



2025 Prescription Drug List

Effective: September 1, 2025

**UnitedHealthcare
& affiliated companies**



Table of contents

Introduction	4
Prescription Drug List overview	4
Tier designations	4
Over-the-counter and therapeutically equivalent medications.....	5
Generic medication policy	5
Specialty medications.....	5
Medications requiring prior authorization and other pharmacy programs..	6
How to obtain prior authorization	6
Analgesics	
Drugs for Pain.....	7
Drugs for Pain and Inflammation.....	8
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	11
Antidementia Agents	
Drugs for Alzheimer's Disease and Dementia	13
Antidepressants	
Drugs for Depression.....	13
Antiemetics	
Drugs for Nausea and Vomiting.....	14
Antifungals	
Drugs for Fungal Infections.....	14
Antigout Agents	
Drugs for Gout.....	15
Antimigraine Agents	
Drugs for Migraines	15
Antimyasthenic Agents	
Drugs to Treat Myasthenia Gravis.....	16
Antimycobacterials	
Drugs to Treat Infections.....	16
Antineoplastics	
Drugs for Cancer	16
Antiparasitics	
Drugs for Parasitic Infections.....	17
Antiparkinson Agents	
Drugs for Parkinson's Disease.....	17
Antiplatelets	
Drugs for Heart Attack and Stroke Prevention.....	18
Antipsychotics	
Drugs for Mood Disorders.....	18
Antivirals	
Drugs for Viral Infections	18
Anxiolytics	
Drugs for Anxiety.....	19
Bipolar Agents	
Drugs for Mood Disorders.....	20
Cardiovascular Agents	
Drugs for Heart and Circulation Conditions.....	20

Central Nervous System Agents	
Drugs for Attention Deficit Disorder	24
Drugs for Multiple Sclerosis.....	25
Miscellaneous.....	25
Dental and Oral Agents	
Drugs for Mouth and Throat Conditions	25
Dermatological Agents	
Drugs for Skin Conditions.....	26
Diabetes	
Glucose Monitoring and Supplies.....	30
Insulin.....	33
Non-Insulin Agents.....	34
Drugs for Blood Disorders.....	35
Drugs for Sexual Dysfunction.....	36
Electrolytes / Vitamins	36
Gastrointestinal Agents	
Drugs for Acid Reflux and Ulcer.....	38
Drugs for Bowel, Intestine and Stomach Conditions	39
Genetic or Enzyme Disorder	
Drugs for Replacement, Modification, Treatment	40
Genitourinary Agents	
Drugs for Bladder, Genital and Kidney Conditions.....	40
Drugs for Prostate Conditions.....	41
Hormonal Agents	
Hormone Replacement and Birth Control	41
Oral Steroids.....	45
Other.....	46
Testosterone Replacement.....	46
Thyroid.....	46
Immunological Agents	
Drugs for Immune System Stimulation or Suppression	47
Drugs for Vaccination	50
Infertility Agents	51
Inflammatory Bowel Disease Agents	51
Metabolic Bone Disease Agents	
Drugs for Osteoporosis	52
Other.....	52
Ophthalmic Agents	
Drugs for Eye Allergy, Infection and Inflammation	52
Drugs for Eye Infection and Inflammation.....	53
Drugs for Glaucoma.....	53
Drugs for Miscellaneous Eye Conditions	54
Otic Agents	
Drugs for Ear Conditions.....	54
Respiratory	
Drugs for Anaphylaxis.....	55
Respiratory Tract / Pulmonary Agents	
Drugs for Allergies, Cough, Cold.....	55
Drugs for Asthma and COPD.....	56
Drugs for Cystic Fibrosis	58
Drugs for Pulmonary Fibrosis.....	58
Drugs for Pulmonary Hypertension	58
Skeletal Muscle Relaxants	
Drugs for Muscle Pain and Spasm	58
Sleep Disorder Agents.....	58
Index	60

2025 Prescription Drug List

Introduction

The UnitedHealthcare Prescription Drug List (PDL)¹ provides a list of the most commonly prescribed medications in various therapeutic classes. This list is intended for use with UnitedHealthcare health plans and affiliated companies' pharmacy benefit plan designs. The PDL applies only to prescription medications dispensed to outpatients and does not include inpatient medications or medications obtained or administered in a physician's office. The PDL does not define benefit coverage. Benefit coverage is decided by the member's pharmacy benefit plan.² This means that there may be medications listed on the PDL that are not covered under a particular member's pharmacy benefit plan.

You may also access PDL information by visiting UHCProvider.com.

Prescription Drug List overview

Tier decisions are made by our PDL Management Committee based on clinical, economic and other factors. The PDL Management Committee is comprised of senior UnitedHealth Group physician and business leaders. The UnitedHealthcare Pharmacy & Therapeutics (P&T) Committee, comprising of physicians and pharmacists, reviews new and existing medications. They then provide clinical guidance to the PDL Management Committee. Guidance is based on similarities and differences compared with other medications that treat the same disease or condition.

The tier placement of a medication on the PDL may change. While medications change tiers infrequently, such changes may occur up to 3 times per calendar year. Additionally, when a brand-name medication becomes available as a generic, the tier status and coverage of the brand-name medication and its corresponding generic will be evaluated. When a medication changes tiers, your patient may be required to pay more or less for that medication. These changes may occur without prior notice to you or your patient. However, you may visit our website at UHCProvider.com or use the PreCheck MyScript® app for the most up-to-date information for a particular medication. Your patient can also find the most up-to-date tier status and cost^{3,8} information for a medication by visiting our member website at myuhc.com[®] and/or calling the toll-free member phone number located on their member ID card.

Tier designations

Prescription medications are categorized within 3 tiers on the PDL.⁴ Each tier is assigned a cost,³ which is determined by the member's pharmacy benefit plan. You may refer to the PDL as a guide to select the most appropriate medication with the lowest member cost for your patients.

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lowest cost Tier 1 medications are your patient's lowest cost option.	Members can maximize their cost savings when you prescribe Tier 1 medications, if you decide they are appropriate for your patient's treatment.
Tier 2	\$\$ Mid-range cost Tier 2 medications are your patient's mid-range cost option.	Consider Tier 2 medications if no Tier 1 medication is appropriate to treat your patient's condition.
Tier 3	\$\$\$ Highest cost Tier 3 medications are your patient's highest cost option.	If your patient is currently taking a medication in Tier 3, you may want to determine if there is an appropriate alternative in Tier 1 or Tier 2.

You and your patient make decisions about health care and medication treatments.

If the member has a "closed" pharmacy benefit (such as a 2-tier pharmacy benefit plan that does not cover medications classified in Tier 3 of this PDL), medications in Tier 3 are generally not covered, except under certain processes consistent with applicable law.

Some members have a Tier 4 prescription plan, and these medications are noted as T4 throughout the document. Members with a Tier 4 prescription plan should refer to their enrollment materials, check the Medication Pricing/Coverage information on our member website or call the toll-free member phone number provided on their member ID card for more information about their benefit plan.

Not all medications are represented in this PDL. Only the most commonly prescribed medications are included.

Over-the-counter and therapeutically equivalent medications

For some conditions, you and your patient may decide that an over-the-counter (OTC) medication is the best treatment. According to UnitedHealthcare benefit design, OTC medications are defined as medications that do not require a prescription by federal or state law to be dispensed. In some instances, OTC medications are listed on the PDL for reference purposes only. OTC medications may cost less than the member's out-of-pocket expense for prescription medications.

Therapeutically Equivalent means that medications can be expected to produce essentially the same efficacy or adverse event profile. Our benefit designs allow us to exclude a medication if determined to be Therapeutically Equivalent to another covered product or OTC option.

If the patient or physician requests a medication we have excluded based on determination of Therapeutic Equivalent, the patient may be required to pay the entire cost of the medication as it may not be covered under the member's pharmacy benefit. Please refer to the member's pharmacy benefit plan.

Symbols

E	May be excluded from coverage or subject to Prior Authorization in Connecticut, New Jersey and New York
H	May be part of health care reform preventive ⁵
H-PA	May be part of health care reform preventive with prior authorization ⁵
MC	Multiple copay
PA	Prior authorization required ⁶
QL	Quantity limit
RS	May be eligible for the Refill and Save Program
SP	Specialty medication
ST	Step therapy ⁷
T4	May be covered on Tier 4 in select benefits

Generic medication policy

Many generic medications are included on the PDL in Tier 1; however, generic medications can be placed into any tier of the PDL. When a generic medication does not offer significant financial savings, it may be placed in the same tier or a higher tier than the brand medication. Generic medications are noted in italic font.

Note that when a brand-name medication becomes available as a generic, that brand-name product may move to a higher tier or be excluded from coverage by the member's plan. Members may be required to pay more for a prescription when a higher-tier brand-name product is dispensed. The member's cost-share is determined by the pharmacy benefit plan. When generic substitution conflicts with state regulations or restrictions, the pharmacist must obtain approval from the prescribing physician or other health care professional to substitute the generic equivalent.

Specialty medications

Some members may have coverage for self-administered injectable and oral specialty medications through their pharmacy benefit plan. You will find these medications included in the body of this document within the appropriate therapeutic categories. UnitedHealthcare has a specialty pharmacy program that requires most specialty medications to be obtained through a designated specialty pharmacy. These medications are noted by

SP throughout the document. The specialty pharmacy program includes designated specialty pharmacies, each selected based on their clinical expertise for the targeted therapeutic classes, quality of services, and cost. Their pharmacists are trained to help educate patients for these specialty medications, which may help improve treatment adherence.

Participating members should be instructed to call the toll-free member number on their member ID card where a representative will answer questions about our program and then transfer them to a specialty pharmacy based on their particular specialty medication prescription.

Medications requiring prior authorization and other pharmacy programs

Select medications may require prior authorization to be eligible for coverage under the member's pharmacy benefit plan. Such medications are noted with a **PA**. Depending on your patients' benefit and/or medication, a coverage review may apply to determine coverage under the pharmacy benefit. The pharmacy benefit may exclude coverage of medications for certain uses.

Clinical criteria for **PA** medications are available on our website at UHCprovider.com. The criteria reflect UnitedHealthcare's P&T Committee decisions.

Some benefit plans may include our Step Therapy⁷ program. Step Therapy requires prior authorization and offers a "stepwise" approach to therapy for certain high-cost medications and requires that a member first try a more cost-effective medication before another high-cost medication. Step Therapy medications are noted as **ST**.

Quantity limits define the maximum supply of medication per copayment or period of time. Quantity limits are based on several factors that may include FDA-approved dosing guidelines as defined in the product package insert, medical literature, guidelines or supportive data. Quantity limit medications are noted as **QL**.

The Refill and Save Program encourages members to adhere to their treatment regimens by rewarding them with a discounted copayment/coinsurance for refilling their prescription within the defined time period. Eligible medications are noted as **RS**.

How to obtain prior authorization

Use the PreCheck MyScript app on Link. By using the PreCheck MyScript app, you can now run a pharmacy trial claim and get real-time prescription coverage detail for your patients who are UnitedHealthcare benefit plan members. This will allow you to check current prescription coverage and price, including out-of-pocket prescription costs for UnitedHealthcare members at their selected pharmacy, as well as:

- Get information on lower-cost prescription alternatives, if available, to help save members money.
- See which prescriptions currently require prior authorization, or are non-covered or non-preferred.
- Request prior authorization and receive status and results.

The app is now available to all Link users; to access, sign in to UHCprovider.com, then select the Link Marketplace from your Link dashboard and search for the PreCheck MyScript app. Add the app to your dashboard and start using it.

Below are also options to obtain authorization:

- Online: Prior authorizations can also be submitted online by signing in to optumrx.com > Healthcare Professionals > Prior Authorizations.
- By Phone: Call the Optum Rx prior authorization team at **1-800-711-4555**.

¹In certain documents the Prescription Drug List (PDL) was referred to as the "Preferred Drug List (PDL)." This change in descriptive terms does not affect your patient's benefit coverage.

²Where differences are noted, the benefit plan documents will govern.

³UnitedHealthcare operates a wide number of benefit programs and products, and some benefit programs may have alternative benefit designs. Physicians should always check the member's specific benefit prior to prescribing medications.

⁴In certain documents Tier 1 was referred to as "generics;" Tier 2 was referred to as "preferred brands" or "brand-name" on the PDL; and Tier 3 was referred to as "non-preferred brands," "not on the PDL," or "brand-name not on the PDL." These changes in descriptive terms do not affect your patient's benefit coverage.

⁵Health Care Reform drug lists may vary by plan; your patient can find the most up-to-date tier status and cost information for a particular medication by visiting myuhc.com and/or calling the toll-free member phone number on their member ID card.

⁶Depending on your patients' benefit and/or medication, notification or medical necessity criteria will be applied to determine if covered under the pharmacy benefit.

⁷For New Jersey fully insured members, this program is referred to as First Start.

