Your 2020 Prescription Drug List

Advantage 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, Neighborhood Health Plan, River Valley, All Savers and Oxford medical plans with a pharmacy benefit subject to the Advantage 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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 . . . 12
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 . . . 16
Antimigraine Agents
Drugs for Migraines . . . 16
Antineoplastics
Drugs for Cancer . . . 16
Antiparasitics
Drugs for Parasitic Infections . . . 16
Antiparkinson Agents
Drugs for Parkinson's Disease . . . 17
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 . . . 22
Miscellaneous . . . 22
Dental and Oral Agents
Drugs for Mouth and Throat Conditions . . . 22
Dermatological Agents
Drugs for Skin Conditions . . . 23
Diabetes
Glucose Monitoring . . . 25
Insulin . . . 26
Non-Insulin Agents . . . 27
Drugs for Blood Disorders . . . 28
Drugs for Sexual Dysfunction . . . 28
Electrolytes / Vitamins . . . 28
Gastrointestinal Agents
Drugs for Acid Reflux and Ulcer . . . 29
Drugs for Bowel, Intestine and Stomach Conditions . . . 29
Genetic or Enzyme Disorder
Drugs for Replacement, Modification, Treatment . . . 30
Genitourinary Agents
Drugs for Bladder, Genital and Kidney Conditions . . . 30
Drugs for Prostate Conditions . . . 30
Hormonal Agents
Hormone Replacement and Birth Control . . . 30
Oral Steroids . . . 34
Other . . . 34
Testosterone Replacement . . . 35
Thyroid . . . 35
Immunological Agents
Drugs for Immune System Stimulation or Suppression . . . 35
Infertility Agents . . . 36
Inflammatory Bowel Disease Agents . . . 36
Metabolic Bone Disease Agents
Drugs for Osteoporosis . . . 37
Ophthalmic Agents
Drugs for Eye Allergy, Infection and Inflammation . . . 37
Drugs for Glaucoma . . . 38
Drugs for Miscellaneous Eye Conditions . . . 38
Otic Agents
Drugs for Ear Conditions . . . 38
Respiratory
Drugs for Anaphylaxis . . . 38
Respiratory Tract / Pulmonary Agents
Drugs for Allergies, Cough, Cold . . . 39
Drugs for Asthma and COPD . . . 39
Drugs for Cystic Fibrosis . . . 40
Drugs for Pulmonary Hypertension . . . 40
Skeletal Muscle Relaxants
Drugs for Muscle Pain and Spasm . . . 40
Sleep Disorder Agents . . . 41
Index . . . 42

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

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

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

3. Depending on your benefit, you may have notification or medical necessity requirements for select medications.
4. Not applicable to Neighborhood Health Plan and Oxford plans.

Coverage details.

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

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

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

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

Infertility
Coverage is determined by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Prior authorization (sometimes referred to as precertification) may be required for Oxford plans.
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	3	QL
ARYMO ER	E	PA, ST, QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
butalbital-apap-caffeine oral tablet	1	QL
CONZIP	E	QL
DILAUDID ORAL	3	
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	2	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, ST, QL
FIORICET	3	QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	1	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	

Drug Name	Drug Tier	Requirements & Limits
hydromorphone hcl er	3	PA, ST, QL
hydromorphone hcl oral	1	
hydromorphone hcl rectal	1	
HYSINGLA ER	E	PA, ST, QL
KADIAN	E	PA, ST, QL
lidocaine external ointment	2	QL
lidocaine external patch	3	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	

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
phrenilin forte	3	QL
premium lidocaine	2	QL
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	2	QL
tramadol hcl ir	1	
trezix	3	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	2	QL
diclofenac potassium	1	
diclofenac sodium er	1	
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	E	

Drug Name	Drug Tier	Requirements & Limits
diclofenac sodium transdermal solution	E	
EC-NAPROSYN	3	
ec-naproxen	1	
etodolac	1	
etodolac er	1	
ibu	1	
ibuprofen oral suspension	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN	3	
indomethacin er	1	
indomethacin oral	1	
ketorolac tromethamine oral	1	
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 TRANSDERMAL GEL 1 %	2	
ZIPSOR	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
Anti-Addiction / Substance Abuse Treatment Agents		
BUNAVAIL	E	PA, QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	2	QL
CHANTIX	3	PA, H
CHANTIX CONTINUING MONTH PAK	3	PA, H
CHANTIX STARTING MONTH PAK	3	PA, H
EVZIO	E	PA, QL
naloxone hcl injection	1	
naltrexone hcl oral	1	
NARCAN	2	QL
SUBOXONE	E	PA, QL
ZUBSOLV	2	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	2	

Drug Name	Drug Tier	Requirements & Limits
clarithromycin oral suspension reconstituted	2	
clarithromycin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
coremino	E	PA
DIFICID	3	QL
DORYX	E	
DORYX MPC	E	
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	E	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	E	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	1	
FLAGYL	3	
KEFLEX	3	
LEVAQUIN ORAL TABLET 500 MG, 750 MG	3	
levofloxacin oral	1	
MACROBID	3	
MACRODANTIN	3	
METROGEL-VAGINAL	E	
metronidazole oral	1	
metronidazole vaginal	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
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	
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	2	
mupirocin calcium	3	QL
mupirocin external	1	QL
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	E	
NUZYRA ORAL	3	QL
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	2	
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	

Drug Name	Drug Tier	Requirements & Limits
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
BEVYXXA	3	QL
COUMADIN	3	
ELIQUIS	3	QL
ELIQUIS STARTER PACK	3	QL
enoxaparin sodium	2	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 oral capsule extended release 12 hour	2	
carbamazepine er oral tablet extended release 12 hour	3	
carbamazepine oral	1	
CARBATROL	3	
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA, ST
DEPAKOTE SPRINKLES	3	PA, ST
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
epitol	1	
gabapentin oral 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

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
LAMICTAL STARTER	3	PA, ST
LAMICTAL XR	3	PA, ST
lamotrigine er	3	PA, ST
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	PA, ST
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	2	
levetiracetam oral	1	
NEURONTIN	3	PA, ST
oxcarbazepine	1	
OXTELLAR XR	E	PA, ST
QUDEXY XR	E	PA, ST
roweepra	1	
roweepra xr	2	
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	

Drug Name	Drug Tier	Requirements & Limits
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT ORAL TABLET 10 MG, 5 MG	3	
ARICEPT ORAL TABLET 23 MG	E	
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	E	
donepezil hcl oral tablet dispersible	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide	1	
CYMBALTA	E	QL
desvenlafaxine succinate er	2	QL
doxepin hcl oral	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	QL
duloxetine hcl oral capsule delayed release particles 40 mg	E	
EFFEXOR XR	E	
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	3	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	3	QL
fluoxetine hcl oral tablet 20 mg	3	
fluoxetine hcl oral tablet 60 mg	E	
fluvoxamine maleate	1	

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
fluvoxamine maleate er	3	QL
FORFIVO XL	E	QL
LEXAPRO	E	
mirtazapine oral	1	
nortriptyline hcl oral	1	
PAMELOR	3	
paroxetine hcl	1	
paroxetine hcl er	3	QL
PAXIL	3	
PAXIL CR	3	QL
PRISTIQ	E	QL
PROZAC	E	
REMERON	3	
REMERON SOLTAB	3	
sertraline hcl oral	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	E	QL
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	

Drug Name	Drug Tier	Requirements & Limits
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	3	
TRANSDERM SCOP (1.5 MG)	3	
VARUBI	2	QL
ZOFRAN	3	
ZUPLENZ	E	QL
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
CICLODAN SOLUTION	E	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox treatment	E	
CRESEMBA ORAL	3	
DIFLUCAN	3	
EXTINA	3	QL
fluconazole oral	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external foam	3	QL
ketoconazole external shampoo	1	
LOPROX EXTERNAL SHAMPOO	E	
NIZORAL	3	
nyamyc	1	
nystatin external	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
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	3	ST, QL
MITIGARE	2	
ULORIC	E	ST, QL
ZYLOPRIM	3	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST, QL
AMERGE	3	QL
eletriptan hydrobromide	2	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

Drug Name	Drug Tier	Requirements & Limits
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
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	2	SP
TASIGNA	2	PA, ST, QL, SP
VERZENIO	2	PA, QL, SP
XELODA	1	QL, SP
YONSA	E	PA, ST, QL, SP
ZYTIGA	2	PA, QL, SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	3	QL
atovaquone-proguanil hcl	2	
ELIMITE	3	
hydroxychloroquine sulfate oral	1	

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

Drug Name	Drug Tier	Requirements & Limits
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	
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	3	
aripiprazole oral tablet	2	QL
aripiprazole oral tablet dispersible	2	QL
GEODON ORAL	E	QL

Drug Name	Drug Tier	Requirements & Limits
LATUDA	3	QL
olanzapine oral tablet	1	QL
olanzapine oral tablet dispersible	3	QL
quetiapine fumarate	1	
quetiapine fumarate er	3	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	3	QL
SEROQUEL	E	
SEROQUEL XR	E	QL
ziprasidone hcl	2	QL
ZYPREXA ORAL	E	QL
ZYPREXA ZYDIS	E	QL
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

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
oseltamivir phosphate oral capsule	2	
oseltamivir phosphate oral suspension reconstituted	2	QL
PREZCOBIX	2	SP
PREZISTA	2	SP
ritonavir	2	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
tenofovir disoproxil fumarate	2	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	

