



Your 2022 Prescription Drug List

Advantage 4-Tier

Effective May 1, 2022



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of May 1, 2022 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Plan, UnitedHealthcare Freedom Plans, River Valley, All Savers and Oxford medical plans with a pharmacy benefit subject to the Advantage 4-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

You and your doctor can consult the PDL to help you select the most cost-effective prescription medications. This guide tells you if a medication is generic or a brand-name, and if there are coverage requirements or limits. Bring this list with you when you see your doctor. If your medication is not listed here, please visit your plan's member website or call the toll-free member phone number on your 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)¹ if similar alternatives are available at a lower cost. Examples include medications that work the same way, but one is much more expensive than the other, or options that are available without a prescription (also referred to as over-the-counter medications²). There are also some instances where the same product can be made by two or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your 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
Tier 1	\$ Lower-cost Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tiers 2 and 3	\$\$ Mid-range cost Medications that provide good overall value. A mix of brand name and generic drugs.	Use Tier 2 or Tier 3 drugs, instead of Tier 4, to help reduce your out-of-pocket costs.
Tier 4	\$\$\$ Highest-cost Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Many Tier 4 drugs have lower-cost options in Tiers 1, 2 or 3. Ask your doctor if they could work for you.

Drug list information

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

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

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

4. Not applicable to Neighborhood Health Plan, some UnitedHealthcare Freedom Plans, Golden Rule, Oxford and UnitedHealthOne.



Reading your PDL (continued)

Coverage details

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

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

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

Questions

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



Call the 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
Analgesics - Drugs for Pain		
acetaminophen-codeine	1	
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
AGONEAZE	E	QL
ANODYNE LPT	E	QL
apap-caff-dihydrocodeine oral capsule	4	QL
apap-caff-dihydrocodeine oral tablet	1	QL
bac	1	QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
butalbital-apap-caffeine oral tablet	1	QL
CONZIP	E	QL
DILAUDID ORAL	4	
DUROLANE	E	
EHA	E	
endocet	1	
ESGIC	4	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	4	QL
GELSYN-3	E	
GEN7T	E	
HYALGAN	E	
hydrocodone bitartrate er oral capsule extended release 12 hour	3	PA, ST, QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	E	PA, ST, QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	1	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	

Drug Name	Drug Tier	Requirements & Limits
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	4	PA, ST, QL
hydromorphone hcl oral	1	
hydromorphone hcl rectal	1	
HYSINGLA ER	E	PA, ST, QL
LIDO BDK	E	QL
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine-prilocaine external cream	1	
lidocaine-prilocaine external kit	E	QL
LIDOCANNA	E	
LIDODERM	E	PA, QL
LIDOPRIL	E	QL
LIDOPRIL XR	E	QL
LIDO-PRILO CAINE PACK	E	QL
LIVIXIL PAK	E	QL
LORTAB	4	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	
morphine sulfate er oral capsule extended release 24 hour	E	PA, ST, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	1	
morphine sulfate rectal	1	
MS CONTIN	3	PA, ST, QL
NALOCET	E	QL
NUCYNTA	4	QL
NUCYNTA ER	3	PA, QL
OXAYDO	E	QL
OXYCODONE HCL ER	E	PA, ST, QL
oxycodone hcl oral capsule	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	
oxycodone hcl oral solution	1	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	

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
oxycodone hcl oral tablet 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION	E	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG	E	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	E	QL
OXYCONTIN	E	PA, ST, QL
PERCOCET	E	
premium lidocaine	2	QL
PRILO PATCH	E	
PRILO PATCH II	E	
PRILOLID	E	QL
PRILOVIX	E	QL
PRILOVIX LITE	E	QL
PRILOVIX LITE PLUS	E	QL
PRILOVIX PLUS	E	QL
PRILOVIX ULTRALITE	E	QL
PRILOVIX ULTRALITE PLUS	E	QL
PRIZOTRAL-II	E	
PROLATE	E	
QDOLO	E	PA, QL
RELADOR PAK	E	QL
RELADOR PAK PLUS	E	QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	E	
ROXICODONE ORAL TABLET 5 MG	E	QL
SUBSYS	E	PA, QL
SUPARTZ FX	E	
tramadol hcl er (biphasic)	E	(generic for Ryzolt), QL
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	E	QL
tramadol hcl er oral tablet extended release 24 hour	2	(generic for Ultram ER), QL
tramadol hcl oral tablet 100 mg	E	
tramadol hcl oral tablet 50 mg	1	
TREZIX	4	QL

Drug Name	Drug Tier	Requirements & Limits
TRILURON	E	
ULTRAM	E	
VEXATROL	E	QL
VTOL LQ	2	PA, QL
XTAMPZA ER	2	PA, QL
ZEBUTAL	4	QL
ZTLIDO	3	PA, QL

Analgesics - Drugs for Pain and Inflammation

CATAFLAM	E	
CELEBREX	E	QL
celecoxib oral	2	QL
diclofenac potassium oral tablet 25 mg	E	
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium external gel 1 %	E	
diclofenac sodium external solution	E	
diclofenac sodium oral	1	
DICLOFONO	E	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	4	
ec-naproxen	1	
ENOVARX-DICLOFENAC SODIUM	E	
etodolac	1	
etodolac er	1	
ibuprofen oral suspension 100 mg/5ml	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN	3	PA
indomethacin er	1	
INDOMETHACIN ORAL CAPSULE 20 MG	E	
indomethacin oral capsule 25 mg, 50 mg	1	
KETOROLAC TROMETHAMINE NASAL	4	ST, QL
ketorolac tromethamine oral	1	
LODINE	E	
meloxicam oral capsule	E	QL

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
meloxicam oral tablet	1	
MOBIC	E	
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	1	
PENNSAID	E	
RELAFEN	E	
RELAFEN DS	E	
SPRIX	4	ST, QL
TIVORBEX	E	
VALCOPREP-100	E	
VENNGEL ONE	E	
VIVLODEX	E	QL
ZIPSOR	E	
Anti-Addiction / Substance Abuse Treatment Agents		
APO-VARENICLINE	E	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	2	QL
KLOXXADO	2	QL
naloxone hcl injection	1	
naltrexone hcl oral	1	
NARCAN	2	QL
SUBOXONE	E	PA, QL
varenicline tartrate	3	PA, H
ZUBSOLV	2	QL
Antibacterials - Drugs for Infections		
ACTICLATE	E	
amoxicillin	1	
amoxicillin-potassium clavulanate	1	

Drug Name	Drug Tier	Requirements & Limits
amoxicillin-potassium clavulanate er	E	
AUGMENTIN	E	
AUGMENTIN ES-600	E	
avidoxy	1	
azithromycin oral	1	
BACTRIM	4	
BACTRIM DS	4	
cefadroxil	1	
cefdinir	1	
cefuroxime axetil	1	
CENTANY	4	QL
CENTANY AT	E	
cephalexin	1	
CIPRO ORAL TABLET	4	
ciprofloxacin hcl oral	1	
clarithromycin er	2	
clarithromycin oral suspension reconstituted	2	
clarithromycin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4	
CLEOCIN ORAL CAPSULE 75 MG	2	
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	

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Drug Name	Drug Tier	Requirements & Limits
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	1	
FLAGYL	4	
KEFLEX	4	
levofloxacin oral	1	
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
mondoxyne nl oral capsule 100 mg	1	
mondoxyne nl oral capsule 75 mg	E	
mupirocin calcium	3	QL
mupirocin external	1	QL
NUVESSA	E	
NUZYRA ORAL	4	QL
penicillin v potassium	1	
SOLODYN	E	PA
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
TARGADOX	E	
vandazole	2	
VIBRAMYCIN ORAL CAPSULE	4	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	4	
XENLETA ORAL	3	
XEPI	3	QL
XIMINO	E	PA
ZITHROMAX ORAL	4	

Drug Name	Drug Tier	Requirements & Limits
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium	2	QL
jantoven	1	
LOVENOX	E	QL
PRADAXA	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
BRIVIACT 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	4	
DEPAKOTE	4	PA
DEPAKOTE ER	4	PA, ST
DEPAKOTE SPRINKLES	4	PA, ST
DIASTAT ACUDIAL	4	QL
DIASTAT PEDIATRIC	2	QL
diazepam rectal	1	QL
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
ELEPSIA XR	E	PA, ST
epitol	1	
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet	1	
KEPPRA ORAL	4	PA, ST
KEPPRA XR	4	PA, ST
LAMICTAL	4	PA, ST
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG	3	PA, ST

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
LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG	4	PA, ST
LAMICTAL ODT ORAL TABLET DISPERSIBLE	4	PA, ST
LAMICTAL STARTER	4	PA, ST
LAMICTAL XR	3	PA, ST
lamotrigine er	3	PA, ST
lamotrigine oral kit	3	PA, ST
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	PA, ST
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	2	
levetiracetam oral	1	
NAYZILAM	3	PA, QL
NEURONTIN	4	PA, ST
oxcarbazepine	1	
OXTELLAR XR	E	ST
QUDEXY XR	E	ST
roweepra	1	
SPRITAM	E	ST
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL	3	
TEGRETOL-XR	4	
TOPAMAX	4	PA, ST
TOPAMAX SPRINKLE	4	PA, ST
topiramate er	E	ST
topiramate oral	1	
TRILEPTAL	4	PA, ST
TROKENDI XR	E	ST
VALTOCO	3	PA, QL
VIMPAT ORAL	3	PA
XCOPRI	3	PA
ZONEGRAN	4	PA, ST
zonisamide oral	1	

Drug Name	Drug Tier	Requirements & Limits
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT	E	
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	E	
donepezil hcl oral tablet dispersible	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide	1	
CYMBALTA	E	QL
desvenlafaxine succinate er	3	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
DRIZALMA SPRINKLE	4	PA, QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	QL
duloxetine hcl oral capsule delayed release particles 40 mg	E	
EFFEXOR XR	E	
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	3	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	3	QL
fluoxetine hcl oral tablet 20 mg	3	
fluoxetine hcl oral tablet 60 mg	E	
fluvoxamine maleate	1	
fluvoxamine maleate er	3	QL
FORFIVO XL	E	QL
LEXAPRO	E	

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Drug Name	Drug Tier	Requirements & Limits
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	4	
PAXIL ORAL TABLET	E	
PRISTIQ	E	QL
PROZAC	E	
REMERON	E	
REMERON SOLTAB	E	
SERTRALINE HCL ORAL CAPSULE	E	
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	4	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	E	QL
VIIBRYD	4	QL
VIIBRYD STARTER PACK	4	
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
Antiemetics - Drugs for Nausea and Vomiting		
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	

Drug Name	Drug Tier	Requirements & Limits
promethegan	1	
REGLAN	4	
scopolamine	3	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	E	
ZOFRAN	E	
ZUPLENZ	E	QL
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox treatment	E	
CRESEMBA ORAL	3	
DIFLUCAN	E	
EXTINA	4	ST
fluconazole oral	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external foam	3	ST
ketoconazole external shampoo	1	
ketodan external foam	3	ST
LOPROX EXTERNAL SHAMPOO	E	
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystop	1	QL
terbinafine hcl oral	1	QL
terconazole	1	
XOLEGEL	3	
Antigout Agents - Drugs for Gout		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	
colchicine oral tablet	E	
COLCRYS	E	
febuxostat	3	ST, QL
GLOPERBA	4	PA
MITIGARE	2	
ULORIC	E	ST, QL
ZYLOPRIM	4	

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Drug Name	Drug Tier	Requirements & Limits
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, ST, QL
AMERGE	E	QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA, ST, QL
EMGALITY (300 MG DOSE)	2	PA, ST, QL
IMITREX ORAL	E	QL
IMITREX STATDOSE REFILL	E	QL
IMITREX STATDOSE SYSTEM	E	QL
IMITREX SUBCUTANEOUS	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
naratriptan hcl	1	QL
ONZETRA XSAIL	E	QL
RELPAX	E	QL
REYVOW	2	PA, ST, QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill	1	QL
sumatriptan succinate subcutaneous	1	QL
UBRELVY	2	PA, ST, QL
ZEMBRACE SYMTOUCH	E	QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	ST, QL
zolmitriptan oral tablet	2	QL
zolmitriptan oral tablet dispersible	3	QL
zolmitriptan solution 5 mg nasal	E	ST, QL
ZOMIG NASAL SOLUTION 2.5 MG	3	ST, QL
ZOMIG NASAL SOLUTION 5 MG	2	ST, QL
ZOMIG ORAL	E	QL
Antineoplastics - Drugs for Cancer		
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
bexarotene	E	SP
CALQUENCE	2	PA, QL, SP
capecitabine	1	QL, SP

Drug Name	Drug Tier	Requirements & Limits
ERIVEDGE	2	PA, QL, SP
ERLEADA	2	PA, QL, SP
FEMARA	E	
fluorouracil external solution	1	
GAVRETO	4	PA, QL, SP
IBRANCE	2	PA, QL, SP
IDHIFA	2	PA, QL, SP
KOSELUGO	3	PA, QL, SP
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	4	PA, SP
REVLIMID	2	PA, QL, SP
ROZLYTREK	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	4	PA, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XELODA	E	QL, SP
ZEJULA	2	PA, QL, SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	4	QL
atovaquone-proguanil hcl	2	
hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg	E	
hydroxychloroquine sulfate oral tablet 200 mg	1	
KRINTAFEL	1	QL
MALARONE	4	
permethrin external	1	
PLAQUENIL	E	