⁸In accordance with HCR/ACA requirements, providers may request a zero dollar coverage exception review for preventive medications. Please access uhcprovider.com>Drug List and Pharmacy>Additional Resources > Patient Protection and Affordable Care Act \$0 Cost-share Preventive Medications Exemption Requests (Commercial members) or call the toll-free number on the member's health plan ID card.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain					
acetaminophen-codeine oral solution 120-12 mg/5ml	1	QL	FIORICET	4	QL
acetaminophen-codeine oral tablet	1	QL	FIORICET/CODEINE	E	QL
ALLZITAL	E	QL	GEN7T EXTERNAL PATCH 3.5 %	E	
apap-caff-dihydrocodeine	4	QL	glydo	1	
ascomp-codeine	1	QL	hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	2	QL
bac	1	QL	hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	QL
BELBUCA	3	PA, QL	hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
BUPAP ORAL TABLET 50-300 MG	E	QL	hydrocodone-ibuprofen	1	QL
buprenorphine	3	PA, QL	hydromorphone hcl oral tablet	1	QL
butalbital-acetaminophen oral tablet 50-300 mg	E	QL	lidocaine external ointment 5 %	2	QL
butalbital-acetaminophen oral tablet 50-325 mg	1	QL	lidocaine external patch 5 %	3	PA, QL
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	E	QL	lidocaine hcl urethral/mucosal	1	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL	lidocaine-prilocaine external cream	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL	LIDOCAN	E	PA, QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL	LIDODERM	E	PA, QL
butalbital-apap-caffeine oral tablet	1	QL	LIDOTRAL 1 EXTERNAL PATCH 4.88 %	E	
butalbital-asa-caff-codeine	1	QL	LORTAB ORAL ELIXIR 10-300 MG/15ML	4	QL
butalbital-aspirin-caffeine	1	QL	methadone hcl oral tablet	1	PA, QL
butorphanol tartrate nasal	2	QL	morphine sulfate (concentrate)	1	QL
BUTRANS	E	PA, QL	morphine sulfate er oral tablet extended release	1	PA, QL
DILAUDID ORAL TABLET	E	QL	morphine sulfate oral	1	QL
endocet	1	QL	MS CONTIN	E	PA, QL
ESGIC	4	QL	NALOCET	E	QL
ESGIC ORAL CAPSULE 50-325-40 MG	4	QL	NUCYNTA	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	NUCYNTA ER	3	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, QL	OXAYDO ORAL TABLET 5 MG, 7.5 MG	E	QL
			OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	E	PA, QL

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
oxycodone hcl oral capsule	1	QL	diclofenac potassium oral tablet 50 mg	2	
oxycodone hcl oral solution	1	QL	diclofenac sodium er	3	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL	diclofenac sodium external gel 1%	E	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	E	QL	diclofenac sodium oral	1	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL	diclofenac-misoprostol	3	
OXYCONTIN	E	PA, QL	DICLOFONO	E	
oxymorphone hcl er	3	PA, QL	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
PERCOSET	E	QL	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	4	
premium lidocaine	2	QL	ec-naproxen	1	
PROLATE ORAL TABLET	E	QL	etodolac	2	
ROXICODONE	E	QL	etodolac er	3	
TENCON	3	QL	FELDENE ORAL CAPSULE 10 MG, 20 MG	4	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	2	(generic for Ryzolt), QL	flurbiprofen oral	1	
tramadol hcl er	2	(generic for Ultram ER), QL	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
tramadol hcl oral tablet 100 mg, 25 mg, 75 mg	E	QL	indomethacin er	2	
tramadol hcl oral tablet 50 mg	1	QL	indomethacin oral capsule	1	
tramadol-acetaminophen	1	QL	ketorolac tromethamine oral	1	
TREZIX	4	QL	LODINE	E	
TRIDACAINE II	E	PA, QL	LOFENA	E	QL
TRIDACAINE III	E	PA, QL	mefenamic acid oral	3	
XTAMPZA ER	4	PA, QL	meloxicam oral tablet	1	
ZEBUTAL ORAL CAPSULE 50-325-40 MG	4	QL	nabumetone oral	1	
ZTLIDO	3	PA, QL	NAPROSYN	E	
Analgesics - Drugs for Pain and Inflammation					
ANAPROX DS	E		naproxen dr	1	
ARTHROTEC	E		naproxen oral tablet	1	
CELEBREX	E		naproxen oral tablet delayed release	1	
celecoxib oral	2		naproxen sodium oral tablet 275 mg, 550 mg	2	
DAYPRO	4		oxaprozin oral tablet	2	
diclofenac potassium oral tablet 25 mg	E	QL	piroxicam oral	2	
			RELAFEN DS	E	
			sulindac oral	1	

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Anti-Addiction / Substance Abuse Treatment Agents					
acamprosate calcium	1		naltrexone hcl oral	1	
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	E		NARCAN	1	QL (includes Narcan OTC)
buprenorphine hcl sublingual	1	QL	NICODERM CQ	4	H
buprenorphine hcl-naloxone hcl sublingual film	2	QL	NICORETTE MINI	2	H
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	QL	NICORETTE MOUTH/THROAT GUM	4	H
bupropion hcl er (smoking det)	1	H	NICORETTE MOUTH/THROAT LOZENGE	2	H
cvs nicotine	1	H	NICORETTE STARTER KIT	4	H
cvs nicotine polacrilex	1	H	nicotine mini	1	H
disulfiram oral	1		nicotine polacrilex mini	1	H
eq nicotine	1	H	nicotine polacrilex mouth/throat	1	H
eq nicotine mouth/throat gum 4 mg	1	H	nicotine step 1	1	H
eq nicotine polacrilex	1	H	nicotine step 2	1	H
eq nicotine step 3	1	H	nicotine step 3	1	H
eql nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H	nicotine transdermal patch 24 hour	1	H
ft nicotine	1	H	NICOTROL	4	PA, H
ft nicotine mini	1	H	qc nicotine transdermal system	1	H
gnp nicotine mini	1	H	ra mini nicotine	1	H
gnp nicotine polacrilex mouth/throat gum 2 mg	1	H	ra nicotine mouth/throat gum 4 mg	1	H
gnp nicotine polacrilex mouth/throat lozenge	1	H	ra nicotine polacrilex	1	H
gnp nicotine transdermal	1	H	ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H
goodsense nicotine	1	H	REXTOVY	1	QL
habitrol	1	H	sm nicotine	1	H
hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	H	sm nicotine polacrilex	1	H
hm nicotine polacrilex mouth/throat lozenge 2 mg	1	H	SUBOXONE	E	PA, QL
hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr	1	H	THRIVE	4	H
KLOXXADO	1	QL	varenicline tartrate	3	PA, H
kls quit2	1	H	varenicline tartrate (starter)	3	PA, H
kls quit4	1	H	varenicline tartrate(continue)	3	PA, H
naloxone hcl injection solution prefilled syringe	1	QL	ZIMHI	2	QL
naloxone hcl nasal	1	QL	ZUBSOLV	2	QL
Antibacterials - Drugs for Infections					
amoxicillin	1		amoxicillin	1	
amoxicillin-potassium clavulanate	1		amoxicillin-potassium clavulanate	1	

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ampicillin	1		doxycycline hyclate oral tablet 20 mg	1	
AUGMENTIN	E		doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
AUGMENTIN ES-600	E		doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
AVIDOXY	4		doxycycline monohydrate oral suspension reconstituted	3	
azithromycin oral packet 1 gm	1		doxycycline monohydrate oral tablet	1	
BACTRIM	4		E.E.S. GRANULES	3	
BACTRIM DS	4		ERYPED 200	3	
cefadroxil	1		ERYPED 400	4	
cefdinir	1		ERY-TAB	4	
cefixime	3		erythromycin base oral tablet	1	
cefpodoxime proxetil oral tablet	1		erythromycin base oral tablet delayed release	3	
cefprozil	1		erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1	
cefuroxime axetil	1		erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	3	
CENTANY EXTERNAL OINTMENT 2 %	4	QL	erythromycin oral	3	
cephalexin	1		FIRVANQ	4	
CIPRO ORAL TABLET	4		FLAGYL	4	
ciprofloxacin hcl oral	1		fosfomycin tromethamine	3	
clarithromycin er	2		gentamicin sulfate external	1	QL
clarithromycin oral suspension reconstituted	2		HIPREX	4	
clarithromycin oral tablet	1		levofloxacin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4		LIKMEZ	4	
CLEOCIN ORAL CAPSULE 75 MG	2		linezolid oral tablet	2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	4		LYMPEAK ORAL TABLET 100 MG	E	
CLEOCIN VAGINAL CREAM	4		MACROBID	4	
clindamycin hcl oral	1		MACRODANTIN	4	
clindamycin palmitate hcl	2		methenamine hippurate	1	
clindamycin phosphate vaginal	2		metronidazole oral capsule	1	
CLINDESSE	2		metronidazole oral tablet 125 mg	E	
dicloxacillin sodium	1		metronidazole oral tablet 250 mg, 500 mg	1	
DIFICID ORAL TABLET	3	QL	metronidazole vaginal	2	
doxycycline hyclate oral capsule	2				
doxycycline hyclate oral tablet 100 mg	2				
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E				

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
minocycline hcl oral capsule	1		ZITHROMAX Z-PAK	4	
MONDOXYNE NL	E		ZYVOX ORAL TABLET	E	
moxifloxacin hcl oral	3		Anticoagulants - Drugs to Treat or Prevent Blood Clots		
mupirocin cream	3	QL	dabigatran etexilate mesylate	2	QL
mupirocin ointment	1	QL	ELIQUIS	2	QL
neomycin sulfate oral	1		ELIQUIS DVT/PE STARTER PACK	2	QL
nitrofurantoin macrocrystal	1		enoxaparin sodium injection solution prefilled syringe	2	QL
nitrofurantoin monohydrate macrocrystals	1		fondaparinux sodium	2	QL
nitrofurantoin oral suspension 25 mg/5ml	3		jantoven	1	
NUVESSA	E		LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	QL
NUZYRA ORAL	4	QL	PRADAXA ORAL CAPSULE	E	QL
penicillin v potassium	1		warfarin sodium oral	1	
SEYSARA	E		XARELTO	2	QL
SILVADENE	4		XARELTO STARTER PACK	2	QL
silver sulfadiazine external	1		Anticonvulsants - Drugs for Seizures		
ssd	1		APTIOM	3	PA
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1		BANZEL	4	PA
sulfamethoxazole-trimethoprim oral tablet	1		BRIVIACT ORAL SOLUTION	4	PA
sulfatrim pediatric	1		BRIVIACT ORAL TABLET	3	PA
TARGADOX	E		carbamazepine er oral capsule extended release 12 hour	2	
tetracycline hcl oral capsule	3		carbamazepine er oral tablet extended release 12 hour	2	
tinidazole oral	3		carbamazepine oral tablet	1	
trimethoprim oral	1		carbamazepine oral tablet chewable	1	
VANCOCIN	4		CARBATROL	4	
vancomycin hcl oral	1		clobazam oral suspension	3	PA
VANDAZOLE	4		clobazam oral tablet	2	PA
VIBRAMYCIN ORAL CAPSULE 100 MG	4		DEPAKOTE	4	PA
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	4		DEPAKOTE ER	4	PA
XACIATO	2	QL	DEPAKOTE SPRINKLES	4	PA
XENLETA ORAL TABLET 600 MG	3		DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	4	QL
XIFAXAN	3	PA, QL	DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	QL
ZITHROMAX ORAL	4		diazepam rectal	1	QL
ZITHROMAX TRI-PAK	4				

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
DILANTIN INFATABS	3		levetiracetam oral tablet	1	
DILANTIN ORAL CAPSULE	3		LIBERVANT	3	PA, QL
divalproex sodium er	2		MOTPOLY XR	3	PA
divalproex sodium oral capsule delayed release sprinkle	2		mysoline	2	PA
divalproex sodium oral tablet delayed release	1		NAYZILAM	3	PA, QL
ELEPSIA XR	E	PA	NEURONTIN	4	PA
EPIDIOLEX	3	PA, SP	ONFI	4	PA
epitol	1		oxcarbazepine	1	
ethosuximide oral	1		oxcarbazepine er	E	
felbamate	1		OXTELLAR XR	E	
FELBATOL	4	PA	phenobarbital oral	1	
FELBATOL ORAL SUSPENSION 600 MG/5ML	4	PA	phenytek	1	
FINTEPLA	4	PA	phenytoin infatabs	1	
FYCOMPA ORAL SUSPENSION	4	PA	phenytoin oral tablet chewable	1	
FYCOMPA ORAL TABLET	3	PA	phenytoin sodium extended	1	
gabapentin oral capsule	1		primidone oral tablet 125 mg	1	PA
gabapentin oral solution 250 mg/5ml	1		primidone oral tablet 250 mg, 50 mg	1	
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	PA	roweepra	1	
gabapentin oral tablet 600 mg, 800 mg	1		rufinamide oral suspension	3	
GABARONE	E	PA	rufinamide oral tablet	3	PA
KEPPRA ORAL	4	PA	subvenite	1	
KEPPRA XR	4	PA	SYMPAZAN	4	PA
lacosamide oral	2		TEGRETOL ORAL TABLET	4	
LAMICTAL	4	PA	TEGRETOL-XR	4	
LAMICTAL ODT ORAL TABLET DISPERSIBLE	4	PA	TOPAMAX	4	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA	TOPAMAX SPRINKLE	4	PA
lamotrigine er	3		topiramate er oral capsule extended release 24 hour	E	
lamotrigine oral tablet	1		topiramate oral	1	
lamotrigine oral tablet chewable	1		TRILEPTAL	4	PA
lamotrigine oral tablet dispersible	3	PA	TROKENDI XR	E	
levetiracetam er	2		valproic acid oral capsule	1	
levetiracetam oral solution	1		valproic acid oral solution 250 mg/5ml	1	

