



# Your 2022 Prescription Drug List

## Advantage 4-Tier

Effective September 1, 2022



**United  
Healthcare**

This Prescription Drug List (PDL) is accurate as of September 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.

# Table of contents

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



Dermatological Agents	
Drugs for Skin Conditions . . . . .	20
Diabetes	
Glucose Monitoring . . . . .	23
Diabetes	
Insulin . . . . .	25
Diabetes	
Non-Insulin Agents . . . . .	25
Drugs for Blood Disorders . . . . .	26
Drugs for Sexual Dysfunction . . . . .	27
Electrolytes / Vitamins . . . . .	27
Gastrointestinal Agents	
Drugs for Acid Reflux and Ulcer . . . . .	27
Drugs for Bowel, Intestine and Stomach Conditions . . . . .	28
Genetic or Enzyme Disorder	
Drugs for Replacement, Modification, Treatment . . . . .	28
Genitourinary Agents	
Drugs for Bladder, Genital and Kidney Conditions . . . . .	29
Drugs for Prostate Conditions . . . . .	29
Hormonal Agents	
Hormone Replacement and Birth Control . . . . .	29
Oral Steroids . . . . .	32
Other . . . . .	33
Testosterone Replacement . . . . .	33
Thyroid . . . . .	33
Immunological Agents	
Drugs for Immune System Stimulation or Suppression . . . . .	33
Infertility Agents . . . . .	35
Inflammatory Bowel Disease Agents . . . . .	35
Metabolic Bone Disease Agents	
Drugs for Osteoporosis . . . . .	35
Ophthalmic Agents	
Drugs for Eye Allergy, Infection and Inflammation . . . . .	35
Drugs for Glaucoma . . . . .	36
Drugs for Miscellaneous Eye Conditions . . . . .	37
Otic Agents	
Drugs for Ear Conditions . . . . .	37
Respiratory	
Drugs for Anaphylaxis . . . . .	37
Respiratory Tract / Pulmonary Agents	
Drugs for Allergies, Cough, Cold . . . . .	37
Drugs for Asthma and COPD . . . . .	37
Drugs for Cystic Fibrosis . . . . .	38
Drugs for Pulmonary Hypertension . . . . .	38
Skeletal Muscle Relaxants	
Drugs for Muscle Pain and Spasm . . . . .	39
Sleep Disorder Agents . . . . .	39
Index . . . . .	40



# Understanding your Prescription Drug List (PDL)

## What is a PDL?

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

## How do I use my PDL?

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

## What are tiers?

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

## When does the PDL change?

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

## Why are some medications excluded from coverage?

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

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

## Who decides which medications are covered?

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

1. Depending on your benefit, you may have notification or medical necessity requirements for select medications.
2. For New York and New Jersey plans, a prescription drug product that is therapeutically equal to an over-the-counter drug may be covered if it is determined to be medically necessary.

## About this PDL

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



# Medication tips

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

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

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

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

## What if I am taking a specialty medication?

Specialty medications are high-cost and are used to treat rare or complex conditions that require additional care and support. For most plans, these medications are managed through the specialty pharmacy program. Take advantage of personalized support designed to help you get the most out of your treatment plan. Visit the member website listed on your member ID card or call the toll-free phone number on your member ID card to learn more.

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

## Over-the-counter (OTC) medications

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

# Reading your PDL

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

## Tier information

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

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

Drug Tier	Includes	Helpful Tips
<b>Tier 1</b>	<b>\$ Lower-cost</b> Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
<b>Tiers 2 and 3</b>	<b>\$\$ Mid-range cost</b> 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.
<b>Tier 4</b>	<b>\$\$\$ Highest-cost</b> 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.

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

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

4. Not applicable to Neighborhood Health Plan, 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
<b>Analgesics - Drugs for Pain</b>		
acetaminophen-codeine	1	
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
apap-caff-dihydrocodeine oral capsule	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	
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	
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 7.5-325 mg/15ml	2	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	
hydromorphone hcl er	4	PA, ST, QL

Drug Name	Drug Tier	Requirements & Limits
hydromorphone hcl oral	1	
hydromorphone hcl rectal	1	
HYSINGLA ER	E	PA, ST, QL
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine-prilocaine external cream	1	
LIDODERM	E	PA, QL
LORTAB	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 solution 10 mg/5ml	1	
MORPHINE SULFATE ORAL SOLUTION 20 MG/5ML	3	
morphine sulfate oral tablet	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	
oxycodone hcl oral tablet 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION	E	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	E	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	E	QL

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





Drug Name	Drug Tier	Requirements & Limits
OXYCONTIN	E	PA, ST, QL
PERCOCET	E	
premium lidocaine	2	QL
PROLATE	E	
QDOLO	E	PA, QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	E	
ROXICODONE ORAL TABLET 5 MG	E	QL
SUBSYS	E	PA, QL
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
TRILURON	E	
ULTRAM	E	
VTOL LQ	2	PA, QL
XTAMPZA ER	2	PA, QL
ZEBUTAL	4	QL
ZTLIDO	3	PA, QL
<b>Analgesics - Drugs for Pain and Inflammation</b>		
ANAPROX DS	E	
CATAFLAM	E	
CELEBREX	E	QL
celecoxib oral	2	QL
diclofenac potassium oral tablet 25 mg	E	
diclofenac potassium oral tablet 50 mg	2	
diclofenac sodium er	3	
diclofenac sodium external gel 1 %	E	
diclofenac sodium external solution	E	
diclofenac sodium oral	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	

Drug Name	Drug Tier	Requirements & Limits
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	4	
ec-naproxen	1	
etodolac	2	
etodolac er	3	
ibuprofen oral suspension 100 mg/5ml	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN	3	PA
indomethacin er	2	
INDOMETHACIN ORAL CAPSULE 20 MG	E	
indomethacin oral capsule 25 mg, 50 mg	1	
KETOROLAC TROMETHAMINE NASAL	4	ST, QL
ketorolac tromethamine oral	1	
LODINE	E	
LOFENA	E	
meloxicam oral capsule	E	QL
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	2	
PENNSAID	E	
RELAFEN	E	
RELAFEN DS	E	
SPRIX	4	ST, QL

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



Drug Name	Drug Tier	Requirements & Limits
TIVORBEX	E	
VIVLODEX	E	QL
ZIPSOR	E	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	2	QL
KLOXXADO	2	QL
naloxone hcl injection	1	
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	2	QL
SUBOXONE	E	PA, QL
varenicline tartrate	3	PA, H
ZIMHI	E	
ZUBSOLV	2	QL
<b>Antibacterials - Drugs for Infections</b>		
ACTICLATE	E	
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
amoxicillin-potassium clavulanate er	E	
AUGMENTIN	E	
AUGMENTIN ES-600	E	
avidoxy	1	
azithromycin oral	1	
BACTRIM	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	

Drug Name	Drug Tier	Requirements & Limits
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
coremino	E	PA
DIFICID	3	QL
DORYX	E	
DORYX MPC	E	
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	E	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	E	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	1	
FLAGYL	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	

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
MINOLIRA	E	PA
mondoxyne nl	1	
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	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
<b>Anticoagulants - Drugs to Treat or Prevent Blood Clots</b>		
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 ORAL SUSPENSION RECONSTITUTED	2	
XARELTO ORAL TABLET	2	QL
XARELTO STARTER PACK	2	QL
<b>Anticonvulsants - Drugs for Seizures</b>		
BRIVIACT ORAL SOLUTION	4	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er oral capsule extended release 12 hour	2	
carbamazepine er oral tablet extended release 12 hour	3	
carbamazepine oral	1	

Drug Name	Drug Tier	Requirements & Limits
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
epitol	1	
EPRONTIA	E	
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
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	

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
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	4	PA
XCOPRI	3	PA
ZONEGRAN	4	PA, ST
zonisamide oral	1	

#### 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	

Drug Name	Drug Tier	Requirements & Limits
CELEXA	E	
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	E	
citalopram hydrobromide oral solution	1	
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	QL
desvenlafaxine succinate er	3	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
DRIZALMA SPRINKLE	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	
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	

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
REMERON	E	
REMERON SOLTAB	E	
SERTRALINE HCL ORAL CAPSULE	E	QL
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	
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
BONJESTA	E	PA
DICLEGIS	E	PA
doxylamine-pyridoxine	E	PA
GIMOTI	E	QL
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	E	
ondansetron hcl oral	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
promethegan	1	
REGLAN	4	
scopolamine	3	
TRANSDERM-SCOP	E	
ZUPLENZ	E	QL
<b>Antifungals - Drugs for Fungal Infections</b>		
ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	

Drug Name	Drug Tier	Requirements & Limits
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	
<b>Antigout Agents - Drugs for Gout</b>		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	
colchicine oral tablet	E	
COLCRYS	E	
febuxostat	3	ST, QL
GLOPERBA	4	PA
MITIGARE	2	
ULORIC	E	ST, QL
ZYLOPRIM	4	
<b>Antimigraine Agents - Drugs for Migraines</b>		
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

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



Drug Name	Drug Tier	Requirements & Limits
IMITREX STATDOSE SYSTEM	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
naratriptan hcl	1	QL
NURTEC ODT	2	PA, ST, QL
ONZETRA XSAIL	E	QL
RELPAK	E	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge	1	QL
sumatriptan succinate subcutaneous	1	QL
UBRELVY	2	PA, ST, QL
ZEMBRACE SYMTOUCH	E	QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	QL
zolmitriptan nasal solution 5 mg	E	QL
zolmitriptan oral tablet	2	QL
zolmitriptan oral tablet dispersible	3	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	2	QL
ZOMIG ORAL	E	QL
<b>Antineoplastics - Drugs for Cancer</b>		
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
ERIVEDGE	2	PA, QL, SP
ERLEADA	2	PA, QL, SP
EXKIVITY	4	PA, QL, SP
FEMARA	E	
fluorouracil external solution	1	
GAVRETO	4	PA, QL, SP
IBRANCE	2	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	2	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
<b>Antiparasitics - Drugs for Parasitic Infections</b>		
ARAKODA	4	QL
atovaquone-proguanil hcl	2	
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	QL
MALARONE	4	
permethrin external	1	
PLAQUENIL	E	
<b>Antiparkinson Agents - Drugs for Parkinson's Disease</b>		
APOKYN	4	PA, QL, SP
apomorphine hcl subcutaneous	1	PA, QL, SP
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
DHIVY	E	

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



Drug Name	Drug Tier	Requirements & Limits
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	
<b>Antiplatelets - Drugs for Heart Attack and Stroke Prevention</b>		
BRILINTA	4	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	
ZONTIVITY	4	QL
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY	E	QL
aripiprazole oral solution	3	
aripiprazole oral tablet	2	QL
aripiprazole oral tablet dispersible	2	QL
asenapine maleate	E	QL
GEODON ORAL	E	QL
LATUDA	4	QL
olanzapine oral tablet	1	QL
olanzapine oral tablet dispersible	2	QL
quetiapine fumarate	1	
quetiapine fumarate er	3	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	3	QL
SEROQUEL	E	
SEROQUEL XR	E	QL
VRAYLAR	4	QL
ziprasidone hcl	2	QL
ZYPREXA ORAL	E	QL
ZYPREXA ZYDIS	E	QL

Drug Name	Drug Tier	Requirements & Limits
<b>Antivirals - Drugs for Viral Infections</b>		
acyclovir oral	1	
ATRIPLA	E	ST, QL
BARACLUDE ORAL SOLUTION	2	SP
BARACLUDE ORAL TABLET	E	SP
CIMDUO	2	QL
DESCOVY ORAL TABLET 200-25 MG	E	PA, ST, QL
DESCOVY TABLET 120-15 MG ORAL	E	PA, ST
DOVATO	2	QL
efavirenz-emtricitab-tenofovir	2	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 150-37.5 MG	2	PA, QL, SP
EPCLUSA ORAL PACKET 200-50 MG	2	PA, SP
EPCLUSA ORAL TABLET	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 PACKET	2	QL, SP
MAVYRET ORAL TABLET	2	PA, QL, SP
NORVIR ORAL PACKET	2	
NORVIR ORAL SOLUTION	2	
NORVIR ORAL TABLET	E	
ODEFSEY	4	QL
oseltamivir phosphate oral capsule	2	
oseltamivir phosphate oral suspension reconstituted	2	QL
PREZCOBIX	2	
PREZISTA	2	

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
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
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 POWDER	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZEPATIER	2	PA, QL, SP
ZOVIRAX ORAL	4	
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
bupirone hcl oral	1	
clonazepam oral	1	
diazepam intensol	1	

Drug Name	Drug Tier	Requirements & Limits
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	
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	4	PA
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
ACCUPRIL	E	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTONE	E	
aliskiren fumarate	3	
ALTACE	E	
ALTOPREV	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	QL, H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	QL
AVALIDE	E	
AVAPRO	E	
benazepril hcl oral	1	

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
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	
ezetimibe-simvastatin	3	

Drug Name	Drug Tier	Requirements & Limits
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	
GONITRO	E	QL
guanfacine hcl	1	
HEMANGEOL	E	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
icosapent ethyl	E	PA
INDERAL LA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
KAPSPARGO SPRINKLE	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	

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
MAXZIDE	4	
MAXZIDE-25	4	
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	

Drug Name	Drug Tier	Requirements & Limits
PRALUENT	E	PA, ST, QL
pravastatin sodium	1	
prazosin hcl oral	1	
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	
SOAANZ	E	
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	
toremide	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	

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
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
VERELAN	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	
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
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

Drug Name	Drug Tier	Requirements & Limits
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
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	
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
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

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
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
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
<b>Central Nervous System Agents - Miscellaneous</b>		
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, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT	3	PA, ST, QL, SP
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
cavarest	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	4	
DENTAGEL	4	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
JUST RIGHT 5000	3	

Drug Name	Drug Tier	Requirements & Limits
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	4	
PERIDEX	4	
periogard	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	4	
PREVIDENT DENTAL	4	
PREVIDENT MOUTH/THROAT	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	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
ABSORICA	E	PA
accutane	2	
ACZONE EXTERNAL GEL 5 %	4	QL
ACZONE EXTERNAL GEL 7.5 %	3	QL
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	

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
betamethasone dipropionate aug external gel	1	
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	2	
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	2	
bp 10-1	1	
calcipotriene-betameth diprop	E	QL
calcitriol external	1	QL
CAPEX	2	
CARAC	E	
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	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

Drug Name	Drug Tier	Requirements & Limits
clobetasol propionate external lotion	E	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external shampoo	E	QL
clobetasol propionate external solution	1	QL
CLOBEX	E	QL
CLOBEX SPRAY	E	QL
clodan external shampoo	E	QL
clotrimazole-betamethasone external cream	1	QL
clotrimazole-betamethasone external lotion	1	
dapsone gel	E	QL
DERMA-SMOOTH/FS BODY	4	QL
DERMA-SMOOTH/FS SCALP	4	
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	
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	