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Drug Name	Drug Tier	Requirements & Limits
Antiparkinson Agents - Drugs for Parkinson's Disease		
APOKYN	4	PA, QL, SP
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
DUOPA	4	PA
INBRIJA	3	PA, QL, SP
KYNMOBI	3	PA, QL, SP
KYNMOBI TITRATION KIT	3	PA, SP
MIRAPEX ER	E	
NOURIANZ	3	PA, QL
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	E	
ropinirole hcl	1	
ropinirole hcl er	E	
RYTARY	E	
SINEMET	4	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	4	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	
ZONTIVITY	4	QL
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	QL
ABILIFY MYCITE	E	PA, QL
ABILIFY MYCITE MAINTENANCE KIT	E	PA, QL
ABILIFY MYCITE STARTER KIT ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 5 MG	E	PA, QL
ABILIFY MYCITE STARTER KIT ORAL TABLET 30 MG	E	PA, QL
aripiprazole oral solution	3	
aripiprazole oral tablet	2	QL
aripiprazole oral tablet dispersible	2	QL
asenapine maleate	E	QL
GEODON ORAL	E	QL
LATUDA	4	QL
olanzapine oral tablet	1	QL
olanzapine oral tablet dispersible	2	QL
PERSERIS	E	
quetiapine fumarate	1	

Drug Name	Drug Tier	Requirements & Limits
quetiapine fumarate er	3	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	3	QL
SEROQUEL	E	
SEROQUEL XR	E	QL
VRAYLAR	4	QL
ziprasidone hcl	2	QL
ZYPREXA ORAL	E	QL
ZYPREXA ZYDIS	E	QL
Antivirals - Drugs for Viral Infections		
acyclovir oral	1	
ATRIPLA	E	ST, QL
BARACLUDE ORAL SOLUTION	2	SP
BARACLUDE ORAL TABLET	E	SP
CIMDUO	2	QL
DESCOVY	E	PA, ST, QL
DOVATO	2	QL
efavirenz-emtricitab-tenofovir	E	ST, QL
efavirenz-lamivudine-tenofovir	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	1	SP
EPCLUSA ORAL PACKET	2	SP
EPCLUSA ORAL TABLET 200-50 MG	2	PA, QL, SP
EPCLUSA ORAL TABLET 400-100 MG	2	PA, QL, SP
GENVOYA	4	QL
HARVONI ORAL PACKET	2	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET ORAL TABLET	2	PA, QL, SP
NORVIR ORAL PACKET	2	
NORVIR ORAL SOLUTION	2	
NORVIR ORAL TABLET	E	

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Drug Name	Drug Tier	Requirements & Limits
ODEFSEY	4	QL
oseltamivir phosphate oral capsule	2	
oseltamivir phosphate oral suspension reconstituted	2	QL
PREZCOBIX	2	
PREZISTA	2	
ritonavir	2	
RUKOBIA	4	PA
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	4	QL
SYMFI	2	QL
SYMFI LO	2	QL
TAMIFLU ORAL CAPSULE	E	
TAMIFLU ORAL SUSPENSION RECONSTITUTED	E	QL
TEMIXYS	E	QL
tenofovir disoproxil fumarate	2	H-PA
TIVICAY	3	
TIVICAY PD	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	QL
VALTREX	E	QL
VEMLIDY	4	ST, SP
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, QL, SP
XOFLUZA ORAL TABLET THERAPY PACK	3	QL
ZEPATIER	2	PA, QL, SP
ZOVIRAX ORAL	4	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	

Drug Name	Drug Tier	Requirements & Limits
bupirone hcl oral	1	
clonazepam oral	1	
diazepam intensol	1	
diazepam oral	1	
HALCION	4	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
LOREEV XR	E	
triazolam	1	
VALIUM	E	
VISTARIL	4	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	4	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	E	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTONE	E	
aliskiren fumarate	3	
ALTACE	E	
ALTOPREV	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	QL, H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	QL
AVALIDE	E	

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Drug Name	Drug Tier	Requirements & Limits
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	4	
CARDIZEM	E	
CARDIZEM CD	E	
CARDIZEM LA	E	
CARDURA	4	
CAROSPIR	4	PA
cartia xt	2	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
colesevelam hcl	E	
COREG	E	
CORGARD	4	
CORLANOR	3	PA, QL
COZAAR	E	
CRESTOR	E	QL
diltiazem hcl er	1	
diltiazem hcl er coated beads	2	
diltiazem hcl oral	1	
dilt-xr	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
EDARBI	3	
EDARBYCLOR	3	
enalapril maleate oral solution	3	PA
enalapril maleate oral tablet	1	
EPANED	4	PA
EXFORGE	E	
EZALLOR SPRINKLE	3	PA
ezetimibe	2	

Drug Name	Drug Tier	Requirements & Limits
ezetimibe-simvastatin	3	
fenofibrate oral capsule 150 mg, 50 mg	E	
fenofibrate oral tablet 120 mg, 40 mg, 48 mg	E	
fenofibrate oral tablet 145 mg, 160 mg, 54 mg	2	
FENOGLIDE	E	
flecainide acetate	1	
FLOLIPID	4	PA
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	E	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
icosapent ethyl	E	PA
INDERAL LA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
KAPSPARGO SPRINKLE	4	
labetalol hcl oral	1	
LASIX	4	
LIPITOR	E	QL
LIPOFEN	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	4	
LOPRESSOR	4	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	4	
LOTENSIN HCT	4	
LOTREL	E	
lovastatin oral	1	H
LOVAZA	E	
matzim la	2	
MAXZIDE	4	
MAXZIDE-25	4	

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Drug Name	Drug Tier	Requirements & Limits
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
MICARDIS	E	
MINIPRESS	4	
MULTAQ	4	PA
nadolol oral	1	
nebivolol hcl	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	4	QL
NITROSTAT	4	
NITRO-TIME	3	
NORVASC	E	
olmesartan medoxomil oral	2	
olmesartan medoxomil-hctz	2	
omega-3-acid ethyl esters	2	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	4	
PRALUENT	E	PA, ST, QL
pravastatin sodium	1	
prazosin hcl oral	1	

Drug Name	Drug Tier	Requirements & Limits
PRINIVIL	4	
PROCARDIA XL	E	
propranolol hcl er	2	
propranolol hcl oral	1	
QBRELIS	4	PA
quinapril hcl	1	
ramipril	1	
RANEXA	E	
ranolazine er	2	
REPATHA	2	PA, ST, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL
REPATHA SURECLICK	2	PA, ST, QL
rosuvastatin calcium	2	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
sotalol hcl oral	1	
SOTYLIZE	4	PA
spironolactone oral	1	
TEKTURNA	3	
TEKTURNA HCT	3	
telmisartan	2	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
THALITONE	E	
TOPROL XL	E	
torsemide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan	2	
valsartan-hydrochlorothiazide	1	
VASCEPA	E	PA
VASOTEC	E	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	

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Drug Name	Drug Tier	Requirements & Limits
verapamil hcl oral	1	
VERELAN	4	
VERELAN PM	4	
VERQUVO	4	PA, QL
VYTORIN	E	
WELCHOL	2	
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	4	
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	E	
FOCALIN	4	
FOCALIN XR	E	QL
guanfacine hcl er	2	QL
INTUNIV	E	QL
JORNAY PM	E	QL
METHYLIN	4	
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	QL

Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	
methylphenidate hcl er (xr)	E	QL
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	4	QL
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	E	QL
methylphenidate hcl er oral tablet extended release 24 hour	E	QL
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
MAYZENT	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
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

Central Nervous System Agents - Miscellaneous

AUSTEDO	2	PA, QL, SP
EXSERVAN	E	PA, SP
LYRICA	4	PA, ST, QL
LYRICA CR	E	ST, QL
NUDEXTA	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	4	PA
ZEPOSIA	3	PA, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, QL, SP
ZEPOSIA STARTER KIT	3	PA, QL, SP

Dental and Oral Agents - Drugs for Mouth and Throat Conditions

cavarest	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	4	
DENTAGEL	4	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	4	
PERIDEX	4	
perio gard	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	4	

Drug Name	Drug Tier	Requirements & Limits
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	4	
PREVIDENT DENTAL	4	
PREVIDENT MOUTH/THROAT sf	3	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	
sodium fluoride mouth/throat	1	

Dermatological Agents - Drugs for Skin Conditions

ABSORICA	E	PA
acutane	2	
ACZONE EXTERNAL GEL 5 %	4	QL
ACZONE EXTERNAL GEL 7.5 %	3	QL
ADVANCED ALLERGY COLLECTION	E	
ALA SCALP	4	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	
ALDARA	4	QL
ALTRENO	E	PA, QL
amnestem	2	
AMZEEQ	4	PA, QL
ATRALIN	E	PA, QL
AVAR CLEANSER	4	
AVAR LS CLEANSER	E	
AVAR-E EMOLLIENT	3	
AVAR-E GREEN	3	
AVAR-E LS	3	
AVITA	E	PA, QL
azelaic acid external	3	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external gel	1	
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	2	

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Drug Name	Drug Tier	Requirements & Limits
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	2	
bp 10-1	1	
calcipotriene-betameth diprop external ointment	E	QL
calcipotriene-betameth diprop external suspension	E	QL
calcitriol external	1	QL
CAPEX	2	
CARAC	E	
claravis	2	
CLENIA PLUS	E	
CLEOCIN-T	4	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phosphate external foam	3	
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	QL
clindamycin phosphate external swab	1	
clindamycin phosphate gel 1 % external	E	(generic Clindagel), 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

Drug Name	Drug Tier	Requirements & Limits
clobetasol propionate external solution	1	QL
CLOBEX	E	QL
CLOBEX SPRAY	E	QL
clodan external shampoo	E	QL
clotrimazole-betamethasone external cream	1	QL
clotrimazole-betamethasone external lotion	1	
dapsone external gel 5 %	E	QL
DAPSONE EXTERNAL GEL 7.5 %	E	QL
DERMA-SMOOTH/FS BODY	4	QL
DERMA-SMOOTH/FS SCALP	4	
DESONATE	4	ST, QL
desonide external cream	3	QL
desonide external gel	3	ST, QL
desonide external lotion	3	QL
desonide external ointment	3	QL
DESOWEN	3	QL
desrx	3	ST, QL
DIPROLENE	4	
DIPROLENE AF	4	
DUPIXENT	4	PA, ST, QL, SP
EFUDEX	4	
ENSTILAR	4	QL
EUCRISA	3	ST, QL
EVOCLIN	4	
FINACEA	4	
fluocinolone acetonide body	3	QL
fluocinolone acetonide external cream	3	QL
fluocinolone acetonide external ointment	2	QL
fluocinolone acetonide external solution	3	QL
fluocinolone acetonide scalp	3	
fluocinonide external cream 0.05 %	1	
fluocinonide external cream 0.1 %	E	QL
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
FLUOROPLEX	4	

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Drug Name	Drug Tier	Requirements & Limits
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	QL
IMIQUIMOD PUMP	E	QL
IMPEKLO	E	QL
IMPOYZ	E	QL
isotretinoin capsule 10 mg oral	E	(generic Absorica), PA
isotretinoin capsule 10 mg oral	2	(Amneal)
isotretinoin capsule 20 mg oral	E	(generic Absorica), PA
isotretinoin capsule 20 mg oral	2	(Amneal)
isotretinoin capsule 30 mg oral	E	(generic Absorica), PA
isotretinoin capsule 30 mg oral	2	(Amneal)
isotretinoin capsule 40 mg oral	E	(generic Absorica), PA
isotretinoin capsule 40 mg oral	2	(Amneal)
isotretinoin oral capsule 25 mg, 35 mg	E	(generic Absorica), PA
ivermectin external cream	E	QL
KENALOG EXTERNAL	E	QL
KLISYRI	4	ST, QL
METROCREAM	4	
METROGEL	E	
METROLOTION	4	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
metronidazole external gel 1 %	E	
metronidazole external lotion	1	
MIRVASO	4	PA, QL
mometasone furoate external	1	
myorisan	2	
neuac external gel	3	QL
NORITATE	E	

Drug Name	Drug Tier	Requirements & Limits
OLUX	E	QL
PICATO EXTERNAL GEL 0.015 %, 0.05 %	3	QL
PLEXION	E	
PLEXION CLEANSER	E	
PLEXION CLEANSING CLOTH	E	
RETIN-A	E	PA, QL
RHOFADE	4	PA, QL
rosadan external cream	1	
rosadan external gel	1	
SERNIVO	E	QL
SOOLANTRA	4	QL
sss 10-5	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external cream 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external 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	4	
SYNALAR	E	QL
TACLONEX EXTERNAL OINTMENT	E	QL
TACLONEX EXTERNAL SUSPENSION	3	QL
tazarotene external cream	3	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
TAZORAC	4	PA, QL
TEMOVATE	4	QL
TEXACORT	2	
tretinoin external cream	3	QL
tretinoin external gel 0.01 %	E	QL
tretinoin external gel 0.025 %	E	
tretinoin external gel 0.05 %	E	PA, QL
triamcinolone acetonide external aerosol solution	2	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
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	4	PA, ST, QL
ZYCLARA	E	QL
ZYCLARA PUMP	E	QL
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK COMPACT PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK FASTCLIX LANCETS	1	
ACCU-CHEK GUIDE KIT W/DEVICE	E	
ACCU-CHEK GUIDE ME METER	3	