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
VIMPAT ORAL	4	PA	citalopram hydrobromide oral tablet	1	
XCOPRI	3	PA	clomipramine hcl oral	3	
ZARONTIN	4		CYMBALTA	E	
ZONEGRAN	4	PA	desipramine hcl oral	1	
zonisamide oral	1		desvenlafaxine succinate er	3	QL
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia					
ARICEPT	E		doxepin hcl oral capsule	1	
donepezil hcl oral tablet 10 mg, 5 mg	1		doxepin hcl oral concentrate	1	
donepezil hcl oral tablet 23 mg	1		duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	
EXELON	E		duloxetine hcl oral capsule delayed release particles 40 mg	E	
galantamine hydrobromide er	1		EFFEXOR XR	E	
memantine hcl er	1		escitalopram oxalate oral solution	2	
memantine hcl oral tablet	1		escitalopram oxalate oral tablet	1	
NAMENDA ORAL TABLET 10 MG, 5 MG	E		FETZIMA	4	ST, QL
NAMENDA TITRATION PAK	E		fluoxetine hcl oral capsule	1	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	E		fluoxetine hcl oral capsule delayed release	3	QL
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG	4		fluoxetine hcl oral solution	1	
rivastigmine	3		fluoxetine hcl oral tablet 10 mg	3	QL
rivastigmine tartrate	1		fluoxetine hcl oral tablet 20 mg, 60 mg	3	
Antidepressants - Drugs for Depression					
amitriptyline hcl oral	1		fluvoxamine maleate	1	
ANAFRANIL	E		fluvoxamine maleate er	3	QL
AUVELITY	4	ST, QL	FORFIVO XL	E	QL
bupropion hcl er (sr)	1		imipramine hcl oral	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1		LEXAPRO	E	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL	mirtazapine oral	1	
bupropion hcl oral	1		NORPRAMIN	4	
CELEXA	E		nortriptyline hcl oral capsule	1	
citalopram hydrobromide oral solution	1		olanzapine-fluoxetine hcl	2	QL
			PAMELOR	E	
			PARNATE	4	
			paroxetine hcl er	3	QL
			paroxetine hcl oral tablet	1	
			PAXIL CR	E	QL
			PAXIL ORAL TABLET	E	

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
PRISTIQ	E	QL	metoclopramide hcl oral tablet	1	
protriptyline hcl	1		ondansetron hcl oral	1	
PROZAC	E		ondansetron odt oral tablet dispersible 16 mg	E	
REMERON	E		ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E		perphenazine oral	1	
SERTRALINE HCL ORAL CAPSULE	E	QL	prochlorperazine	1	
sertraline hcl oral concentrate	1		prochlorperazine maleate oral	1	
sertraline hcl oral tablet	1		promethazine hcl oral	1	
SPRAVATO (56 MG DOSE)	4	PA, QL	promethazine hcl rectal	1	
SPRAVATO (84 MG DOSE)	4	PA, QL	PROMETHEGAN	3	
SYMBYAX	4	QL	REGLAN	4	
tranylcypromine sulfate	1		scopolamine	3	
trazodone hcl oral	1		TRANSDERM-SCOP	E	
TRINTELLIX	4	ST, QL	Antifungals - Drugs for Fungal Infections		
venlafaxine hcl	1		ciclodan	1	
venlafaxine hcl er oral capsule extended release 24 hour	1		ciclopirox external gel	1	
venlafaxine hcl er oral tablet extended release 24 hour	E	QL	ciclopirox external shampoo	2	
vilazodone hcl	3	QL	ciclopirox external solution	1	
WAINUA	2	PA, QL, SP	ciclopirox olamine external cream	1	
WELLBUTRIN SR	E		clotrimazole mouth/throat	1	
WELLBUTRIN XL	E		CRESEMBA ORAL	3	
ZOLOFT	E		DIFLUCAN	E	
ZURZUVAE	2	PA, QL, SP	econazole nitrate external	2	
Antiemetics - Drugs for Nausea and Vomiting			EXELDERM EXTERNAL CREAM	3	
ANTIVERT ORAL TABLET	E		fluconazole oral	1	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	2	QL	griseofulvin microsize oral	1	
DICLEGIS	E	PA	griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
doxylamine-pyridoxine	E	PA	GYNAZOLE-1	3	
dronabinol	1		itraconazole oral capsule	1	QL
EMEND ORAL CAPSULE	E	QL	JUBLIA	4	PA, ST, QL
gransetron hcl oral	2		ketoconazole external cream	1	QL
MARINOL	E		ketoconazole external shampoo	1	
meclizine hcl oral tablet	E		ketoconazole oral	1	
metoclopramide hcl oral solution	1		klayesta	1	QL

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
LOPROX EXTERNAL CREAM 0.77 %	E		almotriptan malate	3	QL
LOPROX EXTERNAL SHAMPOO 1 %	E		eletriptan hydrobromide	2	QL
NOXAFILE ORAL TABLET DELAYED RELEASE	E		EMGALITY	2	PA, ST, QL
nyamyc	1	QL	FROVA	E	QL
nystatin external	1	QL	frovatriptan succinate	3	QL
nystatin mouth/throat	1		IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	4	QL
nystatin oral	1		IMITREX ORAL	E	QL
nystatin-triamcinolone	2		IMITREX STATDOSE SYSTEM	E	QL
nystop	1	QL	MAXALT	E	QL
posaconazole oral tablet delayed release	2		MAXALT-MLT	E	QL
SPORANOX ORAL CAPSULE	4	QL	naratriptan hcl	1	QL
SULCONAZOLE NITRATE EXTERNAL CREAM	3		NURTEC	2	PA, ST, QL
terbinafine hcl oral	1		QULIPTA	2	PA, ST, QL
terconazole	1		RELPAX	E	QL
TOLSURA	E		REVVOW	4	PA, ST, QL
VFEND ORAL TABLET 200 MG	4	QL	rizatriptan benzoate oral tablet 10 mg	1	QL
VFEND ORAL TABLET 50 MG	3	QL	rizatriptan benzoate oral tablet 5 mg	1	
VIVJOA	3	PA, QL	rizatriptan benzoate oral tablet dispersible 10 mg	1	QL
voriconazole oral tablet	1	QL	rizatriptan benzoate oral tablet dispersible 5 mg	1	
Antigout Agents - Drugs for Gout					
allopurinol oral tablet 100 mg, 300 mg	1		sumatriptan nasal	2	QL
allopurinol oral tablet 200 mg	E		sumatriptan succinate oral	1	QL
colchicine oral	2		sumatriptan succinate refill subcutaneous solution cartridge	1	QL
colchicine-probenecid	1		sumatriptan succinate subcutaneous	1	QL
COLCRYS ORAL TABLET 0.6 MG	E		TOSYMRA	E	QL
febuxostat	3		UBRELVY	2	PA, ST, QL
MITIGARE	2		ZAVZPRET	4	PA, ST, QL
probenecid	1		ZEMBRACE SYMTOUCH	E	QL
ULORIC	E		ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	QL
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	4		zolmitriptan nasal solution 5 mg	E	QL
Antimigraine Agents - Drugs for Migraines					
AIMOVIG	2	PA, ST, QL	zolmitriptan oral tablet	2	QL
AJOVY	E	PA, ST, QL	zolmitriptan oral tablet dispersible	3	QL

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	2	QL
ZOMIG ORAL TABLET 5 MG	E	QL

Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis

MESTINON ORAL TABLET	E	
pyridostigmine bromide er	1	
pyridostigmine bromide oral tablet 30 mg	E	
pyridostigmine bromide oral tablet 60 mg	1	
ZILBRYSQ	4	PA, QL, SP

Antimycobacterials - Drugs to Treat Infections

dapsone oral	2	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	4	
MYCOBUTIN ORAL CAPSULE 150 MG	4	
rifabutin	1	
rifampin oral	1	

Antineoplastics - Drugs for Cancer

abiraterone acetate oral tablet 250 mg	2	PA, QL, SP
abiraterone acetate oral tablet 500 mg	E	PA, QL, SP
AFINITOR	E	PA, QL, SP
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
AROMASIN	E	
AUGTYRO	2	PA, QL, SP
bicalutamide	1	
BOSULIF ORAL TABLET	2	PA, ST, QL, SP
BRUKINSA	3	PA, ST, QL, SP
CABOMETYX	2	PA, QL, SP
CALQUENCE	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
capecitabine	1	QL, SP
CASODEX	E	
COTELLIC	2	PA, QL, SP
cyclophosphamide oral capsule	2	
dasatinib	2	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	2	PA, QL, SP
exemestane	2	H-PA
EXKIVITY ORAL CAPSULE 40 MG	4	SP
FEMARA	E	
GAVRETO	4	PA, QL, SP
GLEEVEC	E	PA, QL, SP
HYDREA	4	
hydroxyurea oral	1	
IBRANCE	2	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate	1	PA, QL, SP
IMBRUVICA ORAL CAPSULE	2	PA, QL, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
IMBRUVICA ORAL TABLET 560 MG	2	PA, SP
INLYTA	3	PA, QL, SP
JAKAFI	2	PA, QL, SP
KISQALI (200 MG DOSE)	4	PA, ST, QL, SP
KISQALI (400 MG DOSE)	4	PA, ST, QL, SP
KISQALI (600 MG DOSE)	4	PA, ST, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	2	PA, QL, SP

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	3	PA, QL, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
LONSURF	4	PA, QL, SP
LUMAKRAS	4	PA, QL, SP
LYNPARZA	2	PA, QL, SP
MEKINIST ORAL TABLET	4	PA, ST, QL, SP
mercaptopurine oral tablet	1	
NERLYNX	2	PA, QL, SP
NINLARO	2	PA, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
pazopanib hcl	3	PA, QL, SP
PIQRAY	2	PA, QL, SP
POMALYST	3	PA, QL, SP
RETEVMO ORAL CAPSULE 40 MG	4	PA, QL, SP
RETEVMO ORAL CAPSULE 80 MG	4	PA, SP
REVLIMID	2	PA, QL, SP
ROZLYTREK	2	PA, QL, SP
SPRYCEL	E	PA, ST, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	4	PA, QL, SP
TAFINLAR ORAL CAPSULE	4	PA, ST, QL, SP
TAGRISSO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	2	PA, ST, QL, SP
temozolomide	1	PA, SP
torpenz	2	PA, QL, SP
TRUQAP ORAL TABLET	2	PA, QL, SP
VENCLEXTA	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XELODA	E	QL, SP
XTANDI	2	PA, QL, SP
ZEJULA ORAL CAPSULE 100 MG	2	PA, SP
ZELBORAF	2	PA, QL, SP
ZYTIGA	E	PA, QL, SP
Antiparasitics - Drugs for Parasitic Infections		
albendazole oral	3	PA, QL
ARAKODA	4	QL
atovaquone	2	
atovaquone-proguanil hcl	2	
ELIMITE	4	
hydroxychloroquine sulfate oral	1	
ivermectin oral	1	PA, QL
KRINTAFEL	1	QL
MALARONE	4	
mefloquine hcl	1	
MEPRON	E	
nitazoxanide oral	2	QL
permethrin external	1	
PLAQUENIL	E	
SOVUNA	E	
STROMECTOL	4	PA, QL
Antiparkinson Agents - Drugs for Parkinson's Disease		
amantadine hcl oral	1	
AZILECT	E	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa-entacapone	1	
COMTAN ORAL TABLET 200 MG	4	
CREXONT	4	ST
DHIVY	E	
entacapone	1	
INBRIJA	3	PA, QL, SP

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits			
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	SP	fluphenazine hcl oral tablet	1				
NEUPRO	3		GEODON ORAL	E				
PARLODEL ORAL TABLET	E		haloperidol oral	1				
pramipexole dihydrochloride	1		INVEGA	E	QL			
rasagiline mesylate oral	3		LATUDA	E	QL			
ropinirole hcl	1		loxapine succinate	1				
RYTARY	E	ST	lurasidone hcl	2	QL			
SINEMET	4		NUPLAZID ORAL CAPSULE	4	PA, QL			
STALEVO 100 ORAL TABLET 25-100-200 MG	4		olanzapine oral tablet	1				
STALEVO 125 ORAL TABLET 31.25-125-200 MG	4		olanzapine oral tablet dispersible	2				
STALEVO 150 ORAL TABLET 37.5-150-200 MG	4		paliperidone er	3	QL			
STALEVO 200 ORAL TABLET 50-200-200 MG	4		pimozide	2				
STALEVO 50 ORAL TABLET 12.5-50-200 MG	4		quetiapine fumarate	1				
STALEVO 75 ORAL TABLET 18.75-75-200 MG	4		quetiapine fumarate er	2				
trihexyphenidyl hcl oral tablet	1		REXULTI	4	QL			
Antiplatelets - Drugs for Heart Attack and Stroke Prevention								
BRILINTA	4	QL	RISPERDAL	E				
cilostazol	1		risperidone	1				
clopidogrel bisulfate oral	1		SAPHRIS	E	QL			
EFFIENT	E		SEROQUEL	E				
PLAVIX	E		SEROQUEL XR	E				
prasugrel hcl	3		VRAYLAR	4	QL			
Antipsychotics - Drugs for Mood Disorders								
ABILIFY	E		ziprasidone hcl	2				
ariPIPRAZOLE oral solution	3		ZYPREXA ORAL	E				
ariPIPRAZOLE oral tablet	2		ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	E				
asenapine maleate	3	QL	Antivirals - Drugs for Viral Infections					
CAPLYTA	4	PA, ST, QL	abacavir sulfate-lamivudine	2	QL			
chlorpromazine hcl oral tablet	1	QL	acyclovir external ointment	3	QL			
clozapine oral tablet	1		acyclovir oral	1				
CLOZARIL	4		BARACLUDE ORAL TABLET	E				
			BIKTARVY	4	QL			
			CIMDUO	2	QL			
			COMPLERA	4	QL			
			darunavir	1				
			DELSTRIGO	2	QL			
			DESCOVY	4	QL, H			
			DOVATO	2	QL			

