Your 2025 Prescription Drug List

Advantage 3-Tier

Effective January 1, 2025



United Healthcare

This Prescription Drug List (PDL) is accurate as of January 1, 2025 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Partnership Plan, UnitedHealthcare Freedom Plans, River Valley, UnitedHealthcare Level Funded, Level2, Global Solutions, Student Resources, Surest, UnitedHealthcare of Nevada, UnitedHealthOne and Oxford medical plans with a pharmacy benefit subject to the Advantage 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

Table of contents

Understanding your Prescription Drug List (PDL) 4
Medication tips 5
Reading your PDL 6
Questions 8
Analgesics
  Drugs for Pain 9
  Drugs for Pain and Inflammation 10
Anti-Addiction / Substance Abuse Treatment Agents 10
Antibacterials
  Drugs for Infections 11
Anticoagulants
  Drugs to Treat or Prevent Blood Clots 12
Anticonvulsants
  Drugs for Seizures 13
Antidementia Agents
  Drugs for Alzheimer's Disease and Dementia 14
Antidepressants
  Drugs for Depression 14
Antiemetics
  Drugs for Nausea and Vomiting 15
Antifungals
  Drugs for Fungal Infections 16
Antigout Agents
  Drugs for Gout 16
Antimigraine Agents
  Drugs for Migraines 16
Antimyasthenic Agents
  Drugs to Treat Myasthenia Gravis 17
Antimycobacterials
  Drugs to Treat Infections 17
Antineoplastics
  Drugs for Cancer 17
Antiparasitics
  Drugs for Parasitic Infections 18
Antiparkinson Agents
  Drugs for Parkinson's Disease 19
Antiplatelets
  Drugs for Heart Attack and Stroke Prevention 19
Antipsychotics
  Drugs for Mood Disorders 19
Antivirals
  Drugs for Viral Infections 20
Anxiolytics
  Drugs for Anxiety 21
Bipolar Agents
  Drugs for Mood Disorders 21
Cardiovascular Agents
  Drugs for Heart and Circulation Conditions 21
Central Nervous System Agents
  Drugs for Attention Deficit Disorder 25
  Drugs for Multiple Sclerosis 26
  Miscellaneous 27

Dental and Oral Agents
Drugs for Mouth and Throat Conditions 27
Dermatological Agents
Drugs for Skin Conditions 28
Diabetes
Glucose Monitoring and Supplies 32
Insulin 35
Non-Insulin Agents 36
Drugs for Blood Disorders 37
Drugs for Sexual Dysfunction 38
Electrolytes / Vitamins 38
Gastrointestinal Agents
Drugs for Acid Reflux and Ulcer 40
Drugs for Bowel, Intestine and Stomach Conditions 41
Genetic or Enzyme Disorder
Drugs for Replacement, Modification, Treatment 42
Genitourinary Agents
Drugs for Bladder, Genital and Kidney Conditions 42
Drugs for Prostate Conditions 43
Hormonal Agents
Hormone Replacement and Birth Control 43
Oral Steroids 48
Other 48
Testosterone Replacement 48
Thyroid 49
Immunological Agents
Drugs for Immune System Stimulation or Suppression 49
Drugs for Vaccination 52
Infertility Agents 52
Inflammatory Bowel Disease Agents 53
Metabolic Bone Disease Agents
Drugs for Osteoporosis 53
Other 54
Ophthalmic Agents
Drugs for Eye Allergy, Infection and Inflammation 54
Drugs for Eye Infection and Inflammation 55
Drugs for Glaucoma 55
Drugs for Miscellaneous Eye Conditions 56
Otic Agents
Drugs for Ear Conditions 56
Respiratory
Drugs for Anaphylaxis 56
Respiratory Tract / Pulmonary Agents
Drugs for Allergies, Cough, Cold 56
Drugs for Asthma and COPD 57
Drugs for Cystic Fibrosis 59
Drugs for Pulmonary Fibrosis 59
Drugs for Pulmonary Hypertension 59
Skeletal Muscle Relaxants
Drugs for Muscle Pain and Spasm 60
Sleep Disorder Agents 60
Index 61

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 that apply. Bring this list with you when you see your doctor. If your medication is not listed here, please visit your plan's member website or call the toll-free member phone number on your member ID card.

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.

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

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

Who decides which medications are covered?

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

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 equal 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.

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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

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

Reading your PDL (continued)

Drug list information

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

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

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

Reading your PDL (continued)

Coverage details

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

- **Diabetes: 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.
- **Diabetes: continuous glucose monitors, sensors**
  Coverage is set by the member's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Diabetic self-management items, including continuous glucose monitors, may be covered under the member's pharmacy and/or medical plan depending on the benefit.
- **Endocrine: growth hormone**
  Coverage is set by the member's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share.
- **Infertility**
  Coverage is set by the member's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Prior authorization (sometimes referred to as precertification) may be required for Oxford plans or where a state mandates infertility drug coverage. This is not a covered benefit for Neighborhood Health Partnership Plan.
- **Medications for sexual dysfunction**
  Coverage is set by the member's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share.
- **Termination of pregnancy**
  Coverage under the prescription drug benefit is set by the member's medical benefit plan. Please consult plan documents regarding benefit coverage, exclusions and cost-sharing. Additional information is also available by calling the number on your member ID card.

Questions

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine	1	QL
ALLZITAL	E	QL
apap-caff-dihydrocodeine	3	QL
ascomp-codeine	1	QL
bac	1	QL
BELBUCA	3	PA, QL
BUPAP	E	QL
buprenorphine	3	PA, QL
butalbital-acetaminophen oral tablet 50-300 mg	E	QL
butalbital-acetaminophen oral tablet 50-325 mg	1	QL
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	E	QL
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
butalbital-apap-caffeine oral tablet	1	QL
butalbital-asa-caff-codeine	1	QL
butalbital-aspirin-caffeine	1	QL
butorphanol tartrate nasal	2	QL
BUTRANS	E	PA, QL
DILAUDID ORAL TABLET	E	QL
endocet	1	QL
ESGIC	3	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, QL
FIORICET	3	QL
FIORICET/CODEINE	E	QL
glydo	1	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydrocodone-ibuprofen	1	QL
hydromorphone hcl oral tablet	1	QL
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine hcl urethral/mucosal	1	
lidocaine-prilocaine external cream	1	
LIDOCAN	E	PA, QL
LIDODERM	E	PA, QL
LORTAB ORAL ELIXIR 10-300 MG/15ML	3	QL
methadone hcl oral tablet	1	PA, QL
morphine sulfate (concentrate)	1	QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	1	QL
MS CONTIN	E	PA, QL
NALOCET	E	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA, QL
OXYCODONE HCL ER	E	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	E	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	E	PA, QL

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

Drug Name	Drug Tier	Requirements & Limits
oxymorphone hcl er	3	PA, QL
PERCOCET	E	QL
premium lidocaine	2	QL
PROLATE ORAL TABLET	E	QL
ROXICODONE	E	QL
TENCON	3	QL
tramadol hcl (er biphasic) oral tablet extended release 24 hour	2	(generic for Ryzolt), QL
tramadol hcl er	2	(generic for Ultram ER), QL
tramadol hcl oral tablet 100 mg, 25 mg	E	QL
tramadol hcl oral tablet 50 mg	1	QL
tramadol-acetaminophen	1	QL
TREZIX	3	QL
TRIDACAINE II	E	PA, QL
ULTRACET ORAL TABLET 37.5-325 MG	3	QL
ULTRAM ORAL TABLET 50 MG	E	QL
XTAMPZA ER	3	PA, QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for Pain and Inflammation		
ANAPROX DS	E	
ARTHROTEC	E	
CAMBIA	E	QL
CELEBREX	E	QL
celecoxib oral	2	QL
DAYPRO	3	
diclofenac potassium oral tablet 25 mg	E	QL
diclofenac potassium oral tablet 50 mg	2	
diclofenac potassium(migraine)	E	QL
diclofenac sodium er	3	
diclofenac sodium external gel 1 %	E	
diclofenac sodium oral	1	
diclofenac-misoprostol	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	3	
ec-naproxen	1	
etodolac	2	
etodolac er	3	
FELDENE ORAL CAPSULE 10 MG, 20 MG	3	
flurbiprofen oral	1	
ibuprofen oral suspension 100 mg/5ml	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	2	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	
LODINE	E	
LOFENA	E	QL
mefenamic acid oral	3	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN ORAL TABLET	E	
naproxen dr	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	2	
oxaprozin oral tablet	2	
piroxicam oral	2	
RELAFEN DS	E	
sulindac oral	1	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	2	QL
bupropion hcl er (smoking det)	1	H
disulfiram oral	1	
KLOXXADO	2	QL

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Drug Name	Drug Tier	Requirements & Limits
naloxone hcl injection solution prefilled syringe 2 mg/2ml	1	
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	2	QL (include Narcan OTC)
NICOTROL	3	PA, H
REXTOVY	E	
SUBOXONE	E	PA, QL
varenicline tartrate	3	PA, H
varenicline tartrate (starter)	3	PA, H
varenicline tartrate(continue)	3	PA, H
ZIMHI	2	QL
ZUBSOLV	2	QL
Antibacterials - Drugs for Infections		
ACTICLATE ORAL TABLET 150 MG, 75 MG	E	
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
AUGMENTIN	E	
AUGMENTIN ES-600	E	
AVIDOXY	3	
azithromycin oral	1	
BACTRIM	3	
BACTRIM DS	3	
cefadroxil	1	
cefdinir	1	
cefixime	3	
cefpodoxime proxetil oral tablet	1	
cefprozil	1	
cefuroxime axetil	1	
CENTANY EXTERNAL OINTMENT 2 %	3	QL
cephalexin	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
clarithromycin er	2	

Drug Name	Drug Tier	Requirements & Limits
clarithromycin oral suspension reconstituted	2	
clarithromycin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3	
CLEOCIN VAGINAL CREAM	3	
clindamycin hcl oral	1	
clindamycin palmitate hcl	2	
clindamycin phosphate vaginal	2	
CLINDESSE	2	
dicloxacillin sodium	1	
DIFICID ORAL TABLET	3	QL
DORYX MPC	E	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG	E	
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	E	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	E	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	1	
E.E.S. GRANULES	3	

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Drug Name	Drug Tier	Requirements & Limits
ERYPED 200	3	
ERYPED 400	3	
ERY-TAB	3	
erythromycin base oral tablet	1	
erythromycin base oral tablet delayed release	3	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1	
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	3	
erythromycin oral	3	
FIRVANQ	3	
FLAGYL	3	
fosfomycin tromethamine	3	
gentamicin sulfate external	1	QL
HIPREX	3	
levofloxacin oral tablet	1	
LIKMEZ	3	
linezolid oral tablet	2	
MACROBID	3	
MACRODANTIN	3	
methenamine hippurate	1	
metronidazole oral	1	
metronidazole vaginal	2	
minocycline hcl oral capsule	1	
minocycline hcl oral tablet	E	
MONDOXYNE NL	3	
MONUROL ORAL PACKET 3 GM	3	
moxifloxacin hcl oral	3	
mupirocin calcium	3	QL
mupirocin external	1	QL
neomycin sulfate oral	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
nitrofurantoin oral suspension 25 mg/5ml	3	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML	E	
NUVESSA	E	
NUZYRA ORAL	3	QL
penicillin v potassium	1	
SEYSARA	E	
SILVADENE	3	
silver sulfadiazine external	1	
ssd	1	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
TARGADOX	E	
tetracycline hcl oral capsule	3	
tinidazole oral	3	
trimethoprim oral	1	
VANCOCIN	3	
vancomycin hcl oral	1	
VANDAZOLE	3	
VIBRAMYCIN	3	
XACIATO	2	QL
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN	3	PA, QL
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG	E	PA
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZYVOX ORAL TABLET	E	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
ARIXTRA	E	QL
dabigatran etexilate mesylate	2	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	2	QL
fondaparinux sodium	2	QL

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Drug Name	Drug Tier	Requirements & Limits
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	QL
PRADAXA ORAL CAPSULE	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTIOM	3	PA
BANZEL	3	PA
BRIVIACT ORAL SOLUTION	3	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er oral capsule extended release 12 hour	2	
carbamazepine er oral tablet extended release 12 hour	3	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	3	
clobazam oral suspension	3	PA
clobazam oral tablet	2	PA
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA
DEPAKOTE SPRINKLES	3	PA
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	3	QL
diazepam rectal	1	QL
DILANTIN INFATABS	3	
DILANTIN ORAL CAPSULE	3	
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
ELEPSIA XR	E	PA
EPIDIOLEX	3	PA, SP
epitol	1	
ethosuximide oral	1	
felbamate	1	

Drug Name	Drug Tier	Requirements & Limits
FELBATOL	3	PA
FELBATOL ORAL SUSPENSION 600 MG/5ML	3	PA
FINTEPLA	3	PA
FYCOMPA ORAL SUSPENSION	3	PA
FYCOMPA ORAL TABLET	3	PA
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	PA
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL	3	PA
KEPPRA XR	3	PA
lacosamide oral	2	
LAMICTAL	3	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA
lamotrigine er	3	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	PA
levetiracetam er	2	
levetiracetam oral	1	
MOTPOLY XR	3	PA
MYSOLINE	2	PA
NAYZILAM	3	PA, QL
NEURONTIN	3	PA
ONFI	3	PA
oxcarbazepine	1	
OXTELLAR XR	E	
phenobarbital oral	1	
phenytek	1	
phenytoin infatabs	1	
phenytoin oral tablet chewable	1	
phenytoin sodium extended	1	

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Drug Name	Drug Tier	Requirements & Limits
primidone oral tablet 125 mg	1	PA
primidone oral tablet 250 mg, 50 mg	1	
QUDEXY XR	E	
roweepra	1	
rufinamide oral suspension	3	
rufinamide oral tablet	3	PA
SABRIL ORAL PACKET	E	PA, QL, SP
subvenite	1	
SYMPAZAN	3	PA
TEGRETOL ORAL TABLET	3	
TEGRETOL-XR	3	
TOPAMAX	3	PA
TOPAMAX SPRINKLE	3	PA
topiramate er	E	
topiramate oral	1	
TRILEPTAL	3	PA
TROKENDI XR	E	
valproic acid oral	1	
VALTOCO	3	PA, QL
vigabatrin oral packet	2	PA, QL, SP
vigadrone oral packet	2	PA, QL, SP
vigpoder	2	PA, QL, SP
VIMPAT ORAL	3	PA
XCOPRI	3	PA
ZARONTIN	3	
ZONEGRAN	3	PA
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT	E	
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	2	
EXELON	E	
galantamine hydrobromide er	1	
memantine hcl er	3	
memantine hcl oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
NAMENDA ORAL TABLET 10 MG, 5 MG	E	
NAMENDA TITRATION PAK	E	
NAMENDA XR	E	
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG	3	
rivastigmine	3	
rivastigmine tartrate	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
ANAFRANIL	E	
APLENZIN	E	QL
AUVELITY	3	ST, QL
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral solution	1	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	3	
CYMBALTA	E	
desipramine hcl oral	1	
DESVENLAFAXINE ER	E	
desvenlafaxine succinate er	3	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	
duloxetine hcl oral capsule delayed release particles 40 mg	E	
EFFEXOR XR	E	

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

Drug Name	Drug Tier	Requirements & Limits
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	1	
FETZIMA	3	ST, QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	3	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	3	QL
fluoxetine hcl oral tablet 20 mg, 60 mg	3	
fluvoxamine maleate	1	
fluvoxamine maleate er	3	QL
FORFIVO XL	E	QL
imipramine hcl oral	1	
LEXAPRO	E	
mirtazapine oral	1	
NORPRAMIN	3	
nortriptyline hcl oral capsule	1	
olanzapine-fluoxetine hcl	2	QL
PAMELOR	E	
PARNATE	3	
paroxetine hcl er	3	QL
paroxetine hcl oral tablet	1	
paroxetine mesylate	E	QL
PAXIL CR	E	QL
PAXIL ORAL TABLET	E	
PRISTIQ	E	QL
protriptyline hcl	1	
PROZAC	E	
REMERON	E	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E	
SERTRALINE HCL ORAL CAPSULE	E	QL
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
SPRAVATO (56 MG DOSE)	3	PA, QL
SPRAVATO (84 MG DOSE)	3	PA, QL
SYMBYAX	3	QL
tranylcypromine sulfate	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	E	QL
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	3	
vilazodone hcl	3	QL
WAINUA	2	PA, QL, SP
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
ZURZUVAE	2	PA, QL, SP
Antiemetics - Drugs for Nausea and Vomiting		
ANTIVERT ORAL TABLET	E	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	2	QL
BONJESTA	E	PA
COMPRO	3	
DICLEGIS	E	PA
doxylamine-pyridoxine	E	PA
dronabinol	1	
EMEND ORAL CAPSULE	E	QL
GIMOTI	E	QL
granisetron hcl oral	2	
MARINOL 2.5 MG	3	
meclizine hcl oral tablet	E	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral	1	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	

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

Drug Name	Drug Tier	Requirements & Limits
prochlorperazine	1	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	3	
scopolamine	3	
TRANSDERM-SCOP	E	
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
DIFLUCAN	E	
econazole nitrate external	2	
EXELDERM EXTERNAL CREAM	3	
fluconazole oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	3	PA, ST, QL
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	QL
LOPROX EXTERNAL CREAM 0.77 %	E	
LOPROX EXTERNAL SHAMPOO 1 %	E	
NOXAFIL ORAL TABLET DELAYED RELEASE	E	
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	2	
nystop	1	QL
posaconazole oral tablet delayed release	2	
SPORANOX ORAL CAPSULE	3	QL
SPORANOX PULSEPAK ORAL CAPSULE 100 MG	3	QL
SULCONAZOLE NITRATE EXTERNAL CREAM	3	
terbinafine hcl oral	1	
terconazole	1	
TOLSURA	E	
VFEND ORAL TABLET 200 MG	3	QL
VFEND ORAL TABLET 50 MG	3	QL
VIVJOA	3	PA, QL
voriconazole oral tablet	1	QL
Antigout Agents - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
ALLOPURINOL ORAL TABLET 200 MG	E	
colchicine oral	2	
colchicine-probenecid	1	
febuxostat	3	
MITIGARE	2	
probenecid	1	
ULORIC	E	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	3	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, ST, QL
AJOVY	E	PA, ST, QL
almotriptan malate	3	QL
AMERGE ORAL TABLET 1 MG, 2.5 MG	E	QL
eletriptan hydrobromide	2	QL

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Drug Name	Drug Tier	Requirements & Limits
EMGALITY	2	PA, ST, QL
FROVA	E	QL
frovatriptan succinate	3	QL
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	3	QL
IMITREX ORAL	E	QL
IMITREX STATDOSE REFILL	E	QL
IMITREX STATDOSE SYSTEM	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
naratriptan hcl	1	QL
NURTEC ODT	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
RELPAX	E	QL
REYVOW	3	PA, ST, QL
rizatriptan benzoate	1	QL
sumatriptan nasal	2	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge	1	QL
sumatriptan succinate subcutaneous	1	QL
sumatriptan-naproxen sodium	E	QL
TOSYMRA	E	QL
TREXIMET	E	QL
TRUDHESA	E	PA, QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	3	PA, ST, QL
ZEMBRACE SYMTOUCH	E	QL
zolmitriptan nasal	E	QL
zolmitriptan oral tablet	2	QL
zolmitriptan oral tablet dispersible	3	QL
ZOMIG NASAL	2	QL
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis		
MESTINON ORAL TABLET	E	
MESTINON ORAL TABLET EXTENDED RELEASE	E	
pyridostigmine bromide er	1	
pyridostigmine bromide oral tablet 30 mg	E	
pyridostigmine bromide oral tablet 60 mg	1	
Antimycobacterials - Drugs to Treat Infections		
dapsone oral	2	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL	3	
MYCOBUTIN	3	
rifabutin	1	
rifampin oral	1	
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	2	PA, QL, SP
abiraterone acetate oral tablet 500 mg	E	PA, QL, SP
AFINITOR	E	PA, QL, SP
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
AROMASIN	E	
AUGTYRO	2	PA, QL, SP
bicalutamide	1	
BOSULIF ORAL TABLET	2	PA, ST, QL, SP
BRUKINSA	3	PA, ST, QL, SP
CABOMETYX	2	PA, QL, SP
CALQUENCE	2	PA, QL, SP
CALQUENCE ORAL CAPSULE 100 MG	2	PA, QL, SP
capecitabine	1	QL, SP
CASODEX	3	
COTELLIC	2	PA, QL, SP
cyclophosphamide oral capsule	2	
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	2	PA, QL, SP

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

Drug Name	Drug Tier	Requirements & Limits
exemestane	2	H-PA
EXKIVITY ORAL CAPSULE 40 MG	3	PA, QL, SP
FEMARA	E	
GAVRETO	3	PA, QL, SP
GLEEVEC	E	PA, QL, SP
HYDREA	3	
hydroxyurea oral	1	
IBRANCE	2	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate	1	PA, QL, SP
IMBRUVICA ORAL CAPSULE	2	PA, QL, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
INLYTA	3	PA, QL, SP
JAKAFI	2	PA, QL, SP
KISQALI ORAL TABLET THERAPY PACK 200 MG	3	PA, ST, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	2	PA, QL, SP
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	3	PA, QL, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
LONSURF	3	PA, QL, SP
LUMAKRAS	3	PA, QL, SP
LYNPARZA	2	PA, QL, SP
MEKINIST ORAL TABLET	3	PA, ST, QL, SP
mercaptopurine oral	1	
NERLYNX	2	PA, QL, SP
NINLARO	2	PA, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
pazopanib hcl	3	PA, QL, SP
PIQRAY	2	PA, QL, SP
POMALYST	3	PA, QL, SP
RETEVMO ORAL CAPSULE 40 MG	3	PA, QL, SP
RETEVMO ORAL CAPSULE 80 MG	3	PA, SP
REVLIMID	2	PA, QL, SP
ROZLYTREK ORAL CAPSULE	2	PA, QL, SP
ROZLYTREK ORAL PACKET	2	PA, SP
SPRYCEL	3	PA, ST, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	3	PA, QL, SP
TAFINLAR ORAL CAPSULE	3	PA, ST, QL, SP
TAGRISSO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	2	PA, ST, QL, SP
TEMODAR ORAL CAPSULE 250 MG	E	PA, SP
temozolomide	1	PA, SP
TRUQAP	2	PA, QL, SP
VENCLEXTA	2	PA, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
VOTRIENT	E	PA, QL, SP
XELODA	E	QL, SP
XTANDI	2	PA, QL, SP
ZEJULA ORAL CAPSULE 100 MG	2	PA, QL, SP
ZELBORAF	2	PA, QL, SP
ZYTIGA	E	PA, QL, SP
Antiparasitics - Drugs for Parasitic Infections		
albendazole oral	3	PA, QL
ALINIA ORAL TABLET	E	QL

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Drug Name	Drug Tier	Requirements & Limits
ARAKODA	3	QL
atovaquone	2	
atovaquone-proguanil hcl	2	
hydroxychloroquine sulfate oral	1	
ivermectin oral	1	PA, QL
KRINTAFEL	1	QL
MALARONE	3	
mefloquine hcl	1	
MEPRON	E	
nitazoxanide oral	2	QL
permethrin external	1	
PLAQUENIL	E	
SOVUNA	E	
STROMECTOL	3	PA, QL
Antiparkinson Agents - Drugs for Parkinson's Disease		
amantadine hcl oral	1	
AZILECT	E	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa-entacapone	1	
COMTAN ORAL TABLET 200 MG	3	
DHIVY	E	
entacapone	1	
INBRIJA	3	PA, QL, SP
MIRAPEX ER	E	
NEUPRO	3	
NOURIANZ	3	PA, QL
PARLODEL ORAL TABLET	E	
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	E	
rasagiline mesylate oral	3	
ropinirole hcl	1	
ropinirole hcl er	E	
RYTARY	E	

Drug Name	Drug Tier	Requirements & Limits
SINEMET	3	
STALEVO 100 ORAL TABLET 25-100-200 MG	3	
STALEVO 125 ORAL TABLET 31.25-125-200 MG	3	
STALEVO 150	3	
STALEVO 200 ORAL TABLET 50-200-200 MG	3	
STALEVO 50 ORAL TABLET 12.5-50-200 MG	3	
STALEVO 75 ORAL TABLET 18.75-75-200 MG	3	
trihexyphenidyl hcl oral tablet	1	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	3	QL
cilostazol	1	
clopidogrel bisulfate oral	1	
EFFIENT	E	
PLAVIX	E	
prasugrel hcl	3	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
aripiprazole oral solution	3	
aripiprazole oral tablet	2	
asenapine maleate	3	QL
CAPLYTA	3	PA, ST, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	3	
fluphenazine hcl oral tablet	1	
GEODON ORAL	E	
haloperidol oral	1	
INVEGA	E	QL
LATUDA	E	QL
loxapine succinate	1	
lurasidone hcl	2	QL
LYBALVI	E	PA, QL
NUPLAZID ORAL CAPSULE	3	PA

