



# Your 2022 Prescription Drug List

## Access 3-Tier

Effective May 1, 2022



**United  
Healthcare**

This Prescription Drug List (PDL) is accurate as of May 1, 2022 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Plan, River Valley and Oxford medical plans with a pharmacy benefit subject to the Access 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

# Table of contents

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



Dermatological Agents	
Drugs for Skin Conditions . . . . .	20
Diabetes	
Glucose Monitoring . . . . .	22
Insulin . . . . .	24
Non-Insulin Agents . . . . .	25
Drugs for Blood Disorders . . . . .	26
Drugs for Sexual Dysfunction . . . . .	26
Electrolytes / Vitamins . . . . .	26
Gastrointestinal Agents	
Drugs for Acid Reflux and Ulcer . . . . .	27
Drugs for Bowel, Intestine and Stomach Conditions . . . . .	27
Genetic or Enzyme Disorder	
Drugs for Replacement, Modification, Treatment . . . . .	28
Genitourinary Agents	
Drugs for Bladder, Genital and Kidney Conditions . . . . .	28
Drugs for Prostate Conditions . . . . .	28
Hormonal Agents	
Hormone Replacement and Birth Control . . . . .	28
Oral Steroids . . . . .	32
Other . . . . .	32
Testosterone Replacement . . . . .	32
Thyroid . . . . .	33
Immunological Agents	
Drugs for Immune System Stimulation or Suppression . . . . .	33
Infertility Agents . . . . .	34
Inflammatory Bowel Disease Agents . . . . .	34
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 . . . . .	36
Otic Agents	
Drugs for Ear Conditions . . . . .	36
Respiratory	
Drugs for Anaphylaxis . . . . .	36
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 . . . . .	38
Sleep Disorder Agents . . . . .	39
Index . . . . .	40



# Understanding your Prescription Drug List (PDL)

## What is a PDL?

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

## How do I use my PDL?

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

## What are tiers?

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

## When does the PDL change?

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

## Why are some medications excluded from coverage?

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

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

## Who decides which medications are covered?

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

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

## About this PDL

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



# Medication tips

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

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

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

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

## What if I am taking a specialty medication?

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

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

## Over-the-counter (OTC) medications

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

# Reading your PDL

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

## Tier information

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

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

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

## Drug list information

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

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

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

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



# Reading your PDL (continued)

## Coverage details

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

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

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

- **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	
AGONEAZE	E	
ANODYNE LPT	E	
apap-caff-dihydrocodeine	1	
bac	1	QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine	1	QL
CONZIP	3	QL
DILAUDID ORAL	3	
DUROLANE	E	
EHA	E	
endocet	1	
ESGIC	3	QL
EUFLEXXA	E	
fentanyl	1	PA, QL
FIORICET	3	QL
GELSYN-3	E	
GEN7T	E	
HYALGAN	E	
hydrocodone bitartrate er oral capsule extended release 12 hour	1	PA, ST, QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	E	PA, QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	1	
hydrocodone-acetaminophen oral tablet	1	
hydromorphone hcl er	1	PA, ST, QL
hydromorphone hcl oral	1	
hydromorphone hcl rectal	1	
HYSINGLA ER	E	PA, QL
LIDO BDK	E	
lidocaine external ointment 5 %	1	QL
lidocaine external patch 5 %	1	PA, QL
lidocaine-prilocaine external cream	1	

Drug Name	Drug Tier	Requirements & Limits
lidocaine-prilocaine external kit	E	
LIDOCANNA	E	
LIDODERM	E	PA, QL
LIDOPRIL	E	
LIDOPRIL XR	E	
LIDO-PRILO CAINE PACK	E	
LIVIXIL PAK	E	
LORTAB	3	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	
morphine sulfate er oral capsule extended release 24 hour	1	PA, ST, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	1	
morphine sulfate rectal	1	
MS CONTIN	3	PA, ST, QL
NALOCET	E	QL
NUCYNTA	2	QL
NUCYNTA ER	3	PA, QL
OXAYDO	E	QL
OXYCODONE HCL ER	E	PA, QL
oxycodone hcl oral capsule	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	
oxycodone hcl oral solution	1	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	
oxycodone hcl oral tablet 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION	E	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG	E	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	E	QL
OXYCONTIN	E	PA, QL
PERCOCET	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
premium lidocaine	1	QL
PRILO PATCH	E	
PRILO PATCH II	E	
PRILOLID	E	
PRILOVIX	E	
PRILOVIX LITE	E	
PRILOVIX LITE PLUS	E	
PRILOVIX PLUS	E	
PRILOVIX ULTRALITE	E	
PRILOVIX ULTRALITE PLUS	E	
PRIZOTRAL-II	E	
PROLATE	E	
QDOLO	E	QL
RELADOR PAK	E	
RELADOR PAK PLUS	E	
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)	1	(generic for Ryzolt), QL
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	QL
tramadol hcl er oral tablet extended release 24 hour	1	(generic for Ultram ER), QL
tramadol hcl ir	1	
TREZIX	1	
TRILURON	E	
ULTRAM	E	
VEXATROL	E	
VTOL LQ	2	
XTAMPZA ER	2	PA, QL
ZEBUTAL	3	QL
ZTLIDO	3	PA, QL
<b>Analgesics - Drugs for Pain and Inflammation</b>		
CATAFLAM	E	
CELEBREX	E	QL
celecoxib oral	1	QL

Drug Name	Drug Tier	Requirements & Limits
diclofenac potassium oral tablet 25 mg	E	
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium external gel 1 %	E	
diclofenac sodium external solution	E	
diclofenac sodium oral	1	
DICLOFONO	E	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	3	
ec-naproxen	1	
ENOVARX-DICLOFENAC SODIUM	E	
etodolac	1	
etodolac er	1	
ibuprofen oral suspension 100 mg/5ml	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN	3	
indomethacin er	1	
INDOMETHACIN ORAL CAPSULE 20 MG	3	
indomethacin oral capsule 25 mg, 50 mg	1	
KETOROLAC TROMETHAMINE NASAL	3	ST
ketorolac tromethamine oral	1	
LODINE	E	
meloxicam oral capsule	E	QL
meloxicam oral tablet	1	
MOBIC	E	
nabumetone oral	1	
NAPRELAN	E	
NAPROSYN	E	
naproxen oral suspension	E	
naproxen oral tablet	1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	1	

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



Drug Name	Drug Tier	Requirements & Limits
NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	E	
naproxen sodium oral tablet 275 mg, 550 mg	1	
PENNSAID	E	
RELAFEN	E	
RELAFEN DS	E	
SPRIX	3	ST
TIVORBEX	3	
VALCOPREP-100	E	
VENNGEL ONE	E	
VIVLODEX	E	QL
ZIPSOR	3	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
APO-VARENICLINE	E	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
KLOXXADO	2	
naloxone hcl injection	1	
naltrexone hcl oral	1	
NARCAN	2	
SUBOXONE	E	PA, QL
varenicline tartrate	1	PA, H
ZUBSOLV	1	QL
<b>Antibacterials - Drugs for Infections</b>		
ACTICLATE	E	
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
amoxicillin-potassium clavulanate er	1	
AUGMENTIN	E	
AUGMENTIN ES-600	E	
avidoxy	1	
azithromycin oral	1	
BACTRIM	3	
BACTRIM DS	3	
cefadroxil	1	
cefdinir	1	
cefuroxime axetil	1	

Drug Name	Drug Tier	Requirements & Limits
CENTANY	3	
CENTANY AT	3	
cephalexin	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
coremino	E	
DIFICID	3	QL
DIFICID ORAL TABLET	3	QL
DORYX MPC	3	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG	E	
DORYX ORAL TABLET DELAYED RELEASE 80 MG	3	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	
doxycycline hyclate oral tablet 50 mg	E	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3	
doxycycline monohydrate oral	1	
FLAGYL	3	
KEFLEX	3	
levofloxacin oral	1	
LYMEPAK	E	
metronidazole oral	1	
metronidazole vaginal	1	
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	

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Drug Name	Drug Tier	Requirements & Limits
minocycline hcl er oral tablet extended release 24 hour	E	
minocycline hcl oral	1	
MINOLIRA	E	
mondoxyne nl	1	
mupirocin calcium	1	
mupirocin external	1	
NUVESSA	3	
NUZYRA ORAL	3	
penicillin v potassium	1	
SOLODYN	E	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
TARGADOX	E	
vandazole	1	
VIBRAMYCIN ORAL CAPSULE	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	
XENLETA ORAL	3	
XEPI	3	
XIMINO	3	
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
<b>Anticoagulants - Drugs to Treat or Prevent Blood Clots</b>		
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium	1	
jantoven	1	
LOVENOX	E	
PRADAXA	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
<b>Anticonvulsants - Drugs for Seizures</b>		
BRIVIACT	3	PA
carbamazepine er	1	
carbamazepine oral	1	
CARBATROL	3	

Drug Name	Drug Tier	Requirements & Limits
DEPAKOTE	3	
DEPAKOTE ER	3	ST
DEPAKOTE SPRINKLES	3	
DIASTAT ACUDIAL	3	
DIASTAT PEDIATRIC	2	
diazepam rectal	1	
divalproex sodium er	1	
divalproex sodium oral	1	
ELEPSIA XR	E	PA, ST
epitol	1	
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet	1	
KEPPRA ORAL	3	ST
KEPPRA XR	3	ST
LAMICTAL	3	ST
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG	3	ST
LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG	3	ST
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	ST
LAMICTAL STARTER	3	ST
LAMICTAL XR	3	ST
lamotrigine er	1	ST
lamotrigine oral kit	1	ST
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	ST
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	1	
levetiracetam oral	1	
NAYZILAM	3	PA
NEURONTIN	3	ST
oxcarbazepine	1	
OXTELLAR XR	E	ST

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Drug Name	Drug Tier	Requirements & Limits
QUDEXY XR	3	ST
roweepra	1	
SPRITAM	3	ST
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL	3	
TEGRETOL-XR	3	
TOPAMAX	3	ST
TOPAMAX SPRINKLE	3	ST
topiramate er	1	ST
topiramate oral	1	
TRILEPTAL	3	ST
TROKENDI XR	E	ST
VALTOCO	3	PA
VIMPAT ORAL	2	PA
XCOPRI	3	PA
ZONEGRAN	3	ST
zonisamide oral	1	

#### Antidementia Agents - Drugs for Alzheimer's Disease and Dementia

ARICEPT	E	
donepezil hcl	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	3	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide	1	
CYMBALTA	E	QL
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	

Drug Name	Drug Tier	Requirements & Limits
DRIZALMA SPRINKLE	3	QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL
duloxetine hcl oral capsule delayed release particles 40 mg	1	
EFFEXOR XR	E	
escitalopram oxalate	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	1	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	1	QL
fluoxetine hcl oral tablet 20 mg, 60 mg	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	QL
FORFIVO XL	3	QL
LEXAPRO	E	
mirtazapine oral	1	
nortriptyline hcl oral	1	
PAMELOR	E	
paroxetine hcl	1	
paroxetine hcl er	1	QL
PAXIL CR	E	QL
PAXIL ORAL SUSPENSION	3	
PAXIL ORAL TABLET	E	
PRISTIQ	E	QL
PROZAC	E	
REMERON	E	
REMERON SOLTAB	E	
SERTRALINE HCL ORAL CAPSULE	E	
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	1	QL

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Drug Name	Drug Tier	Requirements & Limits
VIIBRYD	2	QL
VIIBRYD STARTER PACK	2	
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
BONJESTA	2	
DICLEGIS	E	
doxylamine-pyridoxine	1	
GIMOTI	E	QL
metoclopramide hcl oral	1	
ondansetron hcl oral	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
promethegan	1	
REGLAN	3	
scopolamine	1	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	E	
ZOFRAN	E	
ZUPLENZ	3	
<b>Antifungals - Drugs for Fungal Infections</b>		
ciclodan	1	
ciclopirox external	1	
ciclopirox treatment	1	
CRESEMBA ORAL	3	
DIFLUCAN	E	
EXTINA	3	
fluconazole oral	1	
GYNAZOLE-1	3	
ketoconazole external	1	
ketodan external foam	1	
LOPROX EXTERNAL SHAMPOO	E	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	

Drug Name	Drug Tier	Requirements & Limits
nystop	1	
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	1	QL
GLOPERBA	3	
MITIGARE	2	
ULORIC	E	QL
ZYLOPRIM	3	
<b>Antimigraine Agents - Drugs for Migraines</b>		
AIMOVIQ	2	PA
AIMOVIQ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, QL
AMERGE	E	
eletriptan hydrobromide	1	
EMGALITY	2	PA, QL
EMGALITY (300 MG DOSE)	2	PA, QL
IMITREX ORAL	E	
IMITREX STATDOSE REFILL	E	
IMITREX STATDOSE SYSTEM	E	
IMITREX SUBCUTANEOUS	E	
MAXALT	E	
MAXALT-MLT	E	
naratriptan hcl	1	
ONZETRA XSAIL	3	
RELPAK	E	
REYVOW	2	PA, QL
rizatriptan benzoate	1	
sumatriptan succinate oral	1	
sumatriptan succinate refill	1	
sumatriptan succinate subcutaneous	1	
UBRELVY	2	PA, ST, QL

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Drug Name	Drug Tier	Requirements & Limits
ZEMBRACE SYMTOUCH	3	
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	
zolmitriptan oral	1	
zolmitriptan solution 5 mg nasal	E	
ZOMIG NASAL SOLUTION 2.5 MG	2	
ZOMIG NASAL SOLUTION 5 MG	1	
ZOMIG ORAL	E	
<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	SP
ERIVEDGE	2	PA, QL, SP
ERLEADA	2	PA, QL, SP
FEMARA	E	
fluorouracil external solution	1	
GAVRETO	3	PA, QL, SP
IBRANCE	2	PA, QL, SP
IDHIFA	2	PA, QL, SP
KOSELUGO	3	PA, QL, SP
letrozole oral	1	H-PA
LYNPARZA	2	PA, QL, SP
mercaptopurine oral	1	
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
PURIXAN	3	PA, SP
REVLIMID	2	PA, SP
ROZLYTREK	2	PA, QL, SP
SOLTAMOX	3	
STIVARGA	2	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TARGRETIN EXTERNAL	3	SP

Drug Name	Drug Tier	Requirements & Limits
TARGRETIN ORAL	1	SP
TASIGNA	2	PA, ST, QL, SP
UKONIQ	3	PA, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XELODA	E	SP
ZEJULA	2	PA, QL, SP

#### Antiparasitics - Drugs for Parasitic Infections

ARAKODA	3	QL
atovaquone-proguanil hcl	1	
hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg	E	
hydroxychloroquine sulfate oral tablet 200 mg	1	
KRINTAFEL	1	
MALARONE	3	
permethrin external	1	
PLAQUENIL	E	

#### Antiparkinson Agents - Drugs for Parkinson's Disease

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

#### Antiplatelets - Drugs for Heart Attack and Stroke Prevention

BRILINTA	2	QL
clopidogrel bisulfate oral	1	

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Drug Name	Drug Tier	Requirements & Limits
PLAVIX	E	
ZONTIVITY	3	QL
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY	E	QL
ABILIFY MYCITE	E	QL
ABILIFY MYCITE MAINTENANCE KIT	E	QL
ABILIFY MYCITE STARTER KIT ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 5 MG	E	QL
ABILIFY MYCITE STARTER KIT ORAL TABLET 30 MG	E	QL
aripiprazole oral solution	1	
aripiprazole oral tablet	1	QL
aripiprazole oral tablet dispersible	1	QL
asenapine maleate	E	QL
GEODON ORAL	E	QL
LATUDA	2	QL
olanzapine oral	1	QL
PERSERIS	E	
quetiapine fumarate	1	
quetiapine fumarate er	1	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	1	QL
SEROQUEL	E	
SEROQUEL XR	E	QL
VRAYLAR	3	QL
ziprasidone hcl	1	QL
ZYPREXA ORAL	E	QL
ZYPREXA ZYDIS	E	QL
<b>Antivirals - Drugs for Viral Infections</b>		
acyclovir oral	1	
ATRIPLA	E	QL
BARACLUDE ORAL SOLUTION	2	SP
BARACLUDE ORAL TABLET	E	SP
CIMDUO	2	QL
DESCOVY	E	ST, QL
DOVATO	2	QL

Drug Name	Drug Tier	Requirements & Limits
efavirenz-emtricitab-tenofovir	E	QL
efavirenz-lamivudine-tenofovir	1	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	1	SP
EPCLUSA ORAL PACKET	2	SP
EPCLUSA ORAL TABLET 200-50 MG	2	PA, QL, SP
EPCLUSA ORAL TABLET 400-100 MG	2	PA, QL, SP
GENVOYA	3	QL
HARVONI ORAL PACKET	2	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET ORAL TABLET	2	PA, QL, SP
NORVIR ORAL PACKET	2	
NORVIR ORAL SOLUTION	2	
NORVIR ORAL TABLET	E	
ODEFSEY	3	QL
oseltamivir phosphate oral capsule	1	
oseltamivir phosphate oral suspension reconstituted	1	QL
PREZCOBIX	2	
PREZISTA	2	
ritonavir	1	
RUKOBIA	3	PA
SITAVIG	E	
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	3	QL
SYMFI	2	QL
SYMFI LO	2	QL
TAMIFLU ORAL CAPSULE	E	
TAMIFLU ORAL SUSPENSION RECONSTITUTED	E	QL

