



# Your 2021 Prescription Drug List

## Advantage 3-Tier

Effective September 1, 2021



**United  
Healthcare**

This Prescription Drug List (PDL) is accurate as of September 1, 2021 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Plan, UnitedHealthcare Freedom Plans, River Valley, All Savers, Level2 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.

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# 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, set by your employer or benefit plan. This is how much you will pay when you fill a prescription. See page 6 for more information.

## When does the PDL change?

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

## Why are some medications excluded from coverage?

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

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

## Who decides which medications are covered?

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

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

## About this PDL

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



# Medication tips

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

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

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

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

## What if I am taking a specialty medication?

Specialty medications are high-cost and are used to treat rare or complex conditions that require additional care and support. For most plans, these medications are managed through the specialty pharmacy program. Take advantage of personalized support designed to help you get the most out of your treatment plan. Visit the member website listed on your 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 decide your best course of treatment. In this PDL, brand-name medications are shown in UPPERCASE and generic medications in lowercase.

## Tier information

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

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

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

## Drug list information

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

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

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

4. Not applicable to Neighborhood Health Plan, some UnitedHealthcare Freedom Plans and Oxford plans.



# Reading your PDL (continued)

## Coverage details

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

## Questions

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



Call the toll-free 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
<b>Analgesics - Drugs for Pain</b>		
acetaminophen-codeine	1	
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
apap-caff-dihydrocodeine oral capsule	3	QL
apap-caff-dihydrocodeine oral tablet	1	QL
bac	1	QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
butalbital-apap-caffeine oral tablet	1	QL
CONZIP	E	QL
DILAUDID ORAL	3	
DURAGESIC-100	E	PA, ST, QL
DURAGESIC-12	E	PA, ST, QL
DURAGESIC-25	E	PA, ST, QL
DURAGESIC-50	E	PA, ST, QL
DURAGESIC-75	E	PA, ST, QL
endocet	1	
ESGIC	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
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, ST, QL
FIORICET	3	QL
hydrocodone bitartrate er oral capsule extended release 12 hour	3	PA, ST, QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	E	PA, ST, QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	1	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	

Drug Name	Drug Tier	Requirements & Limits
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	
hydromorphone hcl er	3	PA, ST, QL
hydromorphone hcl oral	1	
hydromorphone hcl rectal	1	
HYSINGLA ER	E	PA, ST, QL
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine-prilocaine external cream	1	
LIDODERM	E	PA, QL
LORTAB	3	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	
morphine sulfate er oral capsule extended release 24 hour	E	PA, ST, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	1	
morphine sulfate rectal	1	
MS CONTIN	3	PA, ST, QL
NALOCET	E	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA, QL
OXAYDO	E	QL
OXYCODONE HCL ER	E	PA, ST, QL
oxycodone hcl oral capsule	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	
oxycodone hcl oral solution	1	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	
oxycodone hcl oral tablet 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION	E	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG	E	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	E	QL

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





Drug Name	Drug Tier	Requirements & Limits
OXYCONTIN	E	PA, ST, QL
PERCOCET	E	
premium lidocaine	2	QL
PROLATE	E	
QDOLO	E	PA, QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	E	
ROXICODONE ORAL TABLET 5 MG	E	QL
SUBSYS	E	PA, QL
tramadol hcl er	2	(generic for Ultram ER), QL
tramadol hcl er (biphasic)	E	(generic for Ryzolt), QL
tramadol hcl oral tablet 100 mg	E	
tramadol hcl oral tablet 50 mg	1	
TREZIX	3	QL
ULTRAM	E	
VTOL LQ	2	PA, QL
XTAMPZA ER	2	PA, QL
ZEBUTAL	3	QL
ZOHYDRO ER	E	PA, ST, QL
ZTLIDO	E	PA, QL
<b>Analgesics - Drugs for Pain and Inflammation</b>		
CATAFLAM	E	
CELEBREX	E	QL
celecoxib oral	2	QL
diclofenac potassium	1	
diclofenac sodium er	1	
diclofenac sodium external gel 1 %	E	
diclofenac sodium external solution	E	
diclofenac sodium oral	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	3	
ec-naproxen	1	
etodolac	1	
etodolac er	1	
ibuprofen	1	
ibuprofen oral suspension	E	
INDOCIN	3	

Drug Name	Drug Tier	Requirements & Limits
indomethacin er	1	
INDOMETHACIN ORAL CAPSULE 20 MG	E	
indomethacin oral capsule 25 mg, 50 mg	1	
KETOROLAC TROMETHAMINE NASAL	3	ST, QL
ketorolac tromethamine oral	1	
LODINE	E	
meloxicam oral capsule	E	QL
meloxicam oral tablet	1	
MOBIC	3	
nabumetone oral	1	
NAPRELAN	E	
NAPROSYN ORAL SUSPENSION	E	PA
NAPROSYN ORAL TABLET	E	
naproxen oral suspension	1	PA
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	E	
NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	E	
naproxen sodium oral tablet 275 mg, 550 mg	1	
PENNSAID	E	
QMIIZ ODT	E	
RELAFEN	E	
RELAFEN DS	E	
SPRIX	3	ST, QL
TIVORBEX	E	
VIVLODEX	E	QL
VOLTAREN	E	
ZIPSOR	E	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
BUNAVAIL	E	PA, QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	2	QL
CHANTIX	3	PA, H

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



Drug Name	Drug Tier	Requirements & Limits
CHANTIX CONTINUING MONTH PAK	3	PA, H
CHANTIX STARTING MONTH PAK	3	PA, H
naloxone hcl injection	1	
naltrexone hcl oral	1	
NARCAN	2	QL
SUBOXONE	E	PA, QL
ZUBSOLV	2	QL
<b>Antibacterials - Drugs for Infections</b>		
ACTICLATE	E	
amoxicillin	1	
amoxicillin-potassium clavulanate er	E	
amoxicillin-potassium clavulanate oral	1	
AUGMENTIN	E	
AUGMENTIN ES-600	E	
avidoxy	1	
azithromycin oral	1	
BACTRIM	3	
BACTRIM DS	3	
cefadroxil	1	
cefdinir	1	
cefuroxime axetil	1	
CENTANY	3	QL
CENTANY AT	E	
cephalexin	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
clarithromycin er	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
DORYX	E	
DORYX MPC	E	

Drug Name	Drug Tier	Requirements & Limits
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	E	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	E	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	1	
FLAGYL	3	
KEFLEX	3	
levofloxacin oral	1	
metronidazole oral	1	
metronidazole vaginal	2	
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	E	PA
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg	E	PA
minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg	E	PA
minocycline hcl oral capsule	1	
minocycline hcl oral tablet	E	
MINOLIRA	E	PA
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
NUZYRA ORAL	3	QL
penicillin v potassium	1	

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Drug Name	Drug Tier	Requirements & Limits
SOLODYN	E	PA
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
TARGADOX	E	
vandazole	2	
VIBRAMYCIN ORAL CAPSULE	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	
XENLETA ORAL	3	
XEPI	3	QL
XIMINO	E	PA
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	

#### Anticoagulants - Drugs to Treat or Prevent Blood Clots

ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium	2	QL
jantoven	1	
LOVENOX	E	QL
PRADAXA	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	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
DIASTAT ACUDIAL	3	QL
DIASTAT PEDIATRIC	2	QL
diazepam rectal	1	QL
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	

Drug Name	Drug Tier	Requirements & Limits
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 KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG	3	PA, ST
LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG	3	PA, ST
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	PA, ST
LAMICTAL STARTER	3	PA, ST
LAMICTAL XR	3	PA, ST
lamotrigine er	3	PA, ST
lamotrigine oral kit	3	PA, ST
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	PA, ST
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	2	
levetiracetam oral	1	
NAYZILAM	3	PA, QL
NEURONTIN	3	PA, ST
oxcarbazepine	1	
OXTELLAR XR	E	PA, ST
QUDEXY XR	E	PA, ST
roweepra	1	
SPRITAM	E	PA, ST
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL	3	

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Drug Name	Drug Tier	Requirements & Limits
TEGRETOL-XR	3	
TOPAMAX	3	PA, ST
TOPAMAX SPRINKLE	3	PA, ST
topiramate er	E	PA, ST
topiramate oral	1	
TRILEPTAL	3	PA, ST
TROKENDI XR	E	PA, ST
VALTOCO	3	PA, QL
VIMPAT ORAL	3	PA
XCOPRI	3	PA
ZONEGRAN	3	PA, ST
zonisamide oral	1	
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
ARICEPT ORAL TABLET	E	
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	E	
donepezil hcl oral tablet dispersible	1	
<b>Antidepressants - Drugs for Depression</b>		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide	1	
CYMBALTA	E	QL
desvenlafaxine succinate er	3	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
DRIZALMA SPRINKLE	3	PA, QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	QL
duloxetine hcl oral capsule delayed release particles 40 mg	E	

Drug Name	Drug Tier	Requirements & Limits
EFFEXOR XR	E	
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	3	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	3	QL
fluoxetine hcl oral tablet 20 mg	3	
fluoxetine hcl oral tablet 60 mg	E	
fluvoxamine maleate	1	
fluvoxamine maleate er	3	QL
FORFIVO XL	E	QL
LEXAPRO	E	
mirtazapine oral	1	
nortriptyline hcl oral	1	
PAMELOR	E	
paroxetine hcl	1	
paroxetine hcl er	3	QL
PAXIL CR	E	QL
PAXIL ORAL SUSPENSION	3	
PAXIL ORAL TABLET	E	
PRISTIQ	E	QL
PROZAC	E	
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	QL
VIIBRYD	3	QL
VIIBRYD STARTER PACK	3	
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	

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Drug Name	Drug Tier	Requirements & Limits
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
BONJESTA	E	PA
DICLEGIS	E	PA
doxylamine-pyridoxine	E	PA
GIMOTI	E	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	E	
ondansetron hcl oral	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
promethegan	1	
REGLAN	3	
scopolamine	3	
TRANSDERM SCOP (1.5 MG)	E	
ZOFRAN	E	
ZUPLENZ	E	QL
<b>Antifungals - Drugs for Fungal Infections</b>		
ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox treatment	E	
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	ST, QL
fluconazole oral	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external foam	3	ST, QL
ketoconazole external shampoo	1	
ketodan external foam	3	ST, QL
LOPROX EXTERNAL SHAMPOO	E	

Drug Name	Drug Tier	Requirements & Limits
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystop	1	QL
terbinafine hcl oral	1	QL
terconazole	1	
XOLEGEL	3	
<b>Antigout Agents - Drugs for Gout</b>		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	
colchicine oral tablet	E	
COLCRYS	E	
febuxostat	3	ST, QL
GLOPERBA	3	PA
MITIGARE	2	
ULORIC	E	ST, QL
ZYLOPRIM	3	
<b>Antimigraine Agents - Drugs for Migraines</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA, ST, QL
AMERGE	E	QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA, ST, QL
EMGALITY (300 MG DOSE)	2	PA, ST, QL
IMITREX ORAL	E	QL
IMITREX STATDOSE REFILL	E	QL
IMITREX STATDOSE SYSTEM	E	QL
IMITREX SUBCUTANEOUS	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
naratriptan hcl	1	QL
ONZETRA XSAIL	E	QL
RELPAK	E	QL
REYVOW	2	PA, ST, QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill	1	QL
sumatriptan succinate subcutaneous	1	QL

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Drug Name	Drug Tier	Requirements & Limits
UBRELVY	2	PA, ST, QL
ZEMBRACE SYMTOUCH	E	QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	ST, QL
ZOLMITRIPTAN NASAL SOLUTION 5 MG	E	ST, QL
zolmitriptan oral tablet	2	QL
zolmitriptan oral tablet dispersible	3	QL
ZOMIG NASAL SOLUTION 2.5 MG	2	ST, QL
ZOMIG NASAL SOLUTION 5 MG	2	ST, QL
ZOMIG ORAL	E	QL
ZOMIG ZMT	E	QL
<b>Antineoplastics - Drugs for Cancer</b>		
ALEGENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	
ARIMIDEX	E	
bexarotene	E	SP
CALQUENCE	2	PA, QL, SP
capecitabine	1	QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA	2	PA, QL, SP
FEMARA	E	
fluorouracil external solution	1	
GLEEVEC	E	PA, QL, SP
IBRANCE	2	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate	1	PA, QL, SP
KOSELUGO	3	PA, QL, SP
letrozole oral	1	
LYNPARZA	2	PA, QL, SP
mercaptopurine oral	1	
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
PURIXAN	3	PA, SP
REVLIMID	2	PA, QL, SP
ROZLYTREK	2	PA, QL, SP
SOLTAMOX	E	
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA

