



Your 2021 Prescription Drug List

Advantage 4-Tier

Effective May 1, 2021



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of May 1, 2021 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Plan, River Valley, All Savers and Oxford medical plans with a pharmacy benefit subject to the Advantage 4-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

Table of contents

Understanding your Prescription Drug List (PDL)	4
Medication tips	5
Reading your PDL	6
Questions	7
Analgesics	
Drugs for Pain	8
Drugs for Pain and Inflammation	9
Anti-Addiction / Substance Abuse Treatment Agents	9
Antibacterials	
Drugs for Infections	9
Anticoagulants	
Drugs to Treat or Prevent Blood Clots	11
Anticonvulsants	
Drugs for Seizures	1
Antidementia Agents	
Drugs for Alzheimer’s Disease and Dementia	11
Antidepressants	
Drugs for Depression	12
Antiemetics	
Drugs for Nausea and Vomiting	12
Antifungals	
Drugs for Fungal Infections	12
Antigout Agents	
Drugs for Gout	13
Antimigraine Agents	
Drugs for Migraines	13
Antineoplastics	
Drugs for Cancer	13
Antiparasitics	
Drugs for Parasitic Infections	13
Antiparkinson Agents	
Drugs for Parkinson’s Disease	14
Antiplatelets	
Drugs for Heart Attack and Stroke Prevention	14
Antipsychotics	
Drugs for Mood Disorders	14
Antivirals	
Drugs for Viral Infections	14
Anxiolytics	
Drugs for Anxiety	15
Bipolar Agents	
Drugs for Mood Disorders	15
Cardiovascular Agents	
Drugs for Heart and Circulation Conditions	15
Central Nervous System Agents	
Drugs for Attention Deficit Disorder	17
Drugs for Multiple Sclerosis	18
Miscellaneous	18
Dental and Oral Agents	
Drugs for Mouth and Throat Conditions	18



Dermatological Agents	
Drugs for Skin Conditions	19
Diabetes	
Glucose Monitoring	21
Diabetes	
Insulin	22
Diabetes	
Non-Insulin Agents	23
Drugs for Blood Disorders	23
Drugs for Sexual Dysfunction.	24
Electrolytes / Vitamins	24
Gastrointestinal Agents	
Drugs for Acid Reflux and Ulcer.	24
Drugs for Bowel, Intestine and Stomach Conditions	24
Genetic or Enzyme Disorder	
Drugs for Replacement, Modification, Treatment	24
Genitourinary Agents	
Drugs for Bladder, Genital and Kidney Conditions.	24
Drugs for Prostate Conditions	26
Hormonal Agents	
Hormone Replacement and Birth Control	26
Oral Steroids	28
Other	29
Testosterone Replacement.	29
Thyroid	29
Immunological Agents	
Drugs for Immune System Stimulation or Suppression.	30
Infertility Agents.	30
Inflammatory Bowel Disease Agents.	31
Metabolic Bone Disease Agents	
Drugs for Osteoporosis.	31
Other	31
Ophthalmic Agents	
Drugs for Eye Allergy, Infection and Inflammation	31
Drugs for Glaucoma	32
Drugs for Miscellaneous Eye Conditions	32
Otic Agents	
Drugs for Ear Conditions.	32
Respiratory	
Drugs for Anaphylaxis.	32
Respiratory Tract / Pulmonary Agents	
Drugs for Allergies, Cough, Cold	32
Drugs for Asthma and COPD	33
Drugs for Cystic Fibrosis.	34
Drugs for Pulmonary Hypertension	34
Skeletal Muscle Relaxants	
Drugs for Muscle Pain and Spasm.	34
Sleep Disorder Agents	34
Index.	35



Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

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 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 medications²). There are also some instances where the same product can be made by two or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

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

Who decides which medications are covered?

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

About this PDL

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

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 equal 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 ID card or call the toll-free phone number on your ID card to learn more.

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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

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

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 or subject to Prior Authorization in Connecticut, New Jersey and New York. (Referred to as First Start in New Jersey) — Lower-cost options are available and covered.
H	Health Care Reform Preventive — This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.
H-PA	Health Care Reform Preventive with Prior Authorization — May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.
PA	Prior Authorization (sometimes referred to as precertification)³ — Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.
QL	Quantity Limits — Specifies the largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program⁴ — 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, Golden Rule, Oxford and UnitedHealthOne.



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.

- **Central nervous system: sedatives/hypnotics**

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

- **Diabetes: blood glucose monitoring; insulin; non-insulin**

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

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

Coverage is set by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Diabetic self-management items, including continuous glucose monitors, may be covered under the consumer pharmacy and/or medical plan depending on the benefit.

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

Questions

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



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



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

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

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

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

Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine	1	
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
apap-caff-dihydrocodeine oral capsule	4	QL
ARYMO ER	E	PA, ST, QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
butalbital-apap-caffeine oral tablet	1	QL
CONZIP	E	QL
DILAUDID ORAL	4	
DVORAH	E	QL
endocet	1	
ESGIC	4	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, ST, QL
FIORICET	4	QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	1	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	
hydromorphone hcl er	4	PA, ST, QL
hydromorphone hcl oral	1	
hydromorphone hcl rectal	1	
HYSINGLA ER	E	PA, ST, QL
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	E	PA, ST, QL

Drug Name	Drug Tier	Requirements & Limits
lidocaine external ointment	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine-prilocaine external cream	1	
lorcet	1	
lorcet hd	1	
lorcet plus	1	
LORTAB	4	
MORPHABOND ER	E	PA, ST, QL
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	
morphine sulfate er oral capsule extended release 24 hour	E	PA, ST, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	1	
morphine sulfate rectal	1	
MS CONTIN	3	PA, ST, QL
NALOCET	E	QL
NUCYNTA	4	QL
NUCYNTA ER	3	PA, QL
OXAYDO	E	QL
OXYCODONE HCL ER	E	PA, ST, QL
oxycodone hcl oral capsule	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	
oxycodone hcl oral solution	1	
oxycodone hcl oral tablet	1	PA
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCONTIN	E	PA, ST, QL
premium lidocaine	2	QL
PRIMLEV	E	
SUBSYS	E	PA, QL
tramadol hcl er (biphasic)	E	QL
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	E	QL
tramadol hcl er oral capsule extended release 24 hour 150 mg	1	QL

Drug Name	Drug Tier	Requirements & Limits
tramadol hcl er oral tablet extended release 24 hour	2	QL
tramadol hcl oral tablet 50 mg	1	
TREZIX	4	QL
TYLENOL WITH CODEINE #3	4	
ULTRAM	4	
VANATOL LQ	2	PA, QL
VANATOL S	2	PA, QL
vicodin hp oral tablet 10-300 mg	E	
XTAMPZA ER	2	PA, QL
ZEBUTAL	4	QL
ZOHYDRO ER	E	PA, ST, QL
ZTLIDO	E	PA, QL

Analgesics - Drugs for Pain and Inflammation

celecoxib oral	2	QL
diclofenac potassium	1	
diclofenac sodium er	1	
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	E	
diclofenac sodium transdermal solution	E	
EC-NAPROSYN	3	
ec-naproxen	1	
etodolac	1	
etodolac er	1	
ibu	1	
ibuprofen oral suspension	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN	3	
indomethacin er	1	
indomethacin oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine oral	1	
meloxicam oral	1	
MOBIC	4	
nabumetone oral	1	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	E	

Drug Name	Drug Tier	Requirements & Limits
NAPROSYN ORAL SUSPENSION	4	PA
naproxen dr	1	
naproxen oral suspension	1	PA
naproxen oral tablet	1	
naproxen sodium er	E	
naproxen sodium oral tablet 275 mg, 550 mg	1	
PENNSAID	E	
QMIIZ ODT	E	
SPRIX	4	ST, QL
VIVLODEX	E	QL
VOLTAREN	E	
ZIPSOR	E	

Anti-Addiction / Substance Abuse Treatment Agents

BUNAVAIL	E	PA, QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	2	QL
CHANTIX	4	PA, H
CHANTIX CONTINUING MONTH PAK	4	PA, H
CHANTIX STARTING MONTH PAK	4	PA, H
EVZIO	E	PA, QL
naloxone hcl injection solution	1	
naloxone hcl injection solution cartridge	1	
naloxone hcl injection solution prefilled syringe	1	
naltrexone hcl oral	1	
NARCAN	2	QL
ZUBSOLV	2	QL

Antibacterials - Drugs for Infections

AEMCOLO	3	QL
amoxicillin	1	
amoxicillin-potassium clavulanate er	E	
amoxicillin-potassium clavulanate oral	1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	E	
avidoxy	1	
azithromycin oral	1	

Drug Name	Drug Tier	Requirements & Limits
BACTRIM	4	
BACTRIM DS	4	
cefadroxil	1	
cefdinir	1	
cefuroxime axetil	1	
CENTANY	4	QL
CENTANY AT	E	
cephalexin	1	
CIPRO ORAL TABLET	4	
ciprofloxacin hcl oral	1	
clarithromycin er	2	
clarithromycin oral suspension reconstituted	2	
clarithromycin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
coremino	E	PA
DIFICID	3	QL
DORYX MPC	E	
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline hyclate oral tablet delayed release	E	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	1	
FLAGYL	4	
KEFLEX	4	

Drug Name	Drug Tier	Requirements & Limits
LEVAQUIN ORAL TABLET 500 MG, 750 MG	4	
levofloxacin oral	1	
MACROBID	4	
MACRODANTIN	4	
metronidazole oral	1	
metronidazole vaginal	2	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg	E	PA
minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg	E	PA
minocycline hcl oral capsule	1	
minocycline hcl oral tablet	E	
MINOLIRA	E	PA
mondoxyne nl oral capsule 100 mg	1	
mondoxyne nl oral capsule 75 mg	E	
morgidox oral	2	
mupirocin calcium	3	QL
mupirocin external	1	QL
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	E	
NUZYRA	4	QL
okebo	E	
penicillin v potassium	1	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
vandazole	2	
VIBRAMYCIN ORAL CAPSULE	4	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	4	
XENLETA	3	
XEPI	3	QL
XIFAXAN	3	PA
XIMINO	E	PA
ZITHROMAX ORAL	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	

Drug Name	Drug Tier	Requirements & Limits
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
BEVYXXA	3	QL
COUMADIN	3	
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium	2	QL
jantoven	1	
PRADAXA	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
carbamazepine er oral capsule extended release 12 hour	2	
carbamazepine er oral tablet extended release 12 hour	3	
carbamazepine oral	1	
CARBATROL	4	
DEPAKOTE	4	PA
DEPAKOTE ER	4	PA, ST
DEPAKOTE SPRINKLES	4	PA, ST
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
epitol	1	
gabapentin oral	1	
KEPPRA ORAL	4	PA, ST
KEPPRA XR	4	PA, ST
LAMICTAL	4	PA, ST
LAMICTAL ODT ORAL KIT	4	PA, ST
LAMICTAL ODT ORAL TABLET DISPERSIBLE	4	PA, ST
LAMICTAL STARTER	4	PA, ST
LAMICTAL XR	3	PA, ST
lamotrigine er	3	PA, ST
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	

Drug Name	Drug Tier	Requirements & Limits
lamotrigine oral tablet dispersible	3	PA, ST
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	2	
levetiracetam oral	1	
NAYZILAM	3	PA, QL
NEURONTIN	4	PA, ST
oxcarbazepine	1	
OXTELLAR XR	E	PA, ST
roweepra	1	
roweepra xr	2	
SPRITAM	E	PA, ST
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL	3	
TEGRETOL-XR	4	
TOPAMAX	4	PA, ST
TOPAMAX SPRINKLE	4	PA, ST
topiramate er	E	PA, ST
topiramate oral	1	
TRILEPTAL	4	PA, ST
TROKENDI XR	E	PA, ST
VALTOCO	3	PA, QL
VIMPAT ORAL	3	PA
XCOPRI	3	PA
ZONEGRAN	4	PA, ST
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT ORAL TABLET 10 MG, 5 MG	3	
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	E	
donepezil hcl oral tablet dispersible	1	

Drug Name	Drug Tier	Requirements & Limits
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	
citalopram hydrobromide	1	
desvenlafaxine succinate er	3	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
DRIZALMA SPRINKLE	4	PA, QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	QL
duloxetine hcl oral capsule delayed release particles 40 mg	E	
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	3	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	3	QL
fluoxetine hcl oral tablet 20 mg	3	
fluoxetine hcl oral tablet 60 mg	E	
fluvoxamine maleate	1	
fluvoxamine maleate er	3	QL
FORFIVO XL	E	QL
mirtazapine oral	1	
nortriptyline hcl oral	1	
PAMELOR	4	
paroxetine hcl	1	
paroxetine hcl er	3	QL
PAXIL ORAL SUSPENSION	3	
PAXIL ORAL TABLET	4	
REMERON	4	
REMERON SOLTAB	4	

