



Your 2023 Prescription Drug List

Traditional 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, River Valley, Oxford, and Student Resources medical plans with a pharmacy benefit subject to the Traditional 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
Anti-Parkinson’s Agents	
Drugs for Parkinson’s Disease	14
Antiplatelets	
Drugs for Heart Attack and Stroke Prevention	15
Antipsychotics	
Drugs for Mood Disorders	15
Antivirals	
Drugs for Viral Infections	15
Anxiolytics	
Drugs for Anxiety	16
Bipolar Agents	
Drugs for Mood Disorders	16
Cardiovascular Agents	
Drugs for Heart and Circulation Conditions	16
Central Nervous System Agents	
Drugs for Attention Deficit Disorder	19
Drugs for Multiple Sclerosis	19
Miscellaneous	19
Dental and Oral Agents	
Drugs for Mouth and Throat Conditions	20



Dermatological Agents	
Drugs for Skin Conditions	20
Diabetes	
Glucose Monitoring and Supplies	23
Insulin	25
Non-Insulin Agents	26
Drugs for Blood Disorders	26
Drugs for Sexual Dysfunction	27
Electrolytes / Vitamins	27
Gastrointestinal Agents	
Drugs for Acid Reflux and Ulcer	28
Drugs for Bowel, Intestine and Stomach Conditions	28
Genetic or Enzyme Disorder	
Drugs for Replacement, Modification, Treatment	29
Genitourinary Agents	
Drugs for Bladder, Genital and Kidney Conditions	29
Drugs for Prostate Conditions	29
Hormonal Agents	
Hormone Replacement and Birth Control	29
Oral Steroids	32
Other	33
Testosterone Replacement	33
Thyroid	33
Immunological Agents	
Drugs for Immune System Stimulation or Suppression	33
Infertility Agents	34
Inflammatory Bowel Disease Agents	35
Metabolic Bone Disease Agents	
Drugs for Osteoporosis	35
Ophthalmic Agents	
Drugs for Eye Allergy, Infection and Inflammation	35
Drugs for Glaucoma	36
Drugs for Miscellaneous Eye Conditions	36
Otic Agents	
Drugs for Ear Conditions	37
Respiratory	
Drugs for Anaphylaxis	37
Respiratory Tract / Pulmonary Agents	
Drugs for Allergies, Cough, Cold	37
Drugs for Asthma and COPD	37
Drugs for Cystic Fibrosis	38
Drugs for Pulmonary Hypertension	39
Skeletal Muscle Relaxants	
Drugs for Muscle Pain and Spasm	39
Sleep Disorder Agents	39
Index	40



Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

We review medications based on their total value, including effectiveness and safety, how much they cost, and the availability of alternative medications to treat the same or similar medical conditions. Certain medications may be excluded from coverage or be subject to prior authorization (sometimes referred to as precertification)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 2 or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

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

Who decides which medications are covered?

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

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

About this PDL

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



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lower-cost Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost Medications that provide good overall value. Mainly preferred brand-name 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. ⁴
QL	Quantity Limits —Specifies the largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program ⁵ —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. ⁶

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

4. For certain Student Resources plans, applies to specialty medications and topical retinoids only.

5. Not applicable to Oxford and Student Resources plans.

6. Not applicable to certain Student Resources 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	QL
bac	1	QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine	1	QL
CONZIP	E	QL
DILAUDID ORAL	E	
DUROLANE	E	
endocet	1	
ESGIC	3	QL
EUFLEXXA	E	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, ST, QL
FIORICET	3	QL
GELSYN-3	E	
GEN7T EXTERNAL PATCH	E	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	E	
hydrocodone bitartrate er oral capsule extended release 12 hour	1	PA, ST, QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	1	PA, ST, QL
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	1	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	
hydromorphone hcl er	1	PA, ST, QL
hydromorphone hcl oral	1	
hydromorphone hcl rectal	1	
HYSINGLA ER	E	PA, ST, QL
lidocaine external ointment 5 %	1	QL

Drug Name	Drug Tier	Requirements & Limits
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	
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	3	QL
NUCYNTA ER	3	PA, QL
OXAYDO	E	QL
OXYCODONE HCL ER	E	PA, ST, QL
oxycodone hcl oral capsule	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	
oxycodone hcl oral solution	1	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	
oxycodone hcl oral tablet 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION	E	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	E	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	E	QL
OXYCONTIN	E	PA, ST, QL
PERCOCET	E	
premium lidocaine	1	QL
PROLATE	E	
QDOLO	E	PA, QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	E	

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



Drug Name	Drug Tier	Requirements & Limits
ROXICODONE ORAL TABLET 5 MG	E	QL
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG	E	QL
ROXYBOND ORAL TABLET ABUSE-DETERRENT 5 MG	E	
SUBSYS	E	PA, QL
SUPARTZ FX	E	
SYNOJOYNT	E	
tramadol hcl er (biphasic)	1	(generic for Ryzolt), QL
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	E	(generic for Conzip), QL
tramadol hcl er oral tablet extended release 24 hour	1	(generic for Ultram ER), QL
TRAMADOL HCL ORAL SOLUTION	E	PA, QL
tramadol hcl oral tablet 100 mg	E	
tramadol hcl oral tablet 50 mg	1	
TREZIX	1	QL
TRILURON	E	
ULTRAM	E	
VTOL LQ	2	PA, QL
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	E	
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	

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

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



Drug Name	Drug Tier	Requirements & Limits
SPRIX	3	ST, QL
TIVORBEX	E	
ZIPSOR	E	
Anti-Addiction / Substance Abuse Treatment Agents		
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
KLOXXADO	2	QL
naloxone hcl injection	1	
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	2	QL
SUBOXONE	E	PA, QL
varenicline tartrate	1	PA, H
ZIMHI	2	QL
ZUBSOLV	1	QL
Antibacterials - Drugs for Infections		
ACTICLATE	E	
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
amoxicillin-potassium clavulanate er	E	
AUGMENTIN	E	
AUGMENTIN ES-600	E	
avidoxy	1	
azithromycin oral	1	
BACTRIM	3	
BACTRIM DS	3	
cefadroxil	1	
cefdinir	1	
cefuroxime axetil	1	
CENTANY	3	QL
CENTANY AT	E	
cephalexin	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	

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

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



Drug Name	Drug Tier	Requirements & Limits
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	E	
NUZYRA ORAL	3	QL
penicillin v potassium	1	
SOLODYN	E	PA
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
TARGADOX	E	
VANAZOLE	3	
VIBRAMYCIN ORAL CAPSULE	4	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	
XENLETA ORAL	3	
XEPI	3	QL
XIMINO	E	PA
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
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	QL
jantoven	1	
LOVENOX	E	QL
PRADAXA	3	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	PA
DEPAKOTE ER	3	PA
DEPAKOTE SPRINKLES	3	PA
divalproex sodium er	1	

Drug Name	Drug Tier	Requirements & Limits
divalproex sodium oral	1	
ELEPSIA XR	E	PA, ST
epitol	1	
EPRONTIA	E	PA
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	PA, ST
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL	3	PA
KEPPRA XR	3	PA
lacosamide oral	1	PA
LAMICTAL	3	PA
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG	3	PA
LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG	3	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	PA
LAMICTAL STARTER	3	PA
LAMICTAL XR	3	PA
lamotrigine er	1	PA, ST
lamotrigine oral kit	1	PA, ST
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	PA, 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, QL
NEURONTIN	3	PA
oxcarbazepine	1	
OXTELLAR XR	E	
QUDEXY XR	E	
roweepra	1	
SPRITAM	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
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL	3	
TEGRETOL-XR	3	
TOPAMAX	3	PA
TOPAMAX SPRINKLE	3	PA
topiramate er	E	ST
topiramate oral	1	
TRILEPTAL	3	PA
TROKENDI XR	E	
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	3	PA, QL
VIMPAT ORAL	3	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA
ZONEGRAN	3	PA
zonisamide oral	1	

Antidementia Agents - Drugs for Alzheimer's Disease and Dementia

ADLARITY	E	
ARICEPT	E	
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	E	
donepezil hcl oral tablet dispersible	1	

Antidepressants - Drugs for Depression

amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	
CELEXA	E	
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	E	
citalopram hydrobromide oral solution	1	

Drug Name	Drug Tier	Requirements & Limits
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	PA, QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL
duloxetine hcl oral capsule delayed release particles 40 mg	E	
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	1	
fluoxetine hcl oral tablet 60 mg	E	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	QL
FORFIVO XL	E	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	E	QL
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	

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



Drug Name	Drug Tier	Requirements & Limits
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	E	QL
VIIBRYD	E	QL
VIIBRYD STARTER PACK	3	
vilazodone hcl	1	QL
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
Antiemetics - Drugs for Nausea and Vomiting		
BONJESTA	E	PA
DICLEGIS	E	PA
doxylamine-pyridoxine	E	PA
GIMOTI	E	QL
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	E	
ondansetron hcl oral	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
promethegan	1	
REGLAN	3	
scopolamine	1	
TRANSDERM-SCOP	E	
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external	1	
ciclopirox treatment	E	
CRESEMBA INTRAVENOUS	E	
CRESEMBA ORAL	3	
DIFLUCAN	E	
EXTINA	3	ST
fluconazole oral	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	QL

Drug Name	Drug Tier	Requirements & Limits
ketoconazole external foam	1	ST
ketoconazole external shampoo	1	
ketodan external foam	1	ST
LOPROX EXTERNAL SHAMPOO	E	
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystop	1	QL
terbinafine hcl oral	1	QL
terconazole	1	
XOLEGEL	3	
Antigout Agents - Drugs for Gout		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	
colchicine oral tablet	E	
COLCRYS	E	
febuxostat	1	ST, QL
GLOPERBA	3	PA
MITIGARE	2	
ULORIC	E	ST, QL
ZYLOPRIM	3	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, ST, QL
AMERGE ORAL TABLET 1 MG, 2.5 MG	E	QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA, ST, QL
EMGALITY (300 MG DOSE)	2	PA, ST, QL
IMITREX ORAL	E	QL
IMITREX STATDOSE REFILL	E	QL
IMITREX STATDOSE SYSTEM	E	QL
MAXALT	E	QL
naratriptan hcl	1	QL
NURTEC ODT	2	PA, ST, QL
ONZETRA XSAIL	E	QL
RELPAK	E	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL

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
sumatriptan succinate refill subcutaneous solution cartridge	1	QL
sumatriptan succinate subcutaneous	1	QL
UBRELVY	2	PA, ST, QL
ZEMBRACE SYMTOUCH	E	QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	1	QL
Antineoplastics - Drugs for Cancer		
ALECENSA	2	PA, QL, SP
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
bexarotene external	E	QL, SP
bexarotene oral	E	SP
CALQUENCE	2	PA, QL, SP
capecitabine	1	QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA	2	PA, QL, SP
EXKIVITY	3	PA, QL, SP
FEMARA	E	
fluorouracil external solution	1	
GAVRETO	3	PA, QL, SP
IBRANCE	2	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL, SP
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
IMBRUVICA ORAL TABLET	2	PA, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	1	PA, QL, SP
letrozole oral	1	H-PA
LYNPARZA	2	PA, QL, SP
mercaptopurine oral	1	
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
PURIXAN	3	PA, SP
REVLIMID	2	PA, QL, SP
SOLTAMOX	E	
STIVARGA	2	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TARGRETIN EXTERNAL	1	QL, SP
TARGRETIN ORAL	1	SP
TASIGNA	2	PA, ST, QL, SP
UKONIQ	3	PA, QL
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XELODA	E	QL, SP
ZEJULA	2	PA, QL, SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	3	QL
atovaquone-proguanil hcl	1	
hydroxychloroquine sulfate oral	1	
ivermectin oral	1	PA, QL
KRINTAFEL	1	QL
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	PA
INBRIJA	3	PA, QL, SP
KYNMOBI	3	PA, QL, SP
MIRAPEX ER	E	
NOURIANZ	3	PA, QL
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	E	
ropinirole hcl	1	
ropinirole hcl er	E	
RYTARY	E	
SINEMET	3	

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



Drug Name	Drug Tier	Requirements & Limits
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	3	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
aripiprazole oral tablet dispersible	1	QL
asenapine maleate	E	QL
GEODON ORAL	E	QL
LATUDA	3	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	PA, 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

