



Your 2025 Prescription Drug List

Essential 4-Tier

Effective January 1, 2025



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of January 1, 2025 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, UnitedHealthcare Level Funded, UnitedHealthOne, Neighborhood Health Partnership Plan, River Valley, Surest and UnitedHealthcare of Nevada medical plans with a pharmacy benefit subject to the Essential 4-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

Table of contents

Understanding your Prescription Drug List (PDL)	4
Medication tips	5
Reading your PDL.....	6
Questions	8
Analgesics	
Drugs for Pain.....	9
Drugs for Pain and Inflammation.....	10
Anti-Addiction / Substance Abuse Treatment Agents.....	11
Antibacterials	
Drugs for Infections.....	11
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.....	16
Antigout Agents	
Drugs for Gout.....	16
Antimigraine Agents	
Drugs for Migraines	17
Antimyasthenic Agents	
Drugs to Treat Myasthenia Gravis.....	17
Antimycobacterials	
Drugs to Treat Infections.....	17
Antineoplastics	
Drugs for Cancer	17
Antiparasitics	
Drugs for Parasitic Infections.....	19
Antiparkinson Agents	
Drugs for Parkinson’s Disease.....	19
Antiplatelets	
Drugs for Heart Attack and Stroke Prevention.....	19
Antipsychotics	
Drugs for Mood Disorders.....	20
Antivirals	
Drugs for Viral Infections	20
Anxiolytics	
Drugs for Anxiety.....	21
Bipolar Agents	
Drugs for Mood Disorders.....	21
Cardiovascular Agents	
Drugs for Heart and Circulation Conditions.....	22
Central Nervous System Agents	
Drugs for Attention Deficit Disorder	26
Drugs for Multiple Sclerosis.....	27
Miscellaneous.....	27



Dental and Oral Agents	
Drugs for Mouth and Throat Conditions	28
Dermatological Agents	
Drugs for Skin Conditions.....	28
Diabetes	
Glucose Monitoring and Supplies.....	32
Insulin.....	35
Non-Insulin Agents.....	36
Drugs for Blood Disorders.....	38
Drugs for Sexual Dysfunction.....	38
Electrolytes / Vitamins.....	39
Gastrointestinal Agents	
Drugs for Acid Reflux and Ulcer.....	41
Drugs for Bowel, Intestine and Stomach Conditions	41
Genetic or Enzyme Disorder	
Drugs for Replacement, Modification, Treatment	42
Genitourinary Agents	
Drugs for Bladder, Genital and Kidney Conditions.....	43
Drugs for Prostate Conditions.....	43
Hormonal Agents	
Hormone Replacement and Birth Control	43
Oral Steroids.....	48
Other.....	48
Testosterone Replacement.....	49
Thyroid.....	49
Immunological Agents	
Drugs for Immune System Stimulation or Suppression	49
Drugs for Vaccination	52
Infertility Agents	53
Inflammatory Bowel Disease Agents	53
Metabolic Bone Disease Agents	
Drugs for Osteoporosis	54
Other.....	54
Ophthalmic Agents	
Drugs for Eye Allergy, Infection and Inflammation	54
Drugs for Eye Infection and Inflammation.....	56
Drugs for Glaucoma.....	56
Drugs for Miscellaneous Eye Conditions	56
Otic Agents	
Drugs for Ear Conditions.....	57
Respiratory	
Drugs for Anaphylaxis	57
Respiratory Tract / Pulmonary Agents	
Drugs for Allergies, Cough, Cold.....	57
Drugs for Asthma and COPD.....	57
Drugs for Cystic Fibrosis	59
Drugs for Pulmonary Fibrosis.....	60
Drugs for Pulmonary Hypertension	60
Skeletal Muscle Relaxants	
Drugs for Muscle Pain and Spasm	60
Sleep Disorder Agents.....	60
Index	62



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 brand-name, and if there are coverage requirements or limits that apply. 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 member ID card.

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

We review medications based on their total value, including effectiveness and safety, how much they cost, and the availability of alternative medications to treat the same or similar medical conditions. Certain medications may be excluded from coverage or be subject to prior authorization (sometimes referred to as precertification) 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). 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 member ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Who decides which medications are covered?

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

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.

Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lower-cost Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tiers 2 and 3	\$\$ Mid-range cost Medications that provide good overall value. A mix of brand-name and generic drugs.	Use Tier 2 or Tier 3 drugs, instead of Tier 4, to help reduce your out-of-pocket costs.
Tier 4	\$\$\$ Highest-cost Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Many Tier 4 drugs have lower-cost options in Tiers 1, 2 or 3. Ask your doctor if they could work for you.



Reading your PDL (continued)

Drug list information

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

H	Health Care Reform Preventive – This medication is part of a health care reform preventive benefit and is generally available at no additional cost to you.
H-PA	Health Care Reform Preventive with Prior Authorization – May be part of health care reform preventive benefit and available at no additional cost to you if prior authorization criteria is met.
NF	Non-Formulary Non-formulary drugs are not covered by your insurance provider, however may be filled at a Tier 4 cost share if certain criteria is met.
PA	Prior Authorization – 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.
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.

Reading your PDL (continued)

Coverage details

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

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

Coverage is set by the member'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 member's pharmacy and/or medical plan depending on the benefit.

- **Endocrine: growth hormone**

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

- **Infertility**

Coverage is set by the member's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. This is not a covered benefit for Neighborhood Health Partnership Plan.

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

Coverage under the prescription drug benefit is set by the member's medical benefit plan. Please consult plan documents regarding benefit coverage, exclusions and cost-sharing. Additional information is also available by calling the number on your member ID card.

Questions

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



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



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

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

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

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



Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine	1	QL
ALLZITAL	NF	QL
apap-caff-dihydrocodeine	NF	QL
ascomp-codeine	1	QL
bac	1	QL
BELBUCA	3	PA, QL
BUPAP	NF	QL
buprenorphine	3	PA, QL
butalbital-acetaminophen oral tablet 50-300 mg	NF	QL
butalbital-acetaminophen oral tablet 50-325 mg	1	QL
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	NF	QL
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	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
butalbital-asa-caff-codeine	1	QL
butalbital-aspirin-caffeine	1	QL
butorphanol tartrate nasal	2	QL
BUTRANS	NF	PA, QL
DILAUDID ORAL TABLET	NF	QL
endocet	1	QL
ESGIC	4	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	NF	PA, QL
FIORICET	4	QL
FIORICET/CODEINE	NF	QL
glydo	1	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	QL

Drug Name	Drug Tier	Requirements & Limits
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	NF	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydrocodone-ibuprofen	1	QL
hydromorphone hcl oral tablet	1	QL
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine hcl urethral/mucosal	1	
lidocaine-prilocaine external cream	1	
LIDOCAN	NF	PA, QL
LIDODERM	NF	PA, QL
LORTAB ORAL ELIXIR 10-300 MG/15ML	4	QL
methadone hcl oral tablet	1	PA, QL
morphine sulfate (concentrate)	1	QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	1	QL
MS CONTIN	NF	PA, QL
NALOCET	NF	QL
NUCYNTA	4	QL
NUCYNTA ER	3	PA, QL
OXAYDO ORAL TABLET 5 MG, 7.5 MG	NF	QL
OXYCODONE HCL ER	NF	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	NF	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	NF	PA, QL
oxymorphone hcl er	3	PA, QL

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
PERCOCET	NF	QL
premium lidocaine	2	QL
PROLATE ORAL TABLET	NF	QL
ROXICODONE ORAL TABLET 15 MG, 30 MG, 5 MG	NF	QL
TENCON	3	QL
tramadol hcl (er biphasic) oral tablet extended release 24 hour	2	QL
tramadol hcl er	2	QL
tramadol hcl oral tablet 100 mg, 25 mg	NF	QL
tramadol hcl oral tablet 50 mg	1	QL
tramadol-acetaminophen	1	QL
TREZIX	NF	QL
TRIDACAINE II	NF	PA, QL
ULTRACET ORAL TABLET 37.5-325 MG	4	QL
ULTRAM ORAL TABLET 50 MG	NF	QL
XTAMPZA ER	4	PA, QL
ZEBUTAL ORAL CAPSULE 50-325-40 MG	4	QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for Pain and Inflammation		
ANAPROX DS	NF	
ARTHROTEC	NF	
CAMBIA	NF	QL
CATAFLAM ORAL TABLET 50 MG	NF	
CELEBREX	NF	QL
celecoxib oral	2	QL
DAYPRO	4	
diclofenac potassium oral tablet 25 mg	NF	QL
diclofenac potassium oral tablet 50 mg	2	
diclofenac potassium(migraine)	NF	QL
diclofenac sodium er	3	
diclofenac sodium external gel 1%	NF	
diclofenac sodium oral	1	
diclofenac-misoprostol	3	

Drug Name	Drug Tier	Requirements & Limits
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	4	
ec-naproxen	1	
etodolac	2	
etodolac er	3	
FELDENE ORAL CAPSULE 10 MG, 20 MG	4	
flurbiprofen oral	1	
ibuprofen oral suspension 100 mg/5ml	NF	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	2	
INDOMETHACIN ORAL CAPSULE 20 MG	NF	
indomethacin oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine oral	1	
LODINE	NF	
LOFENA	NF	QL
mefenamic acid oral	3	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN ORAL TABLET	NF	
naproxen dr	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	2	
oxaprozin oral tablet	2	
piroxicam oral	2	
RELAFEN DS	NF	
RELAFEN ORAL TABLET 500 MG, 750 MG	NF	
sulindac oral	1	
TIVORBEX ORAL CAPSULE 20 MG	NF	

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	NF	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	2	QL
bupropion hcl er (smoking det)	1	H
disulfiram oral	1	
KLOXXADO	2	QL
naloxone hcl injection solution prefilled syringe 2 mg/2ml	1	
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	2	QL (include Narcan OTC)
NICOTROL	4	PA, H
REXTOVY	NF	
SUBOXONE	NF	PA, QL
varenicline tartrate	3	PA, H
varenicline tartrate (starter)	3	PA, H
varenicline tartrate(continue)	3	PA, H
ZIMHI	2	QL
ZUBSOLV	2	QL
Antibacterials - Drugs for Infections		
ACTICLATE ORAL TABLET 150 MG, 75 MG	NF	
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
AUGMENTIN	NF	
AUGMENTIN ES-600	NF	
AVIDOXY	4	
azithromycin oral	1	
BACTRIM	4	
BACTRIM DS	4	
cefadroxil	1	
cefdinir	1	

Drug Name	Drug Tier	Requirements & Limits
cefixime	3	
cefepodoxime proxetil oral tablet	1	
cefprozil	1	
cefuroxime axetil	1	
CENTANY EXTERNAL OINTMENT 2%	4	QL
cephalexin	1	
CIPRO ORAL TABLET	4	
ciprofloxacin hcl oral	1	
clarithromycin er	2	
clarithromycin oral suspension reconstituted	2	
clarithromycin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4	
CLEOCIN ORAL CAPSULE 75 MG	2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	4	
CLEOCIN VAGINAL CREAM	4	
clindamycin hcl oral	1	
clindamycin palmitate hcl	2	
clindamycin phosphate vaginal	2	
CLINDESSE	2	
dicloxacillin sodium	1	
DIFICID ORAL TABLET	4	QL
DORYX MPC	NF	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG	NF	
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	NF	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	NF	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	NF	

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	NF	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	1	
E.E.S. GRANULES	3	
ERYPED 200	3	
ERYPED 400	4	
ERY-TAB	4	
erythromycin base oral tablet	1	
erythromycin base oral tablet delayed release	3	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1	
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	3	
erythromycin oral	3	
FIRVANQ	4	
FLAGYL	NF	
fosfomycin tromethamine	3	
gentamicin sulfate external	1	QL
HIPREX	4	
levofloxacin oral tablet	1	
LIKMEZ	4	
linezolid oral tablet	2	
LYMEPAK ORAL TABLET 100 MG	NF	
MACROBID	4	
MACRODANTIN	4	
methenamine hippurate	1	
metronidazole oral	1	
metronidazole vaginal	2	
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG	NF	PA
minocycline hcl oral capsule	1	
minocycline hcl oral tablet	NF	

Drug Name	Drug Tier	Requirements & Limits
MONDOXYNE NL	4	
MONUROL ORAL PACKET 3 GM	4	
moxifloxacin hcl oral	3	
mupirocin calcium	3	QL
mupirocin external	1	QL
neomycin sulfate oral	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
nitrofurantoin oral suspension 25 mg/5ml	3	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML	NF	
NUVESSA	NF	
NUZYRA ORAL	4	QL
penicillin v potassium	1	
SEYSARA	NF	
SILVADENE	4	
silver sulfadiazine external	1	
ssd	1	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
TARGADOX	NF	
tetracycline hcl oral capsule	3	
tinidazole oral	3	
trimethoprim oral	1	
VANCOGIN	4	
vancomycin hcl oral	1	
VANDAZOLE	4	
VIBRAMYCIN	4	
XACIATO	2	QL
XENLETA ORAL TABLET 600 MG	4	
XIFAXAN	NF	PA, QL
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG	NF	PA
ZITHROMAX ORAL	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
ZYVOX ORAL TABLET	NF	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
ARIXTRA	NF	QL
dabigatran etexilate mesylate	2	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	2	QL
fondaparinux sodium	2	QL
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	NF	QL
PRADAXA ORAL CAPSULE	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTIOM	NF	PA
BANZEL	NF	PA
BRIVIACT ORAL	NF	PA
carbamazepine er oral capsule extended release 12 hour	2	
carbamazepine er oral tablet extended release 12 hour	3	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	NF	
clobazam oral suspension	3	PA
clobazam oral tablet	2	PA
DEPAKOTE	4	PA
DEPAKOTE ER	4	PA
DEPAKOTE SPRINKLES	4	PA
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	4	QL
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	QL
diazepam rectal	1	QL
DILANTIN INFATABS	3	

Drug Name	Drug Tier	Requirements & Limits
DILANTIN ORAL CAPSULE	3	
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
ELEPSIA XR	NF	PA
EPIDIOLEX	4	PA, SP
epitol	1	
ethosuximide oral	1	
felbamate	1	
FELBATOL	4	PA
FELBATOL ORAL SUSPENSION 600 MG/5ML	4	PA
FINTEPLA	NF	PA
FYCOMPA ORAL SUSPENSION	4	PA
FYCOMPA ORAL TABLET	NF	PA
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
GABAPENTIN ORAL TABLET 25 MG, 50 MG	NF	PA
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL	NF	PA
KEPPRA XR	NF	PA
lacosamide oral	2	
LAMICTAL	NF	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE	NF	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	PA
lamotrigine er	NF	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	NF	PA
levetiracetam er	2	
levetiracetam oral	1	
MOTPOLY XR	4	PA

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
MYSOLINE	NF	PA
NAYZILAM	3	PA, QL
NEURONTIN	NF	PA
ONFI	4	PA
oxcarbazepine	1	
OXTELLAR XR	NF	
phenobarbital oral	1	
phenytek oral capsule 200 mg	1	
phenytek oral capsule 300 mg	4	
phenytoin infatabs	1	
phenytoin oral tablet chewable	1	
phenytoin sodium extended	1	
primidone oral tablet 125 mg	1	PA
primidone oral tablet 250 mg, 50 mg	1	
QUDEXY XR	NF	
roweepra	1	
rufinamide oral suspension	3	
rufinamide oral tablet	3	PA
SABRIL ORAL PACKET	NF	PA, QL, SP
subvenite	1	
SYMPAZAN	4	PA
TEGRETOL ORAL TABLET	NF	
TEGRETOL-XR	NF	
TOPAMAX	NF	PA
TOPAMAX SPRINKLE	NF	PA
topiramate er	NF	
topiramate oral	1	
TRILEPTAL	NF	PA
TROKENDI XR	NF	
valproic acid oral	1	
VALTOCO	3	PA, QL
vigabatrin oral packet	3	PA, QL, SP
vigadrone oral packet	3	PA, QL, SP
vigpoder	3	PA, QL, SP
VIMPAT ORAL SOLUTION	4	PA
VIMPAT ORAL TABLET	NF	PA
XCOPRI	NF	PA

Drug Name	Drug Tier	Requirements & Limits
ZARONTIN	4	
ZONEGRAN	NF	PA
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT	NF	
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	2	
EXELON	NF	
galantamine hydrobromide er	1	
memantine hcl er	3	
memantine hcl oral tablet	1	
NAMENDA ORAL TABLET 10 MG, 5 MG	NF	
NAMENDA TITRATION PAK	NF	
NAMENDA XR	NF	
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG	4	
rivastigmine	3	
rivastigmine tartrate	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
ANAFRANIL	NF	
APLENZIN	NF	QL
AUVELITY	NF	ST, QL
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	NF	QL
bupropion hcl oral	1	
CELEXA	NF	
citalopram hydrobromide oral solution	1	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	3	

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
CYMBALTA	NF	
desipramine hcl oral	1	
DESVENLAFAXINE ER	NF	
desvenlafaxine succinate er	3	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	
duloxetine hcl oral capsule delayed release particles 40 mg	NF	
EFFEXOR XR	NF	
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	1	
FETZIMA	NF	ST, QL
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, 60 mg	3	
fluvoxamine maleate	1	
fluvoxamine maleate er	4	QL
FORFIVO XL	NF	QL
imipramine hcl oral	1	
LEXAPRO	NF	
mirtazapine oral	1	
NORPRAMIN	4	
nortriptyline hcl oral capsule	1	
olanzapine-fluoxetine hcl	2	QL
PAMELOR	NF	
PARNATE	4	
paroxetine hcl er	3	QL
paroxetine hcl oral tablet	1	
paroxetine mesylate	NF	QL
PAXIL CR	NF	QL
PAXIL ORAL TABLET	NF	
PRISTIQ	NF	QL

Drug Name	Drug Tier	Requirements & Limits
protriptyline hcl	1	
PROZAC	NF	
REMERON	NF	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	NF	
SERTRALINE HCL ORAL CAPSULE	NF	QL
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
SPRAVATO (56 MG DOSE)	4	PA, QL
SPRAVATO (84 MG DOSE)	4	PA, QL
SYMBYAX	4	QL
tranlycypromine sulfate	1	
trazodone hcl oral	1	
TRINTELLIX	NF	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	NF	QL
VIIBRYD	NF	QL
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	4	
vilazodone hcl	3	QL
WAINUA	3	PA, QL, SP
WELLBUTRIN SR	NF	
WELLBUTRIN XL	NF	
ZOLOFT	NF	
ZURZUVAE	3	PA, QL, SP
Antiemetics - Drugs for Nausea and Vomiting		
ANTIVERT ORAL TABLET	NF	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	2	QL
BONJESTA	NF	PA
COMPRO	3	
DICLEGIS	NF	PA
doxylamine-pyridoxine	NF	PA
dronabinol	1	
EMEND ORAL CAPSULE	NF	QL
GIMOTI	NF	QL

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
granisetron hcl oral	2	
MARINOL 2.5 MG	4	
meclizine hcl oral tablet	NF	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral	1	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	4	
scopolamine	3	
TRANSDERM-SCOP	NF	
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
DIFLUCAN	NF	
econazole nitrate external	2	
EXELDERM EXTERNAL CREAM	3	
fluconazole oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	NF	PA, ST, QL
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
ketoconazole oral	1	

Drug Name	Drug Tier	Requirements & Limits
klayesta	1	QL
LOPROX EXTERNAL CREAM 0.77 %	NF	
LOPROX EXTERNAL SHAMPOO 1 %	NF	
NOXAFIL ORAL TABLET DELAYED RELEASE	NF	
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	2	
nystop	1	QL
posaconazole oral tablet delayed release	2	
SPORANOX ORAL CAPSULE	4	QL
SPORANOX PULSEPAK ORAL CAPSULE 100 MG	4	QL
SULCONAZOLE NITRATE EXTERNAL CREAM	3	
terbinafine hcl oral	1	
terconazole	1	
TOLSURA	NF	
VFEND ORAL TABLET 200 MG	4	QL
VFEND ORAL TABLET 50 MG	3	QL
VIVJOA	3	PA, QL
voriconazole oral tablet	1	QL
Antigout Agents - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
ALLOPURINOL ORAL TABLET 200 MG	NF	
colchicine oral	2	
colchicine-probenecid	1	
COLCRYS ORAL TABLET 0.6 MG	NF	
febuxostat	3	
MITIGARE	2	
probenecid	1	
ULORIC	NF	

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	4	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	3	PA, ST
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA, ST, QL
AJOVY	NF	PA, ST, QL
almotriptan malate	4	QL
AMERGE ORAL TABLET 1 MG, 2.5 MG	NF	QL
eletriptan hydrobromide	3	QL
EMGALITY	3	PA, ST, QL
FROVA	NF	QL
frovatriptan succinate	3	QL
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	4	QL
IMITREX ORAL	NF	QL
IMITREX STATDOSE REFILL	NF	QL
IMITREX STATDOSE SYSTEM	NF	QL
MAXALT	NF	QL
MAXALT-MLT	NF	QL
naratriptan hcl	1	QL
NURTEC ODT	3	PA, ST, QL
QULIPTA	3	PA, ST, QL
RELPAX	NF	QL
REYVOW	NF	PA, ST, QL
rizatriptan benzoate	1	QL
sumatriptan nasal	2	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge	1	QL
sumatriptan succinate subcutaneous	1	QL
sumatriptan-naproxen sodium	NF	QL
TOSYMRA	NF	QL
TREXIMET	NF	QL
TRUDHESA	NF	PA, QL
UBRELVY	3	PA, ST, QL
ZAVZPRET	4	PA, ST, QL

Drug Name	Drug Tier	Requirements & Limits
ZEMBRACE SYMTOUCH	NF	QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	NF	QL
zolmitriptan nasal solution 5 mg	NF	QL
zolmitriptan oral tablet	2	QL
zolmitriptan oral tablet dispersible	3	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	2	QL
ZOMIG ORAL	NF	QL
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis		
MESTINON ORAL TABLET	NF	
MESTINON ORAL TABLET EXTENDED RELEASE	NF	
pyridostigmine bromide er	1	
pyridostigmine bromide oral tablet 30 mg	NF	
pyridostigmine bromide oral tablet 60 mg	1	
Antimycobacterials - Drugs to Treat Infections		
dapsone oral	2	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL	4	
MYCOBUTIN	4	
rifabutin	1	
rifampin oral	1	
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	3	PA, QL, SP
abiraterone acetate oral tablet 500 mg	NF	PA, QL, SP
AFINITOR	NF	PA, QL, SP
ALECENSA	3	PA, QL
ALUNBRIG	3	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	NF	
AROMASIN	NF	

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
AUGTYRO	3	PA, QL, SP
bicalutamide	1	
BOSULIF ORAL TABLET	NF	PA, ST, QL, SP
BRUKINSA	4	PA, ST, QL, SP
CABOMETYX	3	PA, QL, SP
CALQUENCE	3	PA, QL, SP
CALQUENCE ORAL CAPSULE 100 MG	3	PA, QL, SP
capecitabine	2	QL, SP
CASODEX	4	
COTELLIC	4	PA, QL, SP
cyclophosphamide oral capsule	3	
ERIVEDGE	3	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	3	PA, QL
ERLEADA ORAL TABLET 60 MG	3	PA, QL, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	3	PA, QL, SP
exemestane	2	H-PA
EXKIVITY ORAL CAPSULE 40 MG	4	PA, QL, SP
FEMARA	NF	
GAVRETO	4	PA, QL, SP
GLEEVEC	NF	PA, QL, SP
HYDREA	4	
hydroxyurea oral	1	
IBRANCE	3	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	4	PA, QL
ICLUSIG ORAL TABLET 15 MG, 45 MG	4	PA, QL, SP
IDHIFA	3	PA, QL, SP
imatinib mesylate	1	PA, QL, SP
IMBRUVICA ORAL CAPSULE	3	PA, QL, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	NF	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	3	PA, QL, SP
IMBRUVICA ORAL TABLET 560 MG	3	PA, SP
INLYTA	4	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
JAKAFI	3	PA, QL, SP
KISQALI ORAL TABLET THERAPY PACK 200 MG	NF	PA, ST, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	3	PA, QL, SP
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG	4	PA, QL, SP
LENVIMA ORAL CAPSULE THERAPY PACK 3 X 4 MG, 4 MG	3	PA, QL, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
LONSURF	NF	PA, QL, SP
LUMAKRAS	4	PA, QL, SP
LYNPARZA	3	PA, QL, SP
MEKINIST ORAL TABLET	4	PA, ST, QL, SP
mercaptopurine oral	1	
NERLYNX	3	PA, QL, SP
NINLARO	3	PA, QL, SP
NUBEQA	3	PA, QL, SP
ODOMZO	3	PA, QL, SP
ORGOVYX	4	PA, QL, SP
pazopanib hcl	NF	PA, QL, SP
PIQRAY	3	PA, QL, SP
POMALYST	4	PA, QL, SP
RETEVMO ORAL CAPSULE 40 MG	4	PA, QL, SP
RETEVMO ORAL CAPSULE 80 MG	4	PA, SP
REVLIMID	3	PA, QL, SP
ROZLYTREK ORAL CAPSULE	3	PA, QL, SP
ROZLYTREK ORAL PACKET	2	PA, SP
SPRYCEL	4	PA, ST, QL, SP
STIVARGA	3	PA, QL, SP
TABRECTA	4	PA, QL, SP
TAFINLAR ORAL CAPSULE	4	PA, ST, QL, SP
TAGRISSO	4	PA, QL, SP

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	3	PA, ST, QL, SP
TEMODAR ORAL CAPSULE 250 MG	NF	PA, SP
temozolomide	1	PA, SP
TRUQAP	3	PA, QL, SP
VENCLEXTA	3	PA, QL, SP
VERZENIO	3	PA, QL, SP
VITRAKVI	3	PA, QL, SP
VOTRIENT	NF	PA, QL, SP
XELODA	NF	QL, SP
XTANDI	3	PA, QL, SP
ZEJULA ORAL CAPSULE 100 MG	3	PA, QL, SP
ZELBORAF	3	PA, QL, SP
ZYTIGA	NF	PA, QL, SP
Antiparasitics - Drugs for Parasitic Infections		
albendazole oral	3	PA, QL
ALINIA ORAL TABLET	NF	QL
ARAKODA	4	QL
atovaquone	2	
atovaquone-proguanil hcl	2	
hydroxychloroquine sulfate oral	1	
ivermectin oral	1	PA, QL
KRINTAFEL	1	QL
MALARONE	4	
mefloquine hcl	1	
MEPRON	NF	
nitazoxanide oral	2	QL
permethrin external	1	
PLAQUENIL	NF	
SOVUNA	NF	
STROMEKTOL	4	PA, QL
Antiparkinson Agents - Drugs for Parkinson's Disease		
amantadine hcl oral	1	
AZILECT	NF	ST