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Drug Name	Drug Tier	Requirements & Limits
TEMIXYS	E	QL
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TIVICAY PD	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	
VALTREX	E	
VEMLIDY	3	ST, SP
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG	3	QL
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG	3	QL
ZEPATIER	2	PA, QL, SP
ZOVIRAX ORAL	3	
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
bupirone hcl oral	1	
clonazepam oral	1	
diazepam intensol	1	
diazepam oral	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	

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

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Drug Name	Drug Tier	Requirements & Limits
BYSTOLIC	3	
CALAN SR	3	
CARDIZEM	E	
CARDIZEM CD	E	
CARDIZEM LA	E	
CARDURA	3	
CAROSPIR	3	
cartia xt	1	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
colesevelam hcl	E	
COREG	E	
CORGARD	3	
CORLANOR	3	PA, QL
COZAAR	E	
CRESTOR	E	QL
diltiazem hcl er	1	
diltiazem hcl er coated beads	1	
diltiazem hcl oral	1	
dilt-xr	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
EDARBI	2	
EDARBYCLOR	2	
enalapril maleate oral	1	
EPANED	3	
EXFORGE	E	
EZALLOR SPRINKLE	3	
ezetimibe	1	
ezetimibe-simvastatin	1	
fenofibrate oral capsule 150 mg, 50 mg	1	
fenofibrate oral tablet	1	
FENOGLIDE	E	
flecainide acetate	1	
FLOLIPID	3	
furosemide oral	1	

Drug Name	Drug Tier	Requirements & Limits
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	E	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
icosapent ethyl	E	PA
INDERAL LA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
KAPSPARGO SPRINKLE	3	
labetalol hcl oral	1	
LASIX	3	
LIPITOR	E	QL
LIPOFEN	3	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	3	
LOPRESSOR	3	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTENSIN HCT	3	
LOTREL	E	
lovastatin oral	1	H
LOVAZA	E	
matzim la	1	
MAXZIDE	3	
MAXZIDE-25	3	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
MICARDIS	E	
MINIPRESS	3	
MULTAQ	3	PA
nadolol oral	1	
nebivolol hcl	1	
NEXLETOL	2	QL

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Drug Name	Drug Tier	Requirements & Limits
NEXLIZET	2	QL
niacin (antihyperlipidemic)	E	
niacin er (antihyperlipidemic)	1	
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	1	
NITROLINGUAL	E	
NITROMIST	3	
NITROSTAT	3	
NITRO-TIME	3	
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	3	
PRALUENT	E	PA, QL
pravastatin sodium	1	
prazosin hcl oral	1	
PRINIVIL	3	
PROCARDIA XL	E	
propranolol hcl er	1	
propranolol hcl oral	1	
QBRELIS	3	
quinapril hcl	1	
ramipril	1	
RANEXA	E	
ranolazine er	1	
REPATHA	2	PA, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, QL

Drug Name	Drug Tier	Requirements & Limits
REPATHA SURECLICK	2	PA, QL
rosuvastatin calcium	1	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
sotalol hcl oral	1	
SOTYLIZE	3	
spironolactone oral	1	
TEKTURNA	3	
TEKTURNA HCT	3	
telmisartan	1	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
THALITONE	E	
TOPROL XL	E	
torseamide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	E	
VASOTEC	E	
verapamil hcl er	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM	3	
VERQUVO	3	PA, QL
VYTORIN	E	
WELCHOL	1	
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	3	
ZOCOR	E	

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Drug Name	Drug Tier	Requirements & Limits
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL	E	
ADDERALL XR	1	QL
ADHANSIA XR	3	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	E	QL
APTENSIO XR	3	QL
atomoxetine hcl	1	QL
CONCERTA	1	QL
DEXEDRINE	E	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	QL
dextroamphetamine sulfate er	1	QL
dextroamphetamine sulfate oral solution	1	
dextroamphetamine sulfate oral tablet	E	
FOCALIN	3	
FOCALIN XR	E	QL
guanfacine hcl er	1	QL
INTUNIV	E	QL
JORNAY PM	3	PA, QL
METHYLIN	3	
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	1	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	1	
methylphenidate hcl er (xr)	1	QL
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	1	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	1	
MYDAYIS	2	QL

Drug Name	Drug Tier	Requirements & Limits
PROCENTRA	3	
QUILLICHEW ER	3	QL
QUILLIVANT XR	3	QL
relexxii	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	2	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	1	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
GILENYA	3	PA, QL, SP
glatiramer acetate	1	PA, QL, SP
glatopa	1	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	3	QL
LYRICA CR	E	QL

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Drug Name	Drug Tier	Requirements & Limits
NUEDEXTA	2	PA, QL
pregabalin	1	QL
pregabalin er	1	QL
RILUTEK	E	SP
riluzole	1	SP
TIGLUTIK	3	PA
ZEPOSIA	3	PA, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, QL, SP
ZEPOSIA STARTER KIT	3	PA, QL, SP

Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cavarest	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	3	
DENTAGEL	3	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	3	
PERIDEX	3	
periogard	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
PREVIDENT MOUTH/THROAT	3	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	
sodium fluoride mouth/throat	1	

Drug Name	Drug Tier	Requirements & Limits
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	
accutane	1	
ACZONE	2	
ADVANCED ALLERGY COLLECTION	E	
ALA SCALP	3	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	
ALDARA	3	
ALTRENO	3	PA
amnestem	1	
AMZEEQ	3	
ATRALIN	E	PA
AVAR CLEANSER	3	
AVAR LS CLEANSER	3	
AVAR-E EMOLLIENT	3	
AVAR-E GREEN	3	
AVAR-E LS	3	
AVITA	E	PA
azelaic acid external	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
bp 10-1	1	
calcipotriene-betameth diprop external ointment	1	
calcipotriene-betameth diprop external suspension	E	
calcitriol external	1	
CAPEX	2	
CARAC	E	
claravis	1	
CLENIA PLUS	E	
CLEOCIN-T	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	3	

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Drug Name	Drug Tier	Requirements & Limits
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	QL
clindamycin phosphate external	1	
clobetasol propionate external	1	
CLOBEX	E	
CLOBEX SPRAY	E	
clodan external shampoo	1	
clotrimazole-betamethasone	1	
dapsone external gel 5 %	E	
DAPSONE EXTERNAL GEL 7.5 %	3	
DERMA-SMOOTHIE/FS BODY	3	
DERMA-SMOOTHIE/FS SCALP	3	
DESONATE	3	
desonide external	1	
DESOWEN	3	
desrx	1	
DIPROLENE	3	
DIPROLENE AF	3	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA, ST, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, ST, QL, SP
EFUDEX	3	
ENSTILAR	3	
EUCRISA	3	ST
EVOCLIN	3	
FINACEA EXTERNAL FOAM	2	
FINACEA EXTERNAL GEL	3	
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide external	1	
FLUOROPLEX	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	

Drug Name	Drug Tier	Requirements & Limits
hydrocortisone external ointment 1 %, 2.5 %	1	
imiquimod external cream 3.75 %	E	
imiquimod external cream 5 %	1	
IMIQUIMOD PUMP	E	
IMPEKLO	E	
IMPOYZ	3	
isotretinoin capsule 10 mg oral	E	(generic for Absorica)
isotretinoin capsule 10 mg oral	1	(Amneal)
isotretinoin capsule 20 mg oral	E	(generic for Absorica)
isotretinoin capsule 20 mg oral	1	(Amneal)
isotretinoin capsule 30 mg oral	E	(generic for Absorica)
isotretinoin capsule 30 mg oral	1	(Amneal)
isotretinoin capsule 40 mg oral	E	(generic for Absorica)
isotretinoin capsule 40 mg oral	1	(Amneal)
isotretinoin oral capsule 25 mg, 35 mg	E	
ivermectin external cream	E	
KENALOG EXTERNAL	E	
KLISYRI	3	
METROCREAM	3	
METROGEL	E	
METROLOTION	3	
metronidazole external	1	
MIRVASO	3	PA
mometasone furoate external	1	
myorisan	1	
neuac external gel	1	QL
NORITATE	E	
OLUX	E	
PICATO EXTERNAL GEL 0.015 %, 0.05 %	3	
PLEXION	3	
PLEXION CLEANSER	3	
PLEXION CLEANSING CLOTH	3	
RETIN-A	E	PA

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Drug Name	Drug Tier	Requirements & Limits
RHOFADE	3	PA
rosadan external cream	1	
rosadan external gel	1	
SERNIVO	3	
SOOLANTRA	1	
sss 10-5	1	
sulfacetamide sodium-sulfur	1	
sulfacetamide sod-sulfur wash	1	
SULFACLEANSE 8/4	3	
sulfamez wash	1	
SUMADAN WASH	E	
SUMAXIN	3	
SYNALAR	3	
TACLONEX EXTERNAL OINTMENT	E	
TACLONEX EXTERNAL SUSPENSION	1	
tazarotene external cream	E	PA
TAZORAC EXTERNAL CREAM	3	PA
TAZORAC EXTERNAL GEL 0.05 %	2	PA
TAZORAC EXTERNAL GEL 0.1 %	3	PA
TEMOVATE	3	
TEXACORT	2	
tretinoin external cream	1	
tretinoin external gel 0.01 %, 0.025 %	1	
tretinoin external gel 0.05 %	1	PA
triamcinolone acetonide external aerosol solution	1	
triamcinolone acetonide external cream	1	
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	1	
TRIDESILON	1	

Drug Name	Drug Tier	Requirements & Limits
tritocin	E	
VANOS	E	
VECTICAL	E	
VERDESO	3	
WYNZORA	E	
zenatane	1	
ZILXI	3	PA, ST
ZYCLARA	E	
ZYCLARA PUMP	E	
<b>Diabetes - Glucose Monitoring</b>		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK COMPACT PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK FASTCLIX LANCETS	1	
ACCU-CHEK GUIDE KIT W/DEVICE	3	(Accu-Chek Guide Me)
ACCU-CHEK GUIDE ME METER	3	
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 autosield duo pen needles	2	
bd ultra-fine insulin syringes	2	
bd ultra-fine pen needles	2	
CARETOUCH MONITOR SYSTEM	E	
CARETOUCH TEST	E	QL
CHEMSTRIP BG LOG BOOK	1	
CONTOUR MONITOR DEVICE	E	

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Drug Name	Drug Tier	Requirements & Limits
CONTOUR MONITOR KIT W/DEVICE	E	
CONTOUR NEXT BLOOD GLUCOSE METER	2	
CONTOUR NEXT EZ KIT W/DEVICE	2	
CONTOUR NEXT LINK KIT W/DEVICE	E	
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT TEST STRIPS	2	QL
CONTOUR TEST STRIPS	E	QL
CVS ADVANCED GLUCOSE TEST	E	QL
CVS GLUCOSE METER TEST STRIPS	E	QL
D-CARE BLOOD GLUCOSE	E	QL
D-CARE GLUCOMETER	E	
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	3	PA, QL
DEXCOM G5 MOBILE TRANSMITTER	3	
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM RECEIVER KIT DEVICE	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
EXACTECH R-S-G TEST	E	QL
EXACTECH 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

Drug Name	Drug Tier	Requirements & Limits
FREESTYLE LIBRE 2 READER	3	PA
FREESTYLE LIBRE 2 SENSOR	3	PA
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE LIBRE SENSOR SYSTEM	3	PA
FREESTYLE PRECISION NEO SYSTEM	E	
FREESTYLE PRECISION NEO TEST	E	QL
GUARDIAN LINK 3 TRANSMITTER	E	
GUARDIAN REAL-TIME REPLACE PED	3	PA
GUARDIAN SENSOR (3)	3	PA
IN TOUCH	3	
INSULIN PEN NEEDLES	2	
KROGER BLOOD GLUCOSE KIT	E	
KROGER TEST	E	QL
MICRODOT TEST	E	QL
MINILINK REAL-TIME TRANSMITTER	E	
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 DELICA PLUS LANCETS	1	
ONETOUCH ULTRA 2 KIT W/DEVICE	E	
ONETOUCH ULTRA MINI KIT W/DEVICE	E	
ONETOUCH ULTRA TEST STRIPS	1	QL
ONETOUCH ULTRALINK	E	
ONETOUCH ULTRASOFT LANCETS	1	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	E	
ONETOUCH VERIO IQ SYSTEM	E	
ONETOUCH VERIO KIT W/DEVICE	E	

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Drug Name	Drug Tier	Requirements & Limits
ONETOUCH VERIO REFLECT	E	
ONETOUCH VERIO SYNC SYSTEM	E	
ONETOUCH VERIO TEST STRIPS	1	QL
OPTIUM BLOOD GLUCOSE MONITOR	E	
OPTIUM GLUCOSE MONITOR SYSTEM	E	
OPTIUM TEST	E	QL
OPTIUMEZ TEST	E	QL
PARADIGM REAL-TIME TRANSMITTER	E	
PRECISION LINK	E	
PRECISION PCX	E	QL
PRECISION PCX PLUS TEST	E	QL
PRECISION POINT OF CARE TEST	E	QL
PRECISION QID MONITOR	E	
PRECISION QID TEST	E	QL
PRECISION SOF-TACT MONITOR	E	
PRECISION SOF-TACT TEST	E	QL
PRECISION XTRA	E	
PRECISION XTRA BLOOD GLUCOSE	E	QL
PRECISION XTRA MONITOR	E	
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 BLOOD GLUCOSE TEST	E	QL
RELION TRUE MET AIR GLUC METER	E	
RELION TRUE METRIX TEST STRIPS	E	QL
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	QL
SURESTEP PRO LINEARITY	1	
TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL

Drug Name	Drug Tier	Requirements & Limits
TRUE METRIX AIR GLUCOSE METER	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	QL
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER KIT	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	QL
TRUETRACK BLOOD GLUCOSE DEVICE	E	
TRUETRACK TEST	E	QL
ULTIMA	E	
UNISTRIP1 GENERIC	E	QL
<b>Diabetes - Insulin</b>		
ADMELOG	E	
ADMELOG SOLOSTAR	E	
AFREZZA	3	
BASAGLAR KWIKPEN	E	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL	1	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	1	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	
HUMALOG SUBCUTANEOUS SOLUTION VIAL	1	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	1	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	1	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL	1	
HUMULIN R VIAL	1	
INSULIN ASPART	E	
INSULIN ASPART FLEXPEN	E	ST
INSULIN ASPART PENFILL	E	ST

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

Drug Name	Drug Tier	Requirements & Limits
ALOGLIPTIN-PIOGLITAZONE	E	QL
AMARYL	E	
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
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	1	(Fresenius)
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	2	(Eli Lilly)
GLUCOTROL XL	3	
GLUMETZA	E	
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST, QL
GVOKE HYOPEN 1-PACK	2	
GVOKE HYOPEN 2-PACK	2	
GVOKE PFS	2	
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	
metformin hcl er (osm)	E	
metformin hcl ir	1	
NESINA	2	QL
ONGLYZA	2	QL
OSENI	2	QL
OZEMPIC	2	PA, ST, QL

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

Drug Name	Drug Tier	Requirements & Limits
NUWIQ	2	SP
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
TAVALISSE	3	PA, QL, SP
WILATE	2	
ZARXIO	2	
ZIEXTENZO	3	SP
<b>Drugs for Sexual Dysfunction</b>		
ADDYI	3	QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	
IMVEXXY STARTER PACK	2	
INTRAROSA	3	PA, QL
OSPHENA	2	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	2	QL
tadalafil oral	1	QL
VIAGRA	E	QL
VYLEESI	3	QL
<b>Electrolytes / Vitamins</b>		
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
DRISDOL	3	
ERGOCAL	3	
ergocalciferol oral capsule	1	
FLORIVA PLUS	3	
folic acid injection	E	
folic acid oral tablet 1 mg	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	3	

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Drug Name	Drug Tier	Requirements & Limits
klor-con m20	1	
K-TAB	3	
LOKELMA	3	QL
multi-vitamin/fluoride	1	
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 0.5 mg oral	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL	3	
multivitamin/fluoride tablet chewable 1 mg oral	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL	3	
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 solution 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
potassium citrate er	1	
PRENA1 PEARL	3	
QUFLORA GUMMIES	E	
QUFLORA PEDIATRIC	3	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
VELTASSA	3	QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
VITAPEARL	3	
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
ACIPHEX	E	QL
ACIPHEX SPRINKLE	3	QL

Drug Name	Drug Tier	Requirements & Limits
CARAFATE	E	
CYTOTEC	3	
DEXILANT	E	QL
FIRST-OMEPRAZOLE	3	PA
GIALAX	E	
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
OMEPRAZOLE+SYRSPEND SF ALKA	3	PA
pantoprazole sodium oral	1	
PROTONIX ORAL PACKET	3	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	3	QL
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	3	QL
rabeprazole sodium oral tablet delayed release	1	QL
sucralfate oral	1	
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
ANASPAZ	2	
CLENPIQ	2	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ED-SPAZ	3	
gavilyte-c	1	H
gavilyte-g	1	H
GOLYTELY	3	
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
LEVBID	3	
LEVSIN ORAL	3	
LEVSIN/SL	3	
LINZESS	2	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
LOMOTIL	3	
MOTEGRITY	3	PA, QL
MOVIPREP	2	
NULEV	3	
oscimin	1	
oscimin sr	1	
peg-3350/electrolytes	1	H
peg-3350/electrolytes/ascorbat	1	
peg-kcl-nacl-nasulf-na asc-c	1	
PLENVU	2	
RELTONE	E	
SUPREP BOWEL PREP KIT	2	
SUTAB	2	
SYMPROIC	2	PA, QL
TRULANCE	E	PA, ST, QL
URSO 250	E	
URSO FORTE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	QL
XIFAXAN ORAL TABLET 200 MG	3	
XIFAXAN ORAL TABLET 550 MG	3	QL
ZELNORM	3	PA, 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	3	QL
nitisinone	E	PA, SP
NITYR	E	PA, SP
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
penicillamine oral capsule	E	SP
penicillamine oral tablet	1	SP

