# Your 2020 Prescription Drug List

## Traditional 3-Tier

Effective Jan. 1, 2020

This Prescription Drug List (PDL) is accurate as of Jan. 1, 2020 and is subject to change after this date. The next anticipated update will be July 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.

UnitedHealthcare®

# Table of Contents


**Understanding your Prescription Drug List** . . . 3
**Medication tips** . . . 5
**Reading your PDL** . . . 6
**Questions** . . . 9
**Drugs by category** . . . 10
**Analgesics**
Drugs for Pain . . . 10
Drugs for Pain and Inflammation . . . 11
**Anti-Addiction / Substance Abuse Treatment Agents** . . . 11
**Antibacterials**
Drugs for Infections . . . 12
**Anticoagulants**
Drugs to Treat or Prevent Blood Clots . . . 13
**Anticonvulsants**
Drugs for Seizures . . . 13
**Antidementia Agents**
Drugs for Alzheimer's Disease and Dementia . . . 14
**Antidepressants**
Drugs for Depression . . . 14
**Antiemetics**
Drugs for Nausea and Vomiting . . . 15
**Antifungals**
Drugs for Fungal Infections . . . 15
**Antigout Agents**
Drugs for Gout . . . 15
**Antimigraine Agents**
Drugs for Migraines . . . 16
**Antineoplastics**
Drugs for Cancer . . . 16
**Antiparasitics**
Drugs for Parasitic Infections . . . 16
**Antiparkinson Agents**
Drugs for Parkinson's Disease . . . 16
**Antiplatelets**
Drugs for Heart Attack and Stroke Prevention . . . 17
**Antipsychotics**
Drugs for Mood Disorders . . . 17
**Antivirals**
Drugs for Viral Infections . . . 17
**Anxiolytics**
Drugs for Anxiety . . . 18
**Bipolar Agents**
Drugs for Mood Disorders . . . 18
**Cardiovascular Agents**
Drugs for Heart and Circulation Conditions . . . 18
**Central Nervous System Agents**
Drugs for Attention Deficit Disorder . . . 21
Drugs for Multiple Sclerosis . . . 21
Miscellaneous . . . 22
**Dental and Oral Agents**
Drugs for Mouth and Throat Conditions . . . 22
**Dermatological Agents**
Drugs for Skin Conditions . . . 22
**Diabetes**
Glucose Monitoring . . . 25
Insulin . . . 26
Non-Insulin Agents . . . 27
**Drugs for Blood Disorders** . . . 27
**Drugs for Sexual Dysfunction** . . . 28
**Electrolytes / Vitamins** . . . 28
**Gastrointestinal Agents**
Drugs for Acid Reflux and Ulcer . . . 28
Drugs for Bowel, Intestine and Stomach Conditions . . . 29
**Genetic or Enzyme Disorder**
Drugs for Replacement, Modification, Treatment . . . 29
**Genitourinary Agents**
Drugs for Bladder, Genital and Kidney Conditions . . . 29
Drugs for Prostate Conditions . . . 30
**Hormonal Agents**
Hormone Replacement and Birth Control . . . 30
Oral Steroids . . . 33
Other . . . 34
Testosterone Replacement . . . 34
Thyroid . . . 34
**Immunological Agents**
Drugs for Immune System Stimulation or Suppression . . . 35
**Infertility Agents** . . . 35
**Inflammatory Bowel Disease Agents** . . . 36
**Metabolic Bone Disease Agents**
Drugs for Osteoporosis . . . 36
**Ophthalmic Agents**
Drugs for Eye Allergy, Infection and Inflammation . . . 36
Drugs for Glaucoma . . . 37
Drugs for Miscellaneous Eye Conditions . . . 37
**Otic Agents**
Drugs for Ear Conditions . . . 37
**Respiratory**
Drugs for Anaphylaxis . . . 38
**Respiratory Tract / Pulmonary Agents**
Drugs for Allergies, Cough, Cold . . . 38
Drugs for Asthma and COPD . . . 38
Drugs for Cystic Fibrosis . . . 39
Drugs for Pulmonary Hypertension . . . 39
**Skeletal Muscle Relaxants**
Drugs for Muscle Pain and Spasm . . . 39
**Sleep Disorder Agents** . . . 40
**Index** . . . 41

# 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.

### 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.

### What are tiers?

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

### When does the PDL change?

PDL changes typically occur 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.

### 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 medications[2]). 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.

### 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.

### 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.

# 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**<br>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** | $$ | **Mid-range cost**<br>Medications that provide good overall value. Mainly preferred brand-name drugs. | Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs. |
| **Tier 3** | $$$ | **Highest-cost**<br>Medications that provide the lowest overall value. | Ask your doctor if a Tier 1 or Tier 2 option could work for you. |

**Drug list information.**
In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan 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)**<br>Lower-cost options are available and covered. |
| **H** | **Health Care Reform Preventive**<br>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**<br>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]<br>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**<br>Specifies the largest quantity of medication covered per copayment or in a defined period of time. |
| **RS** | **Refill and Save Program**[5]<br>Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary. |
| **SP** | **Specialty Medication**<br>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)**<br>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.

### 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.

## Questions

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

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

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

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

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

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

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| **Analgesics - Drugs for Pain** | | |
| acetaminophen-codeine #2 | 1 | |
| acetaminophen-codeine #3 | 1 | |
| acetaminophen-codeine #4 | 1 | |
| acetaminophen-codeine oral solution | 1 | |
| acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg | 1 | |
| apap-caff-dihydrocodeine | 1 | 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 | |
| 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 | |
| hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg | E | |
| hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg | 1 | |
| hydromorphone hcl er | 1 | PA, ST, QL |
| hydromorphone hcl oral | 1 | |
| hydromorphone hcl rectal | 1 | |

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| HYSINGLA ER | E | PA, ST, QL |
| KADIAN | E | PA, ST, QL |
| lidocaine external ointment | 1 | QL |
| lidocaine external patch | 1 | PA, QL |
| lidocaine-prilocaine external cream | 1 | |
| LIDODERM | E | PA, QL |
| lorcet | 1 | |
| lorcet hd | 1 | |
| lorcet plus | 1 | |
| LORTAB | 3 | |
| MORPHABOND ER | E | PA, ST, QL |
| morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml | 1 | |
| morphine sulfate er oral capsule extended release 24 hour | E | PA, ST, QL |
| morphine sulfate er oral tablet extended release | 1 | PA, QL |
| morphine sulfate oral | 1 | |
| morphine sulfate rectal | 1 | |
| MS CONTIN | 3 | PA, ST, QL |
| NALOCET | E | QL |
| NORCO | 3 | |
| 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 | |
| OXYCONTIN | E | PA, ST, QL |
| PERCOCET | E | |
| phrenilin forte | 1 | QL |
| premium lidocaine | 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 |
|---|---|---|
| PRIMLEV | E | |
| ROXICODONE | 3 | |
| ROXYBOND | 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 | |
| TYLENOL WITH CODEINE #4 | 3 | |
| ULTRAM | 3 | |
| VANATOL LQ | 2 | PA, QL |
| VANATOL S | 2 | PA, QL |
| vicodin | E | |
| vicodin es | E | |
| vicodin hp | E | |
| XTAMPZA ER | 2 | PA, QL |
| zebutal | 1 | QL |
| ZOHYDRO ER | 3 | PA, ST, QL |
| ZTLIDO | E | PA, QL |
| **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 | |

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| ec-naproxen | 1 | |
| etodolac | 1 | |
| etodolac er | 1 | |
| ibu | 1 | |
| ibuprofen oral suspension | E | |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg | 1 | |
| INDOCIN | 3 | |
| indomethacin er | 1 | |
| indomethacin oral | 1 | |
| ketorolac tromethamine oral | 1 | |
| LODINE | E | |
| meloxicam oral | 1 | |
| MOBIC | 3 | |
| nabumetone oral | 1 | |
| NAPRELAN | E | |
| NAPROSYN ORAL SUSPENSION | 3 | PA |
| naproxen dr | 1 | |
| naproxen oral suspension | 1 | PA |
| naproxen oral tablet | 1 | |
| naproxen sodium er | E | |
| naproxen sodium oral tablet 275 mg, 550 mg | 1 | |
| PENNSAID | E | |
| QMIIZ ODT | 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 | 1 | QL |
| CHANTIX | 3 | PA, H |

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

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| 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 | |
| cefadroxil | 1 | |
| cefdinir | 1 | |
| cefuroxime axetil | 1 | |
| CENTANY | 3 | QL |
| CENTANY AT | E | |
| cephalexin | 1 | |
| CIPRO ORAL TABLET | 3 | |
| ciprofloxacin hcl oral | 1 | |
| clarithromycin er | 1 | |
| clarithromycin oral | 1 | |
| CLEOCIN ORAL CAPSULE 150 MG, 300 MG | 3 | |
| CLEOCIN ORAL CAPSULE 75 MG | 2 | |
| clindamycin hcl oral | 1 | |

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| 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 100 mg, 150 mg, 200 mg, 50 mg, 75 mg | E | |
| DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG | E | |
| doxycycline monohydrate oral capsule 100 mg, 50 mg | 1 | |
| doxycycline monohydrate oral capsule 150 mg, 75 mg | E | |
| doxycycline monohydrate oral suspension reconstituted | 1 | |
| doxycycline monohydrate oral tablet | 1 | |
| FLAGYL | 3 | |
| KEFLEX | 3 | |
| LEVAQUIN ORAL TABLET 500 MG, 750 MG | 3 | |
| levofloxacin oral | 1 | |
| 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 105 mg, 115 mg, 55 mg, 65 mg, 80 mg | E | PA |
| minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg | E | PA |
| minocycline hcl oral capsule | 1 | |

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 |
|---|---|---|
| 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 | |
| NUZYRA ORAL | 3 | |
| okebo | E | |
| penicillin v potassium | 1 | |
| SOLODYN | E | PA |
| soloxide oral tablet delayed release 150 mg | E | |
| sulfamethoxazole-trimethoprim oral | 1 | |
| sulfatrim pediatric | 1 | |
| TARGADOX | E | |
| vandazole | 1 | |
| VIBRAMYCIN ORAL CAPSULE | 3 | |
| VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED | 3 | |
| XEPI | 3 | QL |
| XIMINO | E | PA |
| ZITHROMAX ORAL | 3 | |
| ZITHROMAX TRI-PAK | 3 | |
| ZITHROMAX Z-PAK | 3 | |
| **Anticoagulants - Drugs to Treat or Prevent Blood Clots** | | |
| BEVYXXA | 3 | QL |
| COUMADIN | 3 | |
| ELIQUIS | 3 | QL |
| ELIQUIS STARTER PACK | 3 | QL |

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| enoxaparin sodium | 1 | QL |
| jantoven | 1 | |
| LOVENOX | E | 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 | |
| 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 | 3 | PA, ST |
| LAMICTAL STARTER | 3 | PA, ST |
| LAMICTAL XR | 3 | PA, ST |
| lamotrigine er | 1 | PA, ST |
| lamotrigine oral tablet | 1 | |
| lamotrigine oral tablet chewable | 1 | |
| lamotrigine oral tablet dispersible | 1 | PA, ST |
| lamotrigine starter kit-blue | 1 | |
| lamotrigine starter kit-green | 1 | |
| lamotrigine starter kit-orange | 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 |
|---|---|---|
| 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 | |
| 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 | |

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| 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 |
| duloxetine hcl oral capsule delayed release particles 40 mg | E | |
| EFFEXOR XR | E | |
| escitalopram oxalate | 1 | |
| fluoxetine hcl oral capsule | 1 | |
| fluoxetine hcl oral capsule delayed release | 1 | QL |
| fluoxetine hcl oral solution | 1 | |
| fluoxetine hcl oral tablet 10 mg | 1 | QL |
| fluoxetine hcl oral tablet 20 mg | 1 | |
| fluoxetine hcl oral tablet 60 mg | E | |
| fluvoxamine maleate | 1 | |
| fluvoxamine maleate er | 1 | QL |
| 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 | |

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 |
|---|---|---|
| REMERON | 3 | |
| REMERON SOLTAB | 3 | |
| sertraline hcl oral | 1 | |
| trazodone hcl oral | 1 | |
| TRINTELLIX | 3 | ST, QL |
| venlafaxine hcl | 1 | |
| venlafaxine hcl er oral capsule extended release 24 hour | 1 | |
| venlafaxine hcl er oral tablet extended release 24 hour | E | QL |
| VIIBRYD | 3 | QL |
| VIIBRYD STARTER PACK | 3 | |
| WELLBUTRIN SR | E | |
| WELLBUTRIN XL | E | |
| ZOLOFT | E | |
| **Antiemetics - Drugs for Nausea and Vomiting** | | |
| AKYNZEO ORAL | 3 | QL |
| BONJESTA | E | PA |
| DICLEGIS | E | PA |
| doxylamine-pyridoxine | E | PA |
| metoclopramide hcl oral solution 5 mg/5ml | 1 | |
| metoclopramide hcl oral tablet | 1 | |
| metoclopramide hcl oral tablet dispersible | E | |
| ondansetron hcl oral | 1 | |
| ondansetron odt | 1 | |
| phenadoz | 1 | |
| prochlorperazine maleate oral | 1 | |
| promethazine hcl oral syrup | 1 | |
| promethazine hcl oral tablet | 1 | |
| promethazine hcl rectal | 1 | |
| promethazine-dm | 1 | |
| promethegan | 1 | |
| REGLAN | 3 | |
| scopolamine | 1 | |
| TRANSDERM SCOP (1.5 MG) | 3 | |

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| VARUBI | 2 | QL |
| ZOFRAN | 3 | |
| ZUPLENZ | E | QL |
| **Antifungals - Drugs for Fungal Infections** | | |
| ciclodan | 1 | |
| CICLODAN SOLUTION | E | |
| ciclopirox | 1 | |
| ciclopirox treatment | 1 | |
| 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 | |
| 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 | |
| febuxostat | 1 | ST, QL |
| MITIGARE | 2 | |

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 |
|---|---|---|
| ULORIC | E | ST, 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 |
| EMGALITY (300 MG DOSE) | E | 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 |
| RELPAX | 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, QL, SP |
| anastrozole oral | 1 | |
| ARIMIDEX | E | |
| bexarotene | E | SP |
| BOSULIF | 2 | PA, ST, QL, SP |
| capecitabine | E | QL, SP |
| ERLEADA | 2 | PA, QL, SP |
| FEMARA | E | |
| GLEEVEC | E | PA, QL, SP |
| IBRANCE | 2 | PA, QL, SP |
| IDHIFA | 2 | PA, QL, SP |

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| imatinib mesylate | 1 | PA, QL, SP |
| letrozole oral | 1 | |
| mercaptopurine oral | 1 | |
| PURIXAN | 3 | PA, SP |
| REVLIMID | 2 | PA, QL, SP |
| SOLTAMOX | E | |
| tamoxifen citrate oral tablet 10 mg | 1 | |
| tamoxifen citrate oral tablet 20 mg | 1 | H-PA |
| TARGRETIN EXTERNAL | 3 | QL, SP |
| TARGRETIN ORAL | 1 | SP |
| TASIGNA | 2 | PA, ST, QL, SP |
| VERZENIO | 2 | PA, QL, SP |
| XELODA | 1 | QL, SP |
| YONSA | E | PA, ST, QL, SP |
| ZYTIGA ORAL TABLET 250 MG | 1 | PA, QL, SP |
| ZYTIGA ORAL TABLET 500 MG | 2 | PA, QL, SP |
| **Antiparasitics - Drugs for Parasitic Infections** | | |
| ARAKODA | 3 | QL |
| atovaquone-proguanil hcl | 1 | |
| ELIMITE | 3 | |
| hydroxychloroquine sulfate oral | 1 | |
| KRINTAFEL | 1 | QL |
| MALARONE | 3 | |
| permethrin external | 1 | |
| PLAQUENIL | E | |
| **Antiparkinson Agents - Drugs for Parkinson's Disease** | | |
| carbidopa-levodopa | 1 | |
| carbidopa-levodopa er | 1 | |
| DUOPA | 3 | PA |
| INBRIJA | 3 | PA, QL, SP |
| MIRAPEX | 3 | |
| MIRAPEX ER | E | |
| pramipexole dihydrochloride | 1 | |
| pramipexole dihydrochloride er | E | |