Drug Name	Drug Tier	Requirements & Limits
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa-entacapone	1	
COMTAN ORAL TABLET 200 MG	4	
DHIVY	NF	
entacapone	1	
INBRIJA	3	PA, QL, SP
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	SP
MIRAPEX ER	NF	
NEUPRO	NF	
NOURIANZ	NF	PA, QL
PARLODEL ORAL TABLET	NF	
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	NF	
rasagiline mesylate oral	NF	ST
ropinirole hcl	1	
ropinirole hcl er	NF	
RYTARY	NF	
SINEMET	4	
STALEVO 100 ORAL TABLET 25-100-200 MG	4	
STALEVO 125 ORAL TABLET 31.25-125-200 MG	4	
STALEVO 150	4	
STALEVO 200 ORAL TABLET 50-200-200 MG	4	
STALEVO 50 ORAL TABLET 12.5-50-200 MG	4	
STALEVO 75 ORAL TABLET 18.75-75-200 MG	4	
trihexyphenidyl hcl oral tablet	1	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	4	QL
cilostazol	1	

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
clopidogrel bisulfate oral	1	
EFFIENT	NF	
PLAVIX	NF	
prasugrel hcl	3	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	NF	
aripiprazole oral solution	4	
aripiprazole oral tablet	2	
asenapine maleate	4	QL
CAPLYTA	4	PA, ST, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	4	
fluphenazine hcl oral tablet	1	
GEODON ORAL	NF	
haloperidol oral	1	
INVEGA	NF	QL
LATUDA	NF	QL
loxapine succinate	1	
lurasidone hcl	2	QL
LYBALVI	NF	PA, QL
NUPLAZID ORAL CAPSULE	4	PA
olanzapine oral tablet	1	
olanzapine oral tablet dispersible	2	
paliperidone er	NF	QL
pimozide	2	
quetiapine fumarate	1	
quetiapine fumarate er	2	
REXULTI	NF	QL
RISPERDAL	NF	
risperidone	1	
SAPHRIS	NF	QL
SEROQUEL	NF	
SEROQUEL XR	NF	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	NF	
VRAYLAR	4	QL

Drug Name	Drug Tier	Requirements & Limits
ziprasidone hcl	2	
ZYPREXA ORAL	NF	
ZYPREXA ZYDIS	NF	
Antivirals - Drugs for Viral Infections		
abacavir sulfate-lamivudine	2	QL
acyclovir external cream	NF	QL
acyclovir external ointment	3	QL
acyclovir oral	1	
BARACLUDE ORAL TABLET	NF	
BIKTARVY	4	QL
CIMDUO	2	QL
COMPLERA	4	QL
darunavir	1	
DELSTRIGO	2	QL
DESCOVY	NF	PA, ST, QL
DOVATO	2	QL
efavirenz-emtricitab-tenofo df	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	2	
EPCLUSA ORAL TABLET	3	PA, QL, SP
EPZICOM	NF	QL
etravirine	2	
famciclovir oral tablet 125 mg, 500 mg	2	
famciclovir oral tablet 250 mg	2	QL
GENVOYA	4	QL
HARVONI ORAL TABLET	3	PA, ST, QL, SP
INTELENCE ORAL TABLET 100 MG, 200 MG	4	
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	QL
LAGEVRIO	3	QL
LEDIPASVIR-SOFOSBUVIR	3	PA, ST, QL, SP

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
MAVYRET	3	PA, QL, SP
NORVIR ORAL TABLET	NF	
ODEFSEY	4	QL
oseltamivir phosphate oral capsule	2	
oseltamivir phosphate oral suspension reconstituted	2	QL
PAXLOVID (150/100)	3	QL
PAXLOVID (300/100)	3	QL
PIFELTRO	3	
PREVYMIS ORAL	3	PA
PREZCOBIX	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
PREZISTA ORAL TABLET 600 MG, 800 MG	NF	
ritonavir	2	
RUKOBIA	4	PA
SITAVIG	NF	QL
SOFOSBUVIR-VELPATASVIR	3	PA, QL, SP
STRIBILD	4	QL
SYMFI	2	QL
SYMFI LO	2	QL
SYMTUZA	NF	QL
TAMIFLU ORAL CAPSULE	NF	
TAMIFLU ORAL SUSPENSION RECONSTITUTED	NF	QL
tenofovir disoproxil fumarate	2	H-PA
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	QL
TRUVADA ORAL TABLET 200-300 MG	NF	QL
valacyclovir hcl oral	1	QL
VALCYTE ORAL TABLET	NF	
valganciclovir hcl oral tablet	1	
VALTREX	NF	QL
VEMLIDY	NF	PA

Drug Name	Drug Tier	Requirements & Limits
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	NF	
VOSEVI	3	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZIRGAN	4	
ZOVIRAX EXTERNAL	NF	QL
ZOVIRAX ORAL SUSPENSION 200 MG/5ML	4	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	NF	
bupirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	
HALCION	4	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	NF	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
oxazepam	1	
TRANXENE-T ORAL TABLET 7.5 MG	4	
triazolam	1	
VALIUM	NF	
VISTARIL	4	
XANAX	NF	
XANAX XR	NF	
Bipolar Agents - Drugs for Mood Disorders		
EQUETRO	3	

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	4	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	NF	
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTAZIDE ORAL TABLET 25-25 MG	4	
ALDACTAZIDE ORAL TABLET 50-50 MG	2	
ALDACTONE	NF	
aliskiren fumarate	NF	
ALTACE	NF	
amiloride hcl oral	1	
amiloride-hydrochlorothiazide	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	NF	
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg	NF	QL
amlodipine-olmesartan	NF	
amlodipine-valsartan-hctz	NF	
ANTARA ORAL CAPSULE 30 MG	NF	
ATACAND	NF	
ATACAND HCT	NF	
atenolol oral	1	
atenolol-chlorthalidone	1	
ATORVALIQ	4	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA

Drug Name	Drug Tier	Requirements & Limits
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	NF	
AVAPRO	NF	
AZOR	NF	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	NF	
BENICAR HCT	NF	
BETAPACE	NF	
BETAPACE AF	4	
betaxolol hcl oral	1	
BIDIL	NF	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BUMEX	3	
BYSTOLIC	NF	
CADUET	NF	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG	4	
CAMZYOS	4	PA, QL, SP
candesartan cilexetil	3	
candesartan cilexetil-hctz	3	
captopril oral	1	
CARDIZEM	NF	
CARDIZEM CD	NF	
CARDIZEM LA	NF	
CARDURA	4	
cartia xt	2	
carvedilol	1	
carvedilol phosphate er	NF	
CATAPRES-TTS-1	NF	
CATAPRES-TTS-2	NF	
CATAPRES-TTS-3	NF	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
clonidine	3	
clonidine hcl oral	1	
colesevelam hcl oral tablet	2	
COLESTID ORAL TABLET	4	
colestipol hcl oral tablet	1	
COREG	NF	
COREG CR	NF	
CORGARD	4	
CORLANOR	3	PA, QL
COZAAR	NF	
CRESTOR	NF	
digitek oral tablet 125 mcg, 250 mcg	1	
digox	1	
digoxin oral tablet	1	
diltiazem hcl er beads	2	
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	1	
diltiazem hcl er oral tablet extended release 24 hour	2	
diltiazem hcl oral	1	
dilt-xr	1	
DIOVAN	NF	
DIOVAN HCT	NF	
dofetilide	2	
doxazosin mesylate oral	1	
DYRENIUM	NF	
EDARBI	NF	
EDARBYCLOR	NF	
enalapril maleate oral solution	3	PA
enalapril maleate oral tablet	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO ORAL TABLET	4	PA, QL
EPANED	4	PA
eplerenone	2	
EXFORGE	NF	

Drug Name	Drug Tier	Requirements & Limits
EXFORGE HCT	NF	
ezetimibe	2	
ezetimibe-simvastatin	NF	
felodipine er	1	
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	2	
FENOFIBRATE MICRONIZED ORAL CAPSULE 30 MG, 90 MG	NF	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	
fenofibrate oral capsule 150 mg, 50 mg	NF	
fenofibrate oral tablet 120 mg, 40 mg	NF	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
fenofibric acid oral capsule delayed release	3	
FENOGLIDE	NF	
flecainide acetate	1	
fluvastatin sodium	1	
fosinopril sodium	1	
fosinopril sodium-hctz	1	
FUROSCIX	NF	PA, QL
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	NF	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	NF	
icosapent ethyl	NF	PA
indapamide	1	
INDERAL LA	NF	
INSPRA	NF	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
ISORDIL TITRADOSE	NF	
isosorb dinitrate-hydralazine	2	

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide dinitrate oral tablet 40 mg	NF	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
ivabradine	3	PA, QL
KASPARGO SPRINKLE	4	
KERENDIA	NF	PA, QL
labetalol hcl oral	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	
LANOXIN ORAL TABLET 62.5 MCG	4	
LASIX	4	
LIPITOR	NF	
LIPOFEN	NF	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	NF	ST
LODOCO	4	QL
LOPID	4	
LOPRESSOR	4	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	4	
LOTENSIN HCT	4	
LOTREL	NF	
lovastatin oral	1	H
LOVAZA	NF	
matzim la	2	
MAXZIDE ORAL TABLET 75-50 MG	4	
MAXZIDE-25 ORAL TABLET 37.5-25 MG	4	
metolazone	1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	

Drug Name	Drug Tier	Requirements & Limits
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	NF	
metoprolol-hydrochlorothiazide	1	
mexiletine hcl oral	1	
MICARDIS	NF	
MICARDIS HCT	NF	
midodrine hcl	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	4	
minoxidil oral	1	
moexipril hcl	1	
MULTAQ	NF	PA
nadolol oral	1	
nebivolol hcl	NF	
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
niacin er (antihyperlipidemic)	3	
NIASPAN ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG, 750 MG	NF	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
nisoldipine er	2	
NITRO-BID	2	
NITRO-DUR	3	
nitroglycerin rectal	NF	QL
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
NITROSTAT	4	
NORLIQVA	4	PA
NORVASC	NF	
olmesartan medoxomil oral	2	
olmesartan medoxomil-hctz	2	
olmesartan-amlodipine-hctz	NF	

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
omega-3-acid ethyl esters	2	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	4	
pentoxifylline er	1	
perindopril erbumine	2	
pindolol	1	
pitavastatin calcium	NF	ST
PRALUENT	NF	PA, ST, QL
pravastatin sodium	1	
prazosin hcl oral	1	
prevalite	1	
PROCARDIA XL	NF	
propafenone hcl	1	
propafenone hcl er	4	
propranolol hcl er	2	
propranolol hcl oral	1	
QUESTRAN	4	
QUESTRAN LIGHT	4	
quinapril hcl	1	
ramipril	1	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG	NF	
ranolazine er	2	
RECTIV	NF	QL
REPATHA	2	PA, ST, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL
REPATHA SURECLICK	2	PA, ST, QL
rosuvastatin calcium oral	2	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	NF	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOANZ	NF	QL
sotalol hcl (af)	1	
sotalol hcl oral	1	

Drug Name	Drug Tier	Requirements & Limits
spironolactone oral tablet	1	
spironolactone-hctz	1	
SULAR	4	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	
TEKTURNA	NF	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	NF	
telmisartan	2	
telmisartan-hctz	2	
TENORETIC 100	NF	
TENORETIC 50	NF	
TENORMIN	NF	
THALITONE	NF	
tiadylt er	2	
TIAZAC	4	
TIKOSYN	4	
TOPROL XL	NF	
toremide	1	
trandolapril	1	
triamterene oral	3	
triamterene-hctz	1	
TRIBENZOR	NF	
TRICOR	NF	
TRILIPIX	NF	
valsartan oral tablet	2	
valsartan-hydrochlorothiazide	1	
VASCEPA	NF	PA
VASERETIC	NF	
VASOTEC	NF	
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	

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
verapamil hcl oral	1	
VERELAN	4	
VERELAN PM	4	
VERQUVO	NF	PA, QL
VYTORIN	NF	
WELCHOL ORAL TABLET	NF	
ZESTORETIC	NF	
ZESTRIL	4	
ZETIA	NF	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	4	
ZOCOR	NF	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	NF	
ADDERALL XR	NF	QL
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG	NF	QL
ADZENYS XR-ODT	NF	QL
amphetamine sulfate	2	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	2	QL
amphet-dextroamphet 3-bead er	NF	QL
APTENSIO XR	NF	QL
atomoxetine hcl	4	QL
AZSTARYS	3	ST, QL
clonidine hcl er oral tablet extended release 12 hour	3	
CONCERTA	NF	QL
COTEMPLA XR-ODT	NF	QL
DAYTRANA	NF	QL
DEXEDRINE	NF	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	2	QL

Drug Name	Drug Tier	Requirements & Limits
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	2	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	3	QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	NF	
DYANAVEL XR	NF	QL
EVEKEO	NF	
FOCALIN	NF	
FOCALIN XR	NF	QL
guanfacine hcl er	2	
INTUNIV	NF	
JORNAY PM	3	ST, QL
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	NF	
lisdexamfetamine dimesylate	3	QL
METHYLIN	NF	
methylphenidate	NF	QL
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	NF	QL
methylphenidate hcl er (osm) oral tablet extended release 72 mg	NF	QL
methylphenidate hcl er (xr)	NF	QL
methylphenidate hcl er oral tablet extended release	2	QL

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl er oral tablet extended release 24 hour	NF	QL
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	
methylphenidate hcl oral tablet chewable	3	
MYDAYIS	NF	QL
QELBREE	NF	PA, QL
QUILLICHEW ER	NF	QL
QUILLIVANT XR	NF	QL
RELEXXII	NF	QL
RITALIN	NF	
RITALIN LA	NF	QL
STRATTERA	NF	QL
VYVANSE	NF	QL
ZENZEDI	NF	

Central Nervous System Agents - Drugs for Multiple Sclerosis

AMPYRA	NF	PA, QL, SP
AUBAGIO	NF	PA, QL, SP
AVONEX PEN	3	PA, QL, SP
AVONEX PREFILLED	3	PA, QL, SP
BAFIERTAM	3	PA, QL, SP
BETASERON	3	PA, QL, SP
COPAXONE	NF	PA, QL, SP
dalfampridine er	3	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
EXTAVIA	NF	PA, ST, QL, SP
fingolimod hcl	1	PA, QL, SP
GILENYA	NF	PA, QL, SP
glatiramer acetate	3	PA, QL, SP
glatopa	3	PA, QL, SP
KESIMPTA	3	PA, QL, SP
MAVENCLAD	4	PA, ST, QL, SP
MAYZENT	4	PA, QL, SP
MAYZENT STARTER PACK	4	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	4	PA, QL
PLEGRIDY STARTER PACK	4	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
PLEGRIDY SUBCUTANEOUS	4	PA, QL, SP
REBIF	NF	PA, QL, SP
REBIF TITRATION PACK	NF	PA, QL, SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE	NF	PA, QL, SP
teriflunomide	3	PA, QL, SP
VUMERITY	NF	PA, ST, QL, SP

Central Nervous System Agents - Miscellaneous

AUSTEDO	3	PA, QL, SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG	3	PA, QL, SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	3	PA, SP
AUSTEDO XR PATIENT TITRATION	3	PA, QL, SP
gabapentin (once-daily)	NF	QL
GRALISE ORAL TABLET	NF	QL
HORIZANT	NF	QL
INGREZZA ORAL CAPSULE 40 MG, 80 MG	3	PA, QL, SP
INGREZZA ORAL CAPSULE 60 MG	3	PA, QL
INGREZZA ORAL CAPSULE SPRINKLE	3	SP
INGREZZA ORAL CAPSULE THERAPY PACK	3	PA, QL, SP
LYRICA ORAL CAPSULE	NF	PA
NUEDEXTA	2	PA, QL
pregabalin oral capsule	2	
RADICAVA ORS	4	PA, QL, SP
RADICAVA ORS STARTER KIT	4	PA, QL, SP
RELYVRIO	4	PA, QL, SP
RILUTEK ORAL TABLET 50 MG	NF	SP
riluzole	1	SP
SAVELLA	4	QL
TEGLUTIK	4	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	4	PA
VEOZAH	4	PA, QL

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
ZEPOSIA	4	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	4	PA, ST, QL, SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	4	PA, ST, QL, SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	4	PA, ST, SP
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	4	
DENTAGEL	4	
EVOXAC	NF	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
JUST RIGHT 5000 DENTAL GEL 1.1 %	4	
JUST RIGHT 5000 DENTAL PASTE	3	
KOURZEQ	3	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE	3	
PERIDEX	4	
periogard	1	
pilocarpine hcl oral	1	
PREIDENT 5000 BOOSTER PLUS	3	
PREIDENT 5000 DRY MOUTH	4	
PREIDENT 5000 KIDS	3	
PREIDENT 5000 ORTHO DEFENSE	3	
PREIDENT 5000 PLUS	4	
PREIDENT DENTAL	4	
SALAGEN	4	

Drug Name	Drug Tier	Requirements & Limits
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride 5000 ppm dental gel 1.1 %	1	
sodium fluoride dental	1	
triamcinolone acetonide mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	NF	PA
ACANYA	NF	QL
accutane	2	
acitretin	1	
ACZONE	NF	QL
adapalene external gel	NF	PA, QL
adapalene-benzoyl peroxide external gel 0.1-2.5 %	3	QL
adapalene-benzoyl peroxide external gel 0.3-2.5 %	NF	QL
AKLIEF	4	PA, QL
ala-cort	NF	
alclometasone dipropionate	1	
ALTRENO	NF	PA, QL
amnestem	2	
AMZEEQ	NF	QL
ARAZLO	NF	PA, QL
ATRALIN	NF	PA, QL
AVAR CLEANSER	4	
AVAR LS CLEANSER	NF	
AVAR-E EMOLLIENT	NF	
AVAR-E GREEN	NF	
AVAR-E LS	NF	
AVITA EXTERNAL CREAM 0.025 %	NF	PA, QL
AVITA EXTERNAL GEL 0.025 %	NF	PA
azelaic acid external	3	
AZELEX	NF	QL
BENZAMYCIN	NF	QL

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
benzoyl peroxide-erythromycin	1	QL
betamethasone dipropionate aug external cream	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	
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
brimonidine tartrate external	3	PA, QL
calcipotriene external cream	2	QL
calcipotriene external ointment	2	
calcipotriene external solution	1	QL
calcipotriene-betameth diprop external suspension	NF	QL
CALCITRENE	3	
CARAC	NF	
CIBINQO	3	PA, QL, SP
ciclopirox olamine external suspension	1	
claravis	2	
CLEOCIN-T	NF	
clindacin	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	NF	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	NF	QL

Drug Name	Drug Tier	Requirements & Limits
clindamycin phosphate external foam	3	
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin phosphate gel 1 % external	NF	QL
clindamycin phosphate gel 1 % external	2	QL
clindamycin-tretinoin	NF	QL
clobetasol prop emollient base external cream 0.05 %	2	QL
clobetasol propionate e	2	QL
clobetasol propionate external cream	2	QL
clobetasol propionate external foam	NF	QL
clobetasol propionate external gel	2	QL
clobetasol propionate external liquid	1	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external shampoo	NF	QL
clobetasol propionate external solution	1	QL
CLOBEX EXTERNAL SHAMPOO	NF	QL
CLOBEX SPRAY	NF	QL
clodan	NF	QL
clotrimazole external cream	NF	
clotrimazole-betamethasone	1	
CORDRAN	3	QL
dapsone external	NF	QL
DAZOMON	NF	PA
DERMACINRX UREA	NF	
DERMA-SMOOTHIE/FS BODY	4	QL
DERMA-SMOOTHIE/FS SCALP	4	
desonide external cream	2	QL

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
desonide external lotion	3	QL
desonide external ointment	2	QL
DESOWEN	3	QL
desoximetasone external cream	1	QL
desoximetasone external ointment	3	QL
diclofenac sodium external gel 3 %	2	PA, QL
DIFFERIN EXTERNAL GEL 0.3 %	NF	PA, QL
DIPROLENE	4	
DOVONEX EXTERNAL CREAM 0.005 %	NF	QL
doxycycline	NF	
DRYSOL	4	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	3	PA, QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	3	PA, QL, SP
EFUDEX	4	
ELIDEL	NF	QL
ENSTILAR	4	QL
EPIDUO	NF	QL
EPIDUO FORTE	NF	QL
ERYGEL	3	
erythromycin external	1	
EUCRISA	3	ST, QL
EVOCALIN EXTERNAL FOAM 1 %	NF	
FABIOR	NF	PA, QL
FINACEA EXTERNAL FOAM	4	
FINACEA EXTERNAL GEL	NF	
fluocinolone acetonide body	3	QL
fluocinolone acetonide external cream	3	QL
fluocinolone acetonide external ointment	2	QL
fluocinolone acetonide external solution	3	QL

Drug Name	Drug Tier	Requirements & Limits
fluocinolone acetonide scalp	3	
fluocinonide external cream 0.05 %	1	
fluocinonide external cream 0.1 %	NF	QL
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	NF	
fluorouracil external cream 5 %	1	
fluticasone propionate external cream	1	
fluticasone propionate external ointment	1	
halobetasol propionate external cream	2	QL
halobetasol propionate external ointment	2	QL
hydrocortisone ace-pramoxine external cream 2.5-1 %	1	
hydrocortisone butyrate external cream	1	
hydrocortisone external cream 1 %	NF	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone lotion 2 %	4	
hydrocortisone valerate external cream	2	QL
hydrocortisone valerate external ointment	3	QL
HYDROXYM EXTERNAL CREAM	NF	
imiquimod external cream 3.75 %	NF	QL
imiquimod external cream 5 %	1	
imiquimod pump	NF	QL
IMPOYZ	NF	QL

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
isotretinoin oral capsule 25 mg, 35 mg	NF	PA
ivermectin external cream	NF	QL
KLARON	4	
KLISYRI	4	ST, QL
LOPROX EXTERNAL SUSPENSION 0.77 %	NF	
METROCREAM	4	
METROGEL	NF	
METROLOTION	4	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
metronidazole external gel 1 %	NF	
metronidazole external lotion	1	
MIRVASO	3	PA, QL
mometasone furoate external	1	
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
naftifine hcl external gel	NF	
NAFTIN	NF	
NATROBA	NF	
neucac	3	QL
NORITATE	NF	
OLUX EXTERNAL FOAM 0.05 %	NF	QL
ONEXTON	NF	QL
OPZELURA	NF	PA, QL, SP
ORACEA	NF	
OVACE PLUS WASH EXTERNAL LIQUID	4	
OVACE WASH	4	
PANRETIN	3	
pimecrolimus	3	QL
PLEXION CLEANSER	NF	
PLEXION EXTERNAL CREAM	NF	
podofilox external solution	1	
PRAMOSONE EXTERNAL CREAM 1-1 %	2	

Drug Name	Drug Tier	Requirements & Limits
PRAMOSONE EXTERNAL CREAM 1-2.5 %	4	
RETIN-A	NF	PA, QL
RETIN-A MICRO GEL 0.04 %, 0.1 %	NF	PA, QL
RETIN-A MICRO PUMP	NF	PA, QL
RHOFADE	NF	PA, QL
rosadan external cream 0.75 %	1	
rosadan external gel 0.75 %	1	
SANTYL	4	QL
selenium sulfide external lotion	1	
sodium sulfacetamide wash	1	
SOOLANTRA	4	QL
spinosad	3	
sss 10-5 external cream	1	
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external cream 9.8-4.8 %	NF	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	NF	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide sodium-sulfur external suspension 8-4 %	NF	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	NF	
SULFACLEANSE 8/4	NF	
SUMADAN WASH	NF	
SYNALAR	NF	QL
SYNALAR EXTERNAL SOLUTION 0.01 %	NF	QL
TACLONEX	NF	QL

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	NF	QL
tacrolimus external	2	QL
tazarotene external cream	3	PA, QL
TAZAROTENE EXTERNAL FOAM	NF	PA, QL
TAZORAC EXTERNAL CREAM	NF	PA, QL
TEMOVATE EXTERNAL CREAM 0.05 %	4	QL
TOLAK	NF	
TOPICORT EXTERNAL CREAM	4	QL
TOPICORT EXTERNAL OINTMENT	4	QL
tretinoin external cream	3	QL
tretinoin external gel 0.01 %, 0.025 %	NF	QL
tretinoin external gel 0.05 %	NF	PA, QL
tretinoin microsphere	NF	PA, QL
tretinoin microsphere pump	NF	PA, QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	NF	
triamcinolone in absorbase	NF	
TRIANEX EXTERNAL OINTMENT 0.05 %	NF	
triderm	1	QL
TRIDESILON EXTERNAL CREAM 0.05 %	3	QL
tritocin external ointment 0.05 %	NF	
TWYNEO	NF	QL
urea external cream 20 %, 40 %, 45 %	1	
urea external cream 41 %, 47 %	NF	
UREMEZ-40	3	
VANOS	NF	QL

Drug Name	Drug Tier	Requirements & Limits
VELTIN EXTERNAL GEL 1.2-0.025 %	NF	QL
VTAMA	4	PA, QL
WINLEVI	NF	PA, QL
zenatane	2	
ZIANA	NF	QL
ZILXI	NF	PA, ST, QL
ZORYVE	4	PA, QL
ZYCLARA	NF	QL
ZYCLARA PUMP	NF	QL
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	NF	QL
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK FASTCLIX LANCETS	1	
ACCU-CHEK GUIDE KIT W/ DEVICE	3	
ACCU-CHEK GUIDE ME METER	1	
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK MULTICLIX LANCET DEVICE KIT	1	
ACCU-CHEK MULTICLIX LANCETS	1	
ACCU-CHEK SMARTVIEW TEST STRIPS	NF	QL
ACCU-CHEK SOFT TOUCH LANCETS	1	
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCUTREND GLUCOSE	NF	QL
ALCOHOL PREP PADS PAD	3	
AQ INSULIN SYRINGE	2	QL
AQINJECT PEN NEEDLE	2	QL
BD AUTOSHIELD DUO PEN NEEDLES	2	QL
BD ECLIPSE NEEDLE 18G X 1-1/2" , 25G X 5/8" , 27G X 1/2"	2	
BD ECLIPSE NEEDLE 23G X 1" (OTC)	2	

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
BD ECLIPSE NEEDLE 23G X 1" (RX)	2	
BD ECLIPSE SHIELDED NEEDLE	2	
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	2	
BD SHARPS COLLECTOR	3	
BD ULTRA-FINE insulin syringes	2	QL
BD ULTRA-FINE PEN NEEDLES	2	QL
BD ULTRA-FINE U-500 insulin syringes	2	QL
BD ULTRA-FINE VEO insulin syringes	2	QL
BIGFOOT UNITY PROGRAM	NF	
BIOTEL CARE TEST STRIPS	NF	QL
BLOOD GLUCOSE TEST STRIPS	NF	QL
BLOOD GLUCOSE TEST STRIPS 333	NF	QL
CAREPOINT POLY HUB NEEDLE 18G X 1" , 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2	
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
CAREPOINT SAFETY 1ST NEEDLE	2	
CARETOUCH MONITOR SYSTEM	NF	
CARETOUCH TEST	NF	QL
CEQUR SIMPLICITY 2U 10PK	3	ST
CONTOUR MONITOR KIT W/ DEVICE	NF	
CONTOUR NEXT EZ KIT W/ DEVICE	NF	
CONTOUR NEXT GEN MONITOR KIT	NF	
CONTOUR NEXT GEN TEST STRIPS	2	QL
CONTOUR NEXT GEN TEST STRIPS	2	QL
CONTOUR NEXT LINK KIT W/ DEVICE	NF	
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE DEVICE	NF	