Drug Name	Drug Tier	Requirements & Limits
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
SYPRINE	E	PA, SP
TEGSEDI	2	PA, QL, SP
trientine hcl	1	PA, SP
VIOKACE	3	ST
ZENPEP	2	

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

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

#### Genitourinary Agents - Drugs for Prostate Conditions

alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	

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

afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
amethia	1	H
ANNOVERA	3	QL
apri	1	H

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Drug Name	Drug Tier	Requirements & Limits
ashlyna	1	H
aubra	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	3	
ayuna	1	H
azurette	1	H
balziva	1	H
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	1	H
camila	1	H
camrese	1	H
camrese lo	1	H
charlotte 24 fe	1	
chateal	1	H
chateal eq	1	H
CLIMARA	E	QL
CLIMARA PRO	2	QL
cryselle-28	1	H
cyclafem 1/35	1	H
cyred	1	H
cyred eq	1	H
dasetta 1/35	1	H
daysee	1	H
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	3	QL

Drug Name	Drug Tier	Requirements & Limits
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
DEPO-SUBQ PROVERA 104	2	QL
desogestrel-ethinyl estradiol	1	H
DIVIGEL	2	
dotti	E	QL
drospiren-eth estrad-levomefol	1	
drospirenone-ethinyl estradiol	1	H
DUAVEE	3	QL
ELESTRIN	3	
elinest	1	H
eluryng	E	
emoquette	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	E	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	E	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	E	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	E	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	E	(generic for Vivelle-Dot), QL
estradiol transdermal patch weekly	1	(generic for Climara), QL

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Drug Name	Drug Tier	Requirements & Limits
estradiol vaginal	1	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	E	
EVAMIST	2	
falmina	1	H
fayosim	1	
femynor	1	H
FIRST-PROGESTERONE VGS	E	
gemmily	1	
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
heather	1	H
iclevia	1	H
incassia	1	H
introvale	1	H
isibloom	1	H
jaimiess	1	H
jasmiel	1	H
jencycla	1	H
jolessa	1	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kariva	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
larissia	1	H

Drug Name	Drug Tier	Requirements & Limits
lessina	1	H
levonorgest-eth est & eth est	1	
levonorgest-eth estrad 91-day	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levora 0.15/30 (28)	1	H
lillow	1	H
LO LOESTRIN FE	2	
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
lojaimiess	1	H
loryna	1	H
LOSEASONIQUE	3	
low-ogestrel	1	H
lo-zumandimine	1	H
lutera	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	1	
mibelas 24 fe	1	
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
MINASTRIN 24 FE	E	

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Drug Name	Drug Tier	Requirements & Limits
MINIVELLE	E	QL
MIRCETTE	E	
mono-linyah	1	H
NATAZIA	2	
necon 0.5/35 (28)	1	H
nikki	1	H
nora-be	1	H
norethin ace-eth estrad-fe oral capsule	1	
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic	1	H
norlyda	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
NUVARING	1	H
nymyo	1	H
ocella	1	H
orsythia	1	H
philith	1	H
pimtree	1	H
pirmella 1/35	1	H
portia-28	1	H
PREMARIN ORAL	2	
PREMARIN VAGINAL	3	
PREMPHASE	2	
PREMPRO	2	
previfem	1	H
PROVERA	3	
QUARTETTE	E	
reclipsen	1	H

Drug Name	Drug Tier	Requirements & Limits
rivelsa	1	
SAFYRAL	E	
SEASONIQUE	E	
setlakin	1	H
sharobel	1	H
simliya	1	H
simpesse	1	H
sprintec 28	1	H
sronyx	1	H
syeda	1	H
tarina 24 fe	1	H
tarina fe 1/20	1	H
tarina fe 1/20 eq	1	H
taysofy	1	
TAYTULLA	3	
tri femynor	1	H
tri-estarylla	1	H
tri-linyah	1	H
tri-lo-estarylla	1	H
tri-lo-marzia	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-nymyo	1	H
tri-previfem	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
tulana	1	H
tyblume	1	H
tydemy	1	
VAGIFEM	E	
vestura	1	H
vienva	1	H
viorele	1	H
VIVELLE-DOT	1	QL
volnea	1	H
vyfemla	1	H

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Drug Name	Drug Tier	Requirements & Limits
vylibra	1	H
wera	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvafem	1	
zafemy	1	H
zarah	1	H
zumandimine	1	H
<b>Hormonal Agents - Oral Steroids</b>		
ALKINDI SPRINKLE	E	
CORTEF	3	
DECADRON	E	
DEXABLISS	E	
dexamethasone intensol	1	
dexamethasone oral	1	
DXEVO 11-DAY	E	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET 32 MG	3	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
MILLIPRED	2	
ORAPRED ODT	3	
PEDIAPRED	2	
prednisolone oral solution 15mg/5mL	1	
prednisone intensol	1	
prednisone oral	1	
RAYOS	E	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	

Drug Name	Drug Tier	Requirements & Limits
TAPERDEX 7-DAY	3	
ZCORT 7-DAY	E	
<b>Hormonal Agents - Other</b>		
cabergoline	1	
DDAVP	E	
DDAVP PF	E	
desmopressin acetate injection	1	
DESMOPRESSIN ACETATE NASAL	3	
desmopressin acetate oral	1	
desmopressin acetate pf	1	
GENOTROPIN	E	PA, QL, SP
GENOTROPIN MINIQUICK	E	PA, QL, SP
HUMATROPE	E	PA, QL, SP
MYFEMBREE	2	QL
NOCDURNA	3	QL
NORDITROPIN FLEXPRO	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	
ORLISSA	2	QL
SOMATULINE DEPOT	3	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	QL
ANDROGEL	E	QL
ANDROGEL PUMP	E	QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
FORTESTA	E	QL
NATESTO	E	QL
TESTIM	1	QL

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Drug Name	Drug Tier	Requirements & Limits
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	1	
testosterone transdermal	E	QL
VOGELXO	E	QL
VOGELXO PUMP	E	QL

#### Hormonal Agents - Thyroid

ARMOUR THYROID	2	
CYTOMEL	E	
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NATURE-THROID ORAL TABLET	2	
np thyroid	1	
SYNTHROID	E	
THYQUIDITY	3	
TIROSINT	3	
TIROSINT-SOL	2	
unithroid	1	
WESTHROID	3	
WP THYROID	3	

#### Immunological Agents - Drugs for Immune System Stimulation or Suppression

ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ASTAGRAF XL	E	
AZASAN	3	
azathioprine oral	1	
BERINERT	3	PA, ST, QL, SP
CELLCEPT	E	
CIMZIA	E	PA
CIMZIA PREFILLED KIT	2	PA, QL, SP
CIMZIA STARTER KIT	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
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	
EMPAVELI	2	PA, QL, SP
ENBREL MINI	3	PA, ST, QL, SP
ENBREL SUBCUTANEOUS SOLUTION	3	PA, ST, QL, SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, ST, QL, SP
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA, ST, QL, SP
ENBREL SURECLICK	3	PA, ST, QL, SP
ENVARUS XR	E	
FIRAZYR	1	PA, QL, SP
gengraf	1	
HAEGARDA	2	PA, QL, SP
HUMIRA	2	PA, QL, SP
HUMIRA PEDIATRIC CROHNS START	2	PA, QL, SP
HUMIRA PEN	2	PA, QL, SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA, QL, SP
HUMIRA PEN-PEDIATRIC UC START	2	PA, QL, SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA, QL, SP
HUMIRA PEN-PSOR/UEIT STARTER	2	PA, QL, SP
icatibant acetate	E	PA, QL, SP
IMURAN	E	
MAYZENT STARTER PACK	3	PA, QL, SP
methotrexate oral	1	
methotrexate sodium	1	

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Drug Name	Drug Tier	Requirements & Limits
methotrexate sodium (pf)	1	
mycophenolate mofetil oral	1	
mycophenolate sodium	1	
MYFORTIC	E	
NEORAL	E	
OLUMIANT ORAL TABLET	2	PA, ST, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, ST, QL, SP
OTEZLA	2	PA, QL, SP
OTREXUP	E	QL
PROGRAF ORAL	3	
RAPAMUNE ORAL SOLUTION	3	
RAPAMUNE ORAL TABLET	E	
RASUVO	2	QL
REDITREX	E	QL
RINVOQ	2	PA, QL, SP
RUCONEST	3	PA, QL, SP
sajazir	E	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral	1	
SKYRIZI	2	PA, QL, SP
SKYRIZI (150 MG DOSE)	2	PA, QL, SP
SKYRIZI PEN	2	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION	2	PA, SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO	2	PA, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	
XELJANZ	2	PA, ST, QL, SP
XELJANZ XR	2	PA, ST, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, ST, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, ST, QL, SP

Drug Name	Drug Tier	Requirements & Limits
XOLAIR	3	PA, QL, SP
<b>Infertility Agents</b>		
chorionic gonadotropin intramuscular	1	SP
CRINONE	3	ST
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(Merck/ Organon), QL, SP
novarel intramuscular solution reconstituted 10000 unit	1	SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	3	SP
OVIDREL	3	SP
pregnyl	1	SP
<b>Inflammatory Bowel Disease Agents</b>		
ANALPRAM HC	3	
ANALPRAM HC SINGLES	3	
ANALPRAM-HC EXTERNAL CREAM	3	
ANALPRAM-HC EXTERNAL LOTION	3	
APRISO	1	
ASACOL HD	E	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
budesonide er	E	
budesonide oral	1	
CANASA	E	
CORTIFOAM	2	
DELZICOL	E	
DIPENTUM	3	
ENTOCORT EC	E	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocort-pramoxine (perianal)	1	

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Drug Name	Drug Tier	Requirements & Limits
LIALDA	1	
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	1	QL
ORTIKOS	E	
PENTASA	E	
PROCORT	3	
PROCTOFOAM HC	2	
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	1	
UCERIS RECTAL	2	

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

alendronate sodium	1	
BINOSTO	3	QL
BONIVA	E	
calcitriol oral	1	
FORTEO	E	PA, ST, SP
FOSAMAX	3	
ibandronate sodium oral	1	
RAYALDEE	E	
ROCALTROL	3	
TERIPARATIDE (RECOMBINANT)	3	PA, SP
TYMLOS	3	PA, SP

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

ACULAR	3	
ACULAR LS	3	
ACUVAIL	3	
ALREX	3	
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
CILOXAN OPHTHALMIC OINTMENT	3	
CILOXAN OPHTHALMIC SOLUTION	3	

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

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

Drug Name	Drug Tier	Requirements & Limits
TIMOPTIC-XE	3	
TRAVATAN Z	E	
travoprost (bak free)	1	
VYZULTA	3	ST
XALATAN	E	
XELPROS	3	
ZIOPTAN	3	ST
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
CEQUA	E	PA
CYCLOSPORINE IN KLARITY	E	
FLAREX	2	
RESTASIS	2	PA
RESTASIS MULTIDOSE EMULSION 0.05 % OPHTHALMIC	3	PA, QL
XIIDRA	2	PA
<b>Otic Agents - Drugs for Ear Conditions</b>		
CIPRODEX	1	
ciprofloxacin-dexamethasone	E	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
<b>Respiratory - Drugs for Anaphylaxis</b>		
AUVI-Q	E	
epinephrine injection solution auto-injector 0.15 mg/0.15ml	E	(generic for Adrenaclick)
epinephrine solution auto-injector 0.15 mg/0.3ml injection	E	(generic for EpiPen-Single Pack)
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	E	(generic for Adrenaclick)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen)
EPIPEN 2-PAK	E	
EPIPEN JR 2-PAK	E	
SYMJEPI	2	

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

Drug Name	Drug Tier	Requirements & Limits
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	E	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
albuterol sulfate oral	1	
ALVESCO	E	QL
ANORO ELLIPTA	3	QL
ARCAPTA NEOHALER	3	
ARMONAIR DIGIHALER	E	QL
ARNUITY ELLIPTA	1	QL
ASMANEX (120 METERED DOSES)	E	QL
ASMANEX (14 METERED DOSES)	E	QL
ASMANEX (30 METERED DOSES)	E	QL
ASMANEX (60 METERED DOSES)	E	QL
ASMANEX (7 METERED DOSES)	E	QL
ASMANEX HFA	E	QL
ATROVENT HFA	2	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	2	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	1	QL
BUDESONIDE-FORMOTEROL FUMARATE	3	QL, RS
COMBIVENT RESPIMAT	2	QL
EASIVENT	2	
EASIVENT MASK LARGE	2	
EASIVENT MASK MEDIUM	2	
EASIVENT MASK SMALL	2	
FASENRA	E	PA, QL
FASENRA PEN	3	PA, QL
FLEXICHAMBER	2	
FLOVENT DISKUS	1	QL
FLOVENT HFA	1	QL

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Drug Name	Drug Tier	Requirements & Limits
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	E	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	QL
INCRUSE ELLIPTA	E	QL
INSPIRACHAMBER/LARGE	2	
INSPIRACHAMBER/MEDIUM	2	
INSPIRACHAMBER/MOUTHPIECE	2	
INSPIRACHAMBER/SMALL	2	
INSPIREASE	2	
ipratropium-albuterol	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
montelukast sodium oral	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
PERFORMIST	3	QL
PROAIR DIGIHALER	E	
PROAIR HFA	E	
PROAIR RESPICLICK	E	
PROVENTIL HFA	E	
PULMICORT FLEXHALER	1	QL
PULMICORT SUSPENSION	E	QL
QVAR REDIHALER	E	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	2	QL, RS

Drug Name	Drug Tier	Requirements & Limits
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	E	QL
XOPENEX HFA	3	
YUPELRI	3	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	1	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, QL, SP

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

ADEMPAS	2	PA, QL, SP
bosentan	1	PA, QL, SP
OPSUMIT	2	PA, QL, SP
TRACLEER	2	PA, QL, SP
TYVASO	2	PA, SP
TYVASO REFILL	2	PA, SP
TYVASO STARTER	2	PA, SP

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

AMRIX	E	
baclofen oral	1	
carisoprodol oral	1	
cyclobenzaprine hcl er	E	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	

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



Drug Name	Drug Tier	Requirements & Limits
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
metaxalone	1	
methocarbamol oral	1	
OZOBAX	3	
SKELAXIN	E	
SOMA	E	
tizanidine hcl oral	1	
VANADOM	E	
ZANAFLEX	3	
<b>Sleep Disorder Agents</b>		
AMBIEN	E	QL
AMBIEN CR	E	QL
BELSOMRA	3	QL
DAYVIGO	3	QL
EDLUAR	3	QL
eszopiclone	1	QL
LUNESTA	E	QL
modafinil	1	PA, QL
PROVIGIL	E	PA, QL
RESTORIL	3	
SUNOSI	3	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYREM	3	PA, QL, SP
XYWAV	3	PA, QL, SP
zolpidem tartrate	1	QL
zolpidem tartrate er	1	QL
ZOLPIMIST	3	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
ABILIFY MYCITE .....	15
ABILIFY MYCITE MAINTENANCE KIT.....	15
ABILIFY MYCITE STARTER KIT ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 5 MG .....	15
ABILIFY MYCITE STARTER KIT ORAL TABLET 30 MG .....	15
ABSORICA.....	20, 21
ACCU-CHEK AVIVA PLUS TEST STRIPS .....	22
ACCU-CHEK COMPACT PLUS TEST STRIPS.....	22
ACCU-CHEK FASTCLIX LANCET KIT.....	22
ACCU-CHEK FASTCLIX LANCETS ..	22
ACCU-CHEK GUIDE KIT W/DEVICE ..	22
ACCU-CHEK GUIDE ME METER.....	22
ACCU-CHEK GUIDE TEST STRIPS ..	22
ACCU-CHEK MULTICLIX LANCET KIT.....	22
ACCU-CHEK MULTICLIX LANCETS ..	22
ACCU-CHEK SMARTVIEW TEST STRIPS .....	22
ACCU-CHEK SOFT TOUCH LANCETS.....	22
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT .....	22
ACCU-CHEK SOFTCLIX LANCETS ..	22
ACCUPRIL .....	16
accutane.....	20
ACCU-TREND GLUCOSE .....	22
acetaminophen-codeine.....	8
acetaminophen-codeine #2 .....	8
acetaminophen-codeine #3 .....	8
acetaminophen-codeine #4 .....	8
acetazolamide er .....	16
acetazolamide oral .....	16
ACIPHEX .....	27
ACIPHEX SPRINKLE .....	27
ACTEMRA ACTPEN .....	33
ACTEMRA SUBCUTANEOUS .....	33
ACTICLATE .....	10
ACTOS .....	25
ACULAR.....	35
ACULAR LS .....	35
ACUVAIL.....	35
acyclovir oral .....	15
ACZONE.....	20
ADDERALL .....	19
ADDERALL XR .....	19
ADDYI.....	26
ADEMPAS .....	38
ADHANSIA XR.....	19
ADLYXIN.....	25
ADLYXIN STARTER PACK .....	25
ADMELOG .....	24
ADMELOG SOLOSTAR.....	24
ADVAIR DISKUS .....	37
ADVAIR HFA.....	37
ADVANCED ALLERGY COLLECTION .....	20
ADVATE .....	26
ADYNOVATE .....	26
AEROCHAMBER PLUS FLO-VU .....	37
AEROCHAMBER PLUS FLO-VU LARGE .....	37
AEROCHAMBER PLUS FLO-VU SMALL .....	37
AEROCHAMBER PLUS FLO-VU W/MASK.....	37
afirmelle .....	28
AFREZZA.....	24
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT .....	26
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT .....	26
AGONEAZE .....	8
AIMOVIG.....	13
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML .....	13
AIRDUO DIGIHALER.....	37
AIRDUO RESPICLICK 113/14 .....	37
AIRDUO RESPICLICK 232/14 .....	37
AIRDUO RESPICLICK 55/14 .....	37
ALA SCALP .....	20
ala-cort external cream 1 % .....	20
ala-cort external cream 2.5 % .....	20
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation .....	37
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml .....	37
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION.....	37
albuterol sulfate oral .....	37
ALDACTONE .....	16
ALDARA .....	20
ALECENSA.....	14
alendronate sodium .....	35
alfuzosin hcl er.....	28
aliskiren fumarate .....	16
ALKINDI SPRINKLE .....	32
allopurinol oral.....	13
ALOGLIPTIN BENZOATE .....	25
ALOGLIPTIN-METFORMIN HCL .....	25
ALOGLIPTIN-PIOGLITAZONE .....	25
ALORA .....	28
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %.....	36
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % .....	36
ALPHANATE .....	26
alprazolam er.....	16
alprazolam intensol .....	16
alprazolam oral .....	16
alprazolam xr .....	16
ALREX .....	35
ALTACE.....	16
altavera.....	28
ALTOPREV .....	16
ALTRENO.....	20
ALUNBRIG .....	14
ALVESCO.....	37
alyacen 1/35.....	28
AMARYL.....	25