Drug Name	Drug Tier	Requirements & Limits
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK MULTICLIX LANCET KIT	1	
ACCU-CHEK MULTICLIX 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	
bd ultra-fine insulin syringes	2	
bd ultra-fine pen needles	2	
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 BLOOD GLUCOSE METER	E	
CONTOUR NEXT EZ KIT W/DEVICE	2	
CONTOUR NEXT LINK KIT W/DEVICE	E	
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT TEST STRIPS	2	QL
CONTOUR TEST STRIPS	E	QL
CVS ADVANCED GLUCOSE TEST STRIPS	E	QL
CVS GLUCOSE METER TEST STRIPS	E	QL
D-CARE BLOOD GLUCOSE	E	QL
D-CARE GLUCOMETER	E	
DEXCOM G4 / G5 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	3	PA
DEXCOM G6 RECEIVER, TRANSMITTER, SENSOR	3	PA, QL
EASY TOUCH TEST	E	QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
EASYMAX 15 TEST	E	QL	ONETOUCH DELICA PLUS LANCETS	1	
EASYMAX NG BLOOD GLUCOSE	E		ONETOUCH ULTRA 2 KIT W/DEVICE	E	
EASYMAX V BLOOD GLUCOSE	E		ONETOUCH ULTRA MINI KIT W/DEVICE	E	
ENLITE GLUCOSE SENSOR	3	PA	ONETOUCH ULTRA TEST STRIPS	1	QL
EQ BLOOD GLUCOSE TEST	E	QL	ONETOUCH ULTRALINK	E	
EXACTECH R-S-G TEST	E	QL	ONETOUCH ULTRASOFT LANCETS	1	
EXACTECH TEST	E	QL	ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	E	
FORTISCARE G1 TEST STRIP	E	QL	ONETOUCH VERIO IQ SYSTEM	E	
FORTISCARE T1 GLUCOSE SYSTEM	E		ONETOUCH VERIO KIT W/DEVICE	E	
FORTISCARE TEST	E	QL	ONETOUCH VERIO REFLECT	E	
FREESTYLE LIBRE 14 DAY READER	3	PA	ONETOUCH VERIO SYNC SYSTEM	E	
FREESTYLE LIBRE 14 DAY SENSOR	3	PA	ONETOUCH VERIO TEST STRIPS	1	QL
FREESTYLE LIBRE 2 READER	3	PA	OPTIUM BLOOD GLUCOSE MONITOR	E	
FREESTYLE LIBRE 2 SENSOR	3	PA	OPTIUM GLUCOSE MONITOR SYSTEM	E	
FREESTYLE LIBRE READER	3	PA, QL	OPTIUM TEST	E	QL
FREESTYLE LIBRE SENSOR SYSTEM	3	PA	OPTIUMEZ TEST	E	QL
FREESTYLE PRECISION NEO SYSTEM	E		PARADIGM REAL-TIME TRANSMITTER	E	
FREESTYLE PRECISION NEO TEST	E	QL	PRECISION LINK	E	
GUARDIAN LINK 3 TRANSMITTER	E		PRECISION PCX	E	QL
GUARDIAN REAL-TIME REPLACE PED	3	PA	PRECISION PCX PLUS TEST	E	QL
GUARDIAN SENSOR (3)	3	PA	PRECISION POINT OF CARE TEST	E	QL
IN TOUCH	1		PRECISION QID MONITOR	E	
INSULIN PEN NEEDLES	2		PRECISION QID TEST	E	QL
KROGER BLOOD GLUCOSE KIT	E		PRECISION SOF-TACT MONITOR	E	
KROGER TEST	E	QL	PRECISION SOF-TACT TEST	E	QL
MICRODOT TEST	E	QL	PRECISION XTRA	E	
MINILINK REAL-TIME TRANSMITTER	E		PRECISION XTRA BLOOD GLUCOSE	E	QL
MM EASY TOUCH GLUCOSE METER	E		PRECISION XTRA MONITOR	E	
NEUTEK 2TEK TEST	E	QL	PREMIUM BLOOD GLUCOSE TEST	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE	2		QUINTET AC BLOOD GLUCOSE	E	
NOVOFINE PEN NEEDLE	2		QUINTET AC BLOOD GLUCOSE TEST	E	QL
NOVOFINE PLUS PEN NEEDLE	2		QUINTET BLOOD GLUCOSE SYSTEM	E	
NOVOTWIST	2		QUINTET BLOOD GLUCOSE TEST	E	QL

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Drug Name	Drug Tier	Requirements & Limits
RELION 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
ULTIMA	E	
UNISTRIP1 GENERIC	E	QL
Diabetes - Insulin		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
AFREZZA	E	PA, QL
BASAGLAR KWIKPEN	E	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG SUBCUTANEOUS SOLUTION	1	QL
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMALOG VIAL	1	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL

Drug Name	Drug Tier	Requirements & Limits
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	1	QL
HUMULIN R VIAL	1	QL
INSULIN ASPART	E	ST, QL
INSULIN ASPART FLEXPEN	E	ST, QL
INSULIN ASPART PENFILL	E	ST, QL
INSULIN LISPRO	E	QL
INSULIN LISPRO (1 UNIT DIAL)	E	QL
INSULIN LISPRO JUNIOR KWIKPEN	E	QL
INSULIN LISPRO PROT & LISPRO	E	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LEVEMIR U-100 FLEXTOUCH	E	QL
LEVEMIR U-100 VIAL	E	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV VIAL	1	QL
NOVOLIN 70/30 FLEXPEN	E	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL
NOVOLIN 70/30 RELION	E	ST, QL
NOVOLIN 70/30 VIAL	E	ST, QL
NOVOLIN N FLEXPEN	E	ST, QL
NOVOLIN N FLEXPEN RELION	E	ST, QL
NOVOLIN N RELION	E	ST, QL
NOVOLIN N VIAL	E	ST, QL
NOVOLIN R FLEXPEN	E	ST, QL
NOVOLIN R FLEXPEN RELION	E	ST, QL
NOVOLIN R RELION	E	ST, QL
NOVOLIN R VIAL	E	ST, QL
NOVOLOG FLEXPEN	E	ST, QL
NOVOLOG FLEXPEN RELION	E	ST, QL
NOVOLOG PENFILL	E	ST, QL
NOVOLOG RELION	E	ST, QL
NOVOLOG U-100 VIAL	E	ST, QL
SEMGLEE	E	QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
TRESIBA	E	QL
TRESIBA FLEXTOUCH	E	QL

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Drug Name	Drug Tier	Requirements & Limits
Diabetes - Non-Insulin Agents		
ACTOS	E	QL
ADLYXIN	4	PA, ST, QL
ADLYXIN STARTER PACK	4	PA, ST, QL
ALOGLIPTIN BENZOATE	E	QL
ALOGLIPTIN-METFORMIN HCL	E	QL
ALOGLIPTIN-PIOGLITAZONE	E	QL
AMARYL	E	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE AUTOINJECTOR	2	PA, ST, QL
BYETTA 10 MCG PEN	2	PA, ST, QL
BYETTA 5 MCG PEN	2	PA, ST, QL
FARXIGA	E	ST, QL
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	E	(Eli Lilly), QL
glucagon emergency kit 1 mg injection 1 mg	2	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	2	(Fresenius), QL
GLUCOTROL XL	4	
GLUMETZA	E	PA
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST, QL
GVOKE HYPOPEN 1-PACK	E	QL
GVOKE HYPOPEN 2-PACK	E	QL
GVOKE PFS	E	QL
JANUVIA	E	ST, QL
JARDIANCE	2	ST, QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KAZANO	2	QL
KOMBIGLYZE XR	2	QL
metformin hcl er	1	
metformin hcl er (mod)	E	PA
metformin hcl er (osm)	E	PA

Drug Name	Drug Tier	Requirements & Limits
metformin hcl oral solution	3	
metformin hcl oral tablet	1	
NESINA	2	QL
ONGLYZA	2	QL
OSENI	2	QL
OZEMPIC	2	PA, ST, QL
pioglitazone hcl	1	QL
RIOMET	E	
RYBELSUS	2	PA, ST, QL
SOLIQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, ST, (2 Pak), QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, ST, (3 Pak), QL
ZEGALOGUE	2	QL
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	4	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	4	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	4	PA, SP
ALPHANATE	2	SP
ARANESP (ALBUMIN FREE)	2	QL, SP
DOPTELET	4	PA, QL, SP
ELOCTATE	4	PA, SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
JIVI	4	PA, SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
MULPLETA	2	PA, QL, SP	klor-con m15	3	
NEULASTA	3		klor-con m20	1	
NOVOEIGHT	2	SP	K-TAB	3	
NUWIQ	2	SP	LOKELMA	3	PA, QL
RECOMBINATE	2	SP	multi-vitamin/fluoride	1	
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP	multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2		MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
TAVALISSE	4	PA, QL, SP	multivitamin/fluoride tablet chewable 0.5 mg oral	1	
WILATE	2		MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL	3	
ZARXIO	2		multivitamin/fluoride tablet chewable 1 mg oral	1	
ZIEXTENZO	3	SP	MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL	3	
Drugs for Sexual Dysfunction			NASCOBAL	3	
ADDYI	4	PA, QL	POLY-VI-FLOR	3	
CIALIS	E	QL	potassium chloride crys er oral tablet extended release 10 meq, 20 meq	1	
IMVEXXY MAINTENANCE PACK	2	QL	potassium chloride crys er oral tablet extended release 15 meq	3	
IMVEXXY STARTER PACK	2	QL	potassium chloride er	1	
INTRAROSA	4	PA, QL	potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
OSPHENA	3	PA, QL	potassium citrate er	1	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2		PRENA1 PEARL	3	
STENDRA	4	PA	QUFLORA GUMMIES	E	
tadalafil oral tablet 10 mg, 20 mg	2		QUFLORA PEDIATRIC	3	
tadalafil oral tablet 2.5 mg, 5 mg	2	ST	UROCIT-K 10	4	
VIAGRA	E		UROCIT-K 15	4	
VYLEESI	4	PA, QL	UROCIT-K 5	4	
Electrolytes / Vitamins			VELTASSA	3	PA, QL
cyanocobalamin injection solution 1000 mcg/ml	1		vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3		VITAPEARL	3	
DRISDOL	4		Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ERGOCAL	3		ACIPHEX	E	QL
ergocalciferol oral capsule	1		ACIPHEX SPRINKLE	E	QL
FLORIVA PLUS	3		CARAFATE	E	
folic acid injection	E		CYTOTEC	4	
folic acid oral tablet 1 mg	1				
klor-con	1				
klor-con 10	1				
klor-con m10	1				

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Drug Name	Drug Tier	Requirements & Limits
DEXILANT	E	QL
FIRST-OMEPRAZOLE	3	PA
GIALAX	E	
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
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
ANASPAZ	2	
CLENPIQ	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ED-SPAZ	3	
gavilyte-c	1	H
gavilyte-g	1	QL, H
GOLYTELY	4	QL
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
LEVBID	4	
LEVSIN ORAL	4	
LEVSIN/SL	4	
LINZESS	2	PA, QL
LOMOTIL	4	
MOTEGRITY	3	PA, QL
MOVIPREP	3	QL

Drug Name	Drug Tier	Requirements & Limits
NULEV	4	
oscimin	1	
oscimin sr	1	
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
RELTONE	E	
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
TRULANCE	E	PA, ST, QL
URSO 250	E	
URSO FORTE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	4	PA, QL
XIFAXAN	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	4	PA, QL
nitisinone	E	PA, SP
NITYR	E	PA, SP
ORFADIN	2	PA, SP
PANCREAZE	3	ST
penicillamine oral capsule	E	SP
penicillamine oral tablet	2	SP
PERTZYE	4	ST
STRENSIQ	2	PA, QL, SP
SYPRINE	E	PA, SP
TEGSEDI	2	PA, QL, SP
trientine hcl	3	PA, SP
VIOKACE	4	ST
ZENPEP	2	

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Drug Name	Drug Tier	Requirements & Limits
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
DITROPAN XL	E	
GELNIQUE	E	
oxybutynin chloride er	2	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
THIOLA	4	SP
THIOLA EC	3	SP
TOVIAZ	E	
VELPHORO	2	

Genitourinary Agents - Drugs for Prostate Conditions		
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	2	
aurovela 1/20	2	
aurovela 24 fe	3	
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H