Drug Name	Drug Tier	Requirements & Limits
CONTOUR NEXT ONE KIT	2	
CONTOUR TEST STRIPS	NF	QL
CVS ADVANCED GLUCOSE TEST	NF	QL
CVS GLUCOSE METER TEST STRIPS	NF	QL
D-CARE BLOOD GLUCOSE	NF	QL
D-CARE GLUCOMETER	NF	
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
DROPSAFE SAFETY SYRINGE/ NEEDLE	2	QL
EASY MAX BLOOD GLUCOSE TEST	NF	QL
EASY MAX T1 GLUCOSE SYSTEM	NF	
EASY TOUCH HEALTHPRO GLUCOSE	NF	
EASY TOUCH TEST	NF	QL
EASYGLUCO	NF	
EASYMAX 15 TEST	NF	QL
EASYMAX NG BLOOD GLUCOSE KIT	NF	
EMBRACE BLOOD GLUCOSE TEST	NF	QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	NF	QL
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	NF	QL
EVERSENSE E3 SENSOR/ HOLDER	NF	PA
EVERSENSE E3 SMART TRANSMITTER	NF	PA
EVERSENSE SENSOR/HOLDER	NF	PA
EVERSENSE SMART TRANSMITTER	NF	PA
FORA 6 CONNECT/GTEL TEST	NF	QL
FORTISCARE G1 TEST STRIP IN VITRO STRIP	NF	QL

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
FORTISCARE TEST IN VITRO STRIP	NF	QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 READER	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA
FREESTYLE LIBRE 3 READER	3	PA
FREESTYLE LIBRE 3 SENSOR	3	PA, QL
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE PRECISION NEO SYSTEM	NF	
FREESTYLE PRECISION NEO TEST	NF	QL
FREESTYLE TEST	NF	QL
GLUCOCARD EXPRESSION TEST	NF	QL
GLUCOCARD SHINE TEST	NF	QL
GLUCOCARD VITAL TEST	NF	QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA
GUARDIAN 4 TRANSMITTER	3	PA
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
GUARDIAN REAL-TIME REPLACE PED	3	PA
GUARDIAN SENSOR (3)	3	PA, QL
GUARDIAN SENSOR 3	3	PA, QL
GVOKE HYPOPEN 1-PACK	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE KIT	2	
GVOKE PFS	2	QL
HEALTHPRO BLOOD GLUCOSE MONITO	NF	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	ST

Drug Name	Drug Tier	Requirements & Limits
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	ST
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	ST
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	ST
INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	
INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	ST
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	ST
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	QL
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL
LANCETS	1	
MICRODOT TEST	NF	QL
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	PA
MM BLOOD GLUCOSE SYSTEM	NF	
MM BLOOD GLUCOSE SYSTEM REFILL	NF	
MM BLULINK GLUCOSE TEST	NF	QL
MM EASY TOUCH GLUCOSE METER	NF	
MONOJECT HYPODERMIC NEEDLE 18G X 1"	2	

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
NEUTEK 2TEK TEST	NF	QL
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOPEN ECHO	3	
NOVOTWIST PEN NEEDLE	2	QL
OMNIPOD 5 G6 INTRO (GEN 5)	2	PA, QL
OMNIPOD 5 G6 PODS (GEN 5)	2	PA, QL
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA
OMNIPOD 5 G7 PODS (GEN 5)	2	PA
ON CALL EXPRESS BLOOD GLUCOSE	NF	QL
ON CALL EXPRESS MONITORING SYS	NF	
ONETOUCH DELICA PLUS LANCETS	1	
ONETOUCH ULTRA 2 KIT W/ DEVICE	1	
ONETOUCH ULTRA TEST	1	QL
ONETOUCH ULTRA TEST STRIPS	1	QL
ONETOUCH ULTRASOFT LANCETS	1	
ONETOUCH VERIO FLEX SYSTEM KIT	1	
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO KIT W/ DEVICE	1	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
OPTIUMEZ TEST	NF	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA
PIP BLOOD GLUCOSE TEST STRIP	NF	QL
PRECISION XTRA	NF	
PRECISION XTRA BLOOD GLUCOSE	NF	QL

Drug Name	Drug Tier	Requirements & Limits
PREMIUM BLOOD GLUCOSE TEST	NF	QL
PTS PANELS EGLU TEST	NF	QL
QUINTET AC BLOOD GLUCOSE TEST	NF	QL
QUINTET BLOOD GLUCOSE TEST	NF	QL
RELION TRUE MET AIR GLUC METER	NF	
RELION TRUE METRIX TEST STRIPS	NF	QL
RELION ULTIMA GLUCOSE SYSTEM	NF	
RELION ULTIMA TEST	NF	QL
RIGHTEST GT333 GLUCOSE TEST	NF	QL
SHARPS CONTAINER	3	
TECHLITE INSULIN SYRINGES	2	(ARKRAY), QL
TECHLITE PEN NEEDLES	2	(ARKRAY), QL
TEMPO REFILL	NF	
TEMPO WELCOME	NF	
TRUE FOCUS BLOOD GLUCOSE STRIP	NF	QL
TRUE METRIX AIR GLUCOSE METER KIT	NF	
TRUE METRIX BLOOD GLUCOSE TEST	NF	QL
TRUE METRIX GO GLUCOSE METER	NF	
TRUE METRIX METER KIT	NF	
TRUE METRIX PRO BLOOD GLUCOSE	NF	QL
TRUETRACK TEST	NF	QL
UNISTRIP1 GENERIC	NF	QL
VIVAGUARD INO GLUCOSE METER KIT	NF	
VIVAGUARD INO TEST STRIPS	NF	QL
Diabetes - Insulin		
ADMELOG	NF	QL
ADMELOG SOLOSTAR	NF	QL
AFREZZA	NF	PA, QL

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
BASAGLAR KWIKPEN	NF	QL
BASAGLAR TEMPO PEN	NF	
FIASP	NF	ST, QL
FIASP FLEXTOUCH	NF	ST, QL
HUMALOG INJECTION	NF	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	2	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	2	QL
HUMALOG SUBCUTANEOUS	2	QL
HUMALOG TEMPO PEN	NF	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	2	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	2	QL
HUMULIN R SOLUTION 100 UNIT/ML INJECTION	1	QL
HUMULIN R SOLUTION 100 UNIT/ML INJECTION	2	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	2	QL
INSULIN ASPART	NF	ST, QL
INSULIN ASPART FLEXPEN	NF	ST, QL
INSULIN DEGLUDEC FLEXTOUCH	NF	QL
INSULIN GLARGINE	NF	QL
INSULIN GLARGINE MAX SOLOSTAR	NF	QL
INSULIN GLARGINE SOLOSTAR	NF	QL
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	
INSULIN LISPRO	2	QL
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen), QL
INSULIN LISPRO JUNIOR KWIKPEN	2	QL

Drug Name	Drug Tier	Requirements & Limits
INSULIN LISPRO PROT & LISPRO	2	QL
LANTUS SOLOSTAR	2	QL
LANTUS U-100 VIAL	2	QL
LEVEMIR FLEXPEN	NF	PA, QL
LEVEMIR U-100 FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	NF	PA, QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV TEMPO PEN	NF	QL
LYUMJEV VIAL	2	QL
NOVOLIN 70/30 FLEXPEN	NF	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	NF	ST, QL
NOVOLIN 70/30 RELION	NF	ST, QL
NOVOLIN 70/30 VIAL	NF	ST, QL
NOVOLIN N FLEXPEN	NF	ST, QL
NOVOLIN N FLEXPEN RELION	NF	ST, QL
NOVOLIN N RELION	NF	ST, QL
NOVOLIN N VIAL	NF	ST, QL
NOVOLIN R FLEXPEN	NF	ST, QL
NOVOLIN R FLEXPEN RELION	NF	ST, QL
NOVOLIN R RELION	NF	ST, QL
NOVOLIN R VIAL	NF	ST, QL
NOVOLOG FLEXPEN	NF	ST, QL
NOVOLOG FLEXPEN RELION	NF	ST, QL
NOVOLOG RELION	NF	ST, QL
NOVOLOG U-100 VIAL	NF	ST, QL
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	
TOUJEO MAX SOLOSTAR	3	QL
TOUJEO SOLOSTAR	3	QL
TRESIBA FLEXTOUCH	NF	QL
Diabetes - Non-Insulin Agents		
acarbose oral	1	
ACTOPLUS MET	NF	QL
ACTOS	NF	QL
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML	NF	

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	NF	
ALOGLIPTIN BENZOATE	2	QL
ALOGLIPTIN-METFORMIN HCL	2	QL
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	NF	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE AUTOINJECTOR	3	PA, QL
BYETTA 10 MCG PEN	3	PA, QL
BYETTA 5 MCG PEN	3	PA, QL
CYCLOSET	NF	
DAPAGLIFLOZIN PRO-METFORMIN ER	NF	ST, QL
DAPAGLIFLOZIN PROPANEDIOL	NF	ST, QL
FARXIGA	NF	ST, QL
glimepiride	1	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide oral tablet 2.5 mg	NF	
glipizide xl	1	
glipizide-metformin hcl	2	
GLUCAGON EMERGENCY KIT	2	QL (manufactured by Fresenius)
glucagon emergency kit 1 mg injection	2	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION	NF	QL
GLUCOTROL XL	4	
GLUMETZA	NF	PA
glyburide micronized	1	
glyburide oral	1	
glyburide-metformin	1	
GLYNASE ORAL TABLET 1.5 MG	3	
GLYNASE ORAL TABLET 3 MG, 6 MG	4	
GLYXAMBI	2	ST, QL
INVOKAMET XR	NF	ST, QL

Drug Name	Drug Tier	Requirements & Limits
INVOKANA	NF	ST, QL
JANUMET	NF	ST, QL
JANUMET XR	NF	ST, QL
JANUVIA	NF	ST, QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG	NF	QL
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	NF	QL
LIRAGLUTIDE PEN-INJECTOR 18MG/3ML	3	PA, QL
metformin hcl er	1	
metformin hcl er (mod)	NF	PA
metformin hcl er (osm)	NF	PA
metformin hcl oral solution	3	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	NF	
MOUNJARO	3	PA, QL
nateglinide	2	QL
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	NF	QL
ONGLYZA	NF	QL
OZEMPIC	3	PA, QL
pioglitazone hcl	1	QL
pioglitazone hcl-metformin hcl	2	QL
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG	4	
repaglinide	2	QL
RIOMET	NF	
RYBELSUS	3	PA, QL
saxagliptin hcl	2	QL
saxagliptin-metformin er	2	QL
SOLIQUA	2	QL
STEGLATRO	NF	ST, QL
SYMLINPEN 120	NF	QL

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
SYMLINPEN 60	NF	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	3	PA, QL
XIGDUO XR	NF	ST, QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
Drugs for Blood Disorders		
ADVATE	3	SP
ADYNOVATE	4	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	4	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	4	PA, SP
AGRYLIN	NF	
ALPHANATE	3	SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	4	SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT	3	SP
ALTUVIIIIO	4	PA, SP
ALVAIZ	4	PA, SP
anagrelide hcl	1	
ARANESP (ALBUMIN FREE)	3	QL, SP
aspirin-dipyridamole er	3	
DOPTELET	4	PA, QL, SP
ELOCTATE	NF	PA, SP
FABHALTA	3	PA, QL, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	3	PA, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	NF	PA, SP
HEMOFIL M	3	SP

Drug Name	Drug Tier	Requirements & Limits
heparin sodium (porcine) injection solution	1	
heparin sodium (porcine) pf	1	
HUMATE-P	3	SP
IDELVION	4	SP
KOATE	3	SP
KOATE-DVI	3	SP
KOGENATE FS	3	SP
KOVALTRY	3	SP
LYSTEDA ORAL TABLET 650 MG	3	QL
MULPLETA	4	PA, QL, SP
NEULASTA	3	
NOVOEIGHT	3	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	3	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	3	
PROMACTA ORAL TABLET	NF	PA, SP
RECOMBINATE	3	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	3	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	3	
TAVALISSE	4	PA, QL, SP
tranexamic acid oral	2	QL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	
WILATE	3	
ZARXIO	3	
Drugs for Sexual Dysfunction		
ADDYI	4	PA, QL
CIALIS	NF	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	NF	PA, QL
OSPHENA	3	PA, QL

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	4	PA, QL
tadalafil oral	2	QL
vardenafil hcl oral tablet	3	QL
VIAGRA	NF	QL
VYLEESI	4	PA, QL
Electrolytes / Vitamins		
adc/f (0.5mg/ml)	1	
calcium acetate (phos binder) oral tablet	1	
calcium acetate oral tablet 667 mg	1	
CARNITOR ORAL SOLUTION	NF	
CARNITOR SF	NF	
CITRANATAL 90 DHA	4	
CITRANATAL ASSURE	4	
CITRANATAL DHA ORAL 27-1 & 250 MG	4	
COMPLETENATE	3	
CO-NATAL FA	2	
CONCEPT DHA	4	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	3	
DAVIMET-FLUORIDE	NF	
deferasirox oral tablet	3	PA, SP
DODEX	4	
DRISDOL	4	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	2	
ELITE-OB	3	
ergocalciferol oral capsule	1	
FLORIVA PLUS	NF	
fluoritab oral solution 0.275 (0.125 f) mg/drop	1	H
folic acid oral tablet 1 mg	1	
JADENU	NF	PA, SP

Drug Name	Drug Tier	Requirements & Limits
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
kosher prenatal plus iron	1	
K-PHOS-NEUTRAL	2	
K-TAB	3	
levocarnitine oral solution	1	
levocarnitine sf	1	
LOKELMA	3	PA, QL
M-NATAL PLUS	3	
multivitamin w/fluoride tablet chewable 0.25 mg oral	1	
multivitamin w/fluoride tablet chewable 0.25 mg oral	NF	
multivitamin w/fluoride tablet chewable 0.5 mg oral	1	
multivitamin w/fluoride tablet chewable 0.5 mg oral	NF	
multivitamin w/fluoride tablet chewable 1 mg oral	1	
multivitamin w/fluoride tablet chewable 1 mg oral	NF	
multi-vitamin/fluoride	1	
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
MULTI-VIT-FLOR	NF	

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
nafrinse drops oral solution 0.275 (0.125 f) mg/drop	1	H
NAFRINSE ORAL TABLET CHEWABLE 2.2 (1 F) MG	1	H
NASCOBAL	4	
NATALVIT	2	
NEONATAL COMPLETE	3	
NEONATAL PLUS	3	
NIVA-PLUS	3	
OB COMPLETE	3	
ONE VITE WOMENS PLUS	3	
ORACIT	2	
ORAL CITRATE	2	
PHOSPHA 250 NEUTRAL	2	
phosphorous	1	
phospho-trin 250 neutral	1	
pnv-dha	4	
POKONZA	NF	
POLY-VI-FLOR	NF	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
potassium citrate-citric acid	1	
PRENA1 PEARL	3	
prenatal 19 oral tablet 29-1 mg	1	
prenatal 19 oral tablet chewable	1	
prenatal oral tablet 27-1 mg	1	
prenatal plus	1	
prenatal plus vitamin/mineral	1	
prenatal vitamin plus low iron oral tablet 27-1 mg	1	
PRENATE DHA	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL	3	
PRENATE MINI	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATOL-M	NF	

Drug Name	Drug Tier	Requirements & Limits
PRENATRIX	NF	
PRENATRYL	NF	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 SENSITIVE	3	
PREVIDENT MOUTH/THROAT	3	
QUFLORA PEDIATRIC	3	
RENAGEL	NF	
SE-NATAL 19	3	
sevelamer hcl	NF	
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
sodium fluoride 5000 enamel dental gel 1.1-5 %	1	
sodium fluoride 5000 sensitive dental gel 1.1-5 %	1	
sodium fluoride mouth/throat solution 0.2 %	1	
sodium fluoride oral solution	1	H
sodium fluoride oral tablet chewable	1	H
SPS	3	
TARON-C DHA	4	
THRIVITE RX	3	
TRICARE	3	
TRINATAL RX 1	3	
TRINATE	3	
tri-vite/fluoride	1	
UROCIT-K 10	4	
UROCIT-K 15	4	
UROCIT-K 5	4	
VELTASSA	3	PA, QL
VINATE ONE	3	
virt-c dha oral capsule 53.5-38-1 mg	1	
virt-pn dha oral capsule 27-0.6-0.4-300 mg	4	
VITAFOL FE+	3	
VITAFOL GUMMIES	3	
VITAFOL ULTRA	3	

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
VITAFOL-OB	3	
VITAMEDMD ONE RX/ QUATREFOLIC	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
vitamins acid-fluoride	1	
VITAPEARL	3	
VITATHELY WITH GINGER	3	
WESCAP-C DHA	4	
WESCAP-PN DHA	4	
wes-phos 250 neutral	1	
WESTAB PLUS	NF	
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	4	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	NF	QL
bis subcit-metronid-tetracyc	NF	QL
bismuth/metronidaz/tetracyclin	NF	QL
CARAFATE	NF	
cimetidine oral	1	
CYTOTEC	4	
DEXILANT	NF	QL
dexlansoprazole	NF	QL
esomeprazole magnesium oral capsule delayed release	NF	QL
esomeprazole magnesium oral packet	4	PA, ST, QL
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	NF	
lansoprazole oral capsule delayed release	NF	QL
lansoprazole oral tablet delayed release dispersible	3	PA, ST, QL
misoprostol oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	NF	QL
NEXIUM ORAL PACKET	4	PA, ST, QL

Drug Name	Drug Tier	Requirements & Limits
OMECLAMOX-PAK	4	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PEPCID	NF	
PREVACID	NF	QL
PREVACID SOLUTAB	NF	PA, ST, QL
PROTONIX ORAL TABLET DELAYED RELEASE	NF	
PYLERA	NF	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	
VOQUEZNA	4	PA, QL
VOQUEZNA DUAL PAK	4	ST, QL
VOQUEZNA TRIPLE PAK	4	ST, QL
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl	2	PA, QL
AMITIZA	NF	PA, QL
ANASPAZ	2	
chlordiazepoxide-clidinium	NF	
CLENPIQ	3	QL
constulose	1	
cromolyn sodium oral	1	
CUVPOSA	4	
dicyclomine hcl oral	1	
diphenoxylate-atropine oral tablet	1	
ED-SPAZ ORAL TABLET DISPERSIBLE 0.125 MG	3	
enulose	1	
FIRST-LANSOPRAZOLE	3	PA
FIRST-OMEPRAZOLE	3	PA
GASTROCROM	NF	
gavilyte-c	1	H
gavilyte-g	1	QL, H
gavilyte-n with flavor pack	1	QL, H

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
generlac	1	
GLYCATE	NF	
glycopyrrolate oral solution	3	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	NF	
GOLYTELY	4	QL
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sublingual	1	
KRISTALOSE ORAL PACKET 10 GM	4	
KRISTALOSE ORAL PACKET 20 GM	3	
lactulose encephalopathy oral solution 10 gm/15ml	1	
lactulose oral packet	NF	
lactulose oral solution	1	
LEVBIID	4	
LEVSIN	4	
LEVSIN/SL	4	
LIBRAX	NF	
LINZESS	2	PA, QL
LOMOTIL	4	
loperamide hcl oral capsule	NF	
LOTRONEX	NF	PA, QL
lubiprostone	2	PA, QL
methscopolamine bromide oral	1	
MOTEGRITY	3	PA, QL
MOVANTIK	NF	PA, QL
MOVIPREP	4	QL
na sulfate-k sulfate-mg sulf	3	QL
NULEV	4	
OALIVA	4	PA, ST, QL, SP
OMEPRAZOLE+SYRSPEND SF ALKA	3	PA
opium	1	

Drug Name	Drug Tier	Requirements & Limits
OSCIMIN	4	
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
RELTONE	NF	
ROBINUL	NF	
ROBINUL-FORTE	NF	
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
TRULANCE	NF	PA, ST, QL
URSO 250	NF	
URSO FORTE	NF	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	NF	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	4	PA, QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CARNITOR ORAL TABLET	NF	
CERDELGA	3	PA, SP
CREON	2	
DEPEN TITRATABS	3	SP
EVRYSDI	3	PA, QL, SP
JAVYGTOR ORAL PACKET	NF	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	3	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	3	PA, QL
KUVAN ORAL PACKET	NF	PA, QL, SP
levocarnitine oral tablet	1	
ORFADIN	3	PA, SP
PANCREAZE	NF	ST
PERTZYE	4	ST

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
sapropterin dihydrochloride oral packet	3	PA, QL, SP
STRENSIQ	3	PA, QL, SP
SUCRAID	3	PA, SP
TEGSEDI	3	PA, QL, SP
VYNDAMAX	3	PA, QL, SP
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	2	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT	NF	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	NF	
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
CAVERJECT IMPULSE	3	QL
darifenacin hydrobromide er	NF	
DETROL	NF	
DETROL LA	NF	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	NF	
EDEX	3	QL
ELMIRON	NF	ST
fesoterodine fumarate er	NF	
GEMTESA	NF	
me/naphos/mb/hyo1	1	
mirabegron er	3	PA, ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
oxybutynin chloride er	2	
oxybutynin chloride oral tablet 2.5 mg	4	
oxybutynin chloride oral tablet 5 mg	1	

Drug Name	Drug Tier	Requirements & Limits
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIDIUM	3	
REVELA ORAL TABLET	NF	
sevelamer carbonate oral tablet	2	
solifenacin succinate	2	
THIOLA	4	SP
THIOLA EC	4	SP
tiopronin oral tablet delayed release	4	SP
tolterodine tartrate	3	ST
tolterodine tartrate er	NF	
TOVIAZ	NF	
tropium chloride	3	
tropium chloride er	NF	
UROGESIC-BLUE	2	
VELPHORO	4	ST
VESICARE	NF	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
AVODART	NF	
dutasteride oral	2	
dutasteride-tamsulosin hcl	NF	
finasteride oral tablet 5 mg	1	
FLOMAX	NF	
JALYN ORAL CAPSULE 0.5-0.4 MG	NF	
PROSCAR	NF	
RAPAFLO	NF	
silodosin	3	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	NF	
Hormonal Agents - Hormone Replacement and Birth Control		
ACTIVELLA	4	
afirmelle	1	H

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	1	H
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	2	
amethia oral tablet 0.15-0.03 & 0.01 mg	3	
amethyst	3	
ANGELIQ	3	
ANNOVERA	3	QL
apri	1	H
aranelle	1	H
ashlyna	3	
aubra eq	1	H
aubra oral tablet 0.1-20 mg-mcg	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN ORAL TABLET 5 MG	4	
ayuna	1	H
azurette	2	
BALCOLTRA	NF	ST
balziva	1	H
BEYAZ	NF	
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	1	H
camila	1	H
camrese	3	
camrese lo	3	
caziant oral tablet 0.1/0.125/0.15 -0.025 mg	1	H
charlotte 24 fe	1	H

Drug Name	Drug Tier	Requirements & Limits
chateal eq	1	H
chateal oral tablet 0.15-30 mg-mcg	1	H
CLIMARA	NF	QL
CLIMARA PRO	3	QL
COMBIPATCH	3	QL
COVARYX	2	
COVARYX HS	3	
cryselle-28	1	H
cyred eq	1	H
cyred oral tablet 0.15-30 mg-mcg	1	H
dasetta 1/35	1	H
dasetta 7/7/7	1	H
daysee	3	
deblitane	1	H
DELESTROGEN	4	
delyla	1	H
DEPO-ESTRADIOL	3	
DEPO-PROVERA	4	QL
DEPO-SUBQ PROVERA 104	2	QL
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2	
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL	3	
dolishale	3	
dotti	2	QL
drospiren-eth estrad-levomefol	NF	
drospirenone-ethinyl estradiol	NF	
DUAVEE	4	QL
EEMT	2	
EEMT HS	3	
ELESTRIN	3	
elinest	1	H
ELLA	1	QL, H
eluryng	1	H
emoquette oral tablet 0.15-30 mg-mcg	1	H

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
emzahh	1	H
enilloring	1	H
enpresse-28	1	H
enskyce	1	H
errin	1	H
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	
est estrogens-methyltest hs	1	
estarylla	1	H
ESTRACE	NF	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	4	QL
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	3	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	3	QL
estradiol transdermal patch weekly	1	QL
estradiol vaginal cream	4	
estradiol vaginal tablet	2	
estradiol valerate intramuscular	1	

Drug Name	Drug Tier	Requirements & Limits
estradiol-norethindrone acet	2	
ESTRING	2	QL
ESTROGEL	3	QL
ethynodiol diac-eth estradiol	1	H
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
fayosim oral tablet 42-21-21-7 days	NF	
FEMRING	4	QL
femynor oral tablet 0.25-35 mg-mcg	1	H
finzala	1	H
fyavolv	3	
gemmily	NF	
GENERESS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	NF	
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	1	H
heather	1	H
iclevia	2	H
incassia	1	H
introvale	2	H
isibloom	1	H
jaimiess	3	
jasmiel	NF	
jencycla	1	H
jinteli	3	
jolessa	2	H
joyeaux	NF	
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
kaitlib fe	NF	
kalliga	1	H
kariva	2	
kelnor 1/35	1	H
kelnor 1/50	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
larissia oral tablet 0.1-20 mg-mcg	1	H
layolis fe	NF	
leena	1	H
lessina	1	H
levonest	1	H
levonorgest-eth est & eth est	1	
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
levonorgest-eth estradiol-iron	NF	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	3	
levonorg-eth estrad triphasic	1	H
levora 0.15/30 (28)	1	H
lillow oral tablet 0.15-30 mg-mcg	1	H
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	NF	
LOESTRIN 1/20 (21)	NF	
LOESTRIN FE 1.5/30	NF	
LOESTRIN FE 1/20	NF	
lojaimiess	3	
loryna	NF	
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG	NF	

Drug Name	Drug Tier	Requirements & Limits
low-ogestrel	1	H
lo-zumandimine	NF	
lutera	1	H
lyleq	1	H
lyllana	2	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular	1	QL, H
medroxyprogesterone acetate oral	1	
megestrol acetate oral tablet	1	
MENOSTAR	3	QL
merzee	NF	
mibelas 24 fe	1	H
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
mimvey	2	
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	NF	
MINIVELLE	NF	QL
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	NF	
mono-lynyah	1	H
MYFEMBREE	2	PA, QL
NATAZIA	1	
necon 0.5/35 (28)	1	H
NEXTSTELLIS	NF	
nikki	NF	
nora-be	1	H
norelgestromin-eth estradiol	3	H
norethin ace-eth estrad-fe oral capsule	NF	
norethin ace-eth estrad-fe oral tablet	1	H

