Your 2020 Prescription Drug List

Traditional 3-Tier



Effective Jan. 1, 2020

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

UnitedHealthcare®

Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

About this PDL

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

We review medications based on their total value, including effectiveness and safety, how much they cost, and the availability of alternative medications to treat the same or similar medical conditions. Certain medications may be excluded from coverage or subject to prior authorization (sometimes referred to as precertification)[1] if similar alternatives are available at a lower cost. Examples include medications that work the same way, but one is much more expensive than the other, or options that are available without a prescription (also referred to as over-the-counter medications[2]). There are also some instances where the same product can be made by two or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

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

Who decides which medications are covered?

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

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

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.

Over-the-counter (OTC) medications

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

What if I am taking a specialty medication?

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

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

Reading your PDL

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

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

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

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

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

E	**May be excluded from coverage or subject to Prior Authorization in Connecticut, New Jersey and New York. (Referred to as First Start in New Jersey)** Lower-cost options are available and covered.
H	**Health Care Reform Preventive** This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.
H-PA	**Health Care Reform Preventive with Prior Authorization** May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.
PA	**Prior Authorization (sometimes referred to as Precertification)**[3] Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.[4]
QL	**Quantity Limits** Specifies the largest quantity of medication covered per copayment or in a defined period of time.
RS	**Refill and Save Program**[5] Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
SP	**Specialty Medication** Specialty medications treat complex or rare conditions and may require special storage and handling. You may be required to obtain these medications from a specialty pharmacy.
ST	**Step Therapy (referred to as First Start in New Jersey)** Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered.[6]

3. Depending on your benefit, you may have notification or medical necessity requirements for select medications.
4. For certain Student Resources plans, applies to specialty medications and topical retinoids only.
5. Not applicable to Oxford and Student Resources plans.
6. Not applicable to certain Student Resources plans.

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

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

Diabetes: Continuous Glucose Monitors, Sensors
Coverage is determined by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share.

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

Infertility
Coverage is determined by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Prior authorization (sometimes referred to as precertification) may be required for Oxford plans.
This is not a covered benefit for Neighborhood Health Plan.

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

Questions

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



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



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

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

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

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

Table of Contents

Analgesics - Drugs for Pain 10
Analgesics - Drugs for Pain and Inflammation 11
Anti-Addiction / Substance Abuse Treatment Agents 12
Antibacterials - Drugs for Infections 12
Anticoagulants - Drugs to Treat or Prevent Blood Clots 14
Anticonvulsants - Drugs for Seizures 14
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia 15
Antidepressants - Drugs for Depression 15
Antiemetics - Drugs for Nausea and Vomiting 16
Antifungals - Drugs for Fungal Infections 16
Antigout Agents - Drugs for Gout 16
Antimigraine Agents - Drugs for Migraines 17
Antineoplastics - Drugs for Cancer 17
Antiparasitics - Drugs for Parasitic Infections . 17
Antiparkinson Agents - Drugs for Parkinson's Disease 18
Antiplatelets - Drugs for Heart Attack and Stroke Prevention 18
Antipsychotics - Drugs for Mood Disorders 18
Antivirals - Drugs for Viral Infections 18
Anxiolytics - Drugs for Anxiety 19
Bipolar Agents - Drugs for Mood Disorders 19
Cardiovascular Agents - Drugs for Heart and Circulation Conditions 19
Central Nervous System Agents - Drugs for Attention Deficit Disorder 22
Central Nervous System Agents - Drugs for Multiple Sclerosis 23
Central Nervous System Agents - Miscellaneous 23
Dental and Oral Agents - Drugs for Mouth and Throat Conditions 24
Dermatological Agents - Drugs for Skin Conditions 24
Diabetes - Glucose Monitoring 27
Diabetes - Insulin 29
Diabetes - Non-Insulin Agents 30
Drugs for Blood Disorders 30
Drugs for Sexual Dysfunction 31
Electrolytes / Vitamins 31
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer 32
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions 32
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment 33
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions 33
Genitourinary Agents - Drugs for Prostate Conditions 33
Hormonal Agents - Hormone Replacement and Birth Control 33
Hormonal Agents - Oral Steroids 37
Hormonal Agents - Other 37
Hormonal Agents - Testosterone Replacement 38
Hormonal Agents - Thyroid 38
Immunological Agents - Drugs for Immune System Stimulation or Suppression 38
Infertility Agents 39
Inflammatory Bowel Disease Agents 40
Metabolic Bone Disease Agents - Drugs for Osteoporosis 40
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation 40
Ophthalmic Agents - Drugs for Glaucoma 41
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions 41
Otic Agents - Drugs for Ear Conditions 42
Respiratory - Drugs for Anaphylaxis 42
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold 42
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD 42
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis 44
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension 44
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm 44
Sleep Disorder Agents 44
Index of Drugs 45

Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
acetaminophen-codeine oral solution	1	
acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg	1	
apap-caff-dihydrocodeine	1	QL
ARYMO ER	E	PA; ST; QL
BELBUCA	3	PA; QL
butalbital-apap-caffeine	1	QL
CONZIP	E	QL
DILAUDID ORAL	3	
DURAGESIC-100	E	PA; ST; QL
DURAGESIC-12	E	PA; ST; QL
DURAGESIC-25	E	PA; ST; QL
DURAGESIC-50	E	PA; ST; QL
DURAGESIC-75	E	PA; ST; QL
DVORAH	E	QL
endocet	1	
ESGIC	3	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA; QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA; ST; QL
FIORICET	3	QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	1	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	
hydromorphone hcl er	1	PA; ST; QL
hydromorphone hcl oral	1	
hydromorphone hcl rectal	1	
HYSINGLA ER	E	PA; ST; QL
KADIAN	E	PA; ST; QL
lidocaine external ointment	1	QL
lidocaine external patch	1	PA; QL
lidocaine-prilocaine external cream	1	
LIDODERM	E	PA; QL
lorcet	1	
lorcet hd	1	
lorcet plus	1	
LORTAB	3	
MORPHABOND ER	E	PA; ST; QL
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	
morphine sulfate er oral capsule extended release 24 hour	E	PA; ST; QL
morphine sulfate er oral tablet extended release	1	PA; QL
morphine sulfate oral	1	
morphine sulfate rectal	1	
MS CONTIN	3	PA; ST; QL
NALOCET	E	QL
NORCO	3	
NUCYNTA	3	QL

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

Drug Name	Drug Tier	Requirements & Limits
NUCYNTA ER	3	PA; QL
OXAYDO	E	QL
OXYCODONE HCL ER	E	PA; ST; QL
oxycodone hcl oral capsule	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	
oxycodone hcl oral solution	1	
oxycodone hcl oral tablet	1	
oxycodone-acetaminophen	1	
OXYCONTIN	E	PA; ST; QL
PERCOCET	E	
phrenilin forte	1	QL
premium lidocaine	1	QL
PRIMLEV	E	
ROXICODONE	3	
ROXYBOND	E	QL
SUBSYS	E	PA; QL
tramadol hcl er (biphasic)	E	QL
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	E	QL
tramadol hcl er oral capsule extended release 24 hour 150 mg	1	QL
tramadol hcl er oral tablet extended release 24 hour	1	QL
tramadol hcl ir	1	
trezix	1	QL
TYLENOL WITH CODEINE #3	3	
TYLENOL WITH CODEINE #4	3	
ULTRAM	3	
VANATOL LQ	2	PA; QL
VANATOL S	2	PA; QL
vicodin	E	
vicodin es	E	
vicodin hp	E	
XTAMPZA ER	2	PA; QL
zebutal	1	QL
ZOHYDRO ER	3	PA; ST; QL
ZTLIDO	E	PA; QL
Analgesics - Drugs for Pain and Inflammation		
CELEBREX	E	QL
celecoxib oral	1	QL
diclofenac potassium	1	
diclofenac sodium er	1	
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	E	
diclofenac sodium transdermal solution	E	
EC-NAPROSYN	3	
ec-naproxen	1	
etodolac	1	
etodolac er	1	
ibu	1	
ibuprofen oral suspension	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN	3	
indomethacin er	1	
indomethacin oral	1	
ketorolac tromethamine oral	1	
LODINE	E	
meloxicam oral	1	
MOBIC	3	
nabumetone oral	1	

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Drug Name	Drug Tier	Requirements & Limits
NAPRELAN	E	
NAPROSYN ORAL SUSPENSION	3	PA
naproxen dr	1	
naproxen oral suspension	1	PA
naproxen oral tablet	1	
naproxen sodium er	E	
naproxen sodium oral tablet 275 mg, 550 mg	1	
PENNSAID	E	
QMIIZ ODT	E	
SPRIX	3	
TIVORBEX	E	
VIVLODEX	E	QL
VOLTAREN	1	
ZIPSOR	E	
Anti-Addiction / Substance Abuse Treatment Agents		
BUNAVAIL	E	PA; QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
CHANTIX	3	PA; H
CHANTIX CONTINUING MONTH PAK	3	PA; H
CHANTIX STARTING MONTH PAK	3	PA; H
EVZIO	E	PA; QL
naloxone hcl injection	1	
naltrexone hcl oral	1	
NARCAN	2	QL
SUBOXONE	E	PA; QL
ZUBSOLV	1	QL
Antibacterials - Drugs for Infections		
ACTICLATE	E	
amoxicillin	1	
amoxicillin-potassium clavulanate er	E	
amoxicillin-potassium clavulanate oral	1	
AUGMENTIN	E	
AUGMENTIN ES-600	E	
avidoxy	1	
azithromycin oral	1	
BACTRIM	3	
BACTRIM DS	3	
cefadroxil	1	
cefdinir	1	
cefuroxime axetil	1	
CENTANY	3	QL
CENTANY AT	E	
cephalexin	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
coremino	E	PA
DIFICID	3	QL
DORYX	E	
DORYX MPC	E	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	

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Drug Name	Drug Tier	Requirements & Limits
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	E	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	E	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
doxycycline monohydrate oral suspension reconstituted	1	
doxycycline monohydrate oral tablet	1	
FLAGYL	3	
KEFLEX	3	
LEVAQUIN ORAL TABLET 500 MG, 750 MG	3	
levofloxacin oral	1	
MACROBID	3	
MACRODANTIN	3	
METROGEL-VAGINAL	E	
metronidazole oral	1	
metronidazole vaginal	1	
MINOCIN ORAL CAPSULE 50 MG	E	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg	E	PA
minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg	E	PA
minocycline hcl oral capsule	1	
minocycline hcl oral tablet	E	
MINOLIRA	E	PA
mondoxyne nl oral capsule 100 mg, 50 mg	1	
mondoxyne nl oral capsule 75 mg	E	
morgidox oral	1	
mupirocin calcium	1	QL
mupirocin external	1	QL
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	E	
NUZYRA ORAL	3	
okebo	E	
penicillin v potassium	1	
SOLODYN	E	PA
soloxide oral tablet delayed release 150 mg	E	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
TARGADOX	E	
vandazole	1	
VIBRAMYCIN ORAL CAPSULE	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	
XEPI	3	QL
XIMINO	E	PA
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	

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Drug Name	Drug Tier	Requirements & Limits
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
BEVYXXA	3	QL
COUMADIN	3	
ELIQUIS	3	QL
ELIQUIS STARTER PACK	3	QL
enoxaparin sodium	1	QL
jantoven	1	
LOVENOX	E	QL
PRADAXA	2	QL
SAVAYSA	3	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	
Anticonvulsants - Drugs for Seizures		
carbamazepine er	1	
carbamazepine oral	1	
CARBATROL	3	
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA; ST
DEPAKOTE SPRINKLES	3	PA; ST
divalproex sodium er	1	
divalproex sodium oral	1	
epitol	1	
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet	1	
KEPPRA ORAL	3	PA; ST
KEPPRA XR	3	PA; ST
LAMICTAL	3	PA; ST
LAMICTAL ODT	3	PA; ST
LAMICTAL STARTER	3	PA; ST
LAMICTAL XR	3	PA; ST
lamotrigine er	1	PA; ST
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	PA; ST
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	1	
levetiracetam oral	1	
NEURONTIN	3	PA; ST
oxcarbazepine	1	
OXTELLAR XR	E	PA; ST
QUDEXY XR	E	PA; ST
roweepra	1	
roweepra xr	1	
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL	3	
TEGRETOL-XR	3	
TOPAMAX	3	PA; ST
TOPAMAX SPRINKLE	3	PA; ST
topiramate er	E	PA; ST
topiramate oral	1	
TRILEPTAL	3	PA; ST
TROKENDI XR	E	PA; ST
VIMPAT ORAL	3	PA
ZONEGRAN	3	PA; ST
zonisamide oral	1	