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
efavirenz-emtricitab-tenofo df	2	QL	TIVICAY	3	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL	TRIUMEQ	2	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	QL
entecavir	1		TRUVADA ORAL TABLET 200-300 MG	E	QL
EPCLUSA ORAL TABLET	2	PA, QL, SP	valacyclovir hcl oral	1	QL
etravirine	2		VALCYTE ORAL TABLET	E	
famciclovir oral	2		valganciclovir hcl oral tablet	1	
GENVOYA	4	QL	VALTREX	E	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP	VEMLIDY	E	PA
INTELENCE ORAL TABLET 100 MG, 200 MG	4		VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
INTELENCE ORAL TABLET 25 MG	2		VIREAD ORAL TABLET 300 MG	E	
ISENTRESS HD	2		VOSEVI	2	PA, QL, SP
ISENTRESS ORAL TABLET	2		XOFLUZA (40 MG DOSE)	3	QL
JULUCA	2	QL	XOFLUZA (80 MG DOSE)	3	QL
LAGEVRIO	2	QL	ZIRGAN	3	
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP	ZOVIRAX EXTERNAL OINTMENT	E	QL
MAVYRET	2	PA, QL, SP	ZOVIRAX ORAL SUSPENSION 200 MG/5ML	4	
ODEFSEY	4	QL	Anxiolytics - Drugs for Anxiety		
oseltamivir phosphate oral	2		alprazolam er	1	
PAXLOVID (150/100)	2	QL	alprazolam oral	1	
PAXLOVID (300/100)	2	QL	alprazolam xr	1	
PIFELTRO	3		ATIVAN ORAL	E	
PREVYMIS ORAL TABLET	2	PA	buspirone hcl oral	1	
PREZCOBIX	2		chlor diazepoxide hcl	1	
PREZISTA ORAL TABLET 150 MG, 75 MG	2		clonazepam oral	1	
ritonavir	2		clorazepate dipotassium	1	
RUKOBIA	4	PA	diazepam oral solution	1	
SITAVIG	E	QL	diazepam oral tablet	1	
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP	HALCION	4	
STRIBILD	4	QL	hydroxyzine hcl oral	1	
SYMFI	2	QL	hydroxyzine pamoate oral	1	
SYMFI LO	2	QL	KLONOPIN	E	
TAMIFLU	E		lorazepam intensol	1	
tenofovir disoproxil fumarate	1	H-PA	lorazepam oral concentrate 2 mg/ml	1	

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
lorazepam oral tablet	1		AZOR	E	
oxazepam	1		benazepril hcl oral	1	
triazolam	1		benazepril-hydrochlorothiazide	1	
VALIUM	E		BENICAR	E	
VISTARIL ORAL CAPSULE 25 MG, 50 MG	4		BENICAR HCT	E	
XANAX	E		BETAPACE	E	
XANAX XR	E		BETAPACE AF	4	
Bipolar Agents - Drugs for Mood Disorders					
EQUETRO	4		betaxolol hcl oral	1	
lithium carbonate er	1		bisoprolol fumarate oral	1	
lithium carbonate oral	1		bisoprolol-hydrochlorothiazide	1	
LITHOBID	4	PA	bumetanide oral	1	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions					
acebutolol hcl oral	1		BUMEX	3	
acetazolamide er	1		BYSTOLIC	E	
acetazolamide oral	1		CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG	4	
ALDACTONE	E		CAMZYOS	4	PA, QL, SP
aliskiren fumarate	3		candesartan cilexetil	3	
ALTACE	E		candesartan cilexetil-hctz	3	
amiloride hcl oral	1		captopril oral	1	
amiloride-hydrochlorothiazide	1		CARDIZEM	E	
amiodarone hcl oral	1		CARDIZEM CD	E	
amlodipine besylate oral	1		CARDIZEM LA	E	
amlodipine besylate-benazepril hcl	1		CARDURA	4	
amlodipine besylate-valsartan	2		cartia xt	2	
amlodipine-olmesartan	E		carvedilol	1	
ATACAND	E		carvedilol phosphate er	E	
ATACAND HCT	E		CATAPRES-TTS-1	E	
atenolol oral	1		CATAPRES-TTS-2	E	
atenolol-chlorthalidone	1		CATAPRES-TTS-3	E	
ATORVALIQ	4	PA	chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA	cholestyramine light	1	
atorvastatin calcium oral tablet 40 mg, 80 mg	1		cholestyramine oral	1	
AVALIDE	E		clonidine hcl oral	1	
AVAPRO	E		clonidine patch weekly 0.1 mg/24hr transdermal	3	
			clonidine patch weekly 0.1 mg/24hr transdermal	3	(Patch)
			clonidine patch weekly 0.2 mg/24hr transdermal	3	

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
clonidine patch weekly 0.2 mg/24hr transdermal	3	(Patch)	EXFORGE	E	
clonidine patch weekly 0.3 mg/24hr transdermal	3		ezetimibe	2	
clonidine patch weekly 0.3 mg/24hr transdermal	3	(Patch)	ezetimibe-simvastatin	3	
colesevelam hcl oral tablet	2		felodipine er	1	
COLESTID ORAL TABLET	4		fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	2	
colestipol hcl oral tablet	1		FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	E	
COREG	E		fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	
COREG CR	E		fenofibrate oral tablet 120 mg, 40 mg	E	
CORGARD ORAL TABLET 20 MG, 40 MG	4		fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
CORLANOR	3	PA, QL	fenofibric acid oral capsule delayed release	2	
COZAAR	E		FENOGLIDE ORAL TABLET 120 MG, 40 MG	E	
CRESTOR	E		flecainide acetate	1	
digitek oral tablet 250 mcg	1		fluvastatin sodium	1	
digoxin oral tablet	1		fosinopril sodium	1	
diltiazem hcl er beads	2		fosinopril sodium-hctz	1	
diltiazem hcl er coated beads	2		FUROSCIX	4	PA, QL
diltiazem hcl er oral capsule extended release 12 hour	1		furosemide oral	1	
diltiazem hcl er oral capsule extended release 24 hour	1		gemfibrozil oral	1	
diltiazem hcl er oral tablet extended release 24 hour	2		guanfacine hcl	1	
diltiazem hcl oral	1		HEMANGEOL	3	
dilt-xr	1		hydralazine hcl oral	1	
DIOVAN	E		hydrochlorothiazide oral	1	
DIOVAN HCT	E		HYZAAR	E	
dofetilide	2		icosapent ethyl	E	PA
doxazosin mesylate oral	1		indapamide	1	
EDARBI	E		INDERAL LA	E	
EDARBYCLOR	E		INSPRA	E	
enalapril maleate oral solution	3	PA	irbesartan	1	
enalapril maleate oral tablet	1		irbesartan-hydrochlorothiazide	1	
enalapril-hydrochlorothiazide	1		ISORDIL TITRADOSE	E	
ENTRESTO ORAL TABLET	4	PA, QL	isosorb dinitrate-hydralazine	2	
EPANED	4	PA			
eplerenone	2				

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1		metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
isosorbide dinitrate oral tablet 40 mg	E		metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
isosorbide mononitrate	1		metoprolol-hydrochlorothiazide	1	
isosorbide mononitrate er	1		mexiletine hcl oral	1	
ivabradine hcl	3	PA, QL	MICARDIS	E	
KAPSPARGO SPRINKLE	4		MICARDIS HCT	E	
KERENDIA	4	PA, QL	midodrine hcl	1	
labetalol hcl oral	1		MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	4	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3		minoxidil oral	1	
LANOXIN ORAL TABLET 62.5 MCG	4		moexipril hcl	1	
LASIX	4		MULTAQ	4	PA
LIPITOR	E		nadolol oral	1	
lisinopril oral	1		nebivolol hcl	3	
lisinopril-hydrochlorothiazide	1		NEXLETOL	2	PA, ST, QL
LIVALO	E	ST	NEXLIZET	2	PA, ST, QL
LODOC	4	QL	niacin er (antihyperlipidemic)	2	
LOPID	4		nifedipine er	1	
LOPRESSOR	4		nifedipine er osmotic release	1	
losartan potassium oral	1		nifedipine oral	1	
losartan potassium-hctz	1		nisoldipine er	2	
LOTENSIN	4		NITRO-BID	2	
LOTENSIN HCT	4		NITRO-DUR	3	
LOTREL	E		nitroglycerin rectal	3	QL
lovastatin oral	1	H	nitroglycerin sublingual	1	
LOVAZA	E		nitroglycerin transdermal	1	
matzim la	2		NITROSTAT	4	
MAXZIDE ORAL TABLET 75-50 MG	4		NORLIQVA	4	PA
MAXZIDE-25 ORAL TABLET 37.5-25 MG	4		NORVASC	E	
metolazone	1		olmesartan medoxomil oral	2	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2		olmesartan medoxomil-hctz	2	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1		olmesartan-amlodipine-hctz	E	
			omega-3-acid ethyl esters	2	
			PACERONE ORAL TABLET 100 MG, 400 MG	3	
			PACERONE ORAL TABLET 200 MG	4	

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
pentoxifylline er	1		TEKTURNNA HCT ORAL TABLET 150-12.5 MG, 300-12.5 MG, 300-25 MG	3	
perindopril erbumine	2		telmisartan	2	
pindolol	1		telmisartan-hctz	2	
pitavastatin calcium	E	ST	TENORETIC 100	E	
PRALUENT	E	PA, ST, QL	TENORETIC 50	E	
pravastatin sodium	1		TENORMIN	E	
prazosin hcl oral	1		THALITONE	E	
prevalite	1		tiadylt er	2	
PROCARDIA XL	E		TIAZAC	4	
propafenone hcl	1		TIKOSYN	4	
propafenone hcl er	3		TOPROL XL	E	
propranolol hcl er	2		torsemide	1	
propranolol hcl oral	1		trandolapril	1	
QUESTRAN	4		triamterene oral	3	
QUESTRAN LIGHT	4		triamterene-hctz	1	
quinapril hcl	1		TRIBENZOR	E	
ramipril	1		TRICOR	E	
ranolazine er	2		TRILIPIX	E	
RECTIV	4	QL	valsartan oral tablet	2	
REPATHA	2	PA, QL	valsartan-hydrochlorothiazide	1	
REPATHA PUSHTRONEX SYSTEM	2	PA, QL	VASCEPA	E	PA
REPATHA SURECLICK	2	PA, QL	VASERETIC	E	
rosuvastatin calcium oral	2		VASOTEC	E	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	E		verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA	verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
simvastatin oral tablet 80 mg	1		verapamil hcl er oral tablet extended release	1	
SOAANZ	E	QL	verapamil hcl oral	1	
sotalol hcl (af)	1		VERELAN	4	
sotalol hcl oral	1		VERELAN PM	4	
spironolactone oral tablet	1		VERQUVO	4	PA, QL
spironolactone-hctz	1		VYTORIN	E	
SULAR	4		WELCHOL ORAL TABLET	E	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2		ZESTORETIC	E	
TEKTURNNA	3				

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits
ZESTRIL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	4	
ZOCOR	E	

Central Nervous System Agents - Drugs for Attention Deficit Disorder

ADDERALL	E	
ADDERALL XR	E	QL
ADZENYS XR-ODT	E	QL
amphetamine sulfate	2	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	2	QL
amphet-dextroamphet 3-bead er	3	QL
APTENSIO XR	E	QL
atomoxetine hcl	3	QL
AZSTARYS	3	ST, QL
clonidine hcl er	2	
CONCERTA	E	QL
COTEMPLA XR-ODT	E	QL
DEXEDRINE	E	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	2	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	3	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	2	QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	E	
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	E	QL
EVEKEO	E	
FOCALIN	4	

Drug Name	Drug Tier	Requirements & Limits
FOCALIN XR	E	QL
guanfacine hcl er	2	
INTUNIV	E	
JORNAY PM	3	ST, QL
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	E	
lisdexamfetamine dimesylate	3	QL
METADATE CD	E	QL
METHYLIN	4	
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	QL
methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	QL
methylphenidate hcl er (xr)	E	QL
methylphenidate hcl er oral tablet extended release	2	QL
methylphenidate hcl er oral tablet extended release 24 hour	E	QL
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	
methylphenidate hcl oral tablet chewable	3	
MYDAYIS	E	QL
ONYDA XR	3	QL
QELBREE	E	PA, QL
QUILLICHEW ER	E	QL
QUILLIVANT XR	E	QL
RELEXXII	E	QL

