



Your 2021 Prescription Drug List

Advantage 3-Tier

Effective May 1, 2021



United
Healthcare

This Prescription Drug List (PDL) is accurate as of May 1, 2021 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Plan, 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)¹ if similar alternatives are available at a lower cost. Examples include medications that work the same way, but one is much more expensive than the other, or options that are available without a prescription (also referred to as over-the-counter medications²). There are also some instances where the same product can be made by two or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

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

Who decides which medications are covered?

Thousands of medications are already available and more come to the market regularly. Often, several medications are available to treat the same condition. The UnitedHealthcare® Pharmacy and Therapeutics Committee, which includes both internal and external doctors and pharmacists, meets regularly to provide clinical reviews of all medications. Using this information, the PDL Management Committee, which includes senior UnitedHealth Group® doctors and business leaders, meets to evaluate overall health care value. They also 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
Tier 1	\$ Lower-cost Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost Medications that provide good overall value. A mix of brand name and generic drugs.	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
Tier 3	\$\$\$ Highest-cost Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Ask your doctor if a Tier 1 or Tier 2 option could work for you.

Drug list information

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

E	May be excluded from coverage or subject to Prior Authorization in Connecticut, New Jersey and New York. (Referred to as First Start in New Jersey) —Lower-cost options are available and covered.
H	Health Care Reform Preventive —This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.
H-PA	Health Care Reform Preventive with Prior Authorization —May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.
PA	Prior Authorization (sometimes referred to as precertification) ³ —Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.
QL	Quantity Limits —Specifies the largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program ⁴ —Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary. ⁵
SP	Specialty Medication —Specialty medications treat complex or rare conditions and may require special storage and handling. You may be required to obtain these medications from a specialty pharmacy.
ST	Step Therapy (referred to as First Start in New Jersey) —Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered.

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

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

5. 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.



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. Medications that require step therapy may require prior authorization (sometimes referred to as precertification) if covered under another benefit.

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

Coverage is 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
Analgesics - Drugs for Pain		
acetaminophen-codeine	1	
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
apap-caff-dihydrocodeine oral capsule	3	QL
ARYMO ER	E	PA, ST, 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	
DVORAH	E	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-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	
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
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	E	PA, ST, QL

Drug Name	Drug Tier	Requirements & Limits
lidocaine external ointment	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine-prilocaine external cream	1	
lorcet	1	
lorcet hd	1	
lorcet plus	1	
LORTAB	3	
MORPHABOND ER	E	PA, ST, QL
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	1	PA
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCONTIN	E	PA, ST, QL
premium lidocaine	2	QL
PRIMLEV	E	
SUBSYS	E	PA, QL
tramadol hcl er (biphasic)	E	QL
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	E	QL
tramadol hcl er oral capsule extended release 24 hour 150 mg	1	QL

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



Drug Name	Drug Tier	Requirements & Limits
tramadol hcl er oral tablet extended release 24 hour	2	QL
tramadol hcl oral tablet 50 mg	1	
TREZIX	3	QL
TYLENOL WITH CODEINE #3	3	
ULTRAM	3	
VANATOL LQ	2	PA, QL
VANATOL S	2	PA, QL
vicodin hp oral tablet 10-300 mg	E	
XTAMPZA ER	2	PA, QL
ZEBUTAL	3	QL
ZOXYDOL ER	E	PA, ST, QL
ZYLKID	E	PA, QL
Analgesics - Drugs for Pain and Inflammation		
celecoxib oral	2	QL
diclofenac potassium	1	
diclofenac sodium er	1	
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	E	
diclofenac sodium transdermal solution	E	
EC-NAPROSYN	3	
ec-naproxen	1	
etodolac	1	
etodolac er	1	
ibu	1	
ibuprofen oral suspension	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN	3	
indomethacin er	1	
indomethacin oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine oral	1	
meloxicam oral	1	
MOBIC	3	
nabumetone oral	1	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	E	

Drug Name	Drug Tier	Requirements & Limits
NAPROSYN ORAL SUSPENSION	3	PA
naproxen dr	1	
naproxen oral suspension	1	PA
naproxen oral tablet	1	
naproxen sodium er	E	
naproxen sodium oral tablet 275 mg, 550 mg	1	
PENNSAID	E	
QMIIZ ODT	E	
SPRIX	3	ST, QL
VIVLODEX	E	QL
VOLTAREN	E	
ZIPSOR	E	
Anti-Addiction / Substance Abuse Treatment Agents		
BUNAVAIL	E	PA, QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	2	QL
CHANTIX	3	PA, H
CHANTIX CONTINUING MONTH PAK	3	PA, H
CHANTIX STARTING MONTH PAK	3	PA, H
EVZIO	E	PA, QL
naloxone hcl injection solution	1	
naloxone hcl injection solution cartridge	1	
naloxone hcl injection solution prefilled syringe	1	
naltrexone hcl oral	1	
NARCAN	2	QL
ZUBSOLV	2	QL
Antibacterials - Drugs for Infections		
AEMCOLO	3	QL
amoxicillin	1	
amoxicillin-potassium clavulanate er	E	
amoxicillin-potassium clavulanate oral	1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	E	
avidoxy	1	
azithromycin oral	1	

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



Drug Name	Drug Tier	Requirements & Limits
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 MPC	E	
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	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	

Drug Name	Drug Tier	Requirements & Limits
LEVAQUIN ORAL TABLET 500 MG, 750 MG	3	
levofloxacin oral	1	
MACROBID	3	
MACRODANTIN	3	
metronidazole oral	1	
metronidazole vaginal	2	
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
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	E	
NUZYRA	3	QL
okebo	E	
penicillin v potassium	1	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
vandazole	2	
VIBRAMYCIN ORAL CAPSULE	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	
XENLETA	3	
XEPI	3	QL
XIFAXAN	3	PA
XIMINO	E	PA
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	

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Drug Name	Drug Tier	Requirements & Limits
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
BEVYXXA	3	QL
COUMADIN	3	
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium	2	QL
jantoven	1	
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
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
epitol	1	
gabapentin oral	1	
KEPPRA ORAL	3	PA, ST
KEPPRA XR	3	PA, ST
LAMICTAL	3	PA, ST
LAMICTAL ODT ORAL KIT	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 tablet	1	
lamotrigine oral tablet chewable	1	

Drug Name	Drug Tier	Requirements & Limits
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
roweepra	1	
roweepra xr	2	
SPRITAM	E	PA, ST
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL	3	
TEGRETOL-XR	3	
TOPAMAX	3	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	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT ORAL TABLET 10 MG, 5 MG	3	
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	E	
donepezil hcl oral tablet dispersible	1	

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Drug Name	Drug Tier	Requirements & Limits
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	
citalopram hydrobromide	1	
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	
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
mirtazapine oral	1	
nortriptyline hcl oral	1	
PAMELOR	3	
paroxetine hcl	1	
paroxetine hcl er	3	QL
PAXIL ORAL SUSPENSION	3	
PAXIL ORAL TABLET	3	
REMERON	3	
REMERON SOLTAB	3	

Drug Name	Drug Tier	Requirements & Limits
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	
Antiemetics - Drugs for Nausea and Vomiting		
BONJESTA	E	PA
doxylamine-pyridoxine	E	PA
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	E	
ondansetron hcl oral	1	
ondansetron odt	1	
phenadoz	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
promethegan	1	
REGLAN	3	
scopolamine	3	
TRANSDERM-SCOP (1.5 MG)	3	
VARUBI (180 MG DOSE)	E	QL
ZOFRAN	3	
ZUPLENZ	E	QL
Antifungals - Drugs for Fungal Infections		
ciclofanol	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox treatment	E	
CRESEMBA ORAL	3	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3	

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Drug Name	Drug Tier	Requirements & Limits
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
NIZORAL	3	
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystop	1	QL
terbinafine hcl oral	1	QL
terconazole	1	
XOLEGEL	3	
Antigout Agents - Drugs for Gout		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	
colchicine oral tablet	E	
COLCRYS	E	
febuxostat	3	ST, QL
GLOPERBA	3	PA
MITIGARE	2	
ZYLOPRIM	3	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST, QL
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, ST, QL
AMERGE	3	QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA, ST, QL
EMGALITY (300 MG DOSE)	2	PA, ST, QL
naratriptan hcl	1	QL
ONZETRA XSAIL	E	QL

Drug Name	Drug Tier	Requirements & Limits
REYVOW	2	PA, ST, QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill	1	QL
sumatriptan succinate subcutaneous	1	QL
UBRELVY	2	PA, ST, QL
ZEMBRACE SYMTOUCH	E	QL
Antineoplastics - Drugs for Cancer		
ALECENSA	2	PA, QL, SP
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	
bexarotene	E	SP
CALQUENCE	2	PA, QL, SP
capecitabine	1	QL, SP
ERLEADA	2	PA, QL, SP
IBRANCE ORAL CAPSULE	2	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate	1	PA, QL, SP
KOSELUGO	2	PA, QL, SP
letrozole oral	1	
LYNPARZA	2	PA, QL, SP
mercaptopurine oral	1	
NUBEQA	2	PA, QL, SP
PURIXAN	3	PA, SP
REVLIMID	2	PA, QL, SP
ROZLYTREK	2	PA, QL, SP
SOLTAMOX	E	
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TARGRETIN EXTERNAL	3	QL, SP
TARGRETIN ORAL	2	SP
TASIGNA	2	PA, ST, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
ZEJULA	2	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	3	QL
atovaquone-proguanil hcl	2	
ELIMITE	3	
hydroxychloroquine sulfate oral	1	QL
KRINTAFEL	1	QL
MALARONE	3	
permethrin external	1	
Antiparkinson Agents - Drugs for Parkinson's Disease		
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
DUOPA	3	PA
INBRIJA	3	PA, QL, SP
KYNMOBI	3	PA, QL, SP
MIRAPEX	3	
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	
ZONTIVITY	3	QL
Antipsychotics - Drugs for Mood Disorders		
ABILIFY MYCITE	E	PA, QL
aripiprazole oral solution	3	
aripiprazole oral tablet	2	QL
aripiprazole oral tablet dispersible	2	QL
LATUDA	3	QL
olanzapine oral tablet	1	QL
olanzapine oral tablet dispersible	2	QL
quetiapine fumarate	1	
quetiapine fumarate er	3	QL
risperidone	1	
SAPHRIS	3	QL