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 |
|---|---|---|
| REQUIP XL | E | |
| ropinirole hcl | 1 | |
| ropinirole hcl er | E | |
| RYTARY | E | |
| selegiline hcl oral | 1 | |
| SINEMET | 3 | |
| SINEMET CR | 3 | |
| ZELAPAR | 3 | |
| **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 | |
| SAPHRIS | 3 | QL |
| SEROQUEL | E | |
| SEROQUEL XR | E | QL |
| ziprasidone hcl | 1 | QL |
| ZYPREXA ORAL | E | QL |
| ZYPREXA ZYDIS | E | QL |

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| **Antivirals - Drugs for Viral Infections** | | |
| acyclovir oral | 1 | |
| ATRIPLA | E | ST, QL, SP |
| BARACLUDE ORAL SOLUTION | 2 | SP |
| BARACLUDE ORAL TABLET | E | SP |
| CIMDUO | 2 | QL, SP |
| DESCOVY | 3 | QL, SP |
| DOVATO | 2 | QL, SP |
| entecavir | 1 | SP |
| EPCLUSA | 2 | PA, QL, SP |
| GENVOYA | 3 | QL, SP |
| HARVONI | 2 | PA, QL, SP |
| ISENTRESS | 2 | SP |
| ISENTRESS HD | 2 | SP |
| JULUCA | 2 | QL, SP |
| LEDIPASVIR-SOFOSBUVIR | 2 | PA, QL, SP |
| MAVYRET | 2 | PA, QL, SP |
| NORVIR ORAL PACKET | 2 | SP |
| NORVIR ORAL SOLUTION | 2 | SP |
| NORVIR ORAL TABLET | E | SP |
| ODEFSEY | 3 | QL, SP |
| oseltamivir phosphate oral capsule | 1 | |
| oseltamivir phosphate oral suspension reconstituted | 1 | QL |
| PREZCOBIX | 2 | SP |
| PREZISTA | 2 | SP |
| ritonavir | 1 | SP |
| SITAVIG | E | QL |
| SOFOSBUVIR-VELPATASVIR | 2 | PA, QL, SP |
| STRIBILD | 3 | QL, SP |
| SYMFI | 2 | QL, SP |
| SYMFI LO | 2 | QL, SP |
| TAMIFLU ORAL CAPSULE | E | |
| TAMIFLU ORAL SUSPENSION RECONSTITUTED | E | 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 |
|---|---|---|
| tenofovir disoproxil fumarate | 1 | SP |
| TIVICAY | 3 | SP |
| TRIUMEQ | 2 | QL, SP |
| TRUVADA | 3 | QL, 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 |
| VIREAD ORAL TABLET 300 MG | E | SP |
| VOSEVI | 2 | PA, QL, SP |
| ZEPATIER | 2 | PA, ST, QL, SP |
| ZOVIRAX ORAL | 3 | |
| **Anxiolytics - Drugs for Anxiety** | | |
| alprazolam er | 1 | |
| alprazolam intensol | 1 | |
| alprazolam oral | 1 | |
| alprazolam xr | 1 | |
| ATIVAN ORAL | E | |
| buspirone hcl oral | 1 | |
| clonazepam oral | 1 | |
| diazepam intensol | 1 | |
| diazepam oral | 1 | |
| HALCION | 3 | |
| hydroxyzine hcl oral | 1 | |
| hydroxyzine pamoate oral | 1 | |
| KLONOPIN | E | |
| lorazepam intensol | 1 | |
| lorazepam oral | 1 | |
| triazolam | 1 | |
| VALIUM | E | |
| VISTARIL | 3 | |
| XANAX | E | |
| XANAX XR | E | |

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

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

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| CALAN SR | 3 | |
| CARDIZEM | E | |
| 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 ORAL TABLET | 3 | PA, QL |
| COZAAR | 3 | |
| CRESTOR | E | QL |
| diltiazem hcl er coated beads | 1 | |
| diltiazem hcl er oral capsule extended release 12 hour | 1 | |
| diltiazem hcl er oral capsule extended release 24 hour 180 mg, 240 mg | 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 | |
| EZALLOR SPRINKLE | E | |
| ezetimibe | 1 | |

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| ezetimibe-simvastatin | 1 | |
| fenofibrate oral capsule 150 mg, 50 mg | E | |
| fenofibrate oral tablet 120 mg, 145 mg, 40 mg, 48 mg | E | |
| fenofibrate oral tablet 160 mg, 54 mg | 1 | |
| FENOGLIDE | E | |
| flecainide acetate | 1 | |
| FLOLIPID | 3 | PA |
| furosemide oral | 1 | |
| gemfibrozil oral | 1 | |
| GONITRO | E | QL |
| guanfacine hcl | 1 | |
| HEMANGEOL | E | |
| hydralazine hcl oral | 1 | |
| hydrochlorothiazide oral | 1 | |
| HYZAAR | 3 | |
| INDERAL LA | E | |
| irbesartan | 1 | |
| irbesartan-hydrochlorothiazide | 1 | |
| isosorbide mononitrate | 1 | |
| isosorbide mononitrate er | 1 | |
| KAPSPARGO SPRINKLE | 3 | |
| labetalol hcl oral | 1 | |
| LASIX | 3 | |
| LIPITOR | E | QL |
| LIPOFEN | E | |
| lisinopril oral | 1 | |
| lisinopril-hydrochlorothiazide | 1 | |
| LOPID | 3 | |
| LOPRESSOR | 3 | |
| losartan potassium | 1 | |
| losartan potassium-hctz | 1 | |
| LOTENSIN | 3 | |
| LOTENSIN HCT | 3 | |

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

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| LOTREL | 3 | |
| lovastatin | 1 | H |
| LOVAZA | E | PA |
| matzim la | 1 | |
| MAXZIDE | 3 | |
| MAXZIDE-25 | 3 | |
| metoprolol succinate er | 1 | |
| metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg | 1 | |
| metoprolol tartrate oral tablet 37.5 mg, 75 mg | E | |
| MICARDIS | E | |
| MINIPRESS | 3 | |
| minitran | 1 | |
| MULTAQ | 3 | PA |
| nadolol oral | 1 | |
| niacin (antihyperlipidemic) | 1 | |
| niacin er (antihyperlipidemic) | 1 | |
| niacor | 1 | |
| NIASPAN | 3 | |
| nifedipine er | 1 | |
| nifedipine er osmotic release | 1 | |
| nifedipine oral | 1 | |
| NITRO-BID | 2 | |
| NITRO-DUR | 3 | |
| nitroglycerin er | 1 | |
| nitroglycerin sublingual | 1 | |
| nitroglycerin transdermal | 1 | |
| nitroglycerin translingual | E | QL |
| NITROLINGUAL | E | QL |
| NITROMIST | 3 | QL |
| NITROSTAT | 3 | |
| nitro-time | 1 | |
| NORVASC | E | |
| olmesartan medoxomil oral | 1 | |
| olmesartan medoxomil-hctz | 1 | |

| 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, QL, SP |
| 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 | E | |
| ranolazine er | 1 | |
| REPATHA | 2 | PA, ST, QL, SP |
| REPATHA PUSHTRONEX SYSTEM | 2 | PA, ST, QL, SP |
| REPATHA SURECLICK | 2 | PA, ST, QL, SP |
| rosuvastatin calcium | 1 | QL |
| simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg | 1 | H-PA |
| simvastatin oral tablet 80 mg | 1 | |
| sotalol hcl oral | 1 | |
| SOTYLIZE | 3 | PA |
| spironolactone oral | 1 | |
| TEKTURNA | 3 | QL |
| TEKTURNA HCT | 3 | QL |
| telmisartan | 1 | |
| TENORETIC 100 | E | |
| TENORETIC 50 | E | |
| TENORMIN | E | |
| TOPROL XL | 3 | |

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

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| torsemide | 1 | |
| triamterene-hctz | 1 | |
| 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 | |
| WELCHOL | 1 | |
| ZESTORETIC | E | |
| ZESTRIL | E | |
| ZETIA | E | |
| ZIAC | 3 | |
| ZOCOR | 3 | |
| **Central Nervous System Agents - Drugs for Attention Deficit Disorder** | | |
| ADDERALL | E | PA |
| ADDERALL XR | 1 | QL |
| ADHANSIA XR | E | PA, QL |
| amphetamine-dextroamphetamine | 1 | PA |
| amphetamine-dextroamphetamine er | E | QL |
| APTENSIO XR | E | PA, QL |
| atomoxetine hcl | 1 | QL |
| CONCERTA | 1 | PA, QL |
| DEXEDRINE | E | PA |
| dexmethylphenidate hcl | 1 | PA |
| dexmethylphenidate hcl er | 1 | PA, QL |
| dextroamphetamine sulfate | 1 | PA |
| dextroamphetamine sulfate er | 1 | PA |
| FOCALIN | 3 | PA |

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| FOCALIN XR | E | PA, QL |
| guanfacine hcl er | 1 | QL |
| INTUNIV | E | QL |
| JORNAY PM | E | PA |
| 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 |
| 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, QL, SP |
| AUBAGIO | 3 | PA, QL, SP |
| AVONEX PEN | 2 | PA, QL, SP |
| AVONEX PREFILLED | 2 | PA, QL, SP |
| BETASERON | 2 | PA, QL, SP |
| COPAXONE | E | PA, QL, SP |

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 |
|---|---|---|
| dalfampridine er | 1 | PA, QL, SP |
| EXTAVIA | E | PA, ST, QL, SP |
| GILENYA | 3 | PA, QL, SP |
| glatiramer acetate | 1 | PA, QL, SP |
| glatopa | E | PA, QL, SP |
| PLEGRIDY | 3 | PA, QL, SP |
| PLEGRIDY STARTER PACK | 3 | PA, QL, SP |
| REBIF | 3 | PA, ST, QL, SP |
| REBIF REBIDOSE | 3 | PA, ST, QL, SP |
| REBIF REBIDOSE TITRATION PACK | 3 | PA, ST, QL, SP |
| REBIF TITRATION PACK | 3 | PA, ST, QL, SP |
| TECFIDERA | 2 | PA, QL, SP |
| **Central Nervous System Agents - Miscellaneous** | | |
| AUSTEDO | 2 | PA, QL, SP |
| LYRICA | 3 | ST, QL |
| LYRICA CR | E | ST, QL |
| NUEDEXTA | 2 | PA |
| pregabalin oral | 1 | ST, QL |
| RILUTEK | 3 | SP |
| riluzole | 1 | SP |
| TIGLUTIK | 3 | PA |
| **Dental and Oral Agents - Drugs for Mouth and Throat Conditions** | | |
| cavarest | 1 | |
| chlorhexidine gluconate mouth/ throat | 1 | |
| clinpro 5000 | 1 | |
| denta 5000 plus | 1 | |
| dentagel | 1 | |
| fluoridex | 1 | |
| fluoridex enhanced whitening | 1 | |
| lidocaine hcl mouth/throat | 1 | |
| lidocaine viscous mouth/throat solution 2 % | 1 | |
| NAFRINSE DAILY/NEUTRAL | 2 | |
| NAFRINSE WEEKLY | 3 | |

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| neutral sodium fluoride | 1 | |
| paroex | 1 | |
| PERIDEX | 3 | |
| periogard | 1 | |
| PREVIDENT | 3 | |
| PREVIDENT 5000 BOOSTER PLUS | 3 | |
| PREVIDENT 5000 DRY MOUTH | 3 | |
| PREVIDENT 5000 ORTHO DEFENSE | 3 | |
| PREVIDENT 5000 PLUS | 3 | |
| sf | 1 | |
| sf 5000 plus | 1 | |
| sodium fluoride 5000 plus | 1 | |
| sodium fluoride dental | 1 | |
| **Dermatological Agents - Drugs for Skin Conditions** | | |
| ABSORICA | E | PA |
| ACZONE EXTERNAL GEL 5 % | 1 | QL |
| ACZONE EXTERNAL GEL 7.5 % | 3 | QL |
| ALA SCALP | 3 | |
| ala-cort external cream 1 % | E | |
| ala-cort external cream 2.5 % | 1 | |
| ALDARA | 3 | QL |
| ALTRENO | E | PA, QL |
| amnesteem | 1 | |
| ATRALIN | E | PA, QL |
| AVAR | E | |
| avar cleanser | 1 | |
| AVAR LS CLEANSER | E | |
| AVAR LS EXTERNAL PAD | 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 | |

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 |
|---|---|---|
| betamethasone dipropionate external | 1 | |
| bp 10-1 | 1 | |
| calcipotriene-betameth diprop | 1 | QL |
| calcitriol external | 1 | QL |
| CAPEX | 2 | |
| CARAC | 2 | |
| claravis | 1 | |
| CLEOCIN-T EXTERNAL GEL | 3 | QL |
| CLEOCIN-T EXTERNAL LOTION | 3 | |
| clindacin etz external swab | 1 | |
| 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 |

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| clodan external shampoo | E | QL |
| clotrimazole-betamethasone external cream | 1 | QL |
| clotrimazole-betamethasone external lotion | 1 | |
| dapsone external | E | QL |
| DERMA-SMOOTHE/FS BODY | 3 | QL |
| DERMA-SMOOTHE/FS SCALP | 3 | |
| DESONATE | 3 | ST, QL |
| desonide external | 1 | QL |
| DESOWEN | 3 | QL |
| DIPROLENE | 3 | |
| DIPROLENE AF | 3 | |
| DUAC | E | QL |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML | 3 | PA, ST, QL, SP |
| EFUDEX | 3 | |
| ELIDEL | 3 | ST, QL |
| ELOCON | 3 | |
| ENSTILAR | 3 | QL |
| EUCRISA | 3 | ST, QL |
| EVOCLIN | 3 | |
| FINACEA | 3 | |
| fluocinolone acetonide body | 1 | QL |
| fluocinolone acetonide external | 1 | QL |
| fluocinolone acetonide scalp | 1 | |
| fluocinonide external cream 0.05 % | 1 | |
| fluocinonide external cream 0.1 % | E | QL |
| fluocinonide external gel | 1 | |
| fluocinonide external ointment | 1 | |
| fluocinonide external solution | 1 | |
| FLUOROPLEX | 3 | |
| FLUOROURACIL EXTERNAL CREAM 0.5 % | 3 | |
| fluorouracil external cream 5 % | 1 | |
| fluorouracil external solution | 1 | |

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 |
|---|---|---|
| hydrocortisone external cream 1 % | E | |
| hydrocortisone external cream 2.5 % | 1 | |
| hydrocortisone external lotion 2.5 % | 1 | |
| hydrocortisone external ointment 1 %, 2.5 % | 1 | |
| imiquimod external | 1 | QL |
| IMIQUIMOD PUMP | E | QL |
| IMPOYZ | E | QL |
| isotretinoin oral | 1 | |
| KENALOG EXTERNAL | E | QL |
| LOTRISONE | 3 | QL |
| methoxsalen oral | 1 | |
| methoxsalen rapid | 1 | |
| METROCREAM | 3 | |
| METROGEL | E | |
| METROLOTION | 3 | |
| metronidazole external cream | 1 | |
| metronidazole external gel 0.75 % | 1 | |
| metronidazole external gel 1 % | E | |
| metronidazole external lotion | 1 | |
| MIRVASO | 3 | QL |
| mometasone furoate external | 1 | |
| myorisan | 1 | |
| neuac external gel | 1 | QL |
| NORITATE | E | |
| OLUX | E | QL |
| OXSORALEN ULTRA | 2 | |
| PICATO | 3 | QL |
| pimecrolimus | 1 | ST, QL |
| PLEXION | E | |
| PLEXION CLEANSER | E | |
| PLEXION CLEANSING CLOTH | E | |
| RETIN-A | E | PA, QL |
| RHOFADE | 3 | PA, QL |

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| rosadan external cream | 1 | |
| rosadan external gel | 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 | |
| tazarotene external | E | PA, QL |
| TAZORAC EXTERNAL CREAM 0.05 % | 3 | PA, QL |
| TAZORAC EXTERNAL CREAM 0.1 % | 1 | PA, QL |
| TAZORAC EXTERNAL GEL | 3 | PA, QL |
| TEMOVATE | 3 | QL |
| TEXACORT | 2 | |
| TOLAK | E | |