Drug Name	Drug Tier	Requirements & Limits
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	
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	3	QL
ALTACE	3	
ALTOPREV	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	QL, H-PA

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
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	
CALAN SR	3	
CARDIZEM	E	
CARDIZEM CD	E	
CARDIZEM LA	E	
CARDURA	3	
CAROSPIR	3	PA
cartia xt	2	
carvedilol	1	
CATAPRES	3	
chlorthalidone	1	
clonidine hcl oral	1	
colesevelam hcl	E	
COREG	3	
CORGARD	3	
CORLANOR ORAL TABLET	3	PA, QL
COZAAR	3	
CRESTOR	E	QL
diltiazem hcl er coated beads	2	
diltiazem hcl er oral capsule extended release 12 hour	1	
diltiazem hcl er oral capsule extended release 24 hour 180 mg, 240 mg	1	

Drug Name	Drug Tier	Requirements & Limits
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	2	
ezetimibe-simvastatin	3	
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	2	
FENOGLIDE	E	
flecainide acetate	1	
FLOLIPID	3	PA
furosemide oral	1	
gemfibrozil oral	1	
GONITRO	E	QL
guanfacine hcl	1	
HEMANGEOL	E	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	3	
INDERAL LA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	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
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	
LOTREL	3	
lovastatin	1	H
LOVAZA	E	PA
matzim la	2	
MAXZIDE	3	
MAXZIDE-25	3	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
MICARDIS	E	
MINIPRESS	3	
minitran	1	
MULTAQ	3	PA
nadolol oral	1	
niacin (antihyperlipidemic)	2	
niacin er (antihyperlipidemic)	3	
niacor	2	
NIASPAN	2	

Drug Name	Drug Tier	Requirements & Limits
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	2	
olmesartan medoxomil-hctz	2	
omega-3-acid ethyl esters	3	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	2	
propranolol hcl oral	1	
QBRELIS	3	PA
quinapril hcl	1	
ramipril	1	
RANEXA	E	
ranolazine er	2	
REPATHA	2	PA, ST, 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
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL, SP
REPATHA SURECLICK	2	PA, ST, QL, SP
rosuvastatin calcium	2	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
sotalol hcl oral	1	
SOTYLIZE	3	PA
spironolactone oral	1	
TEKTURNA	3	QL
TEKTURNA HCT	3	QL
telmisartan	2	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
TOPROL XL	3	
torsemide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan	2	
valsartan-hydrochlorothiazide	1	
VASCEPA	3	PA
VASOTEC	E	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM	3	
VYTORIN	E	
WELCHOL	2	
ZESTORETIC	E	

Drug Name	Drug Tier	Requirements & Limits
ZESTRIL	E	
ZETIA	E	
ZIAC	3	
ZOCOR	3	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	PA
ADDERALL XR	2	QL
ADHANSIA XR	E	PA, QL
amphetamine-dextroamphetamine	1	PA
amphetamine-dextroamphetamine er	E	QL
APTENSIO XR	E	PA, QL
atomoxetine hcl	3	QL
CONCERTA	2	PA, QL
DEXEDRINE	E	PA
dexmethylphenidate hcl	1	PA
dexmethylphenidate hcl er	3	PA, QL
dextroamphetamine sulfate er	3	PA
dextroamphetamine sulfate oral solution	1	PA
dextroamphetamine sulfate oral tablet	3	PA
FOCALIN	3	PA
FOCALIN XR	E	PA, QL
guanfacine hcl er	2	QL
INTUNIV	E	QL
JORNAY PM	E	PA
metadate er	3	PA, QL
METHYLIN	3	PA
methylphenidate hcl er (cd)	2	PA, QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	PA, QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	PA
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	3	PA, QL

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
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	E	PA, QL
methylphenidate hcl er oral tablet extended release 24 hour	E	PA, QL
methylphenidate hcl oral solution	1	PA
methylphenidate hcl oral tablet	1	PA
methylphenidate hcl oral tablet chewable	3	PA
MYDAYIS	E	PA, QL
PROCENTRA	3	PA
QUILLICHEW ER	E	PA, QL
QUILLIVANT XR	E	PA, QL
relexxii	E	PA, QL
RITALIN	3	PA
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
dalfampridine er	2	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
GILENYA	3	PA, QL, SP
glatiramer acetate	2	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

Drug Name	Drug Tier	Requirements & Limits
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	2	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	
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	

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
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride dental	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	PA
ACZONE	3	QL
ALA SCALP	3	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	
ALDARA	3	QL
ALTRENO	E	PA, QL
amnesteem	2	
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	3	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external gel	1	
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	2	
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	2	
bp 10-1	1	
calcipotriene-betameth diprop	3	QL

Drug Name	Drug Tier	Requirements & Limits
calcitriol external	1	QL
CAPEX	2	
CARAC	2	
claravis	2	
CLEOCIN-T EXTERNAL GEL	3	QL
CLEOCIN-T EXTERNAL LOTION	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phosphate external foam	3	
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	QL
clindamycin phosphate external swab	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	E	
clindamycin phosphate gel 1 % external	3	QL
clobetasol propionate external cream	2	QL
clobetasol propionate external foam	E	QL
clobetasol propionate external gel	2	QL
clobetasol propionate external liquid	1	QL
clobetasol propionate external lotion	E	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external shampoo	E	QL
clobetasol propionate external solution	1	QL
CLOBEX	E	QL
CLOBEX SPRAY	3	QL
clodan external shampoo	E	QL
clotrimazole-betamethasone external cream	1	QL
clotrimazole-betamethasone external lotion	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
dapsone external	E	QL
DERMA-SMOOTHE/FS BODY	3	QL
DERMA-SMOOTHE/FS SCALP	3	
DESONATE	3	ST, QL
desonide external	3	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	3	QL
fluocinolone acetonide external cream	3	QL
fluocinolone acetonide external ointment	2	QL
fluocinolone acetonide external solution	3	QL
fluocinolone acetonide scalp	3	
fluocinonide external cream 0.05 %	1	
fluocinonide external cream 0.1 %	E	QL
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
FLUOROPLEX	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	3	
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	

Drug Name	Drug Tier	Requirements & Limits
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
imiquimod external	1	QL
IMIQUIMOD PUMP	E	QL
IMPOYZ	E	QL
isotretinoin oral	2	
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	2	
neuac external gel	3	QL
NORITATE	E	
OLUX	E	QL
OXSORALEN ULTRA	2	
PICATO	3	QL
pimecrolimus	3	ST, QL
PLEXION	E	
PLEXION CLEANSER	E	
PLEXION CLEANSING CLOTH	E	
RETIN-A	E	PA, QL
RHOFADE	3	PA, 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
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	3	PA, QL
TEMOVATE	3	QL
TEXACORT	2	
TOLAK	E	
tretinoin external cream	3	PA, QL
tretinoin external gel 0.01 %, 0.05 %	E	PA, QL

Drug Name	Drug Tier	Requirements & Limits
tretinoin gel 0.025 % external	E	PA, QL
triamcinolone acetonide external aerosol solution	2	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment	1	
TRIANEX	E	
triderm external cream 0.1 %	1	
triderm external cream 0.5 %	1	QL
tridesilon	3	QL
VANOS	E	QL
VECTICAL	3	QL
VERDESO	E	QL
zenatane	2	
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
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD ULTRA-FINE INSULIN SYRINGES	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
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	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
ONETOUCH VERIO IQ SYSTEM	1	

Drug Name	Drug Tier	Requirements & Limits
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	
RELION BLOOD GLUCOSE TEST	E	QL
RELION ULTIMA TEST	3	QL
SOF-SENSOR	E	PA, QL
TRUE METRIX BLOOD GLUCOSE TEST	3	QL
TRUETRACK TEST	3	QL
Diabetes - Insulin		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT	E	PA, QL
AFREZZA INHALATION POWDER 4 & 8 & 12 UNIT, 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

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
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	3	QL
LEVEMIR U-100 VIAL	3	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
Diabetes - Non-Insulin Agents		
ACTOS	E	QL
ADLYXIN	3	QL
ADLYXIN STARTER PACK	3	QL

Drug Name	Drug Tier	Requirements & Limits
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
KAZANO	2	QL
KOMBIGLYZE XR	2	QL
metformin hcl er	1	
metformin hcl er (mod)	E	PA

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
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
RECOMBINATE	3	PA, ST, SP
RETACRIT	2	QL, SP
ZARXIO	2	SP

Drug Name	Drug Tier	Requirements & Limits
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	2	QL
STAXYN	E	QL
STENDRA	3	PA, QL
tadalafil oral tablet 10 mg, 20 mg	3	QL
tadalafil oral tablet 2.5 mg, 5 mg	3	ST, QL
vardenafil hcl oral tablet	3	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	
LOKELMA	3	PA, QL
multi-vitamin/fluoride	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
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	3	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
rabeprazole sodium oral tablet delayed release	2	QL
ranitidine hcl oral capsule	E	

Drug Name	Drug Tier	Requirements & Limits
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	
oscimin sr	1	
peg 3350/electrolytes	1	H
peg-3350/electrolytes	1	QL, 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
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	
FOSRENOL ORAL TABLET CHEWABLE	E	
GELNIQUE	E	
GELNIQUE PUMP	E	

