

Your 2020 Prescription Drug List

Traditional 3-Tier



Effective May 1, 2020

This Prescription Drug List (PDL) is accurate as of May 1, 2020 and is subject to change after this date. Some changes may be effective July 1, 2020, and are noted next to those medications. This PDL applies to members of our UnitedHealthcare, River Valley, Oxford, and Student Resources medical plans with a pharmacy benefit subject to the Traditional 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

Table of Contents

Understanding your Prescription Drug List . . .	3
Medication tips	5
Reading your PDL	6
Questions	9
Drugs by category	10
Analgesics	
Drugs for Pain	10
Drugs for Pain and Inflammation	11
Anti-Addiction / Substance Abuse	
Treatment Agents	11
Antibacterials	
Drugs for Infections	11
Anticoagulants	
Drugs to Treat or Prevent Blood Clots	12
Anticonvulsants	
Drugs for Seizures	13
Antidementia Agents	
Drugs for Alzheimer's Disease and Dementia . . .	13
Antidepressants	
Drugs for Depression	13
Antiemetics	
Drugs for Nausea and Vomiting	14
Antifungals	
Drugs for Fungal Infections	14
Antigout Agents	
Drugs for Gout	14
Antimigraine Agents	
Drugs for Migraines	15
Antineoplastics	
Drugs for Cancer	15
Antiparasitics	
Drugs for Parasitic Infections	15
Antiparkinson Agents	
Drugs for Parkinson's Disease	15
Antiplatelets	
Drugs for Heart Attack and Stroke Prevention . .	15
Antipsychotics	
Drugs for Mood Disorders	15
Antivirals	
Drugs for Viral Infections	16
Anxiolytics	
Drugs for Anxiety	16
Bipolar Agents	
Drugs for Mood Disorders	17
Cardiovascular Agents	
Drugs for Heart and Circulation Conditions . . .	17
Central Nervous System Agents	
Drugs for Attention Deficit Disorder	19
Drugs for Multiple Sclerosis	19
Miscellaneous	20
Dental and Oral Agents	
Drugs for Mouth and Throat Conditions	20
Dermatological Agents	
Drugs for Skin Conditions	20
Diabetes	
Glucose Monitoring	22
Insulin	23
Non-Insulin Agents	24
Drugs for Blood Disorders	25
Drugs for Sexual Dysfunction	25
Electrolytes / Vitamins	25
Gastrointestinal Agents	
Drugs for Acid Reflux and Ulcer	26
Drugs for Bowel, Intestine and Stomach	
Conditions	26
Genetic or Enzyme Disorder	
Drugs for Replacement, Modification, Treatment . .	27
Genitourinary Agents	
Drugs for Bladder, Genital and Kidney	
Conditions	27
Drugs for Prostate Conditions	27
Hormonal Agents	
Hormone Replacement and Birth Control	27
Oral Steroids	31
Other	31
Testosterone Replacement	31
Thyroid	31
Immunological Agents	
Drugs for Immune System Stimulation	
or Suppression	32
Infertility Agents	32
Inflammatory Bowel Disease Agents	33
Metabolic Bone Disease Agents	
Drugs for Osteoporosis	33
Ophthalmic Agents	
Drugs for Eye Allergy, Infection and	
Inflammation	33
Drugs for Glaucoma	34
Drugs for Miscellaneous Eye Conditions	34
Otic Agents	
Drugs for Ear Conditions	34
Respiratory	
Drugs for Anaphylaxis	35
Respiratory Tract / Pulmonary Agents	
Drugs for Allergies, Cough, Cold	35
Drugs for Asthma and COPD	35
Drugs for Cystic Fibrosis	36
Drugs for Pulmonary Hypertension	36
Skeletal Muscle Relaxants	
Drugs for Muscle Pain and Spasm	36
Sleep Disorder Agents	37
Index	38

Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

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

About this PDL

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

Understanding your Prescription Drug List (continued)

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

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

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information.

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

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

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

Reading your PDL (continued)

Drug list information.

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

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

Lower-cost options are available and covered.

H **Health Care Reform Preventive**

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

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

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

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

Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.⁴

QL **Quantity Limits**

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

RS **Refill and Save Program⁵**

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

SP **Specialty Medication**

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

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

Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered.⁶

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

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

5. Not applicable to Oxford and Student Resources plans.

6. Not applicable to certain Student Resources plans.

Reading your PDL (continued)

Coverage details.

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

Diabetes: Blood Glucose Monitoring; Insulin; Non-Insulin

Diabetic supplies and prescription medications may be subject to different cost-share arrangements for Oxford plans. Please see your Summary of Benefits and Coverage (SBC) for specifics. Medications that require step therapy may require prior authorization (sometimes referred to as precertification) if covered under another benefit.

Diabetes: Continuous Glucose Monitors, Sensors

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

Endocrine: Growth Hormone

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

Infertility

Coverage is determined by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Prior authorization (sometimes referred to as precertification) may be required for Oxford plans or where a state mandates infertility drug coverage.

This is not a covered benefit for Neighborhood Health Plan.

Medications for Sexual Dysfunction

Coverage is determined by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Prior authorization (sometimes referred to as precertification) may be required for Oxford plans.

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



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



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

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

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

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

Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine	1	
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
apap-caff-dihydrocodeine	1	QL
ARYMO ER	E	PA, QL, ST
BELBUCA	3	PA, QL
butalbital-apap-caffeine	1	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	1	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, QL, ST
FIORICET	3	QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	1	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	
hydromorphone hcl er	1	PA, ST, QL
hydromorphone hcl oral	1	
hydromorphone hcl rectal	1	
HYSINGLA ER	E	PA, QL, ST
KADIAN	E	PA, QL, ST
lidocaine external ointment	1	QL
lidocaine external patch	1	PA, QL
lidocaine-prilocaine external cream	1	
lorcet	1	
lorcet hd	1	

Drug Name	Drug Tier	Requirements & Limits
lorcet plus	1	
LORTAB	3	
MORPHABOND ER	E	PA, QL, ST
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	
morphine sulfate er oral capsule extended release 24 hour	E	PA, QL, ST
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	
NORCO	3	
NUCYNTA	3	QL
NUCYNTA ER	3	PA, QL
OXAYDO	E	
OXYCODONE HCL ER	E	PA, QL, ST
oxycodone hcl oral capsule	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	
oxycodone hcl oral solution	1	
oxycodone hcl oral tablet	1	
oxycodone-acetaminophen	1	
OXYCONTIN	E	PA, QL, ST
PERCOCET	E	
premium lidocaine	1	QL
PRIMLEV	E	
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	
ROXICODONE ORAL TABLET 5 MG	3	
tramadol hcl er (biphasic)	E	QL
tramadol hcl er oral capsule extended release 24 hour 150 mg	1	QL
tramadol hcl er oral tablet extended release 24 hour	1	QL
tramadol hcl ir	1	

Drug Name	Drug Tier	Requirements & Limits
trezix	1	QL
TYLENOL WITH CODEINE #3	3	
TYLENOL WITH CODEINE #4	3	
ULTRAM	3	
VANATOL LQ	2	PA, QL
VANATOL S	2	PA, QL
vicodin hp	E	
XTAMPZA ER	2	PA, QL
zebutal	1	QL
ZOHYDRO ER	3	PA, ST, QL

Analgesics - Drugs for Pain and Inflammation

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

Anti-Addiction / Substance Abuse Treatment Agents

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

Antibacterials - Drugs for Infections

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

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
cefuroxime axetil	1		mondoxyne nl oral capsule 75 mg	E	
CENTANY	3	QL	morgidox oral	1	
cephalexin	1		mupirocin calcium	1	QL
CIPRO ORAL TABLET	3		mupirocin external	1	QL
ciprofloxacin hcl oral	1		nitrofurantoin macrocrystal oral	1	
clarithromycin er	1		nitrofurantoin monohydrate macrocrystals	1	
clarithromycin oral	1		NUVESSA	E	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3		okebo	E	
CLEOCIN ORAL CAPSULE 75 MG	2		penicillin v potassium	1	
clindamycin hcl oral	1		sulfamethoxazole-trimethoprim oral	1	
CLINDESSE	2		sulfatrim pediatric	1	
coremino	E	PA	vandazole	1	
DIFICID	3	QL	VIBRAMYCIN ORAL CAPSULE	3	
doxycycline hyclate oral capsule	1		VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	
doxycycline hyclate oral tablet 100 mg, 20 mg	1		XEPI	3	QL
doxycycline monohydrate oral capsule 100 mg, 50 mg	1		XIMINO	E	PA
doxycycline monohydrate oral suspension reconstituted	1		ZITHROMAX ORAL PACKET	3	
doxycycline monohydrate oral tablet	1		ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	
FLAGYL	3		ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	
KEFLEX	3		ZITHROMAX ORAL TABLET 600 MG	3	
LEVAQUIN ORAL TABLET 500 MG, 750 MG	3		ZITHROMAX TRI-PAK	3	
levofloxacin oral	1		ZITHROMAX Z-PAK	3	
MACROBID	3		Anticoagulants - Drugs to Treat or Prevent Blood Clots		
MACRODANTIN	3		BEVYXXA	3	QL
metronidazole oral	1		COUMADIN	3	
metronidazole vaginal	1		ELIQUIS	2	QL
minocycline hcl oral capsule	1		enoxaparin sodium	1	QL
minocycline hcl oral tablet	E		jantoven	1	
MINOLIRA	E	PA	PRADAXA	2	QL
mondoxyne nl oral capsule 100 mg	1				

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

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

Drug Name	Drug Tier	Requirements & Limits
topiramate oral	1	
TRILEPTAL	3	PA, ST
VIMPAT ORAL	3	PA
ZONEGRAN	3	PA, ST
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet dispersible	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
bupropion hcl oral	1	
citalopram hydrobromide	1	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL
escitalopram oxalate	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	1	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	1	QL
fluoxetine hcl oral tablet 20 mg	1	
fluoxetine hcl oral tablet 60 mg	E	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	QL
mirtazapine oral	1	
nortriptyline hcl oral	1	
PAMELOR	3	

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

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

Antiemetics - Drugs for Nausea and Vomiting

BONJESTA	E	PA
DICLEGIS	E	PA
doxylamine-pyridoxine	E	PA
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	E	
ondansetron hcl oral	1	
ondansetron odt	1	
phenadoz	1	
prochlorperazine maleate oral	1	
promethazine hcl oral syrup	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
promethegan	1	
REGLAN	3	
scopolamine	1	
TRANSDERM SCOP (1.5 MG)	3	

Drug Name	Drug Tier	Requirements & Limits
VARUBI	2	QL
ZOFRAN	3	

Antifungals - Drugs for Fungal Infections

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

Antigout Agents - Drugs for Gout

allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	
colchicine oral tablet	E	
COLCRYS	E	
febuxostat	1	ST, QL
GLOPERBA	E	
MITIGARE	2	
ZYLOPRIM	3	

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

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

Drug Name	Drug Tier	Requirements & Limits
olanzapine oral	1	QL
quetiapine fumarate	1	
quetiapine fumarate er	1	QL
risperidone	1	
SAPHRIS	3	QL
ziprasidone hcl	1	QL