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 |
|---|---|---|
| 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 0.025 %, 0.1 % | 1 | |
| triamcinolone acetonide external cream 0.5 % | 1 | QL |
| triamcinolone acetonide external lotion | 1 | |
| triamcinolone acetonide external ointment | 1 | |
| TRIANEX | E | |
| triderm external cream 0.1 % | 1 | |
| triderm external cream 0.5 % | 1 | QL |
| 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 DEVICE | E | |
| ACCU-CHEK AVIVA CONNECT KIT W/DEVICE | E | |
| ACCU-CHEK AVIVA PLUS | E | |
| ACCU-CHEK AVIVA PLUS TEST STRIPS | E | QL |
| ACCU-CHEK COMPACT PLUS CARE KIT | E | |
| ACCU-CHEK COMPACT PLUS TEST STRIPS | E | QL |
| ACCU-CHEK GUIDE | E | |
| ACCU-CHEK GUIDE TEST STRIPS | E | QL |
| ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE | E | |
| ACCU-CHEK SMARTVIEW TEST STRIPS | E | QL |

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| BD AUTOSHIELD DUO PEN NEEDLES | 2 | |
| BD ULTRA-FINE INSULIN SYRINGES | 2 | |
| BD ULTRA-FINE PEN NEEDLES | 2 | |
| CONTOUR NEXT MONITOR | 2 | |
| CONTOUR NEXT TEST | 2 | QL |
| CONTOUR TEST | E | QL |
| DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) | 3 | PA, QL |
| DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE | 3 | PA, QL |
| EASYPLUS BLOOD GLUCOSE TEST | 3 | QL |
| ENLITE GLUCOSE SENSOR | E | PA |
| FREESTYLE LIBRE 14 DAY READER | 3 | PA, QL |
| FREESTYLE LIBRE 14 DAY SENSOR | 3 | PA, QL |
| FREESTYLE LIBRE READER | 3 | PA, QL |
| FREESTYLE LIBRE SENSOR SYSTEM | 3 | PA, QL |
| FREESTYLE PRECISION NEO TEST | E | QL |
| GUARDIAN CONNECT TRANSMITTER | E | PA, QL |
| GUARDIAN LINK 3 TRANSMITTER | E | |
| GUARDIAN SENSOR (3) | 3 | PA |
| NOVOFINE AUTOCOVER PEN NEEDLE | 2 | |
| NOVOFINE PEN NEEDLE | 2 | |
| NOVOFINE PLUS PEN NEEDLE | 2 | |
| ONETOUCH ULTRA 2 | 1 | |
| ONETOUCH ULTRA BLUE TEST STRIPS | 1 | QL |
| ONETOUCH ULTRA MINI | 1 | |
| ONE TOUCH VERIO KIT W/DEVICE | 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 |
|---|---|---|
| ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE | 1 | |
| ONETOUCH VERIO TEST STRIPS | 1 | QL |
| ONETOUCH VERIO IQ SYSTEM | 1 | |
| ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE | 1 | |
| 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 | |
| PRECISION XTRA MONITOR | E | |
| **Diabetes - Insulin** | | |
| ADMELOG | E | QL |
| ADMELOG SOLOSTAR | E | QL |
| AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT | E | PA, QL |
| AFREZZA INHALATION POWDER 4 & 8 & 12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT | E | PA |
| BASAGLAR KWIKPEN | 1 | QL |
| HUMALOG KWIKPEN | 2 | QL |
| HUMALOG MIX 50/50 KWIKPEN | 2 | QL |
| HUMALOG MIX 50/50 VIAL | 1 | QL |
| HUMALOG MIX 75/25 KWIKPEN | 2 | QL |
| HUMALOG MIX 75/25 VIAL | 1 | QL |
| HUMALOG U-100 JUNIOR KWIKPEN | 2 | QL |
| HUMALOG U-100 VIAL AND CARTRIDGE SUBCUTANEOUS SOLUTION 100 UNIT/ML | 1 | QL |

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| 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 |
| HUMULIN R U-500 VIAL (CONCENTRATED) | 1 | QL |
| HUMULIN R VIAL | 1 | QL |
| INSULIN LISPRO | E | QL |
| LANTUS SOLOSTAR | E | QL |
| LANTUS U-100 VIAL | E | QL |
| LEVEMIR U-100 FLEXTOUCH | E | QL |
| LEVEMIR U-100 VIAL | E | QL |
| NOVOLIN 70/30 FLEXPEN | E | ST, QL |
| NOVOLIN 70/30 FLEXPEN RELION | E | ST, QL |
| NOVOLIN 70/30 RELION | E | ST, QL |
| NOVOLIN 70/30 VIAL | E | ST, QL |
| NOVOLIN N RELION | E | ST, QL |
| NOVOLIN N VIAL | E | ST, QL |
| NOVOLIN R RELION | E | ST, QL |
| NOVOLIN R VIAL | E | ST, QL |
| NOVOLOG FLEXPEN | E | ST, QL |
| NOVOLOG PENFILL | E | ST, QL |
| NOVOLOG U-100 VIAL | E | ST, QL |
| TOUJEO MAX SOLOSTAR | E | QL |
| TOUJEO SOLOSTAR | E | QL |
| TRESIBA | 2 | QL |
| TRESIBA FLEXTOUCH | 2 | QL |

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

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| **Diabetes - Non-Insulin Agents** | | |
| ACTOS | E | QL |
| ADLYXIN | 3 | QL |
| ADLYXIN STARTER PACK | 3 | QL |
| ALOGLIPTIN BENZOATE | E | QL |
| ALOGLIPTIN-METFORMIN HCL | E | QL |
| ALOGLIPTIN-PIOGLITAZONE | E | QL |
| AMARYL | 3 | |
| BYDUREON | 2 | QL |
| BYDUREON BCISE AUTOINJECTOR | 2 | QL |
| BYETTA 10 MCG PEN | 2 | QL |
| BYETTA 5 MCG PEN | 2 | QL |
| FARXIGA | E | ST, QL |
| FORTAMET | E | PA |
| glimepiride | 1 | |
| glipizide er | 1 | |
| glipizide ir | 1 | |
| glipizide xl | 1 | |
| GLUCAGON EMERGENCY | 2 | QL |
| GLUCOPHAGE | 3 | |
| GLUCOPHAGE XR | 3 | PA |
| GLUCOTROL | 3 | |
| GLUCOTROL XL | 3 | |
| GLUMETZA | E | PA |
| glyburide oral | 1 | |
| glyburide-metformin | 1 | |
| GLYXAMBI | 2 | ST, QL |
| INVOKAMET | 2 | QL |
| INVOKAMET XR | 2 | QL |
| INVOKANA | 2 | ST, QL |
| JANUVIA | 3 | ST, QL |
| JARDIANCE | 2 | ST, QL |
| JENTADUETO | 2 | QL |
| JENTADUETO XR | 2 | QL |

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| KAZANO | 2 | QL |
| KOMBIGLYZE XR | 2 | QL |
| metformin hcl er | 1 | |
| metformin hcl er (mod) | E | PA |
| metformin hcl er (osm) | E | PA |
| METFORMIN HCL ORAL SOLUTION | 3 | |
| metformin hcl oral tablet | 1 | |
| NESINA | 2 | QL |
| ONGLYZA | 2 | QL |
| OSENI | 2 | QL |
| OZEMPIC | 3 | QL |
| pioglitazone hcl | 1 | QL |
| RIOMET | 3 | |
| SOLIQUA | 2 | 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 | QL, SP |
| ELOCTATE | 3 | PA, SP |
| HELIXATE FS | E | SP |
| JIVI | 3 | PA, SP |
| KOGENATE FS | 2 | SP |
| KOVALTRY | 2 | SP |
| MULPLETA | 2 | PA, QL, SP |
| NEULASTA | 3 | SP |
| NOVOEIGHT | 2 | SP |
| NUWIQ | 2 | SP |

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 |
|---|---|---|
| RECOMBINATE | 3 | PA, ST, SP |
| RETACRIT | 2 | QL, SP |
| 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 MAINTENANCE PACK | 3 | QL |
| IMVEXXY STARTER PACK | 3 | QL |
| INTRAROSA | 3 | QL |
| LEVITRA | E | QL |
| OSPHENA | 3 | PA, 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 | |
| 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 | |

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| LOKELMA | 3 | PA, QL |
| multi-vitamin/fluoride | 1 | |
| multivitamin/fluoride oral solution | 1 | |
| multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg | 1 | |
| multivitamins/fluoride | 1 | |
| mvc-fluoride | 1 | |
| 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 | |
| OMECLAMOX-PAK | 3 | QL |
| omeprazole oral capsule delayed release | 1 | |
| pantoprazole sodium oral | 1 | |
| PROTONIX ORAL | E | |
| PYLERA | 3 | QL |
| RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE | E | 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 |
|---|---|---|
| rabeprazole sodium oral tablet delayed release | 1 | QL |
| ranitidine hcl oral capsule | E | |
| ranitidine hcl oral syrup | 1 | |
| ranitidine hcl oral tablet 150 mg, 300 mg | E | |
| sucralfate oral tablet | 1 | |
| **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 | QL, H |
| GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM | 2 | QL |
| GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM | 3 | QL |
| hyoscyamine sulfate er | 1 | |
| hyoscyamine sulfate oral | 1 | |
| hyoscyamine sulfate sl | 1 | |
| hyoscyamine sulfate sublingual | 1 | |
| hyosyne | 1 | |
| LEVBID | 3 | |
| LEVSIN ORAL | 3 | |
| LEVSIN/SL | 3 | |
| LINZESS | 2 | PA, QL |
| LOMOTIL | 3 | |
| MOTEGRITY | 3 | PA, QL |
| MOVANTIK | E | PA, QL |
| MOVIPREP | 3 | QL |
| NULEV | 3 | |
| oscimin | 1 | |

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| oscimin sr | 1 | |
| peg 3350/electrolytes | 1 | H |
| peg-3350/electrolytes | 1 | QL, H |
| PLENVU | 3 | |
| PREPOPIK | 3 | QL |
| SUPREP BOWEL PREP KIT | 3 | QL |
| SYMAX DUOTAB | 3 | |
| symax-sl | 1 | |
| symax-sr | 1 | |
| SYMPROIC | 2 | PA, QL |
| TRULANCE | 3 | PA, ST, QL |
| URSO 250 | 3 | |
| URSO FORTE | 3 | |
| ursodiol oral | 1 | |
| VIBERZI | 3 | PA, QL |
| **Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment** | | |
| CERDELGA | 2 | PA, SP |
| CREON | 2 | |
| ENDARI | 3 | PA, QL |
| NITYR | 2 | PA, SP |
| ORFADIN | E | PA, SP |
| PANCREAZE | 3 | ST |
| PERTZYE | 3 | ST |
| STRENSIQ | 2 | PA, QL, SP |
| VIOKACE | 3 | ST |
| ZENPEP | 2 | |
| **Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions** | | |
| AURYXIA | 3 | |
| CUPRIMINE | 3 | SP |
| DEPEN TITRATABS | 2 | SP |
| DITROPAN XL | 3 | |
| D-PENAMINE | 2 | SP |
| FOSRENOL ORAL PACKET | 3 | |

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

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| FOSRENOL ORAL TABLET CHEWABLE | E | |
| GELNIQUE | E | |
| GELNIQUE PUMP | E | |
| lanthanum carbonate | 1 | |
| oxybutynin chloride er | 1 | |
| oxybutynin chloride oral | 1 | |
| penicillamine oral | 1 | SP |
| phenazo oral tablet 200 mg | 1 | |
| phenazopyridine hcl oral tablet 100 mg, 200 mg | 1 | |
| PYRIDIUM | 3 | |
| TOVIAZ | 3 | |
| VELPHORO | 2 | |
| **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** | | |
| afirmelle | 1 | H |
| ALORA | 3 | QL |
| altavera | 1 | H |
| alyacen 1/35 | 1 | H |
| amethia | 1 | H |
| amethia lo | 1 | H |
| apri | 1 | H |
| ashlyna | 1 | H |
| aubra | 1 | H |
| aubra eq | 1 | H |

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| aurovela 1.5/30 | 1 | H |
| aurovela 1/20 | 1 | H |
| aurovela 24 fe | 1 | H |
| aurovela fe 1.5/30 | 1 | H |
| aurovela fe 1/20 | 1 | H |
| aviane | 1 | H |
| AYGESTIN | 3 | |
| ayuna | 1 | H |
| azurette | 1 | H |
| balziva | 1 | H |
| bekyree | 1 | H |
| BEYAZ | E | |
| BIJUVA | 3 | |
| blisovi 24 fe | 1 | H |
| blisovi fe 1.5/30 | 1 | H |
| briellyn | 1 | H |
| camila | 1 | H |
| camrese | 1 | H |
| camrese lo | 1 | H |
| chateal | 1 | H |
| chateal eq | 1 | H |
| CLIMARA | E | QL |
| CLIMARA PRO | 3 | QL |
| cryselle-28 | 1 | H |
| cyclafem 1/35 | 1 | H |
| cyred | 1 | H |
| cyred eq | 1 | H |
| dasetta 1/35 | 1 | H |
| daysee | 1 | H |
| deblitane | 1 | H |
| delyla | 1 | H |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML | 3 | |

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

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | |
| DEPO-SUBQ PROVERA 104 | 2 | |
| desogestrel-ethinyl estradiol | 1 | H |
| DIVIGEL | 3 | |
| dotti | E | QL |
| drospiren-eth estrad-levomefol | E | |
| drospirenone-ethinyl estradiol | 1 | H |
| DUAVEE | 3 | QL |
| ELESTRIN | 3 | |
| elinest | 1 | H |
| emoquette | 1 | H |
| enskyce | 1 | H |
| errin | 1 | H |
| estarylla | 1 | H |
| ESTRACE ORAL | 3 | |
| ESTRACE VAGINAL | 1 | |
| estradiol oral | 1 | |
| estradiol patch twice weekly 0.025 mg/24hr transdermal (generic for Minivelle) | 1 | QL |
| estradiol patch twice weekly 0.025 mg/24hr transdermal (generic for Vivelle-Dot) | E | QL |
| estradiol patch twice weekly 0.0375 mg/24hr transdermal (generic for Minivelle) | 1 | QL |
| estradiol patch twice weekly 0.0375 mg/24hr transdermal (generic for Vivelle-Dot) | E | QL |
| estradiol patch twice weekly 0.05 mg/24hr transdermal (generic for Minivelle) | 1 | QL |
| estradiol patch twice weekly 0.05 mg/24hr transdermal (generic for Vivelle-Dot) | E | QL |
| estradiol patch twice weekly 0.075 mg/24hr transdermal (generic for Minivelle) | 1 | QL |
| estradiol patch twice weekly 0.075 mg/24hr transdermal (generic for Vivelle-Dot) | E | QL |

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

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 |
|---|---|---|
| larin fe 1.5/30 | 1 | H |
| larin fe 1/20 | 1 | H |
| larissia | 1 | H |
| lessina | 1 | H |
| levonorgest-eth est & eth est | E | |
| levonorgest-eth estrad 91-day | 1 | H |
| levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg | 1 | H |
| levora 0.15/30 (28) | 1 | H |
| lillow | 1 | H |
| LO LOESTRIN FE | 3 | |
| LOESTRIN 1.5/30 (21) | 3 | |
| LOESTRIN 1/20 (21) | 3 | |
| LOESTRIN FE 1.5/30 | 3 | |
| LOESTRIN FE 1/20 | 3 | |
| loryna | 1 | H |
| LOSEASONIQUE | 3 | |
| low-ogestrel | 1 | H |
| lo-zumandimine | 1 | H |
| lutera | 1 | H |
| lyza | 1 | H |
| marlissa | 1 | H |
| medroxyprogesterone acetate intramuscular | 1 | H |
| medroxyprogesterone acetate oral | 1 | |
| melodetta 24 fe | E | |
| MENOSTAR | 3 | QL |
| mibelas 24 fe | E | |
| microgestin 1.5/30 | 1 | H |
| microgestin 1/20 | 1 | H |
| microgestin fe 1.5/30 | 1 | H |
| microgestin fe 1/20 | 1 | H |
| mili | 1 | H |
| MINASTRIN 24 FE | E | |
| MINIVELLE | E | QL |

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| MIRCETTE | 3 | |
| mono-linyah | 1 | H |
| NATAZIA | 2 | |
| necon 0.5/35 (28) | 1 | H |
| nikki | 1 | H |
| nora-be | 1 | H |
| norethin ace-eth estrad-fe oral tablet | 1 | H |
| norethin ace-eth estrad-fe oral tablet chewable | E | |
| norethindrone acetate oral | 1 | |
| norethindrone acet-ethinyl est | 1 | H |
| norethindrone oral | 1 | H |
| norgestimate-eth estradiol | 1 | H |
| 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 LO | E | |
| 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 | |