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Drug Name	Drug Tier	Requirements & Limits
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT ORAL TABLET 10 MG, 5 MG	3	
ARICEPT ORAL TABLET 23 MG	E	
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	E	
donepezil hcl oral tablet dispersible	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide	1	
CYMBALTA	E	QL
desvenlafaxine succinate er	1	QL
doxepin hcl oral	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL
duloxetine hcl oral capsule delayed release particles 40 mg	E	
EFFEXOR XR	E	
escitalopram oxalate	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	1	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	1	QL
fluoxetine hcl oral tablet 20 mg	1	
fluoxetine hcl oral tablet 60 mg	E	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	QL
FORFIVO XL	E	QL
LEXAPRO	E	
mirtazapine oral	1	
nortriptyline hcl oral	1	
PAMELOR	3	
paroxetine hcl	1	
paroxetine hcl er	1	QL
PAXIL	3	
PAXIL CR	3	QL
PRISTIQ	E	QL
PROZAC	E	
REMERON	3	
REMERON SOLTAB	3	
sertraline hcl oral	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	E	QL
VIIBRYD	3	QL
VIIBRYD STARTER PACK	3	

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Drug Name	Drug Tier	Requirements & Limits
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
Antiemetics - Drugs for Nausea and Vomiting		
AKYNZEO ORAL	3	QL
BONJESTA	E	PA
DICLEGIS	E	PA
doxylamine-pyridoxine	E	PA
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	E	
ondansetron hcl oral	1	
ondansetron odt	1	
phenadoz	1	
prochlorperazine maleate oral	1	
promethazine hcl oral syrup	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
promethazine-dm	1	
promethegan	1	
REGLAN	3	
scopolamine	1	
TRANSDERM SCOP (1.5 MG)	3	
TRANSDERM-SCOP (1.5 MG)	3	
VARUBI	2	QL
ZOFRAN	3	
ZUPLENZ	E	QL
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
CICLODAN SOLUTION	E	
ciclopirox	1	
ciclopirox treatment	E	
CRESEMBA ORAL	3	
DIFLUCAN	3	
EXTINA	3	QL
fluconazole oral	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external foam	1	QL
ketoconazole external shampoo	1	
LOPROX EXTERNAL SHAMPOO	E	
NIZORAL	3	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystop	1	
PENLAC	E	
terbinafine hcl oral	1	QL
terconazole	1	
XOLEGEL	3	
Antigout Agents - Drugs for Gout		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	
COLCHICINE ORAL TABLET	E	
COLCRYS	E	
febuxostat	1	ST; QL
MITIGARE	2	
ULORIC	E	ST; QL
ZYLOPRIM	3	

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Drug Name	Drug Tier	Requirements & Limits
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA; ST; QL
AMERGE	3	QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA; ST; QL
EMGALITY (300 MG DOSE)	E	PA; ST; QL
IMITREX ORAL	E	QL
IMITREX STATDOSE REFILL	E	QL
IMITREX STATDOSE SYSTEM	E	QL
IMITREX SUBCUTANEOUS	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
naratriptan hcl	1	QL
ONZETRA XSAIL	E	QL
RELPAX	E	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill	1	QL
sumatriptan succinate subcutaneous	1	QL
ZEMBRACE SYMTOUCH	E	QL
Antineoplastics - Drugs for Cancer		
abiraterone acetate	E	PA; QL; SP
anastrozole oral	1	
ARIMIDEX	E	
bexarotene	E	SP
BOSULIF	2	PA; ST; QL; SP
capecitabine	E	QL; SP
ERLEADA	2	PA; QL; SP
FEMARA	E	
GLEEVEC	E	PA; QL; SP
IBRANCE	2	PA; QL; SP
IDHIFA	2	PA; QL; SP
imatinib mesylate	1	PA; QL; SP
letrozole oral	1	
mercaptopurine oral	1	
PURIXAN	3	PA; SP
REVLIMID	2	PA; QL; SP
SOLTAMOX	E	
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TARGRETIN EXTERNAL	3	QL; SP
TARGRETIN ORAL	1	SP
TASIGNA	2	PA; ST; QL; SP
VERZENIO	2	PA; QL; SP
XELODA	1	QL; SP
YONSA	E	PA; ST; QL; SP
ZYTIGA ORAL TABLET 250 MG	1	PA; QL; SP
ZYTIGA ORAL TABLET 500 MG	2	PA; QL; SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	3	QL
atovaquone-proguanil hcl	1	
ELIMITE	3	
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	QL
MALARONE	3	
permethrin external	1	
PLAQUENIL	E	

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Drug Name	Drug Tier	Requirements & Limits
Antiparkinson Agents - Drugs for Parkinson's Disease		
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
DUOPA	3	PA
INBRIJA	3	PA; QL; SP
MIRAPEX	3	
MIRAPEX ER	E	
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	E	
REQUIP XL	E	
ropinirole hcl	1	
ropinirole hcl er	E	
RYTARY	E	
selegiline hcl oral	1	
SINEMET	3	
SINEMET CR	3	
ZELAPAR	3	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	3	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	
ZONTIVITY	3	QL
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	QL
ABILIFY MYCITE	E	PA; QL
aripiprazole oral solution	1	
aripiprazole oral tablet	1	QL
aripiprazole oral tablet dispersible	1	QL
GEODON ORAL	E	QL
LATUDA	3	QL
olanzapine oral	1	QL
quetiapine fumarate	1	
quetiapine fumarate er	1	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	3	QL
SEROQUEL	E	
SEROQUEL XR	E	QL
ziprasidone hcl	1	QL
ZYPREXA ORAL	E	QL
ZYPREXA ZYDIS	E	QL
Antivirals - Drugs for Viral Infections		
acyclovir oral	1	
ATRIPLA	E	ST; QL; SP
BARACLUDE ORAL SOLUTION	2	SP
BARACLUDE ORAL TABLET	E	SP
CIMDUO	2	QL; SP
DESCOVY	3	QL; SP
DOVATO	2	QL; SP
entecavir	1	SP
EPCLUSA	2	PA; QL; SP
GENVOYA	3	QL; SP
HARVONI	2	PA; QL; SP
ISENTRESS	2	SP
ISENTRESS HD	2	SP
JULUCA	2	QL; SP
LEDIPASVIR-SOFOSBUVIR	2	PA; QL; SP
MAVYRET	2	PA; QL; SP
NORVIR ORAL PACKET	2	SP
NORVIR ORAL SOLUTION	2	SP
NORVIR ORAL TABLET	E	SP
ODEFSEY	3	QL; SP
oseltamivir phosphate oral capsule	1	

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Drug Name	Drug Tier	Requirements & Limits
oseltamivir phosphate oral suspension reconstituted	1	QL
PREZCOBIX	2	SP
PREZISTA	2	SP
ritonavir	1	SP
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA; QL; SP
STRIBILD	3	QL; SP
SYMFI	2	QL; SP
SYMFI LO	2	QL; SP
TAMIFLU ORAL CAPSULE	E	
TAMIFLU ORAL SUSPENSION RECONSTITUTED	E	QL
tenofovir disoproxil fumarate	1	SP
TIVICAY	3	SP
TRIUMEQ	2	QL; SP
TRUVADA	3	QL; SP
valacyclovir hcl oral	1	QL
VALTREX	E	QL
VEMLIDY	3	ST; SP
VIREAD ORAL POWDER	3	SP
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	SP
VIREAD ORAL TABLET 300 MG	E	SP
VOSEVI	2	PA; QL; SP
ZEPATIER	2	PA; ST; QL; SP
ZOVIRAX ORAL	3	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
clonazepam oral	1	
diazepam intensol	1	
diazepam oral	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam intensol	1	
lorazepam oral	1	
triazolam	1	
VALIUM	E	
VISTARIL	3	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	3	
acetazolamide er	1	
acetazolamide oral	1	
ADALAT CC	3	
ALDACTONE	3	
aliskiren fumarate	1	QL
ALTACE	3	
ALTOPREV	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	

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Drug Name	Drug Tier	Requirements & Limits
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	QL; H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	QL
AVALIDE	3	
AVAPRO	3	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
BETAPACE	E	
BIDIL	2	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
BYSTOLIC	2	
CALAN	3	
CALAN SR	3	
CARDIZEM	E	
CARDIZEM CD	E	
CARDIZEM LA	E	
CARDURA	3	
CAROSPIR	3	PA
cartia xt	1	
carvedilol	1	
CATAPRES	3	
chlorthalidone	1	
clonidine hcl oral	1	
colesevelam hcl	E	
COREG	3	
CORGARD	3	
CORLANOR ORAL TABLET	3	PA; QL
COZAAR	3	
CRESTOR	E	QL
diltiazem hcl er coated beads	1	
diltiazem hcl er oral capsule extended release 12 hour	1	
diltiazem hcl er oral capsule extended release 24 hour 180 mg, 240 mg	1	
diltiazem hcl oral	1	
dilt-xr	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
DYAZIDE	3	
EDARBI	3	
EDARBYCLOR	3	
enalapril maleate oral	1	
EPANED	3	PA
EXFORGE	E	
EZALLOR SPRINKLE	E	
ezetimibe	1	
ezetimibe-simvastatin	1	
fenofibrate oral capsule 150 mg, 50 mg	E	
fenofibrate oral tablet 120 mg, 145 mg, 40 mg, 48 mg	E	
fenofibrate oral tablet 160 mg, 54 mg	1	
FENOGLIDE	E	
flecainide acetate	1	
FLOLIPID	3	PA

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Drug Name	Drug Tier	Requirements & Limits
furosemide oral	1	
gemfibrozil oral	1	
GONITRO	E	QL
guanfacine hcl	1	
HEMANGEOL	E	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	3	
INDERAL LA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
KAPSPARGO SPRINKLE	3	
labetalol hcl oral	1	
LASIX	3	
LIPITOR	E	QL
LIPOFEN	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	3	
LOPRESSOR	3	
losartan potassium	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTENSIN HCT	3	
LOTREL	3	
lovastatin	1	H
LOVAZA	E	PA
matzim la	1	
MAXZIDE	3	
MAXZIDE-25	3	
metoprolol succinate er	1	

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

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Drug Name	Drug Tier	Requirements & Limits
PACERONE ORAL TABLET 100 MG, 400 MG	3	
pacerone oral tablet 200 mg	1	
PRALUENT	2	PA; ST; QL; SP
PRAVACHOL	3	
pravastatin sodium	1	
prazosin hcl oral	1	
PRINIVIL	3	
PROCARDIA	3	
PROCARDIA XL	3	
propranolol hcl er	1	
propranolol hcl oral	1	
QBRELIS	3	PA
quinapril hcl	1	
ramipril	1	
RANEXA	E	
ranolazine er	1	
REPATHA	2	PA; ST; QL; SP
REPATHA PUSHTRONEX SYSTEM	2	PA; ST; QL; SP
REPATHA SURECLICK	2	PA; ST; QL; SP
rosuvastatin calcium	1	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
sotalol hcl oral	1	
SOTYLIZE	3	PA
spironolactone oral	1	
TEKTURNA	3	QL
TEKTURNA HCT	3	QL
telmisartan	1	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
TOPROL XL	3	
torsemide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	3	PA
VASOTEC	E	
verapamil hcl er	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM	3	
VYTORIN	E	
WELCHOL	1	
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC	3	
ZOCOR	3	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	PA
ADDERALL XR	1	QL
ADHANSIA XR	E	PA; QL
amphetamine-dextroamphetamine	1	PA
amphetamine-dextroamphetamine er	E	QL
APTENSIO XR	E	PA; QL
atomoxetine hcl	1	QL
CONCERTA	1	PA; QL
DEXEDRINE	E	PA
dexmethylphenidate hcl	1	PA

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Drug Name	Drug Tier	Requirements & Limits
dexmethylphenidate hcl er	1	PA; QL
dextroamphetamine sulfate	1	PA
dextroamphetamine sulfate er	1	PA
FOCALIN	3	PA
FOCALIN XR	E	PA; QL
guanfacine hcl er	1	QL
INTUNIV	E	QL
JORNAY PM	E	PA
metadate er	1	PA; QL
METHYLIN	3	PA
methylphenidate hcl er (cd)	1	PA; QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	1	PA; QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	1	PA
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	1	PA; QL
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	E	PA; QL
methylphenidate hcl er oral tablet extended release 24 hour	E	PA; QL
methylphenidate hcl oral	1	PA
MYDAYIS	E	PA; QL
PROCENTRA	3	PA
QUILLICHEW ER	E	PA; QL
QUILLIVANT XR	E	PA; QL
relexxii	E	PA; QL
RITALIN	3	PA
RITALIN LA	E	PA; QL
STRATTERA	E	QL
VYVANSE	2	PA; QL
ZENZEDI	E	PA
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	E	PA; QL; SP
AUBAGIO	3	PA; QL; SP
AVONEX PEN	2	PA; QL; SP
AVONEX PREFILLED	2	PA; QL; SP
BETASERON	2	PA; QL; SP
COPAXONE	E	PA; QL; SP
dalfampridine er	1	PA; QL; SP
EXTAVIA	E	PA; ST; QL; SP
GILENYA	3	PA; QL; SP
glatiramer acetate	1	PA; QL; SP
glatopa	E	PA; QL; SP
PLEGRIDY	3	PA; QL; SP
PLEGRIDY STARTER PACK	3	PA; QL; SP
REBIF	3	PA; ST; QL; SP
REBIF REBIDOSE	3	PA; ST; QL; SP
REBIF REBIDOSE TITRATION PACK	3	PA; ST; QL; SP
REBIF TITRATION PACK	3	PA; ST; QL; SP
TECFIDERA	2	PA; QL; SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA; QL; SP
LYRICA	3	ST; QL
LYRICA CR	E	ST; QL
NUEDEXTA	2	PA
pregabalin oral	1	ST; QL