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

#### Antiparasitics - Drugs for Parasitic Infections

ARAKODA	3	QL
atovaquone-proguanil hcl	2	
ELIMITE	3	
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	QL
MALARONE	3	
permethrin external	1	
PLAQUENIL	E	

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

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

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

BRILINTA	3	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	
ZONTIVITY	3	QL

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Drug Name	Drug Tier	Requirements & Limits
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY	E	QL
aripiprazole oral solution	3	
aripiprazole oral tablet	2	QL
aripiprazole oral tablet dispersible	2	QL
asenapine maleate	E	QL
GEODON ORAL	E	QL
LATUDA	3	QL
olanzapine oral tablet	1	QL
olanzapine oral tablet dispersible	2	QL
quetiapine fumarate	1	
quetiapine fumarate er	3	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	3	QL
SEROQUEL	E	
SEROQUEL XR	E	QL
VRAYLAR	3	ST, QL
ziprasidone hcl	2	QL
ZYPREXA ORAL	E	QL
ZYPREXA ZYDIS	E	QL
<b>Antivirals - Drugs for Viral Infections</b>		
acyclovir oral	1	
ATRIPLA	E	ST, QL
BARACLUDE ORAL SOLUTION	2	SP
BARACLUDE ORAL TABLET	E	SP
CIMDUO	2	QL
DOVATO	2	QL
efavirenz-emtricitab-tenofovir	E	ST, QL
efavirenz-lamivudine-tenofovir	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	1	SP
EPCLUSA ORAL TABLET 200-50 MG	2	PA, QL
EPCLUSA ORAL TABLET 400-100 MG	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
GENVOYA	3	QL
HARVONI ORAL PACKET	2	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET	2	PA, QL, SP
NORVIR ORAL PACKET	2	
NORVIR ORAL SOLUTION	2	
NORVIR ORAL TABLET	E	
ODEFSEY	3	QL
oseltamivir phosphate oral capsule	2	
oseltamivir phosphate oral suspension reconstituted	2	QL
PREZCOBIX	2	
PREZISTA	2	
ritonavir	2	
RUKOBIA	3	PA
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	3	QL
SYMFI	2	QL
SYMFI LO	2	QL
TAMIFLU ORAL CAPSULE	E	
TAMIFLU ORAL SUSPENSION RECONSTITUTED	E	QL
TEMIXYS	E	QL
tenofovir disoproxil fumarate	2	H-PA
TIVICAY	3	
TIVICAY PD	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	QL
VALTREX	E	QL
VEMLIDY	3	ST, SP

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Drug Name	Drug Tier	Requirements & Limits
VIREAD ORAL POWDER	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZEPATIER	2	PA, QL, SP
ZOVIRAX ORAL	3	

Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
clonazepam oral	1	
diazepam intensol	1	
diazepam oral	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	E	
VISTARIL	3	
XANAX	E	
XANAX XR	E	

Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	PA

Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	3	
acetazolamide er	1	
acetazolamide oral	1	

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

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Drug Name	Drug Tier	Requirements & Limits
CRESTOR	E	QL
diltiazem hcl er	1	
diltiazem hcl er coated beads	2	
diltiazem hcl oral	1	
dilt-xr	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
EDARBI	3	
EDARBYCLOR	3	
enalapril maleate oral	1	
EPANED	3	PA
EXFORGE	E	
EZALLOR SPRINKLE	3	PA
ezetimibe	2	
ezetimibe-simvastatin	3	
fenofibrate oral capsule 150 mg, 50 mg	E	
fenofibrate oral tablet 120 mg, 40 mg, 48 mg	E	
fenofibrate oral tablet 145 mg, 160 mg, 54 mg	2	
FENOGLIDE	E	
flecainide acetate	1	
FLOLIPID	3	PA
furosemide oral	1	
gemfibrozil oral	1	
GONITRO	E	QL
guanfacine hcl	1	
HEMANGEOL	E	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
icosapent ethyl	E	PA
INDERAL LA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
KAPSPARGO SPRINKLE	3	

Drug Name	Drug Tier	Requirements & Limits
labetalol hcl oral	1	
LASIX	3	
LIPITOR	E	QL
LIPOFEN	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	3	
LOPRESSOR	3	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTENSIN HCT	3	
LOTREL	E	
lovastatin oral	1	H
LOVAZA	E	
matzim la	2	
MAXZIDE	3	
MAXZIDE-25	3	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
MICARDIS	E	
MINIPRESS	3	
minitran	1	
MULTAQ	3	PA
nadolol oral	1	
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
niacin (antihyperlipidemic)	E	
niacin er (antihyperlipidemic)	3	
niacor	E	
NIASPAN	2	
nifedipine er	1	
nifedipine er osmotic release	1	

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Drug Name	Drug Tier	Requirements & Limits
nifedipine oral	1	
NITRO-BID	2	
NITRO-DUR	3	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
nitroglycerin translingual	E	QL
NITROLINGUAL	E	QL
NITROMIST	3	QL
NITROSTAT	3	
NITRO-TIME	3	
NORVASC	E	
olmesartan medoxomil oral	2	
olmesartan medoxomil-hctz	2	
omega-3-acid ethyl esters	2	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	3	
PRALUENT	E	PA, ST, QL
pravastatin sodium	1	
prazosin hcl oral	1	
PRINIVIL	3	
PROCARDIA	3	
PROCARDIA XL	E	
propranolol hcl er	2	
propranolol hcl oral	1	
QBRELIS	3	PA
quinapril hcl	1	
ramipril	1	
RANEXA	E	
ranolazine er	2	
REPATHA	2	PA, ST, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL
REPATHA SURECLICK	2	PA, ST, QL
rosuvastatin calcium	2	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
sotalol hcl oral	1	
SOTYLIZE	3	PA
spironolactone oral	1	

Drug Name	Drug Tier	Requirements & Limits
TEKTURNA	3	
TEKTURNA HCT	3	
telmisartan	2	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
TOPROL XL	3	
toremide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan	2	
valsartan-hydrochlorothiazide	1	
VASOTEC	E	
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	
VYTORIN	E	
WELCHOL	2	
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	3	
ZOCOR	E	
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL	E	
ADDERALL XR	2	QL
ADHANSIA XR	E	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	E	QL

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

Drug Name	Drug Tier	Requirements & Limits
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	3	QL
ZENZEDI	E	
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AMPYRA	E	PA, QL, SP
AUBAGIO	3	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
dalfampridine er	2	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
GILENYA	3	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	2	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL, SP
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
REBIF	3	PA, ST, QL, SP
REBIF REBIDOSE	3	PA, ST, QL, SP
REBIF REBIDOSE TITRATION PACK	3	PA, ST, QL, SP
REBIF TITRATION PACK	3	PA, ST, QL, SP
<b>Central Nervous System Agents - Miscellaneous</b>		
AUSTEDO	2	PA, QL, SP
LYRICA	3	PA, ST, QL
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
ZEPOSIA	3	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
ZEPOSIA 7-DAY STARTER PACK	3	PA, QL, SP
ZEPOSIA STARTER KIT	3	PA, QL, SP
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
cavarest	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	3	
DENTAGEL	3	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	3	
PERIDEX	3	
periogard	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
PREVIDENT MOUTH/THROAT	3	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
ABSORICA	E	PA
accutane	2	
ACZONE EXTERNAL GEL 5 %	3	QL
ACZONE EXTERNAL GEL 7.5 %	3	QL
ALA SCALP	3	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	
ALDARA	3	QL

Drug Name	Drug Tier	Requirements & Limits
ALTRENO	E	PA, QL
amnestem	2	
AMZEEQ	3	PA, QL
ATRALIN	E	PA, QL
AVAR CLEANSER	3	
AVAR LS CLEANSER	E	
AVAR-E EMOLLIENT	3	
AVAR-E GREEN	3	
AVAR-E LS	3	
AVITA	E	PA, QL
azelaic acid external	3	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external gel	1	
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	2	
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	2	
bp 10-1	1	
calcipotriene-betameth diprop external ointment	3	QL
calcipotriene-betameth diprop external suspension	E	QL
calcitriol external	1	QL
CAPEX	2	
CARAC	2	
claravis	2	
CLEOCIN-T	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	

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Drug Name	Drug Tier	Requirements & Limits
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	QL
clindamycin phosphate external swab	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	E	
clindamycin phosphate gel 1 % external	3	QL
clobetasol propionate external cream	2	QL
clobetasol propionate external foam	E	QL
clobetasol propionate external gel	2	QL
clobetasol propionate external liquid	1	QL
clobetasol propionate external lotion	E	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external shampoo	E	QL
clobetasol propionate external solution	1	QL
CLOBEX	E	QL
CLOBEX SPRAY	E	QL
clodan external shampoo	E	QL
clotrimazole-betamethasone external cream	1	QL
clotrimazole-betamethasone external lotion	1	
dapsone external gel 5 %	E	QL
DAPSONE EXTERNAL GEL 7.5 %	E	QL
DERMA-SMOOTHIE/FS BODY	3	QL
DERMA-SMOOTHIE/FS SCALP	3	
DESONATE	3	ST, QL
desonide external cream	3	QL
desonide external gel	3	ST, QL
desonide external lotion	3	QL
desonide external ointment	3	QL
DESOWEN	3	QL
DIPROLENE	3	
DIPROLENE AF	3	
DUPIXENT	3	PA, ST, QL, SP

Drug Name	Drug Tier	Requirements & Limits
EFUDEX	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	QL
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
FLUOROPLEX	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	2	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
imiquimod external cream 3.75 %	E	QL
imiquimod external cream 5 %	1	QL
IMIQUIMOD PUMP	E	QL
IMPEKLO	E	QL
IMPOYZ	E	QL
isotretinoin oral	2	
KENALOG EXTERNAL	E	QL
METROCREAM	3	
METROGEL	E	
METROLOTION	3	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
metronidazole external gel 1 %	E	

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Drug Name	Drug Tier	Requirements & Limits
metronidazole external lotion	1	
MIRVASO	3	PA, QL
mometasone furoate external	1	
myorisan	2	
neuac external gel	3	QL
NORITATE	E	
OLUX	E	QL
PICATO	3	QL
PLEXION	E	
PLEXION CLEANSER	E	
PLEXION CLEANSING CLOTH	E	
RETIN-A	E	PA, QL
RHOFADE	3	PA, QL
rosadan external cream	1	
rosadan external gel	1	
SERNIVO	E	QL
SOOLANTRA	3	QL
sss 10-5	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external cream 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external emulsion	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %	1	
sulfacetamide sodium-sulfur external lotion 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external pad	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide sodium-sulfur external suspension 8-4 %	E	
sulfacetamide sod-sulfur wash external liquid	1	
SULFACLEANSE 8/4	E	

Drug Name	Drug Tier	Requirements & Limits
sulfamez wash	1	
SUMADAN WASH	E	
SUMAXIN	3	
SUMAXIN WASH	3	
SYNALAR	E	QL
TACLONEX EXTERNAL OINTMENT	E	QL
TACLONEX EXTERNAL SUSPENSION	3	QL
tazarotene external	3	PA, QL
TAZORAC	3	PA, QL
TEMOVATE	3	QL
TEXACORT	2	
tretinoin external cream	3	QL
tretinoin external gel 0.01 %	E	QL
tretinoin external gel 0.025 %	E	
tretinoin external gel 0.05 %	E	PA, QL
triamcinolone acetonide external aerosol solution	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
VANOS	E	QL
VECTICAL	E	QL
VERDESO	E	QL
WYNZORA	E	QL
zenatane	2	
ZILXI	3	PA, ST, QL
ZYCLARA	E	QL
ZYCLARA PUMP	E	QL

