



Your 2023 Prescription Drug List

Access 3-Tier

Effective January 1, 2023



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of January 1, 2023 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Plan, 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	14
Antivirals	
Drugs for Viral Infections	15
Anxiolytics	
Drugs for Anxiety	16
Bipolar Agents	
Drugs for Mood Disorders	16
Cardiovascular Agents	
Drugs for Heart and Circulation Conditions	16
Central Nervous System Agents	
Drugs for Attention Deficit Disorder	18
Drugs for Multiple Sclerosis	19
Miscellaneous	19
Dental and Oral Agents	
Drugs for Mouth and Throat Conditions	20



Dermatological Agents	
Drugs for Skin Conditions	20
Diabetes	
Glucose Monitoring and Supplies	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	29
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.	39
Sleep Disorder Agents	39
Index.	40



Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

We review medications based on their total value, including effectiveness and safety, how much they cost, and the availability of alternative medications to treat the same or similar medical conditions. Certain medications may be excluded from coverage or be subject to prior authorization (sometimes referred to as precertification)¹ if similar alternatives are available at a lower cost. Examples include medications that work the same way, but one is much more expensive than the other, or options that are available without a prescription (also referred to as over-the-counter medications²). There are also some instances where the same product can be made by two or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

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

Who decides which medications are covered?

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

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.

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.



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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

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

Drug list information

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

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

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

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



Reading your PDL (continued)

Coverage details

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

Questions

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



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



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

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

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

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

Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine	1	
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
apap-caff-dihydrocodeine	1	
bac	1	QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine	1	QL
CONZIP	3	QL
DILAUDID ORAL	E	
DUROLANE	E	
endocet	1	
ESGIC	3	QL
EUFLEXXA	E	
fentanyl	1	PA, QL
FIORICET	3	QL
GELSYN-3	E	
GEN7T EXTERNAL PATCH	E	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	E	
hydrocodone bitartrate er oral capsule extended release 12 hour	1	PA, ST, QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	1	PA, QL
hydrocodone-acetaminophen oral solution 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
lidocaine external ointment 5 %	1	QL
lidocaine external patch 5 %	1	PA, QL
lidocaine-prilocaine external cream	1	
LIDODERM	E	PA, QL
LORTAB	3	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	

Drug Name	Drug Tier	Requirements & Limits
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	E	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, 7.5-300 MG	E	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	E	QL
OXYCONTIN	E	PA, QL
PERCOCET	E	
premium lidocaine	1	QL
PROLATE	E	
QDOLO	E	QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	E	
ROXICODONE ORAL TABLET 5 MG	E	QL
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG	E	QL
ROXYBOND ORAL TABLET ABUSE-DETERRENT 5 MG	E	

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
SUBSYS	E	PA, QL
SUPARTZ FX	E	
SYNOJOYNT	E	
tramadol hcl er (biphasic)	1	(generic for Ryzolt), QL
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	(generic for Conzip), QL
tramadol hcl er oral tablet extended release 24 hour	1	(generic for Ultram ER), QL
TRAMADOL HCL ORAL SOLUTION	E	QL
tramadol hcl oral tablet	1	
TREZIX	1	
TRILURON	E	
ULTRAM	E	
VTOL LQ	2	
XTAMPZA ER	3	PA, QL
ZEBUTAL	3	QL
ZTLIDO	3	PA, QL

Analgesics - Drugs for Pain and Inflammation

ANAPROX DS	E	
CATAFLAM	E	
CELEBREX	E	QL
celecoxib oral	1	QL
diclofenac potassium oral capsule	1	
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	
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	

Drug Name	Drug Tier	Requirements & Limits
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	
LOFENA	E	
meloxicam oral capsule	E	QL
MELOXICAM ORAL SUSPENSION	3	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPRELAN	E	
NAPROSYN	E	
naproxen oral suspension	E	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	1	
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	
ZIPSOR	3	

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Drug Name	Drug Tier	Requirements & Limits
Anti-Addiction / Substance Abuse Treatment Agents		
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
KLOXXADO	2	
naloxone hcl injection	1	
naloxone hcl nasal	1	
naltrexone hcl oral	1	
NARCAN	2	
SUBOXONE	E	PA, QL
varenicline tartrate	1	PA, H
ZIMHI	2	
ZUBSOLV	1	QL
Antibacterials - Drugs for Infections		
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	
cefдинир	1	
cefuroxime axetil	1	
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	

Drug Name	Drug Tier	Requirements & Limits
DIFICID	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	
levofloxacin oral	1	
LYMEPAK	E	
metronidazole oral	1	
metronidazole vaginal	1	
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
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	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	3	
NUZYRA ORAL	3	
penicillin v potassium	1	
SOLODYN	E	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	

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Drug Name	Drug Tier	Requirements & Limits
TARGADOX	E	
vandazole	3	
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	

Anticoagulants - Drugs to Treat or Prevent Blood Clots

dabigatran etexilate mesylate	1	QL
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

Anticonvulsants - Drugs for Seizures

BRIVIACT ORAL TABLET	3	PA
carbamazepine er	1	
carbamazepine oral	1	
CARBATROL	3	
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
divalproex sodium er	1	
divalproex sodium oral	1	
ELEPSIA XR	E	PA
epitol	1	
EPRONTIA	E	
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	

Drug Name	Drug Tier	Requirements & Limits
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	ST
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL	3	
KEPPRA XR	3	
lacosamide oral	1	PA
LAMICTAL	3	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG	3	
LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG	3	
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	
LAMICTAL STARTER	3	
LAMICTAL XR	3	
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	
oxcarbazepine	1	
OXTELLAR XR	E	
QUDEXY XR	E	
roweepra	1	
SPRITAM	3	
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL	3	

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Drug Name	Drug Tier	Requirements & Limits
TEGRETOL-XR	3	
TOPAMAX	3	
TOPAMAX SPRINKLE	3	
topiramate er	E	ST
topiramate oral	1	
TRILEPTAL	3	
TROKENDI XR	E	
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	3	PA
VIMPAT ORAL	3	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA
ZONEGRAN	3	
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ADLARITY	E	
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 ORAL CAPSULE	3	
citalopram hydrobromide oral solution	1	
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	QL
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
DRIZALMA SPRINKLE	3	QL

Drug Name	Drug Tier	Requirements & Limits
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 oral	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 ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E	
SERTRALINE HCL ORAL CAPSULE	3	QL
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	

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Drug Name	Drug Tier	Requirements & Limits
venlafaxine hcl er oral tablet extended release 24 hour	1	QL
VIIBRYD	E	QL
VIIBRYD STARTER PACK	2	
vilazodone hcl	1	QL
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
Antiemetics - Drugs for Nausea and Vomiting		
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	E	
Antifungals - Drugs for Fungal Infections		
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	
Antigout Agents - Drugs for Gout		
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	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, QL
AMERGE ORAL TABLET 1 MG, 2.5 MG	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	
MAXALT	E	
naratriptan hcl	1	
ONZETRA XSAIL	3	
RELPAK	E	
rizatriptan benzoate	1	
sumatriptan succinate oral	1	
sumatriptan succinate refill subcutaneous solution cartridge	1	
sumatriptan succinate subcutaneous	1	
UBRELVIY	2	PA, ST, QL
ZEMBRACE SYMTOUCH	3	

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Drug Name	Drug Tier	Requirements & Limits
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	
ZOMIG NASAL SOLUTION 2.5 MG	2	
ZOMIG NASAL SOLUTION 5 MG	1	
Antineoplastics - Drugs for Cancer		
ALECENSA	2	PA, QL, SP
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
EXKIVITY	3	PA, QL, SP
FEMARA	E	
fluorouracil external solution	1	
GAVRETO	3	PA, QL, SP
IBRANCE	2	PA, QL, SP
ICLUSIG ORAL TABLET	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
IMBRUVICA ORAL TABLET	2	PA, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	1	PA, 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
SOLTAMOX	3	
STIVARGA	2	PA, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TARGRETIN	1	SP
TASIGNA	2	PA, ST, QL, SP

Drug Name	Drug Tier	Requirements & Limits
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	1	
ivermectin oral	1	PA, QL
KRINTAFEL	1	
MALARONE	3	
permethrin external	1	
PLAQUENIL	E	
Antiparkinson Agents - Drugs for Parkinson's Disease		
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
DHIVY	E	
DUOPA	3	
INBRIJA	3	PA, QL, SP
KYNMOBI	3	PA, QL, 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	
PLAVIX	E	
ZONTIVITY	3	QL
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	QL
aripiprazole oral solution	1	
aripiprazole oral tablet	1	QL

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Drug Name	Drug Tier	Requirements & Limits
aripiprazole oral tablet dispersible	1	QL
asenapine maleate	E	QL
GEODON ORAL	E	QL
LATUDA	2	QL
olanzapine oral	1	QL
quetiapine fumarate	1	
quetiapine fumarate er	1	QL
REXULTI	3	PA, ST, QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	1	QL
SEROQUEL	E	
SEROQUEL XR	E	QL
VRAYLAR ORAL CAPSULE	3	QL
ziprasidone hcl	1	QL
ZYPREXA ORAL	E	QL
ZYPREXA ZYDIS	E	QL
Antivirals - Drugs for Viral Infections		
acyclovir oral	1	
BARACLUDE ORAL SOLUTION	2	SP
BARACLUDE ORAL TABLET	E	SP
BIKTARVY	3	QL
CIMDUO	2	QL
DESCOVY	E	ST, QL
DOVATO	2	QL
efavirenz-emtricitab-tenofovir	1	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	PA, QL, SP
EPCLUSA ORAL TABLET	2	PA, QL, SP
GENVOYA	3	QL
HARVONI	2	PA, ST, QL, SP
ISENTRESS	2	
ISENTRESS	2	

Drug Name	Drug Tier	Requirements & Limits
ISENTRESS HD	2	
JULUCA	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET	2	PA, QL, SP
NORVIR ORAL PACKET	2	
NORVIR ORAL SOLUTION	2	
NORVIR ORAL TABLET	E	
ODEFSEY	3	QL
oseltamivir phosphate oral capsule	1	
oseltamivir phosphate oral suspension reconstituted	1	QL
PREZCOBIX	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
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TIVICAY PD	3	
TRIUMEQ	2	QL
TRIUMEQ PD	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	
VALTREX	E	
VEMLIDY	E	ST, SP
VIREAD ORAL POWDER	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, QL, SP

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

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

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Drug Name	Drug Tier	Requirements & Limits
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	
ENTRESTO	3	PA, QL
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	
gemfibrozil oral	1	
GONITRO	3	
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	
isosorb dinitrate-hydralazine	1	
isosorbide mononitrate	1	

Drug Name	Drug Tier	Requirements & Limits
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	
NEXICLON XR	E	
NEXLETOL	2	QL
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	

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Drug Name	Drug Tier	Requirements & Limits
NITRO-DUR	3	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
nitroglycerin translingual	1	
NITROLINGUAL	E	
NITROMIST	3	
NITROSTAT	3	
NITRO-TIME	3	
NORLIQVA	E	
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	
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
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	
SOAANZ	3	QL
sotalol hcl oral	1	
SOTYLIZE	3	
spironolactone oral	1	
TEKTURNA	3	

Drug Name	Drug Tier	Requirements & Limits
TEKTURNA HCT	3	
telmisartan	1	
telmisartan-hctz	1	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
THALITONE	3	
TOPROL XL	E	
torsemide	1	
triamterene-hctz	1	
TRICOR	E	
VALSARTAN ORAL SOLUTION	E	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	E	PA
VASOTEC	E	
verapamil hcl er	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM	3	
VERQUVO	3	PA, QL
VYTORIN	E	
WELCHOL	E	
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	3	
ZOCOR	E	

Central Nervous System Agents - Drugs for Attention Deficit Disorder

Drug Name	Drug Tier	Requirements & Limits
ADDERALL	E	
ADDERALL XR	1	QL
ADHANSIA XR	3	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	E	QL
APTENSIO XR	3	QL

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Drug Name	Drug Tier	Requirements & Limits
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	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 (osm)	E	QL
methylphenidate hcl er (xr)	1	QL
methylphenidate hcl er oral tablet extended release	1	QL
methylphenidate hcl er oral tablet extended release 24 hour	E	QL
methylphenidate hcl oral	1	
MYDAYIS	2	QL
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	

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	E	PA, QL, SP
AUBAGIO	3	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
dalfampridine er	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
PLEGRIDY INTRAMUSCULAR	3	PA, QL, SP
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
REBIF	E	PA, QL, SP
REBIF REBIDOSE	E	PA, QL, SP
REBIF REBIDOSE TITRATION PACK	E	PA, QL, SP
REBIF TITRATION PACK	E	PA, QL, SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, QL, SP
EXSERVAN	E	PA, SP
LYRICA	3	QL
LYRICA CR	E	QL
NUEDEXTA	2	PA, QL
pregabalin	1	QL
pregabalin er	1	QL
RILUTEK	E	SP
riluzole	1	SP
TIGLUTIK	3	PA
ZEPOSIA	3	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT	3	PA, ST, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
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	
FLUORIMAX 5000	3	
JUST RIGHT 5000	3	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	3	
PERIDEX	3	
periogard	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
PREVIDENT MOUTH/THROAT	3	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	
sodium fluoride mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	
acutane	1	
ACZONE	E	
ALA SCALP	3	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	