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
fluocinonide external ointment	1	
fluocinonide external solution	1	
FLUOROPLEX	4	
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	PA
isotretinoin capsule 10 mg oral	2	(generic for Absorica)
isotretinoin capsule 20 mg oral	E	PA
isotretinoin capsule 20 mg oral	2	(generic for Absorica)
isotretinoin capsule 30 mg oral	E	PA
isotretinoin capsule 30 mg oral	2	(generic for Absorica)
isotretinoin capsule 40 mg oral	E	PA
isotretinoin capsule 40 mg oral	2	(generic for Absorica)
isotretinoin oral capsule 25 mg, 35 mg	E	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

Drug Name	Drug Tier	Requirements & Limits
mometasone furoate external	1	
myorisan	2	
neuac external gel	3	QL
NORITATE	E	
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	

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
SYNALAR	E	QL
TACLONEX EXTERNAL OINTMENT	E	QL
TACLONEX EXTERNAL SUSPENSION	3	QL
tazarotene external cream	3	PA, QL
TAZORAC	4	PA, QL
TEMOVATE	4	QL
TEXACORT	2	
tretinoin external cream	3	QL
tretinoin external gel 0.01 %, 0.025 %	E	QL
tretinoin external gel 0.05 %	E	PA, QL
triamcinolone acetonide external aerosol solution	2	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
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
<b>Diabetes - Glucose Monitoring</b>		
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	E	QL
ACCU-CHEK FASTCLIX LANCET KIT	1	

Drug Name	Drug Tier	Requirements & Limits
ACCU-CHEK FASTCLIX LANCETS	1	
ACCU-CHEK GUIDE BLOOD GLUCOSE METER	3	
ACCU-CHEK GUIDE KIT W/DEVICE	3	(Accu-Chek Guide Me)
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK MULTICLIX LANCET KIT	1	
ACCU-CHEK MULTICLIX LANCETS	1	
ACCU-CHEK 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	
BLOOD GLUCOSE TEST STRIPS	E	QL
CARETOUCH MONITOR SYSTEM	E	
CARETOUCH TEST	E	QL
CHEMSTRIP BG LOG BOOK	1	
CONTOUR MONITOR DEVICE	E	
CONTOUR MONITOR KIT W/DEVICE	E	
CONTOUR NEXT 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 DEVICE	E	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT TEST STRIPS	2	QL
CONTOUR TEST STRIPS	E	QL
CVS ADVANCED GLUCOSE TEST	E	QL
CVS GLUCOSE METER TEST STRIPS	E	QL
D-CARE BLOOD GLUCOSE	E	QL

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
D-CARE GLUCOMETER	E	
DEXCOM G6 SENSOR	3	PA, QL
EASY TOUCH TEST	E	QL
EASYMAX 15 TEST	E	QL
EASYMAX NG BLOOD GLUCOSE	E	
EASYMAX V BLOOD GLUCOSE	E	
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	E	QL
FORTISCARE G1 TEST STRIP	E	QL
FORTISCARE T1 GLUCOSE SYSTEM	E	
FORTISCARE TEST	E	QL
FREESTYLE LIBRE 14 DAY READER	3	PA
FREESTYLE LIBRE 14 DAY SENSOR	3	PA
FREESTYLE LIBRE 2 READER	3	PA
FREESTYLE LIBRE 2 SENSOR	3	PA
FREESTYLE LIBRE CONTINUOUS BLOOD GLUCOSE MONITOR	3	PA
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE PRECISION NEO SYSTEM	E	
FREESTYLE PRECISION NEO TEST	E	QL
GUARDIAN REAL-TIME REPLACE PED	3	PA
GUARDIAN SENSOR (3)	3	PA
IN TOUCH	1	
INSULIN PEN NEEDLES	2	
MICRODOT TEST	E	QL
MM EASY TOUCH GLUCOSE METER	E	
NEUTEK 2TEK TEST	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOTWIST	2	
ONETOUCH CLUB LANCETS FINE PT	1	
ONETOUCH DELICA LANCETS 30G	1	

Drug Name	Drug Tier	Requirements & Limits
ONETOUCH DELICA LANCETS 33G	1	
ONETOUCH DELICA LANCING DEV	1	QL
ONETOUCH DELICA PLUS LANCET30G	1	
ONETOUCH DELICA PLUS LANCET33G	1	
ONETOUCH DELICA PLUS LANCING	1	QL
ONETOUCH FINEPOINT LANCETS	1	
ONETOUCH SOLUTIONS STARTER KIT	E	
ONETOUCH SURESOFT LANCING DEV	1	
ONETOUCH ULTRA 2 KIT W/DEVICE	1	
ONETOUCH ULTRA MINI KIT W/DEVICE	1	
ONETOUCH ULTRA TEST STRIPS	1	QL
ONETOUCH ULTRASOFT LANCETS	1	
ONETOUCH VERIO FLEX SYSTEM	1	
ONETOUCH VERIO IQ SYSTEM	1	
ONETOUCH VERIO KIT W/DEVICE	1	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
OPTIUMEZ TEST	E	QL
PRECISION XTRA	E	
PRECISION XTRA BLOOD GLUCOSE	E	QL
PREMIUM BLOOD GLUCOSE TEST	E	QL
QUINTET AC BLOOD GLUCOSE	E	
QUINTET AC BLOOD GLUCOSE TEST	E	QL
QUINTET BLOOD GLUCOSE SYSTEM	E	
QUINTET BLOOD GLUCOSE TEST	E	QL
RELION TRUE MET AIR GLUC METER	E	
RELION TRUE METRIX TEST STRIPS	E	QL

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
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	QL
SURESTEP PRO LINEARITY	1	
TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
TRUE METRIX AIR GLUCOSE METER	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	QL
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER KIT	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	QL
TRUETRACK BLOOD GLUCOSE DEVICE	E	
TRUETRACK TEST	E	QL
UNISTRIP1 GENERIC	E	QL
<b>Diabetes - Insulin</b>		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
AFREZZA	E	PA, QL
BASAGLAR KWIKPEN	E	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG SUBCUTANEOUS SOLUTION	1	QL
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	1	QL
HUMULIN R VIAL	1	QL

Drug Name	Drug Tier	Requirements & Limits
INSULIN ASPART	E	ST, QL
INSULIN ASPART FLEXPEN	E	ST, QL
INSULIN ASPART PENFILL	E	ST, QL
INSULIN LISPRO	E	QL
INSULIN LISPRO (1 UNIT DIAL)	E	QL
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	PA, QL
LEVEMIR U-100 VIAL	E	PA, QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV VIAL	1	QL
NOVOLIN 70/30 FLEXPEN	E	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL
NOVOLIN 70/30 RELION	E	ST, QL
NOVOLIN 70/30 VIAL	E	ST, QL
NOVOLIN N FLEXPEN	E	ST, QL
NOVOLIN N FLEXPEN RELION	E	ST, QL
NOVOLIN N RELION	E	ST, QL
NOVOLIN N VIAL	E	ST, QL
NOVOLIN R FLEXPEN	E	ST, QL
NOVOLIN R FLEXPEN RELION	E	ST, QL
NOVOLIN R RELION	E	ST, QL
NOVOLIN R VIAL	E	ST, QL
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
<b>Diabetes - Non-Insulin Agents</b>		
ACTOS	E	QL
ADLYXIN	4	PA, ST, QL
ADLYXIN STARTER PACK	4	PA, ST, QL

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



Drug Name	Drug Tier	Requirements & Limits
ALOGLIPTIN BENZOATE	E	QL
ALOGLIPTIN-METFORMIN HCL	E	QL
ALOGLIPTIN-PIOGLITAZONE	E	QL
AMARYL	E	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE AUTOINJECTOR	2	PA, ST, QL
BYETTA 10 MCG PEN	2	PA, ST, QL
BYETTA 5 MCG PEN	2	PA, ST, QL
FARXIGA	E	ST, QL
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	2	(Fresenius), QL
GLUCOTROL XL	4	
GLUMETZA	E	PA
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST, QL
JANUVIA	E	ST, QL
JARDIANCE	2	ST, QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KAZANO	2	QL
KOMBIGLYZE XR	2	QL
metformin hcl er	1	
metformin hcl er (mod)	E	PA
metformin hcl er (osm)	E	PA
metformin hcl oral solution	3	
metformin hcl oral tablet	1	
NESINA	2	QL
ONGLYZA	2	QL
OSENI	2	QL
OZEMPIC	2	PA, ST, QL
pioglitazone hcl	1	QL
RIOMET	E	
RYBELSUS	2	PA, ST, QL

Drug Name	Drug Tier	Requirements & Limits
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
<b>Drugs for Blood Disorders</b>		
ADVATE	2	SP
ADYNOVATE	4	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	4	PA, SP
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	4	PA, SP
ALPHANATE	2	SP
ARANESP (ALBUMIN FREE)	2	QL, SP
DOPTELET	4	PA, ST, QL, SP
ELOCTATE	4	PA, SP
EMPAVELI	2	PA, QL, 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
MULPLETA	2	PA, QL, SP
NEULASTA	3	SP
NEULASTA ONPRO	E	SP
NOVOEIGHT	2	SP
NUVIQ	2	SP
RECOMBINATE	2	SP

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



Drug Name	Drug Tier	Requirements & Limits
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	SP
TAVALISSE	4	PA, QL, SP
WILATE	2	SP
ZARXIO	2	SP
ZIEXTENZO	3	SP

#### Drugs for Sexual Dysfunction

ADDYI	4	PA, QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	4	PA, QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	4	PA, QL
tadalafil oral	2	QL
VIAGRA	E	QL
VYLEESI	4	PA, QL

#### Electrolytes / Vitamins

cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
DRISDOL	4	
ERGOCAL	3	
ergocalciferol oral capsule	1	
FLORIVA PLUS	3	
folic acid oral tablet 1 mg	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	3	
klor-con m20	1	
K-TAB	3	
LOKELMA	3	PA, QL
multi-vitamin/fluoride	1	

Drug Name	Drug Tier	Requirements & Limits
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 0.5 mg oral	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL	3	
multivitamin/fluoride tablet chewable 1 mg oral	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL	3	
MULTI-VIT-FLOR	3	
NASCOBAL	3	
POLY-VI-FLOR	3	
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	1	
potassium chloride crys er oral tablet extended release 15 meq	3	
potassium chloride er	1	
potassium chloride oral packet	1	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
potassium citrate er	1	
PRENA1 PEARL	3	
QUFLORA PEDIATRIC	3	
UROKIT-K 10	4	
UROKIT-K 15	4	
UROKIT-K 5	4	
VELTASSA	3	PA, QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
VITAPEARL	3	

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

ACIPHEX	E	QL
CARAFATE	E	
CYTOTEC	4	
DEXILANT	E	QL
DEXLANSOPRAZOLE	E	QL
FIRST-OMEPRAZOLE	3	PA

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



Drug Name	Drug Tier	Requirements & Limits
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	
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
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
NULEV	4	

Drug Name	Drug Tier	Requirements & Limits
OSCIMIN	4	
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
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
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
CERDELGA	2	PA, SP
CREON	2	
CUPRIMINE	E	SP
DEPEN TITRATABS	2	SP
ENDARI	4	PA, QL
nitisinone	E	PA, SP
NITYR	E	PA
ORFADIN	2	PA, SP
PANCREAZE	3	ST
penicillamine oral capsule	E	SP
penicillamine oral tablet	2	SP
PERTZYE	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	

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



Drug Name	Drug Tier	Requirements & Limits
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
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
tiopronin	3	SP
TOVIAZ	E	
VELPHORO	2	
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	
<b>Hormonal Agents - Hormone Replacement and Birth Control</b>		
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

Drug Name	Drug Tier	Requirements & Limits
aurovela fe 1/20	1	H
aviane	1	H
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	

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
drospirenone-ethinyl estradiol	3	
DUAVEE	3	QL
ELESTRIN	3	
elimest	1	H
eluryng	1	H
emoquette	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal cream	3	
estradiol vaginal tablet	2	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
fayosim	E	
femynor	1	H

Drug Name	Drug Tier	Requirements & Limits
gemmily	E	
hailey 1.5/30	2	
hailey 24 fe	3	
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
heather	1	H
iclevia	2	H
incassia	1	H
introvale	2	H
isibloom	1	H
jaimiess	3	
jasmiel	3	
jencycla	1	H
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

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
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	
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	
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-linyah	1	H
MYFEMBREE	2	PA, QL
NATAZIA	2	
necon 0.5/35 (28)	1	H
nikki	3	
nora-be	1	H
norethin ace-eth estrad-fe oral capsule	E	

Drug Name	Drug Tier	Requirements & Limits
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	E	
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	2	
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyda	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
NUVARING	E	
nylia 1/35	1	H
nymyo	1	H
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

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
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	
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	E	QL
volnea	2	
vyfemla	2	
vylibra	1	H
wera	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvafem	2	
zafemy	3	H

Drug Name	Drug Tier	Requirements & Limits
zumandimine	3	
<b>Hormonal Agents - Oral Steroids</b>		
ALKINDI SPRINKLE	E	PA
CORTEF	4	
DECADRON	E	
DEXABLISS	E	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DXEVO 11-DAY	E	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	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	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL
prednisolone sodium phosphate oral tablet dispersible	1	
prednisone intensol	1	
prednisone oral	1	
RAYOS	E	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	4	

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
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
ZCORT 7-DAY	E	
<b>Hormonal Agents - Other</b>		
cabergoline	2	
DDAVP	E	
DDAVP PF	E	
desmopressin acetate injection	1	
DESMOPRESSIN ACETATE NASAL	3	
desmopressin acetate oral	1	
desmopressin acetate pf	1	
GENOTROPIN	E	PA, QL, SP
GENOTROPIN MINIQUICK	E	PA, QL, SP
HUMATROPE	E	PA, QL, SP
LANREOTIDE ACETATE	4	SP
NOCDURNA	3	PA, QL
NORDITROPIN FLEXPPO	E	PA, QL, SP
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP
OMNITROPE	E	PA, QL, SP
ORIAHNN	2	QL
ORLISSA	2	PA, QL
SOMATULINE DEPOT	4	SP
STIMATE	3	
ZOMACTON	E	PA, QL, SP
ZOMACTON (FOR ZOMA-JET 10)	E	PA, QL, SP
<b>Hormonal Agents - Testosterone Replacement</b>		
ANDRODERM	2	PA, QL
ANDROGEL	E	PA, QL
ANDROGEL PUMP	E	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
FORTESTA	E	PA, QL
NATESTO	E	PA, QL
TESTIM	2	PA, QL

Drug Name	Drug Tier	Requirements & Limits
testosterone cypionate intramuscular	1	
testosterone gel 50 mg/5gm (1%) transdermal	4	PA, QL
testosterone gel 50 mg/5gm (1%) transdermal	E	PA, QL
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)	E	PA, QL
testosterone transdermal solution	E	PA, QL
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
<b>Hormonal Agents - Thyroid</b>		
ARMOUR THYROID	3	
CYTOMEL	E	
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	E	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
NATURE-THROID	3	
np thyroid	1	
SYNTHROID	E	
THYQUIDITY	E	PA
TIROSINT	E	
TIROSINT-SOL	2	PA
unithroid	1	
WESTHROID	3	
WP THYROID	3	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ASTAGRAF XL	E	
AZASAN	4	
azathioprine oral tablet 100 mg, 75 mg	3	