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Drug Name	Drug Tier	Requirements & Limits
<b>Diabetes - Glucose Monitoring</b>		
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK FASTCLIX LANCETS	1	
accu-chek guide kit w/device	3	(Accu-Chek Guide Me)
ACCU-CHEK GUIDE ME METER	3	
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK SOFTXLIX LANCETS	1	
bd autoshield duo pen needles	2	
bd ultra-fine insulin syringes	2	
bd ultra-fine pen needles	2	
CONTOUR NEXT EZ KIT W/DEVICE	2	
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT TEST STRIPS	2	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
FREESTYLE LIBRE 14 DAY READER	3	PA
FREESTYLE LIBRE 14 DAY SENSOR	3	PA
FREESTYLE LIBRE 2 READER	3	PA
FREESTYLE LIBRE 2 SENSOR	3	PA
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE LIBRE SENSOR SYSTEM	3	PA
INSULIN PEN NEEDLES	2	
INSULIN SYRINGES	2	
LANCETS	3	
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	

Drug Name	Drug Tier	Requirements & Limits
ONETOUCH DELICA PLUS LANCETS	1	
ONETOUCH ULTRA 2 KIT W/DEVICE	1	
ONETOUCH ULTRA BLUE TEST STRIPS IN VITRO STRIP	1	QL
ONETOUCH ULTRA MINI KIT W/DEVICE	1	
ONETOUCH ULTRASOFT LANCETS	1	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO IQ SYSTEM	1	
ONETOUCH VERIO KIT W/DEVICE	1	
ONETOUCH VERIO REFLECT	1	
ONETOUCH VERIO TEST STRIPS	1	QL
<b>Diabetes - Insulin</b>		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
AFREZZA	E	PA, QL
BASAGLAR KWIKPEN	E	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMALOG VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	QL
HUMALOG VIAL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	1	QL
HUMULIN R VIAL	1	QL
INSULIN ASPART	E	ST, QL
INSULIN ASPART FLEXPEN	E	ST, QL

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

Drug Name	Drug Tier	Requirements & Limits
AMARYL	3	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE AUTOINJECTOR	2	PA, ST, QL
BYETTA 10 MCG PEN	2	PA, ST, QL
BYETTA 5 MCG PEN	2	PA, ST, QL
FARXIGA	E	ST, QL
FORTAMET	E	PA
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
glucagon emergency kit 1 mg injection 1 mg (Eli Lilly)	2	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG (Fresenius)	2	QL
GLUCOTROL	3	
GLUCOTROL XL	3	
GLUMETZA	E	PA
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST, QL
GVOKE HYOPEN 1-PACK	2	QL
GVOKE HYOPEN 2-PACK	2	QL
GVOKE PFS	2	QL
JANUVIA	E	ST, QL
JARDIANCE	2	ST, QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KAZANO	2	QL
KOMBIGLYZE XR	2	QL
metformin hcl er	1	
metformin hcl er (mod)	E	PA
metformin hcl er (osm)	E	PA
metformin hcl oral solution	3	
metformin hcl oral tablet	1	
NESINA	2	QL
ONGLYZA	2	QL

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Drug Name	Drug Tier	Requirements & Limits
OSENI	2	QL
OZEMPIC	2	PA, ST, QL
pioglitazone hcl	1	QL
RIOMET	E	
RYBELSUS	2	PA, ST, QL
SOLIQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, ST, (2 Pak), QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, ST, (3 Pak), QL
<b>Drugs for Blood Disorders</b>		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
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
NOVOEIGHT	2	SP
NUWIQ	2	SP
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	

Drug Name	Drug Tier	Requirements & Limits
ZARXIO	2	SP
ZIEXTENZO	3	SP
<b>Drugs for Sexual Dysfunction</b>		
ADDYI	3	PA, QL
CIALIS ORAL TABLET 10 MG, 20 MG	E	QL
CIALIS ORAL TABLET 2.5 MG, 5 MG	E	ST, QL
IMVEXXY MAINTENANCE PACK	3	QL
IMVEXXY STARTER 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
VIAGRA	E	QL
VYLEESI	3	PA, QL
<b>Electrolytes / Vitamins</b>		
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
DRISDOL	3	
ERGOCAL	3	
ergocalciferol oral capsule	1	
FLORIVA PLUS	3	
folic acid oral tablet 1 mg	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
KLOR-CON M15	3	
klor-con m20	1	
K-TAB	3	
LOKELMA	3	PA, QL
multi-vitamin/fluoride	1	
multivitamin/fluoride oral solution	1	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
NASCOBAL	3	

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

Drug Name	Drug Tier	Requirements & Limits
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
ANASPAZ	2	
CLENPIQ	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ED-SPAZ	3	
gavilyte-c	1	H
gavilyte-g	1	QL, H
GOLYTELY	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
NULEV	3	
oscimin	1	
oscimin sr	1	
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMAX DUOTAB	3	
SYMAX-SL	3	
SYMAX-SR	3	
SYMPROIC	2	PA, QL
TRULANCE	3	PA, ST, QL

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Drug Name	Drug Tier	Requirements & Limits
URSO 250	3	
URSO FORTE	3	
ursodiol oral	1	
VIBERZI	3	PA, QL
XIFAXAN	3	PA, QL
ZELNORM	3	PA, ST, QL

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

CERDELGA	2	PA, SP
clovique	3	PA, SP
CREON	2	
CUPRIMINE	E	SP
DEPEN TITRATABS	2	SP
ENDARI	3	PA, QL
nitisinone	3	PA, SP
NITYR	E	PA, SP
ORFADIN	2	PA, SP
PANCREAZE	3	ST
penicillamine oral capsule	3	SP
penicillamine oral tablet	2	SP
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
SYPRINE	E	PA, SP
TEGSEDI	2	PA, QL, SP
trientine hcl	3	PA, SP
VIOKACE	3	ST
ZENPEP	2	

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

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

Drug Name	Drug Tier	Requirements & Limits
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	3	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	

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

afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
amethia	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
AYGESTIN	3	
ayuna	1	H
azurette	2	
balziva	2	
bekyree	2	
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	3	
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	2	
camila	1	H
camrese	3	

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Drug Name	Drug Tier	Requirements & Limits
camrese lo	3	
charlotte 24 fe	E	
chateal	1	H
chateal eq	1	H
CLIMARA	E	QL
CLIMARA PRO	3	QL
cryelle-28	1	H
cyclafem 1/35	1	H
cyred	1	H
cyred eq	1	H
dasetta 1/35	1	H
daysee	3	
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	3	QL
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
DEPO-SUBQ PROVERA 104	2	QL
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2	
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL	3	
dotti	E	QL
drospiren-eth estrad-levomefol	E	
drospirenone-ethinyl estradiol	3	
DUAVEE	3	QL
ELESTRIN	3	
elinest	1	H
eluryng	E	
emoquette	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE ORAL	E	
ESTRACE VAGINAL	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Minivelle), QL

Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.025 mg/24hr transdermal	E	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	E	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	E	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	E	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	E	(generic for Vivelle-Dot), QL
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal cream	3	
estradiol vaginal tablet	2	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	E	
EVAMIST	2	
falmina	1	H
fayosim	E	
femynor	1	H
gemmily	E	
hailey 1.5/30	2	
hailey 24 fe	3	
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
heather	1	H
iclevia	2	H
incassia	1	H
introvale	2	H
isibloom	1	H
jaimiess	3	
jasmiel	3	
jencycla	1	H

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Drug Name	Drug Tier	Requirements & Limits
jolessa	2	H
juleber	1	H
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	3	
kalliga	1	H
kariva	2	
kurvelo	1	H
larin 1.5/30	2	
larin 1/20	2	
larin 24 fe	3	
larin fe 1.5/30	1	H
larin fe 1/20	1	H
larissia	1	H
lessina	1	H
levonorgest-eth est & eth est	E	
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	3	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levora 0.15/30 (28)	1	H
lillow	1	H
LO LOESTRIN FE	3	
LOESTRIN 1.5/30 (21)	3	
LOESTRIN 1/20 (21)	3	
LOESTRIN FE 1.5/30	3	
LOESTRIN FE 1/20	E	
lojaimiess	3	
loryna	3	
LOSEASONIQUE	3	
low-ogestrel	1	H
lo-zumandimine	3	
lutera	1	H
lyleq	1	H
lyllana	E	QL

Drug Name	Drug Tier	Requirements & Limits
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular suspension	1	QL, H
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	H
medroxyprogesterone acetate oral	1	
melodetta 24 fe	E	
MENOSTAR	3	QL
merzee	E	
mibelas 24 fe	E	
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin 24 fe	3	
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
MINASTRIN 24 FE	E	
MINIVELLE	E	QL
MIRCETTE	3	
mono-linyah	1	H
NATAZIA	2	
necon 0.5/35 (28)	1	H
nikki	3	
nora-be	1	H
norethin ace-eth estrad-fe oral capsule	E	
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	E	
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	2	
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H

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Drug Name	Drug Tier	Requirements & Limits
norlyda	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
NUVARING	1	H
nymyo	1	H
ocella	3	
orsythia	1	H
ORTHO MICRONOR	3	
philith	2	
pimtra	2	
pirmella 1/35	1	H
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
previfem	1	H
progesterone micronized oral	2	
PROMETRIUM	E	
PROVERA	3	
QUARTETTE	E	
reclipsen	1	H
rivelsa	E	
SAFYRAL	E	
SEASONIQUE	E	
setlakin	2	H
sharobel	1	H
simliya	2	
simpesse	3	
sprintec 28	1	H
sronyx	1	H
syeda	3	
tarina 24 fe	3	
tarina fe 1/20	1	H
tarina fe 1/20 eq	1	H
TAYTULLA	E	
tri femynor	1	H

Drug Name	Drug Tier	Requirements & Limits
tri-estarylla	1	H
tri-linyah	1	H
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	1	H
tri-nymyo	1	H
tri-previfem	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
tulana	1	H
tyblume	1	H
tydemy	E	
VAGIFEM	E	
vestura	3	
vienva	1	H
viorele	2	
VIVELLE-DOT	2	QL
volnea	2	
vyfemla	2	
vylibra	1	H
wera	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvafem	2	
zafemy	3	H
zarah	3	
zumandimine	3	
<b>Hormonal Agents - Oral Steroids</b>		
ALKINDI SPRINKLE	E	PA
CORTEF	3	
DECADRON	E	
DEXABLISS	E	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	

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Drug Name	Drug Tier	Requirements & Limits
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DXEVO 11-DAY	E	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET 32 MG	3	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
MILLIPRED	2	
ORAPRED ODT	3	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral	1	
prednisone intensol	1	
prednisone oral	1	
RAYOS	E	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
ZCORT 7-DAY	E	
<b>Hormonal Agents - Other</b>		
cabergoline	2	
DDAVP	E	
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
NORDITROPIN FLEXPPO	E	PA, QL, SP
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP
OMNITROPE	E	PA, QL, SP
ORIAHNN	3	PA, QL
ORILISSA	3	PA, QL
SOMATULINE DEPOT	3	SP
STIMATE	3	
ZOMACTON	E	PA, QL, SP
ZOMACTON (FOR ZOMA-JET 10)	E	PA, QL, SP
<b>Hormonal Agents - Testosterone Replacement</b>		
ANDRODERM	2	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
TESTIM	2	PA, QL
testosterone cypionate intramuscular	1	
testosterone transdermal	E	PA, QL
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
<b>Hormonal Agents - Thyroid</b>		
ARMOUR THYROID	3	
CYTOMEL	E	
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	E	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
NATURE-THROID	3	
np thyroid	1	
SYNTHROID	E	