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Drug Name	Drug Tier	Requirements & Limits
RILUTEK	3	SP
riluzole	1	SP
TIGLUTIK	3	PA
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cavarest	1	
chlorhexidine gluconate mouth/throat	1	
clinpro 5000	1	
denta 5000 plus	1	
dentagel	1	
fluoridex	1	
fluoridex enhanced whitening	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous mouth/throat solution 2 %	1	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	3	
neutral sodium fluoride	1	
paroex	1	
PERIDEX	3	
periogard	1	
PREVIDENT	3	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride dental	1	

Drug Name	Drug Tier	Requirements & Limits
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	PA
ACZONE EXTERNAL GEL 5 %	1	QL
ACZONE EXTERNAL GEL 7.5 %	3	QL
ALA SCALP	3	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	
ALDARA	3	QL
ALTRENO	E	PA; QL
amnesteem	1	
ATRALIN	E	PA; QL
AVAR	E	
avar cleanser	1	
AVAR LS CLEANSER	E	
AVAR LS EXTERNAL PAD	E	
AVAR-E EMOLLIENT	3	
AVAR-E GREEN	3	
AVAR-E LS	3	
avita	E	PA; QL
azelaic acid external	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
bp 10-1	1	
calcipotriene-betameth diprop	1	QL
calcitriol external	1	QL
CAPEX	2	
CARAC	2	
claravis	1	

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Drug Name	Drug Tier	Requirements & Limits
CLEOCIN-T EXTERNAL GEL	3	QL
CLEOCIN-T EXTERNAL LOTION	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	QL
clindamycin phosphate external foam	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	QL
clindamycin phosphate external swab	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	E	
clindamycin phosphate gel 1 % external	1	QL
clobetasol propionate external cream	1	QL
clobetasol propionate external foam	E	QL
clobetasol propionate external gel	1	QL
clobetasol propionate external liquid	1	QL
clobetasol propionate external lotion	E	QL
clobetasol propionate external ointment	1	QL
clobetasol propionate external shampoo	E	QL
clobetasol propionate external solution	1	QL
CLOBEX	E	QL
CLOBEX SPRAY	3	QL
clodan external shampoo	E	QL
clotrimazole-betamethasone external cream	1	QL
clotrimazole-betamethasone external lotion	1	
dapsone external	E	QL
DERMA-SMOOTHE/FS BODY	3	QL
DERMA-SMOOTHE/FS SCALP	3	
DESONATE	3	ST; QL
desonide external	1	QL
DESOWEN	3	QL
DIPROLENE	3	
DIPROLENE AF	3	
DUAC	E	QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	3	PA; ST; QL; SP
EFUDEX	3	
ELIDEL	3	ST; QL
ELOCON	3	
ENSTILAR	3	QL
EUCRISA	3	ST; QL
EVOCLIN	3	
FINACEA	3	
fluocinolone acetonide body	1	QL
fluocinolone acetonide external	1	QL
fluocinolone acetonide scalp	1	
fluocinonide external cream 0.05 %	1	

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Drug Name	Drug Tier	Requirements & Limits
fluocinonide external cream 0.1 %	E	QL
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
FLUOROPLEX	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	3	
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
imiquimod external	1	QL
IMIQUIMOD PUMP	E	QL
IMPOYZ	E	QL
isotretinoin oral	1	
KENALOG EXTERNAL	E	QL
LOTRISONE	3	QL
methoxsalen oral	1	
methoxsalen rapid	1	
METROCREAM	3	
METROGEL	E	
METROLOTION	3	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
metronidazole external gel 1 %	E	
metronidazole external lotion	1	
MIRVASO	3	QL
mometasone furoate external	1	
myorisan	1	
neuac external gel	1	QL
NORITATE	E	
OLUX	E	QL
OXSORALEN ULTRA	2	
PICATO	3	QL
pimecrolimus	1	ST; QL
PLEXION	E	
PLEXION CLEANSER	E	
PLEXION CLEANSING CLOTH	E	
RETIN-A	E	PA; QL
RHOFADE	3	PA; QL
rosadan external cream	1	
rosadan external gel	1	
SERNIVO	E	QL
sss 10-5	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external cream 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external emulsion	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %	1	

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Drug Name	Drug Tier	Requirements & Limits
sulfacetamide sodium-sulfur external lotion 10-5 %	1	
sulfacetamide sodium-sulfur external lotion 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external pad	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide sodium-sulfur external suspension 8-4 %	E	
sulfacleanse 8/4	E	
sulfamez wash	1	
SUMADAN WASH	E	
SUMAXIN	3	
SUMAXIN WASH	3	
SYNALAR	E	QL
TACLONEX EXTERNAL OINTMENT	E	QL
TACLONEX EXTERNAL SUSPENSION	3	
tazarotene external	E	PA; QL
TAZORAC EXTERNAL CREAM 0.05 %	3	PA; QL
TAZORAC EXTERNAL CREAM 0.1 %	1	PA; QL
TAZORAC EXTERNAL GEL	3	PA; QL
TEMOVATE	3	QL
TEXACORT	2	
TOLAK	E	
tretinoin external cream	1	PA; QL
tretinoin external gel 0.01 %, 0.05 %	E	PA; QL
tretinoin gel 0.025 % external	1	PA
tretinoin gel 0.025 % external	E	PA; QL
triamcinolone acetonide external aerosol solution	1	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment	1	
TRIANEX	E	
triderm external cream 0.1 %	1	
triderm external cream 0.5 %	1	QL
tridesilon	1	QL
VANOS	E	QL
VECTICAL	3	QL
VERDESO	E	QL
zenatane	1	
ZYCLARA	E	QL
ZYCLARA PUMP	E	QL
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA DEVICE	E	
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	E	
ACCU-CHEK AVIVA PLUS	E	
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK COMPACT PLUS CARE KIT	E	
ACCU-CHEK COMPACT PLUS TEST STRIPS	E	QL
ACCU-CHEK GUIDE	E	

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Drug Name	Drug Tier	Requirements & Limits
ACCU-CHEK GUIDE TEST STRIPS	E	QL
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	E	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD ULTRA-FINE INSULIN SYRINGES	2	
BD ULTRA-FINE PEN NEEDLES	2	
CONTOUR NEXT MONITOR	2	
CONTOUR NEXT TEST	2	QL
CONTOUR TEST	E	QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	3	PA; QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	3	PA; QL
EASYPLUS BLOOD GLUCOSE TEST	3	QL
ENLITE GLUCOSE SENSOR	E	PA
FREESTYLE LIBRE 14 DAY READER	3	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA; QL
FREESTYLE LIBRE READER	3	PA; QL
FREESTYLE LIBRE SENSOR SYSTEM	3	PA; QL
FREESTYLE PRECISION NEO TEST	E	QL
GUARDIAN CONNECT TRANSMITTER	E	PA; QL
GUARDIAN LINK 3 TRANSMITTER	E	
GUARDIAN SENSOR (3)	3	PA
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
ONETOUCH ULTRA 2	1	
ONETOUCH ULTRA BLUE TEST STRIPS	1	QL
ONETOUCH ULTRA MINI	1	
ONE TOUCH VERIO KIT W/DEVICE	1	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
ONETOUCH VERIO IQ SYSTEM	1	
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	1	
PRECISION LINK	E	
PRECISION PCX PLUS TEST	E	QL
PRECISION QID MONITOR	E	
PRECISION QID TEST	E	QL
PRECISION SOF-TACT MONITOR	E	
PRECISION SOF-TACT TEST	E	QL

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Drug Name	Drug Tier	Requirements & Limits
PRECISION XTRA BLOOD GLUCOSE	E	QL
PRECISION XTRA DEVICE	E	
PRECISION XTRA KIT	E	
PRECISION XTRA MONITOR	E	
RELION BLOOD GLUCOSE TEST	E	QL
RELION ULTIMA TEST	3	QL
SOF-SENSOR	E	PA; QL
TRUE METRIX BLOOD GLUCOSE TEST	3	QL
TRUETRACK TEST	3	QL
Diabetes - Insulin		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT	E	PA; QL
AFREZZA INHALATION POWDER 4 & 8 & 12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	E	PA
BASAGLAR KWIKPEN	1	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL

Drug Name	Drug Tier	Requirements & Limits
HUMALOG U-100 VIAL AND CARTRIDGE SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	QL
HUMALOG U-100 VIAL AND CARTRIDGE SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL (CONCENTRATED)	1	QL
HUMULIN R VIAL	1	QL
INSULIN LISPRO	E	QL
LANTUS SOLOSTAR	E	QL
LANTUS U-100 VIAL	E	QL
LEVEMIR U-100 FLEXTOUCH	E	QL
LEVEMIR U-100 VIAL	E	QL
NOVOLIN 70/30 FLEXPEN	E	ST; QL
NOVOLIN 70/30 FLEXPEN RELION	E	ST; QL
NOVOLIN 70/30 RELION	E	ST; QL
NOVOLIN 70/30 VIAL	E	ST; QL
NOVOLIN N RELION	E	ST; QL
NOVOLIN N VIAL	E	ST; QL
NOVOLIN R RELION	E	ST; QL
NOVOLIN R VIAL	E	ST; QL
NOVOLOG FLEXPEN	E	ST; QL
NOVOLOG PENFILL	E	ST; QL
NOVOLOG U-100 VIAL	E	ST; QL

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Drug Name	Drug Tier	Requirements & Limits
TOUJEO MAX SOLOSTAR	E	QL
TOUJEO SOLOSTAR	E	QL
TRESIBA	2	QL
TRESIBA FLEXTOUCH	2	QL
Diabetes - Non-Insulin Agents		
ACTOS	E	QL
ADLYXIN	3	QL
ADLYXIN STARTER PACK	3	QL
ALOGLIPTIN BENZOATE	E	QL
ALOGLIPTIN-METFORMIN HCL	E	QL
ALOGLIPTIN-PIOGLITAZONE	E	QL
AMARYL	3	
BYDUREON	2	QL
BYDUREON BCISE AUTOINJECTOR	2	QL
BYETTA 10 MCG PEN	2	QL
BYETTA 5 MCG PEN	2	QL
FARXIGA	E	ST; QL
FORTAMET	E	PA
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
GLUCAGON EMERGENCY	2	QL
GLUCOPHAGE	3	
GLUCOPHAGE XR	3	PA
GLUCOTROL	3	
GLUCOTROL XL	3	
GLUMETZA	E	PA
glyburide oral	1	
glyburide-metformin	1	

Drug Name	Drug Tier	Requirements & Limits
GLYXAMBI	2	ST; QL
INVOKAMET	2	QL
INVOKAMET XR	2	QL
INVOKANA	2	ST; QL
JANUVIA	3	ST; QL
JARDIANCE	2	ST; QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KAZANO	2	QL
KOMBIGLYZE XR	2	QL
metformin hcl er	1	
metformin hcl er (mod)	E	PA
metformin hcl er (osm)	E	PA
METFORMIN HCL ORAL SOLUTION	3	
metformin hcl oral tablet	1	
NESINA	2	QL
ONGLYZA	2	QL
OSENI	2	QL
OZEMPIC	3	QL
pioglitazone hcl	1	QL
RIOMET	3	
SOLIQUA	2	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRULICITY	3	QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	(2 Pak); QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	(3 Pak); QL
Drugs for Blood Disorders		
AFSTYLA	3	PA; SP