Drug Name	Drug Tier	Requirements & Limits
AYGESTIN	4	
ayuna	1	H
azurette	2	
balziva	2	
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	3	
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	2	
camila	1	H
camrese	3	
camrese lo	3	
charlotte 24 fe	E	
chateal	1	H
chateal eq	1	H
CLIMARA	E	QL
CLIMARA PRO	3	QL
cryselle-28	1	H
cyclafem 1/35	1	H
cyred	1	H
cyred eq	1	H
dasetta 1/35	1	H
daysee	3	
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	4	QL
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
DEPO-SUBQ PROVERA 104	2	QL
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2	
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL	3	
dotti	E	QL
drospiren-eth estrad-levomefol	E	
drospirenone-ethinyl estradiol	3	
DUAVEE	3	QL
ELESTRIN	3	

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Drug Name	Drug Tier	Requirements & Limits
elinest	1	H
eluryng	E	
emoquette	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	E	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	E	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	E	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	E	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	E	(generic for Vivelle-Dot), QL
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal cream	3	
estradiol vaginal tablet	2	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	E	
EVAMIST	2	
falmina	1	H
fayosim	E	
femynor	1	H
FIRST-PROGESTERONE VGS	E	
gemmily	E	
hailey 1.5/30	2	
hailey 24 fe	3	
hailey fe 1.5/30	1	H

Drug Name	Drug Tier	Requirements & Limits
hailey fe 1/20	1	H
heather	1	H
iclevia	2	H
incassia	1	H
introvale	2	H
isibloom	1	H
jaimiess	3	
jasmiel	3	
jencycla	1	H
jolessa	2	H
juleber	1	H
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	3	
kalliga	1	H
kariva	2	
kurvelo	1	H
larin 1.5/30	2	
larin 1/20	2	
larin 24 fe	3	
larin fe 1.5/30	1	H
larin fe 1/20	1	H
larissia	1	H
lessina	1	H
levonorgest-eth est & eth est	E	
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	3	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levora 0.15/30 (28)	1	H
lillow	1	H
LO LOESTRIN FE	3	
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	

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Drug Name	Drug Tier	Requirements & Limits
lojaimiess	3	
loryna	3	
LOSEASONIQUE	4	
low-ogestrel	1	H
lo-zumandimine	3	
lutura	1	H
lyleq	1	H
lyllana	E	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular suspension	1	QL, H
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	H
medroxyprogesterone acetate oral	1	
MENOSTAR	3	QL
merzee	E	
mibelas 24 fe	E	
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin 24 fe	3	
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
MINASTRIN 24 FE	E	
MINIVELLE	E	QL
MIRCETTE	E	
mono-lynyah	1	H
NATAZIA	2	
necon 0.5/35 (28)	1	H
nikki	3	
nora-be	1	H
norethin ace-eth estrad-fe oral capsule	E	
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	E	
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	2	
norethindrone oral	1	H

Drug Name	Drug Tier	Requirements & Limits
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyda	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
NUVARING	1	H
nymyo	1	H
ocella	3	
orsythia	1	H
philith	2	
pimtrea	2	
pirmella 1/35	1	H
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
previfem	1	H
PROVERA	4	
QUARTETTE	E	
reclipsen	1	H
rivelsa	E	
SAFYRAL	E	
SEASONIQUE	E	
setlakin	2	H
sharobel	1	H
simliya	2	
simpesse	3	
sprintec 28	1	H
sronyx	1	H
syeda	3	
tarina 24 fe	3	
tarina fe 1/20	1	H
tarina fe 1/20 eq	1	H
taysofy	E	

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Drug Name	Drug Tier	Requirements & Limits
TAYTULLA	E	
tri femynor	1	H
tri-estarylla	1	H
tri-linyah	1	H
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	1	H
tri-nymyo	1	H
tri-previfem	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
tulana	1	H
tyblume	1	H
tydemy	E	
VAGIFEM	E	
vestura	3	
vienva	1	H
viorele	2	
VIVELLE-DOT	2	QL
volnea	2	
vyfemla	2	
vylibra	1	H
wera	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvafem	2	
zafemy	3	H
zarah	3	
zumandimine	3	
Hormonal Agents - Oral Steroids		
ALKINDI SPRINKLE	E	PA
CORTEF	4	
DECADRON	E	
DEXABLISS	E	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	

Drug Name	Drug Tier	Requirements & Limits
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DXEVO 11-DAY	E	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	4	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET 32 MG	3	
MEDROL ORAL TABLET THERAPY PACK	4	
methylprednisolone oral	1	
MILLIPRED	2	
ORAPRED ODT	4	
PEDIAPRED	2	
prednisolone oral solution 15 mg/5 mL	1	QL
prednisone intensol	1	
prednisone oral	1	
RAYOS	E	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	4	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
ZCORT 7-DAY	E	
Hormonal Agents - Other		
cabergoline	2	
DDAVP	E	
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
MYFEMBREE	2	PA, QL
NOCDURNA	3	PA, QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
NORDITROPIN FLEXPPO	E	PA, QL, SP	NATURE-THROID	3	
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP	np thyroid	1	
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP	SYNTHROID	E	
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP	THYQUIDITY	E	PA
OMNITROPE	E	PA, QL, SP	TIROSINT	E	
ORIAHNN	2	PA, QL	TIROSINT-SOL	2	PA
ORLISSA	2	PA, QL	unithroid	1	
SOMATULINE DEPOT	4	SP	WESTHROID	3	
STIMATE	3		WP THYROID	3	
ZOMACTON	E	PA, QL, SP	Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ZOMACTON (FOR ZOMA-JET 10)	E	PA, QL, SP	ACTEMRA ACTPEN	3	PA, ST, QL, SP
Hormonal Agents - Testosterone Replacement			ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ANDRODERM	2	PA, QL	ASTAGRAF XL	E	
ANDROGEL	E	PA, QL	AZASAN	4	
ANDROGEL PUMP	E	PA, QL	azathioprine oral solution, oral tablet 50 mg	1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3		azathioprine oral tablet 75 mg, 100 mg	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4		BERINERT	4	PA, ST, QL, SP
FORTESTA	E	PA, QL	CELLCEPT	E	
NATESTO	E	PA, QL	CIMZIA	E	PA
TESTIM	2	PA, QL	CIMZIA PREFILLED KIT	2	PA, QL, SP
TESTOSTERONE CYPIONATE INJECTION	E		CIMZIA STARTER KIT	2	PA, QL, SP
testosterone cypionate intramuscular	1		CINRYZE	E	PA, QL, SP
testosterone transdermal	E	PA, QL	COSENTYX (300 MG DOSE)	3	PA, ST, QL, SP
VOGELXO	E	PA, QL	COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	PA, ST, QL, SP
VOGELXO PUMP	E	PA, QL	COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	3	PA, ST, QL, SP
Hormonal Agents - Thyroid			COSENTYX SENSOREADY (300 MG)	3	PA, ST, QL, SP
ARMOUR THYROID	3		COSENTYX SENSOREADY PEN	3	PA, ST, QL, SP
CYTOMEL	E		cyclosporine modified	1	
euthyrox	1		EMPAVELI	2	PA, QL, SP
levo-t	1		ENBREL MINI	4	PA, ST, QL, SP
LEVOTHYROXINE SODIUM ORAL CAPSULE	E		ENBREL SUBCUTANEOUS SOLUTION	4	PA, ST, QL, SP
levothyroxine sodium oral tablet	1		ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA, ST, QL, SP
levoxyl	2				
liothyronine sodium oral	2				
methimazole oral	1				

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Drug Name	Drug Tier	Requirements & Limits
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA, ST, QL, SP
ENBREL SURECLICK	4	PA, ST, QL, SP
ENVARUSUS XR	E	
FIRAZYR	2	PA, QL, SP
gengraf	1	
HAEGARDA	2	PA, QL, SP
HUMIRA	2	PA, QL, SP
HUMIRA PEDIATRIC CROHNS START	2	PA, QL, SP
HUMIRA PEN	2	PA, QL, SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA, QL, SP
HUMIRA PEN-PEDIATRIC UC START	2	PA, QL, SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA, QL, SP
HUMIRA PEN-PSOR/UEIT STARTER	2	PA, QL, SP
icatibant acetate	E	PA, QL, SP
IMURAN	E	
MAYZENT STARTER PACK	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	2	PA, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
OTEZLA	2	PA, QL, SP
OTREXUP	E	QL
PROGRAF ORAL CAPSULE	4	
PROGRAF ORAL PACKET	4	PA
RAPAMUNE ORAL SOLUTION	4	
RAPAMUNE ORAL TABLET	E	
RASUVO	2	QL
REDITREX	E	QL
RINVOQ	2	PA, QL, SP
RUCONEST	4	PA, QL, SP
sajazir	E	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
SIMPONI	2	PA, QL, SP
sirolimus oral solution	2	
sirolimus oral tablet	1	
SKYRIZI	2	PA, QL, SP
SKYRIZI (150 MG DOSE)	2	PA, QL, SP
SKYRIZI PEN	2	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION	2	PA, SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO	2	PA, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	
XELJANZ	2	PA, ST, QL, SP
XELJANZ XR	2	PA, ST, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, ST, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, ST, QL, SP
XOLAIR	4	PA, QL, SP
Infertility Agents		
chorionic gonadotropin intramuscular	4	SP
CRINONE	4	ST
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	4	(Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(Merck/ Organon), QL, SP
novarel intramuscular solution reconstituted 10000 unit	3	SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	3	SP
OVIDREL	4	SP
pregnyl	1	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	4	

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Drug Name	Drug Tier	Requirements & Limits
ANALPRAM HC SINGLES	4	
ANALPRAM-HC EXTERNAL CREAM	4	
ANALPRAM-HC EXTERNAL LOTION	3	
APRISO	2	
ASACOL HD	E	
AZULFIDINE	4	
AZULFIDINE EN-TABS	4	
budesonide er	E	
budesonide oral	2	
CANASA	E	
CORTIFOAM	2	
DELZICOL	E	
DIPENTUM	3	
ENTOCORT EC	E	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	2	
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	2	QL
ORTIKOS	E	
PENTASA	E	
PROCORT	E	
PROCTOFOAM HC	2	
SFROWASA	4	
sulfasalazine oral	1	
UCERIS ORAL	3	
UCERIS RECTAL	2	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium	1	
BINOSTO	E	QL
BONIVA	E	
calcitriol oral	1	
FORTEO	E	PA, ST, SP
FOSAMAX	4	
ibandronate sodium oral	2	

Drug Name	Drug Tier	Requirements & Limits
RAYALDEE	E	
ROCALTROL	4	
TERIPARATIDE (RECOMBINANT)	3	PA, SP
TYMLOS	3	PA, SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	4	
ACULAR LS	4	
ACUVAIL	E	
ALREX	4	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
CILOXAN OPHTHALMIC OINTMENT	3	
CILOXAN OPHTHALMIC SOLUTION	4	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	E	QL
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
KLARITY-L	E	
LASTACFT	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	4	
MOXEZA	4	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic solution	3	
MOXIFLOXACIN HCL OPHTHALMIC SOLUTION PREFILLED SYRINGE	E	

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Drug Name	Drug Tier	Requirements & Limits
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	
olopatadine hcl ophthalmic solution 0.2 %	E	
polymyxin b-trimethoprim	1	
POLYTRIM	4	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
prednisolone acetate p-f	E	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION	4	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
TOBREX OPHTHALMIC OINTMENT	3	QL
TOBREX OPHTHALMIC SOLUTION	4	QL
VIGAMOX	E	
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
AZOPT	E	QL
BETIMOL	2	QL
bimatoprost ophthalmic	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brinzolamide	2	QL
COMBIGAN	2	QL

Drug Name	Drug Tier	Requirements & Limits
COSOPT	4	
COSOPT PF	E	QL
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	4	
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	4	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %	2	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 %	4	
TIMOPTIC-XE	4	
TRAVATAN Z	E	QL
travoprost (bak free)	E	QL
VYZULTA	E	ST, QL
XALATAN	E	
XELPROS	3	QL
ZIOPTAN	3	ST, QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
CEQUA	E	PA, QL
CYCLOSPORINE IN KLARITY	E	PA
FLAREX	2	
RESTASIS	4	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
XIIDRA	4	PA, QL
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	3	
ciprofloxacin-dexamethasone	E	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	E	QL
epinephrine injection solution auto-injector 0.15 mg/0.15ml	E	(generic for Adrenaclick), QL

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Drug Name	Drug Tier	Requirements & Limits
epinephrine solution auto-injector 0.15 mg/0.3ml injection	E	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	2	(generic for EpiPen), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	E	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	E	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	2	(generic for EpiPen), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	E	QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
SYMJEPI	2	QL

Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl nasal solution 0.15 %	E	
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
cyproheptadine hcl oral	1	
fluticasone propionate nasal	2	QL
hydrocodone polst-chlorphen 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	
TUSSICAPS	3	PA, QL
XHANCE	E	QL
ZETONNA	3	QL

Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
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	(ProAir HFA or Proventil HFA), QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(Ventolin HFA), QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	E	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
albuterol sulfate oral syrup	1	
albuterol sulfate oral tablet	3	PA
ALVESCO	E	QL
ANORO ELLIPTA	3	QL
ARCAPTA NEOHALER	3	
ARMONAIR DIGIHALER	E	QL
ARNUITY ELLIPTA	1	QL
ASMANEX (120 METERED DOSES)	E	QL
ASMANEX (14 METERED DOSES)	E	QL
ASMANEX (30 METERED DOSES)	E	QL
ASMANEX (60 METERED DOSES)	E	QL
ASMANEX (7 METERED DOSES)	E	QL
ASMANEX HFA	E	QL
ATROVENT HFA	3	QL