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
norethin ace-eth estrad-fe oral tablet chewable	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norethindrone-eth estradiol	2	(generic for FemHRT/ FemHRT 1/5)
norethindron-ethinyl estrad-fe	1	H
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	1	H
norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg	NF	
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
nortrel 7/7/7	1	H
NUVARING	NF	
nylia 1/35	1	H
nylia 7/7/7	1	H
nymyo	1	H
ocella	NF	
PHEXXI	NF	PA
philith	1	H
pimtrea	2	
pirmella 1/35 oral tablet 1-35 mg-mcg	1	H
pirmella 7/7/7	1	H
portia-28	1	H
PREMARIN ORAL	4	
PREMARIN VAGINAL	3	
PREMPHASE	3	

Drug Name	Drug Tier	Requirements & Limits
PREMPRO	4	
previfem oral tablet 0.25-35 mg-mcg	1	H
progesterone intramuscular	1	
progesterone oral	2	
PROMETRIUM	NF	
PROVERA	4	
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	NF	
reclipsen	1	H
rivelsa	NF	
SAFYRAL	NF	
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	NF	
setlakin	2	H
sharobel	1	H
simliya	2	
simpesse	3	
SLYND	4	PA, ST
sprintec 28	1	H
sronyx	1	H
syeda	NF	
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tarina fe 1/20 oral tablet 1-20 mg-mcg	1	H
taysofy	NF	
TAYTULLA	NF	
tilia fe	3	
tri femynor	1	H
tri-estarylla	1	H
tri-legest fe	3	
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-nymyo	1	H

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
tri-sprintec	1	H
trivora (28)	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
tulana oral tablet 0.35 mg	1	H
turqoz	1	H
TWIRLA	NF	
TYBLUME	1	
tydemy	NF	
VAGIFEM	NF	
velivet	1	H
vestura	NF	
vienva	1	H
violele	2	
VIVELLE-DOT	NF	QL
volnea	2	
vyfemla	1	H
vylibra	1	H
wera	1	H
wymzya fe	3	
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvafem	2	
zafemy	3	H
zovia 1/35 (28)	1	H
zumandimine	NF	
Hormonal Agents - Oral Steroids		
CORTEF	4	
DEXABLISS	NF	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	NF	

Drug Name	Drug Tier	Requirements & Limits
fludrocortisone acetate oral	1	
HEMADY	NF	
HIDEX 6-DAY	NF	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	4	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	4	
methylprednisolone oral	1	
ORAPRED ODT	4	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	NF	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	NF	QL
prednisolone sodium phosphate oral tablet dispersible	1	
prednisone oral	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	4	
TAPERDEX 7-DAY	3	
ZCORT 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (25)	NF	
Hormonal Agents - Other		
cabergoline	2	
DDAVP ORAL	NF	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
lanreotide acetate	NF	SP
leuprolide acetate injection	1	PA
megestrol acetate oral suspension 40 mg/ml	1	
METHERGINE	4	QL
methylergonovine maleate oral	1	QL
NGENLA	4	PA, QL, SP

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
NOC DURNA	3	PA, QL
NORDITROPIN FLEXPRO	3	PA, QL, SP
NUTROPIN AQ NUSPIN 10	NF	PA, QL, SP
OMNITROPE	3	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
SKYTROFA	4	PA, QL, SP
SOMATULINE DEPOT	NF	SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	PA, QL
ANDROGEL PUMP	NF	PA, QL
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%)	NF	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	NF	PA, QL
JATENZO	NF	QL
KYZATREX	4	PA, QL
NATESTO	NF	PA, QL
TESTIM	2	PA, QL
TESTOSTERONE CYPIONATE INJECTION	NF	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 10 mg/act (2%) transdermal	NF	PA, QL
testosterone gel 20.25 mg/1.25gm (1.62%) transdermal	NF	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	2	PA, QL
testosterone gel 40.5 mg/2.5gm (1.62%) transdermal	NF	PA, QL

Drug Name	Drug Tier	Requirements & Limits
testosterone gel 50 mg/5gm (1%) transdermal	NF	PA, QL
testosterone transdermal gel 1.62 %	2	PA, QL
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%)	NF	PA, QL
testosterone transdermal solution	NF	PA, QL
TLANDO	NF	PA, QL
VOGELXO	NF	PA, QL
VOGELXO PUMP	NF	PA, QL
XYOSTED	NF	PA, QL
Hormonal Agents - Thyroid		
ADTHYZA	NF	
ARMOUR THYROID	3	
CYTOMEL	NF	
ERMEZA	3	PA
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	NF	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
SYNTHROID	NF	
THYQUIDITY	NF	PA
thyroid oral	1	
TIROSINT	NF	
TIROSINT-SOL	NF	PA
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ABRILADA (1 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	NF	PA, SP

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
ABRILADA (1 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	NF	PA, QL, SP
ABRILADA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	NF	PA, SP
ABRILADA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	NF	PA, QL, SP
ABRILADA (2 SYRINGE)	NF	PA, QL, SP
ACTEMRA ACTPEN	4	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	4	PA, ST, QL, SP
ADALIMUMAB-AACF (2 PEN)	NF	PA, SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	NF	PA, QL, SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	NF	PA, SP
ADALIMUMAB-AATY (2 PEN)	NF	PA, QL, SP
ADALIMUMAB-AATY (2 SYRINGE)	NF	PA, QL, SP
ADALIMUMAB-ADAZ	3	(manufactured by Sandoz), PA, QL, SP
ADALIMUMAB-ADBM	NF	PA, QL, SP
ADALIMUMAB-FKJP	NF	PA, QL, SP
ADALIMUMAB-RYVK (2 PEN)	NF	PA, SP
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
AMJEVITA FOR NUVAILA	3	PA, QL, SP
ARAVA	NF	
AZASAN	4	
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
BIMZELX	4	PA, ST, QL, SP
CELLCEPT	NF	
CIMZIA	NF	PA
CIMZIA (2 SYRINGE)	3	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
CIMZIA STARTER KIT	3	PA, QL, SP
CINRYZE	NF	PA, QL, SP
COSENTYX SENSOREADY	3	PA, QL, SP
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
COSENTYX UNOREADY	3	PA, QL, SP
cyclosporine modified oral capsule	1	
cyclosporine oral	1	
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	NF	PA, QL, SP
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	NF	PA, QL, SP
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML	3	PA, QL, SP
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML	NF	PA, QL, SP
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	NF	PA, QL, SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	NF	PA, QL, SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	NF	PA, QL, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	NF	PA, QL, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	NF	PA, QL, SP
EMPAVELI	3	PA, QL, SP
ENBREL	3	PA, QL, SP
ENBREL MINI	3	PA, QL, SP
ENBREL SURECLICK	3	PA, QL, SP
ENTYVIO	3	PA, QL, SP
ENVARUS XR	NF	

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	NF	
gengraf oral capsule	1	
GRASTEK	4	PA, QL
HADLIMA	NF	PA, QL, SP
HAEGARDA	3	PA, QL, SP
HULIO (2 PEN)	NF	PA, QL, SP
HULIO (2 SYRINGE)	NF	PA, QL, SP
HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	3	PA, QL, SP
HUMIRA (2 PEN) PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	3	PA, QL, SP
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	3	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	3	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	3	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	3	PA, QL, SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	3	PA, QL, SP
HUMIRA-CD/UC/HS STARTER	3	PA, QL, SP
HUMIRA-PED<40KG CROHNS STARTER	3	PA, QL, SP
HUMIRA-PED>=40KG CROHNS START	3	PA, QL, SP
HUMIRA-PED>=40KG UC STARTER	3	PA, QL, SP
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	3	PA, QL, SP
HUMIRA-PSORIASIS/UEVIT STARTER	3	PA, QL, SP
HYFTOR	4	PA, QL

Drug Name	Drug Tier	Requirements & Limits
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	NF	PA, SP
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	NF	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	NF	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	NF	PA, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	NF	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	NF	PA, SP
HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	NF	PA, SP
HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	NF	PA, QL, SP
HYRIMOZ-PED<40KG CROHN STARTER	NF	PA, QL, SP
HYRIMOZ-PED>=40KG CROHN START	NF	PA, QL, SP
HYRIMOZ-PLAQUE PSORIASIS START	NF	PA, QL, SP
IDACIO (2 PEN)	NF	PA, QL, SP
IDACIO (2 SYRINGE)	NF	PA, QL, SP
IDACIO-CROHNS/UC STARTER	NF	PA, QL, SP
IDACIO-PSORIASIS STARTER	NF	PA, QL, SP
IMURAN	NF	
JYLAMVO	4	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, ST, QL, SP
KINERET	4	PA, ST, QL, SP
leflunomide oral	1	
LITFULO	4	PA, QL, SP
LUPKYNIS	NF	PA, QL, SP
methotrexate sodium (pf)	1	

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
methotrexate sodium injection solution	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral	1	
mycophenolate sodium	3	
mycophenolic acid	3	
MYFORTIC	NF	
NEORAL ORAL CAPSULE	NF	
OLUMIANT ORAL TABLET 1 MG, 4 MG	4	PA, ST, QL
OLUMIANT ORAL TABLET 2 MG	4	PA, ST, QL, SP
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
ORENCIA CLICKJECT	4	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	4	PA, ST, QL, SP
OTEZLA	3	PA, QL, SP
OTREXUP	NF	QL
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG	4	PA, QL, SP
PROGRAF ORAL CAPSULE	4	
RAPAMUNE ORAL SOLUTION	4	
RAPAMUNE ORAL TABLET	NF	
RASUVO	2	QL
RINVOQ	3	PA, QL, SP
RUCONEST	4	PA, QL, SP
SANDIMMUNE ORAL	NF	
SIMLANDI (1 PEN)	NF	PA, QL, SP
SIMLANDI (2 PEN)	NF	PA, QL, SP
SIMPONI	3	PA, QL, SP
sirolimus oral solution	3	
sirolimus oral tablet	1	
SKYRIZI PEN	3	PA, QL, SP
SKYRIZI SUBCUTANEOUS	3	PA, QL, SP
SOTYKTU	3	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION	NF	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO	3	PA, QL, SP
TALTZ	NF	PA, ST, QL, SP
TREMFYA	3	PA, QL, SP
TREXALL	2	
XELJANZ	3	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	3	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	3	PA, QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	NF	PA, QL, SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	NF	PA, SP
YUFLYMA (2 PEN)	NF	PA, QL, SP
YUFLYMA (2 SYRINGE)	NF	PA, QL, SP
YUFLYMA-CD/UC/HS STARTER	NF	PA, SP
YUSIMRY	NF	PA, QL, SP
ZORTRESS	NF	

Immunological Agents - Drugs for Vaccination

ADACEL	3	H
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
BEXSERO	3	H
BOOSTRIX	2	H
COMIRNATY INTRAMUSCULAR SUSPENSION	3	H
ENGERIX-B	2	H
FLUAD QUADRIVALENT	3	H
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	H

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	3	H
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	H
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML	3	H
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
HAVRIX	3	H
HEPLISAV-B	3	H
IPOL	2	H
MENQUADFI	3	H
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	H
M-M-R II	2	H
MODERNA COVID-19 VAC 6M-11Y	3	H
NOVAVAX COVID-19 VACCINE	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PNEUMOVAX 23	2	H
PREVNAR 20	3	H
RECOMBIVAX HB	2	H
SHINGRIX	3	H
SPIKEVAX INTRAMUSCULAR SUSPENSION	3	H
TENIVAC	3	H
TRUMENBA	3	H
TWINRIX	3	H
VAQTA	2	H

Drug Name	Drug Tier	Requirements & Limits
VARIVAX	3	H
Infertility Agents		
cetrorelix acetate	3	PA, ST, QL, SP
CETROTIDE	4	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral tablet 50 mg	1	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL, SP
FYREMADEL	3	QL, SP
ganirelix acetate	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	4	(manufactured by Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(manufactured by Merck/Organon), QL, SP
GONAL-F	4	ST, SP
GONAL-F RFF	4	ST, SP
GONAL-F RFF REDIJECT	4	ST, SP
MENOPUR	4	QL, SP
NOVAREL	3	SP
OVIDREL	4	SP
PREGNYL	3	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	4	(manufactured by Merck/Organon), QL, SP
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	4	
ANALPRAM-HC EXTERNAL CREAM	4	
ANUCORT-HC	2	
ANUSOL-HC EXTERNAL	4	
ANUSOL-HC RECTAL	NF	

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
APRISO	1	
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	NF	
AZULFIDINE	NF	
AZULFIDINE EN-TABS	NF	
balsalazide disodium	1	
budesonide er	NF	
budesonide oral	2	
budesonide rectal	2	
CANASA	NF	
COLAZAL	NF	
CORTENEMA	4	
CORTIFOAM	2	
DIPENTUM	NF	
HEMMOREX-HC	NF	
hydrocortisone (perianal) external cream 1 %	NF	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	2	
hydrocortisone rectal	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	NF	
mesalamine er	NF	
mesalamine oral tablet delayed release 1.2 gm	2	
mesalamine oral tablet delayed release 800 mg	NF	
mesalamine rectal enema	1	
mesalamine rectal suppository	2	QL
mesalamine-cleanser	1	QL
PENTASA	NF	
PROCORT	NF	
PROCTOCORT	NF	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	4	
PROCTOZONE-HC	3	

Drug Name	Drug Tier	Requirements & Limits
ROWASA	NF	QL
SFROWASA	NF	
sulfasalazine oral	1	
UCERIS	NF	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
ACTONEL	NF	QL
alendronate sodium oral tablet	1	
calcitonin (salmon) injection	3	
calcitonin (salmon) nasal	2	
EVISTA	NF	
FORTEO	NF	PA, ST, SP
FOSAMAX	4	
ibandronate sodium oral	2	
MIACALCIN	3	
raloxifene hcl	2	H
risedronate sodium oral tablet 150 mg, 35 mg	4	QL
risedronate sodium oral tablet 30 mg, 5 mg	4	
teriparatide	NF	PA, ST, SP
teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml	NF	PA, ST, SP
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	4	PA, SP
TYMLOS	4	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral	1	
cinacalcet hcl	3	PA
paricalcitol oral	1	
ROCALTROL	NF	
SENSIPAR	NF	PA
ZEMPLAR ORAL	4	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	4	
ACULAR LS	4	

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
ACUVAIL	NF	
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	1	
ALREX	4	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
BLEPH-10 OPHTHALMIC SOLUTION 10 %	3	
bromfenac sodium (once-daily)	3	
bromfenac sodium ophthalmic solution 0.07 %	NF	
bromfenac sodium ophthalmic solution 0.075 %	NF	QL
BROMSITE	NF	QL
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	4	QL
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	4	
gatifloxacin ophthalmic	3	
gentamicin sulfate ophthalmic	1	QL
ILEVRO	NF	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
KLARITY-A	NF	
LOTEMAX OPHTHALMIC GEL	NF	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	NF	QL
LOTEMAX SM	3	QL

Drug Name	Drug Tier	Requirements & Limits
loteprednol etabonate ophthalmic gel	NF	
loteprednol etabonate ophthalmic suspension	3	QL
MAXITROL	4	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	
olopatadine hcl ophthalmic solution 0.2 %	NF	
POLYCIN	3	
polymyxin b-trimethoprim	1	
PRED FORTE	NF	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	NF	
PROLENSA	NF	
sulfacetamide sodium ophthalmic solution	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	4	
TOBRADEX ST	NF	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
VIGAMOX	NF	
XDEMZY	4	PA, QL
ZYLET	3	
ZYMAXID OPHTHALMIC SOLUTION 0.5 %	4	

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
Ophthalmic Agents - Drugs for Eye Infection and Inflammation		
bacitracin ophthalmic	1	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-hc ophthalmic	1	
NEO-POLYCIN	3	
sulfacetamide-prednisolone	1	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
AZOPT	NF	QL
BETIMOL	2	QL
bimatoprost ophthalmic	2	QL
brimonidine tartrate ophthalmic solution 0.1 %	NF	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	NF	QL
brinzolamide	2	QL
COMBIGAN	2	QL
COSOPT	4	
COSOPT PF	NF	QL
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	4	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	NF	QL
ISTALOL	4	
IYUZEH	NF	QL
latanoprost ophthalmic	1	
LUMIGAN	2	
methazolamide oral	1	
pilocarpine hcl ophthalmic	1	
RHOPRESSA	3	QL

Drug Name	Drug Tier	Requirements & Limits
ROCKLATAN	3	QL
SIMBRINZA	NF	QL
tafluprost (pf)	3	ST, QL
timolol maleate (once-daily)	3	
timolol maleate ocudose	2	
timolol maleate ophthalmic	1	
timolol maleate pf	2	
TIMOPTIC OCUDOSE	4	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	4	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	4	
TRAVATAN Z	NF	ST, QL
travoprost (bak free)	3	QL
TRUSOPT OPHTHALMIC SOLUTION 2 %	4	
VYZULTA	NF	ST, QL
XALATAN	NF	
ZIOPTAN	3	ST, QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
atropine sulfate ophthalmic solution 1 %	1	
CEQUA	NF	PA, QL
cromolyn sodium ophthalmic	1	
CYCLOGYL	4	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	NF	PA, QL
difluprednate	3	
DUREZOL	4	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
KLARITY-C DROPS	NF	PA
MIEBO	4	PA, QL
RESTASIS	4	PA, QL
RESTASIS MULTIDOSE	NF	PA, QL
TYRVAYA	NF	PA, QL
VERKAZIA	4	PA, QL

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
VEVYE	NF	PA, QL
XIIDRA	4	PA, QL
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	1	
CETRAXAL	3	
CIPRO HC	NF	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	NF	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	4	
DERMOTIC	4	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	2	QL
epinephrine injection solution auto-injector	1	QL
EPIPEN 2-PAK	NF	QL
EPIPEN JR 2-PAK	NF	QL
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	2	QL
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl nasal solution 0.15 %	NF	
azelastine-fluticasone	NF	QL
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	NF	
BROMFED DM	3	
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	NF	

Drug Name	Drug Tier	Requirements & Limits
cetirizine hcl oral solution	NF	
CLARINEX	NF	
cyproheptadine hcl oral	1	
desloratadine oral tablet	NF	
DYMISTA	NF	QL
flunisolide nasal	3	
fluticasone propionate nasal	2	QL
HYCODAN ORAL SOLUTION	NF	PA, QL
hydrocod poli-chlorphe poli er	3	PA, QL
hydrocodone bit-homatrop mbr oral solution	1	PA, QL
hydromet	1	PA, QL
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
mometasone furoate nasal	3	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
ODACTRA	4	PA, QL
olopatadine hcl nasal	4	
PATANASE NASAL SOLUTION 0.6 %	NF	
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
PULMOSAL	2	
ryvent	NF	
sodium chloride inhalation	1	
XHANCE	NF	QL, ST
ZETONNA	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ACCOLATE	4	
ADVAIR DISKUS	NF	QL
ADVAIR HFA	3	QL, RS

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
AEROCHAMBER HOLDING CHAMBER	3	
AEROCHAMBER PLS FLOVU MTHPIECE	3	
AEROCHAMBER PLUS FLO-VU	3	
AEROCHAMBER PLUS FLO-VU INTERM	3	
AEROCHAMBER PLUS FLO-VU LARGE	3	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	3	
AEROCHAMBER PLUS FLO-VU SMALL	3	
AEROCHAMBER PLUS FLO-VU W/MASK	3	
AIRDUO RESPICLICK 113/14	NF	QL
AIRDUO RESPICLICK 232/14	NF	QL
AIRDUO RESPICLICK 55/14	NF	QL
AIRSUPRA	3	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	NF	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	NF	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
albuterol sulfate oral syrup	1	
ALVESCO	NF	QL
ANORO ELLIPTA	3	QL
arformoterol tartrate	4	QL

Drug Name	Drug Tier	Requirements & Limits
ARNUITY ELLIPTA	2	QL
ASMANEX (120 METERED DOSES)	NF	QL
ASMANEX (14 METERED DOSES)	NF	QL
ASMANEX (30 METERED DOSES)	NF	QL
ASMANEX (60 METERED DOSES)	NF	QL
ASMANEX HFA	NF	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL, RS
breyna	NF	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
BROVANA	NF	QL
budesonide inhalation	2	QL
budesonide-formoterol fumarate	NF	QL, RS
COMBIVENT RESPIMAT	4	QL
DALIRESP	4	PA, QL
DULERA	NF	ST, QL
EASIVENT	3	
EASIVENT MASK LARGE	3	
EASIVENT MASK MEDIUM	3	
EASIVENT MASK SMALL	3	
FASENRA PEN	4	PA, QL
FLEXICHAMBER	3	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	NF	QL
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	NF	QL
FLUTICASONE FUROATE-VILANTEROL	NF	QL, RS
FLUTICASONE PROPIONATE DISKUS	NF	QL
FLUTICASONE PROPIONATE HFA	NF	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	NF	QL, RS

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL, RS
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
formoterol fumarate inhalation	NF	QL
INSPIREASE	3	
ipratropium bromide inhalation	1	
ipratropium-albuterol	2	
levalbuterol hcl inhalation	3	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
MICROCHAMBER	3	
montelukast sodium oral packet	2	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA, QL
PERFORMIST	NF	QL
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	NF	QL
PROCHAMBER VHC	3	
PROVENTIL HFA	NF	QL
PULMICORT FLEXHALER	NF	QL
PULMICORT SUSPENSION	NF	QL
QNASL	NF	QL
QNASL CHILDRENS	NF	QL
QVAR REDIHALER	2	QL
roflumilast	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	NF	
SINGULAIR ORAL TABLET CHEWABLE	NF	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
theophylline er	1	
tiotropium bromide monohydrate	NF	QL
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	NF	QL
VORTEX HOLD CHMBR/MASK/CHILD	2	
VORTEX HOLD CHMBR/MASK/TODDLER	2	
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	3	QL, RS
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML	NF	QL
XOPENEX HFA	3	QL
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML	NF	QL
YUPELRI	4	PA, QL
zafirlukast	1	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	NF	PA, QL, SP
BRONCHITOL	NF	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	NF	PA, ST, QL, SP
KITABIS PAK	NF	PA, QL, SP
PULMOZYME	3	PA, QL, SP

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
TOBI NEBULIZER	NF	PA, QL, SP
TOBI PODHALER	NF	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	3	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	NF	PA, QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	NF	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	3	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
ESBRIET ORAL TABLET	NF	PA, QL, SP
OFEV	NF	PA, QL, SP
pirfenidone oral tablet 267 mg, 801 mg	3	PA, QL, SP
pirfenidone oral tablet 534 mg	3	PA, QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	NF	PA, QL, SP
ADEMPAS	3	PA, QL, SP
alyq	NF	PA, QL, SP
ambrisentan	3	PA, QL, SP
LETAIRIS	NF	PA, QL, SP
OPSUMIT	3	PA, QL, SP
ORENITRAM	4	PA, QL, SP
REMODULIN	NF	PA
REVATIO ORAL TABLET	NF	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
tadalafil (pah)	3	PA, QL, SP
TADLIQ	4	PA, QL, SP
TRACLEER 62.5 MG, 125 MG	3	PA, QL, SP
treprostinil	NF	PA
TYVASO	3	PA
TYVASO DPI INSTITUTIONAL KIT	3	PA, QL, SP
TYVASO DPI MAINTENANCE KIT	3	PA, QL, SP
TYVASO DPI TITRATION KIT	3	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
TYVASO REFILL	3	PA
TYVASO STARTER	3	PA
UPTRAVI ORAL	4	PA, QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
baclofen oral tablet 15 mg	NF	
carisoprodol oral tablet 250 mg	NF	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	NF	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	NF	
DANTRIUM ORAL	4	
dantrolene sodium oral	1	
FEXMID	NF	
LORZONE	NF	
metaxalone	3	
methocarbamol oral tablet 1000 mg	NF	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	2	
SOMA	NF	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
VANADOM ORAL TABLET 350 MG	NF	
ZANAFLEX	4	
Sleep Disorder Agents		
AMBIEN	NF	
AMBIEN CR	NF	
armodafinil	2	QL
BELSOMRA	NF	ST, QL
DAYVIGO	NF	ST, QL

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
doxepin hcl oral tablet	NF	QL
estazolam	1	
eszopiclone	2	
LUMRYZ	4	PA, QL, SP
LUNESTA	NF	
modafinil oral	2	QL
NUVIGIL	NF	QL
PROVIGIL	NF	QL
QUVIVIQ	NF	ST, QL
ramelteon	4	ST, QL
RESTORIL	4	
ROZEREM	NF	ST, QL
SILENOR	NF	QL
SODIUM OXYBATE	NF	PA, (manufactured by Amneal), QL, SP
SODIUM OXYBATE	4	PA, (manufactured by Hikma), QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYREM	NF	PA, QL, SP
XYWAV	NF	PA, QL, SP
zaleplon	1	
zolpidem tartrate er	2	
zolpidem tartrate oral tablet	1	

See page 6-8 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Index

A	
abacavir sulfate-lamivudine.....	20
ABILIFY	20
abiraterone acetate oral tablet 250 mg.....	17
abiraterone acetate oral tablet 500 mg.....	17
ABRILADA (1 PEN) AUTO- INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS.....	49, 50
ABRILADA (2 PEN) AUTO- INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS.....	50
ABRILADA (2 SYRINGE)	50
ABSORICA	28
acamprosate calcium	11
ACANYA	28
acarbose oral	36
ACCOLATE	57
ACCU-CHEK AVIVA PLUS TEST STRIPS	32
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	32
ACCU-CHEK FASTCLIX LANCETS.....	32
ACCU-CHEK GUIDE KIT W/ DEVICE.....	32
ACCU-CHEK GUIDE ME METER...	32
ACCU-CHEK GUIDE TEST STRIPS	32
ACCU-CHEK MULTICLIX LANCET DEVICE KIT	32
ACCU-CHEK MULTICLIX LANCETS.....	32
ACCU-CHEK SMARTVIEW TEST STRIPS	32
ACCU-CHEK SOFT TOUCH LANCETS.....	32
ACCU-CHEK SOFTCLIX LANCET .	32
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	32
ACCUPRIL.....	22
accutane	28
ACCUTREND GLUCOSE	32
acebutolol hcl oral.....	22
acetaminophen-codeine.....	9
acetazolamide er	22
acetazolamide oral	22
acetic acid otic.....	57
ACIPHEX	41
acitretin	28
ACTEMRA ACTPEN	50
ACTEMRA SUBCUTANEOUS.....	50
ACTICLATE ORAL TABLET 150 MG, 75 MG.....	11
ACTIVELLA	43
ACTONEL	54
ACTOPLUS MET.....	36
ACTOS.....	36
ACULAR	54
ACULAR LS.....	54
ACUVAIL	55
acyclovir external cream	20
acyclovir external ointment.....	20
acyclovir oral.....	20
ACZONE.....	28
ADACEL	52
ADALIMUMAB-AACF (2 PEN)	50
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML	50
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/0.8ML	50
ADALIMUMAB-AATY (2 PEN).....	50
ADALIMUMAB-AATY (2 SYRINGE)	50
ADALIMUMAB-ADAZ	50
ADALIMUMAB-ADBM	50
ADALIMUMAB-FKJP.....	50
ADALIMUMAB-RYVK (2 PEN)	50
adapalene external gel	28
adapalene-benzoyl peroxide external gel 0.1-2.5 %	28
adapalene-benzoyl peroxide external gel 0.3-2.5 %.....	28
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE .	50
adc/f (0.5mg/ml)	39
ADCIRCA.....	60
ADDERALL.....	26
ADDERALL XR	26
ADDYI.....	38
ADEMPAS	60
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG.....	26
ADLYXIN STARTER PACK SUBCUTANEOUS PEN- INJECTOR KIT 10 & 20 MCG/0.2ML	36
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML.....	37
ADMELOG.....	35
ADMELOG SOLOSTAR.....	35
ADTHYZA	49
ADVAIR DISKUS.....	57
ADVAIR HFA.....	57
ADVATE.....	38
ADYNOVATE	38
ADZENYS XR-ODT	26
AEROCHAMBER HOLDING CHAMBER	58
AEROCHAMBER PLS FLOVU MTHPIECE	58
AEROCHAMBER PLUS FLO-VU....	58
AEROCHAMBER PLUS FLO-VU INTERM	58
AEROCHAMBER PLUS FLO-VU LARGE.....	58
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	58
AEROCHAMBER PLUS FLO-VU SMALL.....	58