Drug Name	Drug Tier	Requirements & Limits
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	
CIBINQO	2	PA, QL, SP
claravis	1	
CLEOCIN-T	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	3	
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	1	
DERMA-SMOOTH/FS BODY	3	
DERMA-SMOOTH/FS SCALP	3	

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Drug Name	Drug Tier	Requirements & Limits
desonide external	1	
DESOWEN	3	
desrx	1	
DIPROLENE	3	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP
EFUDEX	3	
ENSTILAR	3	
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 EXTERNAL CREAM 1 %	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
imiquimod external cream 3.75 %	E	
imiquimod external cream 5 %	1	
imiquimod pump	E	
IMPEKLO	E	
IMPOYZ	3	
isotretinoin capsule 10 mg oral	E	
isotretinoin capsule 10 mg oral	1	

Drug Name	Drug Tier	Requirements & Limits
isotretinoin capsule 20 mg oral	E	
isotretinoin capsule 20 mg oral	1	
isotretinoin capsule 30 mg oral	E	
isotretinoin capsule 30 mg oral	1	
isotretinoin capsule 40 mg oral	E	
isotretinoin capsule 40 mg oral	1	
isotretinoin oral capsule 25 mg, 35 mg	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	
pimecrolimus	1	ST, QL
PLEXION	3	
PLEXION CLEANSER	3	
PLEXION CLEANSING CLOTH	3	
RETIN-A	E	PA
RHOFADE	3	PA
rosadan external cream	1	
rosadan external gel	1	
SANTYL	3	
SERNIVO	3	
SOOLANTRA	1	
sss 10-5	1	
sulfacetamide sodium-sulfur external cream	1	
sulfacetamide sodium-sulfur external liquid	1	
sulfacetamide sodium-sulfur external lotion	1	

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Drug Name	Drug Tier	Requirements & Limits
sulfacetamide sodium-sulfur external pad	1	
sulfacetamide sodium-sulfur external suspension 10-5 %, 8-4 %	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	
tacrolimus external	1	ST, QL
tazarotene external cream	1	PA
TAZORAC EXTERNAL CREAM	3	PA
TAZORAC EXTERNAL GEL 0.05 %	2	PA
TAZORAC EXTERNAL GEL 0.1 %	3	PA
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	
tritocin	E	
VANOS	E	
VECTICAL	E	

Drug Name	Drug Tier	Requirements & Limits
VERDESO	3	
WYNZORA	E	
zenatane	1	
ZILXI	3	PA, ST
ZYCLARA	E	
ZYCLARA PUMP	E	
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK FASTCLIX LANCETS	1	
ACCU-CHEK GUIDE KIT W/DEVICE	3	
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK SAFE-T PRO LANCETS	1	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK SOFTCLIX LANCETS	1	
ACCUTREND GLUCOSE	E	QL
bd autoshield duo pen needles	2	
bd ultra-fine insulin syringes	2	
bd ultra-fine pen needles	2	
BLOOD GLUCOSE TEST STRIPS	E	QL
CARETOUCH MONITOR SYSTEM	E	
CARETOUCH TEST	E	QL
CHEMSTRIP BG LOG BOOK	1	
CONTOUR MONITOR DEVICE	E	
CONTOUR MONITOR KIT W/DEVICE	E	
CONTOUR NEXT EZ KIT W/DEVICE	E	
CONTOUR NEXT GEN MONITOR	E	
CONTOUR NEXT LINK KIT W/DEVICE	3	
CONTOUR NEXT LINK KIT W/DEVICE	E	(Contour Next Link 24)
CONTOUR NEXT MONITOR KIT W/DEVICE	2	

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Drug Name	Drug Tier	Requirements & Limits
CONTOUR NEXT ONE DEVICE	E	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT TEST STRIPS	2	QL
CONTOUR TEST STRIPS	E	QL
CVS ADVANCED GLUCOSE TEST	E	QL
CVS GLUCOSE METER TEST STRIPS	E	QL
D-CARE BLOOD GLUCOSE	E	QL
D-CARE GLUCOMETER	E	
DEXCOM G4 MOBILE RECEIVER	3	PA, QL
DEXCOM G4 SENSOR	3	PA, QL
DEXCOM G4 TRANSMITTER	3	PA, QL
DEXCOM G5 MOBILE RECEIVER	3	PA, QL
DEXCOM G5 SENSOR	3	PA, QL
DEXCOM G5 TRANSMITTER	3	PA, QL
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
EASY TOUCH TEST	E	QL
EASYMAX 15 TEST	E	QL
EASYMAX NG BLOOD GLUCOSE	E	
EASYMAX V BLOOD GLUCOSE	E	
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	E	QL
FORTISCARE G1 TEST STRIP	E	QL
FORTISCARE T1 GLUCOSE SYSTEM	E	
FORTISCARE TEST	E	QL
FREESTYLE LIBRE 14 DAY READER	3	PA
FREESTYLE LIBRE 14 DAY SENSOR	3	PA
FREESTYLE LIBRE 2 READER	3	PA
FREESTYLE LIBRE 2 SENSOR	3	PA
FREESTYLE LIBRE 3 SENSOR	3	PA
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE PRECISION NEO SYSTEM	E	
FREESTYLE PRECISION NEO TEST	E	QL

Drug Name	Drug Tier	Requirements & Limits
GENTLE-LET PLATFORMS	3	
GLUCOCARD EXPRESSION TEST	E	QL
GLUCOCARD SHINE TEST	E	QL
GLUCOCARD VITAL TEST	E	QL
GUARDIAN LINK 3 TRANSMITTER	3	
GUARDIAN REAL-TIME REPLACE PED	3	PA
GUARDIAN SENSOR (3)	3	PA
IN TOUCH	3	
INSULIN PEN NEEDLES	2	
LANCETS	3	
MICRODOT TEST	E	QL
MINILINK REAL-TIME TRANSMITTER	3	
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	
OMNIPOD 5 G5 INTRO KIT (Gen 5)	2	QL
OMNIPOD 5 G6 PODS (Gen 5)	2	QL
ONETOUCH CLUB LANCETS FINE PT	1	
ONETOUCH DELICA LANCETS 30G	1	
ONETOUCH DELICA LANCETS 33G	1	
ONETOUCH DELICA PLUS LANCET30G	1	(Onetouch Delica Plus Lancets)
ONETOUCH DELICA PLUS LANCET33G	1	(Onetouch Delica Plus Lancets)
ONETOUCH FINEPOINT LANCETS	1	
ONETOUCH SOLUTIONS STARTER KIT	E	
ONETOUCH SURESOFT LANCING DEV	1	

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Drug Name	Drug Tier	Requirements & Limits
ONETOUGH ULTRA 2 KIT W/DEVICE	1	
ONETOUGH ULTRA MINI KIT W/DEVICE	1	
ONETOUGH ULTRA TEST STRIPS	1	QL
ONETOUGH ULTRASOFT LANCETS	1	(Onetouch Ultrasoft Plus lancets)
ONETOUGH VERIO FLEX SYSTEM	1	
ONETOUGH VERIO IQ SYSTEM	1	
ONETOUGH VERIO KIT W/DEVICE	1	
ONETOUGH VERIO REFLECT KIT W/DEVICE	1	
ONETOUGH VERIO TEST STRIPS	1	QL
OPTIUMEZ TEST	E	QL
PARADIGM REAL-TIME TRANSMITTER	3	
PENLET II BLOOD SAMPLER	1	
PENLET II REPLACEMENT CAP	3	
PRECISION XTRA	E	
PRECISION XTRA BLOOD GLUCOSE	E	QL
PREMIUM BLOOD GLUCOSE TEST	E	QL
PSS SELECT PLATFORMS	3	
QUINTET AC BLOOD GLUCOSE	E	
QUINTET AC BLOOD GLUCOSE TEST	E	QL
QUINTET BLOOD GLUCOSE SYSTEM	E	
QUINTET BLOOD GLUCOSE TEST	E	QL
RELION TRUE MET AIR GLUC METER	E	
RELION TRUE METRIX TEST STRIPS	E	QL
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	QL
SURESTEP PRO LINEARITY	1	
TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL

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
UNISTRIPI1 GENERIC	E	QL
Diabetes - Insulin		
ADMELOG	E	
ADMELOG SOLOSTAR	E	
AFREZZA	3	
BASAGLAR KWIKPEN	E	
HUMALOG INJECTION	1	
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	2	
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
INSULIN GLARGINE	E	
INSULIN GLARGINE SOLOSTAR	E	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
INSULIN LISPRO	E		ALOGLIPTIN-PIOGLITAZONE	E	QL
INSULIN LISPRO (1 UNIT DIAL)	E		AMARYL	E	
INSULIN LISPRO JUNIOR KWIKPEN	E		BAQSIMI ONE PACK	2	
INSULIN LISPRO PROT & LISPRO	E		BAQSIMI TWO PACK	2	
LANTUS SOLOSTAR	1		BYDUREON BCISE AUTOINJECTOR	2	PA, ST, QL
LANTUS U-100 VIAL	1		BYETTA 10 MCG PEN	2	PA, ST, QL
LEVEMIR U-100 FLEXTOUCH	E	PA	BYETTA 5 MCG PEN	2	PA, ST, QL
LEVEMIR U-100 VIAL	E	PA	FARXIGA	E	ST, QL
LYUMJEV KWIKPEN	2		glimepiride	1	
LYUMJEV VIAL	1		glipizide er	1	
NOVOLIN 70/30 FLEXPEN	E		glipizide ir	1	
NOVOLIN 70/30 FLEXPEN RELION	E		glipizide xl	1	
NOVOLIN 70/30 RELION	E		glucagon emergency kit 1 mg injection 1 mg	1	
NOVOLIN 70/30 VIAL	E		GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	3	
NOVOLIN N FLEXPEN	E		GLUCOTROL XL	3	
NOVOLIN N FLEXPEN RELION	E		GLUMETZA	E	
NOVOLIN N RELION	E		glyburide oral	1	
NOVOLIN N VIAL	E		glyburide-metformin	1	
NOVOLIN R FLEXPEN	E		GLYXAMBI	2	ST, QL
NOVOLIN R FLEXPEN RELION	E		JANUVIA	E	ST, QL
NOVOLIN R RELION	E		JARDIANCE	2	ST, QL
NOVOLIN R VIAL	E		JENTADUETO	2	QL
NOVOLOG FLEXPEN	E	ST	JENTADUETO XR	2	QL
NOVOLOG FLEXPEN RELION	E	ST	KAZANO	2	QL
NOVOLOG PENFILL	E	ST	KOMBIGLYZE XR	2	QL
NOVOLOG RELION	E		metformin hcl er	1	
NOVOLOG U-100 VIAL	E		metformin hcl er (mod)	E	
TOUJEO MAX SOLOSTAR	2		metformin hcl er (osm)	E	
TOUJEO SOLOSTAR	2		metformin hcl oral solution	1	
TRESIBA	E		metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
TRESIBA FLEXTOUCH	E		metformin hcl oral tablet 625 mg	E	
Diabetes - Non-Insulin Agents			MOUNJARO	2	PA, ST, QL
ACTOS	E	QL	NESINA	2	QL
ADLYXIN	3	PA, ST, QL	ONGLYZA	2	QL
ADLYXIN STARTER PACK	3	PA, ST, QL	OSENI	2	QL
ALOGLIPTIN BENZOATE	E	QL			
ALOGLIPTIN-METFORMIN HCL	E	QL			

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Drug Name	Drug Tier	Requirements & Limits
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	2	PA, ST, QL
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	2	PA, ST
pioglitazone hcl	1	QL
RIOMET	E	
RYBELSUS	2	PA, ST, QL
SOLIQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, ST, (2 Pak), QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, ST, (3 Pak), QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT	3	PA, SP
ALPHANATE	2	SP
ARANESP (ALBUMIN FREE)	2	QL, SP
DOPTLET	3	PA, ST, QL, SP
ELOCTATE	3	PA, SP
EMPAVELI	2	PA, QL, SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
JIVI	3	PA, SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP

Drug Name	Drug Tier	Requirements & Limits
KOVALTRY	2	SP
MULPLETA	2	PA, SP
NEULASTA	3	SP
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT	2	SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED	2	SP
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION	2	QL, SP
TAVALISSE	3	PA, QL, SP
WILATE	2	SP
ZARXIO	2	SP
ZIEXTENZO	3	SP
Drugs for Sexual Dysfunction		
ADDYI	3	QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
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
Electrolytes / Vitamins		
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
DODEX	3	
DRISDOL	3	
ERGOCAL	3	
ergocalciferol oral capsule	1	
FLORIVA PLUS	3	
folic acid oral tablet 1 mg	1	
klor-con	1	

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Drug Name	Drug Tier	Requirements & Limits
klor-con 10	1	
klor-con m10	1	
klor-con m15	3	
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	
MULTI-VIT-FLOR	3	
NASCOBAL	3	
POLY-VI-FLOR	3	
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	1	
potassium chloride crys er oral tablet extended release 15 meq	3	
potassium chloride er	1	
potassium chloride oral packet	1	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
potassium citrate er	1	
PRENA1 PEARL	3	
QUFLORA PEDIATRIC	3	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
VELTASSA	3	QL