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

Drug Name	Drug Tier	Requirements & Limits
olanzapine oral tablet	1	
olanzapine oral tablet dispersible	2	
paliperidone er	3	QL
pimozide	2	
quetiapine fumarate	1	
quetiapine fumarate er	2	
REXULTI	3	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	E	QL
SEROQUEL	E	
SEROQUEL XR	E	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	E	
VRAYLAR	3	QL
ziprasidone hcl	2	
ZYPREXA ORAL	E	
ZYPREXA ZYDIS	E	
Antivirals - Drugs for Viral Infections		
abacavir sulfate-lamivudine	2	QL
acyclovir external cream	E	QL
acyclovir external ointment	3	QL
acyclovir oral	1	
BARACLUDE ORAL TABLET	E	
BIKTARVY	3	QL
CIMDUO	2	QL
COMPLERA	3	QL
darunavir	1	
DELSTRIGO	2	QL
DESCOVY	E	PA, ST, QL
DOVATO	2	QL
efavirenz-emtricitab-tenofo df	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	1	

Drug Name	Drug Tier	Requirements & Limits
EPCLUSA ORAL TABLET	2	PA, QL, SP
EPZICOM	E	QL
etravirine	2	
famciclovir oral tablet 125 mg, 500 mg	2	
famciclovir oral tablet 250 mg	2	QL
GENVOYA	3	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP
INTELENCE ORAL TABLET 100 MG, 200 MG	3	
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	QL
LAGEVRIO	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET	2	PA, QL, SP
NORVIR ORAL TABLET	E	
ODEFSEY	3	QL
oseltamivir phosphate oral capsule	2	
oseltamivir phosphate oral suspension reconstituted	2	QL
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100)	2	QL
PIFELTRO	3	
PREVYMIS ORAL	2	PA
PREZCOBIX	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
PREZISTA ORAL TABLET 600 MG, 800 MG	E	
ritonavir	2	
RUKOBIA	3	PA
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	3	QL
SYMFI	2	QL

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Drug Name	Drug Tier	Requirements & Limits
SYMFI LO	2	QL
SYMTUZA	E	QL
TAMIFLU ORAL CAPSULE	E	
TAMIFLU ORAL SUSPENSION RECONSTITUTED	E	QL
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	QL
VALCYTE ORAL TABLET	E	
valganciclovir hcl oral tablet	1	
VALTREX	E	QL
VEMLIDY	E	PA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZIRGAN	3	
ZOVIRAX EXTERNAL	E	QL
ZOVIRAX ORAL SUSPENSION 200 MG/5ML	3	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
oxazepam	1	
triazolam	1	
VALIUM	E	
VISTARIL	3	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
EQUETRO	3	
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	E	
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTAZIDE ORAL TABLET 25-25 MG	3	
ALDACTAZIDE ORAL TABLET 50-50 MG	2	
ALDACTONE	E	
aliskiren fumarate	3	
ALTACE	E	
amiloride hcl oral	1	
amiloride-hydrochlorothiazide	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	

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Drug Name	Drug Tier	Requirements & Limits
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	E	
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg	E	QL
amlodipine-olmesartan	E	
amlodipine-valsartan-hctz	E	
ANTARA ORAL CAPSULE 30 MG	E	
ATACAND	E	
ATACAND HCT	E	
atenolol oral	1	
atenolol-chlorthalidone	1	
ATORVALIQ	3	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	E	
AVAPRO	E	
AZOR	E	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
BETAPACE	E	
BETAPACE AF	3	
betaxolol hcl oral	1	
BIDIL	E	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BUMEX	3	
BYSTOLIC	E	
CADUET	E	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG	3	
CAMZYOS	3	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
candesartan cilexetil	3	
candesartan cilexetil-hctz	3	
captopril oral	1	
CARDIZEM	E	
CARDIZEM CD	E	
CARDIZEM LA	E	
CARDURA	3	
cartia xt	2	
carvedilol	1	
carvedilol phosphate er	E	
CATAPRES-TTS-1	E	
CATAPRES-TTS-2	E	
CATAPRES-TTS-3	E	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	
clonidine hcl oral	1	
clonidine patch weekly 0.1 mg/24hr transdermal	3	
clonidine patch weekly 0.1 mg/24hr transdermal	3	(Patch)
clonidine patch weekly 0.2 mg/24hr transdermal	3	
clonidine patch weekly 0.2 mg/24hr transdermal	3	(Patch)
clonidine patch weekly 0.3 mg/24hr transdermal	3	
clonidine patch weekly 0.3 mg/24hr transdermal	3	(Patch)
colesevelam hcl oral tablet	2	
COLESTID ORAL TABLET	3	
colestipol hcl oral tablet	1	
COREG	E	
COREG CR	E	
CORGARD	3	
CORLANOR	3	PA, QL
COZAAR	E	
CRESTOR	E	
digitek oral tablet 125 mcg, 250 mcg	1	

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

Drug Name	Drug Tier	Requirements & Limits
digox	1	
digoxin oral tablet	1	
diltiazem hcl er beads	2	
diltiazem hcl er coated beads	2	
diltiazem hcl er oral capsule extended release 12 hour	1	
diltiazem hcl er oral capsule extended release 24 hour	1	
diltiazem hcl er oral tablet extended release 24 hour	2	
diltiazem hcl oral	1	
dilt-xr	1	
DIOVAN	E	
DIOVAN HCT	E	
dofetilide	2	
doxazosin mesylate oral	1	
DYRENIUM	E	
EDARBI	E	
EDARBYCLOR	E	
enalapril maleate oral solution	3	PA
enalapril maleate oral tablet	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO ORAL TABLET	3	PA, QL
EPANED	3	PA
eplerenone	2	
EXFORGE	E	
EXFORGE HCT	E	
ezetimibe	2	
ezetimibe-simvastatin	3	
felodipine er	1	
fenofibrate micronized	2	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	
fenofibrate oral capsule 150 mg, 50 mg	E	
fenofibrate oral tablet 120 mg, 40 mg	E	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	

Drug Name	Drug Tier	Requirements & Limits
fenofibric acid oral capsule delayed release	3	
FENOGLIDE	E	
flecainide acetate	1	
fluvastatin sodium	1	
fosinopril sodium	1	
fosinopril sodium-hctz	1	
FUROSCIX	3	PA, QL
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
icosapent ethyl	E	PA
indapamide	1	
INDERAL LA	E	
INSPRA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
ISORDIL TITRADOSE	E	
isosorb dinitrate-hydralazine	2	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide dinitrate oral tablet 40 mg	E	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
ivabradine	3	PA, QL
KAPSPARGO SPRINKLE	3	
KERENDIA	3	PA, QL
labetalol hcl oral	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	
LANOXIN ORAL TABLET 62.5 MCG	3	
LASIX	3	
LIPITOR	E	

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

Drug Name	Drug Tier	Requirements & Limits
LIPOFEN	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	E	ST
LODOCO	3	QL
LOPID	3	
LOPRESSOR	3	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTENSIN HCT	3	
LOTREL	E	
lovastatin oral	1	H
LOVAZA	E	
matzim la	2	
MAXZIDE ORAL TABLET 75-50 MG	3	
MAXZIDE-25 ORAL TABLET 37.5-25 MG	3	
metolazone	1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
metoprolol-hydrochlorothiazide	1	
mexiletine hcl oral	1	
MICARDIS	E	
MICARDIS HCT	E	
midodrine hcl	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	3	
minoxidil oral	1	
moexipril hcl	1	
MULTAQ	3	PA

Drug Name	Drug Tier	Requirements & Limits
nadolol oral	1	
nebivolol hcl	E	
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
niacin er (antihyperlipidemic)	2	
NIASPAN ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG, 750 MG	E	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
nisoldipine er	2	
NITRO-BID	2	
NITRO-DUR	3	
nitroglycerin rectal	3	QL
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
NITROSTAT	3	
NORLIQVA	3	PA
NORVASC	E	
olmesartan medoxomil oral	2	
olmesartan medoxomil-hctz	2	
olmesartan-amlodipine-hctz	E	
omega-3-acid ethyl esters	2	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	3	
pentoxifylline er	1	
perindopril erbumine	2	
pindolol	1	
pitavastatin calcium	E	ST
PRALUENT	E	PA, ST, QL
pravastatin sodium	1	
prazosin hcl oral	1	
prevalite	1	
PROCARDIA XL	E	
propafenone hcl	1	
propafenone hcl er	3	

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

Drug Name	Drug Tier	Requirements & Limits
propranolol hcl er	2	
propranolol hcl oral	1	
QUESTRAN	3	
QUESTRAN LIGHT	3	
quinapril hcl	1	
ramipril	1	
ranolazine er	2	
RECTIV	3	QL
REPATHA	2	PA, ST, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL
REPATHA SURECLICK	2	PA, ST, QL
rosuvastatin calcium oral	2	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	E	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOAANZ	E	QL
sotalol hcl (af)	1	
sotalol hcl oral	1	
spironolactone oral tablet	1	
spironolactone-hctz	1	
SULAR	3	
TEKTURNA	3	
telmisartan	2	
telmisartan-hctz	2	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
THALITONE	E	
tiadylt er	2	
TIAZAC	3	
TIKOSYN	3	
TOPROL XL	E	
torsemide	1	
trandolapril	1	
triamterene oral	3	
triamterene-hctz	1	

Drug Name	Drug Tier	Requirements & Limits
TRIBENZOR	E	
TRICOR	E	
TRILIPIX	E	
valsartan oral tablet	2	
valsartan-hydrochlorothiazide	1	
VASCEPA	E	PA
VASERETIC	E	
VASOTEC	E	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM	3	
VERQUVO	3	PA, QL
VYTORIN	E	
WELCHOL ORAL TABLET	E	
ZESTORETIC	E	
ZESTRIL	3	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	3	
ZOCOR	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	E	QL
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG	E	QL
ADZENYS XR-ODT	E	QL
amphetamine sulfate	2	

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Drug Name	Drug Tier	Requirements & Limits
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	2	QL
amphet-dextroamphet 3-bead er	E	QL
APTENSIO XR	E	QL
atomoxetine hcl	3	QL
AZSTARYS	3	ST, QL
clonidine hcl er oral tablet extended release 12 hour	3	
CONCERTA	E	QL
COTEMPLA XR-ODT	E	QL
DAYTRANA	E	QL
DEXEDRINE	E	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	2	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	2	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	3	QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	E	
DYANAVEL XR	E	QL
EVEKEO	E	
FOCALIN	3	
FOCALIN XR	E	QL
guanfacine hcl er	2	
INTUNIV	E	
JORNAY PM	3	ST, QL
lisdexamfetamine dimesylate	3	QL
METHYLIN	3	
methylphenidate	E	QL
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	QL
methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	QL
methylphenidate hcl er (xr)	E	QL
methylphenidate hcl er oral tablet extended release	2	QL
methylphenidate hcl er oral tablet extended release 24 hour	E	QL
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	
methylphenidate hcl oral tablet chewable	3	
MYDAYIS	E	QL
QELBREE	E	PA, QL
QUILLICHEW ER	E	QL
QUILLIVANT XR	E	QL
RELEXXII	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	E	QL
ZENZEDI	E	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	E	PA, QL, SP
AUBAGIO	E	PA, QL, SP
AVONEX PEN	2	PA, QL, SP

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

Drug Name	Drug Tier	Requirements & Limits
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
dalfampridine er	2	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
fingolimod hcl	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA, QL, SP
GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	2	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT ORAL TABLET 0.25 MG, 2 MG	3	PA, QL, SP
MAYZENT ORAL TABLET 1 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
REBIF	E	PA, QL, SP
REBIF TITRATION PACK	E	PA, QL, SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE	E	PA, QL, SP
teriflunomide	2	PA, QL, SP
VUMERITY	E	PA, ST, QL, SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, QL, SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG	2	PA, QL, SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	2	PA, SP
AUSTEDO XR PATIENT TITRATION	2	PA, QL, SP
gabapentin (once-daily)	E	QL
GRALISE ORAL TABLET	E	QL
HORIZANT	E	QL
INGREZZA ORAL CAPSULE 40 MG, 80 MG	2	PA, QL, SP
INGREZZA ORAL CAPSULE 60 MG	2	PA, QL
INGREZZA ORAL CAPSULE SPRINKLE	2	SP
INGREZZA ORAL CAPSULE THERAPY PACK	2	PA, QL, SP
LYRICA ORAL CAPSULE	3	PA
NUEDEXTA	2	PA, QL
pregabalin oral capsule	2	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
RELYVRIO	3	PA, QL, SP
riluzole	1	SP
SAVELLA	3	QL
TEGLUTIK	3	PA
VEOZAH	3	PA, QL
ZEPOSIA	3	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT	3	PA, ST, SP
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cevimeline hcl	1	
chlorhexidine gluconate mouth/ throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	3	
DENTAGEL	3	
EVOXAC	E	
FLUORIDEX	3	

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

Drug Name	Drug Tier	Requirements & Limits
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
JUST RIGHT 5000	3	
KOURZEQ	3	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE	3	
PERIDEX	3	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
SALAGEN	3	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride 5000 ppm dental gel 1.1 %	1	
sodium fluoride dental	1	
triamcinolone acetonide mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	PA
ACANYA	E	QL
accutane	2	
acitretin	1	
ACZONE	E	QL
adapalene external gel	E	PA, QL
adapalene-benzoyl peroxide external gel 0.1-2.5 %	3	QL
adapalene-benzoyl peroxide external gel 0.3-2.5 %	E	QL
AKLIEF	3	PA, QL
ala-cort	E	
alclometasone dipropionate	1	
ALTRENO	E	PA, QL
amnesteem	2	
AMZEEQ	3	QL
ARAZLO	E	PA, QL
ATRALIN	E	PA, QL
AVAR CLEANSER	3	
AVAR LS CLEANSER	E	
AVAR-E EMOLLIENT	3	
AVAR-E GREEN	3	
AVAR-E LS	3	
AVITA EXTERNAL CREAM 0.025 %	E	PA, QL
AVITA EXTERNAL GEL 0.025 %	E	PA
azelaic acid external	3	
AZELEX	3	QL
BENZAMYCIN	2	QL
benzoyl peroxide-erythromycin	1	QL
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	2	
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	2	
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	

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

Drug Name	Drug Tier	Requirements & Limits
brimonidine tartrate external	3	PA, QL
calcipotriene external cream	2	QL
calcipotriene external ointment	2	
calcipotriene external solution	1	QL
calcipotriene-betameth diprop external suspension	E	QL
CALCITRENE	3	
CARAC	E	
CIBINQO	2	PA, QL, SP
ciclopirox olamine external suspension	1	
claravis	2	
CLEOCIN-T	3	
clindacin	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	E	QL
clindamycin phosphate external foam	3	
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin phosphate gel 1 % external	2	QL
clindamycin phosphate gel 1 % external	E	(generic for Clindagel), QL
clindamycin phosphate gel 1 % external	2	(generic for Cleocin-T), QL
clindamycin-tretinoin	E	QL
clobetasol propionate e	2	QL
clobetasol propionate external cream	2	QL
clobetasol propionate external foam	E	QL
clobetasol propionate external gel	2	QL
clobetasol propionate external liquid	1	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external shampoo	E	QL
clobetasol propionate external solution	1	QL
CLOBEX EXTERNAL SHAMPOO	E	QL
CLOBEX SPRAY	E	QL
clodan	E	QL
clotrimazole external cream	E	
clotrimazole-betamethasone	1	
CORDRAN	3	QL
dapsone external	3	QL
DAZOMON	E	PA
DERMACINRX UREA	E	
DERMA-SMOOTHE/FS BODY	3	QL
DERMA-SMOOTHE/FS SCALP	3	
desonide external cream	2	QL
desonide external lotion	3	QL
desonide external ointment	2	QL
DESOWEN	3	QL
desoximetasone external cream	1	QL
desoximetasone external ointment	3	QL
diclofenac sodium external gel 3 %	2	PA, QL
DIFFERIN EXTERNAL GEL 0.3 %	E	PA, QL
DIPROLENE	3	
DOVONEX EXTERNAL CREAM 0.005 %	E	QL
doxycycline	E	
DRYSOL	3	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL

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

Drug Name	Drug Tier	Requirements & Limits
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP
EFUDEX	3	
ELIDEL	E	QL
ENSTILAR	3	QL
EPIDUO	E	QL
EPIDUO FORTE	E	QL
ERYGEL	3	
erythromycin external	1	
EUCRISA	3	ST, QL
EVOCLIN EXTERNAL FOAM 1 %	3	
FABIOR	E	PA, QL
FINACEA EXTERNAL FOAM	3	
FINACEA EXTERNAL GEL	E	
fluocinolone acetonide body	3	QL
fluocinolone acetonide external cream	3	QL
fluocinolone acetonide external ointment	2	QL
fluocinolone acetonide external solution	3	QL
fluocinolone acetonide scalp	3	
fluocinonide external cream 0.05 %	1	
fluocinonide external cream 0.1 %	E	QL
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
fluorouracil external cream 5 %	1	
fluticasone propionate external cream	1	
fluticasone propionate external ointment	1	
halobetasol propionate external cream	2	QL
halobetasol propionate external ointment	2	QL
hydrocortisone ace-pramoxine external cream 2.5-1 %	1	
hydrocortisone butyrate external cream	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone lotion 2%	3	
hydrocortisone valerate external cream	2	QL
hydrocortisone valerate external ointment	3	QL
HYDROXYM EXTERNAL CREAM	E	
imiquimod external cream 3.75 %	E	QL
imiquimod external cream 5 %	1	
imiquimod pump	E	QL
IMPOYZ	E	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
isotretinoin oral capsule 25 mg, 35 mg	E	PA
ivermectin external cream	E	QL
KLARON	3	
KLISYRI	3	ST, QL
LOPROX EXTERNAL SUSPENSION 0.77 %	E	
METROCREAM	3	
METROGEL	E	
METROLOTION	3	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
metronidazole external gel 1 %	E	

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

Drug Name	Drug Tier	Requirements & Limits
metronidazole external lotion	1	
MIRVASO	2	PA, QL
mometasone furoate external	1	
naftifine hcl external gel	E	
NAFTIN	E	
NATROBA	E	
neuac	3	QL
NORITATE	E	
OLUX EXTERNAL FOAM 0.05 %	E	QL
ONEXTON	E	QL
OPZELURA	3	PA, QL, SP
ORACEA	E	
OVACE PLUS WASH EXTERNAL LIQUID	3	
OVACE WASH	3	
PANRETIN	3	
pimecrolimus	3	QL
PLEXION CLEANSER	E	
PLEXION EXTERNAL CREAM	E	
podofilox external solution	1	
PRAMOSONE EXTERNAL CREAM	2	
RETIN-A	E	PA, QL
RETIN-A MICRO GEL 0.04 %, 0.1 %	E	PA, QL
RETIN-A MICRO PUMP	E	PA, QL
RHOFADE	3	PA, QL
rosadan external cream 0.75 %	1	
rosadan external gel 0.75 %	1	
SANTYL	3	QL
selenium sulfide external lotion	1	
sodium sulfacetamide wash	1	
SOOLANTRA	3	QL
spinosad	3	
sss 10-5 external cream	1	
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external cream 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide sodium-sulfur external suspension 8-4 %	E	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	E	
SULFACLEANSE 8/4	E	
SUMADAN WASH	E	
SYNALAR	E	QL
SYNALAR EXTERNAL SOLUTION 0.01 %	E	QL
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	E	QL
TACLONEX EXTERNAL SUSPENSION	3	QL
tacrolimus external	2	QL
tazarotene external cream	3	PA, QL
TAZAROTENE EXTERNAL FOAM	E	PA, QL
TAZORAC EXTERNAL CREAM	3	PA, QL
TEMOVATE EXTERNAL CREAM 0.05 %	3	QL
TOLAK	E	
TOPICORT EXTERNAL CREAM	3	QL
TOPICORT EXTERNAL OINTMENT	3	QL
tretinoin external cream	3	QL
tretinoin external gel 0.01 %, 0.025 %	E	QL
tretinoin external gel 0.05 %	E	PA, QL
tretinoin microsphere	E	PA, QL
tretinoin microsphere pump	E	PA, QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	

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Drug Name	Drug Tier	Requirements & Limits
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
triamcinolone in absorbase	E	
TRIANEX EXTERNAL OINTMENT 0.05 %	E	
triderm	1	QL
TRIDESILON EXTERNAL CREAM 0.05 %	3	QL
tritocin external ointment 0.05 %	E	
TWYNEO	E	QL
urea external cream 20 %, 40 %, 45 %	1	
urea external cream 41 %, 47 %	E	
UREMEZ-40	3	
VANOS	E	QL
VELTIN EXTERNAL GEL 1.2-0.025 %	E	QL
VTAMA	3	PA, QL
WINLEVI	E	PA, QL
zenatane	2	
ZIANA	E	QL
ZILXI	3	PA, ST, QL
ZORYVE	3	PA, QL
ZYCLARA	E	QL
ZYCLARA PUMP	E	QL
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK FASTCLIX LANCETS	1	
ACCU-CHEK GUIDE KIT W/ DEVICE	3	
ACCU-CHEK GUIDE ME METER	1	

Drug Name	Drug Tier	Requirements & Limits
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK MULTICLIX LANCET DEVICE KIT	1	
ACCU-CHEK MULTICLIX LANCETS	1	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFT TOUCH LANCETS	1	
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCUTREND GLUCOSE	E	QL
ALCOHOL PREP PADS PAD	3	
AQ INSULIN SYRINGE	2	QL
AQINJECT PEN NEEDLE	2	QL
BD AUTOSHIELD DUO PEN NEEDLES	2	QL
BD ECLIPSE NEEDLE 18G X 1-1/2", 25G X 5/8" , 27G X 1/2"	2	
BD ECLIPSE NEEDLE 23G X 1" (OTC)	2	
BD ECLIPSE NEEDLE 23G X 1" (RX)	2	
BD ECLIPSE SHIELDED NEEDLE	2	
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	2	
BD SHARPS COLLECTOR	3	
BD ULTRA-FINE insulin syringes	2	QL
BD ULTRA-FINE PEN NEEDLES	2	QL
BD ULTRA-FINE U-500 insulin syringes	2	QL
BD ULTRA-FINE VEO insulin syringes	2	QL
BIGFOOT UNITY PROGRAM	E	
BIOTEL CARE TEST STRIPS	E	QL
BLOOD GLUCOSE TEST STRIPS	E	QL
BLOOD GLUCOSE TEST STRIPS 333	E	QL
CAREPOINT POLY HUB NEEDLE 18G X 1" , 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2	

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Drug Name	Drug Tier	Requirements & Limits
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
CAREPOINT SAFETY 1ST NEEDLE	2	
CARETOUCH MONITOR SYSTEM	E	
CARETOUCH TEST	E	QL
CEQUR SIMPLICITY 2U 10PK	3	ST
CONTOUR MONITOR KIT W/ DEVICE	E	
CONTOUR NEXT EZ KIT W/ DEVICE	E	
CONTOUR NEXT GEN MONITOR KIT	E	
CONTOUR NEXT GEN TEST STRIPS	2	QL
CONTOUR NEXT GEN TEST STRIPS	2	QL
CONTOUR NEXT LINK KIT W/ DEVICE	E	
CONTOUR NEXT LINK KIT W/ DEVICE	E	(Contour Next Link 24)
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE DEVICE	E	
CONTOUR NEXT ONE KIT	2	
CONTOUR TEST STRIPS	E	QL
CVS ADVANCED GLUCOSE TEST	E	QL
CVS GLUCOSE METER TEST STRIPS	E	QL
D-CARE BLOOD GLUCOSE	E	QL
D-CARE GLUCOMETER	E	
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
DROPSAFE SAFETY SYRINGE/ NEEDLE	2	QL
EASY MAX BLOOD GLUCOSE TEST	E	QL