AEROCHAMBER PLUS FLO-VU W/MASK.....	58	ALDACTONE.....	22	amantadine hcl oral.....	19
AFINITOR.....	17	ALECENSA.....	17	AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG.....	37
afirmelle.....	43	alendronate sodium oral tablet...	54	AMBIEN.....	60
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	52	alfuzosin hcl er.....	43	AMBIEN CR.....	60
AFREZZA.....	35	ALINIA ORAL TABLET.....	19	ambrisentan.....	60
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT.....	38	aliskiren fumarate.....	22	AMERGE ORAL TABLET 1 MG, 2.5 MG.....	17
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT.....	38	allopurinol oral tablet 100 mg, 300 mg.....	16	amethia oral tablet 0.15-0.03 & 0.01 mg.....	44
AGRYLIN.....	38	ALLOPURINOL ORAL TABLET 200 MG.....	16	amethyst.....	44
AIMOVIG.....	17	ALLZITAL.....	9	amiloride hcl oral.....	22
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML.....	17	almotriptan malate.....	17	amiloride-hydrochlorothiazide ...	22
AIRDUO RESPICLICK 113/14.....	58	ALOGLIPTIN BENZOATE.....	37	amiodarone hcl oral.....	22
AIRDUO RESPICLICK 232/14.....	58	ALOGLIPTIN-METFORMIN HCL...	37	AMITIZA.....	41
AIRDUO RESPICLICK 55/14.....	58	ALORA.....	44	amitriptyline hcl oral.....	14
AIRSUPRA.....	58	alose tron hcl.....	41	AMJEVITA FOR NUVAILA.....	50
AJOVY.....	17	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %.....	56	amlodipine besylate oral.....	22
ak-poly-bac ophthalmic ointment 500-10000 unit/gm....	55	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %.....	56	amlodipine besylate-benazepril hcl.....	22
AKLIEF.....	28	ALPHANATE.....	38	amlodipine besylate-valsartan....	22
ala-cort.....	28	alprazolam er.....	21	amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg.....	22
albendazole oral.....	19	alprazolam oral.....	21	amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg.....	22
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation.....	58	alprazolam xr.....	21	amlodipine-olmesartan.....	22
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml.....	58	ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT.....	38	amlodipine-valsartan-hctz.....	22
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION....	58	ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT.....	38	amnesteem.....	28
albuterol sulfate oral syrup.....	58	ALREX.....	55	amoxicillin.....	11
alclometasone dipropionate.....	28	ALTACE.....	22	amoxicillin-potassium clavulanate.....	11
ALCOHOL PREP PADS PAD.....	32	altavera.....	44	amphet-dextroamphet 3-bead er.....	26
ALDACTAZIDE ORAL TABLET 25-25 MG.....	22	ALTRENO.....	28	amphetamine sulfate.....	26
ALDACTAZIDE ORAL TABLET 50-50 MG.....	22	ALTUVIIIIO.....	38	amphetamine- dextroamphetamine.....	26
		ALUNBRIG.....	17	amphetamine- dextroamphetamine er.....	26
		ALVAIZ.....	38	ampicillin.....	11
		ALVESCO.....	58	AMPYRA.....	27
		alyacen 1/35.....	44	AMZEEQ.....	28
		alyacen 7/7/7.....	44		
		alyq.....	60		
		amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg.....	44		

ANAFRANIL.....	14	ARICEPT.....	14	AUGMENTIN ES-600.....	11
anagrelide hcl.....	38	ARIMIDEX.....	17	AUGTYRO.....	18
ANALPRAM HC.....	53	aripiprazole oral solution.....	20	aurovela 1/20.....	44
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %.....	53	aripiprazole oral tablet.....	20	aurovela 1.5/30.....	44
ANALPRAM-HC EXTERNAL CREAM.....	53	ARIXTRA.....	13	aurovela 24 fe.....	44
ANAPROX DS.....	10	armodafinil.....	60	aurovela fe 1/20.....	44
ANASPAZ.....	41	ARMOUR THYROID.....	49	aurovela fe 1.5/30.....	44
anastrozole oral.....	17	ARNUITY ELLIPTA.....	58	AURYXIA.....	43
ANDRODERM.....	49	AROMASIN.....	17	AUSTEDO.....	27
ANDROGEL PUMP.....	49	ARTHROTEC.....	10	AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG.....	27
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%).....	49	ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG.....	54	AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG.....	27
ANGELIQ.....	44	ascomp-codeine.....	9	AUSTEDO XR PATIENT TITRATION.....	27
ANNOVERA.....	44	asenapine maleate.....	20	AUVELITY.....	14
ANORO ELLIPTA.....	58	ashlyna.....	44	AUVI-Q.....	57
ANTARA ORAL CAPSULE 30 MG..	22	ASMANEX (120 METERED DOSES).....	58	AVALIDE.....	22
ANTIVERT ORAL TABLET.....	15	ASMANEX (14 METERED DOSES)..	58	AVAPRO.....	22
ANUCORT-HC.....	53	ASMANEX (30 METERED DOSES)..	58	AVAR CLEANSER.....	28
ANUSOL-HC EXTERNAL.....	53	ASMANEX (60 METERED DOSES)..	58	AVAR LS CLEANSER.....	28
ANUSOL-HC RECTAL.....	53	ASMANEX HFA.....	58	AVAR-E EMOLLIENT.....	28
apap-caff-dihydrocodeine.....	9	aspirin-dipyridamole er.....	38	AVAR-E GREEN.....	28
APLENZIN.....	14	ATACAND.....	22	AVAR-E LS.....	28
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG.....	11	ATACAND HCT.....	22	aviane.....	44
aprepitant oral capsule 125 mg, 40 mg, 80 mg.....	15	atenolol oral.....	22	AVIDOXY.....	11
apri.....	44	atenolol-chlorthalidone.....	22	AVITA EXTERNAL CREAM 0.025 %.....	28
APRISO.....	54	ATIVAN ORAL.....	21	AVITA EXTERNAL GEL 0.025 %... ..	28
APTENSIO XR.....	26	atomoxetine hcl.....	26	AVODART.....	43
APTIOM.....	13	ATORVALIQ.....	22	AVONEX PEN.....	27
AQ INSULIN SYRINGE.....	32	atorvastatin calcium oral tablet 10 mg, 20 mg.....	22	AVONEX PREFILLED.....	27
AQINJECT PEN NEEDLE.....	32	atorvastatin calcium oral tablet 40 mg, 80 mg.....	22	AYGESTIN ORAL TABLET 5 MG... ..	44
ARAKODA.....	19	atovaquone.....	19	ayuna.....	44
aranelle.....	44	atovaquone-proguanil hcl.....	19	AZASAN.....	50
ARANESP (ALBUMIN FREE).....	38	ATRALIN.....	28	AZASITE.....	55
ARAVA.....	50	atropine sulfate ophthalmic solution 1 %.....	56	azathioprine oral tablet 100 mg, 75 mg.....	50
ARAZLO.....	28	ATROVENT HFA.....	58	azathioprine oral tablet 50 mg....	50
arformoterol tartrate.....	58	AUBAGIO.....	27	azelaic acid external.....	28
		aubra eq.....	44		
		aubra oral tablet 0.1-20 mg-mcg ..	44		
		AUGMENTIN.....	11		

azelastine hcl nasal solution 0.1 %, 137 mcg/spray	57
azelastine hcl nasal solution 0.15 %	57
azelastine hcl ophthalmic	55
azelastine-fluticasone	57
AZELEX	28
AZILECT	19
azithromycin oral	11
AZOPT	56
AZOR	22
AZSTARYS	26
AZULFIDINE	54
AZULFIDINE EN-TABS	54
azurette	44

B

bac	9
bacitracin ophthalmic	56
bacitracin-polymyxin b	55
baclofen oral tablet 10 mg, 20 mg, 5 mg	60
baclofen oral tablet 15 mg	60
BACTRIM	11
BACTRIM DS	11
BAFIERTAM	27
BALCOLTRA	44
balsalazide disodium	54
balziva	44
BANZEL	13
BAQSIMI ONE PACK	37
BAQSIMI TWO PACK	37
BARACLUDE ORAL TABLET	20
BASAGLAR KWIKPEN	36
BASAGLAR TEMPO PEN	36
BD AUTOSHIELD DUO PEN NEEDLES	32
BD ECLIPSE NEEDLE 18G X 1-1/2" , 25G X 5/8" , 27G X 1/2"	32
BD ECLIPSE NEEDLE 23G X 1" (OTC)	32
BD ECLIPSE NEEDLE 23G X 1" (RX)	33

BD ECLIPSE SHIELDED NEEDLE ..	33
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	33
BD SHARPS COLLECTOR	33
BD ULTRA-FINE insulin syringes ..	33
BD ULTRA-FINE PEN NEEDLES ...	33
BD ULTRA-FINE U-500 insulin syringes	33
BD ULTRA-FINE VEO insulin syringes	33
BELBUCA	9
BELSOMRA	60
benazepril hcl oral	22
benazepril-hydrochlorothiazide ..	22
BENICAR	22
BENICAR HCT	22
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	50
BENZAMYCIN	28
benzonatate oral capsule 100 mg, 200 mg	57
benzonatate oral capsule 150 mg	57
benzoyl peroxide-erythromycin ..	29
benztropine mesylate oral	19
BESIVANCE	55
betamethasone dipropionate aug external cream	29
betamethasone dipropionate aug external lotion	29
betamethasone dipropionate aug external ointment	29
betamethasone dipropionate external cream	29
betamethasone dipropionate external lotion	29
betamethasone dipropionate external ointment	29
betamethasone valerate external cream	29
betamethasone valerate external lotion	29
betamethasone valerate external ointment	29
BETAPACE	22

BETAPACE AF	22
BETASERON	27
betaxolol hcl oral	22
bethanechol chloride oral	43
BETHKIS	59
BETIMOL	56
BEVESPI AEROSPHERE	58
BEXSERO	52
BEYAZ	44
bicalutamide	18
BIDIL	22
BIGFOOT UNITY PROGRAM	33
BIJUVA	44
BIKTARVY	20
bimatoprost ophthalmic	56
BIMZELX	50
BIOTEL CARE TEST STRIPS	33
bis subcit-metronid-tetracyc	41
bismuth/metronidaz/tetracyclin .	41
bisoprolol fumarate oral	22
bisoprolol-hydrochlorothiazide ...	22
BLEPH-10 OPHTHALMIC SOLUTION 10 %	55
blisovi 24 fe	44
blisovi fe 1/20	44
blisovi fe 1.5/30	44
BLOOD GLUCOSE TEST STRIPS ..	33
BLOOD GLUCOSE TEST STRIPS 333	33
BONJESTA	15
BOOSTRIX	52
BOSULIF ORAL TABLET	18
BREO ELLIPTA	58
breyana	58
BREZTRI AEROSPHERE	58
briellyn	44
BRILINTA	19
brimonidine tartrate external	29
brimonidine tartrate ophthalmic solution 0.1 %	56
brimonidine tartrate ophthalmic solution 0.15 %	56



brimonidine tartrate ophthalmic solution 0.2 %	56	butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	9	CALQUENCE ORAL CAPSULE 100 MG	18	
brimonidine tartrate-timolol	56	butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	9	CAMBIA	10	
brinzolamide	56	butalbital-apap-caffeine oral capsule 50-300-40 mg	9	camila	44	
BRIVIACT ORAL	13	butalbital-apap-caffeine oral capsule 50-325-40 mg	9	camrese	44	
BROMFED DM	57	butalbital-apap-caffeine oral capsule 50-325-40 mg	9	camrese lo	44	
bromfenac sodium (once-daily) ..	55	butalbital-apap-caffeine oral tablet	9	CAMZYOS	22	
bromfenac sodium ophthalmic solution 0.07 %	55	butalbital-asa-caff-codeine	9	CANASA	54	
bromfenac sodium ophthalmic solution 0.075 %	55	butalbital-aspirin-caffeine	9	candesartan cilexetil	22	
bromocriptine mesylate oral tablet	19	butorphanol tartrate nasal	9	candesartan cilexetil-hctz	22	
BROMSITE	55	BUTRANS	9	capecitabine	18	
BRONCHITOL	59	BYDUREON BCISE AUTOINJECTOR	37	CAPLYTA	20	
BRONCHITOL TOLERANCE TEST ..	59	BYETTA 10 MCG PEN	37	captopril oral	22	
BROVANA	58	BYETTA 5 MCG PEN	37	CARAC	29	
BRUKINSA	18	BYSTOLIC	22	CARAFATE	41	
budesonide er	54	C			carbamazepine er oral capsule extended release 12 hour	13
budesonide inhalation	58	cabergoline	48	carbamazepine er oral tablet extended release 12 hour	13	
budesonide oral	54	CABOMETYX	18	carbamazepine oral tablet	13	
budesonide rectal	54	CADUET	22	carbamazepine oral tablet chewable	13	
budesonide-formoterol fumarate	58	CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG	22	CARBATROL	13	
bumetanide oral	22	calcipotriene external cream	29	carbidopa-levodopa er	19	
BUMEX	22	calcipotriene external ointment ..	29	carbidopa-levodopa oral tablet ..	19	
BUPAP	9	calcipotriene external solution ...	29	carbidopa-levodopa-entacapone	19	
buprenorphine	9,11	calcipotriene-betameth diprop external suspension	29	carbinoxamine maleate oral tablet 4 mg	57	
buprenorphine hcl sublingual	11	calcitonin (salmon) injection	54	carbinoxamine maleate oral tablet 6 mg	57	
buprenorphine hcl-naloxone hcl ..	11	calcitonin (salmon) nasal	54	CARDIZEM	22	
bupropion hcl er (smoking det) ...	11	CALCITRENE	29	CARDIZEM CD	22	
bupropion hcl er (sr)	14	calcitriol oral	54	CARDIZEM LA	22	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	14	calcium acetate (phos binder) oral capsule	43	CARDURA	22	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	14	calcium acetate (phos binder) oral tablet	39	CAREPOINT POLY HUB NEEDLE 18G X 1" , 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	33	
bupropion hcl oral	14	calcium acetate oral tablet 667 mg	39	CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	33	
buspironone hcl oral	21	CALQUENCE	18	CAREPOINT SAFETY 1ST NEEDLE	33	
butalbital-acetaminophen oral tablet 50-300 mg	9			CARETOUCH MONITOR SYSTEM ..	33	
butalbital-acetaminophen oral tablet 50-325 mg	9					



CARETOUCH TEST.....	33	chlordiazepoxide hcl	21	CITRANATAL 90 DHA.....	39
carisoprodol oral tablet 250 mg ..	60	chlordiazepoxide-clidinium	41	CITRANATAL ASSURE	39
carisoprodol oral tablet 350 mg ..	60	chlorhexidine gluconate mouth/ throat.....	28	CITRANATAL DHA ORAL 27-1 & 250 MG.....	39
CARNITOR ORAL SOLUTION	39	chlorpromazine hcl oral tablet....	20	claravis	29
CARNITOR ORAL TABLET.....	42	chlorthalidone	22	CLARINEX	57
CARNITOR SF.....	39	chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg.....	60	clarithromycin er	11
cartia xt	22	chlorzoxazone oral tablet 500 mg.....	60	clarithromycin oral suspension reconstituted	11
carvedilol.....	22	cholestyramine light	22	clarithromycin oral tablet	11
carvedilol phosphate er	22	cholestyramine oral	22	CLENPIQ.....	41
CASODEX.....	18	CHORIONIC GONADOTROPIN INTRAMUSCULAR.....	53	CLEOCIN ORAL CAPSULE 150 MG, 300 MG	11
CATAFLAM ORAL TABLET 50 MG.	10	CIALIS	38	CLEOCIN ORAL CAPSULE 75 MG. .11	
CATAPRES-TTS-1.....	22	CIBINQO.....	29	CLEOCIN ORAL SOLUTION RECONSTITUTED.....	11
CATAPRES-TTS-2	22	ciclodan	16	CLEOCIN VAGINAL CREAM.....	11
CATAPRES-TTS-3	22	ciclopirox external gel.....	16	CLEOCIN-T.....	29
CAVERJECT IMPULSE.....	43	ciclopirox external shampoo.....	16	CLIMARA.....	44
caziant oral tablet 0.1/0.125/ 0.15 -0.025 mg	44	ciclopirox external solution	16	CLIMARA PRO	44
cefadroxil	11	ciclopirox olamine external cream	16	clindacin	29
cefdinir.....	11	ciclopirox olamine external suspension.....	29	clindacin etz external swab	29
cefixime.....	11	cilostazol.....	19	clindacin-p	29
cefpodoxime proxetil oral tablet ..	11	CIMDUO	20	CLINDAGEL.....	29
cefprozil.....	11	cimetidine oral.....	41	clindamycin hcl oral	11
cefuroxime axetil	11	CIMZIA.....	50	clindamycin palmitate hcl.....	11
CELEBREX	10	CIMZIA (2 SYRINGE)	50	clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %.....	29
celecoxib oral.....	10	CIMZIA STARTER KIT.....	50	clindamycin phos-benzoyl perox external gel 1.2-5 %	29
CELEXA	14	cinacalcet hcl	54	clindamycin phosphate external foam.....	29
CELLCEPT.....	50	CINRYZE	50	clindamycin phosphate external lotion	29
CENTANY EXTERNAL OINTMENT 2 %.....	11	CIPRO HC	57	clindamycin phosphate external solution	29
cephalexin	11	CIPRO ORAL TABLET.....	11	clindamycin phosphate external swab.....	29
CEQUA	56	CIPRODEX OTIC SUSPENSION 0.3-0.1 %.....	57	clindamycin phosphate external swab.....	29
CEQUR SIMPLICITY 2U 10PK	33	ciprofloxacin hcl ophthalmic.....	55	clindamycin phosphate gel 1 % external	29
CERDELGA.....	42	ciprofloxacin hcl oral	11	clindamycin phosphate vaginal ...	11
cetirizine hcl oral solution.....	57	ciprofloxacin hcl otic	57	clindamycin-tretinoin	29
CETRAXAL.....	57	ciprofloxacin-dexamethasone....	57	CLINDESSE.....	11
cetorelix acetate.....	53	citalopram hydrobromide oral solution	14		
CETROTIDE.....	53	citalopram hydrobromide oral tablet.....	14		
cevimeline hcl	28				
charlotte 24 fe	44				
chateal eq.....	44				
chateal oral tablet 0.15-30 mg-mcg.....	44				



CLINPRO 5000	28	colesevelam hcl oral tablet.....	23	COSOPT.....	56
clobazam oral suspension.....	13	COLESTID ORAL TABLET	23	COSOPT PF	56
clobazam oral tablet.....	13	colestipol hcl oral tablet.....	23	COTELLIC.....	18
clobetasol prop emollient base external cream 0.05 %.....	29	COMBIGAN	56	COTEMPLA XR-ODT	26
clobetasol propionate e	29	COMBIPATCH	44	COVARYX	44
clobetasol propionate external cream	29	COMBIVENT RESPIMAT	58	COVARYX HS.....	44
clobetasol propionate external foam.....	29	COMIRNATY INTRAMUSCULAR SUSPENSION	52	COZAAR.....	23
clobetasol propionate external gel	29	COMPLERA	20	CREON	42
clobetasol propionate external liquid	29	COMPLETENATE	39	CRESEMBA ORAL.....	16
clobetasol propionate external ointment	29	COMPRO	15	CRESTOR.....	23
clobetasol propionate external shampoo	29	COMTAN ORAL TABLET 200 MG..	19	cromolyn sodium ophthalmic.....	56
clobetasol propionate external solution	29	CONCEPT DHA.....	39	cromolyn sodium oral	41
CLOBEX EXTERNAL SHAMPOO... 29		CONCERTA.....	26	cryselle-28	44
CLOBEX SPRAY	29	constulose	41	CUVPOSA	41
clodan.....	29	CONTOUR MONITOR KIT W/ DEVICE.....	33	CVS ADVANCED GLUCOSE TEST .	33
CLOMID.....	53	CONTOUR NEXT EZ KIT W/ DEVICE.....	33	CVS GLUCOSE METER TEST STRIPS	33
clomiphene citrate oral tablet 50 mg	53	CONTOUR NEXT GEN MONITOR KIT.....	33	cyanocobalamin injection solution 1000 mcg/ml.....	39
clomipramine hcl oral	14	CONTOUR NEXT GEN TEST STRIPS	33	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML.....	39
clonazepam oral.....	21	CONTOUR NEXT LINK KIT W/ DEVICE.....	33	cyanocobalamin nasal.....	39
clonidine	23, 26	CONTOUR NEXT MONITOR KIT W/DEVICE	33	cyclobenzaprine hcl oral tablet 10 mg, 5 mg	60
clonidine hcl er oral tablet extended release 12 hour	26	CONTOUR NEXT ONE DEVICE....	33	cyclobenzaprine hcl oral tablet 7.5 mg	60
clonidine hcl oral.....	23	CONTOUR NEXT ONE KIT.....	33	CYCLOGYL.....	56
clopidogrel bisulfate oral.....	20	CONTOUR TEST STRIPS.....	33	cyclopentolate hcl ophthalmic ...	56
clorazepate dipotassium	21	COPAXONE	27	cyclophosphamide oral capsule ..	18
clotrimazole external cream	29	CORDRAN.....	29	CYCLOSET	37
clotrimazole mouth/throat	16	COREG	23	cyclosporine modified oral capsule.....	50
clotrimazole-betamethasone.....	29	COREG CR	23	cyclosporine ophthalmic.....	56
clozapine oral tablet.....	20	CORGARD.....	23	cyclosporine oral	50
CLOZARIL.....	20	CORLANOR.....	23	CYLTEZO (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML	50
CO-NATAL FA	39	CORTEF	48	CYLTEZO (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML	50
COLAZAL	54	CORTENEMA.....	54	CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML	50
colchicine oral	16	CORTIFOAM	54		
colchicine-probenecid	16	COSENTYX SENSOREADY.....	50		
COLCRYS ORAL TABLET 0.6 MG..	16	COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE .	50		
		COSENTYX UNOREADY	50		



CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML.....	50	dasetta 7/7/7	44	desonide external lotion	30
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML.....	50	DAVIMET-FLUORIDE.....	39	desonide external ointment	30
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML.....	50	DAYPRO	10	DESOWEN.....	30
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML.....	50	daysee.....	44	desoximetasone external cream	30
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML.....	50	DAYTRANA.....	26	desoximetasone external ointment.....	30
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML.....	50	DAYVIGO.....	60	DESVENLAFAXINE ER.....	15
CYMBALTA	15	DAZOMON	29	desvenlafaxine succinate er	15
cyproheptadine hcl oral.....	57	DDAVP ORAL.....	48	DETROL.....	43
cyred eq.....	44	deblitane.....	44	DETROL LA	43
cyred oral tablet 0.15-30 mg-mcg.....	44	deferasirox oral tablet.....	39	DEXABLISS	48
CYTOMEL.....	49	DELESTROGEN	44	dexamethasone intensol.....	48
CYTOTEC.....	41	DELSTRIGO.....	20	dexamethasone oral elixir.....	48
		delyla.....	44	dexamethasone oral solution.....	48
		DENTA 5000 PLUS.....	28	dexamethasone oral tablet	48
		DENTAGEL	28	dexamethasone oral tablet therapy pack.....	48
		DEPAKOTE	13	dexamethasone sodium phosphate ophthalmic.....	55
		DEPAKOTE ER.....	13	DEXCOM G6 RECEIVER.....	33
		DEPAKOTE SPRINKLES.....	13	DEXCOM G6 SENSOR	33
		DEPEN TITRATABS.....	42	DEXCOM G6 TRANSMITTER.....	33
		DEPO-ESTRADIOL	44	DEXCOM G7 RECEIVER.....	33
		DEPO-PROVERA.....	44	DEXCOM G7 SENSOR	33
		DEPO-SUBQ PROVERA 104	44	DEXEDRINE.....	26
		DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	49	DEXILANT	41
		DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML.....	49	dexlansoprazole	41
		DERMA-SMOOTH/FS BODY	29	dexmethylphenidate hcl	26
		DERMA-SMOOTH/FS SCALP	29	dexmethylphenidate hcl er	26
		DERMACINRX UREA.....	29	dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	26
		DERMOTIC.....	57	dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg.....	26
		DESCOVY	20	dextroamphetamine sulfate oral tablet 10 mg, 5 mg.....	26
		desipramine hcl oral.....	15	dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	26
		desloratadine oral tablet.....	57	DHIVY.....	19
		desmopressin acetate oral.....	48	DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	13
		desmopressin acetate spray	48		
		desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5).....	44		
		desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg.....	44		
		desonide external cream.....	29		