Antivirals - Drugs for Viral Infections

acyclovir oral	1	
ATRIPLA	E	ST, QL
BARACLUDE ORAL SOLUTION	2	SP
BARACLUDE ORAL TABLET	E	SP
CIMDUO	2	QL
DESCOVY	3	ST, QL
DOVATO	2	QL
entecavir	1	SP
EPCLUSA	2	PA, QL, SP
GENVOYA	3	QL
HARVONI ORAL TABLET	2	PA, QL, SP
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, QL, SP
MAVYRET	2	PA, QL, SP
NORVIR ORAL SOLUTION	2	
NORVIR ORAL TABLET	E	
ODEFSEY	3	QL
oseltamivir phosphate oral capsule	1	
oseltamivir phosphate oral suspension reconstituted	1	QL
PREZCOBIX	2	
PREZISTA	2	
ritonavir	1	
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
STRIBILD	3	QL
SYMFI	2	QL
SYMFI LO	2	QL
TEMIXYS	E	
tenofovir disoproxil fumarate	1	
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA	3	QL
valacyclovir hcl oral	1	QL
VEMLIDY	3	ST, SP
VIREAD ORAL POWDER	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VOSEVI	2	PA, QL, SP
XOFLUZA	3	QL
ZEPATIER	2	PA, QL, SP
ZOVIRAX ORAL	3	

Anxiolytics - Drugs for Anxiety

alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
buspirone hcl oral	1	
clonazepam oral	1	
diazepam intensol	1	
diazepam oral	1	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
triazolam	1	
VISTARIL	3	

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

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

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

Drug Name	Drug Tier	Requirements & Limits
rosuvastatin calcium	1	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	
TEKTURN HCT	3	QL
TEKTURN ORAL TABLET	3	QL
telmisartan	1	
TOPROL XL	3	
torsemide	1	
triamterene-hctz	1	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASCEPA ORAL CAPSULE	3	PA
verapamil hcl er	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM	3	
WELCHOL	1	
ZIAC ORAL TABLET 10-6.25 MG, 5-6.25 MG, 2.5-6.25 MG	3	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	3	

Central Nervous System Agents - Drugs for Attention Deficit Disorder

ADDERALL XR	1	QL
ADHANSIA XR	E	PA, QL
amphetamine-dextroamphetamine	1	PA
amphetamine-dextroamphetamine er	E	PA, QL
APTENSIO XR	E	PA, QL
atomoxetine hcl	1	QL
CONCERTA	1	PA, QL
dexmethylphenidate hcl	1	PA

Drug Name	Drug Tier	Requirements & Limits
dexmethylphenidate hcl er	1	PA, QL
dextroamphetamine sulfate	1	PA
dextroamphetamine sulfate er	1	PA, QL
guanfacine hcl er	1	QL
JORNAY PM	E	PA, QL
metadate er	1	PA, QL
METHYLIN	3	PA
methylphenidate hcl er (cd)	1	PA, QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	1	PA, QL
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	1	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	1	PA
MYDAYIS	E	PA, QL
PROCENTRA	3	PA, QL
QUILLICHEW ER	E	PA, QL
QUILLIVANT XR	E	PA, QL
relexxii	E	PA
RITALIN	3	PA
VYVANSE	2	PA, QL

Central Nervous System Agents - Drugs for Multiple Sclerosis

AUBAGIO	3	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BETASERON	2	PA, QL, SP
dalfampridine er	1	PA, QL, SP
EXTAVIA	E	PA, QL, ST, SP
GILENYA ORAL CAPSULE	3	PA, QL, SP
glatiramer acetate	1	PA, QL, SP
glatopa	E	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT	3	PA, QL, SP
PLEGRIDY	3	PA, QL, SP
REBIF	3	PA, ST, QL, SP
REBIF REBIDOSE	3	PA, ST, QL, SP
TECFIDERA	2	PA, QL, SP

Central Nervous System Agents - Miscellaneous

AUSTEDO	2	PA, QL, SP
LYRICA CR	E	ST, QL
NUDEXTA	2	PA
pregabalin oral	1	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 mouth/throat solution 2 %	1	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	3	
neutral sodium fluoride	1	
paroex	1	
PERIDEX	3	
periogard	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	

Drug Name	Drug Tier	Requirements & Limits
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 EXTERNAL GEL 5 %	1	QL
ACZONE EXTERNAL GEL 7.5 %	3	QL
ALA SCALP	3	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	
ALDARA	3	QL
ALTRENO	E	PA
amnestem	1	
avar cleanser	1	
avita	E	PA
azelaic acid external	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
bp 10-1	1	
calcipotriene-betameth diprop	1	QL
calcitriol external	1	QL
CAPEX	2	
CARAC	2	
claravis	1	
CLEOCIN-T EXTERNAL GEL	3	QL
CLEOCIN-T EXTERNAL LOTION	3	
clindacin etz external swab	1	

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
clindacin-p	1		DUPIXENT	3	PA, ST, QL, SP
CLINDAGEL	E	QL	EFUDEX	3	
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	QL	ELOCON	3	
clindamycin phosphate external foam	1		ENSTILAR	3	QL
clindamycin phosphate external lotion	1		EUCRISA	3	ST, QL
clindamycin phosphate external solution	1	QL	EVOCLIN	3	
clindamycin phosphate external swab	1		FINACEA	3	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	E	QL	fluocinolone acetone body	1	QL
clindamycin phosphate gel 1 % external	1	QL	fluocinolone acetone external	1	QL
clobetasol propionate external cream	1	QL	fluocinolone acetone scalp	1	
clobetasol propionate external foam	E		fluocinonide external cream 0.05 %	1	
clobetasol propionate external gel	1	QL	fluocinonide external cream 0.1 %	E	
clobetasol propionate external liquid	1	QL	fluocinonide external gel	1	
clobetasol propionate external lotion	E		fluocinonide external ointment	1	
clobetasol propionate external ointment	1	QL	fluocinonide external solution	1	
clobetasol propionate external shampoo	E	QL	FLUOROPLEX	3	
clobetasol propionate external solution	1	QL	FLUOROURACIL EXTERNAL CREAM 0.5 %	3	
clodan external shampoo	E	QL	fluorouracil external cream 5 %	1	
clotrimazole-betamethasone external cream	1	QL	fluorouracil external solution	1	
clotrimazole-betamethasone external lotion	1		hydrocortisone external cream 1 %	E	
dapsone external gel 5 %	E	QL	hydrocortisone external cream 2.5 %	1	
DERMA-SMOOTH/FS BODY	3	QL	hydrocortisone external lotion 2.5 %	1	
DERMA-SMOOTH/FS SCALP	3		hydrocortisone external ointment 1 %, 2.5 %	1	
DESONATE	3	ST, QL	imiquimod external	1	QL
desonide external	1	QL	isotretinoin oral	1	
DESOWEN	3	QL	LOTRISONE	3	QL
DIPROLENE	3		METROCREAM	3	
DIPROLENE AF	3		METROLOTION	3	
			metronidazole external cream	1	
			metronidazole external gel 0.75 %	1	
			metronidazole external gel 1 %	E	

Drug Name	Drug Tier	Requirements & Limits
metronidazole external lotion	1	
MIRVASO	3	QL
mometasone furoate external	1	
myorisan	1	
neuac external gel	1	QL
PICATO	3	QL
rosadan external cream	1	
rosadan external gel	1	
sss 10-5	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external emulsion	1	
sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %	1	
sulfacetamide sodium-sulfur external pad	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfamez wash	1	
SUMAXIN	3	
SUMAXIN WASH	3	
TACLONEX EXTERNAL OINTMENT	E	
TACLONEX EXTERNAL SUSPENSION	3	
tazarotene external	E	PA, QL
TAZORAC EXTERNAL CREAM 0.05 %	3	PA, QL
TAZORAC EXTERNAL CREAM 0.1 %	1	PA, QL
TAZORAC EXTERNAL GEL	3	PA, QL
TEMOVATE	3	QL
TEXACORT	2	
tretinoin external cream	1	PA, QL
tretinoin external gel	E	PA
triamcinolone acetonide external aerosol solution	1	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	

Drug Name	Drug Tier	Requirements & Limits
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	1	QL
zenatane	1	

Diabetes - Glucose Monitoring

ACCU-CHEK AVIVA DEVICE	E	
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	E	
ACCU-CHEK AVIVA PLUS	E	
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK COMPACT PLUS CARE KIT	E	
ACCU-CHEK COMPACT PLUS TEST STRIPS	E	QL
ACCU-CHEK GUIDE	E	
ACCU-CHEK GUIDE TEST STRIPS	E	QL
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	E	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD ULTRA-FINE INSULIN SYRINGES	2	
BD ULTRA-FINE PEN NEEDLES	2	
CONTOUR NEXT MONITOR	2	
CONTOUR NEXT TEST STRIPS	2	QL
CONTOUR TEST STRIPS	E	QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	3	PA, QL	BASAGLAR KWIKPEN (starting 7/1/2020)	E	QL
EASYPLUS BLOOD GLUCOSE TEST	3	QL	BASAGLAR KWIKPEN (until 7/1/2020)	1	QL
FASTCLIX	1		HUMALOG KWIKPEN	2	QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL	HUMALOG MIX 50/50 KWIKPEN	2	QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL	HUMALOG MIX 50/50 VIAL	1	QL
FREESTYLE LIBRE READER	3	PA, QL	HUMALOG MIX 75/25 KWIKPEN	2	QL
FREESTYLE LIBRE SENSOR SYSTEM	3	PA, QL	HUMALOG MIX 75/25 VIAL	1	QL
FREESTYLE PRECISION NEO TEST	E	QL	HUMALOG SUBCUTANEOUS SOLUTION	1	QL
GUARDIAN CONNECT TRANSMITTER	E		HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	QL
INSULIN SYRINGES	2		HUMALOG U-100 JUNIOR KWIKPEN	2	QL
NOVOFINE AUTOCOVER PEN NEEDLE	2		HUMULIN 70/30 KWIKPEN	2	QL
NOVOFINE PEN NEEDLE	2		HUMULIN 70/30 VIAL	1	QL
NOVOFINE PLUS PEN NEEDLE	2		HUMULIN N KWIKPEN	2	QL
ONETOUCH ULTRA 2	1		HUMULIN N VIAL	1	QL
ONETOUCH ULTRA BLUE TEST STRIPS	1	QL	HUMULIN R U-500 KWIKPEN	2	QL
ONETOUCH ULTRA MINI	1		HUMULIN R U-500 VIAL (CONCENTRATED)	1	QL
ONE TOUCH VERIO KIT W/DEVICE	1		HUMULIN R VIAL	1	QL
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1		INSULIN ASPART	E	ST, QL
ONETOUCH VERIO TEST STRIPS	1	QL	INSULIN ASPART FLEXPEN	E	ST, QL
ONETOUCH VERIO IQ SYSTEM	1		INSULIN ASPART PENFILL	E	ST
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	1		INSULIN LISPRO	E	QL
SOFTCLIX	1		INSULIN LISPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	E	QL
SOFT TOUCH	1		LANTUS SOLOSTAR (starting 7/1/2020)	1	QL
Diabetes - Insulin			LANTUS SOLOSTAR (until 7/1/2020)	E	QL
ADMELOG	E	QL	LANTUS U-100 VIAL (starting 7/1/2020)	1	QL
ADMELOG SOLOSTAR	E	QL	LANTUS U-100 VIAL (until 7/1/2020)	E	QL
AFREZZA	E	PA	LEVEMIR U-100 FLEXTOUCH (starting 7/1/2020)	E	QL
			LEVEMIR U-100 FLEXTOUCH (until 7/1/2020)	3	QL