Drug Name	Drug Tier	Requirements & Limits
lanthanum carbonate	3	
oxybutynin chloride er	2	
oxybutynin chloride oral	1	
penicillamine oral	3	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	3	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	3	
Hormonal Agents - Hormone Replacement and Birth Control		
afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
amethia	3	
amethia lo	3	
apri	1	H
ashlyna	3	
aubra	1	H
aubra eq	1	H
aurovela 1.5/30	2	
aurovela 1/20	2	
aurovela 24 fe	3	

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
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	3	
ayuna	1	H
azurette	2	
balziva	2	
bekyree	2	
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	3	
blisovi fe 1.5/30	1	H
briellyn	2	
camila	1	H
camrese	3	
camrese lo	3	
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	3	
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
DEPO-SUBQ PROVERA 104	2	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2	

Drug Name	Drug Tier	Requirements & Limits
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL	3	
dotti	E	QL
drospiren-eth estrad-levomefol	E	
drospirenone-ethinyl estradiol	3	
DUAVEE	3	QL
ELESTRIN	3	
elinest	1	H
emoquette	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE	3	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal (generic for Minivelle)	2	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)	2	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)	2	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)	2	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal (generic for Vivelle-Dot)	E	QL
estradiol patch twice weekly 0.1 mg/24hr transdermal (generic for Minivelle)	2	QL
estradiol patch twice weekly 0.1 mg/24hr transdermal (generic for Vivelle-Dot)	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
estradiol transdermal patch weekly (generic for Climara)	1	QL
estradiol vaginal cream	E	
estradiol vaginal tablet	2	
ESTRING	2	QL
ESTROGEL	3	QL
EVAMIST	2	
falmina	1	H
fayosim	E	
femynor	1	H
gianvi	3	
hailey 24 fe	3	
heather	1	H
incassia	1	H
introvale	2	H
isibloom	1	H
jasmiel	3	
jencycla	1	H
jolessa	2	H
juleber	1	H
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	3	
kalliga	1	H
kariva	2	
kurvelo	1	H
larin 1.5/30	2	
larin 1/20	2	
larin 24 fe	3	
larin fe 1.5/30	1	H
larin fe 1/20	1	H
larissia	1	H
lessina	1	H

Drug Name	Drug Tier	Requirements & Limits
levonorgest-eth est & eth est	E	
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg	3	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levora 0.15/30 (28)	1	H
lillow	1	H
LO LOESTRIN FE	3	
LOESTRIN 1.5/30 (21)	3	
LOESTRIN 1/20 (21)	3	
LOESTRIN FE 1.5/30	3	
LOESTRIN FE 1/20	3	
loryna	3	
LOSEASONIQUE	3	
low-ogestrel	1	H
lo-zumandimine	3	
lutera	1	H
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	2	
microgestin 1/20	2	
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
MINASTRIN 24 FE	E	
MINIVELLE	E	QL
MIRCETTE	3	

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
mono-linyah	1	H
NATAZIA	2	
necon 0.5/35 (28)	1	H
nikki	3	
nora-be	1	H
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	1	H
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)	3	
norethin ace-eth estrad-fe oral tablet chewable	E	
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	2	
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyda	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
NUVARING	2	H
ocella	3	
ogestrel	2	
orsythia	1	H
ORTHO MICRONOR	3	
ORTHO TRI-CYCLEN LO	E	
ORTHO-NOVUM 1/35 (28)	3	
philith	2	
pimtrea	2	
pirmella 1/35	1	H
portia-28	1	H
PREMARIN ORAL	3	

Drug Name	Drug Tier	Requirements & Limits
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
previfem	1	H
progesterone micronized oral	2	
PROMETRIUM	E	
PROVERA	3	
QUARTETTE	E	
reclipsen	1	H
rivelsa	E	
SAFYRAL	E	
SEASONIQUE	3	
setlakin	2	H
sharobel	1	H
simliya	2	
simpesse	3	
sprintec 28	1	H
sronyx	1	H
syeda	3	
tarina 24 fe	3	
tarina fe 1/20	1	H
tarina fe 1/20 eq	1	H
TAYTULLA	E	
tri femynor	1	H
tri-estarylla	1	H
tri-linyah	1	H
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	1	H
tri-previfem	1	H
tri-sprintec	1	H
tri-vylibra	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
tri-vylibra lo	2	
tulana	1	H
tydemy	E	
VAGIFEM	E	
vienva	1	H
viorele	2	
VIVELLE-DOT	2	QL
vyfemla	2	
vylibra	1	H
wera	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvafem	2	
zarah	3	
zumandimine	3	
Hormonal Agents - Oral Steroids		
CORTEF	3	
DECADRON	E	
deltasone oral tablet 20 mg	1	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
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	

Drug Name	Drug Tier	Requirements & Limits
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
MILLIPRED	2	
MILLIPRED DP	2	
MILLIPRED DP 12-DAY	2	
ORAPRED ODT	3	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral	1	
prednisone intensol	1	
prednisone oral	1	
RAYOS	E	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	3	
TAPERDEX 7-DAY	3	
Hormonal Agents - Other		
cabergoline	2	
DDAVP INJECTION	3	
DDAVP ORAL	3	
desmopressin acetate injection	1	
desmopressin acetate oral	1	
GENOTROPIN	E	PA, QL, SP
GENOTROPIN MINIQUICK	E	PA, QL, SP
HUMATROPE	E	PA, QL, SP
NOCDURNA	3	PA, QL
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

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
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	PA, QL
ANDROGEL	E	PA, QL
ANDROGEL PUMP	E	PA, QL
DEPO-TESTOSTERONE	3	
FORTESTA	E	PA, QL
METHITEST	2	
methyltestosterone oral	2	
NATESTO	E	PA, QL
STRIANT	3	PA, QL
TESTIM	2	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	2	

Drug Name	Drug Tier	Requirements & Limits
liothyronine sodium oral	2	
methimazole oral	1	
NATURE-THROID	3	
np thyroid	1	
SYNTHROID	2	
TAPAZOLE	3	
TIROSINT	E	
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	3	PA, QL, SP
gengraf	1	SP
HAEGARDA	2	PA, QL, SP
HUMIRA	2	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
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	
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil	1	SP
mycophenolate sodium	2	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 solution	2	SP
sirolimus oral tablet	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	

Drug Name	Drug Tier	Requirements & Limits
XELJANZ	2	PA, ST, QL, SP
XELJANZ XR	2	PA, ST, QL, SP
Infertility Agents		
chorionic gonadotropin intramuscular	3	SP
CRINONE VAGINAL GEL 4 %	3	ST
CRINONE VAGINAL GEL 8 %	3	PA, ST
ENDOMETRIN	2	PA
FOLLISTIM AQ	2	SP
ganirelix acetate solution 250 mcg/0.5ml subcutaneous (Ferring)	3	QL, SP
ganirelix acetate solution 250 mcg/0.5ml subcutaneous (Merck/ Organon)	2	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	2	
CANASA	E	
CORTIFOAM	2	
DELZICOL	E	
DIPENTUM	3	
ENTOCORT EC	E	
hydrocortisone ace-pramoxine rectal	1	
LIALDA	2	
mesalamine oral	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
mesalamine rectal enema	1	
mesalamine rectal suppository	2	
PENTASA	E	
PROCORT	E	
PROCTOFOAM HC	2	
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	3	
UCERIS RECTAL	2	
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	2	
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	

Drug Name	Drug Tier	Requirements & Limits
LASTACAFT	3	QL
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	3	QL
LOTEMAX SM	3	QL
loteprednol etabonate	3	QL
MAXITROL	3	
MOXEZA	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	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	2	
TOBREX	3	
VIGAMOX	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
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
AZOPT	2	QL
BETIMOL	2	QL
bimatoprost ophthalmic	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
COMBIGAN	2	QL
COSOPT	3	
COSOPT PF OPHTHALMIC SOLUTION 22.3-6.8 MG/ML	E	QL
dorzolamide hcl-timolol mal	2	
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 gel forming solution	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
timolol maleate ophthalmic solution 0.5 % (daily)	3	
TIMOPTIC	3	
TIMOPTIC OCUDOSE	2	
TIMOPTIC-XE	3	
TRAVATAN Z	2	QL
VYZULTA	E	ST, QL
XALATAN	E	
XELPROS	3	QL

Drug Name	Drug Tier	Requirements & Limits
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	2	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	E	QL
EPINEPHRINE INJECTION SOLUTION 0.3 MG/0.3ML (generic Adrenaclick)	E	QL
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML (generic Adrenaclick)	E	QL
epinephrine solution auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3ml injection (generic EPIPEN)	2	QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
SYMJEPI	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
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
ASTEPRO	E	
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl nasal solution 0.15 %	E	
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
bromfed dm	1	
cyproheptadine hcl oral	1	
fluticasone propionate nasal	2	QL
hydrocodone polst-cpm polst er	3	PA, QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
OMNARIS	E	QL
promethazine-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	3	QL, RS
ADVAIR HFA	3	QL, RS
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
albuterol sulfate er	1	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (ProAir HFA or Proventil HFA)	3	QL