Drug Name	Drug Tier	Requirements & Limits
EASY MAX T1 GLUCOSE SYSTEM	E	
EASY TOUCH HEALTHPRO GLUCOSE	E	
EASY TOUCH TEST	E	QL
EASYGLUCO	E	
EASYMAX 15 TEST	E	QL
EASYMAX NG BLOOD GLUCOSE KIT	E	
EMBRACE BLOOD GLUCOSE TEST	E	QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	E	QL
EVERSENSE E3 SENSOR/ HOLDER	E	PA
EVERSENSE E3 SMART TRANSMITTER	E	PA
EVERSENSE SENSOR/HOLDER	E	PA
EVERSENSE SMART TRANSMITTER	E	PA
FORA 6 CONNECT/GTEL TEST	E	QL
FORTISCARE G1 TEST STRIP IN VITRO STRIP	E	QL
FORTISCARE TEST IN VITRO STRIP	E	QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 READER	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA
FREESTYLE LIBRE 3 READER	3	PA
FREESTYLE LIBRE 3 SENSOR	3	PA, QL
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE PRECISION NEO SYSTEM	E	
FREESTYLE PRECISION NEO TEST	E	QL

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Drug Name	Drug Tier	Requirements & Limits
FREESTYLE TEST	E	QL
GLUCOCARD EXPRESSION TEST	E	QL
GLUCOCARD SHINE TEST	E	QL
GLUCOCARD VITAL TEST	E	QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA
GUARDIAN 4 TRANSMITTER	3	PA
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
GUARDIAN REAL-TIME REPLACE PED	3	PA
GUARDIAN SENSOR (3)	3	PA, QL
GUARDIAN SENSOR 3	3	PA, QL
GVOKE HYPOPEN 1-PACK	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE KIT	2	
GVOKE PFS	2	QL
HEALTHPRO BLOOD GLUCOSE MONITO	E	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	ST
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	ST
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	ST
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	ST
INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	
INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	ST
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	ST
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	QL
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL
LANCETS	1	
MICRODOT TEST	E	QL
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	PA
MM BLOOD GLUCOSE SYSTEM	E	
MM BLOOD GLUCOSE SYSTEM REFILL	E	
MM BLULINK GLUCOSE TEST	E	QL
MM EASY TOUCH GLUCOSE METER	E	
MONOJECT HYPODERMIC NEEDLE 18G X 1"	2	
NEUTEK 2TEK TEST	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOPEN ECHO	3	
NOVOTWIST PEN NEEDLE	2	QL
OMNIPOD 5 G6 INTRO (GEN 5)	2	PA, QL
OMNIPOD 5 G6 PODS (GEN 5)	2	PA, QL
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA
OMNIPOD 5 G7 PODS (GEN 5)	2	PA
ON CALL EXPRESS BLOOD GLUCOSE	E	QL
ON CALL EXPRESS MONITORING SYS	E	

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Drug Name	Drug Tier	Requirements & Limits
ONETOUCH DELICA PLUS LANCETS	1	
ONETOUCH ULTRA 2 KIT W/ DEVICE	1	
ONETOUCH ULTRA TEST	1	QL
ONETOUCH ULTRA TEST STRIPS	1	QL
ONETOUCH ULTRASOFT LANCETS	1	
ONETOUCH VERIO FLEX SYSTEM KIT	1	
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
OPTIUMEZ TEST	E	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA
PIP BLOOD GLUCOSE TEST STRIP	E	QL
PRECISION XTRA	E	
PRECISION XTRA BLOOD GLUCOSE	E	QL
PREMIUM BLOOD GLUCOSE TEST	E	QL
PTS PANELS EGLU TEST	E	QL
QUINTET AC BLOOD GLUCOSE TEST	E	QL
QUINTET BLOOD GLUCOSE TEST	E	QL
RELION TRUE MET AIR GLUC METER	E	
RELION TRUE METRIX TEST STRIPS	E	QL
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	QL
RIGHTEST GT333 GLUCOSE TEST	E	QL
SHARPS CONTAINER	3	
TECHLITE INSULIN SYRINGES	2	(ARKRAY), QL
TECHLITE PEN NEEDLES	2	(ARKRAY), QL
TEMPO REFILL	E	
TEMPO WELCOME	E	
TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
TRUE METRIX AIR GLUCOSE METER KIT	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	QL
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER KIT	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	QL
TRUETRACK TEST	E	QL
UNISTRIP1 GENERIC	E	QL
VIVAGUARD INO GLUCOSE METER KIT	E	
VIVAGUARD INO TEST STRIPS	E	QL
Diabetes - Insulin		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
AFREZZA	E	PA, QL
BASAGLAR KWIKPEN	E	QL
BASAGLAR TEMPO PEN	E	
FIASP	E	ST, QL
FIASP FLEXTOUCH	E	ST, QL
HUMALOG INJECTION	E	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 SUBCUTANEOUS	2	QL
HUMALOG TEMPO PEN	E	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL

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Drug Name	Drug Tier	Requirements & Limits
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	1	QL
HUMULIN R VIAL	1	QL
INSULIN ASPART	E	ST, QL
INSULIN ASPART FLEXPEN	E	ST, QL
INSULIN DEGLUDEC FLEXTOUCH	E	QL
INSULIN GLARGINE	E	QL
INSULIN GLARGINE MAX SOLOSTAR	E	QL
INSULIN GLARGINE SOLOSTAR	E	QL
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION PEN-INJECTOR	E	
INSULIN LISPRO	1	QL
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen), QL
INSULIN LISPRO JUNIOR KWIKPEN	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LEVEMIR FLEXPEN	E	PA, QL
LEVEMIR U-100 FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	E	PA, QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV TEMPO PEN	E	QL
LYUMJEV VIAL	1	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 FLEXPEN	E	ST, QL
NOVOLIN N FLEXPEN RELION	E	ST, QL
NOVOLIN N RELION	E	ST, QL
NOVOLIN N VIAL	E	ST, QL
NOVOLIN R FLEXPEN	E	ST, QL
NOVOLIN R FLEXPEN RELION	E	ST, QL
NOVOLIN R RELION	E	ST, QL
NOVOLIN R VIAL	E	ST, QL
NOVOLOG FLEXPEN	E	ST, QL
NOVOLOG FLEXPEN RELION	E	ST, QL
NOVOLOG RELION	E	ST, QL
NOVOLOG U-100 VIAL	E	ST, QL
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR	E	
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
TRESIBA FLEXTOUCH	E	QL
Diabetes - Non-Insulin Agents		
acarbose oral	1	
ACTOPLUS MET	3	QL
ACTOS	E	QL
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML	3	
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	3	
ALOGLIPTIN BENZOATE	2	QL
ALOGLIPTIN-METFORMIN HCL	2	QL
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	E	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE AUTOINJECTOR	2	PA, QL
BYETTA 10 MCG PEN	2	PA, QL
BYETTA 5 MCG PEN	2	PA, QL
CYCLOSET	3	
DAPAGLIFLOZIN PRO-METFORMIN ER	E	ST, QL
DAPAGLIFLOZIN PROPANEDIOL	E	ST, QL
FARXIGA	E	ST, QL
glimepiride	1	
glipizide er	1	

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Drug Name	Drug Tier	Requirements & Limits
glipizide oral tablet 10 mg, 5 mg	1	
glipizide oral tablet 2.5 mg	E	
glipizide xl	1	
glipizide-metformin hcl	2	
GLUCAGON EMERGENCY KIT	2	QL (manufactured by Fresenius)
glucagon emergency kit 1 mg injection	2	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION	E	QL
GLUCOTROL XL	3	
GLUMETZA	E	PA
glyburide micronized	1	
glyburide oral	1	
glyburide-metformin	1	
GLYNASE ORAL TABLET 1.5 MG	3	
GLYNASE ORAL TABLET 3 MG, 6 MG	3	
GLYXAMBI	2	ST, QL
INVOKAMET XR	E	ST, QL
INVOKANA	E	ST, QL
JANUMET	E	ST, QL
JANUMET XR	E	ST, QL
JANUVIA	E	ST, QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	E	QL
LIRAGLUTIDE PEN-INJECTOR 18MG/3ML	2	PA, (2 Pak), QL
LIRAGLUTIDE PEN-INJECTOR 18MG/3ML	3	PA, (3 Pak), 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 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	E	
MOUNJARO	2	PA, QL
nateglinide	2	QL
ONGLYZA	E	QL
OZEMPIC	2	PA, QL
pioglitazone hcl	1	QL
pioglitazone hcl-metformin hcl	2	QL
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG	3	
repaglinide	2	QL
RIOMET	E	
RYBELSUS	2	PA, QL
saxagliptin hcl	2	QL
saxagliptin-metformin er	2	QL
SOLIQUA	2	QL
STEGLATRO	E	ST, QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, QL
XIGDUO XR	E	ST, QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
AGRYLIN	E	
ALPHANATE	2	SP
ALPROLIX	3	SP

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Drug Name	Drug Tier	Requirements & Limits
ALTUVIIIO	3	PA, SP
ALVAIZ	3	PA, SP
anagrelide hcl	1	
ARANESP (ALBUMIN FREE)	2	QL, SP
aspirin-dipyridamole er	3	
DOPTELET	3	PA, QL, SP
ELOCTATE	3	PA, SP
FABHALTA	2	PA, QL, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	E	PA, SP
HEMOFIL M	2	SP
heparin sodium (porcine) injection solution	1	
heparin sodium (porcine) pf	1	
HUMATE-P	2	SP
IDELVION	3	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	3	PA, QL, SP
NEULASTA	2	
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	2	
PROMACTA ORAL TABLET	E	PA, SP
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
TAVALISSE	3	PA, QL, SP
tranexamic acid oral	2	QL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
WILATE	2	
ZARXIO	2	
Drugs for Sexual Dysfunction		
ADDYI	3	PA, QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	3	PA, QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	3	PA, QL
tadalafil oral	2	QL
vardenafil hcl oral tablet	3	QL
VIAGRA	E	QL
VYLEESI	3	PA, QL
Electrolytes / Vitamins		
adc/f (0.5mg/ml)	1	
calcium acetate (phos binder) oral tablet	1	
calcium acetate oral tablet 667 mg	1	
CARNITOR ORAL SOLUTION	3	
CARNITOR SF	3	
CITRANATAL 90 DHA	3	
CITRANATAL ASSURE	3	
CITRANATAL DHA ORAL 27-1 & 250 MG	3	
COMPLETENATE	3	
CO-NATAL FA	2	
CONCEPT DHA	3	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	3	
DAVIMET-FLUORIDE	E	

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Drug Name	Drug Tier	Requirements & Limits
deferasirox oral tablet	2	PA, SP
DODEX	3	
DRISDOL	3	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	2	
ELITE-OB	3	
ergocalciferol oral capsule	1	
FLORIVA PLUS	E	
fluoritab oral solution 0.275 (0.125 f) mg/drop	1	H
folic acid oral tablet 1 mg	1	
JADENU	E	PA, SP
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
kosher prenatal plus iron	1	
K-PHOS-NEUTRAL	2	
K-TAB	3	
levocarnitine oral solution	1	
levocarnitine sf	1	
LOKELMA	3	PA, QL
M-NATAL PLUS	3	
multivitamin w/fluoride tablet chewable 0.25 mg oral	1	
multivitamin w/fluoride tablet chewable 0.25 mg oral	E	
multivitamin w/fluoride tablet chewable 0.5 mg oral	1	
multivitamin w/fluoride tablet chewable 0.5 mg oral	E	
multivitamin w/fluoride tablet chewable 1 mg oral	1	
multivitamin w/fluoride tablet chewable 1 mg oral	E	
multi-vitamin/fluoride	1	
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	

Drug Name	Drug Tier	Requirements & Limits
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
MULTI-VIT-FLOR	E	
nafrinse drops oral solution 0.275 (0.125 f) mg/drop	1	H
NAFRINSE ORAL TABLET CHEWABLE 2.2 (1 F) MG	1	H
NASCOBAL	3	
NATALVIT	2	
NEONATAL COMPLETE	3	
NEONATAL PLUS	3	
NIVA-PLUS	3	
OB COMPLETE	3	
ONE VITE WOMENS PLUS	3	
ORACIT	2	
ORAL CITRATE	2	
PHOSPHA 250 NEUTRAL	2	
phosphorous	1	
phospho-trin 250 neutral	1	
pnv-dha	3	
POKONZA	E	
POLY-VI-FLOR	E	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
potassium citrate-citric acid	1	
PRENA1 PEARL	3	
prenatal 19 oral tablet 29-1 mg	1	

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Drug Name	Drug Tier	Requirements & Limits
prenatal 19 oral tablet chewable	1	
prenatal oral tablet 27-1 mg	1	
prenatal plus	1	
prenatal plus vitamin/mineral	1	
PRENATE DHA	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL	3	
PRENATE MINI	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATOL-M	E	
PRENATRIX	E	
PRENATRYL	E	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 SENSITIVE	3	
PREVIDENT MOUTH/THROAT	3	
QUFLORA PEDIATRIC	3	
SE-NATAL 19	3	
sevelamer hcl	E	
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
sodium fluoride 5000 enamel dental gel 1.1-5 %	1	
sodium fluoride 5000 sensitive dental gel 1.1-5 %	1	
sodium fluoride mouth/throat solution 0.2 %	1	
sodium fluoride oral solution	1	H
sodium fluoride oral tablet chewable	1	H
SPS	3	
TARON-C DHA	3	
THRIVITE RX	3	
TRICARE	3	
TRINATAL RX 1	3	
TRINATE	3	
tri-vite/fluoride	1	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
VELTASSA	3	PA, QL
VINATE ONE	3	
virt-c dha oral capsule 53.5-38-1 mg	1	
virt-pn dha oral capsule 27-0.6-0.4-300 mg	3	
VITAFOL FE+	3	
VITAFOL GUMMIES	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
VITAMEDMD ONE RX/ QUATREFOLIC	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
vitamins acd-fluoride	1	
VITAPEARL	3	
VITATHELY WITH GINGER	3	
WESCAP-C DHA	3	
WESCAP-PN DHA	3	
wes-phos 250 neutral	1	
WESTAB PLUS	E	
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	3	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
bis subcit-metronid-tetracyc	3	QL
bismuth/metronidaz/tetracyclin	3	QL
CARAFATE	E	
cimetidine oral	1	
CYTOTEC	3	
DEXILANT	E	QL
dexlansoprazole	E	QL
esomeprazole magnesium oral capsule delayed release	E	QL
esomeprazole magnesium oral packet	3	PA, ST, QL
famotidine oral suspension reconstituted	1	

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Drug Name	Drug Tier	Requirements & Limits
famotidine oral tablet 20 mg, 40 mg	E	
lansoprazole oral capsule delayed release	E	QL
lansoprazole oral tablet delayed release dispersible	3	PA, ST, QL
misoprostol oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	QL
NEXIUM ORAL PACKET	3	PA, ST, QL
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PEPCID	E	
PREVACID	E	QL
PREVACID SOLUTAB	E	PA, ST, QL
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	3	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	
VOQUEZNA	3	PA, QL
VOQUEZNA DUAL PAK	3	ST, QL
VOQUEZNA TRIPLE PAK	3	ST, QL
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl	2	PA, QL
AMITIZA	3	PA, QL
ANASPAZ	2	
chlordiazepoxide-clidinium	3	
CLENPIQ	3	QL
constulose	1	
cromolyn sodium oral	1	
CUVPOSA	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
ED-SPAZ ORAL TABLET DISPERSIBLE 0.125 MG	3	
enulose	1	
FIRST-LANSOPRAZOLE	3	PA
FIRST-OMEPRAZOLE	3	PA
GASTROCROM	E	
gavilyte-c	1	H
gavilyte-g	1	QL, H
gavilyte-n with flavor pack	1	QL, H
generlac	1	
GLYCATE	E	
glycopyrrolate oral solution	3	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
GOLYTELY	3	QL
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sublingual	1	
KRISTALOSE	3	
lactulose encephalopathy oral solution 10 gm/15ml	1	
lactulose oral packet	E	
lactulose oral solution	1	
LEVBID	3	
LEVSIN	3	
LEVSIN/SL	3	
LIBRAX	E	
LINZESS	2	PA, QL
LOMOTIL	3	
loperamide hcl oral capsule	E	
LOTRONEX	E	PA, QL
lubiprostone	2	PA, QL
methscopolamine bromide oral	1	
MOTEGRITY	3	PA, QL
MOVANTIK	E	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	3	QL
NULEV	3	
OCALIVA	3	PA, ST, QL, SP
OMEPRAZOLE+SYRSPEND SF ALKA	3	PA
opium	1	
OSCIMIN	3	
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
RELTONE	E	
ROBINUL	E	
ROBINUL-FORTE	E	
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
TRULANCE	E	PA, ST, QL
URSO 250	E	
URSO FORTE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA, QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CARNITOR ORAL TABLET	3	
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI	2	PA, QL, SP
JAVYGTOR ORAL PACKET	E	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	2	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	2	PA, QL
KUVAN ORAL PACKET	E	PA, QL, SP
levocarnitine oral tablet	1	
ORFADIN	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
sapropterin dihydrochloride oral packet	2	PA, QL, SP
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP
TEGSEDI	2	PA, QL, SP
VYNDAMAX	2	PA, QL, SP
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	2	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT	E	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	E	
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
CAVERJECT IMPULSE	3	QL
darifenacin hydrobromide er	E	
DETROL	E	
DETROL LA	E	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	E	
EDEX	3	QL
ELMIRON	3	ST
fesoterodine fumarate er	E	
GEMTESA	E	
me/naphos/mb/hyo1	1	
mirabegron er	3	PA, ST

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Drug Name	Drug Tier	Requirements & Limits
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
oxybutynin chloride er	2	
oxybutynin chloride oral tablet 2.5 mg	3	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
RENVELA ORAL TABLET	E	
sevelamer carbonate oral tablet	2	
solifenacin succinate	2	
THIOLA	3	SP
THIOLA EC	3	SP
tiopronin oral tablet delayed release	3	SP
tolterodine tartrate	3	
tolterodine tartrate er	E	
TOVIAZ	E	
trospium chloride	3	
trospium chloride er	E	
UROGESIC-BLUE	2	
VELPHORO	3	ST
VESICARE	E	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	2	
dutasteride-tamsulosin hcl	E	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
JALYN ORAL CAPSULE 0.5-0.4 MG	E	
PROSCAR	E	
RAPAFLO	E	
silodosin	3	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	
Hormonal Agents - Hormone Replacement and Birth Control		
ACTIVELLA	3	
afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	1	H
amethia oral tablet 0.15-0.03 &0.01 mg	3	
amethyst	3	
ANGELIQ	3	
ANNOVERA	3	QL
apri	1	H
aranelle	1	H
ashlyna	3	
aubra eq	1	H
aubra oral tablet 0.1-20 mg-mcg	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN ORAL TABLET 5 MG	3	
ayuna	1	H
azurette	2	
BALCOLTRA	E	
balziva	1	H
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	1	H
camila	1	H

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Drug Name	Drug Tier	Requirements & Limits
camrese	3	
camrese lo	3	
caziant oral tablet 0.1/0.125/ 0.15 -0.025 mg	1	H
charlotte 24 fe	1	H
chateal eq	1	H
chateal oral tablet 0.15-30 mg-mcg	1	H
CLIMARA	E	QL
CLIMARA PRO	3	QL
COMBIPATCH	3	QL
COVARYX	2	
COVARYX HS	3	
cryselle-28	1	H
cyred eq	1	H
cyred oral tablet 0.15-30 mg-mcg	1	H
dasetta 1/35	1	H
dasetta 7/7/7	1	H
daysee	3	
deblitane	1	H
DELESTROGEN	3	
delyla	1	H
DEPO-ESTRADIOL	3	
DEPO-PROVERA	3	QL
DEPO-SUBQ PROVERA 104	2	QL
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2	
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL	3	
dolishale	3	
dotti	2	QL
drospiren-eth estrad-levomefol	E	
drospirenone-ethinyl estradiol	3	
DUAVEE	3	QL
EEMT	2	
EEMT HS	3	
ELESTRIN	3	

Drug Name	Drug Tier	Requirements & Limits
elinest	1	H
ELLA	1	QL, H
eluryng	1	H
emoquette oral tablet 0.15-30 mg-mcg	1	H
emzahh	1	H
enilloring	1	H
enpresse-28	1	H
enskyce	1	H
errin	1	H
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	
est estrogens-methyltest hs	1	
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	3	QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	3	QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	3	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL

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Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.075 mg/24hr transdermal	3	QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	3	QL
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	3	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	3	QL
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal cream	3	
estradiol vaginal tablet	2	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	2	
ESTRING	2	QL
ESTROGEL	3	QL
ethynodiol diac-eth estradiol	1	H
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
fayosim oral tablet 42-21-21-7 days	E	
FEMRING	3	QL
finzala	1	H
fyavolv	3	
gemmily	E	
GENERESS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	E	
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	1	H
heather	1	H

Drug Name	Drug Tier	Requirements & Limits
iclevia	2	H
incassia	1	H
introvale	2	H
isibloom	1	H
jaimiess	3	
jasmiel	3	
jencycla	1	H
jinteli	3	
jolessa	2	H
joyeaux	E	
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
kaitlib fe	E	
kalliga	1	H
kariva	2	
kelnor 1/35	1	H
kelnor 1/50	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
larissia oral tablet 0.1-20 mg-mcg	1	H
layolis fe	E	
leena	1	H
lessina	1	H
levonest	1	H
levonorgest-eth est & eth est	1	
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg	3	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
levonorgest-eth estradiol-iron	E	

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Drug Name	Drug Tier	Requirements & Limits
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	3	
levonorg-eth estrad triphasic	1	H
levora 0.15/30 (28)	1	H
lillow oral tablet 0.15-30 mg-mcg	1	H
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
lojaimiess	3	
loryna	3	
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG	3	
low-ogestrel	1	H
lo-zumandimine	3	
lutera	1	H
lyleq	1	H
lyllana	2	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular	1	QL, H
medroxyprogesterone acetate oral	1	
megestrol acetate oral tablet	1	
MENOSTAR	3	QL
merzee	E	
mibelas 24 fe	1	H
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
mimvey	2	

Drug Name	Drug Tier	Requirements & Limits
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	E	
MINIVELLE	E	QL
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	E	
mono-linyah	1	H
MYFEMBREE	2	PA, QL
NATAZIA	1	
necon 0.5/35 (28)	1	H
NEXTSTELLIS	E	
nikki	3	
nora-be	1	H
norelgestromin-eth estradiol	3	H
norethin ace-eth estrad-fe oral capsule	E	
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norethindrone-eth estradiol	2	(generic for FemHRT/ FemHRT 1/5)
norethindron-ethinyl estrad-fe	1	H
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	1	H
norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg	E	
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyda	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H

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Drug Name	Drug Tier	Requirements & Limits
nortrel 7/7/7	1	H
NUVARING	E	
nylia 1/35	1	H
nylia 7/7/7	1	H
nymyo	1	H
ocella	3	
PHEXXI	E	PA
philith	1	H
pimtrea	2	
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
previfem oral tablet 0.25-35 mg-mcg	1	H
progesterone intramuscular	1	
progesterone oral	2	
PROMETRIUM	E	
PROVERA	3	
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	E	
reclipsen	1	H
rivelsa	E	
SAFYRAL	E	
SEASONIQUE ORAL TABLET 0.15-0.03 &0.01 MG	E	
setlakin	2	H
sharobel	1	H
simliya	2	
simpesse	3	
SLYND	3	PA, ST
sprintec 28	1	H
sronyx	1	H
syeda	3	
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tarina fe 1/20 oral tablet 1-20 mg-mcg	1	H

Drug Name	Drug Tier	Requirements & Limits
taysofy	E	
TAYTULLA	E	
tilia fe	3	
tri-estarylla	1	H
tri-legest fe	3	
tri-linyah	1	H
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	1	H
tri-nymyo	1	H
tri-sprintec	1	H
trivora (28)	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
tulana oral tablet 0.35 mg	1	H
turqoz	1	H
TWIRLA	E	
TYBLUME	1	
tydemy	E	
VAGIFEM	E	
velivet	1	H
vestura	3	
vienva	1	H
viorele	2	
VIVELLE-DOT	E	QL
volnea	2	
vyfemla	1	H
vylibra	1	H
wera	1	H
wymzya fe	3	
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvafem	2	
zafemy	3	H
zovia 1/35 (28)	1	H