Drug Name	Drug Tier	Requirements & Limits
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	1	SP
EPCLUSA ORAL PACKET 150-37.5 MG	2	PA, QL, SP
EPCLUSA ORAL PACKET 200-50 MG	2	PA, QL, SP
EPCLUSA ORAL TABLET 200-50 MG	2	PA, QL, SP
EPCLUSA ORAL TABLET 400-100 MG	2	PA, QL, SP
GENVOYA	3	QL
HARVONI ORAL PACKET	2	PA, ST, QL, SP
HARVONI ORAL TABLET	2	PA, ST, QL, SP
ISENTRESS	2	
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET ORAL PACKET	2	PA, QL, SP
MAVYRET ORAL TABLET	2	PA, QL, SP
NORVIR ORAL PACKET	2	
NORVIR ORAL SOLUTION	2	
NORVIR ORAL TABLET	E	
ODEFSEY	3	QL
oseltamivir phosphate oral capsule	1	
oseltamivir phosphate oral suspension reconstituted	1	QL
PREZCOBIX	2	
ritonavir	1	
RUKOBIA	3	PA
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	3	QL
SYMFI	2	QL
SYMFI LO	2	QL
TAMIFLU ORAL CAPSULE	E	
TAMIFLU ORAL SUSPENSION RECONSTITUTED	E	QL
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	

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



Drug Name	Drug Tier	Requirements & Limits
TIVICAY PD	3	
TRIUMEQ	2	QL
TRIUMEQ PD	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	QL
VALTREX	E	QL
VEMLIDY	E	PA, ST, SP
VIREAD ORAL POWDER	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZEPATIER	2	PA, QL, SP
ZOVIRAX ORAL	3	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
bupirone hcl oral	1	
clonazepam oral	1	
diazepam intensol	1	
diazepam oral	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
LOREEV XR	E	
triazolam	1	
VALIUM	E	

Drug Name	Drug Tier	Requirements & Limits
VISTARIL	3	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	E	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTONE	E	
aliskiren fumarate	1	
ALTACE	E	
ALTOPREV	E	
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	

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



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CARDIZEM CD	E		gemfibrozil oral	1	
CARDIZEM LA	E		GONITRO	E	QL
CARDURA	3		guanfacine hcl	1	
CAROSPIR	3	PA	HEMANGEOL	E	
cartia xt	1		hydralazine hcl oral	1	
carvedilol	1		hydrochlorothiazide oral	1	
chlorthalidone	1		HYZAAR	E	
clonidine hcl oral	1		icosapent ethyl	E	PA
colesevelam hcl	1		INDERAL LA	E	
COREG	E		irbesartan	1	
CORGARD	3		irbesartan-hydrochlorothiazide	1	
CORLANOR	3	PA, QL	isosorb dinitrate-hydralazine	1	
COZAAR	E		isosorbide mononitrate	1	
CRESTOR	E	QL	isosorbide mononitrate er	1	
diltiazem hcl er	1		KAPSPARGO SPRINKLE	3	
diltiazem hcl er coated beads	1		labetalol hcl oral	1	
diltiazem hcl oral	1		LASIX	3	
dilt-xr	1		LIPITOR	E	QL
DIOVAN	E		LIPOFEN	E	
DIOVAN HCT	E		lisinopril oral	1	
doxazosin mesylate oral	1		lisinopril-hydrochlorothiazide	1	
EDARBI	3		LOPID	3	
EDARBYCLOR	3		LOPRESSOR	3	
enalapril maleate oral solution	1	PA	losartan potassium oral	1	
enalapril maleate oral tablet	1		losartan potassium-hctz	1	
ENTRESTO	3	PA, QL	LOTENSIN	3	
EPANED	3	PA	LOTENSIN HCT	3	
EXFORGE	E		LOTREL	E	
EZALLOR SPRINKLE	3	PA	lovastatin oral	1	H
ezetimibe	1		LOVAZA	E	
ezetimibe-simvastatin	1		matzim la	1	
fenofibrate oral capsule 150 mg, 50 mg	E		MAXZIDE	3	
fenofibrate oral tablet 120 mg, 40 mg, 48 mg	E		MAXZIDE-25	3	
fenofibrate oral tablet 145 mg, 160 mg, 54 mg	1		metoprolol succinate er	1	
FENOGLIDE	E		metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
flecainide acetate	1		metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
FLOLIPID	3	PA	MICARDIS	E	
furosemide oral	1		MINIPRESS	3	
			MULTAQ	3	PA

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



Drug Name	Drug Tier	Requirements & Limits
nadolol oral	1	
nebivolol hcl	E	
NEXICLON XR	E	
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
niacin (antihyperlipidemic)	E	
niacin er (antihyperlipidemic)	1	
niacor	E	
NIASPAN	E	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
NITRO-BID	2	
NITRO-DUR	3	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
nitroglycerin translingual	E	QL
NITROLINGUAL	E	QL
NITROMIST	3	QL
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, ST, QL
pravastatin sodium	1	
prazosin hcl oral	1	
PROCARDIA XL	E	
propranolol hcl er	1	
propranolol hcl oral	1	
QBRELIS	3	PA
quinapril hcl	1	
ramipril	1	
RANEXA	E	
ranolazine er	1	

Drug Name	Drug Tier	Requirements & Limits
REPATHA	2	PA, ST, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL
REPATHA SURECLICK	2	PA, ST, 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	
SOANZ	E	QL
sotalol hcl oral	1	
SOTYLIZE	3	PA
spironolactone oral	1	
TEKTURNA	3	
TEKTURNA HCT	3	
telmisartan	1	
telmisartan-hctz	1	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
THALITONE	E	
TOPROL XL	E	
toremide	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	

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
ZIAC ORAL TABLET 5-6.25 MG	3	
ZOCOR	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	1	QL
ADHANSIA XR	E	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	E	QL
APTENSIO XR	E	QL
atomoxetine hcl	1	QL
CONCERTA	1	QL
DEXEDRINE	E	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	QL
dextroamphetamine sulfate er	1	QL
dextroamphetamine sulfate oral solution	1	
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	
dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg	E	
FOCALIN	3	
FOCALIN XR	E	QL
guanfacine hcl er	1	QL
INTUNIV	E	QL
JORNAY PM	E	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)	E	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	

Drug Name	Drug Tier	Requirements & Limits
MYDAYIS	E	QL
PROCENTRA	3	
QUILLICHEW ER	E	QL
QUILLIVANT XR	E	QL
relexxii	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	3	QL
ZENZEDI	E	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	E	PA, QL, SP
AUBAGIO	3	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
dalfampridine er	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	PA, QL
LYRICA CR	E	ST, QL
NUDEXTA	2	PA, QL
pregabalin	1	QL

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



Drug Name	Drug Tier	Requirements & Limits
pregabalin er	E	ST, 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

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	

Drug Name	Drug Tier	Requirements & Limits
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	PA
accutane	1	
ACZONE	E	QL
ALA SCALP	3	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	
ALTRENO	E	PA, QL
amnestem	1	
AMZEEQ	3	PA, QL
ATRALIN	E	PA, QL
AVAR CLEANSER	3	
AVAR LS CLEANSER	E	
AVAR-E EMOLLIENT	3	
AVAR-E GREEN	3	
AVAR-E LS	3	
AVITA	E	PA, QL
azelaic acid external	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
bp 10-1	1	
calcipotriene-betameth diprop external ointment	E	QL
calcipotriene-betameth diprop external suspension	E	
calcitriol external	1	QL
CAPEX	2	
CARAC	E	
CIBINQO	2	PA, QL, SP
claravis	1	
CLEOCIN-T	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	QL
clindamycin phosphate external foam	1	
clindamycin phosphate external lotion	1	

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



Drug Name	Drug Tier	Requirements & Limits
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin phosphate gel 1 % external	E	QL
clindamycin phosphate gel 1 % external	1	QL
clobetasol propionate external cream	1	QL
clobetasol propionate external foam	E	QL
clobetasol propionate external gel	1	QL
clobetasol propionate external liquid	1	QL
clobetasol propionate external lotion	E	QL
clobetasol propionate external ointment	1	QL
clobetasol propionate external shampoo	E	QL
clobetasol propionate external solution	1	QL
CLOBEX	E	QL
CLOBEX SPRAY	E	QL
clodan external shampoo	E	QL
clotrimazole-betamethasone external cream	1	QL
clotrimazole-betamethasone external lotion	1	
dapsone external	1	QL
DERMA-SMOOTH/FS BODY	3	QL
DERMA-SMOOTH/FS SCALP	3	
desonide external cream	1	QL
desonide external gel	1	ST, QL
desonide external lotion	1	QL
desonide external ointment	1	QL
DESOWEN	3	QL
desrx	1	ST, QL
DIPROLENE	3	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP
EFUDEX	3	
ENSTILAR	3	QL
EUCRISA	3	ST, QL
EVOCLIN	3	
FINACEA	3	
fluocinolone acetonide body	1	QL
fluocinolone acetonide external	1	QL
fluocinolone acetonide scalp	1	
fluocinonide external cream 0.05 %	1	
fluocinonide external cream 0.1 %	E	QL
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
FLUOROPLEX EXTERNAL CREAM 1 %	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
imiquimod external cream 3.75 %	E	QL
imiquimod external cream 5 %	1	
imiquimod pump	E	QL
IMPEKLO	E	QL
IMPOYZ	E	QL
isotretinoin capsule 10 mg oral	E	PA
isotretinoin capsule 10 mg oral	1	
isotretinoin capsule 20 mg oral	E	PA
isotretinoin capsule 20 mg oral	1	
isotretinoin capsule 30 mg oral	E	PA
isotretinoin capsule 30 mg oral	1	
isotretinoin capsule 40 mg oral	E	PA
isotretinoin capsule 40 mg oral	1	
isotretinoin oral capsule 25 mg, 35 mg	E	PA

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



Drug Name	Drug Tier	Requirements & Limits
KENALOG EXTERNAL	E	QL
KLISYRI	3	ST, QL
METROCREAM	3	
METROGEL	E	
METROLOTION	3	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
metronidazole external gel 1 %	E	
metronidazole external lotion	1	
MIRVASO	3	PA, QL
mometasone furoate external	1	
myorisan	1	
neuac external gel	1	QL
NORITATE	E	
OLUX	E	QL
PICATO	3	QL
pimecrolimus	1	ST, QL
PLEXION	E	
PLEXION CLEANSER	E	
PLEXION CLEANSING CLOTH	E	
RETIN-A	E	PA, QL
RHOFADE	3	PA, QL
rosadan external cream	1	
rosadan external gel	1	
SANTYL	3	QL
SERNIVO	E	QL
SOOLANTRA	1	QL
sss 10-5	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external cream 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %, 9-4.5 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %	1	
sulfacetamide sodium-sulfur external lotion 9.8-4.8 %	E	

Drug Name	Drug Tier	Requirements & Limits
sulfacetamide sodium-sulfur external pad 10-4 %	1	
sulfacetamide sodium-sulfur external pad 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide sodium-sulfur external suspension 8-4 %	E	
sulfacetamide sod-sulfur wash	1	
SULFACLEANSE 8/4	E	
sulfamez wash	1	
SUMADAN WASH	E	
SUMAXIN	3	
SYNALAR	E	QL
TACLONEX EXTERNAL OINTMENT	E	QL
TACLONEX EXTERNAL SUSPENSION	1	
tacrolimus external	1	ST, QL
tazarotene external cream	1	PA, QL
TAZORAC	3	PA, QL
TEXACORT	2	
tretinoin external cream	1	QL
tretinoin external gel 0.01 %	E	QL
tretinoin external gel 0.025 %	E	
tretinoin external gel 0.05 %	E	PA, QL
triamcinolone acetonide external aerosol solution	1	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
triamcinolone in absorbbase	E	
TRIANEX	E	
triderm external cream 0.1 %	1	
triderm external cream 0.5 %	1	QL
TRIDESILON	1	QL
tritocin	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
VANOS	E	QL
VECTICAL	E	QL
VERDESO	E	QL
WYNZORA	E	QL
zenatane	1	
ZILXI	3	PA, ST, QL
ZYCLARA	E	QL
ZYCLARA PUMP	E	QL
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 TEST STRIPS	3	QL
ACCU-CHEK MULTICLIX LANCET KIT	1	
ACCU-CHEK MULTICLIX LANCETS	1	
ACCU-CHEK SAFE-T PRO LANCETS	1	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFT TOUCH LANCETS	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK SOFTCLIX LANCETS	1	
ACCUTREND GLUCOSE	E	QL
bd autoshield duo pen needles	2	
BD INSULIN SYRINGE U-500	2	
bd ultra-fine insulin syringes	2	
bd ultra-fine pen needles	2	
BD VEO INSULIN SYRINGE ULTRA-FINE	2	
BLOOD GLUCOSE TEST STRIPS	E	QL
CARETOUCH MONITOR SYSTEM	E	
CARETOUCH TEST	E	QL
CHEMSTRIP BG LOG BOOK	1	
CONTOUR MONITOR DEVICE	E	
CONTOUR MONITOR KIT W/DEVICE	E	
CONTOUR NEXT EZ KIT W/DEVICE	E	