Drug Name	Drug Tier	Requirements & Limits
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	2	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, RS
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL
INCRUSE ELLIPTA	2	QL
ipratropium-albuterol	2	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	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
montelukast sodium oral packet	2	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	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, RS
XOPENEX HFA	3	QL
YUPELRI	3	PA, QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	2	PA, QL, SP
KITABIS PAK	E	PA, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI NEBULIZER	E	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	PA, QL, SP
ADEMPAS	2	PA, QL, SP
alyq	3	PA, QL, SP
ambrisentan	2	PA, QL, SP
bosentan	2	PA, QL, SP
LETAIRIS	E	PA, QL, SP
OPSUMIT	2	PA, QL, SP
ORENITRAM	3	PA, QL, SP
tadalafil (pah)	3	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	3	
metaxalone	3	
methocarbamol oral	1	
ROBAXIN-750	3	
SKELAXIN	E	
SOMA ORAL TABLET 250 MG	E	
SOMA ORAL TABLET 350 MG	3	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
ZANAFLEX	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
Sleep Disorder Agents		
AMBIEN	E	QL
AMBIEN CR	E	QL
EDLUAR	E	QL
eszopiclone	2	QL
INTERMEZZO	E	QL
LUNESTA	E	QL
modafinil	2	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 23
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 29
ACIPHEX SPRINKLE 29
ACTEMRA ACTPEN 35
ACTEMRA SUBCUTANEOUS 35
ACTICLATE 12
ACTIGALL 29
ACTOS 27
ACULAR 37
ACULAR LS 37
ACUVAIL 37
acyclovir oral 17
ACZONE 23
ADALAT CC 18
ADCIRCA 40
ADDERALL 21
ADDERALL XR 21
ADDYI 28
ADEMPAS 40
ADHANSIA XR 21
ADLYXIN 27
ADLYXIN STARTER PACK 27
ADMELOG 26
ADMELOG SOLOSTAR 26
Adrenaclick 38
ADVAIR DISKUS 39
ADVAIR HFA 39
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 28
AIMOVIG 16
AIRDUO RESPICLICK 113/14 39
AIRDUO RESPICLICK 232/14 39
AIRDUO RESPICLICK 55/14 39
AKYNZEO ORAL 15
ALA SCALP 23
ala-cort external cream 1 % 23
ala-cort external cream 2.5 % 23
albuterol sulfate er 39
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (ProAir HFA or Proventil HFA) 39
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (Ventolin HFA) 39
albuterol sulfate inhalation 39
albuterol sulfate oral 39
ALDACTONE 18
ALDARA 23
alendronate sodium 37
alfuzosin hcl er 30
aliskiren fumarate 18
allopurinol oral 16
ALOGLIPTIN BENZOATE 27
ALOGLIPTIN-METFORMIN HCL 27
ALOGLIPTIN-PIOGLITAZONE 27
ALORA 30
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % 38
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % 38
alprazolam er 18
alprazolam intensol 18
alprazolam oral 18
alprazolam xr 18
ALREX 37
ALTACE 18
altavera 30
ALTOPREV 18
ALTRENO 23
ALVESCO 39
alyacen 1/35 30
alyq 40
AMARYL 27
AMBIEN 41
AMBIEN CR 41
ambrisentan 40
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 23
amoxicillin 12
amoxicillin-potassium clavulanate er 12
amoxicillin-potassium clavulanate oral 12
amphetamine-dextroamphetamine 21
amphetamine-dextroamphetamine er 21
AMPYRA 22
AMRIX 40

ANALPRAM HC ... 36
ANALPRAM HC SINGLES ... 36
ANALPRAM-HC ... 36
ANASPAZ ... 29
anastrozole oral ... 16
ANDRODERM ... 35
ANDROGEL ... 35
ANDROGEL PUMP ... 35
ANORO ELLIPTA ... 39
apap-caff-dihydrocodeine ... 10
apri ... 30
APRISO ... 36
APTENSIO XR ... 21
ARAKODA ... 16
ARANESP (ALBUMIN FREE) ... 28
ARCAPTA NEOHALER ... 39
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 ... 35
ARNUITY ELLIPTA ... 39
ARYMO ER ... 10
ASACOL HD ... 36
ashlyna ... 30
ASMANEX (120 METERED DOSES) ... 39
ASMANEX (14 METERED DOSES) ... 39
ASMANEX (30 METERED DOSES) ... 39
ASMANEX (60 METERED DOSES) ... 39
ASMANEX (7 METERED DOSES) ... 39
ASMANEX HFA ... 39
ASTAGRAF XL ... 35
ASTEPRO ... 39
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 ... 19
atovaquone-proguanil hcl ... 16
ATRALIN ... 23
ATRIPLA ... 17
ATROVENT HFA ... 39
AUBAGIO ... 22
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 ... 31
aurovela fe 1.5/30 ... 31
AURYXIA ... 30
AUSTEDO ... 22
AUVI-Q ... 38
AVALIDE ... 19
AVAPRO ... 19
AVAR ... 23
avar cleanser ... 23
AVAR LS CLEANSER ... 23
AVAR LS EXTERNAL PAD ... 23
AVAR-E EMOLLIENT ... 23
AVAR-E GREEN ... 23
AVAR-E LS ... 23
aviane ... 31
avidoxy ... 12
avita ... 23
AVONEX PEN ... 22
AVONEX PREFILLED ... 22
AYGESTIN ... 31
ayuna ... 31
AZASAN ... 35
AZASITE ... 37
azathioprine oral ... 35
azelaic acid external ... 23
azelastine hcl nasal solution 0.1 %, 137 mcg/spray ... 39
azelastine hcl nasal solution 0.15 % ... 39
azelastine hcl ophthalmic ... 37
azithromycin oral ... 12
AZOPT ... 38
AZULFIDINE ... 36
AZULFIDINE EN-TABS ... 36
azurette ... 31

B

baclofen oral ... 40
BACTRIM ... 12
BACTRIM DS ... 12
balziva ... 31
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 . 26
bekyree ... 31
BELBUCA ... 10
benazepril hcl oral ... 19
benazepril-hydrochlorothiazide ... 19
BENICAR ... 19
BENICAR HCT ... 19
benzonatate oral capsule 100 mg, 200 mg ... 39
benzonatate oral capsule 150 mg ... 39
BESIVANCE ... 37
betamethasone dipropionate aug external cream ... 23
betamethasone dipropionate aug external gel ... 23
betamethasone dipropionate aug external lotion ... 23
betamethasone dipropionate aug external ointment ... 23
betamethasone dipropionate external cream ... 23
betamethasone dipropionate external lotion ... 23
betamethasone dipropionate external ointment ... 23
BETAPACE ... 19
BETASERON ... 22
BETHKIS ... 40
BETIMOL ... 38
BEVESPI AEROSPHERE ... 39
BEVYXXA ... 13
bexarotene ... 16
BEYAZ ... 31

BIDIL 19
BIJUVA 31
bimatoprost ophthalmic 38
BINOSTO 37
bisoprolol fumarate 19
bisoprolol-hydrochlorothiazide 19
blisovi 24 fe 31
blisovi fe 1.5/30 31
BONIVA ORAL 37
BONJESTA 15
bosentan 40
BOSULIF 16
bp 10-1 23
BREO ELLIPTA 39
briellyn 31
BRILINTA 17
brimonidine tartrate ophthalmic solution 0.15 % 38
brimonidine tartrate ophthalmic solution 0.2 % 38
bromfed dm 39
budesonide er 36
budesonide inhalation 39
budesonide oral 36
BUNAVAIL 12
buprenorphine hcl sublingual 12
buprenorphine hcl-naloxone hcl 12
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 oral capsule 50-300-40 mg 10
butalbital-apap-caffeine oral capsule 50-325-40 mg 10
butalbital-apap-caffeine oral tablet 10
BYDUREON 27
BYDUREON BCISE AUTOINJECTOR 27
BYETTA 10 MCG PEN 27
BYETTA 5 MCG PEN 27
BYSTOLIC 19

C

cabergoline 34
CALAN 19
CALAN SR 19
calcipotriene-betameth diprop 23
calcitriol external 23
calcitriol oral 37
camila 31
camrese 31
camrese lo 31
CANASA 36
capecitabine 16
CAPEX 23
CARAC 23
CARAFATE 29
carbamazepine er oral capsule extended release 12 hour 13
carbamazepine er oral tablet extended release 12 hour 13
carbamazepine oral 13
CARBATROL 13
carbidopa-levodopa 17
carbidopa-levodopa er 17
CARDIZEM 19
CARDIZEM CD 19
CARDIZEM LA 19
CARDURA 19
carisoprodol oral tablet 250 mg 40
carisoprodol oral tablet 350 mg 40
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 38
CERDELGA 30
CHANTIX 12
CHANTIX CONTINUING MONTH PAK 12
CHANTIX STARTING MONTH PAK 12
chateal 31
chateal eq 31
chlorhexidine gluconate mouth/throat 22
chlorthalidone 19
chorionic gonadotropin intramuscular 36
CIALIS ORAL TABLET 10 MG, 20 MG 28
CIALIS ORAL TABLET 2.5 MG, 5 MG 28
ciclodan 15
CICLODAN SOLUTION 15
ciclopirox external gel 15
ciclopirox external shampoo 15
ciclopirox external solution 15
ciclopirox treatment 15
CILOXAN 37
CIMDUO 17
CIMZIA PREFILLED KIT 35
CIMZIA STARTER KIT 35
CIPRO ORAL TABLET 12
CIPRODEX 38
ciprofloxacin hcl ophthalmic 37
ciprofloxacin hcl oral 12
citalopram hydrobromide 14
claravis 23
clarithromycin er 12
clarithromycin oral suspension reconstituted 12
clarithromycin oral tablet 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 31, 32
CLIMARA PRO 31
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 ... 16
COLCHICINE ORAL TABLET..... 16
COLCRYS 16
colesevelam hcl..... 19
COLYTE WITH FLAVOR PACKS.. 29
COMBIGAN..... 38
COMBIVENT RESPIMAT..... 39
CONCERTA 21
CONTOUR NEXT MONITOR 26
CONTOUR NEXT TEST 26
CONTOUR TEST 26
CONZIP..... 10
COPAXONE 22
COREG 19
coremino..... 12
CORGARD 19
CORLANOR ORAL TABLET 19
CORTEF..... 34
CORTIFOAM..... 36
COSENTYX (300 MG DOSE)..... 35
COSENTYX 150 MG/ML 35
COSENTYX SENSOREADY (300 MG) 35
COSENTYX SENSOREADY PEN..... 35
COSOPT 38
COSOPT PF OPHTHALMIC SOLUTION 22.3-6.8 MG/ML 38
COUMADIN..... 13
COZAAR 19
CREON 30
CRESEMBA ORAL 15
CRESTOR..... 19
CRINONE VAGINAL GEL 4 %..... 36
CRINONE VAGINAL GEL 8 %..... 36
cryselle-28..... 31
CUPRIMINE 30
cyclafem 1/35 31
cyclobenzaprine hcl er 40
cyclobenzaprine hcl oral..... 40
cyclosporine modified..... 35
CYMBALTA..... 14
cyproheptadine hcl oral 39
cyred..... 31
cyred eq..... 31
CYTOMEL 35
CYTOTEC 29

