

Your 2019 Prescription Drug List

Traditional 3-Tier



Effective July 1, 2019

This Prescription Drug List (PDL) is accurate as of July 1, 2019 and is subject to change after this date. The next anticipated update will be Jan. 1, 2020. 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	Dental and Oral Agents
Medication tips 5	Drugs for Mouth and Throat Conditions 22
Reading your PDL 6	Dermatological Agents
Questions 9	Drugs for Skin Conditions 23
Drugs by category 10	Diabetes
Analgesics	Glucose Monitoring 25
Drugs for Pain 10	Insulin 26
Drugs for Pain and Inflammation 11	Non-Insulin Agents 27
Anti-Addiction / Substance Abuse	Drugs for Blood Disorders 28
Treatment Agents 12	Drugs for Sexual Dysfunction 28
Antibacterials	Electrolytes / Vitamins 28
Drugs for Infections 12	Gastrointestinal Agents
Anticoagulants	Drugs for Acid Reflux and Ulcer 29
Drugs to Treat or Prevent Blood Clots 13	Drugs for Bowel, Intestine and Stomach Conditions 29
Anticonvulsants	Genetic or Enzyme Disorder
Drugs for Seizures 13	Drugs for Replacement, Modifiers, Treatment . . . 30
Antidementia Agents	Genitourinary Agents
Drugs for Alzheimer's Disease and Dementia . . . 14	Drugs for Bladder, Genital and Kidney Condition 30
Antidepressants	Drugs for Prostate Conditions 30
Drugs for Depression 14	Hormonal Agents
Antiemetics	Hormone Replacement and Birth Control 30
Drugs for Nausea and Vomiting 15	Oral Steroids 34
Antifungals	Other 34
Drugs for Fungal Infections 15	Testosterone Replacement 34
Antigout Agents	Thyroid 35
Drugs for Gout 16	Immunological Agents
Antimigraine Agents	Drugs for Immune System Stimulation or Suppression 35
Drugs for Migraines 16	Infertility Agents 36
Antineoplastics	Inflammatory Bowel Disease Agents 36
Drugs for Cancer 16	Metabolic Bone Disease Agents
Antiparasitics	Drugs for Osteoporosis 37
Drugs for Parasitic Infections 17	Ophthalmic Agents
Antiparkinson Agents	Drugs for Eye Allergy, Infection and Inflammation 37
Drugs for Parkinson's Disease 17	Drugs for Glaucoma 37
Antiplatelets	Drugs for Miscellaneous Eye Conditions 38
Drugs for Heart Attack and Stroke Prevention . . 17	Otic Agents
Antipsychotics	Drugs for Ear Conditions 38
Drugs for Mood Disorders 17	Respiratory Tract / Pulmonary Agents
Antivirals	Drugs for Allergies, Cough, Cold 38
Drugs for Viral Infections 17	Drugs for Asthma and COPD 38
Anxiolytics	Drugs for Cystic Fibrosis 40
Drugs for Anxiety 18	Drugs for Pulmonary Hypertension 40
Bipolar Agents	Skeletal Muscle Relaxants
Drugs for Mood Disorders 18	Drugs for Muscle Pain and Spasm 40
Cardiovascular Agents	Sleep Disorder Agents 40
Drugs for Heart and Circulation Conditions . . . 19	Index 41
Central Nervous System Agents	
Drugs for Attention Deficit Disorder 21	
Drugs for Multiple Sclerosis 22	
Miscellaneous 22	

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 additional information.

When does the PDL change?

PDL changes typically occur twice 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 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 physicians and pharmacists, meets regularly to provide clinical reviews of all medications. Using this information, the PDL Management Committee, which includes senior UnitedHealth Group[®] physicians 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 or a financial assistance program.

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.

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.

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	QL
acetaminophen-codeine #2	1	QL
acetaminophen-codeine #3	1	QL
acetaminophen-codeine #4	1	QL
apap-caff-dihydrocodeine oral capsule	1	QL
apap-caff-dihydrocodeine oral tablet	E	QL
ARYMO ER	E	PA, ST, QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine	1	QL
CONZIP	E	QL
DILAUDID ORAL	3	
DURAGESIC-100	E	PA, ST, QL
DURAGESIC-12	E	PA, ST, QL
DURAGESIC-25	E	PA, ST, QL
DURAGESIC-50	E	PA, ST, QL
DURAGESIC-75	E	PA, ST, QL
DVORAH	E	QL
endocet	1	QL
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, ST, QL
FIORICET	3	QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	1	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	QL

Drug Name	Drug Tier	Requirements & Limits
hydromorphone hcl er	1	PA, ST, QL
hydromorphone hcl oral	1	
HYSINGLA ER	E	PA, ST, QL
KADIAN	E	PA, ST, QL
lidocaine external ointment	1	QL
lidocaine external patch	1	PA, QL
lidocaine-prilocaine cream 2.5-2.5 % external	1	
LIDODERM	E	PA, QL
lorcet	1	QL
lorcet hd	1	QL
lorcet plus	1	QL
LORTAB	3	
MORPHABOND ER	E	PA, ST, QL
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	
morphine sulfate er oral capsule extended release 24 hour	E	PA, ST, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	1	
MS CONTIN	3	PA, ST, QL
NALOCET	E	QL
NORCO	3	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA, QL
OXAYDO	E	QL
OXYCODONE HCL ER	E	PA, ST, QL
oxycodone hcl oral capsule	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	
oxycodone hcl oral solution	1	
oxycodone hcl oral tablet	1	
oxycodone-acetaminophen	1	QL

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

Drug Name	Drug Tier	Requirements & Limits
OXYCONTIN	E	PA, ST, QL
PERCOCET	E	QL
phrenilin forte	1	QL
premium lidocaine	1	QL
PRIMLEV	E	QL
ROXICODONE	3	
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG	E	QL
ROXYBOND ORAL TABLET ABUSE-DETERRENT 5 MG	E	QL
SUBSYS	E	PA, QL
tramadol hcl er (biphasic)	E	QL
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	E	QL
tramadol hcl er oral capsule extended release 24 hour 150 mg	1	QL
tramadol hcl er oral tablet extended release 24 hour	1	QL
tramadol hcl ir	1	
trezix	1	QL
TYLENOL WITH CODEINE #3	3	QL
TYLENOL WITH CODEINE #4	3	QL
ULTRAM	3	
VANATOL LQ	2	PA, QL
VANATOL S	2	PA, QL
verdrocet	1	
vicodin	E	QL
vicodin es	E	QL
vicodin hp	E	QL
XTAMPZA ER	2	PA, QL
zebutal	1	QL
ZOHYDRO ER	3	PA, ST, QL
ZTLIDO	E	PA, QL

Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain and Inflammation		
CELEBREX	E	QL
celecoxib oral	1	QL
diclofenac potassium	1	
diclofenac sodium er	1	
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	E	
diclofenac sodium transdermal solution	E	
EC-NAPROSYN	3	
etodolac	1	
etodolac er	1	
hydromorphone hcl rectal	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN	3	
indomethacin er	1	
indomethacin oral	1	
ketorolac tromethamine oral	1	
klofensaid ii	E	
LODINE	E	
meloxicam oral	1	
MOBIC	3	
MORPHINE SULFATE RECTAL SUPPOSITORY 10 MG	3	
morphine sulfate rectal suppository 20 mg, 30 mg, 5 mg	1	
nabumetone oral	1	
NAPRELAN	E	
NAPROSYN ORAL SUSPENSION	3	
naproxen dr	1	
naproxen oral	1	
naproxen sodium er	E	
naproxen sodium oral tablet 275 mg, 550 mg	1	

Drug Name	Drug Tier	Requirements & Limits
PENNSAID	E	
SPRIX	3	
TIVORBEX	E	
VIVLODEX	E	QL
VOLTAREN	1	
ZIPSOR	E	

Anti-Addiction / Substance Abuse Treatment Agents

BUNAVAIL	E	PA, QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	E	PA, 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

ACTICLATE	E	
amoxicillin	1	
amoxicillin-potassium clavulanate er	E	
amoxicillin-potassium clavulanate oral	1	
AUGMENTIN	E	
AUGMENTIN ES-600	E	
avidoxy	1	
azithromycin oral	1	
BACTRIM	3	
BACTRIM DS	3	
BACTROBAN	3	QL
cefadroxil	1	

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

Drug Name	Drug Tier	Requirements & Limits
MACROBID	3	
MACRODANTIN	3	
METROGEL-VAGINAL	E	
metronidazole oral	1	
metronidazole vaginal	1	
MINOCIN ORAL CAPSULE 50 MG	E	
minocycline hcl er oral tablet extended release 24 hour 115 mg, 65 mg	E	PA
minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg	E	PA
MINOCYCLINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 55 MG	E	PA
minocycline hcl oral capsule	1	
minocycline hcl oral tablet	E	
MINOLIRA	E	PA
mondoxyne nl oral capsule 100 mg, 50 mg	1	
mondoxyne nl oral capsule 75 mg	E	
morgidox oral	1	
mupirocin calcium	1	QL
mupirocin external	1	QL
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	E	
okebo	E	
penicillin v potassium	1	
SOLODYN	E	PA
soloxide	E	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
TARGADOX	E	
vandazole	1	

Drug Name	Drug Tier	Requirements & Limits
VIBRAMYCIN ORAL CAPSULE	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	
XIMINO	E	PA
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
BEVYXXA	3	QL
COUMADIN	3	
ELIQUIS	3	QL
ELIQUIS STARTER PACK	3	QL
enoxaparin sodium	1	QL
jantoven	1	
LOVENOX	3	QL
PRADAXA	2	QL
SAVAYSA	3	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	
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	

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
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet	1	
KEPPRA ORAL	3	PA, ST
KEPPRA XR	3	PA, ST
LAMICTAL	3	PA, ST
LAMICTAL ODT ORAL KIT	3	PA, ST
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	PA, ST
LAMICTAL STARTER	3	PA, ST
LAMICTAL XR ORAL KIT	3	PA, ST
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA, ST
lamotrigine er	1	PA, ST
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	ST
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	1	
levetiracetam oral	1	
NEURONTIN	3	PA, ST
oxcarbazepine	1	
OXTELLAR XR	E	PA, ST
QUDEXY XR	E	PA, ST
roweepra	1	
roweepra xr	1	
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL	3	
TEGRETOL-XR	3	

Drug Name	Drug Tier	Requirements & Limits
TOPAMAX	3	PA, ST
TOPAMAX SPRINKLE	3	PA, ST
topiramate er	E	PA, ST
topiramate oral	1	
TRILEPTAL	3	PA, ST
TROKENDI XR	E	PA, ST
VIMPAT ORAL	3	PA
ZONEGRAN	3	PA, ST
zonisamide oral	1	

Antidementia Agents - Drugs for Alzheimer's Disease and Dementia

ARICEPT ORAL TABLET 10 MG, 5 MG	3	
ARICEPT ORAL TABLET 23 MG	E	
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	E	
donepezil hcl oral tablet dispersible	1	

Antidepressants - Drugs for Depression

amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide	1	
CYMBALTA	E	QL
desvenlafaxine succinate er	1	QL
doxepin hcl oral	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL

Drug Name	Drug Tier	Requirements & Limits
duloxetine hcl oral capsule delayed release particles 40 mg	E	
EFFEXOR XR	E	
escitalopram oxalate oral solution	1	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	1	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	1	QL
fluoxetine hcl oral tablet 20 mg	1	
fluoxetine hcl oral tablet 60 mg	E	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	QL
FORFIVO XL	E	QL
LEXAPRO	E	
mirtazapine oral	1	
nortriptyline hcl oral	1	
PAMELOR	3	
paroxetine hcl	1	
paroxetine hcl er	1	QL
PAXIL	3	
PAXIL CR	3	QL
PRISTIQ	E	QL
PROZAC	E	
REMERON	3	
REMERON SOLTAB	3	
sertraline hcl oral	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	E	QL

Drug Name	Drug Tier	Requirements & Limits
VIIBRYD	3	QL
VIIBRYD STARTER PACK	3	
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
Antiemetics - Drugs for Nausea and Vomiting		
AKYNZEO ORAL	3	QL
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	
prochlorperazine maleate oral	1	
REGLAN	3	
TRANSDERM-SCOP (1.5 MG)	3	
VARUBI ORAL	2	QL
ZOFRAN	3	
ZUPLENZ	E	QL
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
CICLODAN SOLUTION	E	
ciclopirox	1	
ciclopirox treatment	E	
CRESEMBA ORAL	3	
DIFLUCAN	3	
EXTINA	3	QL
fluconazole oral	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external foam	1	QL
ketoconazole external shampoo	1	
LOPROX EXTERNAL SHAMPOO	E	

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Drug Name	Drug Tier	Requirements & Limits
NIZORAL	3	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystop	1	
PENLAC	E	
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	
DUZALLO	3	PA, QL
MITIGARE	2	
ULORIC	3	ST, QL
ZURAMPIC	3	PA, QL
ZYLOPRIM	3	

Antimigraine Agents - Drugs for Migraines

AIMOVIG	2	PA, ST, QL
AMERGE	3	QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA, ST, QL
IMITREX ORAL	E	QL
IMITREX STATDOSE REFILL	E	QL
IMITREX STATDOSE SYSTEM	E	QL
IMITREX SUBCUTANEOUS	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
naratriptan hcl	1	QL
ONZETRA XSAIL	E	QL