Drug Name	Drug Tier	Requirements & Limits
CONTOUR NEXT GEN MONITOR	E	
CONTOUR NEXT LINK KIT W/DEVICE	3	
CONTOUR NEXT LINK KIT W/DEVICE	E	(Contour Next Link 24)
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE DEVICE	E	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT TEST STRIPS	2	QL
CONTOUR TEST STRIPS	E	QL
CVS ADVANCED GLUCOSE TEST	E	QL
CVS GLUCOSE METER TEST STRIPS	E	QL
D-CARE BLOOD GLUCOSE	E	QL
D-CARE GLUCOMETER	E	
DEXCOM G4 MOBILE RECEIVER	3	PA, QL
DEXCOM G4 PLATINUM	3	PA, QL
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT	3	PA, QL
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT/SHARE	3	PA, QL
DEXCOM G4 PLATINUM RECEIVER KIT	3	PA, QL
DEXCOM G4 PLATINUM RECEIVER KIT/SHARE	3	PA, QL
DEXCOM G4 PLATINUM SENSOR KIT	3	PA, QL
DEXCOM G4 PLATINUM TRANSMITTER KIT	3	PA, QL
DEXCOM G4 SENSOR	3	PA, QL
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	

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



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ENLITE GLUCOSE SENSOR	3	PA	ONETOUCH CLUB LANCETS FINE PT	1	
EQ BLOOD GLUCOSE TEST	E	QL	ONETOUCH DELICA LANCETS 30G	1	
FORTISCARE G1 TEST STRIP	E	QL	ONETOUCH DELICA LANCETS 33G	1	
FORTISCARE T1 GLUCOSE SYSTEM	E		ONETOUCH DELICA PLUS LANCET30G	1	(Onetouch Delica Plus Lancets)
FORTISCARE TEST	E	QL	ONETOUCH DELICA PLUS LANCET33G	1	(Onetouch Delica Plus Lancets)
FREESTYLE LIBRE 14 DAY READER	3	PA	ONETOUCH FINEPOINT LANCETS	1	
FREESTYLE LIBRE 14 DAY SENSOR	3	PA	ONETOUCH SOLUTIONS STARTER KIT	E	
FREESTYLE LIBRE 2 READER	3	PA	ONETOUCH SURESOFT LANCING DEV	1	
FREESTYLE LIBRE 2 SENSOR	3	PA	ONETOUCH ULTRA 2 KIT W/DEVICE	1	
FREESTYLE LIBRE 3 SENSOR	3	PA	ONETOUCH ULTRA MINI KIT W/DEVICE	1	
FREESTYLE LIBRE READER	3	PA, QL	ONETOUCH ULTRA TEST STRIPS	1	QL
FREESTYLE PRECISION NEO SYSTEM	E		ONETOUCH ULTRASOFT LANCETS	1	(Onetouch Ultrasoft Plus lancets)
FREESTYLE PRECISION NEO TEST	E	QL	ONETOUCH VERIO FLEX SYSTEM	1	
GENTLE-LET PLATFORMS	3		ONETOUCH VERIO IQ SYSTEM	1	
GLUCOCARD EXPRESSION TEST	E	QL	ONETOUCH VERIO KIT W/DEVICE	1	
GLUCOCARD SHINE TEST	E	QL	ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
GLUCOCARD VITAL TEST	E	QL	ONETOUCH VERIO TEST STRIPS	1	QL
GUARDIAN LINK 3 TRANSMITTER	3		OPTIUMEZ TEST	E	QL
GUARDIAN REAL-TIME REPLACE PED	3	PA	PARADIGM REAL-TIME TRANSMITTER	3	
GUARDIAN SENSOR (3)	3	PA	PENLET II BLOOD SAMPLER	1	
IN TOUCH	3		PENLET II REPLACEMENT CAP	3	
INSULIN PEN NEEDLES	2		PRECISION XTRA	E	
LANCETS	3		PRECISION XTRA BLOOD GLUCOSE	E	QL
MICRODOT TEST	E	QL	PREMIUM BLOOD GLUCOSE TEST	E	QL
MINILINK REAL-TIME TRANSMITTER	3		PSS SELECT PLATFORMS	3	
MM EASY TOUCH GLUCOSE METER	E		QUINTET AC BLOOD GLUCOSE	E	
NEUTEK 2TEK TEST	E	QL	QUINTET AC BLOOD GLUCOSE TEST	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE	2				
NOVOFINE PEN NEEDLE	2				
NOVOFINE PLUS PEN NEEDLE	2				
NOVOTWIST	2				
OMNIPOD 5 G6 INTRO KIT (Gen 5)	2	PA, QL			
OMNIPOD 5 G6 PODS (Gen 5)	2	PA, QL			

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

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

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
TRESIBA	E	QL
TRESIBA FLEXTOUCH	E	QL
Diabetes - Non-Insulin Agents		
ACTOS	E	QL
ADLYXIN	3	PA, ST, QL
ADLYXIN STARTER PACK	3	PA, ST, QL
ALOGLIPTIN BENZOATE	E	QL
ALOGLIPTIN-METFORMIN HCL	E	QL
ALOGLIPTIN-PIOGLITAZONE	E	QL
AMARYL	E	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE AUTOINJECTOR	2	PA, ST, QL
BYETTA 10 MCG PEN	2	PA, ST, QL
BYETTA 5 MCG PEN	2	PA, ST, QL
FARXIGA	E	ST, QL
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
glucagon emergency kit 1 mg injection 1 mg	1	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	E	QL
GLUCOTROL XL	3	
GLUMETZA	E	PA
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST, QL
JANUVIA	E	ST, QL
JARDIANCE	2	ST, QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KAZANO	2	QL
KOMBIGLYZE XR	2	QL
metformin hcl er	1	
metformin hcl er (mod)	E	PA
metformin hcl er (osm)	E	PA
metformin hcl oral solution	1	

Drug Name	Drug Tier	Requirements & Limits
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	E	
MOUNJARO	2	PA, ST, QL
NESINA	2	QL
ONGLYZA	2	QL
OSENI	2	QL
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	2	PA, ST, QL
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	2	PA, ST
pioglitazone hcl	1	QL
RIOMET	E	
RYBELSUS	2	PA, ST, QL
SOLIQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, ST, (2 Pak), QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, ST, (3 Pak), QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
ALPHANATE	2	SP
ARANESP (ALBUMIN FREE)	2	QL, SP
DOPTELET	3	PA, ST, QL, SP

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
ELOCTATE	3	PA, SP
EMPAVELI	2	PA, QL, SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
JIVI	3	PA, SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, QL, SP
NEULASTA	3	SP
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	2	SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT	2	
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	SP
TAVALISSE	3	PA, QL, SP
WILATE	2	SP
ZARXIO	2	SP
ZIEXTENZO	3	SP
Drugs for Sexual Dysfunction		
ADDYI	3	PA, QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	3	PA, QL
OSPHENA	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	3	PA, QL
tadalafil oral	1	QL
VIAGRA	E	QL
VYLEESI	3	PA, 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	
klor-con 10	1	
klor-con m10	1	
klor-con m15	3	
klor-con m20	1	
K-TAB	3	
LOKELMA	3	PA, QL
multi-vitamin/fluoride	1	
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 0.5 mg oral	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL	3	
multivitamin/fluoride tablet chewable 1 mg oral	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL	3	
MULTI-VIT-FLOR	3	
NASCOBAL	3	
POLY-VI-FLOR	3	
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	1	

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



Drug Name	Drug Tier	Requirements & Limits
potassium chloride crys er oral tablet extended release 15 meq	3	
potassium chloride er	1	
potassium chloride oral packet	1	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
potassium citrate er	1	
PRENA1 PEARL	3	
QUFLORA PEDIATRIC	3	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
VELTASSA	3	PA, QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITAPEARL	3	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
CARAFATE	E	
CYTOTEC	3	
DEXILANT	E	QL
DEXLANSOPRAZOLE	E	QL
famotidine oral suspension reconstituted	1	
FIRST-OMEPRAZOLE	3	PA
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
OMEPRAZOLE+SYRSPEND SF ALKA	3	PA
pantoprazole sodium oral packet	E	
pantoprazole sodium oral tablet delayed release	1	
PROTONIX ORAL	E	
PYLERA	3	QL
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	E	QL
rabeprazole sodium oral tablet delayed release	1	QL
sucralfate oral	1	

Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
ANASPAZ	2	
CLENPIQ	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ED-SPAZ	3	
gavilyte-c	1	H
gavilyte-g	1	QL, H
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GOLYTELY	3	QL
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
LEVBID	3	
LEVSIN ORAL	3	
LEVSIN/SL	3	
LINZESS	2	PA, QL
LOMOTIL	3	
MOTEGRITY	3	PA, QL
MOVIPREP	3	QL
NA SULFATE-K SULFATE-MG SULF	3	QL
NULEV	3	
OSCIMIN	3	
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	1	QL
peg-kcl-nacl-nasulf-na asc-c	1	QL
PLENVU	3	QL
RELTONE	E	
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
URSO 250	E	
URSO FORTE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	

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
VIBERZI	3	PA, QL
ZELNORM	3	PA, ST, QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	2	PA, SP
CREON	2	
CUPRIMINE	E	SP
DEPEN TITRATABS	2	SP
ENDARI	3	PA, QL
nitisinone	E	PA, SP
NITYR	E	PA
ORFADIN 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	E	
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	

Drug Name	Drug Tier	Requirements & Limits
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	
Hormonal Agents - Hormone Replacement and Birth Control		
afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
amethia	1	H
ANNOVERA	3	QL
apri	1	H
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

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



Drug Name	Drug Tier	Requirements & Limits
CLIMARA PRO	3	QL
cryselle-28	1	H
cyred	1	H
cyred eq	1	H
dasetta 1/35	1	H
daysee	1	H
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	3	QL
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	QL
DEPO-SUBQ PROVERA 104	2	QL
desogestrel-ethinyl estradiol	1	H
DIVIGEL	3	
dotti	1	QL
drospiren-eth estrad-levomefol	E	
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

Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	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	E	
femynor	1	H
gemmily	E	H
hailey 1.5/30	1	H
hailey 24 fe	1	
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	
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

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
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
larissia	1	H
lessina	1	H
levonorgest-eth est & eth est	E	
levonorgest-eth estrad 91-day	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
lutera	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	E	
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
MINASTRIN 24 FE	E	

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

Drug Name	Drug Tier	Requirements & Limits
zafemy	1	H
zumandimine	1	H
Hormonal Agents - Oral Steroids		
ALKINDI SPRINKLE	E	PA
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, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL
prednisolone sodium phosphate oral tablet dispersible	1	
prednisone intensol	1	
prednisone oral	1	
RAYOS	E	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
ZCORT 7-DAY	E	

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
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	PA, QL
NORDITROPIN FLEXPRO	2	PA, QL, SP
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP
OMNITROPE	E	PA, QL, SP
ORIAHNN	2	PA, QL
ORLISSA	2	PA, QL
SOMATULINE DEPOT	3	SP
STIMATE	3	
ZOMACTON	E	PA, QL, SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	PA, QL
ANDROGEL PUMP	E	PA, QL
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%)	E	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
FORTESTA	E	PA, QL
NATESTO	E	PA, QL
TESTIM	1	PA, QL
testosterone cypionate intramuscular	1	
testosterone transdermal	E	PA, QL

Drug Name	Drug Tier	Requirements & Limits
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	
CYTOMEL	E	
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	E	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
np thyroid	1	
SYNTHROID	E	
THYQUIDITY	E	PA
TIROSINT	E	
TIROSINT-SOL	2	PA
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADBRY	2	PA, SP
ASTAGRAF XL	E	
AZASAN	3	
azathioprine oral	1	
BERINERT	3	PA, ST, QL, SP
CELLCEPT	E	
CIMZIA	E	PA
CIMZIA PREFILLED KIT	2	PA, QL, SP
CIMZIA STARTER KIT	2	PA, QL, SP
CINRYZE	E	PA, QL, SP
COSENTYX (300 MG DOSE)	3	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	3	PA, ST, QL, SP

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
COSENTYX SENSOREADY (300 MG)	3	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	3	PA, ST, QL, SP
cyclosporine modified	1	
ENBREL MINI	3	PA, ST, QL, SP
ENBREL SUBCUTANEOUS SOLUTION	3	PA, ST, QL, SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, ST, QL, SP
ENBREL SURECLICK	3	PA, ST, QL, SP
ENVARUSUS XR	E	
FIRAZYR	E	PA, QL, SP
gengraf	1	
HAEGARDA	2	PA, QL, SP
HUMIRA	2	PA, QL, SP
HUMIRA PEDIATRIC CROHNS START	2	PA, QL, SP
HUMIRA PEN	2	PA, QL, SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA, QL, SP
HUMIRA PEN-PEDIATRIC UC START	2	PA, QL, SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA, QL, SP
HUMIRA PEN-PSOR/UVEIT STARTER	2	PA, QL, SP
icatibant acetate	1	PA, QL, SP
IMURAN	E	
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
methotrexate oral	1	
methotrexate sodium	1	
methotrexate sodium (pf)	1	
mycophenolate mofetil oral	1	
mycophenolate sodium	1	
MYFORTIC	E	
NEORAL	E	
OLUMIANT ORAL TABLET 1 MG	2	PA, QL, SP
OLUMIANT ORAL TABLET 2 MG	2	PA, QL, SP
OLUMIANT ORAL TABLET 4 MG	E	PA, SP