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 |
|---|---|---|
| previfem | 1 | H |
| progesterone micronized oral | 1 | |
| PROMETRIUM | E | |
| PROVERA | 3 | |
| QUARTETTE | E | |
| reclipsen | 1 | H |
| rivelsa | E | |
| SAFYRAL | E | |
| SEASONIQUE | 3 | |
| setlakin | 1 | H |
| sharobel | 1 | H |
| simliya | 1 | H |
| simpesse | 1 | H |
| sprintec 28 | 1 | H |
| sronyx | 1 | H |
| syeda | 1 | H |
| tarina 24 fe | 1 | H |
| tarina fe 1/20 | 1 | H |
| tarina fe 1/20 eq | 1 | H |
| TAYTULLA | E | |
| tri femynor | 1 | H |
| tri-estarylla | 1 | H |
| tri-linyah | 1 | H |
| tri-lo-estarylla | 1 | H |
| tri-lo-marzia | 1 | H |
| tri-lo-mili | 1 | H |
| tri-lo-sprintec | 1 | H |
| tri-mili | 1 | H |
| tri-previfem | 1 | H |
| tri-sprintec | 1 | H |
| tri-vylibra | 1 | H |
| tri-vylibra lo | 1 | H |
| tulana | 1 | H |
| tydemy | E | |

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| VAGIFEM | E | |
| vienva | 1 | H |
| viorele | 1 | H |
| 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 |
| zumandimine | 1 | H |
| **Hormonal Agents - Oral Steroids** | | |
| CORTEF | 3 | |
| DECADRON | E | |
| deltasone oral tablet 20 mg | 1 | |
| dexamethasone intensol | 1 | |
| dexamethasone oral | 1 | |
| DEXPAK 10 DAY | 3 | |
| DEXPAK 13 DAY | 3 | |
| DEXPAK 6 DAY | 3 | |
| DXEVO 11-DAY | E | |
| HIDEX 6-DAY | E | |
| 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 | 2 | |
| MILLIPRED DP | 2 | |
| MILLIPRED DP 12-DAY | 2 | |
| ORAPRED ODT | 3 | |
| PEDIAPRED | 2 | |

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 |
|---|---|---|
| prednisolone oral solution | 1 | |
| prednisolone sodium phosphate oral | 1 | |
| prednisone intensol | 1 | |
| prednisone oral | 1 | |
| RAYOS | E | |
| TAPERDEX 12-DAY | 3 | |
| TAPERDEX 6-DAY | 3 | |
| TAPERDEX 7-DAY | 3 | |
| **Hormonal Agents - Other** | | |
| cabergoline | 1 | |
| DDAVP INJECTION | 3 | |
| DDAVP ORAL | 3 | |
| desmopressin acetate injection | 1 | |
| desmopressin acetate oral | 1 | |
| GENOTROPIN | E | PA, QL, SP |
| GENOTROPIN MINIQUICK | E | PA, QL, SP |
| HUMATROPE | E | PA, QL, SP |
| NOCDURNA | 3 | PA, QL |
| NOCTIVA | E | PA, QL |
| NORDITROPIN FLEXPRO | E | PA, QL, SP |
| NUTROPIN AQ NUSPIN 10 | 2 | PA, QL, SP |
| NUTROPIN AQ NUSPIN 20 | 2 | PA, QL, SP |
| NUTROPIN AQ NUSPIN 5 | 2 | PA, QL, SP |
| OMNITROPE | E | PA, QL, SP |
| ORILISSA | 3 | PA, QL |
| STIMATE | 3 | |
| ZOMACTON | E | PA, QL, SP |
| **Hormonal Agents - Testosterone Replacement** | | |
| ANDRODERM | 2 | PA, QL |
| ANDROGEL | E | PA, QL |
| ANDROGEL PUMP | E | PA, QL |
| DEPO-TESTOSTERONE | 3 | |
| FORTESTA | E | PA, QL |
| METHITEST | 2 | |

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| methyltestosterone oral | 1 | |
| NATESTO | E | PA, QL |
| STRIANT | 3 | PA, QL |
| TESTIM | 1 | PA, QL |
| testosterone cypionate intramuscular | 1 | |
| testosterone enanthate intramuscular | 1 | |
| testosterone gel 12.5 mg/act (1%) transdermal | E | PA, QL |
| testosterone gel 20.25 mg/1.25gm (1.62%) transdermal | E | PA, QL |
| testosterone gel 40.5 mg/2.5gm (1.62%) transdermal | E | PA, QL |
| testosterone gel 50 mg/5gm (1%) transdermal | E | PA, QL |
| testosterone transdermal gel 10 mg/act (2%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%) | E | PA, QL |
| testosterone transdermal solution | E | PA, QL |
| VOGELXO | E | PA, QL |
| VOGELXO PUMP | E | PA, QL |
| XYOSTED | E | PA |
| **Hormonal Agents - Thyroid** | | |
| ARMOUR THYROID | 3 | |
| CYTOMEL | E | |
| euthyrox | 1 | |
| levo-t | 1 | |
| levothyroxine sodium oral | 1 | |
| levothyroxine-liothyronine oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg | 1 | |
| levoxyl | 1 | |
| liothyronine sodium oral | 1 | |
| methimazole oral | 1 | |
| NATURE-THROID | 3 | |
| np thyroid | 1 | |
| SYNTHROID | 2 | |
| TAPAZOLE | 3 | |
| TIROSINT | E | |

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| TIROSINT-SOL | 3 | |
| unithroid | 1 | |
| WESTHROID | 3 | |
| WP THYROID | 3 | |
| **Immunological Agents - Drugs for Immune System Stimulation or Suppression** | | |
| ACTEMRA ACTPEN | 3 | PA, ST, QL, SP |
| ACTEMRA SUBCUTANEOUS | 3 | PA, ST, QL, SP |
| ASTAGRAF XL | E | SP |
| AZASAN | 3 | |
| azathioprine oral | 1 | |
| CELLCEPT | E | SP |
| CIMZIA PREFILLED KIT | 2 | PA, QL, SP |
| CIMZIA STARTER KIT | 2 | PA, QL, SP |
| COSENTYX (300 MG DOSE) | 3 | PA, ST, QL, SP |
| COSENTYX 150 MG/ML | 3 | PA, ST, QL, SP |
| COSENTYX SENSOREADY (300 MG) | 3 | PA, ST, QL, SP |
| COSENTYX SENSOREADY PEN | 3 | PA, ST, QL, SP |
| cyclosporine modified | 1 | SP |
| ENBREL | 3 | PA, ST, QL, SP |
| ENBREL MINI | 3 | PA, ST, QL, SP |
| ENBREL SURECLICK | 3 | PA, ST, QL, SP |
| ENVARSUS XR | E | SP |
| FIRAZYR | 1 | PA, QL, SP |
| gengraf | 1 | SP |
| HAEGARDA | 2 | PA, QL, SP |
| HUMIRA | 2 | PA, QL, SP |
| HUMIRA PEDIATRIC CROHNS START | 2 | PA, QL, SP |
| HUMIRA PEN | 2 | PA, QL, SP |
| HUMIRA PEN-CD/UC/HS STARTER | 2 | PA, QL, SP |
| HUMIRA PEN-PS/UV/ADOL HS START | 2 | PA, QL, SP |
| icatibant acetate | E | PA, QL, SP |
| IMURAN | E | |

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| methotrexate oral | 1 | |
| methotrexate sodium oral | 1 | |
| mycophenolate mofetil | 1 | SP |
| mycophenolate sodium | 1 | SP |
| MYFORTIC | E | SP |
| NEORAL | E | SP |
| OLUMIANT | 2 | PA, QL, SP |
| ORENCIA CLICKJECT | 3 | PA, ST, QL, SP |
| ORENCIA SUBCUTANEOUS | 3 | PA, ST, QL, SP |
| OTEZLA | 2 | PA, QL, SP |
| OTREXUP | E | ST, QL |
| PROGRAF ORAL | E | SP |
| RAPAMUNE ORAL SOLUTION | 3 | SP |
| RAPAMUNE ORAL TABLET | E | SP |
| RASUVO | 3 | ST, QL |
| RINVOQ | 2 | PA, QL, SP |
| SILIQ | E | PA, ST, QL, SP |
| SIMPONI | 2 | PA, QL, SP |
| sirolimus oral | 1 | SP |
| SKYRIZI (150 MG DOSE) | 2 | PA, QL, SP |
| STELARA SUBCUTANEOUS | 2 | PA, QL, SP |
| tacrolimus oral | 1 | SP |
| TAKHZYRO | 2 | PA, QL, SP |
| TALTZ | E | PA, ST, QL, SP |
| TREMFYA | 2 | PA, QL, SP |
| TREXALL | 2 | |
| XELJANZ | 2 | PA, ST, QL, SP |
| XELJANZ XR | 2 | PA, ST, QL, SP |
| **Infertility Agents** | | |
| chorionic gonadotropin intramuscular | 1 | SP |
| CRINONE VAGINAL GEL 4 % | 3 | ST |
| CRINONE VAGINAL GEL 8 % | 3 | PA, ST |
| ENDOMETRIN | 2 | PA |
| FOLLISTIM AQ | 2 | SP |

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

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| ganirelix acetate solution 250 mcg/0.5ml subcutaneous (Ferring) | 1 | QL, SP |
| ganirelix acetate solution 250 mcg/0.5ml subcutaneous (Merck/ Organon) | 1 | QL, SP |
| HCG | E | |
| NOVAREL | 3 | SP |
| pregnyl | 1 | 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 | |
| PROCORT | E | |
| PROCTOFOAM HC | 2 | |
| SFROWASA | 3 | |
| sulfasalazine oral | 1 | |
| UCERIS ORAL | 1 | |
| UCERIS RECTAL | 2 | |

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| **Metabolic Bone Disease Agents - Drugs for Osteoporosis** | | |
| alendronate sodium | 1 | |
| BINOSTO | E | QL |
| BONIVA ORAL | 3 | |
| calcitriol oral | 1 | |
| FORTEO | 3 | PA, SP |
| FOSAMAX | 3 | |
| ibandronate sodium oral | 1 | |
| ROCALTROL | 3 | |
| TYMLOS | 3 | PA, SP |
| **Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation** | | |
| ACULAR | 3 | |
| ACULAR LS | 3 | |
| ACUVAIL | E | |
| ALREX | 3 | QL |
| AZASITE | 3 | |
| azelastine hcl ophthalmic | 1 | |
| BESIVANCE | 3 | |
| CILOXAN | 3 | |
| ciprofloxacin hcl ophthalmic | 1 | |
| erythromycin ophthalmic | 1 | H |
| INVELTYS | 3 | |
| ketorolac tromethamine ophthalmic | 1 | |
| LASTACAFT | 3 | QL |
| LOTEMAX OPHTHALMIC GEL | E | |
| LOTEMAX OPHTHALMIC OINTMENT | 3 | |
| LOTEMAX OPHTHALMIC SUSPENSION | 3 | QL |
| LOTEMAX SM | 3 | QL |
| loteprednol etabonate | 1 | QL |
| MAXITROL | 3 | |
| MOXEZA | 3 | |
| moxifloxacin hcl ophthalmic | 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 |
|---|---|---|
| neomycin-polymyxin-dexameth ophthalmic ointment | 1 | |
| neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 | 1 | |
| OCUFLOX | 3 | |
| ofloxacin ophthalmic | 1 | |
| olopatadine hcl ophthalmic solution 0.1 % | 1 | QL |
| olopatadine hcl ophthalmic solution 0.2 % | E | QL |
| PATADAY | E | QL |
| PATANOL | E | QL |
| PAZEO | E | QL |
| polymyxin b-trimethoprim | 1 | |
| POLYTRIM | 3 | |
| PRED FORTE | 3 | |
| PRED MILD | 3 | |
| prednisolone acetate ophthalmic | 1 | |
| TOBRADEX | 3 | |
| TOBRADEX ST | E | |
| tobramycin ophthalmic | 1 | |
| tobramycin-dexamethasone | 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 | |

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| COMBIGAN | 2 | QL |
| COSOPT | 3 | |
| COSOPT PF OPHTHALMIC SOLUTION 22.3-6.8 MG/ML | E | QL |
| dorzolamide hcl-timolol mal | 1 | |
| dorzolamide hcl-timolol mal pf ophthalmic solution 22.3-6.8 mg/ml | E | QL |
| ISTALOL | 3 | |
| latanoprost ophthalmic | 1 | |
| LUMIGAN | 2 | |
| RHOPRESSA | E | QL |
| timolol maleate ophthalmic | 1 | |
| TIMOPTIC | 3 | |
| TIMOPTIC OCUDOSE | 2 | |
| TIMOPTIC-XE | 3 | |
| TRAVATAN Z | 2 | QL |
| VYZULTA | E | ST, QL |
| XALATAN | E | |
| XELPROS | 3 | QL |
| **Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions** | | |
| CEQUA | E | PA, QL |
| RESTASIS | 3 | PA, QL |
| RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % | E | PA, QL |
| XIIDRA | 3 | PA, QL |
| **Otic Agents - Drugs for Ear Conditions** | | |
| CIPRODEX | 3 | |
| FLOXIN OTIC | E | |
| neomycin-polymyxin-hc otic | 1 | |
| ofloxacin otic | 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 |
|---|---|---|
| **Respiratory - Drugs for Anaphylaxis** | | |
| AUVI-Q | E | QL |
| epinephrine solution auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml injection (generic EPIPEN) | 1 | QL |
| EPIPEN 2-PAK | E | QL |
| EPIPEN JR 2-PAK | E | QL |
| SYMJEPI | 2 | QL |
| **Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold** | | |
| ASTEPRO | E | |
| azelastine hcl nasal solution 0.1 %, 137 mcg/spray | 1 | |
| azelastine hcl nasal solution 0.15 % | E | |
| benzonatate oral capsule 100 mg, 200 mg | 1 | |
| benzonatate oral capsule 150 mg | E | |
| bromfed dm | 1 | |
| cyproheptadine hcl oral | 1 | |
| fluticasone propionate nasal | 1 | QL |
| hydrocodone polst-cpm polst er | 1 | PA, QL |
| ipratropium bromide nasal | 1 | |
| levocetirizine dihydrochloride oral | 1 | |
| OMNARIS | E | QL |
| promethazine-codeine | 1 | PA, QL |
| pseudoephedrine-bromphen-dm | 1 | |
| TESSALON PERLES | 3 | |
| TUSSICAPS | 3 | QL |
| XHANCE | E | QL |
| ZETONNA | 3 | QL |
| **Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD** | | |
| ADVAIR DISKUS | 1 | QL |
| ADVAIR HFA | 3 | QL, RS |
| AIRDUO RESPICLICK 113/14 | E | QL |
| AIRDUO RESPICLICK 232/14 | E | QL |
| AIRDUO RESPICLICK 55/14 | E | QL |

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| albuterol sulfate er | 1 | |
| ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (ProAir HFA or Proventil HFA) | 3 | QL |
| ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (Ventolin HFA) | E | QL |
| albuterol sulfate inhalation | 1 | |
| albuterol sulfate oral | 1 | |
| ALVESCO | 1 | QL |
| ANORO ELLIPTA | 3 | QL |
| ARCAPTA NEOHALER | 3 | QL |
| ARNUITY ELLIPTA | 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 |
| BEVESPI AEROSPHERE | 2 | QL |
| BREO ELLIPTA | 3 | QL, RS |
| budesonide inhalation | 1 | QL |
| COMBIVENT RESPIMAT | 3 | QL |
| FLOVENT DISKUS | 3 | QL |
| FLOVENT HFA | 3 | QL |
| fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose | E | QL |
| 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 |

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 |
|---|---|---|
| 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 | E | QL |
| QVAR REDIHALER | 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 | QL, RS |
| TRELEGY ELLIPTA | 3 | QL, RS |
| VENTOLIN HFA | 2 | QL |
| wixela inhub | E | QL |
| XOPENEX HFA | 3 | QL |
| YUPELRI | 3 | PA, QL |
| **Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis** | | |
| BETHKIS | 1 | PA, QL, SP |
| KITABIS PAK | E | PA, QL, SP |
| PULMOZYME | 2 | PA, QL, SP |
| TOBI NEBULIZER | E | PA, QL, SP |
| TOBI PODHALER | 3 | PA, QL, SP |
| tobramycin nebulization solution 300 mg/5ml inhalation | E | PA, QL, SP |