Drug Name	Drug Tier	Requirements & Limits
VRAYLAR	3	ST, QL
ziprasidone hcl	2	QL
Antivirals - Drugs for Viral Infections		
acyclovir oral	1	
ATRIPLA	E	ST, QL
BARACLUDE ORAL SOLUTION	2	SP
CIMDUO	2	QL
DESCOVY	E	PA, ST, QL
DOVATO	2	QL
emtricitabine-tenofovir df	1	QL, H
entecavir	1	SP
EPCLUSA	2	PA, QL, SP
GENVOYA	3	QL
HARVONI	2	PA, ST, QL, SP
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
LEDIP-SOFOSB ORAL TABLET 90-400MG	2	PA, ST, QL, SP
MAVYRET	2	PA, QL, SP
NORVIR ORAL PACKET	2	
NORVIR ORAL SOLUTION	2	
ODEFSEY	3	QL
oseltamivir phosphate oral capsule	2	
oseltamivir phosphate oral suspension reconstituted	2	QL
PREZCOBIX	2	
PREZISTA	2	
ritonavir	2	
RUKOBIA	3	PA
SITAVIG	E	QL
SOFOS/VELPAT ORAL TABLET 400-100	2	PA, QL, SP
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	3	QL
SYMFI	2	QL
SYMFI LO	2	QL
TEMIXYS	E	QL

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Drug Name	Drug Tier	Requirements & Limits
tenofovir disoproxil fumarate	2	
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA	E	QL
valacyclovir hcl oral	1	QL
VEMLIDY	3	ST, SP
VIREAD ORAL POWDER	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZEPATIER	2	PA, QL, SP
ZOVIRAX ORAL SUSPENSION	3	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
bupirone hcl oral	1	
clonazepam oral	1	
diazepam intensol	1	
diazepam oral	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
triazolam	1	
VISTARIL	3	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	3	
acetazolamide er	1	
acetazolamide oral	1	

Drug Name	Drug Tier	Requirements & Limits
ADALAT CC ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	3	
ALDACTONE	3	
aliskiren fumarate	3	
ALTACE	3	
ALTOPREV	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	QL, H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	QL
AVALIDE	3	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BIDIL	2	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
BYSTOLIC	E	
CALAN SR	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	E	
CARDURA	3	
CAROSPIR	3	PA
cartia xt	2	
carvedilol	1	
CATAPRES	3	
chlorthalidone	1	
clonidine hcl oral	1	
colesevelam hcl	E	
COREG	3	
CORGARD	3	
CORLANOR	3	PA, QL
diltiazem hcl er coated beads	2	

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Drug Name	Drug Tier	Requirements & Limits
diltiazem hcl er oral capsule extended release 12 hour	1	
diltiazem hcl oral	1	
dilt-xr	1	
doxazosin mesylate oral	1	
DYAZIDE	3	
EDARBI	3	
EDARBYCLOR	3	
enalapril maleate oral	1	
EPANED	3	PA
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 160 mg, 145 mg, 54 mg	2	
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	3	
icosapent ethyl	E	PA
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
KAPSPARGO SPRINKLE	3	
labetalol hcl oral	1	
LASIX	3	
LIPOFEN	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	

Drug Name	Drug Tier	Requirements & Limits
LOPID	3	
LOPRESSOR	3	
losartan potassium	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTENSIN HCT	3	
lovastatin	1	H
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	
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	
nifedipine oral	1	
NITRO-BID	2	
NITRO-DUR	3	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
nitroglycerin translingual	E	QL
NITROMIST	3	QL
NITROSTAT	3	
nitro-time	1	

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Drug Name	Drug Tier	Requirements & Limits
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	1	
PRALUENT	2	PA, ST, QL
PRAVACHOL	3	
pravastatin sodium	1	
prazosin hcl oral	1	
PRINIVIL	3	
PROCARDIA	3	
PROCARDIA XL	3	
propranolol hcl er	2	
propranolol hcl oral	1	
QBRELIS	3	PA
quinapril hcl	1	
ramipril	1	
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	
TEKTURNA	3	
TEKTURNA HCT	3	
telmisartan	2	
TOPROL XL	3	
toremide	1	
triamterene-hctz	1	
valsartan	2	
valsartan-hydrochlorothiazide	1	
VASCEPA ORAL CAPSULE 0.5 GM	E	PA
VASCEPA ORAL CAPSULE 1 GM	E	PA

Drug Name	Drug Tier	Requirements & Limits
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM	3	
WELCHOL	2	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	3	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	3	

Central Nervous System Agents - Drugs for Attention Deficit Disorder

ADDERALL XR	2	QL
ADHANSIA XR	E	PA, QL
amphetamine-dextroamphetamine	1	PA
amphetamine-dextroamphetamine er	E	QL
APTENSIO XR	E	PA, QL
atomoxetine hcl	3	QL
CONCERTA	2	PA, QL
dexmethylphenidate hcl	1	PA
dexmethylphenidate hcl er	3	PA, QL
dextroamphetamine sulfate er	3	PA
dextroamphetamine sulfate oral solution	1	PA
dextroamphetamine sulfate oral tablet	3	PA
FOCALIN	3	PA
guanfacine hcl er	2	QL
JORNAY PM	E	PA, QL
metadate er	3	PA, QL
METHYLIN	3	PA
methylphenidate hcl er (cd)	2	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	PA, QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	PA
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	3	PA, QL
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	E	PA, QL
methylphenidate hcl er oral tablet extended release 24 hour	E	PA, QL
methylphenidate hcl oral solution	1	PA
methylphenidate hcl oral tablet	1	PA
methylphenidate hcl oral tablet chewable	3	PA
MYDAYIS	E	PA, QL
PROCENTRA	3	PA
QUILLICHEW ER	E	PA, QL
QUILLIVANT XR	E	PA, QL
relexxii	E	PA, QL
RITALIN	3	PA
VYVANSE	3	PA, QL
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	E	PA

Central Nervous System Agents - Drugs for Multiple Sclerosis

AUBAGIO	3	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM CAPSULE	2	PA, QL, SP
BETASERON	2	PA, QL, SP
dalfampridine er	2	PA, QL, SP
dimethyl fumarate	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 (10 TABS)	3	PA, ST, QL, SP

Drug Name	Drug Tier	Requirements & Limits
MAVENCLAD (4 TABS)	3	PA, ST, QL, SP
MAVENCLAD (5 TABS)	3	PA, ST, QL, SP
MAVENCLAD (6 TABS)	3	PA, ST, QL, SP
MAVENCLAD (7 TABS)	3	PA, ST, QL, SP
MAVENCLAD (8 TABS)	3	PA, ST, QL, SP
MAVENCLAD (9 TABS)	3	PA, ST, QL, SP
MAYZENT	3	PA, QL, SP
MAYZENT STARTER PACK	3	PA, QL, SP
PLEGRIDY	3	PA, QL, SP
PLEGRIDY STARTER PACK	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
TECFIDERA	E	PA, QL, SP
ZEPOSIA	3	PA, QL, SP

Central Nervous System Agents - Miscellaneous

AUSTEDO	2	PA, QL, SP
LYRICA	3	PA, ST, QL
LYRICA CR	E	ST, QL
NUEDEXTA	2	PA
pregabalin oral capsule	2	QL
pregabalin oral solution	3	QL
RILUTEK	3	SP
riluzole	1	SP
TIGLUTIK	3	PA

Dental and Oral Agents - Drugs for Mouth and Throat Conditions

cavarest	1	
chlorhexidine gluconate mouth/throat	1	
clinpro 5000	1	
denta 5000 plus	1	
dentagel	1	
fluoridex	1	
fluoridex enhanced whitening	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
NAFRINSE DAILY/NEUTRAL	2	

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Drug Name	Drug Tier	Requirements & Limits
NAFRINSE WEEKLY	3	
neutral sodium fluoride	1	
paroex	1	
PERIDEX	3	
periogard	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
PREVIDENT MOUTH/THROAT	3	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride dental	1	

Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	PA
ACZONE	3	QL
ALA SCALP	3	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	
ALDARA	3	QL
ALTRENO	E	PA, QL
amnesteem	2	
AMZEEQ	3	PA, QL
avar cleanser	1	
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	

Drug Name	Drug Tier	Requirements & Limits
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
calcitriol external	1	QL
CAPEX	2	
CARAC	2	
claravis	2	
CLEOCIN-T EXTERNAL GEL	3	QL
CLEOCIN-T EXTERNAL LOTION	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phosphate external foam	3	
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	QL
clindamycin phosphate external swab	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	E	
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

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Drug Name	Drug Tier	Requirements & Limits
clobetasol propionate external shampoo	E	QL
clobetasol propionate external solution	1	QL
clodan external shampoo	E	QL
clotrimazole-betamethasone external cream	1	QL
clotrimazole-betamethasone external lotion	1	
dapsone external gel 5 %	E	QL
DERMA-SMOOTH/FS BODY	3	QL
DERMA-SMOOTH/FS SCALP	3	
DESONATE	3	ST, QL
desonide external	3	QL
DESOWEN	3	QL
DIPROLENE	3	
DIPROLENE AF	3	
DUPIXENT	3	PA, ST, QL, SP
EFUDEX	3	
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 %	3	
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	

Drug Name	Drug Tier	Requirements & Limits
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
imiquimod external	1	QL
IMIQUIMOD PUMP	E	QL
IMPOYZ	E	QL
isotretinoin oral	2	
METROCREAM	3	
METROLOTION	3	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
metronidazole external gel 1 %	E	
metronidazole external lotion	1	
MIRVASO	3	PA, QL
mometasone furoate external	1	
myorisan	2	
neuac external gel	3	QL
NORITATE	E	
PICATO	3	QL
PLEXION	E	
PLEXION CLEANSER	E	
PLEXION CLEANSING CLOTH	E	
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	