Drug Name	Drug Tier	Requirements & Limits
RELPAK	E	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill	1	QL
sumatriptan succinate subcutaneous	1	QL
ZEMBRACE SYMTOUCH	E	QL

Antineoplastics - Drugs for Cancer

abiraterone acetate	E	PA, SP, QL
anastrozole oral	1	
ARIMIDEX	E	
bexarotene	E	SP
BOSULIF ORAL TABLET 100 MG, 500 MG	2	PA, ST, SP, QL
BOSULIF ORAL TABLET 400 MG	2	PA, ST, SP, QL
capecitabine	E	SP, QL
ERLEADA	2	PA, SP, QL
FEMARA	E	
GLEEVEC	E	PA, SP, QL
IBRANCE	2	PA, SP, QL
IDHIFA	2	PA, SP, QL
imatinib mesylate	1	PA, SP, QL
letrozole oral	1	
mercaptopurine oral	1	SP
PURIXAN	3	PA, SP
raloxifene	1	H-PA
REVLIMID	2	PA, SP, QL
SOLTAMOX	E	
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA, H
TARGRETIN EXTERNAL	3	SP, QL
TARGRETIN ORAL	1	SP

Drug Name	Drug Tier	Requirements & Limits
TASIGNA ORAL CAPSULE 150 MG, 200 MG	2	PA, ST, SP, QL
TASIGNA ORAL CAPSULE 50 MG	2	PA, ST, SP, QL
VERZENIO	2	PA, SP, QL
XELODA	1	SP, QL
YONSA	E	PA, SP
ZYTIGA ORAL TABLET 250 MG	1	PA, SP, QL
ZYTIGA ORAL TABLET 500 MG	2	PA, SP, QL

Antiparasitics - Drugs for Parasitic Infections

atovaquone-proguanil hcl	1	
ELIMITE	3	
hydroxychloroquine sulfate oral	1	
MALARONE	3	
permethrin external	1	
PLAQUENIL	3	

Antiparkinson Agents - Drugs for Parkinson's Disease

carbidopa-levodopa	1	
carbidopa-levodopa er	1	
DUOPA	3	PA
MIRAPEX	3	
MIRAPEX ER	E	
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	E	
REQUIP ORAL TABLET 4 MG, 5 MG	3	
REQUIP XL	E	
ropinirole hcl	1	
ropinirole hcl er	E	
RYTARY	E	
selegiline hcl oral	1	
SINEMET	3	
SINEMET CR	3	
ZELAPAR	3	

Drug Name	Drug Tier	Requirements & Limits
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	3	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	
ZONTIVITY	3	QL

Antipsychotics - Drugs for Mood Disorders

ABILIFY	E	QL
ABILIFY MYCITE	E	PA, QL
aripiprazole oral solution	1	
aripiprazole oral tablet	1	QL
aripiprazole oral tablet dispersible	1	QL
GEODON ORAL	E	QL
LATUDA	3	QL
olanzapine oral	1	QL
quetiapine fumarate	1	
quetiapine fumarate er	1	QL
RISPERDAL	E	
risperidone	1	
risperidone m-tab	1	
SAPHRIS	3	QL
SEROQUEL	E	
SEROQUEL XR	E	QL
ziprasidone hcl	1	QL
ZYPREXA ORAL	E	QL
ZYPREXA ZYDIS	E	QL

Antivirals - Drugs for Viral Infections

acyclovir oral	1	
ATRIPLA	E	ST, SP
BARACLUDE ORAL SOLUTION	2	SP
BARACLUDE ORAL TABLET	E	SP
CIMDUO	2	SP
DESCOVY	3	SP

Drug Name	Drug Tier	Requirements & Limits
entecavir	1	SP
EPCLUSA	2	PA, SP, QL
GENVOYA	3	SP
HARVONI	2	PA, SP, QL
ISENTRESS	2	SP
ISENTRESS HD	2	SP
JULUCA	2	SP
LEDIPASVIR-SOFOSBUVIR	2	PA, SP, QL
MAVYRET	2	PA, SP, QL
NORVIR ORAL PACKET	2	SP
NORVIR ORAL SOLUTION	2	SP
NORVIR ORAL TABLET	E	SP
ODEFSEY	3	SP
oseltamivir phosphate oral	1	QL
PREZCOBIX	2	SP
PREZISTA	2	SP
ritonavir	1	SP
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, SP, QL
STRIBILD	3	SP
SYMFI	2	SP
SYMFI LO	2	SP
TAMIFLU	E	QL
tenofovir disoproxil fumarate	1	SP
TIVICAY	3	SP
TRIUMEQ	2	SP
TRUVADA	3	SP
valacyclovir hcl oral	1	QL
VALTREX	E	QL
VEMLIDY	3	ST, SP
VIREAD ORAL POWDER	3	SP
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	SP

Drug Name	Drug Tier	Requirements & Limits
VIREAD ORAL TABLET 300 MG	E	SP
VOSEVI	2	PA, SP, QL
ZEPATIER	2	PA, ST, SP, QL
ZOVIRAX ORAL	3	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
clonazepam oral	1	
diazepam intensol	1	
diazepam oral concentrate	1	
diazepam oral solution 1 mg/ml	1	
diazepam oral tablet	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	3	
lorazepam intensol	1	
lorazepam oral	1	
triazolam	1	
VALIUM	E	
VISTARIL	3	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	

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Drug Name	Drug Tier	Requirements & Limits
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	3	
acetazolamide er	1	
acetazolamide oral	1	
ADALAT CC	3	
ALDACTONE	3	
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	H-PA, QL
atorvastatin calcium oral tablet 40 mg, 80 mg	1	QL
AVALIDE	3	
AVAPRO	3	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
BETAPACE	E	
BIDIL	2	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
BYSTOLIC	2	
BYVALSON	2	QL
CALAN	3	
CALAN SR	3	
CARDIZEM	E	

Drug Name	Drug Tier	Requirements & Limits
CARDIZEM CD	E	
CARDIZEM LA	E	
CARDURA	3	
CAROSPIR	3	PA
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	
CRESTOR	E	QL
DEMADEX	3	
diltiazem hcl er	1	
diltiazem hcl er coated beads	1	
diltiazem hcl oral	1	
dilt-xr	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
DYAZIDE	3	
EDARBI	3	
EDARBYCLOR	3	
enalapril maleate oral	1	
EPANED	3	PA
EXFORGE	E	
ezetimibe	1	QL
ezetimibe-simvastatin	1	QL
fenofibrate oral capsule 150 mg, 50 mg	E	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
fenofibrate oral tablet 120 mg, 145 mg, 40 mg, 48 mg	E		lovastatin	1	H-PA
fenofibrate oral tablet 160 mg, 54 mg	1		LOVAZA	E	PA
FENOGLIDE	E		matzim la	1	
flecainide acetate	1		MAXZIDE	3	
FLOLIPID	3	PA	MAXZIDE-25	3	
furosemide oral	1		metoprolol succinate er	1	
gemfibrozil oral	1		metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
GONITRO	E	QL	metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
guanfacine hcl	1		MICARDIS	E	
HEMANGEOL	E		MINIPRESS	3	
hydralazine hcl oral	1		minitran	1	
hydrochlorothiazide oral	1		MULTAQ	3	PA
HYZAAR	3		nadolol oral	1	
INDERAL LA	E		niacin er (antihyperlipidemic)	1	
irbesartan	1		niacor	1	
irbesartan-hydrochlorothiazide	1		NIASPAN	3	
isosorbide mononitrate	1		nifedipine er	1	
isosorbide mononitrate er	1		nifedipine er osmotic release	1	
KAPSPARGO SPRINKLE	3		nifedipine oral	1	
labetalol hcl oral	1		NITRO-BID	2	
LASIX	3		NITRO-DUR	3	
LIPITOR	E	QL	nitroglycerin er	1	
LIPOFEN	E		nitroglycerin sublingual	1	
lisinopril oral	1		nitroglycerin transdermal	1	
lisinopril-hydrochlorothiazide	1		nitroglycerin translingual	E	QL
LOPID	3		NITROLINGUAL	E	QL
LOPRESSOR	3		NITROMIST	3	QL
losartan potassium	1		NITROSTAT	3	
losartan potassium-hctz	1		nitro-time	1	
LOTENSIN	3		NORVASC	3	
LOTENSIN HCT	3		olmesartan medoxomil oral	1	
LOTREL	3		olmesartan medoxomil-hctz	1	

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Drug Name	Drug Tier	Requirements & Limits
omega-3-acid ethyl esters	1	PA
PACERONE ORAL TABLET 100 MG, 400 MG	3	
pacerone oral tablet 200 mg	1	
PRALUENT	2	PA, ST, SP, QL
PRAVACHOL	3	
pravastatin sodium	1	
prazosin hcl oral	1	
PRINIVIL	3	
PROCARDIA	3	
PROCARDIA XL	3	
propranolol hcl er	1	
propranolol hcl oral	1	
QBRELIS	3	PA
quinapril hcl	1	
ramipril	1	
RANEXA	2	
REPATHA	2	PA, ST, SP, QL
rosuvastatin calcium	1	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA, H
simvastatin oral tablet 80 mg	1	
sotalol hcl oral	1	
SOTYLIZE	3	PA
spironolactone oral	1	
TEKTURNA	3	QL
TEKTURNA HCT	3	QL
telmisartan	1	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
TOPROL XL	3	
torse mide	1	
triamterene-hctz	1	

Drug Name	Drug Tier	Requirements & Limits
TRICOR	E	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	3	PA
VASOTEC	E	
verapamil hcl er	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM	3	
VYTORIN	E	QL
WELCHOL	1	
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	QL
ZIAC	3	
ZOCOR	3	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	PA
ADDERALL XR	1	QL
amphetamine-dextroamphetamine	1	PA
amphetamine-dextroamphetamine er	E	QL
APTENSIO XR	E	PA, QL
atomoxetine hcl	1	QL
CONCERTA	1	PA, QL
DEXEDRINE	3	PA
dexmethylphenidate hcl	1	PA
dexmethylphenidate hcl er	1	PA, QL
dextroamphetamine sulfate	1	PA
dextroamphetamine sulfate er	1	PA
FOCALIN	3	PA
FOCALIN XR	E	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
guanfacine hcl er	1	QL
INTUNIV	E	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	1	PA, QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 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
QUILLICHEW ER	E	PA, QL
QUILLIVANT XR	E	PA, QL
relexxii	E	PA, QL
RITALIN	3	PA
RITALIN LA	E	PA, QL
STRATTERA	E	QL
VYVANSE	2	PA, QL
ZENZEDI	E	PA

Central Nervous System Agents - Drugs for Multiple Sclerosis

AMPYRA	E	PA, SP, QL
AUBAGIO	3	PA, SP, QL
AVONEX PEN	2	PA, SP, QL
AVONEX PREFILLED	2	PA, SP, QL
AVONEX VIAL INTRAMUSCULAR KIT	2	PA, SP, QL
BETASERON	2	PA, SP, QL
COPAXONE	E	PA, SP, QL

Drug Name	Drug Tier	Requirements & Limits
dalfampridine er	1	PA, SP, QL
EXTAVIA	E	PA, ST, SP, QL
GILENYA ORAL CAPSULE 0.25 MG	3	PA, SP, QL
GILENYA ORAL CAPSULE 0.5 MG	3	PA, SP, QL
glatiramer acetate	1	PA, SP, QL
glatopa	E	PA, SP, QL
PLEGRIDY	3	PA, SP, QL
PLEGRIDY STARTER PACK	3	PA, SP, QL
REBIF	3	PA, ST, SP, QL
REBIF REBIDOSE	3	PA, ST, SP, QL
REBIF REBIDOSE TITRATION PACK	3	PA, ST, SP, QL
REBIF TITRATION PACK	3	PA, ST, SP, QL
TECFIDERA	2	PA, SP, QL

Central Nervous System Agents - Miscellaneous

AUSTEDO	2	PA, SP, QL
LYRICA	3	ST, QL
NUEDEXTA	2	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	1	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	3	
neutral sodium fluoride	1	
paroex	1	
PERIDEX	3	

Drug Name	Drug Tier	Requirements & Limits
PREVIDENT	3	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 PLUS	3	
sf	1	
sf 5000 plus	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	QL
amnestem	1	
ATRALIN	E	PA, QL
AVAR	E	
avar cleanser	1	
AVAR LS	E	
AVAR LS CLEANSER	E	
AVAR-E EMOLLIENT	3	
AVAR-E GREEN	3	
AVAR-E LS	3	
avita	E	PA, QL
azelaic acid external	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
bp 10-1	1	
calcipotriene-betameth diprop	1	QL
calcitriol external	1	QL
CAPEX	2	

Drug Name	Drug Tier	Requirements & Limits
CARAC	2	
claravis	1	
CLEOCIN-T EXTERNAL GEL	3	QL
CLEOCIN-T EXTERNAL LOTION	3	
CLEOCIN-T EXTERNAL SOLUTION	3	QL
CLEOCIN-T EXTERNAL SWAB	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	QL
clindamycin phosphate external foam	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	QL
clindamycin phosphate external swab	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	E	
clindamycin phosphate gel 1 % external	1	QL
clobetasol propionate external cream	1	QL
clobetasol propionate external foam	E	QL
clobetasol propionate external gel	1	QL
clobetasol propionate external liquid	1	QL
clobetasol propionate external lotion	E	QL
clobetasol propionate external ointment	1	QL
clobetasol propionate external shampoo	E	QL
clobetasol propionate external solution	1	QL
CLOBEX	E	QL
CLOBEX SPRAY	3	QL
clodan external shampoo	E	QL
clotrimazole-betamethasone external cream	1	QL

