TRAMADOL HCL ORAL SOLUTION	E	PA, QL
tramadol hcl oral tablet 100 mg	E	
tramadol hcl oral tablet 50 mg	1	
TREZIX	3	QL
TRILURON	E	
ULTRAM	E	
VTOL LQ	2	PA, QL
XTAMPZA ER	3	PA, QL
ZEBUTAL	3	QL
ZTLIDO	3	PA, QL
<b>Analgesics - Drugs for Pain and Inflammation</b>		
ANAPROX DS	E	
CATAFLAM	E	
CELEBREX	E	QL
celecoxib oral	2	QL
diclofenac potassium oral capsule	E	
diclofenac potassium oral tablet 25 mg	E	
diclofenac potassium oral tablet 50 mg	2	
diclofenac sodium er	3	
diclofenac sodium external gel 1 %	E	
diclofenac sodium external solution	E	
diclofenac sodium oral	1	

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

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
SPRIX	3	ST, QL
TIVORBEX	E	
ZIPSOR	E	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	2	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	QL
KLOXXADO	2	QL
naloxone hcl injection	1	
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	2	QL
SUBOXONE	E	PA, QL
varenicline tartrate	3	PA, H
ZIMHI	2	QL
ZUBSOLV	2	QL
<b>Antibacterials - Drugs for Infections</b>		
ACTICLATE	E	
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
amoxicillin-potassium clavulanate er	E	
AUGMENTIN	E	
AUGMENTIN ES-600	E	
avidoxy	1	
azithromycin oral	1	
BACTRIM	3	
BACTRIM DS	3	
cefadroxil	1	
cefdinir	1	
cefuroxime axetil	1	
CENTANY	3	QL
CENTANY AT	E	
cephalexin	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
clarithromycin er	2	
clarithromycin oral suspension reconstituted	2	
clarithromycin oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
coremino	E	PA
DIFICID	3	QL
DORYX	E	
DORYX MPC	E	
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	E	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	E	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	1	
FLAGYL	3	
levofloxacin oral	1	
LYMEPAK	E	
metronidazole oral	1	
metronidazole vaginal	2	
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	E	PA
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg	E	PA
minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg	E	PA
minocycline hcl oral capsule	1	
minocycline hcl oral tablet	E	
MINOLIRA	E	PA

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
mondoxyne nl	1	
mupirocin calcium	3	QL
mupirocin external	1	QL
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	E	
NUZYRA ORAL	3	QL
penicillin v potassium	1	
SOLODYN	E	PA
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
TARGADOX	E	
VANDAZOLE	3	
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	
<b>Anticoagulants - Drugs to Treat or Prevent Blood Clots</b>		
dabigatran etexilate mesylate	1	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium	2	QL
jantoven	1	
LOVENOX	E	QL
PRADAXA	3	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
<b>Anticonvulsants - Drugs for Seizures</b>		
BRIVIACT ORAL TABLET	3	PA
carbamazepine er oral capsule extended release 12 hour	2	
carbamazepine er oral tablet extended release 12 hour	3	
carbamazepine oral	1	
CARBATROL	3	

Drug Name	Drug Tier	Requirements & Limits
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA
DEPAKOTE SPRINKLES	3	PA
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
ELEPSIA XR	E	PA
epitol	1	
EPRONTIA	E	PA
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	PA, ST
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL	3	PA
KEPPRA XR	3	PA
lacosamide oral	3	PA
LAMICTAL	3	PA
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG	3	PA
LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG	3	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	PA
LAMICTAL STARTER	3	PA
LAMICTAL XR	3	PA
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

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
oxcarbazepine	1	
OXTELLAR XR	E	
QUDEXY XR	E	
roweepra	1	
SPRITAM	E	
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL	3	
TEGRETOL-XR	3	
TOPAMAX	3	PA
TOPAMAX SPRINKLE	3	PA
topiramate er	E	ST
topiramate oral	1	
TRILEPTAL	3	PA
TROKENDI XR	E	
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	3	PA, QL
VIMPAT ORAL	3	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA
ZONEGRAN	3	PA
zonisamide oral	1	
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
ADLARITY	E	
ARICEPT	E	
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	E	
donepezil hcl oral tablet dispersible	1	
<b>Antidepressants - Drugs for Depression</b>		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	
CELEXA	E	

Drug Name	Drug Tier	Requirements & Limits
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	E	
citalopram hydrobromide oral solution	1	
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	QL
desvenlafaxine succinate er	3	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
DRIZALMA SPRINKLE	3	PA, QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	QL
duloxetine hcl oral capsule delayed release particles 40 mg	E	
EFFEXOR XR	E	
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	3	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	3	QL
fluoxetine hcl oral tablet 20 mg	3	
fluoxetine hcl oral tablet 60 mg	E	
fluvoxamine maleate	1	
fluvoxamine maleate er	3	QL
FORFIVO XL	E	QL
LEXAPRO	E	
mirtazapine oral	1	
nortriptyline hcl oral	1	
PAMELOR	E	
paroxetine hcl er	3	QL
paroxetine hcl oral suspension	3	
paroxetine hcl oral tablet	1	
PAXIL CR	E	QL
PAXIL ORAL SUSPENSION	3	
PAXIL ORAL TABLET	E	
PRISTIQ	E	QL
PROZAC	E	
REMERON	E	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E	

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



Drug Name	Drug Tier	Requirements & Limits
SERTRALINE HCL ORAL CAPSULE	E	QL
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	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	E	QL
VIIBRYD STARTER PACK	3	
vilazodone hcl	3	QL
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
BONJESTA	E	PA
DICLEGIS	E	PA
doxylamine-pyridoxine	E	PA
GIMOTI	E	QL
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	E	
ondansetron hcl oral	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
promethegan	1	
REGLAN	3	
scopolamine	3	
TRANSDERM-SCOP	E	
<b>Antifungals - Drugs for Fungal Infections</b>		
ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox treatment	E	
CRESEMBA INTRAVENOUS	E	

Drug Name	Drug Tier	Requirements & Limits
CRESEMBA ORAL	3	
DIFLUCAN	E	
EXTINA	3	ST
fluconazole oral	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external foam	3	ST
ketoconazole external shampoo	1	
ketodan external foam	3	ST
LOPROX EXTERNAL SHAMPOO	E	
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystop	1	QL
terbinafine hcl oral	1	QL
terconazole	1	
XOLEGEL	3	
<b>Antigout Agents - Drugs for Gout</b>		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	
colchicine oral tablet	E	
COLCRYS	E	
febuxostat	3	ST, QL
GLOPERBA	3	PA
MITIGARE	2	
ULORIC	E	ST, QL
ZYLOPRIM	3	
<b>Antimigraine Agents - Drugs for Migraines</b>		
AIMOVIG	2	PA, ST
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, ST, QL
AMERGE ORAL TABLET 1 MG, 2.5 MG	E	QL
eletriptan hydrobromide	2	QL
EMGALITY (300 MG DOSE)	2	PA, ST, QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, ST, QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, ST, QL
IMITREX ORAL	E	QL
IMITREX STATDOSE REFILL	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
IMITREX STATDOSE SYSTEM	E	QL
MAXALT	E	QL
naratriptan hcl	1	QL
NURTEC ODT	2	PA, ST, QL
ONZETRA XSAIL	E	QL
RELPAK	E	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge	1	QL
sumatriptan succinate subcutaneous	1	QL
UBRELVY	2	PA, ST, QL
ZEMBRACE SYMTOUCH	E	QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	2	QL
<b>Antineoplastics - Drugs for Cancer</b>		
ALECENSA	2	PA, QL, SP
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
bexarotene external	E	QL, SP
bexarotene oral	E	SP
CALQUENCE	2	PA, QL, SP
capecitabine	1	QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA	2	PA, QL, SP
EXKIVITY	3	PA, QL, SP
FEMARA	E	
fluorouracil external solution	1	
GAVRETO	3	PA, QL, SP
IBRANCE	2	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL, SP
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
IMBRUVICA ORAL TABLET	2	PA, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	2	PA, QL, SP

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

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



Drug Name	Drug Tier	Requirements & Limits
ropinirole hcl er	E	
RYTARY	E	
SINEMET	3	
<b>Antiplatelets - Drugs for Heart Attack and Stroke Prevention</b>		
BRILINTA	3	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	
ZONTIVITY	3	QL
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY	E	QL
aripiprazole oral solution	3	
aripiprazole oral tablet	2	QL
aripiprazole oral tablet dispersible	2	QL
asenapine maleate	E	QL
GEODON ORAL	E	QL
LATUDA	3	QL
olanzapine oral tablet	1	QL
olanzapine oral tablet dispersible	2	QL
quetiapine fumarate	1	
quetiapine fumarate er	3	QL
REXULTI	3	PA, ST, QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	3	QL
SEROQUEL	E	
SEROQUEL XR	E	QL
VRAYLAR ORAL CAPSULE	3	QL
ziprasidone hcl	2	QL
ZYPREXA ORAL	E	QL
ZYPREXA ZYDIS	E	QL
<b>Antivirals - Drugs for Viral Infections</b>		
acyclovir oral	1	
BARACLUDE ORAL SOLUTION	2	SP
BARACLUDE ORAL TABLET	E	SP
BIKTARVY	3	QL
CIMDUO	2	QL
DESCOVY	E	PA, ST, QL
DOVATO	2	QL
efavirenz-emtricitab-tenofovir	2	QL
efavirenz-lamivudine-tenofovir	2	QL

Drug Name	Drug Tier	Requirements & Limits
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	1	SP
EPCLUSA ORAL PACKET 150-37.5 MG	2	PA, QL, SP
EPCLUSA ORAL PACKET 200-50 MG	2	PA, QL, SP
EPCLUSA ORAL TABLET 200-50 MG	2	PA, QL, SP
EPCLUSA ORAL TABLET 400-100 MG	2	PA, QL, SP
GENVOYA	3	QL
HARVONI ORAL PACKET	2	PA, ST, QL, SP
HARVONI ORAL TABLET	2	PA, ST, QL, SP
ISENTRESS	2	
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET ORAL PACKET	2	PA, QL, SP
MAVYRET ORAL TABLET	2	PA, QL, SP
NORVIR ORAL PACKET	2	
NORVIR ORAL SOLUTION	2	
NORVIR ORAL TABLET	E	
ODEFSEY	3	QL
oseltamivir phosphate oral capsule	2	
oseltamivir phosphate oral suspension reconstituted	2	QL
PREZCOBIX	2	
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
tenofovir disoproxil fumarate	1	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
TIVICAY	3	
TIVICAY PD	3	
TRIUMEQ	2	QL
TRIUMEQ PD	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	E	PA, ST, SP
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	
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
clonazepam oral	1	
diazepam intensol	1	
diazepam oral	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
LOREEV XR	E	
triazolam	1	
VALIUM	E	
VISTARIL	3	

Drug Name	Drug Tier	Requirements & Limits
XANAX	E	
XANAX XR	E	
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	PA
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
ACCUPRIL	E	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTONE	E	
aliskiren fumarate	3	
ALTACE	E	
ALTOPREV	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
ASPRUZYO SPRINKLE	E	
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	

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
CARDURA	3	
CAROSPIR	3	PA
cartia xt	2	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
colesevelam hcl	2	
COREG	E	
CORGARD	3	
CORLANOR	3	PA, QL
COZAAR	E	
CRESTOR	E	QL
diltiazem hcl er	1	
diltiazem hcl er coated beads	2	
diltiazem hcl oral	1	
dilt-xr	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
EDARBI	3	
EDARBYCLOR	3	
enalapril maleate oral solution	3	PA
enalapril maleate oral tablet	1	
ENTRESTO	3	PA, QL
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	

Drug Name	Drug Tier	Requirements & Limits
HEMANGEOL	E	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
icosapent ethyl	E	PA
INDERAL LA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorb dinitrate-hydralazine	2	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
KAPSPARGO SPRINKLE	3	
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	
MULTAQ	3	PA

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

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

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



Drug Name	Drug Tier	Requirements & Limits
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
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 10 mg, 5 mg	3	
dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg	E	
FOCALIN	3	
FOCALIN XR	E	QL
guanfacine hcl er	2	QL
INTUNIV	E	QL
JORNAY PM	E	QL
METHYLIN	3	
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	
methylphenidate hcl er (osm)	E	QL
methylphenidate hcl er (xr)	E	QL

Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl er oral tablet extended release	3	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	E	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	3	QL
ZENZEDI	E	

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

AMPYRA	E	PA, QL, SP
AUBAGIO	3	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
dalfampridine er	2	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
GILENYA	3	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	2	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL, SP
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
REBIF	E	PA, QL, SP
REBIF REBIDOSE	E	PA, QL, SP
REBIF REBIDOSE TITRATION PACK	E	PA, QL, SP
REBIF TITRATION PACK	E	PA, QL, SP

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



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

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

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



Drug Name	Drug Tier	Requirements & Limits
CIBINQO	2	PA, QL, SP
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	
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin phosphate gel 1 % external	E	QL
clindamycin phosphate gel 1 % external	3	QL
clobetasol propionate external cream	2	QL
clobetasol propionate external foam	E	QL
clobetasol propionate external gel	2	QL
clobetasol propionate external liquid	1	QL
clobetasol propionate external lotion	E	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external shampoo	E	QL
clobetasol propionate external solution	1	QL
CLOBEX	E	QL
CLOBEX SPRAY	E	QL
clodan external shampoo	E	QL
clotrimazole-betamethasone external cream	1	QL
clotrimazole-betamethasone external lotion	1	
dapsone external	3	QL
DERMA-SMOOTH/FS BODY	3	QL
DERMA-SMOOTH/FS SCALP	3	
desonide external cream	3	QL
desonide external gel	3	ST, QL

Drug Name	Drug Tier	Requirements & Limits
desonide external lotion	3	QL
desonide external ointment	3	QL
DESOWEN	3	QL
desrx	3	ST, QL
DIPROLENE	3	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP
EFUDEX	3	
ENSTILAR	3	QL
EUCRISA	3	ST, QL
EVOCLIN	3	
FINACEA	3	
fluocinolone acetonide body	3	QL
fluocinolone acetonide external cream	3	QL
fluocinolone acetonide external ointment	2	QL
fluocinolone acetonide external solution	3	QL
fluocinolone acetonide scalp	3	
fluocinonide external cream 0.05 %	1	
fluocinonide external cream 0.1 %	E	QL
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
FLUOROPLEX EXTERNAL CREAM 1 %	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
imiquimod external cream 3.75 %	E	QL
imiquimod external cream 5 %	1	

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
imiquimod pump	E	QL
IMPEKLO	E	QL
IMPOYZ	E	QL
isotretinoin capsule 10 mg oral	E	PA
isotretinoin capsule 10 mg oral	2	
isotretinoin capsule 20 mg oral	E	PA
isotretinoin capsule 20 mg oral	2	
isotretinoin capsule 30 mg oral	E	PA
isotretinoin capsule 30 mg oral	2	
isotretinoin capsule 40 mg oral	E	PA
isotretinoin capsule 40 mg oral	2	
isotretinoin oral capsule 25 mg, 35 mg	E	PA
KENALOG EXTERNAL	E	QL
KLISYRI	3	ST, QL
METROCREAM	3	
METROGEL	E	
METROLOTION	3	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
metronidazole external gel 1 %	E	
metronidazole external lotion	1	
MIRVASO	3	PA, QL
mometasone furoate external	1	
myorisan	2	
neuac external gel	3	QL
NORITATE	E	
OLUX	E	QL
PICATO	3	QL
pimecrolimus	3	ST, 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	
SANTYL	3	QL
SERNIVO	E	QL
SOOLANTRA	3	QL
sss 10-5	1	