D



DIASTAT PEDIATRIC RECTAL GEL 2.5 MG.....	13	DIOVAN HCT.....	23	doxycycline hyclate oral tablet 20 mg.....	11
diazepam oral solution.....	21	DIPENTUM.....	54	doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg.....	11
diazepam oral tablet.....	21	diphenoxylate-atropine oral tablet.....	41	DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG.....	11
diazepam rectal.....	13	DIPROLENE.....	30	doxycycline monohydrate oral capsule 100 mg, 50 mg.....	12
DICLEGIS.....	15	disulfiram oral.....	11	doxycycline monohydrate oral capsule 150 mg, 75 mg.....	12
diclofenac potassium oral tablet 25 mg.....	10	DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG.....	43	doxycycline monohydrate oral suspension reconstituted.....	12
diclofenac potassium oral tablet 50 mg.....	10	divalproex sodium er.....	13	doxycycline monohydrate oral tablet.....	12
diclofenac potassium(migraine).....	10	divalproex sodium oral capsule delayed release sprinkle.....	13	doxylamine-pyridoxine.....	15
diclofenac sodium er.....	10	divalproex sodium oral tablet delayed release.....	13	DRISDOL.....	39
diclofenac sodium external gel 1%.....	10	DIVIGEL.....	44	dronabinol.....	15
diclofenac sodium external gel 3%.....	30	DODEx.....	39	DROPSAFE SAFETY SYRINGE/ NEEDLE.....	33
diclofenac sodium ophthalmic.....	55	dofetilide.....	23	drospiren-eth estrad-levomefol ..	44
diclofenac sodium oral.....	10	dolishale.....	44	drospirenone-ethinyl estradiol ..	44
diclofenac-misoprostol.....	10	donepezil hcl oral tablet 10 mg, 5 mg.....	14	DRYSOL.....	30
dicloxacillin sodium.....	11	donepezil hcl oral tablet 23 mg ...	14	DUAVEE.....	44
dicyclomine hcl oral.....	41	DOPTELET.....	38	DULERA.....	58
DIFFERIN EXTERNAL GEL 0.3% ..	30	DORYX MPC.....	11	duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg.....	15
DIFICID ORAL TABLET.....	11	DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG ..	11	duloxetine hcl oral capsule delayed release particles 40 mg ..	15
DIFLUCAN.....	16	DORZOLAMIDE HCL SOLUTION 2% OPHTHALMIC.....	56	DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR.....	30
difluprednate.....	56	dorzolamide hcl-timolol mal.....	56	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML.....	30
digitek oral tablet 125 mcg, 250 mcg.....	23	dorzolamide hcl-timolol mal pf ...	56	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML.....	30
digox.....	23	dotti.....	44	DUREZOL.....	56
digoxin oral tablet.....	23	DOVATO.....	20	dutasteride oral.....	43
DILANTIN INFATABS.....	13	DOVONEX EXTERNAL CREAM 0.005%.....	30	dutasteride-tamsulosin hcl.....	43
DILANTIN ORAL CAPSULE.....	13	doxazosin mesylate oral.....	23	DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG.....	48
DILAUDID ORAL TABLET.....	9	doxepin hcl oral capsule.....	15	DYANAVEL XR.....	26
dilt-xr.....	23	doxepin hcl oral concentrate.....	15		
diltiazem hcl er beads.....	23	doxepin hcl oral tablet.....	61		
diltiazem hcl er coated beads.....	23	doxycycline.....	11, 12, 30		
diltiazem hcl er oral capsule extended release 12 hour.....	23	doxycycline hyclate oral capsule.....	11		
diltiazem hcl er oral capsule extended release 24 hour.....	23	doxycycline hyclate oral tablet 100 mg.....	11		
diltiazem hcl er oral tablet extended release 24 hour.....	23	doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg.....	11		
diltiazem hcl oral.....	23				
dimethyl fumarate oral.....	27				
DIOVAN.....	23				



DYMISTA	57	ELIQUIS.....	13	ENVARUSUS XR.....	50
DYRENIUM.....	23	ELIQUIS DVT/PE STARTER PACK..	13	EPANED	23
E					
E.E.S. GRANULES	12	ELITE-OB	39	EPCLUSA ORAL TABLET.....	20
EASIVENT.....	58	ELLA.....	44	EPIDIOLEX.....	13
EASIVENT MASK LARGE	58	ELMIRON.....	43	EPIDUO	30
EASIVENT MASK MEDIUM	58	ELOCTATE.....	38	EPIDUO FORTE	30
EASIVENT MASK SMALL	58	eluryng.....	44	epinephrine injection solution auto-injector.....	57
EASY MAX BLOOD GLUCOSE TEST.....	33	EMBRACE BLOOD GLUCOSE TEST.....	33	EPIPEN 2-PAK.....	57
EASY MAX T1 GLUCOSE SYSTEM ..	33	EMBRACE WAVE BLOOD GLUCOSE IN VITRO	33	EPIPEN JR 2-PAK	57
EASY TOUCH HEALTHPRO GLUCOSE	33	EMEND ORAL CAPSULE.....	15	epitol	13
EASY TOUCH TEST	33	EMGALITY	17	eplerenone.....	23
EASYGLUCO	33	emoquette oral tablet 0.15-30 mg-mcg.....	44	EPZICOM.....	20
EASYMAX 15 TEST	33	EMPAVELI.....	50	EQ BLOOD GLUCOSE TEST	33
EASYMAX NG BLOOD GLUCOSE KIT.....	33	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	20	EQUETRO	21
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG.....	10	emtricitabine-tenofovir df oral tablet 200-300 mg	20	ergocalciferol oral capsule....	39, 41
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	10	emzahh.....	45	ERIVEDGE	18
ec-naproxen	10	enalapril maleate oral solution....	23	ERLEADA ORAL TABLET 240 MG .	18
econazole nitrate external	16	enalapril maleate oral tablet	23	ERLEADA ORAL TABLET 60 MG...	18
ED-SPAZ ORAL TABLET DISPERSIBLE 0.125 MG	41	enalapril-hydrochlorothiazide ...	23	ERMEZA.....	49
EDARBI.....	23	ENBREL	50	errin	45
EDARBYCLOR.....	23	ENBREL MINI	50	ERY-TAB	12
EDEX	43	ENBREL SURECLICK.....	50	ERYGEL.....	30
EEMT	44	endocet	9	ERYPED 200.....	12
EEMT HS.....	44	ENDOMETRIN	53	ERYPED 400	12
efavirenz-emtricitab-tenofo df ...	20	ENGERIX-B.....	52	erythromycin base oral tablet ...	12
EFFER-K ORAL TABLET		enillorig	45	erythromycin base oral tablet delayed release	12
EFFERVESCENT 10 MEQ, 20 MEQ .	39	ENLITE GLUCOSE SENSOR.....	33	erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	12
EFFEXOR XR	15	enoxaparin sodium injection solution prefilled syringe.....	13	erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	12
EFFIENT.....	20	enpresse-28.....	45	erythromycin external.....	30
EFUDEX	30	enskyce	45	erythromycin ophthalmic.....	55
ELEPSIA XR	13	ENSTILAR.....	30	erythromycin oral.....	12
ELESTRIN	44	entacapone.....	19	ESBRIET ORAL TABLET	60
eletriptan hydrobromide.....	17	entecavir	20	escitalopram oxalate oral solution	15
ELIDEL.....	30	ENTRESTO ORAL TABLET	23	escitalopram oxalate oral tablet ..	15
elinst	44	ENTYVIO.....	50	ESGIC	9
		enulose.....	41		



esomeprazole magnesium oral capsule delayed release	41	euthyrox.....	49	fayosim oral tablet 42-21-21-7 days	45	
esomeprazole magnesium oral packet.....	41	EVAMIST	45	febuxostat	16	
est estrogens-methyltest	45	EVEKEO	26	felbamate	13	
est estrogens-methyltest ds.....	45	everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	51	FELBATOL.....	13	
est estrogens-methyltest hs.....	45	everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	18	FELBATOL ORAL SUSPENSION 600 MG/5ML	13	
estarylla.....	45	EVERSENSE E3 SENSOR/HOLDER.....	33	FELDENE ORAL CAPSULE 10 MG, 20 MG	10	
estazolam	61	EVERSENSE E3 SMART TRANSMITTER.....	33	felodipine er	23	
ESTRACE.....	45	EVERSENSE SENSOR/HOLDER... ..	33	FEMARA.....	18	
estradiol oral.....	44, 45	EVERSENSE SMART TRANSMITTER.....	33	FEMRING	45	
estradiol patch twice weekly 0.025 mg/24hr transdermal.....	45	EVISTA	54	femynor oral tablet 0.25-35 mg-mcg.....	45	
estradiol patch twice weekly 0.0375 mg/24hr transdermal	45	EVOCLIN EXTERNAL FOAM 1 %... ..	30	fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg.....	23	
estradiol patch twice weekly 0.05 mg/24hr transdermal	45	EVOXAC.....	28	FENOFIBRATE MICRONIZED ORAL CAPSULE 30 MG, 90 MG ...	23	
estradiol patch twice weekly 0.075 mg/24hr transdermal.....	45	EVRYSDI	42	fenofibrate oral capsule 134 mg, 200 mg, 67 mg.....	23	
estradiol patch twice weekly 0.1 mg/24hr transdermal.....	45	EXELDERM EXTERNAL CREAM... ..	16	fenofibrate oral capsule 150 mg, 50 mg	23	
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm.....	45	EXELON	14	fenofibrate oral tablet 120 mg, 40 mg	23	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%).....	45	exemestane.....	18	fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg.....	23	
estradiol transdermal patch weekly.....	45	EXFORGE	23	fenofibric acid oral capsule delayed release	23	
estradiol vaginal cream.....	45	EXFORGE HCT	23	FENOGLIDE.....	23	
estradiol vaginal tablet.....	45	EXKIVITY ORAL CAPSULE 40 MG	18	fantanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr .	9	
estradiol valerate intramuscular ..	45	EXTAVIA.....	27	fantanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr.....	9	
estradiol-norethindrone acet.....	45	EYSUVIS	55	fesoterodine fumarate er	43	
ESTRING	45	ezetimibe	23	FETZIMA	15	
ESTROGEL.....	45	ezetimibe-simvastatin.....	23	FEXMID	60	
eszopiclone	61	F			FIASP.....	36
ethambutol hcl oral.....	17	FABHALTA.....	38	FIASP FLEXTOUCH.....	36	
ethosuximide oral	13	FABIOR.....	30	FINACEA EXTERNAL FOAM.....	30	
ethynodiol diac-eth estradiol	45	falmina	45	FINACEA EXTERNAL GEL	30	
etodolac.....	10	famciclovir oral tablet 125 mg, 500 mg.....	20	finasteride oral tablet 5 mg	43	
etodolac er.....	10	famciclovir oral tablet 250 mg... ..	20	finingolimod hcl	27	
etonogestrel-ethinyl estradiol ...	45	famotidine oral suspension reconstituted	41			
etravirine.....	20	famotidine oral tablet 20 mg, 40 mg	41			
EUCRISA	30	FARXIGA	37			
		FASENRA PEN.....	58			

FINTEPLA.....	13	fluocinolone acetonide scalp	30	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ ACT, 55-14 MCG/ACT	59
finzala	45	fluocinonide external cream 0.05 %	30	fluvastatin sodium.....	23
FIORICET	9	fluocinonide external cream 0.1 %	30	fluvoxamine maleate.....	15
FIORICET/CODEINE	9	fluocinonide external gel.....	30	fluvoxamine maleate er	15
FIRST-LANSOPRAZOLE	41	fluocinonide external ointment... 30		FLUZONE HIGH- DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML.....	53
FIRST-OMEPRAZOLE.....	41	fluocinonide external solution.... 30		FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML.....	53
FIRVANQ	12	FLUORIDEX.....	28	FML FORTE	55
flac	57	FLUORIDEX ENHANCED WHITENING.....	28	FML LIQUIFILM	55
FLAGYL	12	FLUORIMAX 5000.....	28	FOCALIN.....	26
FLAREX	55	fluoritab oral solution 0.275 (0.125 f) mg/drop.....	39	FOCALIN XR	26
flecainide acetate	23	fluorometholone	55	folic acid oral tablet 1 mg.....	39
FLEXICHAMBER	58	FLUOROURACIL EXTERNAL CREAM 0.5 %.....	30	FOLLISTIM AQ.....	53
FLOMAX.....	43	fluorouracil external cream 5 %... 30		fondaparinux sodium.....	13
FLORIVA PLUS.....	39	fluoxetine hcl oral capsule	15	FORA 6 CONNECT/GTEL TEST....	33
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	58	fluoxetine hcl oral capsule delayed release	15	FORFIVO XL	15
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	58	fluoxetine hcl oral solution.....	15	formoterol fumarate inhalation... 59	
FLUAD QUADRIVALENT.....	52	fluoxetine hcl oral tablet 10 mg... 15		FORTEO	54
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML.....	52	fluoxetine hcl oral tablet 20 mg, 60 mg	15	FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	49
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML.....	53	fluphenazine hcl oral tablet.....	20	FORTISCARE G1 TEST STRIP IN VITRO STRIP.....	33
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	53	flurbiprofen oral	10	FORTISCARE TEST IN VITRO STRIP.....	34
fluconazole oral.....	16	FLUTICASONE FUROATE- VILANTEROL	58	FOSAMAX	54
fludrocortisone acetate oral	48	FLUTICASONE PROPIONATE DISKUS.....	58	fosfomycin tromethamine	12
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML.....	53	fluticasone propionate external cream	30	fosinopril sodium	23
flunisolide nasal.....	57	fluticasone propionate external ointment.....	30	fosinopril sodium-hctz	23
fluocinolone acetonide body	30	FLUTICASONE PROPIONATE HFA.....	58	FREESTYLE LIBRE 14 DAY READER.....	34
fluocinolone acetonide external cream	30	fluticasone propionate nasal.....	57	FREESTYLE LIBRE 14 DAY SENSOR.....	34
fluocinolone acetonide external ointment.....	30	FLUTICASONE-SALMETEROL INHALATION AEROSOL.....	58, 59	FREESTYLE LIBRE 2 READER	34
fluocinolone acetonide external solution	30	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/ act, 250-50 mcg/act, 500-50 mcg/act.....	59	FREESTYLE LIBRE 2 SENSOR	34
fluocinolone acetonide otic.....	57			FREESTYLE LIBRE 3 PLUS SENSOR.....	34
				FREESTYLE LIBRE 3 READER	34



FREESTYLE LIBRE 3 SENSOR	34	GENERESS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG.	45	GONAL-F RFF	53
FREESTYLE LIBRE READER	34	generlac.	42	GONAL-F RFF REDIJECT	53
FREESTYLE PRECISION NEO SYSTEM	34	gengraf oral capsule.	51	GRALISE ORAL TABLET	27
FREESTYLE PRECISION NEO TEST.	34	gentamicin sulfate external.	12	granisetron hcl oral	16
FREESTYLE TEST	34	gentamicin sulfate ophthalmic	55	GRASTEK.	51
FROVA.	17	GENVOYA	20	griseofulvin microsize oral	16
frovatriptan succinate.	17	GEODON ORAL	20	griseofulvin ultramicrosize	16
FUROSCIX	23	GILENYA	27	guanfacine hcl	23, 26
furosemide oral.	23	GIMOTI	15	guanfacine hcl er	26
fyavolv.	45	glatiramer acetate.	27	GUARDIAN 4 GLUCOSE SENSOR	34
FYCOMPA ORAL SUSPENSION	13	glatopa	27	GUARDIAN 4 TRANSMITTER.	34
FYCOMPA ORAL TABLET	13	GLEEVEC.	18	GUARDIAN CONNECT TRANSMITTER.	34
FYREMADEL	53	glimepiride	37	GUARDIAN LINK 3 TRANSMITTER.	34
G					
gabapentin (once-daily).	27	glipizide er	37	GUARDIAN REAL-TIME REPLACE PED.	34
gabapentin oral capsule.	13	glipizide oral tablet 10 mg, 5 mg	37	GUARDIAN SENSOR (3)	34
gabapentin oral solution 250 mg/5ml.	13	glipizide oral tablet 2.5 mg	37	GUARDIAN SENSOR 3	34
GABAPENTIN ORAL TABLET 25 MG, 50 MG	13	glipizide xl.	37	GUARDIAN SENSOR 3	34
gabapentin oral tablet 600 mg, 800 mg.	13	glipizide-metformin hcl	37	GVOKE HYPOPEN 1-PACK	34
galantamine hydrobromide er	14	GLUCAGON EMERGENCY KIT	37	GVOKE HYPOPEN 2-PACK.	34
ganirelix acetate	53	glucagon emergency kit 1 mg injection.	37	GVOKE KIT	34
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous.	53	GLUCOCARD EXPRESSION TEST.	34	GVOKE PFS.	34
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	53	GLUCOCARD SHINE TEST	34	GYNAZOLE-1	16
GASTROCROM.	41	GLUCOCARD VITAL TEST.	34	H	
gatifloxacin ophthalmic	55	GLUCOTROL XL	37	HADLIMA	51
gavilyte-c	41	GLUMETZA	37	HAEGARDA.	51
gavilyte-g	41	glyburide micronized	37	hailey 1.5/30	45
gavilyte-n with flavor pack	41	glyburide oral	37	hailey 24 fe	45
GAVRETO	18	glyburide-metformin.	37	hailey fe 1/20.	45
gemfibrozil oral	23	GLYCATE	42	hailey fe 1.5/30.	45
gemmily.	45	glycopyrrolate oral solution	42	HALCION.	21
GEMTESA	43	glycopyrrolate oral tablet 1 mg, 2 mg	42	halobetasol propionate external cream	30
		GLYCOPYRROLATE ORAL TABLET 1.5 MG.	42	halobetasol propionate external ointment	30
		glydo	9	haloette	45
		GLYNASE ORAL TABLET 1.5 MG	37	haloperidol oral	20
		GLYNASE ORAL TABLET 3 MG, 6 MG.	37	HARVONI ORAL TABLET	20
		GLYXAMBI	37	HAVRIX.	53
		GOLYTELY	42	HEALTHPRO BLOOD GLUCOSE MONITO.	34
		GONAL-F	53		



heather.....	45	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS... ..	51	hydrocortisone (perianal) external cream 1 %.....	54
HEMADY.....	48	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS ..	51	hydrocortisone (perianal) external cream 2.5 %.....	54
HEMANGEOL	23	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML.....	51	hydrocortisone ace-pramoxine external cream 1-1 %.....	54
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	38	HUMIRA-CD/UC/HS STARTER	51	hydrocortisone ace-pramoxine external cream 2.5-1 %.....	30
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML.....	38	HUMIRA-PED<40KG CROHNS STARTER	51	hydrocortisone acetate rectal	54
HEMMOREX-HC	54	HUMIRA-PED>=40KG CROHNS START	51	hydrocortisone butyrate external cream.....	30
HEMOPIL M	38	HUMIRA-PED>=40KG UC STARTER	51	hydrocortisone external cream 1 %.....	30
heparin sodium (porcine) injection solution	38	HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN- INJECTOR KIT 40 MG/0.8ML	51	hydrocortisone external cream 2.5 %.....	30
heparin sodium (porcine) pf	38	HUMIRA-PSORIASIS/UEVIT STARTER	51	hydrocortisone external lotion 2 %, 2.5 %	30
HEPLISAV-B.....	53	HUMULIN 70/30 KWIKPEN	36	hydrocortisone external ointment 1 %, 2.5 %	30
HIDEX 6-DAY.....	48	HUMULIN 70/30 VIAL.....	36	hydrocortisone lotion 2%.....	30
HIPREX.....	12	HUMULIN N KWIKPEN	36	hydrocortisone oral.....	48
HORIZANT	27	HUMULIN N VIAL.....	36	hydrocortisone rectal	54
HULIO (2 PEN)	51	HUMULIN R SOLUTION 100 UNIT/ML INJECTION.....	36	hydrocortisone valerate external cream	30
HULIO (2 SYRINGE)	51	HUMULIN R U-500 KWIKPEN	36	hydrocortisone valerate external ointment	30
HUMALOG INJECTION.....	36	HUMULIN R U-500 VIAL	36	hydrocortisone-acetic acid	57
HUMALOG KWIKPEN	36	HYCODAN ORAL SOLUTION.....	57	hydromet.....	57
HUMALOG MIX 50/50 KWIKPEN ..	36	hydralazine hcl oral	23	hydromorphone hcl oral tablet	9
HUMALOG MIX 50/50 VIAL.....	36	HYDREA	18	hydroxychloroquine sulfate oral ..	19
HUMALOG MIX 75/25 KWIKPEN ..	36	hydrochlorothiazide oral	23	HYDROXYM EXTERNAL CREAM ..	30
HUMALOG MIX 75/25 VIAL	36	hydrocod poli-chlorphe poli er....	57	hydroxyurea oral.....	18
HUMALOG SUBCUTANEOUS.....	36	hydrocodone bit-homatrop mbr oral solution.....	57	hydroxyzine hcl oral	21
HUMALOG TEMPO PEN	36	hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	9	hydroxyzine pamoate oral.....	21
HUMALOG U-100 JUNIOR KWIKPEN.....	36	hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg.....	9	HYFTOR.....	51
HUMATE-P	38	hydrocodone-ibuprofen.....	9	hyoscyamine sulfate er.....	42
HUMIRA (2 PEN) PEN- INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS.....	51	hydrocort-pramoxine (perianal) ..	54	hyoscyamine sulfate oral tablet ..	42
HUMIRA (2 PEN) PEN- INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS.....	51			hyoscyamine sulfate oral tablet dispersible	42
HUMIRA (2 PEN) SUBCUTANEOUS PEN- INJECTOR KIT 40 MG/0.8ML	51			hyoscyamine sulfate sublingual... ..	42
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS ...	51			HYPERSAL	57



HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	51	IMBRUVICA ORAL CAPSULE	18	INPEN 100-GREY-NOVOLOG-FIASP DEVICE	34
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	51	IMBRUVICA ORAL TABLET 140 MG, 280 MG	18	INPEN 100-PINK-LILLY-HUMALOG DEVICE	34
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	51	IMBRUVICA ORAL TABLET 420 MG	18	INPEN 100-PINK-NOVOLOG-FIASP DEVICE	34
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	51	IMBRUVICA ORAL TABLET 560 MG	18	INSPIREASE	59
HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	51	imipramine hcl oral	15	INSPIRA	23
HYRIMOZ-PED<40KG CROHN STARTER	51	imiquimod external cream 3.75 %	30	INSULIN ASPART	36
HYRIMOZ-PED>=40KG CROHN START	51	imiquimod external cream 5 %	30	INSULIN ASPART FLEXPEN	36
HYRIMOZ-PLAQUE PSORIASIS START	51	imiquimod pump	30	INSULIN DEGLUDEC FLEXTOUCH	36
HYZAAR	23	IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	17	INSULIN GLARGINE	36
I					
ibandronate sodium oral	54	IMITREX ORAL	17	INSULIN GLARGINE MAX SOLOSTAR	36
IBRANCE	18	IMITREX STATDOSE REFILL	17	INSULIN GLARGINE SOLOSTAR ..	36
ibuprofen oral suspension 100 mg/5ml	10	IMITREX STATDOSE SYSTEM	17	INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION PEN-INJECTOR	36
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	10	IMPOYZ	30	INSULIN LISPRO	36
iclevia	45	IMURAN	51	INSULIN LISPRO (1 UNIT DIAL) ..	36
ICLUSIG ORAL TABLET 10 MG, 30 MG	18	IMVEXXY MAINTENANCE PACK ..	38	INSULIN LISPRO JUNIOR KWIKPEN	36
ICLUSIG ORAL TABLET 15 MG, 45 MG	18	IMVEXXY STARTER PACK	38	INSULIN LISPRO PROT & LISPRO	36
icosapent ethyl	23	INBRIJA	19	INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM ..	34
IDACIO (2 PEN)	51	incassia	45	INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	34
IDACIO (2 SYRINGE)	51	indapamide	23	INTELENCE ORAL TABLET 100 MG, 200 MG	20
IDACIO-CROHNS/UC STARTER ..	51	INDERAL LA	23	INTELENCE ORAL TABLET 25 MG	20
IDACIO-PSORIASIS STARTER	51	indomethacin er	10	INTRAROSA	38
IDELVION	38	INDOMETHACIN ORAL CAPSULE 20 MG	10	introvale	45
IDHIFA	18	indomethacin oral capsule 25 mg, 50 mg	10	INTUNIV	26
ILEVRO	55	INGREZZA ORAL CAPSULE 40 MG, 80 MG	27	INVEGA	20
imatinib mesylate	18	INGREZZA ORAL CAPSULE 60 MG	27	INVELTYS	55
		INGREZZA ORAL CAPSULE SPRINKLE	27	INVOKAMET XR	37
		INGREZZA ORAL CAPSULE THERAPY PACK	27	INVOKANA	37
		INLYTA	18		
		INPEN 100-BLUE-LILLY-HUMALOG DEVICE	34		
		INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	34		
		INPEN 100-GREY-LILLY-HUMALOG DEVICE	34		