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
clotrimazole-betamethasone external lotion	1		hydrocortisone external cream 2.5 %	1	
dapsone external	E		hydrocortisone external lotion 2.5 %	1	
DERMA-SMOOTHIE/FS BODY	3	QL	hydrocortisone external ointment 1 %, 2.5 %	1	
DERMA-SMOOTHIE/FS SCALP	3		hydrocortisone in absorbbase	1	
DESONATE	3	ST, QL	imiquimod external	1	QL
desonide external	1	QL	IMIQUIMOD PUMP	E	QL
DESOWEN	3	QL	IMPOYZ	E	QL
DIPROLENE	3		isotretinoin oral	1	
DIPROLENE AF	3		KENALOG EXTERNAL	E	QL
DUAC	E	QL	LIDOTREX	E	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	3	PA, ST, SP, QL	LOTRISONE	3	QL
EFUDEX	3		methoxsalen oral	1	
ELIDEL	3	ST, QL	methoxsalen rapid	1	
ELOCON	3		METROCREAM	3	
ENSTILAR	3	QL	METROGEL	E	
EUCRISA	3	ST, QL	METROLOTION	3	
EVOCLIN	3		metronidazole external cream	1	
FINACEA	3		metronidazole external gel 0.75 %	1	
fluocinolone acetonide body	1	QL	metronidazole external gel 1 %	E	
fluocinolone acetonide external	1	QL	metronidazole external lotion	1	
fluocinolone acetonide scalp	1		MIRVASO	3	QL
fluocinonide external cream 0.05 %	1		mometasone furoate external	1	
fluocinonide external cream 0.1 %	E	QL	myorisan	1	
fluocinonide external gel	1		neuac external gel	1	QL
fluocinonide external ointment	1		NORITATE	E	
fluocinonide external solution	1		OLUX	E	QL
FLUOROPLEX	3		ORACEA	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	3		OXSORALEN ULTRA	2	
fluorouracil external cream 5 %	1		PICATO	3	QL
hydrocortisone external cream 1 %	E		pimecrolimus	1	ST, QL
			PLEXION	E	

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Drug Name	Drug Tier	Requirements & Limits
PLEXION CLEANSER	E	
PLEXION CLEANSING CLOTH	E	
RETIN-A	E	PA, QL
RHOFADE	3	PA, QL
rosadan external cream	1	
rosadan external gel	1	
rosanil cleanser	1	
SERNIVO	E	QL
sss 10-5	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external cream 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external emulsion	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %	1	
sulfacetamide sodium-sulfur external lotion 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external pad	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide sodium-sulfur external suspension 8-4 %	E	
sulfacleanse 8/4	E	
sulfamez wash	1	
SUMADAN WASH	E	
SUMAXIN	3	
SUMAXIN WASH	3	
SYNALAR	E	QL
TACLONEX EXTERNAL OINTMENT	E	QL
TACLONEX EXTERNAL SUSPENSION	3	QL
tazarotene external	E	PA, QL

Drug Name	Drug Tier	Requirements & Limits
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	
TOLAK	E	
tretinoin external cream	1	PA, QL
tretinoin external gel 0.01 %, 0.05 %	E	PA, QL
tretinoin gel 0.025 % external	E	PA, QL
triamcinolone acetonide external aerosol solution	1	QL
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment	1	
TRIANEX	E	
triderm	1	
tridesilon	1	QL
VANOS	E	QL
VECTICAL	3	QL
VERDESO	E	QL
zenatane	1	
ZYCLARA	E	QL
ZYCLARA PUMP	E	QL
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	E	
ACCU-CHEK AVIVA DEVICE	E	
ACCU-CHEK AVIVA PLUS	E	
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK COMPACT PLUS CARE KIT	E	
ACCU-CHEK COMPACT PLUS TEST STRIPS	E	QL

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Drug Name	Drug Tier	Requirements & Limits
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
BAYER BREEZE 2 SYSTEM	E	
BAYER BREEZE 2 TEST	E	QL
BAYER CONTOUR LINK MONITOR	E	
BAYER CONTOUR MONITOR KIT	E	
BAYER CONTOUR NEXT MONITOR KIT W/DEVICE	2	
BAYER CONTOUR NEXT TEST IN VITRO STRIP	2	QL
BAYER CONTOUR TEST	E	QL
BD INSULIN PEN NEEDLES	2	
DEXCOM	3	PA, QL
FREESTYLE LIBRE	3	PA, QL
ONETOUCH ULTRA 2	1	
ONETOUCH ULTRA BLUE TEST STRIPS	1	QL
ONETOUCH ULTRA MINI	1	
ONETOUCH VERIO	1	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO IQ SYSTEM	1	
ONETOUCH VERIO TEST STRIPS	1	QL
PRECISION LINK	E	
PRECISION PCX PLUS TEST	E	QL
PRECISION QID MONITOR	E	
PRECISION QID TEST	E	QL
PRECISION SOF-TACT MONITOR	E	
PRECISION SOF-TACT TEST	E	QL
PRECISION XTRA BLOOD GLUCOSE	E	QL
PRECISION XTRA DEVICE	E	
PRECISION XTRA KIT	E	

Drug Name	Drug Tier	Requirements & Limits
PRECISION XTRA MONITOR	E	
RELION BLOOD GLUCOSE TEST	E	QL
RELION ULTIMA TEST	3	QL
TRUE METRIX BLOOD GLUCOSE TEST	3	QL
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM	2	
TRUETRACK TEST	3	QL
Diabetes - Insulin		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT	E	PA, QL
AFREZZA INHALATION POWDER 4 & 8 & 12 UNIT, 4 (90) & 8 (90) UNIT, 8 (90) & 12 (90) UNIT, 8 UNIT	E	PA, QL
BASAGLAR KWIKPEN	1	QL
FIASP	E	ST, QL
FIASP FLEXTOUCH	E	ST, QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMALOG U-100 VIAL AND CARTRIDGE SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	QL
HUMALOG U-100 VIAL AND CARTRIDGE SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
HUMULIN R U-500 VIAL (CONCENTRATED)	1	QL	FARXIGA	E	ST, QL
HUMULIN R VIAL	1	QL	FORTAMET	E	PA
LANTUS SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	E	QL	glimepiride	1	
LANTUS U-100 VIAL	E	QL	glipizide er	1	
LEVEMIR U-100 FLEXTOUCH	3	QL	glipizide ir	1	
LEVEMIR U-100 VIAL	3	QL	glipizide xl	1	
NOVOLIN 70/30 RELION	E	QL	GLUCAGON	2	QL
NOVOLIN 70/30 VIAL	E	QL	GLUCOPHAGE	3	
NOVOLIN N RELION	E	QL	GLUCOPHAGE XR	3	PA
NOVOLIN N VIAL	E	QL	GLUCOTROL	3	
NOVOLIN R RELION	E	QL	GLUCOTROL XL	3	
NOVOLIN R VIAL	E	QL	GLUCOVANCE ORAL TABLET 5-500 MG	3	
NOVOLOG FLEXPEN	E	QL	GLUMETZA	E	PA
NOVOLOG PENFILL	E	QL	glyburide oral	1	
NOVOLOG U-100 VIAL	E	QL	glyburide-metformin	1	
TOUJEO MAX SOLOSTAR	E	QL	GLYXAMBI	2	ST, QL
TOUJEO SOLOSTAR	E	QL	INVOKAMET	2	QL
TRESIBA	2	QL	INVOKAMET XR	2	QL
TRESIBA FLEXTOUCH	2	QL	INVOKANA	2	ST, QL
Diabetes - Non-Insulin Agents			JANUVIA	3	ST, QL
ACTOS	E	QL	JARDIANCE	2	ST, QL
ADLYXIN	3	QL	JENTADUETO	2	QL
ADLYXIN STARTER PACK	3	QL	JENTADUETO XR	2	QL
ALOGLIPTIN BENZOATE	E	QL	KAZANO	2	QL
ALOGLIPTIN-METFORMIN HCL	E	QL	KOMBIGLYZE XR	2	QL
ALOGLIPTIN-PIOGLITAZONE	E	QL	metformin hcl er	1	
AMARYL	3		metformin hcl er (mod)	E	PA
BYDUREON	2	QL	metformin hcl er (osm)	E	PA
BYDUREON BCISE AUTOINJECTOR	2	QL	METFORMIN HCL ORAL SOLUTION	3	
BYETTA 10 MCG PEN	2	QL	metformin hcl oral tablet	1	
BYETTA 5 MCG PEN	2	QL	NESINA	2	QL
			ONGLYZA	2	QL

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Drug Name	Drug Tier	Requirements & Limits
OSENI	2	QL
OZEMPIC	3	QL
pioglitazone hcl	1	QL
RIOMET	3	
SOLQUA	2	PA, QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRULICITY	3	QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS 2-PAK	2	QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS 3-PAK	3	QL

Drugs for Blood Disorders

AFSTYLA	3	PA, SP
ARANESP (ALBUMIN FREE)	2	SP, QL
ELOCTATE	3	PA, SP
EPOGEN	2	SP, QL
JIVI	3	PA, SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, SP, QL
NEULASTA	3	SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
PROCRIT	2	SP, QL
ZARXIO	2	SP

Drugs for Sexual Dysfunction

ADDYI	3	PA, QL
CIALIS ORAL TABLET 10 MG, 20 MG	E	QL
CIALIS ORAL TABLET 2.5 MG, 5 MG	E	ST, QL
IMVEXXY VAGINAL INSERT 10 MCG, 4 MCG	3	QL

Drug Name	Drug Tier	Requirements & Limits
INTRAROSA	3	QL
LEVITRA	E	QL
OSPHENA	3	QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STAXYN	E	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
vardenafil hcl oral tablet	1	QL
vardenafil hcl oral tablet dispersible	E	QL
VIAGRA	E	QL

Electrolytes / Vitamins

DRISDOL	3	
ENDARI	3	PA, QL
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 0.5 mg, 1 mg	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL	3	

Drug Name	Drug Tier	Requirements & Limits
multivitamin/fluoride tablet chewable 0.25 mg oral	1	
multivitamins/fluoride	1	
mvc-fluoride	1	
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 50000 unit	1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
ACIPHEX SPRINKLE	E	QL
CARAFATE	3	
CYTOTEC	3	
DEXILANT	3	QL
misoprostol oral	1	
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral	1	
PROTONIX ORAL PACKET	E	QL
PROTONIX ORAL TABLET DELAYED RELEASE	E	
rabeprazole sodium	1	QL
ranitidine hcl oral capsule	E	
ranitidine hcl oral syrup	1	

Drug Name	Drug Tier	Requirements & Limits
ranitidine hcl oral tablet 150 mg, 300 mg	E	
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
ACTIGALL	3	
ANASPAZ	2	
CLENPIQ	3	
COLYTE WITH FLAVOR PACKS	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ed-spaz	1	
gavilyte-c	1	H
gavilyte-g	1	H
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	2	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
LEVBID	3	
LEVSIN ORAL	3	
LEVSIN/SL	3	
LINZESS	2	PA, QL
LOMOTIL	3	
MOVANTIK	E	PA, QL
MOVIPREP	3	QL
NULEV	3	
OMECLAMOX-PAK	3	QL
oscimin	1	
oscimin sr	1	

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

Genetic or Enzyme Disorder: Drugs for Replacement, Modifiers, Treatment

CERDELGA	2	PA, SP
CREON	2	
NITYR	2	PA, SP
ORFADIN	E	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, SP, QL
VIOKACE	3	ST
ZENPEP	2	

Genitourinary Agents - Drugs for Bladder, Genital and Kidney Condition

AURYXIA	3	
CUPRIMINE	3	SP
DEPEN TITRATABS	2	SP
DITROPAN XL	3	
D-PENAMINE	E	
FOSRENOL ORAL PACKET	3	
FOSRENOL ORAL TABLET CHEWABLE	E	

Drug Name	Drug Tier	Requirements & Limits
GELNIQUE	E	
GELNIQUE PUMP	E	
lanthanum carbonate	1	
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIDIUM	3	
TOVIAZ	3	
VELPHORO	2	

Genitourinary Agents - Drugs for Prostate Conditions

alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	3	
RAPAFLO	3	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	3	

Hormonal Agents - Hormone Replacement and Birth Control

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
aviane	1	H
AYGESTIN	3	

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

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ESTROGEL	3	QL	levora 0.15/30 (28)	1	H
EVAMIST	2		lillow	1	H
falmina	1	H	LO LOESTRIN FE	3	
fayosim	E		LOESTRIN 1.5/30 (21)	3	
femynor	1	H	LOESTRIN 1/20 (21)	3	
gianvi	1	H	LOESTRIN FE 1.5/30	3	
hailey 24 fe	1	H	LOESTRIN FE 1/20	3	
heather	1	H	loryna	1	H
incassia	1	H	LOSEASONIQUE	3	
introvale	1	H	low-ogestrel	1	H
isibloom	1	H	lutera	1	H
jencycla	1	H	lyza	1	H
jolessa	1	H	marlissa	1	H
jolivette	1	H	medroxyprogesterone acetate intramuscular	1	H
juleber	1	H	medroxyprogesterone acetate oral	1	
junel 1.5/30	1	H	melodetta 24 fe	E	
junel 1/20	1	H	MENOSTAR	3	QL
junel fe 1.5/30	1	H	mibelas 24 fe	E	
junel fe 1/20	1	H	microgestin 1.5/30	1	H
junel fe 24	1	H	microgestin 1/20	1	H
kariva	1	H	microgestin fe 1.5/30	1	H
kurvelo	1	H	microgestin fe 1/20	1	H
larin 1.5/30	1	H	mili	1	H
larin 1/20	1	H	MINASTRIN 24 FE	E	
larin 24 fe	1	H	MINIVELLE	3	QL
larin fe 1.5/30	1	H	MIRCETTE	3	
larin fe 1/20	1	H	mono-linyah	1	H
larissia	1	H	mononessa	1	H
lessina	1	H	NATAZIA	2	
levonorgest-eth est & eth est	E		necon 0.5/35 (28)	1	H
levonorgest-eth estrad 91-day	1	H	nikki	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H	nora-be	1	H