Drug Name	Drug Tier	Requirements & Limits
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external cream 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %, 9-4.5 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %	1	
sulfacetamide sodium-sulfur external lotion 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external pad 10-4 %	1	
sulfacetamide sodium-sulfur external pad 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide sodium-sulfur external suspension 8-4 %	E	
sulfacetamide sod-sulfur wash	1	
SULFACLEANSE 8/4	E	
sulfamez wash	1	
SUMADAN WASH	E	
SUMAXIN	3	
SYNALAR	E	QL
TACLONEX EXTERNAL OINTMENT	E	QL
TACLONEX EXTERNAL SUSPENSION	3	QL
tacrolimus external	2	ST, QL
tazarotene external cream	3	PA, QL
TAZORAC	3	PA, QL
TEXACORT	2	
tretinoin external cream	3	QL
tretinoin external gel 0.01 %, 0.025 %	E	QL
tretinoin external gel 0.05 %	E	PA, QL
triamcinolone acetonide external aerosol solution	2	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL

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



Drug Name	Drug Tier	Requirements & Limits
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
triamcinolone in absorbbase	E	
TRIANEX	E	
triderm external cream 0.1 %	1	
triderm external cream 0.5 %	1	QL
TRIDESILON	3	QL
tritocin	E	
VANOS	E	QL
VECTICAL	E	QL
VERDESO	E	QL
WYNZORA	E	QL
zenatane	2	
ZILXI	3	PA, ST, QL
ZYCLARA	E	QL
ZYCLARA PUMP	E	QL
<b>Diabetes - Glucose Monitoring and Supplies</b>		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK FASTCLIX LANCETS	1	
ACCU-CHEK GUIDE KIT W/DEVICE	3	(Accu-Chek Guide Me)
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK MULTICLIX LANCET KIT	1	
ACCU-CHEK MULTICLIX LANCETS	1	
ACCU-CHEK SAFE-T PRO LANCETS	1	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFT TOUCH LANCETS	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK SOFTCLIX LANCETS	1	
ACCUTREND GLUCOSE	E	QL
bd autoshield duo pen needles	2	

Drug Name	Drug Tier	Requirements & Limits
BD INSULIN SYRINGE U-500	2	
bd ultra-fine insulin syringes	2	
bd ultra-fine pen needles	2	
BD VEO INSULIN SYRINGE ULTRA-FINE	2	
BLOOD GLUCOSE TEST STRIPS	E	QL
CARETOUCH MONITOR SYSTEM	E	
CARETOUCH TEST	E	QL
CHEMSTRIP BG LOG BOOK	1	
CONTOUR MONITOR DEVICE	E	
CONTOUR MONITOR KIT W/ DEVICE	E	
CONTOUR NEXT EZ KIT W/DEVICE	E	
CONTOUR NEXT GEN MONITOR	E	
CONTOUR NEXT LINK KIT W/DEVICE	3	
CONTOUR NEXT LINK KIT W/DEVICE	E	(Contour Next Link 24 )
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE DEVICE	E	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT TEST STRIPS	2	QL
CONTOUR TEST STRIPS	E	QL
CVS ADVANCED GLUCOSE TEST	E	QL
CVS GLUCOSE METER TEST STRIPS	E	QL
D-CARE BLOOD GLUCOSE	E	QL
D-CARE GLUCOMETER	E	
DEXCOM G4 MOBILE RECEIVER	3	PA, QL
DEXCOM G4 PLATINUM	3	PA, QL
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT	3	PA, QL
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT/SHARE	3	PA, QL
DEXCOM G4 PLATINUM RECEIVER KIT	3	PA, QL
DEXCOM G4 PLATINUM RECEIVER KIT/SHARE	3	PA, QL
DEXCOM G4 PLATINUM SENSOR KIT	3	PA, QL
DEXCOM G4 PLATINUM TRANSMITTER KIT	3	PA, QL
DEXCOM G4 SENSOR	3	PA, QL

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





Drug Name	Drug Tier	Requirements & Limits
DEXCOM G4 TRANSMITTER	3	PA, QL
DEXCOM G5 MOBILE RECEIVER	3	PA, QL
DEXCOM G5 SENSOR	3	PA, QL
DEXCOM G5 TRANSMITTER	3	PA, QL
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
EASY TOUCH TEST	E	QL
EASYMAX 15 TEST	E	QL
EASYMAX NG BLOOD GLUCOSE	E	
EASYMAX V BLOOD GLUCOSE	E	
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	E	QL
FORTISCARE G1 TEST STRIP	E	QL
FORTISCARE T1 GLUCOSE SYSTEM	E	
FORTISCARE TEST	E	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 3 SENSOR	3	PA
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE PRECISION NEO SYSTEM	E	
FREESTYLE PRECISION NEO TEST	E	QL
GENTLE-LET PLATFORMS	3	
GLUCOCARD EXPRESSION TEST	E	QL
GLUCOCARD SHINE TEST	E	QL
GLUCOCARD VITAL TEST	E	QL
GUARDIAN LINK 3 TRANSMITTER	3	
GUARDIAN REAL-TIME REPLACE PED	3	PA
GUARDIAN SENSOR (3)	3	PA
IN TOUCH	1	
INSULIN PEN NEEDLES	2	
LANCETS	3	
MICRODOT TEST	E	QL
MINILINK REAL-TIME TRANSMITTER	3	

Drug Name	Drug Tier	Requirements & Limits
MM EASY TOUCH GLUCOSE METER	E	
NEUTEK 2TEK TEST	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOTWIST	2	
OMNIPOD 5 G6 INTRO KIT (Gen 5)	2	PA, QL
OMNIPOD 5 G6 PODS (Gen 5)	2	PA, QL
ONETOUCH CLUB LANCETS FINE PT	1	
ONETOUCH DELICA LANCETS 30G	1	
ONETOUCH DELICA LANCETS 33G	1	
ONETOUCH DELICA PLUS LANCET30G	1	(Onetouch Delica Plus Lancets)
ONETOUCH DELICA PLUS LANCET33G	1	(Onetouch Delica Plus Lancets)
ONETOUCH FINEPOINT LANCETS	1	
ONETOUCH SOLUTIONS STARTER KIT	E	
ONETOUCH SURESOFT LANCING DEV	1	
ONETOUCH ULTRA 2 KIT W/DEVICE	1	
ONETOUCH ULTRA MINI KIT W/DEVICE	1	
ONETOUCH ULTRA TEST STRIPS	1	QL
ONETOUCH ULTRASOFT LANCETS	1	(Onetouch Ultrasoft Plus lancets)
ONETOUCH VERIO FLEX SYSTEM	1	
ONETOUCH VERIO IQ SYSTEM	1	
ONETOUCH VERIO KIT W/DEVICE	1	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
OPTIUMEZ TEST	E	QL
PARADIGM REAL-TIME TRANSMITTER	3	
PENLET II BLOOD SAMPLER	1	

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





Drug Name	Drug Tier	Requirements & Limits
PENLET II REPLACEMENT CAP	3	
PRECISION XTRA	E	
PRECISION XTRA BLOOD GLUCOSE	E	QL
PREMIUM BLOOD GLUCOSE TEST	E	QL
PSS SELECT PLATFORMS	3	
QUINTET AC BLOOD GLUCOSE	E	
QUINTET AC BLOOD GLUCOSE TEST	E	QL
QUINTET BLOOD GLUCOSE SYSTEM	E	
QUINTET BLOOD GLUCOSE TEST	E	QL
RELION TRUE MET AIR GLUC METER	E	
RELION TRUE METRIX TEST STRIPS	E	QL
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	QL
SURESTEP PRO LINEARITY	1	
TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
TRUE METRIX AIR GLUCOSE METER	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	QL
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER KIT	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	QL
TRUETRACK BLOOD GLUCOSE DEVICE	E	
TRUETRACK TEST	E	QL
UNISTRIP1 GENERIC	E	QL
<b>Diabetes - Insulin</b>		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
AFREZZA	E	PA, QL
BASAGLAR KWIKPEN	E	QL
HUMALOG INJECTION	1	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	1	QL

Drug Name	Drug Tier	Requirements & Limits
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG SUBCUTANEOUS	2	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	1	QL
HUMULIN R VIAL	1	QL
INSULIN ASPART	E	ST, QL
INSULIN ASPART FLEXPEN	E	ST, QL
INSULIN ASPART PENFILL	E	ST, QL
INSULIN GLARGINE	E	QL
INSULIN GLARGINE SOLOSTAR	E	QL
INSULIN LISPRO	E	QL
INSULIN LISPRO (1 UNIT DIAL)	E	QL
INSULIN LISPRO JUNIOR KWIKPEN	E	QL
INSULIN LISPRO KWIKPEN	E	
INSULIN LISPRO PROT & LISPRO	E	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LEVEMIR U-100 FLEXTOUCH	E	PA, QL
LEVEMIR U-100 VIAL	E	PA, QL
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

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
NOVOLOG FLEXPEN	E	ST, QL
NOVOLOG FLEXPEN RELION	E	ST, QL
NOVOLOG PENFILL	E	ST, QL
NOVOLOG RELION	E	ST, QL
NOVOLOG U-100 VIAL	E	ST, QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
TRESIBA	E	QL
TRESIBA FLEXTOUCH	E	QL
<b>Diabetes - Non-Insulin Agents</b>		
ACTOS	E	QL
ADLYXIN	3	PA, ST, QL
ADLYXIN STARTER PACK	3	PA, ST, QL
ALOGLIPTIN BENZOATE	E	QL
ALOGLIPTIN-METFORMIN HCL	E	QL
ALOGLIPTIN-PIOGLITAZONE	E	QL
AMARYL	E	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE AUTOINJECTOR	2	PA, ST, QL
BYETTA 10 MCG PEN	2	PA, ST, QL
BYETTA 5 MCG PEN	2	PA, ST, QL
FARXIGA	E	ST, QL
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
glucagon emergency kit 1 mg injection 1 mg	2	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	E	QL
GLUCOTROL XL	3	
GLUMETZA	E	PA
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST, QL
JANUVIA	E	ST, QL
JARDIANCE	2	ST, QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KAZANO	2	QL

Drug Name	Drug Tier	Requirements & Limits
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 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	E	
MOUNJARO	2	PA, ST, QL
NESINA	2	QL
ONGLYZA	2	QL
OSENI	2	QL
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	2	PA, ST, QL
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	2	PA, ST
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
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
<b>Drugs for Blood Disorders</b>		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA, SP

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
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
ALPHANATE	2	SP
ARANESP (ALBUMIN FREE)	2	QL, SP
DOPTELET	3	PA, ST, QL, SP
ELOCTATE	3	PA, SP
EMPAVELI	2	PA, QL, SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
JIVI	3	PA, SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, QL, SP
NEULASTA	3	SP
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	2	SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT	2	SP
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	SP
TAVALISSE	3	PA, QL, SP
WILATE	2	SP
ZARXIO	2	SP
ZIEXTENZO	3	SP
<b>Drugs for Sexual Dysfunction</b>		
ADDYI	3	PA, QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL

Drug Name	Drug Tier	Requirements & Limits
IMVEXXY STARTER PACK	2	QL
INTRAROSA	3	PA, QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	3	PA, QL
tadalafil oral	2	QL
VIAGRA	E	QL
VYLEESI	3	PA, QL
<b>Electrolytes / Vitamins</b>		
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
DODEX	3	
DRISDOL	3	
ERGOCAL	3	
ergocalciferol oral capsule	1	
FLORIVA PLUS	3	
folic acid oral tablet 1 mg	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	3	
klor-con m20	1	
K-TAB	3	
LOKELMA	3	PA, QL
multi-vitamin/fluoride	1	
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 0.5 mg oral	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL	3	
multivitamin/fluoride tablet chewable 1 mg oral	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL	3	
MULTI-VIT-FLOR	3	
NASCOBAL	3	
POLY-VI-FLOR	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
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	1	
potassium chloride crys er oral tablet extended release 15 meq	3	
potassium chloride er	1	
potassium chloride oral packet	1	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
potassium citrate er	1	
PRENA1 PEARL	3	
QUFLORA PEDIATRIC	3	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
VELTASSA	3	PA, QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITAPEARL	3	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
CARAFATE	E	
CYTOTEC	3	
DEXILANT	E	QL
DEXLANSOPRAZOLE	E	QL
famotidine oral suspension reconstituted	1	
FIRST-OMEPRAZOLE	3	PA
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
OMEPRAZOLE+SYRSPEND SF ALKA	3	PA
pantoprazole sodium oral packet	E	
pantoprazole sodium oral tablet delayed release	1	
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
glycopyrrolate oral tablet 1 mg, 2 mg	1	
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
NA SULFATE-K SULFATE-MG SULF	3	QL
NULEV	3	
OSCIMIN	3	
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbic acid	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
RELTONE	E	
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
URSO 250	E	
URSO FORTE	E	

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



Drug Name	Drug Tier	Requirements & Limits
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA, QL
ZELNORM	3	PA, ST, QL

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

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

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

AURYXIA	E	
DITROPAN XL	E	
fesoterodine fumarate er	E	
GELNIQUE	E	
oxybutynin chloride er	2	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIDIUM	3	
THIOLA	3	SP
THIOLA EC	3	SP
TOVIAZ	E	
VELPHORO	2	

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

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

afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
amethia	3	
ANNOVERA	3	QL
apri	1	H
ashlyna	3	
aubra	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	3	
ayuna	1	H
azurette	2	
balziva	1	H
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	1	H
camila	1	H
camrese	3	
camrese lo	3	
chateal	1	H
chateal eq	1	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
CLIMARA	E	QL
CLIMARA PRO	3	QL
cryselle-28	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	QL
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 TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM	3	
DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM	3	
dotti	2	QL
drospiren-eth estrad-levomefol	E	
drospirenone-ethinyl estradiol	3	
DUAVEE	3	QL
ELESTRIN	3	
elimest	1	H
eluryng	1	H
emoquette	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Minivelle), QL

Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal cream	3	
estradiol vaginal tablet	2	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
fayosim	E	
femynor	1	H
gemmily	E	
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
heather	1	H
iclevia	2	H
incassia	1	H
introvale	2	H
isibloom	1	H
jaimiess	3	
jasmiel	3	
jencycla	1	H
jolessa	2	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	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
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kariva	2	
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
larissia	1	H
lessina	1	H
levonorgest-eth est & eth est	E	
levonorgest-eth estrad 91-day 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 oral tablet 0.15-30 mg-mcg	1	H
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
lojaimiess	3	
loryna	3	
LOSEASONIQUE	3	
low-ogestrel	1	H
lo-zumandimine	3	
lutera	1	H
lyleq	1	H
lyllana	3	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular suspension	1	QL, H