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Drug Name	Drug Tier	Requirements & Limits
TAPAZOLE	3	
THYQUIDITY	E	PA
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
CIMZIA STARTER KIT	2	PA, QL, SP
COSENTYX (300 MG DOSE)	3	PA, ST, QL, SP
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 MINI	3	PA, ST, QL, SP
ENBREL SUBCUTANEOUS SOLUTION	3	PA, ST, QL
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, ST, QL, SP
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA, ST, QL, SP
ENBREL SURECLICK	3	PA, ST, QL, SP
ENVARUSUS XR	E	
FIRAZYR	2	PA, QL, SP
gengraf	1	
HAEGARDA	2	PA, QL, SP
HUMIRA	2	PA, QL, SP
HUMIRA PEDIATRIC CROHNS START	2	PA, QL, SP
HUMIRA PEN	2	PA, QL, SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
HUMIRA PEN-PEDIATRIC UC START	2	PA, QL, SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA, QL, SP
HUMIRA PEN-PSOR/UEVIT STARTER	2	PA, QL, SP
icatibant acetate	E	PA, QL, SP
IMURAN	E	
methotrexate oral	1	
methotrexate sodium	1	
methotrexate sodium (pf)	1	
mycophenolate mofetil oral	1	
mycophenolate sodium	2	
MYFORTIC	E	
NEORAL	E	
OLUMIANT ORAL TABLET 1 MG	2	PA, QL
OLUMIANT ORAL TABLET 2 MG	2	PA, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
OTEZLA	2	PA, QL, SP
OTREXUP	E	QL
PROGRAF ORAL CAPSULE	3	
PROGRAF ORAL PACKET	3	PA
RAPAMUNE ORAL SOLUTION	3	
RAPAMUNE ORAL TABLET	E	
RASUVO	2	QL
REDITREX	E	QL
RINVOQ	2	PA, QL, SP
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, SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO	2	PA, QL, SP
TREMFYA	2	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
TREXALL	2	
XELJANZ ORAL SOLUTION	2	PA, ST, SP
XELJANZ ORAL TABLET	2	PA, ST, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, ST, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, ST, QL
<b>Infertility Agents</b>		
chorionic gonadotropin intramuscular	3	SP
CRINONE	3	ST
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	3	(Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(Organon), QL, SP
novarel intramuscular solution reconstituted 10000 unit	3	SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	3	SP
OVIDREL	3	SP
pregnyl	1	SP
<b>Inflammatory Bowel Disease Agents</b>		
ANALPRAM HC	3	
ANALPRAM HC SINGLES	3	
ANALPRAM-HC EXTERNAL CREAM	3	
ANALPRAM-HC EXTERNAL LOTION	3	
APRISO	2	
ASACOL HD	E	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
budesonide er	E	
budesonide oral	2	
CANASA	E	
CORTIFOAM	2	

Drug Name	Drug Tier	Requirements & Limits
DELZICOL	E	
DIPENTUM	3	
ENTOCORT EC	E	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	2	
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	2	QL
ORTIKOS	E	
PENTASA	E	
PROCORT	E	
PROCTOFOAM HC	2	
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	3	
UCERIS RECTAL	2	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
alendronate sodium	1	
BINOSTO	E	QL
BONIVA ORAL	3	
calcitriol oral	1	
FOSAMAX	3	
ibandronate sodium oral	2	
RAYALDEE	E	
ROCALTROL	3	
TERIPARATIDE (RECOMBINANT)	3	PA
TYMLOS	3	PA, SP
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	E	
ALREX	3	QL
AZASITE	3	
azelastine hcl ophthalmic	1	

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

Drug Name	Drug Tier	Requirements & Limits
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION	3	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
TOBEX OPHTHALMIC OINTMENT	3	QL
TOBEX OPHTHALMIC SOLUTION	3	QL
VIGAMOX	E	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
AZOPT	E	QL
BETIMOL	2	QL
bimatoprost ophthalmic	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brinzolamide	2	QL
COMBIGAN	2	QL
COSOPT	3	
COSOPT PF	E	QL
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	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	
timolol maleate pf	2	
TIMOPTIC	3	

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Drug Name	Drug Tier	Requirements & Limits
TIMOPTIC OCUDOSE OPTHALMIC SOLUTION 0.25 %	2	
TIMOPTIC OCUDOSE OPTHALMIC SOLUTION 0.5 %	3	
TIMOPTIC-XE	3	
TRAVATAN Z	E	QL
travoprost (bak free)	2	QL
VYZULTA	E	ST, QL
XALATAN	E	
XELPROS	3	QL

#### Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions

CEQUA	E	PA, QL
FLAREX	2	
RESTASIS	3	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
XIIDRA	3	PA, QL

#### Otic Agents - Drugs for Ear Conditions

CIPRODEX	3	
ciprofloxacin-dexamethasone	E	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	

#### Respiratory - Drugs for Anaphylaxis

AUVI-Q	E	QL
epinephrine injection solution auto-injector 0.15 mg/0.15ml	E	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	E	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	2	(generic for EpiPen), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	E	(generic for EpiPen-Single Pack), QL
EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION	E	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	2	(generic for EpiPen), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	E	QL

Drug Name	Drug Tier	Requirements & Limits
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
SYMJEPI	2	QL

#### Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold

azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl nasal solution 0.15 %	E	
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
cyproheptadine hcl oral	1	
fluticasone propionate nasal	2	QL
hydrocodone polst-chlorphen polster susp	3	PA, QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
OMNARIS	E	QL
promethazine hcl oral solution	1	
promethazine hcl oral syrup	1	
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
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	2	(ProAir HFA or Proventil HFA), QL

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Drug Name	Drug Tier	Requirements & Limits
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(Ventolin HFA), QL
albuterol sulfate inhalation	1	
albuterol sulfate oral syrup	1	
albuterol sulfate oral tablet	3	PA
ALVESCO	E	QL
ANORO ELLIPTA	3	QL
ARNUIITY ELLIPTA	1	QL
ASMANEX (120 METERED DOSES)	E	QL
ASMANEX (14 METERED DOSES)	E	QL
ASMANEX (30 METERED DOSES)	E	QL
ASMANEX (60 METERED DOSES)	E	QL
ASMANEX (7 METERED DOSES)	E	QL
ASMANEX HFA	E	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	2	QL
BUDESONIDE-FORMOTEROL FUMARATE	E	QL, RS
COMBIVENT RESPIMAT	3	QL
FASENRA PEN	3	PA, QL
FLOVENT DISKUS	1	QL
FLOVENT HFA	1	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	E	QL, RS
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL
INCRUSE ELLIPTA	E	QL
ipratropium-albuterol	2	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
montelukast sodium oral packet	2	
montelukast sodium oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
montelukast sodium oral tablet chewable	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
PERFORMIST	3	QL
PROAIR HFA	E	QL
PROAIR RESPICLICK	E	QL
PROVENTIL HFA	E	QL
PULMICORT FLEXHALER	1	QL
PULMICORT SUSPENSION	E	QL
QVAR REDHALER	E	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL
wixela inhub	E	QL, RS
XOPENEX HFA	3	QL
YUPELRI	3	PA, QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
BETHKIS	E	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 inhalation nebulization solution 300 mg/4ml	2	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

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Drug Name	Drug Tier	Requirements & Limits
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
ADEMPAS	2	PA, QL, SP
bosentan	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
TRACLEER	2	PA, QL, SP
TYVASO	2	PA, SP
TYVASO REFILL	2	PA, SP
TYVASO STARTER	2	PA, SP
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AMRIX	E	
baclofen oral	1	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl er	E	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
metaxalone	3	
methocarbamol oral	1	
OZOBAX	3	PA
ROBAXIN-750	3	
SKELAXIN	E	
SOMA ORAL TABLET 250 MG	E	
SOMA ORAL TABLET 350 MG	E	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
VANADOM	E	
ZANAFLEX	3	

Drug Name	Drug Tier	Requirements & Limits
<b>Sleep Disorder Agents</b>		
AMBIEN	E	QL
AMBIEN CR	E	QL
BELSOMRA	3	ST, QL
DAYVIGO	3	ST, QL
EDLUAR	E	QL
eszopiclone	2	QL
LUNESTA	E	QL
modafinil	2	PA, QL
PROVIGIL	E	PA, QL
RESTORIL	3	
SUNOSI	3	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYREM	3	PA, QL, SP
XYWAV	E	PA, QL, SP
zolpidem tartrate er	3	QL
zolpidem tartrate oral	1	QL
zolpidem tartrate sublingual	E	QL
ZOLPIMIST	3	ST, QL

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



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cyanocobalamin injection solution 1000 mcg/ml . . . . .	25				



DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG . . . . .	13	doxycycline monohydrate oral capsule 150 mg, 75 mg. . . . .	10	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg. . . . .	15
DIFLUCAN ORAL TABLET 50 MG. . . . .	13	doxycycline monohydrate oral suspension reconstituted. . . . .	10	emtricitabine-tenofovir df oral tablet 200-300 mg . . . . .	15
DILAUDID ORAL . . . . .	8	doxycycline monohydrate oral tablet. . . . .	10	enalapril maleate oral . . . . .	17
dilt-xr. . . . .	17	doxylamine-pyridoxine . . . . .	13	ENBREL MINI. . . . .	32
diltiazem hcl er. . . . .	17	DRISDOL . . . . .	25	ENBREL SUBCUTANEOUS SOLUTION . . . . .	32
diltiazem hcl er coated beads . . . . .	17	DRIZALMA SPRINKLE . . . . .	12	ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE. . . . .	32
diltiazem hcl oral . . . . .	17	drospiren-eth estrad-levomefol . . . . .	28	ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED. . . . .	32
DIOVAN . . . . .	17	drospirenone-ethinyl estradiol . . . . .	28	ENBREL SURECLICK. . . . .	32
DIOVAN HCT . . . . .	17	DUAVEE . . . . .	28	ENDARI. . . . .	27
DIPENTUM. . . . .	33	duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg . . . . .	12	endocet . . . . .	8
diphenoxylate-atropine. . . . .	26	duloxetine hcl oral capsule delayed release particles 40 mg . . . . .	12	ENDOMETRIN . . . . .	33
DIPROLENE. . . . .	21	DUOPA . . . . .	14	enoxaparin sodium . . . . .	11
DIPROLENE AF . . . . .	21	DUPIXENT . . . . .	21	enskyce . . . . .	28
DITROPAN XL . . . . .	27	DURAGESIC-100. . . . .	8	ENSTILAR . . . . .	21
divalproex sodium er. . . . .	11	DURAGESIC-12 . . . . .	8	entecavir. . . . .	15
divalproex sodium oral capsule delayed release sprinkle. . . . .	11	DURAGESIC-25. . . . .	8	ENTOCORT EC . . . . .	33
divalproex sodium oral tablet delayed release . . . . .	11	DURAGESIC-50. . . . .	8	ENVARUSUS XR . . . . .	32
DIVIGEL . . . . .	28	DURAGESIC-75. . . . .	8	EPANED . . . . .	17
donepezil hcl oral tablet 10 mg, 5 mg . . . . .	12	DURAGESIC-100. . . . .	8	EPCLUSA ORAL TABLET 200-50 MG . . . . .	15
donepezil hcl oral tablet 23 mg . . . . .	12	DURAGESIC-12 . . . . .	8	EPCLUSA ORAL TABLET 400-100 MG . . . . .	15
donepezil hcl oral tablet dispersible . . . . .	12	DURAGESIC-25. . . . .	8	epinephrine injection solution auto- injector 0.15 mg/0.15ml. . . . .	35
DORYX . . . . .	10	DURAGESIC-50. . . . .	8	epinephrine solution auto-injector 0.15 mg/0.3ml injection. . . . .	35
DORYX MPC . . . . .	10	DURAGESIC-75. . . . .	8	epinephrine solution auto-injector 0.3 mg/0.3ml injection . . . . .	35
dorzolamide hcl-timolol mal . . . . .	34	DXEVO 11-DAY. . . . .	31	EPIPEN . . . . .	35
dorzolamide hcl-timolol mal pf. . . . .	34			EPIPEN 2-PAK . . . . .	35
dotti. . . . .	28	<b>E</b>		EPIPEN JR 2-PAK . . . . .	35
DOVATO . . . . .	15	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG. . . . .	9	EPIPEN-SINGLE PACK. . . . .	35
doxazosin mesylate oral . . . . .	17	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG. . . . .	9	epitol. . . . .	11
doxepin hcl oral capsule. . . . .	12	ec-naproxen. . . . .	9	ERGOCAL . . . . .	25
doxepin hcl oral concentrate . . . . .	12	ED-SPAZ . . . . .	26	ergocalciferol oral capsule. . . . .	25, 26
doxycycline hyclate oral capsule. . . . .	10	EDARBI. . . . .	17	ERIVEDGE . . . . .	14
doxycycline hyclate oral tablet 100 mg . . . . .	10	EDARBYCLOR. . . . .	17	ERLEADA . . . . .	14
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg . . . . .	10	EDLUAR . . . . .	37	errin. . . . .	28
doxycycline hyclate oral tablet 20 mg . . . . .	10	efavirenz-emtricitab-tenofovir. . . . .	15	erythromycin ophthalmic . . . . .	34
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg . . . . .	10	efavirenz-lamivudine-tenofovir . . . . .	15	escitalopram oxalate oral solution. . . . .	12
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG. . . . .	10	EFFEXOR XR . . . . .	12	escitalopram oxalate oral tablet. . . . .	12
doxycycline monohydrate oral capsule 100 mg, 50 mg . . . . .	10	EFUDEX . . . . .	21	ESGIC. . . . .	8
		ELESTRIN. . . . .	28	estarylla . . . . .	28
		eletriptan hydrobromide. . . . .	13	ESTRACE ORAL . . . . .	28
		ELIMITE . . . . .	14	ESTRACE VAGINAL . . . . .	28
		elinest . . . . .	28		
		ELIQUIS . . . . .	11		
		ELIQUIS DVT/PE STARTER PACK. . . . .	11		
		ELOCTATE . . . . .	25		
		eluryng . . . . .	28		
		EMGALITY . . . . .	13		
		EMGALITY (300 MG DOSE). . . . .	13		
		emoquette . . . . .	28		