Drug Name	Drug Tier	Requirements & Limits
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITAPEARL	3	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
CARAFATE	E	
CYTOTEC	3	
DEXILANT	E	QL
DEXLANSOPRAZOLE	E	QL
famotidine oral suspension reconstituted	1	
FIRST-OMEPRAZOLE	3	PA
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
OMEPRAZOLE+SYRSPEND SF ALKA	3	PA
pantoprazole sodium oral	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	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
ANASPAZ	2	
CLENPIQ	2	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ED-SPAZ	3	
gavilyte-c	1	H
gavilyte-g	1	H

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Drug Name	Drug Tier	Requirements & Limits
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GOLYTELY	3	
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
LEVVID	3	
LEVSIN ORAL	3	
LEVSIN/SL	3	
LINZESS	2	PA, QL
LOMOTIL	3	
MOTEGRITY	3	PA, QL
MOVIPREP	2	
NA SULFATE-K SULFATE-MG SULF	2	
NULEV	3	
OSCIMIN	3	
peg-3350/electrolytes	1	H
peg-3350/electrolytes/ascorbic acid	1	
peg-kcl-nacl-nasulf-na asc-c	1	
PLENVU	2	
RELTONE	E	
SUPREP BOWEL PREP KIT	2	
SYMPROIC	2	PA, QL
URSO 250	E	
URSO FORTE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	QL
ZELNORM	3	PA, QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	2	PA, SP
CREON	2	
CUPRIMINE	E	SP
DEPEN TITRATABS	2	SP

Drug Name	Drug Tier	Requirements & Limits
ENDARI	3	QL
nitisinone	E	PA, SP
NITYR	E	PA
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
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	E	
DITROPAN XL	E	
fesoterodine fumarate er	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	

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Drug Name	Drug Tier	Requirements & Limits
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
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
chateal	1	H
chateal eq	1	H
CLIMARA	E	QL
CLIMARA PRO	2	QL
cryselle-28	1	H
cyred	1	H
cyred eq	1	H

Drug Name	Drug Tier	Requirements & Limits
dasetta 1/35	1	H
daysee	1	H
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	3	QL
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	QL
DEPO-SUBQ PROVERA 104	2	QL
desogestrel-ethinyl estradiol	1	H
DIVIGEL	2	
dotti	1	QL
drospiren-eth estrad-levomefol	1	
drospirenone-ethinyl estradiol	1	H
DUAVEE	3	QL
ELESTRIN	3	
elinest	1	H
eluryng	1	H
emoquette	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(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	1	(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	1	(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	1	(generic for Vivelle-Dot), QL

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Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal	1	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
fayosim	1	
femynor	1	H
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

Drug Name	Drug Tier	Requirements & Limits
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
larissia	1	H
lessina	1	H
levonorgest-eth est & eth est	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 oral tablet 0.15-30 mg-mcg	1	H
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
lojaimiess	1	H
loryna	1	H
LOSEASONIQUE	3	
low-ogestrel	1	H
lo-zumandimine	1	H
luteria	1	H
lyleq	1	H
lyllana	3	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	
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe	1	H
microgestin fe 1.5/30	1	H

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
microgestin fe 1/20	1	H	PROVERA	3	
mili	1	H	QUARTETTE	E	
MINASTRIN 24 FE	E		reclipsen	1	H
MINIVELLE	E	QL	rivelsa	1	
MIRCETTE	E		SAFYRAL	E	
mono-lyyah	1	H	SEASONIQUE	E	
MYFEMBREE	2	PA, QL	setlakin	1	H
NATAZIA	2		sharobel	1	H
necon 0.5/35 (28)	1	H	simliya	1	H
nikki	1	H	simpesse	1	H
nora-be	1	H	sprintec 28	1	H
norethin ace-eth estrad-fe oral capsule	1		sronyx	1	H
norethin ace-eth estrad-fe oral tablet	1	H	syeda	1	H
norethindrone acetate oral	1		tarina 24 fe	1	H
norethindrone acet-ethinyl est	1	H	tarina fe 1/20	1	H
norethindrone oral	1	H	tarina fe 1/20 eq	1	H
norgestimate-eth estradiol	1	H	taysofy	1	
norgestimate-ethinyl estradiol triphasic	1	H	TAYTULLA	3	
norlyda	1	H	tri femynor	1	H
norlyroc	1	H	tri-estarylla	1	H
nortrel 0.5/35 (28)	1	H	tri-lynyah	1	H
nortrel 1/35 (21)	1	H	tri-lo-estarylla	1	H
nortrel 1/35 (28)	1	H	tri-lo-marzia	1	H
NUVARING	E		tri-lo-mili	1	H
nylia 1/35	1	H	tri-lo-sprintec	1	H
nymyo	1	H	tri-mili	1	H
ocella	1	H	tri-nymyo	1	H
philith	1	H	tri-sprintec	1	H
pimtrea	1	H	tri-vylibra	1	H
pirmella 1/35	1	H	tri-vylibra lo	1	H
portia-28	1	H	tyblume	1	H
PREMARIN ORAL	2		tydemy	1	
PREMARIN VAGINAL	3		VAGIFEM	E	
PREMPHASE	2		vestura	1	H
PREMPRO	2		vienva	1	H
progesterone oral	1		viorele	1	H
			VIVELLE-DOT	E	QL
			volnea	1	H

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Drug Name	Drug Tier	Requirements & Limits
vyfemla	1	H
vylibra	1	H
wera	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvaferm	1	
zafemy	1	H
zumandimine	1	H
Hormonal Agents - Oral Steroids		
ALKINDI SPRINKLE	E	
CORTEF	3	
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	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral tablet dispersible	1	
prednisone intensol	1	
prednisone oral	1	

Drug Name	Drug Tier	Requirements & Limits
RAYOS	E	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
ZCORT 7-DAY	E	
Hormonal Agents - Other		
cabergoline	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
LANREOTIDE ACETATE	E	SP
NOCDURNA	3	QL
NORDITROPIN FLEXPPO	2	PA, QL, SP
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP
OMNITROPE	E	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	QL
SOMATULINE DEPOT	3	SP
STIMATE	3	
ZOMACTON	E	PA, QL, SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	QL
ANDROGEL PUMP	E	QL
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%)	E	QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3		CELLCEPT	E	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3		CIMZIA	E	PA
FORTESTA	E	QL	CIMZIA PREFILLED KIT	2	PA, QL, SP
NATESTO	E	QL	CIMZIA STARTER KIT	2	PA, QL, SP
TESTIM	1	QL	CINRYZE	E	PA, QL, SP
testosterone cypionate intramuscular	1		COSENTYX (300 MG DOSE)	3	PA, ST, QL, SP
testosterone transdermal	E	QL	COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, ST, QL, SP
VOGELXO	E	QL	COSENTYX SENSOREADY (300 MG)	3	PA, ST, QL, SP
VOGELXO PUMP	E	QL	COSENTYX SENSOREADY PEN	3	PA, ST, QL, SP
Hormonal Agents - Thyroid			cyclosporine modified	1	
ARMOUR THYROID	2		ENBREL MINI	3	PA, ST, QL, SP
CYTOMEL	E		ENBREL SUBCUTANEOUS SOLUTION	3	PA, ST, QL, SP
euthyrox	1		ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, ST, QL, SP
levo-t	1		ENBREL SURECLICK	3	PA, ST, QL, SP
LEVOTHYROXINE SODIUM ORAL CAPSULE	3		ENVARUS XR	E	
levothyroxine sodium oral tablet	1		FIRAZYR	E	PA, QL, SP
levoxyl	1		gengraf	1	
liothyronine sodium oral	1		HAEGARDA	2	PA, QL, SP
methimazole oral	1		HUMIRA	2	PA, QL, SP
np thyroid	1		HUMIRA PEDIATRIC CROHNS START	2	PA, QL, SP
SYNTHROID	E		HUMIRA PEN	2	PA, QL, SP
THYQUIDITY	3		HUMIRA PEN-CD/UC/HS STARTER	2	PA, QL, SP
TIROSINT	3		HUMIRA PEN-PEDIATRIC UC START	2	PA, QL, SP
TIROSINT-SOL	2		HUMIRA PEN-PS/UV/ADOL HS START	2	PA, QL, SP
unithroid	1		HUMIRA PEN-PSOR/UEIT STARTER	2	PA, QL, SP
Immunological Agents - Drugs for Immune System Stimulation or Suppression			icatibant acetate	1	PA, QL, SP
ACTEMRA ACTPEN	3	PA, ST, QL, SP	IMURAN	E	
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP	MAYZENT	3	PA, QL, SP
ADBRY	2	PA, SP	methotrexate oral	1	
ASTAGRAF XL	E		methotrexate sodium	1	
AZASAN	3		methotrexate sodium (pf)	1	
azathioprine oral	1				
BERINERT	3	PA, ST, QL, SP			

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Drug Name	Drug Tier	Requirements & Limits
mycophenolate mofetil oral	1	
mycophenolate sodium	1	
MYFORTIC	E	
NEORAL	E	
OLUMIANT ORAL TABLET 1 MG	2	PA, ST, QL, SP
OLUMIANT ORAL TABLET 2 MG	2	PA, ST, QL, SP
OLUMIANT ORAL TABLET 4 MG	E	PA, ST, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML	3	PA, 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 SUBCUTANEOUS SOLUTION CARTRIDGE	E	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
STELARA SUBCUTANEOUS	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO	2	PA, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	
XELJANZ	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL, SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
Infertility Agents		
CHORIONIC GONADOTROPIN INTRAMUSCULAR	1	SP
CRINONE	3	ST
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
fyremadel	1	(Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	QL, SP
NOVAREL	3	SP
PREGNYL	1	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	3	
ANALPRAM HC SINGLES	3	
ANALPRAM-HC EXTERNAL CREAM	3	
ANALPRAM-HC EXTERNAL LOTION	3	
APRISO	1	
ASACOL HD	E	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
budesonide er	E	
budesonide oral	1	
CANASA	E	
CORTIFOAM	2	
DELZICOL	E	
DIPENTUM	3	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	1	
mesalamine er oral capsule	E	

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Drug Name	Drug Tier	Requirements & Limits
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	
TARPEYO	3	PA, QL, SP
UCERIS ORAL	1	
UCERIS RECTAL	2	

Metabolic Bone Disease Agents - Drugs for Osteoporosis

alendronate sodium	1	
BINOSTO	3	QL
BONIVA ORAL TABLET 150 MG	E	
calcitriol oral	1	
FORTEO	E	PA, ST, SP
FOSAMAX	3	
ibandronate sodium oral	1	
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	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	3	
ILEVRO	3	

Drug Name	Drug Tier	Requirements & Limits
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
KLARITY-A	E	
LOTEMAX OPHTHALMIC GEL	3	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	
LOTEMAX SM	3	
loteprednol etabonate	1	
MAXITROL	3	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic solution	1	
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	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION	3	
TOBRADEX ST	3	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBREX	3	
VIGAMOX	E	
ZYLET	3	

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Drug Name	Drug Tier	Requirements & Limits
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPTHALMIC SOLUTION 0.15 %	3	
AZOPT	E	
BETIMOL	2	
bimatoprost ophthalmic	1	
brimonidine tartrate ophthalmic	1	
brimonidine tartrate-timolol	E	
brinzolamide	1	
COMBIGAN	1	
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 OPTHALMIC SOLUTION 0.25 %	2	
TIMOPTIC OCUDOSE OPTHALMIC SOLUTION 0.5 %	3	
TIMOPTIC-XE	3	
TRAVATAN Z	E	
travoprost (bak free)	1	
VYZULTA	3	ST
XALATAN	E	
XELPROS	3	

Drug Name	Drug Tier	Requirements & Limits
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
CEQUA	E	PA
CYCLOSPORINE IN KLARITY	E	
cyclosporine ophthalmic	E	PA
FLAREX	2	
RESTASIS	1	PA
RESTASIS MULTIDOSE	3	PA, QL
TYRVAYA	3	PA, QL
VERKAZIA	E	PA, QL
XIIDRA	2	PA
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	1	
ciprofloxacin-dexamethasone	E	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	2	
epinephrine injection solution auto-injector 0.15 mg/0.15ml	1	(generic for Adrenaclick)
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(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 Adrenaclick)
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	1	
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
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl nasal solution 0.15 %	E	
benzonatate	1	
ciproheptadine hcl oral	1	
fluticasone propionate nasal	1	
hydrocodone polst-chlorphen polst er 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	
XHANCE	E	
ZETONNA	3	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
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	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(ProAir HFA or Proventil HFA)

Drug Name	Drug Tier	Requirements & Limits
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(Ventolin HFA)
albuterol sulfate inhalation	1	
albuterol sulfate oral	1	
ALVESCO	E	QL
ANORO ELLIPTA	3	QL
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 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 PEN	3	PA, QL
FLEXICHAMBER	2	
FLOVENT DISKUS	1	QL
FLOVENT HFA	1	QL
FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
FLUTICASONE PROPIONATE HFA	E	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	E	QL

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Drug Name	Drug Tier	Requirements & Limits
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	QL
formoterol fumarate inhalation	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
PERFOROMIST	3	QL
PROAIR HFA	E	
PROAIR RESPICLICK	E	
PROVENTIL HFA	E	
PULMICORT FLEXHALER	1	QL
PULMICORT SUSPENSION	E	QL
QVAR REDHALER	E	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	2	QL, RS
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	