Drug Name	Drug Tier	Requirements & Limits
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	H
medroxyprogesterone acetate oral	1	
MENOSTAR	3	QL
merzee	E	
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe	1	
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
MINASTRIN 24 FE	E	H
MINIVELLE	E	QL
MIRCETTE	E	
mono-linyah	1	H
MYFEMBREE	2	PA, QL
NATAZIA	2	
necon 0.5/35 (28)	1	H
nikki	3	
nora-be	1	H
norethin ace-eth estrad-fe oral capsule	E	
norethin ace-eth estrad-fe oral tablet	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyda	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
NUVARING	E	
nylia 1/35	1	H
nymyo	1	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
ocella	3	
philith	1	H
pimtree	2	
pirmella 1/35	1	H
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
progesterone oral	2	
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	1	H
tarina fe 1/20	1	H
tarina fe 1/20 eq	1	H
taysofy	E	
TAYTULLA	E	
tri femynor	1	H
tri-estarylla	1	H
tri-lynyah	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-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
tyblume	1	H

Drug Name	Drug Tier	Requirements & Limits
tydemy	E	
VAGIFEM	E	
vestura	3	
vienva	1	H
viorele	2	
VIVELLE-DOT	E	QL
volnea	2	
vyfemla	1	H
vylibra	1	H
wera	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvafem	2	
zafemy	3	H
zumandimine	3	
<b>Hormonal Agents - Oral Steroids</b>		
ALKINDI SPRINKLE	E	PA
CORTEF	3	
DEXABLISS	E	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DXEVO 11-DAY	E	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	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	1	

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





Drug Name	Drug Tier	Requirements & Limits
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL
prednisolone sodium phosphate oral tablet dispersible	1	
prednisone intensol	1	
prednisone oral	1	
RAYOS	E	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
ZCORT 7-DAY	E	
<b>Hormonal Agents - Other</b>		
cabergoline	2	
DDAVP	E	
DDAVP PF	E	
desmopressin acetate injection	1	
DESMOPRESSIN ACETATE NASAL	3	
desmopressin acetate oral	1	
desmopressin acetate pf	1	
GENOTROPIN	E	PA, QL, SP
GENOTROPIN MINIQUICK	E	PA, QL, SP
HUMATROPE	E	PA, QL, SP
LANREOTIDE ACETATE	E	SP
NOCDURNA	3	PA, QL
NORDITROPIN FLEXPOR	2	PA, QL, SP
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP
OMNITROPE	E	PA, QL, SP
ORIAHNN	2	PA, QL
ORLISSA	2	PA, QL
SOMATULINE DEPOT	3	SP
STIMATE	3	
ZOMACTON	E	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
<b>Hormonal Agents - Testosterone Replacement</b>		
ANDRODERM	2	PA, QL
ANDROGEL PUMP	E	PA, QL
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%)	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
<b>Hormonal Agents - Thyroid</b>		
ARMOUR THYROID	3	
CYTOMEL	E	
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	E	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
np thyroid	1	
SYNTHROID	E	
THYQUIDITY	E	PA
TIROSINT	E	
TIROSINT-SOL	2	PA
unithroid	1	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADBRY	2	PA, SP
ASTAGRAF XL	E	

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



Drug Name	Drug Tier	Requirements & Limits
AZASAN	3	
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	1	
BERINERT	3	PA, ST, QL, SP
CELLCEPT	E	
CIMZIA	E	PA
CIMZIA PREFILLED KIT	2	PA, QL, SP
CIMZIA STARTER KIT	2	PA, QL, SP
CINRYZE	E	PA, QL, SP
COSENTYX (300 MG DOSE)	3	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	3	PA, ST, QL, SP
COSENTYX SENSOREADY (300 MG)	3	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	3	PA, ST, QL, SP
cyclosporine modified	1	
ENBREL MINI	3	PA, ST, QL, SP
ENBREL SUBCUTANEOUS SOLUTION	3	PA, ST, QL, SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, ST, QL, SP
ENBREL SURECLICK	3	PA, ST, QL, SP
ENVARUSUS XR	E	
FIRAZYR	E	PA, QL, SP
gengraf	1	
HAEGARDA	2	PA, QL, SP
HUMIRA	2	PA, QL, SP
HUMIRA PEDIATRIC CROHNS START	2	PA, QL, SP
HUMIRA PEN	2	PA, QL, SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA, QL, SP
HUMIRA PEN-PEDIATRIC UC START	2	PA, QL, SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA, QL, SP
HUMIRA PEN-PSOR/UEVIT STARTER	2	PA, QL, SP
icatibant acetate	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
IMURAN	E	
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
methotrexate oral	1	
methotrexate sodium	1	
methotrexate sodium (pf)	1	
mycophenolate mofetil oral	1	
mycophenolate sodium	2	
MYFORTIC	E	
NEORAL	E	
OLUMIANT ORAL TABLET 1 MG	2	PA, QL, SP
OLUMIANT ORAL TABLET 2 MG	2	PA, QL, SP
OLUMIANT ORAL TABLET 4 MG	E	PA, 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
RUCONEST	3	PA, QL, SP
sajazir	E	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral solution	2	
sirolimus oral tablet	1	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	E	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
STELARA SUBCUTANEOUS	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO	2	PA, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	
XELJANZ	2	PA, QL, SP

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



Drug Name	Drug Tier	Requirements & Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL, SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	E	PA, SP

#### Infertility Agents

CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CRINONE	3	ST
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
fyremadel	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(Merck/ Organon), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	3	(Ferring), QL, SP
NOVAREL	3	SP
PREGNYL	1	SP

#### Inflammatory Bowel Disease Agents

ANALPRAM HC	3	
ANALPRAM HC SINGLES	3	
ANALPRAM-HC EXTERNAL CREAM	3	
ANALPRAM-HC EXTERNAL LOTION	3	
APRISO	2	
ASACOL HD	E	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
budesonide er	E	
budesonide oral	2	
CANASA	E	
CORTIFOAM	2	
DELZICOL	E	
DIPENTUM	3	
hydrocortisone ace-pramoxine external cream 1-1 %	1	

Drug Name	Drug Tier	Requirements & Limits
hydrocort-pramoxine (perianal)	1	
LIALDA	2	
mesalamine er oral capsule	E	
mesalamine oral	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	2	QL
ORTIKOS	E	
PENTASA	E	
PROCORT	E	
PROCTOFOAM HC	2	
SFROWASA	3	
sulfasalazine oral	1	
TARPEYO	3	PA, QL, SP
UCERIS ORAL	3	
UCERIS RECTAL	2	

#### Metabolic Bone Disease Agents - Drugs for Osteoporosis

alendronate sodium	1	
BINOSTO	E	QL
BONIVA ORAL TABLET 150 MG	E	
calcitriol oral	1	
FORTEO	E	PA, ST, SP
FOSAMAX	3	
ibandronate sodium oral	2	
ROCALTROL	3	
TERIPARATIDE (RECOMBINANT)	3	PA, SP
TYMLOS	3	PA, SP

#### Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation

ACULAR	3	
ACULAR LS	3	
ACUVAIL	E	
ALREX	3	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
CILOXAN	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	3	QL
ILEVRO	E	

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



Drug Name	Drug Tier	Requirements & Limits
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
KLARITY-A	E	
LASTACAFT	3	QL
LOTEMAX OPHTHALMIC GEL	E	
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	
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	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION	3	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
TOBREX	3	QL
VIGAMOX	E	
ZYLET	3	

Drug Name	Drug Tier	Requirements & Limits
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
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	
brimonidine tartrate-timolol	E	QL
brinzolamide	2	QL
COMBIGAN	2	QL
COSOPT	3	
COSOPT PF	E	QL
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	3	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
timolol maleate (once-daily)	3	
timolol maleate ocudose	2	
timolol maleate ophthalmic	1	
timolol maleate pf	2	
TIMOPTIC	3	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %	2	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 %	3	
TIMOPTIC-XE	3	
TRAVATAN Z	E	QL
travoprost (bak free)	E	QL
VYZULTA	E	ST, QL
XALATAN	E	
XELPROS	3	QL
ZIOPTAN	3	ST, QL

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
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
CEQUA	E	PA, QL
CYCLOSPORINE IN KLARITY	E	PA
cyclosporine ophthalmic	E	PA, QL
FLAREX	2	
RESTASIS	3	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	3	PA, QL
VERKAZIA	E	PA, QL
XIIDRA	3	PA, QL
<b>Otic Agents - Drugs for Ear Conditions</b>		
CIPRODEX	3	
ciprofloxacin-dexamethasone	E	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	
<b>Respiratory - Drugs for Anaphylaxis</b>		
AUVI-Q	2	QL
epinephrine injection solution auto-injector 0.15 mg/0.15ml	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
SYMJEPI	2	QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl nasal solution 0.15 %	E	

Drug Name	Drug Tier	Requirements & Limits
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
cyproheptadine hcl oral	1	
fluticasone propionate nasal	2	QL
hydrocodone polst-chlorphen polst er susp	3	PA, QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
OMNARIS	E	QL
promethazine hcl oral solution	1	
promethazine hcl oral syrup	1	
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
XHANCE	E	QL
ZETONNA	3	QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD</b>		
ADVAIR DISKUS	3	QL, RS
ADVAIR HFA	3	QL, RS
AEROCHAMBER PLUS FLO-VU	3	
AEROCHAMBER PLUS FLO-VU LARGE	3	
AEROCHAMBER PLUS FLO-VU SMALL	3	
AEROCHAMBER PLUS FLO-VU W/ MASK	3	
AIRDUO DIGIHALER	E	QL
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(ProAir HFA or Proventil HFA), QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(Ventolin HFA), QL
albuterol sulfate inhalation	1	

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



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
albuterol sulfate oral syrup	1		INSPIRACHAMBER/MEDIUM	3	
albuterol sulfate oral tablet	3	PA	INSPIRACHAMBER/MOUTHPIECE	3	
ALVESCO	E	QL	INSPIRACHAMBER/SMALL	3	
ANORO ELLIPTA	3	QL	INSPIREASE	3	
ARCAPTA NEOHALER	3		ipratropium-albuterol	2	
ARMONAIR DIGIHALER	E	QL	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
ARNUITY ELLIPTA	1	QL	montelukast sodium oral packet	2	
ASMANEX (120 METERED DOSES)	E	QL	montelukast sodium oral tablet	1	
ASMANEX (14 METERED DOSES)	E	QL	montelukast sodium oral tablet chewable	1	
ASMANEX (30 METERED DOSES)	E	QL	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
ASMANEX (60 METERED DOSES)	E	QL	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA, QL, SP
ASMANEX HFA	E	QL	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA, QL, SP
ATROVENT HFA	3	QL	PERFOROMIST	3	QL
BEVESPI AEROSPHERE	2	QL	PROAIR HFA	E	QL
BREO ELLIPTA	3	QL, RS	PROAIR RESPICLICK	E	QL
BREZTRI AEROSPHERE	3	QL, RS	PROVENTIL HFA	E	QL
budesonide inhalation	2	QL	PULMICORT FLEXHALER	1	QL
BUDESONIDE-FORMOTEROL FUMARATE	E	QL, RS	PULMICORT SUSPENSION	E	QL
COMBIVENT RESPIMAT	3	QL	QVAR REDIHALER	E	QL
EASIVENT	3		SEREVENT DISKUS	2	QL
EASIVENT MASK LARGE	3		SINGULAIR ORAL PACKET	3	
EASIVENT MASK MEDIUM	3		SINGULAIR ORAL TABLET	E	
EASIVENT MASK SMALL	3		SINGULAIR ORAL TABLET CHEWABLE	E	
FASENRA PEN	3	PA, QL	SPIRIVA HANDIHALER	2	QL
FLEXICHAMBER	3		SPIRIVA RESPIMAT	2	QL
FLOVENT DISKUS	1	QL	STIOLTO RESPIMAT	2	QL
FLOVENT HFA	1	QL	STRIVERDI RESPIMAT	2	QL
FLUTICASONE FUROATE-VILANTEROL	E	QL, RS	SYMBICORT	3	QL, RS
FLUTICASONE PROPIONATE HFA	E	QL	TRELEGY ELLIPTA	3	QL, RS
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	E	QL, RS	VENTOLIN HFA	E	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL	VORTEX VALVED HOLDING CHAMBER	2	
formoterol fumarate inhalation	3	QL	wixela inhub	E	QL, RS
INCRUSE ELLIPTA	E	QL	XOPENEX HFA	3	QL
INSPIRACHAMBER/LARGE	3		YUPELRI	3	PA, QL

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



Drug Name	Drug Tier	Requirements & Limits
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
BETHKIS	E	PA, QL, SP
BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
KITABIS PAK	E	PA, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI NEBULIZATION SOLUTION 300 MG/5ML INHALATION 300 MG/5ML	E	PA, QL, SP
TOBI NEBULIZATION SOLUTION 300 MG/5ML INHALATION 300 MG/5ML	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
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
ADEMPAS	2	PA, QL, SP
bosentan	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
REMODULIN	E	PA
TRACLEER	2	PA, QL, SP
treprostinil	E	PA
TYVASO DPI MAINTENANCE KIT	E	PA, SP
TYVASO DPI TITRATION KIT	E	PA, SP
TYVASO INHALATION POWDER	E	PA, SP
TYVASO INHALATION SOLUTION	2	PA, SP
TYVASO REFILL	2	PA, SP
TYVASO STARTER	2	PA, SP
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
AMRIX	E	
BACLOFEN ORAL SOLUTION	3	PA
baclofen oral tablet	1	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl er	E	

Drug Name	Drug Tier	Requirements & Limits
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
FLEQSUVY	3	PA
LYVISPAH	E	
metaxalone	3	
methocarbamol oral	1	
OZOBAX	3	PA
SOMA	E	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
VANADOM	E	
ZANAFLEX	3	
<b>Sleep Disorder Agents</b>		
AMBIEN	E	QL
AMBIEN CR	E	QL
BELSOMRA	3	ST, QL
DAYVIGO	3	ST, QL
EDLUAR	E	QL
eszopiclone	2	QL
LUNESTA	E	QL
modafinil	2	PA, QL
PROVIGIL	E	PA, QL
RESTORIL	3	
SUNOSI	3	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYREM	3	PA, QL, SP
XYWAV	3	PA, QL, SP
zolpidem tartrate er	3	QL
zolpidem tartrate oral	1	QL
zolpidem tartrate sublingual	E	QL
ZOLPIMIST	3	ST, QL