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Drug Name	Drug Tier	Requirements & Limits
zumandimine	3	
Hormonal Agents - Oral Steroids		
CORTEF	3	
DEXABLISS	E	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	E	
fludrocortisone acetate oral	1	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
ORAPRED ODT	3	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL
prednisolone sodium phosphate oral tablet dispersible	1	
prednisone oral	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Other		
cabergoline	2	
DDAVP ORAL	E	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
lanreotide acetate solution 120 mg/0.5ml subcutaneous	1	SP
lanreotide acetate solution 120 mg/0.5ml subcutaneous	E	SP
leuprolide acetate injection	1	PA
megestrol acetate oral suspension 40 mg/ml	1	
METHERGINE	3	QL
methylergonovine maleate oral	1	QL
NGENLA	3	PA, QL, SP
NOCDURNA	3	PA, QL
NORDITROPIN FLEXPRO	2	PA, QL, SP
NUTROPIN AQ NUSPIN	E	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
SKYTROFA	3	PA, QL, SP
SOMATULINE DEPOT	3	SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	PA, QL
ANDROGEL PUMP	E	PA, QL
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%)	E	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
JATENZO	E	QL
KYZATREX	3	PA, QL
NATESTO	E	PA, QL
TESTIM	2	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 20.25 mg/act (1.62%) transdermal	2	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	E	PA, QL
testosterone transdermal gel 1.62 %	2	PA, QL
testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	E	PA, QL
testosterone transdermal solution	E	PA, QL
TLANDO	E	PA, QL
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
XYOSTED	E	PA, QL
Hormonal Agents - Thyroid		
ADTHYZA	E	
ARMOUR THYROID	3	
CYTOMEL	E	
ERMEZA	2	PA
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	E	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
SYNTHROID	E	
THYQUIDITY	E	PA

Drug Name	Drug Tier	Requirements & Limits
thyroid oral	1	
TIROSINT	E	
TIROSINT-SOL	2	PA
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ABRILADA (1 PEN)	E	PA, SP
ABRILADA (2 PEN)	E	PA, QL, SP
ABRILADA (2 SYRINGE)	E	PA, QL, SP
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-AACF (2 PEN)	E	PA, SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, SP
ADALIMUMAB-AATY (2 PEN)	E	PA, QL, SP
ADALIMUMAB-AATY (2 SYRINGE)	E	PA; (manufactured by Celltrion), QL, SP
ADALIMUMAB-ADAZ	2	(manufactured by Sandoz), PA, QL, SP
ADALIMUMAB-ADBM	E	PA, QL, SP
ADALIMUMAB-FKJP	E	PA, QL, SP
ADALIMUMAB-RYVK (2 PEN)	E	PA, SP
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
AMJEVITA FOR NUVAILA	2	PA, QL, SP
ARAVA	E	
AZASAN	3	
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
BIMZELX	3	PA, ST, QL, SP
CELLCEPT	E	

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Drug Name	Drug Tier	Requirements & Limits
CIMZIA	E	PA
CIMZIA (2 SYRINGE)	2	PA, QL, SP
CIMZIA STARTER KIT	2	PA, QL, SP
CINRYZE	E	PA, QL, SP
COSENTYX SENSOREADY	2	PA, QL, SP
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
COSENTYX UNOREADY	2	PA, QL, SP
cyclosporine modified oral capsule	1	
cyclosporine oral	1	
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	E	PA, QL, SP
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	E	PA, QL, SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
EMPAVELI	2	PA, QL, SP
ENBREL	2	PA, QL, SP
ENBREL MINI	2	PA, QL, SP
ENBREL SURECLICK	2	PA, QL, SP
ENTYVIO	2	PA, QL, SP
ENVARSUS XR	E	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3	
gengraf oral capsule	1	
GRASTEK	3	PA, QL
HADLIMA	E	PA, QL, SP
HAEGARDA	2	PA, QL, SP
HULIO (2 PEN)	E	PA, QL, SP
HULIO (2 SYRINGE)	E	PA, QL, SP
HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA, QL, SP
HUMIRA (2 PEN) PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	2	PA, QL, SP
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	2	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	2	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA, QL, SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	2	PA, QL, SP
HUMIRA-CD/UC/HS STARTER	2	PA, QL, SP
HUMIRA-PED<40KG CROHNS STARTER	2	PA, QL, SP
HUMIRA-PED>/=40KG CROHNS START	2	PA, QL, SP
HUMIRA-PED>/=40KG UC STARTER	2	PA, QL, SP
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	PA, QL, SP
HUMIRA-PSORIASIS/UVEIT STARTER	2	PA, QL, SP
HYFTOR	3	PA, QL
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	E	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML, 80 MG/0.8ML	E	PA, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	E	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	E	PA, SP
HYRIMOZ-CROHNS/UC STARTER	E	PA, QL, SP
HYRIMOZ-PED<40KG CROHN STARTER	E	PA, QL, SP
HYRIMOZ-PED>/=40KG CROHN START	E	PA, QL, SP
HYRIMOZ-PLAQUE PSORIASIS START	E	PA, QL, SP
IDACIO (2 PEN)	E	PA, QL, SP
IDACIO (2 SYRINGE)	E	PA, QL, SP
IDACIO-CROHNS/UC STARTER	E	PA, QL, SP
IDACIO-PSORIASIS STARTER	E	PA, QL, SP
IMURAN	E	
JYLAMVO	3	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, ST, QL, SP
KINERET	3	PA, ST, QL, SP
leflunomide oral	1	
LITFULO	3	PA, QL, SP
LUPKYNIS	3	PA, QL, SP
methotrexate sodium (pf)	1	
methotrexate sodium injection solution	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral	1	
mycophenolate sodium	2	
mycophenolic acid	2	
MYFORTIC	E	
NEORAL ORAL CAPSULE	E	
OLUMIANT ORAL TABLET 1 MG, 4 MG	3	PA, ST, QL
OLUMIANT ORAL TABLET 2 MG	3	PA, ST, QL, SP

Drug Name	Drug Tier	Requirements & Limits
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	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	QL
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG	3	PA, QL, SP
PROGRAF ORAL CAPSULE	3	
RAPAMUNE ORAL SOLUTION	3	
RAPAMUNE ORAL TABLET	E	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	3	PA, QL, SP
SANDIMMUNE ORAL	E	
SIMLANDI (1 PEN)	E	PA, QL, SP
SIMLANDI (2 PEN)	E	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral solution	2	
sirolimus oral tablet	1	
SKYRIZI PEN	2	PA, QL, SP
SKYRIZI SUBCUTANEOUS	2	PA, QL, SP
SOTYKTU	2	PA, QL, SP
STELARA SUBCUTANEOUS	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO	2	PA, QL, SP
TALTZ	E	PA, ST, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	
XELJANZ	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, SP
YUFLYMA (2 PEN)	E	PA, QL, SP
YUFLYMA (2 SYRINGE)	E	PA, QL, SP
YUFLYMA-CD/UC/HS STARTER	E	PA, SP
YUSIMRY	E	PA, QL, SP
ZORTRESS	E	
Immunological Agents - Drugs for Vaccination		
ADACEL	3	H
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
BEXSERO	3	H
BOOSTRIX	2	H
COMIRNATY INTRAMUSCULAR SUSPENSION	3	H
ENGERIX-B	2	H
FLUAD QUADRIVALENT	3	H
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	H
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	3	H
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	H
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML	3	H
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	H

Drug Name	Drug Tier	Requirements & Limits
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
HAVRIX	3	H
HEPLISAV-B	3	H
IPOL	2	H
MENQUADFI	3	H
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	H
M-M-R II	2	H
MODERNA COVID-19 VAC 6M-11Y	3	H
NOVAVAX COVID-19 VACCINE	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PNEUMOVAX 23	2	H
PREVNAR 20	3	H
RECOMBIVAX HB	2	H
SHINGRIX	3	H
SPIKEVAX INTRAMUSCULAR SUSPENSION	3	H
TENIVAC	3	H
TRUMENBA	3	H
TWINRIX	3	H
VAQTA	2	H
VARIVAX	3	H
Infertility Agents		
cetrorelix acetate	3	PA, ST, QL, SP
CETROTIDE	3	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral tablet 50 mg	1	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL, SP
FYREMADEL	3	QL, SP
ganirelix acetate	3	QL, SP

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Drug Name	Drug Tier	Requirements & Limits
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	3	(manufactured by Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(manufactured by Merck/ Organon), QL, SP
GONAL-F	3	ST, SP
GONAL-F RFF	3	ST, SP
GONAL-F RFF REDIJECT	3	ST, SP
MENOPUR	3	QL, SP
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	3	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	3	
ANALPRAM-HC EXTERNAL CREAM	3	
ANUCORT-HC	2	
ANUSOL-HC EXTERNAL	3	
ANUSOL-HC RECTAL	E	
APRISO	1	
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	E	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
budesonide er	E	
budesonide oral	2	
budesonide rectal	2	
CANASA	E	
COLAZAL	E	
CORTENEMA	3	
CORTIFOAM	2	
DIPENTUM	3	
HEMMOREX-HC	E	
hydrocortisone (perianal) external cream 1 %	E	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	2	
hydrocortisone rectal	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	E	
mesalamine er	E	
mesalamine oral tablet delayed release 1.2 gm	2	
mesalamine oral tablet delayed release 800 mg	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	2	QL
mesalamine-cleanser	1	QL
PENTASA	E	
PROCORT	E	
PROCTOCORT	E	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	3	
PROCTOZONE-HC	3	
ROWASA	3	QL
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	3	
UCERIS RECTAL	E	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
ACTONEL	E	QL
alendronate sodium oral tablet	1	
calcitonin (salmon) injection	3	
calcitonin (salmon) nasal	2	
EVISTA	E	
FORTEO	E	PA, ST, SP
FOSAMAX	3	
ibandronate sodium oral	2	
MIACALCIN	3	

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Drug Name	Drug Tier	Requirements & Limits
raloxifene hcl	2	H
risedronate sodium oral tablet 150 mg, 35 mg	3	QL
risedronate sodium oral tablet 30 mg, 5 mg	3	
teriparatide	E	PA, ST, SP
teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml	E	PA, ST, SP
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA, SP
TYMLOS	3	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral	1	
cinacalcet hcl	3	PA
paricalcitol oral	1	
ROCALTROL	3	
SENSIPAR	E	PA
ZEMPLAR ORAL	3	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	E	
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	1	
ALREX	3	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
BLEPH-10 OPHTHALMIC SOLUTION 10 %	3	
bromfenac sodium (once-daily)	3	
bromfenac sodium ophthalmic solution 0.07 %	E	
bromfenac sodium ophthalmic solution 0.075 %	E	QL
BROMSITE	E	QL

Drug Name	Drug Tier	Requirements & Limits
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	3	QL
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	3	
gatifloxacin ophthalmic	3	
gentamicin sulfate ophthalmic	1	QL
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
KLARITY-A	E	
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	E	
loteprednol etabonate ophthalmic suspension	3	QL
MAXITROL	3	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	

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Drug Name	Drug Tier	Requirements & Limits
olopatadine hcl ophthalmic solution 0.2 %	E	
POLYCIN	3	
polymyxin b-trimethoprim	1	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
PROLENSA	E	
sulfacetamide sodium ophthalmic solution	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	3	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
VIGAMOX	E	
XDEMVY	3	PA, QL
ZYLET	3	
ZYMAXID OPHTHALMIC SOLUTION 0.5 %	3	
Ophthalmic Agents - Drugs for Eye Infection and Inflammation		
bacitracin ophthalmic	1	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-hc ophthalmic	1	
NEO-POLYCIN	3	
sulfacetamide-prednisolone	1	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
AZOPT	E	QL
BETIMOL	2	QL
bimatoprost ophthalmic	2	QL
brimonidine tartrate ophthalmic solution 0.1 %	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	E	QL
brinzolamide	2	QL
COMBIGAN	2	QL
COSOPT	3	
COSOPT PF	E	QL
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	3	
IYUZEH	E	QL
latanoprost ophthalmic	1	
LUMIGAN	2	
methazolamide oral	1	
pilocarpine hcl ophthalmic	1	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
SIMBRINZA	E	QL
tafluprost (pf)	3	ST, QL
timolol maleate (once-daily)	3	
timolol maleate ocudose	2	
timolol maleate ophthalmic	1	
timolol maleate pf	2	
TIMOPTIC OCUDOSE	3	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	3	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	3	
TRAVATAN Z	E	ST, QL
travoprost (bak free)	3	QL

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Drug Name	Drug Tier	Requirements & Limits
TRUSOPT OPHTHALMIC SOLUTION 2 %	3	
VYZULTA	E	ST, QL
XALATAN	E	
ZIOPTAN	3	ST, QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
atropine sulfate ophthalmic solution 1 %	1	
CEQUA	E	PA, QL
cromolyn sodium ophthalmic	1	
CYCLOGYL	3	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	E	PA, QL
difluprednate	3	
DUREZOL	3	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
KLARITY-C DROPS	E	PA
MIEBO	3	PA, QL
RESTASIS	3	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	3	PA, QL
VERKAZIA	3	PA, QL
VEVYE	E	PA, QL
XIIDRA	3	PA, QL
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	1	
CETRAXAL	3	
CIPRO HC	3	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	3	
DERMOTIC	3	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	

Drug Name	Drug Tier	Requirements & Limits
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	2	QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl nasal solution 0.15 %	E	
azelastine-fluticasone	E	QL
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
BROMFED DM	3	
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	E	
cetirizine hcl oral solution	E	
CLARINEX	E	

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

Drug Name	Drug Tier	Requirements & Limits
cyproheptadine hcl oral	1	
desloratadine oral tablet	E	
DYMISTA	E	QL
flunisolide nasal	3	
fluticasone propionate nasal	2	QL
HYCODAN ORAL SOLUTION	E	PA, QL
hydrocod poli-chlorphe poli er	3	PA, QL
hydrocodone bit-homatrop mbr oral solution	1	PA, QL
hydromet	1	PA, QL
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
mometasone furoate nasal	3	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
ODACTRA	3	PA, QL
olopatadine hcl nasal	3	
PATANASE NASAL SOLUTION 0.6 %	E	
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
PULMOSAL	2	
ryvent	E	
sodium chloride inhalation	1	
XHANCE	E	QL, ST
ZETONNA	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ACCOLATE	3	
ADVAIR DISKUS	E	QL
ADVAIR HFA	3	QL, RS
AEROCHAMBER HOLDING CHAMBER	3	
AEROCHAMBER PLS FLOVU MTHPIECE	3	
AEROCHAMBER PLUS FLO-VU	3	
AEROCHAMBER PLUS FLO-VU INTERM	3	
AEROCHAMBER PLUS FLO-VU LARGE	3	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	3	
AEROCHAMBER PLUS FLO-VU SMALL	3	
AEROCHAMBER PLUS FLO-VU W/MASK	3	
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
AIRSUPRA	3	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic for ProAir HFA or Proventil HFA), QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic ProAir HFA or Proventil HFA), QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(generic for Ventolin HFA), QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	E	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	

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

Drug Name	Drug Tier	Requirements & Limits
albuterol sulfate oral syrup	1	
ALVESCO	E	QL
ANORO ELLIPTA	3	QL
arformoterol tartrate	3	QL
ARNUITY ELLIPTA	1	QL
ASMANEX (120 METERED DOSES)	E	QL
ASMANEX (14 METERED DOSES)	E	QL
ASMANEX (30 METERED DOSES)	E	QL
ASMANEX (60 METERED DOSES)	E	QL
ASMANEX HFA	E	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL, RS
breyna	E	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
BROVANA	3	QL
budesonide inhalation	2	QL
budesonide-formoterol fumarate	E	QL, RS
COMBIVENT RESPIMAT	3	QL
DALIRESP	3	PA, QL
DULERA	E	ST, QL
EASIVENT	3	
EASIVENT MASK LARGE	3	
EASIVENT MASK MEDIUM	3	
EASIVENT MASK SMALL	3	
FASENRA PEN	3	PA, QL
FLEXICHAMBER	3	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	E	QL
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL
FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
FLUTICASONE PROPIONATE DISKUS	E	QL
FLUTICASONE PROPIONATE HFA	E	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	QL, RS
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL, RS
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
formoterol fumarate inhalation	3	QL
INSPIREASE	3	
ipratropium bromide inhalation	1	
ipratropium-albuterol	2	
levalbuterol hcl inhalation	3	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
MICROCHAMBER	3	
montelukast sodium oral packet	2	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA, QL
PERFOROMIST	3	QL
PROCHAMBER VHC	3	
PROVENTIL HFA	E	QL
PULMICORT FLEXHALER	E	QL
PULMICORT SUSPENSION	E	QL
QNASL	E	QL
QNASL CHILDRENS	E	QL
QVAR REDIHALER	1	QL
roflumilast	3	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
theophylline er	1	
tiotropium bromide monohydrate	E	QL
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL
VORTEX HOLD CHMBR/MASK/ CHILD	2	
VORTEX HOLD CHMBR/MASK/ TODDLER	2	
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	3	QL, RS
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML	E	QL
XOPENEX HFA	3	QL
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML	E	QL
YUPELRI	3	PA, QL
zafirlukast	1	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	E	PA, QL, SP
BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, 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 inhalation nebulization solution 300 mg/4ml	2	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, (generic for Tobi), QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
ESBRIET ORAL TABLET	E	PA, QL, SP
OFEV	3	PA, QL, SP
pirfenidone oral tablet 267 mg, 801 mg	2	PA, QL, SP
pirfenidone oral tablet 534 mg	2	PA, QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	PA, QL, SP
ADEMPAS	2	PA, QL, SP
alyq	2	PA, QL, SP
ambrisentan	2	PA, QL, SP
LETAIRIS	E	PA, QL, SP
OPSUMIT	2	PA, QL, SP
ORENITRAM	3	PA, QL, SP
REMODULIN	E	PA
REVATIO ORAL TABLET	E	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
tadalafil (pah)	2	PA, QL, SP
TADLIQ	3	PA, QL, SP
TRACLEER 62.5 MG, 125 MG	2	PA, QL, SP
treprostinil	E	PA
TYVASO	2	PA

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

Drug Name	Drug Tier	Requirements & Limits
BELSOMRA	3	ST, QL
DAYVIGO	3	ST, QL
doxepin hcl oral tablet	E	QL
estazolam	1	
eszopiclone	2	
LUMRYZ	3	PA, QL, SP
LUNESTA	E	
modafinil oral	2	QL
NUVIGIL	E	QL
PROVIGIL	E	QL
QUVIVIQ	E	ST, QL
ramelteon	3	
RESTORIL	3	
ROZEREM	E	ST, QL
SILENOR	E	QL
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	3	PA; (manufactured by Hikma), QL, SP
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	E	PA; (manufactured by Amneal), QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYREM	E	PA, QL, SP
XYWAV	3	PA, QL, SP
zaleplon	1	
zolpidem tartrate er	2	
zolpidem tartrate oral tablet	1	

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

Index

A

abacavir sulfate-lamivudine.....20
ABILIFY 19
abiraterone acetate oral tablet 250 mg 17
abiraterone acetate oral tablet 500 mg.....17
ABRILADA (1 PEN).....49
ABRILADA (2 PEN).....49
ABRILADA (2 SYRINGE).....49
ABSORICA 28
acamprosate calcium 10
ACANYA 28
acarbose oral 36
ACCOLATE.....57
ACCU-CHEK AVIVA PLUS TEST STRIPS 32
ACCU-CHEK FASTCLIX LANCET DEVICE KIT 32
ACCU-CHEK FASTCLIX LANCETS.....32
ACCU-CHEK GUIDE KIT W/ DEVICE.....32
ACCU-CHEK GUIDE ME METER..32
ACCU-CHEK GUIDE TEST STRIPS 32
ACCU-CHEK MULTICLIX LANCET DEVICE KIT 32
ACCU-CHEK MULTICLIX LANCETS.....32
ACCU-CHEK SMARTVIEW TEST STRIPS 32
ACCU-CHEK SOFT TOUCH LANCETS.....32
ACCU-CHEK SOFTCLIX LANCET.....32
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT 32
ACCUPRIL..... 21
accutane 28
ACCUTREND GLUCOSE 32
acebutolol hcl oral..... 21
acetaminophen-codeine..... 9
acetazolamide er 21
acetazolamide oral 21
acetic acid otic.....56
ACIPHEX 40
acitretin 28
ACTEMRA ACTPEN 49
ACTEMRA SUBCUTANEOUS.....49
ACTICLATE ORAL TABLET 150 MG, 75 MG..... 11
ACTIVELLA 43
ACTONEL 53
ACTOPLUS MET.....36
ACTOS.....36
ACULAR 54
ACULAR LS.....54
ACUVAIL 54
acyclovir external cream 20
acyclovir external ointment.....20
acyclovir oral.....20
ACZONE.....28
ADACEL 52
ADALIMUMAB-AACF (2 PEN) 49
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML 49
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML 49
ADALIMUMAB-AATY (2 PEN).....49
ADALIMUMAB-AATY (2 SYRINGE) 49
ADALIMUMAB-ADAZ 49
ADALIMUMAB-ADBM 49
ADALIMUMAB-FKJP.....49
ADALIMUMAB-RYVK (2 PEN) 49
adapalene external gel 28
adapalene-benzoyl peroxide external gel 0.1-2.5 % 28
adapalene-benzoyl peroxide external gel 0.3-2.5 %.....28
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 49
adc/f (0.5mg/ml) 38
ADCIRCA.....59
ADDERALL 25
ADDERALL XR 25
ADDYI 38
ADEMPAS 59
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG.....25
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML.....36
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML.....36
ADMELOG.....35
ADMELOG SOLOSTAR.....35
ADTHYZA.....49
ADVAIR DISKUS.....57
ADVAIR HFA.....57
ADVATE.....37
ADYNOVATE 37
ADZENYS XR-ODT 25
AEROCHAMBER HOLDING CHAMBER.....57
AEROCHAMBER PLS FLOVU MTHPIECE 57
AEROCHAMBER PLUS FLO-VU...57
AEROCHAMBER PLUS FLO-VU INTERM 57
AEROCHAMBER PLUS FLO-VU LARGE.....57
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE 57
AEROCHAMBER PLUS FLO-VU SMALL.....57
AEROCHAMBER PLUS FLO-VU W/MASK.....57
AFINITOR 17
afirmelle.....43
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....52
AFREZZA.....35
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT.....37
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT 37

AGRYLIN 37
AIMOVIG 16
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML 16
AIRDUO RESPICLICK 113/14 57
AIRDUO RESPICLICK 232/14 57
AIRDUO RESPICLICK 55/14 57
AIRSUPRA 57
AJOVY 16
ak-poly-bac ophthalmic ointment 500-10000 unit/gm . . . 54
AKLIEF 28
ala-cort 28
albendazole oral 18
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation 57
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml 57
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION . . . 57
albuterol sulfate oral syrup 58
alclometasone dipropionate 28
ALCOHOL PREP PADS PAD 32
ALDACTAZIDE ORAL TABLET 25-25 MG 21
ALDACTAZIDE ORAL TABLET 50-50 MG 21
ALDACTONE 21
ALECENSA 17
alendronate sodium oral tablet . . 53
alfuzosin hcl er 43
ALINIA ORAL TABLET 18
aliskiren fumarate 21
allopurinol oral tablet 100 mg, 300 mg 16
ALLOPURINOL ORAL TABLET 200 MG 16
ALLZITAL 9
almotriptan malate 16
ALOGLIPTIN BENZOATE 36
ALOGLIPTIN-METFORMIN HCL . 36
ALORA 43
alosetron hcl 41
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % 55
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % 55
ALPHANATE 37
alprazolam er 21
alprazolam oral 21
alprazolam xr 21
ALPROLIX 37
ALREX 54
ALTACE 21
altavera 43
ALTRENO 28
ALTUVIIIO 38
ALUNBRIG 17
ALVAIZ 38
ALVESCO 58
alyacen 1/35 43
alyacen 7/7/7 43
alyq 59
amantadine hcl oral 19
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG 36
AMBIEN 60
AMBIEN CR 60
ambrisentan 59
AMERGE ORAL TABLET 1 MG, 2.5 MG 16
amethia oral tablet 0.15-0.03 &0.01 mg 43
amethyst 43
amiloride hcl oral 21
amiloride-hydrochlorothiazide . . 21
amiodarone hcl oral 21
AMITIZA 41
amitriptyline hcl oral 14
AMJEVITA FOR NUVAILA 49
amlodipine besylate oral 21
amlodipine besylate-benazepril hcl 21
amlodipine besylate-valsartan . . . 21
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg 22
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg 22
amlodipine-olmesartan 22
amlodipine-valsartan-hctz 22
amnesteem 28
amoxicillin 11
amoxicillin-potassium clavulanate 11
amphet-dextroamphet 3-bead er 26
amphetamine sulfate 25
amphetamine-dextroamphetamine 26
amphetamine-dextroamphetamine er 26
ampicillin 11
AMPYRA 26
AMZEEQ 28
ANAFRANIL 14
anagrelide hcl 38
ANALPRAM HC 53
ANALPRAM-HC EXTERNAL CREAM 53
ANAPROX DS 10
ANASPAZ 41
anastrozole oral 17
ANDRODERM 48
ANDROGEL PUMP 48
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%) 48
ANGELIQ 43
ANNOVERA 43
ANORO ELLIPTA 58
ANTARA ORAL CAPSULE 30 MG . 22
ANTIVERT ORAL TABLET 15
ANUCORT-HC 53
ANUSOL-HC EXTERNAL 53
ANUSOL-HC RECTAL 53
apap-caff-dihydrocodeine 9
APLENZIN 14
aprepitant oral capsule 125 mg, 40 mg, 80 mg 15
apri 43