AMBIEN	39	aripiprazole oral tablet	15	AVAR-E GREEN	20
AMBIEN CR	39	aripiprazole oral tablet dispersible	15	AVAR-E LS	20
AMERGE	13	ARMONAIR DIGIHALER	37	aviane	29
amethia	28	ARMOUR THYROID	33	avidoxy	10
amiodarone hcl oral	16	ARNUITY ELLIPTA	37	AVITA	20
amitriptyline hcl oral	12	ASACOL HD	34	AVONEX PEN	19
amlodipine besylate oral	16	asenapine maleate	15	AVONEX PREFILLED	19
amlodipine besylate-benazepril hcl	16	ashlyna	29	AYGESTIN	29
amlodipine besylate-valsartan	16	ASMANEX (120 METERED DOSES)	37	ayuna	29
amnesteem	20	ASMANEX (14 METERED DOSES)	37	AZASAN	33
amoxicillin	10	ASMANEX (30 METERED DOSES)	37	AZASITE	35
amoxicillin-potassium clavulanate	10	ASMANEX (60 METERED DOSES)	37	azathioprine oral	33
amoxicillin-potassium clavulanate er	10	ASMANEX (7 METERED DOSES)	37	azelaic acid external	20
amphetamine-dextroamphetamine	19	ASMANEX HFA	37	azelastine hcl nasal	37
amphetamine-dextroamphetamine er	19	ASTAGRAF XL	33	azelastine hcl ophthalmic	35
AMPYRA	19	atenolol oral	16	azithromycin oral	10
AMRIX	38	atenolol-chlorthalidone	16	AZOPT	36
AMZEEQ	20	ATIVAN ORAL	16	AZULFIDINE	34
ANALPRAM HC	34	atomoxetine hcl	19	AZULFIDINE EN-TABS	34
ANALPRAM HC SINGLES	34	atorvastatin calcium oral tablet 10 mg, 20 mg	16	azurette	29
ANALPRAM-HC EXTERNAL CREAM	34	atorvastatin calcium oral tablet 40 mg, 80 mg	16		
ANALPRAM-HC EXTERNAL LOTION	34	atovaquone-proguanil hcl	14	<b>B</b>	
ANASPAZ	27	ATRALIN	20	bac	8
anastrozole oral	14	ATRIPLA	15	baclofen oral	38
ANDRODERM	32	ATROVENT HFA	37	BACTRIM	10
ANDROGEL	32	AUBAGIO	19	BACTRIM DS	10
ANDROGEL PUMP	32	aubra	29	BAFIERTAM	19
ANNOVERA	28	aubra eq	29	balziva	29
ANODYNE LPT	8	AUGMENTIN	10	BAQSIMI ONE PACK	25
ANORO ELLIPTA	37	AUGMENTIN ES-600	10	BAQSIMI TWO PACK	25
apap-caff-dihydrocodeine	8	aurovela 1/20	29	BARACLUDGE ORAL SOLUTION	15
APO-VARENICLINE	10	aurovela 1.5/30	29	BARACLUDGE ORAL TABLET	15
APOKYN	14	aurovela 24 fe	29	BASAGLAR KWIKPEN	24
apri	28	aurovela fe 1/20	29	bd autoshield duo pen needles	22
APRISO	34	aurovela fe 1.5/30	29	bd ultra-fine insulin syringes	22
APTENSIO XR	19	AURYXIA	28	bd ultra-fine pen needles	22
ARAKODA	14	AUSTEDO	19	BELBUCA	8
ARANESP (ALBUMIN FREE)	26	AUVI-Q	36	BELSOMRA	39
ARCAPTA NEOHALER	37	AVALIDE	16	benazepril hcl oral	16
ARICEPT	12	AVAPRO	16	benazepril-hydrochlorothiazide	16
ARIMIDEX	14	AVAR CLEANSER	20	BENICAR	16
aripiprazole oral solution	15	AVAR LS CLEANSER	20	BENICAR HCT	16
		AVAR-E EMOLLIENT	20	benzonatate	37
				BERINERT	33



BESIVANCE . . . . .	35	BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG . . . . .	12	CATAFLAM . . . . .	9
betamethasone dipropionate aug . . . . .	20	bupropion hcl oral . . . . .	12	cavarest . . . . .	20
betamethasone dipropionate external . . . . .	20	buspirone hcl oral . . . . .	16	cefadroxil . . . . .	10
BETAPACE . . . . .	16	butalbital-apap-cafeine . . . . .	8	cefdinir . . . . .	10
BETASERON . . . . .	19	BYDUREON BCISE AUTOINJECTOR . . . . .	25	cefuroxime axetil . . . . .	10
BETHKIS . . . . .	38	BYETTA 10 MCG PEN. . . . .	25	CELEBREX . . . . .	9
BETIMOL . . . . .	36	BYETTA 5 MCG PEN. . . . .	25	celecoxib oral . . . . .	9
BEVESPI AEROSPHERE . . . . .	37	BYSTOLIC . . . . .	17	CELEXA . . . . .	12
bexarotene . . . . .	14			CELLCEPT . . . . .	33
BEYAZ . . . . .	29			CENTANY . . . . .	10
BIDIL . . . . .	16	<b>C</b>		CENTANY AT . . . . .	10
BIJUVA . . . . .	29	cabergoline . . . . .	32	cephalexin . . . . .	10
bimatoprost ophthalmic . . . . .	36	CALAN SR . . . . .	17	CEQUA . . . . .	36
BINOSTO . . . . .	35	calcipotriene-betameth diprop external ointment . . . . .	20	CERDELGA . . . . .	28
bisoprolol fumarate oral . . . . .	16	calcipotriene-betameth diprop external suspension . . . . .	20	charlotte 24 fe . . . . .	29
bisoprolol-hydrochlorothiazide . . . . .	16	calcitriol external . . . . .	20	chateal . . . . .	29
blisovi 24 fe . . . . .	29	calcitriol oral . . . . .	35	chateal eq. . . . .	29
blisovi fe 1/20 . . . . .	29	CALQUENCE . . . . .	14	CHEMSTRIP BG LOG BOOK . . . . .	22
blisovi fe 1.5/30 . . . . .	29	camila . . . . .	29	chlorhexidine gluconate mouth/ throat . . . . .	20
BONIVA . . . . .	35	camrese . . . . .	29	chlorthalidone . . . . .	17
BONJESTA . . . . .	13	camrese lo . . . . .	29	chorionic gonadotropin intramuscular . . . . .	34
bosentan . . . . .	38	CANASA . . . . .	34	CIALIS . . . . .	26
bp 10-1 . . . . .	20	capecitabine . . . . .	14	ciclodan . . . . .	13
BREO ELLIPTA . . . . .	37	CAPEX . . . . .	20	ciclopirox external . . . . .	13
BREZTRI AEROSPHERE . . . . .	37	CARAC . . . . .	20	ciclopirox treatment . . . . .	13
briellyn . . . . .	29	CARAFATE . . . . .	27	CILOXAN OPHTHALMIC OINTMENT . . . . .	35
BRILINTA . . . . .	14	carbamazepine er . . . . .	11	CILOXAN OPHTHALMIC SOLUTION . . . . .	35
brimonidine tartrate ophthalmic . . . . .	36	carbamazepine oral . . . . .	11	CIMDUO . . . . .	15
brinzolamide . . . . .	36	CARBATROL . . . . .	11	CIMZIA . . . . .	33
BRIVIACT . . . . .	11	carbidopa-levodopa . . . . .	14	CIMZIA PREFILLED KIT . . . . .	33
BRONCHITOL . . . . .	38	carbidopa-levodopa er . . . . .	14	CIMZIA STARTER KIT . . . . .	33
BRONCHITOL TOLERANCE TEST . . . . .	38	CARDIZEM . . . . .	17	CINRYZE . . . . .	33
budesonide er . . . . .	34	CARDIZEM CD . . . . .	17	CIPRO ORAL TABLET . . . . .	10
budesonide inhalation . . . . .	37	CARDIZEM LA . . . . .	17	CIPRODEX . . . . .	36
budesonide oral . . . . .	34	CARDURA . . . . .	17	ciprofloxacin hcl ophthalmic . . . . .	35
BUDESONIDE-FORMOTEROL FUMARATE . . . . .	37	CARETOUCH MONITOR SYSTEM . . . . .	22	ciprofloxacin hcl oral . . . . .	10
buprenorphine hcl sublingual . . . . .	10	CARETOUCH TEST . . . . .	22	ciprofloxacin-dexamethasone . . . . .	36
buprenorphine hcl-naloxone hcl . . . . .	10	carisoprodol oral . . . . .	38	citalopram hydrobromide . . . . .	12
bupropion hcl er (sr) . . . . .	12	CAROSPIR . . . . .	17	claravis . . . . .	20
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg . . . . .	12	cartia xt . . . . .	17	clarithromycin er . . . . .	10
		carvedilol . . . . .	17	clarithromycin oral . . . . .	10



CLENIA PLUS . . . . .	20	CONZIP . . . . .	8	CYTOMEL . . . . .	33
CLENPIQ . . . . .	27	COPAXONE . . . . .	19	CYTOTEC . . . . .	27
CLEOCIN ORAL CAPSULE 150 MG, 300 MG . . . . .	10	COREG . . . . .	17		
CLEOCIN ORAL CAPSULE 75 MG . . . . .	10	coremino . . . . .	10	<b>D</b>	
CLEOCIN-T . . . . .	20	CORGARD . . . . .	17	D-CARE BLOOD GLUCOSE . . . . .	23
CLIMARA . . . . .	29	CORLANOR . . . . .	17	D-CARE GLUCOMETER . . . . .	23
CLIMARA PRO . . . . .	29	CORTEF . . . . .	32	dalfampridine er . . . . .	19
clindacin etz external swab . . . . .	20	CORTIFOAM . . . . .	34	dapsone external gel 5 % . . . . .	21
clindacin-p . . . . .	20	COSENTYX (300 MG DOSE) . . . . .	33	DAPSONE EXTERNAL GEL 7.5 % . . . . .	21
CLINDAGEL . . . . .	20	COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML . . . . .	33	dasetta 1/35 . . . . .	29
clindamycin hcl oral . . . . .	10	COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML . . . . .	33	daysee . . . . .	29
clindamycin phos-benzoyl perox external gel 1.2-5 % . . . . .	21	COSENTYX SENSOREADY (300 MG) . . . . .	33	DAYVIGO . . . . .	39
clindamycin phosphate external . . . . .	21	COSENTYX SENSOREADY PEN . . . . .	33	DDAVP . . . . .	32
CLINDESSE . . . . .	10	COSOPT . . . . .	36	DDAVP PF . . . . .	32
CLINPRO 5000 . . . . .	20	COSOPT PF . . . . .	36	deblitane . . . . .	29
clobetasol propionate external . . . . .	21	COZAAR . . . . .	17	DECADRON . . . . .	32
CLOBEX . . . . .	21	CREON . . . . .	28	delyla . . . . .	29
CLOBEX SPRAY . . . . .	21	CRESEMBA ORAL . . . . .	13	DELZICOL . . . . .	34
clodan external shampoo . . . . .	21	CRESTOR . . . . .	17	DENTA 5000 PLUS . . . . .	20
clonazepam oral . . . . .	16	CRINONE . . . . .	34	DENTAGEL . . . . .	20
clonidine hcl oral . . . . .	17	cryselle-28 . . . . .	29	DEPAKOTE . . . . .	11
clopidogrel bisulfate oral . . . . .	14	CUPRIMINE . . . . .	28	DEPAKOTE ER . . . . .	11
clotrimazole-betamethasone . . . . .	21	CVS ADVANCED GLUCOSE TEST . . . . .	23	DEPAKOTE SPRINKLES . . . . .	11
COLCHICINE ORAL CAPSULE . . . . .	13	CVS GLUCOSE METER TEST STRIPS . . . . .	23	DEPEN TITRATABS . . . . .	28
colchicine oral tablet . . . . .	13	cyanocobalamin injection solution 1000 mcg/ml . . . . .	26	DEPO-PROVERA INTRAMUSCULAR SUSPENSION . . . . .	29
COLCRYS . . . . .	13	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML . . . . .	26	DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE . . . . .	29
colesevelam hcl . . . . .	17	cyclafem 1/35 . . . . .	29	DEPO-SUBQ PROVERA 104 . . . . .	29
COMBIGAN . . . . .	36	cyclobenzaprine hcl er . . . . .	38	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML . . . . .	32
COMBIVENT RESPIMAT . . . . .	37	cyclobenzaprine hcl oral tablet 10 mg, 5 mg . . . . .	38	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML . . . . .	32
CONCERTA . . . . .	19	cyclobenzaprine hcl oral tablet 7.5 mg . . . . .	39	DERMA-SMOOTH/FS BODY . . . . .	21
CONTOUR MONITOR DEVICE . . . . .	22	CYCLOSPORINE IN KLARITY . . . . .	36	DERMA-SMOOTH/FS SCALP . . . . .	21
CONTOUR MONITOR KIT W/DEVICE . . . . .	23	cyclosporine modified . . . . .	33	DESCOVY . . . . .	15
CONTOUR NEXT BLOOD GLUCOSE METER . . . . .	23	CYMBALTA . . . . .	12	desmopressin acetate injection . . . . .	32
CONTOUR NEXT EZ KIT W/DEVICE . . . . .	23	cyproheptadine hcl oral . . . . .	37	DESMOPRESSIN ACETATE NASAL . . . . .	32
CONTOUR NEXT LINK KIT W/DEVICE . . . . .	23	cyred . . . . .	29	desmopressin acetate oral . . . . .	32
CONTOUR NEXT MONITOR KIT W/DEVICE . . . . .	23	cyred eq . . . . .	29	desmopressin acetate pf . . . . .	32
CONTOUR NEXT ONE KIT . . . . .	23			desogestrel-ethinyl estradiol . . . . .	29
CONTOUR NEXT TEST STRIPS . . . . .	23			DESONATE . . . . .	21
CONTOUR TEST STRIPS . . . . .	23			desonide external . . . . .	21



