

Your 2020 Prescription Drug List

Advantage 3-Tier



Effective May 1, 2020

This Prescription Drug List (PDL) is accurate as of May 1, 2020 and is subject to change after this date. Some changes may be effective July 1, 2020, and are noted next to those medications. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Plan, River Valley, All Savers and Oxford medical plans with a pharmacy benefit subject to the Advantage 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 . . . 3	Dental and Oral Agents
Medication tips 5	Drugs for Mouth and Throat Conditions 20
Reading your PDL 6	Dermatological Agents
Questions 9	Drugs for Skin Conditions 20
Drugs by category 10	Diabetes
Analgesics	Glucose Monitoring 22
Drugs for Pain 10	Insulin 23
Drugs for Pain and Inflammation 11	Non-Insulin Agents 24
Anti-Addiction / Substance Abuse	Drugs for Blood Disorders 25
Treatment Agents 11	Drugs for Sexual Dysfunction 25
Antibacterials	Electrolytes / Vitamins 25
Drugs for Infections 11	Gastrointestinal Agents
Anticoagulants	Drugs for Acid Reflux and Ulcer 26
Drugs to Treat or Prevent Blood Clots 12	Drugs for Bowel, Intestine and Stomach Conditions 26
Anticonvulsants	Genetic or Enzyme Disorder
Drugs for Seizures 13	Drugs for Replacement, Modification, Treatment . . 27
Antidementia Agents	Genitourinary Agents
Drugs for Alzheimer's Disease and Dementia . . . 13	Drugs for Bladder, Genital and Kidney Conditions 27
Antidepressants	Drugs for Prostate Conditions 27
Drugs for Depression 13	Hormonal Agents
Antiemetics	Hormone Replacement and Birth Control 27
Drugs for Nausea and Vomiting 14	Oral Steroids 31
Antifungals	Other 31
Drugs for Fungal Infections 14	Testosterone Replacement 31
Antigout Agents	Thyroid 32
Drugs for Gout 14	Immunological Agents
Antimigraine Agents	Drugs for Immune System Stimulation or Suppression 32
Drugs for Migraines 15	Infertility Agents 33
Antineoplastics	Inflammatory Bowel Disease Agents 33
Drugs for Cancer 15	Metabolic Bone Disease Agents
Antiparasitics	Drugs for Osteoporosis 33
Drugs for Parasitic Infections 15	Ophthalmic Agents
Antiparkinson Agents	Drugs for Eye Allergy, Infection and Inflammation 33
Drugs for Parkinson's Disease 15	Drugs for Glaucoma 34
Antiplatelets	Drugs for Miscellaneous Eye Conditions 35
Drugs for Heart Attack and Stroke Prevention . . 15	Otic Agents
Antipsychotics	Drugs for Ear Conditions 35
Drugs for Mood Disorders 15	Respiratory
Antivirals	Drugs for Anaphylaxis 35
Drugs for Viral Infections 16	Respiratory Tract / Pulmonary Agents
Anxiolytics	Drugs for Allergies, Cough, Cold 35
Drugs for Anxiety 16	Drugs for Asthma and COPD 35
Bipolar Agents	Drugs for Cystic Fibrosis 36
Drugs for Mood Disorders 17	Drugs for Pulmonary Hypertension 37
Cardiovascular Agents	Skeletal Muscle Relaxants
Drugs for Heart and Circulation Conditions . . . 17	Drugs for Muscle Pain and Spasm 37
Central Nervous System Agents	Sleep Disorder Agents 37
Drugs for Attention Deficit Disorder 19	Index 38
Drugs for Multiple Sclerosis 20	
Miscellaneous 20	

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 health plan ID card.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, determined 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 ID card at any time to check your medication coverage and lower-cost options.

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.

Understanding your Prescription Drug List (continued)

Why are some medications excluded from coverage?

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

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your 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 determine 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 equivalent to an over-the-counter drug may be covered if it is determined to be medically necessary.

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 equivalent 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 ID card or call the toll-free phone number on your 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 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 determine your best course of treatment. In this PDL, brand-name medications are shown in UPPERCASE and generic medications in lowercase.

Tier information.

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

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

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

Reading your PDL (continued)

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 determines how these medications may be covered for you.

E **May be excluded from coverage or subject to Prior Authorization in Connecticut, New Jersey and New York. (Referred to as First Start in New Jersey)**

Lower-cost options are available and covered.

H **Health Care Reform Preventive**

This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.

H-PA **Health Care Reform Preventive with Prior Authorization**

May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

PA **Prior Authorization (sometimes referred to as precertification)³**

Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.

QL **Quantity Limits**

Specifies the largest quantity of medication covered per copayment or in a defined period of time.

RS **Refill and Save Program⁴**

Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.

SP **Specialty Medication**

Specialty medications treat complex or rare conditions and may require special storage and handling. You may be required to obtain these medications from a specialty pharmacy.

ST **Step Therapy (referred to as First Start in New Jersey)**

Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered.

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

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

Reading your PDL (continued)

Coverage details.

Some drug classes in this PDL have additional/important coverage details. Review this list to determine 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. Medications that require step therapy may require prior authorization (sometimes referred to as precertification) if covered under another benefit.

Diabetes: Continuous Glucose Monitors, Sensors

Coverage is determined 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's medical benefit plan.

Endocrine: Growth Hormone

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

Infertility

Coverage is determined 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 determined 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.

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



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



Visit your plan's member website listed on your 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	Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain			lidocaine-prilocaine external cream	1	
acetaminophen-codeine	1		lorcet	1	
acetaminophen-codeine #2	1		lorcet hd	1	
acetaminophen-codeine #3	1		lorcet plus	1	
acetaminophen-codeine #4	1		LORTAB	3	
apap-caff-dihydrocodeine	3	QL	MORPHABOND ER	E	PA, QL, ST
ARYMO ER	E	PA, QL, ST	morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	
BELBUCA	3	PA, QL	morphine sulfate er oral capsule extended release 24 hour	E	PA, QL, ST
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL	morphine sulfate er oral tablet extended release	1	PA, QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL	morphine sulfate oral	1	
butalbital-apap-caffeine oral tablet	1	QL	morphine sulfate rectal	1	
DILAUDID ORAL	3		MS CONTIN	3	PA, ST, QL
DVORAH	E	QL	NALOCET	E	
endocet	1		NORCO	3	
ESGIC	3	QL	NUCYNTA	3	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL	NUCYNTA ER	3	PA, QL, ST
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, QL, ST	OXAYDO	E	
FIORICET	3	QL	OXYCODONE HCL ER	E	PA, QL, ST
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	1		oxycodone hcl oral capsule	1	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2		oxycodone hcl oral concentrate 100 mg/5ml	1	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E		oxycodone hcl oral solution	1	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1		oxycodone hcl oral tablet	1	
hydromorphone hcl er	3	PA, ST, QL	oxycodone-acetaminophen	1	
hydromorphone hcl oral	1		OXYCONTIN	E	PA, QL, ST
hydromorphone hcl rectal	1		PERCOCET	E	
HYSINGLA ER	E	PA, QL, ST	premium lidocaine	2	QL
KADIAN	E	PA, QL, ST	PRIMLEV	E	
lidocaine external ointment	2	QL	ROXICODONE ORAL TABLET 15 MG, 30 MG	3	
lidocaine external patch	3	PA, QL	ROXICODONE ORAL TABLET 5 MG	3	
			tramadol hcl er (biphasic)	E	QL
			tramadol hcl er oral capsule extended release 24 hour 150 mg	1	QL

See page 8 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug Name	Drug Tier	Requirements & Limits
tramadol hcl er oral tablet extended release 24 hour	2	QL
tramadol hcl ir	1	
trezix	3	QL
TYLENOL WITH CODEINE #3	3	
TYLENOL WITH CODEINE #4	3	
ULTRAM	3	
VANATOL LQ	2	PA, QL
VANATOL S	2	PA, QL
vicodin hp	E	
XTAMPZA ER	2	PA, QL
zebutal	1	QL
ZOXYDOL ER	3	PA, ST, QL

Analgesics - Drugs for Pain and Inflammation

celecoxib oral	2	QL
diclofenac potassium	1	
diclofenac sodium er	1	
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	2	
diclofenac sodium transdermal solution	E	
EC-NAPROSYN	3	
ec-naproxen	1	
etodolac	1	
etodolac er	1	
ibu	1	
ibuprofen oral suspension	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN	3	
indomethacin er	1	
indomethacin oral	1	
ketorolac tromethamine oral	1	
meloxicam oral	1	
MOBIC	3	
nabumetone oral	1	

Drug Name	Drug Tier	Requirements & Limits
NAPRELAN	E	
NAPROSYN ORAL SUSPENSION	3	PA
naproxen dr	1	
naproxen oral suspension	1	PA
naproxen oral tablet	1	
naproxen sodium er	E	
naproxen sodium oral tablet 275 mg, 550 mg	1	
SPRIX	3	
VOLTAREN 1% GEL	2	

Anti-Addiction / Substance Abuse Treatment Agents

BUNAVAIL	E	PA, QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	2	QL
CHANTIX	3	PA, H
CHANTIX CONTINUING MONTH PAK	3	PA, H
CHANTIX STARTING MONTH PAK	3	PA, H
EVZIO	E	PA, QL
naloxone hcl injection	1	
naltrexone hcl oral	1	
NARCAN	2	QL
SUBOXONE	E	PA, QL
ZUBSOLV	2	QL

Antibacterials - Drugs for Infections

amoxicillin	1	
amoxicillin-potassium clavulanate er	E	
amoxicillin-potassium clavulanate oral	1	
avidoxy	1	
azithromycin oral	1	
BACTRIM	3	
BACTRIM DS	3	
cefadroxil	1	
cefdinir	1	

Drug Name	Drug Tier	Requirements & Limits
cefuroxime axetil	1	
CENTANY	3	QL
cephalexin	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
clarithromycin er	2	
clarithromycin oral suspension reconstituted	2	
clarithromycin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
coremino	E	PA
DIFICID	3	QL
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	1	
FLAGYL	3	
KEFLEX	3	
LEVAQUIN ORAL TABLET 500 MG, 750 MG	3	
levofloxacin oral	1	
MACROBID	3	
MACRODANTIN	3	
metronidazole oral	1	
metronidazole vaginal	2	
minocycline hcl oral capsule	1	
minocycline hcl oral tablet	E	
MINOLIRA	E	PA

Drug Name	Drug Tier	Requirements & Limits
mondoxyne nl oral capsule 100 mg	1	
mondoxyne nl oral capsule 75 mg	E	
morgidox oral	2	
mupirocin calcium	3	QL
mupirocin external	1	QL
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	E	
okebo	E	
penicillin v potassium	1	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
vandazole	2	
VIBRAMYCIN ORAL CAPSULE	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	
XEPI	3	QL
XIMINO	E	PA
ZITHROMAX ORAL PACKET	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	
ZITHROMAX ORAL TABLET 600 MG	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
BEVYXXA	3	QL
COUMADIN	3	
ELIQUIS	2	QL
enoxaparin sodium	2	QL
jantoven	1	
PRADAXA	2	QL

See page 8 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug Name	Drug Tier	Requirements & Limits
warfarin sodium oral	1	
XARELTO	2	QL
Anticonvulsants - Drugs for Seizures		
carbamazepine er oral capsule extended release 12 hour	2	
carbamazepine er oral tablet extended release 12 hour	3	
carbamazepine oral	1	
CARBATROL	3	
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA, ST
DEPAKOTE SPRINKLES	3	PA, ST
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
epitol	1	
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet	1	
KEPPRA ORAL	3	PA, ST
KEPPRA XR	3	PA, ST
LAMICTAL	3	PA, ST
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	PA, ST
LAMICTAL XR	3	PA, ST
lamotrigine er	3	PA, ST
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	PA, ST
levetiracetam er	2	
levetiracetam oral	1	
NEURONTIN	3	PA, ST
oxcarbazepine	1	
roweepra	1	
roweepra xr	2	

Drug Name	Drug Tier	Requirements & Limits
TEGRETOL	3	
TEGRETOL-XR	3	
TOPAMAX	3	PA, ST
topiramate oral	1	
TRILEPTAL	3	PA, ST
VIMPAT ORAL	3	PA
ZONEGRAN	3	PA, ST
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT ORAL TABLET 10 MG, 5 MG	3	
donepezil hcl oral tablet 10 mg, 5 mg	1	
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 oral	1	
citalopram hydrobromide	1	
desvenlafaxine succinate er	2	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	QL
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	3	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	3	QL
fluoxetine hcl oral tablet 20 mg	3	
fluoxetine hcl oral tablet 60 mg	E	
fluvoxamine maleate	1	

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Drug Name	Drug Tier	Requirements & Limits
fluvoxamine maleate er	3	QL
mirtazapine oral	1	
nortriptyline hcl oral	1	
PAMELOR	3	
paroxetine hcl	1	
paroxetine hcl er	3	QL
PAXIL CR	3	QL
PAXIL ORAL SUSPENSION	3	
PAXIL ORAL TABLET	3	
REMERON	3	
REMERON SOLTAB	3	
sertraline hcl oral	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	E	
VIIBRYD	3	QL