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Drug Name	Drug Tier	Requirements & Limits
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 oral tablet	1	H
norethindrone acet-ethinyl est oral tablet chewable	E	
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic	1	H
norlyda	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
NUVARING	2	H
ocella	1	H
ogestrel	1	H
orsythia	1	H
ORTHO MICRONOR	3	
ORTHO TRI-CYCLEN (28)	3	
ORTHO TRI-CYCLEN LO	E	
ORTHO-CYCLEN (28)	3	
ORTHO-NOVUM 1/35 (28)	3	
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

Drug Name	Drug Tier	Requirements & Limits
progesterone micronized oral	1	
PROMETRIUM	3	
PROVERA	3	
QUARTETTE	E	
reclipsen	1	H
rivelsa	E	
SAFYRAL	E	
SEASONIQUE	3	
setlakin	1	H
sharobel	1	H
sprintec 28	1	H
sronyx	1	H
syeda	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-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	
VAGIFEM	E	
vienva	1	H
viorele	1	H

Drug Name	Drug Tier	Requirements & Limits
VIVELLE-DOT	1	QL
vyfemla	1	H
vylibra	1	H
wera	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvafem	1	
zarah	1	H
Hormonal Agents - Oral Steroids		
CORTEF	3	
DECADRON	E	
deltasone	1	
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	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
MILLIPRED DP	2	
MILLIPRED DP 12-DAY	2	
MILLIPRED ORAL SOLUTION	3	
MILLIPRED ORAL TABLET	2	
ORAPRED ODT	3	
prednisolone oral solution	1	
prednisolone sodium phosphate oral	1	
prednisone intensol	1	
prednisone oral	1	
RAYOS	E	
VERIPRED 20	3	

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Other		
cabergoline	1	
CETROTIDE	E	SP
DDAVP INJECTION	3	
DDAVP ORAL	3	
desmopressin acetate injection	1	
desmopressin acetate oral	1	
GENOTROPIN	E	PA, SP, QL
GENOTROPIN MINIQUICK	E	PA, SP, QL
HUMATROPE	E	PA, SP, QL
NOCDURNA	3	PA, QL
NOCTIVA	E	PA, QL
NORDITROPIN FLEXPRO	E	PA, SP, QL
NUTROPIN AQ NUSPIN 10	2	PA, SP, QL
NUTROPIN AQ NUSPIN 20	2	PA, SP, QL
NUTROPIN AQ NUSPIN 5	2	PA, SP, QL
OMNITROPE	E	PA, SP, QL
ORILISSA	3	PA, QL
STIMATE	3	
ZOMACTON	E	PA, SP, QL
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	PA, QL
ANDROGEL	E	PA, QL
ANDROGEL PUMP	E	PA, QL
DEPO-TESTOSTERONE	3	
FORTESTA	E	PA, QL
METHITEST	2	
methyltestosterone oral	1	
NATESTO	E	PA, QL
STRIANT	3	PA, QL
TESTIM	1	PA, QL

Drug Name	Drug Tier	Requirements & Limits
testosterone cypionate intramuscular solution 100 mg/ml	1	
TESTOSTERONE CYPIONATE SOLUTION 200 MG/ML INTRAMUSCULAR	3	
testosterone cypionate solution 200 mg/ml intramuscular	1	
testosterone transdermal	E	PA, QL
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL

Hormonal Agents - Thyroid

ARMOUR THYROID	3	
CYTOMEL	3	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral	1	
levothyroxine-liothyronine	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NATURE-THROID	3	
np thyroid	1	
SYNTHROID	2	
TAPAZOLE	3	
TIROSINT	E	
unithroid	1	
unithroid direct	1	
WESTHROID	3	
WP THYROID	3	

Immunological Agents - Drugs for Immune System Stimulation or Suppression

ACTEMRA ACTPEN	3	PA, ST, SP, QL
ACTEMRA SUBCUTANEOUS	3	PA, ST, SP, QL
ASTAGRAF XL	E	SP
AZASAN	3	

Drug Name	Drug Tier	Requirements & Limits
azathioprine oral	1	
CELLCEPT	E	SP
CIMZIA PREFILLED KIT	2	PA, SP, QL
CIMZIA STARTER KIT	2	PA, SP, QL
COSENTYX 150 MG/ML	3	PA, ST, SP, QL
COSENTYX 300 DOSE	3	PA, ST, SP, QL
COSENTYX SENSOREADY 300 DOSE	3	PA, ST, SP, QL
COSENTYX SENSOREADY PEN	3	PA, ST, SP, QL
cyclosporine modified	1	SP
ENBREL	3	PA, ST, SP, QL
ENBREL MINI	3	PA, ST, SP, QL
ENBREL SURECLICK	3	PA, ST, SP, QL
ENVARBUS XR	E	SP
FIRAZYR	3	PA, SP, QL
gengraf	1	SP
HAEGARDA	2	PA, SP, QL
HUMIRA PEDIATRIC CROHNS START	2	PA, SP, QL
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML	2	PA, SP, QL
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	PA, SP, QL
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	PA, SP, QL
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	2	PA, SP, QL
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	PA, SP, QL
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	2	PA, SP, QL

Drug Name	Drug Tier	Requirements & Limits
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	2	PA, SP, QL
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	2	PA, SP, QL
IMURAN	E	
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil	1	SP
mycophenolate sodium	1	SP
MYFORTIC	E	SP
NEORAL	E	SP
OTEZLA	2	PA, SP, QL
OTREXUP	E	ST, QL
PROGRAF ORAL	E	SP
RAPAMUNE ORAL SOLUTION	3	SP
RAPAMUNE ORAL TABLET	E	SP
RASUVO	3	ST, QL
SIMPONI	2	PA, SP, QL
sirolimus oral tablet	1	SP
STELARA SUBCUTANEOUS SOLUTION	2	PA, SP, QL
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, SP, QL
tacrolimus oral	1	SP
TAKHZYRO	2	PA, SP, QL
TREMFYA	2	PA, SP, QL
TREXALL	2	
XELJANZ	3	PA, ST, SP, QL
XELJANZ XR	3	PA, ST, SP, QL
Infertility Agents		
CRINONE VAGINAL GEL 4 %	3	ST
CRINONE VAGINAL GEL 8 %	3	PA, ST
ENDOMETRIN	2	PA

Drug Name	Drug Tier	Requirements & Limits
GONAL-F	E	SP
GONAL-F RFF	E	SP
GONAL-F RFF REDIJECT	E	SP
OVIDREL	E	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	3	
ANALPRAM HC SINGLES	3	
ANALPRAM-HC	3	
APRISO	2	
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 rectal	1	
LIALDA	1	
mesalamine oral	E	
mesalamine rectal	1	
PENTASA	E	
pramcort	1	
PROCORT	E	
PROCTOFOAM HC	2	
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	1	
UCERIS RECTAL	2	

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Drug Name	Drug Tier	Requirements & Limits
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium	1	
BINOSTO	E	QL
BONIVA ORAL	3	QL
calcitriol oral	1	
FORTEO	3	PA, SP
FOSAMAX	3	
ibandronate sodium oral	1	QL
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	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
INVELTYS	E	
ketorolac tromethamine ophthalmic solution 0.4 %	1	QL
ketorolac tromethamine ophthalmic solution 0.5 %	1	
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	3	QL
MOXEZA	3	
moxifloxacin hcl ophthalmic	1	
OCUFLOX	3	

Drug Name	Drug Tier	Requirements & Limits
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	1	QL
olopatadine hcl ophthalmic solution 0.2 %	E	QL
OMNIPRED	3	
PATADAY	E	QL
PATANOL	E	QL
PAZEO	E	QL
PRED FORTE	3	
PRED MILD	2	
prednisolone acetate ophthalmic	1	
prednisolone acetate p-f	E	
tobramycin ophthalmic	1	
TOBREX	3	
VIGAMOX	E	
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	
COMBIGAN	2	QL
COSOPT	3	
COSOPT PF	E	QL
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	3	
latanoprost ophthalmic	1	
LUMIGAN	2	
timolol maleate ophthalmic	1	

Drug Name	Drug Tier	Requirements & Limits
TIMOPTIC	3	
TIMOPTIC OCUDOSE	2	
TIMOPTIC-XE	3	
TRAVATAN Z	2	QL
XALATAN	3	
XELPROS	E	QL

Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions

CEQUA	E	PA, QL
LASTACAFT	3	QL
MAXITROL	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
polymyxin b-trimethoprim	1	
POLYTRIM	3	
RESTASIS	3	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TOBRADEX	3	
TOBRADEX ST	E	
tobramycin-dexamethasone	1	
XIIDRA	3	PA, QL

Otic Agents - Drugs for Ear Conditions

CIPRODEX	3	
FLOXIN OTIC	E	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	

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	

Drug Name	Drug Tier	Requirements & Limits
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
hydrocodone polst-cpm polst er	1	PA, QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral	1	
OMNARIS	E	QL
promethazine-codeine oral syrup	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
TESSALON PERLES	3	
TUSSICAPS	3	
TUSSIONEX PENNKINETIC ER	3	PA, QL
XHANCE	E	QL
ZETONNA	3	QL

Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD

ADVAIR DISKUS	1	QL
ADVAIR HFA	3	RS, QL
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
albuterol sulfate er	1	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (PROAIR HFA authorized generic)	3	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (VENTOLIN HFA authorized generic)	E	

Drug Name	Drug Tier	Requirements & Limits
albuterol sulfate inhalation	1	
albuterol sulfate oral	1	
ALVESCO	1	QL
ANORO ELLIPTA	3	QL
ARCAPTA NEOHALER	3	QL
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	3	QL
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL
ASMANEX 120 METERED DOSES	1	QL
ASMANEX 14 METERED DOSES	1	QL
ASMANEX 30 METERED DOSES	1	QL
ASMANEX 60 METERED DOSES	1	QL
ASMANEX 7 METERED DOSES	1	QL
ASMANEX HFA	1	QL
ATROVENT HFA	3	QL
AUVI-Q	E	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	RS, QL
budesonide inhalation	1	QL
CETYLEV	3	
COMBIVENT RESPIMAT	3	QL
EASIVENT	2	
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML (ADRENACLICK authorized generic)	E	QL
EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION (ADRENACLICK authorized generic)	E	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection (generic EPIPEN)	1	QL

Drug Name	Drug Tier	Requirements & Limits
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
FLOVENT DISKUS	3	QL
FLOVENT HFA	3	QL
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	
PERFOROMIST	3	QL
PROAIR HFA	3	QL
PROAIR RESPICLICK	3	QL
PROVENTIL HFA	3	QL
PULMICORT FLEXHALER	3	ST, QL
PULMICORT SUSPENSION	3	QL
QVAR REDHALER	1	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	RS, QL
TRELEGY ELLIPTA	3	RS, QL
TUDORZA PRESSAIR	2	QL
VENTOLIN HFA	2	QL
XOPENEX HFA	3	QL

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Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	1	PA, SP, QL
KITABIS PAK	E	PA, SP, QL
PULMOZYME	2	PA, SP, QL
TOBI NEBULIZER	E	PA, SP, QL
TOBI PODHALER	3	PA, SP, QL
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, SP, QL
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, SP, QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	PA, SP, QL
ADEMPAS	2	PA, SP, QL
LETAIRIS	2	PA, SP, QL
OPSUMIT	2	PA, SP, QL
ORENITRAM	3	PA, SP, QL
tadalafil (pah)	1	PA, SP, QL
TRACLEER ORAL TABLET	2	PA, SP, QL
TRACLEER ORAL TABLET SOLUBLE	2	PA, SP, QL
TYVASO	2	PA, SP
TYVASO REFILL	2	PA, SP
TYVASO STARTER	2	PA, SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
AMRIX	E	
baclofen oral	1	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl oral	1	
FEXMID	3	
metaxall	1	
metaxalone	1	

Drug Name	Drug Tier	Requirements & Limits
methocarbamol oral	1	
ROBAXIN ORAL	3	
ROBAXIN-750	3	
SKELAXIN	E	
SOMA ORAL TABLET 250 MG	E	
SOMA ORAL TABLET 350 MG	3	
tizanidine hcl oral	1	
ZANAFLEX	3	
Sleep Disorder Agents		
AMBIEN	E	QL
AMBIEN CR	E	QL
EDLUAR	E	QL
eszopiclone	1	QL
INTERMEZZO	E	QL
LUNESTA	E	QL
modafinil	1	PA, QL
PROVIGIL	E	PA, QL
RESTORIL	3	
temazepam	1	
zolpidem tartrate er	E	QL
zolpidem tartrate oral	1	QL
zolpidem tartrate sublingual	E	QL
ZOLPIMIST	3	ST, QL