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
RITALIN	E		AUSTEDO	2	PA, QL, SP
RITALIN LA	E	QL	AUSTEDO XR	2	PA, QL, SP
STRATTERA	E	QL	AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	2	PA, SP
ZENZEDI	E		AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	2	PA, QL, SP
Central Nervous System Agents - Drugs for Multiple Sclerosis			HORIZANT	E	QL
AMPYRA	E	PA, QL, SP	INGREZZA ORAL CAPSULE 40 MG, 80 MG	2	PA, QL, SP
AUBAGIO	E	PA, QL, SP	INGREZZA ORAL CAPSULE 60 MG	2	PA, QL
AVONEX PEN	2	PA, QL, SP	INGREZZA ORAL CAPSULE SPRINKLE	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP	INGREZZA ORAL CAPSULE THERAPY PACK	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP	LYRICA ORAL CAPSULE	4	PA
BETASERON	2	PA, QL, SP	NUEDEXTA	2	PA, QL
COPAXONE	E	PA, QL, SP	pregabalin oral capsule	2	
dalfampridine er	2	PA, QL, SP	RADICAVA ORS	3	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP	RADICAVA ORS STARTER KIT	3	PA, QL, SP
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	E	PA, ST, QL, SP	RELYVARIO ORAL PACKET 3-1 GM	4	SP
fingolimod hcl	1	PA, QL, SP	riluzole	1	SP
GILENYA ORAL CAPSULE 0.25 MG	4	PA, QL, SP	SAVELLA	4	QL
GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP	TEGLUTIK	3	PA
glatiramer acetate	2	PA, QL, SP	TIGLUTIK	3	PA
glatopa	2	PA, QL, SP	VEOZAH	4	PA, QL
KESIMPTA	2	PA, QL, SP	ZEPOSIA	3	PA, ST, QL, SP
MAVENCLAD	3	PA, ST, QL, SP	ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
MAYZENT ORAL TABLET 0.25 MG, 2 MG	3	PA, QL, SP	ZEPOSIA STARTER KIT	3	PA, ST, QL, SP
MAYZENT ORAL TABLET 1 MG	4	PA, QL, SP	Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP	cevimeline hcl	1	
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	4	PA, QL, SP	chlorhexidine gluconate mouth/throat	1	
PLEGRIDY INTRAMUSCULAR	3	PA, QL	CLINPRO 5000	3	
PLEGRIDY STARTER PACK	3	PA, QL, SP	DENTA 5000 PLUS	4	
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP			
TECFIDERA ORAL CAPSULE DELAYED RELEASE	E	PA, QL, SP			
teriflunomide	2	PA, QL, SP			

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
DENTAGEL	4		adapalene-benzoyl peroxide external gel	3	QL
EVOXAC	E		AKLIEF	4	PA, QL
FLUORIDEX	3		ALA SCALP	4	
FLUORIDEX ENHANCED WHITENING	3		ala-cort	E	
FLUORIMAX 5000	3		alclometasone dipropionate	1	
FRAICHE 5000 DENTAL	4		amnesteem	2	
JUST RIGHT 5000 DENTAL GEL 1.1 %	4		AMZEEQ	4	QL
JUST RIGHT 5000 DENTAL PASTE	3		ATRALIN	E	PA, QL
KOURZEQ	2		AVAR CLEANSER	4	
lidocaine hcl mouth/throat	1		AVAR LS CLEANSER	E	
lidocaine viscous hcl	1		AVAR-E EMOLLIENT	3	
ORALONE	2		AVAR-E GREEN EXTERNAL CREAM 10-5 %	3	
PERIDEX	4		AVAR-E LS EXTERNAL CREAM 10-2 %	3	
periogard	1		AVITA EXTERNAL CREAM 0.025 %	E	PA, QL
pilocarpine hcl oral	1		AVITA EXTERNAL GEL 0.025 %	E	PA
PREVIDENT 5000 BOOSTER PLUS	3		azelaic acid external	3	
PREVIDENT 5000 DRY MOUTH	4		AZELEX	3	QL
PREVIDENT 5000 KIDS	3		BENZAMYCIN	2	QL
PREVIDENT 5000 ORTHO DEFENSE	3		benzoyl peroxide-erythromycin	1	QL
PREVIDENT 5000 PLUS	4		betamethasone dipropionate aug external cream	1	
PREVIDENT DENTAL	4		betamethasone dipropionate aug external lotion	3	
SALAGEN	4		betamethasone dipropionate aug external ointment	3	
sf 5000 plus	1		betamethasone dipropionate external cream	2	
sf gel 1.1%	1		betamethasone dipropionate external lotion	1	
sodium fluoride 5000 plus	1		betamethasone dipropionate external ointment	2	
sodium fluoride 5000 ppm	1		betamethasone valerate external cream	1	
sodium fluoride dental	1		betamethasone valerate external lotion	1	
triamcinolone acetonide mouth/ throat	1		betamethasone valerate external ointment	1	
Dermatological Agents - Drugs for Skin Conditions					
ABSORICA	E	PA	brimonidine tartrate external	3	PA, QL
ACANYA	E	QL			
accutane	2				
acitretin	1				
ACZONE	E	QL			

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
calcipotriene external cream	2	QL	clobetasol propionate external liquid	1	QL
calcipotriene external ointment	2		clobetasol propionate external ointment	2	QL
calcipotriene external solution	1	QL	clobetasol propionate external shampoo	E	QL
CALCITRENE	3		clobetasol propionate external solution	1	QL
CARAC EXTERNAL CREAM 0.5 %	E		CLOBEX EXTERNAL SHAMPOO	E	QL
CIBINQO	2	PA, QL, SP	CLOBEX SPRAY	E	QL
ciclopirox olamine external suspension	1		clodan	E	QL
claravis	2		clotrimazole external cream	E	
CLEOCIN-T	4		clotrimazole-betamethasone	1	
clindacin	3		CORDRAN	3	QL
clindacin etz external swab	1		dapsone external	3	QL
clindacin-p	1		DERMACINRX UREA	E	
CLINDAGEL	E	QL	DERMA-SMOOTH/FS BODY	4	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL	DERMA-SMOOTH/FS SCALP	4	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	E	QL	desonide external cream	2	QL
clindamycin phosphate external foam	3		desonide external lotion	3	QL
clindamycin phosphate external lotion	3		desonide external ointment	2	QL
clindamycin phosphate external solution	1		DESOWEN	3	QL
clindamycin phosphate external swab	1		desoximetasone external cream	1	QL
clindamycin phosphate gel 1 % external	2	(generic for Cleocin-T), QL	desoximetasone external ointment	3	QL
clindamycin phosphate gel 1 % external	2	QL	diclofenac sodium external gel 3 %	2	PA, QL
clindamycin phosphate gel 1 % external	E	(generic for Clindagel), QL	DIPROLENE	4	
clobetasol prop emollient base external cream 0.05 %	2	QL	doxycycline	E	
clobetasol propionate e	2	QL	DRYSOL	4	
clobetasol propionate external cream	2	QL	DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
clobetasol propionate external foam	E	QL	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL
clobetasol propionate external gel	2	QL	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP
			EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
			EFUDEX EXTERNAL CREAM 5 %	4	
			ELIDEL	E	QL

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ENSTILAR	4	QL	hydrocortisone external cream 2.5 %	1	
EPIDUO	E	QL	hydrocortisone external lotion 2 %	3	
EPIDUO FORTE	E	QL	hydrocortisone external lotion 2.5 %	1	
ERYGEL	3		hydrocortisone external ointment 1 %, 2.5 %	1	
erythromycin external	1		hydrocortisone valerate external cream	2	QL
EUCRISA	3	ST, QL	hydrocortisone valerate external ointment	3	QL
EVOCLIN EXTERNAL FOAM 1 %	4		HYDROXYM EXTERNAL CREAM	E	
FINACEA EXTERNAL FOAM	4		imiquimod external cream 3.75 %	E	QL
FINACEA EXTERNAL GEL	E		imiquimod external cream 5 %	1	
fluocinolone acetonide body	3	QL	imiquimod pump	E	QL
fluocinolone acetonide external cream	3	QL	IMPOYZ	E	QL
fluocinolone acetonide external ointment	2	QL	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
fluocinolone acetonide external solution	3	QL	isotretinoin oral capsule 25 mg, 35 mg	E	PA
fluocinolone acetonide scalp	3		ivermectin external cream	E	QL
fluocinonide external cream 0.05 %	1		KLARON	4	
fluocinonide external cream 0.1 %	E	QL	KLISYRI (250 MG)	4	ST, QL
fluocinonide external gel	1		KLISYRI (350 MG)	4	ST, QL
fluocinonide external ointment	1		LOPROX EXTERNAL SUSPENSION 0.77 %	E	
fluocinonide external solution	1		METROCREAM	4	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E		METROGEL	E	
fluorouracil external cream 5 %	1		METROLOTION	4	
fluticasone propionate external cream	1		metronidazole external cream	1	
fluticasone propionate external ointment	1		metronidazole external gel 0.75 %	1	
halobetasol propionate external cream	2	QL	metronidazole external gel 1 %	E	
halobetasol propionate external ointment	2	QL	metronidazole external lotion	1	
hydrocortisone ace-pramoxine external cream 2.5-1 %	1		MIRVASO	2	PA, QL
hydrocortisone butyrate external cream	1		mometasone furoate external	1	
hydrocortisone external cream 1 %	E		myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
			neuac	3	QL

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
NORITATE	E		SUMADAN WASH	E	
OLUX EXTERNAL FOAM 0.05 %	E	QL	SYNALAR EXTERNAL OINTMENT	E	QL
ONEXTON	E	QL	SYNALAR EXTERNAL SOLUTION 0.01 %	E	QL
OPZELURA	4	PA, QL, SP	TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	E	QL
ORACEA	E		TACLONEX EXTERNAL SUSPENSION	3	QL
OVACE PLUS WASH EXTERNAL LIQUID	4		tacrolimus external	2	QL
OVACE WASH	4		tazarotene external cream 0.1 %	3	PA, QL
PANRETIN	3		TAZORAC EXTERNAL CREAM	4	PA, QL
pimecrolimus	3	QL	TOLAK	E	
PLEXION CLEANSER	E		TOPICORT EXTERNAL CREAM	4	QL
podofilox external solution	1		TOPICORT EXTERNAL OINTMENT	4	QL
PRAMOSONE EXTERNAL CREAM 1-1 %	2		tretinoin external cream	3	QL
PRAMOSONE EXTERNAL CREAM 1-2.5 %	4		tretinoin external gel 0.01 %, 0.025 %	E	QL
RETIN-A	E	PA, QL	tretinoin external gel 0.05 %	E	PA, QL
RHOFADE	4	PA, QL	triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
rosadan external cream 0.75 %	1		triamcinolone acetonide external cream 0.5 %	1	QL
rosadan external gel 0.75 %	1		triamcinolone acetonide external lotion	1	
SANTYL	3	QL	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
selenium sulfide external lotion	1		triamcinolone acetonide external ointment 0.05 %	E	
sodium sulfacetamide wash	1		triamcinolone in absorbase	E	
SOOLANTRA	4	QL	TRIANEX EXTERNAL OINTMENT 0.05 %	E	
spinosad	3		triderm	1	QL
sss 10-5 external cream	1		TRIDESILON EXTERNAL CREAM 0.05 %	3	QL
sulfacetamide sodium (acne)	1		tritocin external ointment 0.05 %	E	
sulfacetamide sodium external	1		urea external cream 20 %, 40 %, 45 %	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1		urea external cream 39 %, 41 %, 47 %	E	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	E		UREA EXTERNAL CREAM 39.5 %	E	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1		uredeb	E	
sulfacetamide sodium-sulfur external suspension 10-5 %	1				
sulfacetamide sod-sulfur wash external liquid 9-4 %	1				
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	E				