Drug Name	Drug Tier	Requirements & Limits
sertraline hcl oral	1	
trazodone hcl oral	1	
TRINTELLIX	4	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	4	QL
VIIBRYD STARTER PACK	4	
Antiemetics - Drugs for Nausea and Vomiting		
BONJESTA	E	PA
doxylamine-pyridoxine	E	PA
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	E	
ondansetron hcl oral	1	
ondansetron odt	1	
phenadoz	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
promethegan	1	
REGLAN	4	
scopolamine	3	
TRANSDERM-SCOP (1.5 MG)	4	
VARUBI (180 MG DOSE)	E	QL
ZOFRAN	4	
ZUPLENZ	E	QL
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox treatment	E	
CRESEMBA ORAL	3	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	4	

Drug Name	Drug Tier	Requirements & Limits
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	4	
DIFLUCAN ORAL TABLET 50 MG	3	
EXTINA	4	ST, QL
fluconazole oral	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external foam	3	ST, QL
ketoconazole external shampoo	1	
ketodan external foam	3	ST, QL
NIZORAL	4	
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystop	1	QL
terbinafine hcl oral	1	QL
terconazole	1	
XOLEGEL	3	
Antigout Agents - Drugs for Gout		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	
colchicine oral tablet	E	
COLCRYS	E	
febuxostat	3	ST, QL
GLOPERBA	4	PA
MITIGARE	2	
ZYLOPRIM	4	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST, QL
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, ST, QL
AMERGE	4	QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA, ST, QL
EMGALITY (300 MG DOSE)	2	PA, ST, QL
naratriptan hcl	1	QL
ONZETRA XSAIL	E	QL
REYVOW	2	PA, ST, QL
rizatriptan benzoate	1	QL

Drug Name	Drug Tier	Requirements & Limits
sumatriptan succinate oral	1	QL
sumatriptan succinate refill	1	QL
sumatriptan succinate subcutaneous	1	QL
UBRELVY	2	PA, ST, QL
ZEMBRACE SYMTOUCH	E	QL
Antineoplastics - Drugs for Cancer		
ALECENSA	2	PA, QL, SP
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	
bexarotene	E	SP
CALQUENCE	2	PA, QL, SP
capecitabine	1	QL, SP
ERLEADA	2	PA, QL, SP
IBRANCE ORAL CAPSULE	2	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate	1	PA, QL, SP
KOSELUGO	2	PA, QL, SP
letrozole oral	1	
LYNPARZA	2	PA, QL, SP
mercaptopurine oral	1	
NUBEQA	2	PA, QL, SP
PURIXAN	4	PA, SP
REVLIMID	2	PA, QL, SP
ROZLYTREK	2	PA, QL, SP
SOLTAMOX	E	
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TARGRETIN EXTERNAL	3	QL, SP
TARGRETIN ORAL	2	SP
TASIGNA	2	PA, ST, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
ZEJULA	2	PA, QL, SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	4	QL
atovaquone-proguanil hcl	2	
ELIMITE	4	
hydroxychloroquine sulfate oral	1	QL

Drug Name	Drug Tier	Requirements & Limits
KRINTAFEL	1	QL
MALARONE	4	
permethrin external	1	
Antiparkinson Agents - Drugs for Parkinson's Disease		
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
DUOPA	4	PA
INBRIJA	3	PA, QL, SP
KYNMOBI	3	PA, QL, SP
MIRAPEX	4	
NOURIANZ	3	PA, QL
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	E	
ropinirole hcl	1	
ropinirole hcl er	E	
RYTARY	E	
SINEMET	4	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	4	QL
clopidogrel bisulfate oral	1	
ZONTIVITY	4	QL
Antipsychotics - Drugs for Mood Disorders		
ABILIFY MYCITE	E	PA, QL
aripiprazole oral solution	3	
aripiprazole oral tablet	2	QL
aripiprazole oral tablet dispersible	2	QL
LATUDA	4	QL
olanzapine oral tablet	1	QL
olanzapine oral tablet dispersible	2	QL
quetiapine fumarate	1	
quetiapine fumarate er	3	QL
risperidone	1	
SAPHRIS	3	QL
VRAYLAR	4	ST, QL
ziprasidone hcl	2	QL
Antivirals - Drugs for Viral Infections		
acyclovir oral	1	
ATRIPLA	E	ST, QL
BARACLUDE ORAL SOLUTION	2	SP

Drug Name	Drug Tier	Requirements & Limits
CIMDUO	2	QL
DESCOVY	E	PA, ST, QL
DOVATO	2	QL
emtricitabine-tenofovir df	1	QL, H
entecavir	1	SP
EPCLUSA	2	PA, QL, SP
GENVOYA	4	QL
HARVONI	2	PA, ST, QL, SP
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
LEDIP-SOFOSB ORAL TABLET 90-400MG	2	PA, ST, QL, SP
MAVYRET	2	PA, QL, SP
NORVIR ORAL PACKET	2	
NORVIR ORAL SOLUTION	2	
ODEFSEY	4	QL
oseltamivir phosphate oral capsule	2	
oseltamivir phosphate oral suspension reconstituted	2	QL
PREZCOBIX	2	
PREZISTA	2	
ritonavir	2	
RUKOBIA	4	PA
SITAVIG	E	QL
SOFOS/VELPAT ORAL TABLET 400-100	2	PA, QL, SP
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	4	QL
SYMFI	2	QL
SYMFI LO	2	QL
TEMIXYS	E	QL
tenofovir disoproxil fumarate	2	
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA	E	QL
valacyclovir hcl oral	1	QL
VEMLIDY	4	ST, SP
VIREAD ORAL POWDER	3	

Drug Name	Drug Tier	Requirements & Limits
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZEPATIER	2	PA, QL, SP
ZOVIRAX ORAL SUSPENSION	4	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
buspirone hcl oral	1	
clonazepam oral	1	
diazepam intensol	1	
diazepam oral	1	
HALCION	4	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
triazolam	1	
VISTARIL	4	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	4	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	4	
acetazolamide er	1	
acetazolamide oral	1	
ADALAT CC ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	4	
ALDACTONE	4	
aliskiren fumarate	3	
ALTACE	4	
ALTOPREV	E	

Drug Name	Drug Tier	Requirements & Limits
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	QL, H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	QL
AVALIDE	4	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BIDIL	2	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
BYSTOLIC	E	
CALAN SR	4	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	E	
CARDURA	4	
CAROSPIR	4	PA
cartia xt	2	
carvedilol	1	
CATAPRES	4	
chlorthalidone	1	
clonidine hcl oral	1	
colesevelam hcl	E	
COREG	4	
CORGARD	4	
CORLANOR	3	PA, QL
diltiazem hcl er coated beads	2	
diltiazem hcl er oral capsule extended release 12 hour	1	
diltiazem hcl oral	1	
dilt-xr	1	
doxazosin mesylate oral	1	
DYAZIDE	4	
EDARBI	3	
EDARBYCLOR	3	

Drug Name	Drug Tier	Requirements & Limits
enalapril maleate oral	1	
EPANED	4	PA
EZALLOR SPRINKLE	3	PA
ezetimibe	2	
ezetimibe-simvastatin	3	
fenofibrate oral capsule 150 mg, 50 mg	E	
fenofibrate oral tablet 120 mg, 40 mg, 48 mg	E	
fenofibrate oral tablet 160 mg, 145 mg, 54 mg	2	
flecainide acetate	1	
FLOLIPID	4	PA
furosemide oral	1	
gemfibrozil oral	1	
GONITRO	E	QL
guanfacine hcl	1	
HEMANGEOL	E	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	4	
icosapent ethyl	E	PA
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
KAPSPARGO SPRINKLE	4	
labetalol hcl oral	1	
LASIX	4	
LIPOFEN	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	4	
LOPRESSOR	4	
losartan potassium	1	
losartan potassium-hctz	1	
LOTENSIN	4	
LOTENSIN HCT	4	
lovastatin	1	H
matzim la	2	

Drug Name	Drug Tier	Requirements & Limits
MAXZIDE	4	
MAXZIDE-25	4	
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	
MINIPRESS	4	
minitran	1	
MULTAQ	4	PA
nadolol oral	1	
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
niacin (antihyperlipidemic)	E	
niacin er (antihyperlipidemic)	4	
niacor	E	
NIASPAN	2	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
NITRO-BID	2	
NITRO-DUR	3	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
nitroglycerin translingual	E	QL
NITROMIST	4	QL
NITROSTAT	4	
nitro-time	1	
olmesartan medoxomil oral	2	
olmesartan medoxomil-hctz	2	
omega-3-acid ethyl esters	2	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
pacerone oral tablet 200 mg	1	
PRALUENT	2	PA, ST, QL
PRAVACHOL	4	

Drug Name	Drug Tier	Requirements & Limits
pravastatin sodium	1	
prazosin hcl oral	1	
PRINIVIL	4	
PROCARDIA	4	
PROCARDIA XL	4	
propranolol hcl er	2	
propranolol hcl oral	1	
QBRELIS	4	PA
quinapril hcl	1	
ramipril	1	
ranolazine er	2	
REPATHA	2	PA, ST, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL
REPATHA SURECLICK	2	PA, ST, QL
rosuvastatin calcium	2	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
sotalol hcl oral	1	
SOTYLIZE	4	PA
spironolactone oral	1	
TEKTURNA	3	
TEKTURNA HCT	3	
telmisartan	2	
TOPROL XL	4	
torseamide	1	
triamterene-hctz	1	
valsartan	2	
valsartan-hydrochlorothiazide	1	
VASCEPA ORAL CAPSULE 0.5 GM	E	PA
VASCEPA ORAL CAPSULE 1 GM	E	PA
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	4	

Drug Name	Drug Tier	Requirements & Limits
VERELAN PM	4	
WELCHOL	2	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	4	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	4	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL XR	2	QL
ADHANSIA XR	E	PA, QL
amphetamine-dextroamphetamine	1	PA
amphetamine-dextroamphetamine er	E	QL
APTENSIO XR	E	PA, QL
atomoxetine hcl	3	QL
CONCERTA	2	PA, QL
dexmethylphenidate hcl	1	PA
dexmethylphenidate hcl er	3	PA, QL
dextroamphetamine sulfate er	3	PA
dextroamphetamine sulfate oral solution	1	PA
dextroamphetamine sulfate oral tablet	3	PA
FOCALIN	4	PA
guanfacine hcl er	2	QL
JORNAY PM	E	PA, QL
metadate er	4	PA, QL
METHYLIN	4	PA
methylphenidate hcl er (cd)	2	PA, QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	PA, QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	PA
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	4	PA, QL
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	E	PA, QL
methylphenidate hcl er oral tablet extended release 24 hour	E	PA, QL

Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl oral solution	1	PA
methylphenidate hcl oral tablet	1	PA
methylphenidate hcl oral tablet chewable	3	PA
MYDAYIS	E	PA, QL
PROCENTRA	3	PA
QUILLICHEW ER	E	PA, QL
QUILLIVANT XR	E	PA, QL
relexxii	E	PA, QL
RITALIN	4	PA
VYVANSE	3	PA, QL
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	E	PA

Central Nervous System Agents - Drugs for Multiple Sclerosis

AUBAGIO	3	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM CAPSULE	2	PA, QL, SP
BETASERON	2	PA, QL, SP
dalfampridine er	2	PA, QL, SP
dimethyl fumarate	2	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
GILENYA	3	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	2	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD (10 TABS)	3	PA, ST, QL, SP
MAVENCLAD (4 TABS)	3	PA, ST, QL, SP
MAVENCLAD (5 TABS)	3	PA, ST, QL, SP
MAVENCLAD (6 TABS)	3	PA, ST, QL, SP
MAVENCLAD (7 TABS)	3	PA, ST, QL, SP
MAVENCLAD (8 TABS)	3	PA, ST, QL, SP
MAVENCLAD (9 TABS)	3	PA, ST, QL, SP
MAYZENT	3	PA, QL, SP
MAYZENT STARTER PACK	3	PA, QL, SP
PLEGRIDY	3	PA, QL, SP
PLEGRIDY STARTER PACK	3	PA, QL, SP
REBIF	4	PA, ST, QL, SP
REBIF REBIDOSE	4	PA, ST, QL, SP

Drug Name	Drug Tier	Requirements & Limits
REBIF REBIDOSE TITRATION PACK	4	PA, ST, QL, SP
REBIF TITRATION PACK	4	PA, ST, QL, SP
TECFIDERA	E	PA, QL, SP
ZEPOSIA	3	PA, QL, SP

Central Nervous System Agents - Miscellaneous

AUSTEDO	2	PA, QL, SP
LYRICA	4	PA, ST, QL
LYRICA CR	E	ST, QL
NUEDEXTA	2	PA
pregabalin oral capsule	2	QL
pregabalin oral solution	3	QL
RILUTEK	4	SP
riluzole	1	SP
TIGLUTIK	4	PA

Dental and Oral Agents - Drugs for Mouth and Throat Conditions

cavarest	1	
chlorhexidine gluconate mouth/throat	1	
clinpro 5000	1	
denta 5000 plus	1	
dentagel	1	
fluoridex	1	
fluoridex enhanced whitening	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	4	
neutral sodium fluoride	1	
paroex	1	
PERIDEX	4	
periogard	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	4	
PREVIDENT DENTAL	4	
PREVIDENT MOUTH/THROAT	3	
sf	1	