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Drug Name	Drug Tier	Requirements & Limits
ARANESP (ALBUMIN FREE)	2	QL; SP
ELOCTATE	3	PA; SP
HELIXATE FS	E	SP
JIVI	3	PA; SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA; QL; SP
NEULASTA	3	SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
RECOMBINATE	3	PA; ST; SP
RETACRIT	2	QL; SP
ZARXIO	2	SP
Drugs for Sexual Dysfunction		
ADDYI	3	PA; QL
CIALIS ORAL TABLET 10 MG, 20 MG	E	QL
CIALIS ORAL TABLET 2.5 MG, 5 MG	E	ST; QL
IMVEXXY MAINTENANCE PACK	3	QL
IMVEXXY STARTER PACK	3	QL
INTRAROSA	3	QL
LEVITRA	E	QL
OSPHENA	3	PA; QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STAXYN	E	QL
STENDRA	3	PA; QL
tadalafil oral tablet 10 mg, 20 mg	1	QL
tadalafil oral tablet 2.5 mg, 5 mg	1	ST; QL
vardenafil hcl oral tablet	1	QL
vardenafil hcl oral tablet dispersible	E	QL
VIAGRA	E	QL
Electrolytes / Vitamins		
DRISDOL	3	
ERGOCAL	3	
ergocalciferol oral capsule	1	
FLORIVA PLUS	3	
folic acid oral tablet 1 mg	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
KLOR-CON M15	3	
klor-con m20	1	
klor-con sprinkle	1	
K-TAB	3	
LOKELMA	3	PA; QL
multi-vitamin/fluoride	1	
multivitamin/fluoride oral solution	1	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
multivitamins/fluoride	1	
mvc-fluoride	1	
POLY-VI-FLOR	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
QUFLORA PEDIATRIC	3	
SYPRINE	1	PA; SP
trientine hcl	E	PA; SP
UROCIT-K 10	3	
UROCIT-K 15	3	

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Drug Name	Drug Tier	Requirements & Limits
UROCIT-K 5	3	
VELTASSA	3	PA; QL
vitamin d (ergocalciferol) oral capsule 50000 unit	1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
ACIPHEX SPRINKLE	E	QL
CARAFATE	3	
CYTOTEC	3	
DEXILANT	3	QL
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral	1	
PROTONIX ORAL	E	
PYLERA	3	QL
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	E	QL
rabeprazole sodium oral tablet delayed release	1	QL
ranitidine hcl oral capsule	E	
ranitidine hcl oral syrup	1	
ranitidine hcl oral tablet 150 mg, 300 mg	E	
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
ACTIGALL	3	
ANASPAZ	2	
CLENPIQ	3	
COLYTE WITH FLAVOR PACKS	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ed-spaz	1	
gavilyte-c	1	H
gavilyte-g	1	QL; H
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	2	QL
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	QL
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
LEVBID	3	
LEVSIN ORAL	3	
LEVSIN/SL	3	
LINZESS	2	PA; QL
LOMOTIL	3	
MOTEGRITY	3	PA; QL
MOVANTIK	E	PA; QL
MOVIPREP	3	QL
NULEV	3	
oscimin	1	
oscimin sr	1	
peg 3350/electrolytes	1	H
peg-3350/electrolytes	1	QL; H
PLENVU	3	
PREPOPIK	3	QL
SUPREP BOWEL PREP KIT	3	QL
SYMAX DUOTAB	3	
symax-sl	1	
symax-sr	1	
SYMPROIC	2	PA; QL
TRULANCE	3	PA; ST; QL

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Drug Name	Drug Tier	Requirements & Limits
URSO 250	3	
URSO FORTE	3	
ursodiol oral	1	
VIBERZI	3	PA; QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	2	PA; SP
CREON	2	
ENDARI	3	PA; QL
NITYR	2	PA; SP
ORFADIN	E	PA; SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA; QL; SP
VIOKACE	3	ST
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
CUPRIMINE	3	SP
DEPEN TITRATABS	2	SP
DITROPAN XL	3	
D-PENAMINE	2	SP
FOSRENOL ORAL PACKET	3	
FOSRENOL ORAL TABLET CHEWABLE	E	
GELNIQUE	E	
GELNIQUE PUMP	E	
lanthanum carbonate	1	
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
penicillamine oral	1	SP
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
TOVIAZ	3	
VELPHORO	2	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	3	
RAPAFLO	3	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	3	
Hormonal Agents - Hormone Replacement and Birth Control		
afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
amethia	1	H
amethia lo	1	H
apri	1	H
ashlyna	1	H
aubra	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	3	
ayuna	1	H
azurette	1	H

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

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

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

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Drug Name	Drug Tier	Requirements & Limits
MINIVELLE	E	QL
MIRCETTE	3	
mono-linyah	1	H
NATAZIA	2	
necon 0.5/35 (28)	1	H
nikki	1	H
nora-be	1	H
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	E	
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic	1	H
norlyda	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
NUVARING	2	H
ocella	1	H
ogestrel	1	H
orsythia	1	H
ORTHO MICRONOR	3	
ORTHO TRI-CYCLEN LO	E	
ORTHO-NOVUM 1/35 (28)	3	
philith	1	H
pimtrea	1	H
pirmella 1/35	1	H
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
previfem	1	H
progesterone micronized oral	1	
PROMETRIUM	E	
PROVERA	3	
QUARTETTE	E	
reclipsen	1	H
rivelsa	E	
SAFYRAL	E	
SEASONIQUE	3	
setlakin	1	H
sharobel	1	H
simliya	1	H
simpesse	1	H
sprintec 28	1	H
sronyx	1	H
syeda	1	H
tarina 24 fe	1	H
tarina fe 1/20	1	H
tarina fe 1/20 eq	1	H
TAYTULLA	E	
tri femynor	1	H
tri-estarylla	1	H
tri-linyah	1	H
tri-lo-estarylla	1	H
tri-lo-marzia	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-previfem	1	H
tri-sprintec	1	H
tri-vylibra	1	H

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Drug Name	Drug Tier	Requirements & Limits
tri-vylibra lo	1	H
tulana	1	H
tydemy	E	
VAGIFEM	E	
vienva	1	H
viorele	1	H
VIVELLE-DOT	1	QL
vyfemla	1	H
vylibra	1	H
wera	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvafem	1	
zarah	1	H
zumandimine	1	H
Hormonal Agents - Oral Steroids		
CORTEF	3	
DECADRON	E	
deltasone oral tablet 20 mg	1	
dexamethasone intensol	1	
dexamethasone oral	1	
DEXPAK 10 DAY	3	
DEXPAK 13 DAY	3	
DEXPAK 6 DAY	3	
DXEVO 11-DAY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
MILLIPRED	2	
MILLIPRED DP	2	
MILLIPRED DP 12-DAY	2	
ORAPRED ODT	3	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral	1	
prednisone intensol	1	
prednisone oral	1	
RAYOS	E	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	3	
TAPERDEX 7-DAY	3	
Hormonal Agents - Other		
cabergoline	1	
DDAVP INJECTION	3	
DDAVP ORAL	3	
desmopressin acetate injection	1	
desmopressin acetate oral	1	
GENOTROPIN	E	PA; QL; SP
GENOTROPIN MINIQUICK	E	PA; QL; SP
HUMATROPE	E	PA; QL; SP
NOCDURNA	3	PA; QL
NOCTIVA	E	PA; QL
NORDITROPIN FLEXPRO	E	PA; QL; SP
NUTROPIN AQ NUSPIN 10	2	PA; QL; SP
NUTROPIN AQ NUSPIN 20	2	PA; QL; SP
NUTROPIN AQ NUSPIN 5	2	PA; QL; SP
OMNITROPE	E	PA; QL; SP

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Drug Name	Drug Tier	Requirements & Limits
ORILISSA	3	PA; QL
STIMATE	3	
ZOMACTON	E	PA; QL; SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	PA; QL
ANDROGEL	E	PA; QL
ANDROGEL PUMP	E	PA; QL
DEPO-TESTOSTERONE	3	
FORTESTA	E	PA; QL
METHITEST	2	
methyltestosterone oral	1	
NATESTO	E	PA; QL
STRIANT	3	PA; QL
TESTIM	1	PA; QL
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 12.5 mg/act (1%) transdermal	E	PA; QL
testosterone gel 20.25 mg/1.25gm (1.62%) transdermal	E	PA; QL
testosterone gel 40.5 mg/2.5gm (1.62%) transdermal	E	PA; QL
testosterone gel 50 mg/5gm (1%) transdermal	E	PA; QL
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%)	E	PA; QL
testosterone transdermal solution	E	PA; QL
VOGELXO	E	PA; QL
VOGELXO PUMP	E	PA; QL
XYOSTED	E	PA

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	
CYTOMEL	E	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral	1	
levothyroxine-liothyronine oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NATURE-THROID	3	
np thyroid	1	
SYNTHROID	2	
TAPAZOLE	3	
TIROSINT	E	
TIROSINT-SOL	3	
unithroid	1	
WESTHROID	3	
WP THYROID	3	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA; ST; QL; SP
ACTEMRA SUBCUTANEOUS	3	PA; ST; QL; SP
ASTAGRAF XL	E	SP
AZASAN	3	
azathioprine oral	1	
CELLCEPT	E	SP
CIMZIA PREFILLED KIT	2	PA; QL; SP
CIMZIA STARTER KIT	2	PA; QL; SP
COSENTYX (300 MG DOSE)	3	PA; ST; QL; SP
COSENTYX 150 MG/ML	3	PA; ST; QL; SP

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Drug Name	Drug Tier	Requirements & Limits
COSENTYX SENSOREADY (300 MG)	3	PA; ST; QL; SP
COSENTYX SENSOREADY PEN	3	PA; ST; QL; SP
cyclosporine modified	1	SP
ENBREL	3	PA; ST; QL; SP
ENBREL MINI	3	PA; ST; QL; SP
ENBREL SURECLICK	3	PA; ST; QL; SP
ENVARSUS XR	E	SP
FIRAZYR	1	PA; QL; SP
gengraf	1	SP
HAEGARDA	2	PA; QL; SP
HUMIRA	2	PA; QL; SP
HUMIRA PEDIATRIC CROHNS START	2	PA; QL; SP
HUMIRA PEN	2	PA; QL; SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA; QL; SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA; QL; SP
icatibant acetate	E	PA; QL; SP
IMURAN	E	
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil	1	SP
mycophenolate sodium	1	SP
MYFORTIC	E	SP
NEORAL	E	SP
OLUMIANT	2	PA; QL; SP
ORENCIA CLICKJECT	3	PA; ST; QL; SP
ORENCIA SUBCUTANEOUS	3	PA; ST; QL; SP
OTEZLA	2	PA; QL; SP
OTREXUP	E	ST; QL
PROGRAF ORAL	E	SP
RAPAMUNE ORAL SOLUTION	3	SP
RAPAMUNE ORAL TABLET	E	SP
RASUVO	3	ST; QL
RINVOQ	2	PA; QL; SP
SILIQ	E	PA; ST; QL; SP
SIMPONI	2	PA; QL; SP
sirolimus oral	1	SP
SKYRIZI (150 MG DOSE)	2	PA; QL; SP
STELARA SUBCUTANEOUS	2	PA; QL; SP
tacrolimus oral	1	SP
TAKHZYRO	2	PA; QL; SP
TALTZ	E	PA; ST; QL; SP
TREMFYA	2	PA; QL; SP
TREXALL	2	
XELJANZ	2	PA; ST; QL; SP
XELJANZ XR	2	PA; ST; QL; SP
Infertility Agents		
chorionic gonadotropin intramuscular	1	SP
CRINONE VAGINAL GEL 4 %	3	ST
CRINONE VAGINAL GEL 8 %	3	PA; ST
ENDOMETRIN	2	PA
FOLLISTIM AQ	2	SP
ganirelix acetate solution 250 mcg/0.5ml subcutaneous	1	(Ferring); QL; SP

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Drug Name	Drug Tier	Requirements & Limits
ganirelix acetate solution 250 mcg/0.5ml subcutaneous	1	(Merck/ Organon); QL; SP
HCG	E	
NOVAREL	3	SP
pregnyl	1	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	3	
ANALPRAM HC SINGLES	3	
ANALPRAM-HC	3	
APRISO	2	
ASACOL HD	E	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
budesonide er	E	
budesonide oral	1	
CANASA	E	
CORTIFOAM	2	
DELZICOL	E	
DIPENTUM	3	
ENTOCORT EC	E	
hydrocortisone ace-pramoxine rectal	1	
LIALDA	1	
mesalamine oral	E	
mesalamine rectal	1	
PENTASA	E	
PROCORT	E	
PROCTOFOAM HC	2	
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	1	
UCERIS RECTAL	2	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium	1	

Drug Name	Drug Tier	Requirements & Limits
BINOSTO	E	QL
BONIVA ORAL	3	
calcitriol oral	1	
FORTEO	3	PA; SP
FOSAMAX	3	
ibandronate sodium oral	1	
ROCALTROL	3	
TYMLOS	3	PA; SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	E	
ALREX	3	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
CILOXAN	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LASTACAFT	3	QL
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	3	QL
LOTEMAX SM	3	QL
loteprednol etabonate	1	QL
MAXITROL	3	
MOXEZA	3	