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Drug Name	Drug Tier	Requirements & Limits
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	
sulfacleanse 8/4	E	
sulfamez wash	1	
SUMADAN WASH	E	
SUMAXIN	3	
SUMAXIN WASH	3	
TACLONEX EXTERNAL SUSPENSION	3	QL
tazarotene external	3	PA, QL
TAZORAC	3	PA, QL
TEMOVATE	3	QL
TEXACORT	2	
TOLAK	E	
tretinoin external cream	3	QL
tretinoin external gel 0.01 %, 0.05 %	E	QL
tretinoin external gel 0.025 %	E	
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

Drug Name	Drug Tier	Requirements & Limits
VERDESO	E	QL
zenatane	2	
ZILXI	3	PA, ST, QL
ZYCLARA	E	QL
ZYCLARA PUMP	E	QL
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	E	
ACCU-CHEK AVIVA DEVICE	E	
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	E	
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK COMPACT PLUS CARE KIT	E	
ACCU-CHEK COMPACT PLUS TEST STRIPS	E	QL
ACCU-CHEK GUIDE KIT W/DEVICE	3	
ACCU-CHEK GUIDE ME KIT W/DEVICE	3	
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	E	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD ULTRA-FINE INSULIN SYRINGES	2	
BD ULTRA-FINE PEN NEEDLES	2	
CONTOUR NEXT EZ MONITOR	2	
CONTOUR NEXT LNK MONITOR	E	
CONTOUR NEXT MONITOR	2	
CONTOUR NEXT ONE MONITOR	2	
CONTOUR NEXT TEST STRIP	2	QL
CONTOUR TEST STRIP	E	QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	3	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	3	PA, QL
EASYPLUS BLOOD GLUCOSE TEST	E	QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE LIBRE SENSOR SYSTEM	3	PA, QL
FREESTYLE PRECISION NEO TEST	E	QL
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	
GUARDIAN SENSOR (3)	3	PA
INSULIN SYRINGES	2	
LANCETS	1	
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
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 VERIO FLEX SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO IQ SYSTEM	1	
ONETOUCH VERIO KIT W/DEVICE	1	
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
PRECISION LINK	E	
PRECISION PCX PLUS TEST	E	QL
PRECISION QID MONITOR	E	
PRECISION QID TEST	E	QL
PRECISION SOF-TACT MONITOR	E	

Drug Name	Drug Tier	Requirements & Limits
PRECISION SOF-TACT TEST	E	QL
PRECISION XTRA BLOOD GLUCOSE	E	QL
PRECISION XTRA DEVICE	E	
PRECISION XTRA KIT	E	
PRECISION XTRA MONITOR	E	
RELION BLOOD GLUCOSE TEST	E	QL
RELION ULTIMA TEST	E	QL
SOFTCLIX	1	
TRUE METRIX BLOOD GLUCOSE TEST	E	QL
TRUETRACK TEST	E	QL
Diabetes - Insulin		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT	E	PA, QL
AFREZZA INHALATION POWDER 4 & 8 & 12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	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 SUBCUTANEOUS SOLUTION	1	QL
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL (CONCENTRATED)	1	QL
HUMULIN R VIAL	1	QL

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Drug Name	Drug Tier	Requirements & Limits
INSULIN ASPART	E	ST, QL
INSULIN ASPART FLEXPEN	E	ST, QL
INSULIN ASPART PENFILL	E	ST, QL
INSULIN LISPRO	E	QL
INSULIN LISPRO (1 UNIT DIAL)	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
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
TRESIBA	E	QL
TRESIBA FLEXTOUCH	E	QL
Diabetes - Non-Insulin Agents		
ADLYXIN	3	PA, ST, QL
ADLYXIN STARTER PACK	3	PA, ST, QL
ALOGLIPTIN BENZOATE	E	QL
ALOGLIPTIN-METFORMIN HCL	E	QL
ALOGLIPTIN-PIOGLITAZONE	E	QL
AMARYL	3	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL

Drug Name	Drug Tier	Requirements & Limits
BYDUREON	2	PA, ST, QL
BYDUREON BCISE AUTOINJECTOR	2	PA, ST, QL
BYETTA 10 MCG PEN	2	PA, ST, QL
BYETTA 5 MCG PEN	2	PA, ST, QL
FARXIGA	E	ST, QL
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
GLUCAGON EMERGENCY KIT INJECTION KIT	2	QL
GLUCOTROL	3	
GLUCOTROL XL	3	
GLUCOVANCE ORAL TABLET 5-500 MG	3	
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST, QL
GVOKE HYOPEN, 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
OSENI	2	QL
OZEMPIC	2	PA, ST, QL
pioglitazone hcl	1	QL
RYBELSUS	2	PA, ST, QL
SOLIQUA	2	QL
SYMLINPEN 60	3	QL

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Drug Name	Drug Tier	Requirements & Limits
SYMLNPEN 120	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 Pak)	2	PA, ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (3 Pak)	3	PA, ST, QL
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
ELOCTATE	3	PA, SP
JIVI	3	PA, SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, QL, SP
NEULASTA	3	SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
RECOMBINATE	2	SP
RETACRIT	2	QL, SP
ZARXIO	2	SP
ZIEXTENZO	3	PA, QL
Drugs for Sexual Dysfunction		
ADDYI	3	PA, 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

Drug Name	Drug Tier	Requirements & Limits
STENDRA	3	PA, QL
tadalafil oral tablet 10 mg, 20 mg	2	QL
tadalafil oral tablet 2.5 mg, 5 mg	2	ST, QL
VYLEESI	3	PA, QL
Electrolytes / Vitamins		
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	
klor-con sprinkle	1	
K-TAB	3	
LOKELMA	3	PA, QL
multi-vitamin/fluoride	1	
multivitamin/fluoride oral solution	1	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
multivitamins/fluoride	1	
mvc-fluoride	1	
NASCOBAL	3	
POLY-VI-FLOR	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
QUFLORA PEDIATRIC	3	
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	

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Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX SPRINKLE	E	QL
CYTOTEC	3	
DEXILANT	3	QL
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
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	1	
pantoprazole sodium tablet delayed release 40 mg oral	E	
PROTONIX ORAL PACKET	E	
PYLERA	3	QL
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	E	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
ACTIGALL	3	
ANASPAZ	2	
CLENPIQ	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ed-spaz	1	
gavilyte-c	1	H
gavilyte-g	1	QL, H
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	2	QL
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	QL
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	

Drug Name	Drug Tier	Requirements & Limits
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
PLENVU	3	QL
PREPOPIK	3	QL
SUPREP BOWEL PREP KIT	3	QL
SYMAX DUOTAB	3	
symax-sl	1	
symax-sr	1	
SYMPROIC	2	PA, QL
TRULANCE	3	PA, ST, QL
URSO 250	3	
URSO FORTE	3	
ursodiol oral	1	
VIBERZI	3	PA, QL
ZELNORM	3	PA, ST, QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	2	PA, SP
clovique	E	PA, SP
CREON	2	
CUPRIMINE	E	SP
DEPEN TITRATABS	2	SP
ENDARI	3	PA, QL
nitisinone	E	PA, SP
NITYR	E	PA, SP
ORFADIN ORAL CAPSULE	2	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
penicillamine oral capsule	3	SP

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Drug Name	Drug Tier	Requirements & Limits
PERTZYE	3	ST
STRENSIQ	2	PA, QL, 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	
solifenacin	3	
TOVIAZ	3	
VELPHORO	2	

Genitourinary Agents - Drugs for Prostate Conditions

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

Hormonal Agents - Hormone Replacement and Birth Control

afirmelle	1	H
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	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

Drug Name	Drug Tier	Requirements & Limits
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	
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	
camrese lo	3	
chateal	1	H
chateal eq	1	H
CLIMARA PRO	3	QL
cryselle-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 150 MG/ML	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	

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Drug Name	Drug Tier	Requirements & Limits
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM	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	3	
estradiol oral	1	
estradiol patch twice weekly transdermal (generic for Minivelle)	2	QL
estradiol patch twice weekly transdermal (generic for Vivelle-Dot)	E	QL
estradiol transdermal patch weekly (generic for Climara)	1	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
gianvi	3	
hailey 1.5/30	2	
hailey 24 fe	3	
heather	1	H
incassia	1	H
introvale	2	H
isibloom	1	H

Drug Name	Drug Tier	Requirements & Limits
jasmiel	3	
jencycla	1	H
jolessa	2	H
juleber	1	H
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	3	
kalliga	1	H
kariva	2	
kurvelo	1	H
larin 1.5/30	2	
larin 1/20	2	
larin 24 fe	3	
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	3	
loryna	3	
LOSEASONIQUE	3	
low-ogestrel	1	H
lo-zumandimine	3	
lutera	1	H

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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
mibelas 24 fe	E	
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
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 tablet 1-20 mg-mcg(24)	3	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	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
norlyda	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H

Drug Name	Drug Tier	Requirements & Limits
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
NUVARING	1	H
ocella	3	
ogestrel	2	
orsythia	1	H
ORTHO MICRONOR	3	
philith	2	
pimtrea	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	
PROVERA	3	
reclipsen	1	H
rivelsa	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
tri-estarylla	1	H
tri-linyah	1	H
tri-lo-estarylla	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	1	H
tri-previfem	1	H

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Drug Name	Drug Tier	Requirements & Limits
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
tulana	1	H
tydemy	E	
vienva	1	H
viorele	2	
VIVELLE-DOT	2	QL
vyfemla	2	
vylibra	1	H
wera	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvafem	2	
zarah	3	
zumandimine	3	
Hormonal Agents - Oral Steroids		
CORTEF	3	
DECADRON	E	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DEXTAK 10 DAY	3	
DEXTAK 13 DAY	3	
DEXTAK 6 DAY	3	
DXEVO 11-DAY	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	

Drug Name	Drug Tier	Requirements & Limits
MILLIPRED DP	2	
MILLIPRED DP 12-DAY	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 (21)	3	
TAPERDEX 7-DAY	3	
Hormonal Agents - Other		
cabergoline	2	
DDAVP INJECTION	3	
DDAVP ORAL	3	
desmopressin acetate injection	1	
desmopressin acetate oral	1	
GENOTROPIN	E	PA, QL, SP
GENOTROPIN MINIQUICK	E	PA, QL, SP
HUMATROPE	E	PA, QL, SP
NOCDURNA	3	PA, QL
NORDITROPIN FLEXPOR	E	PA, QL, SP
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP
octreotide	1	PA, SP
OMNITROPE	E	PA, QL, SP
ORIAHNN	3	PA, QL
ORLISSA	3	PA, QL
SOMATULINE DEPOT	3	SP
STIMATE	3	
ZOMACTON	E	PA, QL, SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	E	