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Drug Name	Drug Tier	Requirements & Limits
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	2	QL
BUDESONIDE-FORMOTEROL FUMARATE	E	QL, RS
COMBIVENT RESPIMAT	3	QL
EASIVENT	3	
EASIVENT MASK LARGE	3	
EASIVENT MASK MEDIUM	3	
EASIVENT MASK SMALL	3	
FASENRA	E	PA, QL
FASENRA PEN	4	PA, QL
FLEXICHAMBER	3	
FLOVENT DISKUS	1	QL
FLOVENT HFA	1	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	E	QL, RS
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL
INCRUSE ELLIPTA	E	QL
INSPIRACHAMBER/LARGE	3	
INSPIRACHAMBER/MEDIUM	3	
INSPIRACHAMBER/MOUTHPIECE	3	
INSPIRACHAMBER/SMALL	3	
INSPIREASE	3	
ipratropium-albuterol	2	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
montelukast sodium oral packet	2	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA, QL, SP
PERFOROMIST	4	QL

Drug Name	Drug Tier	Requirements & Limits
PROAIR DIGIHALER	E	QL
PROAIR HFA	E	QL
PROAIR RESPICLICK	E	QL
PROVENTIL HFA	E	QL
PULMICORT FLEXHALER	1	QL
PULMICORT SUSPENSION	E	QL
QVAR REDIHALER	E	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	E	QL, RS
XOPENEX HFA	3	QL
YUPELRI	4	PA, QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
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 NEBULIZER	E	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	2	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	2	PA, QL, SP
bosentan	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
TRACLEER	2	PA, QL, SP
TYVASO	2	PA, SP
TYVASO REFILL	2	PA, SP
TYVASO STARTER	2	PA, SP

Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
AMRIX	E	
baclofen oral	1	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl er	E	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
metaxalone	3	
methocarbamol oral	1	
OZOBAX	4	PA
SKELAXIN	E	
SOMA	E	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
VANADOM	E	
ZANAFLEX	4	

Sleep Disorder Agents		
AMBIEN	E	QL
AMBIEN CR	E	QL
BELSOMRA	4	ST, QL
DAYVIGO	4	ST, QL
EDLUAR	E	QL
eszopiclone	2	QL
LUNESTA	E	QL
modafinil	2	PA, QL
PROVIGIL	E	PA, QL
RESTORIL	4	

Drug Name	Drug Tier	Requirements & Limits
SUNOSI	3	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYREM	4	PA, QL, SP
XYWAV	4	PA, QL, SP
zolpidem tartrate er	3	QL
zolpidem tartrate oral	1	QL
zolpidem tartrate sublingual	E	QL
ZOLPIMIST	4	ST, QL

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ABILIFY MYCITE	15	ACZONE EXTERNAL GEL 5 %	20	ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	37
ABILIFY MYCITE MAINTENANCE KIT	15	ACZONE EXTERNAL GEL 7.5 %	20	albuterol sulfate oral syrup	37
ABILIFY MYCITE STARTER KIT ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 5 MG	15	ADDERALL	19	albuterol sulfate oral tablet	37
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desonide external ointment	21	DIPENTUM	35	duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	12
DESOWEN	21	diphenoxylate-atropine	28	duloxetine hcl oral capsule delayed release particles 40 mg	12
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dexamethasone oral elixir	32	divalproex sodium oral capsule delayed release sprinkle	11		
dexamethasone oral solution	32	divalproex sodium oral tablet delayed release	11		
dexamethasone oral tablet	32	DIVIGEL	29		
dexamethasone oral tablet therapy pack	32	donepezil hcl oral tablet 10 mg, 5 mg	12		
DEXCOM G4 / G5 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	23	donepezil hcl oral tablet 23 mg	12		
DEXCOM G6 RECEIVER, TRANSMITTER, SENSOR	23	donepezil hcl oral tablet dispersible	12		
DEXEDRINE	19	DOPTelet	26		
DEXILANT	28	DORYX	10		
dexmethylphenidate hcl	19	DORYX MPC	10		
dexmethylphenidate hcl er	19	dorzolamide hcl-timolol mal	36		
dextroamphetamine sulfate er	19	dorzolamide hcl-timolol mal pf	36		
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DIASTAT PEDIATRIC	11	doxepin hcl oral capsule	12		
diazepam intensol	16	doxepin hcl oral concentrate	12		
diazepam oral	16	doxycycline hyclate oral capsule	10		
diazepam rectal	11	doxycycline hyclate oral tablet 100 mg	10		
DICLEGIS	13	doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	10		
diclofenac potassium oral tablet 25 mg	9	doxycycline hyclate oral tablet 20 mg	10		
diclofenac potassium oral tablet 50 mg	9	doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	10		
diclofenac sodium er	9	DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	10		
diclofenac sodium external gel 1 %	9	doxycycline monohydrate oral capsule 100 mg, 50 mg	10		
diclofenac sodium external solution	9	doxycycline monohydrate oral capsule 150 mg, 75 mg	11		
diclofenac sodium oral	9	doxycycline monohydrate oral suspension reconstituted	11		
DICLOFONO	9	doxycycline monohydrate oral tablet	11		
dicyclomine hcl oral	28	doxylamine-pyridoxine	13		
DIFICID	10	DRISDOL	27		
DIFLUCAN	13	DRIZALMA SPRINKLE	12		
DILAUDID ORAL	8				
dilt-xr	17				
diltiazem hcl er	17				
diltiazem hcl er coated beads	17				

E

EASIVENT	38
EASIVENT MASK LARGE	38
EASIVENT MASK MEDIUM	38
EASIVENT MASK SMALL	38
EASY TOUCH TEST	23
EASYMAX 15 TEST	24
EASYMAX NG BLOOD GLUCOSE	24
EASYMAX V BLOOD GLUCOSE	24
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	9
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	9
ec-naproxen	9
ED-SPAZ	28
EDARBI	17
EDARBYCLOR	17
EDLUAR	39
efavirenz-emtricitab-tenofovir	15
efavirenz-lamivudine-tenofovir	15
EFFEXOR XR	12
EFUDEX	21
EHA	8
ELEPSIA XR	11
ELESTRIN	29
eletriptan hydrobromide	14
elinest	30
ELIQUIS	11
ELIQUIS DVT/PE STARTER PACK	11
ELOCTATE	26
eluryng	30
EMGALITY	14
EMGALITY (300 MG DOSE)	14
emoquette	30
EMPAVELI	33
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	15



emtricitabine-tenofovir df oral tablet 200-300 mg	15	estradiol patch twice weekly 0.025 mg/24hr transdermal	30	fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr.	8
enalapril maleate oral solution	17	estradiol patch twice weekly 0.0375 mg/24hr transdermal	30	fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	8
enalapril maleate oral tablet	17	estradiol patch twice weekly 0.05 mg/24hr transdermal	30	FEXMID.	39
ENBREL MINI.	33	estradiol patch twice weekly 0.075 mg/24hr transdermal	30	FINACEA	21
ENBREL SUBCUTANEOUS SOLUTION	33, 34	estradiol patch twice weekly 0.1 mg/24hr transdermal	30	finasteride oral tablet 5 mg.	29
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.	33	estradiol transdermal patch weekly.	30	FIORICET	8
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED.	34	estradiol vaginal cream.	30	FIRAZYR	34
ENBREL SURECLICK	34	estradiol vaginal tablet	30	FIRST-OMEPRAZOLE.	28
ENDARI.	28	ESTRING	30	FIRST-PROGESTERONE VGS.	30
endocet	8	ESTROGEL	30	FLAGYL	11
ENDOMETRIN	34	eszopiclone	39	FLAREX	36
ENLITE GLUCOSE SENSOR	24	etodolac	9	flecainide acetate	17
ENOVARX-DICLOFENAC SODIUM	9	etodolac er.	9	FLEXICHAMBER	38
enoxaparin sodium	11	etonogestrel-ethinyl estradiol.	30	FLOLIPID	17
enskyce	30	EUCRISA	21	FLOMAX.	29
ENSTILAR	21	EUFLEXXA.	8	FLORIVA PLUS	27
entecavir.	15	euthyrox	33	FLOVENT DISKUS.	38
ENTOCORT EC	35	EVAMIST	30	FLOVENT HFA.	38
ENVARUSUS XR	34	EVOCLIN	21	fluconazole oral.	13
EPANED	17	EXACTECH R-S-G TEST	24	fluocinolone acetonide body	21
EPCLUSA ORAL PACKET	15	EXACTECH TEST	24	fluocinolone acetonide external cream	21
EPCLUSA ORAL TABLET 200-50 MG.	15	EXFORGE.	17	fluocinolone acetonide external ointment.	21
EPCLUSA ORAL TABLET 400-100 MG.	15	EXSERVAN.	20	fluocinolone acetonide external solution.	21
epinephrine injection solution auto- injector 0.15 mg/0.15ml.	36	EXTAVIA.	19	fluocinolone acetonide external scalp.	21
epinephrine solution auto-injector 0.15 mg/0.3ml injection.	37	EXTINA.	13	fluocinonide external cream 0.05 %	21
epinephrine solution auto-injector 0.3 mg/0.3ml injection	37	EYSUVIS.	35	fluocinonide external cream 0.1 %	21
EPIPEN 2-PAK	37	EZALLOR SPRINKLE	17	fluocinonide external gel	21
EPIPEN JR 2-PAK	37	ezetimibe	17	fluocinonide external ointment.	21
epitol.	11	ezetimibe-simvastatin	17	fluocinonide external solution	21
EQ BLOOD GLUCOSE TEST	24	F		FLUORIDEX	20
ERGOCAL	27	falmina	30	FLUORIDEX ENHANCED WHITENING	20
ergocalciferol oral capsule.	27	FARXIGA	26	FLUOROPLEX	21
ERIVEDGE	14	FASENRA.	38	FLUOROURACIL EXTERNAL CREAM 0.5 %	22
ERLEADA.	14	FASENRA PEN.	38	fluorouracil external cream 5 %	22
errin.	30	fayosim	30	fluorouracil external solution	14
erythromycin ophthalmic	35	febuxostat	13	fluoxetine hcl oral capsule	12
escitalopram oxalate oral solution.	12	FEMARA.	14	fluoxetine hcl oral capsule delayed release	12
escitalopram oxalate oral tablet.	12	femynor.	30, 32	fluoxetine hcl oral solution	12
ESGIC.	8	fenofibrate oral capsule 150 mg, 50 mg	17	fluoxetine hcl oral tablet 10 mg	12
estarylla	30	fenofibrate oral tablet 120 mg, 40 mg, 48 mg.	17	fluoxetine hcl oral tablet 20 mg	12
ESTRACE.	30	fenofibrate oral tablet 145 mg, 160 mg, 54 mg.	17	fluoxetine hcl oral tablet 60 mg	12
estradiol oral	29, 30	FENOGLIDE	17		