DESOWEN . . . . .	21	diltiazem hcl oral . . . . .	17	duloxetine hcl oral capsule delayed release particles 40 mg . . . . .	12
desrx. . . . .	21	DIOVAN . . . . .	17	DUOPA . . . . .	14
desvenlafaxine succinate er . . . . .	12	DIOVAN HCT . . . . .	17	DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR . . . . .	21
DEXABLISS . . . . .	32	DIPENTUM . . . . .	34	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE . . . . .	21
dexamethasone intensol. . . . .	32	diphenoxylate-atropine . . . . .	27	DUROLANE . . . . .	8
dexamethasone oral . . . . .	32	DIPROLENE . . . . .	21	DXEVO 11-DAY . . . . .	32
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) . . . . .	23	DIPROLENE AF . . . . .	21		
DEXCOM G5 MOBILE TRANSMITTER . . . . .	23	DITROPAN XL . . . . .	28	<b>E</b>	
DEXCOM G6 SENSOR . . . . .	23	divalproex sodium er. . . . .	11	EASIVENT . . . . .	37
DEXCOM RECEIVER KIT DEVICE . . . . .	23	divalproex sodium oral . . . . .	11	EASIVENT MASK LARGE . . . . .	37
DEXEDRINE . . . . .	19	DIVIGEL . . . . .	29	EASIVENT MASK MEDIUM . . . . .	37
DEXILANT . . . . .	27	donepezil hcl . . . . .	12	EASIVENT MASK SMALL . . . . .	37
dexmethylphenidate hcl . . . . .	19	DOPTelet . . . . .	26	EASY TOUCH TEST . . . . .	23
dexmethylphenidate hcl er . . . . .	19	DORYX MPC . . . . .	10	EASYMAX 15 TEST . . . . .	23
dextroamphetamine sulfate er . . . . .	19	DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG . . . . .	10	EASYMAX NG BLOOD GLUCOSE . . . . .	23
dextroamphetamine sulfate oral solution . . . . .	19	DORYX ORAL TABLET DELAYED RELEASE 80 MG . . . . .	10	EASYMAX V BLOOD GLUCOSE . . . . .	23
dextroamphetamine sulfate oral tablet . . . . .	19	dorzolamide hcl-timolol mal . . . . .	36	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG . . . . .	9
DIASTAT ACUDIAL . . . . .	11	dorzolamide hcl-timolol mal pf. . . . .	36	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG . . . . .	9
DIASTAT PEDIATRIC . . . . .	11	dotti . . . . .	29	ec-naproxen . . . . .	9
diazepam intensol . . . . .	16	DOVATO . . . . .	15	ED-SPAZ . . . . .	27
diazepam oral . . . . .	16	doxazosin mesylate oral . . . . .	17	EDARBI . . . . .	17
diazepam rectal . . . . .	11	doxepin hcl oral capsule . . . . .	12	EDARBYCLOR . . . . .	17
DICLEGIS . . . . .	13	doxepin hcl oral concentrate . . . . .	12	EDLUAR . . . . .	39
diclofenac potassium oral tablet 25 mg . . . . .	9	doxycycline hyclate oral capsule . . . . .	10	efavirenz-emtricitab-tenofovir . . . . .	15
diclofenac potassium oral tablet 50 mg . . . . .	9	doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg . . . . .	10	efavirenz-lamivudine-tenofovir . . . . .	15
diclofenac sodium er . . . . .	9	doxycycline hyclate oral tablet 50 mg . . . . .	10	EFFEXOR XR . . . . .	12
diclofenac sodium external gel 1 % . . . . .	9	doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg . . . . .	10	EFUDEX . . . . .	21
diclofenac sodium external solution . . . . .	9	DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG . . . . .	10	EHA . . . . .	8
diclofenac sodium oral . . . . .	9	doxycycline monohydrate oral . . . . .	10	ELEPSIA XR . . . . .	11
DICLOFONO . . . . .	9	doxylamine-pyridoxine . . . . .	13	ELESTRIN . . . . .	29
dicyclomine hcl oral . . . . .	27	DRISDOL . . . . .	26	eletriptan hydrobromide . . . . .	13
DIFICID . . . . .	10	DRIZALMA SPRINKLE . . . . .	12	elinest . . . . .	29
DIFICID ORAL TABLET . . . . .	10	drosipren-eth estrad-levomefol . . . . .	29	ELIQUIS . . . . .	11
DIFLUCAN . . . . .	13	drosiprenone-ethinyl estradiol . . . . .	29	ELIQUIS DVT/PE STARTER PACK . . . . .	11
DILAUDID ORAL . . . . .	8	DUAVEE . . . . .	29	ELOCTATE . . . . .	26
dilt-xr . . . . .	17	duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg . . . . .	12	eluryng . . . . .	29
diltiazem hcl er . . . . .	17			EMGALITY . . . . .	13
diltiazem hcl er coated beads . . . . .	17			EMGALITY (300 MG DOSE) . . . . .	13
				emoquette . . . . .	29
				EMPAVELI . . . . .	33



emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg . . . . .	15	escitalopram oxalate . . . . .	12	febuxostat . . . . .	13
emtricitabine-tenofovir df oral tablet 200-300 mg . . . . .	15	ESGIC . . . . .	8	FEMARA . . . . .	14
enalapril maleate oral . . . . .	17	estarylla . . . . .	29	femynor . . . . .	30, 31
ENBREL MINI . . . . .	33	ESTRACE . . . . .	29	fenofibrate oral capsule 150 mg, 50 mg . . . . .	17
ENBREL SUBCUTANEOUS SOLUTION . . . . .	33	estradiol oral . . . . .	29	fenofibrate oral tablet . . . . .	17
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE . . . . .	33	estradiol patch twice weekly 0.025 mg/24hr transdermal . . . . .	29	FENOGLIDE . . . . .	17
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED . . . . .	33	estradiol patch twice weekly 0.0375 mg/24hr transdermal . . . . .	29	fentanyl . . . . .	8
ENBREL SURECLICK . . . . .	33	estradiol patch twice weekly 0.05 mg/24hr transdermal . . . . .	29	FEXMID . . . . .	39
ENDARI . . . . .	28	estradiol patch twice weekly 0.075 mg/24hr transdermal . . . . .	29	FINACEA EXTERNAL FOAM . . . . .	21
endocet . . . . .	8	estradiol patch twice weekly 0.1 mg/24hr transdermal . . . . .	29	FINACEA EXTERNAL GEL . . . . .	21
ENDOMETRIN . . . . .	34	estradiol transdermal patch weekly . . . . .	29	finasteride oral tablet 5 mg . . . . .	28
ENLITE GLUCOSE SENSOR . . . . .	23	estradiol vaginal . . . . .	30	FIORICET . . . . .	8
ENOVARX-DICLOFENAC SODIUM . . . . .	9	ESTRING . . . . .	30	FIRAZYR . . . . .	33
enoxaparin sodium . . . . .	11	ESTROGEL . . . . .	30	FIRST-OMEPRAZOLE . . . . .	27
enskyce . . . . .	29	eszopiclone . . . . .	39	FIRST-PROGESTERONE VGS . . . . .	30
ENSTILAR . . . . .	21	etodolac . . . . .	9	FLAGYL . . . . .	10
entecavir . . . . .	15	etodolac er . . . . .	9	FLAREX . . . . .	36
ENTOCORT EC . . . . .	34	etonogestrel-ethinyl estradiol . . . . .	30	flecainide acetate . . . . .	17
ENVARUSUS XR . . . . .	33	EUCRISA . . . . .	21	FLEXICHAMBER . . . . .	37
EPANED . . . . .	17	EUFLEXXA . . . . .	8	FLOLIPID . . . . .	17
EPCLUSA ORAL PACKET . . . . .	15	euthyrox . . . . .	33	FLOMAX . . . . .	28
EPCLUSA ORAL TABLET 200-50 MG . . . . .	15	EVAMIST . . . . .	30	FLORIVA PLUS . . . . .	26
EPCLUSA ORAL TABLET 400-100 MG . . . . .	15	EVOCLIN . . . . .	21	FLOVENT DISKUS . . . . .	37
epinephrine injection solution auto- injector 0.15 mg/0.15ml . . . . .	36	EXACTECH R-S-G TEST . . . . .	23	FLOVENT HFA . . . . .	37
epinephrine solution auto-injector 0.15 mg/0.3ml injection . . . . .	36	EXACTECH TEST . . . . .	23	fluconazole oral . . . . .	13
epinephrine solution auto-injector 0.3 mg/0.3ml injection . . . . .	36	EXFORGE . . . . .	17	fluocinolone acetonide body . . . . .	21
EPIPEN 2-PAK . . . . .	36	EXSERVAN . . . . .	19	fluocinolone acetonide external . . . . .	21
EPIPEN JR 2-PAK . . . . .	36	EXTAVIA . . . . .	19	fluocinolone acetonide scalp . . . . .	21
epitol . . . . .	11	EXTINA . . . . .	13	fluocinonide external . . . . .	21
EQ BLOOD GLUCOSE TEST . . . . .	23	EYSUVIS . . . . .	35	FLUORIDEX . . . . .	20
ERGOCAL . . . . .	26	EZALLOR SPRINKLE . . . . .	17	FLUORIDEX ENHANCED WHITENING . . . . .	20
ergocalciferol oral capsule . . . . .	26, 27	ezetimibe . . . . .	17	FLUOROPLEX . . . . .	21
ERIVEDGE . . . . .	14	ezetimibe-simvastatin . . . . .	17	FLUOROURACIL EXTERNAL CREAM 0.5 % . . . . .	21
ERLEADA . . . . .	14			fluorouracil external cream 5 % . . . . .	21
errin . . . . .	29			fluorouracil external solution . . . . .	14
erythromycin ophthalmic . . . . .	35			fluoxetine hcl oral capsule . . . . .	12
				fluoxetine hcl oral capsule delayed release . . . . .	12
				fluoxetine hcl oral solution . . . . .	12
				fluoxetine hcl oral tablet 10 mg . . . . .	12
				fluoxetine hcl oral tablet 20 mg, 60 mg . . . . .	12

## F





fluticasone propionate nasal . . . . .	37	gavilyte-c . . . . .	27	hailey 24 fe . . . . .	30
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/ dose, 500-50 mcg/dose . . . . .	38	gavilyte-g . . . . .	27	hailey fe 1/20 . . . . .	30
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ ACT, 232-14 MCG/ACT, 55-14 MCG/ACT . . . . .	38	GAVRETO . . . . .	14	hailey fe 1.5/30 . . . . .	30
fluvoxamine maleate . . . . .	12	GELNIQUE . . . . .	28	HALCION . . . . .	16
fluvoxamine maleate er . . . . .	12	GELSYN-3 . . . . .	8	HARVONI ORAL PACKET . . . . .	15
FOCALIN . . . . .	19	gemfibrozil oral . . . . .	17	HARVONI ORAL TABLET . . . . .	15
FOCALIN XR . . . . .	19	gemmily . . . . .	30	heather . . . . .	30
folic acid injection . . . . .	26	GEN7T . . . . .	8	HEMADY . . . . .	32
folic acid oral tablet 1 mg . . . . .	26	gengraf . . . . .	33	HEMANGEOL . . . . .	17
FOLLISTIM AQ . . . . .	34	GENOTROPIN . . . . .	32	HEMOPIL M . . . . .	26
FORFIVO XL . . . . .	12	GENOTROPIN MINIQUICK . . . . .	32	HIDEX 6-DAY . . . . .	32
FORTEO . . . . .	35	GENVOYA . . . . .	15	HUMALOG KWIKPEN . . . . .	24
FORTESTA . . . . .	32	GEODON ORAL . . . . .	15	HUMALOG MIX 50/50 KWIKPEN . . . . .	24
FORTISCARE G1 TEST STRIP . . . . .	23	GIALAX . . . . .	27	HUMALOG MIX 50/50 VIAL . . . . .	24
FORTISCARE T1 GLUCOSE SYSTEM . . . . .	23	GILENYA . . . . .	19	HUMALOG MIX 75/25 KWIKPEN . . . . .	24
FORTISCARE TEST . . . . .	23	GIMOTI . . . . .	13	HUMALOG MIX 75/25 VIAL . . . . .	24
FOSAMAX . . . . .	35	glatiramer acetate . . . . .	19	HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE . . . . .	24
FREESTYLE LIBRE 14 DAY READER . . . . .	23	glatopa . . . . .	19	HUMALOG SUBCUTANEOUS SOLUTION VIAL . . . . .	24
FREESTYLE LIBRE 14 DAY SENSOR . . . . .	23	glimepiride . . . . .	25	HUMALOG U-100 JUNIOR KWIKPEN . . . . .	24
FREESTYLE LIBRE 2 READER . . . . .	23	glipizide er . . . . .	25	HUMATE-P . . . . .	26
FREESTYLE LIBRE 2 SENSOR . . . . .	23	glipizide ir . . . . .	25	HUMATROPE . . . . .	32
FREESTYLE LIBRE READER . . . . .	23	glipizide xl . . . . .	25	HUMIRA . . . . .	33
FREESTYLE LIBRE SENSOR SYSTEM . . . . .	23	GLOPERBA . . . . .	13	HUMIRA PEDIATRIC CROHNS START . . . . .	33
FREESTYLE PRECISION NEO SYSTEM . . . . .	23	glucagon emergency kit 1 mg injection 1 mg . . . . .	25	HUMIRA PEN . . . . .	33
FREESTYLE PRECISION NEO TEST . . . . .	23	GLUCOTROL XL . . . . .	25	HUMIRA PEN-CD/UC/HS STARTER . . . . .	33
furosemide oral . . . . .	17	GLUMETZA . . . . .	25	HUMIRA PEN-PEDIATRIC UC START . . . . .	33
<b>G</b>		glyburide oral . . . . .	25	HUMIRA PEN-PS/UV/ADOL HS START . . . . .	33
gabapentin oral capsule . . . . .	11	glyburide-metformin . . . . .	25	HUMULIN 70/30 KWIKPEN . . . . .	24
gabapentin oral solution 250 mg/5ml . . . . .	11	GLYXAMBI . . . . .	25	HUMULIN 70/30 VIAL . . . . .	24
gabapentin oral tablet . . . . .	11	GOLYTELY . . . . .	27	HUMULIN N KWIKPEN . . . . .	24
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous . . . . .	34	guanfacine hcl . . . . .	17, 19	HUMULIN N VIAL . . . . .	24
		guanfacine hcl er . . . . .	19	HUMULIN R U-500 KWIKPEN . . . . .	24
		GUARDIAN LINK 3 TRANSMITTER . . . . .	23	HUMULIN R U-500 VIAL . . . . .	24
		GUARDIAN REAL-TIME REPLACE PED . . . . .	23	HUMULIN R VIAL . . . . .	24
		GUARDIAN SENSOR (3) . . . . .	23	HYALGAN . . . . .	8
		GVOKE HYPOPEN 1-PACK . . . . .	25	hydralazine hcl oral . . . . .	17
		GVOKE HYPOPEN 2-PACK . . . . .	25	hydrochlorothiazide oral . . . . .	17
		GVOKE PFS . . . . .	25		
		GYNAZOLE-1 . . . . .	13		
		<b>H</b>			
		HAEGARDA . . . . .	33		
		hailey 1.5/30 . . . . .	30		



hydrocodone bitartrate er oral capsule extended release 12 hour . . . . .	8	IDHIFA . . . . .	14	irbesartan . . . . .	17
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent . . . . .	8	ILEVRO . . . . .	35	irbesartan-hydrochlorothiazide . . . . .	17
hydrocodone polst-chlorphen polst er susp . . . . .	37	imiquimod external cream 3.75 % . . . . .	21	ISENTRESS . . . . .	15
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml . . . . .	8	imiquimod external cream 5 % . . . . .	21	ISENTRESS HD . . . . .	15
hydrocodone-acetaminophen oral tablet . . . . .	8	IMIQUIMOD PUMP . . . . .	21	isibloom . . . . .	30
hydrocort-pramoxine (perianal) . . . . .	34	IMITREX ORAL . . . . .	13	isosorbide mononitrate . . . . .	17
hydrocortisone ace-pramoxine external cream 1-1 % . . . . .	34	IMITREX STATDOSE REFILL . . . . .	13	isosorbide mononitrate er . . . . .	17
hydrocortisone external cream 1 % . . . . .	21	IMITREX STATDOSE SYSTEM . . . . .	13	isotretinoin capsule 10 mg oral . . . . .	21
hydrocortisone external cream 2.5 % . . . . .	21	IMITREX SUBCUTANEOUS . . . . .	13	isotretinoin capsule 20 mg oral . . . . .	21
hydrocortisone external lotion 2.5 % . . . . .	21	IMPEKLO . . . . .	21	isotretinoin capsule 30 mg oral . . . . .	21
hydrocortisone external ointment 1 %, 2.5 % . . . . .	21	IMPOYZ . . . . .	21	isotretinoin capsule 40 mg oral . . . . .	21
hydrocortisone oral . . . . .	32	IMURAN . . . . .	33	isotretinoin oral capsule 25 mg, 35 mg . . . . .	21
hydromorphone hcl er . . . . .	8	IMVEXXY MAINTENANCE PACK . . . . .	26	ISTALOL . . . . .	36
hydromorphone hcl oral . . . . .	8	IMVEXXY STARTER PACK . . . . .	26	ivermectin external cream . . . . .	21
hydromorphone hcl rectal . . . . .	8	IN TOUCH . . . . .	23		
hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg . . . . .	14	INBRIJA . . . . .	14	<b>J</b>	
hydroxychloroquine sulfate oral tablet 200 mg . . . . .	14	incassia . . . . .	30	jaimiess . . . . .	30
hydroxyzine hcl oral . . . . .	16	INCRUSE ELLIPTA . . . . .	38	jantoven . . . . .	11
hydroxyzine pamoate oral . . . . .	16	INDERAL LA . . . . .	17	JANUVIA . . . . .	25
hyoscyamine sulfate er . . . . .	27	INDOCIN . . . . .	9	JARDIANCE . . . . .	25
hyoscyamine sulfate oral . . . . .	27	indomethacin er . . . . .	9	jasmiel . . . . .	30
hyoscyamine sulfate sl . . . . .	27	INDOMETHACIN ORAL CAPSULE 20 MG . . . . .	9	jencycla . . . . .	30
hyoscyamine sulfate sublingual . . . . .	27	indomethacin oral capsule 25 mg, 50 mg . . . . .	9	JENTADUETO . . . . .	25
hyosyne . . . . .	27	INSPIRACHAMBER/LARGE . . . . .	38	JENTADUETO XR . . . . .	25
HYSINGLA ER . . . . .	8	INSPIRACHAMBER/MEDIUM . . . . .	38	JIVI . . . . .	26
HYZAAR . . . . .	17	INSPIRACHAMBER/MOUTHPIECE . . . . .	38	jolessa . . . . .	30
		INSPIRACHAMBER/SMALL . . . . .	38	JORNAY PM . . . . .	19
<b>I</b>		INSPIREASE . . . . .	38	juleber . . . . .	30
ibandronate sodium oral . . . . .	35	INSPIREASE . . . . .	38	JULUCA . . . . .	15
IBRANCE . . . . .	14	INSULIN ASPART . . . . .	24	junel 1/20 . . . . .	30
ibuprofen oral suspension 100 mg/5ml . . . . .	9	INSULIN ASPART FLEXPEN . . . . .	24	junel 1.5/30 . . . . .	30
ibuprofen oral tablet 400 mg, 600 mg, 800 mg . . . . .	9	INSULIN ASPART PENFILL . . . . .	24	junel fe 1/20 . . . . .	30
icatibant acetate . . . . .	33	INSULIN LISPRO . . . . .	25	junel fe 1.5/30 . . . . .	30
iclevia . . . . .	30	INSULIN LISPRO (1 UNIT DIAL) . . . . .	25	junel fe 24 . . . . .	30
icosapent ethyl . . . . .	17	INSULIN LISPRO JUNIOR KWIKPEN . . . . .	25	<b>K</b>	
		INSULIN LISPRO PROT & LISPRO . . . . .	25	K-TAB . . . . .	27
		INSULIN PEN NEEDLES . . . . .	23	kalliga . . . . .	30
		INTRAROSA . . . . .	26	KAPSPARGO SPRINKLE . . . . .	17
		introvale . . . . .	30	kariva . . . . .	30
		INTUNIV . . . . .	19	KAZANO . . . . .	25
		INVELTYS . . . . .	35	KEFLEX . . . . .	10
		ipratropium bromide nasal . . . . .	37	KENALOG EXTERNAL . . . . .	21
		ipratropium-albuterol . . . . .	38		