Drug Name	Drug Tier	Requirements & Limits
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
OTEZLA	2	PA, QL, SP
OTREXUP	E	QL
PROGRAF ORAL CAPSULE	3	
PROGRAF ORAL PACKET	3	PA
RAPAMUNE ORAL SOLUTION	3	
RAPAMUNE ORAL TABLET	E	
RASUVO	2	QL
REDITREX	E	QL
RINVOQ	2	PA, QL, SP
RUCONEST	3	PA, QL, SP
sajazir	E	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral	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
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL, SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	E	PA, SP
Infertility Agents		
CHORIONIC GONADOTROPIN INTRAMUSCULAR	1	SP
CRINONE	3	ST
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
fyremadel	1	QL, SP

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



Drug Name	Drug Tier	Requirements & Limits
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	
mesalamine oral	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	1	QL
ORTIKOS	E	
PENTASA	E	
PROCORT	E	
PROCTOFOAM HC	2	
SFROWASA	3	
sulfasalazine oral	1	
TARPEYO	3	PA, QL, SP
UCERIS ORAL	1	
UCERIS RECTAL	2	

Drug Name	Drug Tier	Requirements & Limits
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium	1	
BINOSTO	E	QL
BONIVA ORAL TABLET 150 MG	E	
calcitriol oral	1	
FORTEO	E	PA, ST, SP
FOSAMAX	3	
ibandronate sodium oral	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	E	
ALREX	3	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
CILOXAN	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	3	QL
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
KLARITY-A	E	
LASTACAFT	3	QL
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	E	
loteprednol etabonate ophthalmic suspension	1	QL
MAXITROL	3	
moxifloxacin hcl (2x day)	1	

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



Drug Name	Drug Tier	Requirements & Limits
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	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	1	
TOBREX	3	QL
VIGAMOX	E	
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
AZOPT	E	QL
BETIMOL	2	QL
bimatoprost ophthalmic	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	1	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	E	QL

Drug Name	Drug Tier	Requirements & Limits
brinzolamide	1	QL
COMBIGAN	1	QL
COSOPT	3	
COSOPT PF	E	QL
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	3	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic	1	
timolol maleate pf	1	
TIMOPTIC	3	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %	2	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 %	3	
TIMOPTIC-XE	3	
TRAVATAN Z	E	QL
travoprost (bak free)	E	QL
VYZULTA	E	ST, QL
XALATAN	E	
XELPROS	3	QL
ZIOPTAN	3	ST, QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
CEQUA	E	PA, QL
CYCLOSPORINE IN KLARITY	E	PA
cyclosporine ophthalmic	E	PA, QL
FLAREX	2	
RESTASIS	1	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	3	PA, QL
VERKAZIA	E	PA, QL
XIIDRA	3	PA, QL

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



Drug Name	Drug Tier	Requirements & Limits
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	QL
epinephrine injection solution auto-injector 0.15 mg/0.15ml	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
SYMJEPI	2	QL
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 oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
cyproheptadine hcl oral	1	
fluticasone propionate nasal	1	QL
hydrocodone polst-chlorphen polster susp	1	PA, QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral	1	
OMNARIS	E	QL
promethazine hcl oral solution	1	
promethazine hcl oral syrup	1	

Drug Name	Drug Tier	Requirements & Limits
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
XHANCE	E	QL
ZETONNA	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ADVAIR DISKUS	1	QL
ADVAIR HFA	3	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	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(ProAir HFA or Proventil HFA), QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(Ventolin HFA), QL
albuterol sulfate inhalation	1	
albuterol sulfate oral syrup	1	
albuterol sulfate oral tablet	1	PA
ALVESCO	E	QL
ANORO ELLIPTA	3	QL
ARCAPTA NEOHALER	3	
ARMONAIR DIGIHALER	E	QL
ARNUITY ELLIPTA	1	QL
ASMANEX (120 METERED DOSES)	E	QL
ASMANEX (14 METERED DOSES)	E	QL
ASMANEX (30 METERED DOSES)	E	QL
ASMANEX (60 METERED DOSES)	E	QL
ASMANEX HFA	E	QL
ATROVENT HFA	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).



Drug Name	Drug Tier	Requirements & Limits
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	1	QL
BUDESONIDE-FORMOTEROL FUMARATE	E	QL, RS
COMBIVENT RESPIMAT	3	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
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	QL
montelukast sodium oral	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA, QL, SP
PERFOROMIST	3	QL
PROAIR HFA	E	QL
PROAIR RESPICLICK	E	QL
PROVENTIL HFA	E	QL
PULMICORT FLEXHALER	1	QL
PULMICORT SUSPENSION	E	QL
QVAR REDHALER	E	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	E	QL
XOPENEX HFA	3	QL
YUPELRI	3	PA, QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	E	PA, QL, SP
BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
KITABIS PAK	E	PA, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI NEBULIZATION SOLUTION 300 MG/5ML INHALATION 300 MG/5ML	E	PA, QL, SP
TOBI NEBULIZATION SOLUTION 300 MG/5ML INHALATION 300 MG/5ML	E	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	1	PA, QL, SP

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



Drug Name	Drug Tier	Requirements & Limits
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	PA
TRACLEER	2	PA, QL, SP
treprostinil	E	PA
TYVASO DPI MAINTENANCE KIT	E	PA, SP
TYVASO DPI TITRATION KIT	E	PA, SP
TYVASO INHALATION POWDER	E	PA, SP
TYVASO INHALATION SOLUTION	2	PA, SP
TYVASO REFILL	2	PA, SP
TYVASO STARTER	2	PA, SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
AMRIX	E	
BACLOFEN ORAL SOLUTION	3	PA
baclofen oral tablet	1	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl er	E	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
FLEQSUVY	3	PA
LYVISPAH	E	
metaxalone	1	
methocarbamol oral	1	
OZOBAX	3	PA
SOMA	E	
tizanidine hcl oral	1	
VANADOM	E	
ZANAFLEX	3	

Drug Name	Drug Tier	Requirements & Limits
Sleep Disorder Agents		
AMBIEN	E	QL
AMBIEN CR	E	QL
BELSOMRA	3	ST, QL
DAYVIGO	3	ST, QL
EDLUAR	E	QL
eszopiclone	1	QL
LUNESTA	E	QL
modafinil	1	PA, QL
PROVIGIL	E	PA, QL
RESTORIL	3	
SUNOSI	3	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYREM	3	PA, QL, SP
XYWAV	3	PA, QL, SP
zolpidem tartrate er	1	QL
zolpidem tartrate oral	1	QL
zolpidem tartrate sublingual	E	QL
ZOLPIMIST	3	ST, QL

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



Index

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



ANALPRAM HC SINGLES	35
ANALPRAM-HC EXTERNAL CREAM	35
ANALPRAM-HC EXTERNAL LOTION	35
ANAPROX DS	9
ANASPAZ	28
anastrozole oral	14
ANDRODERM	33
ANDROGEL PUMP	33
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%)	33
ANNOVERA	29
ANORO ELLIPTA	37
apap-caff-dihydrocodeine	8
apri	29
APRISO	35
APTENSIO XR	19
ARAKODA	14
ARANESP (ALBUMIN FREE)	26
ARCAPTA NEOHALER	37
ARICEPT	12
ARIMIDEX	14
aripiprazole oral solution	15
aripiprazole oral tablet	15
aripiprazole oral tablet dispersible	15
ARMONAIR DIGIHALER	37
ARMOUR THYROID	33
ARNUITY ELLIPTA	37
ASACOL HD	35
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	29
AUSTEDO	19
AUVI-Q	37
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	35
AZULFIDINE EN-TABS	35
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	26
BAQSIMI TWO PACK	26
BARACLUDE ORAL SOLUTION	15
BARACLUDE ORAL TABLET	15
BASAGLAR KWIKPEN	25
bd autoshield duo pen needles	23
BD INSULIN SYRINGE U-500	23
bd ultra-fine insulin syringes	23
bd ultra-fine pen needles	23
BD VEO INSULIN SYRINGE ULTRA-FINE	23
BELBUCA	8
BELSOMRA	39
benazepril hcl oral	16
benazepril-hydrochlorothiazide	16
BENICAR	16
BENICAR HCT	16
benzonatate oral capsule 100 mg, 200 mg	37
benzonatate oral capsule 150 mg	37
BERINERT	33
BESIVANCE	35
betamethasone dipropionate aug.	20
betamethasone dipropionate external	20
BETAPACE	16
BETASERON	19
BETHKIS	38
BETIMOL	36
BEVESPI AEROSPHERE	38
bexarotene external	14
bexarotene oral	14
BEYAZ	29
BIDIL	16
BIJUVA	29
BIKTARVY	15
bimatoprost ophthalmic	36
BINOSTO	35



bisoprolol fumarate oral	16	CALAN SR.	16	chateal	29
bisoprolol-hydrochlorothiazide	16	calcipotriene-betameth diprop external ointment	20	chateal eq	29
blisovi 24 fe	29	calcipotriene-betameth diprop external suspension	20	CHEMSTRIP BG LOG BOOK	23
blisovi fe 1/20	29	calcitriol external	20	chlorhexidine gluconate mouth/ throat	20
blisovi fe 1.5/30.	29	calcitriol oral	35	chlorthalidone	17
BLOOD GLUCOSE TEST STRIPS	23	CALQUENCE	14	CHORIONIC GONADOTROPIN INTRAMUSCULAR.	34
BONIVA ORAL TABLET 150 MG	35	camila	29	CIALIS	27
BONJESTA	13	camrese.	29	CIBINQO	20
bosentan	39	camrese lo.	29	ciclodan	13
bp 10-1.	20	CANASA	35	ciclopirox external	13
BREO ELLIPTA	38	capecitabine	14	ciclopirox treatment	13
BREZTRI AEROSPHERE	38	CAPEX.	20	CILOXAN	35
briellyn	29	CARAC	20	CIMDUO	15
BRILINTA.	15	CARAFATE	28	CIMZIA.	33
brimonidine tartrate ophthalmic solution 0.15 %	36	carbamazepine er.	11	CIMZIA PREFILLED KIT	33
brimonidine tartrate ophthalmic solution 0.2 %	36	carbamazepine oral	11	CIMZIA STARTER KIT	33
brimonidine tartrate-timolol	36	CARBATROL.	11	CINRYZE	33
brinzolamide	36	carbidopa-levodopa.	14	CIPRO ORAL TABLET	10
BRIVIACT ORAL TABLET	11	carbidopa-levodopa er.	14	CIPRODEX	37
BRONCHITOL.	38	CARDIZEM	16, 17	ciprofloxacin hcl ophthalmic	35
BRONCHITOL TOLERANCE TEST	38	CARDIZEM CD	17	ciprofloxacin hcl oral	10
budesonide er.	35	CARDIZEM LA	17	ciprofloxacin-dexamethasone.	37
budesonide inhalation	38	CARDURA.	17	CITALOPRAM HYDROBROMIDE ORAL CAPSULE.	12
budesonide oral	35	CARETOUCH MONITOR SYSTEM.	23	citalopram hydrobromide oral solution	12
BUDESONIDE-FORMOTEROL FUMARATE.	38	CARETOUCH TEST	23	citalopram hydrobromide oral tablet	12
buprenorphine hcl sublingual	10	carisoprodol oral tablet 250 mg	39	claravis.	20
buprenorphine hcl-naloxone hcl	10	carisoprodol oral tablet 350 mg	39	clarithromycin er.	10
bupropion hcl er (sr).	12	CAROSPIR	17	clarithromycin oral	10
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	12	cartia xt	17	CLENPIQ	28
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG.	12	carvedilol	17	CLEOCIN ORAL CAPSULE 150 MG, 300 MG	10
bupropion hcl oral	12	CATAFLAM	9	CLEOCIN ORAL CAPSULE 75 MG.	10
buspirone hcl oral.	16	cavarest.	20	CLEOCIN-T	20
butalbital-apap-caffeine.	8	cefadroxil.	10	CLIMARA	29, 30
BYDUREON BCISE AUTOINJECTOR.	26	cefdinir.	10	CLIMARA PRO	30
BYETTA 10 MCG PEN	26	cefuroxime axetil	10	clindacin etz external swab	20
BYETTA 5 MCG PEN	26	CELEBREX	9	clindacin-p.	20
BYSTOLIC	16	celecoxib oral	9	CLINDAGEL	20
		CELEXA.	12	clindamycin hcl oral	10
		CELLCEPT	33	clindamycin phos-benzoyl perox external gel 1.2-5 %	20
		CENTANY	10	clindamycin phosphate external foam.	20
		CENTANY AT	10		
		cephalexin.	10		
		CEQUA	36		
		CERDELGA.	29		