Antiemetics - Drugs for Nausea and Vomiting

BONJESTA	E	PA
DICLEGIS	E	PA
doxylamine-pyridoxine	E	PA
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	E	
ondansetron hcl oral	1	
ondansetron odt	1	
phenadoz	1	
prochlorperazine maleate oral	1	
promethazine hcl oral syrup	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
promethegan	1	

Drug Name	Drug Tier	Requirements & Limits
REGLAN	3	
scopolamine	3	
TRANSDERM SCOP (1.5 MG)	3	
VARUBI	2	QL
ZOFRAN	3	

Antifungals - Drugs for Fungal Infections

ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
CRESEMBA ORAL	3	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3	
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	3	
DIFLUCAN ORAL TABLET 50 MG	3	
EXTINA	3	QL
fluconazole oral	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external foam	3	QL
ketoconazole external shampoo	1	
NIZORAL	3	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystop	1	
terbinafine hcl oral	1	QL
terconazole	1	
XOLEGEL	3	

Antigout Agents - Drugs for Gout

allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	
colchicine oral tablet	E	
COLCRYS	E	

Drug Name	Drug Tier	Requirements & Limits
febuxostat	3	ST, QL
GLOPERBA	E	
MITIGARE	2	
ZYLOPRIM	3	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST, QL
AMERGE	3	QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA, ST, QL
naratriptan hcl	1	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous	1	QL
Antineoplastics - Drugs for Cancer		
anastrozole oral	1	
bexarotene	E	QL, SP
capecitabine	E	QL, SP
ERLEADA	2	PA, QL, SP
IBRANCE	2	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate	1	PA, QL, SP
letrozole oral	1	
LYNPARZA	2	PA, QL, SP
mercaptopurine oral	1	
NUBEQA	2	PA, QL, SP
PURIXAN	3	PA, SP
REVLIMID	2	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TARGRETIN EXTERNAL	3	QL, SP
TARGRETIN ORAL	2	SP
TASIGNA	2	PA, ST, QL, SP
VERZENIO	2	PA, QL, SP
XELODA	1	QL, SP

Drug Name	Drug Tier	Requirements & Limits
ZEJULA	2	PA, QL, SP
ZYTIGA	2	PA, QL, SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	3	QL
atovaquone-proguanil hcl	2	
ELIMITE	3	
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	QL
MALARONE	3	
permethrin external	1	
Antiparkinson Agents - Drugs for Parkinson's Disease		
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
DUOPA	3	PA
INBRIJA	3	PA, QL, SP
MIRAPEX	3	
MIRAPEX ER	E	
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	E	
REQUIP XL	E	
ropinirole hcl	1	
ropinirole hcl er	E	
RYTARY	E	
SINEMET	3	
SINEMET CR	3	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	3	QL
clopidogrel bisulfate oral	1	
ZONTIVITY	3	QL
Antipsychotics - Drugs for Mood Disorders		
aripiprazole oral solution	3	
aripiprazole oral tablet	2	QL
aripiprazole oral tablet dispersible	2	QL

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Drug Name	Drug Tier	Requirements & Limits
LATUDA	3	QL
olanzapine oral tablet	1	QL
olanzapine oral tablet dispersible	2	QL
quetiapine fumarate	1	
quetiapine fumarate er	3	QL
risperidone	1	
SAPHRIS	3	QL
ziprasidone hcl	2	QL
Antivirals - Drugs for Viral Infections		
acyclovir oral	1	
ATRIPLA	E	ST, QL
BARACLUDE ORAL SOLUTION	2	SP
BARACLUDE ORAL TABLET	E	SP
CIMDUO	2	QL
DESCOVY	3	ST, QL
DOVATO	2	QL
entecavir	1	SP
EPCLUSA	2	PA, QL, SP
GENVOYA	3	QL
HARVONI ORAL TABLET	2	PA, QL, SP
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, QL, SP
MAVYRET	2	PA, QL, SP
NORVIR ORAL PACKET	2	
NORVIR ORAL SOLUTION	2	
ODEFSEY	3	QL
oseltamivir phosphate oral capsule	2	
oseltamivir phosphate oral suspension reconstituted	2	QL
PREZCOBIX	2	
PREZISTA	2	
ritonavir	2	

Drug Name	Drug Tier	Requirements & Limits
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	3	QL
SYMFI	2	QL
SYMFI LO	2	QL
TEMIXYS	E	
tenofovir disoproxil fumarate	2	
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA	3	QL
valacyclovir hcl oral	1	QL
VEMLIDY	3	ST, SP
VIREAD ORAL POWDER	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VOSEVI	2	PA, QL, SP
XOFLUZA	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	
buspirone hcl oral	1	
clonazepam oral	1	
diazepam intensol	1	
diazepam oral	1	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
triazolam	1	
VISTARIL	3	

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Drug Name	Drug Tier	Requirements & Limits
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	3	
acetazolamide er	1	
acetazolamide oral	1	
ADALAT CC	3	
ALDACTONE	3	
aliskiren fumarate oral tablet	3	QL
ALTACE	3	
ALTOPREV	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	QL, H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	QL
AVALIDE	3	
AVAPRO	3	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BIDIL	2	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
BYSTOLIC	2	
CALAN SR	3	
CARDURA	3	
CAROSPIR	3	PA
cartia xt	2	

Drug Name	Drug Tier	Requirements & Limits
carvedilol	1	
CATAPRES	3	
chlorthalidone	1	
clonidine hcl oral	1	
colesevelam hcl	E	
COREG	3	
CORGARD	3	
CORLANOR	3	PA, QL
COZAAR	3	
diltiazem hcl er coated beads	2	
diltiazem hcl er oral capsule extended release 12 hour	1	
diltiazem hcl oral	1	
dilt-xr	1	
doxazosin mesylate oral	1	
DYAZIDE	3	
EDARBI	3	
EDARBYCLOR	3	
enalapril maleate oral	1	
EPANED	3	PA
ezetimibe	2	
ezetimibe-simvastatin	3	
fenofibrate oral capsule 150 mg, 50 mg	E	
fenofibrate oral tablet 120 mg, 145 mg, 40 mg, 48 mg	E	
fenofibrate oral tablet 160 mg, 54 mg	2	
flecainide acetate	1	
FLOLIPID	3	PA
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	3	
irbesartan	1	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
irbesartan-hydrochlorothiazide	1		nifedipine oral	1	
isosorbide mononitrate	1		NITRO-BID	2	
isosorbide mononitrate er	1		NITRO-DUR	3	
KAPSPARGO SPRINKLE	3		nitroglycerin sublingual	1	
labetalol hcl oral	1		nitroglycerin transdermal	1	
LASIX	3		NITROMIST	3	QL
LIPOFEN	E		NITROSTAT	3	
lisinopril oral	1		nitro-time	1	
lisinopril-hydrochlorothiazide	1		olmesartan medoxomil oral	2	
LOPID	3		olmesartan medoxomil-hctz	2	
LOPRESSOR	3		omega-3-acid ethyl esters	3	
losartan potassium	1		PACERONE ORAL TABLET 100 MG, 400 MG	3	
losartan potassium-hctz	1		pacerone oral tablet 200 mg	1	
LOTENSIN	3		PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/ML	2	PA, ST, QL
LOTENSIN HCT	3		PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/ML, 75 MG/ML	2	PA, ST, QL
LOTREL	3		PRAVACHOL	3	
lovastatin	1	H	pravastatin sodium	1	
matzim la	2		prazosin hcl oral	1	
MAXZIDE	3		PRINIVIL	3	
MAXZIDE-25	3		PROCARDIA	3	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2		PROCARDIA XL	3	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1		propranolol hcl er	2	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1		propranolol hcl oral	1	
MINIPRESS	3		QBRELIS	3	PA
minitran	1		quinapril hcl	1	
MULTAQ	3	PA	ramipril	1	
nadolol oral	1		ranolazine er	2	
niacin (antihyperlipidemic)	2		REPATHA	2	PA, ST, QL
niacin er (antihyperlipidemic)	3		REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL
niacor	2		REPATHA SURECLICK	2	PA, ST, QL
NIASPAN	2		rosuvastatin calcium	2	QL
nifedipine er	1				
nifedipine er osmotic release	1				

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Drug Name	Drug Tier	Requirements & Limits
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
sotalol hcl oral	1	
SOTYLIZE	3	PA
spironolactone oral	1	
TEKTURNA HCT	3	QL
TEKTURNA ORAL TABLET	3	QL
telmisartan	2	
TOPROL XL	3	
toremide	1	
triamterene-hctz	1	
valsartan	2	
valsartan-hydrochlorothiazide	1	
VASCEPA ORAL CAPSULE	3	PA
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM	3	
WELCHOL	2	
ZIAC ORAL TABLET 10-6.25 MG, 5-6.25 MG, 2.5-6.25 MG	3	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	3	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL XR	2	QL
ADHANSIA XR	E	PA, QL
amphetamine-dextroamphetamine	1	PA
amphetamine-dextroamphetamine er	E	PA, QL

Drug Name	Drug Tier	Requirements & Limits
APTENSIO XR	E	PA, QL
atomoxetine hcl	3	QL
CONCERTA	2	PA, QL
dexmethylphenidate hcl	1	PA
dexmethylphenidate hcl er	3	PA, QL
dextroamphetamine sulfate er	3	PA, QL
dextroamphetamine sulfate oral solution	1	PA
dextroamphetamine sulfate oral tablet	3	PA
FOCALIN	3	PA
guanfacine hcl er	2	QL
JORNAY PM	E	PA, QL
metadate er	3	PA, QL
METHYLIN	3	PA
methylphenidate hcl er (cd)	2	PA, QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	2	PA, QL
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	3	PA, QL
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	E	PA, QL
methylphenidate hcl er oral tablet extended release 24 hour	E	PA, QL
methylphenidate hcl oral solution	1	PA
methylphenidate hcl oral tablet	1	PA
methylphenidate hcl oral tablet chewable	3	PA
MYDAYIS	E	PA, QL
PROCENTRA	3	PA
QUILLICHEW ER	E	PA, QL
QUILLIVANT XR	E	PA, QL
relexxii	E	PA
RITALIN	3	PA
VYVANSE (starting 7/1/2020)	3	PA, QL
VYVANSE (until 7/1/2020)	2	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AUBAGIO	3	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BETASERON	2	PA, QL, SP
dalfampridine er	2	PA, QL, SP
EXTAVIA	E	PA, QL, ST, SP
GILENYA ORAL CAPSULE	3	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	E	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT	3	PA, QL, SP
PLEGRIDY	3	PA, QL, SP
REBIF	3	PA, ST, QL, SP
REBIF REBIDOSE	3	PA, ST, QL, SP
TECFIDERA	2	PA, QL, SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, QL, SP
LYRICA CR	E	ST, QL
NUDEXTA	2	PA
pregabalin oral capsule	2	QL
pregabalin oral solution	3	QL
RILUTEK	3	SP
riluzole	1	SP
TIGLUTIK	3	PA
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cavarest	1	
chlorhexidine gluconate mouth/throat	1	
clinpro 5000	1	
denta 5000 plus	1	
dentagel	1	
fluoridex	1	
fluoridex enhanced whitening	1	

Drug Name	Drug Tier	Requirements & Limits
lidocaine hcl mouth/throat	1	
lidocaine viscous mouth/throat solution 2 %	1	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	3	
neutral sodium fluoride	1	
paroex	1	
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 dental	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	PA
ACZONE	3	QL
ALA SCALP	3	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	
ALDARA	3	QL
ALTRENO	E	PA, QL
amneesteem	2	
avar cleanser	1	
avita	E	PA
azelaic acid external	3	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external gel	1	

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Drug Name	Drug Tier	Requirements & Limits
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	2	
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	2	
bp 10-1	1	
calcipotriene-betameth diprop	3	QL
calcitriol external	1	QL
CAPEX	2	
CARAC	2	
claravis	2	
CLEOCIN-T EXTERNAL GEL	3	QL
CLEOCIN-T EXTERNAL LOTION	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phosphate external foam	3	
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	QL
clindamycin phosphate external swab	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	E	QL
clindamycin phosphate gel 1 % external	3	QL
clobetasol propionate external cream	2	QL
clobetasol propionate external foam	E	
clobetasol propionate external gel	2	QL
clobetasol propionate external liquid	1	QL
clobetasol propionate external lotion	E	

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

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Drug Name	Drug Tier	Requirements & Limits
FLUOROPLEX	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	3	
fluorouracil external cream 5 %	1	
fluorouracil external solution	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	1	QL
isotretinoin oral	2	
LOTRISONE	3	QL
METROCREAM	3	
METROLOTION	3	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
metronidazole external gel 1 %	E	
metronidazole external lotion	1	
MIRVASO	3	QL
mometasone furoate external	1	
myorisan	2	
neuac external gel	3	QL
PICATO	3	QL
rosadan external cream	1	
rosadan external gel	1	
sss 10-5	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external emulsion	1	
sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %	1	
sulfacetamide sodium-sulfur external pad	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	

Drug Name	Drug Tier	Requirements & Limits
sulfamez wash	1	
SUMAXIN	3	
SUMAXIN WASH	3	
TACLONEX EXTERNAL SUSPENSION	3	QL
tazarotene external	E	PA, QL
TAZORAC	3	PA, QL
TEMOVATE	3	QL
TEXACORT	2	
tretinoin cream 0.025 % external	3	PA, QL
tretinoin external cream 0.05 %, 0.1 %	3	PA, QL
tretinoin external gel	E	PA, QL
triamcinolone acetonide external aerosol solution	2	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
trianex	E	
triderm external cream 0.1 %	1	
triderm external cream 0.5 %	1	QL
tridesilon	3	QL
zenatane	2	