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Index

A

ABILIFY	17	ADALAT CC	19	ALOGLIPTIN-PIOGLITAZONE	27
ABILIFY MYCITE	17	ADCIRCA	40	ALORA	30
abiraterone acetate	16	ADDERALL	21	ALPHAGAN P OPHTHALMIC	
ABSORICA	23	ADDERALL XR	21	SOLUTION 0.1 %	37
ACCU-CHEK AVIVA CONNECT KIT		ADDYI	28	ALPHAGAN P OPHTHALMIC	
W/DEVICE	25	ADEMPAS	40	SOLUTION 0.15 %	37
ACCU-CHEK AVIVA DEVICE	25	ADLYXIN	27	alprazolam er	18
ACCU-CHEK AVIVA PLUS	25	ADLYXIN STARTER PACK	27	alprazolam intensol	18
ACCU-CHEK AVIVA PLUS TEST		ADMELOG	26	alprazolam oral	18
STRIPS	25	ADMELOG SOLOSTAR	26	alprazolam xr	18
ACCU-CHEK COMPACT PLUS		ADRENACLICK	39	ALREX	37
CARE KIT	25	ADVAIR DISKUS	38	ALTACE	19
ACCU-CHEK COMPACT PLUS TEST		ADVAIR HFA	38	altavera	30
STRIPS	25	AFREZZA INHALATION POWDER		ALTOPREV	19
ACCU-CHEK GUIDE	26	12 UNIT, 4 UNIT	26	ALTRENO	23
ACCU-CHEK GUIDE TEST		AFREZZA INHALATION POWDER		ALVESCO	39
STRIPS	26	4 & 8 & 12 UNIT, 4 (90) & 8 (90)		alyacen 1/35	30
ACCU-CHEK NANO SMARTVIEW		UNIT, 8 (90) & 12 (90) UNIT,		AMARYL	27
KIT W/DEVICE	26	8 UNIT	26	AMBIEN	40
ACCU-CHEK SMARTVIEW TEST		AFSTYLA	28	AMBIEN CR	40
STRIPS	26	AIMOVIG	16	AMERGE	16
ACCUPRIL	19	AIRDUO RESPICLICK 113/14	38	amethia	30
acetaminophen-codeine	10	AIRDUO RESPICLICK 232/14	38	amethia lo	30
acetaminophen-codeine #2	10	AIRDUO RESPICLICK 55/14	38	amiodarone hcl oral	19
acetaminophen-codeine #3	10	AKYNZEO ORAL	15	amitriptyline hcl oral	14
acetaminophen-codeine #4	10	ALA SCALP	23	amlodipine besylate oral	19
acetazolamide er	19	ala-cort external cream 1 %	23	amlodipine besylate-benazepril	
acetazolamide oral	19	ala-cort external cream 2.5 %	23	hcl	19
ACIPHEX	29	albuterol sulfate er	38	amlodipine besylate-valsartan	19
ACIPHEX SPRINKLE	29	ALBUTEROL SULFATE HFA		amnesteem	23
ACTEMRA ACTPEN	35	AEROSOL SOLUTION 108		amoxicillin	12
ACTEMRA SUBCUTANEOUS	35	(90 BASE) MCG/ACT		amoxicillin-potassium	
ACTICLATE	12	INHALATION	38	clavulanate er	12
ACTIGALL	29	albuterol sulfate inhalation	39	amoxicillin-potassium	
ACTOS	27	albuterol sulfate oral	39	clavulanate oral	12
ACULAR	37	ALDACTONE	19	amphetamine-	
ACULAR LS	37	ALDARA	23	dextroamphetamine	21
ACUVAIL	37	alendronate sodium	37	amphetamine-	
acyclovir oral	17	alfuzosin hcl er	30	dextroamphetamine er	21
ACZONE EXTERNAL GEL 5 %	23	allopurinol oral	16	AMPYRA	22
ACZONE EXTERNAL GEL 7.5 %	23	ALOGLIPTIN BENZOATE	27	AMRIX	40
		ALOGLIPTIN-METFORMIN HCL	27	ANALPRAM HC	36

clarithromycin oral	12	clobetasol propionate external shampoo	23	CRINONE VAGINAL GEL 8 %.....	36
CLENPIQ.....	29	clobetasol propionate external solution.....	23	cryselle-28.....	31
CLEOCIN ORAL CAPSULE 150 MG, 300 MG.....	12	CLOBEX.....	23	CUPRIMINE	30
CLEOCIN ORAL CAPSULE 75 MG.....	12	CLOBEX SPRAY.....	23	cyclafem 1/35	31
CLEOCIN-T EXTERNAL GEL.....	23	clodan external shampoo	23	cyclobenzaprine hcl oral.....	40
CLEOCIN-T EXTERNAL LOTION	23	clonazepam oral.....	18	cyclosporine modified.....	35
CLEOCIN-T EXTERNAL SOLUTION.....	23	clonidine hcl oral.....	19	CYMBALTA.....	14
CLEOCIN-T EXTERNAL SWAB ...	23	clopidogrel bisulfate oral	17	cyproheptadine hcl oral.....	38
CLIMARA	31	clotrimazole-betamethasone external cream	23	cyred.....	31
CLIMARA PRO	31	clotrimazole-betamethasone external lotion.....	24	cyred eq.....	31
clindacin etz external swab	23	COLCHICINE ORAL CAPSULE ...	16	CYTOMEL	35
clindacin-p	23	COLCHICINE ORAL TABLET.....	16	CYTOTEC	29
CLINDAGEL	23	COLCRYST	16		
clindamycin hcl oral	12	colesevelam hcl.....	19	D	
clindamycin phos-benzoyl perox external gel 1.2-5 %	23	COLYTE WITH FLAVOR PACKS..	29	D-PENAMINE	30
clindamycin phosphate external foam	23	COMBIGAN.....	37	dalfampridine er.....	22
clindamycin phosphate external lotion.....	23	COMBIVENT RESPIMAT.....	39	dapsone external.....	24
clindamycin phosphate external solution.....	23	CONCERTA	21	dasetta 1/35.....	31
clindamycin phosphate external swab.....	23	CONZIP.....	10	daysee	31
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	23	COPAXONE	22	DDAVP INJECTION	34
CLINDESSE	12	COREG	19	DDAVP ORAL	34
clinpro 5000.....	22	coremino.....	12	deblitane.....	31
clobetasol propionate external cream	23	CORGARD	19	DECADRON.....	34
clobetasol propionate external foam	23	CORLANOR.....	19	deltasone.....	34
clobetasol propionate external gel	23	CORTEF.....	34	delyla	31
clobetasol propionate external liquid.....	23	CORTIFOAM.....	36	DELZICOL.....	36
clobetasol propionate external lotion.....	23	COSENTYX 150 MG/ML	35	DEMADEX	19
clobetasol propionate external ointment	23	COSENTYX 300 DOSE	35	denta 5000 plus.....	22
		COSENTYX SENSOREADY 300 DOSE.....	35	dentagel.....	22
		COSENTYX SENSOREADY PEN	35	DEPAKOTE	13
		COSOPT	37	DEPAKOTE ER	13
		COSOPT PF.....	37	DEPAKOTE SPRINKLES.....	13
		COUMADIN.....	13	DEPEN TITRATABS.....	30
		COZAAR	19	DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	31
		CREON	30	DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	31
		CRESEMBA ORAL	15	DEPO-SUBQ PROVERA 104.....	31
		CRESTOR.....	19	DEPO-TESTOSTERONE.....	34
		CRINONE VAGINAL GEL 4 %.....	36	DERMA-SMOOTH/FS BODY	24
				DERMA-SMOOTH/FS SCALP ...	24
				DESCOVY	17

desmopressin acetate injection.....	34	DIVIGEL TRANSDERMAL GEL		DUPIXENT SUBCUTANEOUS	
desmopressin acetate oral	34	0.25 MG/0.25GM, 0.5 MG/0.5GM,		SOLUTION PREFILLED SYRINGE	
desogestrel-ethinyl estradiol	31	1 MG/GM.....	31	300 MG/2ML	24
DESONATE	24	DIVIGEL TRANSDERMAL GEL		DURAGESIC-100.....	10
desonide external	24	0.75 MG/0.75GM.....	31	DURAGESIC-12.....	10
DESOWEN	24	donepezil hcl oral tablet		DURAGESIC-25.....	10
desvenlafaxine succinate er	14	10 mg, 5 mg	14	DURAGESIC-50	10
dexamethasone intensol.....	34	donepezil hcl oral tablet 23 mg	14	DURAGESIC-75.....	10
dexamethasone oral	34	donepezil hcl oral tablet		DUZALLO	16
DEXCOM	26	dispersible	14	DVORAH	10
DEXEDRINE	21	DORYX.....	12	DYAZIDE	19
DEXILANT.....	29	DORYX MPC.....	12		
dexmethylphenidate hcl.....	21	dorzolamide hcl-timolol mal	37		
dexmethylphenidate hcl er	21	dorzolamide hcl-timolol mal pf	37		
dextroamphetamine sulfate	21	doxazosin mesylate oral.....	19		
dextroamphetamine sulfate er.....	21	doxepin hcl oral	14		
diazepam intensol	18	doxycycline hyclate oral capsule ...	12		
diazepam oral concentrate	18	doxycycline hyclate oral tablet			
diazepam oral solution 1 mg/ml.....	18	100 mg, 20 mg	12		
diazepam oral tablet.....	18	doxycycline hyclate oral tablet			
diclofenac potassium.....	11	150 mg, 50 mg, 75 mg	12		
diclofenac sodium er	11	doxycycline hyclate oral tablet			
diclofenac sodium oral.....	11	delayed release	12		
diclofenac sodium transdermal		doxycycline monohydrate oral			
gel 1 %	11	capsule 100 mg, 50 mg.....	12		
diclofenac sodium transdermal		doxycycline monohydrate oral			
solution.....	11	capsule 150 mg, 75 mg.....	12		
dicyclomine hcl oral	29	doxycycline monohydrate oral			
DIFICID.....	12	suspension reconstituted	12		
DIFLUCAN.....	15	doxycycline monohydrate oral			
DILAUDID ORAL	10	tablet	12		
dilt-xr.....	19	DRISDOL	28		
diltiazem hcl er	19	drospiren-eth estrad-levomefol	31		
diltiazem hcl er coated beads.....	19	drospirenone-ethinyl estradiol	31		
diltiazem hcl oral.....	19	DUAC	24		
DIOVAN.....	19	DUAVEE	31		
DIOVAN HCT	19	duloxetine hcl oral capsule delayed			
DIPENTUM.....	36	release particles 20 mg, 30 mg,			
diphenoxylate-atropine.....	29	60 mg	14		
DIPROLENE.....	24	duloxetine hcl oral capsule delayed			
DIPROLENE AF	24	release particles 40 mg.....	15		
DITROPAN XL.....	30	DUOPA.....	17		
divalproex sodium er	13				
divalproex sodium oral	13				

E

EASIVENT.....	39
EC-NAPROSYN.....	11
ed-spaz.....	29
EDARBI	19
EDARBYCLOR.....	19
EDLUAR.....	40
EFFEXOR XR.....	15
EFUDEX.....	24
ELESTRIN	31
eletriptan hydrobromide.....	16
ELIDEL	24
ELIMITE	17
elinest	31
ELIQUIS	13
ELIQUIS STARTER PACK	13
ELOCON	24
ELOCTATE	28
EMGALITY	16
emoquette	31
enalapril maleate oral	19
ENBREL	35
ENBREL MINI	35
ENBREL SURECLICK	35
ENDARI.....	28
endocet.....	10
ENDOMETRIN	36
enoxaparin sodium	13
enskyce	31
ENSTILAR.....	24
entecavir	18
ENTOCORT EC	36