fluticasone propionate nasal	37	gemfibrozil oral	17	HIDEX 6-DAY	32	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/ dose, 500-50 mcg/dose	38	gemmily	30	HUMALOG KWIKPEN	25	
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	38	GEN7T	8	HUMALOG MIX 50/50 KWIKPEN . . .	25	
fluvoxamine maleate	12	gengraf	34	HUMALOG MIX 50/50 VIAL	25	
fluvoxamine maleate er	12	GENOTROPIN	32	HUMALOG MIX 75/25 KWIKPEN . . .	25	
FOCALIN	19	GENOTROPIN MINIQUICK	32	HUMALOG MIX 75/25 VIAL	25	
FOCALIN XR	19	GENVOYA	15	HUMALOG SUBCUTANEOUS SOLUTION	25	
folic acid injection	27	GEODON ORAL	15	HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	25	
folic acid oral tablet 1 mg	27	GIALAX	28	HUMALOG U-100 JUNIOR KWIKPEN	25	
FOLLISTIM AQ	34	GILENYA	19	HUMALOG VIAL	25	
FORFIVO XL	12	GIMOTI	13	HUMATE-P	26	
FORTEO	35	glatiramer acetate	19	HUMATROPE	32	
FORTESTA	33	glatopa	19	HUMIRA	34	
FORTISCARE G1 TEST STRIP	24	glimepiride	26	HUMIRA PEDIATRIC CROHNS START	34	
FORTISCARE T1 GLUCOSE SYSTEM	24	glipizide er	26	HUMIRA PEN	34	
FORTISCARE TEST	24	glipizide ir	26	HUMIRA PEN-CD/UC/HS STARTER	34	
FOSAMAX	35	glipizide xl	26	HUMIRA PEN-PEDIATRIC UC START	34	
FREESTYLE LIBRE 14 DAY READER	24	GLOPERBA	13	HUMIRA PEN-PS/UV/ADOL HS START	34	
FREESTYLE LIBRE 14 DAY SENSOR	24	GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	26	HUMIRA PEN-PSOR/UEIT STARTER	34	
FREESTYLE LIBRE 2 READER	24	GLUCOTROL XL	26	HUMULIN 70/30 KWIKPEN	25	
FREESTYLE LIBRE 2 SENSOR	24	GLUMETZA	26	HUMULIN 70/30 VIAL	25	
FREESTYLE LIBRE READER	24	glyburide oral	26	HUMULIN N KWIKPEN	25	
FREESTYLE LIBRE SENSOR SYSTEM	24	glyburide-metformin	26	HUMULIN N VIAL	25	
FREESTYLE PRECISION NEO SYSTEM	24	GLYXAMBI	26	HUMULIN R U-500 KWIKPEN	25	
FREESTYLE PRECISION NEO TEST	24	GOLYTELY	28	HUMULIN R U-500 VIAL	25	
furosemide oral	17	guanfacine hcl	17, 19	HUMULIN R VIAL	25	
		guanfacine hcl er	19	HYALGAN	8	
		GUARDIAN LINK 3 TRANSMITTER . .	24	hydralazine hcl oral	17	
		GUARDIAN REAL-TIME REPLACE PED	24	hydrochlorothiazide oral	17	
		GUARDIAN SENSOR (3)	24	hydrocodone bitartrate er oral capsule extended release 12 hour . . .	8	
		GVOKE HYOPEN 1-PACK	26	hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	8	
		GVOKE HYOPEN 2-PACK	26	hydrocodone polst-chlorphen polst er susp	37	
		GVOKE PFS	26	hydrocodone-acetaminophen oral solution 10-325 mg/15ml	8	
		GYNAZOLE-1	13	hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	8	
		H			hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	8
G		HAEGARDA	34	hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	8	
gabapentin oral capsule	11	hailey 1.5/30	30			
gabapentin oral solution 250 mg/5ml	11	hailey 24 fe	30			
gabapentin oral tablet	11	hailey fe 1/20	30			
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	34	hailey fe 1.5/30	30			
gavilyte-c	28	HALCION	16			
gavilyte-g	28	HARVONI ORAL PACKET	15			
GAVRETO	14	HARVONI ORAL TABLET	15			
GELNIQUE	29	heather	30			
GELSYN-3	8	HEMADY	32			
		HEMANGEOL	17			
		HEMOPIL M	26			



KOSELUGO	14	levo-t	33	LOESTRIN 1.5/30 (21)	30
KOVALTRY	26	levocetirizine dihydrochloride oral solution	37	LOESTRIN FE 1/20	30
KRINTAFEL	14	levocetirizine dihydrochloride oral tablet	37	LOESTRIN FE 1.5/30	30
KROGER BLOOD GLUCOSE KIT	24	levofloxacin oral	11	lojaimiess	31
KROGER TEST	24	levonorgest-eth est & eth est	30	LOKELMA	27
kurvelo	30	levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	30	LOMOTIL	28
KYNMOBI	15	levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	30	LOPID	17
KYNMOBI TITRATION KIT	15	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	30	LOPRESSOR	17
L		levora 0.15/30 (28)	30	LOPROX EXTERNAL SHAMPOO	13
labetalol hcl oral	17	LEVOTHYROXINE SODIUM ORAL CAPSULE	33	lorazepam intensol	16
LAMICTAL	11, 12	levothyroxine sodium oral tablet	33	lorazepam oral concentrate 2 mg/ml	16
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG	11	levoxyl	33	lorazepam oral tablet	16
LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG	12	LEVSIN ORAL	28	LOREEV XR	16
LAMICTAL ODT ORAL TABLET DISPERSIBLE	12	LEVSIN/SL	28	LORTAB	8
LAMICTAL STARTER	12	LEXAPRO	12	loryna	31
LAMICTAL XR	12	LIALDA	35	losartan potassium oral	17
lamotrigine er	12	LIDO BDK	8	losartan potassium-hctz	17
lamotrigine oral kit	12	LIDO-PRILO CAINE PACK	8	LOSEASONIQUE	31
lamotrigine oral tablet	12	lidocaine external ointment 5 %	8	LOTEMAX OPHTHALMIC GEL	35
lamotrigine oral tablet chewable	12	lidocaine external patch 5 %	8	LOTEMAX OPHTHALMIC OINTMENT	35
lamotrigine oral tablet dispersible	12	lidocaine hcl mouth/throat	20	LOTEMAX OPHTHALMIC SUSPENSION	35
lamotrigine starter kit-blue	12	lidocaine viscous hcl	20	LOTEMAX SM	35
lamotrigine starter kit-green	12	lidocaine-prilocaine external cream	8	LOTENSIN	17
lamotrigine starter kit-orange	12	lidocaine-prilocaine external kit	8	LOTENSIN HCT	17
LANTUS SOLOSTAR	25	LIDOCANNA	8	loteprednol etabonate ophthalmic gel	35
LANTUS U-100 VIAL	25	LIDODERM	8	loteprednol etabonate ophthalmic suspension	35
larin 1/20	30	LIDOPRIL	8	LOTREL	17
larin 1.5/30	30	LIDOPRIL XR	8	lovastatin oral	17
larin 24 fe	30	lillow	30	LOVAZA	17
larin fe 1/20	30	LINZESS	28	LOVENOX	11
larin fe 1.5/30	30	liothyronine sodium oral	33	low-ogestrel	31
larissia	30	LIPITOR	17	LUMIGAN	36
LASIX	17	LIPOFEN	17	LUNESTA	39
LASTACFT	35	lisinopril oral	17	lutera	31
latanoprost ophthalmic	36	lisinopril-hydrochlorothiazide	17	lyleq	31
LATUDA	15	lithium carbonate er	16	lyllana	31
LEDIPASVIR-SOFOSBUVIR	15	lithium carbonate oral	16	LYMEPAK	11
lessina	30	LITHOBID	16	LYNPARZA	14
letrozole oral	14	LIVIXIL PAK	8	LYRICA	20
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	38	LO LOESTRIN FE	30	LYRICA CR	20
LEVBID	28	lo-zumandimine	31	LYUMJEV KWIKPEN	25
LEVEMIR U-100 FLEXTOUCH	25	LODINE	9	LYUMJEV VIAL	25
LEVEMIR U-100 VIAL	25	LOESTRIN 1/20 (21)	30	lyza	31
levetiracetam er	12			M	
levetiracetam oral	12			MALARONE	14



marlissa	31	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	19	MINIVELLE	30, 31
matzim la	17	methylphenidate hcl er (xr)	19	MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	11
MAVENCLAD	19	methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	19	minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg	11
MAVYRET ORAL TABLET	15	methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	19	minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg	11
MAXALT	14	methylphenidate hcl er oral tablet extended release 24 hour	19	minocycline hcl oral capsule	11
MAXALT-MLT	14	methylphenidate hcl oral solution	19	minocycline hcl oral tablet	11
MAXITROL	35	methylphenidate hcl oral tablet	19	MINOLIRA	11
MAXZIDE	17	methylphenidate hcl oral tablet chewable	19	MIRAPEX ER	15
MAXZIDE-25	17	methylprednisolone oral	32	MIRCETTE	31
MAYZENT	19, 34	metoclopramide hcl oral solution	13	mirtazapine oral	13
MAYZENT STARTER PACK	34	metoclopramide hcl oral tablet	13	MIRVASO	22
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	32	metoclopramide hcl oral tablet dispersible	13	misoprostol oral	28
MEDROL ORAL TABLET 2 MG	32	metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	18	MITIGARE	13
MEDROL ORAL TABLET 32 MG	32	metoprolol succinate er oral tablet extended release 24 hour 25 mg	18	MM EASY TOUCH GLUCOSE METER	24
MEDROL ORAL TABLET THERAPY PACK	32	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	18	MOBIC	10
medroxyprogesterone acetate intramuscular suspension	31	metoprolol tartrate oral tablet 37.5 mg, 75 mg	18	modafinil	39
medroxyprogesterone acetate intramuscular suspension prefilled syringe	31	METROCREAM	22	mometasone furoate external	22
medroxyprogesterone acetate oral	31	METROGEL	22	mondoxyne nl oral capsule 100 mg	11
meloxicam oral capsule	9	METROLOTION	22	mondoxyne nl oral capsule 75 mg	11
meloxicam oral tablet	10	metronidazole external cream	22	mono-lynyah	31
MENOSTAR	31	metronidazole external gel 0.75 %	22	montelukast sodium oral packet	38
mercaptopurine oral	14	metronidazole external gel 1 %	22	montelukast sodium oral tablet	38
merzee	31	metronidazole external lotion	22	montelukast sodium oral tablet chewable	38
mesalamine er oral capsule 0.375 gm	35	metronidazole oral	11	morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	8
mesalamine oral	35	metronidazole vaginal	11	morphine sulfate er oral capsule extended release 24 hour	8
mesalamine rectal enema	35	mibelas 24 fe	31	morphine sulfate er oral tablet extended release	8
mesalamine rectal suppository	35	MICARDIS	18	morphine sulfate oral	8
metaxalone	39	MICRODOT TEST	24	morphine sulfate rectal	8
metformin hcl er	26	microgestin 1/20	31	MOTEGRITY	28
metformin hcl er (mod)	26	microgestin 1.5/30	31	MOVIPREP	28
metformin hcl er (osm)	26	microgestin 24 fe	31	MOXEZA	35
metformin hcl oral solution	26	microgestin fe 1/20	31	moxifloxacin hcl (2x day)	35
metformin hcl oral tablet	26	microgestin fe 1.5/30	31	moxifloxacin hcl ophthalmic solution	35
methimazole oral	33	mili	31	MOXIFLOXACIN HCL OPHTHALMIC SOLUTION PREFILLED SYRINGE	35
methocarbamol oral	39	MILLIPRED	32	MS CONTIN	8
methotrexate oral	34	MINASTRIN 24 FE	31	MULPLETA	27
methotrexate sodium	34	MINILINK REAL-TIME TRANSMITTER	24	MULTAQ	18
methotrexate sodium (pf)	34	MINIPRESS	18	multi-vitamin/fluoride	27
METHYLIN	19				
methylphenidate hcl er (cd)	19				
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	19				



multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	27	NEORAL	34	nortrel 1/35 (21)	31
multivitamin/fluoride tablet chewable 0.5 mg oral	27	NESINA	26	nortrel 1/35 (28)	31
multivitamin/fluoride tablet chewable 1 mg oral	27	neuac external gel	22	nortriptyline hcl oral	13
mupirocin calcium	11	NEULASTA	27	NORVASC	18
mupirocin external	11	NEURONTIN	12	NORVIR ORAL PACKET	15
mycophenolate mofetil oral	34	NEUTEK 2TEK TEST	24	NORVIR ORAL SOLUTION	15
mycophenolate sodium	34	NEVANAC	36	NORVIR ORAL TABLET	15
MYDAYIS	19	NEXLETOL	18	NOURIANZ	15
MYFEMBREE	32	NEXLIZET	18	novarel intramuscular solution reconstituted 10000 unit	34
MYFORTIC	34	niacin (antihyperlipidemic)	18	NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	34
myorisan	22	niacin er (antihyperlipidemic)	18	NOVOEIGHT	27
		niacor	18	NOVOFINE AUTOCOVER PEN NEEDLE	24
		NIASPAN	18	NOVOFINE PEN NEEDLE	24
		nifedipine er	18	NOVOFINE PLUS PEN NEEDLE	24
		nifedipine er osmotic release	18	NOVOLIN 70/30 FLEXPEN	25
		nifedipine oral	18	NOVOLIN 70/30 FLEXPEN RELION	25
		nikki	31	NOVOLIN 70/30 RELION	25
		nitisinone	28	NOVOLIN 70/30 VIAL	25
		NITRO-BID	18	NOVOLIN N FLEXPEN	25
		NITRO-DUR	18	NOVOLIN N FLEXPEN RELION	25
		NITRO-TIME	18	NOVOLIN N RELION	25
		nitroglycerin sublingual	18	NOVOLIN N VIAL	25
		nitroglycerin transdermal	18	NOVOLIN R FLEXPEN	25
		nitroglycerin translingual	18	NOVOLIN R FLEXPEN RELION	25
		NITROLINGUAL	18	NOVOLIN R RELION	25
		NITROMIST	18	NOVOLIN R VIAL	25
		NITROSTAT	18	NOVOLOG FLEXPEN	25
		NITYR	28	NOVOLOG FLEXPEN RELION	25
		NOCDURNA	32	NOVOLOG PENFILL	25
		nora-be	31	NOVOLOG RELION	25
		NORDITROPIN FLEXPEN	33	NOVOLOG U-100 VIAL	25
		norethin ace-eth estrad-fe oral capsule	31	NOVOTWIST	24
		norethin ace-eth estrad-fe oral tablet	31	np thyroid	33
		norethin ace-eth estrad-fe oral tablet chewable	31	NUBEQA	14
		norethindrone acet-ethinyl est	31	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	38
		norethindrone acetate oral	31	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	38
		norgestimate-eth estradiol	31	NUCYNTA	8
		norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-25 mcg	31	NUCYNTA ER	8
		norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-35 mcg	31	NUEDEXTA	20
		NORITATE	22	NULEV	28
		norlyda	31	NUTROPIN AQ NUSPIN 10	33
		norlyroc	31	NUTROPIN AQ NUSPIN 20	33
		nortrel 0.5/35 (28)	31	NUTROPIN AQ NUSPIN 5	33
				NUVARING	31
				NUVESSA	11