IPOL.....	53	JATENZO.....	49	KEPPRA XR.....	13	
ipratropium bromide inhalation ..	59	JAVYGTOR ORAL PACKET	42	KERENDIA.....	24	
ipratropium bromide nasal.....	57	jencycla	45	KESIMPTA.....	27	
ipratropium-albuterol	59	JENTADUETO.....	37	ketoconazole external cream.....	16	
irbesartan.....	23	JENTADUETO XR	37	ketoconazole external shampoo..	16	
irbesartan-hydrochlorothiazide...	23	jinteli	45	ketoconazole oral.....	16	
ISENTRESS HD.....	20	jolessa.....	45	ketorolac tromethamine ophthalmic.....	55	
ISENTRESS ORAL TABLET	20	JORNAY PM.....	26	ketorolac tromethamine oral	10	
isibloom.....	45	joyeaux.....	45	KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	51	
isoniazid oral tablet.....	17	JUBLIA.....	16	KINERET	51	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %.....	56	juleber.....	45	KISQALI ORAL TABLET THERAPY PACK 200 MG.....	18	
ISORDIL TITRADOSE.....	23	JULUCA.....	20	KITABIS PAK	59	
isosorb dinitrate-hydralazine	23	junel 1/20	45	KLARITY-A.....	55	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg.....	24	junel 1.5/30	45	KLARITY-C DROPS	56	
isosorbide dinitrate oral tablet 40 mg	24	junel fe 1/20.....	45	KLARON.....	31	
isosorbide mononitrate	24	junel fe 1.5/30.....	45	klayesta	16	
isosorbide mononitrate er	24	junel fe 24	45	KLISYRI.....	31	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	31	JUST RIGHT 5000 DENTAL GEL 1.1 %	28	KLONOPIN.....	21	
isotretinoin oral capsule 25 mg, 35 mg.....	31	JUST RIGHT 5000 DENTAL PASTE	28	klor-con	39	
ISTALOL.....	56	JYLAMVO	51	klor-con 10	39	
itraconazole oral capsule.....	16	JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG...	42	klor-con m10	39	
ivabradine.....	24	JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	42	klor-con m15	39	
ivermectin external cream	31	K			klor-con m20.....	39
ivermectin oral.....	19	K-PHOS-NEUTRAL.....	39	KLOXXADO	11	
IYUZEH.....	56	K-TAB	39	KOATE	38	
J		kaitlib fe.....	46	KOATE-DVI.....	38	
JADENU	39	kalliga	46	KOGENATE FS.....	38	
jaimiess.....	45	KAPSPARGO SPRINKLE	24	KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	37	
JAKAFI.....	18	KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG.....	26	KOSELUGO.....	18	
JALYN ORAL CAPSULE 0.5-0.4 MG	43	kariva	46	kosher prenatal plus iron	39	
jantoven.....	13	KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG.....	37	KOURZEQ	28	
JANUMET	37	kelnor 1/35.....	46	KOVALTRY.....	38	
JANUMET XR.....	37	kelnor 1/50.....	46	KRINTAFEL.....	19	
JANUVIA.....	37	KEPPRA ORAL	13	KRISTALOSE ORAL PACKET 10 GM.....	42	
JARDIANCE.....	37			KRISTALOSE ORAL PACKET 20 GM	42	
jasmiel.....	45					



kurvelo	46	LASIX.....	24	levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	46
KUVAN ORAL PACKET	42	latanoprost ophthalmic	56	levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	46
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	19	LATUDA	20	levonorgest-eth estradiol-iron....	46
KYZATREX.....	49	layolis fe.....	46	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg.....	46
L					
labetalol hcl oral	24	leflunomide oral	51	levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	46
lacosamide oral.....	13	lenalidomide.....	18	levora 0.15/30 (28)	46
lactulose encephalopathy oral solution 10 gm/15ml.....	42	LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG	18	LEVOTHYROXINE SODIUM ORAL CAPSULE.....	49
lactulose oral packet	42	LENVIMA ORAL CAPSULE THERAPY PACK 3 X 4 MG, 4 MG ...	18	levothyroxine sodium oral tablet .	49
lactulose oral solution	42	lessina.....	46	levoxyl.....	49
LAGEVRIO	20	LETAIRIS.....	60	LEVSIN.....	42
LAMICTAL.....	13	letrozole oral.....	18	LEVSIN/SL.....	42
LAMICTAL ODT ORAL TABLET DISPERSIBLE	13	leucovorin calcium oral.....	18	LEXAPRO.....	15
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR ...	13	leuprolide acetate injection.....	48	LIALDA.....	54
lamotrigine er.....	13	levabuterol hcl inhalation.....	59	LIBRAX.....	42
lamotrigine oral tablet.....	13	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT.....	59	lidocaine external ointment 5 % ...	9
lamotrigine oral tablet chewable .	13	LEVBIID.....	42	lidocaine external patch 5 %	9
lamotrigine oral tablet dispersible	13	LEVEMIR.....	36	lidocaine hcl mouth/throat	28
LANCETS.....	32, 34, 35	LEVEMIR FLEXPEN	36	lidocaine hcl urethral/mucosal	9
LANOXIN ORAL TABLET 125 MCG, 250 MCG	24	LEVEMIR U-100 FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML.....	36	lidocaine viscous hcl.....	28
LANOXIN ORAL TABLET 62.5 MCG.....	24	levetiracetam er	13	lidocaine-prilocaine external cream	9
lanreotide acetate.....	48	levetiracetam oral	13	LIDOCAN	9
lansoprazole oral capsule delayed release	41	levo-t.....	49	LIDODERM.....	9
lansoprazole oral tablet delayed release dispersible.....	41	levocarnitine oral solution.....	39	LIKMEZ.....	12
LANTUS SOLOSTAR	36	levocarnitine oral tablet.....	42	lillow oral tablet 0.15-30 mg-mcg.....	46
LANTUS U-100 VIAL.....	36	levocarnitine sf	39	linezolid oral tablet	12
larin 1/20	46	levocetirizine dihydrochloride oral solution.....	57	LINZESS.....	42
larin 1.5/30	46	levocetirizine dihydrochloride oral tablet.....	57	liothyronine sodium oral	49
larin 24 fe.....	46	levofloxacin oral tablet	12	LIPITOR.....	24
larin fe 1/20	46	levonest.....	46	LIPOFEN	24
larin fe 1.5/30	46	levonorg-eth estrad triphasic.....	46	LIRAGLUTIDE PEN-INJECTOR 18MG/3ML.....	37
larissia oral tablet 0.1-20 mg-mcg	46	levonorgest-eth est & eth est	46	lisdexamfetamine dimesylate.....	26
				lisinopril oral	24
				lisinopril-hydrochlorothiazide.....	24
				LITFULO	51



lithium carbonate er.....	22	LOTENAX SM	55	marlissa	46	
lithium carbonate oral.....	22	LOTENSIN.....	24	matzim la.....	24	
LITHOBID.....	22	LOTENSIN HCT	24	MAVENCLAD.....	27	
LIVALO.....	24	loteprednol etabonate ophthalmic gel.....	55	MAVYRET	21	
LO LOESTRIN FE.....	46	loteprednol etabonate ophthalmic suspension.....	55	MAXALT.....	17	
lo-zumandimine	46	LOTREL.....	24	MAXALT-MLT	17	
LODINE	10	LOTRONEX.....	42	MAXITROL.....	55	
LODOCO	24	lovastatin oral.....	24	MAXZIDE ORAL TABLET 75-50 MG	24	
LOESTRIN 1/20 (21)	46	LOVAZA	24	MAXZIDE-25 ORAL TABLET 37.5-25 MG.....	24	
LOESTRIN 1.5/30 (21)	46	LOVENOX INJECTION SOLUTION PREFILLED SYRINGE.	13	MAYZENT	27	
LOESTRIN FE 1/20.....	46	low-ogestrel	46	MAYZENT STARTER PACK	27	
LOESTRIN FE 1.5/30.....	46	loxapine succinate.....	20	me/naphos/mb/hyo1.....	43	
LOFENA	10	lubiprostone	42	meclizine hcl oral tablet.....	16	
lojaimiess	46	LUMAKRAS.....	18	MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG.....	48	
LOKELMA	39	LUMIGAN	56	MEDROL ORAL TABLET 2 MG.....	48	
LOMOTIL.....	42	LUMRYZ.....	61	MEDROL ORAL TABLET THERAPY PACK	48	
LONSURF	18	LUNESTA.....	61	medroxyprogesterone acetate intramuscular.....	46	
loperamide hcl oral capsule.....	42	LUPKYNIS.....	51	medroxyprogesterone acetate oral	46	
LOPID	24	lurasidone hcl.....	20	mefenamic acid oral.....	10	
LOPRESSOR.....	24	lutea.....	46	mefloquine hcl.....	19	
LOPROX EXTERNAL CREAM 0.77 %	16	LYBALVI.....	20	megestrol acetate oral suspension 40 mg/ml	48	
LOPROX EXTERNAL SHAMPOO 1 %	16	lyleq	46	megestrol acetate oral tablet.....	46	
LOPROX EXTERNAL SUSPENSION 0.77 %.....	31	lyllana	46	MEKINIST ORAL TABLET.....	18	
lorazepam intensol	21	LYMEPAK ORAL TABLET 100 MG..	12	meloxicam oral tablet	10	
lorazepam oral concentrate 2 mg/ml	21	LYNPARZA	18	memantine hcl er.....	14	
lorazepam oral tablet.....	21	LYRICA ORAL CAPSULE.....	27	memantine hcl oral tablet.....	14	
LORTAB ORAL ELIXIR 10-300 MG/15ML.....	9	LYSTEDA ORAL TABLET 650 MG..	38	MENOPUR.....	53	
loryna	46	LYUMJEV KWIKPEN	36	MENOSTAR.....	46	
LORZONE	60	LYUMJEV TEMPO PEN.....	36	MENQUADFI.....	53	
losartan potassium oral	24	LYUMJEV VIAL	36	MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED.....	53	
losartan potassium-hctz	24	lyza	46	MEPRON	19	
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG.....	46	M			mercaptapurine oral	18
LOTENAX OPHTHALMIC GEL.....	55	M-M-R II.....	53	merzee	46	
LOTENAX OPHTHALMIC OINTMENT.....	55	M-NATAL PLUS.....	39	mesalamine er.....	54	
LOTENAX OPHTHALMIC SUSPENSION	55	MACROBID.....	12	mesalamine oral tablet delayed release 1.2 gm.....	54	
		MACRODANTIN.....	12			
		MALARONE	19			
		MARINOL 2.5 MG	16			



mesalamine oral tablet delayed release 800 mg	54	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	26	MICARDIS HCT	24
mesalamine rectal enema	54	methylphenidate hcl er (osm) oral tablet extended release 72 mg	26	MICROCHAMBER	59
mesalamine rectal suppository	54	methylphenidate hcl er (xr)	26	MICRODOT TEST	34
mesalamine-cleanser	54	methylphenidate hcl er oral tablet extended release	26, 27	microgestin 1/20	46
MESTINON ORAL TABLET	17	methylphenidate hcl er oral tablet extended release 24 hour ..	27	microgestin 1.5/30	46
MESTINON ORAL TABLET EXTENDED RELEASE	17	methylphenidate hcl oral solution	27	microgestin 24 fe	46
metaxalone	60	methylphenidate hcl oral tablet ..	27	microgestin fe 1/20	46
metformin hcl er	37	methylphenidate hcl oral tablet chewable	27	microgestin fe 1.5/30	46
metformin hcl er (mod)	37	methylprednisolone oral	48	midodrine hcl	24
metformin hcl er (osm)	37	metoclopramide hcl oral solution	16	MIEBO	56
metformin hcl oral solution	37	metoclopramide hcl oral tablet ..	16	mili	46
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	37	metolazone	24	mimvey	46
metformin hcl oral tablet 625 mg	37	metoprolol succinate er oral tablet extended release 24 hour	16	MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	46
methadone hcl oral tablet	9	metoprolol succinate er oral tablet extended release 24 hour	24	MINILINK REAL-TIME TRANSMITTER	34
methazolamide oral	56	25 mg	24	MINIMED 630G GUARDIAN PRESS	34
methenamine hippurate	12	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	24	MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	24
METHERGINE	48	metoprolol tartrate oral tablet 37.5 mg, 75 mg	24	MINIVELLE	46
methimazole oral	49	metoprolol-hydrochlorothiazide ..	24	MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG ..	12
methocarbamol oral tablet 1000 mg	60	METROCREAM	31	minocycline hcl oral capsule	12
methocarbamol oral tablet 500 mg, 750 mg	60	METROGEL	31	minocycline hcl oral tablet	12
methotrexate sodium (pf)	51	METROLOTION	31	minoxidil oral	24
methotrexate sodium injection solution	52	metronidazole external cream	31	mirabegron er	43
methotrexate sodium oral	52	metronidazole external gel 0.75 %	31	MIRAPEX ER	19
methscopolamine bromide oral ..	42	metronidazole external gel 1 %	31	MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	46
methylergonovine maleate oral ..	48	metronidazole external lotion	31	mirtazapine oral	15
METHYLIN	26	metronidazole oral	12	MIRVASO	31
methylphenidate	26, 27	metronidazole vaginal	12	misoprostol oral	41
methylphenidate hcl er (cd)	26	mexiletine hcl oral	24	MITIGARE	16
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	26	MIACALCIN	54	MM BLOOD GLUCOSE SYSTEM	34
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	26	mibelas 24 fe	46	MM BLOOD GLUCOSE SYSTEM REFILL	34
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	26	MICARDIS	24	MM BLULINK GLUCOSE TEST	34



moexipril hcl	24	MYCOBUTIN	17	NATAZIA	46
mometasone furoate external....	31	mycophenolate mofetil oral	52	nateglinide.....	37
mometasone furoate nasal	57	mycophenolate sodium	52	NATESTO.....	49
MONDOXYNE NL	12	mycophenolic acid	52	NATROBA	31
mono-lynyah	46	MYDAYIS.....	27	NAYZILAM	14
MONOJECT HYPODERMIC		MYFEMBREE	46	nebivolol hcl	24
NEEDLE 18G X 1”.....	34	MYFORTIC	52	NEBUSAL INHALATION	
montelukast sodium oral packet .	59	myorisan oral capsule 10 mg,		NEBULIZATION SOLUTION 3 %... 57	
montelukast sodium oral tablet ..	59	20 mg, 30 mg, 40 mg.....	31	necon 0.5/35 (28).....	46
montelukast sodium oral tablet		MYRBETRIQ ORAL TABLET		NEO-POLYCIN	56
chewable.....	59	EXTENDED RELEASE 24 HOUR ...	43	neomycin sulfate oral	12
MONUROL ORAL PACKET 3 GM ..	12	MYSOLINE	14	neomycin-bacitracin	
morphine sulfate (concentrate)....	9			zn-polymyx	56
morphine sulfate er oral tablet				neomycin-polymyxin-dexameth	
extended release	9			ophthalmic ointment.....	55
morphine sulfate oral.....	9			neomycin-polymyxin-dexameth	
MOTEGRITY	42			ophthalmic suspension	
MOTPOLY XR.....	13			3.5-10000-0.1.....	55
MOUNJARO.....	37			neomycin-polymyxin-hc	
MOVANTIK.....	42			ophthalmic.....	56
MOVIPREP	42			neomycin-polymyxin-hc otic	57
moxifloxacin hcl (2x day).....	55			NEONATAL COMPLETE.....	40
moxifloxacin hcl ophthalmic.....	55			NEONATAL PLUS.....	40
moxifloxacin hcl oral	12			NEORAL ORAL CAPSULE.....	52
MS CONTIN	9			NERLYNX.....	18
MULPLETA	38			NESINA ORAL TABLET 12.5 MG,	
MULTAQ	24			25 MG, 6.25 MG	37
MULTI-VIT-FLOR	39			neuac.....	31
multi-vitamin/fluoride	39			NEULASTA	38
multivitamin w/fluoride tablet				NEUPRO.....	19
chewable 0.25 mg oral	39			NEURONTIN	14
multivitamin w/fluoride tablet				NEUTEK 2TEK TEST.....	35
chewable 0.5 mg oral.....	39			NEVANAC	55
multivitamin w/fluoride tablet				NEXIUM ORAL CAPSULE	
chewable 1 mg oral	39			DELAYED RELEASE.....	41
multivitamin/fluoride tablet				NEXIUM ORAL PACKET	41
chewable 0.25 mg oral (rx)	39			NEXLETOL.....	24
multivitamin/fluoride tablet				NEXLIZET.....	24
chewable 0.5 mg oral (rx).....	39			NEXTSTELLIS.....	46
multivitamin/fluoride tablet				NGENLA.....	48
chewable 1 mg oral (rx).....	39			niacin er (antihyperlipidemic)....	24
mupirocin calcium.....	12			NIASPAN ORAL TABLET	
mupirocin external	12			EXTENDED RELEASE 1000 MG,	
MYAMBUTOL.....	17			500 MG, 750 MG.....	24

N



NICOTROL.....	11	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg.....	47	NOVOPEN ECHO.....	35
nifedipine er	24	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg.....	47	NOVOTWIST PEN NEEDLE	35
nifedipine er osmotic release	24	NORITATE.....	31	NOXAFIL ORAL TABLET DELAYED RELEASE	16
nifedipine oral	24	NORLIQVA	24	np thyroid	49
nikki	46	norlyda	47	NUBEQA.....	18
NINLARO.....	18	norlyroc	47	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	59
nisoldipine er.....	24	NORPRAMIN.....	15	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	59
nitazoxanide oral	19	nortrel 0.5/35 (28).....	47	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	59
NITRO-BID.....	24	nortrel 1/35 (21)	47	NUCYNTA	9
NITRO-DUR.....	24	nortrel 1/35 (28)	47	NUCYNTA ER.....	9
nitrofurantoin macrocrystal	12	nortrel 7/7/7	47	NUEDEXTA.....	27
nitrofurantoin monohydrate macrocrystals.....	12	nortriptyline hcl oral capsule.....	15	NULEV.....	42
nitrofurantoin oral suspension 25 mg/5ml	12	NORVASC	24	NUPLAZID ORAL CAPSULE	20
NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML	12	NORVIR ORAL TABLET	21	NURTEC ODT	17
nitroglycerin rectal	24	NOURIANZ.....	19	NUTROPIN AQ NUSPIN 10	49
nitroglycerin sublingual	24	NOVAREL	53	NUVARING.....	47
nitroglycerin transdermal.....	24	NOVAVAX COVID-19 VACCINE....	53	NUVESSA.....	12
NITROSTAT	24	NOVOEIGHT	38	NUVIGIL	61
NIVA THYROID.....	49	NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	35	NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	38
NIVA-PLUS.....	40	NOVOFINE PEN NEEDLE.....	35	NUWIQ INTRAVENOUS KIT 1500 UNIT.....	38
NOCDURNA.....	49	NOVOFINE PLUS PEN NEEDLE ...	35	NUZYRA ORAL.....	12
nora-be.....	46	NOVOLIN 70/30 FLEXPEN.....	36	nyamyc.....	16
NORDITROPIN FLEXPRO	49	NOVOLIN 70/30 FLEXPEN RELION.....	36	nylia 1/35.....	47
norelgestromin-eth estradiol	46	NOVOLIN 70/30 RELION	36	nylia 7/7/7.....	47
norethin ace-eth estrad-fe oral capsule.....	46	NOVOLIN 70/30 VIAL.....	36	nymyo	47
norethin ace-eth estrad-fe oral tablet.....	46, 47	NOVOLIN N FLEXPEN.....	36	nystatin external.....	16
norethin ace-eth estrad-fe oral tablet chewable.....	47	NOVOLIN N FLEXPEN RELION ...	36	nystatin mouth/throat	16
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg..	47	NOVOLIN N RELION.....	36	nystatin oral.....	16
norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg..	47	NOVOLIN N VIAL.....	36	nystatin-triamcinolone.....	16
norethindron-ethinyl estrad-fe ...	47	NOVOLIN R FLEXPEN	36	nystop.....	16
norethindrone acet-ethinyl est ...	47	NOVOLIN R FLEXPEN RELION....	36		
norethindrone acetate oral	47	NOVOLIN R RELION.....	36		
norethindrone oral	47	NOVOLIN R VIAL	36		
norethindrone-eth estradiol	47	NOVOLOG FLEXPEN	36		
norgestimate-eth estradiol	47	NOVOLOG FLEXPEN RELION.....	36		
		NOVOLOG RELION.....	36		
		NOVOLOG U-100 VIAL	36		

O

OB COMPLETE..... 40



OCALIVA.....	42	ondansetron odt oral tablet dispersible 4 mg, 8 mg	16	oseltamivir phosphate oral suspension reconstituted	21
ocella	47	ONE VITE WOMENS PLUS.....	40	OSPHENA	38
OCUFLOX	55	ONETOUCH DELICA PLUS LANCETS.....	35	OTEZLA	52
ODACTRA	57	ONETOUCH ULTRA 2 KIT W/ DEVICE.....	35	OTREXUP.....	52
ODEFSEY.....	21	ONETOUCH ULTRA TEST.....	35	OVACE PLUS WASH EXTERNAL LIQUID	31
ODOMZO.....	18	ONETOUCH ULTRA TEST STRIPS .	35	OVACE WASH	31
OFEV	60	ONETOUCH ULTRASOFT LANCETS.....	35	OVIDREL	53
ofloxacin ophthalmic.....	55	ONETOUCH VERIO FLEX SYSTEM KIT.....	35	oxaprozin oral tablet.....	10
ofloxacin otic	57	ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE.....	35	OXAYDO ORAL TABLET 5 MG, 7.5 MG	9
olanzapine oral tablet	20	ONETOUCH VERIO KIT W/ DEVICE.....	35	oxazepam	21
olanzapine oral tablet dispersible.	20	ONETOUCH VERIO REFLECT KIT W/DEVICE	35	oxcarbazepine	14
olanzapine-fluoxetine hcl	15	ONETOUCH VERIO TEST STRIPS .	35	OXTELLAR XR.....	14
olmesartan medoxomil oral.....	24	ONEXTON.....	31	oxybutynin chloride er	43
olmesartan medoxomil-hctz.....	24	ONFI	14	oxybutynin chloride oral tablet 2.5 mg	43
olmesartan-amlodipine-hctz	24	ONGLYZA	37	oxybutynin chloride oral tablet 5 mg.....	43
olopatadine hcl nasal.....	57	opium	42	OXYCODONE HCL ER	9
olopatadine hcl ophthalmic solution 0.1 %	55	OPSUMIT.....	60	oxycodone hcl oral capsule	9
olopatadine hcl ophthalmic solution 0.2 %	55	OPTIUMEZ TEST.....	35	oxycodone hcl oral solution.....	9
OLUMIANT ORAL TABLET 1 MG, 4 MG.....	52	OPZELURA	31	oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg.....	9
OLUMIANT ORAL TABLET 2 MG ..	52	ORACEA.....	31	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG.....	9
OLUX EXTERNAL FOAM 0.05 % ..	31	ORACIT	40	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	9
OMECLAMOX-PAK.....	41	ORAL CITRATE.....	40	OXYCONTIN	9
omega-3-acid ethyl esters	25	ORALONE.....	28	oxymorphone hcl er	9
omeprazole oral capsule delayed release	41	ORAPRED ODT.....	48	OZEMPIC.....	37
OMEPRAZOLE+SYRSPEND SF ALKA	42	ORENCIA CLICKJECT.....	52		
OMNIPOD 5 G6 INTRO (GEN 5)....	35	ORENCIA SUBCUTANEOUS	52		
OMNIPOD 5 G6 PODS (GEN 5)....	35	ORENITRAM	60		
OMNIPOD 5 G7 INTRO (GEN 5) KIT.....	35	ORFADIN.....	42		
OMNIPOD 5 G7 PODS (GEN 5)....	35	ORGOVYX.....	18		
OMNITROPE.....	49	ORIAHNN	49		
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	52	ORILISSA	49		
ON CALL EXPRESS BLOOD GLUCOSE	35	orphenadrine citrate er.....	60		
ON CALL EXPRESS MONITORING SYS.....	35	OSCIMIN.....	42		
ondansetron hcl oral	16	oseltamivir phosphate oral capsule.....	21		

P

PACERONE ORAL TABLET 100 MG, 400 MG.....	25
PACERONE ORAL TABLET 200 MG.....	25



PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG	52	PERTZYE	42	PLEGRIDY SUBCUTANEOUS	27
paliperidone er	20	PFIZER COVID-19 VAC-TRIS 5-11Y	53	PLENVU	42
PAMELOR	15	PFIZER COVID-19 VAC-TRIS 6M-4Y	53	PLEXION CLEANSER	31
PANCREAZE	42	phenazo oral tablet 200 mg	43	PLEXION EXTERNAL CREAM	31
PANRETIN	31	phenazopyridine hcl oral tablet 100 mg, 200 mg	43	PNEUMOVAX 23	53
pantoprazole sodium oral tablet delayed release	41	phenobarbital oral	14	pnv-dha	40
PARADIGM REAL-TIME TRANSMITTER	35	phenytek oral capsule 200 mg	14	podofilox external solution	31
paricalcitol oral	54	phenytek oral capsule 300 mg	14	POKONZA	40
PARLODEL ORAL TABLET	19	phenytoin infatabs	14	POLY-VI-FLOR	40
PARNATE	15	phenytoin oral tablet chewable	14	POLYCIN	55
paroxetine hcl er	15	phenytoin oral tablet extended	14	polymyxin b-trimethoprim	55
paroxetine hcl oral tablet	15	PHEXXI	47	POMALYST	18
paroxetine mesylate	15	philith	47	portia-28	47
PATANASE NASAL SOLUTION 0.6 %	57	PHOSPHA 250 NEUTRAL	40	posaconazole oral tablet delayed release	16
PAXIL CR	15	phospho-trin 250 neutral	40	potassium chloride crys er	40
PAXIL ORAL TABLET	15	phosphorous	40	potassium chloride er	40
PAXLOVID (150/100)	21	PIFELTRO	21	potassium chloride oral	40
PAXLOVID (300/100)	21	pilocarpine hcl ophthalmic	56	potassium citrate er	40
pazopanib hcl	18	pilocarpine hcl oral	28	potassium citrate-citric acid	40
PEDIAPRED	48	pimecrolimus	31	PRADAXA ORAL CAPSULE	13
peg 3350-kcl-na bicarb-nacl	42	pimozide	20	PRALUENT	25
peg-3350/electrolytes	42	pimtreea	47	pramipexole dihydrochloride	19
peg-3350/electrolytes/ascorbat	42	pindolol	25	pramipexole dihydrochloride er	19
peg-kcl-nacl-nasulf-na asc-c	42	pioglitazone hcl	37	PRAMOSONE EXTERNAL CREAM 1-1 %	31
penicillin v potassium	12	pioglitazone hcl-metformin hcl	37	PRAMOSONE EXTERNAL CREAM 1-2.5 %	31
PENTASA	54	PIP BLOOD GLUCOSE TEST STRIP	35	prasugrel hcl	20
pentoxifylline er	25	PIQRAY	18	pravastatin sodium	25
PEPCID	41	pirfenidone oral tablet 267 mg, 801 mg	60	prazosin hcl oral	25
PERCOCET	10	pirfenidone oral tablet 534 mg	60	PRECISION XTRA	35
PERFOROMIST	59	pirmella 1/35 oral tablet 1-35 mg-mcg	47	PRECISION XTRA BLOOD GLUCOSE	35
PERIDEX	28	pirmella 7/7/7	47	PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG	37
perindopril erbumine	25	piroxicam oral	10	PRED FORTE	55
perio gard	28	pitavastatin calcium	25	PRED MILD	55
permethrin external	19	PLAQUENIL	19	prednisolone acetate ophthalmic	55
perphenazine oral	16	PLAVIX	20	PREDNISOLONE ACETATE P-F	55
		PLEGRIDY INTRAMUSCULAR	27	prednisolone oral solution	48
		PLEGRIDY STARTER PACK	27		



prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	48	PREVIDENT 5000 KIDS	28	promethazine-dm	57
prednisolone sodium phosphate oral solution 15 mg/5ml	48	PREVIDENT 5000 ORTHO DEFENSE	28	PROMETHEGAN	16
prednisolone sodium phosphate oral solution 20 mg/5ml	48	PREVIDENT 5000 PLUS	28	PROMETRIUM	47
prednisolone sodium phosphate oral tablet dispersible	48	PREVIDENT 5000 SENSITIVE	40	propafenone hcl	25
prednisone oral	48	PREVIDENT DENTAL	28	propafenone hcl er	25
pregabalin oral capsule	27	PREVIDENT MOUTH/THROAT	40	propranolol hcl er	25
PREGNYL	53	previfem oral tablet 0.25-35 mg-mcg	47	propranolol hcl oral	25
PREMARIN ORAL	47	PREVNAR 20	53	propylthiouracil oral	49
PREMARIN VAGINAL	47	PREVYMIS ORAL	21	PROSCAR	43
PREMIUM BLOOD GLUCOSE TEST	35	PREZCOBIX	21	PROTONIX ORAL TABLET DELAYED RELEASE	41
premium lidocaine	10	PREZISTA ORAL TABLET 150 MG, 75 MG	21	protriptyline hcl	15
PREMPHASE	47	PREZISTA ORAL TABLET 600 MG, 800 MG	21	PROVENTIL HFA	59
PREMPRO	47	primidone oral tablet 125 mg	14	PROVERA	44, 47
PRENA1 PEARL	40	primidone oral tablet 250 mg, 50 mg	14	PROVIGIL	61
prenatal 19 oral tablet 29-1 mg	40	PRISTIQ	15	PROZAC	15
prenatal 19 oral tablet chewable	40	PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	59	pseudoephedrine-bromphen-dm	57
prenatal oral tablet 27-1 mg	40	probenecid	16	PTS PANELS EGLU TEST	35
prenatal plus	39, 40	PROCARDIA XL	25	PULMICORT FLEXHALER	59
prenatal plus vitamin/mineral	40	PROCHAMBER VHC	59	PULMICORT SUSPENSION	59
prenatal vitamin plus low iron oral tablet 27-1 mg	40	prochlorperazine	16	PULMOSAL	57
PRENATE DHA	40	prochlorperazine maleate oral	16	PULMOZYME	59
PRENATE ENHANCE	40	PROCORT	54	PYLERA	41
PRENATE ESSENTIAL	40	procto-med hc	54	PYRIDIUM	43
PRENATE MINI	40	PROCTOCORT	54	pyridostigmine bromide er	17
PRENATE PIXIE	40	PROCTOFOAM HC	54	pyridostigmine bromide oral tablet 30 mg	17
PRENATE RESTORE	40	PROCTOSOL HC	54	pyridostigmine bromide oral tablet 60 mg	17
PRENATOL-M	40	PROCTOZONE-HC	54		
PRENATRIX	40	progesterone intramuscular	47	Q	
PRENATRYL	40	progesterone oral	47	QELBREE	27
PREVACID	41	PROGRAF ORAL CAPSULE	52	QNASL	59
PREVACID SOLUTAB	41	PROLATE ORAL TABLET	10	QNASL CHILDRENS	59
prevalite	25	PROLENSA	55	QUARTETTE ORAL TABLET 42-21-21-7 DAYS	47
PREVIDENT 5000 BOOSTER PLUS	28	PROMACTA ORAL TABLET	38	QUDEXY XR	14
PREVIDENT 5000 DRY MOUTH	28	promethazine hcl oral	16	QUESTRAN	25
PREVIDENT 5000 ENAMEL PROTECT	40	promethazine hcl rectal	16	QUESTRAN LIGHT	25
		promethazine-codeine	57	quetiapine fumarate	20
				quetiapine fumarate er	20