Diabetes - Glucose Monitoring

ACCU-CHEK AVIVA DEVICE	E	
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	E	
ACCU-CHEK AVIVA PLUS	E	
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK COMPACT PLUS CARE KIT	E	
ACCU-CHEK COMPACT PLUS TEST STRIPS	E	QL
ACCU-CHEK GUIDE	E	

Drug Name	Drug Tier	Requirements & Limits
ACCU-CHEK GUIDE TEST STRIPS	E	QL
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	E	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD ULTRA-FINE INSULIN SYRINGES	2	
BD ULTRA-FINE PEN NEEDLES	2	
CONTOUR NEXT MONITOR	2	
CONTOUR NEXT TEST STRIPS	2	QL
CONTOUR TEST STRIPS	E	QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	3	PA, QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	3	PA, QL
EASYPLUS BLOOD GLUCOSE TEST	3	QL
FASTCLIX	1	
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE LIBRE SENSOR SYSTEM	3	PA, QL
FREESTYLE PRECISION NEO TEST	E	QL
INSULIN SYRINGES	2	
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
ONETOUCH ULTRA 2	1	
ONETOUCH ULTRA BLUE TEST STRIPS	1	QL
ONETOUCH ULTRA MINI	1	

Drug Name	Drug Tier	Requirements & Limits
ONE TOUCH VERIO KIT W/ DEVICE	1	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
ONETOUCH VERIO IQ SYSTEM	1	
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	1	
SOFTCLIX	1	
SOFT TOUCH	1	
Diabetes - Insulin		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
AFREZZA	E	PA
BASAGLAR KWIKPEN (starting 7/1/2020)	E	QL
BASAGLAR KWIKPEN (until 7/1/2020)	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 SOLUTION	1	QL
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL (CONCENTRATED)	1	QL
HUMULIN R VIAL	1	QL
INSULIN ASPART	E	ST, QL
INSULIN ASPART FLEXPEN	E	ST, QL
INSULIN ASPART PENFILL	E	ST, QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
INSULIN LISPRO	E	QL	TRESIBA (starting 7/1/2020)	E	QL
INSULIN LISPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	E	QL	TRESIBA (until 7/1/2020)	2	QL
LANTUS SOLOSTAR (starting 7/1/2020)	1	QL	TRESIBA FLEXTOUCH (starting 7/1/2020)	E	QL
LANTUS SOLOSTAR (until 7/1/2020)	E	QL	TRESIBA FLEXTOUCH (until 7/1/2020)	2	QL
LANTUS U-100 VIAL (starting 7/1/2020)	1	QL	Diabetes - Non-Insulin Agents		
LANTUS U-100 VIAL (until 7/1/2020)	E	QL	ADLYXIN	3	ST, QL
LEVEMIR U-100 FLEXTOUCH (starting 7/1/2020)	E	QL	ALOGLIPTIN BENZOATE	E	
LEVEMIR U-100 FLEXTOUCH (until 7/1/2020)	3	QL	ALOGLIPTIN-METFORMIN HCL	E	
LEVEMIR U-100 VIAL (starting 7/1/2020)	E	QL	ALOGLIPTIN-PIOGLITAZONE	E	
LEVEMIR U-100 VIAL (until 7/1/2020)	3	QL	AMARYL	3	
NOVOLIN 70/30 FLEXPEN	E	ST, QL	BAQSIMI ONE PACK	2	QL
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL	BAQSIMI TWO PACK	2	QL
NOVOLIN 70/30 RELION	E	ST, QL	BYDUREON	2	ST, QL
NOVOLIN 70/30 VIAL	E	ST, QL	BYDUREON BCISE AUTOINJECTOR	2	ST, QL
NOVOLIN N FLEXPEN	E	ST, QL	BYETTA 10 MCG PEN	2	ST, QL
NOVOLIN N FLEXPEN RELION	E	ST, QL	BYETTA 5 MCG PEN	2	ST, QL
NOVOLIN N RELION	E	ST, QL	FARXIGA	E	ST, QL
NOVOLIN N VIAL	E	ST, QL	FORTAMET	E	PA
NOVOLIN R FLEXPEN	E	ST, QL	glimepiride	1	
NOVOLIN R FLEXPEN RELION	E	ST, QL	glipizide er	1	
NOVOLIN R RELION	E	ST, QL	glipizide ir	1	
NOVOLIN R VIAL	E	ST, QL	glipizide xl	1	
NOVOLOG FLEXPEN	E	ST, QL	GLUCAGON EMERGENCY INJECTION KIT	2	QL
NOVOLOG PENFILL	E	ST, QL	GLUCOPHAGE	3	
NOVOLOG U-100 VIAL	E	ST, QL	GLUCOPHAGE XR	3	PA
TOUJEO MAX SOLOSTAR (starting 7/1/2020)	2	QL	GLUCOTROL	3	
TOUJEO MAX SOLOSTAR (until 7/1/2020)	E	QL	GLUCOTROL XL	3	
TOUJEO SOLOSTAR (starting 7/1/2020)	2	QL	GLUCOVANCE ORAL TABLET 5-500 MG	3	
TOUJEO SOLOSTAR (until 7/1/2020)	E	QL	GLUMETZA	E	PA
			glyburide oral	1	
			glyburide-metformin	1	
			GLYXAMBI	2	ST, QL
			GVOKE PFS	2	QL

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Drug Name	Drug Tier	Requirements & Limits
INVOKAMET	2	QL
INVOKAMET XR	2	QL
INVOKANA	2	ST, QL
JANUVIA (starting 7/1/2020)	E	PA, ST, QL
JANUVIA (until 7/1/2020)	3	PA, ST, QL
JARDIANCE	2	ST, QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KAZANO	2	QL
KOMBIGLYZE XR	2	QL
metformin hcl er	1	
metformin hcl er (mod)	E	PA
metformin hcl er (osm)	E	PA
METFORMIN HCL ORAL SOLUTION	3	
metformin hcl oral tablet	1	
NESINA	2	QL
ONGLYZA	2	QL
OSENI	2	QL
OZEMPIC	2	ST, QL
pioglitazone hcl	1	QL
RIOMET	3	
RYBELSUS	2	ST, QL
SOLQUA	2	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRULICITY	2	ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	(2 Pak), ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	(3 Pak), ST, QL

Drug Name	Drug Tier	Requirements & Limits
Drugs for Blood Disorders		
AFSTYLA INTRAVENOUS KIT	3	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
ELOCTATE	3	PA, SP
JIVI	3	PA, SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, QL, SP
NEULASTA	3	SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
RECOMBINATE	3	PA, ST, SP
RETACRIT	2	QL, SP
ZARXIO	2	SP
Drugs for Sexual Dysfunction		
ADDYI	3	PA, QL
IMVEXXY MAINTENANCE PACK	3	QL
INTRAROSA	3	QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	3	PA, QL
tadalafil oral tablet 10 mg, 20 mg	2	QL
tadalafil oral tablet 2.5 mg, 5 mg	2	ST, QL
VYLEESI	3	PA, QL
Electrolytes / Vitamins		
clovique	E	PA, SP
cyanocobalamin injection	1	
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	

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Drug Name	Drug Tier	Requirements & Limits
klor-con m10	1	
KLOR-CON M15	3	
klor-con m20	1	
klor-con sprinkle	1	
K-TAB	3	
LOKELMA	3	PA, QL
multi-vitamin/fluoride	1	
multivitamin/fluoride oral solution	1	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
multivitamins/fluoride	1	
mvc-fluoride	1	
NASCOBAL	3	
POLY-VI-FLOR	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
QUFLORA PEDIATRIC	3	
SYPRINE	3	PA, SP
trientine hcl	E	PA, SP
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)	1	
VITAPEARL CAP	3	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
CARAFATE ORAL SUSPENSION	3	
CARAFATE ORAL TABLET	3	
CYTOTEC	3	
DEXILANT	3	QL
misoprostol oral	1	
OMECLAMOX-PAK	3	QL

Drug Name	Drug Tier	Requirements & Limits
omeprazole oral capsule delayed release	1	
pantoprazole sodium tablet delayed release 20 mg, 40 mg oral	1	
PYLERA	3	QL
rabeprazole sodium oral tablet delayed release	2	QL
ranitidine hcl oral capsule	E	
ranitidine hcl oral syrup	1	
ranitidine hcl oral tablet 150 mg, 300 mg	E	
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
ACTIGALL	3	
ANASPAZ	2	
CLENPIQ	3	
COLYTE WITH FLAVOR PACKS	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ed-spaz	1	
gavilyte-c	1	H
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	2	QL
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	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

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Drug Name	Drug Tier	Requirements & Limits
NULEV	3	
oscimin	1	
oscimin sr	1	
peg-3350/electrolytes	1	QL, H
PLENVU	3	
PREPOPIK	3	QL
SUPREP BOWEL PREP KIT	3	QL
SYMAX DUOTAB	3	
symax-sl	1	
symax-sr	1	
SYMPROIC	2	PA, QL
URSO 250	3	
URSO FORTE	3	
ursodiol oral	1	
VIBERZI	3	PA, QL
ZELNORM	3	PA, QL

Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment

CERDELGA	2	PA, SP
CREON	2	
ENDARI	3	PA, QL
NITYR	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
TEGSEDI	2	PA, QL, SP
VIOKACE	3	ST
ZENPEP	2	

Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions

AURYXIA	3	
CUPRIMINE	3	SP
D-PENAMINE	2	SP
DEPEN TITRATABS	2	SP
DITROPAN XL	3	

Drug Name	Drug Tier	Requirements & Limits
oxybutynin chloride er	2	
oxybutynin chloride oral	1	
penicillamine oral	3	SP
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
TOVIAZ	3	
VELPHORO	2	

Genitourinary Agents - Drugs for Prostate Conditions

alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
PROSCAR	3	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	3	

Hormonal Agents - Hormone Replacement and Birth Control

afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
amethia	3	
amethia lo	3	
apri	1	H
ashlyna	3	
aubra	1	H
aubra eq	1	H
aurovela 1.5/30	2	
aurovela 1/20	2	
aurovela 24 fe	3	
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
AYGESTIN	3		DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM	3	
ayuna	1	H	dotti	E	
azurette	2		drospiren-eth estrad-levomefol	E	
balziva	2		drospirenone-ethinyl estradiol	3	
bekyree	2		DUAVEE	3	QL
BEYAZ	E		ELESTRIN	3	
BIJUVA	3		elinest	1	H
blisovi 24 fe	3		eluryng	E	
blisovi fe 1.5/30	1	H	emoquette	1	H
blisovi fe 1/20	1	H	enskyce	1	H
briellyn	2		errin	1	H
camila	1	H	estarylla	1	H
camrese	3		ESTRACE ORAL	3	
camrese lo	3		ESTRACE VAGINAL	3	
chateal	1	H	estradiol oral	1	
chateal eq	1	H	estradiol patch twice weekly 0.025 mg/24hr transdermal (generic for Minivelle)	2	QL
CLIMARA PRO	3	QL	estradiol patch twice weekly 0.025 mg/24hr transdermal (generic Vivelle-Dot)	E	QL
cryselle-28	1	H	estradiol patch twice weekly 0.0375 mg/24hr transdermal (generic for Minivelle)	2	QL
cyclafem 1/35	1	H	estradiol patch twice weekly 0.0375 mg/24hr transdermal (generic Vivelle-Dot)	E	QL
cyred	1	H	estradiol patch twice weekly 0.05 mg/24hr transdermal (generic for Minivelle)	2	QL
cyred eq	1	H	estradiol patch twice weekly 0.05 mg/24hr transdermal (generic Vivelle-Dot)	E	QL
dasetta 1/35	1	H	estradiol patch twice weekly 0.075 mg/24hr transdermal (generic for Minivelle)	2	QL
daysee	3		estradiol patch twice weekly 0.075 mg/24hr transdermal (generic Vivelle-Dot)	E	QL
deblitane	1	H	estradiol patch twice weekly 0.1 mg/24hr transdermal (generic for Minivelle)	2	QL
delyla	1	H			
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	QL			
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	QL			
DEPO-SUBQ PROVERA 104	2	QL			
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2				
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H			

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Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.1 mg/24hr transdermal (generic Vivelle-Dot)	E	QL
estradiol transdermal patch weekly (generic Climara)	1	QL
estradiol vaginal cream	E	
estradiol vaginal tablet	2	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	E	
EVAMIST	2	
falmina	1	H
fayosim	E	
femynor	1	H
gianvi	3	
hailey 1.5/30	2	
hailey 24 fe	3	
heather	1	H
incassia	1	H
introvale	2	H
isibloom	1	H
jasmiel	3	
jencycla	1	H
jolessa	2	H
juleber	1	H
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	3	
kalliga	1	H
kariva	2	
kurvelo	1	H
larin 1.5/30	2	
larin 1/20	2	
larin 24 fe	3	