N

nabumetone oral	10
nadolol oral	18
NAFRINSE DAILY/NEUTRAL	20
NAFRINSE WEEKLY	20
NALOCET	8
naloxone hcl injection	10
naltrexone hcl oral	10
NAPRELAN	10
NAPROSYN ORAL SUSPENSION	10
NAPROSYN ORAL TABLET	10
naproxen oral suspension	10
naproxen oral tablet	10
naproxen oral tablet delayed release	10
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	10
NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	10
naproxen sodium oral tablet 275 mg, 550 mg	10
naratriptan hcl	14
NARCAN	10
NASCOBAL	27
NATAZIA	31
NATESTO	33
NATURE-THROID	33
NAYZILAM	12
nebivolol hcl	18
necon 0.5/35 (28)	31
neomycin-polymyxin-dexameth ophthalmic ointment	36
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	36
neomycin-polymyxin-hc otic	36



NUWIQ	27	ONGLYZA	26	OZEMPIC	26
NUZYRA ORAL	11	ONZETRA XSAIL	14	OZOBAX	39
nyamyc	13	OPSUMIT	39		
nymyo	31	OPTIUM BLOOD GLUCOSE MONITOR	24	P	
nystatin external	13	OPTIUM GLUCOSE MONITOR SYSTEM	24	PACERONE ORAL TABLET 100 MG, 400 MG	18
nystatin mouth/throat	13	OPTIUM TEST	24	PACERONE ORAL TABLET 200 MG.	18
nystop	13	OPTIUMEZ TEST	24	PAMELOR	13
O		ORAPRED ODT	32	PANCREAZE	28
ocella	31	ORENCIA CLICKJECT	34	pantoprazole sodium oral packet	28
OCUFLOX	36	ORENCIA SUBCUTANEOUS	34	pantoprazole sodium oral tablet delayed release	28
ODEFSEY	16	ORFADIN	28	PARADIGM REAL-TIME TRANSMITTER	24
ODOMZO	14	ORGOVYX	14	paroxetine hcl er	13
ofloxacin ophthalmic	36	ORIAHNN	33	paroxetine hcl oral suspension	13
ofloxacin otic	36	ORLISSA	33	paroxetine hcl oral tablet	13
olanzapine oral tablet	15	orsythia	31	PAXIL CR	13
olanzapine oral tablet dispersible	15	ORTIKOS	35	PAXIL ORAL SUSPENSION	13
olmesartan medoxomil oral	18	oscimin	28	PAXIL ORAL TABLET	13
olmesartan medoxomil-hctz	18	oscimin sr	28	PEDIAPRED	32
olopatadine hcl ophthalmic solution 0.1 %	36	oseltamivir phosphate oral capsule	16	peg-3350/electrolytes	28
olopatadine hcl ophthalmic solution 0.2 %	36	oseltamivir phosphate oral suspension reconstituted	16	peg-3350/electrolytes/ascorbat	28
OLUMIANT ORAL TABLET	34	OSENI	26	peg-kcl-nacl-nasulf-na asc-c	28
OLUX	22	OSPHERA	27	penicillamine oral capsule	28
OMECLAMOX-PAK	28	OTEZLA	34	penicillamine oral tablet	28
omega-3-acid ethyl esters	18	OTREXUP	34	penicillin v potassium	11
omeprazole oral capsule delayed release	28	OVIDREL	34	PENNSAID	10
OMEPRAZOLE+SYRSPEND SF ALKA	28	OXAYDO	8	PENTASA	35
OMNARIS	37	oxcarbazepine	12	PERCOCET	9
OMNITROPE	33	OXTELLAR XR	12	PERFOROMIST	38
ondansetron hcl oral	13	oxybutynin chloride er	29	PERIDEX	20
ondansetron odt	13	oxybutynin chloride oral	29	periogard	20
ONETOUCH DELICA PLUS LANCETS	24	OXYCODONE HCL ER	8	permethrin external	14
ONETOUCH ULTRA 2 KIT W/DEVICE	24	oxycodone hcl oral capsule	8	PERSERIS	15
ONETOUCH ULTRA MINI KIT W/DEVICE	24	oxycodone hcl oral concentrate 100 mg/5ml	8	PERTZYE	28
ONETOUCH ULTRA TEST STRIPS	24	oxycodone hcl oral solution	8	phenazo oral tablet 200 mg	29
ONETOUCH ULTRALINK	24	oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	8	phenazopyridine hcl oral tablet 100 mg, 200 mg	29
ONETOUCH ULTRASOFT LANCETS	24	oxycodone hcl oral tablet 5 mg	9	philith	31
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	24	OXYCODONE-ACETAMINOPHEN ORAL SOLUTION	9	PICATO EXTERNAL GEL 0.015 %, 0.05 %	22
ONETOUCH VERIO IQ SYSTEM	24	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG	9	piotrea	31
ONETOUCH VERIO KIT W/DEVICE	24	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	9	pioglitazone hcl	26
ONETOUCH VERIO REFLECT	24	OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	9	pirmella 1/35	31
ONETOUCH VERIO SYNC SYSTEM	24	OXYCONTIN	9	PLAQUENIL	14
ONETOUCH VERIO TEST STRIPS	24			PLAVIX	15
				PLEGRIDY INTRAMUSCULAR	19
				PLEGRIDY STARTER PACK	20
				PLEGRIDY SUBCUTANEOUS	20
				PLENVU	28



PLEXION	22	PREMPHASE	31	PROZAC	13
PLEXION CLEANSER	22	PREMPRO	31	pseudoephedrine-bromphen-dm	37
PLEXION CLEANSING CLOTH	22	PRENA1 PEARL	27	PULMICORT FLEXHALER	38
POLY-VI-FLOR	27	PREVIDENT 5000 BOOSTER PLUS	20	PULMICORT SUSPENSION	38
polymyxin b-trimethoprim	36	PREVIDENT 5000 DRY MOUTH	20	PULMOZYME	38
POLYTRIM	36	PREVIDENT 5000 ORTHO DEFENSE	20	PURIXAN	14
portia-28	31	PREVIDENT 5000 PLUS	20	PYLERA	28
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	27	PREVIDENT DENTAL	20	PYRIDIDIUM	29
potassium chloride crys er oral tablet extended release 15 meq	27	PREVIDENT MOUTH/THROAT	20		
potassium chloride er	27	previfem	31	Q	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	27	PREZCOBIX	16	QBRELIS	18
potassium citrate er	27	PREZISTA	16	QDOLO	9
PRADAXA	11	PRILO PATCH	9	QUARTETTE	31
PRALUENT	18	PRILO PATCH II	9	QUDEXY XR	12
pramipexole dihydrochloride	15	PRILOLID	9	quetiapine fumarate	15
pramipexole dihydrochloride er	15	PRILOVIX	9	quetiapine fumarate er	15
pravastatin sodium	18	PRILOVIX LITE	9	QUFLORA GUMMIES	27
prazosin hcl oral	18	PRILOVIX LITE PLUS	9	QUFLORA PEDIATRIC	27
PRECISION LINK	24	PRILOVIX PLUS	9	QUILLICHEW ER	19
PRECISION PCX	24	PRILOVIX ULTRALITE	9	QUILLIVANT XR	19
PRECISION PCX PLUS TEST	24	PRILOVIX ULTRALITE PLUS	9	quinapril hcl	18
PRECISION POINT OF CARE TEST	24	PRINIVIL	18	QUINTET AC BLOOD GLUCOSE	24
PRECISION QID MONITOR	24	PRISTIQ	13	QUINTET AC BLOOD GLUCOSE TEST	24
PRECISION QID TEST	24	PRIZOTRAL-II	9	QUINTET BLOOD GLUCOSE SYSTEM	24
PRECISION SOF-TACT MONITOR	24	PROAIR DIGIHALER	38	QUINTET BLOOD GLUCOSE TEST	24
PRECISION SOF-TACT TEST	24	PROAIR HFA	37, 38	QVAR REDIHALER	38
PRECISION XTRA	24	PROAIR RESPICLICK	38		
PRECISION XTRA BLOOD GLUCOSE	24	PROCARDIA XL	18	R	
PRECISION XTRA MONITOR	24	PROCENRA	19	RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	28
PRED FORTE	36	prochlorperazine maleate oral	13	rabeprazole sodium oral tablet delayed release	28
PRED MILD	36	PROCORT	35	ramipril	18
prednisolone acetate ophthalmic	36	PROCTOFOAM HC	35	RANEXA	18
prednisolone acetate p-f	36	PROGRAF ORAL CAPSULE	34	ranolazine er	18
prednisolone oral solution 15 mg/5 mL	32	PROGRAF ORAL PACKET	34	RAPAMUNE ORAL SOLUTION	34
prednisone intensol	32	PROLATE	9	RAPAMUNE ORAL TABLET	34
prednisone oral	32	promethazine hcl oral solution	37	RASUVO	34
pregabalin er	20	promethazine hcl oral syrup	37	RAYALDEE	35
pregabalin oral capsule	20	promethazine hcl oral tablet	13	RAYOS	32
pregabalin oral solution	20	promethazine hcl rectal	13	REBIF	20
pregnyl	34	promethazine-codeine	37	REBIF REBIDOSE	20
PREMARIN ORAL	31	promethazine-dm	37	REBIF REBIDOSE TITRATION PACK	20
PREMARIN VAGINAL	31	promethegan	13	REBIF TITRATION PACK	20
PREMIUM BLOOD GLUCOSE TEST	24	propranolol hcl er	18	reclipsen	31
premium lidocaine	9	propranolol hcl oral	18	RECOMBINATE	27
		PROSCAR	29	REDITREX	34
		PROTONIX ORAL	28	REGLAN	13
		PROVENTIL HFA	37, 38		
		PROVERA	29, 31		
		PROVIGIL	39		