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Drug Name	Drug Tier	Requirements & Limits
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	1	QL
olopatadine hcl ophthalmic solution 0.2 %	E	QL
PATADAY	E	QL
PATANOL	E	QL
PAZEO	E	QL
polymyxin b-trimethoprim	1	
POLYTRIM	3	
PRED FORTE	3	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
TOBRADEX	3	
TOBRADEX ST	E	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBREX	3	
VIGAMOX	E	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
AZOPT	2	QL
BETIMOL	2	QL
bimatoprost ophthalmic	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	1	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
COMBIGAN	2	QL
COSOPT	3	
COSOPT PF OPHTHALMIC SOLUTION 22.3-6.8 MG/ML	E	QL
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf ophthalmic solution 22.3-6.8 mg/ml	E	QL
ISTALOL	3	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	E	QL
timolol maleate ophthalmic	1	
TIMOPTIC	3	
TIMOPTIC OCUDOSE	2	
TIMOPTIC-XE	3	
TRAVATAN Z	2	QL
VYZULTA	E	ST; QL
XALATAN	E	
XELPROS	3	QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
CEQUA	E	PA; QL
RESTASIS	3	PA; QL

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Drug Name	Drug Tier	Requirements & Limits
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	E	PA; QL
XIIDRA	3	PA; QL
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	3	
FLOXIN OTIC	E	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	E	QL
EPINEPHRINE INJECTION SOLUTION 0.3 MG/0.3ML	1	QL
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.15 MG/0.3ML	1	QL
EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION	1	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
SYMJEPI	2	QL
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
ASTEPRO	E	
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl nasal solution 0.15 %	E	
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
bromfed dm	1	
cyproheptadine hcl oral	1	
fluticasone propionate nasal	1	QL
hydrocodone polst-cpm polst er	1	PA; QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral	1	
OMNARIS	E	QL
promethazine-codeine	1	PA; QL
pseudoephedrine-bromphen-dm	1	
TESSALON PERLES	3	
TUSSICAPS	3	QL
XHANCE	E	QL
ZETONNA	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ADVAIR DISKUS	1	QL
ADVAIR HFA	3	QL; RS
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
albuterol sulfate er	1	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	(ProAir HFA or Proventil HFA); QL

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Drug Name	Drug Tier	Requirements & Limits
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(Ventolin HFA); QL
albuterol sulfate inhalation	1	
albuterol sulfate oral	1	
ALVESCO	1	QL
ANORO ELLIPTA	3	QL
ARCAPTA NEOHALER	3	QL
ARNUITY ELLIPTA	3	QL
ASMANEX (120 METERED DOSES)	1	QL
ASMANEX (14 METERED DOSES)	1	QL
ASMANEX (30 METERED DOSES)	1	QL
ASMANEX (60 METERED DOSES)	1	QL
ASMANEX (7 METERED DOSES)	1	QL
ASMANEX HFA	1	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL; RS
budesonide inhalation	1	QL
COMBIVENT RESPIMAT	3	QL
FLOVENT DISKUS	3	QL
FLOVENT HFA	3	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	E	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	QL
INCRUSE ELLIPTA	2	QL
ipratropium-albuterol	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
montelukast sodium oral	1	
PERFOROMIST	3	QL
PROAIR HFA	3	QL
PROAIR RESPICLICK	3	QL
PROVENTIL HFA	3	QL
PULMICORT FLEXHALER	3	ST; QL
PULMICORT SUSPENSION	E	QL
QVAR REDIHALER	1	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL; RS
TRELEGY ELLIPTA	3	QL; RS
VENTOLIN HFA	2	QL
wixela inhub	E	QL
XOPENEX HFA	3	QL
YUPELRI	3	PA; QL

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Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	1	PA; QL; SP
KITABIS PAK	E	PA; QL; SP
PULMOZYME	2	PA; QL; SP
TOBI NEBULIZER	E	PA; QL; SP
TOBI PODHALER	3	PA; QL; SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA; QL; SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA; QL; SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	PA; QL; SP
ADEMPAS	2	PA; QL; SP
alyq	1	PA; QL; SP
ambrisentan	1	PA; QL; SP
bosentan	1	PA; QL; SP
LETAIRIS	E	PA; QL; SP
OPSUMIT	2	PA; QL; SP
ORENITRAM	3	PA; QL; SP
tadalafil (pah)	1	PA; QL; SP
TRACLEER 62.5 MG, 125 MG	2	PA; QL; SP
TRACLEER 32 MG	2	PA; SP
TYVASO	2	PA; SP
TYVASO REFILL	2	PA; SP
TYVASO STARTER	2	PA; SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
AMRIX	E	
baclofen oral	1	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl er	E	
cyclobenzaprine hcl oral	1	
FEXMID	3	
metaxall oral tablet 800 mg	1	
metaxalone	1	
methocarbamol oral	1	
ROBAXIN-750	3	
SKELAXIN	E	
SOMA ORAL TABLET 250 MG	E	
SOMA ORAL TABLET 350 MG	3	
tizanidine hcl oral	1	
ZANAFLEX	3	
Sleep Disorder Agents		
AMBIEN	E	QL
AMBIEN CR	E	QL
EDLUAR	E	QL
eszopiclone	1	QL
INTERMEZZO	E	QL
LUNESTA	E	QL
modafinil	1	PA; QL
PROVIGIL	E	PA; QL
RESTORIL	3	
temazepam	1	
zolpidem tartrate er	E	QL
zolpidem tartrate oral	1	QL
zolpidem tartrate sublingual	E	QL
ZOLPIMIST	3	ST; QL

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

Index of Drugs

ABILIFY 18
ABILIFY MYCITE 18
abiraterone acetate 17
ABSORICA 24
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE 27
ACCU-CHEK AVIVA DEVICE 27
ACCU-CHEK AVIVA PLUS 27
ACCU-CHEK COMPACT PLUS CARE KIT 27
ACCU-CHEK COMPACT PLUS TEST STRIPS 27
ACCU-CHEK GUIDE 27, 28
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE 28
ACCU-CHEK SMARTVIEW TEST STRIPS 28
ACCUPRIL 19
acetaminophen-codeine 10
acetaminophen-codeine #2 10
acetaminophen-codeine #3 10
acetaminophen-codeine #4 10
acetazolamide 19
acetazolamide er 19
ACIPHEX 32
ACIPHEX SPRINKLE 32
ACTEMRA 38
ACTEMRA ACTPEN 38
ACTICLATE 12
ACTIGALL 32
ACTOS 30
ACULAR 40
ACULAR LS 40
ACUVAIL 40
acyclovir 18
ACZONE 24
ADALAT CC 19
ADCIRCA 44
ADDERALL 22
ADDERALL XR 22
ADDYI 31
ADEMPAS 44
ADHANSIA XR 22
ADLYXIN 30
ADLYXIN STARTER PACK 30
ADMELOG 29
ADMELOG SOLOSTAR 29
ADVAIR DISKUS 42
ADVAIR HFA 42
afirmelle 33
AFREZZA 29
AFSTYLA 30
AIMOVIG 17
AIRDUO RESPICLICK 113/14 42
AIRDUO RESPICLICK 232/14 42
AIRDUO RESPICLICK 55/14 42
AKYNZEO 16
ALA SCALP 24
ala-cort 24
albuterol sulfate 43
albuterol sulfate er 42
ALBUTEROL SULFATE HFA 42, 43
ALDACTONE 19
ALDARA 24
alendronate sodium 40
alfuzosin hcl er 33
aliskiren fumarate 19
allopurinol 16
ALOGLIPTIN BENZOATE 30
ALOGLIPTIN-METFORMIN HCL 30
ALOGLIPTIN-PIOGLITAZONE 30
ALORA 33
ALPHAGAN P 41
alprazolam 19
alprazolam er 19
alprazolam intensol 19
alprazolam xr 19
ALREX 40
ALTACE 19
altavera 33
ALTOPREV 19
ALTRENO 24
ALVESCO 43
alyacen 1/35 33
alyq 44
AMARYL 30
AMBIEN 44
AMBIEN CR 44
ambrisentan 44
AMERGE 17
amethia 33
amethia lo 33
amiodarone hcl 19
amitriptyline hcl 15
amlodipine besylate 19
amlodipine besylate-benazepril hcl 20
amlodipine besylate-valsartan 20
amnesteem 24
amoxicillin 12
amoxicillin-potassium clavulanate 12
amoxicillin-potassium clavulanate er 12
amphetamine-dextroamphetamine 22
amphetamine-dextroamphetamine er 22
AMPYRA 23
AMRIX 44
ANALPRAM HC 40
ANALPRAM HC SINGLES 40
ANALPRAM-HC 40
ANASPAZ 32
anastrozole 17
ANDRODERM 38
ANDROGEL 38
ANDROGEL PUMP 38
ANORO ELLIPTA 43
apap-caff-dihydrocodeine 10
apri 33
APRISO 40
APTENSIO XR 22
ARAKODA 17
ARANESP (ALBUMIN FREE) 31
ARCAPTA NEOHALER 43
ARICEPT 15
ARIMIDEX 17
aripiprazole 18
ARMOUR THYROID 38
ARNUITY ELLIPTA 43
ARYMO ER 10
ASACOL HD 40
ashlyna 33
ASMANEX (120 METERED DOSES) 43
ASMANEX (14 METERED DOSES) 43
ASMANEX (30 METERED DOSES) 43
ASMANEX (60 METERED DOSES) 43
ASMANEX (7 METERED DOSES) 43
ASMANEX HFA 43
ASTAGRAF XL 38

ASTEPRO 42
atenolol 20
atenolol-chlorthalidone 20
ATIVAN 19
atomoxetine hcl 22
atorvastatin calcium 20
atovaquone-proguanil hcl ... 17
ATRALIN 24
ATRIPLA 18
ATROVENT HFA 43
AUBAGIO 23
aubra 33
aubra eq 33
AUGMENTIN 12
AUGMENTIN ES-600 12
aurovela 1.5/30 33
aurovela 1/20 33
aurovela 24 fe 33
aurovela fe 1.5/30 33
aurovela fe 1/20 33
AURYXIA 33
AUSTEDO 23
AUVI-Q 42
AVALIDE 20
AVAPRO 20
AVAR 24
avar cleanser 24
AVAR LS 24
AVAR LS CLEANSER 24
AVAR-E EMOLLIENT 24
AVAR-E GREEN 24
AVAR-E LS 24
aviane 33
avidoxy 12
avita 24
AVONEX PEN 23
AVONEX PREFILLED 23
AYGESTIN 33
ayuna 33
AZASAN 38
AZASITE 40
azathioprine 38
azelaic acid 24
azelastine hcl 40, 42
azithromycin 12
AZOPT 41
AZULFIDINE 40
AZULFIDINE EN-TABS 40
azurette 33
baclofen 44
BACTRIM 12
BACTRIM DS 12
balziva 34
BARACLUDE 18
BASAGLAR KWIKPEN 29
BD AUTOSHIELD DUO PEN NEEDLES 28
BD ULTRA-FINE INSULIN SYRINGES 28
BD ULTRA-FINE PEN NEEDLES 28
bekyree 34
BELBUCA 10
benazepril hcl 20
benazepril-hydrochlorothiazide 20
BENICAR 20
BENICAR HCT 20
benzonatate 42
BESIVANCE 40
betamethasone dipropionate 24
betamethasone dipropionate aug 24
BETAPACE 20
BETASERON 23
BETHKIS 44
BETIMOL 41
BEVESPI AEROSPHERE .. 43
BEVYXXA 14
bexarotene 17
BEYAZ 34
BIDIL 20
BIJUVA 34
bimatoprost 41
BINOSTO 40
bisoprolol fumarate 20
bisoprolol-hydrochlorothiazide 20
blisovi 24 fe 34
blisovi fe 1.5/30 34
BONIVA 40
BONJESTA 16
bosentan 44
BOSULIF 17
bp 10-1 24
BREO ELLIPTA 43
briellyn 34
BRILINTA 18
brimonidine tartrate 41
bromfed dm 42
budesonide 40, 43
budesonide er 40
BUNAVAIL 12
buprenorphine hcl 12
buprenorphine hcl-naloxone hcl 12
bupropion hcl 15
bupropion hcl er (sr) 15
bupropion hcl er (xl) 15
BUPROPION HCL ER (XL) 15
buspirone hcl 19
butalbital-apap-caffeine 10
BYDUREON 30
BYDUREON BCISE AUTOINJECTOR 30
BYETTA 10 MCG PEN 30
BYETTA 5 MCG PEN 30
BYSTOLIC 20
cabergoline 37
CALAN 20
CALAN SR 20
calcipotriene-betameth diprop 24
calcitriol 24, 40
camila 34
camrese 34
camrese lo 34
CANASA 40
capecitabine 17
CAPEX 24
CARAC 24
CARAFATE 32
carbamazepine 14
carbamazepine er 14
CARBATROL 14
carbidopa-levodopa 18
carbidopa-levodopa er 18
CARDIZEM 20
CARDIZEM CD 20
CARDIZEM LA 20
CARDURA 20
carisoprodol 44
CAROSPIR 20
cartia xt 20
carvedilol 20
CATAPRES 20
cavarest 24
cefadroxil 12
cefdinir 12
cefuroxime axetil 12
CELEBREX 11
celecoxib 11
CELEXA 15
CELLCEPT 38
CENTANY 12
CENTANY AT 12
cephalexin 12