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION | E | PA, QL, SP |
| **Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension** | | |
| ADCIRCA | E | PA, QL, SP |
| ADEMPAS | 2 | PA, QL, SP |
| alyq | 1 | PA, QL, SP |
| ambrisentan | 1 | PA, QL, SP |
| bosentan | 1 | PA, QL, SP |
| LETAIRIS | E | PA, QL, SP |
| OPSUMIT | 2 | PA, QL, SP |
| ORENITRAM | 3 | PA, QL, SP |
| tadalafil (pah) | 1 | PA, QL, SP |
| TRACLEER 62.5 MG, 125 MG | 2 | PA, QL, SP |
| TRACLEER 32 MG | 2 | PA, SP |
| 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 er | E | |
| cyclobenzaprine hcl oral | 1 | |
| FEXMID | 3 | |
| metaxall oral tablet 800 mg | 1 | |
| metaxalone | 1 | |
| methocarbamol oral | 1 | |
| ROBAXIN-750 | 3 | |
| SKELAXIN | E | |
| SOMA ORAL TABLET 250 MG | E | |
| SOMA ORAL TABLET 350 MG | 3 | |

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

| Drug Name | Drug Tier | Requirements & Limits |
|---|---|---|
| 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 |

# Index

## A


ABILIFY ... 17
ABILIFY MYCITE ... 17
abiraterone acetate ... 16
ABSORICA ... 22
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE ... 25
ACCU-CHEK AVIVA DEVICE ... 25
ACCU-CHEK AVIVA PLUS ... 25
ACCU-CHEK AVIVA PLUS TEST STRIPS ... 25
ACCU-CHEK COMPACT PLUS CARE KIT ... 25
ACCU-CHEK COMPACT PLUS TEST STRIPS ... 25
ACCU-CHEK GUIDE ... 25
ACCU-CHEK GUIDE TEST STRIPS ... 25
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE ... 25
ACCU-CHEK SMARTVIEW TEST STRIPS ... 25
ACCUPRIL ... 18
acetaminophen-codeine #2 ... 10
acetaminophen-codeine #3 ... 10
acetaminophen-codeine #4 ... 10
acetaminophen-codeine oral solution ... 10
acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg ... 10
acetazolamide er ... 18
acetazolamide oral ... 18
ACIPHEX ... 28
ACIPHEX SPRINKLE ... 28
ACTEMRA ACTPEN ... 35
ACTEMRA SUBCUTANEOUS ... 35
ACTICLATE ... 12
ACTIGALL ... 29
ACTOS ... 27
ACULAR ... 36
ACULAR LS ... 36
ACUVAIL ... 36
acyclovir oral ... 17
ACZONE EXTERNAL GEL 5 % ... 22
ACZONE EXTERNAL GEL 7.5 % ... 22
ADALAT CC ... 18
ADCIRCA ... 39
ADDERALL ... 21
ADDERALL XR ... 21
ADDYI ... 28
ADEMPAS ... 39
ADHANSIA XR ... 21
ADLYXIN ... 27
ADLYXIN STARTER PACK ... 27
ADMELOG ... 26
ADMELOG SOLOSTAR ... 26
ADVAIR DISKUS ... 38
ADVAIR HFA ... 38
afirmelle ... 30
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT ... 26
AFREZZA INHALATION POWDER 4 & 8 & 12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT ... 26
AFSTYLA ... 27
AIMOVIG ... 16
AIRDUO RESPICLICK 113/14 ... 38
AIRDUO RESPICLICK 232/14 ... 38
AIRDUO RESPICLICK 55/14 ... 38
AKYNZEO ORAL ... 15
ALA SCALP ... 22
ala-cort external cream 1 % ... 22
ala-cort external cream 2.5 % ... 22
albuterol sulfate er ... 38
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION ... 38
albuterol sulfate inhalation ... 38
albuterol sulfate oral ... 38
ALDACTONE ... 18
ALDARA ... 22
alendronate sodium ... 36
alfuzosin hcl er ... 30
aliskiren fumarate ... 18
allopurinol oral ... 15
ALOGLIPTIN BENZOATE ... 27
ALOGLIPTIN-METFORMIN HCL ... 27
ALOGLIPTIN-PIOGLITAZONE ... 27
ALORA ... 30
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % ... 37
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % ... 37
alprazolam er ... 18
alprazolam intensol ... 18
alprazolam oral ... 18
alprazolam xr ... 18
ALREX ... 36
ALTACE ... 18
altavera ... 30
ALTOPREV ... 18
ALTRENO ... 22
ALVESCO ... 38
alyacen 1/35 ... 30
alyq ... 39
AMARYL ... 27
AMBIEN ... 40
AMBIEN CR ... 40
ambrisentan ... 39
AMERGE ... 16
amethia ... 30
amethia lo ... 30
amiodarone hcl oral ... 18
amitriptyline hcl oral ... 14
amlodipine besylate oral ... 18
amlodipine besylate-benazepril hcl ... 18
amlodipine besylate-valsartan ... 18
amnesteem ... 22
amoxicillin ... 12
amoxicillin-potassium clavulanate er ... 12
amoxicillin-potassium clavulanate oral ... 12

amphetamine-dextroamphetamine ... 21
amphetamine-dextroamphetamine er ... 21
AMPYRA ... 21
AMRIX ... 39
ANALPRAM HC ... 36
ANALPRAM HC SINGLES ... 36
ANALPRAM-HC ... 36
ANASPAZ ... 29
anastrozole oral ... 16
ANDRODERM ... 34
ANDROGEL ... 34
ANDROGEL PUMP ... 34
ANORO ELLIPTA ... 38
apap-caff-dihydrocodeine ... 10
apri ... 30
APRISO ... 36
APTENSIO XR ... 21
ARAKODA ... 16
ARANESP (ALBUMIN FREE) ... 27
ARCAPTA NEOHALER ... 38
ARICEPT ORAL TABLET 10 MG, 5 MG ... 14
ARICEPT ORAL TABLET 23 MG ... 14
ARIMIDEX ... 16
aripiprazole oral solution ... 17
aripiprazole oral tablet ... 17
aripiprazole oral tablet dispersible ... 17
ARMOUR THYROID ... 34
ARNUITY ELLIPTA ... 38
ARYMO ER ... 10
ASACOL HD ... 36
ashlyna ... 30
ASMANEX (120 METERED DOSES) ... 38
ASMANEX (14 METERED DOSES) ... 38
ASMANEX (30 METERED DOSES) ... 38
ASMANEX (60 METERED DOSES) ... 38
ASMANEX (7 METERED DOSES) ... 38
ASMANEX HFA ... 38
ASTAGRAF XL ... 35
ASTEPRO ... 38
atenolol oral ... 18
atenolol-chlorthalidone ... 18
ATIVAN ORAL ... 18
atomoxetine hcl ... 21
atorvastatin calcium oral tablet 10 mg, 20 mg ... 18
atorvastatin calcium oral tablet 40 mg, 80 mg ... 18
atovaquone-proguanil hcl ... 16
ATRALIN ... 22
ATRIPLA ... 17
ATROVENT HFA ... 38
AUBAGIO ... 21
aubra ... 30
aubra eq ... 30
AUGMENTIN ... 12
AUGMENTIN ES-600 ... 12
aurovela 1/20 ... 30
aurovela 1.5/30 ... 30
aurovela 24 fe ... 30
aurovela fe 1/20 ... 30
aurovela fe 1.5/30 ... 30
AURYXIA ... 29
AUSTEDO ... 22
AUVI-Q ... 38
AVALIDE ... 18
AVAPRO ... 18
AVAR ... 22
avar cleanser ... 22
AVAR LS CLEANSER ... 22
AVAR LS EXTERNAL PAD ... 22
AVAR-E EMOLLIENT ... 22
AVAR-E GREEN ... 22
AVAR-E LS ... 22
aviane ... 30
avidoxy ... 12
avita ... 22
AVONEX PEN ... 21
AVONEX PREFILLED ... 21
AYGESTIN ... 30
ayuna ... 30
AZASAN ... 35
AZASITE ... 36
azathioprine oral ... 35
azelaic acid external ... 22
azelastine hcl nasal solution 0.1 %, 137 mcg/spray ... 38
azelastine hcl nasal solution 0.15 % ... 38
azelastine hcl ophthalmic ... 36
azithromycin oral ... 12
AZOPT ... 37
AZULFIDINE ... 36
AZULFIDINE EN-TABS ... 36
azurette ... 30

## B

baclofen oral ... 39
BACTRIM ... 12
BACTRIM DS ... 12
balziva ... 30
BARACLUDE ORAL SOLUTION ... 17
BARACLUDE ORAL TABLET ... 17
BASAGLAR KWIKPEN ... 26
BD AUTOSHIELD DUO PEN NEEDLES ... 25
BD ULTRA-FINE INSULIN SYRINGES ... 25
BD ULTRA-FINE PEN NEEDLES ... 25
bekyree ... 30
BELBUCA ... 10
benazepril hcl oral ... 18
benazepril-hydrochlorothiazide ... 18
BENICAR ... 18
BENICAR HCT ... 18
benzonatate oral capsule 100 mg, 200 mg ... 38
benzonatate oral capsule 150 mg ... 38
BESIVANCE ... 36
betamethasone dipropionate aug ... 22
betamethasone dipropionate external ... 23
BETAPACE ... 18
BETASERON ... 21

BETHKIS ..... 39
BETIMOL ..... 37
BEVESPI AEROSPHERE ..... 38
BEVYXXA ..... 13
bexarotene ..... 16
BEYAZ ..... 30
BIDIL ..... 18
BIJUVA ..... 30
bimatoprost ophthalmic ..... 37
BINOSTO ..... 36
bisoprolol fumarate ..... 18
bisoprolol-hydrochlorothiazide ..... 18
blisovi 24 fe ..... 30
blisovi fe 1.5/30 ..... 30
BONIVA ORAL ..... 36
BONJESTA ..... 15
bosentan ..... 39
BOSULIF ..... 16
bp 10-1 ..... 23
BREO ELLIPTA ..... 38
briellyn ..... 30
BRILINTA ..... 17
brimonidine tartrate ophthalmic solution 0.15 % ..... 37
brimonidine tartrate ophthalmic solution 0.2 % ..... 37
bromfed dm ..... 38
budesonide er ..... 36
budesonide inhalation ..... 38
budesonide oral ..... 36
BUNAVAIL ..... 11
buprenorphine hcl sublingual ..... 11
buprenorphine hcl-naloxone hcl ..... 11
bupropion hcl er (sr) ..... 14
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg ..... 14
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG ..... 14
bupropion hcl oral ..... 14
buspirone hcl oral ..... 18
butalbital-apap-caffeine ..... 10
BYDUREON ..... 27
BYDUREON BCISE AUTOINJECTOR ..... 27
BYETTA 10 MCG PEN ..... 27
BYETTA 5 MCG PEN ..... 27
BYSTOLIC ..... 18

## C

cabergoline ..... 34
CALAN ..... 18, 19
CALAN SR ..... 19
calcipotriene-betameth diprop ..... 23
calcitriol external ..... 23
calcitriol oral ..... 36
camila ..... 30
camrese ..... 30
camrese lo ..... 30
CANASA ..... 36
capecitabine ..... 16
CAPEX ..... 23
CARAC ..... 23
CARAFATE ..... 28
carbamazepine er ..... 13
carbamazepine oral ..... 13
CARBATROL ..... 13
carbidopa-levodopa ..... 16
carbidopa-levodopa er ..... 16
CARDIZEM ..... 19
CARDIZEM CD ..... 19
CARDIZEM LA ..... 19
CARDURA ..... 19
carisoprodol oral tablet 250 mg ..... 39
carisoprodol oral tablet 350 mg ..... 39
CAROSPIR ..... 19
cartia xt ..... 19
carvedilol ..... 19
CATAPRES ..... 19
cavarest ..... 22
cefadroxil ..... 12
cefdinir ..... 12
cefuroxime axetil ..... 12
CELEBREX ..... 11
celecoxib oral ..... 11
CELEXA ..... 14
CELLCEPT ..... 35
CENTANY ..... 12
CENTANY AT ..... 12
cephalexin ..... 12
CEQUA ..... 37
CERDELGA ..... 29
CHANTIX ..... 11, 12
CHANTIX CONTINUING MONTH PAK ..... 12
CHANTIX STARTING MONTH PAK ..... 12
chateal ..... 30
chateal eq ..... 30
chlorhexidine gluconate mouth/throat ..... 22
chlorthalidone ..... 19
chorionic gonadotropin intramuscular ..... 35
CIALIS ORAL TABLET 10 MG, 20 MG ..... 28
CIALIS ORAL TABLET 2.5 MG, 5 MG ..... 28
ciclodan ..... 15
CICLODAN SOLUTION ..... 15
ciclopirox ..... 15
ciclopirox treatment ..... 15
CILOXAN ..... 36
CIMDUO ..... 17
CIMZIA PREFILLED KIT ..... 35
CIMZIA STARTER KIT ..... 35
CIPRO ORAL TABLET ..... 12
CIPRODEX ..... 37
ciprofloxacin hcl ophthalmic ..... 36
ciprofloxacin hcl oral ..... 12
citalopram hydrobromide ..... 14
claravis ..... 23
clarithromycin er ..... 12
clarithromycin oral ..... 12
CLENPIQ ..... 29
CLEOCIN ORAL CAPSULE 150 MG, 300 MG ..... 12
CLEOCIN ORAL CAPSULE 75 MG ..... 12
CLEOCIN-T EXTERNAL GEL ..... 23

CLEOCIN-T EXTERNAL LOTION ... 23
CLIMARA ... 30, 31
CLIMARA PRO ... 30
clindacin etz external swab ... 23
clindacin-p ... 23
CLINDAGEL ... 23
clindamycin hcl oral ... 12
clindamycin phos-benzoyl perox external gel 1.2-5 % ... 23
clindamycin phosphate external foam ... 23
clindamycin phosphate external lotion ... 23
clindamycin phosphate external solution ... 23
clindamycin phosphate external swab ... 23
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL ... 23
CLINDESSE ... 12
clinpro 5000 ... 22
clobetasol propionate external cream ... 23
clobetasol propionate external foam ... 23
clobetasol propionate external gel ... 23
clobetasol propionate external liquid ... 23
clobetasol propionate external lotion ... 23
clobetasol propionate external ointment ... 23
clobetasol propionate external shampoo ... 23
clobetasol propionate external solution ... 23
CLOBEX ... 23
CLOBEX SPRAY ... 23
clodan external shampoo ... 23
clonazepam oral ... 18
clonidine hcl oral ... 19
clopidogrel bisulfate oral ... 17
clotrimazole-betamethasone external cream ... 23
clotrimazole-betamethasone external lotion ... 23
COLCHICINE ORAL CAPSULE ... 15
COLCHICINE ORAL TABLET ... 15
COLCRYS ... 15
colesevelam hcl ... 19
COLYTE WITH FLAVOR PACKS ... 29
COMBIGAN ... 37
COMBIVENT RESPIMAT ... 38
CONCERTA ... 21
CONTOUR NEXT MONITOR ... 25
CONTOUR NEXT TEST ... 25
CONTOUR TEST ... 25
CONZIP ... 10
COPAXONE ... 21
COREG ... 19
coremino ... 12
CORGARD ... 19
CORLANOR ORAL TABLET ... 19
CORTEF ... 33
CORTIFOAM ... 36
COSENTYX (300 MG DOSE) ... 35
COSENTYX 150 MG/ML ... 35
COSENTYX SENSOREADY (300 MG) ... 35
COSENTYX SENSOREADY PEN ... 35
COSOPT ... 37
COSOPT PF OPHTHALMIC SOLUTION 22.3-6.8 MG/ML ... 37
COUMADIN ... 13
COZAAR ... 19
CREON ... 29
CRESEMBA ORAL ... 15
CRESTOR ... 19
CRINONE VAGINAL GEL 4 % ... 35
CRINONE VAGINAL GEL 8 % ... 35
cryselle-28 ... 30
CUPRIMINE ... 29
cyclafem 1/35 ... 30
cyclobenzaprine hcl er ... 39
cyclobenzaprine hcl oral ... 39
cyclosporine modified ... 35
CYMBALTA ... 14
cyproheptadine hcl oral ... 38
cyred ... 30
cyred eq ... 30
CYTOMEL ... 34
CYTOTEC ... 28