Drug Name	Drug Tier	Requirements & Limits
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 NEBULIZATION SOLUTION 300 MG/5ML INHALATION 300 MG/5ML	E	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	1	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	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
REMODULIN	E	
TRACLEER	2	PA, QL, SP
treprostinil	E	
TYVASO DPI MAINTENANCE KIT	E	PA, SP
TYVASO DPI TITRATION KIT	E	PA, SP
TYVASO INHALATION POWDER	E	PA, SP
TYVASO INHALATION SOLUTION	2	PA, SP
TYVASO REFILL	2	PA, SP
TYVASO STARTER	2	PA, SP

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Drug Name	Drug Tier	Requirements & Limits
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
AMRIX	E	
BACLOFEN ORAL SOLUTION	3	
baclofen oral tablet	1	
carisoprodol oral	1	
cyclobenzaprine hcl er	E	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
FLEQSUVY	3	
LYVISPAH	E	
metaxalone	1	
methocarbamol oral	1	
OZOBAX	3	
SOMA	E	
tizanidine hcl oral	1	
VANADOM	E	
ZANAFLEX	3	
Sleep Disorder Agents		
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

Drug Name	Drug Tier	Requirements & Limits
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	14	
ABSORICA.....	20	
ACCU-CHEK AVIVA 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 TEST STRIPS ..	22	
ACCU-CHEK SAFE-T PRO LANCETS.....	22	
ACCU-CHEK SMARTVIEW TEST STRIPS.....	22	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	22	
ACCU-CHEK SOFTCLIX LANCETS ..	22	
ACCUPRIL	16	
accutane.....	20	
ACCUTREND 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	
ACTEMRA ACTPEN	33	
ACTEMRA SUBCUTANEOUS	33	
ACTICLATE	10	
ACTOS	25	
ACULAR.....	35	
ACULAR LS.....	35	
ACUVAIL.....	35	
acyclovir oral	15	
ACZONE.....	20	
ADBRY	33	
ADDERALL	18	
ADDERALL XR	18	
ADDYI.....	26	
ADEMPAS	38	
ADHANSIA XR.....	18	
ADLARITY	12	
ADLYXIN.....	25	
ADLYXIN STARTER PACK	25	
ADMELOG	24	
ADMELOG SOLOSTAR.....	24	
ADVAIR DISKUS	37	
ADVAIR HFA.....	37	
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	29	
AFREZZA.....	24	
AFSTYLA INTRAVENOUS KIT.....	26	
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	37	
albuterol sulfate oral	37	
ALDACTONE	16	
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	29	
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.....	29	
ALTOPREV.....	16	
ALTRENO.....	20	
ALUNBRIG.....	14	
ALVESCO.....	37	
alyacen 1/35.....	29	
AMARYL.....	25	
AMBIEN	39	
AMBIEN CR	39	
AMERGE ORAL TABLET 1 MG, 2.5 MG	13	
amethia.....	29	
amiodarone hcl oral	16	
amitriptyline hcl oral	12	
amlodipine besylate oral.....	16	
amlodipine besylate-benazepril hcl. .	16	
amlodipine besylate-valsartan	16	
amnestem	20	
amoxicillin.....	10	
amoxicillin-potassium clavulanate . .	10	
amoxicillin-potassium clavulanate er. 10		
amphetamine-dextroamphetamine ..	18	
amphetamine-dextroamphetamine er.....	18	
AMPYRA	19	
AMRIX.....	39	
AMZEEQ.....	20	
ANALPRAM HC.....	34	
ANALPRAM HC SINGLES	34	
ANALPRAM-HC EXTERNAL CREAM.....	34	



ANALPRAM-HC EXTERNAL LOTION.....	34
ANAPROX DS	9
ANASPAZ.....	27
anastrozole oral.....	14
ANDRODERM	32
ANDROGEL PUMP	32
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%).....	32
ANNOVERA.....	29
ANORO ELLIPTA.....	37
apap-caff-dihydrocodeine	8
apri	29
APRISO	34
APTENSIO XR	18
ARAKODA	14
ARANESP (ALBUMIN FREE)	26
ARICEPT	12
ARIMIDEX	14
aripiprazole oral solution	14
aripiprazole oral tablet	14, 15
aripiprazole oral tablet dispersible ..	15
ARMONAIR DIGIHALER.....	37
ARMOUR THYROID	33
ARNUITY ELLIPTA	37
ASACOL HD.....	34
asenapine maleate	15
ashlyna	29
ASMANEX (120 METERED DOSES) ..	37
ASMANEX (14 METERED DOSES) ..	37
ASMANEX (30 METERED DOSES) ..	37
ASMANEX (60 METERED DOSES) ..	37
ASMANEX HFA	37
ASPRUZYO SPRINKLE.....	16
ASTAGRAF XL.....	33
atenolol oral	16
atenolol-chlorthalidone.....	16
ATIVAN ORAL	16
atomoxetine hcl	19
atorvastatin calcium oral tablet 10 mg, 20 mg.....	16
atorvastatin calcium oral tablet 40 mg, 80 mg.....	16
atovaquone-proguanil hcl.....	14

ATRALIN.....	20
ATROVENT HFA	37
AUBAGIO	19
aubra.....	29
aubra eq.....	29
AUGMENTIN	10
AUGMENTIN ES-600	10
aurovela 1/20.....	29
aurovela 1.5/30	29
aurovela 24 fe.....	29
aurovela fe 1/20.....	29
aurovela fe 1.5/30	29
AURYXIA	28
AUSTEDO.....	19
AUVI-Q	36
AVALIDE.....	16
AVAPRO	16
AVAR CLEANSER	20
AVAR LS CLEANSER	20
AVAR-E EMOLLIENT.....	20
AVAR-E GREEN.....	20
AVAR-E LS	20
aviane	29
avidoxy	10
AVITA	20
AVONEX PEN.....	19
AVONEX PREFILLED	19
AYGESTIN	29
ayuna	29
AZASAN.....	33
AZASITE.....	35
azathioprine oral	33
azelaic acid external	20
azelastine hcl nasal solution 0.1 %, 137 mcg/spray.....	37
azelastine hcl nasal solution 0.15 % ..	37
azelastine hcl ophthalmic.....	35
azithromycin oral	10
AZOPT	36
AZULFIDINE.....	34
AZULFIDINE EN-TABS	34
azurette.....	29

B

bac	8
BACLOFEN ORAL SOLUTION.....	39
baclofen oral tablet	39
BACTRIM	10
BACTRIM DS	10
BAFIERTAM.....	19
balziva.....	29
BAQSIMI ONE PACK.....	25
BAQSIMI TWO PACK	25
BARACLUDE ORAL SOLUTION	15
BARACLUDE ORAL TABLET.....	15
BASAGLAR KWIKPEN	24
bd autoshield duo pen needles	22
bd ultra-fine insulin syringes.....	22
bd ultra-fine pen needles	22
BELBUCA.....	8
BELSOMRA	39
benazepril hcl oral.....	16
benazepril-hydrochlorothiazide	16
BENICAR	16
BENICAR HCT.....	16
benzonatate.....	37
BERINERT	33
BESIVANCE.....	35
betamethasone dipropionate aug ...	20
betamethasone dipropionate external.....	20
BETAPACE.....	16
BETASERON	19
BETHKIS	38
BETIMOL	36
BEVESPI AEROSPHERE	37
bexarotene.....	14
BEYAZ	29
BIDIL.....	16
BIJUVA	29
BIKTARVY	15
bimatoprost ophthalmic	36
BINOSTO	35
bisoprolol fumarate oral	16
bisoprolol-hydrochlorothiazide	16
blisovi 24 fe	29
blisovi fe 1/20.....	29

blisovi fe 1.5/30	29	calcitriol external	20	chlorhexidine gluconate mouth/ throat.	20
BLOOD GLUCOSE TEST STRIPS	22	calcitriol oral.	35	chlorthalidone	16
BONIVA ORAL TABLET 150 MG	35	CALQUENCE	14	CHORIONIC GONADOTROPIN INTRAMUSCULAR	34
BONJESTA	13	camila	29	CIALIS	26
bosentan	38	camrese	29	CIBINQO	20
bp 10-1	20	camrese lo	29	ciclodan	13
BREO ELLIPTA	37	CANASA	34	ciclopirox external	13
BREZTRI AEROSPHERE	37	capecitabine	14	ciclopirox treatment	13
briellyn	29	CAPEX	20	CILOXAN	35
BRILINTA	14	CARAC	20	CIMDUO	15
brimonidine tartrate ophthalmic.	36	CARAFATE	27	CIMZIA	33
brimonidine tartrate-timolol	36	carbamazepine er	11	CIMZIA PREFILLED KIT	33
brinzolamide	36	carbamazepine oral	11	CIMZIA STARTER KIT	33
BRIVIACT ORAL TABLET	11	CARBATROL	11	CINRYZE	33
BRONCHITOL	38	carbidopa-levodopa	14	CIPRO ORAL TABLET	10
BRONCHITOL TOLERANCE TEST	38	carbidopa-levodopa er	14	CIPRODEX	36
budesonide er	34	CARDIZEM	16	ciprofloxacin hcl ophthalmic	35
budesonide inhalation.	37	CARDIZEM CD	16	ciprofloxacin hcl oral.	10
budesonide oral.	34	CARDIZEM LA	16	ciprofloxacin-dexamethasone	36
BUDESONIDE-FORMOTEROL FUMARATE	37	CARDURA	16	CITALOPRAM HYDROBROMIDE ORAL CAPSULE	12
buprenorphine hcl sublingual	10	CARETOUCH MONITOR SYSTEM	22	citalopram hydrobromide oral solution.	12
buprenorphine hcl-naloxone hcl	10	CARETOUCH TEST	22	citalopram hydrobromide oral tablet.	12
bupropion hcl er (sr)	12	carisoprodol oral	39	claravis	20
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	12	CAROSPIR	16	clarithromycin er	10
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	12	cartia xt.	16	clarithromycin oral.	10
bupropion hcl oral.	12	carvedilol	16	CLENPIQ	27
buspirone hcl oral	16	CATAFLAM	9	CLEOCIN ORAL CAPSULE 150 MG, 300 MG	10
butalbital-apap-cafeine	8	cavarest	20	CLEOCIN ORAL CAPSULE 75 MG	10
BYDUREON BCISE AUTOINJECTOR	25	cefadroxil	10	CLEOCIN-T	20
BYETTA 10 MCG PEN.	25	cefdinir	10	CLIMARA	29, 30
BYETTA 5 MCG PEN.	25	cefuroxime axetil	10	CLIMARA PRO	29
BYSTOLIC	16	CELEBREX	9	clindacin etz external swab	20
C		celecoxib oral.	9	clindacin-p	20
cabergoline	32	CELEXA	12	CLINDAGEL	20
CALAN SR	16	CELLCEPT	33	clindamycin hcl oral	10
calcipotriene-betameth diprop external ointment.	20	CENTANY	10	clindamycin phos-benzoyl perox external gel 1.2-5 %	20
calcipotriene-betameth diprop external suspension	20	CENTANY AT	10	clindamycin phosphate external	20
		cephalexin	10	CLINDESSE	10
		CEQUA	36	CLINPRO 5000	20
		CERDELGA	28	clobetasol propionate external	20
		chateal	29		
		chateal eq.	29		
		CHEMSTRIP BG LOG BOOK	22		



CLOBEX	20	CREON	28	DEPAKOTE ER	11
CLOBEX SPRAY	20	CRESEMBA ORAL	13	DEPAKOTE SPRINKLES	11
clodan external shampoo	20	CRESTOR	17	DEPEN TITRATABS	28
clonazepam oral	16	CRINONE	34	DEPO-PROVERA INTRAMUSCULAR SUSPENSION	29
clonidine hcl oral	16	cryselle-28	29	DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	29
clopidogrel bisulfate oral	14	CUPRIMINE	28	DEPO-SUBQ PROVERA 104	29
clotrimazole-betamethasone	20	CVS ADVANCED GLUCOSE TEST	23	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	33
COLCHICINE ORAL CAPSULE	13	CVS GLUCOSE METER TEST STRIPS	23	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	33
colchicine oral tablet	13	cyanocobalamin injection solution 1000 mcg/ml	26	DERMA-SMOOTH/FS BODY	20
COLCRYS	13	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	26	DERMA-SMOOTH/FS SCALP	20
colesevelam hcl	16	cyclobenzaprine hcl er	39	DESCOVY	15
COMBIGAN	36	cyclobenzaprine hcl oral tablet 10 mg, 5 mg	39	desmopressin acetate injection	32
COMBIVENT RESPIMAT	37	cyclobenzaprine hcl oral tablet 7.5 mg	39	DESMOPRESSIN ACETATE NASAL	32
CONCERTA	19	CYCLOSPORINE IN KLARITY	36	desmopressin acetate oral	32
CONTOUR MONITOR DEVICE	22	cyclosporine modified	33	desmopressin acetate pf	32
CONTOUR MONITOR KIT W/DEVICE	22	cyclosporine ophthalmic	36	desogestrel-ethinyl estradiol	29
CONTOUR NEXT EZ KIT W/DEVICE	22	CYMBALTA	12	desonide external	21
CONTOUR NEXT GEN MONITOR	22	cyproheptadine hcl oral	37	DESOWEN	21
CONTOUR NEXT LINK KIT W/DEVICE	22	cyred	29	desrx	21
CONTOUR NEXT MONITOR KIT W/DEVICE	22	cyred eq	29	desvenlafaxine succinate er	12
CONTOUR NEXT ONE DEVICE	23	CYTOMEL	33	DEXABLISS	32
CONTOUR NEXT ONE KIT	23	CYTOTEC	27	dexamethasone intensol	32
CONTOUR NEXT TEST STRIPS	23			dexamethasone oral	32
CONTOUR TEST STRIPS	23			DEXCOM G4 MOBILE RECEIVER	23
CONZIP	8, 9			DEXCOM G4 SENSOR	23
COPAXONE	19			DEXCOM G4 TRANSMITTER	23
COREG	16			DEXCOM G5 MOBILE RECEIVER	23
coremino	10			DEXCOM G5 SENSOR	23
CORGARD	16			DEXCOM G5 TRANSMITTER	23
CORLANOR	16			DEXCOM G6 RECEIVER	23
CORTEF	32			DEXCOM G6 SENSOR	23
CORTIFOAM	34			DEXCOM G6 TRANSMITTER	23
COSENTYX (300 MG DOSE)	33			DEXEDRINE	19
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	33			DEXILANT	27
COSENTYX SENSOREADY (300 MG)	33			DEXLANSOPRAZOLE	27
COSENTYX SENSOREADY PEN	33			dexmethylphenidate hcl	19
COSOPT	36			dexmethylphenidate hcl er	19
COSOPT PF	36			dextroamphetamine sulfate er	19
COZAAR	17				