C

cabergoline 33



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



desonide external cream	21	diclofenac potassium oral capsule	9	doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	10
desonide external gel	21	diclofenac potassium oral tablet 25 mg	9	DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	10
desonide external lotion	21	diclofenac potassium oral tablet 50 mg	9	doxycycline monohydrate oral capsule 100 mg, 50 mg	10
desonide external ointment	21	diclofenac sodium er	9	doxycycline monohydrate oral capsule 150 mg, 75 mg	10
DESOWEN	21	diclofenac sodium external gel 1 %	9	doxycycline monohydrate oral suspension reconstituted	10
desrx	21	diclofenac sodium external solution	9	doxycycline monohydrate oral tablet	10
desvenlafaxine succinate er	12	diclofenac sodium oral	9	doxylamine-pyridoxine	13
DEXABLISS	32	dicyclomine hcl oral	28	DRISDOL	27
dexamethasone intensol	32	DIFICID	10	DRIZALMA SPRINKLE	12
dexamethasone oral	32	DIFLUCAN	13	drosiprene-eth estrad-levomefol	30
DEXCOM G4 MOBILE RECEIVER	23	DILAUDID ORAL	8	drosiprene-ethinyl estradiol	30
DEXCOM G4 PLATINUM	23	dilt-xr	17	DUAVEE	30
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT	23	diltiazem hcl er	17	duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	12
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT/SHARE	23	diltiazem hcl er coated beads	17	duloxetine hcl oral capsule delayed release particles 40 mg	12
DEXCOM G4 PLATINUM RECEIVER KIT	23	diltiazem hcl oral	17	DUOPA	14
DEXCOM G4 PLATINUM RECEIVER KIT/SHARE	23	DIOVAN	17	DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	21
DEXCOM G4 PLATINUM SENSOR KIT	23	DIOVAN HCT	17	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	21
DEXCOM G4 PLATINUM TRANSMITTER KIT	23	DIPENTUM	35	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	21
DEXCOM G4 SENSOR	23	diphenoxylate-atropine	28	DUROLANE	8
DEXCOM G4 TRANSMITTER	23	DIPROLENE	21	DXEVO 11-DAY	32
DEXCOM G5 MOBILE RECEIVER	23	DITROPAN XL	29		
DEXCOM G5 SENSOR	23	divalproex sodium er	11	E	
DEXCOM G5 TRANSMITTER	23	divalproex sodium oral	11	EASIVENT	38
DEXCOM G6 RECEIVER	23	DIVIGEL	30	EASIVENT MASK LARGE	38
DEXCOM G6 SENSOR	23	DODDEX	27	EASIVENT MASK MEDIUM	38
DEXCOM G6 TRANSMITTER	23	donepezil hcl oral tablet 10 mg, 5 mg	12	EASIVENT MASK SMALL	38
DEXEDRINE	19	donepezil hcl oral tablet 23 mg	12	EASY TOUCH TEST	23
DEXILANT	28	donepezil hcl oral tablet dispersible	12	EASYMAX 15 TEST	23
DEXLANSOPRAZOLE	28	DOPTELET	26	EASYMAX NG BLOOD GLUCOSE	23
dexamethylphenidate hcl	19	DORYX	10	EASYMAX V BLOOD GLUCOSE	23
dexamethylphenidate hcl er	19	DORYX MPC	10	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	9
dextroamphetamine sulfate er	19	dorzolamide hcl-timolol mal	36	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	9
dextroamphetamine sulfate oral solution	19	dorzolamide hcl-timolol mal pf	36		
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	19	dotti	30		
dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg	19	DOVATO	15		
DHIVY	14	doxazosin mesylate oral	17		
diazepam intensol	16	doxepin hcl oral capsule	12		
diazepam oral	16	doxepin hcl oral concentrate	12		
DICLEGIS	13	doxycycline hyclate oral capsule	10		
		doxycycline hyclate oral tablet 100 mg, 20 mg	10		
		doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	10		

ec-naproxen	9	EPCLUSA ORAL PACKET 150-37.5 MG	15	EUFLEXXA	8
ED-SPAZ	28	EPCLUSA ORAL PACKET 200-50 MG	15	euthyrox	33
EDARBI	17	EPCLUSA ORAL TABLET 200-50 MG	15	EVAMIST	30
EDARBYCLOR	17	EPCLUSA ORAL TABLET 400-100 MG	15	EVOCLIN	21
EDLUAR	39	epinephrine injection solution auto- injector 0.15 mg/0.15ml	37	EXFORGE	17
efavirenz-emtricitab-tenofovir	15	epinephrine solution auto-injector 0.15 mg/0.3ml injection	37	EXKIVITY	14
efavirenz-lamivudine-tenofovir	15	epinephrine solution auto-injector 0.3 mg/0.3ml injection	37	EXSERVAN	19
EFFEXOR XR	12	EPIPEN 2-PAK	37	EXTAVIA	19
EFUDEX	21	EPIPEN JR 2-PAK	37	EXTINA	13
ELEPSIA XR	11	epitol	11	EYSUVIS	35
ELESTRIN	30	EPRONTIA	11	EZALLOR SPRINKLE	17
eletriptan hydrobromide	13	EQ BLOOD GLUCOSE TEST	24	ezetimibe	17
elinest	30	ERGOCAL	27	ezetimibe-simvastatin	17
ELIQUIS	11	ergocalciferol oral capsule	27, 28	F	
ELIQUIS DVT/PE STARTER PACK	11	ERIVEDGE	14	falmina	30
ELOCTATE	27	ERLEADA	14	famotidine oral suspension reconstituted	28
eluryng	30	errin	30	FARXIGA	26
EMGALITY	13	erythromycin ophthalmic	35	FASENRA PEN	38
EMGALITY (300 MG DOSE)	13	escitalopram oxalate oral	12	fayosim	30
emoquette	30	ESGIC	8	febuxostat	13
EMPAVELI	27	estarylla	30	FEMARA	14
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	15	ESTRACE	30	femynor	30, 32
emtricitabine-tenofovir df oral tablet 200-300 mg	15	estradiol oral	30	fenofibrate oral capsule 150 mg, 50 mg	17
enalapril maleate oral solution	17	estradiol patch twice weekly 0.025 mg/24hr transdermal	30	fenofibrate oral tablet 120 mg, 40 mg, 48 mg	17
enalapril maleate oral tablet	17	estradiol patch twice weekly 0.0375 mg/24hr transdermal	30	fenofibrate oral tablet 145 mg, 160 mg, 54 mg	17
ENBREL MINI	34	estradiol patch twice weekly 0.05 mg/24hr transdermal	30	FENOGLIDE	17
ENBREL SUBCUTANEOUS SOLUTION	34	estradiol patch twice weekly 0.075 mg/24hr transdermal	30	fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	8
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	34	estradiol patch twice weekly 0.1 mg/24hr transdermal	30	fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	8
ENBREL SURECLICK	34	estradiol transdermal patch weekly	30	fesoterodine fumarate er	29
ENDARI	29	estradiol vaginal	30	FEXMID	39
endocet	8	ESTRING	30	FINACEA	21
ENDOMETRIN	34	ESTROGEL	30	finasteride oral tablet 5 mg	29
ENLITE GLUCOSE SENSOR	24	eszopiclone	39	FIORICET	8
ENOVARX-DICLOFENAC SODIUM	9	etodolac	9	FIRAZYR	34
enoxaparin sodium	11	etodolac er	9	FIRST-OMEPRAZOLE	28
enskyce	30	etonogestrel-ethinyl estradiol	30	FLAGYL	10
ENSTILAR	21	EUCRISA	21	FLAREX	36
entecavir	15			flecainide acetate	17
ENTRESTO	17			FLEQSUVY	39
ENVARUSUS XR	34				
EPANED	17				

FLEXICHAMBER	38	folic acid oral tablet 1 mg	27	GENTLE-LET PLATFORMS	24	
FLOLIPID	17	FOLLISTIM AQ	34	GENVOYA	15	
FLOMAX	29	FORFIVO XL	12	GEODON ORAL	15	
FLORIVA PLUS	27	formoterol fumarate inhalation	38	GILENYA	19	
FLOVENT DISKUS	38	FORTEO	35	GIMOTI	13	
FLOVENT HFA	38	FORTESTA	33	glatiramer acetate	19	
fluconazole oral	13	FORTISCARE G1 TEST STRIP	24	glatopa	19	
fluocinolone acetonide body	21	FORTISCARE T1 GLUCOSE SYSTEM	24	glimepiride	26	
fluocinolone acetonide external	21	FORTISCARE TEST	24	glipizide er	26	
fluocinolone acetonide scalp	21	FOSAMAX	35	glipizide ir	26	
fluocinonide external cream 0.05 %	21	FREESTYLE LIBRE 14 DAY READER	24	glipizide xl	26	
fluocinonide external cream 0.1 %	21	FREESTYLE LIBRE 14 DAY SENSOR	24	GLOPERBA	13	
fluocinonide external gel	21	FREESTYLE LIBRE 2 READER	24	glucagon emergency kit 1 mg injection 1 mg	26	
fluocinonide external ointment	21	FREESTYLE LIBRE 2 SENSOR	24	GLUCOCARD EXPRESSION TEST	24	
fluocinonide external solution	21	FREESTYLE LIBRE 3 SENSOR	24	GLUCOCARD SHINE TEST	24	
FLUORIDEX	20	FREESTYLE LIBRE READER	24	GLUCOCARD VITAL TEST	24	
FLUORIDEX ENHANCED WHITENING	20	FREESTYLE PRECISION NEO SYSTEM	24	GLUCOTROL XL	26	
FLUORIMAX 5000	20	FREESTYLE PRECISION NEO TEST	24	GLUMETZA	26	
FLUOROPLEX EXTERNAL CREAM 1 %	21	furosemide oral	17	glyburide oral	26	
FLUOROURACIL EXTERNAL CREAM 0.5 %	21	fyremadel	34	glyburide-metformin	26	
fluorouracil external cream 5 %	21			glycopyrrolate oral tablet 1 mg, 2 mg	28	
fluorouracil external solution	14	G			GLYXAMBI	26
fluoxetine hcl oral capsule	12	gabapentin oral capsule	11	GOLYTELY	28	
fluoxetine hcl oral capsule delayed release	12	gabapentin oral solution 250 mg/5ml	11	GONITRO	17	
fluoxetine hcl oral solution	12	GABAPENTIN ORAL TABLET 25 MG, 50 MG	11	guanfacine hcl	17, 19	
fluoxetine hcl oral tablet 10 mg	12	gabapentin oral tablet 600 mg, 800 mg	11	guanfacine hcl er	19	
fluoxetine hcl oral tablet 20 mg	12	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	35	GUARDIAN LINK 3 TRANSMITTER	24	
fluoxetine hcl oral tablet 60 mg	12	gavilyte-c	28	GUARDIAN REAL-TIME REPLACE PED	24	
FLUTICASONE FUROATE-VILANTEROL	38	GAVRETO	14	GUARDIAN SENSOR (3)	24	
FLUTICASONE PROPIONATE HFA	38	GELNIQUE	29	GYNAZOLE-1	13	
fluticasone propionate nasal	37	GELSYN-3	8			
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	38	gemfibrozil oral	17	H		
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	38	gemmily	30	HAEGARDA	34	
flvoxamine maleate	12	GEN7T EXTERNAL PATCH	8	hailey 1.5/30	30	
flvoxamine maleate er	12	gengraf	34	hailey 24 fe	30	
FOCALIN	19	GENOTROPIN	33	hailey fe 1/20	30	
FOCALIN XR	19	GENOTROPIN MINIQUEEK	33	hailey fe 1.5/30	30	
				HALCION	16	
				HARVONI ORAL PACKET	15	
				HARVONI ORAL TABLET	15	
				heather	30	
				HEMADY	32	
				HEMANGEOL	17	
				HEMOFIL M	27	