Drug Name	Drug Tier	Requirements & Limits
larin fe 1.5/30	1	H
larin fe 1/20	1	H
larissia	1	H
lessina	1	H
levonorgest-eth est & eth est	E	
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	3	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levora 0.15/30 (28)	1	H
lillow	1	H
LO LOESTRIN FE	3	
loryna	3	
LOSEASONIQUE	3	
low-ogestrel	1	H
lo-zumandimine	3	
lutera	1	H
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular suspension	1	QL, H
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	QL, H
medroxyprogesterone acetate oral	1	
melodetta 24 fe	E	
MENOSTAR	3	QL
mibelas 24 fe	E	
microgestin 1.5/30	2	
microgestin 1/20	2	
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	Drug Name	Drug Tier	Requirements & Limits
MIRCETTE	3		PREMPRO	3	
mono-lynyah	1	H	previfem	1	H
NATAZIA	2		progesterone micronized oral	2	
necon 0.5/35 (28)	1	H	PROVERA	3	
nikki	3		QUARTETTE	E	
nora-be	1	H	reclipsen	1	H
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)	3		rivelsa	E	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H	SAFYRAL	E	
norethin ace-eth estrad-fe oral tablet chewable	E		SEASONIQUE	3	
norethindrone acetate oral	1		setlakin	2	H
norethindrone acet-ethinyl est	2		sharobel	1	H
norethindrone oral	1	H	simliya	2	
norgestimate-eth estradiol	1	H	simpesse	3	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2		sprintec 28	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H	sronyx	1	H
norlyda	1	H	syeda	3	
norlyroc	1	H	tarina 24 fe	3	
nortrel 0.5/35 (28)	1	H	tarina fe 1/20	1	H
nortrel 1/35 (21)	1	H	tarina fe 1/20 eq	1	H
nortrel 1/35 (28)	1	H	TAYTULLA	E	
NUVARING	1	H	tri femynor	1	H
ocella	3		tri-estarylla	1	H
ogestrel	2		tri-lynyah	1	H
orsythia	1	H	tri-lo-estarylla	2	
philith	2		tri-lo-marzia	2	
pimtrea	2		tri-lo-mili	2	
pirmella 1/35	1	H	tri-lo-sprintec	2	
portia-28	1	H	tri-mili	1	H
PREMARIN ORAL	3		tri-previfem	1	H
PREMARIN VAGINAL	3		tri-sprintec	1	H
PREMPHASE	3		tri-vylibra	1	H
			tri-vylibra lo	2	
			tulana	1	H
			tydemy	E	

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Drug Name	Drug Tier	Requirements & Limits
vienva	1	H
viorele	2	
VIVELLE-DOT	2	QL
vyfemla	2	
vylibra	1	H
wera	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvaferm	2	
zarah	3	
zumandimine	3	

Hormonal Agents - Oral Steroids

CORTEF	3	
DECADRON	E	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
methylprednisolone oral	1	
MILLIPRED	2	
MILLIPRED DP	2	
ORAPRED ODT	3	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral	1	
prednisone intensol	1	
prednisone oral	1	

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Other		
cabergoline	2	
DDAVP INJECTION	3	
DDAVP ORAL	3	
desmopressin acetate injection	1	
desmopressin acetate oral	1	
GENOTROPIN	E	PA, QL, SP
GENOTROPIN MINIQUICK	E	PA, QL, SP
HUMATROPE	E	PA, QL, SP
NOCDURNA	3	PA, QL
NOCTIVA	E	PA, QL
NORDITROPIN FLEXPRO	E	PA, QL, SP
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP
OMNITROPE	E	PA, QL, SP
ORLISSA	3	PA, QL
STIMATE	3	
ZOMACTON	E	PA, QL, SP

Hormonal Agents - Testosterone Replacement

ANDRODERM	2	PA, QL
ANDROGEL	E	PA, QL
ANDROGEL PUMP	E	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
FORTESTA	E	PA, QL
NATESTO	E	PA, QL
STRIANT	3	PA, QL
TESTIM	2	PA, QL
TESTOSTERONE CYPIONATE INJECTION	3	
testosterone cypionate intramuscular	1	

Drug Name	Drug Tier	Requirements & Limits
testosterone enanthate intramuscular	1	
testosterone transdermal	E	PA, QL
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
XYOSTED	E	PA

Hormonal Agents - Thyroid

ARMOUR THYROID	3	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral	1	
levothyroxine-liothyronine oral tablet 30 mg, 60 mg, 90 mg	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
NATURE-THROID	3	
np thyroid	1	
SYNTHROID	2	
TAPAZOLE	3	
thyroid oral tablet 120 mg, 15 mg	1	
TIROSINT	E	
TIROSINT-SOL	3	PA
unithroid	1	
WESTHROID	3	
WP THYROID	3	

Immunological Agents - Drugs for Immune System Stimulation or Suppression

ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ASTAGRAF XL	E	
AZASAN	3	
azathioprine oral	1	
CELLCEPT	E	
CIMZIA PREFILLED KIT	2	PA, QL, SP
COSENTYX (300 MG DOSE)	3	PA, ST, QL, SP

Drug Name	Drug Tier	Requirements & Limits
COSENTYX 150 MG/ML	3	PA, ST, QL, SP
COSENTYX SENSOREADY (300 MG)	3	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	3	PA, ST, QL, SP
cyclosporine modified	1	
ENBREL	3	PA, ST, QL, SP
ENBREL MINI	3	PA, ST, QL, SP
ENBREL SURECLICK	3	PA, ST, QL, SP
ENVARUSUS XR	E	
FIRAZYR	3	PA, QL, SP
gengraf	1	
HAEGARDA	2	PA, QL, SP
HUMIRA	2	PA, QL, SP
HUMIRA PEN	2	PA, QL, SP
icatibant acetate	E	PA, QL, SP
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil	1	
mycophenolate sodium	2	
OLUMIANT ORAL TABLET	2	PA, QL, SP
ORENCIA	3	PA, QL, SP
OTEZLA	2	PA, QL, SP
OTREXUP	E	ST, QL
PROGRAF ORAL PACKET	3	
RAPAMUNE ORAL SOLUTION	3	
RASUVO	3	ST, QL
RINVOQ	2	PA, QL, SP
RUCONEST	3	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral solution	2	
sirolimus oral tablet	1	
SKYRIZI (150 MG DOSE)	2	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION	2	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
tacrolimus oral	1	
TAKHZYRO	2	PA, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	
XELJANZ	2	PA, ST, QL, SP
XELJANZ XR	2	PA, ST, QL, SP

Infertility Agents

chorionic gonadotropin intramuscular	3	SP
CRINONE VAGINAL GEL 4 %	3	PA, ST
CRINONE VAGINAL GEL 8 %	3	PA, ST
ENDOMETRIN	2	PA
FOLLISTIM AQ	2	SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous (Ferring)	3	SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous (Merck/Organon)	2	SP
GONAL-F	3	SP, ST
GONAL-F RFF	3	SP, ST
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	3	SP
OVIDREL	3	SP
pregnyl	1	SP

Inflammatory Bowel Disease Agents

APRISO	2	
ASACOL HD	E	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
budesonide er	E	
budesonide oral	2	
CANASA	E	
CORTIFOAM	2	
DELZICOL	E	
DIPENTUM	3	
ENTOCORT EC	E	

Drug Name	Drug Tier	Requirements & Limits
hydrocortisone ace-pramoxine	1	
LIALDA	2	
mesalamine er	E	
mesalamine oral	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	2	
PENTASA	E	
PROCORT	E	
PROCTOFOAM HC	2	
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	3	
UCERIS RECTAL	2	

Metabolic Bone Disease Agents - Drugs for Osteoporosis

alendronate sodium	1	
BONIVA ORAL	3	
calcitriol oral	1	
FORTEO	3	PA, SP
FOSAMAX	3	
ibandronate sodium oral	2	
ROCALTROL	3	
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 OPHTHALMIC OINTMENT	3	
CILOXAN OPHTHALMIC SOLUTION	3	
ciprofloxacin hcl ophthalmic	1	

Drug Name	Drug Tier	Requirements & Limits
erythromycin ophthalmic	1	H
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LASTACAFT	3	QL
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	3	QL
LOTEMAX SM	3	QL
loteprednol etabonate	3	QL
MAXITROL	3	
MOXEZA	3	
moxifloxacin hcl ophthalmic	3	
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 %	3	QL
olopatadine hcl ophthalmic solution 0.2 %	E	QL
PATADAY	E	QL
PATANOL	E	QL
PAZEO	E	QL
polymyxin b-trimethoprim	1	
POLYTRIM	3	
PRED FORTE	3	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION	3	
TOBRADEX ST	E	

Drug Name	Drug Tier	Requirements & Limits
tobramycin ophthalmic	1	
tobramycin-dexamethasone	2	
TOBREX OPHTHALMIC OINTMENT	3	
TOBREX OPHTHALMIC SOLUTION	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
AZOPT	2	QL
BETIMOL	2	QL
bimatoprost ophthalmic	E	
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
COMBIGAN	2	QL
COSOPT	3	
COSOPT PF OPHTHALMIC SOLUTION 22.3-6.8 MG/ML	E	QL
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf ophthalmic solution 22.3-6.8 mg/ml	E	QL
ISTALOL	3	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
timolol maleate ophthalmic gel forming solution	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
timolol maleate ophthalmic solution 0.5 % (daily)	3	
TIMOPTIC	3	
TIMOPTIC OCUDOSE	2	
TIMOPTIC-XE	3	
TRAVATAN Z	3	QL

See page 8 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug Name	Drug Tier	Requirements & Limits
travoprost (bak free)	2	QL
VYZULTA	E	QL, ST
XELPROS	3	QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
CEQUA	E	PA, QL
RESTASIS	3	PA, QL
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	E	PA, QL
XIIDRA	3	PA, QL
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	3	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	E	QL
epinephrine injection solution 0.3 mg/0.3ml (generic AdrenaClick)	E	QL
epinephrine injection solution auto-injector 0.15 mg/0.15ml (generic AdrenaClick)	E	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection (generic EpiPen Jr.)	2	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection (generic EpiPen)	2	QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
SYMJEPI	2	QL
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
ASTEPRO	E	
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl nasal solution 0.15 %	E	
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	

Drug Name	Drug Tier	Requirements & Limits
bromfed dm	1	
cyproheptadine hcl oral	1	
fluticasone propionate nasal	2	QL
guaifenesin-codeine soln 100-10 mg/5ml	1	
hydrocodone polst-cpm polst er	3	PA, QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
OMNARIS	E	QL
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
TESSALON PERLES	3	
TUSSICAPS	3	PA, QL
XHANCE	E	QL
ZETONNA	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ADVAIR DISKUS	3	QL, RS
ADVAIR HFA	3	QL, RS
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
albuterol sulfate er	1	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (generic ProAir HFA or Proventil HFA)	3	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (generic Ventolin HFA)	E	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml	1	

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

Drug Name	Drug Tier	Requirements & Limits
PERFOROMIST	3	QL
PROAIR DIGIHALER	E	QL
PROAIR HFA	3	QL
PROAIR RESPICLICK	3	QL
PROVENTIL HFA	3	QL
PULMICORT FLEXHALER	3	ST, QL
PULMICORT SUSPENSION	E	QL
QVAR REDIHALER	1	QL
SINGULAIR ORAL PACKET	3	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	2	QL
wixela inhub	E	QL, RS
XOPENEX HFA	3	QL
YUPELRI	3	PA, QL

Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis

BETHKIS	2	PA, QL, SP
KITABIS PAK	E	PA, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI NEBULIZER	E	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	2	PA, QL, SP
bosentan	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
ORENITRAM	3	PA, QL, SP
TRACLEER	2	PA, QL, SP
TYVASO	2	PA, SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
AMRIX	E	
baclofen oral	1	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl er	E	
cyclobenzaprine hcl oral	1	
FEXMID	3	
metaxalone	3	
methocarbamol oral	1	
OZOBAX	E	
ROBAXIN-750	3	
SKELAXIN	E	
SOMA ORAL TABLET 250 MG	E	
SOMA ORAL TABLET 350 MG	3	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
ZANAFLEX	3	

Drug Name	Drug Tier	Requirements & Limits
Sleep Disorder Agents		
AMBIEN CR	E	QL
EDLUAR	E	QL
eszopiclone	2	QL
INTERMEZZO	E	QL
modafinil	2	PA, QL
RESTORIL	3	
SUNOSI	3	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYREM	3	PA, QL, SP
zolpidem tartrate er	E	QL
zolpidem tartrate oral	1	QL
zolpidem tartrate sublingual	E	QL