ENVARUSUS XR.....	35	etodolac er.....	11	FLOVENT HFA.....	39	
EPANED.....	19	EUCRISA.....	24	FLOXIN OTIC.....	38	
EPCLUSA.....	18	euthyrox.....	35	fluconazole oral.....	15	
EPINEPHRINE INJECTION		EVAMIST.....	32	fluocinolone acetonide body.....	24	
SOLUTION AUTO-INJECTOR		EVOCLIN.....	24	fluocinolone acetonide external.....	24	
0.15 MG/0.15ML.....	39	EVZIO.....	12	fluocinolone acetonide scalp.....	24	
EPINEPHRINE SOLUTION AUTO-		EXFORGE.....	19	fluocinonide external cream		
INJECTOR 0.3 MG/0.3ML		EXTAVIA.....	22	0.05 %.....	24	
INJECTION.....	39	EXTINA.....	15	fluocinonide external cream		
EPIPEN.....	39	ezetimibe.....	19	0.1 %.....	24	
EPIPEN 2-PAK.....	39	ezetimibe-simvastatin.....	19	fluocinonide external gel.....	24	
EPIPEN JR 2-PAK.....	39			fluocinonide external ointment.....	24	
epitol.....	13	F			fluocinonide external solution.....	24
EPOGEN.....	28	falmina.....	32	fluoridex.....	22	
ERGOCAL.....	28	FARXIGA.....	27	fluoridex enhanced whitening.....	22	
ergocalciferol oral capsule.....	28, 29	fayosim.....	32	FLUOROPLEX.....	24	
ERLEADA.....	16	FEMARA.....	16	FLUOROURACIL EXTERNAL		
errin.....	31	femynor.....	32, 33	CREAM 0.5 %.....	24	
erythromycin ophthalmic.....	37	fenofibrate oral capsule 150 mg,		fluorouracil external cream 5 %.....	24	
escitalopram oxalate oral		50 mg.....	19	fluoxetine hcl oral capsule.....	15	
solution.....	15	fenofibrate oral tablet 120 mg,		fluoxetine hcl oral capsule delayed		
escitalopram oxalate oral tablet.....	15	145 mg, 40 mg, 48 mg.....	20	release.....	15	
ESGIC.....	10	fenofibrate oral tablet 160 mg,		fluoxetine hcl oral solution.....	15	
estarylla.....	31	54 mg.....	20	fluoxetine hcl oral tablet 10 mg.....	15	
ESTRACE ORAL.....	31	FENOGLIDE.....	20	fluoxetine hcl oral tablet 20 mg.....	15	
ESTRACE VAGINAL.....	31	fenfentanyl transdermal patch 72 hour		fluoxetine hcl oral tablet 60 mg.....	15	
estradiol oral.....	31	100 mcg/hr, 12 mcg/hr, 25 mcg/hr,		fluticasone propionate nasal.....	38	
estradiol patch twice weekly 0.025		50 mcg/hr, 75 mcg/hr.....	10	FLUTICASONE-SALMETEROL		
mg/24hr transdermal.....	31	fenfentanyl transdermal patch 72 hour		INHALATION AEROSOL		
estradiol patch twice weekly 0.0375		37.5 mcg/hr, 62.5 mcg/hr,		POWDER BREATH ACTIVATED		
mg/24hr transdermal.....	31	87.5 mcg/hr.....	10	113-14 MCG/ACT, 232-14 MCG/		
estradiol patch twice weekly 0.05		FEXMID.....	40	ACT, 55-14 MCG/ACT.....	39	
mg/24hr transdermal.....	31	FIASP.....	26	fluvoxamine maleate.....	15	
estradiol patch twice weekly 0.075		FIASP FLEXTOUCH.....	26	fluvoxamine maleate er.....	15	
mg/24hr transdermal.....	31	FINACEA.....	24	FOCALIN.....	21	
estradiol patch twice weekly 0.1		finasteride oral tablet 5 mg.....	30	FOCALIN XR.....	21	
mg/24hr transdermal.....	31	FIORICET.....	10	folic acid oral tablet 1 mg.....	28	
estradiol transdermal patch weekly	31	FIRAZYR.....	35	FORFIVO XL.....	15	
estradiol vaginal cream.....	31	FLAGYL.....	12	FORTAMET.....	27	
estradiol vaginal tablet.....	31	flecainide acetate.....	20	FORTEO.....	37	
ESTRING.....	31	FLOLIPID.....	20	FORTESTA.....	34	
ESTROGEL.....	32	FLOMAX.....	30	FOSAMAX.....	37	
eszopiclone.....	40	FLORIVA PLUS.....	28	FOSRENOL ORAL PACKET.....	30	
etodolac.....	11	FLOVENT DISKUS.....	39			

FOSRENOL ORAL TABLET	
CHEWABLE.....	30
FREESTYLE LIBRE.....	26
furosemide oral.....	20

G

gabapentin oral capsule.....	13
gabapentin oral solution	
250 mg/5ml.....	14
gabapentin oral tablet.....	14
gavilyte-c.....	29
gavilyte-g.....	29
GELNIQUE.....	30
GELNIQUE PUMP.....	30
gemfibrozil oral.....	20
gengraf.....	35
GENOTROPIN.....	34
GENOTROPIN MINIQUICK.....	34
GENVOYA.....	18
GEODON ORAL.....	17
gianvi.....	32
GILENYA ORAL CAPSULE	
0.25 MG.....	22
GILENYA ORAL CAPSULE	
0.5 MG.....	22
glatiramer acetate.....	22
glatopa.....	22
GLEEVEC.....	16
glimepiride.....	27
glipizide er.....	27
glipizide ir.....	27
glipizide xl.....	27
GLUCAGON.....	27
GLUCOPHAGE.....	27
GLUCOPHAGE XR.....	27
GLUCOTROL.....	27
GLUCOTROL XL.....	27
GLUCOVANCE ORAL TABLET	
5-500 MG.....	27
GLUMETZA.....	27
glyburide oral.....	27
glyburide-metformin.....	27
GLYXAMBI.....	27

GOLYTELY ORAL SOLUTION	
RECONSTITUTED 227.1 GM.....	29
GOLYTELY ORAL SOLUTION	
RECONSTITUTED 236 GM.....	29
GONAL-F.....	36
GONAL-F RFF.....	36
GONAL-F RFF REDIJECT.....	36
GONITRO.....	20
guanfacine hcl.....	20, 22
guanfacine hcl er.....	22
GYNAZOLE-1.....	15

H

HAEGARDA.....	35
hailey 24 fe.....	32
HALCION.....	18
HARVONI.....	18
heather.....	32
HEMANGEOL.....	20
HUMALOG KWIKPEN.....	26
HUMALOG MIX 50/50	
KWIKPEN.....	26
HUMALOG MIX 50/50 VIAL.....	26
HUMALOG MIX 75/25 KWIKPEN.....	26
HUMALOG MIX 75/25 VIAL.....	26
HUMALOG U-100 JUNIOR	
KWIKPEN.....	26
HUMALOG U-100 VIAL AND	
CARTRIDGE SUBCUTANEOUS	
SOLUTION 100 UNIT/ML.....	26
HUMALOG U-100 VIAL AND	
CARTRIDGE SUBCUTANEOUS	
SOLUTION CARTRIDGE	
100 UNIT/ML.....	26
HUMATROPE.....	34
HUMIRA PEDIATRIC CROHNS	
START.....	35
HUMIRA PEN SUBCUTANEOUS	
PEN-INJECTOR KIT	
40 MG/0.4ML.....	35
HUMIRA PEN SUBCUTANEOUS	
PEN-INJECTOR KIT	
40 MG/0.8ML.....	35

HUMIRA PEN-CD/UC/HS STARTER	
SUBCUTANEOUS PEN-INJECTOR	
KIT 40 MG/0.8ML.....	35
HUMIRA PEN-CD/UC/HS STARTER	
SUBCUTANEOUS PEN-INJECTOR	
KIT 80 MG/0.8ML.....	35
HUMIRA PEN-PS/UV/ADOL HS	
START SUBCUTANEOUS PEN-	
INJECTOR KIT 40 MG/0.8ML....	35
HUMIRA PEN-PS/UV/ADOL HS	
START SUBCUTANEOUS PEN-	
INJECTOR KIT 80 MG/0.8ML &	
40MG/0.4ML.....	35
HUMIRA SUBCUTANEOUS	
PREFILLED SYRINGE KIT 10	
MG/0.1ML, 20 MG/0.2ML,	
40 MG/0.4ML.....	36
HUMIRA SUBCUTANEOUS	
PREFILLED SYRINGE KIT 10	
MG/0.2ML, 20 MG/0.4ML,	
40 MG/0.8ML.....	36
HUMULIN 70/30 KWIKPEN.....	26
HUMULIN 70/30 VIAL.....	26
HUMULIN N KWIKPEN.....	26
HUMULIN N VIAL.....	26
HUMULIN R U-500 KWIKPEN.....	26
HUMULIN R U-500 VIAL	
(CONCENTRATED).....	27
HUMULIN R VIAL.....	27
hydralazine hcl oral.....	20
hydrochlorothiazide oral.....	20
hydrocodone polst-cpm polst er....	38
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	
rectal.....	36

lanthanum carbonate.....	30	LIALDA	36	LOTEMAX OPHTHALMIC	
LANTUS SOLOSTAR SOLUTION		lidocaine external ointment	10	SUSPENSION.....	37
PEN-INJECTOR 100 UNIT/ML		lidocaine external patch	10	LOTENSIN.....	20
SUBCUTANEOUS	27	lidocaine hcl mouth/throat	22	LOTENSIN HCT	20
LANTUS U-100 VIAL	27	lidocaine viscous	22	LOTREL.....	20
larin 1/20.....	32	lidocaine-prilocaine cream		LOTRISONE.....	24
larin 1.5/30.....	32	2.5-2.5 % external.....	10	lovastatin	20
larin 24 fe.....	32	LIDODERM	10	LOVAZA	20
larin fe 1/20.....	32	LIDOTREX	24	LOVENOX	13
larin fe 1.5/30.....	32	lillow.....	32	low-ogestrel.....	32
larissia	32	LINZESS.....	29	LUMIGAN	37
LASIX	20	liothyronine sodium oral	35	LUNESTA	40
LASTACRAFT.....	38	LIPITOR.....	20	lutera.....	32
latanoprost ophthalmic	37	LIPOFEN	20	LYRICA.....	22
LATUDA	17	lisinopril oral	20	lyza	32
LEDIPASVIR-SOFOSBUVIR	18	lisinopril-hydrochlorothiazide.....	20		
lessina	32	lithium carbonate er.....	18		
LETAIRIS.....	40	lithium carbonate oral	18		
letrozole oral.....	16	LITHOBID	18		
LEVALBUTEROL HFA INHALATION		LO LOESTRIN FE	32		
AEROSOL 45 MCG/ACT	39	LODINE	11		
LEVAQUIN ORAL TABLET		LOESTRIN 1/20 (21).....	32		
500 MG, 750 MG	12	LOESTRIN 1.5/30 (21).....	32		
LEVBID.....	29	LOESTRIN FE 1/20	32		
LEVEMIR U-100 FLEXTOUCH.....	27	LOESTRIN FE 1.5/30	32		
LEVEMIR U-100 VIAL	27	LOKELMA	28		
levetiracetam er.....	14	LOMOTIL.....	29		
levetiracetam oral	14	LOPID	20		
LEVITRA	28	LOPRESSOR	20		
levo-t.....	35	LOPROX EXTERNAL			
levocetirizine dihydrochloride		SHAMPOO.....	15		
oral	38	lorazepam intensol	18		
levofloxacin oral.....	12	lorazepam oral.....	18		
levonorgest-eth est & eth est.....	32	lorcet.....	10		
levonorgest-eth estrad 91-day.....	32	lorcet hd.....	10		
levonorgestrel-ethinyl estrad oral		lorcet plus	10		
tablet 0.1-20 mg-mcg,		LORTAB	10		
0.15-30 mg-mcg	32	loryna.....	32		
levora 0.15/30 (28).....	32	losartan potassium	20		
levothyroxine sodium oral.....	35	losartan potassium-hctz	20		
levothyroxine-liothyronine.....	35	LOSEASONIQUE.....	32		
levoxyl.....	35	LOTEMAX OPHTHALMIC GEL	37		
LEVSIN ORAL.....	29	LOTEMAX OPHTHALMIC			
LEVSIN/SL	29	OINTMENT	37		
LEXAPRO	15				

M

MACROBID	13
MACRODANTIN.....	13
MALARONE	17
marlissa	32
matzim la	20
MAVYRET	18
MAXALT	16
MAXALT-MLT.....	16
MAXITROL.....	38
MAXZIDE	20
MAXZIDE-25.....	20
MEDROL ORAL TABLET 16 MG,	
32 MG, 4 MG, 8 MG.....	34
MEDROL ORAL TABLET 2 MG....	34
MEDROL ORAL TABLET	
THERAPY PACK	34
medroxyprogesterone acetate	
intramuscular.....	32
medroxyprogesterone	
acetate oral	32
melodetta 24 fe.....	32
meloxicam oral	11
MENOSTAR	32
mercaptopurine oral	16
mesalamine oral	36
mesalamine rectal	36
metadate er	22
metaxall	40