APRISO....53
APTENSIO XR....26
APTIOM....13
AQ INSULIN SYRINGE....32
AQINJECT PEN NEEDLE....32
ARAKODA....19
aranelle....43
ARANESP (ALBUMIN FREE)....38
ARAVA....49
ARAZLO....28
arformoterol tartrate....58
ARICEPT....14
ARIMIDEX....17
aripiprazole oral solution....19
aripiprazole oral tablet....19
ARIXTRA....12
armodafinil....60
ARMOUR THYROID....49
ARNUITY ELLIPTA....58
AROMASIN....17
ARTHROTEC....10
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG....53
ascomp-codeine....9
asenapine maleate....19
ashlyna....43
ASMANEX (120 METERED DOSES)....58
ASMANEX (14 METERED DOSES)....58
ASMANEX (30 METERED DOSES)....58
ASMANEX (60 METERED DOSES)....58
ASMANEX HFA....58
aspirin-dipyridamole er....38
ATACAND....22
ATACAND HCT....22
atenolol oral....22
atenolol-chlorthalidone....22
ATIVAN ORAL....21
atomoxetine hcl....26
ATORVALIQ....22
atorvastatin calcium oral tablet 10 mg, 20 mg....22
atorvastatin calcium oral tablet 40 mg, 80 mg....22
atovaquone....19
atovaquone-proguanil hcl....19
ATRALIN....28
atropine sulfate ophthalmic solution 1 %....56
ATROVENT HFA....58
AUBAGIO....26
aubra eq....43
aubra oral tablet 0.1-20 mg-mcg....43
AUGMENTIN....11
AUGMENTIN ES-600....11
AUGTYRO....17
aurovela 1/20....43
aurovela 1.5/30....43
aurovela 24 fe....43
aurovela fe 1/20....43
aurovela fe 1.5/30....43
AURYXIA....42
AUSTEDO....27
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG....27
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG....27
AUSTEDO XR PATIENT TITRATION....27
AUVELITY....14
AUVI-Q....56
AVALIDE....22
AVAPRO....22
AVAR CLEANSER....28
AVAR LS CLEANSER....28
AVAR-E EMOLLIENT....28
AVAR-E GREEN....28
AVAR-E LS....28
aviane....43
AVIDOXY....11
AVITA EXTERNAL CREAM 0.025 %....28
AVITA EXTERNAL GEL 0.025 %....28
AVODART....43
AVONEX PEN....26
AVONEX PREFILLED....27
AYGESTIN ORAL TABLET 5 MG....43
ayuna....43
AZASAN....49
AZASITE....54
azathioprine oral tablet 100 mg, 75 mg....49
azathioprine oral tablet 50 mg....49
azelaic acid external....28
azelastine hcl nasal solution 0.1 %, 137 mcg/spray....56
azelastine hcl nasal solution 0.15 %....56
azelastine hcl ophthalmic....54
azelastine-fluticasone....56
AZELEX....28
AZILECT....19
azithromycin oral....11
AZOPT....55
AZOR....22
AZSTARYS....26
AZULFIDINE....53
AZULFIDINE EN-TABS....53
azurette....43

B

bac....9
bacitracin ophthalmic....55
bacitracin-polymyxin b....54
baclofen oral tablet 10 mg, 20 mg, 5 mg....60
baclofen oral tablet 15 mg....60
BACTRIM....11
BACTRIM DS....11
BAFIERTAM....27
BALCOLTRA....43
balsalazide disodium....53
balziva....43
BANZEL....13
BAQSIMI ONE PACK....36
BAQSIMI TWO PACK....36
BARACLUDE ORAL TABLET....20
BASAGLAR KWIKPEN....35
BASAGLAR TEMPO PEN....35
BD AUTOSHIELD DUO PEN NEEDLES....32

BD ECLIPSE NEEDLE 18G X 1-1/2", 25G X 5/8" , 27G X 1/2" 32
BD ECLIPSE NEEDLE 23G X 1" (OTC).....32
BD ECLIPSE NEEDLE 23G X 1" (RX).....32
BD ECLIPSE SHIELDED NEEDLE.32
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2".....32
BD SHARPS COLLECTOR.....32
BD ULTRA-FINE insulin syringes .32
BD ULTRA-FINE PEN NEEDLES ..32
BD ULTRA-FINE U-500 insulin syringes 32
BD ULTRA-FINE VEO insulin syringes 32
BELBUCA.....9
BELSOMRA.....60
benazepril hcl oral 22
benazepril-hydrochlorothiazide .22
BENICAR 22
BENICAR HCT.....22
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 49
BENZAMYCIN.....28
benzonatate oral capsule 100 mg, 200 mg 56
benzonatate oral capsule 150 mg 56
benzoyl peroxide-erythromycin .28
benztropine mesylate oral 19
BESIVANCE 54
betamethasone dipropionate aug external cream.....28
betamethasone dipropionate aug external lotion.....28
betamethasone dipropionate aug external ointment.....28
betamethasone dipropionate external cream.....28
betamethasone dipropionate external lotion 28
betamethasone dipropionate external ointment 28
betamethasone valerate external cream.....28
betamethasone valerate external lotion 28
betamethasone valerate external ointment 28
BETAPACE.....22
BETAPACE AF 22
BETASERON.....27
betaxolol hcl oral 22
bethanechol chloride oral.....42
BETHKIS 59
BETIMOL.....55
BEVESPI AEROSPHERE.....58
BEXSERO.....52
BEYAZ 43
bicalutamide.....17
BIDIL 22
BIGFOOT UNITY PROGRAM 32
BIJUVA.....43
BIKTARVY 20
bimatoprost ophthalmic 55
BIMZELX 49
BIOTEL CARE TEST STRIPS 32
bis subcit-metronid-tetracyc 40
bismuth/metronidaz/ tetracyclin.....40
bisoprolol fumarate oral.....22
bisoprolol-hydrochlorothiazide ..22
BLEPH-10 OPHTHALMIC SOLUTION 10 %.....54
blisovi 24 fe 43
blisovi fe 1/20 43
blisovi fe 1.5/30 43
BLOOD GLUCOSE TEST STRIPS .32
BLOOD GLUCOSE TEST STRIPS 333 32
BONJESTA 15
BOOSTRIX 52
BOSULIF ORAL TABLET 17
BREO ELLIPTA 58
breyna.....58
BREZTRI AEROSPHERE.....58
briellyn 43
BRILINTA.....19
brimonidine tartrate external....29
brimonidine tartrate ophthalmic solution 0.1 % 55
brimonidine tartrate ophthalmic solution 0.15 % 55
brimonidine tartrate ophthalmic solution 0.2 % 55
brimonidine tartrate-timolol.....55
brinzolamide.....55
BRIVIACT ORAL SOLUTION 13
BRIVIACT ORAL TABLET.....13
BROMFED DM.....56
bromfenac sodium (once-daily) .54
bromfenac sodium ophthalmic solution 0.07 %.....54
bromfenac sodium ophthalmic solution 0.075 % 54
bromocriptine mesylate oral tablet.....19
BROMSITE 54
BRONCHITOL.....59
BRONCHITOL TOLERANCE TEST.....59
BROVANA 58
BRUKINSA.....17
budesonide er 53
budesonide inhalation.....58
budesonide oral 53
budesonide rectal 53
budesonide-formoterol fumarate 58
bumetanide oral.....22
BUMEX 22
BUPAP.....9
buprenorphine.....9, 10
buprenorphine hcl sublingual....10
buprenorphine hcl-naloxone hcl.10
bupropion hcl er (smoking det)..10
bupropion hcl er (sr).....14
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg 14
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG 14
bupropion hcl oral 14
buspirone hcl oral.....21
butalbital-acetaminophen oral tablet 50-300 mg.....9
butalbital-acetaminophen oral tablet 50-325 mg 9

butalbital-apap-caff-cod oral capsule 50-300-40-30 mg 9
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg 9
butalbital-apap-caffeine oral capsule 50-300-40 mg 9
butalbital-apap-caffeine oral capsule 50-325-40 mg 9
butalbital-apap-caffeine oral tablet 9
butalbital-asa-caff-codeine 9
butalbital-aspirin-caffeine 9
butorphanol tartrate nasal 9
BUTRANS 9
BYDUREON BCISE AUTOINJECTOR 36
BYETTA 10 MCG PEN 36
BYETTA 5 MCG PEN 36
BYSTOLIC 22

C

cabergoline 48
CABOMETYX 17
CADUET 22
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG 22
calcipotriene external cream 29
calcipotriene external ointment 29
calcipotriene external solution 29
calcipotriene-betameth diprop external suspension 29
calcitonin (salmon) injection 53
calcitonin (salmon) nasal 53
CALCITRENE 29
calcitriol oral 54
calcium acetate (phos binder) oral capsule 42
calcium acetate (phos binder) oral tablet 38
calcium acetate oral tablet 667 mg 38
CALQUENCE 17
CALQUENCE ORAL CAPSULE 100 MG 17
CAMBIA 10
camila 43
camrese 44
camrese lo 44
CAMZYOS 22
CANASA 53
candesartan cilexetil 22
candesartan cilexetil-hctz 22
capecitabine 17
CAPLYTA 19
captopril oral 22
CARAC 29
CARAFATE 40
carbamazepine er oral capsule extended release 12 hour 13
carbamazepine er oral tablet extended release 12 hour 13
carbamazepine oral tablet 13
carbamazepine oral tablet chewable 13
CARBATROL 13
carbidopa-levodopa er 19
carbidopa-levodopa oral tablet 19
carbidopa-levodopa-entacapone 19
carbinoxamine maleate oral tablet 4 mg 56
carbinoxamine maleate oral tablet 6 mg 56
CARDIZEM 22
CARDIZEM CD 22
CARDIZEM LA 22
CARDURA 22
CAREPOINT POLY HUB NEEDLE 18G X 1" , 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8" 32
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2" 33
CAREPOINT SAFETY 1ST NEEDLE 33
CARETOUCH MONITOR SYSTEM 33
CARETOUCH TEST 33
carisoprodol oral tablet 250 mg 60
carisoprodol oral tablet 350 mg 60
CARNITOR ORAL SOLUTION 38
CARNITOR ORAL TABLET 42
CARNITOR SF 38
cartia xt 22
carvedilol 22
carvedilol phosphate er 22
CASODEX 17
CATAPRES-TTS-1 22
CATAPRES-TTS-2 22
CATAPRES-TTS-3 22
CAVERJECT IMPULSE 42
caziant oral tablet 0.1/0.125/0.15 -0.025 mg 44
cefadroxil 11
cefdinir 11
cefixime 11
cefpodoxime proxetil oral tablet 11
cefprozil 11
cefuroxime axetil 11
CELEBREX 10
celecoxib oral 10
CELEXA 14
CELLCEPT 49
CENTANY EXTERNAL OINTMENT 2 % 11
cephalexin 11
CEQUA 56
CEQUR SIMPLICITY 2U 10PK 33
CERDELGA 42
cetirizine hcl oral solution 56
CETRAXAL 56
cetrorelix acetate 52
CETROTIDE 52
cevimeline hcl 27
charlotte 24 fe 44
chateal eq 44
chateal oral tablet 0.15-30 mg-mcg 44
chlordiazepoxide hcl 21
chlordiazepoxide-clidinium 41
chlorhexidine gluconate mouth/throat 27
chlorpromazine hcl oral tablet 19
chlorthalidone 22
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg 60
chlorzoxazone oral tablet 500 mg 60

cholestyramine light 22
cholestyramine oral 22
CHORIONIC GONADOTROPIN INTRAMUSCULAR 52
CIALIS 38
CIBINQO 29
ciclodan 16
ciclopirox external gel 16
ciclopirox external shampoo 16
ciclopirox external solution 16
ciclopirox olamine external cream 16
ciclopirox olamine external suspension 29
cilostazol 19
CIMDUO 20
cimetidine oral 40
CIMZIA 50
CIMZIA (2 SYRINGE) 50
CIMZIA STARTER KIT 50
cinacalcet hcl 54
CINRYZE 50
CIPRO HC 56
CIPRO ORAL TABLET 11
CIPRODEX OTIC SUSPENSION 0.3-0.1 % 56
ciprofloxacin hcl ophthalmic 54
ciprofloxacin hcl oral 11
ciprofloxacin hcl otic 56
ciprofloxacin-dexamethasone 56
citalopram hydrobromide oral solution 14
citalopram hydrobromide oral tablet 14
CITRANATAL 90 DHA 38
CITRANATAL ASSURE 38
CITRANATAL DHA ORAL 27-1 & 250 MG 38
claravis 29
CLARINEX 56
clarithromycin er 11
clarithromycin oral suspension reconstituted 11
clarithromycin oral tablet 11
CLENPIQ 41
CLEOCIN ORAL CAPSULE 150 MG, 300 MG 11
CLEOCIN ORAL CAPSULE 75 MG 11
CLEOCIN ORAL SOLUTION RECONSTITUTED 11
CLEOCIN VAGINAL CREAM 11
CLEOCIN-T 29
CLIMARA 44, 45
CLIMARA PRO 44
clindacin 29
clindacin etz external swab 29
clindacin-p 29
CLINDAGEL 29
clindamycin hcl oral 11
clindamycin palmitate hcl 11
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 % 29
clindamycin phos-benzoyl perox external gel 1.2-5 % 29
clindamycin phosphate external foam 29
clindamycin phosphate external lotion 29
clindamycin phosphate external solution 29
clindamycin phosphate external swab 29
clindamycin phosphate gel 1 % external 29
clindamycin phosphate vaginal 11
clindamycin-tretinoin 29
CLINDESSE 11
CLINPRO 5000 27
clobazam oral suspension 13
clobazam oral tablet 13
clobetasol propionate e 29
clobetasol propionate external cream 29
clobetasol propionate external foam 29
clobetasol propionate external gel 29
clobetasol propionate external liquid 29
clobetasol propionate external ointment 29
clobetasol propionate external shampoo 29
clobetasol propionate external solution 29
CLOBEX EXTERNAL SHAMPOO 29
CLOBEX SPRAY 29
clodan 29
CLOMID 52
clomiphene citrate oral tablet 50 mg 52
clomipramine hcl oral 14
clonazepam oral 21
clonidine hcl er oral tablet extended release 12 hour 26
clonidine hcl oral 22
clonidine patch weekly 0.1 mg/24hr transdermal 22
clonidine patch weekly 0.2 mg/24hr transdermal 22
clonidine patch weekly 0.3 mg/24hr transdermal 22
clopidogrel bisulfate oral 19
clorazepate dipotassium 21
clotrimazole external cream 29
clotrimazole mouth/throat 16
clotrimazole-betamethasone 29
clozapine oral tablet 19
CLOZARIL 19
CO-NATAL FA 38
COLAZAL 53
colchicine oral 16
colchicine-probenecid 16
colesevelam hcl oral tablet 22
COLESTID ORAL TABLET 22
colestipol hcl oral tablet 22
COMBIGAN 55
COMBIPATCH 44
COMBIVENT RESPIMAT 58
COMIRNATY INTRAMUSCULAR SUSPENSION 52
COMPLERA 20
COMPLETENATE 38
COMPRO 15
COMTAN ORAL TABLET 200 MG 19
CONCEPT DHA 38
CONCERTA 26

constulose 41
CONTOUR MONITOR KIT W/ DEVICE..... 33
CONTOUR NEXT EZ KIT W/ DEVICE..... 33
CONTOUR NEXT GEN MONITOR KIT..... 33
CONTOUR NEXT GEN TEST STRIPS 33
CONTOUR NEXT LINK KIT W/ DEVICE..... 33
CONTOUR NEXT MONITOR KIT W/DEVICE 33
CONTOUR NEXT ONE DEVICE... 33
CONTOUR NEXT ONE KIT..... 33
CONTOUR TEST STRIPS..... 33
COPAXONE 27
CORDRAN..... 29
COREG 22
COREG CR 22
CORGARD..... 22
CORLANOR 22
CORTEF 48
CORTENEMA..... 53
CORTIFOAM 53
COSENTYX SENSOREADY..... 50
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50
COSENTYX UNOREADY 50
COSOPT..... 55
COSOPT PF 55
COTELLIC..... 17
COTEMPLA XR-ODT 26
COVARYX 44
COVARYX HS..... 44
COZAAR..... 22
CREON 42
CRESEMBA ORAL..... 16
CRESTOR..... 22
cromolyn sodium ophthalmic.... 56
cromolyn sodium oral 41
cryselle-28 44
CUVPOSA 41
CVS ADVANCED GLUCOSE TEST..... 33
CVS GLUCOSE METER TEST STRIPS 33
cyanocobalamin injection solution 1000 mcg/ml..... 38
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML..... 38
cyanocobalamin nasal..... 38
cyclobenzaprine hcl oral tablet 10 mg, 5 mg 60
cyclobenzaprine hcl oral tablet 7.5 mg 60
CYCLOGYL..... 56
cyclopentolate hcl ophthalmic .. 56
cyclophosphamide oral capsule . 17
CYCLOSET 36
cyclosporine modified oral capsule..... 50
cyclosporine ophthalmic..... 56
cyclosporine oral 50
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML 50
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML 50
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML..... 50
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML..... 50
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML 50
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML 50
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML 50
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML 50
CYMBALTA 14
cyproheptadine hcl oral 57
cyred eq..... 44
cyred oral tablet 0.15-30 mg-mcg..... 44
CYTOMEL 49
CYTOTEC..... 40

D

D-CARE BLOOD GLUCOSE..... 33
D-CARE GLUCOMETER 33
dabigatran etexilate mesylate ... 12
dalfampridine er..... 27
DALIRESP 58
DANTRIUM ORAL..... 60
dantrolene sodium oral..... 60
DAPAGLIFLOZIN PRO-METFORMIN ER..... 36
DAPAGLIFLOZIN PROPANEDIOL..... 36
dapsone external 29
dapsone oral 17
darifenacin hydrobromide er..... 42
darunavir 20
dasetta 1/35 44
dasetta 7/7/7 44
DAVIMET-FLUORIDE 38
DAYPRO 10
daysee..... 44
DAYTRANA..... 26
DAYVIGO..... 60
DAZOMON 29
DDAVP ORAL..... 48
deblitane..... 44
deferasirox oral tablet..... 39
DELESTROGEN 44
DELSTRIGO..... 20
delyla..... 44
DENTA 5000 PLUS..... 27
DENTAGEL 27
DEPAKOTE 13
DEPAKOTE ER..... 13
DEPAKOTE SPRINKLES..... 13
DEPEN TITRATABS..... 42
DEPO-ESTRADIOL 44
DEPO-PROVERA..... 44
DEPO-SUBQ PROVERA 104 44

DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML 48
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML 48
DERMA-SMOOTHE/FS BODY 29
DERMA-SMOOTHE/FS SCALP 29
DERMACINRX UREA 29
DERMOTIC 56
DESCOVY 20
desipramine hcl oral 14
desloratadine oral tablet 57
desmopressin acetate oral 48
desmopressin acetate spray 48
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5) 44
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg 44
desonide external cream 29
desonide external lotion 29
desonide external ointment 29
DESOWEN 29
desoximetasone external cream 29
desoximetasone external ointment 29
DESVENLAFAXINE ER 14
desvenlafaxine succinate er 14
DETROL 42
DETROL LA 42
DEXABLISS 48
dexamethasone intensol 48
dexamethasone oral elixir 48
dexamethasone oral solution 48
dexamethasone oral tablet 48
dexamethasone oral tablet therapy pack 48
dexamethasone sodium phosphate ophthalmic 54
DEXCOM G6 RECEIVER 33
DEXCOM G6 SENSOR 33
DEXCOM G6 TRANSMITTER 33
DEXCOM G7 RECEIVER 33
DEXCOM G7 SENSOR 33
DEXEDRINE 26
DEXILANT 40
dexlansoprazole 40
dexmethylphenidate hcl 26
dexmethylphenidate hcl er 26
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg 26
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg 26
dextroamphetamine sulfate oral tablet 10 mg, 5 mg 26
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg 26
DHIVY 19
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG 13
diazepam oral solution 21
diazepam oral tablet 21
diazepam rectal 13
DICLEGIS 15
diclofenac potassium oral tablet 25 mg 10
diclofenac potassium oral tablet 50 mg 10
diclofenac potassium(migraine) 10
diclofenac sodium er 10
diclofenac sodium external gel 1 % 10
diclofenac sodium external gel 3 % 29
diclofenac sodium ophthalmic 54
diclofenac sodium oral 10
diclofenac-misoprostol 10
dicloxacillin sodium 11
dicyclomine hcl oral 41
DIFFERIN EXTERNAL GEL 0.3 % 29
DIFICID ORAL TABLET 11
DIFLUCAN 16
difluprednate 56
digitek oral tablet 125 mcg, 250 mcg 22
digox 23
digoxin oral tablet 23
DILANTIN INFATABS 13
DILANTIN ORAL CAPSULE 13
DILAUDID ORAL TABLET 9
dilt-xr 23
diltiazem hcl er beads 23
diltiazem hcl er coated beads 23
diltiazem hcl er oral capsule extended release 12 hour 23
diltiazem hcl er oral capsule extended release 24 hour 23
diltiazem hcl er oral tablet extended release 24 hour 23
diltiazem hcl oral 23
dimethyl fumarate oral 27
DIOVAN 23
DIOVAN HCT 23
DIPENTUM 53
diphenoxylate-atropine oral tablet 41
DIPROLENE 29
disulfiram oral 10
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG 42
divalproex sodium er 13
divalproex sodium oral capsule delayed release sprinkle 13
divalproex sodium oral tablet delayed release 13
DIVIGEL 44
DODEX 39
dofetilide 23
dolishale 44
donepezil hcl oral tablet 10 mg, 5 mg 14
donepezil hcl oral tablet 23 mg 14
DOPTELET 38
DORYX MPC 11
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG 11
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC 55
dorzolamide hcl-timolol mal 55
dorzolamide hcl-timolol mal pf 55
dotti 44
DOVATO 20
DOVONEX EXTERNAL CREAM 0.005 % 29

doxazosin mesylate oral....23
doxepin hcl oral capsule....14
doxepin hcl oral concentrate....14
doxepin hcl oral tablet....60
doxycycline....11, 29
doxycycline hyclate oral capsule....11
doxycycline hyclate oral tablet 100 mg....11
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg....11
doxycycline hyclate oral tablet 20 mg....11
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg....11
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG....11
doxycycline monohydrate oral capsule 100 mg, 50 mg....11
doxycycline monohydrate oral capsule 150 mg, 75 mg....11
doxycycline monohydrate oral suspension reconstituted....11
doxycycline monohydrate oral tablet....11
doxylamine-pyridoxine....15
DRISDOL....39
dronabinol....15
DROPSAFE SAFETY SYRINGE/NEEDLE....33
drospiren-eth estrad-levomefol....44
drospirenone-ethinyl estradiol....44
DRYSOL....29
DUAVEE....44
DULERA....58
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg....14
duloxetine hcl oral capsule delayed release particles 40 mg....14
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR....29
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML....29
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML....30
DUREZOL....56
dutasteride oral....43
dutasteride-tamsulosin hcl....43
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG....48
DYANAVEL XR....26
DYMISTA....57
DYRENIUM....23