Index

A

ABSORICA.....	20	ADMELOG SOLOSTAR	23	ALREX.....	33
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	22	Adrenaclck.....	35	ALTACE	17
ACCU-CHEK AVIVA DEVICE	22	ADVAIR DISKUS.....	35	altavera.....	27
ACCU-CHEK AVIVA PLUS	22	ADVAIR HFA	35	ALTOPREV.....	17
ACCU-CHEK AVIVA PLUS TEST STRIPS	22	afirmelle.....	27	ALTRENO.....	20
ACCU-CHEK COMPACT PLUS CARE KIT.....	22	AFREZZA.....	23	ALVESCO.....	36
ACCU-CHEK COMPACT PLUS TEST STRIPS	22	AFSTYLA INTRAVENOUS KIT	25	alyacen 1/35	27
ACCU-CHEK GUIDE	22, 23	AIMOVIG.....	15	AMARYL.....	24
ACCU-CHEK GUIDE TEST STRIPS	23	AIRDUO RESPICLICK 113/14.....	35	AMBIEN CR	37
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE.....	23	AIRDUO RESPICLICK 232/14	35	AMERGE.....	15
ACCU-CHEK SMARTVIEW TEST STRIPS	23	AIRDUO RESPICLICK 55/14	35	amethia.....	27
ACCUPRIL	17	ALA SCALP.....	20	amethia lo.....	27
acetaminophen-codeine.....	10	ala-cort external cream 1 %	20	amiodarone hcl oral.....	17
acetaminophen-codeine #2.....	10	ala-cort external cream 2.5 %	20	amitriptyline hcl oral	13
acetaminophen-codeine #3.....	10	albuterol sulfate er.....	35	amlodipine besylate oral.....	17
acetaminophen-codeine #4	10	ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION.....	35	amlodipine besylate-benazepril hcl.....	17
acetazolamide er	17	albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml.....	35	amlodipine besylate-valsartan.....	17
acetazolamide oral	17	albuterol sulfate oral	36	amnesteam.....	20
ACTEMRA ACTPEN	32	ALDACTONE.....	17	amoxicillin	11
ACTEMRA SUBCUTANEOUS.....	32	ALDARA	20	amoxicillin-potassium clavulanate er	11
ACTIGALL	26	alendronate sodium.....	33	amoxicillin-potassium clavulanate oral	11
ACULAR.....	33	alfuzosin hcl er	27	amphetamine- dextroamphetamine	19
ACULAR LS	33	aliskiren fumarate oral tablet.....	17	amphetamine- dextroamphetamine er	19
ACUVAIL	33	allopurinol oral	14	AMRIX	37
acyclovir oral	16	ALOGLIPTIN BENZOATE	24	ANASPAZ.....	26
ACZONE.....	20	ALOGLIPTIN-METFORMIN HCL..	24	anastrozole oral.....	15
ADALAT CC	17	ALOGLIPTIN-PIOGLITAZONE	24	ANDRODERM.....	31
ADDERALL XR.....	19	ALORA	27	ANDROGEL	31
ADDYI.....	25	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	34	ANDROGEL PUMP.....	31
ADEMPAS	37	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	34	ANORO ELLIPTA	36
ADHANSIA XR.....	19	alprazolam er.....	16	apap-caff-dihydrocodeine	10
ADLYXIN	24	alprazolam intensol	16	apri	27
ADMELOG	23	alprazolam oral.....	16	APRISO	33
		alprazolam xr.....	16	APTENSIO XR.....	19
				ARAKODA.....	15
				ARANESP (ALBUMIN FREE).....	25
				ARCAPTA NEOHALER.....	36

BUNAVAIL.....	11	CARBATROL.....	13	ciprofloxacin hcl ophthalmic	33
buprenorphine hcl sublingual	11	carbidopa-levodopa.....	15	ciprofloxacin hcl oral.....	12
buprenorphine hcl-naloxone hcl.....	11	carbidopa-levodopa er	15	citalopram hydrobromide.....	13
bupropion hcl er (sr)	13	CARDURA	17	claravis	21
bupropion hcl er (xl) oral tablet		carisoprodol oral tablet 250 mg.....	37	clarithromycin er	12
extended release 24 hour		carisoprodol oral tablet 350 mg.....	37	clarithromycin oral suspension	
150 mg, 300 mg	13	CAROSPIR.....	17	reconstituted.....	12
bupropion hcl oral.....	13	cartia xt.....	17	clarithromycin oral tablet	12
buspirone hcl oral	16	carvedilol	17	CLENPIQ.....	26
butalbital-apap-caffeine oral		CATAPRES.....	17	CLEOCIN ORAL CAPSULE	
capsule 50-300-40 mg.....	10	cavarest.....	20	150 MG, 300 MG.....	12
butalbital-apap-caffeine oral		cefadroxil	11	CLEOCIN ORAL CAPSULE	
capsule 50-325-40 mg.....	10	cefdinir	11	75 MG.....	12
butalbital-apap-caffeine oral		cefuroxime axetil	12	CLEOCIN-T EXTERNAL GEL.....	21
tablet	10	celecoxib oral	11	CLEOCIN-T EXTERNAL	
BYDUREON	24	CELLCEPT	32	LOTION	21
BYDUREON BCISE		CENTANY	12	Climara	28, 29
AUTOINJECTOR	24	cephalexin	12	CLIMARA PRO	28
BYETTA 10 MCG PEN	24	CEQUA.....	35	clindacin etz external swab	21
BYETTA 5 MCG PEN.....	24	CERDELGA.....	27	clindacin-p	21
BYSTOLIC	17	CHANTIX.....	11	CLINDAGEL	21
		CHANTIX CONTINUING MONTH		clindamycin hcl oral	12
		PAK	11	clindamycin phos-benzoyl perox	
		CHANTIX STARTING MONTH		external gel 1.2-5 %	21
		PAK	11	clindamycin phosphate external	
		chateal.....	28	foam	21
		chateal eq.....	28	clindamycin phosphate external	
		chlorhexidine gluconate		lotion.....	21
		mouth/throat.....	20	clindamycin phosphate external	
		chlorthalidone.....	17	solution.....	21
		chorionic gonadotropin		clindamycin phosphate external	
		intramuscular.....	33	swab.....	21
		ciclodan	14	CLINDAMYCIN PHOSPHATE	
		ciclopirox external gel.....	14	GEL 1 % EXTERNAL	21
		ciclopirox external shampoo.....	14	CLINDESSE	12
		ciclopirox external solution.....	14	clinpro 5000.....	20
		CILOXAN OPHTHALMIC		clobetasol propionate external	
		OINTMENT	33	cream	21
		CILOXAN OPHTHALMIC		clobetasol propionate external	
		SOLUTION.....	33	foam	21
		CIMDUO.....	16	clobetasol propionate external	
		CIMZIA PREFILLED KIT	32	gel	21
		CIPRO ORAL TABLET.....	12	clobetasol propionate external	
		CIPRODEX.....	35	liquid.....	21

C

cabergoline.....	31				
CALAN SR	17				
calcipotriene-betameth diprop.....	21				
calcitriol external	21				
calcitriol oral	33				
camila	28				
camrese.....	28				
camrese lo.....	28				
CANASA.....	33				
capecitabine	15				
CAPEX	21				
CARAC.....	21				
CARAFATE ORAL					
SUSPENSION.....	26				
CARAFATE ORAL TABLET	26				
carbamazepine er oral capsule					
extended release 12 hour.....	13				
carbamazepine er oral tablet					
extended release 12 hour.....	13				
carbamazepine oral.....	13				

clobetasol propionate external lotion.....	21	COZAAR	17	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	31	
clobetasol propionate external ointment	21	CREON	27	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	31	
clobetasol propionate external shampoo	21	CRESEMBA ORAL	14	DERMA-SMOOTH/FS BODY	21	
clobetasol propionate external solution.....	21	CRINONE VAGINAL GEL 4 %.....	33	DERMA-SMOOTH/FS SCALP ...	21	
clodan external shampoo	21	CRINONE VAGINAL GEL 8 %.....	33	DESCOVY	16	
clonazepam oral	16	cryselle-28.....	28	desmopressin acetate injection.....	31	
clonidine hcl oral.....	17	CUPRIMINE	27	desmopressin acetate oral	31	
clopidogrel bisulfate oral	15	cyancobalamin injection	25	desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5) ..	28	
clotrimazole-betamethasone external cream	21	cyclafem 1/35	28	desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	28	
clotrimazole-betamethasone external lotion.....	21	cyclobenzaprine hcl er	37	DESONATE	21	
clovique	25	cyclobenzaprine hcl oral.....	37	desonide external	21	
COLCHICINE ORAL CAPSULE ...	14	cyclosporine modified.....	32	DESOWEN	21	
colchicine oral tablet.....	14	cyproheptadine hcl oral	35	desvenlafaxine succinate er	13	
COLCRYS	14	cyred.....	28	dexamethasone intensol.....	31	
colesevelam hcl.....	17	cyred eq.....	28	dexamethasone oral elixir	31	
COLYTE WITH FLAVOR PACKS..	26	CYTOTEC	26	dexamethasone oral solution	31	
COMBIGAN.....	34	D			dexamethasone oral tablet	31
COMBIVENT RESPIMAT	36	D-PENAMINE	27	DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC).....	23	
CONCERTA	19	dalfampridine er.....	20	DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	23	
CONTOUR NEXT MONITOR	23	dapsone external gel 5 %.....	21	DEVICE.....	23	
CONTOUR NEXT TEST STRIPS ..	23	dasetta 1/35.....	28	DEXILANT.....	26	
CONTOUR TEST STRIPS	23	daysee	28	dexamethylphenidate hcl.....	19	
COREG	17	DDAVP INJECTION	31	dexamethylphenidate hcl er	19	
coremino.....	12	DDAVP ORAL	31	dextroamphetamine sulfate er.....	19	
CORGARD	17	deblitane.....	28	dextroamphetamine sulfate oral solution.....	19	
CORLANOR.....	17	DECADRON.....	31	dextroamphetamine sulfate oral tablet	19	
CORTEF	31	delyla	28	diazepam intensol	16	
CORTIFOAM	33	DELZICOL.....	33	diazepam oral.....	16	
COSENTYX (300 MG DOSE).....	32	denta 5000 plus.....	20	DICLEGIS.....	14	
COSENTYX 150 MG/ML	32	dentagel.....	20	diclofenac potassium.....	11	
COSENTYX SENSOREADY (300 MG)	32	DEPAKOTE	13			
COSENTYX SENSOREADY PEN.....	32	DEPAKOTE ER	13			
COSOPT	34	DEPAKOTE SPRINKLES.....	13			
COSOPT PF OPHTHALMIC SOLUTION 22.3-6.8 MG/ML	34	DEPEN TITRATABS.....	27			
COUMADIN.....	12	DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	28			
		DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	28			
		DEPO-SUBQ PROVERA 104.....	28			

diclofenac sodium er	11	doxepin hcl oral capsule	13	eluryng.....	28
diclofenac sodium oral.....	11	doxepin hcl oral concentrate	13	EMGALITY	15
diclofenac sodium transdermal gel 1 %	11	doxycycline hyclate oral capsule ...	12	emoquette	28
diclofenac sodium transdermal solution.....	11	doxycycline hyclate oral tablet 100 mg	12	enalapril maleate oral.....	17
dicyclomine hcl oral.....	26	doxycycline hyclate oral tablet 20 mg	12	ENBREL.....	32
DIFICID.....	12	doxycycline monohydrate oral capsule 100 mg, 50 mg.....	12	ENBREL MINI	32
DIFLUCAN ORAL SUSPENSION RECONSTITUTED.....	14	doxycycline monohydrate oral suspension reconstituted	12	ENBREL SURECLICK	32
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG.....	14	doxycycline monohydrate oral tablet	12	ENDARI.....	27
DIFLUCAN ORAL TABLET 50 MG	14	doxylamine-pyridoxine	14	endocet.....	10
DILAUDID ORAL	10	DRISDOL	25	ENDOMETRIN	33
dilt-xr.....	17	drospiren-eth estrad-levomefol	28	enoxaparin sodium	12
diltiazem hcl er coated beads.....	17	drospirenone-ethinyl estradiol	28	enskyce	28
diltiazem hcl er oral capsule extended release 12 hour.....	17	DUAVEE.....	28	ENSTILAR.....	21
diltiazem hcl oral.....	17	duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	13	entecavir.....	16
DIPENTUM.....	33	DUOPA.....	15	ENTOCORT EC	33
diphenoxylate-atropine	26	DUPIXENT	21	ENVARUSUS XR.....	32
DIPROLENE.....	21	DVORAH.....	10	EPANED.....	17
DIPROLENE AF	21	DYAZIDE	17	EPCLUSA.....	16
DITROPAN XL.....	27			epinephrine injection solution 0.3 mg/0.3ml	35
divalproex sodium er	13			epinephrine injection solution auto-injector 0.15 mg/0.15ml	35
divalproex sodium oral capsule delayed release sprinkle	13			epinephrine solution auto-injector 0.15 mg/0.3ml injection	35
divalproex sodium oral tablet delayed release.....	13			epinephrine solution auto-injector 0.3 mg/0.3ml injection	35
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM	28			EpiPen.....	35
donepezil hcl oral tablet 10 mg, 5 mg	13			EPIPEN 2-PAK.....	35
donepezil hcl oral tablet dispersible	13			EPIPEN JR 2-PAK.....	35
dorzolamide hcl-timolol mal	34			EpiPen Jr.	35
dorzolamide hcl-timolol mal pf ophthalmic solution 22.3-6.8 mg/ml.....	34			epitol.....	13
dotti.....	28			ERGOCAL	25
DOVATO.....	16			ergocalciferol oral capsule	25, 26
doxazosin mesylate oral.....	17			ERLEADA.....	15
				errin	28
				erythromycin ophthalmic	34
				escitalopram oxalate oral solution.....	13
				escitalopram oxalate oral tablet....	13
				ESGIC	10
				estarylla.....	28
				ESTRACE ORAL	28
				ESTRACE VAGINAL	28
				estradiol oral.....	28