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





# Index

## A

ABILIFY . . . . .	15	ADDERALL XR . . . . .	19	aliskiren fumarate . . . . .	16
ABSORICA . . . . .	20	ADDYI . . . . .	27	ALKINDI SPRINKLE . . . . .	32
ACCU-CHEK AVIVA PLUS TEST STRIPS . . . . .	23	ADEMPAS . . . . .	39	allopurinol oral . . . . .	13
ACCU-CHEK FASTCLIX LANCET KIT . . . . .	23	ADHANSIA XR . . . . .	19	ALOGLIPTIN BENZOATE . . . . .	26
ACCU-CHEK FASTCLIX LANCETS . . . . .	23	ADLARITY . . . . .	12	ALOGLIPTIN-METFORMIN HCL . . . . .	26
ACCU-CHEK GUIDE KIT W/DEVICE . . . . .	23	ADLYXIN . . . . .	26	ALOGLIPTIN-PIOGLITAZONE . . . . .	26
ACCU-CHEK GUIDE TEST STRIPS . . . . .	23	ADLYXIN STARTER PACK . . . . .	26	ALORA . . . . .	29
ACCU-CHEK MULTICLIX LANCET KIT . . . . .	23	ADMELOG . . . . .	25	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % . . . . .	36
ACCU-CHEK MULTICLIX LANCETS . . . . .	23	ADMELOG SOLOSTAR . . . . .	25	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % . . . . .	36
ACCU-CHEK SAFE-T PRO LANCETS . . . . .	23	ADVAIR DISKUS . . . . .	37	ALPHANATE . . . . .	27
ACCU-CHEK SMARTVIEW TEST STRIPS . . . . .	23	ADVAIR HFA . . . . .	37	alprazolam er . . . . .	16
ACCU-CHEK SOFT TOUCH LANCETS . . . . .	23	ADVATE . . . . .	26	alprazolam intensol . . . . .	16
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT . . . . .	23	ADYNOVATE . . . . .	26	alprazolam oral . . . . .	16
ACCU-CHEK SOFTCLIX LANCETS . . . . .	23	AEROCHAMBER PLUS FLO-VU . . . . .	37	alprazolam xr . . . . .	16
ACCU-CHEK SOFTCLIX LANCETS . . . . .	23	AEROCHAMBER PLUS FLO-VU LARGE . . . . .	37	ALREX . . . . .	35
ACCU-CHEK SOFTCLIX LANCETS . . . . .	23	AEROCHAMBER PLUS FLO-VU SMALL . . . . .	37	ALTACE . . . . .	16
ACCU-CHEK SOFTCLIX LANCETS . . . . .	23	AEROCHAMBER PLUS FLO-VU W/MASK . . . . .	37	altavera . . . . .	29
ACCU-CHEK SOFTCLIX LANCETS . . . . .	23	afirmelle . . . . .	29	ALTOPREV . . . . .	16
ACCU-CHEK SOFTCLIX LANCETS . . . . .	23	AFREZZA . . . . .	25	ALTRENO . . . . .	20
ACCU-CHEK SOFTCLIX LANCETS . . . . .	23	AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT . . . . .	26	ALUNBRIG . . . . .	14
ACCU-CHEK SOFTCLIX LANCETS . . . . .	23	AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT . . . . .	27	ALVESCO . . . . .	38
ACCU-CHEK SOFTCLIX LANCETS . . . . .	23	AIMOVI . . . . .	13	alyacen 1/35 . . . . .	29
ACCU-CHEK SOFTCLIX LANCETS . . . . .	23	AIMOVI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML . . . . .	13	AMARYL . . . . .	26
ACCU-CHEK SOFTCLIX LANCETS . . . . .	23	AIRDUO DIGIHALER . . . . .	37	AMBIEN . . . . .	39
ACCU-CHEK SOFTCLIX LANCETS . . . . .	23	AIRDUO RESPICLICK 113/14 . . . . .	37	AMBIEN CR . . . . .	39
ACCU-CHEK SOFTCLIX LANCETS . . . . .	23	AIRDUO RESPICLICK 232/14 . . . . .	37	AMERGE ORAL TABLET 1 MG, 2.5 MG . . . . .	13
ACCU-CHEK SOFTCLIX LANCETS . . . . .	23	AIRDUO RESPICLICK 55/14 . . . . .	37	amethia . . . . .	29
ACCU-CHEK SOFTCLIX LANCETS . . . . .	23	ALA SCALP . . . . .	20	amiodarone hcl oral . . . . .	16
ACCU-CHEK SOFTCLIX LANCETS . . . . .	23	ala-cort external cream 1 % . . . . .	20	amitriptyline hcl oral . . . . .	12
ACCU-CHEK SOFTCLIX LANCETS . . . . .	23	ala-cort external cream 2.5 % . . . . .	20	amlodipine besylate oral . . . . .	16
ACCU-CHEK SOFTCLIX LANCETS . . . . .	23	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation . . . . .	37	amlodipine besylate-benazepril hcl . . . . .	16
ACCU-CHEK SOFTCLIX LANCETS . . . . .	23	albuterol sulfate inhalation . . . . .	37	amlodipine besylate-valsartan . . . . .	16
ACCU-CHEK SOFTCLIX LANCETS . . . . .	23	albuterol sulfate oral syrup . . . . .	38	amnestem . . . . .	20
ACCU-CHEK SOFTCLIX LANCETS . . . . .	23	albuterol sulfate oral tablet . . . . .	38	amoxicillin . . . . .	10
ACCU-CHEK SOFTCLIX LANCETS . . . . .	23	ALDACTONE . . . . .	16	amoxicillin-potassium clavulanate . . . . .	10
ACCU-CHEK SOFTCLIX LANCETS . . . . .	23	ALECENSA . . . . .	14	amoxicillin-potassium clavulanate er . . . . .	10
ACCU-CHEK SOFTCLIX LANCETS . . . . .	23	alendronate sodium . . . . .	35	amphetamine-dextroamphetamine . . . . .	19
ACCU-CHEK SOFTCLIX LANCETS . . . . .	23	alfuzosin hcl er . . . . .	29	amphetamine-dextroamphetamine er . . . . .	19
ACCU-CHEK SOFTCLIX LANCETS . . . . .	23			AMPYRA . . . . .	19
ACCU-CHEK SOFTCLIX LANCETS . . . . .	23			AMRIX . . . . .	39
ACCU-CHEK SOFTCLIX LANCETS . . . . .	23			AMZEEQ . . . . .	20
ACCU-CHEK SOFTCLIX LANCETS . . . . .	23			ANALPRAM HC . . . . .	35





ANALPRAM HC SINGLES . . . . .	35	atovaquone-proguanil hcl. . . . .	14	BACTRIM . . . . .	10
ANALPRAM-HC EXTERNAL CREAM. . . . .	35	ATRALIN. . . . .	20	BACTRIM DS . . . . .	10
ANALPRAM-HC EXTERNAL LOTION. . . . .	35	ATROVENT HFA . . . . .	38	BAFIERTAM . . . . .	19
ANAPROX DS . . . . .	9	AUBAGIO . . . . .	19	balziva. . . . .	29
ANASPAZ. . . . .	28	aubra. . . . .	29	BAQSIMI ONE PACK. . . . .	26
anastrozole oral . . . . .	14	aubra eq. . . . .	29	BAQSIMI TWO PACK . . . . .	26
ANDRODERM . . . . .	33	AUGMENTIN . . . . .	10	BARACLUDE ORAL SOLUTION . . . . .	15
ANDROGEL PUMP . . . . .	33	AUGMENTIN ES-600 . . . . .	10	BARACLUDE ORAL TABLET. . . . .	15
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%). . . . .	33	aurovela 1/20 . . . . .	29	BASAGLAR KWIKPEN . . . . .	25
ANNOVERA . . . . .	29	aurovela 1.5/30 . . . . .	29	bd autoshield duo pen needles . . . . .	23
ANORO ELLIPTA. . . . .	38	aurovela 24 fe. . . . .	29	BD INSULIN SYRINGE U-500 . . . . .	23
apap-caff-dihydrocodeine . . . . .	8	aurovela fe 1/20. . . . .	29	bd ultra-fine insulin syringes. . . . .	23
apri . . . . .	29	aurovela fe 1.5/30 . . . . .	29	bd ultra-fine pen needles . . . . .	23
APRISO . . . . .	35	AURYXIA . . . . .	29	BD VEO INSULIN SYRINGE ULTRA-FINE. . . . .	23
APTENSIO XR . . . . .	19	AUSTEDO. . . . .	20	BELBUCA. . . . .	8
ARAKODA . . . . .	14	AUVI-Q . . . . .	37	BELSOMRA . . . . .	39
ARANESP (ALBUMIN FREE) . . . . .	27	AVALIDE. . . . .	16	benazepril hcl oral. . . . .	16
ARCAPTA NEOHALER . . . . .	38	AVAPRO. . . . .	16	benazepril-hydrochlorothiazide . . . . .	16
ARICEPT . . . . .	12	AVAR CLEANSER . . . . .	20	BENICAR . . . . .	16
ARIMIDEX . . . . .	14	AVAR LS CLEANSER . . . . .	20	BENICAR HCT. . . . .	16
aripiprazole oral solution . . . . .	15	AVAR-E EMOLLIENT. . . . .	20	benzonatate oral capsule 100 mg, 200 mg . . . . .	37
aripiprazole oral tablet . . . . .	15	AVAR-E GREEN. . . . .	20	benzonatate oral capsule 150 mg . . . . .	37
aripiprazole oral tablet dispersible . . . . .	15	AVAR-E LS . . . . .	20	BERINERT . . . . .	34
ARMONAIR DIGIHALER. . . . .	38	aviane . . . . .	29	BESIVANCE . . . . .	35
ARMOUR THYROID . . . . .	33	avidoxy . . . . .	10	betamethasone dipropionate aug external cream. . . . .	20
ARNUITY ELLIPTA . . . . .	38	AVITA . . . . .	20	betamethasone dipropionate aug external gel. . . . .	20
ASACOL HD. . . . .	35	AVONEX PEN. . . . .	19	betamethasone dipropionate aug external lotion . . . . .	20
asenapine maleate . . . . .	15	AVONEX PREFILLED . . . . .	19	betamethasone dipropionate aug external ointment. . . . .	20
ashlyna . . . . .	29	AYGESTIN . . . . .	29	betamethasone dipropionate external cream. . . . .	20
ASMANEX (120 METERED DOSES). . . . .	38	ayuna . . . . .	29	betamethasone dipropionate external lotion . . . . .	20
ASMANEX (14 METERED DOSES) . . . . .	38	AZASAN. . . . .	34	betamethasone dipropionate external ointment. . . . .	20
ASMANEX (30 METERED DOSES) . . . . .	38	AZASITE. . . . .	35	BETAPACE . . . . .	16
ASMANEX (60 METERED DOSES) . . . . .	38	azathioprine oral tablet 100 mg, 75 mg . . . . .	34	BETASERON . . . . .	19
ASMANEX HFA . . . . .	38	azathioprine oral tablet 50 mg . . . . .	34	BETHKIS . . . . .	39
ASPRUZYO SPRINKLE. . . . .	16	azelaic acid external . . . . .	20	BETIMOL . . . . .	36
ASTAGRAF XL . . . . .	33	azelastine hcl nasal solution 0.1 %, 137 mcg/spray. . . . .	37	BEVESPI AEROSPHERE . . . . .	38
atenolol oral . . . . .	16	azelastine hcl nasal solution 0.15 %. . . . .	37	bexarotene external . . . . .	14
atenolol-chlorthalidone. . . . .	16	azelastine hcl ophthalmic. . . . .	35	bexarotene oral . . . . .	14
ATIVAN ORAL . . . . .	16	azithromycin oral. . . . .	10	BEYAZ . . . . .	29
atomoxetine hcl . . . . .	19	AZOPT . . . . .	36	BIDIL . . . . .	16
atorvastatin calcium oral tablet 10 mg, 20 mg . . . . .	16	AZULFIDINE. . . . .	35	BIJUVA . . . . .	29
atorvastatin calcium oral tablet 40 mg, 80 mg. . . . .	16	AZULFIDINE EN-TABS . . . . .	35		
		azurette. . . . .	29		
		<b>B</b>			
		bac . . . . .	8		
		BACLOFEN ORAL SOLUTION. . . . .	39		
		baclofen oral tablet . . . . .	39		





clindacin-p . . . . .	21	CONTOUR MONITOR KIT W/DEVICE . . . . .	23	cyclobenzaprine hcl oral tablet 10 mg, 5 mg . . . . .	39
CLINDAGEL . . . . .	21	CONTOUR NEXT EZ KIT W/DEVICE . . . . .	23	cyclobenzaprine hcl oral tablet 7.5 mg . . . . .	39
clindamycin hcl oral . . . . .	10	CONTOUR NEXT GEN MONITOR. . . . .	23	CYCLOSPORINE IN KLARITY . . . . .	37
clindamycin phos-benzoyl perox external gel 1.2-5 % . . . . .	21	CONTOUR NEXT LINK KIT W/DEVICE . . . . .	23	cyclosporine modified . . . . .	34
clindamycin phosphate external foam . . . . .	21	CONTOUR NEXT MONITOR KIT W/DEVICE . . . . .	23	cyclosporine ophthalmic. . . . .	37
clindamycin phosphate external lotion . . . . .	21	CONTOUR NEXT ONE DEVICE. . . . .	23	CYMBALTA . . . . .	12
clindamycin phosphate external solution . . . . .	21	CONTOUR NEXT ONE KIT. . . . .	23	cyproheptadine hcl oral . . . . .	37
clindamycin phosphate external swab . . . . .	21	CONTOUR NEXT TEST STRIPS . . . . .	23	cyred . . . . .	30
clindamycin phosphate gel 1 % external . . . . .	21	CONTOUR TEST STRIPS . . . . .	23	cyred eq . . . . .	30
CLINDESSE . . . . .	10	CONZIP . . . . .	8, 9	CYTOMEL . . . . .	33
CLINPRO 5000 . . . . .	20	COPAXONE . . . . .	19	CYTOTEC . . . . .	28
clobetasol propionate external cream . . . . .	21	COREG . . . . .	17	<b>D</b>	
clobetasol propionate external foam . . . . .	21	coremino . . . . .	10	D-CARE BLOOD GLUCOSE. . . . .	23
clobetasol propionate external gel . . . . .	21	CORGARD . . . . .	17	D-CARE GLUCOMETER. . . . .	23
clobetasol propionate external liquid . . . . .	21	CORLANOR. . . . .	17	dabigatran etexilate mesylate . . . . .	11
clobetasol propionate external lotion . . . . .	21	CORTEF . . . . .	32	dalfampridine er. . . . .	19
clobetasol propionate external ointment . . . . .	21	CORTIFOAM . . . . .	35	dapsone external. . . . .	21
clobetasol propionate external shampoo . . . . .	21	COSENTYX (300 MG DOSE) . . . . .	34	dasetta 1/35 . . . . .	30
clobetasol propionate external solution . . . . .	21	COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION REFILLED SYRINGE 150 MG/ML . . . . .	34	daysee . . . . .	30
CLOBEX . . . . .	21	COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION REFILLED SYRINGE 75 MG/0.5ML. . . . .	34	DAYVIGO . . . . .	39
CLOBEX SPRAY . . . . .	21	COSENTYX SENSOREADY (300 MG). . . . .	34	DDAVP . . . . .	33
clodan external shampoo . . . . .	21	COSENTYX SENSOREADY PEN. . . . .	34	DDAVP PF . . . . .	33
clonazepam oral . . . . .	16	COSOFT. . . . .	36	deblitane. . . . .	30
clonidine hcl oral . . . . .	17	COSOFT PF . . . . .	36	delyla . . . . .	30
clopidogrel bisulfate oral . . . . .	15	COZAAR . . . . .	17	DELZICOL . . . . .	35
clotrimazole-betamethasone external cream . . . . .	21	CREON . . . . .	29	DENTA 5000 PLUS . . . . .	20
clotrimazole-betamethasone external lotion . . . . .	21	CRESEMBA INTRAVENOUS . . . . .	13	DENTAGEL . . . . .	20
COLCHICINE ORAL CAPSULE . . . . .	13	CRESEMBA ORAL . . . . .	13	DEPAKOTE . . . . .	11
colchicine oral tablet . . . . .	13	CRESTOR. . . . .	17	DEPAKOTE ER. . . . .	11
COLCRYS . . . . .	13	CRINONE . . . . .	35	DEPAKOTE SPRINKLES . . . . .	11
colesevelam hcl . . . . .	17	cryselle-28 . . . . .	30	DEPEN TITRATABS . . . . .	29
COMBIGAN . . . . .	36	CUPRIMINE . . . . .	29	DEPO-PROVERA INTRAMUSCULAR SUSPENSION . . . . .	30
COMBIVENT RESPIMAT . . . . .	38	CVS ADVANCED GLUCOSE TEST . . . . .	23	DEPO-PROVERA INTRAMUSCULAR SUSPENSION REFILLED SYRINGE . . . . .	30
CONCERTA . . . . .	19	CVS GLUCOSE METER TEST STRIPS . . . . .	23	DEPO-SUBQ PROVERA 104 . . . . .	30
CONTOUR MONITOR DEVICE . . . . .	23	cyanocobalamin injection solution 1000 mcg/ml . . . . .	27	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML . . . . .	33
		CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML . . . . .	27	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML . . . . .	33
		cyclobenzaprine hcl er . . . . .	39	DERMA-SMOOTH/FS BODY . . . . .	21
				DERMA-SMOOTH/FS SCALP . . . . .	21
				DESCOVY . . . . .	15
				desmopressin acetate injection . . . . .	33