KEPPRA ORAL . . . . .	11	lamotrigine oral kit. . . . .	11	LIALDA . . . . .	35
KEPPRA XR . . . . .	11	lamotrigine oral tablet . . . . .	11	LIDO BDK . . . . .	8
KESIMPTA . . . . .	19	lamotrigine oral tablet chewable . . . . .	11	LIDO-PRILO CAINE PACK . . . . .	8
ketoconazole external . . . . .	13	lamotrigine oral tablet dispersible . . . . .	11	lidocaine external ointment 5 % . . . . .	8
ketodan external foam . . . . .	13	lamotrigine starter kit-blue . . . . .	11	lidocaine external patch 5 % . . . . .	8
KETOROLAC TROMETHAMINE NASAL . . . . .	9	lamotrigine starter kit-green . . . . .	11	lidocaine hcl mouth/throat . . . . .	20
ketorolac tromethamine ophthalmic . . . . .	35	lamotrigine starter kit-orange . . . . .	11	lidocaine viscous hcl . . . . .	20
ketorolac tromethamine oral . . . . .	9	LANTUS SOLOSTAR . . . . .	25	lidocaine-prilocaine external cream . . . . .	8
KITABIS PAK . . . . .	38	LANTUS U-100 VIAL . . . . .	25	lidocaine-prilocaine external kit . . . . .	8
KLARITY-L . . . . .	35	larin 1/20 . . . . .	30	LIDOCANNA . . . . .	8
KLISYRI . . . . .	21	larin 1.5/30 . . . . .	30	LIDODERM . . . . .	8
KLONOPIN . . . . .	16	larin 24 fe . . . . .	30	LIDOPRIL . . . . .	8
klor-con . . . . .	26, 27	larin fe 1/20 . . . . .	30	LIDOPRIL XR . . . . .	8
klor-con 10 . . . . .	26	larin fe 1.5/30 . . . . .	30	lillow . . . . .	30
klor-con m10 . . . . .	26	larissia . . . . .	30	LINZESS . . . . .	27
klor-con m15 . . . . .	26	LASIX . . . . .	17	liothyronine sodium oral . . . . .	33
klor-con m20 . . . . .	27	LASTACAPT . . . . .	35	LIPITOR . . . . .	17
KLOXXADO . . . . .	10	latanoprost ophthalmic . . . . .	36	LIPOFEN . . . . .	17
KOATE . . . . .	26	LATUDA . . . . .	15	lisinopril oral . . . . .	17
KOATE-DVI . . . . .	26	LEDIPASVIR-SOFOSBUVIR . . . . .	15	lisinopril-hydrochlorothiazide . . . . .	17
KOGENATE FS . . . . .	26	lessina . . . . .	30	lithium carbonate er . . . . .	16
KOMBIGLYZE XR . . . . .	25	letrozole oral . . . . .	14	lithium carbonate oral . . . . .	16
KOSELUGO . . . . .	14	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT . . . . .	38	LITHOBID . . . . .	16
KOVALTRY . . . . .	26	LEVBIID . . . . .	27	LIVIXIL PAK . . . . .	8
KRINTAFEL . . . . .	14	LEVEMIR U-100 FLEXTOUCH . . . . .	25	LO LOESTRIN FE . . . . .	30
KROGER BLOOD GLUCOSE KIT . . . . .	23	LEVEMIR U-100 VIAL . . . . .	25	lo-zumandimine . . . . .	30
KROGER TEST . . . . .	23	levetiracetam er . . . . .	11	LODINE . . . . .	9
kurvelo . . . . .	30	levetiracetam oral . . . . .	11	LOESTRIN 1/20 (21) . . . . .	30
KYNMOBI . . . . .	14	levo-t . . . . .	33	LOESTRIN 1.5/30 (21) . . . . .	30
KYNMOBI TITRATION KIT . . . . .	14	levocetirizine dihydrochloride oral . . . . .	37	LOESTRIN FE 1/20 . . . . .	30
<b>L</b>					
labetalol hcl oral . . . . .	17	levofloxacin oral . . . . .	10	LOESTRIN FE 1.5/30 . . . . .	30
LAMICTAL . . . . .	11	levonorgest-eth est & eth est . . . . .	30	lojaimiess . . . . .	30
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG . . . . .	11	levonorgest-eth estrad 91-day . . . . .	30	LOKELMA . . . . .	27
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	LOMOTIL . . . . .	28
LAMICTAL ODT ORAL TABLET DISPERSIBLE . . . . .	11	levora 0.15/30 (28) . . . . .	30	LOPID . . . . .	17
LAMICTAL STARTER . . . . .	11	LEVOTHYROXINE SODIUM ORAL CAPSULE . . . . .	33	LOPRESSOR . . . . .	17
LAMICTAL XR . . . . .	11	levothyroxine sodium oral tablet . . . . .	33	LOPROX EXTERNAL SHAMPOO . . . . .	13
lamotrigine er . . . . .	11	levoxyl . . . . .	33	lorazepam intensol . . . . .	16
		LEVSIN ORAL . . . . .	27	lorazepam oral concentrate 2 mg/ml . . . . .	16
		LEVSIN/SL . . . . .	27	lorazepam oral tablet . . . . .	16
		LEXAPRO . . . . .	12	LOREEV XR . . . . .	16
				LORTAB . . . . .	8
				loryna . . . . .	30





losartan potassium oral . . . . .	17	MEDROL ORAL TABLET 2 MG . . . . .	32	metoclopramide hcl oral. . . . .	13
losartan potassium-hctz . . . . .	17	MEDROL ORAL TABLET 32 MG . . . . .	32	metoprolol succinate er . . . . .	17
LOSEASONIQUE . . . . .	30	MEDROL ORAL TABLET THERAPY PACK . . . . .	32	metoprolol tartrate oral . . . . .	17
LOTEMAX OPHTHALMIC GEL . . . . .	35	medroxyprogesterone acetate intramuscular suspension . . . . .	30	METROCREAM . . . . .	21
LOTEMAX OPHTHALMIC OINTMENT . . . . .	35	medroxyprogesterone acetate intramuscular suspension prefilled syringe . . . . .	30	METROGEL . . . . .	21
LOTEMAX OPHTHALMIC SUSPENSION . . . . .	35	medroxyprogesterone acetate oral . . . . .	30	METROLOTION . . . . .	21
LOTEMAX SM . . . . .	35	meloxicam oral capsule . . . . .	9	metronidazole external . . . . .	21
LOTENSIN . . . . .	17	meloxicam oral tablet . . . . .	9	metronidazole oral . . . . .	10
LOTENSIN HCT . . . . .	17	MENOSTAR . . . . .	30	metronidazole vaginal . . . . .	10
loteprednol etabonate . . . . .	35	mercaptapurine oral . . . . .	14	mibelas 24 fe . . . . .	30
LOTREL . . . . .	17	merzee . . . . .	30	MICARDIS . . . . .	17
lovastatin oral . . . . .	17	mesalamine er oral capsule 0.375 gm . . . . .	35	MICRODOT TEST . . . . .	23
LOVAZA . . . . .	17	mesalamine oral . . . . .	35	microgestin 1/20 . . . . .	30
LOVENOX . . . . .	11	mesalamine rectal enema . . . . .	35	microgestin 1.5/30 . . . . .	30
low-ogestrel . . . . .	30	mesalamine rectal suppository . . . . .	35	microgestin 24 fe . . . . .	30
LUMIGAN . . . . .	36	metaxalone . . . . .	39	microgestin fe 1/20 . . . . .	30
LUNESTA . . . . .	39	metformin hcl er . . . . .	25	microgestin fe 1.5/30 . . . . .	30
luteal . . . . .	30	metformin hcl er (mod) . . . . .	25	mili . . . . .	30
lyleq . . . . .	30	metformin hcl er (osm) . . . . .	25	MILLIPRED . . . . .	32
lyllana . . . . .	30	metformin hcl ir . . . . .	25	MINASTRIN 24 FE . . . . .	30
LYMEPAK . . . . .	10	methimazole oral . . . . .	33	MINILINK REAL-TIME TRANSMITTER . . . . .	23
LYNPARZA . . . . .	14	methocarbamol oral . . . . .	39	MINIPRESS . . . . .	17
LYRICA . . . . .	19	methotrexate oral . . . . .	33	MINIVELLE . . . . .	29, 31
LYRICA CR . . . . .	19	methotrexate sodium . . . . .	33, 34	MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR . . . . .	10
LYUMJEV KWIKPEN . . . . .	25	methotrexate sodium (pf) . . . . .	34	minocycline hcl er oral tablet extended release 24 hour . . . . .	11
LYUMJEV VIAL . . . . .	25	METHYLIN . . . . .	19	minocycline hcl oral . . . . .	11
lyza . . . . .	30	methylphenidate hcl er (cd) . . . . .	19	MINOLIRA . . . . .	11
<b>M</b>					
MALARONE . . . . .	14	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg . . . . .	19	MIRAPEX ER . . . . .	14
marlissa . . . . .	30	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg . . . . .	19	MIRCETTE . . . . .	31
matzim la . . . . .	17	methylphenidate hcl er (xr) . . . . .	19	mirtazapine oral . . . . .	12
MAVENCLAD . . . . .	19	methylphenidate hcl er oral tablet extended release 10 mg, 20 mg . . . . .	19	MIRVASO . . . . .	21
MAVYRET ORAL TABLET . . . . .	15	methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg . . . . .	19	misoprostol oral . . . . .	27
MAXALT . . . . .	13	methylphenidate hcl er oral tablet extended release 24 hour . . . . .	19	MITIGARE . . . . .	13
MAXALT-MLT . . . . .	13	methylphenidate hcl oral . . . . .	19	MM EASY TOUCH GLUCOSE METER . . . . .	23
MAXITROL . . . . .	35	methylprednisolone oral . . . . .	32	MOBIC . . . . .	9
MAXZIDE . . . . .	17			modafinil . . . . .	39
MAXZIDE-25 . . . . .	17			mometasone furoate external . . . . .	21
MAYZENT . . . . .	19, 33			mondoxyne nl . . . . .	11
MAYZENT STARTER PACK . . . . .	33			mono-lynyah . . . . .	31
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG . . . . .	32			montelukast sodium oral . . . . .	38



morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml. . . . .	8	naproxen oral tablet . . . . .	9	nitroglycerin transdermal . . . . .	18
morphine sulfate er oral capsule extended release 24 hour. . . . .	8	naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg . . . . .	9	nitroglycerin translingual . . . . .	18
morphine sulfate er oral tablet extended release. . . . .	8	NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG . . . . .	10	NITROLINGUAL. . . . .	18
morphine sulfate oral . . . . .	8	naproxen sodium oral tablet 275 mg, 550 mg. . . . .	10	NITROMIST . . . . .	18
morphine sulfate rectal. . . . .	8	naratriptan hcl . . . . .	13	NITROSTAT . . . . .	18
MOTTEGRITY . . . . .	28	NARCAN . . . . .	10	NITYR. . . . .	28
MOVIPREP . . . . .	28	NASCOBAL . . . . .	27	NOCDURNA. . . . .	32
MOXEZA. . . . .	35	NATAZIA. . . . .	31	nora-be . . . . .	31
moxifloxacin hcl (2x day). . . . .	35	NATESTO . . . . .	32	NORDITROPIN FLEXPRO . . . . .	32
moxifloxacin hcl ophthalmic solution. . . . .	35	NATURE-THROID ORAL TABLET . . . . .	33	norethin ace-eth estrad-fe oral capsule. . . . .	31
MOXIFLOXACIN HCL OPHTHALMIC SOLUTION PREFILLED SYRINGE. . . . .	35	NAYZILAM . . . . .	11	norethin ace-eth estrad-fe oral tablet. . . . .	31
MS CONTIN. . . . .	8	neбиволол hcl. . . . .	17	norethin ace-eth estrad-fe oral tablet chewable . . . . .	31
MULPLETA. . . . .	26	necon 0.5/35 (28) . . . . .	31	norethindrone acet-ethinyl est . . . . .	31
MULTAQ . . . . .	17	neomycin-polymyxin-dexameth ophthalmic ointment . . . . .	35	norethindrone acetate oral . . . . .	31
multi-vitamin/fluoride . . . . .	27	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 . . . . .	35	norethindrone oral. . . . .	31
multivitamin/fluoride tablet chewable 0.25 mg oral (rx). . . . .	27	neomycin-polymyxin-hc otic. . . . .	36	norgestimate-eth estradiol . . . . .	31
multivitamin/fluoride tablet chewable 0.5 mg oral . . . . .	27	NEORAL. . . . .	34	norgestimate-ethinyl estradiol triphasic . . . . .	31
multivitamin/fluoride tablet chewable 1 mg oral. . . . .	27	NESINA. . . . .	25	NORITATE . . . . .	21
mupirocin calcium. . . . .	11	neuac external gel. . . . .	21	norlyda . . . . .	31
mupirocin external. . . . .	11	NEULASTA. . . . .	26	norlyroc . . . . .	31
mycophenolate mofetil oral . . . . .	34	NEURONTIN . . . . .	11	nortrel 0.5/35 (28) . . . . .	31
mycophenolate sodium . . . . .	34	NEUTEK 2TEK TEST. . . . .	23	nortrel 1/35 (21). . . . .	31
MYDAYIS . . . . .	19	NEVANAC. . . . .	35	nortrel 1/35 (28). . . . .	31
MYFEMBREE. . . . .	32	NEXLETOL. . . . .	17	nortriptyline hcl oral . . . . .	12
MYFORTIC. . . . .	34	NEXLIZET. . . . .	18	NORVASC . . . . .	18
myorisan. . . . .	21	niacin (antihyperlipidemic) . . . . .	18	NORVIR ORAL PACKET. . . . .	15
<b>N</b>					
nabumetone oral . . . . .	9	niacin er (antihyperlipidemic) . . . . .	18	NORVIR ORAL SOLUTION . . . . .	15
nadolol oral . . . . .	17	niacor . . . . .	18	NORVIR ORAL TABLET . . . . .	15
NAFRINSE DAILY/NEUTRAL . . . . .	20	NIASPAN . . . . .	18	NOURIANZ. . . . .	14
NAFRINSE WEEKLY . . . . .	20	nifedipine er . . . . .	18	novarel intramuscular solution reconstituted 10000 unit. . . . .	34
NALOCET. . . . .	8	nifedipine er osmotic release. . . . .	18	NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT . . . . .	34
naloxone hcl injection . . . . .	10	nifedipine oral . . . . .	18	NOVOEIGHT . . . . .	26
naltrexone hcl oral. . . . .	10	nikki. . . . .	31	NOVOFINE AUTOCOVER PEN NEEDLE . . . . .	23
NAPRELAN . . . . .	9	nitisinone . . . . .	28	NOVOFINE PEN NEEDLE . . . . .	23
NAPROSYN . . . . .	9	NITRO-BID. . . . .	18	NOVOFINE PLUS PEN NEEDLE . . . . .	23
naproxen oral suspension . . . . .	9	NITRO-DUR . . . . .	18	NOVOLIN 70/30 FLEXPEN . . . . .	25
		NITRO-TIME. . . . .	18	NOVOLIN 70/30 FLEXPEN RELION . . . . .	25
		nitroglycerin sublingual. . . . .	18	NOVOLIN 70/30 RELION . . . . .	25