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

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

Drug Name	Drug Tier	Requirements & Limits
KOMBIGLYZE XR	2	QL
metformin hcl er	1	
metformin hcl er (mod)	E	PA
metformin hcl er (osm)	E	PA
METFORMIN HCL ORAL SOLUTION	3	
metformin hcl oral tablet	1	
NESINA	2	QL
ONGLYZA	2	QL
OSENI	2	QL
OZEMPIC	2	ST, QL
pioglitazone hcl	1	QL
RIOMET	3	
RYBELSUS	2	ST, QL
SOLIQUA	2	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRULICITY	2	ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	(2 Pak), ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	(3 Pak), ST, QL
Drugs for Blood Disorders		
AFSTYLA INTRAVENOUS KIT	3	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
ELOCTATE	3	PA, SP
JIVI	3	PA, SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, QL, SP
NEULASTA	3	SP
NOVOEIGHT	2	SP
NUWIQ	2	SP

Drug Name	Drug Tier	Requirements & Limits
RECOMBINATE	3	PA, ST, SP
RETACRIT	2	QL, SP
ZARXIO	2	SP
Drugs for Sexual Dysfunction		
ADDYI	3	PA, QL
IMVEXXY MAINTENANCE PACK	3	QL
INTRAROSA	3	QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	3	PA, QL
tadalafil oral tablet 10 mg, 20 mg	1	QL
tadalafil oral tablet 2.5 mg, 5 mg	1	ST, QL
VYLEESI	3	PA, QL
Electrolytes / Vitamins		
clovique	E	PA, SP
cyanocobalamin	1	
DRISDOL	3	
ERGOCAL	3	
ergocalciferol oral capsule	1	
FLORIVA PLUS	3	
folic acid oral tablet 1 mg	1	
klor-con	1	
klor-con 10	1	
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	

Drug Name	Drug Tier	Requirements & Limits
multivitamins/fluoride	1	
mvc-fluoride	1	
NASCOBAL	3	
POLY-VI-FLOR	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
QUFLORA PEDIATRIC	3	
SYPRINE	1	PA, SP
trientine hcl	E	PA, SP
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
VELTASSA	3	PA, QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
VITAPEARL CAP	3	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
CARAFATE ORAL SUSPENSION	3	
CARAFATE ORAL TABLET	3	
CYTOTEC	3	
DEXILANT	3	QL
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium tablet delayed release 20 mg, 40 mg oral	1	
PYLERA	3	QL
rabeprazole sodium oral tablet delayed release	1	QL
ranitidine hcl oral capsule	E	
ranitidine hcl oral syrup	1	
ranitidine hcl oral tablet 150 mg, 300 mg	E	
sucralfate oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
ACTIGALL	3	
ANASPAZ	2	
CLENPIQ	3	
COLYTE WITH FLAVOR PACKS	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ed-spaz	1	
gavilyte-c	1	H
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	2	QL
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	QL
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
LEVBIID	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	
PREPOPIK	3	QL
SUPREP BOWEL PREP KIT	3	QL
SYMAX DUOTAB	3	
symax-sl	1	
symax-sr	1	

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

Drug Name	Drug Tier	Requirements & Limits
SYMPROIC	2	PA, QL
URSO 250	3	
URSO FORTE	3	
ursodiol oral	1	
VIBERZI	3	PA, QL
ZELNORM	3	PA, QL

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

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

Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions

AURYXIA	3	
CUPRIMINE	3	SP
DEPEN TITRATABS	2	SP
D-PENAMINE	2	SP
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
penicillamine oral	1	SP
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
TOVIAZ	3	
VELPHORO	2	

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

Hormonal Agents - Hormone Replacement and Birth Control

afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
amethia	1	H
amethia lo	1	H
apri	1	H
ashlyna	1	H
aubra	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	3	
ayuna	1	H
azurette	1	H
balziva	1	H
bekyree	1	H
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	1	H

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

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

Drug Name	Drug Tier	Requirements & Limits
femynor	1	H
gianvi	1	H
hailey 1.5/30	1	H
hailey 24 fe	1	H
heather	1	H
incassia	1	H
introvale	1	H
isibloom	1	H
jasmiel	1	H
jencycla	1	H
jolessa	1	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kariva	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
larissia	1	H
lessina	1	H
levonorgest-eth est & eth est	E	
levonorgest-eth estrad 91-day	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levora 0.15/30 (28)	1	H
lillow	1	H
LO LOESTRIN FE	3	

Drug Name	Drug Tier	Requirements & Limits
loryna	1	H
LOSEASONIQUE	3	
low-ogestrel	1	H
lo-zumandimine	1	H
luteria	1	H
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular suspension	1	QL, H
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	QL, H
medroxyprogesterone acetate oral	1	
melodetta 24 fe	E	
MENOSTAR	3	QL
mibelas 24 fe	E	
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
MINASTRIN 24 FE	E	
MIRCETTE	3	
mono-lynyah	1	H
NATAZIA	2	
necon 0.5/35 (28)	1	H
nikki	1	H
nora-be	1	H
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	E	
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norgestimate-eth estradiol	1	H

Drug Name	Drug Tier	Requirements & Limits
norgestimate-ethinyl estradiol triphasic	1	H
norlyda	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
NUVARING	1	H
ocella	1	H
ogestrel	1	H
orsythia	1	H
philith	1	H
pimtrea	1	H
pirmella 1/35	1	H
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
previfem	1	H
progesterone micronized oral	1	
PROVERA	3	
QUARTETTE	E	
reclipsen	1	H
rivelsa	E	
SAFYRAL	E	
SEASONIQUE	3	
setlakin	1	H
sharobel	1	H
simliya	1	H
simpesse	1	H
sprintec 28	1	H
sronyx	1	H
syeda	1	H

Drug Name	Drug Tier	Requirements & Limits
tarina 24 fe	1	H
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	1	H
tri-lo-marzia	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-previfem	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
tulana	1	H
tydemy	E	
vienva	1	H
violele	1	H
VIVELLE-DOT	1	QL
vyfemla	1	H
vylibra	1	H
wera	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvaferm	1	
zarah	1	H
zumandimine	1	H

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Oral Steroids		
CORTEF	3	
DECADRON	E	
dexamethasone intensol	1	
dexamethasone oral	1	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
methylprednisolone oral	1	
MILLIPRED	2	
MILLIPRED DP	2	
ORAPRED ODT	3	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral	1	
prednisone intensol	1	
prednisone oral	1	
Hormonal Agents - Other		
cabergoline	1	
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
NOC DURNA	3	PA, QL
NOCTIVA	E	PA, QL
NORDITROPIN FLEXPPO	E	PA, QL, SP
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP
OMNITROPE	E	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
ORILISSA	3	PA, QL
STIMATE	3	
ZOMACTON	E	PA, QL, SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	PA, QL
ANDROGEL	E	PA, QL
ANDROGEL PUMP	E	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
FORTESTA	E	PA, QL
NATESTO	E	PA, QL
STRIANT	3	PA, QL
TESTIM	1	PA, QL
TESTOSTERONE CYPIONATE INJECTION	3	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone transdermal	E	PA, QL
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
XYOSTED	E	PA
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral	1	
levothyroxine-liothyronine oral tablet 30 mg, 60 mg, 90 mg	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NATURE-THROID	3	

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
np thyroid	1		methotrexate sodium oral	1	
SYNTHROID	2		mycophenolate mofetil	1	
TAPAZOLE	3		mycophenolate sodium	1	
thyroid oral tablet 120 mg, 15 mg	1		OLUMIANT ORAL TABLET	2	PA, QL, SP
TIROSINT	E		ORENCIA	3	PA, QL, SP
TIROSINT-SOL	3	PA	OTEZLA	2	PA, QL, SP
unithroid	1		OTREXUP	E	ST, QL
WESTHROID	3		PROGRAF ORAL PACKET	3	
WP THYROID	3		RAPAMUNE ORAL SOLUTION	3	
Immunological Agents - Drugs for Immune System Stimulation or Suppression			RASUVO	3	ST, QL
ACTEMRA ACTPEN	3	PA, ST, QL, SP	RINVOQ	2	PA, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP	RUCONEST	3	PA, QL, SP
ASTAGRAF XL	E		SIMPONI	2	PA, QL, SP
AZASAN	3		sirolimus oral	1	
azathioprine oral	1		SKYRIZI (150 MG DOSE)	2	PA, QL, SP
CELLCEPT	E		STELARA SUBCUTANEOUS SOLUTION	2	PA, QL, SP
CIMZIA PREFILLED KIT	2	PA, QL, SP	STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
COSENTYX (300 MG DOSE)	3	PA, ST, QL, SP	tacrolimus oral	1	
COSENTYX 150 MG/ML	3	PA, ST, QL, SP	TAKHZYRO	2	PA, QL, SP
COSENTYX SENSOREADY (300 MG)	3	PA, ST, QL, SP	TREMFYA	2	PA, QL, SP
COSENTYX SENSOREADY PEN	3	PA, ST, QL, SP	TREXALL	2	
cyclosporine modified	1		XELJANZ	2	PA, ST, QL, SP
ENBREL	3	PA, ST, QL, SP	XELJANZ XR	2	PA, ST, QL, SP
ENBREL MINI	3	PA, ST, QL, SP	Infertility Agents		
ENBREL SURECLICK	3	PA, ST, QL, SP	chorionic gonadotropin intramuscular	1	SP
ENVARUSUS XR	E		CRINONE VAGINAL GEL 4 %	3	PA, ST
FIRAZYR	1	PA, QL, SP	CRINONE VAGINAL GEL 8 %	3	PA, ST
gengraf	1		ENDOMETRIN	2	PA
HAEGARDA	2	PA, QL, SP	FOLLISTIM AQ	2	SP
HUMIRA	2	PA, QL, SP	GONAL-F	3	SP, ST
HUMIRA PEN	2	PA, QL, SP	GONAL-F RFF	3	SP, ST
icatibant acetate	E	PA, QL, SP			
methotrexate oral	1				

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

Drug Name	Drug Tier	Requirements & Limits
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	3	SP
OVIDREL	3	SP
pregnyl	1	SP

Inflammatory Bowel Disease Agents

APRISO	1	
ASACOL HD	E	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
budesonide er	E	
budesonide oral	1	
CANASA	E	
CORTIFOAM	2	
DELZICOL	E	
DIPENTUM	3	
ENTOCORT EC	E	
hydrocortisone ace-pramoxine	1	
LIALDA	1	
mesalamine er	E	
mesalamine oral	E	
mesalamine rectal	1	
PENTASA	E	
PROCORT	E	
PROCTOFOAM HC	2	
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	1	
UCERIS RECTAL	2	

Metabolic Bone Disease Agents - Drugs for Osteoporosis

alendronate sodium	1	
BONIVA ORAL	3	

Drug Name	Drug Tier	Requirements & Limits
calcitriol oral	1	
FORTEO	3	PA, SP
FOSAMAX	3	
ibandronate sodium oral	1	
ROCALTROL	3	
TYMLOS	3	PA, SP

Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation

ACULAR	3	
ACULAR LS	3	
ACUVAIL	E	
ALREX	3	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
CILOXAN OPHTHALMIC OINTMENT	3	
CILOXAN OPHTHALMIC SOLUTION	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LASTACAFT	3	QL
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	3	QL
LOTEMAX SM	3	QL
loteprednol etabonate	1	QL
MAXITROL	3	
MOXEZA	3	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	