Drug Name	Drug Tier	Requirements & Limits
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride dental	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	PA
ACZONE EXTERNAL GEL 5 %	4	QL
ACZONE EXTERNAL GEL 7.5 %	3	QL
ALA SCALP	4	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	
ALDARA	4	QL
ALTRENO	E	PA, QL
amnestem	2	
AMZEEQ	4	PA, QL
avar cleanser	1	
AVAR LS CLEANSER	E	
AVAR-E EMOLLIENT	3	
AVAR-E GREEN	3	
AVAR-E LS	3	
avita	E	PA, QL
azelaic acid external	3	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external gel	1	
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	2	
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	2	
bp 10-1	1	
calcipotriene-betameth diprop external ointment	3	QL
calcitriol external	1	QL
CAPEX	2	
CARAC	2	

Drug Name	Drug Tier	Requirements & Limits
claravis	2	
CLEOCIN-T EXTERNAL GEL	4	QL
CLEOCIN-T EXTERNAL LOTION	4	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phosphate external foam	3	
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	QL
clindamycin phosphate external swab	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	E	
clindamycin phosphate gel 1 % external	3	QL
clobetasol propionate external cream	2	QL
clobetasol propionate external foam	E	QL
clobetasol propionate external gel	2	QL
clobetasol propionate external liquid	1	QL
clobetasol propionate external lotion	E	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external shampoo	E	QL
clobetasol propionate external solution	1	QL
clodan external shampoo	E	QL
clotrimazole-betamethasone external cream	1	QL
clotrimazole-betamethasone external lotion	1	
dapsone external gel 5 %	E	QL
DERMA-SMOOTH/FS BODY	4	QL
DERMA-SMOOTH/FS SCALP	4	
DESONATE	4	ST, QL

Drug Name	Drug Tier	Requirements & Limits
desonide external	3	QL
DESOWEN	3	QL
DIPROLENE	4	
DIPROLENE AF	4	
DUPIXENT	4	PA, ST, QL, SP
EFUDEX	4	
ENSTILAR	4	QL
EUCRISA	3	ST, QL
EVOCLIN	4	
FINACEA	4	
fluocinolone acetonide body	3	QL
fluocinolone acetonide external cream	3	QL
fluocinolone acetonide external ointment	2	QL
fluocinolone acetonide external solution	3	QL
fluocinolone acetonide scalp	3	
fluocinonide external cream 0.05 %	1	
fluocinonide external cream 0.1 %	E	QL
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
FLUOROPLEX	4	
FLUOROURACIL EXTERNAL CREAM 0.5 %	4	
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
imiquimod external	1	QL
IMIQUIMOD PUMP	E	QL
IMPOYZ	E	QL
isotretinoin oral	2	
METROCREAM	4	
METROLOTION	4	
metronidazole external cream	1	

Drug Name	Drug Tier	Requirements & Limits
metronidazole external gel 0.75 %	1	
metronidazole external gel 1 %	E	
metronidazole external lotion	1	
MIRVASO	4	PA, QL
mometasone furoate external	1	
myorisan	2	
neuac external gel	3	QL
NORITATE	E	
PICATO	3	QL
PLEXION	E	
PLEXION CLEANSER	E	
PLEXION CLEANSING CLOTH	E	
RHOFADE	4	PA, QL
rosadan external cream	1	
rosadan external gel	1	
SERNIVO	E	QL
SOOLANTRA	4	QL
sss 10-5	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external cream 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external emulsion	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %	1	
sulfacetamide sodium-sulfur external lotion 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external pad	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide sodium-sulfur external suspension 8-4 %	E	
sulfacleanse 8/4	E	
sulfamez wash	1	
SUMADAN WASH	E	
SUMAXIN	4	

Drug Name	Drug Tier	Requirements & Limits
SUMAXIN WASH	3	
TACLONEX EXTERNAL SUSPENSION	3	QL
tazarotene external	3	PA, QL
TAZORAC	4	PA, QL
TEMOVATE	4	QL
TEXACORT	2	
TOLAK	E	
tretinoin external cream	3	QL
tretinoin external gel 0.01 %, 0.05 %	E	QL
tretinoin external gel 0.025 %	E	
triamcinolone acetonide external aerosol solution	2	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
trianex	E	
triderm external cream 0.1 %	1	
triderm external cream 0.5 %	1	QL
TRIDESILON	3	QL
VERDESO	E	QL
zenatane	2	
ZILXI	4	PA, ST, QL
ZYCLARA	E	QL
ZYCLARA PUMP	E	QL
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	E	
ACCU-CHEK AVIVA DEVICE	E	
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	E	
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK COMPACT PLUS CARE KIT	E	

Drug Name	Drug Tier	Requirements & Limits
ACCU-CHEK COMPACT PLUS TEST STRIPS	E	QL
ACCU-CHEK GUIDE KIT W/DEVICE	3	
ACCU-CHEK GUIDE ME KIT W/DEVICE	3	
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	E	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD ULTRA-FINE INSULIN SYRINGES	2	
BD ULTRA-FINE PEN NEEDLES	2	
CONTOUR NEXT EZ MONITOR	2	
CONTOUR NEXT LNK MONITOR	E	
CONTOUR NEXT MONITOR	2	
CONTOUR NEXT ONE MONITOR	2	
CONTOUR NEXT TEST STRIP	2	QL
CONTOUR TEST STRIP	E	QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	3	PA, QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	3	PA, QL
EASYPLUS BLOOD GLUCOSE TEST	E	QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE LIBRE SENSOR SYSTEM	3	PA, QL
FREESTYLE PRECISION NEO TEST	E	QL
GUARDIAN CONNECT TRANSMITTER	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
GUARDIAN LINK 3 TRANSMITTER	3	
GUARDIAN SENSOR (3)	3	PA
INSULIN SYRINGES	2	
LANCETS	1	
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
ONETOUCH ULTRA 2 KIT W/DEVICE	1	
ONETOUCH ULTRA BLUE TEST STRIPS IN VITRO STRIP	1	QL
ONETOUCH ULTRA MINI KIT W/DEVICE	1	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO IQ SYSTEM	1	
ONETOUCH VERIO KIT W/DEVICE	1	
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
PRECISION LINK	E	
PRECISION PCX PLUS TEST	E	QL
PRECISION QID MONITOR	E	
PRECISION QID TEST	E	QL
PRECISION SOF-TACT MONITOR	E	
PRECISION SOF-TACT TEST	E	QL
PRECISION XTRA BLOOD GLUCOSE	E	QL
PRECISION XTRA DEVICE	E	
PRECISION XTRA KIT	E	
PRECISION XTRA MONITOR	E	
RELION BLOOD GLUCOSE TEST	E	QL
RELION ULTIMA TEST	E	QL
SOFTCLIX	1	
TRUE METRIX BLOOD GLUCOSE TEST	E	QL
TRUETRACK TEST	E	QL
Diabetes - Insulin		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL

Drug Name	Drug Tier	Requirements & Limits
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT	E	PA, QL
AFREZZA INHALATION POWDER 4 & 8 & 12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	E	PA, QL
BASAGLAR KWIKPEN	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 SOLUTION	1	QL
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	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
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL (CONCENTRATED)	1	QL
HUMULIN R VIAL	1	QL
INSULIN ASPART	E	ST, QL
INSULIN ASPART FLEXPEN	E	ST, QL
INSULIN ASPART PENFILL	E	ST, QL
INSULIN LISPRO	E	QL
INSULIN LISPRO (1 UNIT DIAL)	E	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LEVEMIR U-100 FLEXTOUCH	E	QL
LEVEMIR U-100 VIAL	E	QL
LYUMJEV KWIKPEN	2	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

Drug Name	Drug Tier	Requirements & Limits
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 PENFILL	E	ST, QL
NOVOLOG U-100 VIAL	E	ST, QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
TRESIBA	E	QL
TRESIBA FLEXTOUCH	E	QL
Diabetes - Non-Insulin Agents		
ADLYXIN	4	PA, ST, QL
ADLYXIN STARTER PACK	4	PA, ST, QL
ALOGLIPTIN BENZOATE	E	QL
ALOGLIPTIN-METFORMIN HCL	E	QL
ALOGLIPTIN-PIOGLITAZONE	E	QL
AMARYL	4	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON	2	PA, ST, QL
BYDUREON BCISE AUTOINJECTOR	2	PA, ST, QL
BYETTA 10 MCG PEN	2	PA, ST, QL
BYETTA 5 MCG PEN	2	PA, ST, QL
FARXIGA	E	ST, QL
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
GLUCAGON EMERGENCY KIT INJECTION KIT	2	QL
GLUCOTROL	4	
GLUCOTROL XL	4	
GLUCOVANCE ORAL TABLET 5-500 MG	4	

Drug Name	Drug Tier	Requirements & Limits
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST, QL
GVOKE HYOPEN, PFS	2	QL
JANUVIA	E	ST, QL
JARDIANCE	2	ST, QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KAZANO	2	QL
KOMBIGLYZE XR	2	QL
metformin hcl er	1	
metformin hcl er (mod)	E	PA
metformin hcl er (osm)	E	PA
METFORMIN HCL ORAL SOLUTION	3	
metformin hcl oral tablet	1	
NESINA	2	QL
ONGLYZA	2	QL
OSENI	2	QL
OZEMPIC	2	PA, ST, QL
pioglitazone hcl	1	QL
RYBELSUS	2	PA, ST, QL
SOLIQUA	2	QL
SYMLINPEN 60	3	QL
SYMLINPEN 120	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (2 Pak)	2	PA, ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (3 Pak)	3	PA, ST, QL
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	4	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	4	PA, SP

Drug Name	Drug Tier	Requirements & Limits
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	4	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
ELOCTATE	4	PA, SP
JIVI	4	PA, SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, QL, SP
NOVOEIGHT	2	SP
NEULASTA	3	SP
NUWIQ	2	SP
RECOMBINATE	2	SP
RETACRIT	2	QL, SP
ZARXIO	2	SP
ZIEXTENZO	3	PA, QL
Drugs for Sexual Dysfunction		
ADDYI	4	PA, QL
IMVEXXY MAINTENANCE PACK	3	QL
IMVEXXY STARTER PACK	3	QL
INTRAROSA	3	QL
OSPHEA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	4	PA, QL
tadalafil oral tablet 10 mg, 20 mg	2	QL
tadalafil oral tablet 2.5 mg, 5 mg	2	ST, QL
VYLEESI	4	PA, QL
Electrolytes / Vitamins		
DRISDOL	4	
ERGOCAL	3	
ergocalciferol oral capsule	1	
FLORIVA PLUS	3	
folic acid oral tablet 1 mg	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
KLOR-CON M15	3	
klor-con m20	1	
klor-con sprinkle	1	
K-TAB	3	

Drug Name	Drug Tier	Requirements & Limits
LOKELMA	3	PA, QL
multi-vitamin/fluoride	1	
multivitamin/fluoride oral solution	1	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
multivitamins/fluoride	1	
mvc-fluoride	1	
NASCOBAL	3	
POLY-VI-FLOR	3	
potassium chloride cys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
QUFLORA PEDIATRIC	3	
UROCIT-K 10	4	
UROCIT-K 15	4	
UROCIT-K 5	4	
VELTASSA	3	PA, QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX SPRINKLE	E	QL
CYTOTEC	4	
DEXILANT	3	QL
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium tablet delayed release 20 mg oral	1	
pantoprazole sodium tablet delayed release 20 mg oral	E	
pantoprazole sodium tablet delayed release 40 mg oral	1	
pantoprazole sodium tablet delayed release 40 mg oral	E	
PROTONIX ORAL PACKET	E	
PYLERA	3	QL
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	E	QL
rabeprazole sodium oral tablet delayed release	2	QL

Drug Name	Drug Tier	Requirements & Limits
sucralfate oral suspension	3	
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
ACTIGALL	4	
ANASPAZ	2	
CLENPIQ	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ed-spaz	1	
gavilyte-c	1	H
gavilyte-g	1	QL, H
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	2	QL
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	4	QL
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
LEVBID	4	
LEVSIN ORAL	4	
LEVSIN/SL	4	
LINZESS	2	PA, QL
LOMOTIL	4	
MOTEGRITY	3	PA, QL
MOVIPREP	3	QL
NULEV	4	
oscimin	1	
oscimin sr	1	
peg-3350/electrolytes	1	QL, H
PLENVU	3	QL
PREPOPIK	3	QL
SUPREP BOWEL PREP KIT	3	QL
SYMAX DUOTAB	3	
symax-sl	1	
symax-sr	1	
SYMPROIC	2	PA, QL
TRULANCE	4	PA, ST, QL