D

D-CARE BLOOD GLUCOSE	23
D-CARE GLUCOMETER	23
dabigatran etexilate mesylate	11
dalfampridine er	19
dapsone external	20
dasetta 1/35	29
daysee	29
DAYVIGO	39
DDAVP	32
DDAVP PF	32
deblitane	29
delyla	29
DELZICOL	34
DENTA 5000 PLUS	20
DENTAGEL	20
DEPAKOTE	11

dextroamphetamine sulfate oral solution	19	doxazosin mesylate oral	17	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG.	9
dextroamphetamine sulfate oral tablet	19	doxepin hcl oral capsule	12	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG.	9
DHIVY	14	doxepin hcl oral concentrate	12	ec-naproxen	9
diazepam intensol	16	doxycycline hyclate oral capsule	10	ED-SPAZ	27
diazepam oral	16	doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	10	EDARBI	17
DICLEGIS	13	doxycycline hyclate oral tablet 50 mg	10	EDARBYCLOR	17
diclofenac potassium oral capsule	9	doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	10	EDLUAR	39
diclofenac potassium oral tablet 25 mg	9	DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	10	efavirenz-emtricitab-tenofovir	15
diclofenac potassium oral tablet 50 mg	9	doxycycline monohydrate oral	10	efavirenz-lamivudine-tenofovir	15
diclofenac sodium er	9	doxylamine-pyridoxine	13	EFFEXOR XR	12
diclofenac sodium external gel 1 %	9	DRISDOL	26	EFUDEX	21
diclofenac sodium external solution	9	DRIZALMA SPRINKLE	12	ELEPSIA XR	11
diclofenac sodium oral	9	drospiren-eth estrad-levomefol	29	ELESTRIN	29
dicyclomine hcl oral	27	drospirenone-ethinyl estradiol	29	eletriptan hydrobromide	13
DIFICID	10	DUAVEE	29	elinest	29
DIFLUCAN	13	duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	12	ELIQUIS	11
DILAUDID ORAL	8	duloxetine hcl oral capsule delayed release particles 40 mg	12	ELIQUIS DVT/PE STARTER PACK.	11
dilt-xr	17	DUOPA	14	ELOCTATE	26
diltiazem hcl er	17	DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	21	eluryng	29
diltiazem hcl er coated beads	17	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	21	EMGALITY	13
diltiazem hcl oral	17	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	21	EMGALITY (300 MG DOSE).	13
DIOVAN	17	DUROLANE	8	emoquette	29
DIOVAN HCT	17	DXEVO 11-DAY	32	EMPAVELI	26
DIPENTUM	34			emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg.	15
diphenoxylate-atropine	27			emtricitabine-tenofovir df oral tablet 200-300 mg	15
DIPROLENE	21			enalapril maleate oral	17
DITROPAN XL	28			ENBREL MINI	33
divalproex sodium er	11			ENBREL SUBCUTANEOUS SOLUTION	33
divalproex sodium oral	11			ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.	33
DIVIGEL	29			ENBREL SURECLICK	33
DODEX	26			ENDARI	28
donepezil hcl	12			endocet	8
DOPTelet	26			ENDOMETRIN	34
DORYX MPC	10			ENLITE GLUCOSE SENSOR	23
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG	10			ENOVARX-DICLOFENAC SODIUM	9
DORYX ORAL TABLET DELAYED RELEASE 80 MG	10			enoxaparin sodium	11
dorzolamide hcl-timolol mal	36			enskyce	29
dorzolamide hcl-timolol mal pf.	36			ENSTILAR	21
dotti	29			entecavir	15
DOVATO	15				

E



ENTRESTO.....	17	EUFLEXXA.....	8	FLOVENT DISKUS.....	37
ENVARUSUS XR	33	euthyrox	33	FLOVENT HFA.....	37
EPANED	17	EVAMIST	30	fluconazole oral.....	13
EPCLUSA ORAL PACKET	15	EVOCLIN	21	fluocinolone acetonide body	21
EPCLUSA ORAL TABLET.....	15	EXFORGE.....	17	fluocinolone acetonide external.....	21
epinephrine injection solution auto- injector 0.15 mg/0.15ml.....	36	EXKIVITY	14	fluocinolone acetonide scalp.....	21
epinephrine solution auto-injector 0.15 mg/0.3ml injection.....	36	EXSERVAN.....	19	fluocinonide external.....	21
epinephrine solution auto-injector 0.3 mg/0.3ml injection	36	EXTAVIA.....	19	FLUORIDEX.....	20
EPIPEN 2-PAK	36	EXTINA.....	13	FLUORIDEX ENHANCED WHITENING.....	20
EPIPEN JR 2-PAK	36	EYSUVIS.....	35	FLUORIMAX 5000.....	20
epitol.....	11	EZALLOR SPRINKLE	17	FLUOROPLEX EXTERNAL CREAM 1 %	21
EPRONTIA	11	ezetimibe	17	FLUOROURACIL EXTERNAL CREAM 0.5 %	21
EQ BLOOD GLUCOSE TEST	23	ezetimibe-simvastatin	17	fluorouracil external cream 5 %.....	21
ERGOCAL	26	F		fluorouracil external solution	14
ergocalciferol oral capsule.....	26, 27	falmina	30	fluoxetine hcl oral capsule	12
ERIVEDGE	14	famotidine oral suspension reconstituted	27	fluoxetine hcl oral capsule delayed release	12
ERLEADA.....	14	FARXIGA	25	fluoxetine hcl oral solution	12
errin.....	29	FASENRA PEN.....	37	fluoxetine hcl oral tablet 10 mg	12
erythromycin ophthalmic	35	fayosim	30	fluoxetine hcl oral tablet 20 mg, 60 mg	12
escitalopram oxalate oral	12	febuxostat	13	FLUTICASONE FUROATE- VILANTEROL.....	37
ESGIC.....	8	FEMARA.....	14	FLUTICASONE PROPIONATE HFA..	37
estarylla	29	femynor.....	30, 31	fluticasone propionate nasal	37
ESTRACE.....	29	fenofibrate oral capsule 150 mg, 50 mg	17	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act.....	37
estradiol oral	29	fenofibrate oral tablet	17	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	38
estradiol patch twice weekly 0.025 mg/24hr transdermal	29	FENOGLIDE.....	17	fluvoxamine maleate	12
estradiol patch twice weekly 0.0375 mg/24hr transdermal	29	fentanyl.....	8	fluvoxamine maleate er.....	12
estradiol patch twice weekly 0.05 mg/24hr transdermal	29	fesoterodine fumarate er	28	FOCALIN	19
estradiol patch twice weekly 0.075 mg/24hr transdermal	29	FEXMID.....	39	FOCALIN XR	19
estradiol patch twice weekly 0.1 mg/24hr transdermal	30	FINACEA EXTERNAL FOAM	21	folic acid oral tablet 1 mg	26
estradiol transdermal patch weekly..	30	FINACEA EXTERNAL GEL.....	21	FOLLISTIM AQ.....	34
estradiol vaginal.....	30	finasteride oral tablet 5 mg.....	28	FORFIVO XL.....	12
ESTRING	30	FIORICET	8	formoterol fumarate inhalation.....	38
ESTROGEL	30	FIRAZYR	33	FORTEO.....	35
eszopiclone	39	FIRST-OMEPRAZOLE.....	27	FORTESTA.....	33
etodolac	9	FLAGYL	10	FORTISCARE G1 TEST STRIP.....	23
etodolac er.....	9	FLAREX	36		
etonogestrel-ethinyl estradiol.....	30	flecainide acetate	17		
EUCRISA	21	FLEQSUVY.....	39		
		FLEXICHAMBER.....	37		
		FLOLIPID	17		
		FLOMAX.....	28		
		FLORIVA PLUS	26		

FORTISCARE T1 GLUCOSE SYSTEM	23
FORTISCARE TEST	23
FOSAMAX	35
FREESTYLE LIBRE 14 DAY READER	23
FREESTYLE LIBRE 14 DAY SENSOR	23
FREESTYLE LIBRE 2 READER	23
FREESTYLE LIBRE 2 SENSOR	23
FREESTYLE LIBRE 3 SENSOR	23
FREESTYLE LIBRE READER	23
FREESTYLE PRECISION NEO SYSTEM	23
FREESTYLE PRECISION NEO TEST	23
furosemide oral	17
fyremadel	34

G

gabapentin oral capsule	11
gabapentin oral solution 250 mg/5ml	11
GABAPENTIN ORAL TABLET 25 MG, 50 MG	11
gabapentin oral tablet 600 mg, 800 mg	11
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	34
gavilyte-c	27
gavilyte-g	27
GAVRETO	14
GELNIQUE	28
GELSYN-3	8
gemfibrozil oral	17
gemmily	30
GEN7T EXTERNAL PATCH	8
gengraf	33
GENOTROPIN	32
GENOTROPIN MINIQUICK	32
GENTLE-LET PLATFORMS	23
GENVOYA	15
GEODON ORAL	15
GILENYA	19
GIMOTI	13
glatiramer acetate	19

glatopa	19
glimepiride	25
glipizide er	25
glipizide ir	25
glipizide xl	25
GLOPERBA	13
glucagon emergency kit 1 mg injection 1 mg	25
GLUCOCARD EXPRESSION TEST	23
GLUCOCARD SHINE TEST	23
GLUCOCARD VITAL TEST	23
GLUCOTROL XL	25
GLUMETZA	25
glyburide oral	25
glyburide-metformin	25
glycopyrrolate oral tablet 1 mg, 2 mg	28
GLYXAMBI	25
GOLYTELY	28
GONITRO	17
guanfacine hcl	17, 19
guanfacine hcl er	19
GUARDIAN LINK 3 TRANSMITTER	23
GUARDIAN REAL-TIME REPLACE PED	23
GUARDIAN SENSOR (3)	23
GYNAZOLE-1	13

H

HAEGARDA	33
hailey 1.5/30	30
hailey 24 fe	30
hailey fe 1/20	30
hailey fe 1.5/30	30
HALCION	16
HARVONI	15
heather	30
HEMADY	32
HEMANGEOL	17
HEMOFIL M	26
HIDEX 6-DAY	32
HUMALOG INJECTION	24
HUMALOG KWIKPEN	24
HUMALOG MIX 50/50 KWIKPEN	24
HUMALOG MIX 50/50 VIAL	24

HUMALOG MIX 75/25 KWIKPEN	24
HUMALOG MIX 75/25 VIAL	24
HUMALOG SUBCUTANEOUS	24
HUMALOG U-100 JUNIOR KWIKPEN	24
HUMATE-P	26
HUMATROPE	32
HUMIRA	33
HUMIRA PEDIATRIC CROHNS START	33
HUMIRA PEN	33
HUMIRA PEN-CD/UC/HS STARTER	33
HUMIRA PEN-PEDIATRIC UC START	33
HUMIRA PEN-PS/UV/ADOL HS START	33
HUMIRA PEN-PSOR/UEVIT STARTER	33
HUMULIN 70/30 KWIKPEN	24
HUMULIN 70/30 VIAL	24
HUMULIN N KWIKPEN	24
HUMULIN N VIAL	24
HUMULIN R U-500 KWIKPEN	24
HUMULIN R U-500 VIAL	24
HUMULIN R VIAL	24
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	8
hydralazine hcl oral	17
hydrochlorothiazide oral	17
hydrocodone bitartrate er oral capsule extended release 12 hour	8
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	8
hydrocodone polst-chlorphen polst er susp	37
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	8
hydrocodone-acetaminophen oral tablet	8
hydrocort-pramoxine (perianal)	34
hydrocortisone ace-pramoxine external cream 1-1 %	34
hydrocortisone external cream 1 %	21
hydrocortisone external cream 2.5 %	21
hydrocortisone external lotion 2.5 %	21



hydrocortisone external ointment 1 %, 2.5 %	21
hydrocortisone oral	32
hydromorphone hcl er	8
hydromorphone hcl oral	8
hydromorphone hcl rectal	8
hydroxychloroquine sulfate oral	14
hydroxyzine hcl oral	16
hydroxyzine pamoate oral	16
hyoscyamine sulfate er	28
hyoscyamine sulfate oral	28
hyoscyamine sulfate sl	28
hyoscyamine sulfate sublingual	28
hyosyne	28
HYSINGLA ER	8
HYZAAR	17