Drug Name	Drug Tier	Requirements & Limits
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	1	QL
olopatadine hcl ophthalmic solution 0.2 %	E	QL
PATADAY	E	QL
PATANOL	E	QL
PAZEO	E	QL
polymyxin b-trimethoprim	1	
POLYTRIM	3	
PRED FORTE	3	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION	3	
TOBRADEX ST	E	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBREX OPHTHALMIC OINTMENT	3	
TOBREX OPHTHALMIC SOLUTION	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
AZOPT	2	QL
BETIMOL	2	QL
bimatoprost ophthalmic	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	1	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	

Drug Name	Drug Tier	Requirements & Limits
COMBIGAN	2	QL
COSOPT	3	
COSOPT PF OPHTHALMIC SOLUTION 22.3-6.8 MG/ML	E	QL
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf ophthalmic solution 22.3-6.8 mg/ml	E	
ISTALOL	3	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
timolol maleate ophthalmic	1	
TIMOPTIC	3	
TIMOPTIC OCUDOSE	2	
TIMOPTIC-XE	3	
TRAVATAN Z	3	QL
travoprost (bak free)	1	QL
VYZULTA	E	QL, ST
XELPROS	3	QL

Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions

CEQUA	E	PA, QL
RESTASIS	3	PA, QL
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	E	PA, QL
XIIDRA	3	PA, QL

Otic Agents - Drugs for Ear Conditions

CIPRODEX	3	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	

Drug Name	Drug Tier	Requirements & Limits
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	E	QL
epinephrine injection solution 0.3 mg/0.3ml (generic Adrenaclick)	E	QL
epinephrine injection solution auto-injector 0.15 mg/0.15ml (generic Adrenaclick)	E	QL
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml (generic EpiPen Jr., generic EpiPen)	1	QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
SYMJEPI	2	QL
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
ASTEPRO	E	
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
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	1	QL
guaifenesin-codeine soln 100-10 mg/5ml	1	
hydrocodone polst-cpm polst er	1	PA, QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral	1	
OMNARIS	E	QL
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
TESSALON PERLES	3	
TUSSICAPS	3	PA, QL
XHANCE	E	QL
ZETONNA	3	QL

Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ADVAIR DISKUS	1	QL
ADVAIR HFA	3	QL, RS
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
albuterol sulfate er	1	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (generic ProAir HFA or Proventil HFA)	3	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (generic Ventolin HFA)	E	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml	1	
albuterol sulfate oral	1	
ALVESCO	1	QL
ANORO ELLIPTA	3	QL
ARCAPTA NEOHALER	3	QL
ARNUITY ELLIPTA	3	QL
ASMANEX TWISTHALER	1	QL
ASMANEX HFA	1	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL, RS
budesonide inhalation	1	QL
COMBIVENT RESPIMAT	3	QL
FASENRA	3	PA, QL, SP
FASENRA PEN	3	PA, SP
FLOVENT DISKUS	3	QL

Drug Name	Drug Tier	Requirements & Limits
FLOVENT HFA	3	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	E	QL, RS
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	QL
INCRUSE ELLIPTA	2	QL
ipratropium-albuterol	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
montelukast sodium oral	1	
NUCALA	3	PA, QL, SP
PERFOROMIST	3	QL
PROAIR DIGIHALER	E	QL
PROAIR HFA	3	QL
PROAIR RESPICLICK	3	QL
PROVENTIL HFA	3	QL
PULMICORT FLEXHALER	3	ST, QL
PULMICORT SUSPENSION	E	QL
QVAR REDHALER	1	QL
SINGULAIR ORAL PACKET	3	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	2	QL
wixela inhub	E	QL, RS
XOPENEX HFA	3	QL
YUPELRI	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	1	PA, QL, SP
KITABIS PAK	E	PA, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI NEBULIZER	E	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	2	PA, QL, SP
bosentan	1	PA, QL, SP
OPSUMIT	2	PA, QL, SP
ORENITRAM	3	PA, QL, SP
TRACLEER	2	PA, QL, SP
TYVASO	2	PA, SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
AMRIX	E	
baclofen oral	1	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl er	E	
cyclobenzaprine hcl oral	1	
FEXMID	3	
metaxalone	1	
methocarbamol oral	1	
OZOBAX	E	
ROBAXIN-750	3	
SKELAXIN	E	
SOMA ORAL TABLET 250 MG	E	
SOMA ORAL TABLET 350 MG	3	
tizanidine hcl oral	1	
ZANAFLEX	3	

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

Index

A

ABSORICA.....	20	ADLYXIN	24	alprazolam oral.....	16
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE.....	22	ADMELOG	23	alprazolam xr.....	16
ACCU-CHEK AVIVA DEVICE	22	ADMELOG SOLOSTAR	23	ALREX.....	33
ACCU-CHEK AVIVA PLUS	22	Adrenaclick.....	35	ALTACE	17
ACCU-CHEK AVIVA PLUS TEST STRIPS	22	ADVAIR DISKUS.....	35	altavera.....	27
ACCU-CHEK COMPACT PLUS CARE KIT.....	22	ADVAIR HFA	35	ALTOPREV.....	17
ACCU-CHEK COMPACT PLUS TEST STRIPS	22	afirmelle.....	27	ALTRENO.....	20
ACCU-CHEK GUIDE	22	AFREZZA.....	23	ALVESCO.....	35
ACCU-CHEK GUIDE TEST STRIPS	22	AFSTYLA INTRAVENOUS KIT	25	alyacen 1/35	27
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE.....	22	AIMOVIG	15	AMARYL.....	24
ACCU-CHEK SMARTVIEW TEST STRIPS	22	AIRDUO RESPICLICK 113/14.....	35	AMBIEN CR	37
ACCUPRIL	17	AIRDUO RESPICLICK 232/14	35	AMERGE.....	15
acetaminophen-codeine.....	10	AIRDUO RESPICLICK 55/14	35	amethia.....	27
acetaminophen-codeine #2.....	10	ALA SCALP	20	amethia lo	27
acetaminophen-codeine #3.....	10	ala-cort external cream 1 %.....	20	amiodarone hcl oral.....	17
acetaminophen-codeine #4	10	ala-cort external cream 2.5 %.....	20	amitriptyline hcl oral	13
acetazolamide er	17	albuterol sulfate er.....	35	amlodipine besylate oral.....	17
acetazolamide oral	17	ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION.....	35	amlodipine besylate-benazepril hcl.....	17
ACTEMRA ACTPEN	32	albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml	35	amlodipine besylate-valsartan.....	17
ACTEMRA SUBCUTANEOUS.....	32	albuterol sulfate oral	35	amnestem.....	20
ACTIGALL	26	ALDACTONE.....	17	amoxicillin	11
ACULAR.....	33	ALDARA.....	20	amoxicillin-potassium clavulanate er.....	11
ACULAR LS	33	alendronate sodium.....	33	amoxicillin-potassium clavulanate oral	11
ACUVAIL	33	alfuzosin hcl er	27	amphetamine- dextroamphetamine	19
acyclovir oral	16	aliskiren fumarate oral tablet	17	amphetamine- dextroamphetamine er	19
ACZONE EXTERNAL GEL 5 %....	20	allopurinol oral	14	AMRIX	36
ACZONE EXTERNAL GEL 7.5 %	20	ALOGLIPTIN BENZOATE	24	ANASPAZ.....	26
ADALAT CC	17	ALOGLIPTIN-METFORMIN HCL..	24	anastrozole oral.....	15
ADDERALL XR.....	19	ALOGLIPTIN-PIOGLITAZONE	24	ANDRODERM.....	31
ADDYI.....	25	ALORA	27	ANDROGEL	31
ADEMPAS.....	36	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	34	ANDROGEL PUMP.....	31
ADHANSIA XR.....	19	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	34	ANORO ELLIPTA	35
		alprazolam er.....	16	apap-caff-dihydrocodeine	10
		alprazolam intensol	16	apri	27
				APRISO	33
				APTENSIO XR	19
				ARAKODA.....	15

ARANESP (ALBUMIN FREE).....	25	AYGESTIN.....	27	betamethasone dipropionate	
ARCAPTA NEOHALER.....	35	ayuna.....	27	external	20
aripiprazole oral solution	15	AZASAN.....	32	BETASERON	19
aripiprazole oral tablet.....	15	AZASITE	33	BETHKIS	36
aripiprazole oral tablet		azathioprine oral.....	32	BETIMOL.....	34
dispersible.....	15	azelaic acid external.....	20	BEVESPI AEROSPHERE	35
ARMOUR THYROID	31	azelastine hcl nasal solution 0.1 %,		BEVYXXA.....	12
ARNUITY ELLIPTA	35	137 mcg/spray.....	35	bexarotene.....	15
ARYMO ER	10	azelastine hcl nasal solution		BEYAZ.....	27
ASACOL HD.....	33	0.15 %.....	35	BIDIL	17
ashlyna	27	azelastine hcl ophthalmic	33	BIJUVA.....	27
ASMANEX HFA.....	35	azithromycin oral.....	11	bimatoprost ophthalmic	34
ASMANEX TWISTHALER	35	AZOPT	34	bisoprolol fumarate.....	17
ASTAGRAF XL.....	32	AZULFIDINE	33	bisoprolol-hydrochlorothiazide	17
ASTEPRO	35	AZULFIDINE EN-TABS	33	blisovi 24 fe.....	27
atenolol oral.....	17	azurette	27	blisovi fe 1/20.....	28
atenolol-chlorthalidone.....	17			blisovi fe 1.5/30.....	28
atomoxetine hcl	19			BONIVA ORAL	33
atorvastatin calcium oral tablet				BONJESTA.....	14
10 mg, 20 mg	17			bosentan.....	36
atorvastatin calcium oral tablet				bp 10-1	20
40 mg, 80 mg	17			BREO ELLIPTA	35
atovaquone-proguanil hcl	15			briellyn	28
ATRIPLA.....	16			BRILINTA	15
ATROVENT HFA	35			brimonidine tartrate ophthalmic	
AUBAGIO	19			solution 0.15 %	34
aubra	27			brimonidine tartrate ophthalmic	
aubra eq	27			solution 0.2 %.....	34
aurovela 1/20.....	27			bromfed dm	35
aurovela 1.5/30.....	27			budesonide er.....	33
aurovela 24 fe.....	27			budesonide inhalation	35
aurovela fe 1/20.....	27			budesonide oral.....	33
aurovela fe 1.5/30.....	27			BUNAVAIL	11
AURYXIA.....	27			buprenorphine hcl sublingual	11
AUSTEDO	20			buprenorphine hcl-naloxone hcl	11
AUVI-Q.....	35			bupropion hcl er (sr)	13
AVALIDE.....	17			bupropion hcl er (xl) oral tablet	
AVAPRO.....	17			extended release 24 hour 150 mg,	
avar cleanser.....	20			300 mg	13
aviane	27			bupropion hcl oral.....	13
avidoxy	11			buspirone hcl oral	16
avita.....	20			butalbital-apap-cafeine	10
AVONEX PEN	19			BYDUREON	24
AVONEX PREFILLED	19				