E

EASYPLUS BLOOD GLUCOSE TEST	23
EC-NAPROSYN.....	11
ec-naproxen	11
ed-spaz.....	26
EDARBI	17
EDARBYCLOR.....	17
EDLUAR.....	37
EFUDEX.....	21
ELESTRIN.....	28
eletriptan hydrobromide.....	15
ELIMITE	15
elinest.....	28
ELIQUIS	12
ELOCON	21
ELOCTATE	25

estradiol patch twice weekly 0.025 mg/24hr transdermal..... 28	fenofibrate oral tablet 160 mg, 54 mg 17	fluoxetine hcl oral capsule delayed release..... 13
estradiol patch twice weekly 0.0375 mg/24hr transdermal 28	fantanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr 10	fluoxetine hcl oral solution 13
estradiol patch twice weekly 0.05 mg/24hr transdermal..... 28	fantanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr 10	fluoxetine hcl oral tablet 10 mg..... 13
estradiol patch twice weekly 0.075 mg/24hr transdermal 28	FEXMID..... 37	fluoxetine hcl oral tablet 20 mg..... 13
estradiol patch twice weekly 0.1 mg/24hr transdermal 28, 29	FINACEA..... 21	fluoxetine hcl oral tablet 60 mg..... 13
estradiol transdermal patch weekly 29	finasteride oral tablet 5 mg..... 27	fluticasone propionate nasal 35
estradiol vaginal cream 29	FIORICET..... 10	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/ dose, 500-50 mcg/dose 36
estradiol vaginal tablet..... 29	FIRAZYR..... 32	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ ACT, 55-14 MCG/ACT 36
ESTRING..... 29	FLAGYL..... 12	fluvoxamine maleate..... 13, 14
ESTROGEL 29	flecainide acetate 17	fluvoxamine maleate er 14
eszopiclone 37	FLOLIPID..... 17	FOCALIN 19
etodolac..... 11	FLORIVA PLUS 25	folic acid oral tablet 1 mg..... 25
etodolac er..... 11	FLOVENT DISKUS..... 36	FOLLISTIM AQ..... 33
etonogestrel-ethinyl estradiol 29	FLOVENT HFA 36	FORTAMET 24
EUCRISA..... 21	fluconazole oral 14	FORTEO..... 33
euthyrox..... 32	fluocinolone acetonide body..... 21	FORTESTA..... 31
EVAMIST..... 29	fluocinolone acetonide external cream 21	FOSAMAX..... 33
EVOCLIN..... 21	fluocinolone acetonide external ointment 21	FREESTYLE LIBRE 14 DAY READER 23
EVZIO..... 11	fluocinolone acetonide external solution..... 21	FREESTYLE LIBRE 14 DAY SENSOR 23
EXTAVIA 20	fluocinolone acetonide scalp..... 21	FREESTYLE LIBRE READER..... 23
EXTINA 14	fluocinonide external cream 0.05 % 21	FREESTYLE LIBRE SENSOR SYSTEM..... 23
ezetimibe 17	fluocinonide external cream 0.1 % 21	FREESTYLE PRECISION NEO TEST 23
ezetimibe-simvastatin..... 17	fluocinonide external gel 21	furosemide oral..... 17
F		
falmina 29	fluocinonide external ointment 21	
FARXIGA..... 24	fluocinonide external solution..... 21	
FASENRA 36	fluoridex..... 20	
FASENRA PEN 36	fluoridex enhanced whitening..... 20	
FASTCLIX..... 23	FLUOROPLEX 22	
fayosim 29	FLUOROURACIL EXTERNAL CREAM 0.5 % 22	
febuxostat..... 15	fluorouracil external cream 5 %..... 22	
femynor..... 29, 30	fluorouracil external solution 22	
fenofibrate oral capsule 150 mg, 50 mg 17	fluoxetine hcl oral capsule 13	
fenofibrate oral tablet 120 mg, 145 mg, 40 mg, 48 mg 17		
		G
		gabapentin oral capsule 13
		gabapentin oral solution 250 mg/5ml 13
		gabapentin oral tablet..... 13

ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous.....	33	GVOKE PFS.....	24	hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg.....	10	
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous.....	33	GYNAZOLE-1.....	14	hydrocortisone ace-pramoxine.....	33	
gavilyte-c.....	26	H			hydrocortisone external cream 1 %.....	22
gemfibrozil oral.....	17	HAEGARDA.....	32	hydrocortisone external cream 2.5 %.....	22	
gengraf.....	32	hailey 1.5/30.....	29	hydrocortisone external lotion 2.5 %.....	22	
GENOTROPIN.....	31	hailey 24 fe.....	29	hydrocortisone external ointment 1 %, 2.5 %.....	22	
GENOTROPIN MINIQICK.....	31	HARVONI ORAL TABLET.....	16	hydrocortisone oral.....	31	
GENVOYA.....	16	heather.....	29	hydromorphone hcl er.....	10	
gianvi.....	29	HUMALOG KWIKPEN.....	23	hydromorphone hcl oral.....	10	
GILENYA ORAL CAPSULE.....	20	HUMALOG MIX 50/50 KWIKPEN.....	23	hydromorphone hcl rectal.....	10	
glatiramer acetate.....	20	HUMALOG MIX 50/50 VIAL.....	23	hydroxychloroquine sulfate oral.....	15	
glatopa.....	20	HUMALOG MIX 75/25 KWIKPEN.....	23	hydroxyzine hcl oral.....	16	
glimepiride.....	24	HUMALOG MIX 75/25 VIAL.....	23	hydroxyzine pamoate oral.....	16	
glipizide er.....	24	HUMALOG SUBCUTANEOUS SOLUTION.....	23	hyoscyamine sulfate er.....	26	
glipizide ir.....	24	HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE.....	23	hyoscyamine sulfate oral.....	26	
glipizide xl.....	24	HUMALOG U-100 JUNIOR KWIKPEN.....	23	hyoscyamine sulfate sl.....	26	
GLOPERBA.....	15	HUMATROPE.....	31	hyoscyamine sulfate sublingual.....	26	
GLUCAGON EMERGENCY INJECTION KIT.....	24	HUMIRA.....	32	hyosyne.....	26	
GLUCOPHAGE.....	24	HUMIRA PEN.....	32	HYSINGLA ER.....	10	
GLUCOPHAGE XR.....	24	HUMULIN 70/30 KWIKPEN.....	23	HYZAAR.....	17	
GLUCOTROL.....	24	HUMULIN 70/30 VIAL.....	23	I		
GLUCOTROL XL.....	24	HUMULIN N KWIKPEN.....	23	ibandronate sodium oral.....	33	
GLUCOVANCE ORAL TABLET 5-500 MG.....	24	HUMULIN N VIAL.....	23	IBRANCE.....	15	
GLUMETZA.....	24	HUMULIN R U-500 KWIKPEN.....	23	ibu.....	11	
glyburide oral.....	24	HUMULIN R U-500 VIAL (CONCENTRATED).....	23	ibuprofen oral suspension.....	11	
glyburide-metformin.....	24	HUMULIN R VIAL.....	23	ibuprofen oral tablet 400 mg, 600 mg, 800 mg.....	11	
GLYXAMBI.....	24	hydralazine hcl oral.....	17	icatibant acetate.....	32	
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM.....	26	hydrochlorothiazide oral.....	17	IDHIFA.....	15	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM.....	26	hydrocodone polst-cpm polst er.....	35	ILEVRO.....	34	
GONAL-F.....	33	hydrocodone-acetaminophen oral solution 10-325 mg/15ml.....	10	imatinib mesylate.....	15	
GONAL-F RFF.....	33	hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml.....	10	imiquimod external.....	22	
guaifenesin-codeine soln 100-10 mg/5ml.....	35	hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg.....	10	IMVEXXY MAINTENANCE PACK.....	25	
guanfacine hcl.....	17, 19			INBRIJA.....	15	
guanfacine hcl er.....	19			incassia.....	29	

INCRUSE ELLIPTA	36
INDOCIN	11
indomethacin er.....	11
indomethacin oral.....	11
INSULIN ASPART	23
INSULIN ASPART FLEXPEN	23
INSULIN ASPART PENFILL	23
INSULIN LISPRO	24
INSULIN LISPRO SUBCUTANEOUS SOLUTION	
PEN-INJECTOR 100 UNIT/ML ..	24
INSULIN SYRINGES.....	23
INTERMEZZO	37
INTRAROSA	25
introvale	29
INVELTYS	34
INVOKAMET	25
INVOKAMET XR.....	25
INVOKANA.....	25
ipratropium bromide nasal.....	35
ipratropium-albuterol	36
irbesartan	17
irbesartan-hydrochlorothiazide.....	18
ISENTRESS	16
ISENTRESS HD.....	16
isibloom	29
isosorbide mononitrate.....	18
isosorbide mononitrate er.....	18
isotretinoin oral	22
ISTALOL	34

J

jantoven	12
JANUVIA	25
JARDIANCE	25
jasmiel	29
jencycla	29
JENTADUETO.....	25
JENTADUETO XR.....	25
JIVI	25
jolessa	29
JORNAY PM.....	19
juleber.....	29
JULUCA.....	16
junel 1/20	29

junel 1.5/30	29
junel fe 1/20	29
junel fe 1.5/30	29
junel fe 24	29

K

K-TAB	26
KADIAN.....	10
kalliga	29
KAPSPARGO SPRINKLE.....	18
kariva	29
KAZANO	25
KEFLEX.....	12
KEPPRA ORAL.....	13
KEPPRA XR.....	13
ketoconazole external cream	14
ketoconazole external foam	14
ketoconazole external shampoo ...	14
ketorolac tromethamine ophthalmic.....	34
ketorolac tromethamine oral.....	11
KITABIS PAK.....	36
klor-con.....	25, 26
klor-con 10.....	25
klor-con m10.....	26
KLOR-CON M15.....	26
klor-con m20.....	26
klor-con sprinkle	26
KOGENATE FS	25
KOMBIGLYZE XR	25
KOVALTRY	25
KRINTAFEL.....	15
kurvelo	29

L

labetalol hcl oral	18
LAMICTAL.....	13
LAMICTAL ODT ORAL TABLET DISPERSIBLE.....	13
LAMICTAL XR.....	13
lamotrigine er.....	13
lamotrigine oral tablet.....	13
lamotrigine oral tablet chewable....	13
lamotrigine oral tablet dispersible..	13

LANTUS SOLOSTAR.....	24
LANTUS U-100 VIAL	24
larin 1/20.....	29
larin 1.5/30.....	29
larin 24 fe.....	29
larin fe 1/20.....	29
larin fe 1.5/30.....	29
larissia	29
LASIX	18
LASTACRAFT	34
latanoprost ophthalmic	34
LATUDA	16
LEDIPASVIR-SOFOSBUVIR	16
lessina	29
letrozole oral	15
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	36
LEVAQUIN ORAL TABLET 500 MG, 750 MG	12
LEVBID.....	26
LEVEMIR U-100 FLEXTOUCH.....	24
LEVEMIR U-100 VIAL.....	24
levetiracetam er.....	13
levetiracetam oral	13
levo-t.....	32
levocetirizine dihydrochloride oral solution.....	35
levocetirizine dihydrochloride oral tablet	35
levofloxacin oral.....	12
levonorgest-eth est & eth est.....	29
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg.....	29
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	29
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	29
levora 0.15/30 (28).....	29
levothyroxine sodium oral.....	32
levothyroxine-liothyronine oral tablet 30 mg, 60 mg, 90 mg.....	32
levoxyl.....	32
LEVSIN ORAL.....	26