E

E.E.S. GRANULES....11
EASIVENT....58
EASIVENT MASK LARGE....58
EASIVENT MASK MEDIUM....58
EASIVENT MASK SMALL....58
EASY MAX BLOOD GLUCOSE TEST....33
EASY MAX T1 GLUCOSE SYSTEM....33
EASY TOUCH HEALTHPRO GLUCOSE....33
EASY TOUCH TEST....33
EASYGLUCO....33
EASYMAX 15 TEST....33
EASYMAX NG BLOOD GLUCOSE KIT....33
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG....10
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG....10
ec-naproxen....10
econazole nitrate external....16
ED-SPAZ ORAL TABLET DISPERSIBLE 0.125 MG....41
EDARBI....23
EDARBYCLOR....23
EDEX....42
EEMT....44
EEMT HS....44
efavirenz-emtricitab-tenofo df....20
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ....39
EFFEXOR XR....14
EFFIENT....19
EFUDEX....30
ELEPSIA XR....13
ELESTRIN....44
eletriptan hydrobromide....16
ELIDEL....30
elinest....44
ELIQUIS....12
ELIQUIS DVT/PE STARTER PACK....12
ELITE-OB....39
ELLA....44
ELMIRON....42
ELOCTATE....38
eluryng....44
EMBRACE BLOOD GLUCOSE TEST....33
EMBRACE WAVE BLOOD GLUCOSE IN VITRO....33
EMEND ORAL CAPSULE....15
EMGALITY....17
emoquette oral tablet 0.15-30 mg-mcg....44
EMPAVELI....50
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg....20
emtricitabine-tenofovir df oral tablet 200-300 mg....20
emzahh....44
enalapril maleate oral solution....23
enalapril maleate oral tablet....23
enalapril-hydrochlorothiazide....23
ENBREL....50
ENBREL MINI....50
ENBREL SURECLICK....50
endocet....9
ENDOMETRIN....52
ENGERIX-B....52
enilloring....44
ENLITE GLUCOSE SENSOR....33
enoxaparin sodium injection solution prefilled syringe....12
enpresse-28....44
enskyce....44
ENSTILAR....30
entacapone....19

entecavir ... 20
ENTRESTO ORAL TABLET ... 23
ENTYVIO ... 50
enulose ... 41
ENVARSUS XR ... 50
EPANED ... 23
EPCLUSA ORAL TABLET ... 20
EPIDIOLEX ... 13
EPIDUO ... 30
EPIDUO FORTE ... 30
epinephrine solution auto-injector 0.15 mg/0.15ml injection ... 56
epinephrine solution auto-injector 0.15 mg/0.3ml injection ... 56
epinephrine solution auto-injector 0.3 mg/0.3ml injection ... 56
EPIPEN 2-PAK ... 56
EPIPEN JR 2-PAK ... 56
epitol ... 13
eplerenone ... 23
EPZICOM ... 20
EQ BLOOD GLUCOSE TEST ... 33
EQUETRO ... 21
ergocalciferol oral capsule ... 39, 40
ERIVEDGE ... 17
ERLEADA ORAL TABLET 240 MG ... 17
ERLEADA ORAL TABLET 60 MG ... 17
ERMEZA ... 49
errin ... 44
ERY-TAB ... 12
ERYGEL ... 30
ERYPED 200 ... 12
ERYPED 400 ... 12
erythromycin base oral tablet ... 12
erythromycin base oral tablet delayed release ... 12
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml ... 12
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml ... 12
erythromycin external ... 30
erythromycin ophthalmic ... 54
erythromycin oral ... 12
ESBRIET ORAL TABLET ... 59
escitalopram oxalate oral solution ... 15
escitalopram oxalate oral tablet ... 15
ESGIC ... 9
esomeprazole magnesium oral capsule delayed release ... 40
esomeprazole magnesium oral packet ... 40
est estrogens-methyltest ... 44
est estrogens-methyltest ds ... 44
est estrogens-methyltest hs ... 44
estarylla ... 44
estazolam ... 60
ESTRACE ... 44
estradiol oral ... 44
estradiol patch twice weekly 0.025 mg/24hr transdermal ... 44
estradiol patch twice weekly 0.0375 mg/24hr transdermal ... 44
estradiol patch twice weekly 0.05 mg/24hr transdermal ... 44
estradiol patch twice weekly 0.075 mg/24hr transdermal ... 44, 45
estradiol patch twice weekly 0.1 mg/24hr transdermal ... 45
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm ... 45
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%) ... 45
estradiol transdermal patch weekly ... 45
estradiol vaginal cream ... 45
estradiol vaginal tablet ... 45
estradiol valerate intramuscular ... 45
estradiol-norethindrone acet ... 45
ESTRING ... 45
ESTROGEL ... 45
eszopiclone ... 60
ethambutol hcl oral ... 17
ethosuximide oral ... 13
ethynodiol diac-eth estradiol ... 45
etodolac ... 10
etodolac er ... 10
etonogestrel-ethinyl estradiol ... 45
etravirine ... 20
EUCRISA ... 30
euthyrox ... 49
EVAMIST ... 45
EVEKEO ... 26
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg ... 50
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg ... 17
EVERSENSE E3 SENSOR/HOLDER ... 33
EVERSENSE E3 SMART TRANSMITTER ... 33
EVERSENSE SENSOR/HOLDER ... 33
EVERSENSE SMART TRANSMITTER ... 33
EVISTA ... 53
EVOCLIN EXTERNAL FOAM 1 % ... 30
EVOXAC ... 27
EVRYSDI ... 42
EXELDERM EXTERNAL CREAM ... 16
EXELON ... 14
exemestane ... 18
EXFORGE ... 23
EXFORGE HCT ... 23
EXKIVITY ORAL CAPSULE 40 MG ... 18
EXTAVIA ... 27
EYSUVIS ... 54
ezetimibe ... 23
ezetimibe-simvastatin ... 23

F

FABHALTA ... 38
FABIOR ... 30
falmina ... 45
famciclovir oral tablet 125 mg, 500 mg ... 20
famciclovir oral tablet 250 mg ... 20
famotidine oral suspension reconstituted ... 40
famotidine oral tablet 20 mg, 40 mg ... 41
FARXIGA ... 36
FASENRA PEN ... 58

fayosim oral tablet 42-21-21-7 days ... 45
febuxostat ... 16
felbamate ... 13
FELBATOL ... 13
FELBATOL ORAL SUSPENSION 600 MG/5ML ... 13
FELDENE ORAL CAPSULE 10 MG, 20 MG ... 10
felodipine er ... 23
FEMARA ... 18
FEMRING ... 45
fenofibrate micronized ... 23
fenofibrate oral capsule 134 mg, 200 mg, 67 mg ... 23
fenofibrate oral capsule 150 mg, 50 mg ... 23
fenofibrate oral tablet 120 mg, 40 mg ... 23
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg ... 23
fenofibric acid oral capsule delayed release ... 23
FENOGLIDE ... 23
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr ... 9
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr ... 9
fesoterodine fumarate er ... 42
FETZIMA ... 15
FEXMID ... 60
FIASP ... 35
FIASP FLEXTOUCH ... 35
FINACEA EXTERNAL FOAM ... 30
FINACEA EXTERNAL GEL ... 30
finasteride oral tablet 5 mg ... 43
fingolimod hcl ... 27
FINTEPLA ... 13
finzala ... 45
FIORICET ... 9
FIORICET/CODEINE ... 9
FIRST-LANSOPRAZOLE ... 41
FIRST-OMEPRAZOLE ... 41
FIRVANQ ... 12
flac ... 56
FLAGYL ... 12
FLAREX ... 54
flecainide acetate ... 23
FLEXICHAMBER ... 58
FLOMAX ... 43
FLORIVA PLUS ... 39
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT ... 58
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT ... 58
FLUAD QUADRIVALENT ... 52
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML ... 52
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML ... 52
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ... 52
fluconazole oral ... 16
fludrocortisone acetate oral ... 48
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML ... 52
flunisolide nasal ... 57
fluocinolone acetonide body ... 30
fluocinolone acetonide external cream ... 30
fluocinolone acetonide external ointment ... 30
fluocinolone acetonide external solution ... 30
fluocinolone acetonide otic ... 56
fluocinolone acetonide scalp ... 30
fluocinonide external cream 0.05 % ... 30
fluocinonide external cream 0.1 % ... 30
fluocinonide external gel ... 30
fluocinonide external ointment ... 30
fluocinonide external solution ... 30
FLUORIDEX ... 27, 28
FLUORIDEX ENHANCED WHITENING ... 28
FLUORIMAX 5000 ... 28
fluoritab oral solution 0.275 (0.125 f) mg/drop ... 39
fluorometholone ... 54
FLUOROURACIL EXTERNAL CREAM 0.5 % ... 30
fluorouracil external cream 5 % ... 30
fluoxetine hcl oral capsule ... 15
fluoxetine hcl oral capsule delayed release ... 15
fluoxetine hcl oral solution ... 15
fluoxetine hcl oral tablet 10 mg ... 15
fluoxetine hcl oral tablet 20 mg, 60 mg ... 15
fluphenazine hcl oral tablet ... 19
flurbiprofen oral ... 10
FLUTICASONE FUROATE-VILANTEROL ... 58
FLUTICASONE PROPIONATE DISKUS ... 58
fluticasone propionate external cream ... 30
fluticasone propionate external ointment ... 30
FLUTICASONE PROPIONATE HFA ... 58
fluticasone propionate nasal ... 57
FLUTICASONE-SALMETEROL INHALATION AEROSOL ... 58
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act ... 58
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT ... 58
fluvastatin sodium ... 23
fluvoxamine maleate ... 15
fluvoxamine maleate er ... 15
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML ... 52
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML ... 52

FML FORTE 54
FML LIQUIFILM 54
FOCALIN 26
FOCALIN XR 26
folic acid oral tablet 1 mg 39
FOLLISTIM AQ 52
fondaparinux sodium 12
FORA 6 CONNECT/GTEL TEST 33
FORFIVO XL 15
formoterol fumarate inhalation 58
FORTEO 53
FORTISCARE G1 TEST STRIP IN VITRO STRIP 33
FORTISCARE TEST IN VITRO STRIP 33
FOSAMAX 53
fosfomycin tromethamine 12
fosinopril sodium 23
fosinopril sodium-hctz 23
FREESTYLE LIBRE 14 DAY READER 33
FREESTYLE LIBRE 14 DAY SENSOR 33
FREESTYLE LIBRE 2 READER 33
FREESTYLE LIBRE 2 SENSOR 33
FREESTYLE LIBRE 3 PLUS SENSOR 33
FREESTYLE LIBRE 3 READER 33
FREESTYLE LIBRE 3 SENSOR 33
FREESTYLE LIBRE READER 33
FREESTYLE PRECISION NEO SYSTEM 33
FREESTYLE PRECISION NEO TEST 33
FREESTYLE TEST 34
FROVA 17
frovatriptan succinate 17
FUROSCIX 23
furosemide oral 23
fyavolv 45
FYCOMPA ORAL SUSPENSION 13
FYCOMPA ORAL TABLET 13
FYREMADEL 52

G

gabapentin (once-daily) 27
gabapentin oral capsule 13
gabapentin oral solution 250 mg/5ml 13
GABAPENTIN ORAL TABLET 25 MG, 50 MG 13
gabapentin oral tablet 600 mg, 800 mg 13
galantamine hydrobromide er 14
ganirelix acetate 52, 53
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous 53
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 52
GASTROCROM 41
gatifloxacin ophthalmic 54
gavilyte-c 41
gavilyte-g 41
gavilyte-n with flavor pack 41
GAVRETO 18
gemfibrozil oral 23
gemmily 45
GEMTESA 42
GENERESS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG 45
generlac 41
gengraf oral capsule 50
gentamicin sulfate external 12
gentamicin sulfate ophthalmic 54
GENVOYA 20
GEODON ORAL 19
GILENYA ORAL CAPSULE 0.25 MG 27
GILENYA ORAL CAPSULE 0.5 MG 27
GIMOTI 15
glatiramer acetate 27
glatopa 27
GLEEVEC 18
glimepiride 36
glipizide er 36
glipizide oral tablet 10 mg, 5 mg 37
glipizide oral tablet 2.5 mg 37
glipizide xl 37
glipizide-metformin hcl 37
GLUCAGON EMERGENCY KIT 37
glucagon emergency kit 1 mg injection 37
GLUCOCARD EXPRESSION TEST 34
GLUCOCARD SHINE TEST 34
GLUCOCARD VITAL TEST 34
GLUCOTROL XL 37
GLUMETZA 37
glyburide micronized 37
glyburide oral 37
glyburide-metformin 37
GLYCATE 41
glycopyrrolate oral solution 41
glycopyrrolate oral tablet 1 mg, 2 mg 41
GLYCOPYRROLATE ORAL TABLET 1.5 MG 41
glydo 9
GLYNASE ORAL TABLET 1.5 MG 37
GLYNASE ORAL TABLET 3 MG, 6 MG 37
GLYXAMBI 37
GOLYTELY 41
GONAL-F 53
GONAL-F RFF 53
GONAL-F RFF REDIJECT 53
GRALISE ORAL TABLET 27
granisetron hcl oral 15
GRASTEK 50
griseofulvin microsize oral 16
griseofulvin ultramicrosize 16
guanfacine hcl 23, 26
guanfacine hcl er 26
GUARDIAN 4 GLUCOSE SENSOR 34
GUARDIAN 4 TRANSMITTER 34
GUARDIAN CONNECT TRANSMITTER 34
GUARDIAN LINK 3 TRANSMITTER 34
GUARDIAN REAL-TIME REPLACE PED 34
GUARDIAN SENSOR (3) 34
GUARDIAN SENSOR 3 34
GVOKE HYPOPEN 1-PACK 34
GVOKE HYPOPEN 2-PACK 34

GVOKE KIT....34
GVOKE PFS....34
GYNAZOLE-1....16

H

HADLIMA....50
HAEGARDA....50
hailey 1.5/30....45
hailey 24 fe....45
hailey fe 1/20....45
hailey fe 1.5/30....45
HALCION....21
halobetasol propionate external cream....30
halobetasol propionate external ointment....30
haloette....45
haloperidol oral....19
HARVONI ORAL TABLET....20
HAVRIX....52
HEALTHPRO BLOOD GLUCOSE MONITO....34
heather....45
HEMADY....48
HEMANGEOL....23
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML....38
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML....38
HEMMOREX-HC....53
HEMOFIL M....38
heparin sodium (porcine) injection solution....38
heparin sodium (porcine) pf....38
HEPLISAV-B....52
HIDEX 6-DAY....48
HIPREX....12
HORIZANT....27
HULIO (2 PEN)....50
HULIO (2 SYRINGE)....50
HUMALOG INJECTION....35
HUMALOG KWIKPEN....35
HUMALOG MIX 50/50 KWIKPEN....35
HUMALOG MIX 50/50 VIAL....35
HUMALOG MIX 75/25 KWIKPEN....35
HUMALOG MIX 75/25 VIAL....35
HUMALOG SUBCUTANEOUS....35
HUMALOG TEMPO PEN....35
HUMALOG U-100 JUNIOR KWIKPEN....35
HUMATE-P....38
HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS....50
HUMIRA (2 PEN) PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS....50
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML....50
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS....50
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS....50
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS....50
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML....50
HUMIRA-CD/UC/HS STARTER....50
HUMIRA-PED<40KG CROHNS STARTER....50
HUMIRA-PED>/=40KG CROHNS START....50
HUMIRA-PED>/=40KG UC STARTER....50
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML....50
HUMIRA-PSORIASIS/UVEIT STARTER....50
HUMULIN 70/30 KWIKPEN....35
HUMULIN 70/30 VIAL....35
HUMULIN N KWIKPEN....35
HUMULIN N VIAL....36
HUMULIN R U-500 KWIKPEN....36
HUMULIN R U-500 VIAL....36
HUMULIN R VIAL....36
HYCODAN ORAL SOLUTION....57
hydralazine hcl oral....23
HYDREA....18
hydrochlorothiazide oral....23
hydrocod poli-chlorphe poli er....57
hydrocodone bit-homatrop mbr oral solution....57
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml....9
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg....9
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg....9
hydrocodone-ibuprofen....9
hydrocort-pramoxine (perianal)....53
hydrocortisone (perianal) external cream 1 %....53
hydrocortisone (perianal) external cream 2.5 %....53
hydrocortisone ace-pramoxine external cream 1-1 %....53
hydrocortisone ace-pramoxine external cream 2.5-1 %....30
hydrocortisone acetate rectal....53
hydrocortisone butyrate external cream....30
hydrocortisone external cream 1 %....30
hydrocortisone external cream 2.5 %....30
hydrocortisone external lotion 2 %, 2.5 %....30
hydrocortisone external ointment 1 %, 2.5 %....30
hydrocortisone lotion 2%....30
hydrocortisone oral....48
hydrocortisone rectal....53
hydrocortisone valerate external cream....30
hydrocortisone valerate external ointment....30
hydrocortisone-acetic acid....56
hydromet....57
hydromorphone hcl oral tablet....9
hydroxychloroquine sulfate oral....19
HYDROXYM EXTERNAL CREAM....30
hydroxyurea oral....18
hydroxyzine hcl oral....21

hydroxyzine pamoate oral. 21
HYFTOR 50
hyoscyamine sulfate er 41
hyoscyamine sulfate oral tablet. . 41
hyoscyamine sulfate oral tablet dispersible 41
hyoscyamine sulfate sublingual. . 41
HYPERSAL 57
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML 50
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML, 80 MG/0.8ML 51
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML. 51
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML 51
HYRIMOZ-CROHNS/UC STARTER 51
HYRIMOZ-PED<40KG CROHN STARTER 51
HYRIMOZ-PED>/=40KG CROHN START 51
HYRIMOZ-PLAQUE PSORIASIS START 51
HYZAAR 23

I

ibandronate sodium oral 53
IBRANCE 18
ibuprofen oral suspension 100 mg/5ml. 10
ibuprofen oral tablet 400 mg, 600 mg, 800 mg 10
iclevia 45
ICLUSIG ORAL TABLET 10 MG, 30 MG 18
ICLUSIG ORAL TABLET 15 MG, 45 MG 18
icosapent ethyl 23
IDACIO (2 PEN) 51
IDACIO (2 SYRINGE) 51
IDACIO-CROHNS/UC STARTER. . 51
IDACIO-PSORIASIS STARTER. . . . 51
IDELVION 38
IDHIFA 18
ILEVRO. 54
imatinib mesylate. 18
IMBRUVICA ORAL CAPSULE. 18
IMBRUVICA ORAL TABLET 140 MG, 280 MG 18
IMBRUVICA ORAL TABLET 420 MG. 18
imipramine hcl oral 15
imiquimod external cream 3.75 %. 30
imiquimod external cream 5 %. . . 30
imiquimod pump 30
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT 17
IMITREX ORAL. 17
IMITREX STATDOSE REFILL 17
IMITREX STATDOSE SYSTEM 17
IMPOYZ 30
IMURAN 51
IMVEXXY MAINTENANCE PACK . 38
IMVEXXY STARTER PACK. 38
INBRIJA 19
incassia. 45
indapamide 23
INDERAL LA 23
indomethacin er 10
indomethacin oral capsule 10
INGREZZA ORAL CAPSULE 40 MG, 80 MG. 27
INGREZZA ORAL CAPSULE 60 MG 27
INGREZZA ORAL CAPSULE SPRINKLE 27
INGREZZA ORAL CAPSULE THERAPY PACK 27
INLYTA 18
INPEN 100-BLUE-LILLY-HUMALOG DEVICE 34
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE 34
INPEN 100-GREY-LILLY-HUMALOG DEVICE 34
INPEN 100-GREY-NOVOLOG-FIASP DEVICE 34
INPEN 100-PINK-LILLY-HUMALOG DEVICE 34
INPEN 100-PINK-NOVOLOG-FIASP DEVICE 34
INSPIREASE. 58
INSPRA. 23
INSULIN ASPART 36
INSULIN ASPART FLEXPEN 36
INSULIN DEGLUDEC FLEXTOUCH 36
INSULIN GLARGINE. 36
INSULIN GLARGINE MAX SOLOSTAR 36
INSULIN GLARGINE SOLOSTAR . 36
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION PEN-INJECTOR 36
INSULIN LISPRO 36
INSULIN LISPRO (1 UNIT DIAL) . 36
INSULIN LISPRO JUNIOR KWIKPEN. 36
INSULIN LISPRO PROT & LISPRO 36
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM . 34
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML 34
INTELENCE ORAL TABLET 100 MG, 200 MG 20
INTELENCE ORAL TABLET 25 MG 20
INTRAROSA. 38
introvale. 45
INTUNIV 26
INVEGA 19
INVELTYS 54
INVOKAMET XR. 37
INVOKANA. 37
IPOL. 52
ipratropium bromide inhalation . 58
ipratropium bromide nasal. 57
ipratropium-albuterol 58
irbesartan 23
irbesartan-hydrochlorothiazide. . 23
ISENTRESS HD. 20

ISENTRESS ORAL TABLET 20
isibloom 45
isoniazid oral tablet 17
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 % 56
ISORDIL TITRADOSE 23
isosorb dinitrate-hydralazine 23
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg 23
isosorbide dinitrate oral tablet 40 mg 23
isosorbide mononitrate 23
isosorbide mononitrate er 23
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg 30
isotretinoin oral capsule 25 mg, 35 mg 30
ISTALOL 55
itraconazole oral capsule 16
ivabradine 23
ivermectin external cream 30
ivermectin oral 19
IYUZEH 55

J

JADENU 39
jaimiess 45
JAKAFI 18
JALYN ORAL CAPSULE 0.5-0.4 MG 43
jantoven 13
JANUMET 37
JANUMET XR 37
JANUVIA 37
JARDIANCE 37
jasmiel 45
JATENZO 48
JAVYGTOR ORAL PACKET 42
jencycla 45
JENTADUETO 37
JENTADUETO XR 37
jinteli 45
jolessa 45
JORNAY PM 26
joyeaux 45
JUBLIA 16
juleber 45
JULUCA 20
junel 1/20 45
junel 1.5/30 45
junel fe 1/20 45
junel fe 1.5/30 45
junel fe 24 45
JUST RIGHT 5000 28
JYLAMVO 51
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG 42
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG 42

K

K-PHOS-NEUTRAL 39
K-TAB 39
kaitlib fe 45
kalliga 45
KAPSPARGO SPRINKLE 23
kariva 45
kelnor 1/35 45
kelnor 1/50 45
KEPPRA ORAL 13
KEPPRA XR 13
KERENDIA 23
KESIMPTA 27
ketoconazole external cream 16
ketoconazole external shampoo 16
ketoconazole oral 16
ketorolac tromethamine ophthalmic 54
ketorolac tromethamine oral 10
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 51
KINERET 51
KISQALI ORAL TABLET THERAPY PACK 200 MG 18
KITABIS PAK 59
KLARITY-A 54
KLARITY-C DROPS 56
KLARON 30
klayesta 16
KLISYRI 30
KLONOPIN 21
klor-con 39
klor-con 10 39
klor-con m10 39
klor-con m15 39
klor-con m20 39
KLOXXADO 10
KOATE 38
KOATE-DVI 38
KOGENATE FS 38
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG 37
KOSELUGO 18
kosher prenatal plus iron 39
KOURZEQ 28
KOVALTRY 38
KRINTAFEL 19
KRISTALOSE 41
kurvelo 45
KUVAN ORAL PACKET 42
KYZATREX 48