BYDUREON BCISE	
AUTOINJECTOR	24
BYETTA 10 MCG PEN	24
BYETTA 5 MCG PEN	24
BYSTOLIC	17

C

cabergoline	31
CALAN SR	17
calcipotriene-betameth diprop.....	20
calcitriol external	20
calcitriol oral	33
camila	28
camrese.....	28
camrese lo.....	28
CANASA.....	33
capecitabine	15
CAPEX	20
CARAC.....	20
CARAFATE ORAL	
SUSPENSION.....	26
CARAFATE ORAL TABLET	26
carbamazepine er.....	13
carbamazepine oral.....	13
CARBATROL.....	13
carbidopa-levodopa.....	15
carbidopa-levodopa er	15
CARDURA	17
carisoprodol oral tablet 250 mg.....	36
carisoprodol oral tablet 350 mg.....	36
CAROSPIR.....	17
cartia xt.....	17
carvedilol	17
CATAPRES.....	17
cavarest.....	20
cefadroxil	11
cefdinir.....	11
cefuroxime axetil	12
celecoxib oral	11
CELLCEPT	32
CENTANY	12
cephalexin	12

CEQUA.....	34
CERDELGA.....	27
CHANTIX.....	11
CHANTIX CONTINUING MONTH	
PAK	11
CHANTIX STARTING MONTH	
PAK	11
chateal.....	28
chateal eq.....	28
chlorhexidine gluconate	
mouth/throat	20
chlorthalidone.....	17
chorionic gonadotropin	
intramuscular.....	32
ciclodan	14
ciclopirox	14
CILOXAN OPHTHALMIC	
OINTMENT	33
CILOXAN OPHTHALMIC	
SOLUTION.....	33
CIMDUO.....	16
CIMZIA PREFILLED KIT	32
CIPRO ORAL TABLET.....	12
CIPRODEX.....	34
ciprofloxacin hcl ophthalmic	33
ciprofloxacin hcl oral.....	12
citalopram hydrobromide.....	13
claravis	20
clarithromycin er.....	12
clarithromycin oral	12
CLENPIQ.....	26
CLEOCIN ORAL CAPSULE	
150 MG, 300 MG.....	12
CLEOCIN ORAL CAPSULE	
75 MG.....	12
CLEOCIN-T EXTERNAL GEL.....	20
CLEOCIN-T EXTERNAL	
LOTION	20
Climara	28
CLIMARA PRO	28
clindacin etz external swab	20
clindacin-p	21
CLINDAGEL	21

clindamycin hcl oral	12
clindamycin phos-benzoyl perox	
external gel 1.2-5 %	21
clindamycin phosphate external	
foam	21
clindamycin phosphate external	
lotion.....	21
clindamycin phosphate external	
solution.....	21
clindamycin phosphate external	
swab	21
CLINDAMYCIN PHOSPHATE	
GEL 1 % EXTERNAL	21
CLINDESSE	12
clinpro 5000.....	20
clobetasol propionate external	
cream	21
clobetasol propionate external	
foam	21
clobetasol propionate external	
gel	21
clobetasol propionate external	
liquid	21
clobetasol propionate external	
lotion.....	21
clobetasol propionate external	
ointment	21
clobetasol propionate external	
shampoo	21
clobetasol propionate external	
solution.....	21
clodan external shampoo	21
clonazepam oral	16
clonidine hcl oral.....	17
clopidogrel bisulfate oral	15
clotrimazole-betamethasone	
external cream	21
clotrimazole-betamethasone	
external lotion.....	21
clovique	25
COLCHICINE ORAL CAPSULE ...	14
colchicine oral tablet.....	14
COLCRYST	14

colesevelam hcl.....	17	dalfampridine er.....	19	DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE.....	23
COLYTE WITH FLAVOR PACKS..	26	dapsone external gel 5 %.....	21	DEXILANT.....	26
COMBIGAN.....	34	dasetta 1/35.....	28	dexmethylphenidate hcl.....	19
COMBIVENT RESPIMAT.....	35	daysee.....	28	dexmethylphenidate hcl er.....	19
CONCERTA.....	19	DDAVP INJECTION.....	31	dextroamphetamine sulfate.....	19
CONTOUR NEXT MONITOR.....	22	DDAVP ORAL.....	31	dextroamphetamine sulfate er.....	19
CONTOUR NEXT TEST STRIPS.....	22	deblitane.....	28	diazepam intensol.....	16
CONTOUR TEST STRIPS.....	22	DECADRON.....	31	diazepam oral.....	16
COREG.....	17	delyla.....	28	DICLEGIS.....	14
coremino.....	12	DELZICOL.....	33	diclofenac potassium.....	11
CORGARD.....	17	denta 5000 plus.....	20	diclofenac sodium er.....	11
CORLANOR.....	17	dentagel.....	20	diclofenac sodium oral.....	11
CORTEF.....	31	DEPAKOTE.....	13	diclofenac sodium transdermal gel 1 %.....	11
CORTIFOAM.....	33	DEPAKOTE ER.....	13	diclofenac sodium transdermal solution.....	11
COSENTYX (300 MG DOSE).....	32	DEPAKOTE SPRINKLES.....	13	dicyclomine hcl oral.....	26
COSENTYX 150 MG/ML.....	32	DEPEN TITRATABS.....	27	DIFICID.....	12
COSENTYX SENSOREADY (300 MG).....	32	DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML.....	28	DIFLUCAN ORAL SUSPENSION RECONSTITUTED.....	14
COSENTYX SENSOREADY PEN.....	32	DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	28	DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG.....	14
COSOPT.....	34	DEPO-SUBQ PROVERA 104.....	28	DIFLUCAN ORAL TABLET 50 MG.....	14
COSOPT PF OPHTHALMIC SOLUTION 22.3-6.8 MG/ML.....	34	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML.....	31	DILAUDID ORAL.....	10
COUMADIN.....	12	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML.....	31	dilt-xr.....	17
COZAAR.....	17	DERMA-SMOOTH/FS BODY.....	21	diltiazem hcl er coated beads.....	17
CREON.....	27	DERMA-SMOOTH/FS SCALP.....	21	diltiazem hcl er oral capsule extended release 12 hour.....	17
CRESEMBA ORAL.....	14	DESCOVY.....	16	diltiazem hcl oral.....	17
CRINONE VAGINAL GEL 4 %.....	32	desmopressin acetate injection.....	31	DIPENTUM.....	33
CRINONE VAGINAL GEL 8 %.....	32	desmopressin acetate oral.....	31	diphenoxylate-atropine.....	26
cryselle-28.....	28	desogestrel-ethinyl estradiol.....	28	DIPROLENE.....	21
CUPRIMINE.....	27	DESONATE.....	21	DIPROLENE AF.....	21
cyanocobalamin.....	25	desonide external.....	21	divalproex sodium er.....	13
cyclafem 1/35.....	28	DESOWEN.....	21	divalproex sodium oral.....	13
cyclobenzaprine hcl er.....	36	desvenlafaxine succinate er.....	13	DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM.....	28
cyclobenzaprine hcl oral.....	36	dexamethasone intensol.....	31	donepezil hcl oral tablet 10 mg, 5 mg.....	13
cyclosporine modified.....	32	dexamethasone oral.....	31		
cyproheptadine hcl oral.....	35	DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC).....	22, 23		
cyred.....	28				
cyred eq.....	28				
CYTOTEC.....	26				

D

D-PENAMINE..... 27

donepezil hcl oral tablet	EFUDEX.....	21	escitalopram oxalate	13
dispersible	ELESTRIN	28	ESGIC	10
dorzolamide hcl-timolol mal	eletriptan hydrobromide.....	15	estarylla	28
dorzolamide hcl-timolol mal pf	ELIMITE	15	ESTRACE ORAL	28
ophthalmic solution	elinest	28	ESTRACE VAGINAL	28
22.3-6.8 mg/ml	ELIQUIS	12	estradiol oral	28
dotti.....	ELOCON	21	estradiol patch twice weekly	
DOVATO	ELOCTATE	25	0.025 mg/24hr transdermal	28
doxazosin mesylate oral	eluryng.....	28	estradiol patch twice weekly	
doxepin hcl oral capsule	EMGALITY	15	0.0375 mg/24hr transdermal	28
doxepin hcl oral concentrate	emoquette	28	estradiol patch twice weekly	
doxycycline hyclate oral capsule ...	enalapril maleate oral	17	0.05 mg/24hr transdermal	28
doxycycline hyclate oral tablet	ENBREL	32	estradiol patch twice weekly	
100 mg, 20 mg	ENBREL MINI	32	0.075 mg/24hr transdermal	28
doxycycline monohydrate oral	ENBREL SURECLICK	32	estradiol patch twice weekly	
capsule 100 mg, 50 mg	ENDARI	27	0.1 mg/24hr transdermal	28
doxycycline monohydrate oral	endocet.....	10	estradiol patch twice weekly	
suspension reconstituted	ENDOMETRIN	32	0.05 mg/24hr transdermal	28
doxycycline monohydrate oral	enoxaparin sodium	12	estradiol transdermal patch	
tablet	enskyce	28	weekly	28
doxylamine-pyridoxine	ENSTILAR.....	21	estradiol vaginal cream	28
DRISDOL	entecavir.....	16	estradiol vaginal tablet.....	28
drospiren-eth estrad-levomefol	ENTOCORT EC	33	ESTRING.....	28
drospirenone-ethinyl estradiol	ENVAR SUS XR.....	32	ESTROGEL	28
DUA VEE	EPANED	17	eszopiclone	37
duloxetine hcl oral capsule	EPCLUSA.....	16	etodolac	11
delayed release particles	epinephrine injection solution		etodolac er	11
20 mg, 30 mg, 60 mg	0.3 mg/0.3ml	35	etonogestrel-ethinyl estradiol	28
DUOPA.....	epinephrine injection solution		EUCRISA.....	21
DUPIXENT	auto-injector 0.15 mg/0.15ml	35	euthyrox.....	31
DVORAH	epinephrine injection solution		EVAMIST	28
DYAZIDE	auto-injector 0.15 mg/0.3ml,		EVOCLIN.....	21
	0.3 mg/0.3ml	35	EVZIO.....	11
	EpiPen	35	EXTAVIA	19
	EPIPEN 2-PAK	35	EXTINA	14
	EPIPEN JR 2-PAK.....	35	ezetimibe	17
	EpiPen Jr.	35	ezetimibe-simvastatin.....	17
	epitol	13		
	ERGOCAL	25		
	ergocalciferol oral capsule	25, 26		
	ERLEADA.....	15		
	errin	28		
	erythromycin ophthalmic	33		

E

EASYPLUS BLOOD GLUCOSE	
TEST	23
EC-NAPROSYN	11
ec-naproxen	11
ed-spaz.....	26
EDARBI	17
EDARBYCLOR.....	17
EDLUAR	37