d

D-PENAMINE 30
dalfampridine er..... 22
dapsone external..... 24
dasetta 1/35..... 31
daysee 31
DDAVP INJECTION 34
DDAVP ORAL 34
deblitane..... 31
DECADRON..... 34
deltasone oral tablet 20 mg..... 34
delyla 31
DELZICOL..... 36
denta 5000 plus..... 22
dentagel..... 22
DEPAKOTE 13
DEPAKOTE ER 13
DEPAKOTE SPRINKLES..... 13
DEPEN TITRATABS..... 30
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML..... 31
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 31
DEPO-SUBQ PROVERA 104..... 31
DEPO-TESTOSTERONE..... 35
DERMA-SMOOTHE/FS BODY..... 24
DERMA-SMOOTHE/FS SCALP ... 24
DESCOVY..... 17
desmopressin acetate injection..... 34
desmopressin acetate oral 34
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5) .. 31
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg 31
DESONATE..... 24
desonide external..... 24
DESOWEN..... 24
desvenlafaxine succinate er..... 14
dexamethasone intensol..... 34
dexamethasone oral elixir 34
dexamethasone oral solution 34
dexamethasone oral tablet..... 34
dexamethasone oral tablet therapy pack..... 34
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)..... 26
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE..... 26

DEXEDRINE 21
DEXILANT..... 29
dexmethylphenidate hcl..... 21
dexmethylphenidate hcl er 21
DEXPAK 10 DAY..... 34
DEXPAK 13 DAY..... 34
DEXPAK 6 DAY..... 34
dextroamphetamine sulfate er..... 21
dextroamphetamine sulfate oral solution..... 21
dextroamphetamine sulfate oral tablet 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..... 24
DIPROLENE AF 24
DITROPAN XL..... 30
divalproex sodium er 13
divalproex sodium oral capsule delayed release sprinkle 13
divalproex sodium oral tablet delayed release..... 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 38
dorzolamide hcl-timolol mal pf ophthalmic solution 22.3-6.8 mg/ml..... 38
dotti..... 31
DOVATO..... 17
doxazosin mesylate oral..... 19
doxepin hcl oral 14
doxycycline hyclate oral capsule ... 12
doxycycline hyclate oral tablet 100 mg 12
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg 12
doxycycline hyclate oral tablet 20 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 24
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..... 17
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML..... 24
DURAGESIC-100..... 10
DURAGESIC-12..... 10
DURAGESIC-25..... 10
DURAGESIC-50 10
DURAGESIC-75..... 10
DVORAH..... 10
DXEVO 11-DAY..... 34
DYAZIDE 19

E

EASYPLUS BLOOD GLUCOSE TEST 26
EC-NAPROSYN.....11
ec-naproxen 11
ed-spaz..... 29
EDARBI 19
EDARBYCLOR..... 19
EDLUAR.....41
EFFEXOR XR..... 14
EFUDEX..... 24
ELESTRIN..... 31
eletriptan hydrobromide..... 16
ELIDEL 24
ELIMITE 16
elinest..... 31
ELIQUIS 13
ELIQUIS STARTER PACK 13
ELOCON 24
ELOCTATE 28
EMGALITY 16
EMGALITY (300 MG DOSE)..... 16
emoquette 31
enalapril maleate oral..... 19
ENBREL 35
ENBREL MINI 35
ENBREL SURECLICK 35
ENDARI..... 30
endocet..... 10
ENDOMETRIN 36
ENLITE GLUCOSE SENSOR..... 26
enoxaparin sodium 13
enskyce 31
ENSTILAR..... 24
entecavir..... 17
ENTOCORT EC 36

ENVARSUS XR 35
EPANED 19
EPCLUSA 17
EPINEPHRINE INJECTION SOLUTION 0.3 MG/0.3ML 38
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML 38
epinephrine solution auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3ml injection 38
EPIPEN 38
EPIPEN 2-PAK 38
EpiPen Jr 38
EPIPEN JR 2-PAK 38
epitol 13
ERGOCAL 28
ergocalciferol oral capsule 28, 29
ERLEADA 16
errin 31
erythromycin ophthalmic 37
escitalopram oxalate oral solution 14
escitalopram oxalate oral tablet 14
ESGIC 10
estarylla 31
ESTRACE 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 32
estradiol vaginal cream 32
estradiol vaginal tablet 32
ESTRING 32
ESTROGEL 32
eszopiclone 41
etodolac 11
etodolac er 11
EUCRISA 24
euthyrox 35
EVAMIST 32
EVOCLIN 24
EVZIO 12
EXFORGE 19
EXTAVIA 22
EXTINA 15
EZALLOR SPRINKLE 19
ezetimibe 19
ezetimibe-simvastatin 19

F

falmina 32
FARXIGA 27
fayosim 32
febuxostat 16
FEMARA 16
femynor 32, 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 40
FINACEA 24
finasteride oral tablet 5 mg 30
FIORICET 10
FIRAZYR 35
FLAGYL 12
flecainide acetate 19
FLOLIPID 19
FLOMAX 30
FLORIVA PLUS 28
FLOVENT DISKUS 39
FLOVENT HFA 39
FLOXIN OTIC 38
fluconazole oral 15
fluocinolone acetonide body 24
fluocinolone acetonide external cream 24
fluocinolone acetonide external ointment 24
fluocinolone acetonide external solution 24
fluocinolone acetonide scalp 24
fluocinonide external cream 0.05 % 24
fluocinonide external cream 0.1 % 24
fluocinonide external gel 24
fluocinonide external ointment 24
fluocinonide external solution 24
fluoridex 22
fluoridex enhanced whitening 22
FLUOROPLEX 24
FLUOROURACIL EXTERNAL CREAM 0.5 % 24
fluorouracil external cream 5 % 24
fluorouracil external solution 24
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 39
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose 39
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT 39
fluvoxamine maleate 14, 15
fluvoxamine maleate er 15
FOCALIN 21
FOCALIN XR 21
folic acid oral tablet 1 mg 28
FOLLISTIM AQ 36
FORFIVO XL 15
FORTAMET 27
FORTEO 37
FORTESTA 35
FOSAMAX 37
FOSRENOL ORAL PACKET 30

FOSRENOL ORAL TABLET CHEWABLE 30
FREESTYLE LIBRE 14 DAY READER 26
FREESTYLE LIBRE 14 DAY SENSOR 26
FREESTYLE LIBRE READER..... 26
FREESTYLE LIBRE SENSOR SYSTEM..... 26
FREESTYLE PRECISION NEO TEST 26
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 32
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 26
GUARDIAN LINK 3 TRANSMITTER 26
GUARDIAN SENSOR (3)..... 26
GYNAZOLE-1 15