CEQUA 41
CERDELGA 33
CHANTIX 12
CHANTIX CONTINUING MONTH PAK 12
CHANTIX STARTING MONTH PAK 12
chateal 34
chateal eq 34
chlorhexidine gluconate 24
chlorthalidone 20
chorionic gonadotropin 39
CIALIS 31
ciclodan 16
CICLODAN SOLUTION 16
ciclopirox 16
ciclopirox treatment 16
CILOXAN 40
CIMDUO 18
CIMZIA PREFILLED KIT 38
CIMZIA STARTER KIT 38
CIPRO 12
CIPRODEX 42
ciprofloxacin hcl 12, 40
citalopram hydrobromide 15
claravis 24
clarithromycin 12
clarithromycin er 12
CLENPIQ 32
CLEOCIN 12
CLEOCIN-T 25
CLIMARA 34
CLIMARA PRO 34
clindacin etz 25
clindacin-p 25
CLINDAGEL 25
clindamycin hcl 12
clindamycin phosphate 25
CLINDAMYCIN PHOSPHATE 25
clindamycin phosphate-benzoyl peroxide 25
CLINDESSE 12
clinpro 5000 24
clobetasol propionate 25
CLOBEX 25
CLOBEX SPRAY 25
clodan 25
clonazepam 19
clonidine hcl 20
clopidogrel bisulfate 18
clotrimazole-betamethasone 25
COLCHICINE 16
COLCRYS 16
colesevelam hcl 20
COLYTE WITH FLAVOR PACKS 32
COMBIGAN 41
COMBIVENT RESPIMAT 43
CONCERTA 22
CONTOUR NEXT MONITOR 28
CONTOUR NEXT TEST 28
CONTOUR TEST 28
CONZIP 10
COPAXONE 23
COREG 20
coremino 12
CORGARD 20
CORLANOR 20
CORTEF 37
CORTIFOAM 40
COSENTYX (300 MG DOSE) 38
COSENTYX 150 MG/ML 38
COSENTYX SENSOREADY (300 MG) 39
COSENTYX SENSOREADY PEN 39
COSOPT 41
COSOPT PF 41
COUMADIN 14
COZAAR 20
CREON 33
CRESEMBA 16
CRESTOR 20
CRINONE 39
cryselle-28 34
CUPRIMINE 33
cyclafem 1/35 34
cyclobenzaprine hcl 44
cyclobenzaprine hcl er 44
cyclosporine modified 39
CYMBALTA 15
cyproheptadine hcl 42
cyred 34
cyred eq 34
CYTOMEL 38
CYTOTEC 32
dalfampridine er 23
dapsone 25
dasetta 1/35 34
daysee 34
DDAVP 37
deblitane 34
DECADRON 37
deltasone 37
delyla 34
DELZICOL 40
denta 5000 plus 24
dentagel 24
DEPAKOTE 14
DEPAKOTE ER 14
DEPAKOTE SPRINKLES 14
DEPEN TITRATABS 33
DEPO-PROVERA 34
DEPO-SUBQ PROVERA 104 34
DEPO-TESTOSTERONE 38
DERMA-SMOOTHE/FS BODY 25
DERMA-SMOOTHE/FS SCALP 25
DESCOVY 18
desmopressin acetate 37
desogestrel-ethinyl estradiol 34
DESONATE 25
desonide 25
DESOWEN 25
desvenlafaxine succinate er 15
dexamethasone 37
dexamethasone intensol 37
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) 28
DEXEDRINE 22
DEXILANT 32
dexmethylphenidate hcl 22
dexmethylphenidate hcl er 23
DEXPAK 10 DAY 37
DEXPAK 13 DAY 37
DEXPAK 6 DAY 37
dextroamphetamine sulfate 23
dextroamphetamine sulfate er 23
diazepam 19
diazepam intensol 19
DICLEGIS 16
diclofenac potassium 11
diclofenac sodium 11
diclofenac sodium er 11
dicyclomine hcl 32
DIFICID 12
DIFLUCAN 16

DILAUDID 10
diltiazem hcl 20
diltiazem hcl er 20
diltiazem hcl er coated beads 20
dilt-xr 20
DIOVAN 20
DIOVAN HCT 20
DIPENTUM 40
diphenoxylate-atropine 32
DIPROLENE 25
DIPROLENE AF 25
DITROPAN XL 33
divalproex sodium 14
divalproex sodium er 14
DIVIGEL 34
donepezil hcl 15
DORYX 12
DORYX MPC 12
dorzolamide hcl-timolol mal 41
dorzolamide hcl-timolol mal pf 41
dotti 34
DOVATO 18
doxazosin mesylate 20
doxepin hcl 15
doxycycline hyclate 12, 13
DOXYCYCLINE HYCLATE 13
doxycycline monohydrate ... 13
doxylamine-pyridoxine 16
D-PENAMINE 33
DRISDOL 31
drospiren-eth estrad-levomefol 34
drospirenone-ethinyl estradiol 34
DUAC 25
DUAVEE 34
duloxetine hcl 15
DUOPA 18
DUPIXENT 25
DURAGESIC-100 10
DURAGESIC-12 10
DURAGESIC-25 10
DURAGESIC-50 10
DURAGESIC-75 10
DVORAH 10
DXEVO 11-DAY 37
DYAZIDE 20
EASYPLUS BLOOD GLUCOSE TEST 28
EC-NAPROSYN 11
ec-naproxen 11
EDARBI 20
EDARBYCLOR 20
EDLUAR 44
ed-spaz 32
EFFEXOR XR 15
EFUDEX 25
ELESTRIN 34
eletriptan hydrobromide 17
ELIDEL 25
ELIMITE 17
elinest 34
ELIQUIS 14
ELIQUIS STARTER PACK . 14
ELOCON 25
ELOCTATE 31
EMGALITY 17
EMGALITY (300 MG DOSE) 17
emoquette 34
enalapril maleate 20
ENBREL 39
ENBREL MINI 39
ENBREL SURECLICK 39
ENDARI 33
endocet 10
ENDOMETRIN 39
ENLITE GLUCOSE SENSOR 28
enoxaparin sodium 14
enskyce 34
ENSTILAR 25
entecavir 18
ENTOCORT EC 40
ENVARSUS XR 39
EPANED 20
EPCLUSA 18
EPINEPHRINE 42
epinephrine 42
EPIPEN 2-PAK 42
EPIPEN JR 2-PAK 42
epitol 14
ERGOCAL 31
ergocalciferol 31
ERLEADA 17
errin 34
erythromycin 40
escitalopram oxalate 15
ESGIC 10
estarylla 34
ESTRACE 34
estradiol 34, 35
ESTRING 35
ESTROGEL 35
eszopiclone 44
etodolac 11
etodolac er 11
EUCRISA 25
euthyrox 38
EVAMIST 35
EVOCLIN 25
EVZIO 12
EXFORGE 20
EXTAVIA 23
EXTINA 16
EZALLOR SPRINKLE 20
ezetimibe 20
ezetimibe-simvastatin 20
falmina 35
FARXIGA 30
fayosim 35
febuxostat 16
FEMARA 17
femynor 35
fenofibrate 20
FENOGLIDE 20
fentanyl 10
FEXMID 44
FINACEA 25
finasteride 33
FIORICET 10
FIRAZYR 39
FLAGYL 13
flecainide acetate 20
FLOLIPID 20
FLOMAX 33
FLORIVA PLUS 31
FLOVENT DISKUS 43
FLOVENT HFA 43
FLOXIN OTIC 42
fluconazole 16
fluocinolone acetonide 25
fluocinolone acetonide body 25
fluocinolone acetonide scalp 25
fluocinonide 25, 26
fluoridex 24
fluoridex enhanced whitening 24
FLUOROPLEX 26
FLUOROURACIL 26
fluorouracil 26
fluoxetine hcl 15
fluticasone propionate 42
fluticasone-salmeterol 43

FLUTICASONE-SALMETEROL....43
fluvoxamine maleate....15
fluvoxamine maleate er....15
FOCALIN....23
FOCALIN XR....23
folic acid....31
FOLLISTIM AQ....39
FORFIVO XL....15
FORTAMET....30
FORTEO....40
FORTESTA....38
FOSAMAX....40
FOSRENOL....33
FREESTYLE LIBRE 14 DAY READER....28
FREESTYLE LIBRE 14 DAY SENSOR....28
FREESTYLE LIBRE READER....28
FREESTYLE LIBRE SENSOR SYSTEM....28
FREESTYLE PRECISION NEO TEST....28
furosemide....21
gabapentin....14
ganirelix acetate....39, 40
gavilyte-c....32
gavilyte-g....32
GELNIQUE....33
GELNIQUE PUMP....33
gemfibrozil....21
gengraf....39
GENOTROPIN....37
GENOTROPIN MINIQUICK....37
GENVOYA....18
GEODON....18
gianvi....35
GILENYA....23
glatiramer acetate....23
glatopa....23
GLEEVEC....17
glimepiride....30
glipizide er....30
glipizide ir....30
glipizide xl....30
GLUCAGON EMERGENCY....30
GLUCOPHAGE....30
GLUCOPHAGE XR....30
GLUCOTROL....30
GLUCOTROL XL....30
GLUMETZA....30
glyburide....30
glyburide-metformin....30
GLYXAMBI....30
GOLYTELY....32
GONITRO....21
guanfacine hcl....21
guanfacine hcl er....23
GUARDIAN CONNECT TRANSMITTER....28
GUARDIAN LINK 3 TRANSMITTER....28
GUARDIAN SENSOR (3)....28
GYNAZOLE-1....16
HAEGARDA....39
hailey 24 fe....35
HALCION....19
HARVONI....18
HCG....40
heather....35
HELIXATE FS....31
HEMANGEOL....21
HIDEX 6-DAY....37
HUMALOG KWIKPEN....29
HUMALOG MIX 50/50 KWIKPEN....29
HUMALOG MIX 50/50 VIAL....29
HUMALOG MIX 75/25 KWIKPEN....29
HUMALOG MIX 75/25 VIAL....29
HUMALOG U-100 JUNIOR KWIKPEN....29
HUMALOG U-100 VIAL AND CARTRIDGE....29
HUMATROPE....37
HUMIRA....39
HUMIRA PEDIATRIC CROHNS START....39
HUMIRA PEN....39
HUMIRA PEN-CD/UC/HS STARTER....39
HUMIRA PEN-PS/UV/ADOL HS START....39
HUMULIN 70/30 KWIKPEN....29
HUMULIN 70/30 VIAL....29
HUMULIN N KWIKPEN....29
HUMULIN N VIAL....29
HUMULIN R U-500 KWIKPEN....29
HUMULIN R U-500 VIAL (CONCENTRATED)....29
HUMULIN R VIAL....29
hydralazine hcl....21
hydrochlorothiazide....21
hydrocodone polst-cpm polst er....42
hydrocodone-acetaminophen....10
hydrocortisone....26, 37
hydrocortisone ace-pramoxine....40
hydromorphone hcl....10
hydromorphone hcl er....10
hydroxychloroquine sulfate....17
hydroxyzine hcl....19
hydroxyzine pamoate....19
hyoscyamine sulfate....32
hyoscyamine sulfate er....32
hyoscyamine sulfate sl....32
hyosyne....32
HYSINGLA ER....10
HYZAAR....21
ibandronate sodium....40
IBRANCE....17
ibu....11
ibuprofen....11
icatibant acetate....39
IDHIFA....17
imatinib mesylate....17
imiquimod....26
IMIQUIMOD PUMP....26
IMITREX....17
IMITREX STATDOSE REFILL....17
IMITREX STATDOSE SYSTEM....17
IMPOYZ....26
IMURAN....39
IMVEXXY MAINTENANCE PACK....31
IMVEXXY STARTER PACK....31
INBRIJA....18
incassia....35
INCRUSE ELLIPTA....43
INDERAL LA....21
INDOCIN....11
indomethacin....11
indomethacin er....11
INSULIN LISPRO....29
INTERMEZZO....44
INTRAROSA....31