F

falmina	28
FARXIGA.....	24
FASENRA	35

FASENRA PEN	35	FLUOROURACIL EXTERNAL		gabapentin oral solution	
FASTCLIX.....	23	CREAM 0.5 %.....	21	250 mg/5ml	13
fayosim	28	fluorouracil external cream 5 %.....	21	gabapentin oral tablet.....	13
febuxostat	14	fluorouracil external solution	21	ganirelix acetate solution	
femynor.....	29, 30	fluoxetine hcl oral capsule	13	prefilled syringe 250 mcg/0.5ml	
fenofibrate oral capsule 150 mg,		fluoxetine hcl oral capsule delayed		subcutaneous.....	33
50 mg	17	release	13	gavilyte-c	26
fenofibrate oral tablet 120 mg,		fluoxetine hcl oral solution	13	gemfibrozil oral	17
145 mg, 40 mg, 48 mg	17	fluoxetine hcl oral tablet 10 mg.....	13	gengraf	32
fenofibrate oral tablet 160 mg,		fluoxetine hcl oral tablet 20 mg.....	13	GENOTROPIN	31
54 mg	17	fluoxetine hcl oral tablet 60 mg.....	13	GENOTROPIN MINIQUEL	31
fentanyl transdermal patch 72 hour		fluticasone propionate nasal	35	GENVOYA	16
100 mcg/hr, 12 mcg/hr, 25 mcg/hr,		fluticasone-salmeterol inhalation		gianvi	29
50 mcg/hr, 75 mcg/hr	10	aerosol powder breath activated		GILENYA ORAL CAPSULE	19
fentanyl transdermal patch 72 hour		100-50 mcg/dose, 250-50 mcg/		glatiramer acetate.....	19
37.5 mcg/hr, 62.5 mcg/hr,		dose, 500-50 mcg/dose	36	glatopa.....	19
87.5 mcg/hr	10	FLUTICASONE-SALMETEROL		glimepiride	24
FEXMID.....	36	INHALATION AEROSOL		glipizide er	24
FINACEA.....	21	POWDER BREATH ACTIVATED		glipizide ir	24
finasteride oral tablet 5 mg	27	113-14 MCG/ACT, 232-14 MCG/		glipizide xl	24
FIORICET	10	ACT, 55-14 MCG/ACT	36	GLOPERBA.....	14
FIRAZYR.....	32	fluvoxamine maleate.....	13	GLUCAGON EMERGENCY	
FLAGYL.....	12	fluvoxamine maleate er	13	INJECTION KIT.....	24
flecainide acetate	17	folic acid oral tablet 1 mg.....	25	GLUCOPHAGE	24
FLOLIPID.....	17	FOLLISTIM AQ.....	32	GLUCOPHAGE XR	24
FLORIVA PLUS	25	FORTAMET	24	GLUCOTROL	24
FLOVENT DISKUS.....	35	FORTEO.....	33	GLUCOTROL XL.....	24
FLOVENT HFA	36	FORTESTA.....	31	GLUCOVANCE ORAL TABLET	
fluconazole oral	14	FOSAMAX.....	33	5-500 MG	24
fluocinolone acetonide body.....	21	FREESTYLE LIBRE 14 DAY		GLUMETZA.....	24
fluocinolone acetonide external.....	21	READER	23	glyburide oral.....	24
fluocinolone acetonide scalp	21	FREESTYLE LIBRE 14 DAY		glyburide-metformin	24
fluocinonide external cream		SENSOR	23	GLYXAMBI	24
0.05 %	21	FREESTYLE LIBRE READER.....	23	GOLYTELY ORAL SOLUTION	
fluocinonide external cream		FREESTYLE LIBRE SENSOR		RECONSTITUTED 227.1 GM	26
0.1 %	21	SYSTEM.....	23	GOLYTELY ORAL SOLUTION	
fluocinonide external gel	21	FREESTYLE PRECISION NEO		RECONSTITUTED 236 GM.....	26
fluocinonide external ointment	21	TEST	23	GONAL-F	32
fluocinonide external solution.....	21	furosemide oral.....	17	GONAL-F RFF	32
fluoridex.....	20			guaifenesin-codeine soln	
fluoridex enhanced whitening.....	20			100-10 mg/5ml	35
FLUOROPLEX	21			guanfacine hcl	17, 19
				guanfacine hcl er	19

G

GUARDIAN CONNECT	
TRANSMITTER	23
GVOKE PFS.....	24
GYNAZOLE-1.....	14

H

HAEGARDA	32
hailey 1.5/30	29
hailey 24 fe	29
HARVONI ORAL TABLET	16
heather	29
HUMALOG KWIKPEN	23
HUMALOG MIX 50/50	
KWIKPEN	23
HUMALOG MIX 50/50 VIAL.....	23
HUMALOG MIX 75/25	
KWIKPEN	23
HUMALOG MIX 75/25 VIAL.....	23
HUMALOG SUBCUTANEOUS	
SOLUTION.....	23
HUMALOG SUBCUTANEOUS	
SOLUTION CARTRIDGE	23
HUMALOG U-100 JUNIOR	
KWIKPEN	23
HUMATROPE.....	31
HUMIRA.....	32
HUMIRA PEN.....	32
HUMULIN 70/30 KWIKPEN	23
HUMULIN 70/30 VIAL.....	23
HUMULIN N KWIKPEN.....	23
HUMULIN N VIAL	23
HUMULIN R U-500 KWIKPEN	23
HUMULIN R U-500 VIAL	
(CONCENTRATED).....	23
HUMULIN R VIAL	23
hydralazine hcl oral	17
hydrochlorothiazide oral	17
hydrocodone polst-cpm polst er....	35
hydrocodone-acetaminophen oral	
solution 10-325 mg/15ml,	
7.5-325 mg/15ml.....	10

hydrocodone-acetaminophen oral	
tablet 10-300 mg, 5-300 mg,	
7.5-300 mg	10
hydrocodone-acetaminophen oral	
tablet 10-325 mg, 5-325 mg,	
7.5-325 mg	10
hydrocortisone ace-pramoxine.....	33
hydrocortisone external cream	
1 %	21
hydrocortisone external cream	
2.5 %	21
hydrocortisone external lotion	
2.5 %	21
hydrocortisone external ointment	
1 %, 2.5 %	21
hydrocortisone oral.....	31
hydromorphone hcl er	10
hydromorphone hcl oral.....	10
hydromorphone hcl rectal.....	10
hydroxychloroquine sulfate oral.....	15
hydroxyzine hcl oral.....	16
hydroxyzine pamoate oral	16
hyoscyamine sulfate er	26
hyoscyamine sulfate oral	26
hyoscyamine sulfate sl	26
hyoscyamine sulfate sublingual	26
hyosyne	26
HYSINGLA ER	10
HYZAAR	18

I

ibandronate sodium oral.....	33
IBRANCE	15
ibu.....	11
ibuprofen oral suspension	11
ibuprofen oral tablet 400 mg,	
600 mg, 800 mg	11
icatibant acetate	32
IDHIFA.....	15
ILEVRO	33
imatinib mesylate.....	15
imiquimod external	21

IMVEXXY MAINTENANCE	
PACK.....	25
INBRIJA.....	15
incassia	29
INCRUSE ELLIPTA	36
INDOCIN	11
indomethacin er.....	11
indomethacin oral	11
INSULIN ASPART	23
INSULIN ASPART FLEXPEN	23
INSULIN ASPART PENFILL	23
INSULIN LISPRO	23
INSULIN LISPRO	
SUBCUTANEOUS SOLUTION	
PEN-INJECTOR 100 UNIT/ML ..	23
INSULIN SYRINGES.....	22, 23
INTERMEZZO.....	37
INTRAROSA	25
introvale	29
INVELTYS	33
INVOKAMET	24
INVOKAMET XR.....	24
INVOKANA.....	24
ipratropium bromide nasal.....	35
ipratropium-albuterol	36
irbesartan	18
irbesartan-hydrochlorothiazide.....	18
ISENTRESS	16
ISENTRESS HD	16
isibloom	29
isosorbide mononitrate.....	18
isosorbide mononitrate er.....	18
isotretinoin oral	21
ISTALOL	34

J

jantoven	12
JANUVIA	24
JARDIANCE	24
jasmiel	29
jencycla	29
JENTADUETO.....	24
JENTADUETO XR.....	24

JIVI	25
jolessa	29
JORNAY PM.....	19
juleber.....	29
JULUCA.....	16
junel 1/20	29
junel 1.5/30	29
junel fe 1/20	29
junel fe 1.5/30	29
junel fe 24	29

K

K-TAB	25
KADIAN.....	10
kalliga	29
KAPSPARGO SPRINKLE.....	18
kariva	29
KAZANO	24
KEFLEX.....	12
KEPPRA ORAL.....	13
KEPPRA XR.....	13
ketoconazole external cream	14
ketoconazole external foam	14
ketoconazole external shampoo ...	14
ketorolac tromethamine ophthalmic.....	33
ketorolac tromethamine oral	11
KITABIS PAK.....	36
klor-con.....	25
klor-con 10.....	25
klor-con m10.....	25
KLOR-CON M15.....	25
klor-con m20.....	25
klor-con sprinkle	25
KOGENATE FS	25
KOMBIGLYZE XR	25
KOVALTRY	25
KRINTAFEL.....	15
kurvelo.....	29

L

labetalol hcl oral	18
LAMICTAL.....	13

LAMICTAL ODT ORAL TABLET DISPERSIBLE.....	13
LAMICTAL XR.....	13
lamotrigine er.....	13
lamotrigine oral tablet.....	13
lamotrigine oral tablet chewable....	13
lamotrigine oral tablet dispersible..	13
LANTUS SOLOSTAR.....	23
LANTUS U-100 VIAL	23
larin 1/20.....	29
larin 1.5/30.....	29
larin 24 fe.....	29
larin fe 1/20.....	29
larin fe 1.5/30.....	29
larissia	29
LASIX	18
LASTACRAFT	33
latanoprost ophthalmic	34
LATUDA	15
LEDIPASVIR-SOFOSBUVIR	16
lessina	29
letrozole oral.....	15
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	36
LEVAQUIN ORAL TABLET 500 MG, 750 MG	12
LEVBID.....	26
LEVEMIR U-100 FLEXTOUCH.....	23
LEVEMIR U-100 VIAL.....	24
levetiracetam er.....	13
levetiracetam oral	13
levo-t.....	31
levocetirizine dihydrochloride oral	35
levofloxacin oral.....	12
levonorgest-eth est & eth est.....	29
levonorgest-eth estrad 91-day.....	29
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	29
levora 0.15/30 (28).....	29
levothyroxine sodium oral.....	31
levothyroxine-liothyronine oral tablet 30 mg, 60 mg, 90 mg	31

levoxyl.....	31
LEVSIN ORAL.....	26
LEVSIN/SL	26
LIALDA	33
lidocaine external ointment	10
lidocaine external patch	10
lidocaine hcl mouth/throat	20
lidocaine viscous mouth/throat solution 2 %.....	20
lidocaine-prilocaine external cream	10
lillow	29
LINZESS.....	26
liothyronine sodium oral	31
lisinopril oral	18
lisinopril-hydrochlorothiazide.....	18
lithium carbonate er.....	17
lithium carbonate oral.....	17
LITHOBID.....	17
LO LOESTRIN FE	29
lo-zumandimine	29
LOKELMA	25
LOMOTIL.....	26
LOPID.....	18
LOPRESSOR	18
lorazepam intensol	16
lorazepam oral concentrate 2 mg/ml	16
lorazepam oral tablet.....	16
lorcet.....	10
lorcet hd.....	10
lorcet plus	10
LORTAB	10
loryna.....	29
losartan potassium	18
losartan potassium-hctz.....	18
LOSEASONIQUE	29
LOTEMAX OPHTHALMIC OINTMENT	33
LOTEMAX OPHTHALMIC SUSPENSION.....	33
LOTEMAX SM.....	33
LOTENSIN.....	18
LOTENSIN HCT	18