DESMOPRESSIN ACETATE NASAL	33	dextroamphetamine sulfate oral solution	19	DORYX MPC	10
desmopressin acetate oral	33	dextroamphetamine sulfate oral tablet 10 mg, 5 mg	19	dorzolamide hcl-timolol mal	36
desmopressin acetate pf	33	dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg	19	dorzolamide hcl-timolol mal pf	36
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	30	DHIVY	14	dotti	30
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	30	diazepam intensol	16	DOVATO	15
desonide external cream	21	diazepam oral	16	doxazosin mesylate oral	17
desonide external gel	21	DICLEGIS	13	doxepin hcl oral capsule	12
desonide external lotion	21	diclofenac potassium oral capsule	9	doxepin hcl oral concentrate	12
desonide external ointment	21	diclofenac potassium oral tablet 25 mg	9	doxycycline hyclate oral capsule	10
DESOWEN	21	diclofenac potassium oral tablet 50 mg	9	doxycycline hyclate oral tablet 100 mg	10
desrx	21	diclofenac sodium er	9	doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	10
desvenlafaxine succinate er	12	diclofenac sodium external gel 1 %	9	doxycycline hyclate oral tablet 20 mg	10
DEXABLISS	32	diclofenac sodium external solution	9	doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	10
dexamethasone intensol	32	diclofenac sodium oral	9	DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	10
dexamethasone oral elixir	32	dicyclomine hcl oral	28	doxycycline monohydrate oral capsule 100 mg, 50 mg	10
dexamethasone oral solution	32	DIFICID	10	doxycycline monohydrate oral capsule 150 mg, 75 mg	10
dexamethasone oral tablet	32	DIFLUCAN	13	doxycycline monohydrate oral suspension reconstituted	10
dexamethasone oral tablet therapy pack	32	DILAUDID ORAL	8	doxycycline monohydrate oral tablet	10
DEXCOM G4 MOBILE RECEIVER	23	dilt-xr	17	doxylamine-pyridoxine	13
DEXCOM G4 PLATINUM	23	diltiazem hcl er	17	DRISDOL	27
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT	23	diltiazem hcl er coated beads	17	DRIZALMA SPRINKLE	12
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT/SHARE	23	diltiazem hcl oral	17	drospiren-eth estrad-levomefol	30
DEXCOM G4 PLATINUM RECEIVER KIT	23	DIOVAN	17	drospirenone-ethinyl estradiol	30
DEXCOM G4 PLATINUM RECEIVER KIT/SHARE	23	DIOVAN HCT	17	DUAVEE	30
DEXCOM G4 PLATINUM SENSOR KIT	23	DIPENTUM	35	duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	12
DEXCOM G4 PLATINUM TRANSMITTER KIT	23	diphenoxylate-atropine	28	duloxetine hcl oral capsule delayed release particles 40 mg	12
DEXCOM G4 SENSOR	23	DIPROLENE	21	DUOPA	14
DEXCOM G4 TRANSMITTER	24	DITROPAN XL	29	DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	21
DEXCOM G5 MOBILE RECEIVER	24	divalproex sodium er	11	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	21
DEXCOM G5 SENSOR	24	divalproex sodium oral capsule delayed release sprinkle	11	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	21
DEXCOM G5 TRANSMITTER	24	divalproex sodium oral tablet delayed release	11	DUROLANE	8
DEXCOM G6 RECEIVER	24	DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM	30	DXEVO 11-DAY	32
DEXCOM G6 SENSOR	24	DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM	30		
DEXCOM G6 TRANSMITTER	24	DODEX	27		
DEXEDRINE	19	donepezil hcl oral tablet 10 mg, 5 mg	12		
DEXILANT	28	donepezil hcl oral tablet 23 mg	12		
DEXLANSOPRAZOLE	28	donepezil hcl oral tablet dispersible	12		
dexmethylphenidate hcl	19	DOPTELET	27		
dexmethylphenidate hcl er	19	DORYX	10		
dextroamphetamine sulfate er	19				
				<b>E</b>	
				EASIVENT	38



EASIVENT MASK LARGE . . . . .	38	ENDOMETRIN . . . . .	35	estradiol transdermal patch weekly .	30
EASIVENT MASK MEDIUM . . . . .	38	ENLITE GLUCOSE SENSOR . . . . .	24	estradiol vaginal cream . . . . .	30
EASIVENT MASK SMALL . . . . .	38	ENOVARX-DICLOFENAC SODIUM . . .	9	estradiol vaginal tablet . . . . .	30
EASY TOUCH TEST . . . . .	24	enoxaparin sodium . . . . .	11	ESTRING . . . . .	30
EASYMAX 15 TEST . . . . .	24	enskyce . . . . .	30	ESTROGEL . . . . .	30
EASYMAX NG BLOOD GLUCOSE . . .	24	ENSTILAR . . . . .	21	eszopiclone . . . . .	39
EASYMAX V BLOOD GLUCOSE . . .	24	entecavir . . . . .	15	etodolac . . . . .	9
EC-NAPROSYN ORAL TABLET		ENTRESTO . . . . .	17	etodolac er . . . . .	9
DELAYED RELEASE 375 MG . . . . .	9	ENVARBUS XR . . . . .	34	etonogestrel-ethinyl estradiol . . . . .	30
EC-NAPROSYN ORAL TABLET		EPANED . . . . .	17	EUCRISA . . . . .	21
DELAYED RELEASE 500 MG . . . . .	9	EPCLUSA ORAL PACKET		EUFLEXXA . . . . .	8
ec-naproxen . . . . .	9	150-37.5 MG . . . . .	15	euthyrox . . . . .	33
ED-SPAZ . . . . .	28	EPCLUSA ORAL PACKET		EVAMIST . . . . .	30
EDARBI . . . . .	17	200-50 MG . . . . .	15	EVOCLIN . . . . .	21
EDARBYCLOR . . . . .	17	EPCLUSA ORAL TABLET		EXFORGE . . . . .	17
EDLUAR . . . . .	39	200-50 MG . . . . .	15	EXKIVITY . . . . .	14
efavirenz-emtricitab-tenofovir . . . . .	15	EPCLUSA ORAL TABLET		EXSERVAN . . . . .	20
efavirenz-lamivudine-tenofovir . . . . .	15	400-100 MG . . . . .	15	EXTAVIA . . . . .	19
EFFEXOR XR . . . . .	12	epinephrine injection solution auto-		EXTINA . . . . .	13
EFUDEX . . . . .	21	injector 0.15 mg/0.15ml . . . . .	37	EYSUVIS . . . . .	35
ELEPSIA XR . . . . .	11	epinephrine solution auto-injector		EZALLOR SPRINKLE . . . . .	17
ELESTRIN . . . . .	30	0.15 mg/0.3ml injection . . . . .	37	ezetimibe . . . . .	17
eletriptan hydrobromide . . . . .	13	epinephrine solution auto-injector		ezetimibe-simvastatin . . . . .	17
elinest . . . . .	30	0.3 mg/0.3ml injection . . . . .	37		
ELIQUIS . . . . .	11	EPIPEN 2-PAK . . . . .	37	<b>F</b>	
ELIQUIS DVT/PE STARTER PACK . .	11	EPIPEN JR 2-PAK . . . . .	37	falmina . . . . .	30
ELOCTATE . . . . .	27	epitol . . . . .	11	famotidine oral suspension	
eluryng . . . . .	30	EPRONTIA . . . . .	11	reconstituted . . . . .	28
EMGALITY (300 MG DOSE) . . . . .	13	EQ BLOOD GLUCOSE TEST . . . . .	24	FARXIGA . . . . .	26
EMGALITY SUBCUTANEOUS		ERGOCAL . . . . .	27	FASENRA PEN . . . . .	38
SOLUTION AUTO-INJECTOR . . . . .	13	ergocalciferol oral capsule . . . . .	27, 28	fayosim . . . . .	30
EMGALITY SUBCUTANEOUS		ERIVEDGE . . . . .	14	febuxostat . . . . .	13
SOLUTION PREFILLED SYRINGE . .	13	ERLEADA . . . . .	14	FEMARA . . . . .	14
emoquette . . . . .	30	errin . . . . .	30	femynor . . . . .	30, 32
EMPAVELI . . . . .	27	erythromycin ophthalmic . . . . .	35	fenofibrate oral capsule 150 mg,	
emtricitabine-tenofovir df oral tablet		escitalopram oxalate oral solution . .	12	50 mg . . . . .	17
100-150 mg, 133-200 mg,		escitalopram oxalate oral tablet . . .	12	fenofibrate oral tablet 120 mg,	
167-250 mg . . . . .	15	ESGIC . . . . .	8	40 mg, 48 mg . . . . .	17
emtricitabine-tenofovir df oral tablet		estarylla . . . . .	30	fenofibrate oral tablet 145 mg,	
200-300 mg . . . . .	15	ESTRACE . . . . .	30	160 mg, 54 mg . . . . .	17
enalapril maleate oral solution . . . . .	17	estradiol oral . . . . .	30	FENOGLIDE . . . . .	17
enalapril maleate oral tablet . . . . .	17	estradiol patch twice weekly		fentanyl transdermal patch 72 hour	
ENBREL MINI . . . . .	34	0.025 mg/24hr transdermal . . . . .	30	100 mcg/hr, 12 mcg/hr, 25 mcg/hr,	
ENBREL SUBCUTANEOUS		estradiol patch twice weekly		50 mcg/hr, 75 mcg/hr . . . . .	8
SOLUTION . . . . .	34	0.0375 mg/24hr transdermal . . . . .	30	fentanyl transdermal patch 72 hour	
ENBREL SUBCUTANEOUS		estradiol patch twice weekly		37.5 mcg/hr, 62.5 mcg/hr,	
SOLUTION PREFILLED SYRINGE . .	34	0.05 mg/24hr transdermal . . . . .	30	87.5 mcg/hr . . . . .	8
ENBREL SURECLICK . . . . .	34	estradiol patch twice weekly		fesoterodine fumarate er . . . . .	29
ENDARI . . . . .	29	0.075 mg/24hr transdermal . . . . .	30	FEXMID . . . . .	39
endocet . . . . .	8	estradiol patch twice weekly		FINACEA . . . . .	21
		0.1 mg/24hr transdermal . . . . .	30	finasteride oral tablet 5 mg . . . . .	29









isotretinoin capsule 30 mg oral . . . .	22
isotretinoin capsule 40 mg oral . . . .	22
isotretinoin oral capsule 25 mg, 35 mg . . . . .	22
ISTALOL . . . . .	36
ivermectin oral . . . . .	14

**J**

jaimiess . . . . .	30
jantoven . . . . .	11
JANUVIA . . . . .	26
JARDIANCE . . . . .	26
jasmiel . . . . .	30
jencycla . . . . .	30
JENTADUETO . . . . .	26
JENTADUETO XR . . . . .	26
JIVI . . . . .	27
jolessa . . . . .	30
JORNAY PM . . . . .	19
juleber . . . . .	30
JULUCA . . . . .	15
junel 1/20 . . . . .	30
junel 1.5/30 . . . . .	30
junel fe 1/20 . . . . .	31
junel fe 1.5/30 . . . . .	31
junel fe 24 . . . . .	31
JUST RIGHT 5000 . . . . .	20

**K**

K-TAB . . . . .	27
kalliga . . . . .	31
KAPSPARGO SPRINKLE . . . . .	17
kariva . . . . .	31
KAZANO . . . . .	26
KENALOG EXTERNAL . . . . .	22
KEPPRA ORAL . . . . .	11
KEPPRA XR . . . . .	11
KESIMPTA . . . . .	19
ketoconazole external cream . . . . .	13
ketoconazole external foam . . . . .	13
ketoconazole external shampoo . . . . .	13
ketodan external foam . . . . .	13
KETOROLAC TROMETHAMINE NASAL . . . . .	9
ketorolac tromethamine ophthalmic . . . . .	36
ketorolac tromethamine oral . . . . .	9
KITABIS PAK . . . . .	39
KLARITY-A . . . . .	36

KLISYRI . . . . .	22
KLONOPIN . . . . .	16
klor-con . . . . .	27
klor-con 10 . . . . .	27
klor-con m10 . . . . .	27
klor-con m15 . . . . .	27
klor-con m20 . . . . .	27
KLOXXADO . . . . .	10
KOATE . . . . .	27
KOATE-DVI . . . . .	27
KOGENATE FS . . . . .	27
KOMBIGLYZE XR . . . . .	26
KOSELUGO . . . . .	14
KOVALTRY . . . . .	27
KRINTAFEL . . . . .	14
kurvelo . . . . .	31
KYNMOBI . . . . .	14