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Drug Name	Drug Tier	Requirements & Limits
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	E	
NATESTO	E	PA, QL
STRIANT	3	PA, QL
TESTIM	2	PA, QL
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	E	
testosterone enanthate intramuscular	1	
testosterone transdermal	E	PA, QL
XYOSTED	E	PA
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
NATURE-THROID	3	
np thyroid	1	
SYNTHROID	E	
TAPAZOLE	3	
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
TIROSINT	E	
TIROSINT-SOL	3	PA
unithroid	1	
WESTHROID	3	
WP THYROID	3	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ASTAGRAF XL	E	SP
AZASAN	3	SP
azathioprine oral	1	SP

Drug Name	Drug Tier	Requirements & Limits
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	SP
ENBREL	3	PA, ST, QL, SP
ENBREL MINI	3	PA, ST, QL, SP
ENBREL SURECLICK	3	PA, ST, QL, SP
ENVARUSUS XR	E	SP
FIRAZYR	2	PA, QL, SP
gengraf	1	SP
HAEGARDA	2	PA, QL, SP
HUMIRA	2	PA, QL, SP
HUMIRA PEDIATRIC CROHNS START	2	PA, QL, SP
HUMIRA PEN	2	PA, QL, SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA, QL, SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA, QL, SP
icatibant acetate	E	PA, QL, SP
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil	1	SP
mycophenolate sodium	2	SP
OLUMIANT	2	PA, QL, SP
ORENCIA	3	PA, ST, QL, SP
ORENCIA CLICKJET	3	PA, ST, QL, SP
OTEZLA	2	PA, QL, SP
OTREXUP	E	QL
PROGRAF ORAL PACKET	3	PA, SP
RAPAMUNE ORAL SOLUTION	3	SP
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	3	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral solution	2	SP

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Drug Name	Drug Tier	Requirements & Limits
sirolimus oral tablet	1	SP
SKYRIZI (150 MG DOSE)	2	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION	2	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
tacrolimus oral	1	SP
TAKHZYRO	2	PA, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	
XELJANZ	2	PA, ST, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, ST, QL, SP
Infertility Agents		
chorionic gonadotropin intramuscular	3	SP
CRINONE VAGINAL GEL 4 %	3	ST
CRINONE VAGINAL GEL 8 %	3	ST
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous (Ferring)	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous (Merck/ Organon)	2	QL, SP
novarel intramuscular solution reconstituted 10000 unit	3	SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	3	SP
OVIDREL	3	SP
pregnyl	1	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	3	
ANALPRAM HC SINGLES	3	
ANALPRAM-HC EXTERNAL CREAM	3	
ANALPRAM-HC EXTERNAL LOTION	3	
APRISO	2	

Drug Name	Drug Tier	Requirements & Limits
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
budesonide er	E	
budesonide oral	2	
CORTIFOAM	2	
DIPENTUM	3	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	2	
mesalamine er	E	
mesalamine oral	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	2	QL
PENTASA	E	
PROCORT	E	
PROCTOFOAM HC	2	
SFROWASA	3	
sulfasalazine oral tablet	1	
UCERIS ORAL	3	
UCERIS RECTAL	2	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium	1	
BONIVA ORAL	3	
FORTEO	E	PA, SP
FOSAMAX	3	
ibandronate sodium oral	2	
TERIPARATIDE (RECOMBINANT)	3	PA, SP
TYMLOS	3	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral	1	
ROCALTROL	3	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	E	
ALREX	3	QL

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Drug Name	Drug Tier	Requirements & Limits
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
CILOXAN OPHTHALMIC OINTMENT	3	
CILOXAN OPHTHALMIC SOLUTION	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
FLAREX	2	
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LASTACAFT	3	QL
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	3	QL
LOTEMAX SM	3	QL
loteprednol etabonate	3	QL
MAXITROL	3	
MOXEZA	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	QL
olopatadine hcl ophthalmic solution 0.2 %	E	QL
PAZEO	E	QL
polymyxin b-trimethoprim	1	
POLYTRIM	3	
PRED FORTE	3	
PRED MILD	3	

Drug Name	Drug Tier	Requirements & Limits
prednisolone acetate ophthalmic	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION	3	
TOBRADEX ST	E	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	2	
TOBEX OPHTHALMIC OINTMENT	3	QL
TOBEX OPHTHALMIC SOLUTION	3	QL
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
AZOPT	2	QL
BETIMOL	2	QL
bimatoprost ophthalmic	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
COMBIGAN	2	QL
COSOPT	3	
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)	2	
TIMOPTIC	3	
TIMOPTIC OCUDOSE 0.25 %	2	
TIMOPTIC-XE	3	

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Drug Name	Drug Tier	Requirements & Limits
travoprost (bak free)	2	QL
VYZULTA	E	ST, QL
XELPROS	3	QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
CEQUA	E	PA, QL
RESTASIS	3	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
XIIDRA	3	PA, QL
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	3	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	E	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection (generic EpiPen Jr)	2	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection (generic EpiPen)	2	QL
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	
bromfed dm	1	
cyproheptadine hcl oral	1	
fluticasone propionate nasal	2	QL
hydrocodone polst-cpm polst er	3	PA, QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
OMNARIS	E	QL
promethazine hcl oral solution	1	

Drug Name	Drug Tier	Requirements & Limits
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 (ProAir HFA or Proventil HFA)	2	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (Ventolin HFA)	E	QL
albuterol sulfate inhalation	1	
albuterol sulfate oral	3	PA
ALVESCO	E	QL
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	1	QL
ASMANEX (120 METERED DOSES)	E	QL
ASMANEX (14 METERED DOSES)	E	QL
ASMANEX (30 METERED DOSES)	E	QL
ASMANEX (60 METERED DOSES)	E	QL
ASMANEX (7 METERED DOSES)	E	QL
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	E	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL, RS
BREZTRI AEROSPHERE	3	QL, RS

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Drug Name	Drug Tier	Requirements & Limits
budesonide inhalation	2	QL
COMBIVENT RESPIMAT	3	QL
EASIVENT	3	
FASENRA PEN	3	PA, QL, SP
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	
montelukast sodium oral tablet chewable	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
PERFOROMIST	3	QL
PROAIR DIGIHALER	E	QL
PROAIR HFA	E	QL
PROAIR RESPICLICK	E	QL
PROVENTIL HFA	E	QL
PULMICORT FLEXHALER	1	QL
QVAR REDIHALER	E	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS

Drug Name	Drug Tier	Requirements & Limits
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL
wixela inhub	E	QL, RS
XOPENEX HFA	3	QL
YUPELRI	3	PA, QL

Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis

KITABIS PAK	E	PA, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin nebulization solution 300 mg/4ml inhalation	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

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension

ADEMPAS	2	PA, QL, SP
ambrisentan	2	PA, QL, SP
bosentan	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
ORENITRAM	3	PA, QL, SP
sildenafil oral tablets	1	QL
TRACLEER	2	PA, QL, SP
TYVASO	2	PA, SP
TYVASO REFILL	2	PA, SP
TYVASO STARTER	2	PA, SP

Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm

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 7.5 mg	E	
FEXMID	E	

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Drug Name	Drug Tier	Requirements & Limits
metaxalone	3	
methocarbamol oral	1	
OZOBAX	3	PA
ROBAXIN-750	3	
SOMA ORAL TABLET 350 MG	3	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
ZANAFLEX ORAL CAPSULE	3	
Sleep Disorder Agents		
BELSOMRA	3	ST, QL
DAYVIGO	3	ST, QL
EDLUAR	E	QL
eszopiclone	2	QL
modafinil	2	PA, QL
RESTORIL	3	
SUNOSI	3	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYREM	3	PA, QL, SP
zolpidem tartrate er	3	QL
zolpidem tartrate oral	1	QL
zolpidem tartrate sublingual	E	QL