introvale 35
INTUNIV 23
INVELTYS 40
INVOKAMET 30
INVOKAMET XR 30
INVOKANA 30
ipratropium bromide 42
ipratropium-albuterol 43
irbesartan 21
irbesartan-hydrochlorothiazide 21
ISENTRESS 18
ISENTRESS HD 18
isibloom 35
isosorbide mononitrate 21
isosorbide mononitrate er 21
isotretinoin 26
ISTALOL 41
jantoven 14
JANUVIA 30
JARDIANCE 30
jasmiel 35
jencycla 35
JENTADUETO 30
JENTADUETO XR 30
JIVI 31
jolessa 35
JORNAY PM 23
juleber 35
JULUCA 18
junel 1.5/30 35
junel 1/20 35
junel fe 1.5/30 35
junel fe 1/20 35
junel fe 24 35
KADIAN 10
kalliga 35
KAPSPARGO SPRINKLE 21
kariva 35
KAZANO 30
KEFLEX 13
KENALOG 26
KEPPRA 14
KEPPRA XR 14
ketoconazole 16
ketorolac tromethamine 11, 40
KITABIS PAK 44
KLONOPIN 19
klor-con 31
klor-con 10 31
klor-con m10 31
KLOR-CON M15 31
klor-con m20 31
klor-con sprinkle 31
KOGENATE FS 31
KOMBIGLYZE XR 30
KOVALTRY 31
KRINTAFEL 17
K-TAB 31
kurvelo 35
labetalol hcl 21
LAMICTAL 14
LAMICTAL ODT 14
LAMICTAL STARTER 14
LAMICTAL XR 14
lamotrigine 14
lamotrigine er 14
lamotrigine starter kit-blue 14
lamotrigine starter kit-green 14
lamotrigine starter kit-orange 14
lanthanum carbonate 33
LANTUS SOLOSTAR 29
LANTUS U-100 VIAL 29
larin 1.5/30 35
larin 1/20 35
larin 24 fe 35
larin fe 1.5/30 35
larin fe 1/20 35
larissia 35
LASIX 21
LASTACAFT 40
latanoprost 41
LATUDA 18
LEDIPASVIR-SOFOSBUVIR 18
lessina 35
LETAIRIS 44
letrozole 17
LEVALBUTEROL HFA 43
LEVAQUIN 13
LEVBID 32
LEVEMIR U-100 FLEXTOUCH 29
LEVEMIR U-100 VIAL 29
levetiracetam 14
levetiracetam er 14
LEVITRA 31
levocetirizine dihydrochloride 42
levofloxacin 13
levonorgest-eth est & eth est 35
levonorgest-eth estrad 91-day 35
levonorgestrel-ethinyl estrad 35
levora 0.15/30 (28) 35
levo-t 38
levothyroxine sodium 38
levothyroxine-liothyronine 38
levoxyl 38
LEVSIN 32
LEVSIN/SL 32
LEXAPRO 15
LIALDA 40
lidocaine 10
lidocaine hcl 24
lidocaine viscous 24
lidocaine-prilocaine 10
LIDODERM 10
lillow 35
LINZESS 32
liothyronine sodium 38
LIPITOR 21
LIPOFEN 21
lisinopril 21
lisinopril-hydrochlorothiazide 21
lithium carbonate 19
lithium carbonate er 19
LITHOBID 19
LO LOESTRIN FE 35
LODINE 11
LOESTRIN 1.5/30 (21) 35
LOESTRIN 1/20 (21) 35
LOESTRIN FE 1.5/30 35
LOESTRIN FE 1/20 35
LOKELMA 31
LOMOTIL 32
LOPID 21
LOPRESSOR 21
LOPROX 16
lorazepam 19
lorazepam intensol 19
lorcet 10
lorcet hd 10
lorcet plus 10
LORTAB 10
loryna 35
losartan potassium 21
losartan potassium-hctz 21
LOSEASONIQUE 35
LOTEMAX 40
LOTEMAX SM 40
LOTENSIN 21
LOTENSIN HCT 21
loteprednol etabonate 40

LOTREL 21
LOTRISONE 26
lovastatin 21
LOVAZA 21
LOVENOX 14
low-ogestrel 35
lo-zumandimine 35
LUMIGAN 41
LUNESTA 44
lutera 35
LYRICA 23
LYRICA CR 23
lyza 35
MACROBID 13
MACRODANTIN 13
MALARONE 17
marlissa 35
matzim la 21
MAVYRET 18
MAXALT 17
MAXALT-MLT 17
MAXITROL 40
MAXZIDE 21
MAXZIDE-25 21
MEDROL 37
medroxyprogesterone acetate 35
melodetta 24 fe 35
meloxicam 11
MENOSTAR 35
mercaptopurine 17
mesalamine 40
metadate er 23
metaxall 44
metaxalone 44
metformin hcl er 30
metformin hcl er (mod) 30
metformin hcl er (osm) 30
METFORMIN HCL IR 30
metformin hcl ir 30
methimazole 38
METHITEST 38
methocarbamol 44
methotrexate 39
methotrexate sodium 39
methoxsalen 26
methoxsalen rapid 26
METHYLIN 23
methylphenidate hcl 23
methylphenidate hcl er 23
methylphenidate hcl er (cd) 23
methylphenidate hcl er (la). 23
methylprednisolone 37
methyltestosterone 38
metoclopramide hcl 16
metoprolol succinate er 21
metoprolol tartrate 21
METROCREAM 26
METROGEL 26
METROGEL-VAGINAL 13
METROLOTION 26
metronidazole 13, 26
mibelas 24 fe 35
MICARDIS 21
microgestin 1.5/30 35
microgestin 1/20 35
microgestin fe 1.5/30 35
microgestin fe 1/20 35
mili 35
MILLIPRED 37
MILLIPRED DP 37
MILLIPRED DP 12-DAY 37
MINASTRIN 24 FE 35
MINIPRESS 21
minitran 21
MINIVELLE 36
MINOCIN 13
minocycline hcl 13
minocycline hcl er 13
MINOLIRA 13
MIRAPEX 18
MIRAPEX ER 18
MIRCETTE 36
mirtazapine 15
MIRVASO 26
misoprostol 32
MITIGARE 16
MOBIC 11
modafinil 44
mometasone furoate 26
mondoxyne nl 13
mono-linyah 36
montelukast sodium 43
morgidox 13
MORPHABOND ER 10
morphine sulfate 10
morphine sulfate (concentrate) 10
morphine sulfate er 10
MOTEGRITY 32
MOVANTIK 32
MOVIPREP 32
MOXEZA 40
moxifloxacin hcl 41
MS CONTIN 10
MULPLETA 31
MULTAQ 21
multivitamin/fluoride 31
multi-vitamin/fluoride 31
multivitamins/fluoride 31
mupirocin 13
mupirocin calcium 13
mvc-fluoride 31
mycophenolate mofetil 39
mycophenolate sodium 39
MYDAYIS 23
MYFORTIC 39
myorisan 26
nabumetone 11
nadolol 21
NAFRINSE DAILY/NEUTRAL 24
NAFRINSE WEEKLY 24
NALOCET 10
naloxone hcl 12
naltrexone hcl 12
NAPRELAN 12
NAPROSYN 12
naproxen 12
naproxen dr 12
naproxen sodium 12
naproxen sodium er 12
naratriptan hcl 17
NARCAN 12
NATAZIA 36
NATESTO 38
NATURE-THROID 38
necon 0.5/35 (28) 36
neomycin-polymyxin-dexameth 41
neomycin-polymyxin-hc 42
NEORAL 39
NESINA 30
neuac 26
NEULASTA 31
NEURONTIN 14
neutral sodium fluoride 24
niacin (antihyperlipidemic) .. 21
niacin er (antihyperlipidemic) 21
niacor 21
NIASPAN 21
nifedipine 21
nifedipine er 21
nifedipine er osmotic release 21
nikki 36
NITRO-BID 21
NITRO-DUR 21

nitrofurantoin macrocrystal . 13
nitrofurantoin monohydrate macrocrystals 13
nitroglycerin 21
nitroglycerin er 21
NITROLINGUAL 21
NITROMIST 21
NITROSTAT 21
nitro-time 21
NITYR 33
NIZORAL 16
NOCDURNA 37
NOCTIVA 37
nora-be 36
NORCO 10
NORDITROPIN FLEXPRO . 37
norethin ace-eth estrad-fe ... 36
norethindrone 36
norethindrone acetate 36
norethindrone acet-ethinyl est 36
norgestimate-eth estradiol .. 36
norgestimate-ethinyl estradiol triphasic 36
NORITATE 26
norlyda 36
norlyroc 36
nortrel 0.5/35 (28) 36
nortrel 1/35 (21) 36
nortrel 1/35 (28) 36
nortriptyline hcl 15
NORVASC 21
NORVIR 18
NOVAREL 40
NOVOEIGHT 31
NOVOFINE AUTOCOVER PEN NEEDLE 28
NOVOFINE PEN NEEDLE . 28
NOVOFINE PLUS PEN NEEDLE 28
NOVOLIN 70/30 FLEXPEN 29
NOVOLIN 70/30 FLEXPEN RELION 29
NOVOLIN 70/30 RELION ... 29
NOVOLIN 70/30 VIAL 29
NOVOLIN N RELION 29
NOVOLIN N VIAL 29
NOVOLIN R RELION 29
NOVOLIN R VIAL 29
NOVOLOG FLEXPEN 29
NOVOLOG PENFILL 29
NOVOLOG U-100 VIAL 29
np thyroid 38
NUCYNTA 10
NUCYNTA ER 11
NUEDEXTA 23
NULEV 32
NUTROPIN AQ NUSPIN 10 37
NUTROPIN AQ NUSPIN 20 37
NUTROPIN AQ NUSPIN 5 . 37
NUVARING 36
NUVESSA 13
NUWIQ 31
NUZYRA 13
nyamyc 16
nystatin 16
nystop 16
ocella 36
OCUFLOX 41
ODEFSEY 18
ofloxacin 41, 42
ogestrel 36
okebo 13
olanzapine 18
olmesartan medoxomil 21
olmesartan medoxomil-hctz 21
olopatadine hcl 41
OLUMIANT 39
OLUX 26
OMECLAMOX-PAK 32
omega-3-acid ethyl esters .. 21
omeprazole 32
OMNARIS 42
OMNITROPE 37
ondansetron hcl 16
ondansetron odt 16
ONE TOUCH VERIO KIT W/DEVICE 28
ONETOUCH ULTRA 2 28
ONETOUCH ULTRA BLUE TEST STRIPS 28
ONETOUCH ULTRA MINI .. 28
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE 28
ONETOUCH VERIO IQ SYSTEM 28
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE 28
ONGLYZA 30
ONZETRA XSAIL 17
OPSUMIT 44
ORAPRED ODT 37
ORENCIA 39
ORENCIA CLICKJECT 39
ORENITRAM 44
ORFADIN 33
ORILISSA 38
orsythia 36
ORTHO MICRONOR 36
ORTHO TRI-CYCLEN LO .. 36
ORTHO-NOVUM 1/35 (28) . 36
oscimin 32
oscimin sr 32
oseltamivir phosphate ... 18, 19
OSENI 30
OSPHENA 31
OTEZLA 39
OTREXUP 39
OXAYDO 11
oxcarbazepine 14
OXSORALEN ULTRA 26
OXTELLAR XR 14
oxybutynin chloride 33
oxybutynin chloride er 33
oxycodone hcl 11
OXYCODONE HCL ER 11
oxycodone-acetaminophen . 11
OXYCONTIN 11
OZEMPIC 30
PACERONE 22
pacerone 22
PAMELOR 15
PANCREAZE 33
pantoprazole sodium 32
paroex 24
paroxetine hcl 15
paroxetine hcl er 15
PATADAY 41
PATANOL 41
PAXIL 15
PAXIL CR 15
PAZEO 41
PEDIAPRED 37
peg 3350/electrolytes 32
peg-3350/electrolytes 32
penicillamine 33
penicillin v potassium 13
PENLAC 16
PENNSAID 12
PENTASA 40
PERCOCET 11
PERFOROMIST 43
PERIDEX 24
periogard 24
permethrin 17