I

ibandronate sodium oral	35
IBRANCE	14
ibuprofen oral suspension 100 mg/5ml	9
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	9
icatibant acetate	33
iclevia	30
ICLUSIG ORAL TABLET	14
icosapent ethyl	17
IDHIFA	14
ILEVRO	35
IMBRUVICA ORAL TABLET	14
imiquimod external cream 3.75 %	21
imiquimod external cream 5 %	21
imiquimod pump	21
IMITREX ORAL	13
IMITREX STATDOSE REFILL	13
IMITREX STATDOSE SYSTEM	13
IMPEKLO	21
IMPOYZ	21
IMURAN	33
IMVEXXY MAINTENANCE PACK	26
IMVEXXY STARTER PACK	26
IN TOUCH	23
INBRIJA	14
incassia	30

INCRUSE ELLIPTA	38
INDERAL LA	17
INDOCIN	9
indomethacin er	9
INDOMETHACIN ORAL CAPSULE 20 MG	9
indomethacin oral capsule 25 mg, 50 mg	9
INSPIRACHAMBER/LARGE	38
INSPIRACHAMBER/MEDIUM	38
INSPIRACHAMBER/MOUTHPIECE	38
INSPIRACHAMBER/SMALL	38
INSPIREASE	38
INSULIN ASPART	24
INSULIN ASPART FLEXPEN	24
INSULIN ASPART PENFILL	24
INSULIN GLARGINE	24
INSULIN GLARGINE SOLOSTAR	24
INSULIN LISPRO	25
INSULIN LISPRO (1 UNIT DIAL)	25
INSULIN LISPRO JUNIOR KWIKPEN	25
INSULIN LISPRO PROT & LISPRO	25
INSULIN PEN NEEDLES	23
INTRAROSA	26
introvale	30
INTUNIV	19
INVELTYS	35
ipratropium bromide nasal	37
ipratropium-albuterol	38
irbesartan	17
irbesartan-hydrochlorothiazide	17
ISENTRESS	15
ISENTRESS HD	15
isibloom	30
isosorb dinitrate-hydralazine	17
isosorbide mononitrate	17
isosorbide mononitrate er	17
isotretinoin capsule 10 mg oral	21
isotretinoin capsule 20 mg oral	21
isotretinoin capsule 30 mg oral	21
isotretinoin capsule 40 mg oral	21
isotretinoin oral capsule 25 mg, 35 mg	21
ISTALOL	36

ivermectin oral	14
---------------------------	----

J

jaimiess	30
jantoven	11
JANUVIA	25
JARDIANCE	25
jasmiel	30
jencycla	30
JENTADUETO	25
JENTADUETO XR	25
JIVI	26
jolessa	30
JORNAY PM	19
juleber	30
JULUCA	15
junel 1/20	30
junel 1.5/30	30
junel fe 1/20	30
junel fe 1.5/30	30
junel fe 24	30
JUST RIGHT 5000	20

K

K-TAB	27
kalliga	30
KAPSPARGO SPRINKLE	17
kariva	30
KAZANO	25
KENALOG EXTERNAL	21
KEPPRA ORAL	11
KEPPRA XR	11
KESIMPTA	19
ketoconazole external	13
ketodan external foam	13
KETOROLAC TROMETHAMINE NASAL	9
ketorolac tromethamine ophthalmic	35
ketorolac tromethamine oral	9
KITABIS PAK	38
KLARITY-A	35
KLISYRI	21
KLONOPIN	16
klor-con	26, 27



klor-con 10	27	larissia.....	30	lithium carbonate er	16
klor-con m10	27	LASIX	17	lithium carbonate oral.....	16
klor-con m15.....	27	latanoprost ophthalmic.....	36	LITHOBID.....	16
klor-con m20	27	LATUDA	15	LO LOESTRIN FE.....	30
KLOXXADO	10	LEDIPASVIR-SOFOSBUVIR	15	lo-zumandimine	30
KOATE	26	lenalidomide.....	14	LODINE.....	9
KOATE-DVI.....	26	lessina.....	30	LOESTRIN 1/20 (21)	30
KOGENATE FS.....	26	letrozole oral	14	LOESTRIN 1.5/30 (21).....	30
KOMBIGLYZE XR	25	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	38	LOESTRIN FE 1/20	30
KOSELUGO	14	LEVVID	28	LOESTRIN FE 1.5/30.....	30
KOVALTRY.....	26	LEVEMIR U-100 FLEXTOUCH	25	LOFENA	9
KRINTAFEL	14	LEVEMIR U-100 VIAL	25	lojaimiess	30
kurvelo	30	levetiracetam er.....	11	LOKELMA.....	27
KYNMOBI.....	14	levetiracetam oral	11	LOMOTIL	28
L		levo-t	33	LOPID	17
labetalol hcl oral	17	levocetirizine dihydrochloride oral... ..	37	LOPRESSOR	17
lacosamide oral.....	11	levofloxacin oral.....	10	LOPROX EXTERNAL SHAMPOO ...	13
LAMICTAL	11	levonorgest-eth est & eth est	30	lorazepam intensol	16
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG.....	11	levonorgest-eth estrad 91-day	30	lorazepam oral concentrate 2 mg/ml	16
LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG.....	11	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg.....	30	lorazepam oral tablet	16
LAMICTAL ODT ORAL TABLET DISPERSIBLE	11	levora 0.15/30 (28).....	30	LOREEV XR	16
LAMICTAL STARTER	11	LEVOTHYROXINE SODIUM ORAL CAPSULE.....	33	LORTAB	8
LAMICTAL XR	11	levothyroxine sodium oral tablet ...	33	loryna	30
lamotrigine er.....	11	levoxyl.....	33	losartan potassium oral	17
lamotrigine oral kit.....	11	LEVSIN ORAL	28	losartan potassium-hctz.....	17
lamotrigine oral tablet.....	11	LEVSIN/SL.....	28	LOSEASONIQUE.....	30
lamotrigine oral tablet chewable ...	11	LEXAPRO.....	12	LOTEMAX OPHTHALMIC GEL	35
lamotrigine oral tablet dispersible ...	11	LIALDA	34	LOTEMAX OPHTHALMIC OINTMENT.....	35
lamotrigine starter kit-blue	11	lidocaine external ointment 5 %.....	8	LOTEMAX OPHTHALMIC SUSPENSION	35
lamotrigine starter kit-green.....	11	lidocaine external patch 5 %	8	LOTEMAX SM	35
lamotrigine starter kit-orange.....	11	lidocaine hcl mouth/throat	20	LOTENSIN	17
LANCETS.....	22-24	lidocaine viscous hcl.....	20	LOTENSIN HCT.....	17
LANREOTIDE ACETATE.....	32	lidocaine-prilocaine external cream ..	8	loteprednol etabonate.....	35
LANTUS SOLOSTAR	25	LIDODERM.....	8	LOTREL	17
LANTUS U-100 VIAL.....	25	lillow oral tablet 0.15-30 mg-mcg ...	30	lovastatin oral.....	17
larin 1/20	30	LINZESS.....	28	LOVAZA	17
larin 1.5/30.....	30	liothyronine sodium oral	33	LOVENOX.....	11
larin 24 fe	30	LIPITOR	17	low-ogestrel	30
larin fe 1/20	30	LIPOFEN.....	17	LUMIGAN.....	36
larin fe 1.5/30.....	30	lisinopril oral.....	17	LUNESTA	39
		lisinopril-hydrochlorothiazide.....	17	lutera.....	30
				lyleq	30

lyllana	30
LYMEPAK	10
LYNPARZA	14
LYRICA	19
LYRICA CR	19
LYUMJEV KWIKPEN	25
LYUMJEV VIAL	25
LYVISPAH	39
lyza	30

M

MALARONE	14
marlissa	30
matzim la	17
MAVENCLAD	19
MAVYRET	15
MAXALT	13
MAXITROL	35
MAXZIDE	17
MAXZIDE-25	17
MAYZENT	33
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	32
MEDROL ORAL TABLET 2 MG	32
MEDROL ORAL TABLET 32 MG	32
MEDROL ORAL TABLET THERAPY PACK	32
medroxyprogesterone acetate intramuscular suspension	30
medroxyprogesterone acetate intramuscular suspension prefilled syringe	30
medroxyprogesterone acetate oral	30
meloxicam oral capsule	9
MELOXICAM ORAL SUSPENSION	9
meloxicam oral tablet	9
MENOSTAR	30
mercaptopurine oral	14
merzee	30
mesalamine er oral capsule	34
mesalamine oral	35
mesalamine rectal enema	35
mesalamine rectal suppository	35
metaxalone	39
metformin hcl er	25

metformin hcl er (mod)	25
metformin hcl er (osm)	25
metformin hcl oral solution	25
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg.	25
metformin hcl oral tablet 625 mg.	25
methimazole oral	33
methocarbamol oral	39
methotrexate oral	33
methotrexate sodium	33
methotrexate sodium (pf)	33
METHYLIN	19
methylphenidate hcl er (cd)	19
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	19
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	19
methylphenidate hcl er (osm)	19
methylphenidate hcl er (xr)	19
methylphenidate hcl er oral tablet extended release	19
methylphenidate hcl er oral tablet extended release 24 hour	19
methylphenidate hcl oral	19
methylprednisolone oral	32
metoclopramide hcl oral	13
metoprolol succinate er	17
metoprolol tartrate oral	17
METROCREAM	21
METROGEL	21
METROLOTION	21
metronidazole external	21
metronidazole oral	10
metronidazole vaginal	10
MICARDIS	17
MICRODOT TEST	23
microgestin 1/20	30
microgestin 1.5/30	30
microgestin 24 fe	30
microgestin fe 1/20	31
microgestin fe 1.5/30	30
mili	31
MILLIPRED	32
MINASTRIN 24 FE	31

MINILINK REAL-TIME TRANSMITTER	23
MINIPRESS	17
MINIVELLE	29-31
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	10
minocycline hcl er oral tablet extended release 24 hour	10
minocycline hcl oral	10
MINOLIRA	10
MIRAPEX ER	14
MIRCETTE	31
mirtazapine oral	12
MIRVASO	21
misoprostol oral	27
MITIGARE	13
MM EASY TOUCH GLUCOSE METER	23
modafinil	39
mometasone furoate external	21
mondoxyne nl	10
mono-lynyah	31
montelukast sodium oral	38
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	8
morphine sulfate er oral capsule extended release 24 hour	8
morphine sulfate er oral tablet extended release	8
morphine sulfate oral	8
morphine sulfate rectal	8
MOTEGRITY	28
MOUNJARO	25
MOVIPREP	28
moxifloxacin hcl (2x day)	35
moxifloxacin hcl ophthalmic solution	35
MS CONTIN	8
MULPLETA	26
MULTAQ	17
MULTI-VIT-FLOR	27
multi-vitamin/fluoride	27
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	27
multivitamin/fluoride tablet chewable 0.5 mg oral	27



multivitamin/fluoride tablet chewable 1 mg oral	27
mupirocin calcium	10
mupirocin external	10
mycophenolate mofetil oral	34
mycophenolate sodium	34
MYDAYIS	19
MYFEMBREE	31
MYFORTIC	34
myorisan	21

N

NA SULFATE-K SULFATE-MG SULF	28
nabumetone oral	9
nadolol oral	17
NAFRINSE DAILY/NEUTRAL	20
NAFRINSE WEEKLY	20
NALOCET	8
naloxone hcl injection	10
naloxone hcl nasal	10
naltrexone hcl oral	10
NAPRELAN	9
NAPROSYN	9
naproxen oral suspension	9
naproxen oral tablet	9
naproxen oral tablet delayed release	9
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	9
NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	9
naproxen sodium oral tablet 275 mg, 550 mg	9
naratriptan hcl	13
NARCAN	10
NASCOBAL	27
NATAZIA	31
NATESTO	33
NAYZILAM	11
nebivolol hcl	17
necon 0.5/35 (28)	31
neomycin-polymyxin-dexameth ophthalmic ointment	35

neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	35
neomycin-polymyxin-hc otic	36
NEORAL	34
NESINA	25
neuac external gel	21
NEULASTA	26
NEURONTIN	11
NEUTEK 2TEK TEST	23
NEVANAC	35
NEXICLON XR	17
NEXLETOL	17
NEXLIZET	17
niacin (antihyperlipidemic)	17
niacin er (antihyperlipidemic)	17
niacor	17
NIASPAN	17
nifedipine er	17
nifedipine er osmotic release	17
nifedipine oral	17
nikki	31
nitisinone	28
NITRO-BID	17
NITRO-DUR	18
NITRO-TIME	18
nitrofurantoin macrocrystal	10
nitrofurantoin monohydrate macrocrystals	10
nitroglycerin sublingual	18
nitroglycerin transdermal	18
nitroglycerin translingual	18
NITROLINGUAL	18
NITROMIST	18
NITROSTAT	18
NITYR	28
NOCDURNA	32
nora-be	31
NORDITROPIN FLEXPEN	32
norethin ace-eth estrad-fe oral capsule	31
norethin ace-eth estrad-fe oral tablet	31
norethindrone acet-ethinyl est	31
norethindrone acetate oral	31

norethindrone oral	31
norgestimate-eth estradiol	31
norgestimate-ethinyl estradiol triphasic	31
NORITATE	21
NORLIQVA	18
norlyda	31
norlyroc	31
nortrel 0.5/35 (28)	31
nortrel 1/35 (21)	31
nortrel 1/35 (28)	31
nortriptyline hcl oral	12
NORVASC	18
NORVIR ORAL PACKET	15
NORVIR ORAL SOLUTION	15
NORVIR ORAL TABLET	15
NOURIANZ	14
NOVAREL	34
NOVOEIGHT	26
NOVOFINE AUTOCOVER PEN NEEDLE	23
NOVOFINE PEN NEEDLE	23
NOVOFINE PLUS PEN NEEDLE	23
NOVOLIN 70/30 FLEXPEN	25
NOVOLIN 70/30 FLEXPEN RELION	25
NOVOLIN 70/30 RELION	25
NOVOLIN 70/30 VIAL	25
NOVOLIN N FLEXPEN	25
NOVOLIN N FLEXPEN RELION	25
NOVOLIN N RELION	25
NOVOLIN N VIAL	25
NOVOLIN R FLEXPEN	25
NOVOLIN R FLEXPEN RELION	25
NOVOLIN R RELION	25
NOVOLIN R VIAL	25
NOVOLOG FLEXPEN	25
NOVOLOG FLEXPEN RELION	25
NOVOLOG PENFILL	25
NOVOLOG RELION	25
NOVOLOG U-100 VIAL	25
np thyroid	33
NUBEQA	14
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	38

NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE . . .	38
NUCYNTA	8
NUCYNTA ER	8
NUDEXTA	19
NULEV	28
NUTROPIN AQ NUSPIN 10	32
NUTROPIN AQ NUSPIN 20	32
NUTROPIN AQ NUSPIN 5	32
NUVARING	31
NUVESSA	10
NUWIQ INTRAVENOUS KIT	26
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED	26
NUZYRA ORAL	10
nyamyc	13
nylia 1/35	31
nymyo	31
nystatin external	13
nystatin mouth/throat	13
nystop	13

O

ocella	31
OCUFLOX	35
ODEFSEY	15
ODOMZO	14
ofloxacin ophthalmic	35
ofloxacin otic	36
olanzapine oral	15
olmesartan medoxomil oral	18
olmesartan medoxomil-hctz	18
olopatadine hcl ophthalmic solution 0.1 %	35
olopatadine hcl ophthalmic solution 0.2 %	35
OLUMIANT ORAL TABLET 1 MG . . .	34
OLUMIANT ORAL TABLET 2 MG . . .	34
OLUMIANT ORAL TABLET 4 MG . . .	34
OLUX	21
OMECLAMOX-PAK	27
omega-3-acid ethyl esters	18
omeprazole oral capsule delayed release	27
OMEPRAZOLE+SYRSPEND SF ALKA	27

OMNARIS	37
OMNIPOD 5 G5 INTRO KIT (Gen 5) .	23
OMNIPOD 5 G6 PODS (Gen 5)	23
OMNITROPE	32
ondansetron hcl oral	13
ondansetron odt	13
ONETOUCH CLUB LANCETS FINE PT	23
ONETOUCH DELICA LANCETS 30G	23
ONETOUCH DELICA LANCETS 33G	23
ONETOUCH DELICA PLUS LANCET30G	23
ONETOUCH DELICA PLUS LANCET33G	23
ONETOUCH FINEPOINT LANCETS .	23
ONETOUCH SOLUTIONS STARTER KIT	23
ONETOUCH SURESOFT LANCING DEV	23
ONETOUCH ULTRA 2 KIT W/DEVICE	24
ONETOUCH ULTRA MINI KIT W/DEVICE	24
ONETOUCH ULTRA TEST STRIPS . .	24
ONETOUCH ULTRASOFT LANCETS	24
ONETOUCH VERIO FLEX SYSTEM . .	24
ONETOUCH VERIO IQ SYSTEM . . .	24
ONETOUCH VERIO KIT W/DEVICE .	24
ONETOUCH VERIO REFLECT KIT W/DEVICE	24
ONETOUCH VERIO TEST STRIPS . .	24
ONGLYZA	25
ONZETRA XSAIL	13
OPSUMIT	38
OPTIUMEZ TEST	24
ORAPRED ODT	32
ORENCIA CLICKJECT	34
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	34
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML	34
ORFADIN ORAL CAPSULE	28
ORFADIN ORAL SUSPENSION	28

ORGOVYX	14
ORIAHNN	32
ORILISSA	32
ORTIKOS	35
OSCIMIN	28
oseltamivir phosphate oral capsule .	15
oseltamivir phosphate oral suspension reconstituted	15
OSENI	25
OSPHENA	26
OTEZLA	34
OTREXUP	34
OXAYDO	8
oxcarbazepine	11
OXTELLAR XR	11
oxybutynin chloride er	28
oxybutynin chloride oral	28
OXYCODONE HCL ER	8
oxycodone hcl oral capsule	8
oxycodone hcl oral concentrate 100 mg/5ml	8
oxycodone hcl oral solution	8
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	8
oxycodone hcl oral tablet 5 mg	8
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION	8
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	8
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	8
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	8
OXYCONTIN	8
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	26
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	26
OZOBAX	39

P

PACERONE ORAL TABLET 100 MG, 400 MG	18
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PACERONE ORAL TABLET		PREMPRO	31
200 MG.	18	PRENA1 PEARL	27
PAMELOR	12	PREVIDENT 5000 BOOSTER PLUS	20
PANCREAZE	28	PREVIDENT 5000 DRY MOUTH	20
pantoprazole sodium oral	27	PREVIDENT 5000 ORTHO DEFENSE	20
PARADIGM REAL-TIME TRANSMITTER	24	PREVIDENT 5000 PLUS	20
paroxetine hcl	12	PREVIDENT DENTAL	20
paroxetine hcl er	12	PREVIDENT MOUTH/THROAT	20
PAXIL CR	12	PREZCOBIX	15
PAXIL ORAL SUSPENSION	12	PRISTIQ	12
PAXIL ORAL TABLET	12	PROAIR HFA	37, 38
PEDIAPRED	32	PROAIR RESPICLICK	38
peg-3350/electrolytes	28	PROCARDIA XL	18
peg-3350/electrolytes/ascorbat	28	PROCENTRA	19
peg-kcl-nacl-nasulf-na asc-c	28	prochlorperazine maleate oral	13
penicillamine oral capsule	28	PROCORT	35
penicillamine oral tablet	28	PROCTOFOAM HC	35
penicillin v potassium	10	progesterone oral	31
PENLET II BLOOD SAMPLER	24	PROGRAF ORAL	34
PENLET II REPLACEMENT CAP	24	PROLATE	8
PENNSAID	9	promethazine hcl oral solution	37
PENTASA	35	promethazine hcl oral syrup	37
PERCOCET	8	promethazine hcl oral tablet	13
PERFOROMIST	38	promethazine hcl rectal	13
PERIDEX	20	promethazine-codeine	37
periogard	20	promethazine-dm	37
permethrin external	14	promethegan	13
PERTZYE	28	propranolol hcl er	18
phenazo oral tablet 200 mg	28	propranolol hcl oral	18
phenazopyridine hcl oral tablet 100 mg, 200 mg	28	PROSCAR	28
philith	31	PROTONIX ORAL PACKET	27
pimecrolimus	21	PROTONIX ORAL TABLET DELAYED RELEASE	27
pimtreea	31	PROVENTIL HFA	37, 38
pioglitazone hcl	26	PROVERA	29, 31
pirmella 1/35	31	PROVIGIL	39
PLAQUENIL	14	PROZAC	12
PLAVIX	14	pseudoephedrine-bromphen-dm	37
PLEGRIDY INTRAMUSCULAR	19	PSS SELECT PLATFORMS	24
PLEGRIDY STARTER PACK	19	PULMICORT FLEXHALER	38
PLEGRIDY SUBCUTANEOUS	19	PULMICORT SUSPENSION	38
PLENVU	28	PULMOZYME	38
PLEXION	21	PURIXAN	14
PLEXION CLEANSER	21	PYLERA	27
PLEXION CLEANSING CLOTH	21		
POLY-VI-FLOR	27		
polymyxin b-trimethoprim	35		
POLYTRIM	35		
portia-28	31		
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	27		
potassium chloride crys er oral tablet extended release 15 meq	27		
potassium chloride er	27		
potassium chloride oral packet	27		
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	27		
potassium citrate er	27		
PRADAXA	11		
PRALUENT	18		
pramipexole dihydrochloride	14		
pramipexole dihydrochloride er	14		
pravastatin sodium	18		
prazosin hcl oral	18		
PRECISION XTRA	24		
PRECISION XTRA BLOOD GLUCOSE	24		
PRED FORTE	35		
PRED MILD	35		
prednisolone acetate ophthalmic	35		
prednisolone oral	32		
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	32		
prednisolone sodium phosphate oral solution 15 mg/5ml	32		
prednisolone sodium phosphate oral tablet dispersible	32		
prednisone intensol	32		
prednisone oral	32		
pregabalin	19		
pregabalin er	19		
PREGNYL	34		
PREMARIN ORAL	31		
PREMARIN VAGINAL	31		
PREMIUM BLOOD GLUCOSE TEST	24		
premium lidocaine	8		
PREMPHASE	31		