HIDEX 6-DAY	32	hydrocort-pramoxine (perianal).	35	IMPOYZ	21	
HUMALOG INJECTION	25	hydrocortisone ace-pramoxine external cream 1-1 %	35	IMURAN	34	
HUMALOG KWIKPEN	25	hydrocortisone external cream 1 %	21	IMVEXXY MAINTENANCE PACK	27	
HUMALOG MIX 50/50 KWIKPEN	25	hydrocortisone external cream 2.5 %	21	IMVEXXY STARTER PACK	27	
HUMALOG MIX 50/50 VIAL	25	hydrocortisone external lotion 2.5 %	21	IN TOUCH	24	
HUMALOG MIX 75/25 KWIKPEN	25	hydrocortisone external ointment 1 %, 2.5 %	21	INBRIJA	14	
HUMALOG MIX 75/25 VIAL	25	hydrocortisone oral	32	incassia	30	
HUMALOG SUBCUTANEOUS	25	hydromorphone hcl er	8	INCRUSE ELLIPTA	38	
HUMALOG U-100 JUNIOR KWIKPEN	25	hydromorphone hcl oral	8	INDERAL LA	17	
HUMATE-P	27	hydromorphone hcl rectal	8	INDOCIN	9	
HUMATROPE	33	hydroxychloroquine sulfate oral	14	indomethacin er	9	
HUMIRA	34	hydroxyzine hcl oral	16	INDOMETHACIN ORAL CAPSULE 20 MG	9	
HUMIRA PEDIATRIC CROHNS START	34	hydroxyzine pamoate oral	16	indomethacin oral capsule 25 mg, 50 mg.	9	
HUMIRA PEN	34	hyoscyamine sulfate er	28	INSPIRACHAMBER/LARGE	38	
HUMIRA PEN-CD/UC/HS STARTER.	34	hyoscyamine sulfate oral	28	INSPIRACHAMBER/MEDIUM	38	
HUMIRA PEN-PEDIATRIC UC START	34	hyoscyamine sulfate sl	28	INSPIRACHAMBER/MOUTHPIECE	38	
HUMIRA PEN-PS/UV/ADOL HS START	34	hyoscyamine sulfate sublingual	28	INSPIRACHAMBER/SMALL	38	
HUMIRA PEN-PSOR/UVEIT STARTER.	34	hyosyne	28	INSPIREASE	38	
HUMULIN 70/30 KWIKPEN	25	HYSINGLA ER	8	INSULIN ASPART	25	
HUMULIN 70/30 VIAL	25	HYZAAR	17	INSULIN ASPART FLEXPEN	25	
HUMULIN N KWIKPEN	25	I			INSULIN ASPART PENFILL	25
HUMULIN N VIAL	25	ibandronate sodium oral	35	INSULIN GLARGINE	25	
HUMULIN R U-500 KWIKPEN	25	IBRANCE	14	INSULIN GLARGINE SOLOSTAR	25	
HUMULIN R U-500 VIAL	25	ibuprofen oral suspension 100 mg/5ml	9	INSULIN LISPRO	25	
HUMULIN R VIAL	25	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	9	INSULIN LISPRO (1 UNIT DIAL)	25	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	8	icatibant acetate	34	INSULIN LISPRO JUNIOR KWIKPEN	25	
hydralazine hcl oral	17	iclevia	30	INSULIN LISPRO KWIKPEN	25	
hydrochlorothiazide oral	17	ICLUSIG ORAL TABLET 10 MG, 30 MG	14	INSULIN LISPRO PROT & LISPRO	25	
hydrocodone bitartrate er oral capsule extended release 12 hour	8	ICLUSIG ORAL TABLET 15 MG, 45 MG	14	INSULIN PEN NEEDLES	24	
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	8	icosapent ethyl	17	INTRAROSA	27	
hydrocodone polst-chlorphen polst er susp	37	IDHIFA	14	introvale	30	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	8	ILEVRO	35	INTUNIV	19	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	8	IMBRUVICA ORAL TABLET	14	INVELTYS	35	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	8	imiquimod external cream 3.75 %	21	ipratropium bromide nasal	37	
		imiquimod external cream 5 %	21	ipratropium-albuterol	38	
		imiquimod pump	21	irbesartan	17	
		IMITREX ORAL	13	irbesartan-hydrochlorothiazide	17	
		IMITREX STATDOSE REFILL	13	ISENTRESS	15	
		IMITREX STATDOSE SYSTEM	13	ISENTRESS HD	15	
		IMPEKLO	21	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	KITABIS PAK	38	larin 24 fe	31
isotretinoin capsule 30 mg oral	21	KLARITY-A	35	larin fe 1/20	31
isotretinoin capsule 40 mg oral	21	KLISYRI	22	larin fe 1.5/30	31
isotretinoin oral capsule 25 mg, 35 mg	21	KLONOPIN	16	larissia	31
ISTALOL	36	klor-con	27	LASIX	17
ivermectin oral	14	klor-con 10	27	LASTACRAFT	35
J					
jaimiess	30	klor-con m10	27	latanoprost ophthalmic	36
jantoven	11	klor-con m15	27	LATUDA	15
JANUVIA	26	klor-con m20	27	LEDIPASVIR-SOFOSBUVIR	15
JARDIANCE	26	KLOXXADO	10	lenalidomide	14
jasmiel	30	KOATE	27	lessina	31
jencycla	30	KOATE-DVI	27	letrozole oral	14
JENTADUETO	26	KOGENATE FS	27	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	38
JENTADUETO XR	26	KOMBIGLYZE XR	26	LEVBID	28
JIVI	27	KOSELUGO	14	LEVEMIR U-100 FLEXTOUCH	25
jolessa	30	KOVALTRY	27	LEVEMIR U-100 VIAL	25
JORNAY PM	19	KRINTAFEL	14	levetiracetam er	11
juleber	30	kurvelo	30	levetiracetam oral	11
JULUCA	15	KYNMOBI	14	levo-t	33
junel 1/20	30	L			
junel 1.5/30	30	labetalol hcl oral	17	levocetirizine dihydrochloride oral	37
junel fe 1/20	30	lacosamide oral	11	levofloxacin oral	10
junel fe 1.5/30	30	LAMICTAL	11	levonorgest-eth est & eth est	31
junel fe 24	30	LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG	11	levonorgest-eth estrad 91-day	31
JUST RIGHT 5000	20	LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG	11	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	31
K					
K-TAB	27	LAMICTAL ODT ORAL TABLET DISPERSIBLE	11	levora 0.15/30 (28)	31
kalliga	30	LAMICTAL STARTER	11	LEVOTHYROXINE SODIUM ORAL CAPSULE	33
KAPSPARGO SPRINKLE	17	LAMICTAL XR	11	levothyroxine sodium oral tablet	33
kariva	30	lamotrigine er	11	levoxyl	33
KAZANO	26	lamotrigine oral kit	11	LEVSIN ORAL	28
KENALOG EXTERNAL	22	lamotrigine oral tablet	11	LEVSIN/SL	28
KEPPRA ORAL	11	lamotrigine oral tablet chewable	11	LEXAPRO	12
KEPPRA XR	11	lamotrigine oral tablet dispersible	11	LIALDA	35
KESIMPTA	19	lamotrigine starter kit-blue	11	lidocaine external ointment 5 %	8
ketoconazole external cream	13	lamotrigine starter kit-green	11	lidocaine external patch 5 %	8
ketoconazole external foam	13	lamotrigine starter kit-orange	11	lidocaine hcl mouth/throat	20
ketoconazole external shampoo	13	LANCETS	23, 24	lidocaine viscous hcl	20
ketodan external foam	13	LANREOTIDE ACETATE	33	lidocaine-prilocaine external cream	8
KETOROLAC TROMETHAMINE NASAL	9	LANTUS SOLOSTAR	25	LIDODERM	8
ketorolac tromethamine ophthalmic	35	LANTUS U-100 VIAL	25	lillow oral tablet 0.15-30 mg-mcg	31
ketorolac tromethamine oral	9	larin 1/20	30	LINZESS	28
		larin 1.5/30	30	liothyronine sodium oral	33
				LIPITOR	17
				LIPOFEN	17



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



metronidazole oral	10	morphine sulfate rectal	8	NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG.	9	
metronidazole vaginal	10	MOTEGRITY	28	naproxen sodium oral tablet 275 mg, 550 mg	9	
MICARDIS	17	MOUNJARO	26	naratriptan hcl	13	
MICRODOT TEST	24	MOVIPREP	28	NARCAN	10	
microgestin 1/20	31	moxifloxacin hcl (2x day)	35	NASCOBAL	27	
microgestin 1.5/30	31	moxifloxacin hcl ophthalmic solution	36	NATAZIA	31	
microgestin 24 fe	31	MS CONTIN	8	NATESTO	33	
microgestin fe 1/20	31	MULPLETA	27	NAYZILAM	11	
microgestin fe 1.5/30	31	MULTAQ	17	nebivolol hcl	18	
mili	31	MULTI-VIT-FLOR	27	necon 0.5/35 (28)	31	
MILLIPRED	32	multi-vitamin/fluoride	27	neomycin-polymyxin-dexameth ophthalmic ointment	36	
MINASTRIN 24 FE	31	multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	27	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	36	
MINILINK REAL-TIME TRANSMITTER	24	multivitamin/fluoride tablet chewable 0.5 mg oral	27	neomycin-polymyxin-hc otic	37	
MINIPRESS	17	multivitamin/fluoride tablet chewable 1 mg oral	27	NEORAL	34	
MINIVELLE	30, 31	mupirocin calcium	10	NESINA	26	
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	10	mupirocin external	10	neuac external gel	22	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg.	10	mycophenolate mofetil oral	34	NEULASTA	27	
minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg	10	mycophenolate sodium	34	NEURONTIN	11	
minocycline hcl oral capsule	10	MYDAYIS	19	NEUTEK 2TEK TEST	24	
minocycline hcl oral tablet	10	MYFEMBREE	31	NEVANAC	36	
MINOLIRA	10	MYFORTIC	34	NEXICLON XR	18	
MIRAPEX ER	14	myorisan	22	NEXLETOL	18	
MIRCETTE	31	N			NEXLIZET	18
mirtazapine oral	12	NA SULFATE-K SULFATE-MG SULF	28	niacin (antihyperlipidemic)	18	
MIRVASO	22	nabumetone oral	9	niacin er (antihyperlipidemic)	18	
misoprostol oral	28	nadolol oral	18	niacor	18	
MITIGARE	13	NAFRINSE DAILY/NEUTRAL	20	NIASPAN	18	
MM EASY TOUCH GLUCOSE METER	24	NAFRINSE WEEKLY	20	nifedipine er	18	
modafinil	39	NALOCET	8	nifedipine er osmotic release	18	
mometasone furoate external	22	naloxone hcl injection	10	nifedipine oral	18	
mondoxylene nl	10	naloxone hcl nasal	10	nikki	31	
mono-linyah	31	naltrexone hcl oral	10	nitisinone	29	
montelukast sodium oral	38	NAPRELAN	9	NITRO-BID	18	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	8	NAPROSYN ORAL SUSPENSION	9	NITRO-DUR	18	
morphine sulfate er oral capsule extended release 24 hour	8	NAPROSYN ORAL TABLET	9	NITRO-TIME	18	
morphine sulfate er oral tablet extended release	8	naproxen oral suspension	9	nitrofurantoin macrocrystal	11	
morphine sulfate oral	8	naproxen oral tablet	9	nitrofurantoin monohydrate macrocrystals	11	
		naproxen oral tablet delayed release	9	nitroglycerin sublingual	18	
		naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg.	9	nitroglycerin transdermal	18	
				nitroglycerin translingual	18	



NITROLINGUAL	18	NOVOLIN R VIAL	25	OCUFLOX	36
NITROMIST	18	NOVOLOG FLEXPEN	25	ODEFSEY	15
NITROSTAT	18	NOVOLOG FLEXPEN RELION	25	ODOMZO	14
NITYR	29	NOVOLOG PENFILL	25	ofloxacin ophthalmic	36
NOC DURNA	33	NOVOLOG RELION	25	ofloxacin otic	37
nora-be	31	NOVOLOG U-100 VIAL	25	olanzapine oral	15
NORDITROPIN FLEXPRO	33	NOVOTWIST	24	olmesartan medoxomil oral	18
norethin ace-eth estrad-fe oral capsule	31	np thyroid	33	olmesartan medoxomil-hctz	18
norethin ace-eth estrad-fe oral tablet	31	NUBEQA	14	olopatadine hcl ophthalmic solution 0.1 %	36
norethindrone acet-ethinyl est	31	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	38	olopatadine hcl ophthalmic solution 0.2 %	36
norethindrone acetate oral	31	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	38	OLUMIANT ORAL TABLET 1 MG	34
norethindrone oral	31	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	38	OLUMIANT ORAL TABLET 2 MG	34
norgestimate-eth estradiol	31	NUCYNTA	8	OLUMIANT ORAL TABLET 4 MG	34
norgestimate-ethinyl estradiol triphasic	31	NUCYNTA ER	8	OLUX	22
NORITATE	22	NUEDEXTA	19	OMECLAMOX-PAK	28
NORLIQVA	18	NULEV	28	omega-3-acid ethyl esters	18
norlyda	31	NURTEC ODT	13	omeprazole oral capsule delayed release	28
norlyroc	31	NUTROPIN AQ NUSPIN 10	33	OMEPRAZOLE+SYRSPEND SF ALKA	28
nortrel 0.5/35 (28)	31	NUTROPIN AQ NUSPIN 20	33	OMNARIS	37
nortrel 1/35 (21)	31	NUTROPIN AQ NUSPIN 5	33	OMNIPOD 5 G6 INTRO KIT (Gen 5)	24
nortrel 1/35 (28)	31	NUVARING	31	OMNIPOD 5 G6 PODS (Gen 5)	24
nortriptyline hcl oral	12	NUVESSA	11	OMNITROPE	33
NORVASC	18	NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	27	ondansetron hcl oral	13
NORVIR ORAL PACKET	15	NUWIQ INTRAVENOUS KIT 1500 UNIT	27	ondansetron odt	13
NORVIR ORAL SOLUTION	15	NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	27	ONETOUCH CLUB LANCETS FINE PT	24
NORVIR ORAL TABLET	15	NUZYRA ORAL	11	ONETOUCH DELICA LANCETS 30G	24
NOURIANZ	14	nyamyc	13	ONETOUCH DELICA LANCETS 33G	24
NOVAREL	35	nylia 1/35	31	ONETOUCH DELICA PLUS LANCET30G	24
NOVOEIGHT	27	nymyo	31	ONETOUCH DELICA PLUS LANCET33G	24
NOVOFINE AUTOCOVER PEN NEEDLE	24	nystatin external	13	ONETOUCH DELICA PLUS LANCET33G	24
NOVOFINE PEN NEEDLE	24	nystatin mouth/throat	13	ONETOUCH FINEPOINT LANCETS	24
NOVOFINE PLUS PEN NEEDLE	24	nystop	13	ONETOUCH SOLUTIONS STARTER KIT	24
NOVOLIN 70/30 FLEXPEN	25			ONETOUCH SURESOFT LANCING DEV	24
NOVOLIN 70/30 FLEXPEN RELION	25			ONETOUCH ULTRA 2 KIT W/DEVICE	24
NOVOLIN 70/30 RELION	25			ONETOUCH ULTRA MINI KIT W/DEVICE	24
NOVOLIN 70/30 VIAL	25			ONETOUCH ULTRA TEST STRIPS	24
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				