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



Drug Name	Drug Tier	Requirements & Limits
azathioprine oral tablet 50 mg	1	
BERINERT	4	PA, ST, QL, SP
CELLCEPT	E	
CIMZIA PREFILLED KIT	2	PA, QL, SP
CIMZIA STARTER KIT	2	PA, QL, SP
CINRYZE	E	PA, QL, SP
COSENTYX (300 MG DOSE)	3	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	3	PA, ST, QL, SP
COSENTYX SENSOREADY (300 MG)	3	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	3	PA, ST, QL, SP
cyclosporine modified	1	
ENBREL MINI	4	PA, ST, QL, SP
ENBREL SUBCUTANEOUS SOLUTION	4	PA, ST, QL, SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA, ST, QL, SP
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/UVEIT STARTER	2	PA, QL, SP
icatibant acetate	E	PA, QL, SP
IMURAN	E	

Drug Name	Drug Tier	Requirements & Limits
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 1 MG	2	PA, QL, SP
OLUMIANT ORAL TABLET 2 MG	2	PA, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
OTEZLA	2	PA, QL, SP
OTREXUP	E	QL
PROGRAF ORAL CAPSULE	4	
PROGRAF ORAL PACKET	4	PA
RAPAMUNE ORAL SOLUTION	4	
RAPAMUNE ORAL TABLET	E	
RASUVO	2	QL
REDITREX	E	QL
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	2	PA, QL, SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG	2	PA, SP
RUCONEST	4	PA, QL, SP
sajazir	E	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral solution	2	
sirolimus oral tablet	1	
SKYRIZI	2	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION	2	PA, SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO SUBCUTANEOUS SOLUTION	2	PA, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	

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



Drug Name	Drug Tier	Requirements & Limits
XELJANZ	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 SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA, QL, SP
<b>Infertility Agents</b>		
CHORIONIC GONADOTROPIN INTRAMUSCULAR	4	SP
CRINONE	4	ST
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
fyremadel	3	QL, 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	3	SP
OVIDREL	4	SP
PREGNYL	1	SP
<b>Inflammatory Bowel Disease Agents</b>		
ANALPRAM HC	4	
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	

Drug Name	Drug Tier	Requirements & Limits
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	
TARPEYO	E	PA, QL
UCERIS ORAL	3	
UCERIS RECTAL	2	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
alendronate sodium	1	
BINOSTO	E	QL
BONIVA	E	
calcitriol oral	1	
FORTEO	E	PA, ST, SP
FOSAMAX	4	
ibandronate sodium oral	2	
RAYALDEE	E	
ROCALTROL	4	
TERIPARATIDE (RECOMBINANT)	3	PA, SP
TYMLOS	3	PA, SP
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
ACULAR	4	
ACULAR LS	4	
ACUVAIL	E	
ALREX	4	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
CILOXAN OPHTHALMIC OINTMENT	3	

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



Drug Name	Drug Tier	Requirements & Limits
CILOXAN OPHTHALMIC SOLUTION	4	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	4	QL
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LASTACAFT	3	QL
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	E	
loteprednol etabonate ophthalmic suspension	3	QL
MAXITROL	4	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic solution	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	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	

Drug Name	Drug Tier	Requirements & Limits
TOBRADEX OPHTHALMIC SUSPENSION	4	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
TOBREX	3	QL
VIGAMOX	E	
ZYLET	3	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
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	
BRIMONIDINE TARTRATE-TIMOLOL	E	QL
brinzolamide	2	QL
COMBIGAN	2	QL
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	

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
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 ophthalmic	E	PA, QL
FLAREX	2	
RESTASIS	4	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	4	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
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

Drug Name	Drug Tier	Requirements & Limits
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl nasal solution 0.15 %	E	
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
cyproheptadine hcl oral	1	
fluticasone propionate nasal	2	QL
hydrocodone polst-chlorphen polst er susp	3	PA, QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
OMNARIS	E	QL
promethazine hcl oral solution	1	
promethazine hcl oral syrup	1	
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
XHANCE	E	QL
ZETONNA	3	QL

#### Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD

ADVAIR DISKUS	3	QL, RS
ADVAIR HFA	3	QL, RS
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(ProAir HFA or Proventil HFA), QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(Ventolin HFA), QL
albuterol sulfate inhalation	1	
albuterol sulfate oral syrup	1	
albuterol sulfate oral tablet	3	PA

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



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

Drug Name	Drug Tier	Requirements & Limits
PERFOROMIST	4	QL
PROAIR HFA	E	QL
PROAIR RESPICLICK	E	QL
PROVENTIL HFA	E	QL
PULMICORT FLEXHALER	1	QL
PULMICORT SUSPENSION	E	QL
QVAR REDHALER	E	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL
wixela inhub	E	QL, RS
XOPENEX HFA	3	QL
YUPELRI	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

#### 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

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
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 SOLUTION	4	PA
baclofen oral tablet	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	
FLEQSUVY	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	
SUNOSI	3	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYREM	4	PA, QL, SP

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

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



# Index

A					
ABILIFY	15	ADEMPAS	38	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	36
ABSORICA	20, 22	ADHANSIA XR	19	ALPHANATE	26
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	23	ADLYXIN	25	alprazolam er	16
ACCU-CHEK FASTCLIX LANCET KIT	23	ADLYXIN STARTER PACK	25	alprazolam intensol	16
ACCU-CHEK FASTCLIX LANCETS	23	ADMELOG	25	alprazolam oral	16
ACCU-CHEK GUIDE BLOOD GLUCOSE METER	23	ADMELOG SOLOSTAR	25	alprazolam xr	16
ACCU-CHEK GUIDE KIT W/DEVICE	23	ADVAIR DISKUS	37	ALREX	35
ACCU-CHEK GUIDE TEST STRIPS	23	ADVAIR HFA	37	ALTACE	16
ACCU-CHEK MULTICLIX LANCET KIT	23	ADVATE	26	altavera	29
ACCU-CHEK MULTICLIX LANCETS	23	ADYNOVATE	26	ALTOPREV	16
ACCU-CHEK SMARTVIEW TEST STRIPS	23	afirmelle	29	ALTRENO	20
ACCU-CHEK SOFT TOUCH LANCETS	23	AFREZZA	25	ALUNBRIG	14
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	23	AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	26	ALVESCO	38
ACCU-CHEK SOFTCLIX LANCETS	23	AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	26	alyacen 1/35	29
ACCUPRIL	16	AIMOVIQ	13	AMARYL	26
accutane	20	AIMOVIQ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	13	AMBIEN	39
ACCU-TREND GLUCOSE	23	AIRDUO RESPICLICK 113/14	37	AMBIEN CR	39
acetaminophen-codeine	8	AIRDUO RESPICLICK 232/14	37	AMERGE	13
acetaminophen-codeine #2	8	AIRDUO RESPICLICK 55/14	37	amethia	29
acetaminophen-codeine #3	8	ALA SCALP	20	amiodarone hcl oral	16
acetaminophen-codeine #4	8	ala-cort external cream 1 %	20	amitriptyline hcl oral	12
acetazolamide er	16	ala-cort external cream 2.5 %	20	amlodipine besylate oral	16
acetazolamide oral	16	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	37	amlodipine besylate-benazepril hcl	16
ACIPHEX	27	albuterol sulfate inhalation	37	amlodipine besylate-valsartan	16
ACTEMRA ACTPEN	33	albuterol sulfate oral syrup	37	amnestem	20
ACTEMRA SUBCUTANEOUS	33	albuterol sulfate oral tablet	37	amoxicillin	10
ACTICLATE	10	ALDACTONE	16	amoxicillin-potassium clavulanate	10
ACTOS	25	ALDARA	20	er	10
ACULAR	35	ALECENSA	14	amphetamine-dextroamphetamine	19
ACULAR LS	35	alendronate sodium	35	amphetamine-dextroamphetamine er	19
ACUVAIL	35	alfuzosin hcl er	29	AMPYRA	19
acyclovir oral	15	aliskiren fumarate	16	AMRIX	39
ACZONE EXTERNAL GEL 5 %	20	ALKINDI SPRINKLE	32	AMZEEQ	20
ACZONE EXTERNAL GEL 7.5 %	20	allopurinol oral	13	ANALPRAM HC	35
ADDERALL	19	ALOGLIPTIN BENZOATE	26	ANALPRAM HC SINGLES	35
ADDERALL XR	19	ALOGLIPTIN-METFORMIN HCL	26	ANALPRAM-HC EXTERNAL CREAM	35
ADDYI	27	ALOGLIPTIN-PIOGLITAZONE	26	ANALPRAM-HC EXTERNAL LOTION	35
		ALORA	29	ANAPROX DS	9
		ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	36	ANASPAZ	28
				anastrozole oral	14
				ANDRODERM	33
				ANDROGEL	33





ANDROGEL PUMP . . . . .	33	aurovela 1.5/30 . . . . .	29	BASAGLAR KWIKPEN . . . . .	25
ANNOVERA . . . . .	29	aurovela 24 fe . . . . .	29	bd autoshield duo pen needles . . . . .	23
ANORO ELLIPTA . . . . .	38	aurovela fe 1/20 . . . . .	29	bd ultra-fine insulin syringes . . . . .	23
apap-caff-dihydrocodeine oral capsule . . . . .	8	aurovela fe 1.5/30 . . . . .	29	bd ultra-fine pen needles . . . . .	23
apap-caff-dihydrocodeine oral tablet . . . . .	8	AURYXIA . . . . .	29	BELBUCA . . . . .	8
APOKYN . . . . .	14	AUSTEDO . . . . .	20	BELSOMRA . . . . .	39
apomorphine hcl subcutaneous . . . . .	14	AUVI-Q . . . . .	37	benazepril hcl oral . . . . .	16
apri . . . . .	29	AVALIDE . . . . .	16	benazepril-hydrochlorothiazide . . . . .	17
APRISO . . . . .	35	AVAPRO . . . . .	16	BENICAR . . . . .	17
APTENSIO XR . . . . .	19	AVAR CLEANSER . . . . .	20	BENICAR HCT . . . . .	17
ARAKODA . . . . .	14	AVAR LS CLEANSER . . . . .	20	benzonatate oral capsule 100 mg, 200 mg . . . . .	37
ARANESP (ALBUMIN FREE) . . . . .	26	AVAR-E EMOLLIENT . . . . .	20	benzonatate oral capsule 150 mg . . . . .	37
ARCAPTA NEOHALER . . . . .	38	AVAR-E GREEN . . . . .	20	BERINERT . . . . .	34
ARICEPT . . . . .	12	AVAR-E LS . . . . .	20	BESIVANCE . . . . .	35
ARIMIDEX . . . . .	14	aviane . . . . .	29	betamethasone dipropionate aug external cream . . . . .	20
aripiprazole oral solution . . . . .	15	avidoxy . . . . .	10	betamethasone dipropionate aug external gel . . . . .	21
aripiprazole oral tablet . . . . .	15	AVITA . . . . .	20	betamethasone dipropionate aug external lotion . . . . .	21
aripiprazole oral tablet dispersible . . . . .	15	AVONEX PEN . . . . .	19	betamethasone dipropionate aug external ointment . . . . .	21
ARMOUR THYROID . . . . .	33	AVONEX PREFILLED . . . . .	19	betamethasone dipropionate external cream . . . . .	21
ARNUITY ELLIPTA . . . . .	38	AYGESTIN . . . . .	29	betamethasone dipropionate external lotion . . . . .	21
ASACOL HD . . . . .	35	ayuna . . . . .	29	betamethasone dipropionate external ointment . . . . .	21
asenapine maleate . . . . .	15	AZASAN . . . . .	33	BETAPACE . . . . .	17
ashlyna . . . . .	29	AZASITE . . . . .	35	BETASERON . . . . .	19
ASMANEX (120 METERED DOSES) . . . . .	38	azathioprine oral tablet 100 mg, 75 mg . . . . .	33	BETHKIS . . . . .	38
ASMANEX (14 METERED DOSES) . . . . .	38	azathioprine oral tablet 50 mg . . . . .	34	BETIMOL . . . . .	36
ASMANEX (30 METERED DOSES) . . . . .	38	azelaic acid external . . . . .	20	BEVESPI AEROSPHERE . . . . .	38
ASMANEX (60 METERED DOSES) . . . . .	38	azelastine hcl nasal solution 0.1 %, 137 mcg/spray . . . . .	37	bexarotene . . . . .	14
ASMANEX HFA . . . . .	38	azelastine hcl nasal solution 0.15 % . . . . .	37	BEYAZ . . . . .	29
ASTAGRAF XL . . . . .	33	azelastine hcl ophthalmic . . . . .	35	BIDIL . . . . .	17
atenolol oral . . . . .	16	azithromycin oral . . . . .	10	BIJUVA . . . . .	29
atenolol-chlorthalidone . . . . .	16	AZOPT . . . . .	36	bimatoprost ophthalmic . . . . .	36
ATIVAN ORAL . . . . .	16	AZULFIDINE . . . . .	35	BINOSTO . . . . .	35
atomoxetine hcl . . . . .	19	AZULFIDINE EN-TABS . . . . .	35	bisoprolol fumarate oral . . . . .	17
atorvastatin calcium oral tablet 10 mg, 20 mg . . . . .	16	azurette . . . . .	29	bisoprolol-hydrochlorothiazide . . . . .	17
atorvastatin calcium oral tablet 40 mg, 80 mg . . . . .	16			blisovi 24 fe . . . . .	29
atovaquone-proguanil hcl . . . . .	14			blisovi fe 1/20 . . . . .	29
ATRALIN . . . . .	20			blisovi fe 1.5/30 . . . . .	29
ATRIPLA . . . . .	15			BLOOD GLUCOSE TEST STRIPS . . . . .	23
ATROVENT HFA . . . . .	38			BONIVA . . . . .	35
AUBAGIO . . . . .	19			BONJESTA . . . . .	13
aubra . . . . .	29			bosentan . . . . .	38
aubra eq . . . . .	29				
AUGMENTIN . . . . .	10				
AUGMENTIN ES-600 . . . . .	10				
aurovela 1/20 . . . . .	29				