RELADOR PAK	9	rosuvastatin calcium	18	SKYRIZI PEN	34
RELADOR PAK PLUS	9	roweepra	12	sodium fluoride 5000 plus	20
RELAFEN	10	ROXICODONE ORAL TABLET 15 MG, 30 MG	9	sodium fluoride 5000 ppm	20
RELAFEN DS	10	ROXICODONE ORAL TABLET 5 MG	9	sodium fluoride dental	20
relexxii	19	ROZLYTREK	14	sodium fluoride mouth/throat	20
RELION BLOOD GLUCOSE TEST	25	RUCONEST	34	SOFOSBUVIR-VELPATASVIR	16
RELION TRUE MET AIR GLUC METER	25	RUKOBIA	16	SOLIQUA	26
RELION TRUE METRIX TEST STRIPS	25	RYBELSUS	26	SOLODYN	11
RELION ULTIMA GLUCOSE SYSTEM	25	RYTARY	15	SOLTAMOX	14
RELION ULTIMA TEST	25	S		SOMA	39
RELPAK	14	SAFYRAL	31	SOMATULINE DEPOT	33
RELTONE	28	sajazir	34	SOOLANTRA	22
REMERON	13	SAPHRIS	15	sotalol hcl oral	18
REMERON SOLTAB	13	scopolamine	13	SOTYLIZE	18
REPATHA	18	SEASONIQUE	31	SPIRIVA HANDIHALER	38
REPATHA PUSHTRONEX SYSTEM	18	SEMGLEE	25	SPIRIVA RESPIMAT	38
REPATHA SURECLICK	18	SEREVENT DISKUS	38	spironolactone oral	18
RESTASIS	36	SERNIVO	22	sprintec 28	31
RESTASIS MULTIDOSE	36	SEROQUEL	15	SPRITAM	12
RESTORIL	39	SEROQUEL XR	15	SPRIX	10
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	27	SERTRALINE HCL ORAL CAPSULE	13	sronyx	31
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	27	sertraline hcl oral concentrate	13	sss 10-5	22
RETIN-A	22	sertraline hcl oral tablet	13	STELARA SUBCUTANEOUS SOLUTION	34
REVLIMID	14	setlakin	31	STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	34
REYVOW	14	sf	20, 28	STENDRA	27
RHOFADE	22	sf 5000 plus	20	STIMATE	33
RHOPRESSA	36	SFROWASA	35	STIOLTO	38
RILUTEK	20	sharobel	31	STIVARGA	14
riluzole	20	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	27	STRATTERA	19
RINVOQ	34	simliya	31	STRENSIQ	28
RIOMET	26	simpesse	31	STRIBILD	16
RISPERDAL	15	SIMPONI	34	STRIVERDI RESPIMAT	38
risperidone	15	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	18	SUBOXONE	10
RITALIN	19	simvastatin oral tablet 80 mg	18	SUBSYS	9
RITALIN LA	19	SINEMET	15	subvenite	12
ritonavir	16	SINGULAIR ORAL PACKET	38	subvenite starter kit-blue	12
rivelsa	31	SINGULAIR ORAL TABLET	38	subvenite starter kit-green	12
rizatriptan benzoate	14	SINGULAIR ORAL TABLET CHEWABLE	38	subvenite starter kit-orange	12
ROCALTROL	35	sirolimus oral solution	34	sucalfate oral suspension	28
ROCKLATAN	36	sirolimus oral tablet	34	sucalfate oral tablet	28
ropinirole hcl	15	SITAVIG	16	sulfacetamide sod-sulfur wash	22
ropinirole hcl er	15	SKELAXIN	39	sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	22
rosadan external cream	22	SKYRIZI	34	sulfacetamide sodium-sulfur external cream 9.8-4.8 %	22
rosadan external gel	22	SKYRIZI (150 MG DOSE)	34	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	TAKHZYRO	34	THIOLA EC	29
sulfacetamide sodium-sulfur external lotion 10-5 %	22	TAMIFLU ORAL CAPSULE	16	THYQUIDITY	33
sulfacetamide sodium-sulfur external lotion 9.8-4.8 %	22	TAMIFLU ORAL SUSPENSION RECONSTITUTED	16	TIGLUTIK	20
sulfacetamide sodium-sulfur external pad 10-4 %	22	tamoxifen citrate oral tablet 10 mg	14	timolol maleate (once-daily)	36
sulfacetamide sodium-sulfur external pad 9.8-4.8 %	22	tamoxifen citrate oral tablet 20 mg	14	timolol maleate ocudose	36
sulfacetamide sodium-sulfur external suspension 10-5 %	22	tamsulosin hcl	29	timolol maleate ophthalmic	36
sulfacetamide sodium-sulfur external suspension 8-4 %	22	TAPERDEX 12-DAY	32	timolol maleate pf	36
SULFACLEANSE 8/4	22	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	32	TIMOPTIC	36
sulfamethoxazole-trimethoprim oral	11	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	32	TIMOPTIC OCUDOSE OPTHALMIC SOLUTION 0.25 %	36
sulfamez wash	22	TAPERDEX 7-DAY	32	TIMOPTIC OCUDOSE OPTHALMIC SOLUTION 0.5 %	36
sulfasalazine oral	35	TARGADOX	11	TIMOPTIC-XE	36
sulfatrim pediatric	11	TARGRETIN EXTERNAL	14	TIROSINT	33
SUMADAN WASH	22	TARGRETIN ORAL	14	TIROSINT-SOL	33
sumatriptan succinate oral	14	tarina 24 fe	31	TIVICAY	16
sumatriptan succinate refill	14	tarina fe 1/20	31	TIVICAY PD	16
sumatriptan succinate subcutaneous	14	tarina fe 1/20 eq	31	TIVORBEX	10
SUMAXIN	22	TASIGNA	14	tizanidine hcl oral capsule	39
SUNOSI	39	TAVALISSE	27	tizanidine hcl oral tablet	39
SUPARTZ FX	9	taysofy	31	TOBI NEBULIZER	38
SUPREP BOWEL PREP KIT	28	TAYTULLA	32	TOBI PODHALER	38
SURESTEP PRO LINEARITY	25	tazarotene external cream	22	TOBRADEX OPTHALMIC OINTMENT	36
SUTAB	28	TAZORAC	23	TOBRADEX OPTHALMIC SUSPENSION	36
syeda	31	TEGRETOL	12	TOBRADEX ST	36
SYMBICORT	38	TEGRETOL-XR	12	tobramycin inhalation nebulization solution 300 mg/4ml	38
SYMFI	16	TEGSEDI	28	tobramycin nebulization solution 300 mg/5ml inhalation	38
SYMFI LO	16	TEKTURNA	18	tobramycin ophthalmic	36
SYMJEPI	37	TEKTURNA HCT	18	tobramycin-dexamethasone	36
SYMLINPEN 120	26	telmisartan	18	TOBEX OPTHALMIC OINTMENT	36
SYMLINPEN 60	26	temazepam	39	TOBEX OPTHALMIC SOLUTION	36
SYMPROIC	28	TEMIXYS	16	TOPAMAX	12
SYNALAR	22	TEMOVATE	23	TOPAMAX SPRINKLE	12
SYNJARDY	26	tenofovir disoproxil fumarate	16	topiramate er	12
SYNJARDY XR	26	TENORETIC 100	18	topiramate oral	12
SYNTHROID	33	TENORETIC 50	18	TOPROL XL	18
SYPRINE	28	TENORMIN	18	torsemide	18
T		terazosin hcl	29	TOUJEO MAX SOLOSTAR	25
TACLONEX EXTERNAL OINTMENT	22	terbinafine hcl oral	13	TOUJEO SOLOSTAR	25
TACLONEX EXTERNAL SUSPENSION	22	terconazole	13	TOVIAZ	29
tacrolimus oral	34	TERIPARATIDE (RECOMBINANT)	35	TRACLEER	39
tadalafil oral tablet 10 mg, 20 mg	27	TESTIM	33	TRADJENTA	26
tadalafil oral tablet 2.5 mg, 5 mg	27	TESTOSTERONE CYPIONATE INJECTION	33	tramadol hcl er (biphasic)	9
		testosterone cypionate intramuscular	33	TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	9
		testosterone transdermal	33		
		TEXACORT	23		
		THALITONE	18		
		THIOLA	29		



tramadol hcl er oral tablet extended release 24 hour	9	triderm external cream 0.5 %	23	UROCIT-K 15	27
tramadol hcl oral tablet 100 mg	9	TRIDESILON	23	UROCIT-K 5	27
tramadol hcl oral tablet 50 mg	9	trientine hcl.	28	UROXATRAL	29
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	13	TRIJARDY XR	26	URSO 250	28
TRAVATAN Z	36	TRILEPTAL	12	URSO FORTE	28
travoprost (bak free)	36	TRILURON	9	URSODIOL ORAL CAPSULE 200 MG, 400 MG	28
trazodone hcl oral	13	TRINTELLIX	13	ursodiol oral capsule 300 mg	28
TRELEGY ELLIPTA	38	tritocin.	23	ursodiol oral tablet	28
TREMFYA	34	TRIUMEQ	16		
TRESIBA	25	TROKENDI XR	12	V	
TRESIBA FLEXTOUCH	25	TRUE FOCUS BLOOD GLUCOSE STRIP	25	VAGIFEM	32
tretinoin external cream	23	TRUE METRIX AIR GLUCOSE METER	25	valacyclovir hcl oral	16
tretinoin external gel 0.01 %	23	TRUE METRIX BLOOD GLUCOSE TEST	25	VALCOPREP-100	10
tretinoin external gel 0.025 %	23	TRUE METRIX GO GLUCOSE METER	25	VALIUM	16
tretinoin external gel 0.05 %	23	TRUE METRIX METER KIT	25	valsartan	18
TREXALL	34	TRUE METRIX PRO BLOOD GLUCOSE	25	valsartan-hydrochlorothiazide	18
TREZIX	9	TRUETRACK BLOOD GLUCOSE DEVICE	25	VALTOCO	12
tri femynor	32	TRUETRACK TEST	25	VALTRESX	16
tri-estarylla	32	TRULANCE	28	VANADOM	39
tri-linyah	32	TRULICITY	26	vandazole	11
tri-lo-estarylla	32	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	16	VANOS	23
tri-lo-marzia	32	TRUVADA ORAL TABLET 200-300 MG	16	varenicline tartrate	10
tri-lo-mili	32	tulana	32	VASCEPA	18
tri-lo-sprintec	32	TUSSICAPS	37	VASOTEC	18
tri-mili	32	tyblume	32	VECTICAL	23
tri-nymyo	32	tydemy	32	VELPHORO	29
tri-previfem	32	TYMLOS	35	VELTASSA	27
tri-sprintec	32	TYVASO	39	VEMLIDY	16
tri-vylibra	32	TYVASO REFILL	39	venlafaxine hcl	13
tri-vylibra lo	32	TYVASO STARTER	39	venlafaxine hcl er oral capsule extended release 24 hour	13
triamcinolone acetonide external aerosol solution	23			venlafaxine hcl er oral tablet extended release 24 hour	13
triamcinolone acetonide external cream 0.025 %, 0.1 %	23	U		VENNGEL ONE	10
triamcinolone acetonide external cream 0.5 %	23	UBRELVY	14	VENTOLIN HFA	37, 38
triamcinolone acetonide external lotion	23	UCERIS ORAL	35	verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	18
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	23	UCERIS RECTAL	35	verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	18
triamcinolone acetonide external ointment 0.05 %	23	UKONIQ	14	verapamil hcl er oral tablet extended release	18
triamcinolone in absorbbase	23	ULORIC	13	verapamil hcl oral	19
triamterene-hctz	18	ULTIMA	25	VERDESO	23
TRIANEX	23	ULTRAM	9	VERELAN	19
triazolam	16	UNISTRIP1 GENERIC	25	VERELAN PM	19
TRICOR	18	unithroid	33	VERQUOVO	19
triderm external cream 0.1 %	23	UROCIT-K 10	27	VERZENIO	14
				vestura	32



VEXATROL	9	wixela inhub	38	ZEJULA	14	
VIAGRA	27	WP THYROID	33	ZELNORM	28	
VIBERZI	28	WYNZORA	23	ZEMBRACE SYMTOUCH	14	
VIBRAMYCIN ORAL CAPSULE	11	X			zenatane	23
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	11	XALATAN	36	ZENPEP	28	
VICTOZA SOLUTION PEN- INJECTOR 18 MG/3ML SUBCUTANEOUS	26	XANAX	16	ZENZEDI	19	
vienva	32	XANAX XR	16	ZEPATIER	16	
VIGAMOX	36	XARELTO	11	ZEPOSIA	20	
VIIBRYD	13	XARELTO STARTER PACK	11	ZEPOSIA 7-DAY STARTER PACK	20	
VIIBRYD STARTER PACK	13	XCOPRI	12	ZEPOSIA STARTER KIT	20	
VIMPAT ORAL	12	XELJANZ	34	ZESTORETIC	19	
VIOKACE	28	XELJANZ XR	34	ZESTRIL	19	
viorele	32	XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	34	ZETIA	19	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	16	XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	34	ZETONNA	37	
VIREAD ORAL TABLET 300 MG	16	XELODA	14	ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	19	
VISTARIL	16	XELPROS	36	ZIAC ORAL TABLET 5-6.25 MG	19	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	27	XENLETA ORAL	11	ZIEXTENZO	27	
VITAPEARL	27	XEPI	11	ZILXI	23	
VITRAKVI	14	XHANCE	37	ZIOPTAN	36	
VIVELLE-DOT	30, 32	XIFAXAN	28	ziprasidone hcl	15	
VIVLODEX	10	XIIDRA	36	ZIPSOR	10	
VOGELXO	33	XIMINO	11	ZITHROMAX ORAL	11	
VOGELXO PUMP	33	XOFLUZA ORAL TABLET THERAPY PACK	16	ZITHROMAX TRI-PAK	11	
volnea	32	XOLAIR	34	ZITHROMAX Z-PAK	11	
VORTEX VALVED HOLDING CHAMBER	38	XOLEGEL	13	ZOCOR	19	
VOSEVI	16	XOPENEX HFA	38	ZOFRAN	13	
VRAYLAR	15	XTAMPZA ER	9	ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	14	
VTOL LQ	9	xulane	32	zolmitriptan oral tablet	14	
vyfemla	32	XYREM	39	zolmitriptan oral tablet dispersible	14	
VYLEESI	27	XYWAV	39	zolmitriptan solution 5 mg nasal	14	
vylibra	32	Y			ZOLOFT	13
VYTORIN	19	YASMIN 28	32	zolpidem tartrate er	39	
VYVANSE	19	YAZ	32	zolpidem tartrate oral	39	
VYZULTA	36	YUPELRI	38	zolpidem tartrate sublingual	39	
W		yuvafem	32	ZOLPIMIST	39	
WAKIX	39	Z			ZOMACTON	33
warfarin sodium oral	11	zafemy	32	ZOMACTON (FOR ZOMA-JET 10)	33	
WELCHOL	19	ZANAFLEX	39	ZOMIG NASAL SOLUTION 2.5 MG	14	
WELLBUTRIN SR	13	zarah	32	ZOMIG NASAL SOLUTION 5 MG	14	
WELLBUTRIN XL	13	ZARXIO	27	ZOMIG ORAL	14	
wera	32	ZCORT 7-DAY	32	ZONEGRAN	12	
WESTHROID	33	ZEBUTAL	9	zonisamide oral	12	
WILATE	27	ZEGALOGUE	26	ZONTIVITY	15	
				ZOVIRAX ORAL	16	
				ZTLIDO	9	
				ZUBSOLV	10	
				zumandimine	32	



ZUPLENZ.....	13
ZYCLARA.....	23
ZYCLARA PUMP.....	23
ZYLET.....	36
ZYLOPRIM.....	13
ZYPREXA ORAL.....	15
ZYPREXA ZYDIS.....	15

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200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សូមជំនួយភាសាដទៃយកតម្កល់ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទំនាក់ទំនងលើខ្សែតតិតតុល្ល ដល់មាន់នលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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

DÍI BAA'AKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániłti'go, saad bee áka'anída'awo'ígíí, t'áa jíík'eh, bee ná'ahóót'i'. T'áa shòqdí ninaaltsoos nił'izí bee nééhozinígíí bine'déq' t'áa jíík'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

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

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