QUFLORA PEDIATRIC	40	RELION TRUE MET AIR GLUC METER	35	RHOPRESSA.....	56
QUILLICHEW ER.....	27	RELION TRUE METRIX TEST STRIPS	35	rifabutin.....	17
QUILLIVANT XR	27	RELION ULTIMA GLUCOSE SYSTEM	35	rifampin oral	17
quinapril hcl.....	25	RELION ULTIMA TEST.....	35	RIGHTEST GT333 GLUCOSE TEST	35
QUINTET AC BLOOD GLUCOSE TEST.....	35	RELPAK.....	17	RILUTEK ORAL TABLET 50 MG ...	27
QUINTET BLOOD GLUCOSE TEST.....	35	RELTONE.....	42	riluzole	27
QULIPTA	17	RELYVRIO.....	27	RINVOQ.....	52
QUVIVIQ.....	61	REMERON.....	15	RIOMET	37
QVAR REDHALER	59	REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	15	risedronate sodium oral tablet 150 mg, 35 mg	54
R					
rabeprazole sodium oral tablet delayed release	41	REMODULIN.....	60	risedronate sodium oral tablet 30 mg, 5 mg.....	54
RADICAVA ORS	27	RENAGEL.....	40	RISPERDAL	20
RADICAVA ORS STARTER KIT	27	REVELA ORAL TABLET	43	risperidone.....	20
raloxifene hcl	54	repaglinide.....	37	RITALIN.....	27
ramelteon.....	61	REPATHA	25	RITALIN LA	27
ramipril.....	25	REPATHA PUSHTRONEX SYSTEM .	25	ritonavir	21
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG	25	REPATHA SURECLICK	25	rivastigmine.....	14
ranolazine er	25	RESTASIS.....	56	rivastigmine tartrate	14
RAPAFLO.....	43	RESTASIS MULTIDOSE	56	rivelsa	47
RAPAMUNE ORAL SOLUTION	52	RESTORIL.....	61	rizatriptan benzoate.....	17
RAPAMUNE ORAL TABLET	52	RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML .	38	ROBINUL.....	42
rasagiline mesylate oral	19	RETACRIT INJECTION SOLUTION 20000 UNIT/ML	38	ROBINUL-FORTE.....	42
RASUVO.....	52	RETEVMO ORAL CAPSULE 40 MG.....	18	ROCALTROL	54
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG	14	RETEVMO ORAL CAPSULE 80 MG.....	18	ROCKLATAN	56
REBIF.....	27	RETIN-A.....	31	roflumilast	59
REBIF TITRATION PACK.....	27	RETIN-A MICRO GEL 0.04 %, 0.1 %	31	ropinirole hcl.....	19
reclipsen	47	RETIN-A MICRO PUMP	31	ropinirole hcl er	19
RECOMBINATE	38	REVATIO ORAL TABLET	60	rosadan external cream 0.75 % ...	31
RECOMBIVAX HB	53	REVLIMID.....	18	rosadan external gel 0.75 %	31
RECTIV.....	25	REXTOVY.....	11	rosuvastatin calcium oral	25
REGLAN.....	16	REXULTI.....	20	ROWASA.....	54
RELAFEN DS	10	REYVOW	17	roweepra	14
RELAFEN ORAL TABLET 500 MG, 750 MG.....	10	RHOFADE	31	ROXICODONE ORAL TABLET 15 MG, 30 MG, 5 MG	10
RELEXXII.....	27			ROZEREM	61
				ROZLYTREK ORAL CAPSULE.....	18
				ROZLYTREK ORAL PACKET.....	18
				RUCONEST.....	52
				rufinamide oral suspension	14
				rufinamide oral tablet	14



RUKOBIA.....	21	sharobel.....	47	sodium fluoride 5000 sensitive dental gel 1.1-5 %	40
RYBELSUS.....	37	SHARPS CONTAINER.....	35	sodium fluoride dental	28
RYTARY.....	19	SHINGRIX.....	53	sodium fluoride mouth/throat solution 0.2 %	40
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG.....	25	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg.....	39	sodium fluoride oral solution	40
ryvent	57	sildenafil citrate oral tablet 20 mg	60	sodium fluoride oral tablet chewable.....	40
S					
SABRIL ORAL PACKET.....	14	SILENOR.....	61	SODIUM OXYBATE.....	61
SAFYRAL.....	47	silodosin.....	43	sodium sulfacetamide wash	31
SALAGEN	28	SILVADENE.....	12	SOFOSBUVIR-VELPATASVIR	21
SANDIMMUNE ORAL	52	silver sulfadiazine external	12	solifenacin succinate.....	43
SANTYL	31	SIMBRINZA	56	SOLIQUA.....	37
SAPHRIS	20	SIMLANDI (1 PEN).....	52	SOMA.....	60
sapropterin dihydrochloride oral packet.....	43	SIMLANDI (2 PEN).....	52	SOMATULINE DEPOT.....	49
SAVELLA	27	simliya.....	47	SOOLANTRA.....	31
saxagliptin hcl	37	simpesse.....	47	sotalol hcl (af).....	25
saxagliptin-metformin er	37	SIMPONI.....	52	sotalol hcl oral	25
scopolamine	16	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg.....	25	SOTYKTU.....	52
SE-NATAL 19	40	simvastatin oral tablet 80 mg.....	25	SOVUNA.....	19
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG.....	47	SINEMET.....	19	SPIKEVAX INTRAMUSCULAR SUSPENSION	53
selenium sulfide external lotion ..	31	SINGULAIR ORAL PACKET.....	59	spinosad.....	31
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR.....	36	SINGULAIR ORAL TABLET	59	SPIRIVA HANDIHALER	59
SENSIPAR	54	SINGULAIR ORAL TABLET CHEWABLE.....	59	SPIRIVA RESPIMAT	59
SEREVENT DISKUS	59	sirolimus oral solution	52	spironolactone oral tablet.....	25
SEROQUEL.....	20	sirolimus oral tablet	52	spironolactone-hctz.....	25
SEROQUEL XR	20	SITAVIG	21	SPORANOX ORAL CAPSULE	16
SERTRALINE HCL ORAL CAPSULE.....	15	SKYRIZI PEN.....	52	SPORANOX PULSEPAK ORAL CAPSULE 100 MG.....	16
sertraline hcl oral concentrate....	15	SKYRIZI SUBCUTANEOUS.....	52	SPRAVATO (56 MG DOSE).....	15
sertraline hcl oral tablet.....	15	SKYTROFA	49	SPRAVATO (84 MG DOSE).....	15
setlakin.....	47	SLYND.....	47	sprintec 28.....	47
sevelamer carbonate oral tablet..	43	SOAANZ.....	25	SPRYCEL	18
sevelamer hcl	40	sod citrate-citric acid oral solution 500-334 mg/5ml.....	40	SPS	40
SEYSARA	12	sodium chloride inhalation.....	57	sronyx	47
sf	28, 39, 42	sodium fluoride 5000 enamel dental gel 1.1-5 %	40	ssd.....	12
sf 5000 plus.....	28	sodium fluoride 5000 plus	28	sss 10-5 external cream	31
SFROWASA.....	54	sodium fluoride 5000 ppm	28	STALEVO 100 ORAL TABLET 25-100-200 MG	19
		sodium fluoride 5000 ppm dental gel 1.1 %.....	28	STALEVO 125 ORAL TABLET 31.25-125-200 MG	19
				STALEVO 150	19



STALEVO 200 ORAL TABLET 50-200-200 MG	19
STALEVO 50 ORAL TABLET 12.5-50-200 MG	19
STALEVO 75 ORAL TABLET 18.75-75-200 MG	19
STEGLATRO	37
STELARA SUBCUTANEOUS SOLUTION	52
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	52
STENDRA	39
STIOLTO RESPIMAT	59
STIVARGA	18
STRATTERA	27
STRENSIQ	43
STRIBILD	21
STRIVERDI RESPIMAT	59
STROMECTOL	19
SUBOXONE	11
subvenite	14
SUCRAID	43
sucralfate oral suspension	41
sucralfate oral tablet	41
SUFLAVE	42
SULAR	25
SULCONAZOLE NITRATE EXTERNAL CREAM	16
sulfacetamide sod-sulfur wash external liquid 9-4 %	31
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	31
sulfacetamide sodium (acne)	31
sulfacetamide sodium external	31
sulfacetamide sodium ophthalmic solution	55
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	31
sulfacetamide sodium-sulfur external cream 9.8-4.8 %	31
sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	31
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	31

sulfacetamide sodium-sulfur external suspension 10-5 %	31
sulfacetamide sodium-sulfur external suspension 8-4 %	31
sulfacetamide-prednisolone	56
SULFACLEANSE 8/4	31
sulfamethoxazole-trimethoprim oral	12
sulfasalazine oral	54
sulfatrim pediatric	12
sulindac oral	10
SUMADAN WASH	31
sumatriptan nasal	17
sumatriptan succinate oral	17
sumatriptan succinate refill subcutaneous solution cartridge	17
sumatriptan succinate subcutaneous	17
sumatriptan-naproxen sodium	17
SUNOSI	61
SUPREP BOWEL PREP KIT	42
SUTAB	42
syeda	47
SYMBICORT	59
SYMBYAX	15
SYMFI	21
SYMFI LO	21
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	57
SYMLINPEN 120	37
SYMLINPEN 60	38
SYMPAZAN	14
SYMPROIC	42
SYMTUZA	21
SYNALAR	31
SYNALAR EXTERNAL SOLUTION 0.01 %	31
SYNJARDY	38
SYNJARDY XR	38
SYNTHROID	49

T

TABRECTA	18
TACLONEX	31, 32
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	32
tacrolimus external	32
tacrolimus oral	52
tadalafil (pah)	60
tadalafil oral	39
TADLIQ	60
TAFINLAR ORAL CAPSULE	18
tafluprost (pf)	56
TAGRISSE	18
TAKHZYRO	52
TALTZ	52
TAMIFLU ORAL CAPSULE	21
TAMIFLU ORAL SUSPENSION RECONSTITUTED	21
tamoxifen citrate oral tablet 10 mg	19
tamoxifen citrate oral tablet 20 mg	19
tamsulosin hcl	43
TAPERDEX 12-DAY	48
TAPERDEX 6-DAY	48
TAPERDEX 7-DAY	48
TARGADOX	12
tarina 24 fe	47
tarina fe 1/20 eq	47
tarina fe 1/20 oral tablet 1-20 mg-mcg	47
TARON-C DHA	40
TASIGNA	19
TAVALISSE	38
taysofy	47
TAYTULLA	47
tazarotene external cream	32
TAZAROTENE EXTERNAL FOAM	32
TAZORAC EXTERNAL CREAM	32
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	25



TECFIDERA ORAL CAPSULE DELAYED RELEASE.....	27	testosterone cypionate intramuscular.....	49	TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %.....	56
TECHLITE INSULIN SYRINGES ...	35	testosterone enanthate intramuscular.....	49	tinidazole oral.....	12
TECHLITE PEN NEEDLES.....	35	testosterone gel 10 mg/act (2%) transdermal.....	49	tiopronin oral tablet delayed release	43
TEGLUTIK.....	27	testosterone gel 20.25 mg/1.25gm (1.62%) transdermal..	49	tiotropium bromide monohydrate	59
TEGRETOL ORAL TABLET.....	14	testosterone gel 20.25 mg/act (1.62%) transdermal	49	TIROSINT	49
TEGRETOL-XR.....	14	testosterone gel 40.5 mg/2.5gm (1.62%) transdermal	49	TIROSINT-SOL.....	49
TEGSEDI	43	testosterone gel 50 mg/5gm (1%) transdermal.....	49	TIVICAY.....	21
TEKTURNA	25	testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%).....	49	TIVORBEX ORAL CAPSULE 20 MG	10
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG.....	25	testosterone transdermal gel 1.62 %.....	49	tizanidine hcl oral capsule.....	60
telmisartan.....	25	testosterone transdermal solution	49	tizanidine hcl oral tablet.....	60
telmisartan-hctz.....	25	tetracycline hcl oral capsule	12	TLANDO.....	49
temazepam	61	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	59	TOBI NEBULIZER.....	60
TEMODAR ORAL CAPSULE 250 MG.....	19	THALITONE.....	25	TOBI PODHALER.....	60
TEMOVATE EXTERNAL CREAM 0.05 %	32	theophylline er.....	59	TOBRADEX OPHTHALMIC OINTMENT.....	55
temozolomide	19	THIOLA.....	43	TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %.....	55
TEMPO REFILL.....	35	THIOLA EC.....	43	TOBRADEX ST	55
TEMPO WELCOME.....	35	THRIVITE RX.....	40	tobramycin inhalation nebulization solution 300 mg/4ml.....	60
TENCON	10	THYQUIDITY.....	49	tobramycin nebulization solution 300 mg/5ml inhalation.....	60
TENIVAC	53	thyroid oral.....	49	tobramycin ophthalmic	55
tenofovir disoproxil fumarate.....	21	tiadylt er.....	25	tobramycin-dexamethasone.....	55
TENORETIC 100	25	TIAZAC.....	25	TOLAK.....	32
TENORETIC 50	25	TIGLUTIK ORAL SUSPENSION 50 MG/10ML.....	27	TOLSURA.....	16
TENORMIN.....	25	TIKOSYN	25	tolterodine tartrate.....	43
terazosin hcl	43	tilia fe.....	47	tolterodine tartrate er.....	43
terbinafine hcl oral	16	timolol maleate (once-daily).....	56	TOPAMAX	14
terconazole	16	timolol maleate ocudose.....	56	TOPAMAX SPRINKLE	14
teriflunomide.....	27	timolol maleate ophthalmic.....	56	TOPICORT EXTERNAL CREAM.....	32
teriparatide	54	timolol maleate pf.....	56	TOPICORT EXTERNAL OINTMENT.....	32
teriparatide (recombinant) subcutaneous solution pen- injector 600 mcg/2.4ml.....	54	TIMOPTIC OCUDOSE	56	topiramate er	14
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/ 2.48ML	54	TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %.....	56	topiramate oral	14
TESTIM.....	49			TOPROL XL.....	25
TESTOSTERONE CYPIONATE INJECTION	49			torse mide	25
				TOSYMRA	17



TOUJEO MAX SOLOSTAR	36	tri-mili	47	trivora (28)	48
TOUJEO SOLOSTAR	36	tri-nymyo	47	TROKENDI XR	14
TOVIAZ	43	tri-sprintec	48	tropium chloride	43
TRACLEER 62.5 MG, 125 MG	60	tri-vite/fluoride	40	tropium chloride er	43
TRADJENTA	38	tri-vylibra	48	TRUDHESA	17
tramadol hcl (er biphasic) oral tablet extended release 24 hour ..	10	tri-vylibra lo	48	TRUE FOCUS BLOOD GLUCOSE STRIP	35
tramadol hcl er	10	triamcinolone acetonide external cream 0.025 %, 0.1 %	32	TRUE METRIX AIR GLUCOSE METER KIT	35
tramadol hcl oral tablet 100 mg, 25 mg	10	triamcinolone acetonide external cream 0.5 %	32	TRUE METRIX BLOOD GLUCOSE TEST	35
tramadol hcl oral tablet 50 mg	10	triamcinolone acetonide external lotion	32	TRUE METRIX GO GLUCOSE METER	35
tramadol-acetaminophen	10	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	32	TRUE METRIX METER KIT	35
trandolapril	25	triamcinolone acetonide external ointment 0.05 %	32	TRUE METRIX PRO BLOOD GLUCOSE	35
tranexamic acid oral	38	triamcinolone acetonide mouth/ throat	28	TRUETRACK TEST	35
TRANSDERM-SCOP	16	triamcinolone in absorbase	32	TRULANCE	42
TRANXENE-T ORAL TABLET 7.5 MG	21	triamterene oral	25	TRULICITY	38
tranylcypromine sulfate	15	triamterene-hctz	25	TRUMENBA	53
TRAVATAN Z	56	TRIANEX EXTERNAL OINTMENT 0.05 %	32	TRUQAP	19
travoprost (bak free)	56	triazolam	21	TRUSOPT OPHTHALMIC SOLUTION 2 %	56
trazodone hcl oral	15	TRIBENZOR	25	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	21
TRELEGY ELLIPTA	59	TRICARE	40	TRUVADA ORAL TABLET 200-300 MG	21
TREMFYA	52	TRICOR	25	tulana oral tablet 0.35 mg	48
treprostinil	60	TRIDACAIN II	10	turqoz	48
TRESIBA FLEXTOUCH	36	triderm	32	TWINRIX	53
tretinoin external cream	32	TRIDESILON EXTERNAL CREAM 0.05 %	32	TWIRLA	48
tretinoin external gel 0.01 %, 0.025 %	32	trihexyphenidyl hcl oral tablet	19	TWYNEO	32
tretinoin external gel 0.05 %	32	TRIJARDY XR	38	TYBLUME	48
tretinoin microsphere	32	TRIKAFTA ORAL TABLET THERAPY PACK	60	tydemy	48
tretinoin microsphere pump	32	TRILEPTAL	14	TYMLOS	54
TREXALL	52	TRILIPIX	25	TYRVAYA	56
TREXIMET	17	trimethoprim oral	12	TYVASO	60
TREZIX	10	TRINATAL RX1	40	TYVASO DPI INSTITUTIONAL KIT	60
tri femynor	47	TRINATE	40	TYVASO DPI MAINTENANCE KIT	60
tri-estarylla	47	TRINTELLIX	15	TYVASO DPI TITRATION KIT	60
tri-legest fe	47	tritocin external ointment 0.05 %	32	TYVASO REFILL	60
tri-linyah	47	TRIUMEQ	21	TYVASO STARTER	60
tri-lo-estarylla	47				
tri-lo-marzia	47				
tri-lo-mili	47				
tri-lo-sprintec	47				



U

UBRELVY 17

UCERIS..... 54

UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 38

ULORIC 16

ULTRACET ORAL TABLET 37.5-325 MG..... 10

ULTRAM ORAL TABLET 50 MG.... 10

UNISTRIP1 GENERIC 35

unithroid 49

UPTRAVI ORAL 60

urea external cream 20 %, 40 %, 45 % 32

urea external cream 41 %, 47 %.... 32

UREMEZ-40 32

UROCIT-K 10..... 40

UROCIT-K 15..... 40

UROCIT-K 5 40

UROGESIC-BLUE 43

UROXATRAL 43

URSO 250 42

URSO FORTE..... 42

URSODIOL ORAL CAPSULE 200 MG, 400 MG..... 42

ursodiol oral capsule 300 mg 42

ursodiol oral tablet 42

UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML 20

V

VAGIFEM 48

valacyclovir hcl oral..... 21

VALCYTE ORAL TABLET 21

valganciclovir hcl oral tablet 21

VALIUM 21

valproic acid oral..... 14

valsartan oral tablet 25

valsartan-hydrochlorothiazide.... 25

VALTOCO 14

VALTREX 21

VANADOM ORAL TABLET 350 MG 60

VANCOCIN..... 12

vancomycin hcl oral 12

VANDAZOLE 12

VANOS 32

VAQTA..... 53

vardenafil hcl oral tablet 39

varenicline tartrate 11

varenicline tartrate (starter) 11

varenicline tartrate(continue)..... 11

VARIVAX 53

VASCEPA..... 25

VASERETIC..... 25

VASOTEC..... 25

velivet 48

VELPHORO..... 43

VELTASSA 40

VELTIN EXTERNAL GEL 1.2-0.025 %..... 32

VEMLIDY..... 21

VENCLEXTA..... 19

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 59

VEOZAH 27

verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg..... 25

verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg 25

verapamil hcl er oral tablet extended release 25

verapamil hcl oral..... 26

VERELAN..... 26

VERELAN PM..... 26

VERKAZIA..... 56

VERQUVO 26

VERZENIO..... 19

VESICARE..... 43

vestura 48

VEVYE 57

VFEND ORAL TABLET 200 MG 16

VFEND ORAL TABLET 50 MG 16

VIAGRA 39

VIBERZI..... 42

VIBRAMYCIN 12

vienva 48

vigabatrin oral packet 14

vigadrone oral packet 14

VIGAMOX 55

vigpoder 14

VIIBRYD..... 15

VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG..... 15

vilazodone hcl..... 15

VIMPAT ORAL SOLUTION..... 14

VIMPAT ORAL TABLET..... 14

VINATE ONE 40

viorele 48

VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG 21

VIREAD ORAL TABLET 300 MG ... 21

virt-c dha oral capsule 53.5-38-1 mg..... 40

virt-pn dha oral capsule 27-0.6-0.4-300 mg 40

VISTARIL..... 21

VITAFOL FE+..... 40

VITAFOL GUMMIES 40

VITAFOL ULTRA 40

VITAFOL-OB 41

VITAMEDMD ONE RX/ QUATREFOLIC..... 41

vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit..... 41

vitamins acd-fluoride..... 41

VITAPEARL..... 41

VITATHELY WITH GINGER 41

VITRAKVI 19



ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000- 47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000- 10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	43	ZOMIG NASAL SOLUTION 2.5 MG.....	17
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT.....	43	ZOMIG NASAL SOLUTION 5 MG ..	17
ZENZEDI	27	ZOMIG ORAL	17
ZEPOSIA	28	ZONEGRAN	14
ZEPOSIA 7-DAY STARTER PACK...	28	zonisamide oral	14
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	28	ZORTRESS.....	52
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	28	ZORYVE	32
ZESTORETIC.....	26	zovia 1/35 (28)	48
ZESTRIL.....	26	ZOVIRAX EXTERNAL	21
ZETIA.....	26	ZOVIRAX ORAL SUSPENSION 200 MG/5ML.....	21
ZETONNA	57	ZTLIDO.....	10
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	26	ZUBSOLV.....	11
ZIAC ORAL TABLET 5-6.25 MG ...	26	zumandimine	48
ZIANA	32	ZURZUVAE	15
ZILXI	32	ZYCLARA.....	32
ZIMHI	11	ZYCLARA PUMP	32
ZIOPTAN	56	ZYLET	55
ziprasidone hcl.....	20	ZYLOPRIM ORAL TABLET 100 MG, 300 MG	17
ZIRGAN	21	ZYMAXID OPHTHALMIC SOLUTION 0.5 %.....	55
ZITHROMAX ORAL	12	ZYPREXA ORAL.....	20
ZITHROMAX TRI-PAK.....	12	ZYPREXA ZYDIS	20
ZITHROMAX Z-PAK	12	ZYTIGA.....	19
ZOCOR.....	26	ZYVOX ORAL TABLET	13
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG.....	17		
zolmitriptan nasal solution 5 mg..	17		
zolmitriptan oral tablet.....	17		
zolmitriptan oral tablet dispersible	17		
ZOLOFT	15		
zolpidem tartrate er	61		
zolpidem tartrate oral tablet.....	61		



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 their 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 member 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
<https://www.hhs.gov/ocr/complaints/index.html>

Phone: Toll-free **1-800-368-1019**, **1-800-537-7697 (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 member ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.



Multi-language interpreter services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សូមជំនួយភាសាដទៃយកតម្កល់ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទំនាក់ទំនងលេខគតតិគតុល្ល ដល់មាន់នៃលើអគុដសញ្ញាណប័ណ្ណរបស់អ្នក។

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

DÍI BAA'AKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániit'igo, saad beę áka'anída'awo'ígíí, t'áa jíík'eh, bee ná'ahóót'i'. T'áa shqodí ninaaltsoos niit'izí bee nééhozinígíí bine'déę' t'áa jíík'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

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

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates, including but not limited to: UnitedHealthcare Insurance Companies of Illinois, New York, and Ohio, Inc.; UnitedHealthcare Insurance Company of the River Valley; UnitedHealthcare Life Insurance Company; All Savers Insurance Company; Golden Rule Insurance Company; and Sierra Health & Life Insurance Company, Inc. Health plan coverage provided by or through a UnitedHealthcare company, including but not limited to: UnitedHealthcare of Alabama, Arizona, Arkansas, California, Colorado, Florida, Georgia, Illinois, Louisiana, Michigan, Mississippi, Nebraska, New England, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Texas, Utah, Washington, or Wisconsin, Inc.; UnitedHealthcare Benefits Plan of California; UnitedHealthcare of Kentucky, Ltd.; UnitedHealthcare of the Mid-Atlantic, Midlands, Midwest, or River Valley, Inc.; Health Plan of Nevada, Inc.; MAMSI Life and Health Insurance Company; Neighborhood Health Partnership, Inc.; and Optimum Choice, Inc.. Administrative services provided by or through United HealthCare Services, Inc. or its affiliates, including but not limited to: UnitedHealthcare Service LLC; UnitedHealthcare Services Company of the River Valley, Inc.; and Bind Benefits, Inc. d/b/a Surest d/b/a Surest Administrators Services in CA. For level-funded plans, stop-loss insurance underwritten by UnitedHealthcare Insurance Company or its affiliates, including but not limited to: United HealthCare Life Insurance Company (NJ); and UnitedHealthcare Insurance Company of New York (NY).

UnitedHealthcare and the dimensional U logo are registered trademarks owned by UnitedHealth Group Incorporated. All other trademarks are the property of their respective owners.