PERTZYE 33
phenadoz 16
phenazo 33
phenazopyridine hcl 33
philith 36
phrenilin forte 11
PICATO 26
pimecrolimus 26
pimtrea 36
pioglitazone hcl 30
pirmella 1/35 36
PLAQUENIL 17
PLAVIX 18
PLEGRIDY 23
PLEGRIDY STARTER PACK 23
PLENVU 32
PLEXION 26
PLEXION CLEANSER 26
PLEXION CLEANSING CLOTH 26
polymyxin b-trimethoprim 41
POLYTRIM 41
POLY-VI-FLOR 31
portia-28 36
potassium chloride 31
potassium chloride crys er 31
potassium chloride er 31
potassium citrate er 31
PRADAXA 14
PRALUENT 22
pramipexole dihydrochloride 18
pramipexole dihydrochloride er 18
PRAVACHOL 22
pravastatin sodium 22
prazosin hcl 22
PRECISION LINK 28
PRECISION PCX PLUS TEST 28
PRECISION QID MONITOR 28
PRECISION QID TEST 28
PRECISION SOF-TACT MONITOR 28
PRECISION SOF-TACT TEST 28
PRECISION XTRA 29
PRECISION XTRA BLOOD GLUCOSE 29
PRECISION XTRA MONITOR 29
PRED FORTE 41
PRED MILD 41
prednisolone 37
prednisolone acetate 41
prednisolone sodium phosphate 37
prednisone 37
prednisone intensol 37
pregabalin 23
pregnyl 40
PREMARIN 36
premium lidocaine 11
PREMPHASE 36
PREMPRO 36
PREPOPIK 32
PREVIDENT 24
PREVIDENT 5000 BOOSTER PLUS 24
PREVIDENT 5000 DRY MOUTH 24
PREVIDENT 5000 ORTHO DEFENSE 24
PREVIDENT 5000 PLUS 24
previfem 36
PREZCOBIX 19
PREZISTA 19
PRIMLEV 11
PRINIVIL 22
PRISTIQ 15
PROAIR HFA 43
PROAIR RESPICLICK 43
PROCARDIA 22
PROCARDIA XL 22
PROCENTRA 23
prochlorperazine maleate 16
PROCORT 40
PROCTOFOAM HC 40
progesterone micronized 36
PROGRAF 39
promethazine hcl 16
promethazine-codeine 42
promethazine-dm 16
promethegan 16
PROMETRIUM 36
propranolol hcl 22
propranolol hcl er 22
PROSCAR 33
PROTONIX 32
PROVENTIL HFA 43
PROVERA 36
PROVIGIL 44
PROZAC 15
pseudoephedrine-bromphen-dm 42
PULMICORT FLEXHALER 43
PULMICORT SUSPENSION 43
PULMOZYME 44
PURIXAN 17
PYLERA 32
PYRIDIUM 33
QBRELIS 22
QMIIZ ODT 12
QUARTETTE 36
QUDEXY XR 14
quetiapine fumarate 18
quetiapine fumarate er 18
QUFLORA PEDIATRIC 31
QUILLICHEW ER 23
QUILLIVANT XR 23
quinapril hcl 22
QVAR REDIHALER 43
RABEPRAZOLE SODIUM 32
rabeprazole sodium 32
ramipril 22
RANEXA 22
ranitidine hcl 32
ranolazine er 22
RAPAFLO 33
RAPAMUNE 39
RASUVO 39
RAYOS 37
REBIF 23
REBIF REBIDOSE 23
REBIF REBIDOSE TITRATION PACK 23
REBIF TITRATION PACK 23
reclipsen 36
RECOMBINATE 31
REGLAN 16
relexxii 23
RELION BLOOD GLUCOSE TEST 29
RELION ULTIMA TEST 29
RELPAX 17
REMERON 15
REMERON SOLTAB 15
REPATHA 22
REPATHA PUSHTRONEX SYSTEM 22
REPATHA SURECLICK 22
REQUIP XL 18
RESTASIS 41
RESTASIS MULTIDOSE 42
RESTORIL 44

RETACRIT 31
RETIN-A 26
REVLIMID 17
RHOFADE 26
RHOPRESSA 41
RILUTEK 24
riluzole 24
RINVOQ 39
RIOMET 30
RISPERDAL 18
risperidone 18
RITALIN 23
RITALIN LA 23
ritonavir 19
rivelsa 36
rizatriptan benzoate 17
ROBAXIN-750 44
ROCALTROL 40
ropinirole hcl 18
ropinirole hcl er 18
rosadan 26
rosuvastatin calcium 22
roweepra 14
roweepra xr 14
ROXICODONE 11
ROXYBOND 11
RYTARY 18
SAFYRAL 36
SAPHRIS 18
SAVAYSA 14
scopolamine 16
SEASONIQUE 36
selegiline hcl 18
SERNIVO 26
SEROQUEL 18
SEROQUEL XR 18
sertraline hcl 15
setlakin 36
sf 24
sf 5000 plus 24
SFROWASA 40
sharobel 36
sildenafil citrate 31
SILIQ 39
silodosin 33
simliya 36
simpesse 36
SIMPONI 39
simvastatin 22
SINEMET 18
SINEMET CR 18
SINGULAIR 43
sirolimus 39
SITAVIG 19
SKELAXIN 44
SKYRIZI (150 MG DOSE) .. 39
sodium fluoride 24
sodium fluoride 5000 plus ... 24
SOFOSBUVIR-VELPATASVIR 19
SOF-SENSOR 29
SOLIQUA 30
SOLODYN 13
soloxide 13
SOLTAMOX 17
SOMA 44
sotalol hcl 22
SOTYLIZE 22
SPIRIVA HANDIHALER 43
SPIRIVA RESPIMAT 43
spironolactone 22
sprintec 28 36
SPRIX 12
sronyx 36
sss 10-5 26
STAXYN 31
STELARA 39
STENDRA 31
STIMATE 38
STRATTERA 23
STRENSIQ 33
STRIANT 38
STRIBILD 19
STRIVERDI RESPIMAT 43
SUBOXONE 12
SUBSYS 11
subvenite 14
subvenite starter kit-blue 14
subvenite starter kit-green .. 14
subvenite starter kit-orange 14
sucralfate 32
sulfacetamide sodium-sulfur 26, 27
sulfacleanse 8/4 27
sulfamethoxazole-trimethoprim 13
sulfamez wash 27
sulfasalazine 40
sulfatrim pediatric 13
SUMADAN WASH 27
sumatriptan succinate 17
sumatriptan succinate refill . 17
SUMAXIN 27
SUMAXIN WASH 27
SUPREP BOWEL PREP KIT 32
syeda 36
SYMAX DUOTAB 32
symax-sl 32
symax-sr 32
SYMBICORT 43
SYMFI 19
SYMFI LO 19
SYMJEPI 42
SYMPROIC 32
SYNALAR 27
SYNJARDY 30
SYNJARDY XR 30
SYNTHROID 38
SYPRINE 31
TACLONEX 27
tacrolimus 39
tadalafil 31
tadalafil (pah) 44
TAKHZYRO 39
TALTZ 39
TAMIFLU 19
tamoxifen citrate 17
tamsulosin hcl 33
TAPAZOLE 38
TAPERDEX 12-DAY 37
TAPERDEX 6-DAY 37
TAPERDEX 7-DAY 37
TARGADOX 13
TARGRETIN 17
tarina 24 fe 36
tarina fe 1/20 36
tarina fe 1/20 eq 36
TASIGNA 17
TAYTULLA 36
tazarotene 27
TAZORAC 27
TECFIDERA 23
TEGRETOL 14
TEGRETOL-XR 14
TEKTURNA 22
TEKTURNA HCT 22
telmisartan 22
temazepam 44
TEMOVATE 27
tenofovir disoproxil fumarate 19
TENORETIC 100 22
TENORETIC 50 22
TENORMIN 22
terazosin hcl 33
terbinafine hcl 16
terconazole 16
TESSALON PERLES 42

TESTIM 38
testosterone 38
testosterone cypionate 38
testosterone enanthate 38
TEXACORT 27
TIGLUTIK 24
timolol maleate 41
TIMOPTIC 41
TIMOPTIC OCUDOSE 41
TIMOPTIC-XE 41
TIROSINT 38
TIROSINT-SOL 38
TIVICAY 19
TIVORBEX 12
tizanidine hcl 44
TOBI NEBULIZER 44
TOBI PODHALER 44
TOBRADEX 41
TOBRADEX ST 41
tobramycin 41, 44
TOBRAMYCIN 44
tobramycin-dexamethasone 41
TOBREX 41
TOLAK 27
TOPAMAX 14
TOPAMAX SPRINKLE 14
topiramate 14
topiramate er 14
TOPROL XL 22
torsemide 22
TOUJEO MAX SOLOSTAR 30
TOUJEO SOLOSTAR 30
TOVIAZ 33
TRACLEER 44
TRADJENTA 30
TRAMADOL HCL ER 11
tramadol hcl er 11
tramadol hcl er (biphasic) 11
tramadol hcl ir 11
TRANSDERM SCOP (1.5 MG) 16
TRANSDERM-SCOP (1.5 MG) 16
TRAVATAN Z 41
trazodone hcl 15
TRELEGY ELLIPTA 43
TREMFYA 39
TRESIBA 30
TRESIBA FLEXTOUCH 30
tretinoin 27
TREXALL 39
trezix 11
tri femynor 36
triamcinolone acetonide 27
triamterene-hctz 22
TRIANEX 27
triazolam 19
TRICOR 22
triderm 27
tridesilon 27
trientine hcl 31
tri-estarylla 36
TRILEPTAL 14
tri-linyah 36
tri-lo-estarylla 36
tri-lo-marzia 36
tri-lo-mili 36
tri-lo-sprintec 36
tri-mili 36
TRINTELLIX 15
tri-previfem 36
tri-sprintec 36
TRIUMEQ 19
tri-vylibra 36
tri-vylibra lo 37
TROKENDI XR 14
TRUE METRIX BLOOD GLUCOSE TEST 29
TRUETRACK TEST 29
TRULANCE 32
TRULICITY 30
TRUVADA 19
tulana 37
TUSSICAPS 42
tydemy 37
TYLENOL WITH CODEINE #3 11
TYLENOL WITH CODEINE #4 11
TYMLOS 40
TYVASO 44
TYVASO REFILL 44
TYVASO STARTER 44
UCERIS 40
ULORIC 16
ULTRAM 11
unithroid 38
UROCIT-K 10 31
UROCIT-K 15 31
UROCIT-K 5 32
UROXATRAL 33
URSO 250 33
URSO FORTE 33
ursodiol 33
VAGIFEM 37
valacyclovir hcl 19
VALIUM 19
valsartan 22
valsartan-hydrochlorothiazide 22
VALTREX 19
VANATOL LQ 11
VANATOL S 11
vandazole 13
VANOS 27
vardenafil hcl 31
VARUBI 16
VASCEPA 22
VASOTEC 22
VECTICAL 27
VELPHORO 33
VELTASSA 32
VEMLIDY 19
venlafaxine hcl 15
venlafaxine hcl er 15
VENTOLIN HFA 43
verapamil hcl 22
verapamil hcl er 22
VERDESO 27
VERELAN 22
VERELAN PM 22
VERZENIO 17
VIAGRA 31
VIBERZI 33
VIBRAMYCIN 13
vicodin 11
vicodin es 11
vicodin hp 11
VICTOZA 30
vienva 37
VIGAMOX 41
VIIBRYD 15
VIIBRYD STARTER PACK 15
VIMPAT 14
VIOKACE 33
viorele 37
VIREAD 19
VISTARIL 19
vitamin d (ergocalciferol) 32
VIVELLE-DOT 37
VIVLODEX 12
VOGELXO 38
VOGELXO PUMP 38
VOLTAREN 12
VOSEVI 19
vyfemla 37
vylibra 37

VYTORIN 22
VYVANSE 23
VYZULTA 41
warfarin sodium 14
WELCHOL 22
WELLBUTRIN SR 16
WELLBUTRIN XL 16
wera 37
WESTHROID 38
wixela inhub 43
WP THYROID 38
XALATAN 41
XANAX 19
XANAX XR 19
XARELTO 14
XARELTO STARTER PACK 14
XELJANZ 39
XELJANZ XR 39
XELODA 17
XELPROS 41
XEPI 13
XHANCE 42
XIIDRA 42
XIMINO 13
XOLEGEL 16
XOPENEX HFA 43
XTAMPZA ER 11
xulane 37
XYOSTED 38
YASMIN 28 37
YAZ 37
YONSA 17
YUPELRI 43
yuvafem 37
ZANAFLEX 44
zarah 37
ZARXIO 31
zebutal 11
ZELAPAR 18
ZEMBRACE SYMTOUCH 17
zenatane 27
ZENPEP 33
ZENZEDI 23
ZEPATIER 19
ZESTORETIC 22
ZESTRIL 22
ZETIA 22
ZETONNA 42
ZIAC 22
ziprasidone hcl 18
ZIPSOR 12
ZITHROMAX 13
ZITHROMAX TRI-PAK 13
ZITHROMAX Z-PAK 13
ZOCOR 22
ZOFRAN 16
ZOHYDRO ER 11
ZOLOFT 16
zolpidem tartrate 44
zolpidem tartrate er 44
ZOLPIMIST 44
ZOMACTON 38
ZONEGRAN 14
zonisamide 14
ZONTIVITY 18
ZOVIRAX 19
ZTLIDO 11
ZUBSOLV 12
zumandimine 37
ZUPLENZ 16
ZYCLARA 27
ZYCLARA PUMP 27
ZYLOPRIM 16
ZYPREXA 18
ZYPREXA ZYDIS 18
ZYTIGA 17

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

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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.

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

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

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

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

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



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100-19476 7/19