NOVOLIN 70/30 VIAL . . . . .	25	olanzapine oral . . . . .	15	ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE . . . . .	34
NOVOLIN N FLEXPEN . . . . .	25	olmesartan medoxomil oral . . . . .	18	ORFADIN ORAL CAPSULE . . . . .	28
NOVOLIN N FLEXPEN RELION . . . . .	25	olmesartan medoxomil-hctz . . . . .	18	ORFADIN ORAL SUSPENSION . . . . .	28
NOVOLIN N RELION . . . . .	25	olopatadine hcl ophthalmic solution 0.1 % . . . . .	35	ORGOVYX . . . . .	14
NOVOLIN N VIAL . . . . .	25	olopatadine hcl ophthalmic solution 0.2 % . . . . .	35	ORIAHNN . . . . .	32
NOVOLIN R FLEXPEN . . . . .	25	OLUMIANT ORAL TABLET . . . . .	34	ORLISSA . . . . .	32
NOVOLIN R FLEXPEN RELION . . . . .	25	OLUX . . . . .	21	orsythia . . . . .	31
NOVOLIN R RELION . . . . .	25	OMECLAMOX-PAK . . . . .	27	ORTIKOS . . . . .	35
NOVOLIN R VIAL . . . . .	25	omega-3-acid ethyl esters . . . . .	18	oscimin . . . . .	28
NOVOLOG FLEXPEN . . . . .	25	omeprazole oral capsule delayed release . . . . .	27	oscimin sr . . . . .	28
NOVOLOG FLEXPEN RELION . . . . .	25	OMEPRAZOLE+SYRSPEND SF ALKA . . . . .	27	oseltamivir phosphate oral capsule . . . . .	15
NOVOLOG PENFILL . . . . .	25	OMNARIS . . . . .	37	oseltamivir phosphate oral suspension reconstituted . . . . .	15
NOVOLOG RELION . . . . .	25	OMNITROPE . . . . .	32	OSENI . . . . .	25
NOVOLOG U-100 VIAL . . . . .	25	ondansetron hcl oral . . . . .	13	OSPHENA . . . . .	26
NOVOTWIST . . . . .	23	ondansetron odt . . . . .	13	OTEZLA . . . . .	34
np thyroid . . . . .	33	ONETOUCH DELICA PLUS LANCETS . . . . .	23	OTREXUP . . . . .	34
NUBEQA . . . . .	14	ONETOUCH ULTRA 2 KIT W/DEVICE . . . . .	23	OVIDREL . . . . .	34
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR . . . . .	38	ONETOUCH ULTRA MINI KIT W/DEVICE . . . . .	23	OXAYDO . . . . .	8
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE . . . . .	38	ONETOUCH ULTRA TEST STRIPS . . . . .	23	oxcarbazepine . . . . .	11
NUCYNTA . . . . .	8	ONETOUCH ULTRALINK . . . . .	23	OXTELLAR XR . . . . .	11
NUCYNTA ER . . . . .	8	ONETOUCH ULTRASOFT LANCETS . . . . .	23	oxybutynin chloride er . . . . .	28
NUEDEXTA . . . . .	20	ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE . . . . .	23	oxybutynin chloride oral . . . . .	28
NULEV . . . . .	28	ONETOUCH VERIO IQ SYSTEM . . . . .	23	OXYCODONE HCL ER . . . . .	8
NUTROPIN AQ NUSPIN 10 . . . . .	32	ONETOUCH VERIO KIT W/DEVICE . . . . .	23	oxycodone hcl oral capsule . . . . .	8
NUTROPIN AQ NUSPIN 20 . . . . .	32	ONETOUCH VERIO REFLECT . . . . .	24	oxycodone hcl oral concentrate 100 mg/5ml . . . . .	8
NUTROPIN AQ NUSPIN 5 . . . . .	32	ONETOUCH VERIO SYNC SYSTEM . . . . .	24	oxycodone hcl oral solution . . . . .	8
NUVARING . . . . .	31	ONETOUCH VERIO TEST STRIPS . . . . .	24	oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg . . . . .	8
NUVESSA . . . . .	11	ONGLYZA . . . . .	25	oxycodone hcl oral tablet 5 mg . . . . .	8
NUWIQ . . . . .	26	ONZETRA XSAIL . . . . .	13	OXYCODONE-ACETAMINOPHEN ORAL SOLUTION . . . . .	8
NUZYRA ORAL . . . . .	11	OPSUMIT . . . . .	38	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG . . . . .	8
nyamyc . . . . .	13	OPTIUM BLOOD GLUCOSE MONITOR . . . . .	24	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg . . . . .	8
nymyo . . . . .	31	OPTIUM GLUCOSE MONITOR SYSTEM . . . . .	24	OXYCONTIN . . . . .	8
nystatin external . . . . .	13	OPTIUM TEST . . . . .	24	OZEMPIC . . . . .	25
nystatin mouth/throat . . . . .	13	OPTIUMEZ TEST . . . . .	24	OZOBAX . . . . .	39
nystop . . . . .	13	ORAPRED ODT . . . . .	32		
		ORENCIA CLICKJECT . . . . .	34		
<b>O</b>					
ocella . . . . .	31				
OCUFLOX . . . . .	35				
ODEFSEY . . . . .	15				
ODOMZO . . . . .	14				
ofloxacin ophthalmic . . . . .	35				
ofloxacin otic . . . . .	36				



**P**

PACERONE ORAL TABLET 100 MG, 400 MG . . . . .	18	PLEXION . . . . .	21	PREMARIN ORAL . . . . .	31
PACERONE ORAL TABLET 200 MG. . . . .	18	PLEXION CLEANSER . . . . .	21	PREMARIN VAGINAL . . . . .	31
PAMELOR . . . . .	12	PLEXION CLEANSING CLOTH . . . . .	21	PREMIUM BLOOD GLUCOSE TEST . . . . .	24
PANCREAZE . . . . .	28	POLY-VI-FLOR . . . . .	27	premium lidocaine . . . . .	9
pantoprazole sodium oral . . . . .	27	polymyxin b-trimethoprim . . . . .	35	PREMPHASE . . . . .	31
PARADIGM REAL-TIME TRANSMITTER . . . . .	24	POLYTRIM . . . . .	35	PREMPRO . . . . .	31
paroxetine hcl . . . . .	12	portia-28 . . . . .	31	PRENA1 PEARL . . . . .	27
paroxetine hcl er . . . . .	12	potassium chloride crys er oral tablet extended release 10 meq, 20 meq . . . . .	27	PREVIDENT 5000 BOOSTER PLUS . . . . .	20
PAXIL CR . . . . .	12	potassium chloride crys er oral tablet extended release 15 meq . . . . .	27	PREVIDENT 5000 DRY MOUTH . . . . .	20
PAXIL ORAL SUSPENSION . . . . .	12	potassium chloride er . . . . .	27	PREVIDENT 5000 ORTHO DEFENSE . . . . .	20
PAXIL ORAL TABLET . . . . .	12	potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%) . . . . .	27	PREVIDENT 5000 PLUS . . . . .	20
PEDIAPRED . . . . .	32	potassium citrate er . . . . .	27	PREVIDENT DENTAL . . . . .	20
peg-3350/electrolytes . . . . .	28	PRADAXA . . . . .	11	PREVIDENT MOUTH/THROAT . . . . .	20
peg-3350/electrolytes/ascorbat . . . . .	28	PRALUENT . . . . .	18	previfem . . . . .	31
peg-kcl-nacl-nasulf-na asc-c . . . . .	28	pramipexole dihydrochloride . . . . .	14	PREZCOBIX . . . . .	15
penicillamine oral capsule . . . . .	28	pramipexole dihydrochloride er . . . . .	14	PREZISTA . . . . .	15
penicillamine oral tablet . . . . .	28	pravastatin sodium . . . . .	18	PRILO PATCH . . . . .	9
penicillin v potassium . . . . .	11	prazosin hcl oral . . . . .	18	PRILO PATCH II . . . . .	9
PENNSAID . . . . .	10	PRECISION LINK . . . . .	24	PRILOLID . . . . .	9
PENTASA . . . . .	35	PRECISION PCX . . . . .	24	PRILOVIX . . . . .	9
PERCOCET . . . . .	8	PRECISION PCX PLUS TEST . . . . .	24	PRILOVIX LITE . . . . .	9
PERFOROMIST . . . . .	38	PRECISION POINT OF CARE TEST . . . . .	24	PRILOVIX LITE PLUS . . . . .	9
PERIDEX . . . . .	20	PRECISION QID MONITOR . . . . .	24	PRILOVIX PLUS . . . . .	9
periogard . . . . .	20	PRECISION QID TEST . . . . .	24	PRILOVIX ULTRALITE . . . . .	9
permethrin external . . . . .	14	PRECISION SOF-TACT MONITOR . . . . .	24	PRILOVIX ULTRALITE PLUS . . . . .	9
PERSERIS . . . . .	15	PRECISION SOF-TACT TEST . . . . .	24	PRINIVIL . . . . .	18
PERTZYE . . . . .	28	PRECISION XTRA . . . . .	24	PRISTIQ . . . . .	12
phenazo oral tablet 200 mg . . . . .	28	PRECISION XTRA BLOOD GLUCOSE . . . . .	24	PRIZOTRAL-II . . . . .	9
phenazopyridine hcl oral tablet 100 mg, 200 mg . . . . .	28	PRECISION XTRA MONITOR . . . . .	24	PROAIR DIGIHALER . . . . .	38
philith . . . . .	31	PRED FORTE . . . . .	35	PROAIR HFA . . . . .	37, 38
PICATO EXTERNAL GEL 0.015 %, 0.05 % . . . . .	21	PRED MILD . . . . .	35	PROAIR RESPICLICK . . . . .	38
pimtrex . . . . .	31	prednisolone acetate ophthalmic . . . . .	35	PROCARDIA XL . . . . .	18
pioglitazone hcl . . . . .	26	prednisolone acetate p-f . . . . .	35	PROCENTRA . . . . .	19
pirmella 1/35 . . . . .	31	prednisolone oral solution 15mg/5mL . . . . .	32	prochlorperazine maleate oral . . . . .	13
PLAQUENIL . . . . .	14	prednisone intensol . . . . .	32	PROCORT . . . . .	35
PLAVIX . . . . .	15	prednisone oral . . . . .	32	PROCTOFOAM HC . . . . .	35
PLEGRIDY INTRAMUSCULAR . . . . .	19	pregabalin . . . . .	20	PROGRAF ORAL . . . . .	34
PLEGRIDY STARTER PACK . . . . .	19	pregabalin er . . . . .	20	PROLATE . . . . .	9
PLEGRIDY SUBCUTANEOUS . . . . .	19	pregnyl . . . . .	34	promethazine hcl oral solution . . . . .	37
PLENVU . . . . .	28			promethazine hcl oral syrup . . . . .	37
				promethazine hcl oral tablet . . . . .	13
				promethazine hcl rectal . . . . .	13
				promethazine-codeine . . . . .	37



promethazine-dm . . . . .	37	ramipril . . . . .	18	RETACRIT INJECTION SOLUTION 20000 UNIT/ML. . . . .	26
promethegan . . . . .	13	RANEXA. . . . .	18	RETIN-A . . . . .	21
propranolol hcl er . . . . .	18	ranolazine er . . . . .	18	REVLIMID. . . . .	14
propranolol hcl oral. . . . .	18	RAPAMUNE ORAL SOLUTION . . . . .	34	REYVOW . . . . .	13
PROSCAR . . . . .	28	RAPAMUNE ORAL TABLET. . . . .	34	RHOFADE. . . . .	22
PROTONIX ORAL PACKET . . . . .	27	RASUVO. . . . .	34	RHOPRESSA. . . . .	36
PROTONIX ORAL TABLET DELAYED RELEASE . . . . .	27	RAYALDEE. . . . .	35	RILUTEK. . . . .	20
PROVENTIL HFA . . . . .	37, 38	RAYOS . . . . .	32	riluzole . . . . .	20
PROVERA. . . . .	29, 31	REBIF . . . . .	19	RINVOQ . . . . .	34
PROVIGIL. . . . .	39	REBIF REBIDOSE . . . . .	19	RIOMET . . . . .	26
PROZAC . . . . .	12	REBIF REBIDOSE TITRATION PACK. . . . .	19	RISPERDAL . . . . .	15
pseudoephedrine-bromphen-dm . . . . .	37	REBIF TITRATION PACK . . . . .	19	risperidone . . . . .	15
PULMICORT FLEXHALER . . . . .	38	reclipsen. . . . .	31	RITALIN . . . . .	19
PULMICORT SUSPENSION. . . . .	38	RECOMBINATE. . . . .	26	RITALIN LA. . . . .	19
PULMOZYME . . . . .	38	REDITREX . . . . .	34	ritonavir. . . . .	15
PURIXAN . . . . .	14	REGLAN. . . . .	13	rivelsa . . . . .	31
PYLERA . . . . .	27	RELADOR PAK . . . . .	9	rizatriptan benzoate. . . . .	13
PYRIDIUM . . . . .	28	RELADOR PAK PLUS. . . . .	9	ROCALTROL . . . . .	35

## Q

QBRELIS . . . . .	18	relexxii . . . . .	19	ropinirole hcl . . . . .	14
QDOLO . . . . .	9	RELION BLOOD GLUCOSE TEST. . . . .	24	ropinirole hcl er . . . . .	14
QUARTETTE . . . . .	31	RELION TRUE MET AIR GLUC METER . . . . .	24	rosadan external cream . . . . .	22
QUDEXY XR. . . . .	12	RELION TRUE METRIX TEST STRIPS . . . . .	24	rosadan external gel . . . . .	22
quetiapine fumarate . . . . .	15	RELION ULTIMA GLUCOSE SYSTEM . . . . .	24	rosuvastatin calcium . . . . .	18
quetiapine fumarate er . . . . .	15	RELION ULTIMA TEST . . . . .	24	roweepra . . . . .	12
QUFLORA GUMMIES . . . . .	27	RELPAK . . . . .	13	ROXICODONE ORAL TABLET 15 MG, 30 MG . . . . .	9
QUFLORA PEDIATRIC . . . . .	27	RELTONE. . . . .	28	ROXICODONE ORAL TABLET 5 MG . . . . .	9
QUILLICHEW ER. . . . .	19	REMERON . . . . .	12	ROZLYTREK. . . . .	14
QUILLIVANT XR. . . . .	19	REMERON SOLTAB . . . . .	12	RUCONEST . . . . .	34
quinapril hcl . . . . .	18	REPATHA. . . . .	18	RUKOBIA . . . . .	15
QUINTET AC BLOOD GLUCOSE . . . . .	24	REPATHA PUSHTRONEX SYSTEM. . . . .	18	RYBELSUS. . . . .	26
QUINTET AC BLOOD GLUCOSE TEST . . . . .	24	REPATHA SURECLICK. . . . .	18	RYTARY . . . . .	14
QUINTET BLOOD GLUCOSE SYSTEM . . . . .	24	RESTASIS. . . . .	36		
QUINTET BLOOD GLUCOSE TEST . . . . .	24	RESTASIS MULTIDOSE EMULSION 0.05 % OPHTHALMIC. . . . .	36		
QVAR REDIHALER . . . . .	38	RESTORIL . . . . .	39		

## R

RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE . . . . .	27	RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML. . . . .	26		
rabeprazole sodium oral tablet delayed release . . . . .	27				

## S

SAFYRAL . . . . .	31
sajazir . . . . .	34
SAPHRIS . . . . .	15
scopolamine . . . . .	13
SEASONIQUE . . . . .	31
SEMGLEE. . . . .	25
SEREVENT DISKUS . . . . .	38
SERNIVO . . . . .	22
SEROQUEL . . . . .	15