Drug Name	Drug Tier	Requirements & Limits
URSO 250	4	
URSO FORTE	4	
ursodiol oral	1	
VIBERZI	4	PA, QL
ZELNORM	3	PA, ST, QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	2	PA, SP
clovique	E	PA, SP
CREON	2	
CUPRIMINE	E	SP
DEPEN TITRATABS	2	SP
ENDARI	4	PA, QL
nitisinone	E	PA, SP
NITYR	E	PA, SP
ORFADIN ORAL CAPSULE	2	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
penicillamine oral capsule	4	SP
PERTZYE	4	ST
STRENSIQ	2	PA, QL, SP
TEGSEDI	2	PA, QL, SP
trientine hcl	3	PA, SP
VIOKACE	4	ST
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
DITROPAN XL	3	
GELNIQUE	E	
oxybutynin chloride er	2	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
solifenacin	3	
TOVIAZ	3	
VELPHORO	2	

Drug Name	Drug Tier	Requirements & Limits
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
PROSCAR	4	
tamsulosin hcl	1	
terazosin hcl	1	
Hormonal Agents - Hormone Replacement and Birth Control		
afirmelle	1	H
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	QL
altavera	1	H
alyacen 1/35	1	H
amethia	3	
amethia lo	3	
apri	1	H
ashlyna	3	
aubra	1	H
aubra eq	1	H
aurovela 1.5/30	2	
aurovela 1/20	2	
aurovela 24 fe	3	
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	4	
ayuna	1	H
azurette	2	
balziva	2	
bekyree	2	
BIJUVA	3	
blisovi 24 fe	3	
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	2	
camila	1	H
camrese	3	
camrese lo	3	
chateal	1	H

Drug Name	Drug Tier	Requirements & Limits
chateal eq	1	H
CLIMARA PRO	3	QL
cryselle-28	1	H
cyclafem 1/35	1	H
cyred	1	H
cyred eq	1	H
dasetta 1/35	1	H
daysee	3	
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	4	QL
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
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 TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM	3	
dotti	E	QL
drospiren-eth estrad-levomefol	E	
drospirenone-ethinyl estradiol	3	
DUAVEE	3	QL
ELESTRIN	3	
elinest	1	H
eluryng	E	
emoquette	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE ORAL	4	
estradiol oral	1	
estradiol patch twice weekly transdermal (generic for Minivelle)	2	QL
estradiol patch twice weekly transdermal (generic for Vivelle-Dot)	E	QL

Drug Name	Drug Tier	Requirements & Limits
estradiol transdermal patch weekly (generic for Climara)	1	QL
estradiol vaginal cream	3	
estradiol vaginal tablet	2	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	E	
EVAMIST	2	
falmina	1	H
fayosim	E	
femynor	1	H
gianvi	3	
hailey 1.5/30	2	
hailey 24 fe	3	
heather	1	H
incassia	1	H
introvale	2	H
isibloom	1	H
jasmiel	3	
jencycla	1	H
jolessa	2	H
juleber	1	H
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	3	
kalliga	1	H
kariva	2	
kurvelo	1	H
larin 1.5/30	2	
larin 1/20	2	
larin 24 fe	3	
larin fe 1.5/30	1	H
larin fe 1/20	1	H
larissia	1	H
lessina	1	H
levonorgest-eth est & eth est	E	

Drug Name	Drug Tier	Requirements & Limits
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	3	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levora 0.15/30 (28)	1	H
lillow	1	H
LO LOESTRIN FE	3	
LOESTRIN 1.5/30 (21)	4	
LOESTRIN 1/20 (21)	4	
LOESTRIN FE 1.5/30	4	
LOESTRIN FE 1/20	4	
loryna	3	
LOSEASONIQUE	4	
low-ogestrel	1	H
lo-zumandimine	3	
luteria	1	H
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular suspension	1	QL, H
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	H
medroxyprogesterone acetate oral	1	
melodetta 24 fe	E	
MENOSTAR	3	QL
mibelas 24 fe	E	
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
MIRCETTE	4	
mono-linyah	1	H
NATAZIA	2	
necon 0.5/35 (28)	1	H
nikki	3	

Drug Name	Drug Tier	Requirements & Limits
nora-be	1	H
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)	3	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethin ace-eth estrad-fe oral tablet chewable	E	
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	2	
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyda	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
NUVARING	1	H
ocella	3	
ogestrel	2	
orsythia	1	H
ORTHO MICRONOR	4	
philith	2	
pimtrea	2	
pirmella 1/35	1	H
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
previfem	1	H
progesterone micronized oral	2	
PROVERA	4	
reclipsen	1	H
rivelsa	E	
setlakin	2	H

Drug Name	Drug Tier	Requirements & Limits
sharobel	1	H
simliya	2	
simpesse	3	
sprintec 28	1	H
sronyx	1	H
syeda	3	
tarina 24 fe	3	
tarina fe 1/20	1	H
tarina fe 1/20 eq	1	H
TAYTULLA	E	
tri femynor	1	H
tri-estarylla	1	H
tri-lynyah	1	H
tri-lo-estarylla	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	1	H
tri-previfem	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
tulana	1	H
tydemy	E	
vienva	1	H
viorele	2	
VIVELLE-DOT	2	QL
vyfemla	2	
vylibra	1	H
wera	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvaferm	2	
zarah	3	
zumandimine	3	
Hormonal Agents - Oral Steroids		
CORTEF	4	
DECADRON	E	
dexamethasone intensol	1	
dexamethasone oral elixir	1	

Drug Name	Drug Tier	Requirements & Limits
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DEXPAK 10 DAY	4	
DEXPAK 13 DAY	4	
DEXPAK 6 DAY	4	
DXEVO 11-DAY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	4	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET 32 MG	3	
MEDROL ORAL TABLET THERAPY PACK	4	
methylprednisolone oral	1	
MILLIPRED	2	
MILLIPRED DP	2	
MILLIPRED DP 12-DAY	2	
ORAPRED ODT	4	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral	1	
prednisone intensol	1	
prednisone oral	1	
RAYOS	E	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
Hormonal Agents - Other		
cabergoline	2	
DDAVP INJECTION	4	
DDAVP ORAL	4	
desmopressin acetate injection	1	
desmopressin acetate oral	1	
GENOTROPIN	E	PA, QL, SP
GENOTROPIN MINIQUICK	E	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
HUMATROPE	E	PA, QL, SP
NOC DURNA	3	PA, QL
NORDITROPIN FLEXPPO	E	PA, QL, SP
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP
octreotide	1	PA, SP
OMNITROPE	E	PA, QL, SP
ORIAHNN	4	PA, QL
ORILISSA	4	PA, QL
SOMATULINE DEPOT	4	SP
STIMATE	3	
ZOMACTON	E	PA, QL, SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	E	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	E	
NATESTO	E	PA, QL
STRIANT	3	PA, QL
TESTIM	2	PA, QL
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	E	
testosterone enanthate intramuscular	1	
testosterone transdermal	E	PA, QL
XYOSTED	E	PA
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
NATURE-THROID	3	

Drug Name	Drug Tier	Requirements & Limits
np thyroid	1	
SYNTHROID	E	
TAPAZOLE	4	
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
TIROSINT	E	
TIROSINT-SOL	4	PA
unithroid	1	
WESTHROID	3	
WP THYROID	3	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ASTAGRAF XL	E	SP
AZASAN	3	SP
azathioprine oral	1	SP
CIMZIA PREFILLED KIT	2	PA, QL, SP
CIMZIA STARTER KIT	2	PA, QL, SP
COSENTYX (300 MG DOSE)	3	PA, ST, QL, SP
COSENTYX 150 MG/ML	3	PA, ST, QL, SP
COSENTYX SENSOREADY (300 MG)	3	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	3	PA, ST, QL, SP
cyclosporine modified	1	SP
ENBREL	4	PA, ST, QL, SP
ENBREL MINI	4	PA, ST, QL, SP
ENBREL SURECLICK	4	PA, ST, QL, SP
ENVARUS XR	E	SP
FIRAZYR	2	PA, QL, SP
gengraf	1	SP
HAEGARDA	2	PA, QL, SP
HUMIRA	2	PA, QL, SP
HUMIRA PEDIATRIC CROHNS START	2	PA, QL, SP
HUMIRA PEN	2	PA, QL, SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA, QL, SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA, QL, SP
icatibant acetate	E	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil	1	SP
mycophenolate sodium	2	SP
OLUMIANT	2	PA, QL, SP
ORENCIA	4	PA, ST, QL, SP
ORENCIA CLICKJET	4	PA, ST, QL, SP
OTEZLA	2	PA, QL, SP
OTREXUP	E	QL
PROGRAF ORAL PACKET	4	PA, SP
RAPAMUNE ORAL SOLUTION	4	SP
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	4	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral solution	2	SP
sirolimus oral tablet	1	SP
SKYRIZI (150 MG DOSE)	2	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION	2	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
tacrolimus oral	1	SP
TAKHZYRO	2	PA, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	
XELJANZ	2	PA, ST, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, ST, QL, SP
Infertility Agents		
chorionic gonadotropin intramuscular	4	SP
CRINONE VAGINAL GEL 4 %	4	ST
CRINONE VAGINAL GEL 8 %	4	ST
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous (Ferring)	4	QL, SP

Drug Name	Drug Tier	Requirements & Limits
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous (Merck/Organon)	2	QL, SP
novarel intramuscular solution reconstituted 10000 unit	3	SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	3	SP
OVIDREL	4	SP
pregnyl	1	SP

Inflammatory Bowel Disease Agents

ANALPRAM HC	4	
ANALPRAM HC SINGLES	4	
ANALPRAM-HC EXTERNAL CREAM	4	
ANALPRAM-HC EXTERNAL LOTION	3	
APRISO	2	
AZULFIDINE	4	
AZULFIDINE EN-TABS	4	
budesonide er	E	
budesonide oral	2	
CORTIFOAM	2	
DIPENTUM	3	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	2	
mesalamine er	E	
mesalamine oral	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	2	QL
PENTASA	E	
PROCORT	E	
PROCTOFOAM HC	2	
SFROWASA	4	
sulfasalazine oral tablet	1	
UCERIS ORAL	3	
UCERIS RECTAL	2	

Metabolic Bone Disease Agents - Drugs for Osteoporosis

alendronate sodium	1	
BONIVA ORAL	4	

Drug Name	Drug Tier	Requirements & Limits
FORTEO	E	PA, SP
FOSAMAX	4	
ibandronate sodium oral	2	
TERIPARATIDE (RECOMBINANT)	3	PA, SP
TYMLOS	3	PA, SP

Metabolic Bone Disease Agents - Other

calcitriol oral	1	
ROCALTROL	4	

Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation

ACULAR	4	
ACULAR LS	4	
ACUVAIL	E	
ALREX	4	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
CILOXAN OPHTHALMIC OINTMENT	3	
CILOXAN OPHTHALMIC SOLUTION	4	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
FLAREX	2	
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LASTACFT	3	QL
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	4	QL
LOTEMAX SM	3	QL
loteprednol etabonate	3	QL
MAXITROL	4	
MOXEZA	4	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	

Drug Name	Drug Tier	Requirements & Limits
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	QL
olopatadine hcl ophthalmic solution 0.2 %	E	QL
PAZEO	E	QL
polymyxin b-trimethoprim	1	
POLYTRIM	4	
PRED FORTE	4	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION	4	
TOBRADEX ST	E	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	2	
TOBREX OPHTHALMIC OINTMENT	3	QL
TOBREX OPHTHALMIC SOLUTION	4	QL
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
AZOPT	2	QL
BETIMOL	2	QL
bimatoprost ophthalmic	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
COMBIGAN	2	QL
COSOPT	4	
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	4	

Drug Name	Drug Tier	Requirements & Limits
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
timolol maleate ophthalmic gel forming solution	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
timolol maleate ophthalmic solution 0.5 % (daily)	2	
TIMOPTIC	4	
TIMOPTIC OCUDOSE 0.25 %	2	
TIMOPTIC-XE	4	
travoprost (bak free)	2	QL
VYZULTA	E	ST, QL
XELPROS	3	QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
CEQUA	E	PA, QL
RESTASIS	4	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
XIIDRA	4	PA, QL
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	3	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	E	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection (generic EpiPen Jr)	2	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection (generic EpiPen)	2	QL
SYMJEPI	2	QL
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl nasal solution 0.15 %	E	
benzonatate oral capsule 100 mg, 200 mg	1	