**L**

labetalol hcl oral . . . . .	17
lacosamide oral . . . . .	11
LAMICTAL . . . . .	11
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG . . . . .	11
LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG . . . . .	11
LAMICTAL ODT ORAL TABLET DISPERSIBLE . . . . .	11
LAMICTAL STARTER . . . . .	11
LAMICTAL XR . . . . .	11
lamotrigine er . . . . .	11
lamotrigine oral kit . . . . .	11
lamotrigine oral tablet . . . . .	11
lamotrigine oral tablet chewable . . . . .	11
lamotrigine oral tablet dispersible . . . . .	11
lamotrigine starter kit-blue . . . . .	11
lamotrigine starter kit-green . . . . .	11
lamotrigine starter kit-orange . . . . .	11
LANCETS . . . . .	23, 24
LANREOTIDE ACETATE . . . . .	33
LANTUS SOLOSTAR . . . . .	25
LANTUS U-100 VIAL . . . . .	25
larin 1/20 . . . . .	31
larin 1.5/30 . . . . .	31
larin 24 fe . . . . .	31
larin fe 1/20 . . . . .	31
larin fe 1.5/30 . . . . .	31
larissia . . . . .	31
LASIX . . . . .	17

LASTACAFT . . . . .	36
latanoprost ophthalmic . . . . .	36
LATUDA . . . . .	15
LEDIPASVIR-SOFOSBUVIR . . . . .	15
lenalidomide . . . . .	14
lessina . . . . .	31
letrozole oral . . . . .	14
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT . . . . .	38
LEVVID . . . . .	28
LEVEMIR U-100 FLEXTOUCH . . . . .	25
LEVEMIR U-100 VIAL . . . . .	25
levetiracetam er . . . . .	11
levetiracetam oral . . . . .	11
levo-t . . . . .	33
levocetirizine dihydrochloride oral solution . . . . .	37
levocetirizine dihydrochloride oral tablet . . . . .	37
levofloxacin oral . . . . .	10
levonorgest-eth est & eth est . . . . .	31
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg . . . . .	31
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg . . . . .	31
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg . . . . .	31
levora 0.15/30 (28) . . . . .	31
LEVOTHYROXINE SODIUM ORAL CAPSULE . . . . .	33
levothyroxine sodium oral tablet . . . . .	33
levoxyl . . . . .	33
LEVSIN ORAL . . . . .	28
LEVSIN/SL . . . . .	28
LEXAPRO . . . . .	12
LIALDA . . . . .	35
lidocaine external ointment 5 % . . . . .	8
lidocaine external patch 5 % . . . . .	8
lidocaine hcl mouth/throat . . . . .	20
lidocaine viscous hcl . . . . .	20
lidocaine-prilocaine external cream . . . . .	8
LIDODERM . . . . .	8
lillo oral tablet 0.15-30 mg-mcg . . . . .	31
LINZESS . . . . .	28
liothyronine sodium oral . . . . .	33
LIPITOR . . . . .	17
LIPOFEN . . . . .	17
lisinopril oral . . . . .	17
lisinopril-hydrochlorothiazide . . . . .	17





lithium carbonate er . . . . .	16	LYMEPAK . . . . .	10	metformin hcl oral solution . . . . .	26	
lithium carbonate oral . . . . .	16	LYNPARZA . . . . .	14	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg . . . . .	26	
LITHOBID . . . . .	16	LYRICA . . . . .	20	metformin hcl oral tablet 625 mg. . . . .	26	
LO LOESTRIN FE . . . . .	31	LYRICA CR . . . . .	20	methimazole oral . . . . .	33	
lo-zumandimine . . . . .	31	LYUMJEV KWIKPEN . . . . .	25	methocarbamol oral . . . . .	39	
LODINE . . . . .	9	LYUMJEV VIAL . . . . .	25	methotrexate oral . . . . .	34	
LOESTRIN 1/20 (21) . . . . .	31	LYVISPAH . . . . .	39	methotrexate sodium . . . . .	34	
LOESTRIN 1.5/30 (21) . . . . .	31	lyza . . . . .	31	methotrexate sodium (pf) . . . . .	34	
LOESTRIN FE 1/20 . . . . .	31	<b>M</b>			METHYLIN . . . . .	19
LOESTRIN FE 1.5/30 . . . . .	31	MALARONE . . . . .	14	methylphenidate hcl er (cd) . . . . .	19	
LOFENA . . . . .	9	marlissa . . . . .	31	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg . . . . .	19	
lojaimiess . . . . .	31	matzim la . . . . .	17	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg . . . . .	19	
LOKELMA . . . . .	27	MAVENCLAD . . . . .	19	methylphenidate hcl er (osm) . . . . .	19	
LOMOTIL . . . . .	28	MAVYRET ORAL PACKET . . . . .	15	methylphenidate hcl er (xr) . . . . .	19	
LOPID . . . . .	17	MAVYRET ORAL TABLET . . . . .	15	methylphenidate hcl er oral tablet extended release . . . . .	19	
LOPRESSOR . . . . .	17	MAXALT . . . . .	14	methylphenidate hcl er oral tablet extended release 24 hour . . . . .	19	
LOPROX EXTERNAL SHAMPOO . . . . .	13	MAXITROL . . . . .	36	methylphenidate hcl oral solution . . . . .	19	
lorazepam intensol . . . . .	16	MAXZIDE . . . . .	17	methylphenidate hcl oral tablet . . . . .	19	
lorazepam oral concentrate 2 mg/ml . . . . .	16	MAXZIDE-25 . . . . .	17	methylphenidate hcl oral tablet chewable . . . . .	19	
lorazepam oral tablet . . . . .	16	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG . . . . .	34	methylprednisolone oral . . . . .	32	
LOREEV XR . . . . .	16	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG . . . . .	34	metoclopramide hcl oral solution . . . . .	13	
LORTAB . . . . .	8	MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG . . . . .	32	metoclopramide hcl oral tablet . . . . .	13	
loryna . . . . .	31	MEDROL ORAL TABLET 2 MG . . . . .	32	metoclopramide hcl oral tablet dispersible . . . . .	13	
losartan potassium oral . . . . .	17	MEDROL ORAL TABLET 32 MG . . . . .	32	metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg . . . . .	17	
losartan potassium-hctz . . . . .	17	MEDROL ORAL TABLET THERAPY PACK . . . . .	32	metoprolol succinate er oral tablet extended release 24 hour 25 mg . . . . .	17	
LOSEASONIQUE . . . . .	31	medroxyprogesterone acetate intramuscular suspension . . . . .	31	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg . . . . .	17	
LOTEMAX OPHTHALMIC GEL . . . . .	36	medroxyprogesterone acetate intramuscular suspension prefilled syringe . . . . .	31	metoprolol tartrate oral tablet 37.5 mg, 75 mg . . . . .	17	
LOTEMAX OPHTHALMIC OINTMENT . . . . .	36	medroxyprogesterone acetate oral . . . . .	31	METROCREAM . . . . .	22	
LOTEMAX OPHTHALMIC SUSPENSION . . . . .	36	meloxicam oral capsule . . . . .	9	METROGEL . . . . .	22	
LOTEMAX SM . . . . .	36	MELOXICAM ORAL SUSPENSION . . . . .	9	METROLOTION . . . . .	22	
LOTENSIN . . . . .	17	meloxicam oral tablet . . . . .	9	metronidazole external cream . . . . .	22	
LOTENSIN HCT . . . . .	17	MENOSTAR . . . . .	31	metronidazole external gel 0.75 % . . . . .	22	
loteprednol etabonate ophthalmic gel . . . . .	36	mercaptapurine oral . . . . .	14	metronidazole external gel 1 % . . . . .	22	
loteprednol etabonate ophthalmic suspension . . . . .	36	merzee . . . . .	31	metronidazole external lotion . . . . .	22	
LOTREL . . . . .	17	mesalamine er oral capsule . . . . .	35	metronidazole oral . . . . .	10	
lovastatin oral . . . . .	17	mesalamine oral . . . . .	35	metronidazole vaginal . . . . .	10	
LOVAZA . . . . .	17	mesalamine rectal enema . . . . .	35	MICARDIS . . . . .	17	
LOVENOX . . . . .	11	mesalamine rectal suppository . . . . .	35	MICRODOT TEST . . . . .	24	
low-ogestrel . . . . .	31	metaxalone . . . . .	39			
LUMIGAN . . . . .	36	metformin hcl er . . . . .	26			
LUNESTA . . . . .	39	metformin hcl er (mod) . . . . .	26			
lutera . . . . .	31	metformin hcl er (osm) . . . . .	26			
lyleq . . . . .	31					
lyllana . . . . .	31					



microgestin 1/20 . . . . .	31	MOVIPREP . . . . .	28	NASCOBAL . . . . .	27
microgestin 1.5/30 . . . . .	31	moxifloxacin hcl (2x day). . . . .	36	NATAZIA . . . . .	31
microgestin 24 fe . . . . .	31	moxifloxacin hcl ophthalmic solution . . . . .	36	NATESTO . . . . .	33
microgestin fe 1/20 . . . . .	31	MS CONTIN . . . . .	8	NAYZILAM . . . . .	11
microgestin fe 1.5/30 . . . . .	31	MULPLETA . . . . .	27	nebivolol hcl . . . . .	18
mili . . . . .	31	MULTAQ . . . . .	17	necon 0.5/35 (28) . . . . .	31
MILLIPRED . . . . .	32	MULTI-VIT-FLOR . . . . .	27	neomycin-polymyxin-dexameth ophthalmic ointment . . . . .	36
MINASTRIN 24 FE . . . . .	31	multi-vitamin/fluoride . . . . .	27	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 . . . . .	36
MINILINK REAL-TIME TRANSMITTER . . . . .	24	multivitamin/fluoride tablet chewable 0.25 mg oral (rx) . . . . .	27	neomycin-polymyxin-hc otic . . . . .	37
MINIPRESS . . . . .	17	multivitamin/fluoride tablet chewable 0.5 mg oral . . . . .	27	NEORAL . . . . .	34
MINIVELLE . . . . .	30, 31	multivitamin/fluoride tablet chewable 1 mg oral . . . . .	27	NESINA . . . . .	26
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR . . . . .	10	mupirocin calcium . . . . .	11	neuac external gel . . . . .	22
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg . . . . .	10	mupirocin external . . . . .	11	NEULASTA . . . . .	27
minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg . . . . .	10	mycophenolate mofetil oral . . . . .	34	NEURONTIN . . . . .	11
minocycline hcl oral capsule . . . . .	10	mycophenolate sodium . . . . .	34	NEUTEK 2TEK TEST . . . . .	24
minocycline hcl oral tablet . . . . .	10	MYDAYIS . . . . .	19	NEVANAC . . . . .	36
MINOLIRA . . . . .	10	MYFEMBREE . . . . .	31	NEXICLON XR . . . . .	18
MIRAPEX ER . . . . .	14	MYFORTIC . . . . .	34	NEXLETOL . . . . .	18
MIRCETTE . . . . .	31	myorisan . . . . .	22	NEXLIZET . . . . .	18
mirtazapine oral . . . . .	12			niacin (antihyperlipidemic) . . . . .	18
MIRVASO . . . . .	22			niacin er (antihyperlipidemic) . . . . .	18
misoprostol oral . . . . .	28			niacor . . . . .	18
MITIGARE . . . . .	13			NIASPAN . . . . .	18
MM EASY TOUCH GLUCOSE METER . . . . .	24			nifedipine er . . . . .	18
modafinil . . . . .	39			nifedipine er osmotic release . . . . .	18
mometasone furoate external . . . . .	22			nifedipine oral . . . . .	18
mondoxyne nl . . . . .	11			nikki . . . . .	31
mono-lynyah . . . . .	31			nitisinone . . . . .	29
montelukast sodium oral packet . . . . .	38			NITRO-BID . . . . .	18
montelukast sodium oral tablet . . . . .	38			NITRO-DUR . . . . .	18
montelukast sodium oral tablet chewable . . . . .	38			NITRO-TIME . . . . .	18
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml . . . . .	8			nitrofurantoin macrocrystal . . . . .	11
morphine sulfate er oral capsule extended release 24 hour . . . . .	8			nitrofurantoin monohydrate macrocrystals . . . . .	11
morphine sulfate er oral tablet extended release . . . . .	8			nitroglycerin sublingual . . . . .	18
morphine sulfate oral . . . . .	8			nitroglycerin transdermal . . . . .	18
morphine sulfate rectal . . . . .	8			nitroglycerin translingual . . . . .	18
MOTEGRITY . . . . .	28			NITROLINGUAL . . . . .	18
MOUNJARO . . . . .	26			NITROMIST . . . . .	18
				NITROSTAT . . . . .	18
				NITYR . . . . .	29
				NOCDURNA . . . . .	33
				nora-be . . . . .	31
				NORDITROPIN FLEXPOR . . . . .	33
				norethin ace-eth estrad-fe oral capsule . . . . .	31

## N

NA SULFATE-K SULFATE-MG SULF . . . . .	28
nabumetone oral . . . . .	9
nadolol oral . . . . .	18
NAFRINSE DAILY/NEUTRAL . . . . .	20
NAFRINSE WEEKLY . . . . .	20
NALOCET . . . . .	8
naloxone hcl injection . . . . .	10
naloxone hcl nasal . . . . .	10
naltrexone hcl oral . . . . .	10
NAPRELAN . . . . .	9
NAPROSYN ORAL SUSPENSION . . . . .	9
NAPROSYN ORAL TABLET . . . . .	9
naproxen oral suspension . . . . .	9
naproxen oral tablet . . . . .	9
naproxen oral tablet delayed release . . . . .	9
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg . . . . .	9
NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG . . . . .	9
naproxen sodium oral tablet 275 mg, 550 mg . . . . .	9
naratriptan hcl . . . . .	14
NARCAN . . . . .	10