estradiol oral . . . . .	28
estradiol patch twice weekly 0.025 mg/24hr transdermal . . . . .	28
estradiol patch twice weekly 0.0375 mg/24hr transdermal . . . . .	28
estradiol patch twice weekly 0.05 mg/24hr transdermal . . . . .	28
estradiol patch twice weekly 0.075 mg/24hr transdermal . . . . .	28
estradiol patch twice weekly 0.1 mg/24hr transdermal . . . . .	28
estradiol transdermal patch weekly.	28
estradiol vaginal cream. . . . .	28
estradiol vaginal tablet . . . . .	28
ESTRING . . . . .	28
ESTROGEL . . . . .	28
eszopiclone . . . . .	37
etodolac . . . . .	9
etodolac er. . . . .	9
etonogestrel-ethinyl estradiol. . . . .	28
EUCRISA . . . . .	21
euthyrox . . . . .	31
EVAMIST . . . . .	28
EVOCLIN . . . . .	21
EXFORGE. . . . .	17
EXTAVIA . . . . .	19
EXTINA. . . . .	13
EYSUVIS. . . . .	34
EZALLOR SPRINKLE . . . . .	17
ezetimibe . . . . .	17
ezetimibe-simvastatin . . . . .	17

**F**

falmina . . . . .	28
FARXIGA . . . . .	24
FASENRA PEN. . . . .	36
fayosim . . . . .	28
febuxostat . . . . .	13
FEMARA. . . . .	14
femynor. . . . .	28, 30
fenofibrate oral capsule 150 mg, 50 mg . . . . .	17
fenofibrate oral tablet 120 mg, 40 mg, 48 mg. . . . .	17
fenofibrate oral tablet 145 mg, 160 mg, 54 mg. . . . .	17
FENOGLIDE. . . . .	17
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr. . . . .	8

fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr . . . . .	8
FEXMID. . . . .	37
FINACEA . . . . .	21
finasteride oral tablet 5 mg. . . . .	27
FIORICET . . . . .	8
FIRAZYR . . . . .	32
FIRST-OMEPRAZOLE. . . . .	26
FLAGYL . . . . .	10
FLAREX . . . . .	35
flecainide acetate . . . . .	17
FLOLIPID . . . . .	17
FLOMAX. . . . .	27
FLORIVA PLUS . . . . .	25
FLOVENT DISKUS. . . . .	36
FLOVENT HFA . . . . .	36
fluconazole oral. . . . .	13
fluocinolone acetonide body . . . . .	21
fluocinolone acetonide external cream . . . . .	21
fluocinolone acetonide external ointment . . . . .	21
fluocinolone acetonide external solution. . . . .	21
fluocinolone acetonide scalp . . . . .	21
fluocinonide external cream 0.05 %	21
fluocinonide external cream 0.1 % .	21
fluocinonide external gel . . . . .	21
fluocinonide external ointment. . . . .	21
fluocinonide external solution . . . . .	21
FLUORIDEX . . . . .	20
FLUORIDEX ENHANCED WHITENING . . . . .	20
FLUROPLEX . . . . .	21
FLUOROURACIL EXTERNAL CREAM 0.5 % . . . . .	21
fluorouracil external cream 5 % . . . . .	21
fluorouracil external solution . . . . .	14
fluoxetine hcl oral capsule . . . . .	12
fluoxetine hcl oral capsule delayed release . . . . .	12
fluoxetine hcl oral solution . . . . .	12
fluoxetine hcl oral tablet 10 mg . . . . .	12
fluoxetine hcl oral tablet 20 mg . . . . .	12
fluoxetine hcl oral tablet 60 mg . . . . .	12
fluticasone propionate nasal . . . . .	35
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/ dose, 500-50 mcg/dose . . . . .	36

FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ ACT, 232-14 MCG/ACT, 55-14 MCG/ACT . . . . .	36
fluvoxamine maleate . . . . .	12
fluvoxamine maleate er. . . . .	12
FOCALIN . . . . .	19
FOCALIN XR . . . . .	19
folic acid oral tablet 1 mg . . . . .	25
FOLLISTIM AQ. . . . .	33
FORFIVO XL. . . . .	12
FORTAMET . . . . .	24
FORTESTA . . . . .	31
FOSAMAX . . . . .	33
FREESTYLE LIBRE 14 DAY READER. . . . .	23
FREESTYLE LIBRE 14 DAY SENSOR. . . . .	23
FREESTYLE LIBRE 2 READER . . . . .	23
FREESTYLE LIBRE 2 SENSOR . . . . .	23
FREESTYLE LIBRE READER. . . . .	23
FREESTYLE LIBRE SENSOR SYSTEM . . . . .	23
furosemide oral . . . . .	17

**G**

gabapentin oral capsule . . . . .	11
gabapentin oral solution 250 mg/5ml . . . . .	11
gabapentin oral tablet. . . . .	11
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous (Ferring) . . . . .	33
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous (Organon) . . . . .	33
gavilyte-c . . . . .	26
gavilyte-g . . . . .	26
GELNIQUE . . . . .	27
gemfibrozil oral . . . . .	17
gemmily . . . . .	28
gengraf. . . . .	32
GENOTROPIN . . . . .	31
GENOTROPIN MINIQUICK. . . . .	31
GENVOYA. . . . .	15
GEODON ORAL . . . . .	15
GILENYA. . . . .	19
GIMOTI. . . . .	13
glatiramer acetate . . . . .	19
glatopa . . . . .	19
GLEEVEC. . . . .	14



glimepiride	24
glipizide er	24
glipizide ir	24
glipizide xl	24
GLOPERBA	13
glucagon emergency kit 1 mg injection 1 mg (Eli Lilly)	24
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG (Fresenius)	24
GLUCOTROL	24
GLUCOTROL XL	24
GLUMETZA	24
glyburide oral	24
glyburide-metformin	24
GLYXAMBI	24
GOLYTELY	26
GONITRO	17
guanfacine hcl	17, 19
guanfacine hcl er	19
GVOKE HYPOPEN 1-PACK	24
GVOKE HYPOPEN 2-PACK	24
GVOKE PFS	24
GYNAZOLE-1	13

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HAEGARDA	32
hailey 1.5/30	28
hailey 24 fe	28
hailey fe 1/20	28
hailey fe 1.5/30	28
HALCION	16
HARVONI ORAL PACKET	15
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heather	28
HEMADY	31
HEMANGEOL	17
HIDEX 6-DAY	31
HUMALOG KWIKPEN	23
HUMALOG MIX 50/50 KWIKPEN	23
HUMALOG MIX 50/50 VIAL	23
HUMALOG MIX 75/25 KWIKPEN	23
HUMALOG MIX 75/25 VIAL	23
HUMALOG U-100 JUNIOR KWIKPEN	23
HUMALOG VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML	23
HUMALOG VIAL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	23

HUMATROPE	31
HUMIRA	32
HUMIRA PEDIATRIC CROHNS START	32
HUMIRA PEN	32
HUMIRA PEN-CD/UC/HS STARTER	32
HUMIRA PEN-PEDIATRIC UC START	32
HUMIRA PEN-PS/UV/ADOL HS START	32
HUMIRA PEN-PSOR/UEIT STARTER	32
HUMULIN 70/30 KWIKPEN	23
HUMULIN 70/30 VIAL	23
HUMULIN N KWIKPEN	23
HUMULIN N VIAL	23
HUMULIN R U-500 KWIKPEN	23
HUMULIN R U-500 VIAL	23
HUMULIN R VIAL	23
hydralazine hcl oral	17
hydrochlorothiazide oral	17
hydrocodone bitartrate er oral capsule extended release 12 hour	8
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	8
hydrocodone polst-chlorphen polst er susp	35
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	8
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	8
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	8
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	8
hydrocort-pramoxine (perianal)	33
hydrocortisone ace-pramoxine external cream 1-1 %	33
hydrocortisone external cream 1 %	21
hydrocortisone external cream 2.5 %	21
hydrocortisone external lotion 2.5 %	21
hydrocortisone external ointment 1 %, 2.5 %	21
hydrocortisone oral	31
hydromorphone hcl er	8
hydromorphone hcl oral	8
hydromorphone hcl rectal	8

hydroxychloroquine sulfate oral	14
hydroxyzine hcl oral	16
hydroxyzine pamoate oral	16
hyoscyamine sulfate er	26
hyoscyamine sulfate oral	26
hyoscyamine sulfate sl	26
hyoscyamine sulfate sublingual	26
hyosyne	26
HYSINGLA ER	8
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## I

ibandronate sodium oral	33
IBRANCE	14
ibuprofen	9
ibuprofen oral suspension	9
icatibant acetate	32
iclevia	28
icosapent ethyl	17
IDHIFA	14
ILEVRO	34
imatinib mesylate	14
imiquimod external cream 3.75 %	21
imiquimod external cream 5 %	21
IMIQUIMOD PUMP	21
IMITREX ORAL	13
IMITREX STATDOSE REFILL	13
IMITREX STATDOSE SYSTEM	13
IMITREX SUBCUTANEOUS	13
IMPEKLO	21
IMPOYZ	21
IMURAN	32
IMVEXXY MAINTENANCE PACK	25
IMVEXXY STARTER PACK	25
INBRIJA	14
incassia	28
INCRUSE ELLIPTA	36
INDERAL LA	17
INDOCIN	9
indomethacin er	9
INDOMETHACIN ORAL CAPSULE 20 MG	9
indomethacin oral capsule 25 mg, 50 mg	9
INSULIN ASPART	23, 24
INSULIN ASPART FLEXPEN	23
INSULIN ASPART PENFILL	24
INSULIN LISPRO	24
INSULIN LISPRO (1 UNIT DIAL)	24