O

ocella	31
------------------	----



ONETOUCH ULTRASOFT
 LANCETS24
 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
 ONGLYZA26
 ONZETRA XSAIL13
 OPSUMIT39
 OPTIUMEZ TEST24
 ORAPRED ODT32
 ORENCIA CLICKJECT.....34
 ORENCIA SUBCUTANEOUS34
 ORFADIN ORAL CAPSULE.....29
 ORFADIN ORAL SUSPENSION29
 ORGOVYX.....14
 ORIAHNN33
 ORILISSA33
 ORTIKOS.....35
 OSCIMIN28
 oseltamivir phosphate oral capsule ..15
 oseltamivir phosphate oral
 suspension reconstituted15
 OSENI26
 OSPHENA27
 OTEZLA.....34
 OTREXUP34
 OXAYDO8
 oxcarbazepine11
 OXTELLAR XR11
 oxybutynin chloride er29
 oxybutynin chloride oral29
 OXYCODONE HCL ER.....8
 oxycodone hcl oral capsule8
 oxycodone hcl oral concentrate
 100 mg/5ml.....8
 oxycodone hcl oral solution8
 oxycodone hcl oral tablet 10 mg,
 15 mg, 20 mg, 30 mg8
 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 MG8

oxycodone-acetaminophen oral
 tablet 10-325 mg, 2.5-325 mg,
 5-325 mg, 7.5-325 mg8
 OXYCODONE-ACETAMINOPHEN
 ORAL TABLET 2.5-300 MG.....8
 OXYCONTIN8
 OZEMPIC SUBCUTANEOUS
 SOLUTION PEN-INJECTOR
 2 MG/1.5ML, 4 MG/3ML26
 OZEMPIC SUBCUTANEOUS
 SOLUTION PEN-INJECTOR 8
 MG/3ML26
 OZOBAX39

P

PACERONE ORAL TABLET
 100 MG, 400 MG18
 PACERONE ORAL TABLET 200 MG .18
 PAMELOR12
 PANCREAZE.....29
 pantoprazole sodium oral packet...28
 pantoprazole sodium oral tablet
 delayed release.....28
 PARADIGM REAL-TIME
 TRANSMITTER.....24
 paroxetine hcl12
 paroxetine hcl er.....12
 PAXIL CR.....12
 PAXIL ORAL SUSPENSION12
 PAXIL ORAL TABLET.....12
 PEDIAPRED32
 peg-3350/electrolytes28
 peg-3350/electrolytes/ascorbat ...28
 peg-kcl-nacl-nasulf-na asc-c.....28
 penicillamine oral capsule.....29
 penicillamine oral tablet.....29
 penicillin v potassium.....11
 PENLET II BLOOD SAMPLER.....24
 PENLET II REPLACEMENT CAP ...24
 PENNSAID9
 PENTASA35
 PERCOCET.....8
 PERFOROMIST38
 PERIDEX20
 periogard.....20
 permethrin external14
 PERTZYE.....29
 phenazo oral tablet 200 mg.....29

phenazopyridine hcl oral tablet
 100 mg, 200 mg29
 philith31
 PICATO22
 pimecrolimus22
 pimtree31
 pioglitazone hcl26
 pirmella 1/35.....31
 PLAQUENIL14
 PLAVIX.....15
 PLEGRIDY INTRAMUSCULAR.....19
 PLEGRIDY STARTER PACK19
 PLEGRIDY SUBCUTANEOUS.....19
 PLENVU.....28
 PLEXION22
 PLEXION CLEANSER22
 PLEXION CLEANSING CLOTH.....22
 POLY-VI-FLOR.....27
 polymyxin b-trimethoprim36
 POLYTRIM36
 portia-2831
 potassium chloride crys er oral
 tablet extended release 10 meq,
 20 meq27
 potassium chloride crys er oral
 tablet extended release 15 meq....28
 potassium chloride er28
 potassium chloride oral packet.....28
 potassium chloride oral solution
 20 meq/15ml (10%), 40 meq/15ml
 (20%)28
 potassium citrate er28
 PRADAXA.....11
 PRALUENT.....18
 pramipexole dihydrochloride.....14
 pramipexole dihydrochloride er14
 pravastatin sodium.....18
 prazosin hcl oral18
 PRECISION XTRA24
 PRECISION XTRA BLOOD
 GLUCOSE.....24
 PRED FORTE36
 PRED MILD.....36
 prednisolone acetate ophthalmic...36
 prednisolone oral32
 prednisolone sodium phosphate
 oral solution 10 mg/5ml, 25
 mg/5ml, 6.7 (5 base) mg/5ml32



prednisolone sodium phosphate oral solution 15 mg/5ml.	32	PROSCAR	29	REBIF REBIDOSE	19	
prednisolone sodium phosphate oral solution 20 mg/5ml.	32	PROTONIX ORAL	28	REBIF REBIDOSE TITRATION PACK	19	
prednisolone sodium phosphate oral tablet dispersible	32	PROVENTIL HFA	37, 38	REBIF TITRATION PACK	19	
prednisone intensol	32	PROVERA	30, 31	reclipsen	31	
prednisone oral	32	PROVIGIL	39	RECOMBINATE	27	
pregabalin	19, 20	PROZAC	12	REDITREX	34	
pregabalin er	20	pseudoephedrine-bromphen-dm	37	REGLAN	13	
PREGNYL	35	PSS SELECT PLATFORMS	24	RELAFEN	9	
PREMARIN ORAL	31	PULMICORT FLEXHALER	38	RELAFEN DS	9	
PREMARIN VAGINAL	31	PULMICORT SUSPENSION	38	relexxii	19	
PREMIUM BLOOD GLUCOSE TEST	24	PULMOZYME	38	RELION TRUE MET AIR GLUC METER	25	
premium lidocaine	8	PURIXAN	14	RELION TRUE METRIX TEST STRIPS	25	
PREMPHASE	31	PYLERA	28	RELION ULTIMA GLUCOSE SYSTEM	25	
PREMPRO	31	PYRIDIUM	29	RELION ULTIMA TEST	25	
PRENA1 PEARL	28			RELPAK	13	
PREVIDENT 5000 BOOSTER PLUS	20	Q			RELTONE	28
PREVIDENT 5000 DRY MOUTH	20	QBRELIS	18	REMERON	12	
PREVIDENT 5000 ORTHO DEFENSE	20	QDOLO	8	REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	12	
PREVIDENT 5000 PLUS	20	QUARTETTE	31	REMODULIN	39	
PREVIDENT DENTAL	20	QUDEXY XR	11	REPATHA	18	
PREVIDENT MOUTH/THROAT	20	quetiapine fumarate	15	REPATHA PUSHTRONEX SYSTEM	18	
PREZCOBIX	15	quetiapine fumarate er	15	REPATHA SURECLICK	18	
PRISTIQ	12	QUFLORA PEDIATRIC	28	RESTASIS	36	
PROAIR HFA	37, 38	QUILLICHEW ER	19	RESTASIS MULTIDOSE	36	
PROAIR RESPICLICK	38	QUILLIVANT XR	19	RESTORIL	39	
PROCARDIA XL	18	quinapril hcl	18	RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	27	
PROCENTRA	19	QUINTET AC BLOOD GLUCOSE	24	RETACRIT INJECTION SOLUTION 20000 UNIT/ML	27	
prochlorperazine maleate oral	13	QUINTET AC BLOOD GLUCOSE TEST	24	RETIN-A	22	
PROCORT	35	QUINTET BLOOD GLUCOSE SYSTEM	25	REVLIMID	14	
PROCTOFOAM HC	35	QUINTET BLOOD GLUCOSE TEST	25	REXULTI	15	
progesterone oral	31	QVAR REDIHALER	38	RHOFADE	22	
PROGRAF ORAL CAPSULE	34			RHOPRESSA	36	
PROGRAF ORAL PACKET	34	R			RILUTEK	20
PROLATE	8	RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	28	riluzole	20	
promethazine hcl oral solution	37	rabeprazole sodium oral tablet delayed release	28	RINVOQ	34	
promethazine hcl oral syrup	37	ramipril	18	RIOMET	26	
promethazine hcl oral tablet	13	RANEXA	18	RISPERDAL	15	
promethazine hcl rectal	13	ranolazine er	18	risperidone	15	
promethazine-codeine	37	RAPAMUNE ORAL SOLUTION	34	RITALIN	19	
promethazine-dm	37	RAPAMUNE ORAL TABLET	34			
promethegan	13	RASUVO	34			
propranolol hcl er	18	RAYOS	32			
propranolol hcl oral	18	REBIF	19			



RITALIN LA	19	SIMPONI	34	SUBSYS	9
ritonavir	15	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	18	subvenite	12
rivelsa	31	simvastatin oral tablet 80 mg	18	subvenite starter kit-blue	12
rizatriptan benzoate	13	SINEMET	14	subvenite starter kit-green	12
ROCALTROL	35	SINGULAIR ORAL PACKET	38	subvenite starter kit-orange	12
ROCKLATAN	36	SINGULAIR ORAL TABLET	38	sucralfate oral	28
ropinirole hcl	14	SINGULAIR ORAL TABLET CHEWABLE	38	sulfacetamide sod-sulfur wash	22
ropinirole hcl er	14	sirolimus oral	34	sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	22
rosadan external cream	22	SITAVIG	15	sulfacetamide sodium-sulfur external cream 9.8-4.8 %	22
rosadan external gel	22	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	34	sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 %	22
rosuvastatin calcium	18	SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	34	sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %, 9-4.5 %	22
roweepra	11	SOAANZ	18	sulfacetamide sodium-sulfur external lotion 10-5 %	22
ROXICODONE ORAL TABLET 15 MG, 30 MG	8	sodium fluoride 5000 plus	20	sulfacetamide sodium-sulfur external lotion 9.8-4.8 %	22
ROXICODONE ORAL TABLET 5 MG	9	sodium fluoride 5000 ppm	20	sulfacetamide sodium-sulfur external pad 10-4 %	22
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG	9	sodium fluoride dental	20	sulfacetamide sodium-sulfur external pad 9.8-4.8 %	22
ROXYBOND ORAL TABLET ABUSE-DETERRENT 5 MG	9	sodium fluoride mouth/throat	20	sulfacetamide sodium-sulfur external suspension 10-5 %	22
RUCONEST	34	SOFOSBUVIR-VELPATASVIR	15	sulfacetamide sodium-sulfur external suspension 8-4 %	22
RUKOBIA	15	SOLIQUA	26	SULFACLEANSE 8/4	22
RYBELSUS	26	SOLODYN	11	sulfamethoxazole-trimethoprim oral	11
RYTARY	14	SOLTAMOX	14	sulfamez wash	22
S					
SAFYRAL	31	SOMA	39	sulfasalazine oral	35
sajazir	34	SOMATULINE DEPOT	33	sulfatrim pediatric	11
SANTYL	22	SOOLANTRA	22	SUMADAN WASH	22
SAPHRIS	15	sotalol hcl oral	18	sumatriptan succinate oral	13
scopolamine	13	SOTYLIZE	18	sumatriptan succinate refill subcutaneous solution cartridge	14
SEASONIQUE	32	SPIRIVA HANDIHALER	38	sumatriptan succinate subcutaneous	14
SEREVENT DISKUS	38	SPIRIVA RESPIMAT	38	SUMAXIN	22
SERNIVO	22	spironolactone oral	18	SUNOSI	39
SEROQUEL	15	sprintec 28	32	SUPARTZ FX	9
SEROQUEL XR	15	SPRITAM	11	SUPREP BOWEL PREP KIT	28
SERTRALINE HCL ORAL CAPSULE	12	SPRIX	10	SURESTEP PRO LINEARITY	25
sertraline hcl oral concentrate	12	sronyx	32	SUTAB	28
sertraline hcl oral tablet	12	sss 10-5	22	syeda	32
setlakin	32	STELARA SUBCUTANEOUS	34	SYMBICORT	38
sf	20, 28	STENDRA	27	SYMFI	15
sf 5000 plus	20	STIMATE	33	SYMFI LO	15
SFROWASA	35	STIOLTO RESPIMAT	38		
sharobel	32	STIVARGA	14		
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	27	STRATTERA	19		
simliya	32	STRENSIQ	29		
simpesse	32	STRIBILD	15		
		STRIVERDI RESPIMAT	38		
		SUBOXONE	10		