metaxalone.....	40	METROGEL-VAGINAL.....	13	MOBIC.....	11
metformin hcl er	27	METROLOTION	24	modafinil	40
metformin hcl er (mod)	27	metronidazole external cream.....	24	mometasone furoate external	24
metformin hcl er (osm).....	27	metronidazole external gel		mondoxyne nl oral capsule	
METFORMIN HCL ORAL		0.75 %	24	100 mg, 50 mg	13
SOLUTION.....	27	metronidazole external gel 1 %.....	24	mondoxyne nl oral capsule	
metformin hcl oral tablet.....	27	metronidazole external lotion	24	75 mg	13
methimazole oral	35	metronidazole oral.....	13	mono-linyah.....	32
METHITEST	34	metronidazole vaginal	13	mononessa.....	32
methocarbamol oral	40	mibelas 24 fe	32	montelukast sodium oral	39
methotrexate oral.....	36	MICARDIS.....	20	morgidox oral.....	13
methotrexate sodium oral.....	36	microgestin 1/20	32	MORPHABOND ER.....	10
methoxsalen oral	24	microgestin 1.5/30	32	morphine sulfate (concentrate) oral	
methoxsalen rapid	24	microgestin fe 1/20	32	solution 100 mg/5ml, 20 mg/ml ..	10
METHYLIN	22	microgestin fe 1.5/30	32	morphine sulfate er oral capsule	
methylphenidate hcl er (cd)	22	mili	32	extended release 24 hour	10
methylphenidate hcl er (la) oral		MILLIPRED DP	34	morphine sulfate er oral tablet	
capsule extended release 24 hour		MILLIPRED DP 12-DAY	34	extended release.....	10
10 mg, 20 mg, 30 mg, 40 mg	22	MILLIPRED ORAL SOLUTION.....	34	morphine sulfate oral.....	10
methylphenidate hcl er (la) oral		MILLIPRED ORAL TABLET	34	MORPHINE SULFATE RECTAL	
capsule extended release 24 hour		MINASTRIN 24 FE	32	SUPPOSITORY 10 MG.....	11
60 mg	22	MINIPRESS.....	20	morphine sulfate rectal	
methylphenidate hcl er oral tablet		minitran.....	20	suppository 20 mg, 30 mg, 5 mg.11	
extended release 10 mg,		MINIVELLE.....	32	MOVANTIK.....	29
20 mg	22	MINOCIN ORAL CAPSULE		MOVIPREP.....	29
methylphenidate hcl er oral tablet		50 MG	13	MOXEZA	37
extended release 18 mg, 27 mg,		minocycline hcl er oral tablet		moxifloxacin hcl ophthalmic.....	37
36 mg, 54 mg, 72 mg	22	extended release 24 hour 115 mg,		MS CONTIN	10
methylphenidate hcl er oral tablet		65 mg	13	MULPLETA.....	28
extended release 24 hour	22	minocycline hcl er oral tablet		MULTAQ	20
methylphenidate hcl oral	22	extended release 24 hour 135 mg,		multi-vitamin/fluoride	28
methylprednisolone oral	34	45 mg, 90 mg	13	multivitamin/fluoride oral solution..	28
methyltestosterone oral	34	MINOCYCLINE HCL ER ORAL		multivitamin/fluoride oral tablet	
metoclopramide hcl oral solution		TABLET EXTENDED RELEASE		chewable 0.5 mg, 1 mg.....	28
5 mg/5ml	15	24 HOUR 55 MG.....	13	MULTIVITAMIN/FLUORIDE	
metoclopramide hcl oral tablet	15	minocycline hcl oral capsule	13	TABLET CHEWABLE 0.25 MG	
metoclopramide hcl oral tablet		minocycline hcl oral tablet	13	ORAL	28, 29
dispersible	15	MINOLIRA.....	13	multivitamins/fluoride.....	29
metoprolol succinate er	20	MIRAPEX	17	mupirocin calcium.....	13
metoprolol tartrate oral tablet		MIRAPEX ER.....	17	mupirocin external	13
100 mg, 25 mg, 50 mg	20	MIRCETTE	32	mvc-fluoride.....	29
metoprolol tartrate oral tablet		mirtazapine oral.....	15	mycophenolate mofetil	36
37.5 mg, 75 mg.....	20	MIRVASO	24	mycophenolate sodium	36
METROCREAM	24	misoprostol oral	29	MYDAYIS.....	22
METROGEL	24	MITIGARE	16	MYFORTIC.....	36

myorisan 24

N

nabumetone oral 11

nadolol oral 20

NAFRINSE DAILY/NEUTRAL 22

NAFRINSE WEEKLY 22

NALOCET 10

naloxone hcl injection 12

naltrexone hcl oral 12

NAPRELAN 11

NAPROSYN ORAL

SUSPENSION 11

naproxen dr 11

naproxen oral 11

naproxen sodium er 11

naproxen sodium oral tablet

275 mg, 550 mg 11

naratriptan hcl 16

NARCAN 12

NATAZIA 32

NATESTO 34

NATURE-THROID 35

necon 0.5/35 (28) 32

neomycin-polymyxin-dexameth

ophthalmic ointment 38

neomycin-polymyxin-dexameth

ophthalmic suspension

3.5-10000-0.1 38

neomycin-polymyxin-hc otic 38

NEORAL 36

NESINA 27

neuac external gel 24

NEULASTA 28

NEURONTIN 14

neutral sodium fluoride 22

niacin er (antihyperlipidemic) 20

niacor 20

NIASPAN 20

nifedipine er 20

nifedipine er osmotic release 20

nifedipine oral 20

nikki 32

NITRO-BID 20

NITRO-DUR 20

nitro-time 20

nitrofurantoin macrocrystal oral 13

nitrofurantoin monohydrate

macrocrystals 13

nitroglycerin er 20

nitroglycerin sublingual 20

nitroglycerin transdermal 20

nitroglycerin translingual 20

NITROLINGUAL 20

NITROMIST 20

NITROSTAT 20

NITYR 30

NIZORAL 16

NOCDURNA 34

NOCTIVA 34

nora-be 32

NORCO 10

NORDITROPIN FLEXPRO 34

norethin ace-eth estrad-fe oral

tablet 33

norethin ace-eth estrad-fe oral

tablet chewable 33

norethindrone acet-ethinyl est oral

tablet 33

norethindrone acet-ethinyl est oral

tablet chewable 33

norethindrone acetate oral 33

norethindrone oral 33

norgestimate-eth estradiol 33

norgestimate-ethinyl estradiol

triphasic 33

NORITATE 24

norlyda 33

norlyroc 33

nortrel 0.5/35 (28) 33

nortrel 1/35 (21) 33

nortrel 1/35 (28) 33

nortriptyline hcl oral 15

NORVASC 20

NORVIR ORAL PACKET 18

NORVIR ORAL SOLUTION 18

NORVIR ORAL TABLET 18

NOVOEIGHT 28

NOVOLIN 70/30 RELION 27

NOVOLIN 70/30 VIAL 27

NOVOLIN N RELION 27

NOVOLIN N VIAL 27

NOVOLIN R RELION 27

NOVOLIN R VIAL 27

NOVOLOG FLEXPEN 27

NOVOLOG PENFILL 27

NOVOLOG U-100 VIAL 27

np thyroid 35

NUCYNTA 10

NUCYNTA ER 10

NUDEXTA 22

NULEV 29

NUTROPIN AQ NUSPIN 10 34

NUTROPIN AQ NUSPIN 20 34

NUTROPIN AQ NUSPIN 5 34

NUVARING 33

NUVESSA 13

NUWIQ 28

nyamyc 16

nystatin external 16

nystatin mouth/throat 16

nystop 16

O

ocella 33

OCUFLOX 37

ODEFSEY 18

ofloxacin ophthalmic 37

ofloxacin otic 38

ogestrel 33

okebo 13

olanzapine oral 17

olmesartan medoxomil oral 20

olmesartan medoxomil-hctz 20

olopatadine hcl ophthalmic solution

0.1 % 37

olopatadine hcl ophthalmic solution

0.2 % 37

OLUX 24

OMECLAMOX-PAK 29

omega-3-acid ethyl esters 21

omeprazole oral capsule delayed

release 29

OMNARIS 38

OMNIPRED 37

OMNITROPE.....	34	oxycodone hcl oral solution.....	10	PLEGRIDY STARTER PACK	22	
ondansetron hcl oral.....	15	oxycodone hcl oral tablet	10	PLENVU	30	
ondansetron odt	15	oxycodone-acetaminophen.....	10	PLEXION.....	24, 25	
ONETOUCH ULTRA 2	26	OXYCONTIN	11	PLEXION CLEANSER	25	
ONETOUCH ULTRA BLUE TEST STRIPS	26	OZEMPIC	28	PLEXION CLEANSING CLOTH....	25	
ONETOUCH ULTRA MINI	26	P			POLY-VI-FLOR.....	29
ONETOUCH VERIO.....	26	PACERONE ORAL TABLET		polymyxin b-trimethoprim.....	38	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	26	100 MG, 400 MG	21	POLYTRIM	38	
ONETOUCH VERIO IQ SYSTEM .	26	pacerone oral tablet 200 mg	21	portia-28	33	
ONETOUCH VERIO TEST STRIPS	26	PAMELOR.....	15	potassium chloride crys er	29	
ONGLYZA	27	PANCREAZE	30	potassium chloride er.....	29	
ONZETRA XSAIL.....	16	pantoprazole sodium oral.....	29	potassium chloride oral	29	
OPSUMIT	40	paroex.....	22	potassium citrate er	29	
ORACEA	24	paroxetine hcl	15	PRADAXA.....	13	
ORAPRED ODT	34	paroxetine hcl er	15	PRALUENT	21	
ORENITRAM.....	40	PATADAY.....	37	pramcort	36	
ORFADIN	30	PATANOL	37	pramipexole dihydrochloride	17	
ORILISSA.....	34	PAXIL	15	pramipexole dihydrochloride er	17	
orsythia.....	33	PAXIL CR	15	PRAVACHOL	21	
ORTHO MICRONOR	33	PAZEO	37	pravastatin sodium	21	
ORTHO TRI-CYCLEN (28).....	33	peg 3350/electrolytes.....	30	prazosin hcl oral	21	
ORTHO TRI-CYCLEN LO	33	peg-3350/electrolytes.....	30	PRECISION LINK.....	26	
ORTHO-CYCLEN (28)	33	penicillin v potassium	13	PRECISION PCX PLUS TEST.....	26	
ORTHO-NOVUM 1/35 (28)	33	PENLAC	16	PRECISION QID MONITOR	26	
oscimin	29	PENNSAID	12	PRECISION QID TEST	26	
oscimin sr	29	PENTASA	36	PRECISION SOF-TACT MONITOR	26	
oseltamivir phosphate oral	18	PERCOCET	11	PRECISION SOF-TACT TEST	26	
OSENI	28	PERFOROMIST	39	PRECISION XTRA BLOOD GLUCOSE.....	26	
OSPHENA.....	28	PERIDEX.....	22	PRECISION XTRA DEVICE	26	
OTEZLA	36	permethrin external	17	PRECISION XTRA KIT	26	
OTREXUP	36	PERTZYE.....	30	PRECISION XTRA MONITOR.....	26	
OVIDREL.....	36	phenazo oral tablet 200 mg.....	30	PRED FORTE	37	
OXAYDO	10	phenazopyridine hcl oral tablet 100 mg, 200 mg	30	PRED MILD.....	37	
oxcarbazepine	14	philith	33	prednisolone acetate ophthalmic ..	37	
OXSORALEN ULTRA	24	phrenilin forte.....	11	prednisolone acetate p-f.....	37	
OXTELLAR XR	14	PICATO	24	prednisolone oral solution	34	
oxybutynin chloride er	30	pimecrolimus	24	prednisolone sodium phosphate oral	34	
oxybutynin chloride oral	30	pimtrea	33	prednisone intensol	34	
OXYCODONE HCL ER.....	10	pioglitazone hcl.....	28	prednisone oral.....	34	
oxycodone hcl oral capsule.....	10	pirmella 1/35.....	33	PREMARIN ORAL	33	
oxycodone hcl oral concentrate 100 mg/5ml	10	PLAQUENIL	17	PREMARIN VAGINAL.....	33	
		PLAVIX.....	17	premium lidocaine	11	
		PLEGRIDY	22			

PREMPHASE.....	33
PREMPRO	33
PREPOPIK.....	30
PREVIDENT.....	23
PREVIDENT 5000 BOOSTER PLUS.....	23
PREVIDENT 5000 DRY MOUTH..	23
PREVIDENT 5000 PLUS	23
previfem.....	33
PREZCOBIX.....	18
PREZISTA	18
PRIMLEV.....	11
PRINIVIL	21
PRISTIQ.....	15
PROAIR HFA.....	38, 39
PROAIR RESPICCLICK	39
PROCARDIA.....	21
PROCARDIA XL.....	21
PROCENTRA.....	22
prochlorperazine maleate oral.....	15
PROCORT	36
PROCRIT	28
PROCTOFOAM HC.....	36
progesterone micronized oral.....	33
PROGRAF ORAL	36
promethazine-codeine oral syrup..	38
promethazine-dm	38
PROMETRIUM.....	33
propranolol hcl er.....	21
propranolol hcl oral.....	21
PROSCAR.....	30
PROTONIX ORAL PACKET	29
PROTONIX ORAL TABLET DELAYED RELEASE.....	29
PROVENTIL HFA	39
PROVERA.....	31, 33
PROVIGIL.....	40
PROZAC.....	15
pseudoephedrine-bromphen-dm ..	38
PULMICORT FLEXHALER.....	39
PULMICORT SUSPENSION	39
PULMOZYME	40
PURIXAN	16
PYLERA.....	30
PYRIDIUM.....	30

Q

QBRELIS.....	21
QUARTETTE.....	33
QUDEXY XR.....	14
quetiapine fumarate.....	17
quetiapine fumarate er	17
QUFLORA PEDIATRIC.....	29
QUILLICHEW ER.....	22
QUILLIVANT XR	22
quinapril hcl	21
QVAR REDHALER.....	39

R

rabeprazole sodium.....	29
raloxifene.....	16
ramipril.....	21
RANEXA	21
ranitidine hcl oral capsule.....	29
ranitidine hcl oral syrup	29
ranitidine hcl oral tablet 150 mg, 300 mg	29
RAPAFLO.....	30
RAPAMUNE ORAL SOLUTION ...	36
RAPAMUNE ORAL TABLET	36
RASUVO	36
RAYOS	34
REBIF	22
REBIF REBIDOSE	22
REBIF REBIDOSE TITRATION PACK.....	22
REBIF TITRATION PACK	22
reclipsen	33
REGLAN.....	15
relexxii	22
RELION BLOOD GLUCOSE TEST	26
RELION ULTIMA TEST	26
RELPAK	16
REMERON	15
REMERON SOLTAB	15
REPATHA.....	21
REQUIP ORAL TABLET 4 MG, 5 MG.....	17
REQUIP XL	17

RESTASIS	38
RESTASIS MULTIDOSE	38
RESTORIL.....	40
RETIN-A.....	25
REVLIMID	16
RHOFADE	25
RIOMET	28
RISPERDAL	17
risperidone.....	17
risperidone m-tab	17
RITALIN.....	22
RITALIN LA	22
ritonavir.....	18
rivelsa	33
rizatriptan benzoate.....	16
ROBAXIN ORAL	40
ROBAXIN-750.....	40
ROCALTROL.....	37
ropinirole hcl	17
ropinirole hcl er.....	17
rosadan external cream.....	25
rosadan external gel.....	25
rosanil cleanser	25
rosuvastatin calcium.....	21
roweepra	14
roweepra xr	14
ROXICODONE.....	11
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG	11
ROXYBOND ORAL TABLET ABUSE-DETERRENT 5 MG.....	11
RYTARY	17