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
benzonatate oral capsule 150 mg	E		ASMANEX (14 METERED DOSES)	E	QL
bromfed dm	1		ASMANEX (30 METERED DOSES)	E	QL
cypheptadine hcl oral	1		ASMANEX (60 METERED DOSES)	E	QL
fluticasone propionate nasal	2	QL	ASMANEX (7 METERED DOSES)	E	QL
hydrocodone polst-cpm polst er	3	PA, QL	ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	E	QL
ipratropium bromide nasal	1		ATROVENT HFA	3	QL
levocetirizine dihydrochloride oral solution	3		BEVESPI AEROSPHERE	2	QL
levocetirizine dihydrochloride oral tablet	1		BREO ELLIPTA	3	QL, RS
OMNARIS	E	QL	BREZTRI AEROSPHERE	3	QL, RS
promethazine hcl oral solution	1		budesonide inhalation	2	QL
promethazine hcl oral syrup	1		COMBIVENT RESPIMAT	3	QL
promethazine-codeine	1	PA, QL	EASIVENT	3	
promethazine-dm	1		FASENRA PEN	4	PA, QL, SP
pseudoephedrine-bromphen-dm	1		FLOVENT DISKUS	1	QL
TESSALON PERLES	4		FLOVENT HFA	1	QL
TUSSICAPS	3	PA, QL	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	E	QL, RS
XHANCE	E	QL	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL
ZETONNA	3	QL	INCRUSE ELLIPTA	E	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD			ipratropium-albuterol	2	
ADVAIR DISKUS	3	QL, RS	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
ADVAIR HFA	3	QL, RS	montelukast sodium oral packet	2	
AIRDUO RESPICLICK 113/14	E	QL	montelukast sodium oral tablet	1	
AIRDUO RESPICLICK 232/14	E	QL	montelukast sodium oral tablet chewable	1	
AIRDUO RESPICLICK 55/14	E	QL	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
albuterol sulfate er	1		NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA, QL, SP
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation (ProAir HFA or Proventil HFA)	2	QL	PERFORMIST	3	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (Ventolin HFA)	E	QL	PROAIR DIGIHALER	E	QL
albuterol sulfate inhalation	1		PROAIR HFA	E	QL
albuterol sulfate oral	3	PA	PROAIR RESPICLICK	E	QL
ALVESCO	E	QL			
ANORO ELLIPTA	3	QL			
ARNUITY ELLIPTA	1	QL			
ASMANEX (120 METERED DOSES)	E	QL			

Drug Name	Drug Tier	Requirements & Limits
PROVENTIL HFA	E	QL
PULMICORT FLEXHALER	1	QL
QVAR REDIHALER	E	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL
wixela inhub	E	QL, RS
XOPENEX HFA	3	QL
YUPELRI	4	PA, QL

Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis

KITABIS PAK	E	PA, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin nebulization solution 300 mg/4ml inhalation	2	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, QL, SP

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension

ADEMPAS	2	PA, QL, SP
ambrisentan	2	PA, QL, SP
bosentan	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
ORENITRAM	4	PA, QL, SP
sildenafil oral tablets	1	QL
TRACLEER	2	PA, QL, SP
TYVASO	2	PA, SP
TYVASO REFILL	2	PA, SP
TYVASO STARTER	2	PA, SP

Drug Name	Drug Tier	Requirements & Limits
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral	1	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl er	E	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral 7.5 mg	E	
FEXMID	E	
metaxalone	3	
methocarbamol oral	1	
OZOBAX	4	PA
ROBAXIN-750	4	
SOMA ORAL TABLET 350 MG	3	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
ZANAFLEX ORAL CAPSULE	4	

Sleep Disorder Agents

BELSOMRA	4	ST, QL
DAYVIGO	4	ST, QL
EDLUAR	E	QL
eszopiclone	2	QL
modafinil	2	PA, QL
RESTORIL	4	
SUNOSI	3	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYREM	4	PA, QL, SP
zolpidem tartrate er	3	QL
zolpidem tartrate oral	1	QL
zolpidem tartrate sublingual	E	QL

Index

A

ABILIFY MYCITE	14	ADLYXIN STARTER PACK	23	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	32
ABSORICA	19	ADMELOG	22	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	32
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	21	ADMELOG SOLOSTAR	22	alprazolam er	15
ACCU-CHEK AVIVA DEVICE	21	ADVAIR DISKUS	33	alprazolam intensol	15
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	21	ADVAIR HFA	33	alprazolam oral	15
ACCU-CHEK AVIVA PLUS TEST STRIPS	21	ADVATE	23	alprazolam xr	15
ACCU-CHEK COMPACT PLUS CARE KIT	21	ADYNOVATE	23	ALREX	31
ACCU-CHEK COMPACT PLUS TEST STRIPS	21	AEMCOLO	9	ALTACE	15
ACCU-CHEK GUIDE KIT W/DEVICE	21	afirmelle	26	altavera	26
ACCU-CHEK GUIDE ME KIT W/DEVICE	21	AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT	22	ALTOPREV	15
ACCU-CHEK GUIDE TEST STRIPS	21	AFREZZA INHALATION POWDER 4 & 8 & 12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	22	ALTRENO	19
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	21	AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	23	ALUNBRIG	13
ACCU-CHEK SMARTVIEW TEST STRIPS	21	AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	24	ALVESCO	33
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	21	AIMOVIG	13	alyacen 1/35	26
ACCUPRIL	15	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	13	AMARYL	23
acetaminophen-codeine	8	AIRDUO RESPICLICK 113/14	33	ambrisentan	34
acetaminophen-codeine #2	8	AIRDUO RESPICLICK 232/14	33	AMERGE	13
acetaminophen-codeine #3	8	AIRDUO RESPICLICK 55/14	33	amethia	26
acetaminophen-codeine #4	8	ALA SCALP	19	amethia lo	26
acetazolamide er	15	ala-cort external cream 1 %	19	amiodarone hcl oral	15
acetazolamide oral	15	ala-cort external cream 2.5 %	19	amitriptyline hcl oral	12
ACIPHEX SPRINKLE	24	albuterol sulfate er	33	amlodipine besylate oral	15
ACTEMRA ACTPEN	30	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	33	amlodipine besylate-benazepril hcl	15
ACTEMRA SUBCUTANEOUS	30	albuterol sulfate inhalation	33	amlodipine besylate-valsartan	15
ACTIGALL	25	albuterol sulfate oral	33	amnestem	19
ACULAR	31	ALDACTONE	15	amoxicillin	9
ACULAR LS	31	ALDARA	19	amoxicillin-potassium clavulanate er	9
ACUVAIL	31	ALECENSA	13	amoxicillin-potassium clavulanate oral	9
acyclovir oral	14	alendronate sodium	31	amphetamine-dextroamphetamine	17
ACZONE EXTERNAL GEL 5 %	19	alfuzosin hcl er	26	amphetamine-dextroamphetamine er	17
ACZONE EXTERNAL GEL 7.5 %	19	aliskiren fumarate	15	AMZEEQ	19
ADALAT CC ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	15	allopurinol oral	13	ANALPRAM HC	31
ADDERALL XR	17	ALOGLIPTIN BENZOATE	23	ANALPRAM HC SINGLES	31
ADDYI	24	ALOGLIPTIN-METFORMIN HCL	23	ANALPRAM-HC EXTERNAL CREAM	31
ADEMPAS	34	ALOGLIPTIN-PIOGLITAZONE	23	ANALPRAM-HC EXTERNAL LOTION	31
ADHANSIA XR	17	ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	26	ANASPAZ	25
ADLYXIN	23			anastrozole oral	13
				ANDRODERM	29
				ANORO ELLIPTA	33
				apap-caff-dihydrocodeine oral capsule	8
				apri	26
				APRISO	31



APTENSIO XR	17	aviane	26	betamethasone dipropionate aug external ointment.	19
ARAKODA	13	avidoxy	9	betamethasone dipropionate external cream.	19
ARANESP (ALBUMIN FREE)	24	avita.	19	betamethasone dipropionate external lotion	19
ARICEPT ORAL TABLET 10 MG, 5 MG	11	AVONEX PEN.	18	betamethasone dipropionate external ointment.	19
aripiprazole oral solution	14	AVONEX PREFILLED	18	BETASERON	18
aripiprazole oral tablet	14	AYGESTIN	26	BETIMOL	32
aripiprazole oral tablet dispersible	14	ayuna	26	BEVESPI AEROSPHERE	33
ARMOUR THYROID	29	AZASAN.	30	BEVYXXA.	11
ARNUITY ELLIPTA	33	AZASITE.	31	bexarotene	13
ARYMO ER.	8	azathioprine oral	30	BIDIL	15
ashlyna	26	azelaic acid external	19	BIJUVA	26
ASMANEX (120 METERED DOSES)	33	azelastine hcl nasal solution 0.1 %, 137 mcg/spray.	32	bimatoprost ophthalmic	32
ASMANEX (14 METERED DOSES)	33	azelastine hcl nasal solution 0.15 %.	32	bisoprolol fumarate	15
ASMANEX (30 METERED DOSES)	33	azelastine hcl ophthalmic	31	bisoprolol-hydrochlorothiazide	15
ASMANEX (60 METERED DOSES)	33	azithromycin oral	9	blisovi 24 fe	26
ASMANEX (7 METERED DOSES)	33	AZOPT	32	blisovi fe 1/20.	26
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT.	33	AZULFIDINE.	31	blisovi fe 1.5/30	26
ASTAGRAF XL	30	AZULFIDINE EN-TABS	31	BONIVA ORAL.	31
atenolol oral	15	azurette.	26	BONJESTA.	12
atenolol-chlorthalidone.	15	B		bosentan	34
atomoxetine hcl	17	baclofen oral	34	bp 10-1	19
atorvastatin calcium oral tablet 10 mg, 20 mg	15	BACTRIM	10	BREO ELLIPTA	33
atorvastatin calcium oral tablet 40 mg, 80 mg	15	BACTRIM DS	10	BREZTRI AEROSPHERE	33
atovaquone-proguanil hcl.	13	BAFIERTAM CAPSULE.	18	briellyn	26
ATRIPLA.	14	balziva.	26	BRILINTA	14
ATROVENT HFA	33	BAQSIMI ONE PACK.	23	brimonidine tartrate ophthalmic solution 0.15 %.	32
AUBAGIO	18	BAQSIMI TWO PACK	23	brimonidine tartrate ophthalmic solution 0.2 %.	32
aubra.	26	BARACLUDE ORAL SOLUTION	14	bromfed dm	33
aubra eq	26	BASAGLAR KWIKPEN	22	budesonide er	31
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/ 5ML.	9	BD AUTOSHIELD DUO PEN NEEDLES	21	budesonide inhalation.	33
aurovela 1/20	26	BD ULTRA-FINE INSULIN SYRINGES	21	budesonide oral.	31
aurovela 1.5/30	26	BD ULTRA-FINE PEN NEEDLES	21	BUNAVAIL	9
aurovela 24 fe.	26	bekyree.	26	buprenorphine hcl sublingual	9
aurovela fe 1/20.	26	BELBUCA.	8	buprenorphine hcl-naloxone hcl	9
aurovela fe 1.5/30	26	BELSOMRA	34	bupropion hcl er (sr)	12
AURYXIA	25	benazepril hcl oral.	15	bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	12
AUSTEDO.	18	benazepril-hydrochlorothiazide	15	BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	12
AUVI-Q	32	benzonatate oral capsule 100 mg, 200 mg	32	bupropion hcl oral	12
AVALIDE.	15	benzonatate oral capsule 150 mg	33	buspirone hcl oral	15
avar cleanser	19	BESIVANCE	31	butalbital-apap-caffeine oral capsule 50-300-40 mg	8
AVAR LS CLEANSER	19	betamethasone dipropionate aug external cream.	19		
AVAR-E EMOLLIENT.	19	betamethasone dipropionate aug external gel.	19		
AVAR-E GREEN.	19	betamethasone dipropionate aug external lotion	19		
AVAR-E LS	19				



butalbital-apap-cafeine oral capsule 50-325-40 mg	8
butalbital-apap-cafeine oral tablet	8
BYDUREON	23
BYDUREON BCISE AUTOINJECTOR	23
BYETTA 10 MCG PEN.	23
BYETTA 5 MCG PEN.	23
BYSTOLIC	15

C

cabergoline	29
CALAN SR	15
calcipotriene-betameth diprop external ointment.	19
calcitriol external	19
calcitriol oral.	31
CALQUENCE	13
camila	26
camrese	26
camrese lo	26
capecitabine	13
CAPEX	19
CARAC	19
carbamazepine er oral capsule extended release 12 hour.	11
carbamazepine er oral tablet extended release 12 hour.	11
carbamazepine oral	11
CARBATROL	11
carbidopa-levodopa	14
carbidopa-levodopa er	14
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	15
CARDURA	15
carisoprodol oral tablet 250 mg.	34
carisoprodol oral tablet 350 mg.	34
CAROSPIR	15
cartia xt.	15
carvedilol	15
CATAPRES	15
cavarest	18
cefadroxil	10
cefdinir	10
cefuroxime axetil	10
celecoxib oral.	9
CENTANY	10
CENTANY AT	10
cephalexin	10
CEQUA	32