LEVSIN/SL	26	LOTRISONE.....	22	METFORMIN HCL ORAL	
LIALDA	33	lovastatin	18	SOLUTION.....	25
lidocaine external ointment	10	low-ogestrel.....	29	metformin hcl oral tablet.....	25
lidocaine external patch	10	LUMIGAN	34	methimazole oral.....	32
lidocaine hcl mouth/throat	20	lutura.....	29	methocarbamol oral	37
lidocaine viscous mouth/throat		LYNPARZA.....	15	methotrexate oral.....	32
solution 2 %.....	20	LYRICA CR.....	20	methotrexate sodium oral.....	32
lidocaine-prilocaine external		lyza	29	METHYLIN	19
cream	10			methylphenidate hcl er (cd)	19
lillow.....	29			methylphenidate hcl er (la) oral	
LINZESS.....	26			capsule extended release 24 hour	
liothyronine sodium oral	32	MACROBID	12	10 mg, 20 mg, 30 mg, 40 mg,	
LIPOFEN	18	MACRODANTIN.....	12	60 mg	19
lisinopril oral	18	MALARONE	15	methylphenidate hcl er oral tablet	
lisinopril-hydrochlorothiazide.....	18	marlissa	29	extended release 10 mg,	
lithium carbonate er	17	matzim la	18	20 mg	19
lithium carbonate oral.....	17	MAVENCLAD	20	methylphenidate hcl er oral tablet	
LITHOBID	17	MAVYRET	16	extended release 18 mg, 27 mg,	
LO LOESTRIN FE	29	MAXITROL.....	34	36 mg, 54 mg, 72 mg.....	19
lo-zumandimine	29	MAXZIDE	18	methylphenidate hcl er oral tablet	
LOKELMA	26	MAXZIDE-25.....	18	extended release 24 hour	19
LOMOTIL.....	26	MAYZENT	20	methylphenidate hcl oral solution..	19
LOPID.....	18	MEDROL ORAL TABLET 16 MG,		methylphenidate hcl oral tablet.....	19
LOPRESSOR	18	32 MG, 4 MG, 8 MG.....	31	methylphenidate hcl oral tablet	
lorazepam intensol	16	MEDROL ORAL TABLET 2 MG....	31	chewable	19
lorazepam oral concentrate		medroxyprogesterone acetate		methylprednisolone oral	31
2 mg/ml	16	intramuscular suspension	29	metoclopramide hcl oral solution	
lorazepam oral tablet.....	16	medroxyprogesterone acetate		5 mg/5ml	14
lorcet.....	10	intramuscular suspension		metoclopramide hcl oral tablet	14
lorcet hd.....	10	prefilled syringe.....	29	metoclopramide hcl oral tablet	
lorcet plus	10	medroxyprogesterone acetate		dispersible	14
LORTAB	10	oral	29	metoprolol succinate er oral tablet	
loryna.....	29	melodetta 24 fe.....	29	extended release 24 hour	
losartan potassium	18	meloxicam oral	11	100 mg, 200 mg, 50 mg	18
losartan potassium-hctz.....	18	MENOSTAR	29	metoprolol succinate er oral tablet	
LOSEASONIQUE.....	29	mercaptapurine oral	15	extended release 24 hour	
LOTEMAX OPHTHALMIC		mesalamine er	33	25 mg	18
OINTMENT	34	mesalamine oral.....	33	metoprolol tartrate oral tablet	
LOTEMAX OPHTHALMIC		mesalamine rectal enema	33	100 mg, 25 mg, 50 mg	18
SUSPENSION.....	34	mesalamine rectal suppository.....	33	METROCREAM	22
LOTEMAX SM.....	34	metadate er	19	METROLOTION	22
LOTENSIN.....	18	metaxalone.....	37	metronidazole external cream.....	22
LOTENSIN HCT	18	metformin hcl er	25	metronidazole external gel	
loteprednol etabonate.....	34	metformin hcl er (mod)	25	0.75 %	22
LOTREL.....	18	metformin hcl er (osm).....	25	metronidazole external gel 1 %.....	22

metronidazole external lotion	22	morphine sulfate oral.....	10	NATURE-THROID	32
metronidazole oral.....	12	morphine sulfate rectal.....	10	necon 0.5/35 (28)	30
metronidazole vaginal	12	MOTEGRITY	26	neomycin-polymyxin-dexameth	
mibelas 24 fe	29	MOVIPREP.....	26	ophthalmic ointment.....	34
microgestin 1/20	29	MOXEZA	34	neomycin-polymyxin-dexameth	
microgestin 1.5/30	29	moxifloxacin hcl ophthalmic.....	34	ophthalmic suspension	
microgestin fe 1/20	29	MS CONTIN	10	3.5-10000-0.1.....	34
microgestin fe 1.5/30	29	MULPLETA.....	25	neomycin-polymyxin-hc otic.....	35
mili	29	MULTAQ	18	NESINA	25
MILLIPRED	31	multi-vitamin/fluoride	26	neuac external gel	22
MILLIPRED DP	31	multivitamin/fluoride oral solution..	26	NEULASTA.....	25
MINASTRIN 24 FE	29	multivitamin/fluoride oral tablet		NEURONTIN	13
MINIPRESS.....	18	chewable 0.25 mg, 0.5 mg,		neutral sodium fluoride	20
minitran.....	18	1 mg	26	NEVANAC	34
Minivelle.....	28	multivitamins/fluoride.....	26	niacin (antihyperlipidemic)	18
minocycline hcl oral capsule	12	mupirocin calcium.....	12	niacin er (antihyperlipidemic).....	18
minocycline hcl oral tablet	12	mupirocin external.....	12	niacor.....	18
MINOLIRA.....	12	mvc-fluoride.....	26	NIASPAN.....	18
MIRAPEX.....	15	mycophenolate mofetil	32	nifedipine er	18
MIRAPEX ER.....	15	mycophenolate sodium	32	nifedipine er osmotic release.....	18
MIRCETTE	30	MYDAYIS.....	19	nifedipine oral	18
mirtazapine oral.....	14	myorisan	22	nikki	30
MIRVASO	22			NITRO-BID.....	18
misoprostol oral	26			NITRO-DUR	18
MITIGARE	15			nitro-time	18
MOBIC.....	11			nitrofurantoin macrocrystal oral.....	12
modafinil	37			nitrofurantoin monohydrate	
mometasone furoate external	22			macrocrystals.....	12
mondoxylene nl oral capsule				nitroglycerin sublingual.....	18
100 mg	12			nitroglycerin transdermal.....	18
mondoxylene nl oral capsule				NITROMIST.....	18
75 mg	12			NITROSTAT.....	18
mono-linyah.....	30			NITYR.....	27
montelukast sodium oral packet....	36			NIZORAL.....	14
montelukast sodium oral tablet.....	36			NOCDURNA	31
montelukast sodium oral tablet				NOCTIVA.....	31
chewable	36			nora-be	30
morgidox oral.....	12			NORCO	10
MORPHABOND ER	10			NORDITROPIN FLEXPRO	31
morphine sulfate (concentrate) oral				norethin ace-eth estrad-fe oral	
solution 100 mg/5ml, 20 mg/ml..	10			tablet 1-20 mg-mcg(24).....	30
morphine sulfate er oral capsule				norethin ace-eth estrad-fe oral	
extended release 24 hour	10			tablet 1-20 mg-mcg,	
morphine sulfate er oral tablet				1.5-30 mg-mcg.....	30
extended release.....	10				

N

nabumetone oral	11				
nadolol oral.....	18				
NAFRINSE DAILY/NEUTRAL	20				
NAFRINSE WEEKLY	20				
NALOCET	10				
naloxone hcl injection.....	11				
naltrexone hcl oral	11				
NAPRELAN.....	11				
NAPROSYN ORAL					
SUSPENSION.....	11				
naproxen dr	11				
naproxen oral suspension	11				
naproxen oral tablet.....	11				
naproxen sodium er.....	11				
naproxen sodium oral tablet					
275 mg, 550 mg	11				
naratriptan hcl.....	15				
NARCAN	11				
NASCOBAL.....	26				
NATAZIA.....	30				
NATESTO.....	31				

norethin ace-eth estrad-fe oral tablet chewable	30	NUBEQA	15	ONETOUCH ULTRA BLUE TEST STRIPS	23
norethindrone acet-ethinyl est.....	30	NUCALA.....	36	ONETOUCH ULTRA MINI	23
norethindrone acetate oral	30	NUCYNTA	10	ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	23
norethindrone oral	30	NUCYNTA ER	10	ONETOUCH VERIO IQ SYSTEM .	23
norgestimate-eth estradiol.....	30	NUEDEXTA.....	20	ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	23
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg.....	30	NULEV	27	ONETOUCH VERIO TEST STRIPS	23
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	30	NUTROPIN AQ NUSPIN 10	31	ONGLYZA	25
norlyda.....	30	NUTROPIN AQ NUSPIN 20.....	31	OPSUMIT	37
norlyroc.....	30	NUTROPIN AQ NUSPIN 5.....	31	ORAPRED ODT	31
nortrel 0.5/35 (28).....	30	NUVARING	30	ORENCIA	32
nortrel 1/35 (21)	30	NUVESSA	12	ORENITRAM.....	37
nortrel 1/35 (28).....	30	NUWIQ	25	ORILISSA.....	31
nortriptyline hcl oral	14	nyamyc	14	orsythia.....	30
NORVIR ORAL PACKET	16	nystatin external	14	oscimin	27
NORVIR ORAL SOLUTION	16	nystatin mouth/throat.....	14	oscimin sr	27
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT.....	33	nystop	14	oseltamivir phosphate oral capsule	16
NOVOEIGHT	25	O		oseltamivir phosphate oral suspension reconstituted	16
NOVOFINE AUTOCOVER PEN NEEDLE	23	ocella	30	OSENI	25
NOVOFINE PEN NEEDLE	23	OCUFLOX	34	OSPHENA.....	25
NOVOFINE PLUS PEN NEEDLE..	23	ODEFSEY	16	OTEZLA	32
NOVOLIN 70/30 FLEXPEN.....	24	ofloxacin ophthalmic.....	34	OTREXUP	32
NOVOLIN 70/30 FLEXPEN RELION.....	24	ofloxacin otic.....	35	OVIDREL.....	33
NOVOLIN 70/30 RELION.....	24	ogestrel.....	30	OXAYDO	10
NOVOLIN 70/30 VIAL	24	okebo.....	12	oxcarbazepine	13
NOVOLIN N FLEXPEN	24	olanzapine oral tablet	16	oxybutynin chloride er	27
NOVOLIN N FLEXPEN RELION...	24	olanzapine oral tablet dispersible..	16	oxybutynin chloride oral	27
NOVOLIN N RELION	24	olmesartan medoxomil oral	18	OXYCODONE HCL ER.....	10
NOVOLIN N VIAL.....	24	olmesartan medoxomil-hctz	18	oxycodone hcl oral capsule.....	10
NOVOLIN R FLEXPEN	24	olopatadine hcl ophthalmic solution 0.1 %.....	34	oxycodone hcl oral concentrate 100 mg/5ml	10
NOVOLIN R RELION	24	olopatadine hcl ophthalmic solution 0.2 %.....	34	oxycodone hcl oral solution.....	10
NOVOLIN R VIAL.....	24	OLUMIANT ORAL TABLET	32	oxycodone hcl oral tablet	10
NOVOLOG FLEXPEN	24	OMECLAMOX-PAK.....	26	oxycodone-acetaminophen	10
NOVOLOG PENFILL.....	24	omega-3-acid ethyl esters.....	18	OXYCONTIN	10
NOVOLOG U-100 VIAL.....	24	omeprazole oral capsule delayed release	26	OZEMPIC	25
np thyroid.....	32	OMNARIS	35	OZOBAX	37
		OMNITROPE.....	31		
		ondansetron hcl oral.....	14		
		ondansetron odt	14		
		ONE TOUCH VERIO KIT W/DEVICE	23		
		ONETOUCH ULTRA 2	23		

P

PACERONE ORAL TABLET
 100 MG, 400 MG 18
 pacerone oral tablet 200 mg 18
 PAMELOR 14
 PANCREAZE 27
 pantoprazole sodium tablet delayed
 release 20 mg, 40 mg oral 26
 paroex 20
 paroxetine hcl 14
 paroxetine hcl er 14
 PATADAY 34
 PATANOL 34
 PAXIL CR 14
 PAXIL ORAL SUSPENSION 14
 PAXIL ORAL TABLET 14
 PAZEO 34
 PEDIAPRED 31
 peg-3350/electrolytes 27
 penicillamine oral 27
 penicillin v potassium 12
 PENTASA 33
 PERCOCET 10
 PERFOROMIST 36
 PERIDEX 20
 periogard 20
 permethrin external 15
 PERTZYE 27
 phenadoz 14
 phenazo oral tablet 200 mg 27
 phenazopyridine hcl oral tablet
 100 mg, 200 mg 27
 philith 30
 PICATO 22
 pimtree 30
 pioglitazone hcl 25
 pirmella 1/35 30
 PLEGRIDY 20
 PLENVU 27
 POLY-VI-FLOR 26
 polymyxin b-trimethoprim 34
 POLYTRIM 34
 portia-28 30
 potassium chloride crys er 26

potassium chloride er 26
 potassium chloride oral 26
 potassium citrate er 26
 PRADAXA 12
 PRALUENT SUBCUTANEOUS
 SOLUTION AUTO-INJECTOR
 75 MG/ML 18
 PRALUENT SUBCUTANEOUS
 SOLUTION PEN-INJECTOR
 150 MG/ML, 75 MG/ML 18
 pramipexole dihydrochloride 15
 pramipexole dihydrochloride er 15
 PRAVACHOL 18
 pravastatin sodium 18
 prazosin hcl oral 18
 PRED FORTE 34
 PRED MILD 34
 prednisolone acetate ophthalmic .. 34
 prednisolone oral solution 31
 prednisolone sodium phosphate
 oral 31
 prednisone intensol 31
 prednisone oral 31
 pregabalin oral capsule 20
 pregabalin oral solution 20
 pregnyl 33
 PREMARIN ORAL 30
 PREMARIN VAGINAL 30
 premium lidocaine 10
 PREMPHASE 30
 PREMPRO 30
 PREPOPIK 27
 PREVIDENT 5000 BOOSTER
 PLUS 20
 PREVIDENT 5000 DRY MOUTH.. 20
 PREVIDENT 5000 ORTHO
 DEFENSE 20
 PREVIDENT 5000 PLUS 20
 PREVIDENT DENTAL 20
 PREVIDENT MOUTH/THROAT 20
 previfem 30
 PREZCOBIX 16
 PREZISTA 16
 PRIMLEV 10
 PRINIVIL 18