loteprednol etabonate.....	33	metformin hcl er (osm).....	25	microgestin fe 1.5/30	29
LOTREL.....	18	METFORMIN HCL ORAL		mili	29
LOTRISONE.....	21	SOLUTION	25	MILLIPRED	31
lovastatin	18	metformin hcl oral tablet.....	25	MILLIPRED DP	31
low-ogestrel	29	methimazole oral	31	MINASTRIN 24 FE	29
LUMIGAN	34	methocarbamol oral	36	MINIPRESS.....	18
lutea.....	29	methotrexate oral.....	32	minitran.....	18
LYNPARZA.....	15	methotrexate sodium oral.....	32	Minivelle.....	28
LYRICA CR.....	20	METHYLIN	19	minocycline hcl oral capsule	12
lyza	29	methyphenidate hcl er (cd)	19	minocycline hcl oral tablet	12
M		methyphenidate hcl er (la) oral		MINOLIRA.....	12
MACROBID	12	capsule extended release 24 hour		MIRAPEX	15
MACRODANTIN.....	12	10 mg, 20 mg, 30 mg, 40 mg,		MIRAPEX ER	15
MALARONE	15	60 mg	19	MIRCETTE	29
marlissa	29	methyphenidate hcl er oral tablet		mirtazapine oral.....	13
matzim la	18	extended release 10 mg,		MIRVASO	22
MAVENCLAD	20	20 mg	19	misoprostol oral	26
MAVYRET	16	methyphenidate hcl er oral tablet		MITIGARE	14
MAXITROL.....	33	extended release 18 mg,		MOBIC.....	11
MAXZIDE	18	27 mg, 36 mg, 54 mg, 72 mg	19	modafinil	37
MAXZIDE-25	18	methyphenidate hcl er oral tablet		mometasone furoate external	22
MAYZENT	20	extended release 24 hour	19	mondoxyne nl oral capsule	
MEDROL ORAL TABLET 16 MG,		methyphenidate hcl oral	19	100 mg	12
32 MG, 4 MG, 8 MG.....	31	methylnprednisolone oral	31	mondoxyne nl oral capsule	
MEDROL ORAL TABLET 2 MG....	31	metoclopramide hcl oral solution		75 mg	12
medroxyprogesterone acetate		5 mg/5ml	14	mono-lynyah.....	29
intramuscular suspension	29	metoclopramide hcl oral tablet	14	montelukast sodium oral	36
medroxyprogesterone acetate		metoclopramide hcl oral tablet		morgidox oral.....	12
intramuscular suspension prefilled		dispersible	14	MORPHABOND ER	10
syringe.....	29	metoprolol succinate er	18	morphine sulfate (concentrate) oral	
medroxyprogesterone acetate		metoprolol tartrate oral tablet		solution 100 mg/5ml, 20 mg/ml ..	10
oral	29	100 mg, 25 mg, 50 mg	18	morphine sulfate er oral capsule	
melodetta 24 fe.....	29	METROCREAM	21	extended release 24 hour	10
meloxicam oral	11	METROLOTION	21	morphine sulfate er oral tablet	
MENOSTAR	29	metronidazole external cream.....	21	extended release.....	10
mercaptopurine oral	15	metronidazole external gel 0.75 %	21	morphine sulfate oral.....	10
mesalamine er.....	33	metronidazole external gel 1 %.....	21	morphine sulfate rectal.....	10
mesalamine oral	33	metronidazole external lotion	22	MOTEGRITY	26
mesalamine rectal	33	metronidazole oral.....	12	MOVIPREP	26
metadate er	19	metronidazole vaginal	12	MOXEZA	33
metaxalone.....	36	mibelas 24 fe	29	moxifloxacin hcl ophthalmic.....	33
metformin hcl er	25	microgestin 1/20	29	MS CONTIN	10
metformin hcl er (mod)	25	microgestin 1.5/30.....	29	MULPLETA.....	25
		microgestin fe 1/20	29	MULTAQ	18

multi-vitamin/fluoride	25
multivitamin/fluoride oral solution..	25
multivitamin/fluoride oral tablet	
chewable 0.25 mg, 0.5 mg,	
1 mg	25
multivitamins/fluoride.....	26
mupirocin calcium.....	12
mupirocin external	12
mvc-fluoride.....	26
mycophenolate mofetil	32
mycophenolate sodium	32
MYDAYIS.....	19
myorisan	22

N

nabumetone oral	11
nadolol oral.....	18
NAFRINSE DAILY/NEUTRAL	20
NAFRINSE WEEKLY	20
NALOCET	10
naloxone hcl injection	11
naltrexone hcl oral	11
NAPRELAN.....	11
NAPROSYN ORAL	
SUSPENSION.....	11
naproxen dr	11
naproxen oral suspension	11
naproxen oral tablet.....	11
naproxen sodium er.....	11
naproxen sodium oral tablet	
275 mg, 550 mg	11
naratriptan hcl.....	15
NARCAN	11
NASCOBAL.....	26
NATAZIA.....	29
NATESTO	31
NATURE-THROID	31
necon 0.5/35 (28)	29
neomycin-polymyxin-dexameth	
ophthalmic ointment	33
neomycin-polymyxin-dexameth	
ophthalmic suspension	
3.5-10000-0.1	34
neomycin-polymyxin-hc otic.....	34

NESINA	25
neuac external gel.....	22
NEULASTA.....	25
NEURONTIN	13
neutral sodium fluoride.....	20
NEVANAC	34
niacin (antihyperlipidemic)	18
niacin er (antihyperlipidemic).....	18
niacor.....	18
NIASPAN.....	18
nifedipine er	18
nifedipine er osmotic release.....	18
nifedipine oral	18
nikki	29
NITRO-BID.....	18
NITRO-DUR.....	18
nitro-time	18
nitrofurantoin macrocrystal oral.....	12
nitrofurantoin monohydrate	
macrocrystals.....	12
nitroglycerin sublingual.....	18
nitroglycerin transdermal.....	18
NITROMIST.....	18
NITROSTAT.....	18
NITYR.....	27
NIZORAL.....	14
NOC DURNA	31
NOCTIVA.....	31
nora-be.....	29
NORCO	10
NORDITROPIN FLEXPEN	31
norethin ace-eth estrad-fe oral	
tablet	29
norethin ace-eth estrad-fe oral	
tablet chewable	29
norethindrone acet-ethinyl est.....	29
norethindrone acetate oral	29
norethindrone oral	29
norgestimate-eth estradiol.....	29
norgestimate-ethinyl estradiol	
triphasic.....	30
norlyda.....	30
norlyroc.....	30
nortrel 0.5/35 (28).....	30

nortrel 1/35 (21)	30
nortrel 1/35 (28).....	30
nortriptyline hcl oral.....	13
NORVIR ORAL SOLUTION.....	16
NORVIR ORAL TABLET	16
NOVAREL INTRAMUSCULAR	
SOLUTION RECONSTITUTED	
5000 UNIT.....	33
NOVOEIGHT	25
NOVOFINE AUTOCOVER PEN	
NEEDLE	23
NOVOFINE PEN NEEDLE	23
NOVOFINE PLUS PEN NEEDLE..	23
NOVOLIN 70/30 FLEXPEN.....	24
NOVOLIN 70/30 FLEXPEN	
RELION.....	24
NOVOLIN 70/30 RELION.....	24
NOVOLIN 70/30 VIAL	24
NOVOLIN N FLEXPEN	24
NOVOLIN N FLEXPEN RELION...	24
NOVOLIN N RELION	24
NOVOLIN N VIAL.....	24
NOVOLIN R FLEXPEN	24
NOVOLIN R FLEXPEN RELION...	24
NOVOLIN R RELION	24
NOVOLIN R VIAL.....	24
NOVOLOG FLEXPEN	24
NOVOLOG PENFILL.....	24
NOVOLOG U-100 VIAL.....	24
np thyroid.....	32
NUBEQA	15
NUCALA.....	36
NUCYNTA	10
NUCYNTA ER	10
NUDEXTA.....	20
NULEV	26
NUTROPIN AQ NUSPIN 10.....	31
NUTROPIN AQ NUSPIN 20.....	31
NUTROPIN AQ NUSPIN 5.....	31
NUVARING	30
NUVESSA	12
NUWIQ	25
nyamyc	14
nystatin external	14

nystatin mouth/throat.....	14
nystop	14

O

ocella	30
OCUFLOX	34
ODEFSEY	16
ofloxacin ophthalmic.....	34
ofloxacin otic.....	34
ogestrel.....	30
okebo.....	12
olanzapine oral.....	16
olmesartan medoxomil oral	18
olmesartan medoxomil-hctz	18
olopatadine hcl ophthalmic solution 0.1 %	34
olopatadine hcl ophthalmic solution 0.2 %	34
OLUMIANT ORAL TABLET	32
OMECLAMOX-PAK.....	26
omega-3-acid ethyl esters.....	18
omeprazole oral capsule delayed release	26
OMNARIS	35
OMNITROPE.....	31
ondansetron hcl oral.....	14
ondansetron odt	14
ONE TOUCH VERIO KIT W/DEVICE	23
ONETOUCH ULTRA 2	23
ONETOUCH ULTRA BLUE TEST STRIPS	23
ONETOUCH ULTRA MINI	23
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	23
ONETOUCH VERIO IQ SYSTEM.....	23
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	23
ONETOUCH VERIO TEST STRIPS	23
ONGLYZA	25
OPSUMIT	36

ORAPRED ODT	31
ORENCIA.....	32
ORENITRAM.....	36
ORILISSA.....	31
orsythia.....	30
oscimin	26
oscimin sr	26
oseltamivir phosphate oral capsule.....	16
oseltamivir phosphate oral suspension reconstituted	16
OSENI	25
OSPHENA.....	25
OTEZLA	32
OTREXUP	32
OVIDREL.....	33
OXAYDO	10
oxcarbazepine	13
oxybutynin chloride er	27
oxybutynin chloride oral	27
OXYCODONE HCL ER.....	10
oxycodone hcl oral capsule.....	10
oxycodone hcl oral concentrate 100 mg/5ml	10
oxycodone hcl oral solution.....	10
oxycodone hcl oral tablet	10
oxycodone-acetaminophen.....	10
OXYCONTIN	10
OZEMPIC	25
OZOBAX	36

P

PACERONE ORAL TABLET 100 MG, 400 MG	18
pacerone oral tablet 200 mg	18
PAMELOR.....	13
PANCREAZE	27
pantoprazole sodium tablet delayed release 20 mg, 40 mg oral	26
paroex.....	20
paroxetine hcl	14
paroxetine hcl er.....	14
PATADAY.....	34

PATANOL	34
PAXIL CR.....	14
PAXIL ORAL SUSPENSION	14
PAXIL ORAL TABLET.....	14
PAZEO	34
PEDIAPRED.....	31
peg-3350/electrolytes.....	26
penicillamine oral.....	27
penicillin v potassium	12
PENTASA.....	33
PERCOCET	10
PERFOROMIST	36
PERIDEX.....	20
periogard	20
permethrin external	15
PERTZYE.....	27
phenadoz.....	14
phenazo oral tablet 200 mg.....	27
phenazopyridine hcl oral tablet 100 mg, 200 mg	27
philith	30
PICATO	22
pimtreea	30
pioglitazone hcl.....	25
pirmella 1/35.....	30
PLEGRIDY	20
PLENVU	26
POLY-VI-FLOR.....	26
polymyxin b-trimethoprim.....	34
POLYTRIM	34
portia-28	30
potassium chloride crys er	26
potassium chloride er.....	26
potassium chloride oral	26
potassium citrate er.....	26
PRADAXA.....	12
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/ML	18
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/ML, 75 MG/ML	18
pramipexole dihydrochloride	15
pramipexole dihydrochloride er	15