SEROQUEL XR . . . . .	15	SPRITAM . . . . .	12	SYMJEPI. . . . .	36
SERTRALINE HCL ORAL CAPSULE. . . . .	12	SPRIX . . . . .	10	SYMLINPEN 120 . . . . .	26
sertraline hcl oral concentrate . . . . .	12	sronyx . . . . .	31	SYMLINPEN 60 . . . . .	26
sertraline hcl oral tablet . . . . .	12	sss 10-5 . . . . .	22	SYMPROIC. . . . .	28
setlakin . . . . .	31	STELARA SUBCUTANEOUS SOLUTION . . . . .	34	SYNALAR. . . . .	22
sf . . . . .	20, 27	STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE . . . . .	34	SYNJARDY . . . . .	26
sf 5000 plus . . . . .	20	STENDRA. . . . .	26	SYNJARDY XR. . . . .	26
SFROWASA . . . . .	35	STIMATE. . . . .	32	SYNTHROID. . . . .	33
sharobel . . . . .	31	STIOLTO. . . . .	38	SYPRINE. . . . .	28
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg . . . . .	26	STIVARGA . . . . .	14		
simliya. . . . .	31	STRATTERA . . . . .	19	<b>T</b>	
simpesse . . . . .	31	STRENSIQ . . . . .	28	TACLONEX EXTERNAL OINTMENT . . . . .	22
SIMPONI. . . . .	34	STRIBILD . . . . .	15	TACLONEX EXTERNAL SUSPENSION . . . . .	22
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg . . . . .	18	STRIVERDI RESPIMAT . . . . .	38	tacrolimus oral . . . . .	34
simvastatin oral tablet 80 mg . . . . .	18	SUBOXONE . . . . .	10	tadalafil oral . . . . .	26
SINEMET . . . . .	14	SUBSYS . . . . .	9	TAKHZYRO . . . . .	34
SINGULAIR ORAL PACKET . . . . .	38	subvenite . . . . .	12	TAMIFLU ORAL CAPSULE. . . . .	15
SINGULAIR ORAL TABLET . . . . .	38	subvenite starter kit-blue . . . . .	12	TAMIFLU ORAL SUSPENSION RECONSTITUTED. . . . .	15
SINGULAIR ORAL TABLET CHEWABLE . . . . .	38	subvenite starter kit-green . . . . .	12	tamoxifen citrate oral tablet 10 mg . . . . .	14
sirolimus oral . . . . .	34	subvenite starter kit-orange . . . . .	12	tamoxifen citrate oral tablet 20 mg . . . . .	14
SITAVIG . . . . .	15	sucrafate oral . . . . .	27	tamsulosin hcl . . . . .	28
SKELAXIN . . . . .	39	sulfacetamide sod-sulfur wash . . . . .	22	TAPERDEX 12-DAY . . . . .	32
SKYRIZI . . . . .	34	sulfacetamide sodium-sulfur . . . . .	22	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG. . . . .	32
SKYRIZI (150 MG DOSE) . . . . .	34	SULFACLEANSE 8/4. . . . .	22	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21) . . . . .	32
SKYRIZI PEN . . . . .	34	sulfamethoxazole-trimethoprim oral . . . . .	11	TAPERDEX 7-DAY . . . . .	32
sodium fluoride 5000 plus . . . . .	20	sulfamez wash . . . . .	22	TARGADOX . . . . .	11
sodium fluoride 5000 ppm . . . . .	20	sulfasalazine oral. . . . .	35	TARGRETIN EXTERNAL . . . . .	14
sodium fluoride dental . . . . .	20	sulfatrim pediatric . . . . .	11	TARGRETIN ORAL . . . . .	14
sodium fluoride mouth/throat . . . . .	20	SUMADAN WASH . . . . .	22	tarina 24 fe . . . . .	31
SOFOSBUVIR-VELPATASVIR. . . . .	15	sumatriptan succinate oral . . . . .	13	tarina fe 1/20 . . . . .	31
SOLQUA . . . . .	26	sumatriptan succinate refill . . . . .	13	tarina fe 1/20 eq. . . . .	31
SOLODYN . . . . .	11	sumatriptan succinate subcutaneous . . . . .	13	TASIGNA . . . . .	14
SOLTAMOX . . . . .	14	SUMAXIN. . . . .	22	TAVALISSE. . . . .	26
SOMA . . . . .	39	SUNOSI . . . . .	39	taysofy . . . . .	31
SOMATULINE DEPOT. . . . .	32	SUPARTZ FX . . . . .	9	TAYTULLA . . . . .	31
SOOLANTRA. . . . .	22	SUPREP BOWEL PREP KIT . . . . .	28	tazarotene external cream . . . . .	22
sotalol hcl oral . . . . .	18	SURESTEP PRO LINEARITY . . . . .	24	TAZORAC EXTERNAL CREAM. . . . .	22
SOTYLIZE. . . . .	18	SUTAB . . . . .	28	TAZORAC EXTERNAL GEL 0.05 % . . . . .	22
SPIRIVA HANDIHALER. . . . .	38	syeda . . . . .	31	TAZORAC EXTERNAL GEL 0.1 % . . . . .	22
SPIRIVA RESPIMAT . . . . .	38	SYMBICORT . . . . .	38	TEGRETOL. . . . .	12
spironolactone oral . . . . .	18	SYMFI . . . . .	15	TEGRETOL-XR. . . . .	12
sprintec 28 . . . . .	31	SYMFI LO . . . . .	15		



TEGSEDI. ....	28	TOBRADEX OPHTHALMIC OINTMENT. ....	36	tri femynor . . . . .	31
TEKTURNA . . . . .	18	TOBRADEX OPHTHALMIC SUSPENSION . . . . .	36	tri-estarylla . . . . .	31
TEKTURNA HCT . . . . .	18	TOBRADEX ST . . . . .	36	tri-linyah . . . . .	31
telmisartan . . . . .	18	tobramycin inhalation nebulization solution 300 mg/4ml . . . . .	38	tri-lo-estarylla . . . . .	31
temazepam . . . . .	39	tobramycin nebulization solution 300 mg/5ml inhalation . . . . .	38	tri-lo-marzia . . . . .	31
TEMIXYS . . . . .	16	tobramycin ophthalmic . . . . .	36	tri-lo-mili . . . . .	31
TEMOVATE. . . . .	22	tobramycin-dexamethasone. . . . .	36	tri-lo-sprintec . . . . .	31
tenofovir disoproxil fumarate . . . . .	16	TOBEX OPHTHALMIC OINTMENT. . . . .	36	tri-mili . . . . .	31
TENORETIC 100 . . . . .	18	TOBEX OPHTHALMIC SOLUTION. . . . .	36	tri-nymyo. . . . .	31
TENORETIC 50 . . . . .	18	TOPAMAX . . . . .	12	tri-previfem . . . . .	31
TENORMIN . . . . .	18	TOPAMAX SPRINKLE. . . . .	12	tri-sprintec . . . . .	31
terazosin hcl. . . . .	28	topiramate er . . . . .	12	tri-vylibra. . . . .	31
terbinafine hcl oral. . . . .	13	topiramate oral. . . . .	12	tri-vylibra lo. . . . .	31
terconazole . . . . .	13	TOPROL XL . . . . .	18	triamcinolone acetonide external aerosol solution . . . . .	22
TERIPARATIDE (RECOMBINANT). . . . .	35	torsemide . . . . .	18	triamcinolone acetonide external cream . . . . .	22
TESTIM. . . . .	32	TOUJEO MAX SOLOSTAR . . . . .	25	triamcinolone acetonide external lotion . . . . .	22
TESTOSTERONE CYPIONATE INJECTION. . . . .	33	TOUJEO SOLOSTAR . . . . .	25	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % . . . . .	22
testosterone cypionate intramuscular . . . . .	33	TOVIAZ . . . . .	28	triamcinolone acetonide external ointment 0.05 % . . . . .	22
testosterone transdermal . . . . .	33	TRACLEER. . . . .	38	triamcinolone in absorbbase . . . . .	22
TEXACORT . . . . .	22	TRADJENTA . . . . .	26	triamterene-hctz . . . . .	18
THALITONE . . . . .	18	tramadol hcl er (biphasic). . . . .	9	TRIANEX . . . . .	22
THIOLA . . . . .	28	TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR . . . . .	9	triazolam. . . . .	16
THIOLA EC. . . . .	28	tramadol hcl er oral tablet extended release 24 hour . . . . .	9	TRICOR . . . . .	18
THYQUIDITY . . . . .	33	tramadol hcl ir . . . . .	9	triderm . . . . .	22
TIGLUTIK . . . . .	20	TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS . . . . .	13	TRIDESILON . . . . .	22
timolol maleate (once-daily) . . . . .	36	TRAVATAN Z . . . . .	36	trientine hcl. . . . .	28
timolol maleate ocudose . . . . .	36	travoprost (bak free) . . . . .	36	TRIJARDY XR . . . . .	26
timolol maleate ophthalmic . . . . .	36	trazodone hcl oral . . . . .	12	TRILEPTAL . . . . .	12
timolol maleate pf . . . . .	36	TRELEGY ELLIPTA . . . . .	38	TRILURON . . . . .	9
TIMOPTIC . . . . .	36	TREMFYA. . . . .	34	TRINTELLIX . . . . .	12
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 % . . . . .	36	TRESIBA. . . . .	25	tritocin. . . . .	22
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 % . . . . .	36	TRESIBA FLEXTOUCH. . . . .	25	TRIUMEQ . . . . .	16
TIMOPTIC-XE. . . . .	36	tretinoin external cream . . . . .	22	TROKENDI XR . . . . .	12
TIROSINT. . . . .	33	tretinoin external gel 0.01 %, 0.025 % . . . . .	22	TRUE FOCUS BLOOD GLUCOSE STRIP . . . . .	24
TIROSINT-SOL. . . . .	33	tretinoin external gel 0.05 % . . . . .	22	TRUE METRIX AIR GLUCOSE METER . . . . .	24
TIVICAY. . . . .	16	TREXALL . . . . .	34	TRUE METRIX BLOOD GLUCOSE TEST . . . . .	24
TIVICAY PD . . . . .	16	TREZIX . . . . .	9	TRUE METRIX GO GLUCOSE METER . . . . .	24
TIVORBEX . . . . .	10				
tizanidine hcl oral. . . . .	39				
TOBI NEBULIZER . . . . .	38				
TOBI PODHALER . . . . .	38				



TRUE METRIX METER KIT. . . . .	24	VALCOPREP-100. . . . .	10	VIOKACE . . . . .	28
TRUE METRIX PRO BLOOD GLUCOSE . . . . .	24	VALIUM. . . . .	16	viorele . . . . .	31
TRUETRACK BLOOD GLUCOSE DEVICE. . . . .	24	valsartan. . . . .	18	VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG . . . . .	16
TRUETRACK TEST . . . . .	24	valsartan-hydrochlorothiazide . . . . .	18	VIREAD ORAL TABLET 300 MG . . . . .	16
TRULANCE . . . . .	28	VALTOCO. . . . .	12	VISTARIL . . . . .	16
TRULICITY. . . . .	26	VALTRESX . . . . .	16	vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut) . . . . .	27
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG . . . . .	16	VANADOM . . . . .	39	VITAPEARL . . . . .	27
TRUVADA ORAL TABLET 200-300 MG. . . . .	16	vandazole. . . . .	11	VITRAKVI . . . . .	14
tulana . . . . .	31	VANOS . . . . .	22	VIVELLE-DOT. . . . .	29, 31
TUSSICAPS. . . . .	37	varenicline tartrate. . . . .	10	VIVLODEX . . . . .	10
tyblume. . . . .	31	VASCEPA. . . . .	18	VOGELXO. . . . .	33
tydemy . . . . .	31	VASOTEC. . . . .	18	VOGELXO PUMP. . . . .	33
TYMLOS. . . . .	35	VECTICAL . . . . .	22	volnea . . . . .	31
TYVASO . . . . .	38	VELPHORO . . . . .	28	VORTEX VALVED HOLDING CHAMBER . . . . .	38
TYVASO REFILL . . . . .	38	VELTASSA . . . . .	27	VOSEVI. . . . .	16
TYVASO STARTER. . . . .	38	VEMLIDY . . . . .	16	VRAYLAR. . . . .	15
<b>U</b>		venlafaxine hcl. . . . .	12	VTOL LQ. . . . .	9
UBRELVY. . . . .	13	venlafaxine hcl er oral capsule extended release 24 hour. . . . .	12	vyfemla. . . . .	31
UCERIS ORAL . . . . .	35	venlafaxine hcl er oral tablet extended release 24 hour. . . . .	12	VYLEESI. . . . .	26
UCERIS RECTAL . . . . .	35	VENNGEL ONE . . . . .	10	vylibra . . . . .	32
UKONIQ . . . . .	14	VENTOLIN HFA . . . . .	37, 38	VYTORIN . . . . .	18
ULORIC . . . . .	13	verapamil hcl er . . . . .	18	VYVANSE. . . . .	19
ULTIMA. . . . .	24	verapamil hcl oral . . . . .	18	VYZULTA . . . . .	36
ULTRAM. . . . .	9	VERDESO. . . . .	22	<b>W</b>	
UNISTRIP1 GENERIC . . . . .	24	VERELAN. . . . .	18	WAKIX. . . . .	39
unithroid . . . . .	33	VERELAN PM . . . . .	18	warfarin sodium oral . . . . .	11
UROCIT-K 10 . . . . .	27	VERQUVO . . . . .	18	WELCHOL . . . . .	18
UROCIT-K 15 . . . . .	27	VERZENIO . . . . .	14	WELLBUTRIN SR . . . . .	13
UROCIT-K 5 . . . . .	27	vestura . . . . .	31	WELLBUTRIN XL. . . . .	13
UROXATRAL . . . . .	28	VEXATROL. . . . .	9	wera . . . . .	32
URSO 250 . . . . .	28	VIAGRA . . . . .	26	WESTHROID . . . . .	33
URSO FORTE . . . . .	28	VIBERZI . . . . .	28	WILATE. . . . .	26
URSODIOL ORAL CAPSULE 200 MG, 400 MG. . . . .	28	VIBRAMYCIN ORAL CAPSULE. . . . .	11	wixela inhub . . . . .	38
ursodiol oral capsule 300 mg. . . . .	28	VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED. . . . .	11	WP THYROID. . . . .	33
ursodiol oral tablet . . . . .	28	VICTOZA SOLUTION PEN- INJECTOR 18 MG/3ML SUBCUTANEOUS . . . . .	26	WYNZORA . . . . .	22
<b>V</b>		vienva . . . . .	31	<b>X</b>	
VAGIFEM . . . . .	31	VIGAMOX. . . . .	36	XALATAN . . . . .	36
valacyclovir hcl oral. . . . .	16	VIIBRYD . . . . .	13	XANAX . . . . .	16
		VIIBRYD STARTER PACK. . . . .	13	XANAX XR . . . . .	16
		VIMPAT ORAL . . . . .	12	XARELTO . . . . .	11





XARELTO STARTER PACK . . . . .	11	ZEGALOGUE . . . . .	26	ZTLIDO . . . . .	9
XCOPRI . . . . .	12	ZEJULA . . . . .	14	ZUBSOLV . . . . .	10
XELJANZ . . . . .	34	ZELNORM . . . . .	28	zumandimine . . . . .	32
XELJANZ XR . . . . .	34	ZEMBRACE SYMTOUCH . . . . .	14	ZUPLENZ . . . . .	13
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG . . . . .	34	zenatane . . . . .	22	ZYCLARA . . . . .	22
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG . . . . .	34	ZENPEP . . . . .	28	ZYCLARA PUMP . . . . .	22
XELODA . . . . .	14	ZENZEDI . . . . .	19	ZYLET . . . . .	36
XELPROS . . . . .	36	ZEPATIER . . . . .	16	ZYLOPRIM . . . . .	13
XENLETA ORAL . . . . .	11	ZEPOSIA . . . . .	20	ZYPREXA ORAL . . . . .	15
XEPI . . . . .	11	ZEPOSIA 7-DAY STARTER PACK . . . . .	20	ZYPREXA ZYDIS . . . . .	15
XHANCE . . . . .	37	ZEPOSIA STARTER KIT . . . . .	20		
XIFAXAN ORAL TABLET 200 MG . . . . .	28	ZESTORETIC . . . . .	18		
XIFAXAN ORAL TABLET 550 MG . . . . .	28	ZESTRIL . . . . .	18		
XIIDRA . . . . .	36	ZETIA . . . . .	18		
XIMINO . . . . .	11	ZETONNA . . . . .	37		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG . . . . .	16	ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG . . . . .	18		
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG . . . . .	16	ZIAC ORAL TABLET 5-6.25 MG . . . . .	18		
XOLAIR . . . . .	34	ZIEXTENZO . . . . .	26		
XOLEGEL . . . . .	13	ZILXI . . . . .	22		
XOPENEX HFA . . . . .	38	ZIOPTAN . . . . .	36		
XTAMPZA ER . . . . .	9	ziprasidone hcl . . . . .	15		
xulane . . . . .	32	ZIPSOR . . . . .	10		
XYREM . . . . .	39	ZITHROMAX ORAL . . . . .	11		
XYWAV . . . . .	39	ZITHROMAX TRI-PAK . . . . .	11		
		ZITHROMAX Z-PAK . . . . .	11		
		ZOCOR . . . . .	18		
		ZOFRAN . . . . .	13		
		ZOLMITRIPTAN NASAL SOLUTION 2.5 MG . . . . .	14		
		zolmitriptan oral . . . . .	14		
		zolmitriptan solution 5 mg nasal . . . . .	14		
		ZOLOFT . . . . .	13		
		zolpidem tartrate . . . . .	39		
		zolpidem tartrate er . . . . .	39		
		ZOLPIMIST . . . . .	39		
		ZOMACTON . . . . .	32		
		ZOMACTON (FOR ZOMA-JET 10) . . . . .	32		
		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		

## Y

YASMIN 28 . . . . .	32
YAZ . . . . .	32
YUPELRI . . . . .	38
yuvafem . . . . .	32

## Z

zafemy . . . . .	32
ZANAFLEX . . . . .	39
zarah . . . . .	32
ZARXIO . . . . .	26
ZCORT 7-DAY . . . . .	32
ZEBUTAL . . . . .	9



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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, नःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर काल 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**khmer (Khmer)**សម្រាប់ជំនួយភាសាដើមឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីទទួលបានលេខទូរស័ព្ទសេរីសម្រាប់អ្នក។

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'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yánílti'go, saad bee áka>anída>awo>ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqodí ninaaltsoos nítł'izí bee nééhozinígíí bine'déę> t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodílnih.

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

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