H

HAEGARDA 35
hailey 24 fe 32
HALCION 18
HARVONI 17
HCG 36
heather 32
HELIXATE FS..... 28
HEMANGEOL 19
HIDEX 6-DAY..... 34
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..... 27
HUMATROPE..... 34
HUMIRA 35, 36
HUMIRA PEDIATRIC CROHNS START..... 36
HUMIRA PEN..... 36
HUMIRA PEN-CD/UC/HS STARTER..... 36
HUMIRA PEN-PS/UV/ADOL HS START..... 36
HUMULIN 70/30 KWIKPEN 27
HUMULIN 70/30 VIAL 27
HUMULIN N KWIKPEN..... 27
HUMULIN N VIAL 27
HUMULIN R U-500 KWIKPEN 27
HUMULIN R U-500 VIAL (CONCENTRATED) 27
HUMULIN R VIAL 27
hydralazine hcl oral 19
hydrochlorothiazide oral 19
hydrocodone polst-cpm polst er 39
hydrocodone-acetaminophen oral solution 10-325 mg/15ml..... 10
hydrocodone-acetaminophen oral solution 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..... 34
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..... 37
IBRANCE 16
ibu.....11
ibuprofen oral suspension 11
ibuprofen oral tablet 400 mg, 600 mg, 800 mg 11
icatibant acetate 36
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 36
IMVEXXY MAINTENANCE PACK..... 28
IMVEXXY STARTER PACK..... 28
INBRIJA..... 17
incassia 32
INCRUSE ELLIPTA 39
INDERAL LA 19
INDOCIN 11
indomethacin er.....11
indomethacin oral 11
INSULIN LISPRO 27
INTERMEZZO 41
INTRAROSA 28
introvale 32
INTUNIV 21
INVELTYS 37
INVOKAMET 27
INVOKAMET XR 27
INVOKANA..... 27
ipratropium bromide nasal..... 39
ipratropium-albuterol 39
irbesartan 19
irbesartan-hydrochlorothiazide..... 19
ISENTRESS 17
ISENTRESS HD 17
isibloom 32
isosorbide mononitrate..... 19
isosorbide mononitrate er..... 19
isotretinoin oral 24
ISTALOL 38

J

jantoven 13
JANUVIA 27
JARDIANCE 27
jasmiel 32
jencycla 32
JENTADUETO..... 27
JENTADUETO XR..... 27
JIVI 28
jolessa 32
JORNAY PM..... 21
juleber..... 32
JULUCA..... 17
junel 1/20 32
junel 1.5/30 32
junel fe 1/20 32
junel fe 1.5/30 32
junel fe 24 32

K

K-TAB 28
KADIAN..... 10
kalliga 32
KAPSPARGO SPRINKLE..... 20
kariva 32
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..... 37
ketorolac tromethamine oral.....11
KITABIS PAK..... 40
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 28
KOMBIGLYZE XR 27
KOVALTRY 28
KRINTAFEL 17
kurvelo..... 32

L

labetalol hcl oral 20
LAMICTAL 13, 14
LAMICTAL ODT 13
LAMICTAL STARTER 14
LAMICTAL XR..... 14
lamotrigine er..... 14
lamotrigine oral tablet..... 14
lamotrigine oral tablet chewable.... 14
lamotrigine oral tablet dispersible.. 14
lamotrigine starter kit-blue..... 14
lamotrigine starter kit-green 14
lamotrigine starter kit-orange 14
lanthanum carbonate..... 30
LANTUS SOLOSTAR..... 27
LANTUS U-100 VIAL 27
larin 1/20..... 32
larin 1.5/30..... 32
larin 24 fe..... 32
larin fe 1/20..... 32
larin fe 1.5/30..... 32
larissia 32
LASIX 20
LASTACAFT..... 37
latanoprost ophthalmic 38
LATUDA 17
LEDIPASVIR-SOFOSBUVIR 17
lessina 32
LETAIRIS..... 40
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..... 27
LEVEMIR U-100 VIAL 27
levetiracetam er 14
levetiracetam oral 14
LEVITRA 28
levo-t..... 35

levocetirizine dihydrochloride oral solution ... 39
levocetirizine dihydrochloride oral tablet ... 39
levofloxacin oral ... 12
levonorgest-eth est & eth est ... 32
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg ... 32
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg ... 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 ... 35
levothyroxine-liothyronine oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg ... 35
levoxyl ... 35
LEVSIN ORAL ... 29
LEVSIN/SL ... 29
LEXAPRO ... 15
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 ... 35
LIPITOR ... 20
LIPOFEN ... 20
lisinopril oral ... 20
lisinopril-hydrochlorothiazide ... 20
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 ... 20
LOPRESSOR ... 20
LOPROX EXTERNAL SHAMPOO ... 15
lorazepam intensol ... 18
lorazepam oral ... 18
lorcet ... 10
lorcet hd ... 10
lorcet plus ... 10
LORTAB ... 10
loryna ... 32
losartan potassium ... 20
losartan potassium-hctz ... 20
LOSEASONIQUE ... 32
LOTEMAX OPHTHALMIC GEL ... 37
LOTEMAX OPHTHALMIC OINTMENT ... 37
LOTEMAX OPHTHALMIC SUSPENSION ... 37
LOTEMAX SM ... 37
LOTENSIN ... 20
LOTENSIN HCT ... 20
loteprednol etabonate ... 37
LOTREL ... 20
LOTRISONE ... 24
lovastatin ... 20
LOVAZA ... 20
LOVENOX ... 13
low-ogestrel ... 32
LUMIGAN ... 38
LUNESTA ... 41
lutera ... 32
LYRICA ... 22
LYRICA CR ... 22
lyza ... 32

M

MACROBID ... 12
MACRODANTIN ... 12
MALARONE ... 17
marlissa ... 32
matzim la ... 20
MAVYRET ... 17
MAXALT ... 16
MAXALT-MLT ... 16
MAXITROL ... 37
MAXZIDE ... 20
MAXZIDE-25 ... 20
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG ... 34
MEDROL ORAL TABLET 2 MG ... 34
MEDROL ORAL TABLET THERAPY PACK ... 34
medroxyprogesterone acetate intramuscular ... 32
medroxyprogesterone acetate oral ... 32
melodetta 24 fe ... 32
meloxicam oral ... 11
MENOSTAR ... 32
mercaptopurine oral ... 16
mesalamine oral ... 36
mesalamine rectal enema ... 37
mesalamine rectal suppository ... 37
metadate er ... 21
metaxall oral tablet 800 mg ... 40
metaxalone ... 40
metformin hcl er ... 27, 28
metformin hcl er (mod) ... 27
metformin hcl er (osm) ... 28
METFORMIN HCL ORAL SOLUTION ... 28
metformin hcl oral tablet ... 28
methimazole oral ... 35
METHITEST ... 35
methocarbamol oral ... 40
methotrexate oral ... 36
methotrexate sodium oral ... 36
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 ... 22
methylphenidate hcl er oral tablet extended release 24 hour ... 22

methylphenidate hcl oral solution .. 22
methylphenidate hcl oral tablet..... 22
methylphenidate hcl oral tablet chewable 22
methylprednisolone oral 34
methyltestosterone oral 35
metoclopramide hcl oral solution 5 mg/5ml 15
metoclopramide hcl oral tablet 15
metoclopramide hcl oral tablet dispersible 15
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg 20
metoprolol succinate er oral tablet extended release 24 hour 25 mg 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 34
MILLIPRED DP 34
MILLIPRED DP 12-DAY 34
MINASTRIN 24 FE 32
MINIPRESS..... 20
minitran..... 20
Minivelle.....31, 32
MINOCIN ORAL CAPSULE 50 MG 13
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg.... 13
minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg 13
minocycline hcl oral capsule 13
minocycline hcl oral tablet 13
MINOLIRA..... 13
MIRAPEX 17
MIRAPEX ER 17
MIRCETTE 32
mirtazapine oral..... 15
MIRVASO 24
misoprostol oral 29
MITIGARE 16
MOBIC.....11
modafinil 41
mometasone furoate external 24
mondoxyne nl oral capsule 100 mg, 50 mg 13
mondoxyne nl oral capsule 75 mg 13
mono-linyah..... 33
montelukast sodium oral packet.... 40
montelukast sodium oral tablet..... 40
montelukast sodium oral tablet chewable 40
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 37
moxifloxacin hcl ophthalmic..... 37
MS CONTIN 10
MULPLETA..... 28
MULTAQ 20
multi-vitamin/fluoride 28
multivitamin/fluoride oral solution .. 29
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg 29
multivitamins/fluoride..... 29
mupirocin calcium..... 13
mupirocin external 13
mvc-fluoride..... 29
mycophenolate mofetil 36
mycophenolate sodium 36
MYDAYIS..... 22
MYFORTIC..... 36
myorisan 24