CERDELGA	25
CHANTIX	9
CHANTIX CONTINUING MONTH PAK	9
CHANTIX STARTING MONTH PAK	9
chateal	26
chateal eq.	26
chlorhexidine gluconate mouth/throat.	18
chlorthalidone	15
chorionic gonadotropin intramuscular.	30
ciclodan	12
ciclopirox external gel.	12
ciclopirox external shampoo	12
ciclopirox external solution.	12
ciclopirox treatment	12
CILOXAN OPHTHALMIC OINTMENT	31
CILOXAN OPHTHALMIC SOLUTION	31
CIMDUO	14
CIMZIA PREFILLED KIT	30
CIMZIA STARTER KIT	30
CIPRO ORAL TABLET	10
CIPRODEX	32
ciprofloxacin hcl ophthalmic	31
ciprofloxacin hcl oral.	10
citalopram hydrobromide	12
claravis	19
clarithromycin er	10
clarithromycin oral suspension reconstituted	10
clarithromycin oral tablet	10
CLENPIQ	25
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	10
CLEOCIN ORAL CAPSULE 75 MG	10
CLEOCIN-T EXTERNAL GEL	19
CLEOCIN-T EXTERNAL LOTION	19
Climara	26, 27
CLIMARA PRO	26
clindacin etz external swab	19
clindacin-p	19
CLINDAGEL	19
clindamycin hcl oral	10
clindamycin phos-benzoyl perox external gel 1.2-5 %	19
clindamycin phosphate external foam	19

clindamycin phosphate external lotion.	19
clindamycin phosphate external solution.	19
clindamycin phosphate external swab	19
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	19
CLINDESSE	10
clinpro 5000	18
clobetasol propionate external cream	19
clobetasol propionate external foam	19
clobetasol propionate external gel	19
clobetasol propionate external liquid	19
clobetasol propionate external lotion	19
clobetasol propionate external ointment	19
clobetasol propionate external shampoo	19
clobetasol propionate external solution.	19
clodan external shampoo.	19
clonazepam oral	15
clonidine hcl oral	15
clopidogrel bisulfate oral	14
clotrimazole-betamethasone external cream.	19
clotrimazole-betamethasone external lotion	19
clovique	25
COLCHICINE ORAL CAPSULE	13
colchicine oral tablet.	13
COLCRYS	13
colesevelam hcl.	15
COMBIGAN	32
COMBIVENT RESPIMAT	33
CONCERTA	17
CONTOUR NEXT EZ MONITOR	21
CONTOUR NEXT LNK MONITOR	21
CONTOUR NEXT MONITOR	21
CONTOUR NEXT ONE MONITOR.	21
CONTOUR NEXT TEST STRIP	21
CONTOUR TEST STRIP	21
CONZIP	8
COREG	15
coremino	10
CORGARD	15
CORLANOR	15



CORTEF	28	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	29	dicyclomine hcl oral	25
CORTIFOAM	31	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	29	DIFICID	10
COSENTYX (300 MG DOSE)	30	DERMA-SMOOTHIE/FS BODY	19	DIFLUCAN ORAL SUSPENSION RECONSTITUTED	12
COSENTYX 150 MG/ML	30	DERMA-SMOOTHIE/FS SCALP	19	DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	13
COSENTYX SENSOREADY (300 MG)	30	DESCOVY	14	DIFLUCAN ORAL TABLET 50 MG	13
COSENTYX SENSOREADY PEN	30	desmopressin acetate injection	29	DILAUDID ORAL	8
COSOPT	32	desmopressin acetate oral	29	dilt-xr	15
COUMADIN	11	desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	26	diltiazem hcl er coated beads	15
CREON	25	desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	26	diltiazem hcl er oral capsule extended release 12 hour	15
CRESEMBA ORAL	12	DESONATE	19	diltiazem hcl oral	15
CRINONE VAGINAL GEL 4 %	30	desonide external	20	dimethyl fumarate	18
CRINONE VAGINAL GEL 8 %	30	DESOWEN	20	DIPENTUM	31
cryselle-28	26	desvenlafaxine succinate er	12	diphenoxylate-atropine	25
CUPRIMINE	25	dexamethasone intensol	28	DIPROLENE	20
cyclafem 1/35	26	dexamethasone oral elixir	28	DIPROLENE AF	20
cyclobenzaprine hcl er	34	dexamethasone oral solution	29	DITROPAN XL	25
cyclobenzaprine hcl oral 7.5 mg	34	dexamethasone oral tablet	29	divalproex sodium er	11
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	34	dexamethasone oral tablet therapy pack	29	divalproex sodium oral capsule delayed release sprinkle	11
cyclosporine modified	30	DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	21	divalproex sodium oral tablet delayed release	11
cyproheptadine hcl oral	33	DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	21	DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM	26
cyred	26	DEXILANT	24	donepezil hcl oral tablet 10 mg, 5 mg	11
cyred eq	26	dexmethylphenidate hcl	17	donepezil hcl oral tablet 23 mg	11
CYTOTEC	24	dexmethylphenidate hcl er	17	donepezil hcl oral tablet dispersible	11
D		DEXPAK 10 DAY	29	DORYX MPC	10
dalfampridine er	18	DEXPAK 13 DAY	29	dorzolamide hcl-timolol mal	32
dapsone external gel 5 %	19	DEXPAK 6 DAY	29	dorzolamide hcl-timolol mal pf	32
dasetta 1/35	26	dextroamphetamine sulfate er	17	dotti	26
daysee	26	dextroamphetamine sulfate oral solution	17	DOVATO	14
DAYVIGO	34	dextroamphetamine sulfate oral tablet	17	doxazosin mesylate oral	15
DDAVP INJECTION	29	diazepam intensol	15	doxepin hcl oral capsule	12
DDAVP ORAL	29	diazepam oral	15	doxepin hcl oral concentrate	12
deblitane	26	diclofenac potassium	9	doxycycline hyclate oral capsule	10
DECADRON	28	diclofenac sodium er	9	doxycycline hyclate oral tablet 100 mg	10
delyla	26	diclofenac sodium oral	9	doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	10
denta 5000 plus	18	diclofenac sodium transdermal gel 1 %	9	doxycycline hyclate oral tablet 20 mg	10
dentagel	18	diclofenac sodium transdermal solution	9	doxycycline hyclate oral tablet delayed release	10
DEPAKOTE	11			doxycycline monohydrate oral capsule 100 mg, 50 mg	10
DEPAKOTE ER	11			doxycycline monohydrate oral capsule 150 mg, 75 mg	10
DEPAKOTE SPRINKLES	11				
DEPEN TITRATABS	25				
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	26				
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	26				
DEPO-SUBQ PROVERA 104	26				



doxycycline monohydrate oral suspension reconstituted	10
doxycycline monohydrate oral tablet	10
doxylamine-pyridoxine	12
DRISDOL	24
DRIZALMA SPRINKLE	12
drosipren-eth estrad-levomefol	26
drosiprenone-ethinyl estradiol	26
DUAVEE	26
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	12
duloxetine hcl oral capsule delayed release particles 40 mg	12
DUOPA	14
DUPIXENT	20
DVORAH	8
DXEVO 11-DAY	29
DYAZIDE	15

E

EASIVENT	33
EASYPLUS BLOOD GLUCOSE TEST	21
EC-NAPROSYN	9
ec-naproxen	9
ed-spaz	25
EDARBI	15
EDARBYCLOR	15
EDLUAR	34
EFUDEX	20
ELESTRIN	26
eletriptan hydrobromide	13
ELIMITE	13
elinest	26
ELIQUIS	11
ELIQUIS DVT/PE STARTER PACK	11
ELOCTATE	24
eluryng	26
EMGALITY	13
EMGALITY (300 MG DOSE)	13
emoquette	26
emtricitabine-tenofovir df	14
enalapril maleate oral	16
ENBREL	30
ENBREL MINI	30
ENBREL SURECLICK	30
ENDARI	25
endocet	8
ENDOMETRIN	30

enoxaparin sodium	11
enskyce	26
ENSTILAR	20
entecavir	14
ENVARUS XR	30
EPANED	16
EPCLUSA	14
epinephrine solution auto-injector 0.15 mg/0.3ml injection	32
epinephrine solution auto-injector 0.3 mg/0.3ml injection	32
EpiPen	32
EpiPen Jr	32
epitol	11
ERGOCAL	24
ergocalciferol oral capsule	24
ERLEADA	13
errin	26
erythromycin ophthalmic	31
escitalopram oxalate oral solution	12
escitalopram oxalate oral tablet	12
ESGIC	8
estarylla	26
ESTRACE ORAL	26
estradiol oral	26
estradiol patch twice weekly transdermal	26
estradiol transdermal patch weekly	27
estradiol vaginal cream	27
estradiol vaginal tablet	27
ESTRING	27
ESTROGEL	27
eszopiclone	34
etodolac	9
etodolac er	9
etonogestrel-ethinyl estradiol	27
EUCRISA	20
euthyrox	29
EVAMIST	27
EVOCLIN	20
EVZIO	9
EXTAVIA	18
EXTINA	13
EZALLOR SPRINKLE	16
ezetimibe	16
ezetimibe-simvastatin	16

F

falmina	27
FARXIGA	23

FASENRA PEN	33
fayosim	27
febuxostat	13
femynor	27, 28
fenofibrate oral capsule 150 mg, 50 mg	16
fenofibrate oral tablet 120 mg, 40 mg, 48 mg	16
fenofibrate oral tablet 160 mg, 145 mg, 54 mg	16
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	8
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	8
FEXMID	34
FINACEA	20
finasteride oral tablet 5 mg	26
FIORICET	8
FIRAZYR	30
FLAGYL	10
FLAREX	31
flecainide acetate	16
FLOLIPID	16
FLORIVA PLUS	24
FLOVENT DISKUS	33
FLOVENT HFA	33
fluconazole oral	13
fluocinolone acetonide body	20
fluocinolone acetonide external cream	20
fluocinolone acetonide external ointment	20
fluocinolone acetonide external solution	20
fluocinolone acetonide scalp	20
fluocinonide external cream 0.05 %	20
fluocinonide external cream 0.1 %	20
fluocinonide external gel	20
fluocinonide external ointment	20
fluocinonide external solution	20
fluoridex	18
fluoridex enhanced whitening	18
FLUOROPLEX	20
FLUOROURACIL EXTERNAL CREAM 0.5 %	20
fluorouracil external cream 5 %	20
fluorouracil external solution	20
fluoxetine hcl oral capsule	12
fluoxetine hcl oral capsule delayed release	12



I			
ibandronate sodium oral.	31	jencycla.	27
IBRANCE ORAL CAPSULE	13	JENTADUETO	23
ibu	9	JENTADUETO XR	23
ibuprofen oral suspension	9	JIVI	24
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	9	jolessa.	27
icatibant acetate	30	JORNAY PM.	17
icosapent ethyl.	16	juleber.	27
IDHIFA.	13	JULUCA	14
ILEVRO.	31	junel 1/20	27
imatinib mesylate.	13	junel 1.5/30	27
imiquimod external	20	junel fe 1/20	27
IMIQUIMOD PUMP	20	junel fe 1.5/30	27
IMPOYZ	20	junel fe 24.	27
IMVEXXY MAINTENANCE PACK ...	24	K	
IMVEXXY STARTER PACK.	24	K-TAB	24
INBRIJA	14	KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG.	8
incassia.	27	kalliga	27
INCRUSE ELLIPTA	33	KAPSPARGO SPRINKLE	16
INDOCIN.	9	kariva	27
indomethacin er.	9	KAZANO	23
indomethacin oral capsule 25 mg, 50 mg	9	KEFLEX.	10
INSULIN ASPART	22	KEPPRA ORAL	11
INSULIN ASPART FLEXPEN	22	KEPPRA XR	11
INSULIN ASPART PENFILL	22	KESIMPTA	18
INSULIN LISPRO.	22	ketoconazole external cream.	13
INSULIN LISPRO (1 UNIT DIAL). ...	22	ketoconazole external foam	13
INSULIN SYRINGES	21, 22	ketoconazole external shampoo ...	13
INTRAROSA.	24	ketodan external foam	13
introvale	27	ketorolac tromethamine ophthalmic .	31
INVELTYS.	31	ketorolac tromethamine oral	9
ipratropium bromide nasal.	33	KITABIS PAK	34
ipratropium-albuterol	33	klor-con.	24
irbesartan.	16	klor-con 10	24
irbesartan-hydrochlorothiazide	16	klor-con m10	24
ISENTRESS	14	KLOR-CON M15	24
ISENTRESS HD	14	klor-con m20	24
isibloom	27	klor-con sprinkle	24
isosorbide mononitrate.	16	KOGENATE FS.	24
isosorbide mononitrate er	16	KOMBIGLYZE XR	23
isotretinoin oral	20	KOSELUGO	13
ISTALOL	32	KOVALTRY	24
J		KRINTAFEL	14
jantoven	11	kurvelo	27
JANUVIA.	23	KYNMOBI.	14
JARDIANCE.	23	L	
jasmiel.	27	labetalol hcl oral	16
		LAMICTAL	11
		LAMICTAL ODT ORAL KIT.	11
		LAMICTAL ODT ORAL TABLET DISPERSIBLE	11
		LAMICTAL STARTER	11
		LAMICTAL XR	11
		lamotrigine er.	11
		lamotrigine oral tablet.	11
		lamotrigine oral tablet chewable ...	11
		lamotrigine oral tablet dispersible ...	11
		lamotrigine starter kit-blue	11
		lamotrigine starter kit-green.	11
		lamotrigine starter kit-orange.	11
		LANCETS.	22
		LANTUS SOLOSTAR	22
		LANTUS U-100 VIAL.	22
		larin 1/20	27
		larin 1.5/30	27
		larin 24 fe	27
		larin fe 1/20	27
		larin fe 1.5/30.	27
		larissia.	27
		LASIX	16
		LASTACRAFT.	31
		latanoprost ophthalmic.	32
		LATUDA	14
		LEDIP-SOFOSB ORAL TABLET 90-400MG	14
		LEDIPASVIR-SOFOSBUVIR	14
		lessina.	27
		letrozole oral	13
		LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	33
		LEVAQUIN ORAL TABLET 500 MG, 750 MG.	10
		LEVBIID	25
		LEVEMIR U-100 FLEXTOUCH	22
		LEVEMIR U-100 VIAL	22
		levetiracetam er.	11
		levetiracetam oral	11
		levo-t.	29
		levocetirizine dihydrochloride oral solution.	33
		levocetirizine dihydrochloride oral tablet.	33
		levofloxacin oral.	10
		levonorgest-eth est & eth est	27
		levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	27



levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	27	LOTEMAX OPHTHALMIC SUSPENSION	31	mercaptapurine oral	13
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg.	27	LOTEMAX SM	31	mesalamine er	31
levora 0.15/30 (28).	27	LOTENSIN	16	mesalamine oral	31
levothyroxine sodium oral.	29	LOTENSIN HCT	16	mesalamine rectal enema	31
levoxyl.	29	loteprednol etabonate.	31	mesalamine rectal suppository	31
LEVSIN ORAL	25	lovastatin	16	metadate er	17
LEVSIN/SL	25	low-ogestrel	27	metaxalone	34
LIALDA	31	LUMIGAN.	32	metformin hcl er	23
lidocaine external ointment	8	lutura	27	metformin hcl er (mod)	23
lidocaine external patch 5 %	8	LYNPARZA.	13	metformin hcl er (osm)	23
lidocaine hcl mouth/throat	18	LYRICA	18	METFORMIN HCL ORAL SOLUTION	23
lidocaine viscous hcl	18	LYRICA CR.	18	metformin hcl oral tablet.	23
lidocaine-prilocaine external cream	8	LYUMJEV KWIKPEN	22	methimazole oral	29
lillow	27	LYUMJEV VIAL	22	methocarbamol oral	34
LINZESS.	25	lyza	27	methotrexate oral	30
liothyronine sodium oral	29			methotrexate sodium oral.	30
LIPOFEN.	16	M		METHYLIN	17
lisinopril oral.	16	MACROBID	10	methylphenidate hcl er (cd)	17
lisinopril-hydrochlorothiazide	16	MACRODANTIN	10	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	17
lithium carbonate er	15	MALARONE.	14	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	17
lithium carbonate oral	15	marlissa	27	methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	17
LITHOBID.	15	matzim la	16	methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	17
LO LOESTRIN FE.	27	MAVENCLAD (10 TABS).	18	methylphenidate hcl er oral tablet extended release 24 hour.	17
lo-zumandimine	27	MAVENCLAD (4 TABS).	18	methylphenidate hcl oral solution	18
LOESTRIN 1/20 (21)	27	MAVENCLAD (5 TABS).	18	methylphenidate hcl oral tablet	18
LOESTRIN 1.5/30 (21).	27	MAVENCLAD (6 TABS).	18	methylphenidate hcl oral tablet chewable	18
LOESTRIN FE 1/20	27	MAVENCLAD (7 TABS).	18	methylprednisolone oral	29
LOESTRIN FE 1.5/30.	27	MAVENCLAD (8 TABS).	18	metoclopramide hcl oral solution 5 mg/5ml	12
LOKELMA.	24	MAVENCLAD (9 TABS).	18	metoclopramide hcl oral tablet	12
LOMOTIL	25	MAVYRET	14	metoclopramide hcl oral tablet dispersible	12
LOPID	16	MAXITROL.	31	metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg.	16
LOPRESSOR	16	MAXZIDE	16	metoprolol succinate er oral tablet extended release 24 hour 25 mg.	16
lorazepam intensol	15	MAXZIDE-25	16	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	16
lorazepam oral concentrate 2 mg/ml	15	MAYZENT.	18	metoprolol tartrate oral tablet 37.5 mg, 75 mg	16
lorazepam oral tablet	15	MAYZENT STARTER PACK	18	METROCREAM.	20
lorcet.	8	MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	29	METROLOTION.	20
lorcet hd	8	MEDROL ORAL TABLET 2 MG	29		
lorcet plus.	8	MEDROL ORAL TABLET 32 MG	29		
LORTAB	8	MEDROL ORAL TABLET THERAPY PACK.	29		
loryna	27	medroxyprogesterone acetate intramuscular suspension	27		
losartan potassium	16	medroxyprogesterone acetate intramuscular suspension prefilled syringe	27		
losartan potassium-hctz.	16	medroxyprogesterone acetate oral	27		
LOSEASONIQUE.	27	melodetta 24 fe	27		
LOTEMAX OPHTHALMIC GEL	31	meloxicam oral	9		
LOTEMAX OPHTHALMIC OINTMENT.	31	MENOSTAR	27		

metronidazole external cream	20	morphine sulfate oral	8	necon 0.5/35 (28)	27
metronidazole external gel 0.75 % . . .	20	morphine sulfate rectal	8	neomycin-polymyxin-dexameth ophthalmic ointment	31
metronidazole external gel 1 %	20	MOTEGRITY	25	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	32
metronidazole external lotion	20	MOVIPREP	25	neomycin-polymyxin-hc otic	32
metronidazole oral	10	MOXEZA	31	NESINA	23
metronidazole vaginal	10	moxifloxacin hcl ophthalmic	31	neuac external gel	20
mibelas 24 fe	27	MS CONTIN	8	NEULASTA	24
microgestin 1/20	27	MULPLETA	24	NEURONTIN	11
microgestin 1.5/30	27	MULTAQ	16	neutral sodium fluoride	18
microgestin fe 1/20	27	multi-vitamin/fluoride	24	NEVANAC	32
microgestin fe 1.5/30	27	multivitamin/fluoride oral solution . . .	24	NEXLETOL	16
mili	27	multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg . . .	24	NEXLIZET	16
MILLIPRED	29	multivitamins/fluoride	24	niacin (antihyperlipidemic)	16
MILLIPRED DP	29	mupirocin calcium	10	niacin er (antihyperlipidemic)	16
MILLIPRED DP 12-DAY	29	mupirocin external	10	niacor	16
MINIPRESS	16	mvc-fluoride	24	NIASPAN	16
minitrans	16	mycophenolate mofetil	30	nifedipine er	16
Minivelle	26	mycophenolate sodium	30	nifedipine er osmotic release	16
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg	10	MYDAYIS	18	nifedipine oral	16
minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg	10	myorisan	20	nikki	27
minocycline hcl oral capsule	10	N			27
minocycline hcl oral tablet	10	nabumetone oral	9	nitisinone	25
MINOLIRA	10	nadolol oral	16	NITRO-BID	16
MIRAPEX	14	NAFRINSE DAILY/NEUTRAL	18	NITRO-DUR	16
MIRCETTE	27	NAFRINSE WEEKLY	18	nitro-time	16
mirtazapine oral	12	NALOCET	8	nitrofurantoin macrocrystal oral	10
MIRVASO	20	naloxone hcl injection solution	9	nitrofurantoin monohydrate macrocrystals	10
misoprostol oral	24	naloxone hcl injection solution cartridge	9	nitroglycerin sublingual	16
MITIGARE	13	naloxone hcl injection solution prefilled syringe	9	nitroglycerin transdermal	16
MOBIC	9	naltrexone hcl oral	9	nitroglycerin translingual	16
modafinil	34	NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	9	NITROMIST	16
mometasone furoate external	20	NAPROSYN ORAL SUSPENSION	9	NITROSTAT	16
mondoxylene nl oral capsule 100 mg . .	10	naproxen dr	9	NITYR	25
mondoxylene nl oral capsule 75 mg . .	10	naproxen oral suspension	9	NIZORAL	13
mono-lynyah	27	naproxen oral tablet	9	NOC DURNA	29
montelukast sodium oral packet	33	naproxen sodium er	9	nora-be	28
montelukast sodium oral tablet	33	naproxen sodium oral tablet 275 mg, 550 mg	9	NORDITROPIN FLEXPOR	29
montelukast sodium oral tablet chewable	33	naratriptan hcl	13	norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)	28
morgidox oral	10	NARCAN	9	norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg . .	28
MORPHABOND ER	8	NASCOBAL	24	norethin ace-eth estrad-fe oral tablet chewable	28
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	8	NATAZIA	27	norethindrone acet-ethinyl est	28
morphine sulfate er oral capsule extended release 24 hour	8	NATESTO	29	norethindrone acetate oral	28
morphine sulfate er oral tablet extended release	8	NATURE-THROID	29	norethindrone oral	28
		NAYZILAM	11	norgestimate-eth estradiol	28



paroex.	18	PRECISION QID TEST	22	promethazine hcl oral tablet.	12
paroxetine hcl	12	PRECISION SOF-TACT MONITOR	22	promethazine hcl rectal	12
paroxetine hcl er	12	PRECISION SOF-TACT TEST	22	promethazine-codeine	33
PAXIL ORAL SUSPENSION	12	PRECISION XTRA BLOOD		promethazine-dm	33
PAXIL ORAL TABLET	12	GLUCOSE	22	promethegan	12
PAZEO	32	PRECISION XTRA DEVICE	22	propranolol hcl er	17
PEDIAPRED	29	PRECISION XTRA KIT	22	propranolol hcl oral.	17
peg-3350/electrolytes.	25	PRECISION XTRA MONITOR	22	PROSCAR	26
penicillamine oral capsule	25	PRED FORTE	32	PROTONIX ORAL PACKET	24
penicillin v potassium	10	PRED MILD	32	PROVENTIL HFA	33, 34
PENNSAID	9	prednisolone acetate ophthalmic	32	Proventil HFA)	33, 34
PENTASA	31	prednisolone oral solution	29	PROVERA.	26, 28
PERFOROMIST	33	prednisolone sodium phosphate		pseudoephedrine-bromphen-dm	33
PERIDEX.	18	oral	29	PULMICORT FLEXHALER	34
periogard	18	prednisone intensol.	29	PULMOZYME	34
permethrin external.	14	prednisone oral	29	PURIXAN	13
PERTZYE	25	pregabalin oral capsule	18	PYLERA	24
phenadoz	12	pregabalin oral solution	18	PYRIDIUM	25
phenazo oral tablet 200 mg	25	pregnyl	31		
phenazopyridine hcl oral tablet		PREMARIN ORAL	28		
100 mg, 200 mg.	25	PREMARIN VAGINAL	28		
philith	28	premium lidocaine.	8		
PICATO	20	PREMPHASE	28		
pimtrex	28	PREMPRO	28		
pioglitazone hcl	23	PREPOPIK	25		
pirmella 1/35	28	PREVIDENT 5000 BOOSTER PLUS	18		
PLEGRIDY	18	PREVIDENT 5000 DRY MOUTH	18		
PLEGRIDY STARTER PACK	18	PREVIDENT 5000 ORTHO			
PLENVU	25	DEFENSE	18		
PLEXION	20	PREVIDENT 5000 PLUS.	18		
PLEXION CLEANSER	20	PREVIDENT DENTAL	18		
PLEXION CLEANSING CLOTH	20	PREVIDENT MOUTH/THROAT	18		
POLY-VI-FLOR	24	previfem	28		
polymyxin b-trimethoprim.	32	PREZCOBIX.	14		
POLYTRIM	32	PREZISTA.	14		
portia-28.	28	PRIMLEV	8		
potassium chloride crys er.	24	PRINIVIL	17		
potassium chloride er.	24	PROAIR DIGIHALER	33		
potassium chloride oral	24	ProAir HFA	33		
potassium citrate er.	24	PROAIR RESPICLICK.	33		
PRADAXA	11	PROCARDIA	17		
PRALUENT.	16	PROCARDIA XL.	17		
pramipexole dihydrochloride	14	PROCENTRA.	18		
pramipexole dihydrochloride er.	14	prochlorperazine maleate oral.	12		
PRAVACHOL	16	PROCORT	31		
pravastatin sodium	17	PROCTOFOAM HC	31		
prazosin hcl oral	17	progesterone micronized oral	28		
PRECISION LINK.	22	PROGRAF ORAL PACKET	30		
PRECISION PCX PLUS TEST.	22	promethazine hcl oral solution.	33		
PRECISION QID MONITOR	22	promethazine hcl oral syrup.	33		

Q

QBRELIS	17
QMIIZ ODT	9
quetiapine fumarate	14
quetiapine fumarate er	14
QUFLORA PEDIATRIC	24
QUILLICHEW ER.	18
QUILLIVANT XR.	18
quinapril hcl	17
QVAR REDHALER	34

R

RABEPRAZOLE SODIUM ORAL	
CAPSULE SPRINKLE	24
rabeprazole sodium oral tablet	
delayed release	24
ramipril	17
ranolazine er	17
RAPAMUNE ORAL SOLUTION	30
RASUVO.	30
RAYOS	29
REBIF	18
REBIF REBIDOSE	18
REBIF REBIDOSE TITRATION	
PACK.	18
REBIF TITRATION PACK	18
reclipsen.	28
RECOMBIMATE.	24
REGLAN.	12
relexxii	18
RELION BLOOD GLUCOSE TEST.	22