norethin ace-eth estrad-fe oral tablet . . . . .	31	NOVOTWIST . . . . .	24	olmesartan medoxomil oral . . . . .	18
norethindrone acet-ethinyl est . . . . .	31	np thyroid . . . . .	33	olmesartan medoxomil-hctz . . . . .	18
norethindrone acetate oral . . . . .	31	NUBEQA . . . . .	14	olopatadine hcl ophthalmic solution 0.1 % . . . . .	36
norethindrone oral . . . . .	31	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR . . . . .	38	olopatadine hcl ophthalmic solution 0.2 % . . . . .	36
norgestimate-eth estradiol . . . . .	31	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML . . . . .	38	OLUMIANT ORAL TABLET 1 MG . . . . .	34
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg . . . . .	31	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML . . . . .	38	OLUMIANT ORAL TABLET 2 MG . . . . .	34
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg . . . . .	31	NUCYN TA ER . . . . .	8	OLUMIANT ORAL TABLET 4 MG . . . . .	34
NORITATE . . . . .	22	NUCYN TA ORAL TABLET 100 MG, 75 MG . . . . .	8	OLUX . . . . .	22
NORLIQVA . . . . .	18	NUCYN TA ORAL TABLET 50 MG . . . . .	8	OMECLAMOX-PAK . . . . .	28
norlyda . . . . .	31	NUDEXTA . . . . .	20	omega-3-acid ethyl esters . . . . .	18
norlyroc . . . . .	31	NULEV . . . . .	28	omeprazole oral capsule delayed release . . . . .	28
nortrel 0.5/35 (28) . . . . .	31	NURTEC ODT . . . . .	14	OMEPRAZOLE+SYRSPEND SF ALKA . . . . .	28
nortrel 1/35 (21) . . . . .	31	NUTROPIN AQ NUSPIN 10 . . . . .	33	OMNARIS . . . . .	37
nortrel 1/35 (28) . . . . .	31	NUTROPIN AQ NUSPIN 20 . . . . .	33	OMNIPOD 5 G6 INTRO KIT (Gen 5) . . . . .	24
nortriptyline hcl oral . . . . .	12	NUTROPIN AQ NUSPIN 5 . . . . .	33	OMNIPOD 5 G6 PODS (Gen 5) . . . . .	24
NORVASC . . . . .	18	NUVARING . . . . .	31	OMNITROPE . . . . .	33
NORVIR ORAL PACKET . . . . .	15	NUVESSA . . . . .	11	ondansetron hcl oral . . . . .	13
NORVIR ORAL SOLUTION . . . . .	15	NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT . . . . .	27	ondansetron odt . . . . .	13
NORVIR ORAL TABLET . . . . .	15	NUWIQ INTRAVENOUS KIT 1500 UNIT . . . . .	27	ONETOUCH CLUB LANCETS FINE PT . . . . .	24
NOURIANZ . . . . .	14	NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT . . . . .	27	ONETOUCH DELICA LANCETS 30G . . . . .	24
NOVAREL . . . . .	35	NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT . . . . .	27	ONETOUCH DELICA LANCETS 33G . . . . .	24
NOVOEIGHT . . . . .	27	NUZYRA ORAL . . . . .	11	ONETOUCH DELICA PLUS LANCET30G . . . . .	24
NOVOFINE AUTOCOVER PEN NEEDLE . . . . .	24	nyamyc . . . . .	13	ONETOUCH DELICA PLUS LANCET33G . . . . .	24
NOVOFINE PEN NEEDLE . . . . .	24	nylia 1/35 . . . . .	31	ONETOUCH DELICA PLUS LANCET33G . . . . .	24
NOVOFINE PLUS PEN NEEDLE . . . . .	24	nymyo . . . . .	31	ONETOUCH FINEPOINT LANCETS . . . . .	24
NOVOLIN 70/30 FLEXPEN . . . . .	25	nystatin external . . . . .	13	ONETOUCH SOLUTIONS STARTER KIT . . . . .	24
NOVOLIN 70/30 FLEXPEN RELION . . . . .	25	nystatin mouth/throat . . . . .	13	ONETOUCH SURESOFT LANCING DEV . . . . .	24
NOVOLIN 70/30 RELION . . . . .	25	nystop . . . . .	13	ONETOUCH ULTRA 2 KIT W/DEVICE . . . . .	24
NOVOLIN 70/30 VIAL . . . . .	25	<b>O</b>		ONETOUCH ULTRA MINI KIT W/DEVICE . . . . .	24
NOVOLIN N FLEXPEN . . . . .	25	ocella . . . . .	32	ONETOUCH ULTRA TEST STRIPS . . . . .	24
NOVOLIN N FLEXPEN RELION . . . . .	25	OCUFLOX . . . . .	36	ONETOUCH ULTRASOFT LANCETS . . . . .	24
NOVOLIN N RELION . . . . .	25	ODEFSEY . . . . .	15	ONETOUCH VERIO FLEX SYSTEM . . . . .	24
NOVOLIN N VIAL . . . . .	25	ODOMZO . . . . .	14	ONETOUCH VERIO IQ SYSTEM . . . . .	24
NOVOLIN R FLEXPEN . . . . .	25	ofloxacin ophthalmic . . . . .	36	ONETOUCH VERIO KIT W/DEVICE . . . . .	24
NOVOLIN R FLEXPEN RELION . . . . .	25	ofloxacin otic . . . . .	37	ONETOUCH VERIO REFLECT KIT W/DEVICE . . . . .	24
NOVOLIN R RELION . . . . .	25	olanzapine oral tablet . . . . .	15		
NOVOLIN R VIAL . . . . .	25	olanzapine oral tablet dispersible . . . . .	15		
NOVOLOG FLEXPEN . . . . .	26				
NOVOLOG FLEXPEN RELION . . . . .	26				
NOVOLOG PENFILL . . . . .	26				
NOVOLOG RELION . . . . .	26				
NOVOLOG U-100 VIAL . . . . .	26				



ONETOUCH VERIO TEST STRIPS . . . . .	24	OZOBAX . . . . .	39	PLEGRIDY STARTER PACK . . . . .	19
ONGLYZA . . . . .	26			PLEGRIDY SUBCUTANEOUS . . . . .	19
ONZETRA XSAIL . . . . .	14	<b>P</b>		PLENVU . . . . .	28
OPSUMIT . . . . .	39	PACERONE ORAL TABLET		PLEXION . . . . .	22
OPTIUMEZ TEST . . . . .	24	100 MG, 400 MG . . . . .	18	PLEXION CLEANSER . . . . .	22
ORAPRED ODT . . . . .	32	PACERONE ORAL TABLET		PLEXION CLEANSING CLOTH . . . . .	22
ORENCIA CLICKJECT . . . . .	34	200 MG . . . . .	18	POLY-VI-FLOR . . . . .	27
ORENCIA SUBCUTANEOUS . . . . .	34	PAMELOR . . . . .	12	polymyxin b-trimethoprim . . . . .	36
ORFADIN . . . . .	29	PANCREAZE . . . . .	29	POLYTRIM . . . . .	36
ORGOVYX . . . . .	14	pantoprazole sodium oral packet . . . . .	28	portia-28 . . . . .	32
ORIAHNN . . . . .	33	pantoprazole sodium oral tablet		potassium chloride crys er oral	
ORLISSA . . . . .	33	delayed release . . . . .	28	tablet extended release 10 meq,	
ORTIKOS . . . . .	35	PARADIGM REAL-TIME		20 meq . . . . .	28
OSCIMIN . . . . .	28	TRANSMITTER . . . . .	24	potassium chloride crys er oral	
oseltamivir phosphate oral capsule. . . . .	15	paroxetine hcl er . . . . .	12	tablet extended release 15 meq . . . . .	28
oseltamivir phosphate oral		paroxetine hcl oral suspension . . . . .	12	potassium chloride er . . . . .	28
suspension reconstituted . . . . .	15	paroxetine hcl oral tablet . . . . .	12	potassium chloride oral packet . . . . .	28
OSENI . . . . .	26	PAXIL CR . . . . .	12	potassium chloride oral solution	
OSPHENA . . . . .	27	PAXIL ORAL SUSPENSION . . . . .	12	20 meq/15ml (10%), 40 meq/15ml	
OTEZLA . . . . .	34	PAXIL ORAL TABLET . . . . .	12	(20%) . . . . .	28
OTREXUP . . . . .	34	PEDIAPRED . . . . .	32	potassium citrate er . . . . .	28
OXAYDO . . . . .	8	peg-3350/electrolytes . . . . .	28	PRADAXA . . . . .	11
oxcarbazepine . . . . .	12	peg-3350/electrolytes/ascorbat . . . . .	28	PRALUENT . . . . .	18
OXTELLAR XR . . . . .	12	peg-kcl-nacl-nasulf-na asc-c . . . . .	28	pramipexole dihydrochloride . . . . .	14
oxybutynin chloride er . . . . .	29	penicillamine oral capsule . . . . .	29	pramipexole dihydrochloride er . . . . .	14
oxybutynin chloride oral . . . . .	29	penicillamine oral tablet . . . . .	29	pravastatin sodium . . . . .	18
OXYCODONE HCL ER . . . . .	8	penicillin v potassium . . . . .	11	prazosin hcl oral . . . . .	18
oxycodone hcl oral capsule . . . . .	8	PENLET II BLOOD SAMPLER . . . . .	24	PRECISION XTRA . . . . .	25
oxycodone hcl oral concentrate		PENLET II REPLACEMENT CAP . . . . .	25	PRECISION XTRA BLOOD	
100 mg/5ml . . . . .	8	PENNSAID . . . . .	9	GLUCOSE . . . . .	25
oxycodone hcl oral solution . . . . .	8	PENTASA . . . . .	35	PRED FORTE . . . . .	36
oxycodone hcl oral tablet 10 mg,		PERCOCET . . . . .	8	PRED MILD . . . . .	36
15 mg, 20 mg, 30 mg . . . . .	8	PERFOROMIST . . . . .	38	prednisolone acetate ophthalmic . . . . .	36
oxycodone hcl oral tablet 5 mg . . . . .	8	PERIDEX . . . . .	20	prednisolone oral . . . . .	32
OXYCODONE-ACETAMINOPHEN		periogard . . . . .	20	prednisolone sodium phosphate	
ORAL SOLUTION . . . . .	8	permethrin external . . . . .	14	oral solution 10 mg/5ml,	
OXYCODONE-ACETAMINOPHEN		PERTZYE . . . . .	29	25 mg/5ml, 6.7 (5 base) mg/5ml . . . . .	33
ORAL TABLET 10-300 MG,		phenazo oral tablet 200 mg . . . . .	29	prednisolone sodium phosphate	
5-300 MG, 7.5-300 MG . . . . .	8	phenazopyridine hcl oral tablet		oral solution 15 mg/5ml . . . . .	33
oxycodone-acetaminophen oral		100 mg, 200 mg . . . . .	29	prednisolone sodium phosphate	
tablet 10-325 mg, 2.5-325 mg,		philith . . . . .	32	oral solution 20 mg/5ml . . . . .	33
5-325 mg, 7.5-325 mg . . . . .	8	PICATO . . . . .	22	prednisolone sodium phosphate	
OXYCODONE-ACETAMINOPHEN		pimecrolimus . . . . .	22	oral tablet dispersible . . . . .	33
ORAL TABLET 2.5-300 MG . . . . .	8	pimtree . . . . .	32	prednisone intensol . . . . .	33
OXYCONTIN . . . . .	8	pioglitazone hcl . . . . .	26	prednisone oral . . . . .	33
OZEMPIC SUBCUTANEOUS		pirmella 1/35 . . . . .	32	pregabalin er . . . . .	20
SOLUTION PEN-INJECTOR		PLAQUENIL . . . . .	14	pregabalin oral capsule . . . . .	20
2 MG/1.5ML, 4 MG/3ML . . . . .	26	PLAVIX . . . . .	15	pregabalin oral solution . . . . .	20
OZEMPIC SUBCUTANEOUS		PLEGRIDY INTRAMUSCULAR . . . . .	19	PREGNYL . . . . .	35
SOLUTION PEN-INJECTOR				PREMARIN ORAL . . . . .	32
8 MG/3ML . . . . .	26			PREMARIN VAGINAL . . . . .	32



PREMIUM BLOOD GLUCOSE TEST . . . . .	25	PYRIDIUM . . . . .	29	RELION ULTIMA GLUCOSE SYSTEM . . . . .	25
premium lidocaine . . . . .	8			RELION ULTIMA TEST . . . . .	25
PREMPHASE . . . . .	32	<b>Q</b>		RELPAK . . . . .	14
PREMPRO . . . . .	32	QBRELIS . . . . .	18	RELTONE . . . . .	28
PRENA1 PEARL . . . . .	28	QDOLO . . . . .	9	REMERON . . . . .	12
PREVIDENT 5000 BOOSTER PLUS . . . . .	20	QUARTETTE . . . . .	32	REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG . . . . .	12
PREVIDENT 5000 DRY MOUTH . . . . .	20	QUDEXY XR . . . . .	12	REMODULIN . . . . .	39
PREVIDENT 5000 ORTHO DEFENSE . . . . .	20	quetiapine fumarate . . . . .	15	REPATHA . . . . .	18
PREVIDENT 5000 PLUS . . . . .	20	quetiapine fumarate er . . . . .	15	REPATHA PUSHTRONEX SYSTEM . . . . .	18
PREVIDENT DENTAL . . . . .	20	QUFLORA PEDIATRIC . . . . .	28	REPATHA SURECLICK . . . . .	18
PREVIDENT MOUTH/THROAT . . . . .	20	QUILLICHEW ER . . . . .	19	RESTASIS . . . . .	37
PREZCOBIX . . . . .	15	QUILLIVANT XR . . . . .	19	RESTASIS MULTIDOSE . . . . .	37
PRISTIQ . . . . .	12	quinapril hcl . . . . .	18	RESTORIL . . . . .	39
PROAIR HFA . . . . .	37, 38	QUINTET AC BLOOD GLUCOSE . . . . .	25	RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML . . . . .	27
PROAIR RESPICLICK . . . . .	38	QUINTET AC BLOOD GLUCOSE TEST . . . . .	25	RETACRIT INJECTION SOLUTION 20000 UNIT/ML . . . . .	27
PROCARDIA XL . . . . .	18	QUINTET BLOOD GLUCOSE SYSTEM . . . . .	25	RETIN-A . . . . .	22
PROCENTRA . . . . .	19	QUINTET BLOOD GLUCOSE TEST . . . . .	25	REVLIMID . . . . .	14
prochlorperazine maleate oral . . . . .	13	QVAR REDIHALER . . . . .	38	REXULTI . . . . .	15
PROCORT . . . . .	35			RHOFADE . . . . .	22
PROCTOFOAM HC . . . . .	35	<b>R</b>		RHOPRESSA . . . . .	36
progesterone oral . . . . .	32	RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE . . . . .	28	RILUTEK . . . . .	20
PROGRAF ORAL CAPSULE . . . . .	34	rabeprazole sodium oral tablet delayed release . . . . .	28	riluzole . . . . .	20
PROGRAF ORAL PACKET . . . . .	34	ramipril . . . . .	18	RINVOQ . . . . .	34
PROLATE . . . . .	8	RANEXA . . . . .	18	RIOMET . . . . .	26
promethazine hcl oral solution . . . . .	37	ranolazine er . . . . .	18	RISPERDAL . . . . .	15
promethazine hcl oral syrup . . . . .	37	RAPAMUNE ORAL SOLUTION . . . . .	34	risperidone . . . . .	15
promethazine hcl oral tablet . . . . .	13	RAPAMUNE ORAL TABLET . . . . .	34	RITALIN . . . . .	19
promethazine hcl rectal . . . . .	13	RASUVO . . . . .	34	RITALIN LA . . . . .	19
promethazine-codeine . . . . .	37	RAYOS . . . . .	33	ritonavir . . . . .	15
promethazine-dm . . . . .	37	REBIF . . . . .	19	rivelsa . . . . .	32
promethegan . . . . .	13	REBIF REBIDOSE . . . . .	19	rizatriptan benzoate . . . . .	14
propranolol hcl er . . . . .	18	REBIF REBIDOSE TITRATION PACK . . . . .	19	ROCALTROL . . . . .	35
propranolol hcl oral . . . . .	18	reclipsen . . . . .	32	ROCKLATAN . . . . .	36
PROSCAR . . . . .	29	RECOMBINATE . . . . .	27	ropinirole hcl . . . . .	14, 15
PROTONIX ORAL . . . . .	28	REDITREX . . . . .	34	ropinirole hcl er . . . . .	15
PROVENTIL HFA . . . . .	37, 38	REGLAN . . . . .	13	rosadan external cream . . . . .	22
PROVERA . . . . .	30, 32	RELAFEN . . . . .	9	rosadan external gel . . . . .	22
PROVIGIL . . . . .	39	RELAFEN DS . . . . .	9	rosuvastatin calcium . . . . .	18
PROZAC . . . . .	12	relexxii . . . . .	19	roweepra . . . . .	12
pseudoephedrine-bromphen-dm . . . . .	37	RELION TRUE MET AIR GLUC METER . . . . .	25	ROXICODONE ORAL TABLET 15 MG, 30 MG . . . . .	9
PSS SELECT PLATFORMS . . . . .	25	RELION TRUE METRIX TEST STRIPS . . . . .	25	ROXICODONE ORAL TABLET 5 MG . . . . .	9
PULMICORT FLEXHALER . . . . .	38				
PULMICORT SUSPENSION . . . . .	38				
PULMOZYME . . . . .	39				
PURIXAN . . . . .	14				
PYLERA . . . . .	28				





ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG. . . . .	9	SOAANZ. . . . .	18	sulfacetamide sodium-sulfur external lotion 10-5 % . . . . .	22
ROXYBOND ORAL TABLET ABUSE-DETERRENT 5 MG . . . . .	9	sodium fluoride 5000 plus . . . . .	20	sulfacetamide sodium-sulfur external lotion 9.8-4.8 % . . . . .	22
RUCONEST . . . . .	34	sodium fluoride 5000 ppm . . . . .	20	sulfacetamide sodium-sulfur external pad 10-4 % . . . . .	22
RUKOBIA . . . . .	15	sodium fluoride dental . . . . .	20	sulfacetamide sodium-sulfur external pad 9.8-4.8 % . . . . .	22
RYBELSUS. . . . .	26	sodium fluoride mouth/throat . . . . .	20	sulfacetamide sodium-sulfur external suspension 10-5 % . . . . .	22
RYTARY . . . . .	15	SOFOSBUVIR-VELPATASVIR. . . . .	15	sulfacetamide sodium-sulfur external suspension 8-4 % . . . . .	22
<b>S</b>		SOLLIQUA . . . . .	26	SULFACLEANSE 8/4. . . . .	22
SAFYRAL . . . . .	32	SOLODYN . . . . .	11	sulfamethoxazole-trimethoprim oral . . . . .	11
sajazir . . . . .	34	SOLTAMOX . . . . .	14	sulfamez wash . . . . .	22
SANTYL . . . . .	22	SOMA . . . . .	39	sulfasalazine oral . . . . .	35
SAPHRIS . . . . .	15	SOMATULINE DEPOT. . . . .	33	sulfatrim pediatric . . . . .	11
scopolamine . . . . .	13	SOOLANTRA. . . . .	22	SUMADAN WASH . . . . .	22
SEASONIQUE . . . . .	32	sotalol hcl oral . . . . .	18	sumatriptan succinate oral. . . . .	14
SEREVENT DISKUS . . . . .	38	SOTYLIZE. . . . .	18	sumatriptan succinate refill subcutaneous solution cartridge. . . . .	14
SERNIVO . . . . .	22	SPIRIVA HANDIHALER. . . . .	38	sumatriptan succinate subcutaneous . . . . .	14
SEROQUEL . . . . .	15	SPIRIVA RESPIMAT . . . . .	38	SUMAXIN. . . . .	22
SEROQUEL XR . . . . .	15	spironolactone oral . . . . .	18	SUNOSI . . . . .	39
SERTRALINE HCL ORAL CAPSULE. . . . .	13	sprintec 28 . . . . .	32	SUPARTZ FX . . . . .	9
sertraline hcl oral concentrate . . . . .	13	SPRITAM . . . . .	12	SUPREP BOWEL PREP KIT. . . . .	28
sertraline hcl oral tablet . . . . .	13	SPRIX . . . . .	10	SURESTEP PRO LINEARITY . . . . .	25
setlakin . . . . .	32	sronyx. . . . .	32	SUTAB . . . . .	28
sf . . . . .	20, 28	sss 10-5 . . . . .	22	syeda . . . . .	32
sf 5000 plus . . . . .	20	STELARA SUBCUTANEOUS . . . . .	34	SYMBICORT . . . . .	38
SFROWASA . . . . .	35	STENDRA. . . . .	27	SYMFI . . . . .	15
sharobel . . . . .	32	STIMATE. . . . .	33	SYMFI LO . . . . .	15
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg. . . . .	27	STIOLTO RESPIMAT . . . . .	38	SYMJEPI. . . . .	37
simliya. . . . .	32	STIVARGA . . . . .	14	SYMLINPEN 120 . . . . .	26
simpesse . . . . .	32	STRATTERA . . . . .	19	SYMLINPEN 60 . . . . .	26
SIMPONI. . . . .	34	STRENSIQ . . . . .	29	SYMPROIC. . . . .	28
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg . . . . .	18	STRIBILD . . . . .	15	SYNALAR. . . . .	22
simvastatin oral tablet 80 mg . . . . .	18	STRIVERDI RESPIMAT . . . . .	38	SYNJARDY . . . . .	26
SINEMET . . . . .	15	SUBOXONE . . . . .	10	SYNJARDY XR. . . . .	26
SINGULAIR ORAL PACKET . . . . .	38	SUBSYS . . . . .	9	SYNOJOYNT . . . . .	9
SINGULAIR ORAL TABLET . . . . .	38	subvenite . . . . .	12	SYNTHROID. . . . .	33
SINGULAIR ORAL TABLET CHEWABLE . . . . .	38	subvenite starter kit-blue . . . . .	12	SYPRINE. . . . .	29
sirolimus oral solution . . . . .	34	subvenite starter kit-green . . . . .	12		
sirolimus oral tablet. . . . .	34	subvenite starter kit-orange . . . . .	12	<b>T</b>	
SITAVIG . . . . .	15	sucralfate oral suspension . . . . .	28	TACLONEX EXTERNAL OINTMENT. . . . .	22
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE . . . . .	34	sucralfate oral tablet . . . . .	28	TACLONEX EXTERNAL SUSPENSION . . . . .	22
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE. . . . .	34	sulfacetamide sod-sulfur wash . . . . .	22		
		sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 % . . . . .	22		
		sulfacetamide sodium-sulfur external cream 9.8-4.8 % . . . . .	22		
		sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 % . . . . .	22		
		sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %, 9-4.5 % . . . . .	22		



tacrolimus external . . . . .	22	TEXACORT . . . . .	22	tramadol hcl er (biphasic) . . . . .	9
tacrolimus oral . . . . .	34	THALITONE . . . . .	18	TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR . . . . .	9
tadalafil oral . . . . .	27	THIOLA . . . . .	29	tramadol hcl er oral tablet extended release 24 hour . . . . .	9
TAKHZYRO . . . . .	34	THIOLA EC . . . . .	29	TRAMADOL HCL ORAL SOLUTION .	9
TAMIFLU ORAL CAPSULE . . . . .	15	THYQUIDITY . . . . .	33	tramadol hcl oral tablet 100 mg . . . . .	9
TAMIFLU ORAL SUSPENSION RECONSTITUTED . . . . .	15	TIGLUTIK . . . . .	20	tramadol hcl oral tablet 50 mg . . . . .	9
tamoxifen citrate oral tablet 10 mg .	14	timolol maleate (once-daily) . . . . .	36	TRANSDERM-SCOP . . . . .	13
tamoxifen citrate oral tablet 20 mg .	14	timolol maleate ocudose . . . . .	36	TRAVATAN Z . . . . .	36
tamsulosin hcl . . . . .	29	timolol maleate ophthalmic . . . . .	36	travoprost (bak free) . . . . .	36
TAPERDEX 12-DAY . . . . .	33	timolol maleate pf . . . . .	36	trazodone hcl oral . . . . .	13
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG . . . . .	33	TIMOPTIC . . . . .	36	TRELEGY ELLIPTA . . . . .	38
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21) . . . . .	33	TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 % . . . . .	36	TREMFYA . . . . .	34
TAPERDEX 7-DAY . . . . .	33	TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 % . . . . .	36	treprostinil . . . . .	39
TARGADOX . . . . .	11	TIMOPTIC-XE . . . . .	36	TRESIBA . . . . .	26
TARGRETIN EXTERNAL . . . . .	14	TIROSINT . . . . .	33	TRESIBA FLEXTOUCH . . . . .	26
TARGRETIN ORAL . . . . .	14	TIROSINT-SOL . . . . .	33	tretinoin external cream . . . . .	22
tarina 24 fe . . . . .	32	TIVICAY . . . . .	16	tretinoin external gel 0.01 %, 0.025 % . . . . .	22
tarina fe 1/20 . . . . .	32	TIVICAY PD . . . . .	16	tretinoin external gel 0.05 % . . . . .	22
tarina fe 1/20 eq . . . . .	32	TIVORBEX . . . . .	10	TREXALL . . . . .	34
TARPEYO . . . . .	35	tizanidine hcl oral capsule . . . . .	39	TREZIX . . . . .	9
TASIGNA . . . . .	14	tizanidine hcl oral tablet . . . . .	39	tri femynor . . . . .	32
TAVALISSE . . . . .	27	TOBI NEBULIZATION SOLUTION 300 MG/5ML INHALATION 300 MG/5ML . . . . .	39	tri-estarylla . . . . .	32
taysofy . . . . .	32	TOBI PODHALER . . . . .	39	tri-lynyah . . . . .	32
TAYTULLA . . . . .	32	TOBRADEX OPHTHALMIC OINTMENT . . . . .	36	tri-lo-estarylla . . . . .	32
tazarotene external cream . . . . .	22	TOBRADEX OPHTHALMIC SUSPENSION . . . . .	36	tri-lo-marzia . . . . .	32
TAZORAC . . . . .	22	TOBRADEX ST . . . . .	36	tri-lo-mili . . . . .	32
TEGRETOL . . . . .	12	tobramycin inhalation nebulization solution 300 mg/4ml . . . . .	39	tri-lo-sprintec . . . . .	32
TEGRETOL-XR . . . . .	12	tobramycin nebulization solution 300 mg/5ml inhalation . . . . .	39	tri-mili . . . . .	32
TEGSEDI . . . . .	29	tobramycin ophthalmic . . . . .	36	tri-nymyo . . . . .	32
TEKTURNA . . . . .	18	tobramycin-dexamethasone . . . . .	36	tri-sprintec . . . . .	32
TEKTURNA HCT . . . . .	18	TOBREX . . . . .	36	tri-vylibra . . . . .	32
telmisartan . . . . .	18	TOPAMAX . . . . .	12	tri-vylibra lo . . . . .	32
telmisartan-hctz . . . . .	18	TOPAMAX SPRINKLE . . . . .	12	triamcinolone acetonide external aerosol solution . . . . .	22
temazepam . . . . .	39	topiramate er . . . . .	12	triamcinolone acetonide external cream 0.025 %, 0.1 % . . . . .	22
tenofovir disoproxil fumarate . . . . .	15	topiramate oral . . . . .	12	triamcinolone acetonide external cream 0.5 % . . . . .	22
TENORETIC 100 . . . . .	18	TOPROL XL . . . . .	18	triamcinolone acetonide external lotion . . . . .	23
TENORETIC 50 . . . . .	18	torse mide . . . . .	18	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % . . . . .	23
TENORMIN . . . . .	18	TOUJEO MAX SOLOSTAR . . . . .	26	triamcinolone acetonide external ointment 0.05 % . . . . .	23
terazosin hcl . . . . .	29	TOUJEO SOLOSTAR . . . . .	26	triamcinolone acetonide external in absorbbase . . . . .	23
terbinafine hcl oral . . . . .	13	TOVIAZ . . . . .	29	triamterene-hctz . . . . .	18
terconazole . . . . .	13	TRACLEER . . . . .	39		
TERIPARATIDE (RECOMBINANT) . . . . .	35	TRADJENTA . . . . .	26		
TESTIM . . . . .	33				
testosterone cypionate intramuscular . . . . .	33				
testosterone transdermal . . . . .	33				







<b>W</b>	
WAKIX. ....	39
warfarin sodium oral .....	11
WELCHOL .....	18
WELLBUTRIN SR .....	13
WELLBUTRIN XL.....	13
wera .....	32
WILATE.....	27
wixela inhub.....	38
WYNZORA.....	23

<b>X</b>	
XALATAN .....	36
XANAX .....	16
XANAX XR .....	16
XARELTO .....	11
XARELTO STARTER PACK.....	11
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG .....	12
XELJANZ .....	34, 35
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG .....	35
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG .....	35
XELODA .....	14
XELPROS.....	36
XENLETA ORAL .....	11
XEPI .....	11
XHANCE.....	37
XIIDRA .....	37
XIMINO.....	11
XOFLUZA (40 MG DOSE).....	16
XOFLUZA (80 MG DOSE).....	16
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE. .	35
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED. ....	35
XOLEGEL.....	13
XOPENEX HFA.....	38
XTAMPZA ER.....	9
xulane .....	32
XYREM .....	39
XYWAV .....	39

<b>Y</b>	
YASMIN 28.....	32
YAZ.....	32
YUPELRI.....	38

yuvafem .....	32
---------------	----

<b>Z</b>	
zafemy .....	32
ZANAFLEX.....	39
ZARXIO .....	27
ZCORT 7-DAY .....	33
ZEBUTAL .....	9
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR .....	26
ZEJULA .....	14
ZELNORM .....	29
ZEMBRACE SYMTOUCH.....	14
zenatane.....	23
ZENPEP .....	29
ZENZEDI.....	19
ZEPATIER.....	16
ZEPOSIA .....	20
ZEPOSIA 7-DAY STARTER PACK ..	20
ZEPOSIA STARTER KIT .....	20
ZESTORETIC.....	18
ZESTRIL.....	19
ZETIA .....	19
ZETONNA.....	37
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG .....	19
ZIAC ORAL TABLET 5-6.25 MG ...	19
ZIEXTENZO .....	27
ZILXI .....	23
ZIMHI .....	10
ZIOPTAN .....	36
ziprasidone hcl.....	15
ZIPSOR.....	10
ZITHROMAX ORAL.....	11
ZITHROMAX TRI-PAK.....	11
ZITHROMAX Z-PAK.....	11
ZOCOR.....	19
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG .....	14
ZOLOFT .....	13
zolpidem tartrate er.....	39
zolpidem tartrate oral .....	39
zolpidem tartrate sublingual.....	39
ZOLPIMIST.....	39
ZOMACTON.....	33
ZOMIG NASAL SOLUTION 2.5 MG. .	14
ZOMIG NASAL SOLUTION 5 MG ..	14
ZONEGRAN .....	12
zonisamide oral .....	12

ZONTIVITY.....	15
ZOVIRAX ORAL.....	16
ZTLIDO.....	9
ZUBSOLV .....	10
zumandimine .....	32
ZYCLARA.....	23
ZYCLARA PUMP.....	23
ZYLET.....	36
ZYLOPRIM.....	13
ZYPREXA ORAL .....	15
ZYPREXA ZYDIS.....	15



# Nondiscrimination notice and access to communication services

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

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

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

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

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

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

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

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

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

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



# Multi-language interpreter services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, 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 yániití'go, saad beę áka'anída'awo'ígíí, t'áa jíík'eh, bee ná'ahóót'i'. T'áa shqodí ninaaltsos nit'i'izí bee nééhozinígíí bine'déę' t'áa jíík'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

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

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

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

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