N

nabumetone oral 11
nadolol oral..... 20
NAFRINSE DAILY/NEUTRAL 22
NAFRINSE WEEKLY 22
NALOCET 10
naloxone hcl injection 12
naltrexone hcl oral 12
NAPRELAN.....11
NAPROSYN ORAL SUSPENSION11
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..... 33
NATESTO..... 35
NATURE-THROID 35
necon 0.5/35 (28) 33
neomycin-polymyxin-dexameth ophthalmic ointment 37
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1..... 37
neomycin-polymyxin-hc otic..... 38
NEORAL 36
NESINA 28
neuac external gel 24
NEULASTA..... 28
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 ... 33
NITRO-BID ... 20
NITRO-DUR ... 20
nitro-time ... 20
nitrofurantoin macrocrystal oral ... 13
nitrofurantoin monohydrate macrocrystals ... 13
nitroglycerin er ... 20
nitroglycerin sublingual ... 20
nitroglycerin transdermal ... 20
nitroglycerin translingual ... 20
NITROLINGUAL ... 20
NITROMIST ... 20
NITROSTAT ... 20
NITYR ... 30
NIZORAL ... 15
NOCDURNA ... 34
NOCTIVA ... 34
nora-be ... 33
NORCO ... 10
NORDITROPIN FLEXPRO ... 34
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg ... 33
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24) ... 33
norethin ace-eth estrad-fe oral tablet chewable ... 33
norethindrone acet-ethinyl est ... 33
norethindrone acetate oral ... 33
norethindrone oral ... 33
norgestimate-eth estradiol ... 33
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg ... 33
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg ... 33
NORITATE ... 24
norlyda ... 33
norlyroc ... 33
nortrel 0.5/35 (28) ... 33
nortrel 1/35 (21) ... 33
nortrel 1/35 (28) ... 33
nortriptyline hcl oral ... 15
NORVASC ... 20
NORVIR ORAL PACKET ... 17
NORVIR ORAL SOLUTION ... 17
NORVIR ORAL TABLET ... 17
NOVAREL ... 36
NOVOEIGHT ... 28
NOVOFINE AUTOCOVER PEN NEEDLE ... 26
NOVOFINE PEN NEEDLE ... 26
NOVOFINE PLUS PEN NEEDLE ... 26
NOVOLIN 70/30 FLEXPEN ... 27
NOVOLIN 70/30 FLEXPEN RELION ... 27
NOVOLIN 70/30 RELION ... 27
NOVOLIN 70/30 VIAL ... 27
NOVOLIN N RELION ... 27
NOVOLIN N VIAL ... 27
NOVOLIN R RELION ... 27
NOVOLIN R VIAL ... 27
NOVOLOG FLEXPEN ... 27
NOVOLOG PENFILL ... 27
NOVOLOG U-100 VIAL ... 27
np thyroid ... 35
NUCYNTA ... 10
NUCYNTA ER ... 10
NUEDEXTA ... 22
NULEV ... 29
NUTROPIN AQ NUSPIN 10 ... 34
NUTROPIN AQ NUSPIN 20 ... 34
NUTROPIN AQ NUSPIN 5 ... 34
NUVARING ... 33
NUVESSA ... 13
NUWIQ ... 28
NUZYRA ORAL ... 13
nyamyc ... 15
nystatin external ... 15
nystatin mouth/throat ... 16
nystop ... 16

O

ocella ... 33
OCUFLOX ... 37
ODEFSEY ... 17
ofloxacin ophthalmic ... 37
ofloxacin otic ... 38
ogestrel ... 33
okebo ... 13
olanzapine oral tablet ... 17
olanzapine oral tablet dispersible ... 17
olmesartan medoxomil oral ... 20
olmesartan medoxomil-hctz ... 20
olopatadine hcl ophthalmic solution 0.1 % ... 37
olopatadine hcl ophthalmic solution 0.2 % ... 37
OLUMIANT ... 36
OLUX ... 24
OMECLAMOX-PAK ... 29
omega-3-acid ethyl esters ... 20
omeprazole oral capsule delayed release ... 29
OMNARIS ... 39
OMNITROPE ... 34
ondansetron hcl oral ... 15
ondansetron odt ... 15
ONE TOUCH VERIO KIT W/DEVICE ... 26
ONETOUCH ULTRA 2 ... 26
ONETOUCH ULTRA BLUE TEST STRIPS ... 26
ONETOUCH ULTRA MINI ... 26
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 ... 28
ONZETRA XSAIL ... 16
OPSUMIT ... 40
ORAPRED ODT ... 34
ORENCIA CLICKJECT ... 36
ORENCIA SUBCUTANEOUS ... 36
ORENITRAM ... 40
ORFADIN ... 30
ORILISSA ... 34
orsythia ... 33
ORTHO MICRONOR ... 33
ORTHO TRI-CYCLEN LO ... 33
ORTHO-NOVUM 1/35 (28) ... 33
oscimin ... 29
oscimin sr ... 29
oseltamivir phosphate oral capsule ... 18
oseltamivir phosphate oral suspension reconstituted ... 18
OSENI ... 28

OSPHENA ... 28
OTEZLA ... 36
OTREXUP ... 36
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 ... 28

P

PACERONE ORAL TABLET 100 MG, 400 MG ... 20
pacerone oral tablet 200 mg ... 20
PAMELOR ... 15
PANCREAZE ... 30
pantoprazole sodium oral ... 29
paroex ... 22
paroxetine hcl ... 15
paroxetine hcl er ... 15
PATADAY ... 37
PATANOL ... 37
PAXIL ... 15
PAXIL CR ... 15
PAZEO ... 37
PEDIAPRED ... 34
peg 3350/electrolytes ... 29
peg-3350/electrolytes ... 29
penicillamine oral ... 30
penicillin v potassium ... 13
PENLAC ... 16
PENNSAID ... 11
PENTASA ... 37
PERCOCET ... 10
PERFOROMIST ... 40
PERIDEX ... 22
periogard ... 22
permethrin external ... 17
PERTZYE ... 30
phenadoz ... 15
phenazo oral tablet 200 mg ... 30
phenazopyridine hcl oral tablet 100 mg, 200 mg ... 30
philith ... 33
phrenilin forte ... 11
PICATO ... 24
pimecrolimus ... 24
pimtrea ... 33
pioglitazone hcl ... 28
pirmella 1/35 ... 33
PLAQUENIL ... 17
PLAVIX ... 17
PLEGRIDY ... 22
PLEGRIDY STARTER PACK ... 22
PLENVU ... 30
PLEXION ... 24
PLEXION CLEANSER ... 24
PLEXION CLEANSING CLOTH ... 24
POLY-VI-FLOR ... 29
polymyxin b-trimethoprim ... 37
POLYTRIM ... 37
portia-28 ... 33
potassium chloride crys er ... 29
potassium chloride er ... 29
potassium chloride oral ... 29
potassium citrate er ... 29
PRADAXA ... 13
PRALUENT ... 20
pramipexole dihydrochloride ... 17
pramipexole dihydrochloride er ... 17
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 ... 33
PREMARIN VAGINAL ... 33
premium lidocaine ... 11
PREMPHASE ... 33
PREMPRO ... 33
PREPOPIK ... 30
PREVIDENT ... 22
PREVIDENT 5000 BOOSTER PLUS ... 22
PREVIDENT 5000 DRY MOUTH ... 22
PREVIDENT 5000 ORTHO DEFENSE ... 22
PREVIDENT 5000 PLUS ... 22
previfem ... 33
PREZCOBIX ... 18
PREZISTA ... 18
PRIMLEV ... 11
PRINIVIL ... 20
PRISTIQ ... 15
PROAIR HFA ... 39, 40
PROAIR RESPICLICK ... 40
PROCARDIA ... 20
PROCARDIA XL ... 20
PROCENTRA ... 22
prochlorperazine maleate oral ... 15
PROCORT ... 37
PROCTOFOAM HC ... 37
progesterone micronized oral ... 33
PROGRAF ORAL ... 36
promethazine hcl oral syrup ... 15
promethazine hcl oral tablet ... 15
promethazine hcl rectal ... 15
promethazine-codeine ... 39
promethazine-dm ... 15
promethegan ... 15
PROMETRIUM ... 33
propranolol hcl er ... 20
propranolol hcl oral ... 20
PROSCAR ... 30
PROTONIX ORAL ... 29
PROVENTIL HFA ... 39, 40
PROVERA ... 31, 33
PROVIGIL ... 41

PROZAC 15
pseudoephedrine-bromphen-dm .. 39
PULMICORT FLEXHALER 40
PULMICORT SUSPENSION 40
PULMOZYME 40
PURIXAN 16
PYLERA 29
PYRIDIUM 30

Q

QBRELIS 20
QMIIZ ODT 11
QUARTETTE 33
QUDEXY XR 14
quetiapine fumarate 17
quetiapine fumarate er 17
QUFLORA PEDIATRIC 29
QUILLICHEW ER 22
QUILLIVANT XR 22
quinapril hcl 20
QVAR REDIHALER 40

R

RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE 29
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 ... 36
RAPAMUNE ORAL TABLET 36
RASUVO 36
RAYOS 34
REBIF 22
REBIF REBIDOSE 22
REBIF REBIDOSE TITRATION PACK 22
REBIF TITRATION PACK 22
reclipsen 33
RECOMBINATE 28
REGLAN 15
relexxii 22
RELION BLOOD GLUCOSE TEST 26
RELION ULTIMA TEST 26
RELPAX 16
REMERON 15
REMERON SOLTAB 15
REPATHA 20, 21
REPATHA PUSHTRONEX SYSTEM 21
REPATHA SURECLICK 21
REQUIP XL 17
RESTASIS 38
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % 38
RESTORIL 41
RETACRIT 28
RETIN-A 24
REVLIMID 16
RHOFADE 24
RHOPRESSA 38
RILUTEK 22
riluzole 22
RINVOQ 36
RIOMET 28
RISPERDAL 17
risperidone 17
RITALIN 22
RITALIN LA 22
ritonavir 18
rivelsa 33
rizatriptan benzoate 16
ROBAXIN-750 40
ROCALTROL 37
ropinirole hcl 17
ropinirole hcl er 17
rosadan external cream 25
rosadan external gel 25
rosuvastatin calcium 21
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 25
SEROQUEL 17
SEROQUEL XR 17
sertraline hcl oral 15
setlakin 33
sf23
sf 5000 plus 23
SFROWASA 37
sharobel 33
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg 28
SILIQ 36
silodosin 30
simliya 33
simpesse 33
SIMPONI 36
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg 21
simvastatin oral tablet 80 mg 21
SINEMET 17
SINEMET CR 17
SINGULAIR ORAL PACKET 40
SINGULAIR ORAL TABLET 40
SINGULAIR ORAL TABLET CHEWABLE 40
sirolimus oral solution 36
sirolimus oral tablet 36
SITAVIG 18
SKELAXIN 40
SKYRIZI (150 MG DOSE) 36
sodium fluoride 5000 plus 23
sodium fluoride dental 23
SOF-SENSOR 26
SOFOSBUVIR-VELPATASVIR 18
SOLIQUA 28
SOLODYN 13
soloxide oral tablet delayed release 150 mg 13
SOLTAMOX 16
SOMA ORAL TABLET 250 MG 40
SOMA ORAL TABLET 350 MG 40
sotalol hcl oral 21
SOTYLIZE 21
SPIRIVA HANDIHALER 40
SPIRIVA RESPIMAT 40
spironolactone oral 21