L

labetalol hcl oral 23
lacosamide oral 13
lactulose encephalopathy oral solution 10 gm/15ml 41
lactulose oral packet 41
lactulose oral solution 41
LAGEVRIO 20
LAMICTAL 13
LAMICTAL ODT ORAL TABLET DISPERSIBLE 13
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 13
lamotrigine er 13
lamotrigine oral tablet 13
lamotrigine oral tablet chewable 13
lamotrigine oral tablet dispersible 13
LANCETS 32, 34, 35
LANOXIN ORAL TABLET 125 MCG, 250 MCG 23
LANOXIN ORAL TABLET 62.5 MCG 23

lanreotide acetate solution 120 mg/0.5ml subcutaneous 48
lansoprazole oral capsule delayed release 41
lansoprazole oral tablet delayed release dispersible..... 41
LANTUS SOLOSTAR 36
LANTUS U-100 VIAL.....36
larin 1/20 45
larin 1.5/30 45
larin 24 fe.....45
larin fe 1/20 45
larin fe 1.5/30 45
larissia oral tablet 0.1-20 mg-mcg 45
LASIX.....23
latanoprost ophthalmic 55
LATUDA 19
layolis fe 45
LEDIPASVIR-SOFOSBUVIR.....20
leena 45
leflunomide oral 51
lenalidomide 18
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG 18
lessina.....45
LETAIRIS.....59
letrozole oral.....18
leucovorin calcium oral.....18
leuprolide acetate injection.....48
levalbuterol hcl inhalation.....58
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT.....58
LEVBID..... 41
LEVEMIR FLEXPEN 36
LEVEMIR U-100 FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML....36
levetiracetam er 13
levetiracetam oral 13
levo-t.....49
levocarnitine oral solution.....39
levocarnitine oral tablet.....42
levocarnitine sf 39
levocetirizine dihydrochloride oral solution.....57
levocetirizine dihydrochloride oral tablet.....57
levofloxacin oral tablet 12
levonest.....45
levonorg-eth estrad triphasic....46
levonorgest-eth est & eth est 45
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg 45
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg.....45
levonorgest-eth estradiol-iron...45
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg.....46
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg 46
levora 0.15/30 (28) 46
LEVOTHYROXINE SODIUM ORAL CAPSULE.....49
levothyroxine sodium oral tablet.....49
levoxyl.....49
LEVSIN 41
LEVSIN/SL 41
LEXAPRO..... 15
LIALDA.....53
LIBRAX..... 41
lidocaine external ointment 5 % .. 9
lidocaine external patch 5 % 9
lidocaine hcl mouth/throat 28
lidocaine hcl urethral/mucosal ... 9
lidocaine viscous hcl.....28
lidocaine-prilocaine external cream 9
LIDOCAN 9
LIDODERM..... 9
LIKMEZ..... 12
lillow oral tablet 0.15-30 mg-mcg.....46
linezolid oral tablet 12
LINZESS..... 41
liothyronine sodium oral 49
LIPITOR.....23
LIPOFEN 24
LIRAGLUTIDE PEN-INJECTOR 18MG/3ML 37
lisdexamfetamine dimesylate....26
lisinopril oral 24
lisinopril-hydrochlorothiazide....24
LITFULO 51
lithium carbonate er..... 21
lithium carbonate oral..... 21
LITHOBID..... 21
LIVALO.....24
LO LOESTRIN FE.....46
lo-zumandimine 46
LODINE 10
LODOCO 24
LOESTRIN 1/20 (21) 46
LOESTRIN 1.5/30 (21) 46
LOESTRIN FE 1/20.....46
LOESTRIN FE 1.5/30.....46
LOFENA 10
lojaimiess 46
LOKELMA 39
LOMOTIL..... 41
LONSURF 18
loperamide hcl oral capsule..... 41
LOPID 24
LOPRESSOR.....24
LOPROX EXTERNAL CREAM 0.77 % 16
LOPROX EXTERNAL SHAMPOO 1 % 16
LOPROX EXTERNAL SUSPENSION 0.77 %.....30
lorazepam intensol 21
lorazepam oral concentrate 2 mg/ml 21
lorazepam oral tablet..... 21
LORTAB ORAL ELIXIR 10-300 MG/15ML..... 9
loryna 46
LORZONE 60
losartan potassium oral 24
losartan potassium-hctz 24
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG 46
LOTEMAX OPHTHALMIC GEL....54

LOTEMAX OPHTHALMIC OINTMENT....54
LOTEMAX OPHTHALMIC SUSPENSION....54
LOTEMAX SM....54
LOTENSIN....24
LOTENSIN HCT....24
loteprednol etabonate ophthalmic gel....54
loteprednol etabonate ophthalmic suspension....54
LOTREL....24
LOTRONEX....41
lovastatin oral....24
LOVAZA....24
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE....13
low-ogestrel....46
loxapine succinate....19
lubiprostone....41
LUMAKRAS....18
LUMIGAN....55
LUMRYZ....60
LUNESTA....60
LUPKYNIS....51
lurasidone hcl....19
lutera....46
LYBALVI....19
lyleq....46
lyllana....46
LYNPARZA....18
LYRICA ORAL CAPSULE....27
LYUMJEV KWIKPEN....36
LYUMJEV TEMPO PEN....36
LYUMJEV VIAL....36
lyza....46

M

M-M-R II....52
M-NATAL PLUS....39
MACROBID....12
MACRODANTIN....12
MALARONE....19
MARINOL 2.5 MG....15
marlissa....46
matzim la....24
MAVENCLAD....27
MAVYRET....20
MAXALT....17
MAXALT-MLT....17
MAXITROL....54
MAXZIDE ORAL TABLET 75-50 MG....24
MAXZIDE-25 ORAL TABLET 37.5-25 MG....24
MAYZENT ORAL TABLET 0.25 MG, 2 MG....27
MAYZENT ORAL TABLET 1 MG....27
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG....27
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG....27
me/naphos/mb/hyo1....42
meclizine hcl oral tablet....15
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG....48
MEDROL ORAL TABLET 2 MG....48
MEDROL ORAL TABLET THERAPY PACK....48
medroxyprogesterone acetate intramuscular....46
medroxyprogesterone acetate oral....46
mefenamic acid oral....10
mefloquine hcl....19
megestrol acetate oral suspension 40 mg/ml....48
megestrol acetate oral tablet....46
MEKINIST ORAL TABLET....18
meloxicam oral tablet....10
memantine hcl er....14
memantine hcl oral tablet....14
MENOPUR....53
MENOSTAR....46
MENQUADFI....52
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED....52
MEPRON....19
mercaptopurine oral....18
merzee....46
mesalamine er....53
mesalamine oral tablet delayed release 1.2 gm....53
mesalamine oral tablet delayed release 800 mg....53
mesalamine rectal enema....53
mesalamine rectal suppository....53
mesalamine-cleanser....53
MESTINON ORAL TABLET....17
MESTINON ORAL TABLET EXTENDED RELEASE....17
metaxalone....60
metformin hcl er....37
metformin hcl er (mod)....37
metformin hcl er (osm)....37
metformin hcl oral solution....37
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg....37
metformin hcl oral tablet 625 mg....37
methadone hcl oral tablet....9
methazolamide oral....55
methenamine hippurate....12
METHERGINE....48
methimazole oral....49
methocarbamol oral tablet 1000 mg....60
methocarbamol oral tablet 500 mg, 750 mg....60
methotrexate sodium (pf)....51
methotrexate sodium injection solution....51
methotrexate sodium oral....51
methscopolamine bromide oral....41
methylergonovine maleate oral....48
METHYLIN....26
methylphenidate....26
methylphenidate hcl er (cd)....26
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg....26
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg....26
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg....26

METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG 26
methylphenidate hcl er (osm) oral tablet extended release 72 mg 26
methylphenidate hcl er (xr) 26
methylphenidate hcl er oral tablet extended release 26
methylphenidate hcl er oral tablet extended release 24 hour . 26
methylphenidate hcl oral solution 26
methylphenidate hcl oral tablet . 26
methylphenidate hcl oral tablet chewable 26
methylprednisolone oral 48
metoclopramide hcl oral solution 15
metoclopramide hcl oral tablet .. 15
metolazone 24
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg 24
metoprolol succinate er oral tablet extended release 24 hour 25 mg 24
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg 24
metoprolol tartrate oral tablet 37.5 mg, 75 mg 24
metoprolol-hydrochlorothiazide. 24
METROCREAM 30
METROGEL 30
METROLOTION 30
metronidazole external cream ... 30
metronidazole external gel 0.75 % 30
metronidazole external gel 1 % ... 30
metronidazole external lotion ... 31
metronidazole oral 12
metronidazole vaginal 12
mexiletine hcl oral 24
MIACALCIN 53
mibelas 24 fe 46
MICARDIS 24
MICARDIS HCT 24
MICROCHAMBER 58
MICRODOT TEST 34
microgestin 1/20 46
microgestin 1.5/30 46
microgestin 24 fe 46
microgestin fe 1/20 46
microgestin fe 1.5/30 46
midodrine hcl 24
MIEBO 56
mili 46
mimvey 46
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) ... 46
MINILINK REAL-TIME TRANSMITTER 34
MINIMED 630G GUARDIAN PRESS 34
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG 24
MINIVELLE 44-46
minocycline hcl oral capsule 12
minocycline hcl oral tablet 12
minoxidil oral 24
mirabegron er 42
MIRAPEX ER 19
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5) 46
mirtazapine oral 15
MIRVASO 31
misoprostol oral 41
MITIGARE 16
MM BLOOD GLUCOSE SYSTEM .. 34
MM BLOOD GLUCOSE SYSTEM REFILL 34
MM BLULINK GLUCOSE TEST ... 34
MM EASY TOUCH GLUCOSE METER 34
modafinil oral 60
MODERNA COVID-19 VAC 6M-11Y 52
moexipril hcl 24
mometasone furoate external ... 31
mometasone furoate nasal 57
MONDOXYNE NL 12
mono-linyah 46
MONOJECT HYPODERMIC NEEDLE 18G X 1" 34
montelukast sodium oral packet 58
montelukast sodium oral tablet . 58
montelukast sodium oral tablet chewable 58
MONUROL ORAL PACKET 3 GM . 12
morphine sulfate (concentrate) ... 9
morphine sulfate er oral tablet extended release 9
morphine sulfate oral 9
MOTEGRITY 41
MOTPOLY XR 13
MOUNJARO 37
MOVANTIK 41
MOVIPREP 42
moxifloxacin hcl (2x day) 54
moxifloxacin hcl ophthalmic 54
moxifloxacin hcl oral 12
MS CONTIN 9
MULPLETA 38
MULTAQ 24
MULTI-VIT-FLOR 39
multi-vitamin/fluoride 39
multivitamin w/fluoride tablet chewable 0.25 mg oral 39
multivitamin w/fluoride tablet chewable 0.5 mg oral 39
multivitamin w/fluoride tablet chewable 1 mg oral 39
multivitamin/fluoride tablet chewable 0.25 mg oral (rx) 39
multivitamin/fluoride tablet chewable 0.5 mg oral (rx) 39
multivitamin/fluoride tablet chewable 1 mg oral (rx) 39
mupirocin calcium 12
mupirocin external 12
MYAMBUTOL 17
MYCOBUTIN 17
mycophenolate mofetil oral 51
mycophenolate sodium 51
mycophenolic acid 51
MYDAYIS 26
MYFEMBREE 46
MYFORTIC 51
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR .. 43

MYSOLINE 13

N

na sulfate-k sulfate-mg sulf 42
nabumetone oral 10
nadolol oral 24
nafrinse drops oral solution 0.275 (0.125 f) mg/drop 39
NAFRINSE ORAL TABLET CHEWABLE 2.2 (1 F) MG 39
naftifine hcl external gel 31
NAFTIN 31
NALOCET 9
naloxone hcl injection solution prefilled syringe 2 mg/2ml 11
naloxone hcl nasal 11
naltrexone hcl oral 11
NAMENDA ORAL TABLET 10 MG, 5 MG 14
NAMENDA TITRATION PAK 14
NAMENDA XR 14
NAPROSYN ORAL TABLET 10
naproxen dr 10
naproxen oral tablet 10
naproxen oral tablet delayed release 10
naproxen sodium oral tablet 275 mg, 550 mg 10
naratriptan hcl 17
NARCAN 11
NASCOBAL 39
NATALVIT 39
NATAZIA 46
nateglinide 37
NATESTO 48
NATROBA 31
NAYZILAM 13
nebivolol hcl 24
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % 57
necon 0.5/35 (28) 46
NEO-POLYCIN 55
neomycin sulfate oral 12
neomycin-bacitracin zn-polymyx 55
neomycin-polymyxin-dexameth ophthalmic ointment 54
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 54
neomycin-polymyxin-hc ophthalmic 55
neomycin-polymyxin-hc otic 56
NEONATAL COMPLETE 39
NEONATAL PLUS 39
NEORAL ORAL CAPSULE 51
NERLYNX 18
neuac 31
NEULASTA 38
NEUPRO 19
NEURONTIN 13
NEUTEK 2TEK TEST 34
NEVANAC 54
NEXIUM ORAL CAPSULE DELAYED RELEASE 41
NEXIUM ORAL PACKET 41
NEXLETOL 24
NEXLIZET 24
NEXTSTELLIS 46
NGENLA 48
niacin er (antihyperlipidemic) 24
NIASPAN ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG, 750 MG 24
NICOTROL 11
nifedipine er 24
nifedipine er osmotic release 24
nifedipine oral 24
nikki 46
NINLARO 18
nisoldipine er 24
nitazoxanide oral 19
NITRO-BID 24
NITRO-DUR 24
nitrofurantoin macrocrystal 12
nitrofurantoin monohydrate macrocrystals 12
nitrofurantoin oral suspension 25 mg/5ml 12
NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML 12
nitroglycerin rectal 24
nitroglycerin sublingual 24
nitroglycerin transdermal 24
NITROSTAT 24
NIVA THYROID 49
NIVA-PLUS 39
NOCDURNA 48
nora-be 46
NORDITROPIN FLEXPRO 48
norelgestromin-eth estradiol 46
norethin ace-eth estrad-fe oral capsule 46
norethin ace-eth estrad-fe oral tablet 46
norethin ace-eth estrad-fe oral tablet chewable 46
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg 46
norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg 46
norethindron-ethinyl estrad-fe 46
norethindrone acet-ethinyl est 46
norethindrone acetate oral 46
norethindrone oral 46
norethindrone-eth estradiol 46
norgestimate-eth estradiol 46
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg 46
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg 46
NORITATE 31
NORLIQVA 24
norlyda 46
norlyroc 46
NORPRAMIN 15
nortrel 0.5/35 (28) 46
nortrel 1/35 (21) 46
nortrel 1/35 (28) 46
nortrel 7/7/7 47
nortriptyline hcl oral capsule 15
NORVASC 24
NORVIR ORAL TABLET 20
NOURIANZ 19
NOVAREL 53
NOVAVAX COVID-19 VACCINE 52
NOVOEIGHT 38
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM 34

NOVOFINE PEN NEEDLE.....34
NOVOFINE PLUS PEN NEEDLE ..34
NOVOLIN 70/30 FLEXPEN.....36
NOVOLIN 70/30 FLEXPEN RELION.....36
NOVOLIN 70/30 RELION 36
NOVOLIN 70/30 VIAL.....36
NOVOLIN N FLEXPEN.....36
NOVOLIN N FLEXPEN RELION ..36
NOVOLIN N RELION.....36
NOVOLIN N VIAL.....36
NOVOLIN R FLEXPEN 36
NOVOLIN R FLEXPEN RELION...36
NOVOLIN R RELION.....36
NOVOLIN R VIAL 36
NOVOLOG FLEXPEN 36
NOVOLOG FLEXPEN RELION....36
NOVOLOG RELION.....36
NOVOLOG U-100 VIAL 36
NOVOPEN ECHO.....34
NOVOTWIST PEN NEEDLE 34
NOXAFIL ORAL TABLET DELAYED RELEASE.....16
np thyroid 49
NUBEQA.....18
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 58
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML 58
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML.....58
NUCYNTA 9
NUCYNTA ER..... 9
NUEDEXTA.....27
NULEV.....42
NUPLAZID ORAL CAPSULE 19
NURTEC ODT 17
NUTROPIN AQ NUSPIN.....48
NUVARING.....47
NUVESSA..... 12
NUVIGIL 60
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT.....38
NUWIQ INTRAVENOUS KIT 1500 UNIT.....38
NUZYRA ORAL..... 12
nyamyc..... 16
nylia 1/35.....47
nylia 7/7/7.....47
nymyo.....47
nystatin external..... 16
nystatin mouth/throat 16
nystatin oral..... 16
nystatin-triamcinolone..... 16
nystop..... 16

O

OB COMPLETE.....39
OCALIVA.....42
ocella.....47
OCUFLOX 54
ODACTRA 57
ODEFSEY.....20
ODOMZO..... 18
OFEV 59
ofloxacin ophthalmic.....54
ofloxacin otic 56
olanzapine oral tablet 20
olanzapine oral tablet dispersible 20
olanzapine-fluoxetine hcl 15
olmesartan medoxomil oral..... 24
olmesartan medoxomil-hctz..... 24
olmesartan-amlodipine-hctz 24
olopatadine hcl nasal.....57
olopatadine hcl ophthalmic solution 0.1 % 54
olopatadine hcl ophthalmic solution 0.2 % 55
OLUMIANT ORAL TABLET 1 MG, 4 MG..... 51
OLUMIANT ORAL TABLET 2 MG . 51
OLUX EXTERNAL FOAM 0.05 % .. 31
OMECLAMOX-PAK..... 41
omega-3-acid ethyl esters 24
omeprazole oral capsule delayed release 41
OMEPRAZOLE+SYRSPEND SF ALKA 42
OMNIPOD 5 G6 INTRO (GEN 5)..34
OMNIPOD 5 G6 PODS (GEN 5)...34
OMNIPOD 5 G7 INTRO (GEN 5) KIT.....34
OMNIPOD 5 G7 PODS (GEN 5)...34
OMNITROPE 48
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 51
ON CALL EXPRESS BLOOD GLUCOSE 34
ON CALL EXPRESS MONITORING SYS.....34
ondansetron hcl oral 15
ondansetron odt oral tablet dispersible 4 mg, 8 mg 15
ONE VITE WOMENS PLUS.....39
ONETOUCH DELICA PLUS LANCETS.....35
ONETOUCH ULTRA 2 KIT W/ DEVICE.....35
ONETOUCH ULTRA TEST.....35
ONETOUCH ULTRA TEST STRIPS 35
ONETOUCH ULTRASOFT LANCETS.....35
ONETOUCH VERIO FLEX SYSTEM KIT.....35
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE.....35
ONETOUCH VERIO REFLECT KIT W/DEVICE 35
ONETOUCH VERIO TEST STRIPS 35
ONEXTON..... 31
ONFI 13
ONGLYZA 37
opium 42
OPSUMIT.....59
OPTIUMEZ TEST.....35
OPZELURA 31
ORACEA..... 31
ORACIT 39
ORAL CITRATE.....39
ORALONE.....28
ORAPRED ODT.....48
ORENCIA CLICKJECT..... 51
ORENCIA SUBCUTANEOUS 51

ORENITRAM 59
ORFADIN 42
ORGOVYX 18
ORIAHNN 48
ORILISSA 48
orphenadrine citrate er 60
OSCIMIN 42
oseltamivir phosphate oral capsule 20
oseltamivir phosphate oral suspension reconstituted 20
OSPHENA 38
OTEZLA 51
OTREXUP 51
OVACE PLUS WASH EXTERNAL LIQUID 31
OVACE WASH 31
OVIDREL 53
oxaprozin oral tablet 10
oxazepam 21
oxcarbazepine 13
OXTELLAR XR 13
oxybutynin chloride er 43
oxybutynin chloride oral tablet 2.5 mg 43
oxybutynin chloride oral tablet 5 mg 43
OXYCODONE HCL ER 9
oxycodone hcl oral capsule 9
oxycodone hcl oral solution 9
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg 9
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG 9
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg 9
OXYCONTIN 9
oxymorphone hcl er 10
OZEMPIC 37

P

PACERONE ORAL TABLET 100 MG, 400 MG 24
PACERONE ORAL TABLET 200 MG 24
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG 51
paliperidone er 20
PAMELOR 15
PANCREAZE 42
PANRETIN 31
pantoprazole sodium oral tablet delayed release 41
PARADIGM REAL-TIME TRANSMITTER 35
paricalcitol oral 54
PARLODEL ORAL TABLET 19
PARNATE 15
paroxetine hcl er 15
paroxetine hcl oral tablet 15
paroxetine mesylate 15
PATANASE NASAL SOLUTION 0.6 % 57
PAXIL CR 15
PAXIL ORAL TABLET 15
PAXLOVID (150/100) 20
PAXLOVID (300/100) 20
pazopanib hcl 18
PEDIAPRED 48
peg 3350-kcl-na bicarb-nacl 42
peg-3350/electrolytes 42
peg-3350/electrolytes/ ascorbat 42
peg-kcl-nacl-nasulf-na asc-c 42
penicillin v potassium 12
PENTASA 53
pentoxifylline er 24
PEPCID 41
PERCOCET 10
PERFOROMIST 58
PERIDEX 28
perindopril erbumine 24
periogard 28
permethrin external 19
perphenazine oral 15
PERTZYE 42
PFIZER COVID-19 VAC-TRIS 5-11Y 52
PFIZER COVID-19 VAC-TRIS 6M-4Y 52
phenazo oral tablet 200 mg 43
phenazopyridine hcl oral tablet 100 mg, 200 mg 43
phenobarbital oral 13
phenytek 13
phenytoin infatabs 13
phenytoin oral tablet chewable 13
phenytoin sodium extended 13
PHEXXI 47
philith 47
PHOSPHA 250 NEUTRAL 39
phospho-trin 250 neutral 39
phosphorous 39
PIFELTRO 20
pilocarpine hcl ophthalmic 55
pilocarpine hcl oral 28
pimecrolimus 31
pimozide 20
pimtrea 47
pindolol 24
pioglitazone hcl 37
pioglitazone hcl-metformin hcl 37
PIP BLOOD GLUCOSE TEST STRIP 35
PIQRAY 18
pirfenidone oral tablet 267 mg, 801 mg 59
pirfenidone oral tablet 534 mg 59
piroxicam oral 10
pitavastatin calcium 24
PLAQUENIL 19
PLAVIX 19
PLEGRIDY INTRAMUSCULAR 27
PLEGRIDY STARTER PACK 27
PLEGRIDY SUBCUTANEOUS 27
PLENVU 42
PLEXION CLEANSER 31
PLEXION EXTERNAL CREAM 31
PNEUMOVAX 23 52
pnv-dha 39
podofilox external solution 31
POKONZA 39

POLY-VI-FLOR 39
POLYCIN 55
polymyxin b-trimethoprim 55
POMALYST 18
portia-28 47
posaconazole oral tablet delayed release 16
potassium chloride crys er 39
potassium chloride er 39
potassium chloride oral 39
potassium citrate er 39
potassium citrate-citric acid 39
PRADAXA ORAL CAPSULE 13
PRALUENT 24
pramipexole dihydrochloride 19
pramipexole dihydrochloride er 19
PRAMOSONE EXTERNAL CREAM 31
prasugrel hcl 19
pravastatin sodium 24
prazosin hcl oral 24
PRECISION XTRA 35
PRECISION XTRA BLOOD GLUCOSE 35
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG 37
PRED FORTE 55
PRED MILD 55
prednisolone acetate ophthalmic 55
PREDNISOLONE ACETATE P-F 55
prednisolone oral solution 48
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml 48
prednisolone sodium phosphate oral solution 15 mg/5ml 48
prednisolone sodium phosphate oral solution 20 mg/5ml 48
prednisolone sodium phosphate oral tablet dispersible 48
prednisone oral 48
pregabalin oral capsule 27
PREGNYL 53
PREMARIN ORAL 47
PREMARIN VAGINAL 47
PREMIUM BLOOD GLUCOSE TEST 35
premium lidocaine 10
PREMPHASE 47
PREMPRO 47
PRENA1 PEARL 39
prenatal 19 oral tablet 29-1 mg 39
prenatal 19 oral tablet chewable 40
prenatal oral tablet 27-1 mg 40
prenatal plus 39, 40
prenatal plus vitamin/mineral 40
PRENATE DHA 40
PRENATE ENHANCE 40
PRENATE ESSENTIAL 40
PRENATE MINI 40
PRENATE PIXIE 40
PRENATE RESTORE 40
PRENATOL-M 40
PRENATRIX 40
PRENATRYL 40
PREVACID 41
PREVACID SOLUTAB 41
prevalite 24
PREVIDENT 5000 BOOSTER PLUS 28
PREVIDENT 5000 DRY MOUTH 28
PREVIDENT 5000 ENAMEL PROTECT 40
PREVIDENT 5000 KIDS 28
PREVIDENT 5000 ORTHO DEFENSE 28
PREVIDENT 5000 PLUS 28
PREVIDENT 5000 SENSITIVE 40
PREVIDENT DENTAL 28
PREVIDENT MOUTH/THROAT 40
previfem oral tablet 0.25-35 mg-mcg 47
PREVNAR 20 52
PREVYMIS ORAL 20
PREZCOBIX 20
PREZISTA ORAL TABLET 150 MG, 75 MG 20
PREZISTA ORAL TABLET 600 MG, 800 MG 20
primidone oral tablet 125 mg 14
primidone oral tablet 250 mg, 50 mg 14
PRISTIQ 15
probenecid 16
PROCARDIA XL 24
PROCHAMBER VHC 58
prochlorperazine 16
prochlorperazine maleate oral 16
PROCORT 53
procto-med hc 53
PROCTOCORT 53
PROCTOFOAM HC 53
PROCTOSOL HC 53
PROCTOZONE-HC 53
progesterone intramuscular 47
progesterone oral 47
PROGRAF ORAL CAPSULE 51
PROLATE ORAL TABLET 10
PROLENSA 55
PROMACTA ORAL TABLET 38
promethazine hcl oral 16
promethazine hcl rectal 16
promethazine-codeine 57
promethazine-dm 57
PROMETHEGAN 16
PROMETRIUM 47
propafenone hcl 24
propafenone hcl er 24
propranolol hcl er 25
propranolol hcl oral 25
propylthiouracil oral 49
PROSCAR 43
PROTONIX ORAL TABLET DELAYED RELEASE 41
protriptyline hcl 15
PROVENTIL HFA 57, 58
PROVERA 44, 47
PROVIGIL 60
PROZAC 15
pseudoephedrine-bromphen-dm 57
PTS PANELS EGLU TEST 35
PULMICORT FLEXHALER 58
PULMICORT SUSPENSION 58