INSULIN LISPRO JUNIOR		KEPPRA ORAL . . . . .	11	LANTUS U-100 VIAL . . . . .	24	
KWIKPEN . . . . .	24	KEPPRA XR . . . . .	11	larin 1/20 . . . . .	29	
INSULIN LISPRO PROT & LISPRO .	24	KESIMPTA . . . . .	19	larin 1.5/30 . . . . .	29	
INSULIN PEN NEEDLES . . . . .	23	ketoconazole external cream . . . . .	13	larin 24 fe . . . . .	29	
INSULIN SYRINGES . . . . .	23	ketoconazole external foam . . . . .	13	larin fe 1/20 . . . . .	29	
INTRAROSA . . . . .	25	ketoconazole external shampoo . . . . .	13	larin fe 1.5/30 . . . . .	29	
introvale . . . . .	28	ketodan external foam . . . . .	13	larissia . . . . .	29	
INTUNIV . . . . .	19	KETOROLAC TROMETHAMINE		LASIX . . . . .	17	
INVELTYS . . . . .	34	NASAL . . . . .	9	LASTACAFT . . . . .	34	
ipratropium bromide nasal . . . . .	35	ketorolac tromethamine		latanoprost ophthalmic . . . . .	34	
ipratropium-albuterol . . . . .	36	ophthalmic . . . . .	34	LATUDA . . . . .	15	
irbesartan . . . . .	17	ketorolac tromethamine oral . . . . .	9	LEDIPASVIR-SOFOSBUVIR . . . . .	15	
irbesartan-hydrochlorothiazide . . . . .	17	KITABIS PAK . . . . .	36	lessina . . . . .	29	
ISENTRESS . . . . .	15	KLONOPIN . . . . .	16	letrozole oral . . . . .	14	
ISENTRESS HD . . . . .	15	klor-con . . . . .	25	LEVALBUTEROL HFA INHALATION		
isibloom . . . . .	28	klor-con 10 . . . . .	25	AEROSOL 45 MCG/ACT . . . . .	36	
isosorbide mononitrate . . . . .	17	klor-con m10 . . . . .	25	LEVBID . . . . .	26	
isosorbide mononitrate er . . . . .	17	KLOR-CON M15 . . . . .	25	LEVEMIR U-100 FLEXTOUCH . . . . .	24	
isotretinoin oral . . . . .	21	klor-con m20 . . . . .	25	LEVEMIR U-100 VIAL . . . . .	24	
ISTALOL . . . . .	34	KOGENATE FS . . . . .	25	levetiracetam er . . . . .	11	
<b>J</b>				levetiracetam oral . . . . .	11	
jaimiess . . . . .	28	KOMBIGLYZE XR . . . . .	24	levo-t . . . . .	31	
jantoven . . . . .	11	KOSELUGO . . . . .	14	levocetirizine dihydrochloride oral		
JANUVIA . . . . .	24	KOVALTRY . . . . .	25	solution . . . . .	35	
JARDIANCE . . . . .	24	KRINTAFEL . . . . .	14	levocetirizine dihydrochloride oral		
jasmiel . . . . .	28	kurvelo . . . . .	29	tablet . . . . .	35	
jencycla . . . . .	28	KYNMOBI . . . . .	14	levofloxacin oral . . . . .	10	
JENTADUETO . . . . .	24	KYNMOBI TITRATION KIT . . . . .	14	levonorgest-eth est & eth est . . . . .	29	
JENTADUETO XR . . . . .	24	<b>L</b>			levonorgest-eth estrad 91-day oral	
JIVI . . . . .	25	labetalol hcl oral . . . . .	17	tablet 0.1-0.02 & 0.01 mg,		
jolessa . . . . .	29	LAMICTAL . . . . .	11	0.15-0.03 & 0.01 mg . . . . .	29	
JORNAY PM . . . . .	19	LAMICTAL ODT ORAL KIT 21 X		levonorgest-eth estrad 91-day oral		
juleber . . . . .	29	25 MG & 7 X 50 MG, 42 X 50 MG &		tablet 0.15-0.03 mg . . . . .	29	
JULUCA . . . . .	15	14X100 MG . . . . .	11	levonorgestrel-ethinyl estrad oral		
junel 1/20 . . . . .	29	LAMICTAL ODT ORAL KIT 25 & 50		tablet 0.1-20 mg-mcg,		
junel 1.5/30 . . . . .	29	& 100 MG . . . . .	11	0.15-30 mg-mcg . . . . .	29	
junel fe 1/20 . . . . .	29	LAMICTAL ODT ORAL TABLET		levora 0.15/30 (28) . . . . .	29	
junel fe 1.5/30 . . . . .	29	DISPERSIBLE . . . . .	11	LEVOTHYROXINE SODIUM ORAL		
junel fe 24 . . . . .	29	LAMICTAL STARTER . . . . .	11	CAPSULE . . . . .	31	
<b>K</b>				levothyroxine sodium oral tablet . . . . .	31	
K-TAB . . . . .	25	LAMICTAL XR . . . . .	11	levoxyl . . . . .	31	
kalliga . . . . .	29	lamotrigine er . . . . .	11	LEVSIN ORAL . . . . .	26	
KAPSPARGO SPRINKLE . . . . .	17	lamotrigine oral kit . . . . .	11	LEVSIN/SL . . . . .	26	
kariva . . . . .	29	lamotrigine oral tablet . . . . .	11	LEXAPRO . . . . .	12	
KAZANO . . . . .	24	lamotrigine oral tablet chewable . . . . .	11	LIALDA . . . . .	33	
KEFLEX . . . . .	10	lamotrigine oral tablet dispersible . . . . .	11	lidocaine external ointment 5 % . . . . .	8	
KENALOG EXTERNAL . . . . .	21	lamotrigine starter kit-blue . . . . .	11	lidocaine external patch 5 % . . . . .	8	
		lamotrigine starter kit-green . . . . .	11	lidocaine hcl mouth/throat . . . . .	20	
		lamotrigine starter kit-orange . . . . .	11	lidocaine viscous hcl . . . . .	20	
		LANCETS . . . . .	23	lidocaine-prilocaine external cream . . . . .	8	
		LANTUS SOLOSTAR . . . . .	24	LIDODERM . . . . .	8	







microgestin 1/20 . . . . .	29	morphine sulfate rectal . . . . .	8	necon 0.5/35 (28) . . . . .	29	
microgestin 1.5/30 . . . . .	29	MOTEGRITY . . . . .	26	neomycin-polymyxin-dexameth ophthalmic ointment . . . . .	34	
microgestin 24 fe . . . . .	29	MOVIPREP . . . . .	26	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 . . . . .	34	
microgestin fe 1/20 . . . . .	29	MOXEZA . . . . .	34	neomycin-polymyxin-hc otic . . . . .	35	
microgestin fe 1.5/30 . . . . .	29	moxifloxacin hcl (2x day) . . . . .	34	NEORAL . . . . .	32	
mili . . . . .	29	moxifloxacin hcl ophthalmic solution . . . . .	34	NESINA . . . . .	24	
MILLIPRED . . . . .	31	MS CONTIN . . . . .	8	neuac external gel . . . . .	22	
MINASTRIN 24 FE . . . . .	29	MULPLETA . . . . .	25	NEURONTIN . . . . .	11	
MINIPRESS . . . . .	17	MULTAQ . . . . .	17	NEVANAC . . . . .	34	
minitrans . . . . .	17	multi-vitamin/fluoride . . . . .	25	NEXLETOL . . . . .	17	
MINIVELLE . . . . .	28, 29	multivitamin/fluoride oral solution . . . . .	25	NEXLIZET . . . . .	17	
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR . . . . .	10	multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg . . . . .	25	niacin (antihyperlipidemic) . . . . .	17	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg . . . . .	10	mupirocin calcium . . . . .	10	niacin er (antihyperlipidemic) . . . . .	17	
minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg . . . . .	10	mupirocin external . . . . .	10	niacor . . . . .	17	
minocycline hcl oral capsule . . . . .	10	mycophenolate mofetil oral . . . . .	32	NIASPAN . . . . .	17	
minocycline hcl oral tablet . . . . .	10	mycophenolate sodium . . . . .	32	nifedipine er . . . . .	17	
MINOLIRA . . . . .	10	MYDAYIS . . . . .	19	nifedipine er osmotic release . . . . .	17	
MIRAPEX . . . . .	14	MYFORTIC . . . . .	32	nifedipine oral . . . . .	18	
MIRAPEX ER . . . . .	14	myorisan . . . . .	22	nikki . . . . .	29	
MIRCETTE . . . . .	29	<b>N</b>			nitisinone . . . . .	27
mirtazapine oral . . . . .	12	nabumetone oral . . . . .	9	NITRO-BID . . . . .	18	
MIRVASO . . . . .	22	nadolol oral . . . . .	17	NITRO-DUR . . . . .	18	
misoprostol oral . . . . .	26	NAFRINSE DAILY/NEUTRAL . . . . .	20	NITRO-TIME . . . . .	18	
MITIGARE . . . . .	13	NAFRINSE WEEKLY . . . . .	20	nitroglycerin sublingual . . . . .	18	
MOBIC . . . . .	9	NALOCET . . . . .	8	nitroglycerin transdermal . . . . .	18	
modafinil . . . . .	37	naloxone hcl injection . . . . .	10	nitroglycerin translingual . . . . .	18	
mometasone furoate external . . . . .	22	naltrexone hcl oral . . . . .	10	NITROLINGUAL . . . . .	18	
mondoxyne nl oral capsule 100 mg . . . . .	10	NAPRELAN . . . . .	9	NITROMIST . . . . .	18	
mondoxyne nl oral capsule 75 mg . . . . .	10	NAPROSYN ORAL SUSPENSION . . . . .	9	NITROSTAT . . . . .	18	
mono-linyah . . . . .	29	NAPROSYN ORAL TABLET . . . . .	9	NITYR . . . . .	27	
montelukast sodium oral packet . . . . .	36	naproxen oral suspension . . . . .	9	NOCDURNA . . . . .	31	
montelukast sodium oral tablet . . . . .	36	naproxen oral tablet . . . . .	9	nora-be . . . . .	29	
montelukast sodium oral tablet chewable . . . . .	36	naproxen oral tablet delayed release . . . . .	9	NORDITROPIN FLEXPRO . . . . .	31	
morgidox oral . . . . .	10	naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg . . . . .	9	norethin ace-eth estrad-fe oral capsule . . . . .	29	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml . . . . .	8	NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG . . . . .	9	norethin ace-eth estrad-fe oral tablet . . . . .	29	
morphine sulfate er oral capsule extended release 24 hour . . . . .	8	naproxen sodium oral tablet 275 mg, 550 mg . . . . .	9	norethin ace-eth estrad-fe oral tablet chewable . . . . .	29	
morphine sulfate er oral tablet extended release . . . . .	8	naratriptan hcl . . . . .	13	norethindrone acet-ethinyl est . . . . .	29	
morphine sulfate oral . . . . .	8	NARCAN . . . . .	10	norethindrone acetate oral . . . . .	29	
		NASCOBAL . . . . .	25	norethindrone oral . . . . .	29	
		NATAZIA . . . . .	29	norgestimate-eth estradiol . . . . .	29	
		NATESTO . . . . .	31	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-25 mcg . . . . .	29	
		NATURE-THROID . . . . .	31			
		NAYZILAM . . . . .	11			



norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-35 mcg. . . . .	29	NUTROPIN AQ NUSPIN 10 . . . . .	31	ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE . . . . .	23	
NORITATE . . . . .	22	NUTROPIN AQ NUSPIN 20 . . . . .	31	ONETOUCH VERIO IQ SYSTEM . . . . .	23	
norlyda . . . . .	30	NUTROPIN AQ NUSPIN 5 . . . . .	31	ONETOUCH VERIO KIT W/DEVICE . . . . .	23	
norlyroc . . . . .	30	NUVARING . . . . .	30	ONETOUCH VERIO REFLECT . . . . .	23	
nortrel 0.5/35 (28) . . . . .	30	NUWIQ . . . . .	25	ONETOUCH VERIO TEST STRIPS . . . . .	23	
nortrel 1/35 (21) . . . . .	30	NUZYRA ORAL . . . . .	10	ONGLYZA . . . . .	24	
nortrel 1/35 (28) . . . . .	30	nyamyc . . . . .	13	ONZETRA XSAIL . . . . .	13	
nortriptyline hcl oral . . . . .	12	nymyo . . . . .	30	OPSUMIT . . . . .	37	
NORVASC . . . . .	18	nystatin external . . . . .	13	ORAPRED ODT . . . . .	31	
NORVIR ORAL PACKET . . . . .	15	nystatin mouth/throat . . . . .	13	ORENCIA CLICKJECT . . . . .	32	
NORVIR ORAL SOLUTION . . . . .	15	nystop . . . . .	13	ORENCIA SUBCUTANEOUS . . . . .	32	
NORVIR ORAL TABLET . . . . .	15	<b>O</b>			ORFADIN . . . . .	27
NOURIANZ . . . . .	14	ocella . . . . .	30	ORIAHNN . . . . .	31	
novarel intramuscular solution reconstituted 10000 unit. . . . .	33	OCUFLOX . . . . .	34	ORILISSA . . . . .	31	
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT . . . . .	33	ODEFSEY . . . . .	15	orsythia . . . . .	30	
NOVOEIGHT . . . . .	25	ODOMZO . . . . .	14	ORTHO MICRONOR . . . . .	30	
NOVOFINE AUTOCOVER PEN NEEDLE . . . . .	23	ofloxacin ophthalmic . . . . .	34	ORTIKOS . . . . .	33	
NOVOFINE PEN NEEDLE . . . . .	23	ofloxacin otic . . . . .	35	oscimin . . . . .	26	
NOVOFINE PLUS PEN NEEDLE . . . . .	23	olanzapine oral tablet . . . . .	15	oscimin sr . . . . .	26	
NOVOLIN 70/30 FLEXPEN . . . . .	24	olanzapine oral tablet dispersible . . . . .	15	oseltamivir phosphate oral capsule . . . . .	15	
NOVOLIN 70/30 FLEXPEN RELION . . . . .	24	olmesartan medoxomil oral . . . . .	18	oseltamivir phosphate oral suspension reconstituted . . . . .	15	
NOVOLIN 70/30 RELION . . . . .	24	olmesartan medoxomil-hctz . . . . .	18	OSENI . . . . .	25	
NOVOLIN 70/30 VIAL . . . . .	24	olopatadine hcl ophthalmic solution 0.1 % . . . . .	34	OSPHENA . . . . .	25	
NOVOLIN N FLEXPEN . . . . .	24	olopatadine hcl ophthalmic solution 0.2 % . . . . .	34	OTEZLA . . . . .	32	
NOVOLIN N FLEXPEN RELION . . . . .	24	OLUMIANT ORAL TABLET 1 MG . . . . .	32	OTREXUP . . . . .	32	
NOVOLIN N RELION . . . . .	24	OLUMIANT ORAL TABLET 2 MG . . . . .	32	OVIDREL . . . . .	33	
NOVOLIN N VIAL . . . . .	24	OLUX . . . . .	22	OXAYDO . . . . .	8	
NOVOLIN R FLEXPEN . . . . .	24	OMECLAMOX-PAK . . . . .	26	oxcarbazepine . . . . .	11	
NOVOLIN R FLEXPEN RELION . . . . .	24	omega-3-acid ethyl esters . . . . .	18	OXTELLAR XR . . . . .	11	
NOVOLIN R RELION . . . . .	24	omeprazole oral capsule delayed release . . . . .	26	oxybutynin chloride er . . . . .	27	
NOVOLIN R VIAL . . . . .	24	OMEPRAZOLE+SYRSPEND SF ALKA . . . . .	26	oxybutynin chloride oral . . . . .	27	
NOVOLOG FLEXPEN . . . . .	24	OMNARIS . . . . .	35	OXYCODONE HCL ER . . . . .	8	
NOVOLOG PENFILL . . . . .	24	OMNITROPE . . . . .	31	oxycodone hcl oral capsule . . . . .	8	
NOVOLOG U-100 VIAL . . . . .	24	ondansetron hcl oral . . . . .	13	oxycodone hcl oral concentrate 100 mg/5ml . . . . .	8	
np thyroid . . . . .	31	ondansetron odt . . . . .	13	oxycodone hcl oral solution . . . . .	8	
NUBEQA . . . . .	14	ONETOUCH DELICA PLUS LANCETS . . . . .	23	oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg . . . . .	8	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR . . . . .	36	ONETOUCH ULTRA 2 KIT W/DEVICE . . . . .	23	oxycodone hcl oral tablet 5 mg . . . . .	8	
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE . . . . .	36	ONETOUCH ULTRA BLUE TEST STRIPS IN VITRO STRIP . . . . .	23	OXYCODONE-ACETAMINOPHEN ORAL SOLUTION . . . . .	8	
NUCYNTA . . . . .	8	ONETOUCH ULTRA MINI KIT W/DEVICE . . . . .	23	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG . . . . .	8	
NUCYNTA ER . . . . .	8	ONETOUCH ULTRASOFT LANCETS . . . . .	23			
NUDEXTA . . . . .	19					
NULEV . . . . .	26					





oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg . . . . .	8
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG . . . . .	8
OXYCONTIN . . . . .	9
OZEMPIC . . . . .	25
OZOBAX . . . . .	37

**P**

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PACERONE ORAL TABLET 200 MG . . . . .	18
PAMELOR . . . . .	12
PANCREAZE . . . . .	27
pantoprazole sodium oral packet . . . . .	26
pantoprazole sodium tablet delayed release 20 mg oral . . . . .	26
pantoprazole sodium tablet delayed release 40 mg oral . . . . .	26
paroxetine hcl . . . . .	12
paroxetine hcl er . . . . .	12
PAXIL CR . . . . .	12
PAXIL ORAL SUSPENSION . . . . .	12
PAXIL ORAL TABLET . . . . .	12
PEDIAPRED . . . . .	31
peg-3350/electrolytes . . . . .	26
peg-3350/electrolytes/ascorbat . . . . .	26
peg-kcl-nacl-nasulf-na asc-c . . . . .	26
penicillamine oral capsule . . . . .	27
penicillamine oral tablet . . . . .	27
penicillin v potassium . . . . .	10
PENNSAID . . . . .	9
PENTASA . . . . .	33
PERCOCET . . . . .	9
PERFOROMIST . . . . .	36
PERIDEX . . . . .	20
periogard . . . . .	20
permethrin external . . . . .	14
PERTZYE . . . . .	27
phenazo oral tablet 200 mg . . . . .	27
phenazopyridine hcl oral tablet 100 mg, 200 mg . . . . .	27
philith . . . . .	30
PICATO . . . . .	22
pimtreea . . . . .	30
pioglitazone hcl . . . . .	25
pirmella 1/35 . . . . .	30
PLAQUENIL . . . . .	14

PLAVIX . . . . .	14
PLEGRIDY INTRAMUSCULAR . . . . .	19
PLEGRIDY STARTER PACK . . . . .	19
PLEGRIDY SUBCUTANEOUS . . . . .	19
PLENVU . . . . .	26
PLEXION . . . . .	22
PLEXION CLEANSER . . . . .	22
PLEXION CLEANSING CLOTH . . . . .	22
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 packet . . . . .	26
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%) . . . . .	26
potassium citrate er . . . . .	26
PRADAXA . . . . .	11
PRALUENT . . . . .	18
pramipexole dihydrochloride . . . . .	14
pramipexole dihydrochloride er . . . . .	14
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 . . . . .	19
pregabalin oral solution . . . . .	19
pregnyl . . . . .	33
PREMARIN ORAL . . . . .	30
PREMARIN VAGINAL . . . . .	30
premium lidocaine . . . . .	9
PREMPHASE . . . . .	30
PREMPRO . . . . .	30
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 . . . . .	15
PREZISTA . . . . .	15
PRINIVIL . . . . .	18
PRISTIQ . . . . .	12
PROAIR HFA . . . . .	35, 36
PROAIR RESPICLICK . . . . .	36
PROCARDIA . . . . .	18
PROCARDIA XL . . . . .	18
PROCENTRA . . . . .	19
prochlorperazine maleate oral . . . . .	13
PROCORT . . . . .	33
PROCTOFOAM HC . . . . .	33
progesterone micronized oral . . . . .	30
PROGRAF ORAL CAPSULE . . . . .	32
PROGRAF ORAL PACKET . . . . .	32
PROLATE . . . . .	9
promethazine hcl oral solution . . . . .	35
promethazine hcl oral syrup . . . . .	35
promethazine hcl oral tablet . . . . .	13
promethazine hcl rectal . . . . .	13
promethazine-codeine . . . . .	35
promethazine-dm . . . . .	35
promethegan . . . . .	13
PROMETRIUM . . . . .	30
propranolol hcl er . . . . .	18
propranolol hcl oral . . . . .	18
PROSCAR . . . . .	27
PROTONIX ORAL . . . . .	26
PROVENTIL HFA . . . . .	35, 36
PROVERA . . . . .	28, 30
PROVIGIL . . . . .	37
PROZAC . . . . .	12
pseudoephedrine-bromphen-dm . . . . .	35
PULMICORT FLEXHALER . . . . .	36
PULMICORT SUSPENSION . . . . .	36
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PURIXAN . . . . .	14
PYLERA . . . . .	26
PYRIDIUM . . . . .	27

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QBRELIS . . . . .	18
QDOLO . . . . .	9
QMIIZ ODT . . . . .	9
QUARTETTE . . . . .	30
QUDEXY XR . . . . .	11
quetiapine fumarate . . . . .	15
quetiapine fumarate er . . . . .	15
QUFLORA PEDIATRIC . . . . .	26
QUILLICHEW ER . . . . .	19



QUILLIVANT XR.....	19	RILUTEK.....	19	simpesse.....	30
quinapril hcl.....	18	riluzole.....	19	SIMPONI.....	32
QVAR REDHALER.....	36	RINVOQ.....	32	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg.....	18
<b>R</b>					
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE.....	26	RIOMET.....	25	simvastatin oral tablet 80 mg.....	18
rabeprazole sodium oral tablet delayed release.....	26	RISPERDAL.....	15	SINEMET.....	14
ramipril.....	18	risperidone.....	15	SINGULAIR ORAL PACKET.....	36
RANEXA.....	18	RITALIN.....	19	SINGULAIR ORAL TABLET.....	36
ranolazine er.....	18	RITALIN LA.....	19	SINGULAIR ORAL TABLET CHEWABLE.....	36
RAPAMUNE ORAL SOLUTION.....	32	ritonavir.....	15	sirolimus oral solution.....	32
RAPAMUNE ORAL TABLET.....	32	rivelsa.....	30	sirolimus oral tablet.....	32
RASUVO.....	32	rizatriptan benzoate.....	13	SITAVIG.....	15
RAYALDEE.....	33	ROBAXIN-750.....	37	SKELAXIN.....	37
RAYOS.....	31	ROCALTROL.....	33	SKYRIZI (150 MG DOSE).....	32
REBIF.....	19	ROCKLATAN.....	34	sodium fluoride 5000 plus.....	20
REBIF REBIDOSE.....	19	ropinirole hcl.....	14	sodium fluoride 5000 ppm.....	20
REBIF REBIDOSE TITRATION PACK.....	19	ropinirole hcl er.....	14	sodium fluoride dental.....	20
REBIF TITRATION PACK.....	19	rosadan external cream.....	22	SOFOSBUVIR-VELPATASVIR.....	15
reclipsen.....	30	rosadan external gel.....	22	SOLIQUA.....	25
RECOMBINATE.....	25	rosuvastatin calcium.....	18	SOLODYN.....	11
REDITREX.....	32	roweepra.....	11	SOLTAMOX.....	14
REGLAN.....	13	ROXICODONE ORAL TABLET 15 MG, 30 MG.....	9	SOMA ORAL TABLET 250 MG.....	37
RELAFEN.....	9	ROXICODONE ORAL TABLET 5 MG.....	9	SOMA ORAL TABLET 350 MG.....	37
RELAFEN DS.....	9	ROZLYTREK.....	14	SOMATULINE DEPOT.....	31
relexxii.....	19	RUKOBIA.....	15	SOOLANTRA.....	22
RELPAK.....	13	RYBELSUS.....	25	sotalol hcl oral.....	18
REMERON.....	12	RYTARY.....	14	SOTYLIZE.....	18
REMERON SOLTAB.....	12	RYZOLT.....	9	SPIRIVA HANDIHALER.....	36
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REPATHA PUSHTRONEX SYSTEM.....	18	SAFYRAL.....	30	SPIRIVA RESPIMAT.....	36
REPATHA SURECLICK.....	18	SAPHRIS.....	15	spironolactone oral.....	18
RESTASIS.....	35	scopolamine.....	13	sprintec 28.....	30
RESTASIS MULTIDOSE.....	35	SEASONIQUE.....	30	SPRITAM.....	11
RESTORIL.....	37	SEMGLEE.....	24	SPRIX.....	9
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML.....	25	SEREVENT DISKUS.....	36	sronyx.....	30
RETACRIT INJECTION SOLUTION 20000 UNIT/ML.....	25	SERNIVO.....	22	sss 10-5.....	22
RETIN-A.....	22	SEROQUEL.....	15	STELARA SUBCUTANEOUS SOLUTION.....	32
REVLIMID.....	14	SEROQUEL XR.....	15	STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE..	32
REYVOW.....	13	sertraline hcl oral.....	12	STENDRA.....	25
RHOFADE.....	22	setlakin.....	30	STIMATE.....	31
RHOPRESSA.....	34	sf.....	20, 26	STRATTERA.....	19
		sf 5000 plus.....	20	STRENSIQ.....	27
		SFROWASA.....	33	STRIBILD.....	15
		sharobel.....	30	STRIVERDI RESPIMAT.....	36
		sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg.....	25	SUBOXONE.....	10
		simliya.....	30	SUBSYS.....	9
				subvenite.....	11
				subvenite starter kit-blue.....	11