## B

bac . . . . .	8
BACLOFEN ORAL SOLUTION . . . . .	39
baclofen oral tablet . . . . .	39
BACTRIM . . . . .	10
BACTRIM DS . . . . .	10
BAFIERTAM . . . . .	19
balziva . . . . .	29
BAQSIMI ONE PACK . . . . .	26
BAQSIMI TWO PACK . . . . .	26
BARACLUDE ORAL SOLUTION . . . . .	15
BARACLUDE ORAL TABLET . . . . .	15



bp 10-1 . . . . .	21	camila . . . . .	29	CHORIONIC GONADOTROPIN	
BREO ELLIPTA . . . . .	38	camrese . . . . .	29	INTRAMUSCULAR . . . . .	35
BREZTRI AEROSPHERE . . . . .	38	camrese lo . . . . .	29	CIALIS . . . . .	27
briellyn . . . . .	29	CANASA . . . . .	35	ciclodan . . . . .	13
BRILINTA . . . . .	15	capecitabine . . . . .	14	ciclopirox external gel . . . . .	13
brimonidine tartrate ophthalmic		CAPEX . . . . .	21	ciclopirox external shampoo . . . . .	13
solution 0.15 % . . . . .	36	CARAC . . . . .	21	ciclopirox external solution . . . . .	13
brimonidine tartrate ophthalmic		CARAFATE . . . . .	27	ciclopirox treatment . . . . .	13
solution 0.2 % . . . . .	36	carbamazepine er oral capsule		CILOXAN OPHTHALMIC	
BRIMONIDINE TARTRATE-		extended release 12 hour . . . . .	11	OINTMENT . . . . .	35
TIMOLOL . . . . .	36	carbamazepine er oral tablet		CILOXAN OPHTHALMIC	
brinzolamide . . . . .	36	extended release 12 hour . . . . .	11	SOLUTION . . . . .	36
BRIVIACT ORAL SOLUTION . . . . .	11	carbamazepine oral . . . . .	11	CIMDUO . . . . .	15
BRIVIACT ORAL TABLET . . . . .	11	CARBATROL . . . . .	11	CIMZIA PREFILLED KIT . . . . .	34
BRONCHITOL . . . . .	38	carbidoopa-levodopa . . . . .	14	CIMZIA STARTER KIT . . . . .	34
BRONCHITOL TOLERANCE TEST . . . . .	38	carbidoopa-levodopa er . . . . .	14	CINRYZE . . . . .	34
budesonide er . . . . .	35	CARDIZEM . . . . .	17	CIPRO ORAL TABLET . . . . .	10
budesonide inhalation . . . . .	38	CARDIZEM CD . . . . .	17	CIPRODEX . . . . .	37
budesonide oral . . . . .	35	CARDIZEM LA . . . . .	17	ciprofloxacin hcl ophthalmic . . . . .	36
BUDESONIDE-FORMOTEROL		CARDURA . . . . .	17	ciprofloxacin hcl oral . . . . .	10
FUMARATE . . . . .	38	CARETOUCH MONITOR SYSTEM . . . . .	23	ciprofloxacin-dexamethasone . . . . .	37
buprenorphine hcl sublingual . . . . .	10	CARETOUCH TEST . . . . .	23	CITALOPRAM HYDROBROMIDE	
buprenorphine hcl-naloxone hcl . . . . .	10	carisoprodol oral tablet 250 mg . . . . .	39	ORAL CAPSULE . . . . .	12
bupropion hcl er (sr) . . . . .	12	carisoprodol oral tablet 350 mg . . . . .	39	citalopram hydrobromide oral	
bupropion hcl er (xl) oral tablet		CAROSPIR . . . . .	17	solution . . . . .	12
extended release 24 hour 150 mg,		cartia xt . . . . .	17	citalopram hydrobromide oral	
300 mg . . . . .	12	carvedilol . . . . .	17	tablet . . . . .	12
BUPROPION HCL ER (XL) ORAL		CATAFLAM . . . . .	9	claravis . . . . .	21
TABLET EXTENDED RELEASE		cavarest . . . . .	20	clarithromycin er . . . . .	10
24 HOUR 450 MG . . . . .	12	cefadroxil . . . . .	10	clarithromycin oral suspension	
bupropion hcl oral . . . . .	12	cefdinir . . . . .	10	reconstituted . . . . .	10
buspirone hcl oral . . . . .	16	cefuroxime axetil . . . . .	10	clarithromycin oral tablet . . . . .	10
butalbital-apap-caffeine oral		CELEBREX . . . . .	9	CLENIA PLUS . . . . .	21
capsule 50-300-40 mg . . . . .	8	celecoxib oral . . . . .	9	CLENPIQ . . . . .	28
butalbital-apap-caffeine oral		CELEXA . . . . .	12	CLEOCIN ORAL CAPSULE	
capsule 50-325-40 mg . . . . .	8	CELLCEPT . . . . .	34	150 MG, 300 MG . . . . .	10
butalbital-apap-caffeine oral tablet . . . . .	8	CENTANY . . . . .	10	CLEOCIN ORAL CAPSULE 75 MG . . . . .	10
BYDUREON BCISE		CENTANY AT . . . . .	10	CLEOCIN-T . . . . .	21
AUTOINJECTOR . . . . .	26	cephalexin . . . . .	10	CLIMARA . . . . .	29, 30
BYETTA 10 MCG PEN . . . . .	26	CEQUA . . . . .	37	CLIMARA PRO . . . . .	29
BYETTA 5 MCG PEN . . . . .	26	CERDELGA . . . . .	28	clindacin etz external swab . . . . .	21
BYSTOLIC . . . . .	17	charlotte 24 fe . . . . .	29	clindacin-p . . . . .	21
<b>C</b>					
cabergoline . . . . .	33	chateal . . . . .	29	CLINDAGEL . . . . .	21
CALAN SR . . . . .	17	chateal eq . . . . .	29	clindamycin hcl oral . . . . .	10
calcipotriene-betameth diprop . . . . .	21	CHEMSTRIP BG LOG BOOK . . . . .	23	clindamycin phos-benzoyl perox	
calcitriol external . . . . .	21	chlorhexidine gluconate mouth/		external gel 1.2-5 % . . . . .	21
calcitriol oral . . . . .	35	throat . . . . .	20	clindamycin phosphate external	
CALQUENCE . . . . .	14	chlorthalidone . . . . .	17	foam . . . . .	21
				clindamycin phosphate external	
				lotion . . . . .	21



clindamycin phosphate external solution . . . . .	21	CONTOUR NEXT ONE DEVICE . . . . .	23	cyred eq . . . . .	29
clindamycin phosphate external swab . . . . .	21	CONTOUR NEXT ONE KIT . . . . .	23	CYTOMEL . . . . .	33
clindamycin phosphate gel 1 % external . . . . .	21	CONTOUR NEXT TEST STRIPS . . . . .	23	CYTOTEC . . . . .	27
CLINDESSE . . . . .	10	CONTOUR TEST STRIPS . . . . .	23	<b>D</b>	
CLINPRO 5000 . . . . .	20	CONZIP . . . . .	8	D-CARE BLOOD GLUCOSE . . . . .	23
clobetasol propionate external cream . . . . .	21	COPAXONE . . . . .	19	D-CARE GLUCOMETER . . . . .	24
clobetasol propionate external foam . . . . .	21	COREG . . . . .	17	dalfampridine er . . . . .	19
clobetasol propionate external gel . . . . .	21	coremino . . . . .	10	dapsone gel . . . . .	21
clobetasol propionate external liquid . . . . .	21	CORGARD . . . . .	17	dasetta 1/35 . . . . .	29
clobetasol propionate external lotion . . . . .	21	CORLANOR . . . . .	17	daysee . . . . .	29
clobetasol propionate external ointment . . . . .	21	CORTEF . . . . .	32	DAYVIGO . . . . .	39
clobetasol propionate external shampoo . . . . .	21	CORTIFOAM . . . . .	35	DDAVP . . . . .	33
clobetasol propionate external solution . . . . .	21	COSENTYX (300 MG DOSE) . . . . .	34	DDAVP PF . . . . .	33
CLOBEX . . . . .	21	COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML . . . . .	34	deblitane . . . . .	29
CLOBEX SPRAY . . . . .	21	COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML . . . . .	34	DECADRON . . . . .	32
clodan external shampoo . . . . .	21	COSENTYX SENSOREADY (300 MG) . . . . .	34	delyla . . . . .	29
clonazepam oral . . . . .	16	COSENTYX SENSOREADY PEN . . . . .	34	DELZICOL . . . . .	35
clonidine hcl oral . . . . .	17	COSOPT . . . . .	36	DENTA 5000 PLUS . . . . .	20
clopidogrel bisulfate oral . . . . .	15	COSOPT PF . . . . .	36	DENTAGEL . . . . .	20
clotrimazole-betamethasone external cream . . . . .	21	COZAAR . . . . .	17	DEPAKOTE . . . . .	11
clotrimazole-betamethasone external lotion . . . . .	21	CREON . . . . .	28	DEPAKOTE ER . . . . .	11
COLCHICINE ORAL CAPSULE . . . . .	13	CRESEMBA ORAL . . . . .	13	DEPAKOTE SPRINKLES . . . . .	11
colchicine oral tablet . . . . .	13	CRESTOR . . . . .	17	DEPEN TITRATABS . . . . .	28
COLCRYS . . . . .	13	CRINONE . . . . .	35	DEPO-PROVERA INTRAMUSCULAR SUSPENSION . . . . .	29
colesevelam hcl . . . . .	17	cryselle-28 . . . . .	29	DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE . . . . .	29
COMBIGAN . . . . .	36	CUPRIMINE . . . . .	28	DEPO-SUBQ PROVERA 104 . . . . .	29
COMBIVENT RESPIMAT . . . . .	38	CVS ADVANCED GLUCOSE TEST . . . . .	23	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML . . . . .	33
CONCERTA . . . . .	19	CVS GLUCOSE METER TEST STRIPS . . . . .	23	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML . . . . .	33
CONTOUR MONITOR DEVICE . . . . .	23	cyanocobalamin injection solution 1000 mcg/ml . . . . .	27	DERMA-SMOOTHIE/FS BODY . . . . .	21
CONTOUR MONITOR KIT W/DEVICE . . . . .	23	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML . . . . .	27	DERMA-SMOOTHIE/FS SCALP . . . . .	21
CONTOUR NEXT BLOOD GLUCOSE METER . . . . .	23	cyclafem 1/35 . . . . .	29	DESCOVY ORAL TABLET 200-25 MG . . . . .	15
CONTOUR NEXT EZ KIT W/DEVICE . . . . .	23	cyclobenzaprine hcl er . . . . .	39	DESCOVY TABLET 120-15 MG ORAL . . . . .	15
CONTOUR NEXT LINK KIT W/DEVICE . . . . .	23	cyclobenzaprine hcl oral tablet 10 mg, 5 mg . . . . .	39	desmopressin acetate injection . . . . .	33
CONTOUR NEXT MONITOR KIT W/DEVICE . . . . .	23	cyclobenzaprine hcl oral tablet 7.5 mg . . . . .	39	DESMOPRESSIN ACETATE NASAL . . . . .	33
		cyclosporine modified . . . . .	34	desmopressin acetate oral . . . . .	33
		cyclosporine ophthalmic . . . . .	37	desmopressin acetate pf . . . . .	33
		CYMBALTA . . . . .	12	desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5) . . . . .	29
		cyproheptadine hcl oral . . . . .	37		
		cyred . . . . .	29		



desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg . . . . .	29	diltiazem hcl oral . . . . .	17	DRIZALMA SPRINKLE . . . . .	12
desonide external cream . . . . .	21	DIOVAN . . . . .	17	drosipren-eth estrad-levomefol . . . . .	29
desonide external gel . . . . .	21	DIOVAN HCT . . . . .	17	drosiprenone-ethinyl estradiol . . . . .	30
desonide external lotion . . . . .	21	DIPENTUM . . . . .	35	DUAVEE . . . . .	30
desonide external ointment . . . . .	21	diphenoxylate-atropine . . . . .	28	duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg . . . . .	12
DESOWEN . . . . .	21	DIPROLENE . . . . .	21	duloxetine hcl oral capsule delayed release particles 40 mg . . . . .	12
desrx . . . . .	21	DITROPAN XL . . . . .	29	DUOPA . . . . .	15
desvenlafaxine succinate er . . . . .	12	divalproex sodium er . . . . .	11	DUPIXENT . . . . .	21
DEXABLISS . . . . .	32	divalproex sodium oral capsule delayed release sprinkle . . . . .	11	DUROLANE . . . . .	8
dexamethasone intensol . . . . .	32	divalproex sodium oral tablet delayed release . . . . .	11	DXEVO 11-DAY . . . . .	32
dexamethasone oral elixir . . . . .	32	DIVIGEL . . . . .	29		
dexamethasone oral solution . . . . .	32	donepezil hcl oral tablet 10 mg, 5 mg . . . . .	12	<b>E</b>	
dexamethasone oral tablet . . . . .	32	donepezil hcl oral tablet 23 mg . . . . .	12	EASY TOUCH TEST . . . . .	24
dexamethasone oral tablet therapy pack . . . . .	32	donepezil hcl oral tablet dispersible . . . . .	12	EASYMAX 15 TEST . . . . .	24
DEXCOM G6 SENSOR . . . . .	24	DOPTelet . . . . .	26	EASYMAX NG BLOOD GLUCOSE . . . . .	24
DEXEDRINE . . . . .	19	DORYX . . . . .	10	EASYMAX V BLOOD GLUCOSE . . . . .	24
DEXILANT . . . . .	27	DORYX MPC . . . . .	10	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG . . . . .	9
DEXLANSOPRAZOLE . . . . .	27	dorzolamide hcl-timolol mal . . . . .	36	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG . . . . .	9
dexmethylphenidate hcl . . . . .	19	dorzolamide hcl-timolol mal pf . . . . .	36	ec-naproxen . . . . .	9
dexmethylphenidate hcl er . . . . .	19	dotti . . . . .	29	ED-SPAZ . . . . .	28
dextroamphetamine sulfate er . . . . .	19	DOVATO . . . . .	15	EDARBI . . . . .	17
dextroamphetamine sulfate oral solution . . . . .	19	doxazosin mesylate oral . . . . .	17	EDARBYCLOR . . . . .	17
dextroamphetamine sulfate oral tablet . . . . .	19	doxepin hcl oral capsule . . . . .	12	EDLUAR . . . . .	39
DHIVY . . . . .	14	doxepin hcl oral concentrate . . . . .	12	efavirenz-emtricitab-tenofovir . . . . .	15
DIASTAT ACUDIAL . . . . .	11	doxycycline hyclate oral capsule . . . . .	10	efavirenz-lamivudine-tenofovir . . . . .	15
DIASTAT PEDIATRIC . . . . .	11	doxycycline hyclate oral tablet 100 mg . . . . .	10	EFFEXOR XR . . . . .	12
diazepam intensol . . . . .	16	doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg . . . . .	10	EFUDEX . . . . .	21
diazepam oral . . . . .	16	doxycycline hyclate oral tablet 20 mg . . . . .	10	ELEPSIA XR . . . . .	11
diazepam rectal . . . . .	11	doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg . . . . .	10	ELESTRIN . . . . .	30
DICLEGIS . . . . .	13	DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG . . . . .	10	eletriptan hydrobromide . . . . .	13
diclofenac potassium oral tablet 25 mg . . . . .	9	doxycycline monohydrate oral capsule 100 mg, 50 mg . . . . .	10	elinest . . . . .	30
diclofenac potassium oral tablet 50 mg . . . . .	9	doxycycline monohydrate oral capsule 150 mg, 75 mg . . . . .	10	ELIQUIS . . . . .	11
diclofenac sodium er . . . . .	9	doxycycline monohydrate oral suspension reconstituted . . . . .	10	ELIQUIS DVT/PE STARTER PACK . . . . .	11
diclofenac sodium external gel 1 % . . . . .	9	doxycycline monohydrate oral tablet . . . . .	10	ELOCTATE . . . . .	26
diclofenac sodium external solution . . . . .	9	doxylamine-pyridoxine . . . . .	13	eluryng . . . . .	30
diclofenac sodium oral . . . . .	9	DRISDOL . . . . .	27	EMGALITY . . . . .	13
dicyclomine hcl oral . . . . .	28			EMGALITY (300 MG DOSE) . . . . .	13
DIFICID . . . . .	10			emoquette . . . . .	30
DIFLUCAN . . . . .	13			EMPAVELI . . . . .	26
DILAUDID ORAL . . . . .	8			emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg . . . . .	15
dilt-xr . . . . .	17			emtricitabine-tenofovir df oral tablet 200-300 mg . . . . .	15
diltiazem hcl er . . . . .	17			enalapril maleate oral solution . . . . .	17
diltiazem hcl er coated beads . . . . .	17				