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
UREMEZ-40	3		BD ECLIPSE NEEDLE 23G X1" (OTC)	2	
URESOL	E		BD ECLIPSE NEEDLE 23G X1" (RX)	2	
VANOS	E	QL	BD ECLIPSE SHIELDED NEEDLE	2	
VTAMA	4	PA, QL	BD SAFETYGLIDE NEEDLE 23G X1-1/2"	2	
WINLEVI	E	PA, QL	BD SAFETYGLIDE SHIELDED NEEDLE 21G X1-1/2"	2	
xurea	E		BD SHARPS COLLECTOR	3	
zenatane	2		BD ULTRA-FINE INSULIN SYRINGES	2	
ZILXI	4	PA, ST, QL	BD ULTRA-FINE PEN NEEDLES	2	QL
ZORYVE EXTERNAL CREAM 0.3 %	4	PA, QL	BD ULTRA-FINE U-500 INSULIN SYRINGES	2	
ZORYVE EXTERNAL FOAM	4	PA, QL	BD VEO ULTRA-FINE INSULIN SYRINGES	2	
ZYCLARA	E	QL	BIGFOOT UNITY PROGRAM	3	
ZYCLARA PUMP	E	QL	BIOTEL CARE TEST STRIPS	E	QL
Diabetes - Glucose Monitoring and Supplies					
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL	BLOOD GLUCOSE TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET	1		BLOOD GLUCOSE TEST STRIPS 333	E	QL
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1		CAREPOINT POLY HUB NEEDLE 18G X1", 21G X1", 22G X1", 23G X1", 25G X1", 25G X5/8"	2	
ACCU-CHEK GUIDE KIT W/ DEVICE	3		CAREPOINT POLY HUB NEEDLE 22G X1-1/2"	2	
ACCU-CHEK GUIDE ME METER	3		CAREPOINT SAFETY 1ST NEEDLE	2	
ACCU-CHEK GUIDE TEST	3	QL	CARETOUCH MONITOR SYSTEM	E	
ACCU-CHEK GUIDE TEST STRIPS	3		CARETOUCH TEST	E	QL
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL	CEQUR SIMPLICITY 2U 8PK	3	ST
ACCU-CHEK SOFTCLIX LANCET	1		CONTOUR MONITOR KIT W/ DEVICE	E	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1		CONTOUR NEXT EZ KIT W/ DEVICE	2	
ACCUTREND GLUCOSE	E	QL	CONTOUR NEXT GEN MONITOR KIT	2	
AGAMATRIX PRESTO TEST	E	QL	CONTOUR NEXT GEN TEST STRIPS	2	QL
ALCOHOL PREP PADS PAD	3		CONTOUR NEXT LINK KIT W/ DEVICE	E	
AQ INSULIN SYRINGE	2	QL	CONTOUR NEXT LINK KIT W/ DEVICE	E	(Contour Next Link 24)
AQINJECT PEN NEEDLE	2	QL			
BD AUTOSHIELD DUO PEN NEEDLES	2				
BD BLUNT FILL NEEDLE W/ FILTER	2				
BD ECLIPSE NEEDLE 18G X1-1/2", 25G X5/8", 27G X1/2"	2				

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CONTOUR NEXT MONITOR KIT W/DEVICE	2		EMBRACE BLOOD GLUCOSE TEST	E	QL
CONTOUR NEXT ONE KIT	2		EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
CONTOUR NEXT TEST STRIPS	2		ENLITE GLUCOSE SENSOR	3	PA
CONTOUR PLUS BLUE KIT W/ DEVICE	E		EQ BLOOD GLUCOSE TEST	E	QL
CONTOUR PLUS TEST STRIP	E	QL	EVERSENSE 365 SENSOR/HOLDER	E	PA
CONTOUR TEST STRIPS	E	QL	EVERSENSE 365 SMART TRANSMIT	E	PA
CVS ADVANCED GLUCOSE TEST	E	QL	EVERSENSE E3 SENSOR/HOLDER	E	PA
CVS GLUCOSE METER TEST STRIPS	E	QL	EVERSENSE E3 SMART TRANSMITTER	E	PA
CVS NEEDLE COLLECTION/DISPOSAL	3		EVERSENSE SENSOR/HOLDER	E	PA
CVS TRUE METRIX GLUCOSE TEST	E	QL	EVERSENSE SMART TRANSMITTER	E	PA
D-CARE BLOOD GLUCOSE	E	QL	FORA 6 CONNECT/GTEL TEST	E	QL
D-CARE GLUCOMETER	E		FORTISCARE G1 TEST STRIP IN VITRO STRIP	E	QL
DEXCOM G6 RECEIVER	3	PA, QL	FORTISCARE TEST IN VITRO STRIP	E	QL
DEXCOM G6 SENSOR	3	PA, QL	FREESTYLE LIBRE 14 DAY READER	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL	FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL	FREESTYLE LIBRE 2 PLUS SENSOR	3	PA
DEXCOM G7 SENSOR	3	PA, QL	FREESTYLE LIBRE 2 READER	3	PA, QL
DIABETES CARE	E		FREESTYLE LIBRE 2 SENSOR	3	PA, QL
DIABETES MONITOR DIGIT ADD-ON	3		FREESTYLE LIBRE 3 PLUS SENSOR	3	PA
DIABETES MONITOR DIGIT SOLN	3		FREESTYLE LIBRE 3 READER	3	PA
DROPSAFE SAFETY SYRINGE/ NEEDLE	2	QL	FREESTYLE LIBRE 3 SENSOR	3	PA, QL
EASY COMFORT SHARPS CONTAINER	3		FREESTYLE LIBRE READER	3	PA, QL
EASY MAX BLOOD GLUCOSE TEST	E	QL	FREESTYLE PRECISION NEO SYSTEM	E	
EASY MAX T1 GLUCOSE SYSTEM	E		FREESTYLE PRECISION NEO TEST	E	QL
EASY TOUCH HEALTHPRO GLUCOSE	E		FREESTYLE TEST	E	QL
EASY TOUCH TEST	E	QL	GLUCOCARD EXPRESSION TEST	E	QL
EASYGLUCO	E		GLUCOCARD SHINE TEST	E	QL
EASymax 15 TEST	E	QL			
EASymax NG BLOOD GLUCOSE KIT	E				

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
GLUCOCARD VITAL TEST	E	QL	INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	ST
GUARDIAN 4 GLUCOSE SENSOR	3	PA, QL	INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL
GUARDIAN 4 TRANSMITTER	3	PA, QL	INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL
GUARDIAN CONNECT TRANSMITTER	3	PA, QL	LANCETS	1	
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL	MICRODOT TEST	E	QL
GUARDIAN REAL-TIME REPLACE PED	3	PA	MINILINK REAL-TIME TRANSMITTER	3	PA
GUARDIAN SENSOR 3	3	PA, QL	MINIMED 630G GUARDIAN PRESS	3	PA
GVOKE HYPOOPEN 1-PACK	2	QL	MM BLOOD GLUCOSE SYSTEM	E	
GVOKE HYPOOPEN 2-PACK	2	QL	MM BLOOD GLUCOSE SYSTEM REFILL	E	
GVOKE KIT	2		MM BLULINK GLUCOSE TEST	E	QL
GVOKE PFS	2		MM EASY TOUCH GLUCOSE METER	E	
HEALTHPRO BLOOD GLUCOSE MONITO	E		MONOJECT HYPODERMIC NEEDLE 18G X 1"	2	
IHEALTH BLOOD GLUCOSE TEST STR	E	QL	NEUTEK 2TEK TEST	E	QL
IHEALTH GLUCO+ KIT 10	E		NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL
IHEALTH GLUCO+ KIT 100	E		NOVOFINE PEN NEEDLE	2	QL
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3		NOVOFINE PLUS PEN NEEDLE	2	QL
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	ST	NOVOPEN ECHO	3	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3		OMNIPOD 5 DEXG7G6 INTRO GEN 5	2	PA, QL
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	ST	OMNIPOD 5 DEXG7G6 PODS GEN 5	2	PA
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3		OMNIPOD 5 DEXG7G6 PODS GEN 5	2	PA, QL
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	ST	OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3		OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	ST	OMNIPOD 5 LIBRE2 PLUS G6	2	PA
INPEN 100-PINK-LILLY-HUMALOG DEVICE	3				
INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	ST			
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3				

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	PA	RELION TRUE METRIX TEST STRIPS	E	QL
ON CALL EXPRESS BLOOD GLUCOSE	E	QL	RELION ULTIMA GLUCOSE SYSTEM	E	
ON CALL EXPRESS MONITORING SYS	E		RELION ULTIMA TEST	E	QL
ONETOUCH DELICA LANCETS	1	QL	RIGHTEST GT333 GLUCOSE TEST	E	QL
ONETOUCH ULTRA 2 KIT W/ DEVICE	1		SHARPS COLLECTOR	3	
ONETOUCH ULTRA BLUE TEST	1	QL	SHARPS CONTAINER	3	
ONETOUCH ULTRA TEST STRIPS	1	QL	TECHLITE INSULIN SYRINGES	2	QL (Arkay)
ONETOUCH ULTRASOFT LANCETS	1	QL	TECHLITE PEN NEEDLES	2	QL (Arkay)
ONETOUCH VERIO FLEX SYSTEM KIT	1		TECHLITE PLUS PEN NEEDLES	2	QL (Arkay)
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	1		TEMPO REFILL	E	
ONETOUCH VERIO KIT W/ DEVICE	1		TEMPO WELCOME	E	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1		TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
ONETOUCH VERIO TEST STRIPS	1	QL	TRUE METRIX AIR GLUCOSE METER KIT	E	
OPTIUMEZ TEST	E	QL	TRUE METRIX BLOOD GLUCOSE TEST	E	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA	TRUE METRIX GO GLUCOSE METER	E	
PIP BLOOD GLUCOSE TEST STRIP	E	QL	TRUE METRIX METER	E	
PRECISION XTRA	E		TRUE METRIX PRO BLOOD GLUCOSE	E	QL
PRECISION XTRA BLOOD GLUCOSE	E	QL	UNISTRIP1 GENERIC	E	QL
PREMIUM BLOOD GLUCOSE TEST	E	QL	VERIFINE SHARPS CONTAINER	3	
PTS PANELS EGLU TEST	E	QL	VIVAGUARD INO GLUCOSE METER KIT	E	
QUICK TOUCH BLOOD GLUCOSE	E		VIVAGUARD INO TEST STRIPS	E	QL
QUICK TOUCH BLOOD GLUCOSE TEST	E	QL	Diabetes - Insulin		
QUINTET AC BLOOD GLUCOSE TEST	E	QL	ADMELOG	E	QL
QUINTET BLOOD GLUCOSE TEST	E	QL	ADMELOG SOLOSTAR	E	QL
RELION GLUCOSE TEST STRIPS	E	QL	BASAGLAR KWIKPEN	E	QL
RELION TRUE MET AIR GLUC METER	E		BASAGLAR TEMPO PEN	E	
			HUMALOG CARTRIDGE	2	QL
			HUMALOG INJECTION	E	QL
			HUMALOG KWIKPEN	2	QL
			HUMALOG MIX 50/50 KWIKPEN	2	QL
			HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	QL

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
HUMALOG MIX 75/25 KWIKPEN	2	QL	NOVOLIN N VIAL	E	ST, QL
HUMALOG MIX 75/25 VIAL	1	QL	NOVOLIN R FLEXPEN	E	ST, QL
HUMALOG SUBCUTANEOUS	2	QL	NOVOLIN R FLEXPEN RELION	E	ST, QL
HUMALOG TEMPO PEN	E	QL	NOVOLIN R RELION	E	ST, QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL	NOVOLIN R VIAL	E	ST, QL
HUMULIN 70/30 KWIKPEN	2	QL	NOVOLOG FLEXPEN	E	ST, QL
HUMULIN 70/30 VIAL	1	QL	NOVOLOG FLEXPEN RELION	E	ST, QL
HUMULIN N KWIKPEN	2	QL	NOVOLOG RELION	E	ST, QL
HUMULIN N VIAL	1	QL	NOVOLOG U-100 VIAL	E	ST, QL
HUMULIN R U-500 KWIKPEN	2	QL	TOUJEO MAX SOLOSTAR	2	QL
HUMULIN R U-500 VIAL	1	QL	TOUJEO SOLOSTAR	2	QL
HUMULIN R VIAL	1	QL	TRESIBA FLEXTOUCH	E	QL
INSULIN ASPART	E	ST, QL	Diabetes - Non-Insulin Agents		
INSULIN ASPART FLEXPEN	E	ST, QL	acarbose oral	1	
INSULIN DEGLUDEC FLEXTOUCH	E	QL	ACTOPLUS MET	4	QL
INSULIN GLARGINE	E	QL	ACTOS	E	QL
INSULIN GLARGINE MAX SOLOSTAR	E	QL	ALOGLIPTIN BENZOATE	2	QL
INSULIN GLARGINE SOLOSTAR	E	QL	ALOGLIPTIN-METFORMIN HCL	2	QL
INSULIN LISPRO	1	QL	AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	E	
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen), QL	BAQSIMI ONE PACK	2	QL
INSULIN LISPRO JUNIOR KWIKPEN	2	QL	BAQSIMI TWO PACK	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL	BYDUREON BCISE AUTOINJECTOR	2	PA, QL
LANTUS SOLOSTAR	1	QL	BYETTA 10 MCG PEN	2	PA, QL
LANTUS U-100 VIAL	1	QL	BYETTA 5 MCG PEN	2	PA, QL
LYUMJEV KWIKPEN	2	QL	CYCLOSET	3	
LYUMJEV TEMPO PEN	E	QL	DAPAGLIFLOZIN PRO-METFORMIN ER	E	ST, QL
LYUMJEV VIAL	1	QL	DAPAGLIFLOZIN PROPANEDIOL	E	ST, QL
NOVOLIN 70/30 FLEXPEN	E	ST, QL	FARXIGA	E	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL	glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
NOVOLIN 70/30 RELION	E	ST, QL	glimepiride oral tablet 3 mg	E	
NOVOLIN 70/30 VIAL	E	ST, QL	glipizide er	1	
NOVOLIN N FLEXPEN	E	ST, QL	glipizide oral tablet 10 mg, 5 mg	1	
NOVOLIN N FLEXPEN RELION	E	ST, QL	glipizide oral tablet 2.5 mg	E	
NOVOLIN N RELION	E	ST, QL	glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
glipizide-metformin hcl	2		nateglinide	2	QL
glucagon emergency kit 1 mg injection	2	QL	ONGLYZA	E	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION	E	QL	OZEMPIC	2	PA, QL
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR	2	QL (Fresenius)	pioglitazone hcl	1	QL
GLUCOTROL XL	4		pioglitazone hcl-metformin hcl	2	QL
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	E	PA	repaglinide	2	QL
glyburide micronized	1		RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA, QL
glyburide oral	1		saxagliptin hcl	2	QL
glyburide-metformin	1		saxagliptin-metformin er	2	QL
GLYNASE ORAL TABLET 1.5 MG	3		SOLIQUA	2	QL
GLYNASE ORAL TABLET 3 MG, 6 MG	4		SYMLINPEN 120	3	QL
GLYXAMBI	2	ST, QL	SYMLINPEN 60	3	QL
INVOKANA	E	ST, QL	SYNJARDY	2	QL
JANUMET	E	ST, QL	SYNJARDY XR	2	QL
JANUMET XR	E	ST, QL	TRADJENTA	2	QL
JANUVIA	E	ST, QL	TRIJARDY XR	2	QL
JARDIANCE	2	QL	TRULICITY	2	PA, QL
JENTADUETO	2	QL	XIGDUO XR	E	ST, QL
JENTADUETO XR	2	QL	ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	E	QL	Drugs for Blood Disorders		
liraglutide solution pen-injector 18 mg/3ml subcutaneous	2	PA, QL	ADVATE	2	SP
liraglutide solution pen-injector 18 mg/3ml subcutaneous	3	PA, QL	ADYNOVATE	4	PA, SP
metformin hcl er	1		AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	4	PA
metformin hcl er (mod)	E	PA	AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	4	PA, SP
metformin hcl er (osm)	E	PA	ALPHANATE	2	SP
metformin hcl oral solution	3		ALPROLIX	3	SP
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1		ALTUVIPIO	4	PA, SP
metformin hcl oral tablet 625 mg, 750 mg	E		ALVAIZ	4	PA, SP
MOUNJARO	2	PA, QL	anagrelide hcl	1	
			ARANESP (ALBUMIN FREE)	2	QL, SP
			aspirin-dipyridamole er	3	
			DOPTELET	4	PA, QL, SP
			ELOCTATE	4	PA, SP
			FABHALTA	2	PA, QL, SP