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ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	21	ADVAIR DISKUS	33	alprazolam er	15
ACCU-CHEK AVIVA DEVICE	21	ADVAIR HFA	33	alprazolam intensol	15
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	21	ADVATE	24	alprazolam oral	15
ACCU-CHEK AVIVA PLUS TEST STRIPS	21	ADYNOVATE	24	alprazolam xr	15
ACCU-CHEK COMPACT PLUS CARE KIT	21	AEMCOLO	9	ALREX	31
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ACCU-CHEK GUIDE ME KIT W/DEVICE	21	AFREZZA INHALATION POWDER 4 & 8 & 12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	22	ALTOPREV	15
ACCU-CHEK GUIDE TEST STRIPS	21	AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	24	ALTRENO	19
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acetaminophen-codeine #2	8	AIRDUO RESPICLICK 55/14	33	AMERGE	13
acetaminophen-codeine #3	8	ALA SCALP	19	amethia	26
acetaminophen-codeine #4	8	ala-cort external cream 1 %	19	amethia lo	26
acetazolamide er	15	ala-cort external cream 2.5 %	19	amiodarone hcl oral	15
acetazolamide oral	15	albuterol sulfate er	33	amitriptyline hcl oral	12
ACIPHEX SPRINKLE	25	ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	33	amlodipine besylate oral	15
ACTEMRA ACTPEN	30	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	33	amlodipine besylate-benazepril hcl	15
ACTEMRA SUBCUTANEOUS	30	albuterol sulfate inhalation	33	amlodipine besylate-valsartan	15
ACTIGALL	25	albuterol sulfate oral	33	amnestem	19
ACULAR	31	ALDACTONE	15	amoxicillin	9
ACULAR LS	31	ALDARA	19	amoxicillin-potassium clavulanate er	9
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acyclovir oral	14	alendronate sodium	31	amphetamine-dextroamphetamine	17
ACZONE	19	alfuzosin hcl er	26	amphetamine-dextroamphetamine er	17
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ADDYI	24	ALOGLIPTIN BENZOATE	23	ANALPRAM HC SINGLES	31
ADEMPAS	34	ALOGLIPTIN-METFORMIN HCL	23	ANALPRAM-HC EXTERNAL CREAM	31
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ARANESP (ALBUMIN FREE)	24	AVAR-E LS	19	betamethasone dipropionate aug	
ARICEPT ORAL TABLET 10 MG,		aviane	26	external ointment.	19
5 MG.	11	avidoxy	9	betamethasone dipropionate	
aripiprazole oral solution	14	avita.	19	external cream.	19
aripiprazole oral tablet	14	AVONEX PEN.	18	betamethasone dipropionate	
aripiprazole oral tablet dispersible .	14	AVONEX PREFILLED	18	external lotion	19
ARMOUR THYROID	30	AYGESTIN	26	betamethasone dipropionate	
ARNUITY ELLIPTA	33	ayuna	26	external ointment.	19
ARYMO ER.	8	AZASAN.	30	BETASERON	18
ashlyna	26	AZASITE.	32	BETIMOL	32
ASMANEX (120 METERED		azathioprine oral	30	BEVESPI AEROSPHERE	33
DOSES).	33	azelaic acid external	19	BEVYXXA.	11
ASMANEX (14 METERED		azelastine hcl nasal solution 0.1 %,		bexarotene	13
DOSES).	33	137 mcg/spray.	33	BIDIL.	15
ASMANEX (30 METERED		azelastine hcl nasal solution 0.15 %.	33	BIJUVA	26
DOSES).	33	azelastine hcl ophthalmic.	32	bimatoprost ophthalmic	32
ASMANEX (60 METERED		azithromycin oral	9	bisoprolol fumarate	15
DOSES).	33	AZOPT	32	bisoprolol-hydrochlorothiazide	15
ASMANEX (7 METERED DOSES)	33	AZULFIDINE.	31	blisovi 24 fe	26
ASMANEX HFA INHALATION		AZULFIDINE EN-TABS	31	blisovi fe 1/20.	26
AEROSOL 100 MCG/ACT, 200		azurette.	26	blisovi fe 1.5/30	26
MCG/ACT.	33			BONIVA ORAL.	31
ASTAGRAF XL	30			BONJESTA.	12
atenolol oral	15			bosentan	34
atenolol-chlorthalidone.	15			bp 10-1	19
atomoxetine hcl	17			BREO ELLIPTA	33
atorvastatin calcium oral tablet				BREZTRI AEROSPHERE	33
10 mg, 20 mg.	15			briellyn	26
atorvastatin calcium oral tablet				BRILINTA	14
40 mg, 80 mg.	15			brimonidine tartrate ophthalmic	
atovaquone-proguanil hcl.	14			solution 0.15 %.	32
ATRIPLA	14			brimonidine tartrate ophthalmic	
ATROVENT HFA	33			solution 0.2 %.	32
AUBAGIO	18			bromfed dm	33
aubra.	26			budesonide er	31
aubra eq	26			budesonide inhalation.	34
AUGMENTIN ORAL SUSPENSION				budesonide oral.	31
RECONSTITUTED 125-31.25 MG/				BUNAVAIL	9
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aurovela 1/20	26			buprenorphine hcl-naloxone hcl	9
aurovela 1.5/30	26			bupropion hcl er (sr)	12
aurovela 24 fe.	26			bupropion hcl er (xl) oral tablet	
aurovela fe 1/20.	26			extended release 24 hour 150 mg,	
aurovela fe 1.5/30	26			300 mg	12
AURYXIA	26			BUPROPION HCL ER (XL) ORAL	
AUSTEDO.	18			TABLET EXTENDED RELEASE	
AUVI-Q	33			24 HOUR 450 MG	12
AVALIDE	15			bupropion hcl oral	12
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				capsule 50-300-40 mg	8

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BACTRIM	10	external cream.	19
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carbamazepine er oral tablet extended release 12 hour.	11
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carisoprodol oral tablet 250 mg.	34
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CLEOCIN ORAL CAPSULE 75 MG	10
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clindamycin phos-benzoyl perox external gel 1.2-5 %	19
clindamycin phosphate external foam	19
clindamycin phosphate external lotion	19

clindamycin phosphate external solution.	19
clindamycin phosphate external swab	19
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	19
CLINDESSE	10
clinpro 5000.	18
clobetasol propionate external cream	19
clobetasol propionate external foam	19
clobetasol propionate external gel	19
clobetasol propionate external liquid	19
clobetasol propionate external lotion	19
clobetasol propionate external ointment	19
clobetasol propionate external shampoo	20
clobetasol propionate external solution.	20
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clonidine hcl oral	15
clopidogrel bisulfate oral	14
clotrimazole-betamethasone external cream.	20
clotrimazole-betamethasone external lotion	20
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CORGARD	15
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CORTIFOAM	31
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COSENTYX 150 MG/ML	30	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	30	DIFLUCAN ORAL SUSPENSION RECONSTITUTED	12
COSENTYX SENSOREADY (300 MG).	30	DERMA-SMOOTH/FS BODY	20	DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	13
COSENTYX SENSOREADY PEN	30	DERMA-SMOOTH/FS SCALP	20	DIFLUCAN ORAL TABLET 50 MG	13
COSOPT	32	DESCOVY	14	DILAUDID ORAL	8
COUMADIN	11	desmopressin acetate injection	29	dilt-xr	16
CREON	25	desmopressin acetate oral	29	diltiazem hcl er coated beads	15
CRESEMBA ORAL	12	desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	26	diltiazem hcl er oral capsule extended release 12 hour	16
CRINONE VAGINAL GEL 4 %	31	desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	27	diltiazem hcl oral	16
CRINONE VAGINAL GEL 8 %	31	DESONATE	20	dimethyl fumarate	18
cryselle-28	26	desonide external	20	DIPENTUM	31
CUPRIMINE	25	DESOWEN	20	diphenoxylate-atropine	25
cyclafem 1/35	26	desvenlafaxine succinate er	12	DIPROLENE	20
cyclobenzaprine hcl er	34	dexamethasone intensol	29	DIPROLENE AF	20
cyclobenzaprine hcl oral 7.5 mg	34	dexamethasone oral elixir	29	DITROPAN XL	26
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	34	dexamethasone oral solution	29	divalproex sodium er	11
cyclosporine modified	30	dexamethasone oral tablet	29	divalproex sodium oral capsule delayed release sprinkle	11
cyproheptadine hcl oral	33	dexamethasone oral tablet therapy pack	29	divalproex sodium oral tablet delayed release	11
cyred	26	DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	21, 22	DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM	27
cyred eq	26	DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	22	donepezil hcl oral tablet 10 mg, 5 mg	11
CYTOTEC	25	DEXILANT	25	donepezil hcl oral tablet 23 mg	11
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dalfampridine er	18	dexamethylphenidate hcl	17	donepezil hcl oral tablet dispersible	11
dapsone external gel 5 %	20	dexamethylphenidate hcl er	17	DORYX MPC	10
dasetta 1/35	26	DEXPAK 10 DAY	29	dorzolamide hcl-timolol mal	32
daysee	26	DEXPAK 13 DAY	29	dorzolamide hcl-timolol mal pf	32
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DDAVP INJECTION	29	dextroamphetamine sulfate er	17	DOVATO	14
DDAVP ORAL	29	dextroamphetamine sulfate oral solution	17	doxazosin mesylate oral	16
deblitane	26	dextroamphetamine sulfate oral tablet	17	doxepin hcl oral capsule	12
DECADRON	29	diazepam intensol	15	doxepin hcl oral concentrate	12
delyla	26	diazepam oral	15	doxycycline hyclate oral capsule	10
denta 5000 plus	18	diclofenac potassium	9	doxycycline hyclate oral tablet 100 mg	10
dentagel	18	diclofenac sodium er	9	doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	10
DEPAKOTE	11	diclofenac sodium oral	9	doxycycline hyclate oral tablet 20 mg	10
DEPAKOTE ER	11	diclofenac sodium transdermal gel 1 %	9	doxycycline hyclate oral tablet delayed release	10
DEPAKOTE SPRINKLES	11	diclofenac sodium transdermal solution	9	doxycycline monohydrate oral capsule 100 mg, 50 mg	10
DEPEN TITRATABS	25	dicyclomine hcl oral	25	doxycycline monohydrate oral capsule 150 mg, 75 mg	10
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	26	DIFICID	10	doxycycline monohydrate oral suspension reconstituted	10
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	26				
DEPO-SUBQ PROVERA 104	26				
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	29				

doxycycline monohydrate oral tablet	10
doxylamine-pyridoxine	12
DRISDOL	24
DRIZALMA SPRINKLE	12
drosipren-eth estrad-levomefol	27
drosiprenone-ethinyl estradiol	27
DUAVEE	27
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	12
duloxetine hcl oral capsule delayed release particles 40 mg	12
DUOPA	14
DUPIXENT	20
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ELOCTATE	24
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emtricitabine-tenofovir df	14
enalapril maleate oral	16
ENBREL	30
ENBREL MINI	30
ENBREL SURECLICK	30
ENDARI	25
endocet	8
ENDOMETRIN	31
enoxaparin sodium	11
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ENSTILAR	20
entecavir	14
ENVARUS XR	30
EPANED	16
EPCLUSA	14
epinephrine solution auto-injector 0.15 mg/0.3ml injection	33
epinephrine solution auto-injector 0.3 mg/0.3ml injection	33
EpiPen	33
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fenofibrate oral tablet 120 mg, 40 mg, 48 mg	16
fenofibrate oral tablet 160 mg, 145 mg, 54 mg	16
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	34
FINACEA	20
finasteride oral tablet 5 mg	26
FIORICET	8
FIRAZYR	30
FLAGYL	10
FLAREX	32
flecainide acetate	16
FLOLIPID	16
FLORIVA PLUS	24
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fluconazole oral	13
fluocinolone acetonide body	20
fluocinolone acetonide external cream	20
fluocinolone acetonide external ointment	20
fluocinolone acetonide external solution	20
fluocinolone acetonide scalp	20
fluocinonide external cream 0.05 %	20
fluocinonide external cream 0.1 %	20
fluocinonide external gel	20
fluocinonide external ointment	20
fluocinonide external solution	20
fluoridex	18
fluoridex enhanced whitening	18
FLUOROPLEX	20
FLUOROURACIL EXTERNAL CREAM 0.5 %	20
fluorouracil external cream 5 %	20
fluorouracil external solution	20
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	33



fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	34
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	34
fluvoxamine maleate	12
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FOLLISTIM AQ	31
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glimepiride	23
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HUMULIN 70/30 VIAL	22
HUMULIN N KWIKPEN	22
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HUMULIN R U-500 KWIKPEN	22
HUMULIN R U-500 VIAL (CONCENTRATED)	22
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hydralazine hcl oral	16
hydrochlorothiazide oral	16
hydrocodone polst-cpm polst er	33
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)	31
hydrocortisone ace-pramoxine external cream 1-1 %	31
hydrocortisone external cream 1 %	20
hydrocortisone external cream 2.5 %	20
hydrocortisone external lotion 2.5 %	20
hydrocortisone external ointment 1 %, 2.5 %	20
hydrocortisone oral	29
hydromorphone hcl er	8
hydromorphone hcl oral	8
hydromorphone hcl rectal	8
hydroxychloroquine sulfate oral	14
hydroxyzine hcl oral	15
hydroxyzine pamoate oral	15
hyoscyamine sulfate er	25
hyoscyamine sulfate oral	25
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ibuprofen oral tablet 400 mg, 600 mg, 800 mg	9
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indomethacin oral capsule 25 mg, 50 mg	9
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INSULIN ASPART FLEXPEN	23
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irbesartan.	16
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isosorbide mononitrate.	16
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KAPSPARGO SPRINKLE	16
kariva	27
KAZANO	23
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KEPPRA ORAL	11
KEPPRA XR	11
KESIMPTA	18
ketoconazole external cream.	13
ketoconazole external foam	13
ketoconazole external shampoo	13
ketodan external foam	13
ketorolac tromethamine ophthalmic	32
ketorolac tromethamine oral	9
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klor-con sprinkle	24
KOGENATE FS.	24
KOMBIGLYZE XR	23
KOSELUGO	13
KOVALTRY	24
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LAMICTAL ODT ORAL KIT.	11
LAMICTAL ODT ORAL TABLET DISPERSIBLE	11
LAMICTAL STARTER	11
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lamotrigine er.	11
lamotrigine oral tablet	11
lamotrigine oral tablet chewable	11
lamotrigine oral tablet dispersible	11
lamotrigine starter kit-blue	11
lamotrigine starter kit-green.	11
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latanoprost ophthalmic.	32
LATUDA	14
LEDIP-SOFOSB ORAL TABLET 90-400MG	14
LEDIPASVIR-SOFOSBUVIR	14
lessina.	27
letrozole oral	13
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	34
LEVAQUIN ORAL TABLET 500 MG, 750 MG.	10
LEVBID.	25
LEVEMIR U-100 FLEXTOUCH	23
LEVEMIR U-100 VIAL	23
levetiracetam er.	11
levetiracetam oral	11
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levocetirizine dihydrochloride oral solution.	33
levocetirizine dihydrochloride oral tablet.	33
levofloxacin oral.	10
levonorgest-eth est & eth est	27
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	27
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	27
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg.	27
levora 0.15/30 (28)	27
levothyroxine sodium oral.	30
levoxyl.	30
LEVSIN ORAL	25
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lidocaine external ointment	8
lidocaine external patch 5 %	8
lidocaine hcl mouth/throat	18
lidocaine viscous hcl.	18



lidocaine-prilocaine external cream	8	lyza	28	methotrexate oral	30
lillow	27			methotrexate sodium oral	30
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liothyronine sodium oral	30	MACROBID	10	METHYLIN	17
LIPOFEN	16	MACRODANTIN	10	methylphenidate hcl er (cd)	17
lisinopril oral	16	MALARONE	14	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	18
lisinopril-hydrochlorothiazide	16	marlissa	28	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	18
lithium carbonate er	15	matzim la	16	methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	18
lithium carbonate oral	15	MAVENCLAD (10 TABS)	18	methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	18
LITHOBID	15	MAVENCLAD (4 TABS)	18	methylphenidate hcl er oral tablet extended release 24 hour	18
LO LOESTRIN FE	27	MAVENCLAD (5 TABS)	18	methylphenidate hcl oral solution	18
lo-zumandimine	27	MAVENCLAD (6 TABS)	18	methylphenidate hcl oral tablet	18
LOESTRIN 1/20 (21)	27	MAVENCLAD (7 TABS)	18	methylphenidate hcl oral tablet chewable	18
LOESTRIN 1.5/30 (21)	27	MAVENCLAD (8 TABS)	18	methylprednisolone oral	29
LOESTRIN FE 1/20	27	MAVENCLAD (9 TABS)	18	metoclopramide hcl oral solution 5 mg/5ml	12
LOESTRIN FE 1.5/30	27	MAVYRET	14	metoclopramide hcl oral tablet	12
LOKELMA	24	MAXITROL	32	metoclopramide hcl oral tablet dispersible	12
LOMOTIL	25	MAXZIDE	16	metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	16
LOPID	16	MAXZIDE-25	16	metoprolol succinate er oral tablet extended release 24 hour 25 mg	16
LOPRESSOR	16	MAYZENT	18	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	16
lorazepam intensol	15	MAYZENT STARTER PACK	18	metoprolol tartrate oral tablet 37.5 mg, 75 mg	16
lorazepam oral concentrate 2 mg/ml	15	MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	29	METROCREAM	20
lorazepam oral tablet	15	MEDROL ORAL TABLET 2 MG	29	METROLOTION	20
lorcet	8	MEDROL ORAL TABLET 32 MG	29	metronidazole external cream	20
lorcet hd	8	MEDROL ORAL TABLET THERAPY PACK	29	metronidazole external gel 0.75 %	20
lorcet plus	8	medroxyprogesterone acetate intramuscular suspension	28	metronidazole external gel 1 %	20
LORTAB	8	medroxyprogesterone acetate intramuscular suspension prefilled syringe	28	metronidazole external lotion	20
loryna	27	medroxyprogesterone acetate oral	28	metronidazole oral	10
losartan potassium	16	melodetta 24 fe	28	metronidazole vaginal	10
losartan potassium-hctz	16	meloxicam oral	9	mibelas 24 fe	28
LOSEASONIQUE	27	MENOSTAR	28	microgestin 1/20	28
LOTEMAX OPHTHALMIC GEL	32	mercaptapurine oral	13	microgestin 1.5/30	28
LOTEMAX OPHTHALMIC OINTMENT	32	mesalamine er	31	microgestin fe 1/20	28
LOTEMAX OPHTHALMIC SUSPENSION	32	mesalamine oral	31	microgestin fe 1.5/30	28
LOTEMAX SM	32	mesalamine rectal enema	31	mili	28
LOTENSIN	16	mesalamine rectal suppository	31	MILLIPRED	29
LOTENSIN HCT	16	metadate er	17	MILLIPRED DP	29
loteprednol etabonate	32	metaxalone	35	MILLIPRED DP 12-DAY	29
lovastatin	16	metformin hcl er	23	MINIPRESS	16
low-ogestrel	27	metformin hcl er (mod)	23		
LUMIGAN	32	metformin hcl er (osm)	23		
lutura	27	METFORMIN HCL ORAL SOLUTION	23		
LYNPARZA	13	metformin hcl oral tablet	23		
LYRICA	18	methimazole oral	30		
LYRICA CR	18	methocarbamol oral	35		
LYUMJEV KWIKPEN	23				
LYUMJEV VIAL	23				



minitran	16	mvc-fluoride	24	NIASPAN	16	
Minivelle	27	mycophenolate mofetil	30	nifedipine er	16	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg	10	mycophenolate sodium	30	nifedipine er osmotic release	16	
minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg	10	MYDAYIS	18	nifedipine oral	16	
minocycline hcl oral capsule	10	myorisan	20	nikki	28	
minocycline hcl oral tablet	10	N			nitisinone	25
MINOLIRA	10	nabumetone oral	9	NITRO-BID	16	
MIRAPEX	14	nadolol oral	16	NITRO-DUR	16	
MIRCETTE	28	NAFRINSE DAILY/NEUTRAL	18	nitro-time	16	
mirtazapine oral	12	NAFRINSE WEEKLY	19	nitrofurantoin macrocrystal oral	10	
MIRVASO	20	NALOCET	8	nitrofurantoin monohydrate macrocrystals	10	
misoprostol oral	25	naloxone hcl injection solution	9	nitroglycerin sublingual	16	
MITIGARE	13	naloxone hcl injection solution cartridge	9	nitroglycerin transdermal	16	
MOBIC	9	naloxone hcl injection solution prefilled syringe	9	nitroglycerin translingual	16	
modafinil	35	naltrexone hcl oral	9	NITROMIST	16	
mometasone furoate external	20	NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	9	NITROSTAT	16	
mondoxylene nl oral capsule 100 mg	10	NAPROSYN ORAL SUSPENSION	9	NITYR	25	
mondoxylene nl oral capsule 75 mg	10	naproxen dr	9	NIZORAL	13	
mono-linyah	28	naproxen oral suspension	9	NOCDURNA	29	
montelukast sodium oral packet	34	naproxen oral tablet	9	nora-be	28	
montelukast sodium oral tablet	34	naproxen sodium er	9	NORDITROPIN FLEXPRO	29	
montelukast sodium oral tablet chewable	34	naproxen sodium oral tablet 275 mg, 550 mg	9	norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)	28	
morgidox oral	10	naratriptan hcl	13	norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	28	
MORPHABOND ER	8	NARCAN	9	norethin ace-eth estrad-fe oral tablet chewable	28	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	8	NASCOBAL	24	norethindrone acet-ethinyl est	28	
morphine sulfate er oral capsule extended release 24 hour	8	NATAZIA	28	norethindrone acetate oral	28	
morphine sulfate er oral tablet extended release	8	NATESTO	30	norethindrone oral	28	
morphine sulfate oral	8	NATURE-THROID	30	norgestimate-eth estradiol	28	
morphine sulfate rectal	8	NAYZILAM	11	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-25 mcg	28	
MOTEGRITY	25	necon 0.5/35 (28)	28	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-35 mcg	28	
MOVIPREP	25	neomycin-polymyxin-dexameth ophthalmic ointment	32	NORITATE	20	
MOXEZA	32	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	32	norlyda	28	
moxifloxacin hcl ophthalmic	32	neomycin-polymyxin-hc otic	33	norlyroc	28	
MS CONTIN	8	NESINA	23	nortrel 0.5/35 (28)	28	
MULPLETA	24	neuac external gel	20	nortrel 1/35 (21)	28	
MULTAQ	16	NEULASTA	24	nortrel 1/35 (28)	28	
multi-vitamin/fluoride	24	NEURONTIN	11	nortriptyline hcl oral	12	
multivitamin/fluoride oral solution	24	neutral sodium fluoride	19	NORVIR ORAL PACKET	14	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	24	NEVANAC	32	NORVIR ORAL SOLUTION	14	
multivitamins/fluoride	24	NEXLETOL	16	NOURIANZ	14	
mupirocin calcium	10	NEXLIZET	16	novarel intramuscular solution reconstituted 10000 unit	31	
mupirocin external	10	niacin (antihyperlipidemic)	16			
		niacin er (antihyperlipidemic)	16			
		niacor	16			



NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	31
NOVOEIGHT	24
NOVOFINE AUTOCOVER PEN NEEDLE	22
NOVOFINE PEN NEEDLE	22
NOVOFINE PLUS PEN NEEDLE	22
NOVOLIN 70/30 FLEXPEN	23
NOVOLIN 70/30 FLEXPEN RELION	23
NOVOLIN 70/30 RELION	23
NOVOLIN 70/30 VIAL	23
NOVOLIN N FLEXPEN	23
NOVOLIN N FLEXPEN RELION	23
NOVOLIN N RELION	23
NOVOLIN N VIAL	23
NOVOLIN R FLEXPEN	23
NOVOLIN R FLEXPEN RELION	23
NOVOLIN R RELION	23
NOVOLIN R VIAL	23
NOVOLOG FLEXPEN	23
NOVOLOG PENFILL	23
NOVOLOG U-100 VIAL	23
np thyroid	30
NUBEQA	13
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	34
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	34
NUCYNTA	8
NUCYNTA ER	8
NUDEXTA	18
NULEV	25
NUTROPIN AQ NUSPIN 10	29
NUTROPIN AQ NUSPIN 20	29
NUTROPIN AQ NUSPIN 5	29
NUVARING	28
NUVESSA	10
NUWIQ	24
NUZYRA	10
nyamyc	13
nystatin external	13
nystatin mouth/throat	13
nystop	13

O

ocella	28
octreotide	29
OCUFLOX	32
ODEFSEY	14
ofloxacin ophthalmic	32

ofloxacin otic	33
ogestrel	28
okebo	10
olanzapine oral tablet	14
olanzapine oral tablet dispersible	14
olmesartan medoxomil oral	17
olmesartan medoxomil-hctz	17
olopatadine hcl ophthalmic solution 0.1 %	32
olopatadine hcl ophthalmic solution 0.2 %	32
OLUMIANT	30
OMECLAMOX-PAK	25
omega-3-acid ethyl esters	17
omeprazole oral capsule delayed release	25
OMNARIS	33
OMNITROPE	29
ondansetron hcl oral	12
ondansetron odt	12
ONETOUCH ULTRA 2 KIT W/DEVICE	22
ONETOUCH ULTRA BLUE TEST STRIPS IN VITRO STRIP	22
ONETOUCH ULTRA MINI KIT W/DEVICE	22
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	22
ONETOUCH VERIO IQ SYSTEM	22
ONETOUCH VERIO KIT W/DEVICE	22
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	22
ONETOUCH VERIO TEST STRIPS	22
ONGLYZA	23
ONZETRA XSAIL	13
OPSUMIT	34
ORAPRED ODT	29
ORENCIA	30
ORENCIA CLICKJET	30
ORENITRAM	34
ORFADIN ORAL CAPSULE	25
ORFADIN ORAL SUSPENSION	25
ORIAHNN	29
ORLISSA	29
orsythia	28
ORTHO MICRONOR	28
oscimin	25
oscimin sr	25
oseltamivir phosphate oral capsule	14
oseltamivir phosphate oral suspension reconstituted	14
OSENI	23

OSPHENA	24
OTEZLA	30
OTREXUP	30
OVIDREL	31
OXAYDO	8
oxcarbazepine	11
OXTELLAR XR	11
oxybutynin chloride er	26
oxybutynin chloride oral	26
OXYCODONE HCL ER	8
oxycodone hcl oral capsule	8
oxycodone hcl oral concentrate 100 mg/5ml	8
oxycodone hcl oral solution	8
oxycodone hcl oral tablet	8
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	8
OXYCONTIN	8
OZEMPIC	23
OZOBAX	35

P

PACERONE ORAL TABLET 100 MG, 400 MG	17
pacerone oral tablet 200 mg	17
PAMELOR	12
PANCREAZE	25
pantoprazole sodium tablet delayed release 20 mg oral	25
pantoprazole sodium tablet delayed release 40 mg oral	25
paroex	19
paroxetine hcl	12
paroxetine hcl er	12
PAXIL ORAL SUSPENSION	12
PAXIL ORAL TABLET	12
PAZEO	32
PEDIAPRED	29
peg-3350/electrolytes	25
penicillamine oral capsule	25
penicillin v potassium	10
PENNSAID	9
PENTASA	31
PERFOROMIST	34
PERIDEX	19
periogard	19
permethrin external	14
PERTZYE	26
phenadoz	12
phenazo oral tablet 200 mg	26
phenazopyridine hcl oral tablet 100 mg, 200 mg	26



philith	28	premium lidocaine.	8	quetiapine fumarate	14
PICATO	20	PREMPHASE	28	quetiapine fumarate er	14
pimtrex	28	PREMPRO	28	QUFLORA PEDIATRIC	24
pioglitazone hcl	23	PREPOPIK	25	QUILLICHEW ER	18
pirmella 1/35	28	PREVIDENT 5000 BOOSTER PLUS	19	QUILLIVANT XR.	18
PLEGRIDY	18	PREVIDENT 5000 DRY MOUTH . . .	19	quinapril hcl	17
PLEGRIDY STARTER PACK	18	PREVIDENT 5000 ORTHO DEFENSE	19	QVAR REDIHALER	34
PLENVU	25	PREVIDENT 5000 PLUS	19		
PLEXION	20	PREVIDENT DENTAL	19	R	
PLEXION CLEANSER	20	PREVIDENT MOUTH/THROAT	19	RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	25
PLEXION CLEANSING CLOTH	20	previfem	28	rabeprazole sodium oral tablet delayed release	25
POLY-VI-FLOR	24	PREZCOBIX	14	ramipril	17
polymyxin b-trimethoprim.	32	PREZISTA	14	ranolazine er	17
POLYTRIM	32	PRIMLEV	8	RAPAMUNE ORAL SOLUTION	30
portia-28	28	PRINIVIL	17	RASUVO	30
potassium chloride crys er.	24	PROAIR DIGIHALER	34	RAYOS	29
potassium chloride er	24	PROAIR HFA	33, 34	REBIF	18
potassium chloride oral	24	PROAIR RESPICLICK	34	REBIF REBIDOSE	18
potassium citrate er.	24	PROCARDIA	17	REBIF REBIDOSE TITRATION PACK	18
PRADAXA	11	PROCARDIA XL	17	REBIF TITRATION PACK	18
PRALUENT	17	PROCENTRA	18	reclipsen	28
pramipexole dihydrochloride	14	prochlorperazine maleate oral	12	RECOMBINATE	24
pramipexole dihydrochloride er. . . .	14	PROCORT	31	REGLAN	12
PRAVACHOL	17	PROCTOFOAM HC	31	relexxii	18
pravastatin sodium	17	progesterone micronized oral	28	RELION BLOOD GLUCOSE TEST . . .	22
prazosin hcl oral	17	PROGRAF ORAL PACKET	30	RELION ULTIMA TEST	22
PRECISION LINK	22	promethazine hcl oral solution. . . .	33	REMERON	12
PRECISION PCX PLUS TEST	22	promethazine hcl oral syrup.	33	REMERON SOLTAB	12
PRECISION QID MONITOR	22	promethazine hcl oral tablet.	12	REPATHA	17
PRECISION QID TEST	22	promethazine hcl rectal	12	REPATHA PUSHTRONEX SYSTEM	17
PRECISION SOF-TACT MONITOR	22	promethazine-codeine	33	REPATHA SURECLICK	17
PRECISION SOF-TACT TEST	22	promethazine-dm	33	RESTASIS	33
PRECISION XTRA BLOOD GLUCOSE	22	promethegan	12	RESTASIS MULTIDOSE	33
PRECISION XTRA DEVICE	22	propranolol hcl er	17	RESTORIL	35
PRECISION XTRA KIT	22	propranolol hcl oral	17	RETACRIT	24
PRECISION XTRA MONITOR	22	PROSCAR	26	REVLIMID	13
PRED FORTE	32	PROTONIX ORAL PACKET	25	REYVOW	13
PRED MILD	32	PROVENTIL HFA	33, 34	RHOFADE	20
prednisolone acetate ophthalmic . .	32	PROVERA	26, 28	RHOPRESSA	32
prednisolone oral solution	29	pseudoephedrine-bromphen-dm . .	33	RILUTEK	18
prednisolone sodium phosphate oral	29	PULMICORT FLEXHALER	34	riluzole	18
prednisone intensol.	29	PULMOZYME	34	RINVOQ	30
prednisone oral	29	PURIXAN	13	risperidone	14
pregabalin oral capsule	18	PYLERA	25	RITALIN	18
pregabalin oral solution	18	PYRIDIUM	26	ritonavir	14
pregnyl	31			rivelsa	28
PREMARIN ORAL	28	Q		rizatriptan benzoate.	13
PREMARIN VAGINAL	28	QBRELIS	17	ROBAXIN-750	35
		QMIIZ ODT	9		