enalapril maleate oral tablet . . . . .	17	estradiol patch twice weekly 0.0375 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
ENBREL MINI. . . . .	34	estradiol patch twice weekly 0.05 mg/24hr transdermal . . . . .	30	fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr . . . . .	8
ENBREL SUBCUTANEOUS SOLUTION . . . . .	34	estradiol patch twice weekly 0.075 mg/24hr transdermal . . . . .	30	FEXMID. . . . .	39
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE. . . . .	34	estradiol patch twice weekly 0.1 mg/24hr transdermal . . . . .	30	FINACEA . . . . .	21
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED. . . . .	34	estradiol transdermal patch weekly. . . . .	30	finasteride oral tablet 5 mg. . . . .	29
ENBREL SURECLICK . . . . .	34	estradiol vaginal cream. . . . .	30	FIORICET . . . . .	8
ENDARI. . . . .	28	estradiol vaginal tablet . . . . .	30	FIRAZYR . . . . .	34
endocet . . . . .	8	ESTRING . . . . .	30	FIRST-OMEPRAZOLE. . . . .	27
ENDOMETRIN . . . . .	35	ESTROGEL . . . . .	30	FLAGYL . . . . .	10
ENLITE GLUCOSE SENSOR . . . . .	24	eszopiclone . . . . .	39	FLAREX . . . . .	37
enoxaparin sodium . . . . .	11	etodolac . . . . .	9	flecainide acetate . . . . .	17
enskyce . . . . .	30	etodolac er. . . . .	9	FLEQSUVY. . . . .	39
ENSTILAR . . . . .	21	etonogestrel-ethinyl estradiol. . . . .	30	FLOLIPID . . . . .	17
entecavir. . . . .	15	EUCRISA . . . . .	21	FLOMAX. . . . .	29
ENVARUSUS XR . . . . .	34	EUFLEXXA. . . . .	8	FLORIVA PLUS . . . . .	27
EPANED . . . . .	17	euthyrox . . . . .	33	FLOVENT DISKUS. . . . .	38
EPCLUSA ORAL PACKET 150-37.5 MG. . . . .	15	EVAMIST . . . . .	30	FLOVENT HFA. . . . .	38
EPCLUSA ORAL PACKET 200-50 MG. . . . .	15	EVOCLIN . . . . .	21	fluconazole oral. . . . .	13
EPCLUSA ORAL TABLET. . . . .	15	EXFORGE. . . . .	17	fluocinolone acetonide body . . . . .	21
epinephrine injection solution auto- injector 0.15 mg/0.15ml. . . . .	37	EXKIVITY . . . . .	14	fluocinolone acetonide external cream . . . . .	21
epinephrine solution auto-injector 0.15 mg/0.3ml injection. . . . .	37	EXSERVAN. . . . .	20	fluocinolone acetonide external ointment . . . . .	21
epinephrine solution auto-injector 0.3 mg/0.3ml injection . . . . .	37	EXTAVIA. . . . .	19	fluocinolone acetonide external solution. . . . .	21
EPIPEN 2-PAK . . . . .	37	EXTINA . . . . .	13	fluocinolone acetonide scalp. . . . .	21
EPIPEN JR 2-PAK . . . . .	37	EYSUVIS. . . . .	36	fluocinonide external cream 0.05 % . . . . .	21
epitol. . . . .	11	EZALLOR SPRINKLE . . . . .	17	fluocinonide external cream 0.1 % . . . . .	21
EPRONTIA . . . . .	11	ezetimibe . . . . .	17	fluocinonide external gel . . . . .	21
EQ BLOOD GLUCOSE TEST . . . . .	24	ezetimibe-simvastatin . . . . .	17	fluocinonide external ointment. . . . .	22
ERGOCAL . . . . .	27	<b>F</b>		fluocinonide external solution . . . . .	22
ergocalciferol oral capsule. . . . .	27	falmina . . . . .	30	FLUORIDEX . . . . .	20
ERIVEDGE . . . . .	14	FARXIGA . . . . .	26	FLUORIDEX ENHANCED WHITENING . . . . .	20
ERLEADA. . . . .	14	FASENRA. . . . .	38	FLUORIMAX 5000. . . . .	20
errin. . . . .	30	FASENRA PEN. . . . .	38	FLUOROPLEX . . . . .	22
erythromycin ophthalmic . . . . .	36	fayosim . . . . .	30	FLUOROURACIL EXTERNAL CREAM 0.5 % . . . . .	22
escitalopram oxalate oral solution. . . . .	12	febuxostat . . . . .	13	fluorouracil external cream 5 % . . . . .	22
escitalopram oxalate oral tablet. . . . .	12	FEMARA. . . . .	14	fluorouracil external solution . . . . .	14
ESGIC. . . . .	8	femynor. . . . .	30, 32	fluoxetine hcl oral capsule . . . . .	12
estarylla . . . . .	30	fenofibrate oral capsule 150 mg, 50 mg . . . . .	17	fluoxetine hcl oral capsule delayed release . . . . .	12
ESTRACE. . . . .	30	fenofibrate oral tablet 120 mg, 40 mg, 48 mg. . . . .	17	fluoxetine hcl oral solution . . . . .	12
estradiol oral . . . . .	29, 30	fenofibrate oral tablet 145 mg, 160 mg, 54 mg. . . . .	17	fluoxetine hcl oral tablet 10 mg . . . . .	12
estradiol patch twice weekly 0.025 mg/24hr transdermal . . . . .	30	FENOGLIDE . . . . .	17	fluoxetine hcl oral tablet 20 mg . . . . .	12



fluoxetine hcl oral tablet 60 mg . . . . .	12	gavilyte-g . . . . .	28	HIDEX 6-DAY . . . . .	32
fluticasone propionate nasal . . . . .	37	GAVRETO. . . . .	14	HUMALOG KWIKPEN. . . . .	25
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/ dose, 500-50 mcg/dose . . . . .	38	GELNIQUE . . . . .	29	HUMALOG MIX 50/50 KWIKPEN . . .	25
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ ACT, 232-14 MCG/ACT, 55-14 MCG/ACT . . . . .	38	GELSYN-3 . . . . .	8	HUMALOG MIX 50/50 VIAL . . . . .	25
flvoxamine maleate . . . . .	12	gemfibrozil oral . . . . .	17	HUMALOG MIX 75/25 KWIKPEN . . .	25
flvoxamine maleate er. . . . .	12	gemmily . . . . .	30	HUMALOG MIX 75/25 VIAL . . . . .	25
FOCALIN . . . . .	19	gengraf . . . . .	34	HUMALOG SUBCUTANEOUS SOLUTION . . . . .	25
FOCALIN XR . . . . .	19	GENOTROPIN . . . . .	33	HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE . . . . .	25
folic acid oral tablet 1 mg . . . . .	27	GENOTROPIN MINIQUICK. . . . .	33	HUMALOG U-100 JUNIOR KWIKPEN . . . . .	25
FOLLISTIM AQ. . . . .	35	GENVOYA. . . . .	15	HUMATE-P . . . . .	26
FORFIVO XL. . . . .	12	GEODON ORAL . . . . .	15	HUMATROPE. . . . .	33
formoterol fumarate inhalation. . . . .	38	GILENYA. . . . .	19	HUMIRA . . . . .	34
FORTEO . . . . .	35	GIMOTI . . . . .	13	HUMIRA PEDIATRIC CROHNS START. . . . .	34
FORTESTA. . . . .	33	glatiramer acetate . . . . .	20	HUMIRA PEN. . . . .	34
FORTISCARE G1 TEST STRIP. . . . .	24	glatopa . . . . .	20	HUMIRA PEN-CD/UC/HS STARTER . . . . .	34
FORTISCARE T1 GLUCOSE SYSTEM . . . . .	24	glimepiride . . . . .	26	HUMIRA PEN-PEDIATRIC UC START. . . . .	34
FORTISCARE TEST . . . . .	24	glipizide er . . . . .	26	HUMIRA PEN-PS/UV/ADOL HS START. . . . .	34
FOSAMAX . . . . .	35	glipizide ir. . . . .	26	HUMIRA PEN-PSOR/UEIT STARTER . . . . .	34
FREESTYLE LIBRE 14 DAY READER . . . . .	24	glipizide xl. . . . .	26	HUMULIN 70/30 KWIKPEN . . . . .	25
FREESTYLE LIBRE 14 DAY SENSOR. . . . .	24	GLOPERBA . . . . .	13	HUMULIN 70/30 VIAL . . . . .	25
FREESTYLE LIBRE 2 READER . . . . .	24	GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG . . . . .	26	HUMULIN N KWIKPEN. . . . .	25
FREESTYLE LIBRE 2 SENSOR . . . . .	24	GLUCOTROL XL . . . . .	26	HUMULIN N VIAL . . . . .	25
FREESTYLE LIBRE CONTINUOUS BLOOD GLUCOSE MONITOR . . . . .	24	GLUMETZA . . . . .	26	HUMULIN R U-500 KWIKPEN . . . . .	25
FREESTYLE LIBRE READER. . . . .	24	glyburide oral. . . . .	26	HUMULIN R U-500 VIAL. . . . .	25
FREESTYLE PRECISION NEO SYSTEM . . . . .	24	glyburide-metformin . . . . .	26	HUMULIN R VIAL . . . . .	25
FREESTYLE PRECISION NEO TEST . . . . .	24	GLYXAMBI . . . . .	26	HYALGAN. . . . .	8
furosemide oral . . . . .	17	GOLYTELY . . . . .	28	hydralazine hcl oral . . . . .	17
fyremadel . . . . .	35	GONITRO. . . . .	17	hydrochlorothiazide oral . . . . .	17
<b>G</b>		guanfacine hcl . . . . .	17, 19	hydrocodone bitartrate er oral capsule extended release 12 hour . . .	8
gabapentin oral capsule . . . . .	11	guanfacine hcl er. . . . .	19	hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent . . . .	8
gabapentin oral solution 250 mg/5ml . . . . .	11	GUARDIAN REAL-TIME REPLACE PED. . . . .	24	hydrocodone polst-chlorphen polst er susp . . . . .	37
gabapentin oral tablet . . . . .	11	GUARDIAN SENSOR (3). . . . .	24	hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml . . . . .	8
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous . . . . .	35	GYNAZOLE-1 . . . . .	13	hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg . . . . .	8
gavilyte-c . . . . .	28	<b>H</b>		hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg . . . . .	8
		HAEGARDA . . . . .	34	hydrocort-pramoxine (perianal) . . . . .	35
		hailey 1.5/30. . . . .	30		
		hailey 24 fe . . . . .	30		
		hailey fe 1/20 . . . . .	30		
		hailey fe 1.5/30. . . . .	30		
		HALCION . . . . .	16		
		HARVONI ORAL PACKET . . . . .	15		
		HARVONI ORAL TABLET. . . . .	15		
		heather . . . . .	30		
		HEMADY. . . . .	32		
		HEMANGEOL . . . . .	17		
		HEMOFIL M . . . . .	26		