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	E	PA, SP
HEMOFIL M	2	SP
heparin sodium (porcine) injection solution	1	
heparin sodium (porcine) pf	1	
HUMATE-P	2	SP
IDELVION	3	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
NEULASTA	2	
NIVESTYM	2	
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	2	
NYVEPRIA	E	
PROMACTA ORAL TABLET	E	PA, SP
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
TAVALISSE	4	PA, QL, SP
tranexamic acid oral	2	QL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
VOYDEYA ORAL TABLET	2	PA, QL, SP
VOYDEYA ORAL TABLET THERAPY PACK	2	PA, SP
WILATE	2	

Drug Name	Drug Tier	Requirements & Limits
ZARXIO	2	
Drugs for Sexual Dysfunction		
ADDYI	4	PA, QL
avanafil	3	PA, QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	4	PA, QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	4	PA, QL
tadalafil oral	2	QL
vardenafil hcl oral tablet	3	QL
VIAGRA	E	QL
VYLEESI	4	PA, QL
Electrolytes / Vitamins		
ACCRUFER	E	
calcium acetate (phos binder) oral tablet	1	
calcium acetate oral tablet 667 mg	1	
CARNITOR ORAL SOLUTION	4	
CARNITOR SF	4	
CITRANATAL 90 DHA	3	
CITRANATAL ASSURE	3	
CITRANATAL DHA ORAL 27-1 & 250 MG	4	
COMPLETENATE	3	
CO-NATAL FA	2	
CONCEPT DHA	4	
cvs prenatal	E	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	3	
DAVIMET-FLUORIDE	E	
deferasirox oral tablet	2	PA, SP
DENTA 5000 PLUS SENSITIVE	3	

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
DODEX INJECTION SOLUTION 1000 MCG/ML	4		multivitamin w/fluoride tablet chewable 1 mg oral	E	
DRISDOL	4		multi-vitamin/fluoride	1	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	2		multivitamin/fluoride oral tablet chewable	1	
ELITE-OB	3		MULTI-VIT-FLOR	E	
ergocalciferol oral capsule	1		nafrinse drops oral solution 0.275 (0.125 f) mg/drop	1	H
FLORAFOL PEDIATRIC ORAL SOLUTION	3		NAFRINSE ORAL TABLET CHEWABLE 2.2 (1 F) MG	1	H
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE	E		NASCOBAL	3	
FLORIVA PLUS	E		NATALVIT	2	
FLUORIMAX 5000 SENSITIVE	3		NEONATAL COMPLETE	3	
fluoritab oral solution 0.275 (0.125 f) mg/drop	1	H	NEONATAL PLUS	3	
folic acid oral tablet 1 mg	1		NEONATAL PRENATAL	E	
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	E		NEONATAL VITAMIN	E	
klor-con	1		NIVA-PLUS	3	
klor-con 10	1		OB COMPLETE	3	
klor-con m10	1		ONE VITE WOMENS	E	
klor-con m15	1		ONE VITE WOMENS PLUS	3	
klor-con m20	1		ORACIT	2	
kosher prenatal plus iron	1		ORAL CITRATE	2	
K-PHOS-NEUTRAL	2		PHOSPHA 250 NEUTRAL	2	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3		phosphorous	1	
levocarnitine oral solution	1		phospho-trin 250 neutral	1	
levocarnitine sf	1		pnv-dha	3	
LOKELMA	3	PA, QL	POKONZA	E	
M-NATAL PLUS	3		POLY-VI-FLOR ORAL TABLET CHEWABLE	E	
multivitamin w/fluoride tablet chewable 0.25 mg oral	1		potassium chloride crys er	1	
multivitamin w/fluoride tablet chewable 0.25 mg oral	E		potassium chloride er	1	
multivitamin w/fluoride tablet chewable 0.5 mg oral	1		potassium chloride oral	1	
multivitamin w/fluoride tablet chewable 0.5 mg oral	E		potassium citrate er	1	
multivitamin w/fluoride tablet chewable 1 mg oral	1		potassium citrate-citric acid	1	

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits	
prenatal plus	1		UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	4		
prenatal plus vitamin/mineral	1		VELTASSA	3	PA, QL	
prenatal vitamins oral tablet 27-0.8 mg	E		virt-pn dha oral capsule 27-0.6-0.4-300 mg	3		
PRENATE DHA	3		VITAFOL FE+	3		
PRENATE ENHANCE	3		VITAFOL GUMMIES	3		
PRENATE ESSENTIAL	3		VITAFOL ULTRA	3		
PRENATE MINI	3		VITAFOL-OB	3		
PRENATE PIXIE	3		VITAMEDMD ONE RX/ QUATREFOLIC	3		
PRENATE RESTORE	3		vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1		
PRENATOL-M	E		VITAPEARL	3		
PRENATRIX	E		VITATHELY WITH GINGER	3		
PRENATRYL	E		WESCAP-C DHA	4		
PREVIDENT 5000 ENAMEL PROTECT	3		WESCAP-PN DHA	4		
PREVIDENT 5000 SENSITIVE	3		wes-phos 250 neutral	1		
PREVIDENT MOUTH/THROAT	3		WESTAB PLUS	E		
QUFLORA GUMMIES ORAL TABLET CHEWABLE 0.125 MG	E		ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	4		
QUFLORA PEDIATRIC	3		Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer			
SE-NATAL 19	3		ACIPHEX	E	QL	
sod citrate-citric acid oral solution 500-334 mg/5ml	1		bis subcit-metronid-tetracyc	3	QL	
sod fluoride-potassium nitrate	1		bismuth/metronidaz/tetracyclin	3	QL	
sodium fluoride 5000 enamel	1		CARAFATE	E		
sodium fluoride 5000 sensitive	1		cimetidine oral	1		
sodium fluoride mouth/throat	1		CYTOTEC	4		
sodium fluoride oral solution	1	H	DEXILANT	E	QL	
sodium fluoride oral tablet chewable	1	H	dexlansoprazole	E	QL	
SPS (SODIUM POLYSTYRENE SULF)	3		esomeprazole magnesium oral capsule delayed release	E	QL	
TARON-C DHA	4		esomeprazole magnesium oral packet	3	PA, ST, QL	
THRIVITE RX	3		famotidine oral suspension reconstituted	1		
TRICARE ORAL TABLET	3		famotidine oral tablet 20 mg, 40 mg	E		
TRINATAL RX 1	3					
TRINATE	3					
tri-vite/fluoride	1					
UROCIT-K 10	4					
UROCIT-K 15	4					

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
lansoprazole oral capsule delayed release	E	QL	enulose	1	
lansoprazole oral tablet delayed release dispersible	3	PA, ST, QL	GASTROCROM	E	
misoprostol oral	1		gavilyte-c	1	H
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	QL	gavilyte-g	1	QL, H
NEXIUM ORAL PACKET	4	PA, ST, QL	gavilyte-n with flavor pack	1	QL, H
OMECLAMOX-PAK	3	QL	generlac	1	
omeprazole oral capsule delayed release	1		GLYCATE	E	
pantoprazole sodium oral tablet delayed release	1		glycopyrrolate oral solution	3	
PEPCID	E		glycopyrrolate oral tablet 1 mg, 2 mg	1	
PREVACID	E	QL	GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
PREVACID SOLUTAB	E	PA, ST, QL	GOLYTELY	1	QL, H
PROTONIX ORAL TABLET DELAYED RELEASE	E		hyoscyamine sulfate er	1	
PYLERA	4	QL	hyoscyamine sulfate oral tablet	1	
rabeprazole sodium oral tablet delayed release	2	QL	hyoscyamine sulfate oral tablet dispersible	1	
sucralfate oral suspension	3		hyoscyamine sulfate sublingual	1	
sucralfate oral tablet	1		IBSRELA	E	PA, ST, QL
VOQUEZNA	4	PA, QL	IQIRVO	4	PA, ST, QL, SP
VOQUEZNA DUAL PAK	4	ST, QL	KRISTALOSE	3	
VOQUEZNA TRIPLE PAK	4	ST, QL	lactulose encephalopathy	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions					
alosetron hcl	2	PA, QL	lactulose oral solution	1	
AMITIZA	E	PA, QL	LEVIBID	4	
ANASPAZ	2		LEVSIN	4	
BYLVAY	4	PA, QL, SP	LEVSIN/SL	4	
BYLVAY (PELLETS)	4	PA, QL, SP	LIBRAX	E	
chlordiazepoxide-clidinium	4		LINZESS	2	PA, QL
CLENPIQ	3	QL	LIVDELZI	4	PA, ST, QL, SP
constulose	1		LOMOTIL	4	
cromolyn sodium oral	1		lubiprostone	2	PA, QL
CUVPOSA	4		methscopolamine bromide oral	1	
dicyclomine hcl oral	1		MOVIPREP	4	QL
diphenoxylate-atropine oral tablet	1		na sulfate-k sulfate-mg sulf	3	QL

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbate	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
prucalopride succinate	3	PA, QL
RELTONE	E	
ROBINUL ORAL TABLET 1 MG	E	
ROBINUL-FORTE ORAL TABLET 2 MG	E	
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
TRULANCE	E	PA, ST, QL
URSO 250 ORAL TABLET 250 MG	E	
URSO FORTE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
SUCRAID	2	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, QL, SP
VYNDAMAX	2	PA, QL, SP
ZENPEP	2	

Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions

bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
CAVERJECT IMPULSE	3	QL
DETROL	E	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	E	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	E	
EDEX	3	QL
ELMIRON	4	ST
GEMTESA	E	
me/naphos(mb/hyo1	1	
mirabegron er	3	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
oxybutynin chloride er	2	
oxybutynin chloride oral tablet 2.5 mg	3	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
RENELA ORAL TABLET	E	
sevelamer carbonate oral tablet	2	
solifenacin succinate	2	
THIOLA	4	SP
THIOLA EC	4	SP
tiopronin oral tablet delayed release	3	SP

Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment

CARNITOR ORAL TABLET	4	
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI ORAL SOLUTION RECONSTITUTED	2	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	2	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	2	PA, QL
levocarnitine oral tablet	1	
ORFADIN	2	PA, SP
PANCREAZE	3	ST
PERTZYE	4	ST
sapropterin dihydrochloride oral packet	2	PA, QL, SP
STRENSIQ	2	PA, QL, SP