PULMOSAL....57
PULMOZYME....59
PYLERA....41
PYRIDIUM....43
pyridostigmine bromide er....17
pyridostigmine bromide oral tablet 30 mg....17
pyridostigmine bromide oral tablet 60 mg....17

Q

QELBREE....26
QNASL....58
QNASL CHILDRENS....58
QUARTETTE ORAL TABLET 42-21-21-7 DAYS....47
QUDEXY XR....14
QUESTRAN....25
QUESTRAN LIGHT....25
quetiapine fumarate....20
quetiapine fumarate er....20
QUFLORA PEDIATRIC....40
QUILLICHEW ER....26
QUILLIVANT XR....26
quinapril hcl....25
QUINTET AC BLOOD GLUCOSE TEST....35
QUINTET BLOOD GLUCOSE TEST....35
QULIPTA....17
QUVIVIQ....60
QVAR REDIHALER....58

R

rabeprazole sodium oral tablet delayed release....41
RADICAVA ORS....27
RADICAVA ORS STARTER KIT....27
raloxifene hcl....54
ramelteon....60
ramipril....25
ranolazine er....25
RAPAFLO....43
RAPAMUNE ORAL SOLUTION....51
RAPAMUNE ORAL TABLET....51
rasagiline mesylate oral....19
RASUVO....51
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG....14
REBIF....27
REBIF TITRATION PACK....27
reclipsen....47
RECOMBINATE....38
RECOMBIVAX HB....52
RECTIV....25
REGLAN....16
RELAFEN DS....10
RELEXXII....26
RELION TRUE MET AIR GLUC METER....35
RELION TRUE METRIX TEST STRIPS....35
RELION ULTIMA GLUCOSE SYSTEM....35
RELION ULTIMA TEST....35
RELPAX....17
RELTONE....42
RELYVRIO....27
REMERON....15
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG....15
REMODULIN....59
RENVELA ORAL TABLET....43
repaglinide....37
REPATHA....25
REPATHA PUSHTRONEX SYSTEM....25
REPATHA SURECLICK....25
RESTASIS....56
RESTASIS MULTIDOSE....56
RESTORIL....60
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML....38
RETACRIT INJECTION SOLUTION 20000 UNIT/ML....38
RETEVMO ORAL CAPSULE 40 MG....18
RETEVMO ORAL CAPSULE 80 MG....18
RETIN-A....31
RETIN-A MICRO GEL 0.04 %, 0.1 %....31
RETIN-A MICRO PUMP....31
REVATIO ORAL TABLET....59
REVLIMID....18
REXTOVY....11
REXULTI....20
REYVOW....17
RHOFADE....31
RHOPRESSA....55
rifabutin....17
rifampin oral....17
RIGHTEST GT333 GLUCOSE TEST....35
riluzole....27
RINVOQ....51
RIOMET....37
risedronate sodium oral tablet 150 mg, 35 mg....54
risedronate sodium oral tablet 30 mg, 5 mg....54
RISPERDAL....20
risperidone....20
RITALIN....26
RITALIN LA....26
ritonavir....20
rivastigmine....14
rivastigmine tartrate....14
rivelsa....47
rizatriptan benzoate....17
ROBINUL....42
ROBINUL-FORTE....42
ROCALTROL....54
ROCKLATAN....55
roflumilast....58
ropinirole hcl....19
ropinirole hcl er....19
rosadan external cream 0.75 %....31
rosadan external gel 0.75 %....31
rosuvastatin calcium oral....25
ROWASA....53
roweepra....14
ROXICODONE....10
ROZEREM....60

ROZLYTREK ORAL CAPSULE....18
ROZLYTREK ORAL PACKET....18
RUCONEST....51
rufinamide oral suspension....14
rufinamide oral tablet....14
RUKOBIA....20
RYBELSUS....37
RYTARY....19
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG....25
ryvent....57

S

SABRIL ORAL PACKET....14
SAFYRAL....47
SALAGEN....28
SANDIMMUNE ORAL....51
SANTYL....31
SAPHRIS....20
sapropterin dihydrochloride oral packet....42
SAVELLA....27
saxagliptin hcl....37
saxagliptin-metformin er....37
scopolamine....16
SE-NATAL 19....40
SEASONIQUE ORAL TABLET 0.15-0.03 &0.01 MG....47
selenium sulfide external lotion....31
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR....36
SENSIPAR....54
SEREVENT DISKUS....59
SEROQUEL....20
SEROQUEL XR....20
SERTRALINE HCL ORAL CAPSULE....15
sertraline hcl oral concentrate....15
sertraline hcl oral tablet....15
setlakin....47
sevelamer carbonate oral tablet....43
sevelamer hcl....40
SEYSARA....12
sf....28, 38, 39, 42
sf 5000 plus....28
SFROWASA....53
sharobel....47
SHARPS CONTAINER....35
SHINGRIX....52
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg....38
sildenafil citrate oral tablet 20 mg....59
SILENOR....60
silodosin....43
SILVADENE....12
silver sulfadiazine external....12
SIMBRINZA....55
SIMLANDI (1 PEN)....51
SIMLANDI (2 PEN)....51
simliya....47
simpesse....47
SIMPONI....51
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg....25
simvastatin oral tablet 80 mg....25
SINEMET....19
SINGULAIR ORAL PACKET....59
SINGULAIR ORAL TABLET....59
SINGULAIR ORAL TABLET CHEWABLE....59
sirolimus oral solution....51
sirolimus oral tablet....51
SITAVIG....20
SKYRIZI PEN....51
SKYRIZI SUBCUTANEOUS....51
SKYTROFA....48
SLYND....47
SOAANZ....25
sod citrate-citric acid oral solution 500-334 mg/5ml....40
sodium chloride inhalation....57
sodium fluoride 5000 enamel dental gel 1.1-5 %....40
sodium fluoride 5000 plus....28
sodium fluoride 5000 ppm....28
sodium fluoride 5000 ppm dental gel 1.1 %....28
sodium fluoride 5000 sensitive dental gel 1.1-5 %....40
sodium fluoride dental....28
sodium fluoride mouth/throat solution 0.2 %....40
sodium fluoride oral solution....40
sodium fluoride oral tablet chewable....40
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL....60
sodium sulfacetamide wash....31
SOFOSBUVIR-VELPATASVIR....20
solifenacin succinate....43
SOLIQUA....37
SOMA....60
SOMATULINE DEPOT....48
SOOLANTRA....31
sotalol hcl (af)....25
sotalol hcl oral....25
SOTYKTU....51
SOVUNA....19
SPIKEVAX INTRAMUSCULAR SUSPENSION....52
spinosad....31
SPIRIVA HANDIHALER....59
SPIRIVA RESPIMAT....59
spironolactone oral tablet....25
spironolactone-hctz....25
SPORANOX ORAL CAPSULE....16
SPORANOX PULSEPAK ORAL CAPSULE 100 MG....16
SPRAVATO (56 MG DOSE)....15
SPRAVATO (84 MG DOSE)....15
sprintec 28....47
SPRYCEL....18
SPS....40
sronyx....47
ssd....12
sss 10-5 external cream....31
STALEVO 100 ORAL TABLET 25-100-200 MG....19
STALEVO 125 ORAL TABLET 31.25-125-200 MG....19
STALEVO 150....19
STALEVO 200 ORAL TABLET 50-200-200 MG....19
STALEVO 50 ORAL TABLET 12.5-50-200 MG....19

STALEVO 75 ORAL TABLET 18.75-75-200 MG 19
STEGLATRO..... 37
STELARA SUBCUTANEOUS 51
STENDRA..... 38
STIOLTO RESPIMAT 59
STIVARGA..... 18
STRATTERA 26
STRENSIQ..... 42
STRIBILD..... 20
STRIVERDI RESPIMAT..... 59
STROMECTOL 19
SUBOXONE 11
subvenite..... 14
SUCRAID..... 42
sucralfate oral suspension 41
sucralfate oral tablet 41
SUFLAVE..... 42
SULAR..... 25
SULCONAZOLE NITRATE EXTERNAL CREAM 16
sulfacetamide sod-sulfur wash external liquid 9-4 %..... 31
sulfacetamide sod-sulfur wash external liquid 9-4.5 %..... 31
sulfacetamide sodium (acne) 31
sulfacetamide sodium external .. 31
sulfacetamide sodium ophthalmic solution 55
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 % ... 31
sulfacetamide sodium-sulfur external cream 9.8-4.8 %..... 31
sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 % 31
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 % 31
sulfacetamide sodium-sulfur external suspension 10-5 % 31
sulfacetamide sodium-sulfur external suspension 8-4 % 31
sulfacetamide-prednisolone..... 55
SULFACLEANSE 8/4 31
sulfamethoxazole-trimethoprim oral 12
sulfasalazine oral 53
sulfatrim pediatric..... 12
sulindac oral 10
SUMADAN WASH 31
sumatriptan nasal 17
sumatriptan succinate oral..... 17
sumatriptan succinate refill subcutaneous solution cartridge 17
sumatriptan succinate subcutaneous..... 17
sumatriptan-naproxen sodium .. 17
SUNOSI 60
SUPREP BOWEL PREP KIT..... 42
SUTAB 42
syeda 47
SYMBICORT..... 59
SYMBYAX..... 15
SYMFI 20, 21
SYMFI LO 21
SYMLINPEN 120 37
SYMLINPEN 60 37
SYMPAZAN..... 14
SYMPROIC 42
SYMTUZA 21
SYNALAR..... 31
SYNALAR EXTERNAL SOLUTION 0.01 %..... 31
SYNJARDY 37
SYNJARDY XR..... 37
SYNTHROID..... 49

T

TABRECTA..... 18
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %..... 31
TACLONEX EXTERNAL SUSPENSION 31
tacrolimus external..... 31
tacrolimus oral..... 51
tadalafil (pah)..... 59
tadalafil oral..... 38
TADLIQ..... 59
TAFINLAR ORAL CAPSULE..... 18
tafluprost (pf)..... 55
TAGRISSO..... 18
TAKHZYRO 51
TALTZ..... 51
TAMIFLU ORAL CAPSULE..... 21
TAMIFLU ORAL SUSPENSION RECONSTITUTED..... 21
tamoxifen citrate oral tablet 10 mg..... 18
tamoxifen citrate oral tablet 20 mg 18
tamsulosin hcl 43
TAPERDEX 12-DAY 48
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG 48
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21) 48
TAPERDEX 7-DAY 48
TARGADOX..... 12
tarina 24 fe..... 47
tarina fe 1/20 eq 47
tarina fe 1/20 oral tablet 1-20 mg-mcg..... 47
TARON-C DHA 40
TASIGNA 18
TAVALISSE..... 38
taysofy 47
TAYTULLA..... 47
tazarotene external cream..... 31
TAZAROTENE EXTERNAL FOAM . 31
TAZORAC EXTERNAL CREAM 31
TECFIDERA ORAL CAPSULE DELAYED RELEASE..... 27
TECHLITE INSULIN SYRINGES .. 35
TECHLITE PEN NEEDLES..... 35
TEGLUTIK..... 27
TEGRETOL ORAL TABLET..... 14
TEGRETOL-XR..... 14
TEGSEDI 42
TEKTURNA..... 25
telmisartan..... 25
telmisartan-hctz..... 25
temazepam 60
TEMODAR ORAL CAPSULE 250 MG..... 18
TEMOVATE EXTERNAL CREAM 0.05 % 31
temozolomide 18
TEMPO REFILL..... 35

TEMPO WELCOME....35
TENCON....10
TENIVAC....52
tenofovir disoproxil fumarate....21
TENORETIC 100....25
TENORETIC 50....25
TENORMIN....25
terazosin hcl....43
terbinafine hcl oral....16
terconazole....16
teriflunomide....27
teriparatide....54
teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml....54
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML....54
TESTIM....48
TESTOSTERONE CYPIONATE INJECTION....49
testosterone cypionate intramuscular....49
testosterone enanthate intramuscular....49
testosterone gel 20.25 mg/act (1.62%) transdermal....49
testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)....49
testosterone transdermal gel 1.62 %....49
testosterone transdermal solution....49
tetracycline hcl oral capsule....12
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR....59
THALITONE....25
theophylline er....59
THIOLA....43
THIOLA EC....43
THRIVITE RX....40
THYQUIDITY....49
thyroid oral....49
tiadylt er....25
TIAZAC....25
TIKOSYN....25
tilia fe....47
timolol maleate (once-daily)....55
timolol maleate ocudose....55
timolol maleate ophthalmic....55
timolol maleate pf....55
TIMOPTIC OCUDOSE....55
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %....55
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %....55
tinidazole oral....12
tiopronin oral tablet delayed release....43
tiotropium bromide monohydrate....59
TIROSINT....49
TIROSINT-SOL....49
TIVICAY....21
tizanidine hcl oral capsule....60
tizanidine hcl oral tablet....60
TLANDO....49
TOBI NEBULIZER....59
TOBI PODHALER....59
TOBRADEX OPHTHALMIC OINTMENT....55
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %....55
TOBRADEX ST....55
tobramycin inhalation nebulization solution 300 mg/4ml....59
tobramycin nebulization solution 300 mg/5ml inhalation....59
tobramycin ophthalmic....55
tobramycin-dexamethasone....55
TOLAK....31
TOLSURA....16
tolterodine tartrate....43
tolterodine tartrate er....43
TOPAMAX....14
TOPAMAX SPRINKLE....14
TOPICORT EXTERNAL CREAM....31
TOPICORT EXTERNAL OINTMENT....31
topiramate er....14
topiramate oral....14
TOPROL XL....25
torsemide....25
TOSYMRA....17
TOUJEO MAX SOLOSTAR....36
TOUJEO SOLOSTAR....36
TOVIAZ....43
TRACLEER 62.5 MG, 125 MG....59
TRADJENTA....37
tramadol hcl (er biphasic) oral tablet extended release 24 hour....10
tramadol hcl er....10
tramadol hcl oral tablet 100 mg, 25 mg....10
tramadol hcl oral tablet 50 mg....10
tramadol-acetaminophen....10
trandolapril....25
tranexamic acid oral....38
TRANSDERM-SCOP....16
tranylcypromine sulfate....15
TRAVATAN Z....55
travoprost (bak free)....55
trazodone hcl oral....15
TRELEGY ELLIPTA....59
TREMFYA....51
treprostinil....59
TRESIBA FLEXTOUCH....36
tretinoin external cream....31
tretinoin external gel 0.01 %, 0.025 %....31
tretinoin external gel 0.05 %....31
tretinoin microsphere....31
tretinoin microsphere pump....31
TREXALL....51
TREXIMET....17
TREZIX....10
tri-estarylla....47
tri-legest fe....47
tri-linyah....47
tri-lo-estarylla....47
tri-lo-marzia....47
tri-lo-mili....47

tri-lo-sprintec 47
tri-mili 47
tri-nymyo 47
tri-sprintec 47
tri-vite/fluoride 40
tri-vylibra 47
tri-vylibra lo 47
triamcinolone acetonide external cream 0.025 %, 0.1 % 31
triamcinolone acetonide external cream 0.5 % 32
triamcinolone acetonide external lotion 32
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % 32
triamcinolone acetonide external ointment 0.05 % 32
triamcinolone acetonide mouth/throat 28
triamcinolone in absorbase 32
triamterene oral 25
triamterene-hctz 25
TRIANEX EXTERNAL OINTMENT 0.05 % 32
triazolam 21
TRIBENZOR 25
TRICARE 40
TRICOR 25
TRIDACAINE II 10
triderm 32
TRIDESILON EXTERNAL CREAM 0.05 % 32
trihexyphenidyl hcl oral tablet 19
TRIJARDY XR 37
TRIKAFTA ORAL TABLET THERAPY PACK 59
TRILEPTAL 14
TRILIPIX 25
trimethoprim oral 12
TRINATAL RX 1 40
TRINATE 40
TRINTELLIX 15
tritocin external ointment 0.05 % 32
TRIUMEQ 21
trivora (28) 47
TROKENDI XR 14
trospium chloride 43
trospium chloride er 43
TRUDHESA 17
TRUE FOCUS BLOOD GLUCOSE STRIP 35
TRUE METRIX AIR GLUCOSE METER KIT 35
TRUE METRIX BLOOD GLUCOSE TEST 35
TRUE METRIX GO GLUCOSE METER 35
TRUE METRIX METER KIT 35
TRUE METRIX PRO BLOOD GLUCOSE 35
TRUETRACK TEST 35
TRULANCE 42
TRULICITY 37
TRUMENBA 52
TRUQAP 18
TRUSOPT OPHTHALMIC SOLUTION 2 % 56
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG 21
TRUVADA ORAL TABLET 200-300 MG 21
tulana oral tablet 0.35 mg 47
turqoz 47
TWINRIX 52
TWIRLA 47
TWYNEO 32
TYBLUME 47
tydemy 47
TYMLOS 54
TYRVAYA 56
TYVASO 59, 60
TYVASO DPI INSTITUTIONAL KIT 60
TYVASO DPI MAINTENANCE KIT 60
TYVASO DPI TITRATION KIT 60
TYVASO REFILL 60
TYVASO STARTER 60

U

UBRELVY 17
UCERIS ORAL 53
UCERIS RECTAL 53
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 38
ULORIC 16
ULTRACET ORAL TABLET 37.5-325 MG 10
ULTRAM ORAL TABLET 50 MG 10
UNISTRIP1 GENERIC 35
unithroid 49
UPTRAVI ORAL 60
urea external cream 20 %, 40 %, 45 % 32
urea external cream 41 %, 47 % 32
UREMEZ-40 32
UROCIT-K 10 40
UROCIT-K 15 40
UROCIT-K 5 40
UROGESIC-BLUE 43
UROXATRAL 43
URSO 250 42
URSO FORTE 42
URSODIOL ORAL CAPSULE 200 MG, 400 MG 42
ursodiol oral capsule 300 mg 42
ursodiol oral tablet 42
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML 20

V

VAGIFEM 47
valacyclovir hcl oral 21
VALCYTE ORAL TABLET 21
valganciclovir hcl oral tablet 21
VALIUM 21
valproic acid oral 14
valsartan oral tablet 25
valsartan-hydrochlorothiazide 25
VALTOCO 14
VALTREX 21
VANCOCIN 12
vancomycin hcl oral 12
VANDAZOLE 12
VANOS 32
VAQTA 52

vardenafil hcl oral tablet 38
varenicline tartrate 11
varenicline tartrate (starter) 11
varenicline tartrate(continue)..... 11
VARIVAX 52
VASCEPA 25
VASERETIC..... 25
VASOTEC..... 25
velivet 47
VELPHORO..... 43
VELTASSA 40
VELTIN EXTERNAL GEL 1.2-0.025 %..... 32
VEMLIDY 21
VENCLEXTA..... 18
venlafaxine hcl..... 15
venlafaxine hcl er oral capsule extended release 24 hour 15
venlafaxine hcl er oral tablet extended release 24 hour 15
VENTOLIN HFA 57, 59
VEOZAH 27
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg..... 25
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg..... 25
verapamil hcl er oral tablet extended release 25
verapamil hcl oral..... 25
VERELAN..... 25
VERELAN PM..... 25
VERKAZIA..... 56
VERQUVO 25
VERZENIO..... 18
VESICARE 43
vestura 47
VEVYE..... 56
VFEND ORAL TABLET 200 MG ... 16
VFEND ORAL TABLET 50 MG 16
VIAGRA 38
VIBERZI 42
VIBRAMYCIN 12
vienva 47
vigabatrin oral packet 14
vigadrone oral packet 14
VIGAMOX 55
vigpoder 14
VIIBRYD..... 15
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG..... 15
vilazodone hcl..... 15
VIMPAT ORAL..... 14
VINATE ONE 40
viorele..... 47
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG..... 21
VIREAD ORAL TABLET 300 MG .. 21
virt-c dha oral capsule 53.5-38-1 mg..... 40
virt-pn dha oral capsule 27-0.6-0.4-300 mg 40
VISTARIL..... 21
VITAFOL FE+..... 40
VITAFOL GUMMIES 40
VITAFOL ULTRA 40
VITAFOL-OB 40
VITAMEDMD ONE RX/ QUATREFOLIC..... 40
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit..... 40
vitamins acd-fluoride..... 40
VITAPEARL..... 40
VITATHELY WITH GINGER 40
VITRAKVI 18
VIVAGUARD INO GLUCOSE METER KIT 35
VIVAGUARD INO TEST STRIPS... 35
VIVELLE-DOT..... 44, 45, 47
VIVJOA..... 16
VOGELXO 49
VOGELXO PUMP..... 49
volnea 47
VOQUEZNA 41
VOQUEZNA DUAL PAK 41
VOQUEZNA TRIPLE PAK..... 41
voriconazole oral tablet 16
VORTEX HOLD CHMBR/MASK/ CHILD 59
VORTEX HOLD CHMBR/MASK/ TODDLER 59
VORTEX VALVED HOLDING CHAMBER..... 59
VOSEVI..... 21
VOTRIENT..... 18
VRAYLAR..... 20
VTAMA 32
VUMERITY 27
vyfemla 47
VYLEESI..... 38
vylibra 47
VYNDAMAX 42
VYTORIN..... 25
VYVANSE..... 26
VYZULTA 56

W

WAINUA..... 15
WAKIX..... 60
warfarin sodium oral..... 13
WELCHOL ORAL TABLET..... 25
WELLBUTRIN SR..... 15
WELLBUTRIN XL..... 15
wera 47
wes-phos 250 neutral..... 40
WESCAP-C DHA 40
WESCAP-PN DHA..... 40
WESTAB PLUS..... 40
WILATE..... 38
WINLEVI 32
wixela inhub..... 59
wymzya fe..... 47

X

XACIATO 12
XALATAN..... 56
XANAX 21
XANAX XR..... 21
XARELTO 13
XARELTO STARTER PACK..... 13
XCOPRI..... 14
XDEMVY..... 55
XELJANZ 51

XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG 51
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG 51
XELODA 18
XENLETA ORAL TABLET 600 MG 12
XHANCE 57
XIFAXAN 12
XIGDUO XR 37
XIIDRA 56
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG 12
XOFLUZA (40 MG DOSE) 21
XOFLUZA (80 MG DOSE) 21
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 52
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML 59
XOPENEX HFA 59
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML 59
XTAMPZA ER 10
XTANDI 18
xulane 47
XYOSTED 49
XYREM 60
XYWAV 60

Y

YASMIN 28 47
YAZ 47
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML 52
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML 52
YUFLYMA (2 PEN) 52
YUFLYMA (2 SYRINGE) 52
YUFLYMA-CD/UC/HS STARTER 52
YUPELRI 59
YUSIMRY 52
yuvafem 47

Z

zafemy 47
zafirlukast 59
zaleplon 60
ZANAFLEX 60
ZARONTIN 14
ZARXIO 38
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG 40
ZAVZPRET 17
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 37
ZEJULA ORAL CAPSULE 100 MG 18
ZELBORAF 18
ZEMBRACE SYMTOUCH 17
ZEMPLAR ORAL 54
zenatane 32
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT 42
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT 42
ZENZEDI 26
ZEPOSIA 27
ZEPOSIA 7-DAY STARTER PACK 27
ZEPOSIA STARTER KIT 27
ZESTORETIC 25
ZESTRIL 25
ZETIA 25
ZETONNA 57
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG 25
ZIAC ORAL TABLET 5-6.25 MG 25
ZIANA 32
ZILXI 32
ZIMHI 11
ZIOPTAN 56
ziprasidone hcl 20
ZIRGAN 21
ZITHROMAX ORAL 12
ZITHROMAX TRI-PAK 12
ZITHROMAX Z-PAK 12
ZOCOR 25
zolmitriptan nasal 17
zolmitriptan oral tablet 17
zolmitriptan oral tablet dispersible 17
ZOLOFT 15
zolpidem tartrate er 60
zolpidem tartrate oral tablet 60
ZOMIG NASAL 17
ZONEGRAN 14
zonisamide oral 14
ZORTRESS 52
ZORYVE 32
zovia 1/35 (28) 47
ZOVIRAX EXTERNAL 21
ZOVIRAX ORAL SUSPENSION 200 MG/5ML 21
ZTLIDO 10
ZUBSOLV 11
zumandimine 48
ZURZUVAE 15
ZYCLARA 32
ZYCLARA PUMP 32
ZYLET 55
ZYLOPRIM ORAL TABLET 100 MG, 300 MG 16
ZYMAXID OPHTHALMIC SOLUTION 0.5 % 55
ZYPREXA ORAL 20
ZYPREXA ZYDIS 20
ZYTIGA 18
ZYVOX ORAL TABLET 12

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee 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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