hydrocortisone ace-pramoxine external cream 1-1 % . . . . .	35	IMVEXXY STARTER PACK . . . . .	27	jencycla . . . . .	30
hydrocortisone external cream 1 % . . . . .	22	IN TOUCH . . . . .	24	JENTADUETO . . . . .	26
hydrocortisone external cream 2.5 % . . . . .	22	INBRIJA . . . . .	15	JENTADUETO XR . . . . .	26
hydrocortisone external lotion 2.5 % . . . . .	22	incassia . . . . .	30	JIVI . . . . .	26
hydrocortisone external ointment 1 %, 2.5 % . . . . .	22	INCRUSE ELLIPTA . . . . .	38	jolessa . . . . .	30
hydrocortisone oral . . . . .	32	INDERAL LA . . . . .	17	JORNAY PM . . . . .	19
hydromorphone hcl er . . . . .	8	INDOCIN . . . . .	9	juleber . . . . .	30
hydromorphone hcl oral . . . . .	8	indomethacin er . . . . .	9	JULUCA . . . . .	15
hydromorphone hcl rectal . . . . .	8	INDOMETHACIN ORAL CAPSULE 20 MG . . . . .	9	junel 1/20 . . . . .	30
hydroxychloroquine sulfate oral . . . . .	14	indomethacin oral capsule 25 mg, 50 mg . . . . .	9	junel 1.5/30 . . . . .	30
hydroxyzine hcl oral . . . . .	16	INSULIN ASPART . . . . .	25	junel fe 1/20 . . . . .	30
hydroxyzine pamoate oral . . . . .	16	INSULIN ASPART FLEXPEN . . . . .	25	junel fe 1.5/30 . . . . .	30
hyoscyamine sulfate er . . . . .	28	INSULIN ASPART PENFILL . . . . .	25	junel fe 24 . . . . .	30
hyoscyamine sulfate oral . . . . .	28	INSULIN LISPRO . . . . .	25	JUST RIGHT 5000 . . . . .	20
hyoscyamine sulfate sl . . . . .	28	INSULIN LISPRO (1 UNIT DIAL) . . . . .	25		
hyoscyamine sulfate sublingual . . . . .	28	INSULIN LISPRO JUNIOR KWIKPEN . . . . .	25	<b>K</b>	
hyosyne . . . . .	28	INSULIN LISPRO PROT & LISPRO . . . . .	25	K-TAB . . . . .	27
HYSINGLA ER . . . . .	8	INSULIN PEN NEEDLES . . . . .	24	kalliga . . . . .	30
HYZAAR . . . . .	17	INTRAROSA . . . . .	27	KAPSPARGO SPRINKLE . . . . .	17
<b>I</b>		introvale . . . . .	30	kariva . . . . .	30
ibandronate sodium oral . . . . .	35	INTUNIV . . . . .	19	KAZANO . . . . .	26
IBRANCE . . . . .	14	INVELTYS . . . . .	36	KENALOG EXTERNAL . . . . .	22
ibuprofen oral suspension 100 mg/5ml . . . . .	9	ipratropium bromide nasal . . . . .	37	KEPPRA ORAL . . . . .	11
ibuprofen oral tablet 400 mg, 600 mg, 800 mg . . . . .	9	ipratropium-albuterol . . . . .	38	KEPPRA XR . . . . .	11
icatibant acetate . . . . .	34	irbesartan . . . . .	17	KESIMPTA . . . . .	20
iclevia . . . . .	30	irbesartan-hydrochlorothiazide . . . . .	17	ketoconazole external cream . . . . .	13
ICLUSIG ORAL TABLET 10 MG, 30 MG . . . . .	14	ISENTRESS . . . . .	15	ketoconazole external foam . . . . .	13
ICLUSIG ORAL TABLET 15 MG, 45 MG . . . . .	14	ISENTRESS HD . . . . .	15	ketoconazole external shampoo . . . . .	13
icosapent ethyl . . . . .	17	isibloom . . . . .	30	ketodan external foam . . . . .	13
IDHIFA . . . . .	14	isosorbide mononitrate . . . . .	17	KETOROLAC TROMETHAMINE NASAL . . . . .	9
ILEVRO . . . . .	36	isosorbide mononitrate er . . . . .	17	ketorolac tromethamine ophthalmic . . . . .	36
imiquimod external cream 3.75 % . . . . .	22	isotretinoin capsule 10 mg oral . . . . .	22	ketorolac tromethamine oral . . . . .	9
imiquimod external cream 5 % . . . . .	22	isotretinoin capsule 20 mg oral . . . . .	22	KITABIS PAK . . . . .	38
imiquimod pump . . . . .	22	isotretinoin capsule 30 mg oral . . . . .	22	KLISYRI . . . . .	22
IMITREX ORAL . . . . .	13	isotretinoin capsule 40 mg oral . . . . .	22	KLONOPIN . . . . .	16
IMITREX STATDOSE REFILL . . . . .	13	isotretinoin capsule 40 mg oral . . . . .	22	klor-con . . . . .	27
IMITREX STATDOSE SYSTEM . . . . .	14	isotretinoin oral capsule 25 mg, 35 mg . . . . .	22	klor-con 10 . . . . .	27
IMPEKLO . . . . .	22	ISTALOL . . . . .	36	klor-con m10 . . . . .	27
IMPOYZ . . . . .	22	ivermectin external cream . . . . .	22	klor-con m15 . . . . .	27
IMURAN . . . . .	34			klor-con m20 . . . . .	27
IMVEXXY MAINTENANCE PACK . . . . .	27	<b>J</b>		KLOXXADO . . . . .	10
		jaimiess . . . . .	30	KOATE . . . . .	26
		jantoven . . . . .	11	KOATE-DVI . . . . .	26
		JANUVIA . . . . .	26	KOGENATE FS . . . . .	26
		JARDIANCE . . . . .	26	KOMBIGLYZE XR . . . . .	26
		jasmiel . . . . .	30	KOSELUGO . . . . .	14
				KOVALTRY . . . . .	26



KRINTAFEL .....	14	levo-t .....	33	LOKELMA .....	27
kurvelo .....	30	levocetirizine dihydrochloride oral solution .....	37	LOMOTIL .....	28
KYNMOBI .....	15	levocetirizine dihydrochloride oral tablet .....	37	LOPID .....	17
KYNMOBI TITRATION KIT .....	15	levofloxacin oral .....	10	LOPRESSOR .....	17
<b>L</b>					
labetalol hcl oral .....	17	levonorgest-eth est & eth est .....	30	LOPROX EXTERNAL SHAMPOO ...	13
LAMICTAL .....	11	levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg .....	30	lorazepam intensol .....	16
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG .....	11	levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg .....	30	lorazepam oral concentrate 2 mg/ml .....	16
LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG .....	11	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg .....	30	lorazepam oral tablet .....	16
LAMICTAL ODT ORAL TABLET DISPERSIBLE .....	11	levora 0.15/30 (28) .....	30	LOREEV XR .....	16
LAMICTAL STARTER .....	11	LEVOTHYROXINE SODIUM ORAL CAPSULE .....	33	LORTAB .....	8
LAMICTAL XR .....	11	levothyroxine sodium oral tablet ...	33	loryna .....	31
lamotrigine er .....	11	levoxyl .....	33	losartan potassium oral .....	17
lamotrigine oral kit .....	11	LEVSIN ORAL .....	28	losartan potassium-hctz .....	17
lamotrigine oral tablet .....	11	LEVSIN/SL .....	28	LOSEASONIQUE .....	31
lamotrigine oral tablet chewable ...	11	LEXAPRO .....	12	LOTEMAX OPHTHALMIC GEL ...	36
lamotrigine oral tablet dispersible ...	11	LIALDA .....	35	LOTEMAX OPHTHALMIC OINTMENT .....	36
lamotrigine starter kit-blue .....	11	lidocaine external ointment 5 % .....	8	LOTEMAX OPHTHALMIC SUSPENSION .....	36
lamotrigine starter kit-green .....	11	lidocaine external patch 5 % .....	8	LOTEMAX SM .....	36
lamotrigine starter kit-orange .....	11	lidocaine hcl mouth/throat .....	20	LOTENSIN .....	17
LANREOTIDE ACETATE .....	33	lidocaine viscous hcl .....	20	LOTENSIN HCT .....	17
LANTUS SOLOSTAR .....	25	lidocaine-prilocaine external cream ..	8	loteprednol etabonate ophthalmic gel .....	36
LANTUS U-100 VIAL .....	25	LIDODERM .....	8	loteprednol etabonate ophthalmic suspension .....	36
larin 1/20 .....	30	lillow .....	30	LOTREL .....	17
larin 1.5/30 .....	30	LINZESS .....	28	lovastatin oral .....	17
larin 24 fe .....	30	liothyronine sodium oral .....	33	LOVAZA .....	17
larin fe 1/20 .....	30	LIPITOR .....	17	LOVENOX .....	11
larin fe 1.5/30 .....	30	LIPOFEN .....	17	low-ogestrel .....	31
larissia .....	30	lisinopril oral .....	17	LUMIGAN .....	36
LASIX .....	17	lisinopril-hydrochlorothiazide .....	17	LUNESTA .....	39
LASTACFT .....	36	lithium carbonate er .....	16	lutera .....	31
latanoprost ophthalmic .....	36	lithium carbonate oral .....	16	lyleq .....	31
LATUDA .....	15	LITHOBID .....	16	lyllana .....	31
LEDIPASVIR-SOFOSBUVIR .....	15	LO LOESTRIN FE .....	31	LYMEPAK .....	10
lenalidomide .....	14	lo-zumandimine .....	31	LYNPARZA .....	14
lessina .....	30	LODINE .....	9	LYRICA .....	20
letrozole oral .....	14	LOESTRIN 1/20 (21) .....	31	LYRICA CR .....	20
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT .....	38	LOESTRIN 1.5/30 (21) .....	31	LYUMJEV KWIKPEN .....	25
LEVBIID .....	28	LOESTRIN FE 1/20 .....	31	LYUMJEV VIAL .....	25
LEVEMIR U-100 FLEXTOUCH .....	25	LOESTRIN FE 1.5/30 .....	31	lyza .....	31
LEVEMIR U-100 VIAL .....	25	LOFENA .....	9	<b>M</b>	
levetiracetam er .....	11	lojaimiess .....	31	MALARONE .....	14
levetiracetam oral .....	11			marlissa .....	31
				matzim la .....	17





MAVENCLAD . . . . .	20	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg . . . . .	19	MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR . . . . .	10
MAVYRET ORAL PACKET . . . . .	15	methylphenidate hcl er (xr) . . . . .	19	minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg . . . . .	10
MAVYRET ORAL TABLET . . . . .	15	methylphenidate hcl er oral tablet extended release 10 mg, 20 mg . . . . .	19	minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg . . . . .	10
MAXALT . . . . .	14	methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg . . . . .	19	minocycline hcl oral capsule . . . . .	10
MAXALT-MLT . . . . .	14	methylphenidate hcl er oral tablet extended release 24 hour . . . . .	19	minocycline hcl oral tablet . . . . .	10
MAXITROL . . . . .	36	methylphenidate hcl oral solution . . . . .	19	MINOLIRA . . . . .	11
MAXZIDE . . . . .	18	methylphenidate hcl oral tablet . . . . .	19	MIRAPEX ER . . . . .	15
MAXZIDE-25 . . . . .	18	methylphenidate hcl oral tablet chewable . . . . .	19	MIRCETTE . . . . .	31
MAYZENT . . . . .	20, 34	methylprednisolone oral . . . . .	32	mirtazapine oral . . . . .	12
MAYZENT STARTER PACK . . . . .	34	metoclopramide hcl oral solution . . . . .	13	MIRVASO . . . . .	22
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG . . . . .	32	metoclopramide hcl oral tablet . . . . .	13	misoprostol oral . . . . .	28
MEDROL ORAL TABLET 2 MG . . . . .	32	metoclopramide hcl oral tablet dispersible . . . . .	13	MITIGARE . . . . .	13
MEDROL ORAL TABLET 32 MG . . . . .	32	metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg . . . . .	18	MM EASY TOUCH GLUCOSE METER . . . . .	24
MEDROL ORAL TABLET THERAPY PACK . . . . .	32	metoprolol succinate er oral tablet extended release 24 hour 25 mg . . . . .	18	MOBIC . . . . .	9
medroxyprogesterone acetate intramuscular suspension . . . . .	31	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg . . . . .	18	modafinil . . . . .	39
medroxyprogesterone acetate intramuscular suspension prefilled syringe . . . . .	31	metoprolol tartrate oral tablet 37.5 mg, 75 mg . . . . .	18	mometasone furoate external . . . . .	22
medroxyprogesterone acetate oral . . . . .	31	METROCREAM . . . . .	22	mondoxyne nl . . . . .	11
meloxicam oral capsule . . . . .	9	METROGEL . . . . .	22	mono-lynyah . . . . .	31
meloxicam oral tablet . . . . .	9	METROLOTION . . . . .	22	montelukast sodium oral packet . . . . .	38
MENOSTAR . . . . .	31	metronidazole external cream . . . . .	22	montelukast sodium oral tablet . . . . .	38
mercaptopurine oral . . . . .	14	metronidazole external gel 0.75 % . . . . .	22	montelukast sodium oral tablet chewable . . . . .	38
merzee . . . . .	31	metronidazole external gel 1 % . . . . .	22	morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml . . . . .	8
mesalamine er oral capsule 0.375 gm . . . . .	35	metronidazole external lotion . . . . .	22	morphine sulfate er oral capsule extended release 24 hour . . . . .	8
mesalamine oral . . . . .	35	metronidazole oral . . . . .	10	morphine sulfate er oral tablet extended release . . . . .	8
mesalamine rectal enema . . . . .	35	metronidazole vaginal . . . . .	10	morphine sulfate oral solution 10 mg/5ml . . . . .	8
mesalamine rectal suppository . . . . .	35	MICARDIS . . . . .	18	MORPHINE SULFATE ORAL SOLUTION 20 MG/5ML . . . . .	8
metaxalone . . . . .	39	MICRODOT TEST . . . . .	24	morphine sulfate oral tablet . . . . .	8
metformin hcl er . . . . .	26	microgestin 1/20 . . . . .	31	morphine sulfate rectal . . . . .	8
metformin hcl er (mod) . . . . .	26	microgestin 1.5/30 . . . . .	31	MOTEGRITY . . . . .	28
metformin hcl er (osm) . . . . .	26	microgestin 24 fe . . . . .	31	MOVIPREP . . . . .	28
metformin hcl oral solution . . . . .	26	microgestin fe 1/20 . . . . .	31	moxifloxacin hcl (2x day) . . . . .	36
metformin hcl oral tablet . . . . .	26	microgestin fe 1.5/30 . . . . .	31	moxifloxacin hcl ophthalmic solution . . . . .	36
methimazole oral . . . . .	33	mili . . . . .	31	MS CONTIN . . . . .	8
methocarbamol oral . . . . .	39	MILLIPRED . . . . .	32	MULPLETA . . . . .	26
methotrexate oral . . . . .	34	MINASTRIN 24 FE . . . . .	31	MULTAQ . . . . .	18
methotrexate sodium . . . . .	34	MINIPRESS . . . . .	18	MULTI-VIT-FLOR . . . . .	27
methotrexate sodium (pf) . . . . .	34	MINIVELLE . . . . .	30, 31		