PROAIR DIGIHALER 36
 ProAir HFA 35, 36
 PROAIR RESPICLICK 36
 PROCARDIA 18
 PROCARDIA XL 18
 PROCENTRA 19
 prochlorperazine maleate oral 14
 PROCORT 33
 PROCTOFOAM HC 33
 progesterone micronized oral 30
 PROGRAF ORAL PACKET 32
 promethazine hcl oral syrup 14
 promethazine hcl oral tablet 14
 promethazine hcl rectal 14
 promethazine-codeine 35
 promethazine-dm 35
 prometegan 14
 propranolol hcl er 18
 propranolol hcl oral 18
 PROSCAR 27
 Proventil HFA 35, 36
 PROVERA 28, 30
 pseudoephedrine-bromphen-dm .. 35
 PULMICORT FLEXHALER 36
 PULMICORT SUSPENSION 36
 PULMOZYME 36
 PURIXAN 15
 PYLERA 26
 PYRIDIDIUM 27

Q

QBRELIS 18
 QUARTETTE 30
 quetiapine fumarate 16
 quetiapine fumarate er 16
 QUFLORA PEDIATRIC 26
 QUILLICHEW ER 19
 QUILLIVANT XR 19
 quinapril hcl 18
 QVAR REDIHALER 36

R

rabeprazole sodium oral tablet
 delayed release 26

ramipril.....	18	rosuvastatin calcium.....	18	sotalol hcl oral	19
ranitidine hcl oral capsule.....	26	roweepra	13	SOTYLIZE	19
ranitidine hcl oral syrup	26	roweepra xr	13	SPIRIVA HANDIHALER.....	36
ranitidine hcl oral tablet 150 mg, 300 mg	26	ROXICODONE ORAL TABLET 15 MG, 30 MG.....	10	SPIRIVA RESPIMAT	36
ranolazine er.....	18	ROXICODONE ORAL TABLET 5 MG	10	spironolactone oral	19
RAPAMUNE ORAL SOLUTION ...	32	RUCONEST	32	sprintec 28.....	30
RASUVO	32	RYBELSUS	25	SPRIX.....	11
REBIF	20	RYTARY	15	sronyx.....	30
REBIF REBIDOSE	20			sss 10-5.....	22
reclipsen	30			STELARA SUBCUTANEOUS SOLUTION.....	32
RECOMBINATE	25			STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	32
REGLAN.....	14			STENDRA	25
relexxii	19			STIMATE	31
REMERON	14			STRENSIQ	27
REMERON SOLTAB	14			STRIANT	31
REPATHA.....	18			STRIBILD	16
REPATHA PUSHTRONEX SYSTEM.....	18			STRIVERDI RESPIMAT	36
REPATHA SURECLICK.....	18			SUBOXONE	11
REQUIP XL	15			sucralfate oral tablet.....	26
RESTASIS	35			sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	22
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	35			sulfacetamide sodium-sulfur external emulsion.....	22
RESTORIL.....	37			sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %	22
RETACRIT	25			sulfacetamide sodium-sulfur external lotion 10-5 %	22
REVLIMID	15			sulfacetamide sodium-sulfur external pad	22
RHOPRESSA.....	34			sulfacetamide sodium-sulfur external suspension 10-5 %	22
RILUTEK	20			sulfamethoxazole-trimethoprim oral	12
riluzole	20			sulfamez wash.....	22
RINVOQ	32			sulfasalazine oral.....	33
RIOMET	25			sulfatrim pediatric	12
risperidone.....	16			sumatriptan succinate oral	15
RITALIN.....	19			sumatriptan succinate subcutaneous.....	15
ritonavir.....	16			SUMAXIN.....	22
rivelsa	30			SUMAXIN WASH	22
rizatriptan benzoate.....	15			SUNOSI.....	37
ROBAXIN-750.....	37				
ROCALTROL.....	33				
ROCKLATAN.....	34				
ropinirole hcl	15				
ropinirole hcl er.....	15				
rosadan external cream.....	22				
rosadan external gel.....	22				

S

SAFYRAL.....	30				
SAPHRIS.....	16				
scopolamine	14				
SEASONIQUE	30				
sertraline hcl oral.....	14				
setlakin	30				
sf	20				
sf 5000 plus.....	20				
SFROWASA	33				
sharobel.....	30				
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	25				
simliya.....	30				
simpesse	30				
SIMPONI	32				
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	19				
simvastatin oral tablet 80 mg.....	19				
SINEMET	15				
SINEMET CR	15				
SINGULAIR ORAL PACKET	36				
sirolimus oral solution.....	32				
sirolimus oral tablet	32				
SKELAXIN	37				
SKYRIZI (150 MG DOSE)	32				
sodium fluoride 5000 plus	20				
sodium fluoride dental	20				
SOFOSBUVIR-VELPATASVIR.....	16				
SOFT TOUCH	23				
SOFTCLIX.....	23				
SOLQUA.....	25				
SOMA ORAL TABLET 250 MG	37				
SOMA ORAL TABLET 350 MG	37				

SUPREP BOWEL PREP KIT	27	TEMIXYS.....	16	TOBREX OPHTHALMIC	
syeda	30	TEMOVATE	22	SOLUTION.....	34
SYMAX DUOTAB.....	27	tenofovir disoproxil fumarate	16	TOPAMAX.....	13
symax-sl	27	terazosin hcl	27	topiramate oral	13
symax-sr.....	27	terbinafine hcl oral.....	14	TOPROL XL	19
SYMBICORT	36	terconazole.....	14	torse mide.....	19
SYMFI.....	16	TESSALON PERLES	35	TOUJEO MAX SOLOSTAR.....	24
SYMFI LO.....	16	TESTIM	31	TOUJEO SOLOSTAR.....	24
SYMJEPI	35	TESTOSTERONE CYPIONATE		TOVIAZ	27
SYMPROIC	27	INJECTION	31	TRACLEER	37
SYNJARDY	25	testosterone cypionate		TRADJENTA	25
SYNJARDY XR	25	intramuscular.....	31	tramadol hcl er (biphasic).....	10
SYNTHROID	32	testosterone enanthate		tramadol hcl er oral capsule	
SYPRINE.....	26	intramuscular.....	32	extended release 24 hour	
		testosterone transdermal.....	32	150 mg	10
		TEXACORT.....	22	tramadol hcl er oral tablet extended	
		thyroid oral tablet 120 mg, 15 mg ..	32	release 24 hour	11
		TIGLUTIK	20	tramadol hcl ir.....	11
		timolol maleate ophthalmic gel		TRANSDERM SCOP (1.5 MG)	14
		forming solution.....	34	TRAVATAN Z.....	34
		timolol maleate ophthalmic solution		travoprost (bak free)	35
		0.25 %, 0.5 %.....	34	trazodone hcl oral.....	14
		timolol maleate ophthalmic solution		TRELEGY ELLIPTA.....	36
		0.5 % (daily).....	34	TREMFYA	33
		TIMOPTIC	34	TRESIBA	24
		TIMOPTIC OCUDOSE.....	34	TRESIBA FLEXTOUCH	24
		TIMOPTIC-XE	34	tretinoin cream 0.025 % external... 22	
		TIROSINT.....	32	tretinoin external cream	
		TIROSINT-SOL	32	0.05 %, 0.1 %	22
		TIVICAY.....	16	tretinoin external gel	22
		tizanidine hcl oral capsule	37	TREXALL	33
		tizanidine hcl oral tablet.....	37	trezix.....	11
		TOBI NEBULIZER.....	36	tri femynor	30
		TOBI PODHALER	36	tri-estarylla	30
		TOBRADEX OPHTHALMIC		tri-linyah.....	30
		OINTMENT	34	tri-lo-estarylla	30
		TOBRADEX OPHTHALMIC		tri-lo-marzia	30
		SUSPENSION.....	34	tri-lo-mili	30
		TOBRADEX ST.....	34	tri-lo-sprintec	30
		tobramycin nebulization solution		tri-mili.....	30
		300 mg/5ml inhalation.....	36	tri-previfem	30
		tobramycin ophthalmic	34	tri-sprintec	30
		tobramycin-dexamethasone	34	tri-vylibra.....	30
		TOBREX OPHTHALMIC		tri-vylibra lo.....	30
		OINTMENT	34		

T

TACLONEX EXTERNAL

SUSPENSION.....	22
tacrolimus oral	33
tadalafil oral tablet 10 mg, 20 mg ..	25
tadalafil oral tablet 2.5 mg, 5 mg ...	25
TAKHZYRO	33
tamoxifen citrate oral tablet	
10 mg	15
tamoxifen citrate oral tablet	
20 mg	15
tamsulosin hcl.....	27
TAPAZOLE	32
TARGRETIN EXTERNAL	15
TARGRETIN ORAL.....	15
tarina 24 fe	30
tarina fe 1/20.....	30
tarina fe 1/20 eq	30
TASIGNA.....	15
TAYTULLA	30
tazarotene external.....	22
TAZORAC	22
TECFIDERA.....	20
TEGRETOL	13
TEGRETOL-XR	13
TEGSEDI.....	27
TEKTURNA HCT	19
TEKTURNA ORAL TABLET	19
telmisartan.....	19
temazepam.....	37

triamcinolone acetonide external aerosol solution	22
triamcinolone acetonide external cream 0.025 %, 0.1 %	22
triamcinolone acetonide external cream 0.5 %	22
triamcinolone acetonide external lotion.....	22
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	22
triamcinolone acetonide external ointment 0.05 %	22
triamterene-hctz	19
trianex.....	22
triazolam.....	16
triderm external cream 0.1 %	22
triderm external cream 0.5 %	22
tridesilon.....	22
trientine hcl.....	26
TRILEPTAL	13
TRINTELLIX.....	14
TRIUMEQ.....	16
TRULICITY.....	25
TRUVADA	16
tulana.....	30
TUSSICAPS	35
tydemy.....	30
TYLENOL WITH CODEINE #3	11
TYLENOL WITH CODEINE #4	11
TYMLOS.....	33
TYVASO.....	37

U

UCERIS ORAL.....	33
UCERIS RECTAL	33
ULTRAM.....	11
unithroid.....	32
UROCIT-K 10	26
UROCIT-K 15	26
UROCIT-K 5	26
UROXATRAL	27
URSO 250	27
URSO FORTE.....	27
ursodiol oral.....	27

V

valacyclovir hcl oral	16
valsartan.....	19
valsartan-hydrochlorothiazide	19
VANATOL LQ	11
VANATOL S.....	11
vandazole	12
VARUBI	14
VASCEPA ORAL CAPSULE.....	19
VELPHORO	27
VELTASSA	26
VEMLIDY.....	16
venlafaxine hcl.....	14
venlafaxine hcl er oral capsule extended release 24 hour	14
venlafaxine hcl er oral tablet extended release 24 hour	14
Ventolin HFA.....	35, 36
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	19
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	19
verapamil hcl er oral tablet extended release.....	19
verapamil hcl oral	19
VERELAN	19
VERELAN PM	19
VERZENIO.....	15
VIBERZI	27
VIBRAMYCIN ORAL CAPSULE ...	12
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED.....	12
vicodin hp	11
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	25
vienva	31
VIIBRYD	14
VIMPAT ORAL	13
VIOKACE	27
violele.....	31
VIREAD ORAL POWDER.....	16

VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	16
VISTARIL.....	16
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	26
VITAPEARL CAP	26
Vivelle-Dot.....	28, 29, 31
VOGELXO	32
VOGELXO PUMP	32
VOLTAREN 1% GEL	11
VOSEVI	16
vyfemla.....	31
VYLEESI	25
vylibra	31
VYVANSE	19
VYZULTA.....	35

W

WAKIX.....	37
warfarin sodium oral.....	13
WELCHOL.....	19
wera.....	31
WESTHROID	32
wixela inhub.....	36
WP THYROID	32

X

XARELTO	13
XELJANZ.....	33
XELJANZ XR.....	33
XELODA	15
XELPROS.....	35
XEPI	12
XHANCE	35
XIIDRA	35
XIMINO.....	12
XOFLUZA	16
XOLEGEL.....	14
XOPENEX HFA	36
XTAMPZA ER	11
xulane.....	31
XYOSTED	32
XYREM.....	37

Y

YASMIN 28	31
YAZ.....	31
YUPELRI	36
yuvafem.....	31

zumandimine	31
ZYLOPRIM.....	15
ZYTIGA	15

Z

ZANAFLEX.....	37
zarah	31
ZARXIO.....	25
zebutal.....	11
ZEJULA.....	15
ZELNORM.....	27
zenatane.....	22
ZENPEP	27
ZEPATIER	16
ZETONNA	35
ZIAC ORAL TABLET 10-6.25 MG, 5-6.25 MG, 2.5-6.25 MG	19
ziprasidone hcl	16
ZITHROMAX ORAL PACKET.....	12
ZITHROMAX ORAL SUSPENSION RECONSTITUTED.....	12
ZITHROMAX ORAL TABLET 250 MG, 500 MG	12
ZITHROMAX ORAL TABLET 600 MG	12
ZITHROMAX TRI-PAK.....	12
ZITHROMAX Z-PAK.....	12
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG.....	19
ZOFRAN.....	14
ZOHYDRO ER	11
zolpidem tartrate er	37
zolpidem tartrate oral	37
zolpidem tartrate sublingual	37
ZOMACTON	31
ZONEGRAN	13
zonisamide oral	13
ZONTIVITY.....	15
ZOVIRAX ORAL	16
ZUBSOLV	11

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ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ខ្មែរ(Khmer)**សំដៅនូវការស្វែងរកជំនួយភាសាដើម គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីមាននូវលេខអ៊ីតុដសញ្ញាណប័ណ្ណរបស់អ្នក។

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



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