RELION ULTIMA TEST	22	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	24	subvenite starter kit-green	11
REMERON	12	sildenafil oral tablets	34	subvenite starter kit-orange	11
REMERON SOLTAB	12	simliya	28	sucalfate oral suspension	25
REPATHA	17	simpesse	28	sucalfate oral tablet	25
REPATHA PUSHTRONEX SYSTEM	17	SIMPONI	30	sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	20
REPATHA SURECLICK	17	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	17	sulfacetamide sodium-sulfur external cream 9.8-4.8 %	20
RESTASIS	32	simvastatin oral tablet 80 mg	17	sulfacetamide sodium-sulfur external emulsion	20
RESTASIS MULTIDOSE	32	SINEMET	14	sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 %	20
RESTORIL	34	SINGULAIR ORAL PACKET	34	sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %	20
RETACRIT	24	sirolimus oral solution	30	sulfacetamide sodium-sulfur external lotion 10-5 %	20
REVLIMID	13	sirolimus oral tablet	30	sulfacetamide sodium-sulfur external lotion 9.8-4.8 %	20
REYVOW	13	SITAVIG	14	sulfacetamide sodium-sulfur external pad	20
RHOFADE	20	SKYRIZI (150 MG DOSE)	30	sulfacetamide sodium-sulfur external suspension 10-5 %	20
RHOPRESSA	32	sodium fluoride 5000 plus	19	sulfacetamide sodium-sulfur external suspension 8-4 %	20
RILUTEK	18	sodium fluoride dental	19	sulfacleanse 8/4	20
riluzole	18	SOFOS/VELPAT ORAL TABLET 400-100	14	sulfamethoxazole-trimethoprim oral	10
RINVOQ	30	SOFOSBUVIR-VELPATASVIR	14	sulfamez wash	20
risperidone	14	SOFTCLIX	21, 22	sulfasalazine oral tablet	31
RITALIN	18	solifenacin	25	sulfatrim pediatric	10
ritonavir	14	SOLQUA	23	SUMADAN WASH	20
rivelsa	28	SOLTAMOX	13	sumatriptan succinate oral	13
rizatriptan benzoate	13	SOMA ORAL TABLET 350 MG	34	sumatriptan succinate refill	13
ROBAXIN-750	34	SOMATULINE DEPOT	29	sumatriptan succinate subcutaneous	13
ROCALTROL	31	SOOLANTRA	20	SUMAXIN	20, 21
ROCKLATAN	32	sotalol hcl oral	17	SUMAXIN WASH	21
ropinirole hcl	14	SOTYLIZE	17	SUNOSI	34
ropinirole hcl er	14	SPIRIVA HANDHALER	34	SUPREP BOWEL PREP KIT	25
rosadan external cream	20	SPIRIVA RESPIMAT	34	syeda	28
rosadan external gel	20	spironolactone oral	17	SYMAX DUOTAB	25
rosuvastatin calcium	17	sprintec 28	28	symax-sl	25
roweepra	11	SPRITAM	11	symax-sr	25
roweepra xr	11	SPRIX	9	SYMBICORT	34
ROZLYTREK	13	sronyx	28	SYMFI	14
RUCONEST	30	sss 10-5	20	SYMFI LO	14
RUKOBIA	14	STELARA SUBCUTANEOUS SOLUTION	30	SYMJEPI	32
RYBELSUS	23	STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	30	SYMLINPEN 60	23
RYTARY	14	STENDRA	24	SYMLNPEN 120	23
S		STIMATE	29	SYMPROIC	25
SAPHRIS	14	STRENSIQ	25	SYNJARDY	23
scopolamine	12	STRIANT	29	SYNJARDY XR	23
SEREVENT DISKUS	34	STRIBILD	14	SYNTHROID	30
SERNIVO	20	STRIVERDI RESPIMAT	34		
sertraline hcl oral	12	SUBSYS	8		
setlakin	28	subvenite	11		
sf	18, 19	subvenite starter kit-blue	11		
sf 5000 plus	19				
SFROWASA	31				
sharobel	28				



T

TACLONEX EXTERNAL SUSPENSION	21
tacrolimus oral	30
tadalafil oral tablet 10 mg, 20 mg	24
tadalafil oral tablet 2.5 mg, 5 mg	24
TAKHZYRO	30
tamoxifen citrate oral tablet 10 mg	13
tamoxifen citrate oral tablet 20 mg	13
tamsulosin hcl	26
TAPAZOLE	30
TAPERDEX 12-DAY	29
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	29
TAPERDEX 7-DAY	29
TARGRETIN EXTERNAL	13
TARGRETIN ORAL	13
tarina 24 fe	28
tarina fe 1/20	28
tarina fe 1/20 eq.	28
TASIGNA	13
TAYTULLA	28
tazarotene external	21
TAZORAC	21
TECFIDERA	18
TEGRETOL	11
TEGRETOL-XR	11
TEGSEDI	25
TEKTURNA	17
TEKTURNA HCT	17
telmisartan	17
temazepam	34
TEMIXYS	14
TEMOVATE	21
tenofovir disoproxil fumarate	14
terazosin hcl	26
terbinafine hcl oral	13
terconazole	13
TERIPARATIDE (RECOMBINANT)	31
TESSALON PERLES	33
TESTIM	29
TESTOSTERONE CYPIONATE INJECTION	29
testosterone cypionate intramuscular	29
testosterone enanthate intramuscular	29
testosterone transdermal	29
TEXACORT	21

thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	30
TIGLUTIK	18
timolol maleate ophthalmic gel forming solution	32
timolol maleate ophthalmic solution 0.25 %, 0.5 %	32
timolol maleate ophthalmic solution 0.5 % (daily)	32
TIMOPTIC	32
TIMOPTIC OCUDOSE 0.25 %	32
TIMOPTIC-XE	32
TIROSINT	30
TIROSINT-SOL	30
TIVICAY	14
tizanidine hcl oral capsule	34
tizanidine hcl oral tablet	34
TOBI PODHALER	34
TOBRADEX OPHTHALMIC OINTMENT	32
TOBRADEX OPHTHALMIC SUSPENSION	32
TOBRADEX ST	32
tobramycin nebulization solution 300 mg/4ml inhalation	34
tobramycin nebulization solution 300 mg/5ml inhalation	34
tobramycin ophthalmic	32
tobramycin-dexamethasone	32
TOBREX OPHTHALMIC OINTMENT	32
TOBREX OPHTHALMIC SOLUTION	32
TOLAK	21
TOPAMAX	11
TOPAMAX SPRINKLE	11
topiramate er	11
topiramate oral	11
TOPROL XL	17
torsemide	17
TOUJEO MAX SOLOSTAR	23
TOUJEO SOLOSTAR	23
TOVIAZ	25
TRACLEER	34
TRADJENTA	23
tramadol hcl er (biphasic)	8
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	8
tramadol hcl er oral capsule extended release 24 hour 150 mg	8
tramadol hcl er oral tablet extended release 24 hour	9
tramadol hcl oral tablet 50 mg	9

TRANSDERM-SCOP (1.5 MG)	12
travoprost (bak free)	32
trazodone hcl oral	12
TRELEGY ELLIPTA	34
TREMFYA	30
TRESIBA	23
TRESIBA FLEXTOUCH	23
tretinoin external cream	21
tretinoin external gel 0.01 %, 0.05 %	21
tretinoin external gel 0.025 %	21
TREXALL	30
TREZIX	9
tri femynor	28
tri-estarylla	28
tri-lynyah	28
tri-lo-estarylla	28
tri-lo-mili	28
tri-lo-sprintec	28
tri-mili	28
tri-previfem	28
tri-sprintec	28
tri-vylibra	28
tri-vylibra lo	28
triamcinolone acetonide external aerosol solution	21
triamcinolone acetonide external cream 0.025 %, 0.1 %	21
triamcinolone acetonide external cream 0.5 %	21
triamcinolone acetonide external lotion	21
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	21
triamcinolone acetonide external ointment 0.05 %	21
triamterene-hctz	17
trianex	21
triazolam	15
triderm external cream 0.1 %	21
triderm external cream 0.5 %	21
TRIDESILON	21
trientine hcl	25
TRIJDARDY XR	23
TRILEPTAL	11
TRINTELLIX	12
TRIUMEQ	14
TROKENDI XR	11
TRUE METRIX BLOOD GLUCOSE TEST	22
TRUETRACK TEST	22
TRULANCE	25



TRULICITY.....	23
TRUVADA.....	14
tulana	28
TUSSICAPS	33
tydemy	28
TYLENOL WITH CODEINE #3	9
TYMLOS.....	31
TYVASO	34
TYVASO REFILL	34
TYVASO STARTER	34

U

UBRELVY.....	13
UCERIS ORAL	31
UCERIS RECTAL	31
ULTRAM.....	9
unithroid	30
UROCIT-K 10	24
UROCIT-K 15	24
UROCIT-K 5	24
URSO 250	25
URSO FORTE	25
ursodiol oral	25

V

valacyclovir hcl oral	14
valsartan	17
valsartan-hydrochlorothiazide	17
VALTOCO.....	11
VANATOL LQ	9
VANATOL S	9
vandazole	10
VARUBI (180 MG DOSE).....	12
VASCEPA ORAL CAPSULE 0.5 GM	17
VASCEPA ORAL CAPSULE 1 GM	17
VELPHORO	25
VELTASSA	24
VEMLIDY	14
venlafaxine hcl	12
venlafaxine hcl er oral capsule extended release 24 hour	12
venlafaxine hcl er oral tablet extended release 24 hour	12
Ventolin HFA.	33, 34
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	17
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	17

verapamil hcl er oral tablet extended release	17
verapamil hcl oral	17
VERDESO.....	21
VERELAN	17
VERELAN PM	17
VERZENIO	13
VIBERZI	25
VIBRAMYCIN ORAL CAPSULE.....	10
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED.....	10
vicodin hp oral tablet 10-300 mg.....	9
VICTOZA SOLUTION PEN- INJECTOR 18 MG/3ML SUBCUTANEOUS (2 Pak).....	23
VICTOZA SOLUTION PEN- INJECTOR 18 MG/3ML SUBCUTANEOUS (3 Pak).....	23
vienva	28
VIIBRYD	12
VIIBRYD STARTER PACK.....	12
VIMPAT ORAL	11
VIOKACE	25
viorele	28
VIREAD ORAL POWDER	14
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG.....	15
VISTARIL	15
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	24
VITRAKVI	13
Vivelle-Dot	26, 28
VIVLODEX	9
VOLTAREN.....	9
VOSEVI.....	15
VRAYLAR.....	14
vyfemla.....	28
VYLEESI	24
vylibra	28
VYVANSE.....	18
VYZULTA	32

W

WAKIX.....	34
warfarin sodium oral	11
WELCHOL	17
wera	28
WESTHROID	30
wixela inhub	34
WP THYROID.....	30

X

XARELTO	11
XARELTO STARTER PACK.....	11
XCOPRI.....	11
XELJANZ	30
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG.....	30
XELPROS.....	32
XENLETA	10
XEPI	10
XHANCE.....	33
XIFAXAN.....	10
XIIDRA	32
XIMINO.....	10
XOFLUZA (40 MG DOSE).....	15
XOFLUZA (80 MG DOSE).....	15
XOLEGEL	13
XOPENEX HFA.....	34
XTAMPZA ER.....	9
xulane.....	28
XYOSTED.....	29
XYREM.....	34

Y

YASMIN 28.....	28
YAZ	28
YUPELRI.....	34
yuvaferm	28

Z

ZANAFLEX ORAL CAPSULE.....	34
zarah.....	28
ZARXIO	24
ZEBUTAL	9
ZEJULA	13
ZELNORM	25
ZEMBRACE SYMTOUCH.....	13
zenatane.....	21
ZENPEP	25
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG.....	18
ZEPATIER.....	15
ZEPOSIA	18
ZETONNA.....	33
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG.....	17
ZIAC ORAL TABLET 5-6.25 MG	17
ZIEXTENZO	24
ZILXI	21

ziprasidone hcl.	14
ZIPSOR.	9
ZITHROMAX ORAL.	10
ZITHROMAX TRI-PAK.	10
ZITHROMAX Z-PAK.	10
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	17
ZOFRAN.	12
ZOHYDRO ER	9
zolpidem tartrate er.	34
zolpidem tartrate oral	34
zolpidem tartrate sublingual.	34
ZOMACTON.	29
ZONEGRAN.	11
zonisamide oral	11
ZONTIVITY.	14
ZOVIRAX ORAL SUSPENSION	15
ZTLIDO.	9
ZUBSOLV.	9
zumandimine	28
ZUPLENZ.	12
ZYCLARA.	21
ZYCLARA PUMP.	21
ZYLOPRIM.	13

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UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

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

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200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201

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ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नःशुल्क 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)**សម្រាប់ការស្វែងរកព័ត៌មាន គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខព័ត៌មាន ដើម្បីស្វែងរកព័ត៌មានបន្ថែម។

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 yániit'igo, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shòqdí ninaaltsoos nít'izí bee nééhozinígíí bine'déq' t'áá jíík'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

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

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