## D

D-PENAMINE ... 29
dalfampridine er ... 22
dapsone external ... 23
dasetta 1/35 ... 30
daysee ... 30
DDAVP INJECTION ... 34
DDAVP ORAL ... 34
deblitane ... 30
DECADRON ... 33
deltasone oral tablet 20 mg ... 33
delyla ... 30
DELZICOL ... 36
denta 5000 plus ... 22
dentagel ... 22
DEPAKOTE ... 13
DEPAKOTE ER ... 13
DEPAKOTE SPRINKLES ... 13
DEPEN TITRATABS ... 29
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML ... 30
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ... 31
DEPO-SUBQ PROVERA 104 ... 31
DEPO-TESTOSTERONE ... 34
DERMA-SMOOTHE/FS BODY ... 23
DERMA-SMOOTHE/FS SCALP ... 23
DESCOVY ... 17
desmopressin acetate injection ... 34
desmopressin acetate oral ... 34
desogestrel-ethinyl estradiol ... 31
DESONATE ... 23
desonide external ... 23

DESOWEN ..... 23
desvenlafaxine succinate er ..... 14
dexamethasone intensol..... 33
dexamethasone oral ..... 33
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) ..... 25
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE..... 25
DEXEDRINE ..... 21
DEXILANT..... 28
dexmethylphenidate hcl..... 21
dexmethylphenidate hcl er ..... 21
DEXPAK 10 DAY ..... 33
DEXPAK 13 DAY ..... 33
DEXPAK 6 DAY ..... 33
dextroamphetamine sulfate ..... 21
dextroamphetamine sulfate er..... 21
diazepam intensol ..... 18
diazepam oral..... 18
DICLEGIS..... 15
diclofenac potassium.....11
diclofenac sodium er .....11
diclofenac sodium oral.....11
diclofenac sodium transdermal gel 1 % .....11
diclofenac sodium transdermal solution.....11
dicyclomine hcl oral ..... 29
DIFICID..... 12
DIFLUCAN..... 15
DILAUDID ORAL ..... 10
dilt-xr..... 19
diltiazem hcl er coated beads..... 19
diltiazem hcl er oral capsule extended release 12 hour..... 19
diltiazem hcl er oral capsule extended release 24 hour 180 mg, 240 mg ..... 19
diltiazem hcl oral..... 19
DIOVAN..... 19
DIOVAN HCT ..... 19
DIPENTUM..... 36
diphenoxylate-atropine..... 29
DIPROLENE..... 23
DIPROLENE AF ..... 23
DITROPAN XL..... 29
divalproex sodium er ..... 13
divalproex sodium oral ..... 13
DIVIGEL ..... 31
donepezil hcl oral tablet 10 mg, 5 mg ..... 14
donepezil hcl oral tablet 23 mg ..... 14
donepezil hcl oral tablet dispersible ..... 14
DORYX..... 12
DORYX MPC..... 12
dorzolamide hcl-timolol mal ..... 37
dorzolamide hcl-timolol mal pf ophthalmic solution 22.3-6.8 mg/ml..... 37
dotti..... 31
DOVATO..... 17
doxazosin mesylate oral..... 19
doxepin hcl oral ..... 14
doxycycline hyclate oral capsule ... 12
doxycycline hyclate oral tablet 100 mg, 20 mg ..... 12
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg ..... 12
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg ..... 12
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG ..... 12
doxycycline monohydrate oral capsule 100 mg, 50 mg..... 12
doxycycline monohydrate oral capsule 150 mg, 75 mg..... 12
doxycycline monohydrate oral suspension reconstituted ..... 12
doxycycline monohydrate oral tablet ..... 12
doxylamine-pyridoxine ..... 15
DRISDOL ..... 28
drospiren-eth estrad-levomefol ..... 31
drospirenone-ethinyl estradiol ..... 31
DUAC ..... 23
DUAVEE ..... 31
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg ..... 14
duloxetine hcl oral capsule delayed release particles 40 mg..... 14
DUOPA..... 16
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML..... 23
DURAGESIC-100..... 10
DURAGESIC-12 ..... 10
DURAGESIC-25..... 10
DURAGESIC-50 ..... 10
DURAGESIC-75..... 10
DVORAH ..... 10
DXEVO 11-DAY ..... 33
DYAZIDE ..... 19

## E

EASYPLUS BLOOD GLUCOSE TEST ..... 25
EC-NAPROSYN.....11
ec-naproxen .....11
ed-spaz..... 29
EDARBI ..... 19
EDARBYCLOR ..... 19
EDLUAR ..... 40
EFFEXOR XR..... 14
EFUDEX..... 23
ELESTRIN ..... 31
eletriptan hydrobromide..... 16
ELIDEL ..... 23
ELIMITE ..... 16
elinest ..... 31
ELIQUIS ..... 13
ELIQUIS STARTER PACK ..... 13
ELOCON ..... 23
ELOCTATE ..... 27

EMGALITY ..... 16
EMGALITY (300 MG DOSE)..... 16
emoquette ..... 31
enalapril maleate oral ..... 19
ENBREL ..... 35
ENBREL MINI ..... 35
ENBREL SURECLICK ..... 35
ENDARI ..... 29
endocet..... 10
ENDOMETRIN ..... 35
ENLITE GLUCOSE SENSOR ..... 25
enoxaparin sodium ..... 13
enskyce ..... 31
ENSTILAR..... 23
entecavir ..... 17
ENTOCORT EC ..... 36
ENVARSUS XR..... 35
EPANED ..... 19
EPCLUSA..... 17
epinephrine solution auto-injector
0.15 mg/0.3 ml, 0.3 mg/0.3 ml
injection ..... 38
EPIPEN ..... 38
EPIPEN 2-PAK ..... 38
EPIPEN JR 2-PAK..... 38
epitol ..... 13
ERGOCAL ..... 28
ergocalciferol oral capsule ..... 28
ERLEADA..... 16
errin ..... 31
erythromycin ophthalmic ..... 36
escitalopram oxalate ..... 14
ESGIC ..... 10
estarylla ..... 31
ESTRACE ORAL ..... 31
ESTRACE VAGINAL ..... 31
estradiol oral..... 31
estradiol patch twice weekly
0.025 mg/24hr transdermal ..... 31
estradiol patch twice weekly
0.0375 mg/24hr transdermal ..... 31
estradiol patch twice weekly
0.05 mg/24hr transdermal ..... 31
estradiol patch twice weekly
0.075 mg/24hr transdermal ..... 31
estradiol patch twice weekly
0.1 mg/24hr transdermal ..... 31
estradiol transdermal patch
weekly ..... 31
estradiol vaginal cream ..... 31
estradiol vaginal tablet..... 31
ESTRING..... 31
ESTROGEL ..... 31
eszopiclone ..... 40
etodolac .....11
etodolac er.....11
EUCRISA..... 23
euthyrox..... 34
EVAMIST ..... 31
EVOCLIN..... 23
EVZIO..... 12
EXFORGE..... 19
EXTAVIA ..... 22
EXTINA ..... 15
EZALLOR SPRINKLE ..... 19
ezetimibe ..... 19
ezetimibe-simvastatin..... 19

## F

falmina ..... 31
FARXIGA..... 27
fayosim ..... 31
febuxostat ..... 15
FEMARA ..... 16
femynor.....31, 33
fenofibrate oral capsule
150 mg, 50 mg ..... 19
fenofibrate oral tablet
120 mg, 145 mg, 40 mg,
48 mg ..... 19
fenofibrate oral tablet 160 mg,
54 mg ..... 19
FENOGLIDE..... 19
fentanyl transdermal patch 72 hour
100 mcg/hr, 12 mcg/hr,
25 mcg/hr, 50 mcg/hr,
75 mcg/hr ..... 10
fentanyl transdermal patch 72 hour
37.5 mcg/hr, 62.5 mcg/hr,
87.5 mcg/hr ..... 10
FEXMID..... 39
FINACEA..... 23
finasteride oral tablet 5 mg ..... 30
FIORICET..... 10
FIRAZYR..... 35
FLAGYL..... 12
flecainide acetate ..... 19
FLOLIPID..... 19
FLOMAX..... 30
FLORIVA PLUS ..... 28
FLOVENT DISKUS..... 38
FLOVENT HFA ..... 38
FLOXIN OTIC ..... 37
fluconazole oral ..... 15
fluocinolone acetonide body..... 23
fluocinolone acetonide external..... 23
fluocinolone acetonide scalp ..... 23
fluocinonide external cream
0.05 % ..... 23
fluocinonide external cream
0.1 % ..... 23
fluocinonide external gel ..... 23
fluocinonide external ointment ..... 23
fluocinonide external solution..... 23
fluoridex..... 22
fluoridex enhanced whitening..... 22
FLUOROPLEX ..... 23
FLUOROURACIL EXTERNAL
CREAM 0.5 % ..... 23
fluorouracil external cream 5 %..... 23
fluorouracil external solution ..... 23
fluoxetine hcl oral capsule ..... 14
fluoxetine hcl oral capsule delayed
release ..... 14
fluoxetine hcl oral solution ..... 14
fluoxetine hcl oral tablet 10 mg..... 14
fluoxetine hcl oral tablet 20 mg..... 14
fluoxetine hcl oral tablet 60 mg..... 14
fluticasone propionate nasal ..... 38

fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose ..... 38
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT ..... 38
fluvoxamine maleate ..... 14
fluvoxamine maleate er ..... 14
FOCALIN ..... 21
FOCALIN XR ..... 21
folic acid oral tablet 1 mg ..... 28
FOLLISTIM AQ ..... 35
FORFIVO XL ..... 14
FORTAMET ..... 27
FORTEO ..... 36
FORTESTA ..... 34
FOSAMAX ..... 36
FOSRENOL ORAL PACKET ..... 29
FOSRENOL ORAL TABLET CHEWABLE ..... 30
FREESTYLE LIBRE 14 DAY READER ..... 25
FREESTYLE LIBRE 14 DAY SENSOR ..... 25
FREESTYLE LIBRE READER ..... 25
FREESTYLE LIBRE SENSOR SYSTEM ..... 25
FREESTYLE PRECISION NEO TEST ..... 25
furosemide oral ..... 19

## G

gabapentin oral capsule ..... 13
gabapentin oral solution 250 mg/5ml ..... 13
gabapentin oral tablet ..... 13
ganirelix acetate solution 250 mcg/0.5ml subcutaneous (Ferring) ..... 36
ganirelix acetate solution 250 mcg/0.5ml subcutaneous (Merck/ Organon) ..... 36
gavilyte-c ..... 29
gavilyte-g ..... 29
GELNIQUE ..... 30
GELNIQUE PUMP ..... 30
gemfibrozil oral ..... 19
gengraf ..... 35
GENOTROPIN ..... 34
GENOTROPIN MINIQUICK ..... 34
GENVOYA ..... 17
GEODON ORAL ..... 17
gianvi ..... 31
GILENYA ..... 22
glatiramer acetate ..... 22
glatopa ..... 22
GLEEVEC ..... 16
glimepiride ..... 27
glipizide er ..... 27
glipizide ir ..... 27
glipizide xl ..... 27
GLUCAGON EMERGENCY ..... 27
GLUCOPHAGE ..... 27
GLUCOPHAGE XR ..... 27
GLUCOTROL ..... 27
GLUCOTROL XL ..... 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
GONITRO ..... 19
guanfacine hcl ..... 19, 21
guanfacine hcl er ..... 21
GUARDIAN CONNECT TRANSMITTER ..... 25
GUARDIAN LINK 3 TRANSMITTER ..... 25
GUARDIAN SENSOR (3) ..... 25
GYNAZOLE-1 ..... 15

## H

HAEGARDA ..... 35
hailey 24 fe ..... 31
HALCION ..... 18
HARVONI ..... 17
HCG ..... 36
heather ..... 31
HELIXATE FS ..... 27
HEMANGEOL ..... 19
HIDEX 6-DAY ..... 33
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 ..... 35
HUMIRA PEDIATRIC CROHNS START ..... 35
HUMIRA PEN ..... 35
HUMIRA PEN-CD/UC/HS STARTER ..... 35
HUMIRA PEN-PS/UV/ADOL HS START ..... 35
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) ..... 26
HUMULIN R VIAL ..... 26
hydralazine hcl oral ..... 19
hydrochlorothiazide oral ..... 19
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
hydrocortisone external cream 1 % ..... 24
hydrocortisone external cream 2.5 % ..... 24
hydrocortisone external lotion 2.5 % ..... 24
hydrocortisone external ointment 1 %, 2.5 % ..... 24
hydrocortisone oral..... 33
hydromorphone hcl er ..... 10
hydromorphone hcl oral..... 10
hydromorphone hcl rectal..... 10
hydroxychloroquine sulfate oral..... 16
hydroxyzine hcl oral..... 18
hydroxyzine pamoate oral ..... 18
hyoscyamine sulfate er..... 29
hyoscyamine sulfate oral ..... 29
hyoscyamine sulfate sl ..... 29
hyoscyamine sulfate sublingual..... 29
hyosyne ..... 29
HYSINGLA ER ..... 10
HYZAAR ..... 19

## I

ibandronate sodium oral..... 36
IBRANCE ..... 16
ibu.....11
ibuprofen oral suspension .....11
ibuprofen oral tablet 400 mg, 600 mg, 800 mg .....11
icatibant acetate ..... 35
IDHIFA..... 16
imatinib mesylate..... 16
imiquimod external ..... 24
IMIQUIMOD PUMP ..... 24
IMITREX ORAL..... 16
IMITREX STATDOSE REFILL..... 16
IMITREX STATDOSE SYSTEM .... 16
IMITREX SUBCUTANEOUS..... 16
IMPOYZ..... 24
IMURAN ..... 35
IMVEXXY MAINTENANCE PACK..... 28
IMVEXXY STARTER PACK..... 28
INBRIJA..... 16
incassia ..... 31
INCRUSE ELLIPTA ..... 38
INDERAL LA ..... 19
INDOCIN .....11
indomethacin er.....11
indomethacin oral .....11
INSULIN LISPRO ..... 26
INTERMEZZO ..... 40
INTRAROSA ..... 28
introvale ..... 31
INTUNIV ..... 21
INVELTYS ..... 36
INVOKAMET ..... 27
INVOKAMET XR ..... 27
INVOKANA..... 27
ipratropium bromide nasal..... 38
ipratropium-albuterol ..... 39
irbesartan ..... 19
irbesartan-hydrochlorothiazide..... 19
ISENTRESS ..... 17
ISENTRESS HD..... 17
isibloom ..... 31
isosorbide mononitrate..... 19
isosorbide mononitrate er..... 19
isotretinoin oral ..... 24
ISTALOL ..... 37

## J

jantoven ..... 13
JANUVIA ..... 27
JARDIANCE..... 27
jasmiel ..... 31
jencycla ..... 31
JENTADUETO..... 27
JENTADUETO XR..... 27
JIVI ..... 27
jolessa ..... 31
JORNAY PM..... 21
juleber..... 31
JULUCA..... 17
junel 1/20 ..... 31
junel 1.5/30 ..... 31
junel fe 1/20 ..... 31
junel fe 1.5/30 ..... 31
junel fe 24 ..... 31

## K

K-TAB ..... 28
KADIAN..... 10
kalliga ..... 31
KAPSPARGO SPRINKLE..... 19
kariva ..... 31
KAZANO ..... 27
KEFLEX..... 12
KENALOG EXTERNAL..... 24
KEPPRA ORAL..... 13
KEPPRA XR..... 13
ketoconazole external cream ..... 15
ketoconazole external foam ..... 15
ketoconazole external shampoo ... 15
ketorolac tromethamine ophthalmic..... 36
ketorolac tromethamine oral.....11
KITABIS PAK..... 39
KLONOPIN..... 18
klor-con..... 28
klor-con 10..... 28
klor-con m10..... 28
KLOR-CON M15..... 28
klor-con m20..... 28
klor-con sprinkle ..... 28
KOGENATE FS ..... 27