S

SAFYRAL.....	30
SAPHRIS.....	16
scopolamine	14
SEASONIQUE	30
sertraline hcl oral.....	14
setlakin	30
sf20	
sf 5000 plus.....	20
SFROWASA.....	33
sharobel.....	30
sildenafil citrate oral tablet	
100 mg, 25 mg, 50 mg	25
simliya.....	30
simpesse	30
SIMPONI	32
simvastatin oral tablet 10 mg,	
20 mg, 40 mg, 5 mg	19
simvastatin oral tablet 80 mg.....	19
SINEMET	15
SINEMET CR	15
SINGULAIR ORAL PACKET	36
sirolimus oral	32
SKELAXIN	36
SKYRIZI (150 MG DOSE)	32
sodium fluoride 5000 plus	20
sodium fluoride dental	20
SOFOSBUVIR-VELPATASVIR.....	16
SOFT TOUCH	23
SOFTCLIX.....	23
SOLIQUA.....	25
SOMA ORAL TABLET 250 MG	36
SOMA ORAL TABLET 350 MG	36
sotalol hcl oral	19
SOTYLIZE	19
SPIRIVA HANDIHALER.....	36
SPIRIVA RESPIMAT	36
spironolactone oral	19
sprintec 28.....	30
SPRIX.....	11
sronyx.....	30
sss 10-5.....	22

STELARA SUBCUTANEOUS

SOLUTION.....	32
STELARA SUBCUTANEOUS	
SOLUTION PREFILLED	
SYRINGE	32
STENDRA	25
STIMATE	31
STRENSIQ	27
STRIANT	31
STRIBILD	16
STRIVERDI RESPIMAT	36
SUBOXONE	11
sucalfate oral tablet	26
sulfacetamide sodium-sulfur external	
cream 10-2 %, 10-5 %	22
sulfacetamide sodium-sulfur external	
emulsion	22
sulfacetamide sodium-sulfur external	
liquid 9-4 %, 9-4.5 %	22
sulfacetamide sodium-sulfur external	
lotion 10-5 %	22
sulfacetamide sodium-sulfur external	
pad	22
sulfacetamide sodium-sulfur external	
suspension 10-5 %	22
sulfamethoxazole-trimethoprim	
oral	12
sulfamez wash.....	22
sulfasalazine oral.....	33
sulfatrim pediatric	12
sumatriptan succinate oral	15
sumatriptan succinate	
subcutaneous	15
SUMAXIN.....	22
SUMAXIN WASH.....	22
SUNOSI.....	37
SUPREP BOWEL PREP KIT	26
syeda	30
SYMAX DUOTAB	26
symax-sl	26
symax-sr.....	26
SYMBICORT	36
SYMFI.....	16
SYMFI LO.....	16

SYMJEPI	35
SYMPROIC	27
SYNJARDY	25
SYNJARDY XR	25
SYNTHROID	32
SYPRINE.....	26

T

TACLONEX EXTERNAL	
OINTMENT	22
TACLONEX EXTERNAL	
SUSPENSION.....	22
tacrolimus oral.....	32
tadalafil oral tablet 10 mg, 20 mg ..	25
tadalafil oral tablet 2.5 mg, 5 mg ...	25
TAKHZYRO	32
tamoxifen citrate oral tablet	
10 mg	15
tamoxifen citrate oral tablet	
20 mg	15
tamsulosin hcl.....	27
TAPAZOLE	32
TARGRETIN EXTERNAL	15
TARGRETIN ORAL.....	15
tarina 24 fe	30
tarina fe 1/20.....	30
tarina fe 1/20 eq	30
TASIGNA	15
TAYTULLA	30
tazarotene external.....	22
TAZORAC EXTERNAL CREAM	
0.05 %	22
TAZORAC EXTERNAL CREAM	
0.1 %	22
TAZORAC EXTERNAL GEL.....	22
TECFIDERA	20
TEGRETOL	13
TEGRETOL-XR	13
TEGSEDI.....	27
TEKTURNA HCT	19
TEKTURNA ORAL TABLET	19
telmisartan.....	19
temazepam.....	37
TEMIXYS.....	16

TEMOVATE	22	TOUJEO MAX SOLOSTAR.....	24	triamcinolone acetonide external	
tenofovir disoproxil fumarate	16	TOUJEO SOLOSTAR.....	24	ointment 0.025 %, 0.1 %, 0.5 %	22
terazosin hcl	27	TOVIAZ	27	triamcinolone acetonide external	
terbinafine hcl oral	14	TRACLEER	36	ointment 0.05 %	22
terconazole.....	14	TRADJENTA	25	triamterene-hctz	19
TESSALON PERLES	35	tramadol hcl er (biphasic)	10	trianex.....	22
TESTIM	31	tramadol hcl er oral capsule		triazolam.....	16
TESTOSTERONE CYPIONATE		extended release 24 hour		triderm external cream 0.1 %	22
INJECTION	31	150 mg	10	triderm external cream 0.5 %	22
testosterone cypionate		tramadol hcl er oral tablet extended		tridesilon	22
intramuscular.....	31	release 24 hour	10	trientine hcl	26
testosterone enanthate		tramadol hcl ir.....	10	TRILEPTAL	13
intramuscular.....	31	TRANSDERM SCOP (1.5 MG)	14	TRINTELLIX	14
testosterone transdermal.....	31	TRAVATAN Z.....	34	TRIUMEQ.....	16
TEXACORT.....	22	travoprost (bak free)	34	TRULICITY.....	25
thyroid oral tablet 120 mg, 15 mg..	32	trazodone hcl oral.....	14	TRUVADA	16
TIGLUTIK	20	TRELEGY ELLIPTA.....	36	tulana.....	30
timolol maleate ophthalmic.....	34	TREMFYA	32	TUSSICAPS	35
TIMOPTIC	34	TRESIBA	24	tydemy	30
TIMOPTIC OCUDOSE.....	34	TRESIBA FLEXTOUCH	24	TYLENOL WITH CODEINE #3.....	11
TIMOPTIC-XE	34	tretinoin external cream.....	22	TYLENOL WITH CODEINE #4.....	11
TIROSINT.....	32	tretinoin external gel	22	TYMLOS.....	33
TIROSINT-SOL	32	TREXALL	32	TYVASO.....	36
TIVICAY	16	trezix.....	11		
tizanidine hcl oral.....	36	tri femynor	30		
TOBI NEBULIZER.....	36	tri-estarylla	30		
TOBI PODHALER	36	tri-linyah.....	30		
TOBRADEX OPHTHALMIC		tri-lo-estarylla	30		
OINTMENT	34	tri-lo-marzia	30		
TOBRADEX OPHTHALMIC		tri-lo-mili	30		
SUSPENSION.....	34	tri-lo-sprintec	30		
TOBRADEX ST.....	34	tri-mili.....	30		
tobramycin nebulization solution		tri-previfem	30		
300 mg/5ml inhalation.....	36	tri-sprintec	30		
tobramycin ophthalmic	34	tri-vylibra.....	30		
tobramycin-dexamethasone	34	tri-vylibra lo.....	30		
TOBREX OPHTHALMIC		triamcinolone acetonide external			
OINTMENT	34	aerosol solution.....	22		
TOBREX OPHTHALMIC		triamcinolone acetonide external			
SOLUTION.....	34	cream 0.025 %, 0.1 %	22		
TOPAMAX.....	13	triamcinolone acetonide external			
topiramate oral	13	cream 0.5 %	22		
TOPROL XL	19	triamcinolone acetonide external			
torsemide.....	19	lotion.....	22		

U

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

V

valacyclovir hcl oral	16
valsartan.....	19
valsartan-hydrochlorothiazide	19
VANATOL LQ	11

VANATOL S.....	11	VYLEESI	25	zebutal.....	11	
vandazole	12	vylibra	30	ZEJULA.....	15	
VARUBI	14	VYVANSE	19	ZELNORM.....	27	
VASCEPA ORAL CAPSULE	19	VYZULTA.....	34	zenatane.....	22	
VELPHORO	27				ZENPEP	27
VELTASSA	26	W			ZEPATIER	16
VEMLIDY.....	16	WAKIX	37	ZETONNA	35	
venlafaxine hcl.....	14	warfarin sodium oral.....	13	ZIAC ORAL TABLET 10-6.25 MG, 5-6.25 MG, 2.5-6.25 MG	19	
venlafaxine hcl er oral capsule extended release 24 hour	14	WELCHOL.....	19	ziprasidone hcl	16	
venlafaxine hcl er oral tablet extended release 24 hour	14	wera.....	30	ZITHROMAX ORAL PACKET.....	12	
Ventolin HFA.....	35, 36	WESTHROID	32	ZITHROMAX ORAL SUSPENSION RECONSTITUTED.....	12	
verapamil hcl er	19	wixela inhub.....	36	ZITHROMAX ORAL TABLET 250 MG, 500 MG	12	
verapamil hcl oral	19	WP THYROID	32			
VERELAN	19	X			ZITHROMAX ORAL TABLET 600 MG	12
VERELAN PM	19	XARELTO.....	13	ZITHROMAX TRI-PAK.....	12	
VERZENIO	15	XELJANZ.....	32	ZITHROMAX Z-PAK.....	12	
VIBERZI	27	XELJANZ XR.....	32	ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG.....	19	
VIBRAMYCIN ORAL CAPSULE...	12	XELODA.....	15	ZOFRAN.....	14	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED.....	12	XELPROS.....	34	ZOHYDRO ER	11	
vicodin hp	11	XEPI	12	zolpidem tartrate er	37	
VICTOZA SOLUTION PEN- INJECTOR 18 MG/3ML SUBCUTANEOUS	25	XHANCE	35	zolpidem tartrate oral	37	
vienna	30	XIIDRA	34	zolpidem tartrate sublingual	37	
VIIBRYD	14	XIMINO.....	12	ZOMACTON	31	
VIMPAT ORAL	13	XOFLUZA.....	16	ZONEGRAN	13	
VIOKACE	27	XOLEGEL.....	14	zonisamide oral	13	
viorele.....	30	XOPENEX HFA	36	ZONTIVITY.....	15	
VIREAD ORAL POWDER.....	16	XTAMPZA ER	11	ZOVIRAX ORAL	16	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	16	xulane	30	ZUBSOLV	11	
VISTARIL.....	16	XYOSTED	31	zumandimine	30	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut).....	26	XYREM.....	37	ZYLOPRIM	14	
VITAPEARL CAP	26	Y			ZYTIGA	15
Vivelle-Dot.....	28, 30	YASMIN 28.....	30			
VOGELXO	31	YAZ.....	30			
VOGELXO PUMP	31	YUPELRI	36			
VOLTAREN 1 % GEL	11	yuvafem.....	30			
VOSEVI	16	Z				
vyfemla.....	30	ZANAFLEX.....	36			
		zarah	30			
		ZARXIO.....	25			

Nondiscrimination notice and access to communication services

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

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

Online: UHC_Civil_Rights@uhc.com

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

You must send the complaint within 60 days of your experience. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on your 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. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

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

CEEBOOM: 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)**សូមជំនួសភាសាដទៃយកគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខគិតគិតថ្លៃ ដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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

DÍI BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yánilt'igo, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'í. T'áá shq'odí ninaaltsoos nit'ízi bee nééhozinígíí bine'dé'ę t'áá jíík'ehgo béesh bee hane'í biká'ígíí bee hodílnih.

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.



This document applies to commercial group and student health plan members of UnitedHealthcare. Insurance coverage provided by or through UnitedHealthcare Insurance Company, UnitedHealthcare Insurance Company of New York, or Oxford Health Insurance, Inc. Oxford HMO products are underwritten by Oxford Health Plans (NJ), Inc. Administrative services provided by United HealthCare Services, Inc., UnitedHealthcare Service LLC, Oxford Health Plans LLC, or their affiliates.

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