SYMJEPI	37	TEKTURNA	18	tobramycin inhalation nebulization solution 300 mg/4ml	38
SYMLINPEN 120.	26	TEKTURNA HCT	18	tobramycin nebulization solution 300 mg/5ml inhalation.	39
SYMLINPEN 60.	26	telmisartan	18	tobramycin ophthalmic	36
SYMPROIC	28	telmisartan-hctz	18	tobramycin-dexamethasone	36
SYNALAR	22	temazepam	39	TOBEX	36
SYNJARDY	26	tenofovir disoproxil fumarate.	15	TOPAMAX	12
SYNJARDY XR	26	TENORETIC 100.	18	TOPAMAX SPRINKLE	12
SYNOJOYNT.	9	TENORETIC 50.	18	topiramate er.	12
SYNTHROID	33	TENORMIN	18	topiramate oral	12
SYPRINE	29	terazosin hcl	29	TOPROL XL.	18
T					
TACLONEX EXTERNAL OINTMENT	22	terbinafine hcl oral	13	torsemide	18
TACLONEX EXTERNAL SUSPENSION	22	terconazole	13	TOUJEO MAX SOLOSTAR	25
tacrolimus external.	22	TERIPARATIDE (RECOMBINANT)	35	TOUJEO SOLOSTAR	25
tacrolimus oral	34	TESTIM	33	TOVIAZ	29
tadalafil oral.	27	testosterone cypionate intramuscular	33	TRACLEER	39
TAKHZYRO	34	testosterone transdermal.	33	TRADJENTA	26
TAMIFLU ORAL CAPSULE	15	TEXACORT	22	tramadol hcl er (biphasic)	9
TAMIFLU ORAL SUSPENSION RECONSTITUTED	15	THALITONE	18	TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	9
tamoxifen citrate oral tablet 10 mg	14	THIOLA	29	tramadol hcl er oral tablet extended release 24 hour.	9
tamoxifen citrate oral tablet 20 mg	14	THIOLA EC	29	TRAMADOL HCL ORAL SOLUTION	9
tamsulosin hcl.	29	THYQUIDITY.	33	tramadol hcl oral tablet 100 mg	9
TAPERDEX 12-DAY.	32	TIGLUTIK.	20	tramadol hcl oral tablet 50 mg	9
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	32	timolol maleate (once-daily).	36	TRANSDERM-SCOP	13
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21).	32	timolol maleate ocudose	36	TRAVATAN Z.	36
TAPERDEX 7-DAY.	32	timolol maleate ophthalmic.	36	travoprost (bak free).	36
TARGADOX.	11	timolol maleate pf.	36	trazodone hcl oral.	12
TARGRETIN EXTERNAL	14	TIMOPTIC	36	TRELEGY ELLIPTA.	38
TARGRETIN ORAL.	14	TIMOPTIC OCUDOSE OPTHALMIC SOLUTION 0.25 %	36	TREMFYA	34
tarina 24 fe.	32	TIMOPTIC OCUDOSE OPTHALMIC SOLUTION 0.5 %	36	treprostinil	39
tarina fe 1/20.	32	TIMOPTIC-XE	36	TRESIBA	26
tarina fe 1/20 eq	32	TIROSINT	33	TRESIBA FLEXTOUCH	26
TARPEYO	35	TIROSINT-SOL	33	tretinoin external cream.	22
TASIGNA.	14	TIVICAY	15, 16	tretinoin external gel 0.01 %	22
TAVALISSE	27	TIVICAY PD	16	tretinoin external gel 0.025 %	22
taysofy.	32	TIVORBEX.	10	tretinoin external gel 0.05 %	22
TAYTULLA.	32	tizanidine hcl oral	39	TREXALL.	34
tazarotene external cream.	22	TOBI NEBULIZATION SOLUTION 300 MG/5ML INHALATION 300 MG/5ML	38	TREZIX	9
TAZORAC	22	TOBI PODHALER.	38	tri femynor	32
TEGRETOL	12	TOBRADEX OPHTHALMIC OINTMENT	36	tri-estarylla.	32
TEGRETOL-XR	12	TOBRADEX OPHTHALMIC SUSPENSION.	36	tri-linyah	32
TEGSEDI	29	TOBRADEX ST	36	tri-lo-estarylla	32
				tri-lo-marzia	32



tri-lo-mili	32	TRUETRACK TEST	25	VANADOM	39	
tri-lo-sprintec	32	TRULICITY	26	VANAZOLE	11	
tri-mili	32	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	16	VANOS	23	
tri-nymyo	32	TRUVADA ORAL TABLET 200-300 MG	16	varenicline tartrate	10	
tri-sprintec	32	tyblume	32	VASCEPA	18	
tri-vylibra	32	tydemy	32	VASOTEC	18	
tri-vylibra lo	32	TYMLOS	35	VECTICAL	23	
triamcinolone acetonide external aerosol solution	22	TYRVAYA	36	VELPHORO	29	
triamcinolone acetonide external cream 0.025 %, 0.1 %	22	TYVASO DPI MAINTENANCE KIT . . .	39	VELTASSA	28	
triamcinolone acetonide external cream 0.5 %	22	TYVASO DPI TITRATION KIT	39	VEMLIDY	16	
triamcinolone acetonide external lotion	22	TYVASO INHALATION POWDER . . .	39	venlafaxine hcl	13	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	22	TYVASO INHALATION SOLUTION . . .	39	venlafaxine hcl er oral capsule extended release 24 hour	13	
triamcinolone acetonide external ointment 0.05 %	22	TYVASO REFILL	39	venlafaxine hcl er oral tablet extended release 24 hour	13	
triamcinolone in absorbbase	22	TYVASO STARTER	39	VENTOLIN HFA	37, 38	
triamterene-hctz	18	U			verapamil hcl er	18
TRIANEX	22	UBRELVY	14	verapamil hcl oral	18	
triazolam	16	UCERIS ORAL	35	VERDESO	23	
TRICOR	18	UCERIS RECTAL	35	VERELAN	18	
triderm external cream 0.1 %	22	UKONIQ	14	VERELAN PM	18	
triderm external cream 0.5 %	22	ULORIC	13	VERKAZIA	36	
TRIDESILON	22	ULTRAM	9	VERQUVO	18	
trientine hcl	29	UNISTRIP1 GENERIC	25	VERZENIO	14	
TRIJARDY XR	26	unithroid	33	vestura	32	
TRILEPTAL	12	UROCIT-K 10	28	VIAGRA	27	
TRILURON	9	UROCIT-K 15	28	VIBERZI	29	
TRINTELLIX	13	UROCIT-K 5	28	VIBRAMYCIN ORAL CAPSULE	11	
tritocin	22	UROXATRAL	29	VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	11	
TRIUMEQ	16	URSO 250	28	VICTOZA SOLUTION PEN- INJECTOR 18 MG/3ML SUBCUTANEOUS	26	
TRIUMEQ PD	16	URSO FORTE	28	vienva	32	
TROKENDI XR	12	URSODIOL ORAL CAPSULE 200 MG, 400 MG	28	VIGAMOX	36	
TRUE FOCUS BLOOD GLUCOSE STRIP	25	ursodiol oral capsule 300 mg	28	VIIBRYD	13	
TRUE METRIX AIR GLUCOSE METER	25	ursodiol oral tablet	28	VIIBRYD STARTER PACK	13	
TRUE METRIX BLOOD GLUCOSE TEST	25	V			vilazodone hcl	13
TRUE METRIX GO GLUCOSE METER	25	VAGIFEM	32	VIMPAT ORAL	12	
TRUE METRIX METER KIT	25	valacyclovir hcl oral	16	VIOKACE	29	
TRUE METRIX PRO BLOOD GLUCOSE	25	VALIUM	16	violele	32	
TRUETRACK BLOOD GLUCOSE DEVICE	25	VALSARTAN ORAL SOLUTION	18	VIREAD ORAL POWDER	16	
		valsartan oral tablet	18	VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	16	
		valsartan-hydrochlorothiazide	18	VIREAD ORAL TABLET 300 MG	16	
		VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	12	VISTARIL	16	
		VALTRESX	16			



vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	28	XELPROS	36	ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	18
VITAPEARL	28	XENLETA ORAL	11	ZIAC ORAL TABLET 5-6.25 MG	19
VITRAKVI	14	XEPI	11	ZIEXTENZO	27
VIVELLE-DOT	30, 32	XHANCE	37	ZILXI	23
VOGELXO	33	XIIDRA	36	ZIMHI	10
VOGELXO PUMP	33	XIMINO	11	ZIOPTAN	36
volnea	32	XOFLUZA (40 MG DOSE)	16	ziprasidone hcl	15
VORTEX VALVED HOLDING CHAMBER	38	XOFLUZA (80 MG DOSE)	16	ZIPSOR	10
VOSEVI	16	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	34	ZITHROMAX ORAL	11
VRAYLAR ORAL CAPSULE	15	XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	34	ZITHROMAX TRI-PAK	11
VTOL LQ	9	XOLEGEL	13	ZITHROMAX Z-PAK	11
vyfemla	32	XOPENEX HFA	38	ZOCOR	19
VYLEESI	27	XTAMPZA ER	9	ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	14
vylibra	32	xulane	32	ZOLOFT	13
VYTORIN	18	XYREM	39	zolpidem tartrate er	39
VYVANSE	19	XYWAV	39	zolpidem tartrate oral	39
VYZULTA	36			zolpidem tartrate sublingual	39
				ZOLPIMIST	39
				ZOMACTON	33
W				ZOMIG NASAL SOLUTION 2.5 MG	14
WAKIX	39	YASMIN 28	32	ZOMIG NASAL SOLUTION 5 MG	14
warfarin sodium oral	11	YAZ	32	ZONEGRAN	12
WELCHOL	18	YUPELRI	38	zonisamide oral	12
WELLBUTRIN SR	13	yuvafem	32	ZONTIVITY	15
WELLBUTRIN XL	13			ZOVIRAX ORAL	16
wera	32	Z		ZTLIDO	9
WILATE	27	zafemy	32	ZUBSOLV	10
wixela inhub	38	ZANAFLEX	39	zumandimine	32
WYNZORA	23	ZARXIO	27	ZYCLARA	23
		ZCORT 7-DAY	32	ZYCLARA PUMP	23
		ZEBUTAL	9	ZYLET	36
X		ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	26	ZYLOPRIM	13
XALATAN	36	ZEJULA	14	ZYPREXA ORAL	15
XANAX	16	ZELNORM	29	ZYPREXA ZYDIS	15
XANAX XR	16	ZEMBRACE SYMTOUCH	14		
XARELTO	11	zenatane	23		
XARELTO STARTER PACK	11	ZENPEP	29		
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	12	ZENZEDI	19		
XELJANZ	34	ZEPATIER	16		
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	34	ZEPOSIA	20		
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	34	ZEPOSIA 7-DAY STARTER PACK	20		
XELODA	14	ZEPOSIA STARTER KIT	20		
		ZESTORETIC	18		
		ZESTRIL	18		
		ZETIA	18		
		ZETONNA	37		



Nondiscrimination notice and access to communication services

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

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

Online: UHC_Civil_Rights@uhc.com

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

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

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

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

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

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

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



Multi-language interpreter services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर 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 ntwam koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: ប្រសិនបើអ្នកនិយាយ **ភាសាខ្មែរ (Khmer)** សូមទាក់ទងភាសាដទៃទៀតក្នុងចំណោមភាសាសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខគិតគិតថ្លៃ ដល់មន្ត្រីសេវាអ្នកប្រើប្រាស់សំរាប់អ្នក។

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

DÍI BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yánílti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shq'odí ninaaltsoos nit'i'izi bee nééhozinígíí bine'déę' t'áá jíík'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

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

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

Insurance coverage provided by or through UnitedHealthcare Insurance Company, UnitedHealthcare Insurance Company of New York, or Oxford Health Insurance, Inc. or their affiliates. Oxford HMO products are underwritten by Oxford Health Plans (NJ), Inc. Administrative services provided by United HealthCare Services, Inc., UnitedHealthcare Service LLC, Oxford Health Plans LLC, or their affiliates.

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

8/22 ©2023 United HealthCare Services, Inc.
WF7969203-J 2023 Prescription Drug List — Traditional 3-Tier

**United
Healthcare**