PYRIDIDIUM 28

Q

QBRELIS 18

QDOLO 8

QUARTETTE 31

QUDEXY XR 11

quetiapine fumarate 15

quetiapine fumarate er 15

QUFLORA PEDIATRIC 27

QUILLICHEW ER 19

QUILLIVANT XR 19

quinapril hcl 18

QUINTET AC BLOOD GLUCOSE ... 24

QUINTET AC BLOOD GLUCOSE
TEST 24

QUINTET BLOOD GLUCOSE
SYSTEM 24

QUINTET BLOOD GLUCOSE TEST . 24

QVAR REDIHALER 38

R

RABEPRAZOLE SODIUM ORAL
CAPSULE SPRINKLE 27

rabeprazole sodium oral tablet
delayed release 27

ramipril 18

RANEXA 18

ranolazine er 18

RAPAMUNE ORAL SOLUTION 34

RAPAMUNE ORAL TABLET 34

RASUVO 34

RAYOS 32

REBIF 19

REBIF REBIDOSE 19

REBIF REBIDOSE TITRATION
PACK 19

REBIF TITRATION PACK 19

reclipsen 31

RECOMBINATE 26

REDITREX 34

REGLAN 13

RELAFEN 9

RELAFEN DS 9

relexxii 19

RELION TRUE MET AIR GLUC
METER 24

RELION TRUE METRIX TEST
STRIPS 24

RELION ULTIMA GLUCOSE
SYSTEM 24

RELION ULTIMA TEST 24

RELPAK 13

RELTONE 28

REMERON 12

REMERON SOLTAB ORAL TABLET
DISPERSIBLE 15 MG, 30 MG 12

REMODULIN 38

REPATHA 18

REPATHA PUSHTRONEX SYSTEM. . 18

REPATHA SURECLICK 18

RESTASIS 36

RESTASIS MULTIDOSE 36

RESTORIL 39

RETACRIT INJECTION SOLUTION . 26

RETIN-A 21

REVLIMID 14

REXULTI 15

RHOFADE 21

RHOPRESSA 36

RILUTEK 19

riluzole 19

RINVOQ 34

RIOMET 26

RISPERDAL 15

risperidone 15

RITALIN 19

RITALIN LA 19

ritonavir 15

rivelsa 31

rizatriptan benzoate 13

ROCALTROL 35

ROCKLATAN 36

ropinirole hcl 14

ropinirole hcl er 14

rosadan external cream 21

rosadan external gel 21

rosuvastatin calcium 18

roweepra 11

ROXICODONE ORAL TABLET
15 MG, 30 MG 8

ROXICODONE ORAL TABLET 5 MG . 8

ROXYBOND ORAL TABLET
ABUSE-DETERRENT 15 MG, 30 MG . 8

ROXYBOND ORAL TABLET
ABUSE-DETERRENT 5 MG 8

RUCONEST 34

RUKOBIA 15

RYBELSUS 26

RYTARY 14

S

SAFYRAL 31

sajazir 34

SANTYL 21

SAPHRIS 15

scopolamine 13

SEASONIQUE 31

SEREVENT DISKUS 38

SERNIVO 21

SEROQUEL 15

SEROQUEL XR 15

SERTRALINE HCL ORAL CAPSULE. 12

sertraline hcl oral concentrate 12

sertraline hcl oral tablet 12

setlakin 31

sf 20, 27

sf 5000 plus 20

SFROWASA 35

sharobel 31

sildenafil citrate oral tablet 100 mg,
25 mg, 50 mg 26

simliya 31

simpesse 31

SIMPONI 34

simvastatin oral tablet 10 mg,
20 mg, 40 mg, 5 mg 18

simvastatin oral tablet 80 mg 18

SINEMET 14

SINGULAIR ORAL PACKET 38

SINGULAIR ORAL TABLET 38

SINGULAIR ORAL TABLET
CHEWABLE 38

sirolimus oral 34

SITAVIG 15



SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	34	sulfacetamide sodium-sulfur external liquid	21	TAKHZYRO	34
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.	34	sulfacetamide sodium-sulfur external lotion	21	TAMIFLU ORAL CAPSULE.	15
SOAANZ.	18	sulfacetamide sodium-sulfur external pad	22	TAMIFLU ORAL SUSPENSION RECONSTITUTED.	15
sodium fluoride 5000 plus	20	sulfacetamide sodium-sulfur external suspension 10-5 %, 8-4 %	22	tamoxifen citrate oral tablet 10 mg	14
sodium fluoride 5000 ppm.	20	SULFACLEANSE 8/4.	22	tamoxifen citrate oral tablet 20 mg	14
sodium fluoride dental	20	sulfamethoxazole-trimethoprim oral	10	tamsulosin hcl	28
sodium fluoride mouth/throat	20	sulfamez wash	22	TAPERDEX 12-DAY	32
SOFOSBUVIR-VELPATASVIR.	15	sulfasalazine oral.	35	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG.	32
SOLQUA	26	sulfatrim pediatric	10	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	32
SOLODYN	10	SUMADAN WASH	22	TAPERDEX 7-DAY	32
SOLTAMOX	14	sumatriptan succinate oral	13	TARGADOX	11
SOMA	39	sumatriptan succinate refill subcutaneous solution cartridge.	13	TARGRETIN	14
SOMATULINE DEPOT.	32	sumatriptan succinate subcutaneous	13	tarina 24 fe	31
SOOLANTRA.	21	SUMAXIN	22	tarina fe 1/20	31
sotalol hcl oral	18	SUNOSI	39	tarina fe 1/20 eq.	31
SOTYLIZE.	18	SUPARTZ FX	9	TARPEYO	35
SPIRIVA HANDIHALER.	38	SUPREP BOWEL PREP KIT	28	TASIGNA	14
SPIRIVA RESPIMAT	38	SURESTEP PRO LINEARITY	24	TAVALISSE.	26
spironolactone oral	18	syeda	31	taysofy	31
sprintec 28	31	SYMBICORT	38	TAYTULLA	31
SPRITAM	11	SYMFI	15	tazarotene external cream	22
SPRIX	9	SYMFI LO	15	TAZORAC EXTERNAL CREAM.	22
sronyx.	31	SYMJEPI.	36	TAZORAC EXTERNAL GEL 0.05 %	22
sss 10-5	21	SYMLINPEN 120	26	TAZORAC EXTERNAL GEL 0.1 %	22
STELARA SUBCUTANEOUS	34	SYMLINPEN 60	26	TEGRETOL.	11
STENDRA.	26	SYMPROIC.	28	TEGRETOL-XR.	12
STIMATE.	32	SYNALAR.	22	TEGSEDI.	28
STIOLTO RESPIMAT	38	SYNJARDY.	26	TEKTURNA	18
STIVARGA	14	SYNJARDY XR.	26	TEKTURNA HCT	18
STRATTERA	19	SYNOJOYNT	9	telmisartan	18
STRENSIQ	28	SYNTHROID.	33	telmisartan-hctz.	18
STRIBILD	15	SYPRINE.	28	temazepam	39
STRIVERDI RESPIMAT	38			tenofovir disoproxil fumarate	15
SUBOXONE	10			TENORETIC 100	18
SUBSYS	9			TENORETIC 50	18
subvenite	11			TENORMIN	18
subvenite starter kit-blue	11			terazosin hcl.	28
subvenite starter kit-green	11			terbinafine hcl oral.	13
subvenite starter kit-orange	11			terconazole	13
sucralfate oral	27			TERIPARATIDE (RECOMBINANT).	35
sulfacetamide sod-sulfur wash	22			TESTIM.	33
sulfacetamide sodium-sulfur external cream.	21				

T

TACLONEX EXTERNAL OINTMENT	22
TACLONEX EXTERNAL SUSPENSION	22
tacrolimus external	22
tacrolimus oral.	34
tadalafil oral	26



testosterone cypionate intramuscular	33	torsemide	18	triamcinolone acetonide external lotion	22
testosterone transdermal	33	TOUJEO MAX SOLOSTAR	25	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	22
TEXACORT	22	TOUJEO SOLOSTAR	25	triamcinolone acetonide external ointment 0.05 %	22
THALITONE	18	TOVIAZ	28	triamcinolone in absorbbase	22
THIOLA	28	TRACLEER	38	triamterene-hctz	18
THIOLA EC	28	TRADJENTA	26	TRIANEX	22
THYQUIDITY	33	tramadol hcl er (biphasic)	9	triazolam	16
TIGLUTIK	19	TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	9	TRICOR	18
timolol maleate (once-daily)	36	tramadol hcl er oral tablet extended release 24 hour	9	triderm	22
timolol maleate ocudose	36	TRAMADOL HCL ORAL SOLUTION	9	TRIDESILON	22
timolol maleate ophthalmic	36	tramadol hcl oral tablet	9	trientine hcl	28
timolol maleate pf	36	TRANSDERM-SCOP	13	TRIJARDY XR	26
TIMOPTIC	36	TRAVATAN Z	36	TRILEPTAL	12
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %	36	travoprost (bak free)	36	TRILURON	9
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 %	36	trazodone hcl oral	12	TRINTELLIX	12
TIMOPTIC-XE	36	TRELEGY ELLIPTA	38	tritocin	22
TIROSINT	33	TREMFYA	34	TRIUMEQ	15
TIROSINT-SOL	33	treprostinil	38	TRIUMEQ PD	15
TIVICAY	15	TRESIBA	25	TROKENDI XR	12
TIVICAY PD	15	TRESIBA FLEXTOUCH	25	TRUE FOCUS BLOOD GLUCOSE STRIP	24
TIVORBEX	9	tretinoin external cream	22	TRUE METRIX AIR GLUCOSE METER	24
tizanidine hcl oral	39	tretinoin external gel 0.01 %, 0.025 %	22	TRUE METRIX BLOOD GLUCOSE TEST	24
TOBI NEBULIZATION SOLUTION 300 MG/5ML INHALATION 300 MG/5ML	38	TREXALL	34	TRUE METRIX GO GLUCOSE METER	24
TOBI PODHALER	38	TREZIX	9	TRUE METRIX METER KIT	24
TOBRADEX OPHTHALMIC OINTMENT	35	tri femynor	31	TRUE METRIX PRO BLOOD GLUCOSE	24
TOBRADEX OPHTHALMIC SUSPENSION	35	tri-estarylla	31	TRUETRACK BLOOD GLUCOSE DEVICE	24
TOBRADEX ST	35	tri-linyah	31	TRUETRACK TEST	24
tobramycin inhalation nebulization solution 300 mg/4ml	38	tri-lo-estarylla	31	TRULICITY	26
tobramycin nebulization solution 300 mg/5ml inhalation	38	tri-lo-marzia	31	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	15
tobramycin ophthalmic	35	tri-lo-mili	31	TRUVADA ORAL TABLET 200-300 MG	15
tobramycin-dexamethasone	35	tri-lo-sprintec	31	tyblume	31
TOBREX	35	tri-mili	31	tydemy	31
TOPAMAX	12	tri-nymyo	31	TYMLOS	35
TOPAMAX SPRINKLE	12	tri-sprintec	31	TYRVAYA	36
topiramate er	12	tri-vylibra	31	TYVASO DPI MAINTENANCE KIT	38
topiramate oral	12	tri-vylibra lo	31		
TOPROL XL	18	triamcinolone acetonide external aerosol solution	22		
		triamcinolone acetonide external cream	22		

TYVASO DPI TITRATION KIT	38
TYVASO INHALATION POWDER . . .	38
TYVASO INHALATION SOLUTION . .	38
TYVASO REFILL	38
TYVASO STARTER	38

U

UBRELVY	13
UCERIS ORAL	35
UCERIS RECTAL	35
ULORIC	13
ULTRAM	9
UNISTRIP1 GENERIC	24
unithroid	33
UROCIT-K 10	27
UROCIT-K 15	27
UROCIT-K 5	27
UROXATRAL	28
URSO 250	28
URSO FORTE	28
URSODIOL ORAL CAPSULE 200 MG, 400 MG	28
ursodiol oral capsule 300 mg	28
ursodiol oral tablet	28

V

VAGIFEM	31
valacyclovir hcl oral	15
VALIUM	16
VALSARTAN ORAL SOLUTION	18
valsartan oral tablet	18
valsartan-hydrochlorothiazide	18
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	12
VALTREX	15
VANADOM	39
vandazole	11
VANOS	22
varenicline tartrate	10
VASCEPA	18
VASOTEC	18
VECTICAL	22
VELPHORO	28
VELTASSA	27
VEMLIDY	15

venlafaxine hcl	12, 13
venlafaxine hcl er oral capsule extended release 24 hour	12
venlafaxine hcl er oral tablet extended release 24 hour	13
VENTOLIN HFA	37, 38
verapamil hcl er	18
verapamil hcl oral	18
VERDESO	22
VERELAN	18
VERELAN PM	18
VERKAZIA	36
VERQUVO	18
VERZENIO	14
vestura	31
VIAGRA	26
VIBERZI	28
VIBRAMYCIN ORAL CAPSULE	11
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	11
VICTOZA SOLUTION PEN- INJECTOR 18 MG/3ML SUBCUTANEOUS	26
vienna	31
VIGAMOX	35
VIIBRYD	13
VIIBRYD STARTER PACK	13
vilazodone hcl	13
VIMPAT ORAL	12
VIOKACE	28
viorele	31
VIREAD ORAL POWDER	15
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	15
VIREAD ORAL TABLET 300 MG . . .	15
VISTARIL	16
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	27
VITAPEARL	27
VITRAKVI	14
VIVELLE-DOT	29-31
VOGELXO	33
VOGELXO PUMP	33
volnea	31

VORTEX VALVED HOLDING CHAMBER	38
VOSEVI	15
VRAYLAR ORAL CAPSULE	15
VTOL LQ	9
vyfemla	32
VYLEESI	26
vylibra	32
VYTORIN	18
VYVANSE	19
VYZULTA	36

W

WAKIX	39
warfarin sodium oral	11
WELCHOL	18
WELLBUTRIN SR	13
WELLBUTRIN XL	13
wera	32
WILATE	26
wixela inhub	38
WYNZORA	22

X

XALATAN	36
XANAX	16
XANAX XR	16
XARELTO	11
XARELTO STARTER PACK	11
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	12
XELJANZ	34
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	34
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	34
XELODA	14
XELPROS	36
XENLETA ORAL	11
XEPI	11
XHANCE	37
XIIDRA	36
XIMINO	11
XOFLUZA (40 MG DOSE)	16



XOFLUZA (80 MG DOSE)	16	ZIPSOR.	9
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE. . .	34	ZITHROMAX ORAL.	11
XOLEGEL	13	ZITHROMAX TRI-PAK.	11
XOPENEX HFA.	38	ZITHROMAX Z-PAK.	11
XTAMPZA ER.	9	ZOCOR.	18
xulane	32	ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	14
XYREM	39	ZOLOFT	13
XYWAV	39	zolpidem tartrate	39

Y

YASMIN 28.	32	ZOLPIMIST.	39
YAZ	32	ZOMACTON.	32
YUPELRI.	38	ZOMIG NASAL SOLUTION 2.5 MG. .	14
yuvafem	32	ZOMIG NASAL SOLUTION 5 MG . .	14

Z

zafemy	32	ZONEGRAN	12
ZANAFLEX.	39	zonisamide oral	12
ZARXIO	26	ZONTIVITY.	14
ZCORT 7-DAY	32	ZOVIRAX ORAL.	16
ZEBUTAL	9	ZTLIDO.	9
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	26	ZUBSOLV.	10
ZEJULA	14	zumandimine	32
ZELNORM	28	ZYCLARA.	22
ZEMBRACE SYMTOUCH.	13	ZYCLARA PUMP.	22
zenatane.	22	ZYLET.	35
ZENPEP	28	ZYLOPRIM.	13
ZENZEDI.	19	ZYPREXA ORAL	15
ZEPATIER.	16	ZYPREXA ZYDIS.	15
ZEPOSIA	19		
ZEPOSIA 7-DAY STARTER PACK . . .	19		
ZEPOSIA STARTER KIT	19		
ZESTORETIC	18		
ZESTRIL	18		
ZETIA	18		
ZETONNA.	37		
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG.	18		
ZIAC ORAL TABLET 5-6.25 MG . . .	18		
ZIEXTENZO	26		
ZILXI	22		
ZIMHI	10		
ziprasidone hcl.	15		



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Washington, D.C. 20201

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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 कॉल करें।

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

ចំណាប់អារម្មណ៍: បច្ចេកវិទ្យាសាស្ត្រកម្ពុជា (Khmer) សង្គមនិងវប្បធម៌ខ្មែរ គឺមានសំណុំអក្សរ។ សម្រាប់ព័ត៌មានលម្អិតអំពីការអភិវឌ្ឍន៍បច្ចេកវិទ្យាសាស្ត្រកម្ពុជា សូមទស្សនាគេហទំព័ររបស់យើង។

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.

Díí BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yánilti'go, saad bee áka'anída'awo'ígíí, t'áa jíik'eh, bee ná'ahóót'i'. T'áa shq'odí ninaaltsoos nít'i'zí bee néehozinígíí bine'dęę t'áa jíik'ehgo béesh bee hane'i biká'ígíí bee hodíilnih.

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

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