S

SAFYRAL.....	33
SAPHRIS.....	17
SAVAYSA	13
SEASONIQUE	33
selegiline hcl oral.....	17
SERNIVO	25
SEROQUEL	17
SEROQUEL XR	17
sertraline hcl oral.....	15
setlakin	33

sf	23	STRENSIQ	30	SYMAX DUOTAB	30
sf 5000 plus	23	STRIANT	34	symax-sl	30
SFROWASA	36	STRIBILD	18	symax-sr	30
sharobel.....	33	STRIVERDI RESPIMAT	39	SYMBICORT	39
sildenafil citrate oral tablet		SUBOXONE	12	SYMFI.....	18
100 mg, 25 mg, 50 mg	28	SUBSYS	11	SYMFI LO	18
silodosin	30	subvenite	14	SYMPROIC	30
SIMPONI	36	subvenite starter kit-blue	14	SYNALAR	25
simvastatin oral tablet 10 mg, 20 mg,		subvenite starter kit-green.....	14	SYNJARDY	28
40 mg, 5 mg	21	subvenite starter kit-orange.....	14	SYNJARDY XR	28
simvastatin oral tablet 80 mg.....	21	sucalfate oral tablet.....	29	SYNTHROID	35
SINEMET	17	sulfacetamide sodium-sulfur external		SYPRINE.....	29
SINEMET CR	17	cream 10-2 %, 10-5 %	25		
SINGULAIR ORAL PACKET	39	sulfacetamide sodium-sulfur external			
SINGULAIR ORAL TABLET	39	cream 9.8-4.8 %	25		
SINGULAIR ORAL TABLET		sulfacetamide sodium-sulfur external			
CHEWABLE	39	emulsion.....	25		
sirolimus oral tablet	36	sulfacetamide sodium-sulfur external			
SITAVIG.....	18	liquid 10-2 %, 9.8-4.8 %.....	25		
SKELAXIN	40	sulfacetamide sodium-sulfur external			
SOFOSBUVIR-VELPATASVIR.....	18	liquid 9-4 %, 9-4.5 %	25		
SOLIQUA.....	28	sulfacetamide sodium-sulfur external			
SOLODYN	13	lotion 10-5 %	25		
soloxide	13	sulfacetamide sodium-sulfur external			
SOLTAMOX	16	lotion 9.8-4.8 %	25		
SOMA ORAL TABLET 250 MG	40	sulfacetamide sodium-sulfur external			
SOMA ORAL TABLET 350 MG	40	pad	25		
sotalol hcl oral	21	sulfacetamide sodium-sulfur external			
SOTYLIZE	21	suspension 10-5 %	25		
SPIRIVA HANDIHALER.....	39	sulfacetamide sodium-sulfur external			
SPIRIVA RESPIMAT	39	suspension 8-4 %	25		
spironolactone oral	21	sulfacleanse 8/4	25		
sprintec 28	33	sulfamethoxazole-trimethoprim oral	13		
SPRIX.....	12	sulfamez wash.....	25		
sronyx.....	33	sulfasalazine oral.....	36		
sss 10-5.....	25	sulfatrim pediatric	13		
STAXYN	28	SUMADAN WASH.....	25		
STELARA SUBCUTANEOUS		sumatriptan succinate oral	16		
SOLUTION.....	36	sumatriptan succinate refill.....	16		
STELARA SUBCUTANEOUS		sumatriptan succinate			
SOLUTION PREFILLED		subcutaneous.....	16		
SYRINGE	36	SUMAXIN.....	25		
STENDRA	28	SUMAXIN WASH	25		
STIMATE	34	SUPREP BOWEL PREP KIT	30		
STRATTERA.....	22	syeda	33		

T

TACLONEX EXTERNAL	
OINTMENT	25
TACLONEX EXTERNAL	
SUSPENSION.....	25
tacrolimus oral.....	36
tadalafil (pah).....	40
tadalafil oral tablet 10 mg, 20 mg ..	28
tadalafil oral tablet 2.5 mg, 5 mg ...	28
TAKHZYRO	36
TAMIFLU	18
tamoxifen citrate oral tablet	
10 mg	16
tamoxifen citrate oral tablet	
20 mg	16
tamsulosin hcl.....	30
TAPAZOLE	35
TARGADOX.....	13
TARGRETIN EXTERNAL	16
TARGRETIN ORAL.....	16
tarina fe 1/20.....	33
tarina fe 1/20 eq	33
TASIGNA ORAL CAPSULE 150 MG,	
200 MG	17
TASIGNA ORAL CAPSULE 50 MG	17
TAYTULLA	33
tazarotene external.....	25
TAZORAC EXTERNAL CREAM	
0.05 %	25
TAZORAC EXTERNAL CREAM	
0.1 %	25
TAZORAC EXTERNAL GEL.....	25

TECFIDERA.....	22	topiramate oral	14	triamcinolone acetonide external aerosol solution.....	25
TEGRETOL.....	14	TOPROL XL.....	21	triamcinolone acetonide external cream.....	25
TEGRETOL-XR.....	14	torsemide.....	21	triamcinolone acetonide external lotion.....	25
TEKTURNA.....	21	TOUJEO MAX SOLOSTAR.....	27	triamcinolone acetonide external ointment.....	25
TEKTURNA HCT	21	TOUJEO SOLOSTAR.....	27	triamterene-hctz.....	21
telmisartan.....	21	TOVIAZ	30	TRIANEX.....	25
temazepam.....	40	TRACLEER ORAL TABLET.....	40	triazolam.....	18
TEMOVATE	25	TRACLEER ORAL TABLET SOLUBLE.....	40	TRICOR.....	21
tenofovir disoproxil fumarate	18	TRADJENTA	28	triderm.....	25
TENORETIC 100.....	21	tramadol hcl er (biphasic).....	11	tridesilon.....	25
TENORETIC 50.....	21	TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	11	trientine hcl.....	29
TENORMIN	21	tramadol hcl er oral capsule extended release 24 hour 150 mg.....	11	TRILEPTAL	14
terazosin hcl	30	tramadol hcl er oral tablet extended release 24 hour.....	11	TRINTELLIX.....	15
terbinafine hcl oral.....	16	tramadol hcl ir.....	11	TRIUMEQ.....	18
terconazole.....	16	TRANSDERM-SCOP (1.5 MG).....	15	TROKENDI XR.....	14
TESSALON PERLES	38	TRAVATAN Z.....	38	TRUE METRIX BLOOD GLUCOSE TEST	26
TESTIM	34	trazodone hcl oral.....	15	TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM	26
testosterone cypionate intramuscular solution 100 mg/ml.....	35	TRELEGY ELLIPTA.....	39	TRUETRACK TEST	26
TESTOSTERONE CYPIONATE SOLUTION 200 MG/ML INTRAMUSCULAR.....	35	TREMFYA	36	TRULICITY.....	28
testosterone transdermal.....	35	TRESIBA.....	27	TRUVADA	18
TEXACORT.....	25	TRESIBA FLEXTOUCH.....	27	TUDORZA PRESSAIR	39
timolol maleate ophthalmic.....	37	tretinoin external cream.....	25	tulana.....	33
TIMOPTIC	38	tretinoin external gel 0.01 %, 0.05 %	25	TUSSICAPS.....	38
TIMOPTIC OCUDOSE.....	38	tretinoin gel 0.025 % external.....	25	TUSSIONEX PENNKINETIC ER..	38
TIMOPTIC-XE	38	TREXALL	36	tydemy.....	33
TIROSINT.....	35	trezix.....	11	TYLENOL WITH CODEINE #3.....	11
TIVICAY.....	18	tri femynor	33	TYLENOL WITH CODEINE #4.....	11
TIVORBEX	12	tri-estarylla	33	TYMLOS.....	37
tizanidine hcl oral.....	40	tri-linyah.....	33	TYVASO.....	40
TOBI NEBULIZER.....	40	tri-lo-estarylla	33	TYVASO REFILL.....	40
TOBI PODHALER	40	tri-lo-marzia.....	33	TYVASO STARTER	40
TOBRADEX	38	tri-lo-sprintec	33		
TOBRADEX ST.....	38	tri-mili.....	33		
tobramycin nebulization solution 300 mg/5ml inhalation.....	40	tri-previfem	33		
tobramycin ophthalmic	37	tri-sprintec	33		
tobramycin-dexamethasone	38	tri-vylibra.....	33		
TOBREX.....	37	tri-vylibra lo.....	33		
TOLAK.....	25				
TOPAMAX.....	14				
TOPAMAX SPRINKLE.....	14				
topiramate er	14				

U

UCERIS ORAL.....	36
UCERIS RECTAL.....	36
ULORIC.....	16
ULTRAM.....	11
unithroid.....	35
unithroid direct.....	35

UROCID-K 10	29
UROCID-K 15	29
UROCID-K 5	29
UROXATRAL	30
URSO 250	30
URSO FORTE	30
ursodiol oral	30

V

VAGIFEM	33
valacyclovir hcl oral	18
VALIUM	18
valsartan	21
valsartan-hydrochlorothiazide	21
VALTRESX	18
VANATOL LQ	11
VANATOL S	11
vandazole	13
VANOS	25
vardenafil hcl oral tablet	28
vardenafil hcl oral tablet dispersible	28
VARUBI ORAL	15
VASCEPA	21
VASOTEC	21
VECTICAL	25
VELPHORO	30
VELTASSA	29
VEMLIDY	18
venlafaxine hcl	15
venlafaxine hcl er oral capsule extended release 24 hour	15
venlafaxine hcl er oral tablet extended release 24 hour	15
VENTOLIN HFA	38, 39
verapamil hcl er	21
verapamil hcl oral	21
VERDESO	25
verdrocet	11
VERELAN	21
VERELAN PM	21
VERIPRED 20	34
VERZENIO	17
VIAGRA	28
VIBERZI	30

VIBRAMYCIN ORAL CAPSULE ...	13
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	13
vicodin	11
vicodin es	11
vicodin hp	11
VICTOZA SOLUTION PEN- INJECTOR 18 MG/3ML SUBCUTANEOUS 2-PAK	28
VICTOZA SOLUTION PEN- INJECTOR 18 MG/3ML SUBCUTANEOUS 3-PAK	28
vienva	33
VIGAMOX	37
VIIBRYD	15
VIIBRYD STARTER PACK	15
VIMPAT ORAL	14
VIOKACE	30
viorele	33
VIREAD ORAL POWDER	18
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	18
VIREAD ORAL TABLET 300 MG .	18
VISTARIL	18
vitamin d (ergocalciferol) oral capsule 50000 unit	29
Vivelle-Dot	31, 34
Vivelle-Dot)	31, 34
VIVLODEX	12
VOGELXO	35
VOGELXO PUMP	35
VOLTAREN	12
VOSEVI	18
vyfemla	34
vylibra	34
VYTORIN	21
VYVANSE	22

W

warfarin sodium oral	13
WELCHOL	21
WELLBUTRIN SR	15
WELLBUTRIN XL	15
wera	34
WESTHROID	35

WP THYROID	35
------------------	----

X

XALATAN	38
XANAX	18
XANAX XR	18
XARELTO	13
XARELTO STARTER PACK	13
XELJANZ	36
XELJANZ XR	36
XELODA	17
XELPROS	38
XHANCE	38
XIIDRA	38
XIMINO	13
XOLEGEL	16
XOPENEX HFA	39
XTAMPZA ER	11
xulane	34

Y

YASMIN 28	34
YAZ	34
YONSA	17
yuvaferm	34

Z

ZANAFLEX	40
zarah	34
ZARXIO	28
zebutal	11
ZELAPAR	17
ZEMBRACE SYMTOUCH	16
zenatane	25
ZENPEP	30
ZENZEDI	22
ZEPATIER	18
ZESTORETIC	21
ZESTRIL	21
ZETIA	21
ZETONNA	38
ZIAC	21
ziprasidone hcl	17
ZIPSOR	12

ZITHROMAX ORAL	13
ZITHROMAX TRI-PAK.....	13
ZITHROMAX Z-PAK.....	13
ZOCOR.....	21
ZOFRAN.....	15
ZOHYDRO ER	11
ZOLOFT	15
zolpidem tartrate er	40
zolpidem tartrate oral	40
zolpidem tartrate sublingual	40
ZOLPIMIST.....	40
ZOMACTON	34
ZONEGRAN	14
zonisamide oral	14
ZONTIVITY.....	17
ZOVIRAX ORAL	18
ZTLIDO.....	11
ZUBSOLV	12
ZUPLENZ	15
ZURAMPIC	16
ZYCLARA.....	25
ZYCLARA PUMP	25
ZYLOPRIM.....	16
ZYPREXA ORAL	17
ZYPREXA ZYDIS	17
ZYTIGA ORAL TABLET 250 MG..	17
ZYTIGA ORAL TABLET 500 MG..	17

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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**ខ្មែរ(Khmer)**សម្រាប់ជំនួយភាសាដទៃយុត្តិធម៌ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដល់មានលេខទូរស័ព្ទសេរីសម្រាប់អ្នក។

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DÍI BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníit'igo, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shòqdi ninaaltsoos nit'izíí bee nééhozinígíí bine'déę' t'áá jíík'ehgo béesh bee hane'í biká'ígíí bee hodiilnih.

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



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