subvenite starter kit-green . . . . .	11	SYMLINPEN 60 . . . . .	25	TENORETIC 100 . . . . .	18	
subvenite starter kit-orange . . . . .	11	SYMPROIC. . . . .	26	TENORETIC 50 . . . . .	18	
sucralfate oral suspension . . . . .	26	SYNALAR. . . . .	22	TENORMIN . . . . .	18	
sucralfate oral tablet . . . . .	26	SYNJARDY. . . . .	25	terazosin hcl. . . . .	27	
sulfacetamide sod-sulfur wash external liquid . . . . .	22	SYNJARDY XR. . . . .	25	terbinafine hcl oral. . . . .	13	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %. . . . .	22	SYNTHROID. . . . .	31	terconazole . . . . .	13	
sulfacetamide sodium-sulfur external cream 9.8-4.8 % . . . . .	22	SYPRINE. . . . .	27	TERIPARATIDE (RECOMBINANT). . . . .	33	
sulfacetamide sodium-sulfur external emulsion . . . . .	22	<b>T</b>			TESSALON PERLES . . . . .	35
sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 % . . . . .	22	TACLONEX EXTERNAL OINTMENT. . . . .	22	TESTIM. . . . .	31	
sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %. . . . .	22	TACLONEX EXTERNAL SUSPENSION . . . . .	22	testosterone cypionate intramuscular . . . . .	31	
sulfacetamide sodium-sulfur external lotion 10-5 % . . . . .	22	tacrolimus oral. . . . .	32	testosterone transdermal . . . . .	31	
sulfacetamide sodium-sulfur external lotion 9.8-4.8 % . . . . .	22	tadalafil oral tablet 10 mg, 20 mg . . . . .	25	TEXACORT . . . . .	22	
sulfacetamide sodium-sulfur external pad . . . . .	22	tadalafil oral tablet 2.5 mg, 5 mg . . . . .	25	THYQUIDITY . . . . .	32	
sulfacetamide sodium-sulfur external suspension 10-5 % . . . . .	22	TAKHZYRO . . . . .	32	TIGLUTIK . . . . .	19	
sulfacetamide sodium-sulfur external suspension 8-4 % . . . . .	22	TAMIFLU ORAL CAPSULE. . . . .	15	timolol maleate ophthalmic gel forming solution. . . . .	34	
SULFACLEANSE 8/4. . . . .	22	TAMIFLU ORAL SUSPENSION RECONSTITUTED. . . . .	15	timolol maleate ophthalmic solution 0.25 %, 0.5 % . . . . .	34	
sulfamethoxazole-trimethoprim oral . . . . .	11	tamoxifen citrate oral tablet 10 mg . . . . .	14	timolol maleate ophthalmic solution 0.5 % (daily) . . . . .	34	
sulfamez wash . . . . .	22	tamoxifen citrate oral tablet 20 mg . . . . .	14	timolol maleate pf . . . . .	34	
sulfasalazine oral. . . . .	33	tamsulosin hcl . . . . .	27	TIMOPTIC . . . . .	34, 35	
sulfatrim pediatric . . . . .	11	TAPAZOLE. . . . .	32	TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %.. . . .	35	
SUMADAN WASH. . . . .	22	TAPERDEX 12-DAY . . . . .	31	TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 %.. . . .	35	
sumatriptan succinate oral. . . . .	13	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG. . . . .	31	TIMOPTIC-XE. . . . .	35	
sumatriptan succinate refill . . . . .	13	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21) . . . . .	31	TIROSINT . . . . .	32	
sumatriptan succinate subcutaneous . . . . .	13	TAPERDEX 7-DAY . . . . .	31	TIROSINT-SOL. . . . .	32	
SUMAXIN. . . . .	22	TARGADOX . . . . .	11	TIVICAY. . . . .	15	
SUMAXIN WASH. . . . .	22	TARGRETIN EXTERNAL . . . . .	14	TIVICAY PD . . . . .	15	
SUNOSI . . . . .	37	TARGRETIN ORAL . . . . .	14	TIVORBEX . . . . .	9	
SUPREP BOWEL PREP KIT . . . . .	26	tarina 24 fe . . . . .	30	tizanidine hcl oral capsule . . . . .	37	
SUTAB . . . . .	26	tarina fe 1/20 . . . . .	30	tizanidine hcl oral tablet . . . . .	37	
syeda . . . . .	30	tarina fe 1/20 eq. . . . .	30	TOBI NEBULIZER . . . . .	36	
SYMAX DUOTAB. . . . .	26	TASIGNA . . . . .	14	TOBI PODHALER . . . . .	36	
SYMAX-SL . . . . .	26	TAYTULLA . . . . .	30	TOBRADEX OPHTHALMIC OINTMENT. . . . .	34	
SYMAX-SR. . . . .	26	tazarotene external . . . . .	22	TOBRADEX OPHTHALMIC SUSPENSION . . . . .	34	
SYMBICORT . . . . .	36	TAZORAC. . . . .	22	TOBRADEX ST . . . . .	34	
SYMFI . . . . .	15	TEGRETOL. . . . .	11	tobramycin inhalation nebulization solution 300 mg/4ml. . . . .	36	
SYMFI LO . . . . .	15	TEGRETOL-XR. . . . .	12	tobramycin nebulization solution 300 mg/5ml inhalation . . . . .	36	
SYMJEPI. . . . .	35	TEGSEDI. . . . .	27	tobramycin ophthalmic. . . . .	34	
SYMLINPEN 120 . . . . .	25	TEKTURNA . . . . .	18	tobramycin-dexamethasone. . . . .	34	
		TEKTURNA HCT. . . . .	18	TOBEX OPHTHALMIC OINTMENT. . . . .	34	
		telmisartan . . . . .	18			
		temazepam . . . . .	37			
		TEMIXYS . . . . .	15			
		TEMOVATE. . . . .	22			
		tenofovir disoproxil fumarate . . . . .	15			



TOBREX OPHTHALMIC SOLUTION . . . . .	34	triamcinolone acetonide external cream 0.5 % . . . . .	22	URSO FORTE . . . . .	27
TOPAMAX . . . . .	12	triamcinolone acetonide external lotion . . . . .	22	ursodiol oral . . . . .	27
TOPAMAX SPRINKLE . . . . .	12	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % . . . . .	22		
topiramate er . . . . .	12	triamcinolone acetonide external ointment 0.05 % . . . . .	22	<b>V</b>	
topiramate oral . . . . .	12	triamterene-hctz . . . . .	18	VAGIFEM . . . . .	30
TOPROL XL . . . . .	18	TRIANEX . . . . .	22	valacyclovir hcl oral . . . . .	15
torseamide . . . . .	18	triazolam . . . . .	16	VALIUM . . . . .	16
TOUJEO MAX SOLOSTAR . . . . .	24	TRICOR . . . . .	18	valsartan . . . . .	18
TOUJEO SOLOSTAR . . . . .	24	triderm external cream 0.1 % . . . . .	22	valsartan-hydrochlorothiazide . . . . .	18
TOVIAZ . . . . .	27	triderm external cream 0.5 % . . . . .	22	VALTOCO . . . . .	12
TRACLEER . . . . .	37	TRIDESILON . . . . .	22	VALTrex . . . . .	15
TRADJENTA . . . . .	25	trientine hcl . . . . .	27	VANADOM . . . . .	37
tramadol hcl er . . . . .	9	TRIJARDY XR . . . . .	25	vandazole . . . . .	11
tramadol hcl er (biphasic) . . . . .	9	TRILEPTAL . . . . .	12	VANOS . . . . .	22
tramadol hcl oral tablet 100 mg . . . . .	9	TRINTELLIX . . . . .	12	VASOTEC . . . . .	18
tramadol hcl oral tablet 50 mg . . . . .	9	TRIUMEQ . . . . .	15	VECTICAL . . . . .	22
TRANSDERM SCOP (1.5 MG) . . . . .	13	TROKENDI XR . . . . .	12	VELPHORO . . . . .	27
TRAVATAN Z . . . . .	35	TRULANCE . . . . .	26	VELTASSA . . . . .	26
travoprost (bak free) . . . . .	35	TRULICITY . . . . .	25	VEMLIDY . . . . .	15
trazodone hcl oral . . . . .	12	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG . . . . .	15	venlafaxine hcl . . . . .	12
TRELEGY ELLIPTA . . . . .	36	TRUVADA ORAL TABLET 200-300 MG . . . . .	15	venlafaxine hcl er oral capsule extended release 24 hour . . . . .	12
TREMFYA . . . . .	32	tulana . . . . .	30	venlafaxine hcl er oral tablet extended release 24 hour . . . . .	12
TRESIBA . . . . .	24	TUSSICAPS . . . . .	35	VENTOLIN HFA . . . . .	36
TRESIBA FLEXTOUCH . . . . .	24	tyblume . . . . .	30	verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg . . . . .	18
tretinoin external cream . . . . .	22	tydemy . . . . .	30	verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg . . . . .	18
tretinoin external gel 0.01 % . . . . .	22	TYMLOS . . . . .	33	verapamil hcl er oral tablet extended release . . . . .	18
tretinoin external gel 0.025 % . . . . .	22	TYVASO . . . . .	37	verapamil hcl oral . . . . .	18
tretinoin external gel 0.05 % . . . . .	22	TYVASO REFILL . . . . .	37	VERDESO . . . . .	22
TREXALL . . . . .	33	TYVASO STARTER . . . . .	37	VERELAN . . . . .	18
TREZIX . . . . .	9			VERELAN PM . . . . .	18
tri femynor . . . . .	30	<b>U</b>		VERZENIO . . . . .	14
tri-estarylla . . . . .	30	UBRELVY . . . . .	14	vestura . . . . .	30
tri-linyah . . . . .	30	UCERIS ORAL . . . . .	33	VIAGRA . . . . .	25
tri-lo-estarylla . . . . .	30	UCERIS RECTAL . . . . .	33	VIBERZI . . . . .	27
tri-lo-marzia . . . . .	30	ULORIC . . . . .	13	VIBRAMYCIN ORAL CAPSULE . . . . .	11
tri-lo-mili . . . . .	30	ULTRAM . . . . .	9	VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED . . . . .	11
tri-lo-sprintec . . . . .	30	Ultram ER . . . . .	9	VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (2 Pak) . . . . .	25
tri-mili . . . . .	30	unithroid . . . . .	32	VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (3 Pak) . . . . .	25
tri-nymyo . . . . .	30	UROCIT-K 10 . . . . .	26	vienna . . . . .	30
tri-previfem . . . . .	30	UROCIT-K 15 . . . . .	26		
tri-sprintec . . . . .	30	UROCIT-K 5 . . . . .	26		
tri-vylibra . . . . .	30	UROXATRAL . . . . .	27		
tri-vylibra lo . . . . .	30	URSO 250 . . . . .	27		
triamcinolone acetonide external aerosol solution . . . . .	22				
triamcinolone acetonide external cream 0.025 %, 0.1 % . . . . .	22				



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XENLETA ORAL	11
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XHANCE	35
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XIIDRA	35
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ZITHROMAX TRI-PAK	11
ZITHROMAX Z-PAK	11
ZOCOR	18
ZOFRAN	13
ZOHYDRO ER	9
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	14
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# Nondiscrimination notice and access to communication services

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

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

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

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

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

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

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

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

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





# Multi-language interpreter services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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