multi-vitamin/fluoride . . . . .	27	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 . . . . .	36	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-35 mcg. . . . .	31
multivitamin/fluoride tablet chewable 0.25 mg oral (rx) . . . . .	27	neomycin-polymyxin-hc otic. . . . .	37	NORITATE . . . . .	22
multivitamin/fluoride tablet chewable 0.5 mg oral . . . . .	27	NEORAL . . . . .	34	norlyda . . . . .	31
multivitamin/fluoride tablet chewable 1 mg oral . . . . .	27	NESINA . . . . .	26	norlyroc . . . . .	31
mupirocin calcium . . . . .	11	neucac external gel . . . . .	22	nortrel 0.5/35 (28) . . . . .	31
mupirocin external . . . . .	11	NEULASTA . . . . .	26	nortrel 1/35 (21) . . . . .	31
mycophenolate mofetil oral . . . . .	34	NEULASTA ONPRO . . . . .	26	nortrel 1/35 (28) . . . . .	31
mycophenolate sodium . . . . .	34	NEURONTIN . . . . .	12	nortriptyline hcl oral . . . . .	12
MYDAYIS . . . . .	19	NEUTEK 2TEK TEST . . . . .	24	NORVASC . . . . .	18
MYFEMBREE . . . . .	31	NEVANAC . . . . .	36	NORVIR ORAL PACKET . . . . .	15
MYFORTIC . . . . .	34	NEXLETOL . . . . .	18	NORVIR ORAL SOLUTION . . . . .	15
myorisan . . . . .	22	NEXLIZET . . . . .	18	NORVIR ORAL TABLET . . . . .	15
<b>N</b>					
nabumetone oral . . . . .	9	niacin (antihyperlipidemic) . . . . .	18	NOURIANZ . . . . .	15
nadolol oral . . . . .	18	niacin er (antihyperlipidemic) . . . . .	18	NOVAREL . . . . .	35
NAFRINSE DAILY/NEUTRAL . . . . .	20	niacor . . . . .	18	NOVOEIGHT . . . . .	26
NAFRINSE WEEKLY . . . . .	20	NIASPAN . . . . .	18	NOVOFINE AUTOCOVER PEN NEEDLE . . . . .	24
NALOCET . . . . .	8	nifedipine er . . . . .	18	NOVOFINE PEN NEEDLE . . . . .	24
naloxone hcl injection . . . . .	10	nifedipine er osmotic release . . . . .	18	NOVOFINE PLUS PEN NEEDLE . . . . .	24
naloxone hcl nasal . . . . .	10	nifedipine oral . . . . .	18	NOVOLIN 70/30 FLEXPEN . . . . .	25
naltrexone hcl oral . . . . .	10	nikki . . . . .	31	NOVOLIN 70/30 FLEXPEN RELION . . . . .	25
NAPRELAN . . . . .	9	nitisinone . . . . .	28	NOVOLIN 70/30 RELION . . . . .	25
NAPROSYN ORAL SUSPENSION . . . . .	9	NITRO-BID . . . . .	18	NOVOLIN 70/30 VIAL . . . . .	25
NAPROSYN ORAL TABLET . . . . .	9	NITRO-DUR . . . . .	18	NOVOLIN N FLEXPEN . . . . .	25
naproxen oral suspension . . . . .	9	NITRO-TIME . . . . .	18	NOVOLIN N FLEXPEN RELION . . . . .	25
naproxen oral tablet . . . . .	9	nitroglycerin sublingual . . . . .	18	NOVOLIN N RELION . . . . .	25
naproxen oral tablet delayed release . . . . .	9	nitroglycerin transdermal . . . . .	18	NOVOLIN N VIAL . . . . .	25
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg . . . . .	9	nitroglycerin translingual . . . . .	18	NOVOLIN R FLEXPEN . . . . .	25
NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG . . . . .	9	NITROLINGUAL . . . . .	18	NOVOLIN R FLEXPEN RELION . . . . .	25
naproxen sodium oral tablet 275 mg, 550 mg . . . . .	9	NITROMIST . . . . .	18	NOVOLIN R RELION . . . . .	25
naratriptan hcl . . . . .	14	NITROSTAT . . . . .	18	NOVOLIN R VIAL . . . . .	25
NARCAN . . . . .	10	NITYR . . . . .	28	NOVOLOG FLEXPEN . . . . .	25
NASCOBAL . . . . .	27	NOCDURNA . . . . .	33	NOVOLOG FLEXPEN RELION . . . . .	25
NATAZIA . . . . .	31	nora-be . . . . .	31	NOVOLOG PENFILL . . . . .	25
NATESTO . . . . .	33	NORDITROPIN FLEXPRO . . . . .	33	NOVOLOG RELION . . . . .	25
NATURE-THROID . . . . .	33	norethin ace-eth estrad-fe oral capsule . . . . .	31	NOVOLOG U-100 VIAL . . . . .	25
NAYZILAM . . . . .	12	norethin ace-eth estrad-fe oral tablet . . . . .	31	NOVOTWIST . . . . .	24
nebivolol hcl . . . . .	18	norethin ace-eth estrad-fe oral tablet chewable . . . . .	31	np thyroid . . . . .	33
necon 0.5/35 (28) . . . . .	31	norethindrone acet-ethinyl est . . . . .	31	NUBEQA . . . . .	14
neomycin-polymyxin-dexameth ophthalmic ointment . . . . .	36	norethindrone acetate oral . . . . .	31	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR . . . . .	38
		norethindrone 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
				NUEDEXTA . . . . .	20
				NULEV . . . . .	28



NURTEC ODT . . . . .	14	ONETOUCH DELICA LANCING DEV. . . . .	24	oxcarbazepine . . . . .	12
NUTROPIN AQ NUSPIN 10 . . . . .	33	ONETOUCH DELICA PLUS LANCET30G . . . . .	24	OXTELLAR XR. . . . .	12
NUTROPIN AQ NUSPIN 20 . . . . .	33	ONETOUCH DELICA PLUS LANCET33G . . . . .	24	oxybutynin chloride er . . . . .	29
NUTROPIN AQ NUSPIN 5 . . . . .	33	ONETOUCH DELICA PLUS LANCING . . . . .	24	oxybutynin chloride oral . . . . .	29
NUVARING. . . . .	31	ONETOUCH FINEPOINT LANCETS . . . . .	24	OXYCODONE HCL ER . . . . .	8
NUVESSA. . . . .	11	ONETOUCH SOLUTIONS STARTER KIT. . . . .	24	oxycodone hcl oral capsule . . . . .	8
NUWIQ . . . . .	26	ONETOUCH SURESOFT LANCING DEV. . . . .	24	oxycodone hcl oral concentrate 100 mg/5ml . . . . .	8
NUZYRA ORAL . . . . .	11	ONETOUCH ULTRA 2 KIT W/DEVICE . . . . .	24	oxycodone hcl oral solution . . . . .	8
nyamyc . . . . .	13	ONETOUCH ULTRA MINI KIT W/DEVICE . . . . .	24	oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg . . . . .	8
nylia 1/35 . . . . .	31	ONETOUCH ULTRA TEST STRIPS . . . . .	24	oxycodone hcl oral tablet 5 mg . . . . .	8
nymyo . . . . .	31	ONETOUCH ULTRASOFT LANCETS. . . . .	24	OXYCODONE-ACETAMINOPHEN ORAL SOLUTION . . . . .	8
nystatin external . . . . .	13	ONETOUCH VERIO FLEX SYSTEM. . . . .	24	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG. . . . .	8
nystatin mouth/throat . . . . .	13	ONETOUCH VERIO IQ SYSTEM . . . . .	24	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg . . . . .	8
nystop. . . . .	13	ONETOUCH VERIO KIT W/DEVICE . . . . .	24	OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG . . . . .	8
<b>O</b>					
ocella . . . . .	31	ONETOUCH VERIO REFLECT KIT W/DEVICE . . . . .	24	OXYCONTIN . . . . .	9
OCUFLOX. . . . .	36	ONETOUCH VERIO TEST STRIPS . . . . .	24	OZEMPIC . . . . .	26
ODEFSEY. . . . .	15	ONETOUCH VERIO TEST STRIPS . . . . .	24	OZOBAX. . . . .	39
ODOMZO . . . . .	14	ONGLYZA. . . . .	26	<b>P</b>	
ofloxacin ophthalmic. . . . .	36	ONZETRA XSAIL. . . . .	14	PACERONE ORAL TABLET 100 MG, 400 MG . . . . .	18
ofloxacin otic . . . . .	37	OPSUMIT. . . . .	38	PACERONE ORAL TABLET 200 MG. . . . .	18
olanzapine oral tablet . . . . .	15	OPTIUMEZ TEST. . . . .	24	PAMELOR . . . . .	12
olanzapine oral tablet dispersible . . . . .	15	ORAPRED ODT . . . . .	32	PANCREAZE . . . . .	28
olmesartan medoxomil oral . . . . .	18	ORENCIA CLICKJECT . . . . .	34	pantoprazole sodium oral packet . . . . .	28
olmesartan medoxomil-hctz. . . . .	18	ORENCIA SUBCUTANEOUS . . . . .	34	pantoprazole sodium oral tablet delayed release . . . . .	28
olopatadine hcl ophthalmic solution 0.1 % . . . . .	36	ORFADIN . . . . .	28	paroxetine hcl er . . . . .	12
olopatadine hcl ophthalmic solution 0.2 % . . . . .	36	ORGOVYX . . . . .	14	paroxetine hcl oral suspension . . . . .	12
OLUMIANT ORAL TABLET 1 MG . . . . .	34	ORIAHNN. . . . .	33	paroxetine hcl oral tablet . . . . .	12
OLUMIANT ORAL TABLET 2 MG . . . . .	34	ORLISSA. . . . .	33	PAXIL CR . . . . .	12
OLUX . . . . .	22	orsythia. . . . .	31	PAXIL ORAL SUSPENSION. . . . .	12
OMECLAMOX-PAK . . . . .	28	ORTIKOS . . . . .	35	PAXIL ORAL TABLET . . . . .	12
omega-3-acid ethyl esters . . . . .	18	OSCIMIN . . . . .	28	PEDIAPRED . . . . .	32
omeprazole oral capsule delayed release . . . . .	28	oseltamivir phosphate oral capsule. . . . .	15	peg-3350/electrolytes. . . . .	28
OMEPRAZOLE+SYRSPEND SF ALKA. . . . .	28	oseltamivir phosphate oral suspension reconstituted. . . . .	15	peg-3350/electrolytes/ascorbat . . . . .	28
OMNARIS. . . . .	37	OSENI. . . . .	26	peg-kcl-nacl-nasulf-na asc-c . . . . .	28
OMNITROPE . . . . .	33	OSPHENA . . . . .	27	penicillamine oral capsule . . . . .	28
ondansetron hcl oral . . . . .	13	OTEZLA . . . . .	34	penicillamine oral tablet . . . . .	28
ondansetron odt . . . . .	13	OTREXUP. . . . .	34	penicillin v potassium . . . . .	11
ONETOUCH CLUB LANCETS FINE PT . . . . .	24	OVIDREL . . . . .	35	PENNSAID . . . . .	9
ONETOUCH DELICA LANCETS 30G. . . . .	24	OXAYDO. . . . .	8		
ONETOUCH DELICA LANCETS 33G. . . . .	24				



PENTASA	35	PRED FORTE	36	PROLATE	9
PERCOCET	9	PRED MILD	36	promethazine hcl oral solution	37
PERFOROMIST	38	prednisolone acetate ophthalmic	36	promethazine hcl oral syrup	37
PERIDEX	20	prednisolone acetate p-f	36	promethazine hcl oral tablet	13
periogard	20	prednisolone oral solution	32	promethazine hcl rectal	13
permethrin external	14	prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	32	promethazine-codeine	37
PERTZYE	28	prednisolone sodium phosphate oral solution 15 mg/5ml	32	promethazine-dm	37
phenazo oral tablet 200 mg	29	prednisolone sodium phosphate oral solution 20 mg/5ml	32	promethegan	13
phenazopyridine hcl oral tablet 100 mg, 200 mg	29	prednisolone sodium phosphate oral tablet dispersible	32	propranolol hcl er	18
philith	31	prednisone intensol	32	propranolol hcl oral	18
PICATO EXTERNAL GEL 0.015 %, 0.05 %	22	prednisone oral	32	PROSCAR	29
pimtreea	31	pregabalin er	20	PROTONIX ORAL	28
pioglitazone hcl	26	pregabalin oral capsule	20	PROVENTIL HFA	37, 38
pirmella 1/35	31	pregabalin oral solution	20	PROVERA	29, 31
PLAQUENIL	14	PREGNYL	35	PROVIGIL	39
PLAVIX	15	PREMARIN ORAL	31	PROZAC	12
PLEGRIDY INTRAMUSCULAR	20	PREMARIN VAGINAL	31	pseudoephedrine-bromphen-dm	37
PLEGRIDY STARTER PACK	20	PREMIUM BLOOD GLUCOSE TEST	24	PULMICORT FLEXHALER	38
PLEGRIDY SUBCUTANEOUS	20	premium lidocaine	9	PULMICORT SUSPENSION	38
PLENVU	28	PREMPHASE	31	PULMOZYME	38
PLEXION	22	PREMPRO	31	PURIXAN	14
PLEXION CLEANSER	22	PRENA1 PEARL	27	PYLERA	28
PLEXION CLEANSING CLOTH	22	PREVIDENT 5000 BOOSTER PLUS	20	PYRIDIUM	29
POLY-VI-FLOR	27	PREVIDENT 5000 DRY MOUTH	20		
polymyxin b-trimethoprim	36	PREVIDENT 5000 ORTHO DEFENSE	20	<b>Q</b>	
POLYTRIM	36	PREVIDENT 5000 PLUS	20	QBRELIS	18
portia-28	31	PREVIDENT DENTAL	20	QDOLO	9
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	27	PREVIDENT MOUTH/THROAT	20	QUARTETTE	31
potassium chloride crys er oral tablet extended release 15 meq	27	previfem	31	QUDEXY XR	12
potassium chloride er	27	PREZCOBIX	15	quetiapine fumarate	15
potassium chloride oral packet	27	PREZISTA	15	quetiapine fumarate er	15
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	27	PRISTIQ	12	QUFLORA PEDIATRIC	27
potassium citrate er	27	PROAIR HFA	37, 38	QUILLICHEW ER	19
PRADAXA	11	PROAIR RESPICLICK	38	QUILLIVANT XR	19
PRALUENT	18	PROCARDIA XL	18	quinapril hcl	18
pramipexole dihydrochloride	15	PROCENTRA	19	QUINTET AC BLOOD GLUCOSE	24
pramipexole dihydrochloride er	15	prochlorperazine maleate oral	13	QUINTET AC BLOOD GLUCOSE TEST	24
pravastatin sodium	18	PROCORT	35	QUINTET BLOOD GLUCOSE SYSTEM	24
prazosin hcl oral	18	PROCTOFOAM HC	35	QUINTET BLOOD GLUCOSE TEST	24
PRECISION XTRA	24	PROGRAF ORAL CAPSULE	34	QVAR REDIHALER	38
PRECISION XTRA BLOOD GLUCOSE	24	PROGRAF ORAL PACKET	34		
				<b>R</b>	
				RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	28
				rabeprazole sodium oral tablet delayed release	28
				ramipril	18