ROCALTROL	31	SOMATULINE DEPOT.	29	sulfatrim pediatric	10
ROCKLATAN	32	SOOLANTRA	20	SUMADAN WASH	21
ropinirole hcl	14	sotalol hcl oral	17	sumatriptan succinate oral	13
ropinirole hcl er	14	SOTYLIZE.	17	sumatriptan succinate refill	13
rosadan external cream	20	SPIRIVA HANDIHALER.	34	sumatriptan succinate subcutaneous	13
rosadan external gel	20	SPIRIVA RESPIMAT	34	SUMAXIN	21
rosuvastatin calcium	17	spironolactone oral	17	SUMAXIN WASH.	21
roweepra	11	sprintec 28	28	SUNOSI	35
roweepra xr	11	SPRITAM	11	SUPREP BOWEL PREP KIT	25
ROZLYTREK.	13	SPRIX	9	syeda	28
RUCONEST	30	sronyx	28	SYMAX DUOTAB.	25
RUKOBIA	14	sss 10-5	20	symax-sl	25
RYBELSUS.	23	STELARA SUBCUTANEOUS SOLUTION	31	symax-sr	25
RYTARY	14	STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.	31	SYMBICORT	34
S					
SAPHRIS	14	STENDRA.	24	SYMFI	14
scopolamine	12	STIMATE.	29	SYMFI LO	14
SEREVENT DISKUS	34	STRENSIQ	26	SYMJEPI.	33
SERNIVO	20	STRIANT.	30	SYMLINPEN 60	23
sertraline hcl oral.	12	STRIBILD	14	SYMLNPN 120.	24
setlakin	28	STRIVERDI RESPIMAT	34	SYMPROIC.	25
sf	19	SUBSYS	8	SYNJARDY	24
sf 5000 plus	19	subvenite	11	SYNJARDY XR.	24
SFROWASA	31	subvenite starter kit-blue	11	SYNTHROID.	30
sharobel	28	subvenite starter kit-green	11	T	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	24	subvenite starter kit-orange	11	TACLONEX EXTERNAL SUSPENSION	21
sildenafil oral tablets	34	sucrafate oral suspension	25	tacrolimus oral	31
simliya.	28	sucrafate oral tablet	25	tadalafil oral tablet 10 mg, 20 mg	24
simpesse	28	sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	20	tadalafil oral tablet 2.5 mg, 5 mg	24
SIMPONI.	30	sulfacetamide sodium-sulfur external cream 9.8-4.8 %	20	TAKHZYRO	31
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	17	sulfacetamide sodium-sulfur external emulsion	20	tamoxifen citrate oral tablet 10 mg	13
simvastatin oral tablet 80 mg	17	sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 %	20	tamoxifen citrate oral tablet 20 mg	13
SINEMET	14	sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %	20	tamsulosin hcl	26
SINGULAIR ORAL PACKET.	34	sulfacetamide sodium-sulfur external lotion 10-5 %	21	TAPAZOLE	30
sirolimus oral solution	30	sulfacetamide sodium-sulfur external pad	21	TAPERDEX 12-DAY	29
sirolimus oral tablet.	31	sulfacetamide sodium-sulfur external suspension 10-5 %	21	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	29
SITAVIG	14	sulfacetamide sodium-sulfur external suspension 8-4 %	21	TAPERDEX 7-DAY	29
SKYRIZI (150 MG DOSE)	31	sulfacleanse 8/4.	21	TARGRETIN EXTERNAL	13
sodium fluoride 5000 plus	19	sulfacetamide sodium-sulfur external wash	21	TARGRETIN ORAL	13
sodium fluoride dental	19	sulfasalazine oral tablet	31	tarina 24 fe	28
SOFOS/VELPAT ORAL TABLET 400-100.	14			tarina fe 1/20	28
SOFOSBUVIR-VELPATASVIR.	14			tarina fe 1/20 eq.	28
SOFTCLIX	21, 22			TASIGNA	13
solifenacin	26			TAYTULLA	28
SOLIQUA	23			tazarotene external	21
SOLTAMOX	13			TAZORAC.	21
SOMA ORAL TABLET 350 MG	35			TECFIDERA	18
				TEGRETOL.	11
				TEGRETOL-XR.	11



TEGSEDI.	26	TOBREX OPHTHALMIC OINTMENT.	32	triamcinolone acetonide external aerosol solution	21
TEKURNA	17	TOBREX OPHTHALMIC SOLUTION	32	triamcinolone acetonide external cream 0.025 %, 0.1 %	21
TEKURNA HCT	17	TOLAK	21	triamcinolone acetonide external cream 0.5 %	21
telmisartan	17	TOPAMAX	11	triamcinolone acetonide external lotion	21
temazepam	35	TOPAMAX SPRINKLE.	11	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	21
TEMIXYS	14	topiramate er	11	triamcinolone acetonide external ointment 0.05 %	21
TEMOVATE.	21	topiramate oral.	11	triamterene-hctz	17
tenofovir disoproxil fumarate	15	TOPROL XL	17	trianex	21
terazosin hcl.	26	torsemide.	17	triazolam.	15
terbinafine hcl oral.	13	TOUJEO MAX SOLOSTAR	23	triderm external cream 0.1 %	21
terconazole	13	TOUJEO SOLOSTAR	23	triderm external cream 0.5 %	21
TERIPARATIDE (RECOMBINANT).	31	TOVIAZ	26	TRIDESILON	21
TESSALON PERLES	33	TRACLEER.	34	trientine hcl.	26
TESTIM	30	TRADJENTA	24	TRIARDY XR	24
TESTOSTERONE CYPIONATE INJECTION.	30	tramadol hcl er (biphasic).	8	TRILEPTAL.	11
testosterone cypionate intramuscular.	30	TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG.	8	TRINTELLIX	12
testosterone enanthate intramuscular.	30	tramadol hcl er oral capsule extended release 24 hour 150 mg	8	TRIUMEQ.	15
testosterone transdermal	30	tramadol hcl er oral tablet extended release 24 hour	9	TROKENDI XR.	11
TEXACORT	21	tramadol hcl oral tablet 50 mg	9	TRUE METRIX BLOOD GLUCOSE TEST	22
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	30	TRANSDERM-SCOP (1.5 MG)	12	TRUETRACK TEST	22
TIGLUTIK	18	travoprost (bak free)	33	TRULANCE	25
timolol maleate ophthalmic gel forming solution.	32	trazodone hcl oral	12	TRULICITY	24
timolol maleate ophthalmic solution 0.25 %, 0.5 %	32	TRELEGY ELLIPTA	34	TRUVADA.	15
timolol maleate ophthalmic solution 0.5 % (daily)	32	TREMFYA.	31	tulana	29
TIMOPTIC	32	TRESIBA.	23	TUSSICAPS	33
TIMOPTIC OCUDOSE 0.25 %	32	TRESIBA FLEXTOUCH.	23	tydemy	29
TIMOPTIC-XE.	32	tretinoin external cream	21	TYLENOL WITH CODEINE #3	9
TIROSINT.	30	tretinoin external gel 0.01 %, 0.05 %	21	TYMLOS.	31
TIROSINT-SOL	30	tretinoin external gel 0.025 %	21	TYVASO	34
TIVICAY	15	TREXALL	31	TYVASO REFILL	34
tizanidine hcl oral capsule	35	TREZIX	9	TYVASO STARTER	34
tizanidine hcl oral tablet	35	tri femynor	28		
TOBI PODHALER	34	tri-estarylla	28		
TOBRADEX OPHTHALMIC OINTMENT.	32	tri-linyah	28		
TOBRADEX OPHTHALMIC SUSPENSION	32	tri-lo-estarylla	28		
TOBRADEX ST	32	tri-lo-mili	28		
tobramycin nebulization solution 300 mg/4ml inhalation	34	tri-lo-sprintec	28		
tobramycin nebulization solution 300 mg/5ml inhalation	34	tri-mili	28		
tobramycin ophthalmic	32	tri-previfem	28		
tobramycin-dexamethasone.	32	tri-sprintec	29		
		tri-vylibra.	29		
		tri-vylibra lo	29		

U

UBRELVY	13
UCERIS ORAL.	31
UCERIS RECTAL.	31
ULTRAM.	9
unithroid	30
UROCI-K 10	24
UROCI-K 15	24
UROCI-K 5	24
URSO 250	25
URSO FORTE	25
ursodiol oral	25

V	
valacyclovir hcl oral	15
valsartan	17
valsartan-hydrochlorothiazide	17
VALTOCO	11
VANATOL LQ	9
VANATOL S	9
vandazole	10
VARUBI (180 MG DOSE)	12
VASCEPA ORAL CAPSULE 0.5 GM	17
VASCEPA ORAL CAPSULE 1 GM	17
VELPHORO	26
VELTASSA	24
VEMLIDY	15
venlafaxine hcl	12
venlafaxine hcl er oral capsule extended release 24 hour	12
venlafaxine hcl er oral tablet extended release 24 hour	12
Ventolin HFA	33, 34
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	17
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	17
verapamil hcl er oral tablet extended release	17
verapamil hcl oral	17
VERDESO	21
VERELAN	17
VERELAN PM	17
VERZENIO	13
VIBERZI	25
VIBRAMYCIN ORAL CAPSULE	10
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	10
vicodin hp oral tablet 10-300 mg	9
VICTOZA SOLUTION PEN- INJECTOR 18 MG/3ML SUBCUTANEOUS (2 Pak)	24
VICTOZA SOLUTION PEN- INJECTOR 18 MG/3ML SUBCUTANEOUS (3 Pak)	24
vienna	29
VIIBRYD	12
VIIBRYD STARTER PACK	12
VIMPAT ORAL	11
VIOKACE	26
viorele	29
VIREAD ORAL POWDER	15

VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	15
VISTARIL	15
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	24
VITRAKVI	13
Vivelle-Dot	27, 29
VIVLODEX	9
VOLTAREN	9
VOSEVI	15
VRAYLAR	14
vyfemla	29
VYLEESI	24
vylibra	29
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XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	31
XELPROS	33
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XIIDRA	33
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XOLEGEL	13
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YASMIN 28	29

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ZOVIRAX ORAL SUSPENSION	15
ZTLIDO	9
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Online: UHC_Civil_Rights@uhc.com

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

You must send the complaint within 60 days of your experience. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on your 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។ សូមទូរស័ព្ទទំនាក់ទំនងលើខ្សែកម្រិតតម្កល់ ដល់មាន់នៃលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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'déę 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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