sprintec 28 33
SPRIX 11
sronyx 33
sss 10-5 25
STAXYN 28
STELARA SUBCUTANEOUS 36
STENDRA 28
STIMATE 34
STRATTERA 22
STRENSIQ 30
STRIANT 35
STRIBILD 18
STRIVERDI RESPIMAT 40
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 % 25
sulfacetamide sodium-sulfur external cream 9.8-4.8 % 25
sulfacetamide sodium-sulfur external emulsion 25
sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 % 25
sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 % 25
sulfacetamide sodium-sulfur external lotion 10-5 % 25
sulfacetamide sodium-sulfur external lotion 9.8-4.8 % 25
sulfacetamide sodium-sulfur external pad 25
sulfacetamide sodium-sulfur external suspension 10-5 % 25
sulfacetamide sodium-sulfur external suspension 8-4 % 25
sulfacleanse 8/4 25
sulfamethoxazole-trimethoprim oral 13
sulfamez wash 25
sulfasalazine oral 37
sulfatrim pediatric 13
SUMADAN WASH 25
sumatriptan succinate oral 16
sumatriptan succinate refill 16
sumatriptan succinate subcutaneous 16
SUMAXIN 25
SUMAXIN WASH 25
SUPREP BOWEL PREP KIT 30
syeda 33
SYMAX DUOTAB 30
symax-sl 30
symax-sr 30
SYMBICORT 40
SYMFI 18
SYMFI LO 18
SYMJEPI 38
SYMPROIC 30
SYNALAR 25
SYNJARDY 28
SYNJARDY XR 28
SYNTHROID 35
SYPRINE 29

T

TACLONEX EXTERNAL OINTMENT 25
TACLONEX EXTERNAL SUSPENSION 25
tacrolimus oral 36
tadalafil (pah) 40
tadalafil oral tablet 10 mg, 20 mg .. 28
tadalafil oral tablet 2.5 mg, 5 mg ... 28
TAKHZYRO 36
TALTZ 36
TAMIFLU ORAL CAPSULE 18
TAMIFLU ORAL SUSPENSION RECONSTITUTED 18
tamoxifen citrate oral tablet 10 mg 16
tamoxifen citrate oral tablet 20 mg 16
tamsulosin hcl 30
TAPAZOLE 35
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 25
TAZORAC 25
TECFIDERA 22
TEGRETOL 14
TEGRETOL-XR 14
TEKTURNA 21
TEKTURNA HCT 21
telmisartan 21
temazepam 41
TEMOVATE 25
tenofovir disoproxil fumarate 18
TENORETIC 100 21
TENORETIC 50 21
TENORMIN 21
terazosin hcl 30
terbinafine hcl oral 16
terconazole 16
TESSALON PERLES 39
TESTIM 35
testosterone cypionate intramuscular 35
testosterone enanthate intramuscular 35
testosterone gel 12.5 mg/act (1%) transdermal 35
testosterone gel 20.25 mg/1.25gm (1.62%) transdermal 35
testosterone gel 40.5 mg/2.5gm (1.62%) transdermal 35
testosterone gel 50 mg/5gm (1%) transdermal 35
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%) 35
testosterone transdermal solution . 35
TEXACORT 25
TIGLUTIK 22
timolol maleate ophthalmic gel forming solution 38
timolol maleate ophthalmic solution 0.25 %, 0.5 % 38
timolol maleate ophthalmic solution 0.5 % (daily) 38
TIMOPTIC 38
TIMOPTIC OCUDOSE 38
TIMOPTIC-XE 38
TIROSINT 35
TIROSINT-SOL 35
TIVICAY 18

TIVORBEX 11
tizanidine hcl oral capsule 40
tizanidine hcl oral tablet 40
TOBI NEBULIZER 40
TOBI PODHALER 40
TOBRADEX 37
TOBRADEX ST 37
tobramycin nebulization solution 300 mg/5ml inhalation 40
tobramycin ophthalmic 37
tobramycin-dexamethasone 37
TOBREX 37
TOLAK 25
TOPAMAX 14
TOPAMAX SPRINKLE 14
topiramate er 14
topiramate oral 14
TOPROL XL 21
torsemide 21
TOUJEO MAX SOLOSTAR 27
TOUJEO SOLOSTAR 27
TOVIAZ 30
TRACLEER 32 MG 40
TRACLEER 62.5 MG, 125 MG 40
TRADJENTA 28
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 38
trazodone hcl oral 15
TRELEGY ELLIPTA 40
TREMFYA 36
TRESIBA 27
TRESIBA FLEXTOUCH 27
tretinoin external cream 25
tretinoin external gel 0.01 %, 0.05 % 25
tretinoin gel 0.025 % external 25
TREXALL 36
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, 34
tri-vylibra lo 34
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 29
TRILEPTAL 14
TRINTELLIX 15
TRIUMEQ 18
TROKENDI XR 14
TRUE METRIX BLOOD GLUCOSE TEST 26
TRUETRACK TEST 26
TRULANCE 30
TRULICITY 28
TRUVADA 18
tulana 34
TUSSICAPS 39
tydemy 34
TYLENOL WITH CODEINE #3 11
TYLENOL WITH CODEINE #4 11
TYMLOS 37
TYVASO 40
TYVASO REFILL 40
TYVASO STARTER 40

U

UCERIS ORAL 37
UCERIS RECTAL 37
ULORIC 16
ULTRAM 11
unithroid 35
UROCIT-K 10 29
UROCIT-K 15 29
UROCIT-K 5 29
UROXATRAL 30
URSO 250 30
URSO FORTE 30
ursodiol oral 30

V

VAGIFEM 34
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 29
VEMLIDY 18
venlafaxine hcl 15
venlafaxine hcl er oral capsule extended release 24 hour 15
venlafaxine hcl er oral tablet extended release 24 hour 15
VENTOLIN HFA 39, 40
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg 21
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg 21

verapamil hcl er oral tablet extended release 21
verapamil hcl oral 21
VERDESO 25
VERELAN 21
VERELAN PM 21
VERZENIO 16
VIAGRA 28
VIBERZI 30
VIBRAMYCIN ORAL CAPSULE ... 13
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 13
vicodin 11
vicodin es 11
vicodin hp 11
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (2-Pak) 28
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (3-Pak) 28
vienva 34
VIGAMOX 37
VIIBRYD 15
VIIBRYD STARTER PACK 15
VIMPAT ORAL 14
VIOKACE 30
viorele 34
VIREAD ORAL POWDER 18
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG 18
VIREAD ORAL TABLET 300 MG . 18
VISTARIL 18
vitamin d (ergocalciferol) oral capsule 50000 unit 29
Vivelle-Dot 31, 34
VIVLODEX 11
VOGELXO 35
VOGELXO PUMP 35
VOLTAREN TRANSDERMAL GEL 1 % 11
VOSEVI 18
vyfemla 34
vylibra 34
VYTORIN 21
VYVANSE 22
VYZULTA 38

W

warfarin sodium oral 13
WELCHOL 21
WELLBUTRIN SR 15
WELLBUTRIN XL 15
wera 34
WESTHROID 35
wixela inhub 40
WP THYROID 35

X

XALATAN 38
XANAX 18
XANAX XR 18
XARELTO 13
XARELTO STARTER PACK 13
XELJANZ 36
XELJANZ XR 36
XELODA 16
XELPROS 38
XEPI 13
XHANCE 39
XIIDRA 38
XIMINO 13
XOLEGEL 16
XOPENEX HFA 40
XTAMPZA ER 11
xulane 34
XYOSTED 35
YASMIN 28 34

Y

YAZ 34
YONSA 16
YUPELRI 40
yuvafem 34

Z

ZANAFLEX 40
zarah 34
ZARXIO 28
zebutal 11
ZELAPAR 17
ZEMBRACE SYMTOUCH 16
zenatane 25
ZENPEP 30
ZENZEDI 22
ZEPATIER 18
ZESTORETIC 21
ZESTRIL 21
ZETIA 21
ZETONNA 39
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 41
zolpidem tartrate oral 41
zolpidem tartrate sublingual 41
ZOLPIMIST 41
ZOMACTON 34
ZONEGRAN 14
zonisamide oral 14
ZONTIVITY 17
ZOVIRAX ORAL 18
ZTLIDO 11
ZUBSOLV 12
zumandimine 34
ZUPLENZ 15
ZYCLARA 25
ZYCLARA PUMP 25
ZYLOPRIM 16
ZYPREXA ORAL 17
ZYPREXA ZYDIS 17
ZYTIGA 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 हैं, आपको भाषा सहायता सेवाएं, निःशुल्क 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 nééhozinígíí bine'dęę› 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 members of UnitedHealthcare and Oxford New York and New Jersey plans.

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 85068-062019

2020 Prescription Drug List — Advantage 3-Tier

100-19475 7/19