KOMBIGLYZE XR ..... 27
KOVALTRY ..... 27
KRINTAFEL ..... 16
kurvelo ..... 31

## L

labetalol hcl oral ..... 19
LAMICTAL ..... 13
LAMICTAL ODT ..... 13
LAMICTAL STARTER ..... 13
LAMICTAL XR ..... 13
lamotrigine er ..... 13
lamotrigine oral tablet ..... 13
lamotrigine oral tablet chewable.... 13
lamotrigine oral tablet dispersible.. 13
lamotrigine starter kit-blue ..... 13
lamotrigine starter kit-green ..... 13
lamotrigine starter kit-orange ..... 13
lanthanum carbonate ..... 30
LANTUS SOLOSTAR ..... 26
LANTUS U-100 VIAL ..... 26
larin 1/20 ..... 31
larin 1.5/30 ..... 31
larin 24 fe ..... 31
larin fe 1/20 ..... 32
larin fe 1.5/30 ..... 32
larissia ..... 32
LASIX ..... 19
LASTACAFT ..... 36
latanoprost ophthalmic ..... 37
LATUDA ..... 17
LEDIPASVIR-SOFOSBUVIR ..... 17
lessina ..... 32
LETAIRIS ..... 39
letrozole oral ..... 16
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT ..... 39
LEVAQUIN ORAL TABLET 500 MG, 750 MG ..... 12
LEVBID ..... 29
LEVEMIR U-100 FLEXTOUCH ..... 26
LEVEMIR U-100 VIAL ..... 26
levetiracetam er ..... 14
levetiracetam oral ..... 14
LEVITRA ..... 28
levo-t ..... 34
levocetirizine dihydrochloride oral ..... 38
levofloxacin oral ..... 12
levonorgest-eth est & eth est ..... 32
levonorgest-eth estrad 91-day ..... 32
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg ..... 32
levora 0.15/30 (28) ..... 32
levothyroxine sodium oral ..... 34
levothyroxine-liothyronine oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg ..... 34
levoxyl ..... 34
LEVSIN ORAL ..... 29
LEVSIN/SL ..... 29
LEXAPRO ..... 14
LIALDA ..... 36
lidocaine external ointment ..... 10
lidocaine external patch ..... 10
lidocaine hcl mouth/throat ..... 22
lidocaine viscous mouth/throat solution 2 % ..... 22
lidocaine-prilocaine external cream ..... 10
LIDODERM ..... 10
lillow ..... 32
LINZESS ..... 29
liothyronine sodium oral ..... 34
LIPITOR ..... 19
LIPOFEN ..... 19
lisinopril oral ..... 19
lisinopril-hydrochlorothiazide ..... 19
lithium carbonate er ..... 18
lithium carbonate oral ..... 18
LITHOBID ..... 18
LO LOESTRIN FE ..... 32
lo-zumandimine ..... 32
LODINE ..... 11
LOESTRIN 1/20 (21) ..... 32
LOESTRIN 1.5/30 (21) ..... 32
LOESTRIN FE 1/20 ..... 32
LOESTRIN FE 1.5/30 ..... 32
LOKELMA ..... 28
LOMOTIL ..... 29
LOPID ..... 19
LOPRESSOR ..... 19
LOPROX EXTERNAL SHAMPOO ..... 15
lorazepam intensol ..... 18
lorazepam oral ..... 18
lorcet ..... 10
lorcet hd ..... 10
lorcet plus ..... 10
LORTAB ..... 10
loryna ..... 32
losartan potassium ..... 19
losartan potassium-hctz ..... 19
LOSEASONIQUE ..... 32
LOTEMAX OPHTHALMIC GEL ..... 36
LOTEMAX OPHTHALMIC OINTMENT ..... 36
LOTEMAX OPHTHALMIC SUSPENSION ..... 36
LOTEMAX SM ..... 36
LOTENSIN ..... 19
LOTENSIN HCT ..... 19
loteprednol etabonate ..... 36
LOTREL ..... 20
LOTRISONE ..... 24
lovastatin ..... 20
LOVAZA ..... 20
LOVENOX ..... 13
low-ogestrel ..... 32
LUMIGAN ..... 37
LUNESTA ..... 40
lutera ..... 32
LYRICA ..... 22
LYRICA CR ..... 22
lyza ..... 32

## M

MACROBID ..... 12
MACRODANTIN ..... 12
MALARONE ..... 16
marlissa ..... 32
matzim la ..... 20
MAVYRET ..... 17

MAXALT ..... 16
MAXALT-MLT ..... 16
MAXITROL ..... 36
MAXZIDE ..... 20
MAXZIDE-25 ..... 20
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG ..... 33
MEDROL ORAL TABLET 2 MG.... 33
MEDROL ORAL TABLET THERAPY PACK ..... 33
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 ..... 21
metaxall oral tablet 800 mg ..... 39
metaxalone..... 39
metformin hcl er ..... 27
metformin hcl er (mod) ..... 27
metformin hcl er (osm)..... 27
METFORMIN HCL ORAL SOLUTION..... 27
metformin hcl oral tablet..... 27
methimazole oral ..... 34
METHITEST ..... 34
methocarbamol oral ..... 39
methotrexate oral..... 35
methotrexate sodium oral ..... 35
methoxsalen oral ..... 24
methoxsalen rapid ..... 24
METHYLIN ..... 21
methylphenidate hcl er (cd) ..... 21
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg ..... 21
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg ..... 21
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg ..... 21
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg ..... 21
methylphenidate hcl er oral tablet extended release 24 hour ..... 21
methylphenidate hcl oral ..... 21
methylprednisolone oral ..... 33
methyltestosterone oral ..... 34
metoclopramide hcl oral solution 5 mg/5ml ..... 15
metoclopramide hcl oral tablet ..... 15
metoclopramide hcl oral tablet dispersible ..... 15
metoprolol succinate er ..... 20
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg ..... 20
metoprolol tartrate oral tablet 37.5 mg, 75 mg..... 20
METROCREAM ..... 24
METROGEL ..... 24
METROGEL-VAGINAL..... 12
METROLOTION ..... 24
metronidazole external cream..... 24
metronidazole external gel 0.75 % ..... 24
metronidazole external gel 1 %..... 24
metronidazole external lotion ..... 24
metronidazole oral..... 12
metronidazole vaginal ..... 12
mibelas 24 fe ..... 32
MICARDIS..... 20
microgestin 1/20 ..... 32
microgestin 1.5/30 ..... 32
microgestin fe 1/20 ..... 32
microgestin fe 1.5/30 ..... 32
mili ..... 32
MILLIPRED ..... 33
MILLIPRED DP ..... 33
MILLIPRED DP 12-DAY ..... 33
MINASTRIN 24 FE ..... 32
MINIPRESS..... 20
minitran..... 20
Minivelle.....31, 32
MINOCIN ORAL CAPSULE 50 MG ..... 12
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg.... 12
minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg ..... 12
minocycline hcl oral capsule ..... 12
minocycline hcl oral tablet ..... 13
MINOLIRA..... 13
MIRAPEX..... 16
MIRAPEX ER ..... 16
MIRCETTE ..... 32
mirtazapine oral..... 14
MIRVASO ..... 24
misoprostol oral ..... 28
MITIGARE ..... 15
MOBIC.....11
modafinil ..... 40
mometasone furoate external ..... 24
mondoxyne nl oral capsule 100 mg, 50 mg ..... 13
mondoxyne nl oral capsule 75 mg ..... 13
mono-linyah..... 32
montelukast sodium oral ..... 39
morgidox oral..... 13
MORPHABOND ER ..... 10
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml .. 10
morphine sulfate er oral capsule extended release 24 hour ..... 10
morphine sulfate er oral tablet extended release..... 10
morphine sulfate oral..... 10
morphine sulfate rectal ..... 10
MOTEGRITY ..... 29
MOVANTIK..... 29
MOVIPREP..... 29
MOXEZA ..... 36
moxifloxacin hcl ophthalmic..... 36
MS CONTIN ..... 10
MULPLETA..... 27

MULTAQ ..... 20
multi-vitamin/fluoride ..... 28
multivitamin/fluoride oral solution .. 28
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg ..... 28
multivitamins/fluoride..... 28
mupirocin calcium..... 13
mupirocin external ..... 13
mvc-fluoride..... 28
mycophenolate mofetil ..... 35
mycophenolate sodium ..... 35
MYDAYIS..... 21
MYFORTIC..... 35
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 suspension .....11
naproxen oral tablet.....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 ..... 34
necon 0.5/35 (28) ..... 32
neomycin-polymyxin-dexameth ophthalmic ointment..... 37
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1..... 37
neomycin-polymyxin-hc otic..... 37
NEORAL ..... 35
NESINA ..... 27
neuac external gel ..... 24
NEULASTA..... 27
NEURONTIN ..... 14
neutral sodium fluoride ..... 22
niacin (antihyperlipidemic) ..... 20
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..... 29
NIZORAL..... 15
NOCDURNA ..... 34
NOCTIVA..... 34
nora-be ..... 32
NORCO ..... 10
NORDITROPIN FLEXPRO ..... 34
norethin ace-eth estrad-fe oral tablet ..... 32
norethin ace-eth estrad-fe oral tablet chewable ..... 32
norethindrone acet-ethinyl est..... 32
norethindrone acetate oral ..... 32
norethindrone oral ..... 32
norgestimate-eth estradiol..... 32
norgestimate-ethinyl estradiol triphasic..... 32
NORITATE..... 24
norlyda..... 32
norlyroc..... 32
nortrel 0.5/35 (28)..... 32
nortrel 1/35 (21) ..... 32
nortrel 1/35 (28) ..... 32
nortriptyline hcl oral..... 14
NORVASC..... 20
NORVIR ORAL PACKET ..... 17
NORVIR ORAL SOLUTION..... 17
NORVIR ORAL TABLET..... 17
NOVAREL ..... 36
NOVOEIGHT ..... 27
NOVOFINE AUTOCOVER PEN NEEDLE..... 25
NOVOFINE PEN NEEDLE ..... 25
NOVOFINE PLUS PEN NEEDLE.. 25
NOVOLIN 70/30 FLEXPEN..... 26
NOVOLIN 70/30 FLEXPEN RELION..... 26
NOVOLIN 70/30 RELION..... 26
NOVOLIN 70/30 VIAL ..... 26
NOVOLIN N RELION ..... 26
NOVOLIN N VIAL..... 26
NOVOLIN R RELION ..... 26
NOVOLIN R VIAL..... 26
NOVOLOG FLEXPEN..... 26
NOVOLOG PENFILL..... 26
NOVOLOG U-100 VIAL..... 26
np thyroid..... 34
NUCYNTA ..... 10
NUCYNTA ER ..... 10
NUEDEXTA..... 22
NULEV ..... 29
NUTROPIN AQ NUSPIN 10..... 34
NUTROPIN AQ NUSPIN 20..... 34
NUTROPIN AQ NUSPIN 5..... 34
NUVARING ..... 32
NUVESSA ..... 13
NUWIQ ..... 27
NUZYRA ORAL ..... 13
nyamyc ..... 15
nystatin external ..... 15
nystatin mouth/throat..... 15
nystop ..... 15

## O


ocella ..... 32
OCUFLOX ..... 37
ODEFSEY ..... 17
ofloxacin ophthalmic ..... 37
ofloxacin otic ..... 37
ogestrel ..... 32
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
OLUMIANT ..... 35
OLUX ..... 24
OMECLAMOX-PAK ..... 28
omega-3-acid ethyl esters ..... 20
omeprazole oral capsule delayed release ..... 28
OMNARIS ..... 38
OMNITROPE ..... 34
ondansetron hcl oral ..... 15
ondansetron odt ..... 15
ONE TOUCH VERIO KIT W/DEVICE ..... 25
ONETOUCH ULTRA 2 ..... 25
ONETOUCH ULTRA BLUE TEST STRIPS ..... 25
ONETOUCH ULTRA MINI ..... 25
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE ..... 26
ONETOUCH VERIO IQ SYSTEM ..... 26
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE ..... 26
ONETOUCH VERIO TEST STRIPS ..... 26
ONGLYZA ..... 27
ONZETRA XSAIL ..... 16
OPSUMIT ..... 39
ORAPRED ODT ..... 33
ORENCIA CLICKJECT ..... 35
ORENCIA SUBCUTANEOUS ..... 35
ORENITRAM ..... 39
ORFADIN ..... 29
ORILISSA ..... 34
orsythia ..... 32
ORTHO MICRONOR ..... 32
ORTHO TRI-CYCLEN LO ..... 32
ORTHO-NOVUM 1/35 (28) ..... 32
oscimin ..... 29
oscimin sr ..... 29
oseltamivir phosphate oral capsule ..... 17
oseltamivir phosphate oral suspension reconstituted ..... 17
OSENI ..... 27
OSPHENA ..... 28
OTEZLA ..... 35
OTREXUP ..... 35
OXAYDO ..... 10
oxcarbazepine ..... 14
OXSORALEN ULTRA ..... 24
OXTELLAR XR ..... 14
oxybutynin chloride er ..... 30
oxybutynin chloride oral ..... 30
OXYCODONE HCL ER ..... 10
oxycodone hcl oral capsule ..... 10
oxycodone hcl oral concentrate 100 mg/5ml ..... 10
oxycodone hcl oral solution ..... 10
oxycodone hcl oral tablet ..... 10
oxycodone-acetaminophen ..... 10
OXYCONTIN ..... 10
OZEMPIC ..... 27


## P


PACERONE ORAL TABLET 100 MG, 400 MG ..... 20
pacerone oral tablet 200 mg ..... 20
PAMELOR ..... 14
PANCREAZE ..... 29
pantoprazole sodium oral ..... 28
paroex ..... 22
paroxetine hcl ..... 14
paroxetine hcl er ..... 14
PATADAY ..... 37
PATANOL ..... 37
PAXIL ..... 14
PAXIL CR ..... 14
PAZEO ..... 37
PEDIAPRED ..... 33
peg 3350/electrolytes ..... 29
peg-3350/electrolytes ..... 29
penicillamine oral ..... 30
penicillin v potassium ..... 13
PENLAC ..... 15
PENNSAID ..... 11
PENTASA ..... 36
PERCOCET ..... 10
PERFOROMIST ..... 39
PERIDEX ..... 22
periogard ..... 22
permethrin external ..... 16
PERTZYE ..... 29
phenadoz ..... 15
phenazo oral tablet 200 mg ..... 30
phenazopyridine hcl oral tablet 100 mg, 200 mg ..... 30
philith ..... 32
phrenilin forte ..... 10
PICATO ..... 24
pimecrolimus ..... 24
pimtrea ..... 32
pioglitazone hcl ..... 27
pirmella 1/35 ..... 32
PLAQUENIL ..... 16
PLAVIX ..... 17
PLEGRIDY ..... 22
PLEGRIDY STARTER PACK ..... 22
PLENVU ..... 29
PLEXION ..... 24
PLEXION CLEANSER ..... 24
PLEXION CLEANSING CLOTH ..... 24
POLY-VI-FLOR ..... 28
polymyxin b-trimethoprim ..... 37
POLYTRIM ..... 37
portia-28 ..... 32
potassium chloride crys er ..... 28
potassium chloride er ..... 28
potassium chloride oral ..... 28
potassium citrate er ..... 28
PRADAXA ..... 13

PRALUENT ..... 20
pramipexole dihydrochloride ..... 16
pramipexole dihydrochloride er ..... 16
PRAVACHOL ..... 20
pravastatin sodium ..... 20
prazosin hcl oral ..... 20
PRECISION LINK..... 26
PRECISION PCX PLUS TEST..... 26
PRECISION QID MONITOR ..... 26
PRECISION QID TEST ..... 26
PRECISION SOF-TACT MONITOR ..... 26
PRECISION SOF-TACT TEST ..... 26
PRECISION XTRA BLOOD GLUCOSE..... 26
PRECISION XTRA DEVICE ..... 26
PRECISION XTRA KIT ..... 26
PRECISION XTRA MONITOR..... 26
PRED FORTE ..... 37
PRED MILD..... 37
prednisolone acetate ophthalmic .. 37
prednisolone oral solution ..... 34
prednisolone sodium phosphate oral ..... 34
prednisone intensol ..... 34
prednisone oral..... 34
pregabalin oral..... 22
pregnyl..... 36
PREMARIN ORAL ..... 32
PREMARIN VAGINAL..... 32
premium lidocaine ..... 10
PREMPHASE..... 32
PREMPRO ..... 32
PREPOPIK..... 29
PREVIDENT..... 22
PREVIDENT 5000 BOOSTER PLUS..... 22
PREVIDENT 5000 DRY MOUTH.. 22
PREVIDENT 5000 ORTHO DEFENSE ..... 22
PREVIDENT 5000 PLUS ..... 22
previfem..... 33
PREZCOBIX..... 17
PREZISTA ..... 17
PRIMLEV.....11
PRINIVIL ..... 20
PRISTIQ ..... 14
ProAir HFA ..... 38, 39
PROAIR RESPICLICK ..... 39
PROCARDIA..... 20
PROCARDIA XL..... 20
PROCENTRA..... 21
prochlorperazine maleate oral..... 15
PROCORT ..... 36
PROCTOFOAM HC..... 36
progesterone micronized oral..... 33
PROGRAF ORAL ..... 35
promethazine hcl oral syrup ..... 15
promethazine hcl oral tablet ..... 15
promethazine hcl rectal ..... 15
promethazine-codeine ..... 38
promethazine-dm ..... 15
promethegan ..... 15
PROMETRIUM..... 33
propranolol hcl er..... 20
propranolol hcl oral..... 20
PROSCAR..... 30
PROTONIX ORAL..... 28
Proventil HFA..... 38, 39
PROVERA.....31, 33
PROVIGIL..... 40
PROZAC..... 14
pseudoephedrine-bromphen-dm .. 38
PULMICORT FLEXHALER..... 39
PULMICORT SUSPENSION ..... 39
PULMOZYME ..... 39
PURIXAN ..... 16
PYLERA ..... 28
PYRIDIUM..... 30