RANEXA . . . . .	18	RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG . . . . .	34	sf 5000 plus . . . . .	20
ranolazine er . . . . .	18	RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG . . . . .	34	SFROWASA . . . . .	35
RAPAMUNE ORAL SOLUTION . . . . .	34	RIOMET . . . . .	26	sharobel . . . . .	31
RAPAMUNE ORAL TABLET . . . . .	34	RISPERDAL . . . . .	15	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg . . . . .	27
RASUVO . . . . .	34	risperidone . . . . .	15	simliya . . . . .	32
RAYALDEE . . . . .	35	RITALIN . . . . .	19	simpesse . . . . .	32
RAYOS . . . . .	32	RITALIN LA . . . . .	19	SIMPONI . . . . .	34
REBIF . . . . .	20	ritonavir . . . . .	16	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg . . . . .	18
REBIF REBIDOSE . . . . .	20	rivelsa . . . . .	31	simvastatin oral tablet 80 mg . . . . .	18
REBIF REBIDOSE TITRATION PACK . . . . .	20	rizatriptan benzoate . . . . .	14	SINEMET . . . . .	15
REBIF TITRATION PACK . . . . .	20	ROCALTROL . . . . .	35	SINGULAIR ORAL PACKET . . . . .	38
reclipsen . . . . .	31	ROCKLATAN . . . . .	36	SINGULAIR ORAL TABLET . . . . .	38
RECOMBINATE . . . . .	26	ropinirole hcl . . . . .	15	SINGULAIR ORAL TABLET CHEWABLE . . . . .	38
REDITREX . . . . .	34	ropinirole hcl er . . . . .	15	sirolimus oral solution . . . . .	34
REGLAN . . . . .	13	rosadan external cream . . . . .	22	sirolimus oral tablet . . . . .	34
RELAFEN . . . . .	9	rosadan external gel . . . . .	22	SITAVIG . . . . .	16
RELAFEN DS . . . . .	9	rosuvastatin calcium . . . . .	18	SKELAXIN . . . . .	39
relexxii . . . . .	19	roweepra . . . . .	12	SKYRIZI . . . . .	34
RELION TRUE MET AIR GLUC METER . . . . .	24	ROXICODONE ORAL TABLET 15 MG, 30 MG . . . . .	9	SOAANZ . . . . .	18
RELION TRUE METRIX TEST STRIPS . . . . .	24	ROXICODONE ORAL TABLET 5 MG . . . . .	9	sodium fluoride 5000 plus . . . . .	20
RELION ULTIMA GLUCOSE SYSTEM . . . . .	25	ROZLYTREK . . . . .	14	sodium fluoride 5000 ppm . . . . .	20
RELION ULTIMA TEST . . . . .	25	RUCONEST . . . . .	34	sodium fluoride dental . . . . .	20
RELPAK . . . . .	14	RUKOBIA . . . . .	16	sodium fluoride mouth/throat . . . . .	20
RELTONE . . . . .	28	RYBELSUS . . . . .	26	SOFOSBUVIR-VELPATASVIR . . . . .	16
REMERON . . . . .	13	RYTARY . . . . .	15	SOLQUA . . . . .	26
REMERON SOLTAB . . . . .	13			SOLODYN . . . . .	11
REPATHA . . . . .	18			SOLTAMOX . . . . .	14
REPATHA PUSHTRONEX SYSTEM . . . . .	18			SOMA . . . . .	39
REPATHA SURECLICK . . . . .	18			SOMATULINE DEPOT . . . . .	33
RESTASIS . . . . .	37			SOOLANTRA . . . . .	22
RESTASIS MULTIDOSE . . . . .	37			sotalol hcl oral . . . . .	18
RESTORIL . . . . .	39			SOTYLIZE . . . . .	18
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML . . . . .	27			SPIRIVA HANDIHALER . . . . .	38
RETACRIT INJECTION SOLUTION 20000 UNIT/ML . . . . .	27			SPIRIVA RESPIMAT . . . . .	38
RETIN-A . . . . .	22			spironolactone oral . . . . .	18
REVLIMID . . . . .	14			sprintec 28 . . . . .	32
RHOFADE . . . . .	22			SPRITAM . . . . .	12
RHOPRESSA . . . . .	36			SPRIX . . . . .	9
RILUTEK . . . . .	20			sronyx . . . . .	32
riluzole . . . . .	20			sss 10-5 . . . . .	22
				STELARA SUBCUTANEOUS SOLUTION . . . . .	34
				STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE . . . . .	34
				STENDRA . . . . .	27
				STIMATE . . . . .	33

## S



STIOLTO RESPIMAT . . . . .	38	SUPARTZ FX . . . . .	9	TAYTULLA . . . . .	32	
STIVARGA . . . . .	14	SUPREP BOWEL PREP KIT . . . . .	28	tazarotene external cream . . . . .	23	
STRATTERA . . . . .	19	SURESTEP PRO LINEARITY . . . . .	25	TAZORAC . . . . .	23	
STRENSIQ . . . . .	28	SUTAB . . . . .	28	TEGRETOL . . . . .	12	
STRIBILD . . . . .	16	syeda . . . . .	32	TEGRETOL-XR . . . . .	12	
STRIVERDI RESPIMAT . . . . .	38	SYMBICORT . . . . .	38	TEGSEDI . . . . .	28	
SUBOXONE . . . . .	10	SYMFI . . . . .	16	TEKURNA . . . . .	18	
SUBSYS . . . . .	9	SYMFI LO . . . . .	16	TEKURNA HCT . . . . .	18	
subvenite . . . . .	12	SYMJEPI . . . . .	37	telmisartan . . . . .	18	
subvenite starter kit-blue . . . . .	12	SYMLINPEN 120 . . . . .	26	temazepam . . . . .	39	
subvenite starter kit-green . . . . .	12	SYMLINPEN 60 . . . . .	26	TEMIXYS . . . . .	16	
subvenite starter kit-orange . . . . .	12	SYMPROIC . . . . .	28	TEMOVATE . . . . .	23	
sucralfate oral suspension . . . . .	28	SYNALAR . . . . .	23	tenofovir disoproxil fumarate . . . . .	16	
sucralfate oral tablet . . . . .	28	SYNJARDY . . . . .	26	TENORETIC 100 . . . . .	18	
sulfacetamide sod-sulfur wash . . . . .	22	SYNJARDY XR . . . . .	26	TENORETIC 50 . . . . .	18	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 % . . . . .	22	SYNTHROID . . . . .	33	TENORMIN . . . . .	18	
sulfacetamide sodium-sulfur external cream 9.8-4.8 % . . . . .	22	SYPRINE . . . . .	28	terazosin hcl . . . . .	29	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 % . . . . .	22	<b>T</b>			terbinafine hcl oral . . . . .	13
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %, 9-4.5 % . . . . .	22	TACLONEX EXTERNAL OINTMENT . . . . .	23	terconazole . . . . .	13	
sulfacetamide sodium-sulfur external lotion 10-5 % . . . . .	22	TACLONEX EXTERNAL SUSPENSION . . . . .	23	TERIPARATIDE (RECOMBINANT) . . . . .	35	
sulfacetamide sodium-sulfur external lotion 9.8-4.8 % . . . . .	22	tacrolimus oral . . . . .	34	TESTIM . . . . .	33	
sulfacetamide sodium-sulfur external pad 10-4 % . . . . .	22	tadalafil oral . . . . .	27	testosterone cypionate intramuscular . . . . .	33	
sulfacetamide sodium-sulfur external pad 9.8-4.8 % . . . . .	22	TAKHZYRO SUBCUTANEOUS SOLUTION . . . . .	34	testosterone gel 50 mg/5gm (1%) transdermal . . . . .	33	
sulfacetamide sodium-sulfur external suspension 10-5 % . . . . .	22	TAMIFLU ORAL CAPSULE . . . . .	16	testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/ act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%) . . . . .	33	
sulfacetamide sodium-sulfur external suspension 8-4 % . . . . .	22	TAMIFLU ORAL SUSPENSION RECONSTITUTED . . . . .	16	testosterone transdermal solution . . . . .	33	
SULFACLEANSE 8/4 . . . . .	22	tamoxifen citrate oral tablet 10 mg . . . . .	14	TEXACORT . . . . .	23	
sulfamethoxazole-trimethoprim oral . . . . .	11	tamoxifen citrate oral tablet 20 mg . . . . .	14	THALITONE . . . . .	18	
sulfamez wash . . . . .	22	tamsulosin hcl . . . . .	29	THIOLA . . . . .	29	
sulfasalazine oral . . . . .	35	TAPERDEX 12-DAY . . . . .	32	THIOLA EC . . . . .	29	
sulfatrim pediatric . . . . .	11	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG . . . . .	32, 33	THYQUIDITY . . . . .	33	
SUMADAN WASH . . . . .	22	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21) . . . . .	33	TIGLUTIK . . . . .	20	
sumatriptan succinate oral . . . . .	14	TAPERDEX 7-DAY . . . . .	33	timolol maleate (once-daily) . . . . .	36	
sumatriptan succinate refill subcutaneous solution cartridge . . . . .	14	TARGADOX . . . . .	11	timolol maleate ocudose . . . . .	36	
sumatriptan succinate subcutaneous . . . . .	14	TARGRETIN EXTERNAL . . . . .	14	timolol maleate ophthalmic . . . . .	36	
SUMAXIN . . . . .	22	TARGRETIN ORAL . . . . .	14	timolol maleate pf . . . . .	36	
SUNOSI . . . . .	39	tarina 24 fe . . . . .	32	TIMOPTIC . . . . .	36	
		tarina fe 1/20 . . . . .	32	TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 % . . . . .	36	
		tarina fe 1/20 eq . . . . .	32	TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 % . . . . .	36	
		TARPEYO . . . . .	35	TIMOPTIC-XE . . . . .	37	
		TASIGNA . . . . .	14	tiopronin . . . . .	29	
		TAVALISSE . . . . .	27	TIROSINT . . . . .	33	
		taysofy . . . . .	32			



TIROSINT-SOL . . . . .	33	tretinoin external gel 0.01 %, 0.025 % . . . . .	23	TRUE METRIX AIR GLUCOSE METER . . . . .	25
TIVICAY . . . . .	16	tretinoin external gel 0.05 % . . . . .	23	TRUE METRIX BLOOD GLUCOSE TEST . . . . .	25
TIVICAY PD . . . . .	16	TREXALL . . . . .	34	TRUE METRIX GO GLUCOSE METER . . . . .	25
TIVORBEX . . . . .	10	TREZIX . . . . .	9	TRUE METRIX METER KIT . . . . .	25
tizanidine hcl oral capsule . . . . .	39	tri femynor . . . . .	32	TRUE METRIX PRO BLOOD GLUCOSE . . . . .	25
tizanidine hcl oral tablet . . . . .	39	tri-estarylla . . . . .	32	TRUETRACK BLOOD GLUCOSE DEVICE . . . . .	25
TOBI NEBULIZER . . . . .	38	tri-linyah . . . . .	32	TRUETRACK TEST . . . . .	25
TOBI PODHALER . . . . .	38	tri-lo-estarylla . . . . .	32	TRULICITY . . . . .	26
TOBRADEX OPHTHALMIC OINTMENT . . . . .	36	tri-lo-marzia . . . . .	32	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG . . . . .	16
TOBRADEX OPHTHALMIC SUSPENSION . . . . .	36	tri-lo-mili . . . . .	32	TRUVADA ORAL TABLET 200-300 MG . . . . .	16
TOBRADEX ST . . . . .	36	tri-lo-sprintec . . . . .	32	tulana . . . . .	32
tobramycin inhalation nebulization solution 300 mg/4ml . . . . .	38	tri-mili . . . . .	32	tyblume . . . . .	32
tobramycin nebulization solution 300 mg/5ml inhalation . . . . .	38	tri-nymyo . . . . .	32	tydemy . . . . .	32
tobramycin ophthalmic . . . . .	36	tri-previfem . . . . .	32	TYMLOS . . . . .	35
tobramycin-dexamethasone . . . . .	36	tri-sprintec . . . . .	32	TYRVAYA . . . . .	37
TOBREX . . . . .	36	tri-vylibra . . . . .	32	TYVASO . . . . .	39
TOPAMAX . . . . .	12	tri-vylibra lo . . . . .	32	TYVASO REFILL . . . . .	39
TOPAMAX SPRINKLE . . . . .	12	triamcinolone acetonide external aerosol solution . . . . .	23	TYVASO STARTER . . . . .	39
topiramate er . . . . .	12	triamcinolone acetonide external cream 0.025 %, 0.1 % . . . . .	23		
topiramate oral . . . . .	12	triamcinolone acetonide external cream 0.5 % . . . . .	23		
TOPROL XL . . . . .	18	triamcinolone acetonide external lotion . . . . .	23		
torse mide . . . . .	18	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % . . . . .	23		
TOUJEO MAX SOLOSTAR . . . . .	25	triamcinolone acetonide external ointment 0.05 % . . . . .	23		
TOUJEO SOLOSTAR . . . . .	25	triamcinolone in absorbase . . . . .	23		
TOVIAZ . . . . .	29	triamterene-hctz . . . . .	18		
TRACLEER . . . . .	38	TRIANEX . . . . .	23		
TRADJENTA . . . . .	26	triazolam . . . . .	16		
tramadol hcl er (biphasic) . . . . .	9	TRICOR . . . . .	18		
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR . . . . .	9	triderm external cream 0.1 % . . . . .	23		
tramadol hcl er oral tablet extended release 24 hour . . . . .	9	triderm external cream 0.5 % . . . . .	23		
tramadol hcl oral tablet 100 mg . . . . .	9	TRIDESILON . . . . .	23		
tramadol hcl oral tablet 50 mg . . . . .	9	trientine hcl . . . . .	28		
TRANSDERM-SCOP . . . . .	13	TRIJARDY XR . . . . .	26		
TRAVATAN Z . . . . .	37	TRILEPTAL . . . . .	12		
travoprost (bak free) . . . . .	37	TRILURON . . . . .	9		
trazodone hcl oral . . . . .	13	TRINTELLIX . . . . .	13		
TRELEGY ELLIPTA . . . . .	38	tritocin . . . . .	23		
TREMFYA . . . . .	34	TRIUMEQ . . . . .	16		
TRESIBA . . . . .	25	TROKENDI XR . . . . .	12		
TRESIBA FLEXTOUCH . . . . .	25	TRUE FOCUS BLOOD GLUCOSE STRIP . . . . .	25		
tretinoin external cream . . . . .	23				

**U**

UBRELVY . . . . .	14
UCERIS ORAL . . . . .	35
UCERIS RECTAL . . . . .	35
UKONIQ . . . . .	14
ULORIC . . . . .	13
ULTRAM . . . . .	9
UNISTRIP1 GENERIC . . . . .	25
unithroid . . . . .	33
UROCI-T-K 10 . . . . .	27
UROCI-T-K 15 . . . . .	27
UROCI-T-K 5 . . . . .	27
UROXATRAL . . . . .	29
URSO 250 . . . . .	28
URSO FORTE . . . . .	28
URSODIOL ORAL CAPSULE 200 MG, 400 MG . . . . .	28
ursodiol oral capsule 300 mg . . . . .	28
ursodiol oral tablet . . . . .	28

**V**

VAGIFEM . . . . .	32
valacyclovir hcl oral . . . . .	16







ZESTORETIC . . . . .	19
ZESTRIL . . . . .	19
ZETIA . . . . .	19
ZETONNA . . . . .	37
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG . . . . .	19
ZIAC ORAL TABLET 5-6.25 MG . . . .	19
ZIEXTENZO . . . . .	27
ZILXI . . . . .	23
ZIMHI . . . . .	10
ZIOPTAN . . . . .	37
ziprasidone hcl. . . . .	15
ZIPSOR . . . . .	10
ZITHROMAX ORAL . . . . .	11
ZITHROMAX TRI-PAK . . . . .	11
ZITHROMAX Z-PAK . . . . .	11
ZOCOR . . . . .	19
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG . . . . .	14
zolmitriptan nasal solution 5 mg . . . .	14
zolmitriptan oral tablet . . . . .	14
zolmitriptan oral tablet dispersible . .	14
ZOLOFT . . . . .	13
zolpidem tartrate er. . . . .	39
zolpidem tartrate oral . . . . .	39
zolpidem tartrate sublingual . . . . .	39
ZOLPIMIST . . . . .	39
ZOMACTON . . . . .	33
ZOMACTON (FOR ZOMA-JET 10). . . . .	33
ZOMIG NASAL SOLUTION 2.5 MG . . . .	14
ZOMIG NASAL SOLUTION 5 MG . . . .	14
ZOMIG ORAL . . . . .	14
ZONEGRAN . . . . .	12
zonisamide oral . . . . .	12
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



# Nondiscrimination notice and access to communication services

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

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

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

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

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

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

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

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

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

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



# Multi-language interpreter services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

This document applies to members of UnitedHealthcare, Oxford New York and New Jersey and UnitedHealthOne plans.

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

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

4/22 ©2022 United HealthCare Services, Inc.  
WF7049469-B 2022 Prescription Drug List — Advantage 4-Tier

**United  
Healthcare**