## Q

QBRELIS..... 20
QMIIZ ODT.....11
QUARTETTE..... 33
QUDEXY XR..... 14
quetiapine fumarate..... 17
quetiapine fumarate er ..... 17
QUFLORA PEDIATRIC ..... 28
QUILLICHEW ER ..... 21
QUILLIVANT XR ..... 21
quinapril hcl ..... 20
QVAR REDIHALER..... 39

## R

RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE ..... 28
rabeprazole sodium oral tablet delayed release..... 29
ramipril..... 20
RANEXA ..... 20
ranitidine hcl oral capsule..... 29
ranitidine hcl oral syrup ..... 29
ranitidine hcl oral tablet 150 mg, 300 mg ..... 29
ranolazine er..... 20
RAPAFLO..... 30
RAPAMUNE ORAL SOLUTION ... 35
RAPAMUNE ORAL TABLET ..... 35
RASUVO ..... 35
RAYOS ..... 34
REBIF ..... 22
REBIF REBIDOSE ..... 22
REBIF REBIDOSE TITRATION PACK..... 22
REBIF TITRATION PACK ..... 22
reclipsen ..... 33
RECOMBINATE ..... 28
REGLAN..... 15
relexxii ..... 21
RELPAX ..... 16
REMERON ..... 15
REMERON SOLTAB ..... 15
REPATHA..... 20
REPATHA PUSHTRONEX SYSTEM..... 20
REPATHA SURECLICK ..... 20
REQUIP XL ..... 17
RESTASIS ..... 37
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % ..... 37
RESTORIL..... 40
RETACRIT ..... 28
RETIN-A..... 24
REVLIMID ..... 16

RHOFADE ... 24
RHOPRESSA ... 37
RILUTEK ... 22
riluzole ... 22
RINVOQ ... 35
RIOMET ... 27
RISPERDAL ... 17
risperidone ... 17
RITALIN ... 21
RITALIN LA ... 21
ritonavir ... 17
rivelsa ... 33
rizatriptan benzoate ... 16
ROBAXIN-750 ... 39
ROCALTROL ... 36
ropinirole hcl ... 17
ropinirole hcl er ... 17
rosadan external cream ... 24
rosadan external gel ... 24
rosuvastatin calcium ... 20
roweepra ... 14
roweepra xr ... 14
ROXICODONE ... 11
ROXYBOND ... 11
RYTARY ... 17

## S

SAFYRAL ... 33
SAPHRIS ... 17
SAVAYSA ... 13
scopolamine ... 15
SEASONIQUE ... 33
selegiline hcl oral ... 17
SERNIVO ... 24
SEROQUEL ... 17
SEROQUEL XR ... 17
sertraline hcl oral ... 15
setlakin ... 33
sf ... 22
sf 5000 plus ... 22
SFROWASA ... 36
sharobel ... 33
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg ... 28
SILIQ ... 35
silodosin ... 30
simliya ... 33
simpesse ... 33
SIMPONI ... 35
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg ... 20
simvastatin oral tablet 80 mg ... 20
SINEMET ... 17
SINEMET CR ... 17
SINGULAIR ORAL PACKET ... 39
SINGULAIR ORAL TABLET ... 39
SINGULAIR ORAL TABLET CHEWABLE ... 39
sirolimus oral ... 35
SITAVIG ... 17
SKELAXIN ... 39
SKYRIZI (150 MG DOSE) ... 35
sodium fluoride 5000 plus ... 22
sodium fluoride dental ... 22
SOFOSBUVIR-VELPATASVIR ... 17
SOLIQUA ... 27
SOLODYN ... 13
soloxide oral tablet delayed release 150 mg ... 13
SOLTAMOX ... 16
SOMA ORAL TABLET 250 MG ... 39
SOMA ORAL TABLET 350 MG ... 39
sotalol hcl oral ... 20
SOTYLIZE ... 20
SPIRIVA HANDIHALER ... 39
SPIRIVA RESPIMAT ... 39
spironolactone oral ... 20
sprintec 28 ... 33
SPRIX ... 11
sronyx ... 33
sss 10-5 ... 24
STAXYN ... 28
STELARA SUBCUTANEOUS ... 35
STENDRA ... 28
STIMATE ... 34
STRATTERA ... 21
STRENSIQ ... 29
STRIANT ... 34
STRIBILD ... 17
STRIVERDI RESPIMAT ... 39
SUBOXONE ... 12
SUBSYS ... 11
subvenite ... 14
subvenite starter kit-blue ... 14
subvenite starter kit-green ... 14
subvenite starter kit-orange ... 14
sucralfate oral tablet ... 29
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 % ... 24
sulfacetamide sodium-sulfur external cream 9.8-4.8 % ... 24
sulfacetamide sodium-sulfur external emulsion ... 24
sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 % ... 24
sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 % ... 24
sulfacetamide sodium-sulfur external lotion 10-5 % ... 24
sulfacetamide sodium-sulfur external lotion 9.8-4.8 % ... 24
sulfacetamide sodium-sulfur external pad ... 24
sulfacetamide sodium-sulfur external suspension 10-5 % ... 24
sulfacetamide sodium-sulfur external suspension 8-4 % ... 24
sulfacleanse 8/4 ... 24
sulfamethoxazole-trimethoprim oral ... 13
sulfamez wash ... 24
sulfasalazine oral ... 36
sulfatrim pediatric ... 13
SUMADAN WASH ... 24
sumatriptan succinate oral ... 16
sumatriptan succinate refill ... 16
sumatriptan succinate subcutaneous ... 16
SUMAXIN ... 24
SUMAXIN WASH ... 24
SUPREP BOWEL PREP KIT ... 29

syeda ... 33
SYMAX DUOTAB ... 29
symax-sl ... 29
symax-sr ... 29
SYMBICORT ... 39
SYMFI ... 17
SYMFI LO ... 17
SYMJEPI ... 38
SYMPROIC ... 29
SYNALAR ... 24
SYNJARDY ... 27
SYNJARDY XR ... 27
SYNTHROID ... 34
SYPRINE ... 28

## T

TACLONEX EXTERNAL OINTMENT ... 24
TACLONEX EXTERNAL SUSPENSION ... 24
tacrolimus oral ... 35
tadalafil (pah) ... 39
tadalafil oral tablet 10 mg, 20 mg ... 28
tadalafil oral tablet 2.5 mg, 5 mg ... 28
TAKHZYRO ... 35
TALTZ ... 35
TAMIFLU ORAL CAPSULE ... 17
TAMIFLU ORAL SUSPENSION RECONSTITUTED ... 17
tamoxifen citrate oral tablet 10 mg ... 16
tamoxifen citrate oral tablet 20 mg ... 16
tamsulosin hcl ... 30
TAPAZOLE ... 34
TAPERDEX 12-DAY ... 34
TAPERDEX 6-DAY ... 34
TAPERDEX 7-DAY ... 34
TARGADOX ... 13
TARGRETIN EXTERNAL ... 16
TARGRETIN ORAL ... 16
tarina 24 fe ... 33
tarina fe 1/20 ... 33
tarina fe 1/20 eq ... 33
TASIGNA ... 16
TAYTULLA ... 33
tazarotene external ... 24
TAZORAC EXTERNAL CREAM 0.05 % ... 24
TAZORAC EXTERNAL CREAM 0.1 % ... 24
TAZORAC EXTERNAL GEL ... 24
TECFIDERA ... 22
TEGRETOL ... 14
TEGRETOL-XR ... 14
TEKTURNA ... 20
TEKTURNA HCT ... 20
telmisartan ... 20
temazepam ... 40
TEMOVATE ... 24
tenofovir disoproxil fumarate ... 18
TENORETIC 100 ... 20
TENORETIC 50 ... 20
TENORMIN ... 20
terazosin hcl ... 30
terbinafine hcl oral ... 15
terconazole ... 15
TESSALON PERLES ... 38
TESTIM ... 34
testosterone cypionate intramuscular ... 34
testosterone enanthate intramuscular ... 34
testosterone gel 12.5 mg/act (1%) transdermal ... 34
testosterone gel 20.25 mg/1.25gm (1.62%) transdermal ... 34
testosterone gel 40.5 mg/2.5gm (1.62%) transdermal ... 34
testosterone gel 50 mg/5gm (1%) transdermal ... 34
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%) ... 34
testosterone transdermal solution ... 34
TEXACORT ... 24
TIGLUTIK ... 22
timolol maleate ophthalmic ... 37
TIMOPTIC ... 37
TIMOPTIC OCUDOSE ... 37
TIMOPTIC-XE ... 37
TIROSINT ... 34
TIROSINT-SOL ... 35
TIVICAY ... 18
TIVORBEX ... 11
tizanidine hcl oral ... 39
TOBI NEBULIZER ... 39
TOBI PODHALER ... 39
TOBRADEX ... 37
TOBRADEX ST ... 37
tobramycin nebulization solution 300 mg/5ml inhalation ... 39
tobramycin ophthalmic ... 37
tobramycin-dexamethasone ... 37
TOBREX ... 37
TOLAK ... 24
TOPAMAX ... 14
TOPAMAX SPRINKLE ... 14
topiramate er ... 14
topiramate oral ... 14
TOPROL XL ... 20
torsemide ... 21
TOUJEO MAX SOLOSTAR ... 26
TOUJEO SOLOSTAR ... 26
TOVIAZ ... 30
TRACLEER 32 MG ... 39
TRACLEER 62.5 MG, 125 MG ... 39
TRADJENTA ... 27
tramadol hcl er (biphasic) ... 11
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG ... 11
tramadol hcl er oral capsule extended release 24 hour 150 mg ... 11
tramadol hcl er oral tablet extended release 24 hour ... 11
tramadol hcl ir ... 11
TRANSDERM SCOP (1.5 MG) ... 15
TRAVATAN Z ... 37
trazodone hcl oral ... 15
TRELEGY ELLIPTA ... 39
TREMFYA ... 35

TRESIBA ..... 26
TRESIBA FLEXTOUCH ..... 26
tretinoin external cream..... 25
tretinoin external gel 0.01 %, 0.05 % ..... 25
tretinoin gel 0.025 % external..... 25
TREXALL ..... 35
trezix .....11
tri femynor ..... 33
tri-estarylla ..... 33
tri-linyah..... 33
tri-lo-estarylla ..... 33
tri-lo-marzia ..... 33
tri-lo-mili ..... 33
tri-lo-sprintec ..... 33
tri-mili..... 33
tri-previfem ..... 33
tri-sprintec ..... 33
tri-vylibra..... 33
tri-vylibra lo..... 33
triamcinolone acetonide external aerosol solution ..... 25
triamcinolone acetonide external cream 0.025 %, 0.1 % ..... 25
triamcinolone acetonide external cream 0.5 % ..... 25
triamcinolone acetonide external lotion..... 25
triamcinolone acetonide external ointment ..... 25
triamterene-hctz ..... 21
TRIANEX..... 25
triazolam..... 18
TRICOR..... 21
triderm external cream 0.1 % ..... 25
triderm external cream 0.5 %..... 25
tridesilon ..... 25
trientine hcl ..... 28
TRILEPTAL ..... 14
TRINTELLIX ..... 15
TRIUMEQ..... 18
TROKENDI XR..... 14
TRULANCE..... 29
TRULICITY..... 27
TRUVADA ..... 18
tulana..... 33
TUSSICAPS ..... 38
tydemy ..... 33
TYLENOL WITH CODEINE #3 .....11
TYLENOL WITH CODEINE #4 .....11
TYMLOS..... 36
TYVASO..... 39
TYVASO REFILL..... 39
TYVASO STARTER ..... 39

## U

UCERIS ORAL..... 36
UCERIS RECTAL..... 36
ULORIC ..... 16
ULTRAM.....11
unithroid..... 35
UROCIT-K 10 ..... 28
UROCIT-K 15 ..... 28
UROCIT-K 5 ..... 28
UROXATRAL ..... 30
URSO 250 ..... 29
URSO FORTE ..... 29
ursodiol oral..... 29

## V

VAGIFEM..... 33
valacyclovir hcl oral ..... 18
VALIUM ..... 18
valsartan..... 21
valsartan-hydrochlorothiazide ..... 21
VALTREX ..... 18
VANATOL LQ .....11
VANATOL S.....11
vandazole ..... 13
VANOS ..... 25
vardenafil hcl oral tablet ..... 28
vardenafil hcl oral tablet dispersible ..... 28
VARUBI ..... 15
VASCEPA..... 21
VASOTEC..... 21
VECTICAL ..... 25
VELPHORO ..... 30
VELTASSA ..... 28
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
VERELAN ..... 21
VERELAN PM ..... 21
VERZENIO ..... 16
VIAGRA..... 28
VIBERZI ..... 29
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) ..... 27
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (3 Pak) ..... 27
vienva ..... 33
VIGAMOX..... 37
VIIBRYD ..... 15
VIIBRYD STARTER PACK..... 15
VIMPAT ORAL ..... 14
VIOKACE ..... 29
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..... 28
Vivelle-Dot.....31, 33
VIVLODEX .....11
VOGELXO ..... 34
VOGELXO PUMP ..... 34

VOLTAREN....11
VOSEVI .... 18
vyfemla .... 33
vylibra .... 33
VYTORIN .... 21
VYVANSE .... 21
VYZULTA.... 37

## W

warfarin sodium oral .... 13
WELCHOL.... 21
WELLBUTRIN SR .... 15
WELLBUTRIN XL.... 15
wera.... 33
WESTHROID .... 35
wixela inhub.... 39
WP THYROID .... 35

## X

XALATAN .... 37
XANAX.... 18
XANAX XR.... 18
XARELTO.... 13
XARELTO STARTER PACK.... 13
XELJANZ.... 35
XELJANZ XR.... 35
XELODA .... 16
XELPROS.... 37
XEPI .... 13
XHANCE .... 38
XIIDRA .... 37
XIMINO.... 13
XOLEGEL.... 15
XOPENEX HFA .... 39
XTAMPZA ER ....11
xulane.... 33
XYOSTED .... 34

## Y

YASMIN 28.... 33
YAZ.... 33
YONSA .... 16
YUPELRI .... 39
yuvafem .... 33

## Z

ZANAFLEX.... 39
zarah .... 33
ZARXIO.... 28
zebutal....11
ZELAPAR .... 17
ZEMBRACE SYMTOUCH.... 16
zenatane.... 25
ZENPEP .... 29
ZENZEDI .... 21
ZEPATIER .... 18
ZESTORETIC.... 21
ZESTRIL.... 21
ZETIA .... 21
ZETONNA .... 38
ZIAC .... 21
ziprasidone hcl .... 17
ZIPSOR....11
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
zumandimine .... 33
ZUPLENZ .... 15
ZYCLARA.... 25
ZYCLARA PUMP .... 25
ZYLOPRIM .... 16
ZYPREXA ORAL .... 17
ZYPREXA ZYDIS .... 17
ZYTIGA ORAL TABLET 250 MG.. 16
ZYTIGA ORAL TABLET 500 MG.. 16

## Nondiscrimination notice and access to communication services

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

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

**Online:** UHC_Civil_Rights@uhc.com

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

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

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

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

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

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

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

# Multi-language interpreter services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániłti'go, saad beę áka›anída›awo›ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shǫǫdí ninaaltsoos nitł'izí bee néehozinígíí bine'dę́ę› t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

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

This document applies to commercial group and student health plan members of UnitedHealthcare.

Insurance coverage provided by or through UnitedHealthcare Insurance Company, UnitedHealthcare Insurance Company of New York, or Oxford Health Insurance, Inc. Oxford HMO products are underwritten by Oxford Health Plans (NJ), Inc. Administrative services provided by United HealthCare Services, Inc., UnitedHealthcare Service LLC, Oxford Health Plans LLC, or their affiliates.

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

©2019 United HealthCare Services, Inc.

19-13084 85443-072019

2020 Prescription Drug List — Traditional 3-Tier

100-19476 7/19