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
tolterodine tartrate	3		ashlyna	3	
tolterodine tartrate er	E		aubra eq	1	H
trospium chloride	3		aurovela 1.5/30	1	H
trospium chloride er	E		aurovela 1/20	1	H
UROGESIC-BLUE	2		aurovela 24 fe	1	H
VELPHORO	4	ST	aurovela fe 1.5/30	1	H
VENXXIVA	E	SP	aurovela fe 1/20	1	H
VESICARE	E		aviane	1	H
Genitourinary Agents - Drugs for Prostate Conditions					
alfuzosin hcl er	1		AYGESTIN ORAL TABLET 5 MG	4	
AVODART	E		ayuna	1	H
dutasteride oral	2		azurette	2	
finasteride oral tablet 5 mg	1		balziva	1	H
FLOMAX	E		BEYAZ	E	
PROSCAR	E		BIJUVA	3	
RAPAFLO	E		blisovi 24 fe	1	H
silodosin	3		blisovi fe 1.5/30	1	H
tamsulosin hcl	1		blisovi fe 1/20	1	H
terazosin hcl	1		briellyn	1	H
UROXATRAL	E		camila	1	H
Hormonal Agents - Hormone Replacement and Birth Control					
ACTIVELLA	4		camrese	3	
afirmelle	1	H	camrese lo	3	
aftera	1	H	charlotte 24 fe	1	H
ALORA	3	QL	chateal eq	1	H
altavera	1	H	CLIMARA	E	QL
alyacen 1/35	1	H	CLIMARA PRO	3	QL
alyacen 7/7/7	1	H	COMBIPATCH	3	QL
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	2		COVARYX	2	
amethia oral tablet 0.15-0.03 &0.01 mg	3		COVARYX HS	3	
amethyst	1	H	cryselle-28	1	H
ANGELIQ	3		curae	1	H
ANNOVERA	3	QL	cyred eq	1	H
apri	1	H	cyred oral tablet 0.15-30 mg-mcg	1	H
aranelle	1	H	dasetta 1/35 (28)	1	H
			dasetta 7/7/7	1	H
			daysee	3	
			deblitane	1	H
			DELESTROGEN	4	

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
delyla	1	H	estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
DEPO-ESTRADIOL	3		estradiol patch twice weekly 0.025 mg/24hr transdermal	2	QL
DEPO-PROVERA	4	QL	estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Minivelle), QL
DEPO-SUBQ PROVERA 104	1	QL, H	estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	H	estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H	estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
DIVIGEL	3		estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	QL
dolishale	1	H	estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Minivelle), QL
dotti	2	QL	estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
drospirenen-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	E		estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
drospirenen-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H	estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Minivelle), QL
drospirenone-ethinyl estradiol	3		estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
DUAVEE	3	QL	estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Minivelle), QL
econtra ez oral tablet 1.5 mg	1	H	estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
econtra one-step	1	H	estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
EEMT	2		estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
EEMT HS	3		estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
ELESTRIN	3		estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
elinest	1	H	estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL
ELLA	1	QL, H	estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
eluryng	1	H	estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
emzahh	1	H	estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
enilloring	1	H	estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
enpresse-28	1	H	estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
enskyce	1	H	estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	3	
errin	1	H	estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	3	QL
est estrogens-methyltest	1		estradiol transdermal patch weekly	1	(generic for Climara), QL
est estrogens-methyltest ds	1		estradiol vaginal cream	3	
est estrogens-methyltest hs	1		estradiol vaginal tablet	2	
estarrylla	1	H	estradiol valerate intramuscular	1	
ESTRACE	E				
estradiol oral	1				
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Minivelle), QL			

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
estradiol-norethindrone acet	2		junel fe 24	1	H
estratest f.s.	1		kalliga	1	H
ESTRATEST H.S.	3		kariva	2	
ESTRING	2	QL	kelnor 1/35	1	H
ESTROGEL	3	QL	kelnor 1/50	1	H
ethynodiol diac-eth estradiol	1	H	kurvelo	1	H
etonogestrel-ethinyl estradiol	1	H	larin 1.5/30	1	H
EVAMIST	2		larin 1/20	1	H
falmina	1	H	larin 24 fe	1	H
fayosim oral tablet 42-21-21-7 days	1	H	larin fe 1.5/30	1	H
feirza 1.5/30	1	H	larin fe 1/20	1	H
feirza 1/20	1	H	leena	1	H
FEMRING	3	QL	lessina	1	H
finzala	1	H	levonest	1	H
fyavolv	3		levonorgest-eth est & eth est	1	H
gallifrey	1		levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	3	
hailey 1.5/30	1	H	levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
hailey 24 fe	1	H	levonorgestrel	1	H
hailey fe 1.5/30	1	H	levonorgestrel-ethinyl estrad	1	H
hailey fe 1/20	1	H	levonorg-eth estrad triphasic	1	H
haloette	1	H	levora 0.15/30 (28)	1	H
heather	1	H	LO LOESTRIN FE	1	H
her style	1	H	LOESTRIN 1.5/30 (21)	E	
iclevia	2	H	LOESTRIN 1/20 (21)	E	
incassia	1	H	LOESTRIN FE 1.5/30	E	
introvale	2	H	LOESTRIN FE 1/20	E	
isibloom	1	H	lojaimiess	3	
jaimiess	3		loryna	3	
jasmiel	3		LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG	4	
jencycla	1	H	low-ogestrel	1	H
jinteli	3		lo-zumandimine	3	
jolessa	2	H	ltera	1	H
juleber	1	H	lyeq	1	H
junel 1.5/30	1	H	lyllana	2	QL
junel 1/20	1	H	lyza	1	H
junel fe 1.5/30	1	H			
junel fe 1/20	1	H			

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
marlissa	1	H	norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
medroxyprogesterone acetate intramuscular	1	QL, H	norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	1	H
medroxyprogesterone acetate oral	1		norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
megestrol acetate oral tablet	1		norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
MENOSTAR	3	QL	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
mibelas 24 fe	1	H	norlyroc	1	H
microgestin 1.5/30	1	H	nortrel 0.5/35 (28)	1	H
microgestin 1/20	1	H	nortrel 1/35 (21)	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H	nortrel 1/35 (28)	1	H
microgestin fe 1.5/30	1	H	nortrel 7/7/7	1	H
microgestin fe 1/20	1	H	NUVARING	E	
mili	1	H	nyla 1/35	1	H
mimvey	2		nyla 7/7/7	1	H
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	E		nymyo oral tablet 0.25-35 mg-mcg	1	H
MINIVELLE	E	QL	ocella	3	
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	E		opcicon one-step	1	H
mono-linyah	1	H	option 2	1	H
my choice	1	H	PHEXXI	E	PA
my way	1	H	philith	1	H
MYFEMBREE	2	PA, QL	pimtrea	2	
NATAZIA	1		PLAN B ONE-STEP	1	H
necon 0.5/35 (28)	1	H	portia-28	1	H
new day	1	H	PREMARIN ORAL	3	
NEXTSTELLIS	E		PREMARIN VAGINAL	3	
nikki	3		PREMPHASE	3	
nora-be	1	H	PREMPRO	3	
norelgestromin-eth estradiol	3	H	progesterone intramuscular	1	
norethrin ace-eth estrad-fe oral tablet	1	H	progesterone oral	2	
norethrin ace-eth estrad-fe oral tablet chewable	1	H	PROMETRIUM	E	
norethindrone acetate oral	1		PROVERA	4	
norethindrone acet-ethinyl est	1	H	QUARTETTE ORAL TABLET 42-21-21-7 DAYS	E	
norethindrone oral	1	H			
norethindrone-eth estradiol	2				

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits	
react	1	H	velivet	1	H	
reclipsen	1	H	vestura	3		
rivilsa	1	H	vienva	1	H	
SAFYRAL	E		viorele	2		
SEASONIQUE ORAL TABLET 0.15-0.03 &0.01 MG	E		VIVELLE-DOT	E	QL	
setlakin	2	H	volnea	2		
sharobel	1	H	vyfemla	1	H	
simliya	2		vylibra	1	H	
simpesse	3		wera	1	H	
SLYND	4	PA, ST	wymzya fe	1	H	
sprintec 28	1	H	xarah fe	1	H	
sronyx	1	H	xulane	3	H	
syeda	3		YASMIN 28	2		
take action	1	H	YAZ	2		
tarina 24 fe	1	H	yuvafem	2		
tarina fe 1/20 eq	1	H	zafemy	3	H	
tilia fe	1	H	zovia 1/35 (28)	1	H	
tri-estarrylla	1	H	zumandimine	3		
tri-legest fe	1	H	Hormonal Agents - Oral Steroids			
tri-linyah	1	H	CORTEF	4		
tri-lo-estarrylla	2		DEXABLISS	E		
tri-lo-marzia	2		dexamethasone intensol	1		
tri-lo-mili	2		dexamethasone oral elixir	1		
tri-lo-sprintec	2		dexamethasone oral solution	1		
tri-mili	1	H	dexamethasone oral tablet	1		
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H	dexamethasone oral tablet therapy pack	3		
tri-sprintec	1	H	DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	E		
trivora (28)	1	H	fludrocortisone acetate oral	1		
tri-vylibra	1	H	HEMADY	E		
tri-vylibra lo	2		HIDEX 6-DAY	E		
turqoz	1	H	hydrocortisone oral	1		
TWIRLA	E		MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	4		
TYBLUME	1		MEDROL ORAL TABLET 2 MG	2		
tydemy oral tablet 3-0.03-0.451 mg	1	H	MEDROL ORAL TABLET THERAPY PACK	4		
VAGIFEM	E		methylprednisolone oral	1		
valtya 1/50	1	H				

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ORAPRED ODT	4		Hormonal Agents - Testosterone Replacement		
PEDIAPRED	2		ANDROGEL PUMP	E	PA, QL
prednisolone oral solution	1		DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E		DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
prednisolone sodium phosphate oral solution 15 mg/5ml	1		FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	E	PA, QL
prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL	KYZATREX	4	PA, QL
prednisolone sodium phosphate oral tablet dispersible	1		NATESTO	E	PA, QL
prednisone oral	1		TESTIM	2	PA, QL
TAPERDEX 12-DAY	3		TESTOSTERONE CYPIONATE INJECTION	E	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	4		testosterone cypionate intramuscular	1	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3		testosterone enanthate intramuscular	1	
TAPERDEX 7-DAY	3		testosterone gel 12.5 mg/act (1%) transdermal	4	PA, QL
Hormonal Agents - Other			testosterone gel 12.5 mg/act (1%) transdermal	E	PA, QL
cabergoline	2		testosterone gel 20.25 mg/act (1.62%) transdermal	2	PA, QL
DDAVP ORAL	E		testosterone gel 20.25 mg/act (1.62%) transdermal	E	PA, QL
desmopressin acetate oral	1		testosterone transdermal gel 1.62 %	2	PA, QL
desmopressin acetate spray	1		testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	E	PA, QL
leuprolide acetate injection	1	PA	VOGELXO	E	PA, QL
megestrol acetate oral suspension 40 mg/ml	1		VOGELXO PUMP	E	PA, QL
METHERGINE	4	QL	XYOSTED	E	PA, QL
methylergonovine maleate oral	1	QL	Hormonal Agents - Thyroid		
NGENLA	4	PA, QL, SP	ADTHYZA	E	
NOCDURNA	3	PA, QL	ARMOUR THYROID	3	
NORDITROPIN FLEXPRO	2	PA, QL, SP	CYTOMEL	E	
NUTROPIN AQ NUSPIN 10	E	PA, QL, SP	ERMEZA	2	PA
NUTROPIN AQ NUSPIN 20	E	PA, QL, SP			
NUTROPIN AQ NUSPIN 5	E	PA, QL, SP			
OMNITROPE	2	PA, QL, SP			
ORIAHNN	2	PA, QL			
ORILISSA	2	PA, QL			
SKYTROFA	4	PA, QL, SP			

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
euthyrox	1		ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, (Manufactured by Celltrion), QL, SP
levo-t	1		ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, (Manufactured by Celltrion), SP
LEVOTHYROXINE SODIUM ORAL CAPSULE	E		ADALIMUMAB-AATY (2 PEN)	E	PA, (Manufactured by Celltrion), QL, SP
levothyroxine sodium oral tablet	1		ADALIMUMAB-AATY (2 SYRINGE)	E	PA, (Manufactured by Celltrion), QL, SP
levoxyl	2		ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA, (Manufactured by Sandoz), QL, SP
liothyronine sodium oral	2		ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	2	PA, (Manufactured by Sandoz), SP
methimazole oral	1		ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	2	PA, (Manufactured by Sandoz), QL, SP
NIVA THYROID	3		ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA, (Manufactured by Sandoz), QL, SP
np thyroid	1		ADALIMUMAB-ADBM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), QL, SP
propylthiouracil oral	1		ADALIMUMAB-ADBM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), SP
SYNTHROID	E		ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), QL, SP
THYQUIDITY	E	PA	ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), QL, SP
thyroid oral	1				
TIROSINT	E				
TIROSINT-SOL	2	PA			
unithroid	1				
Immunological Agents - Drugs for Immune System Stimulation or Suppression					
ABRILADA (1 PEN)	E	PA, SP			
ABRILADA (2 PEN)	E	PA, SP			
ABRILADA (2 SYRINGE)	E	PA, QL, SP			
ACTEMRA ACTPEN	3	PA, ST, QL, SP			
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP			
ADALIMUMAB-AACF (2 PEN)	E	PA, (Manufactured by Fresenius), SP			
ADALIMUMAB-AACF (2 SYRINGE)	E	PA, (Manufactured by Fresenius), QL, SP			
ADALIMUMAB-AACF(CD/UC/HS STRT)	E	PA, (Manufactured by Fresenius), SP			
ADALIMUMAB-AACF(PS/UV STARTER)	E	PA, (Manufactured by Fresenius), SP			

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	E	PA, (Manufactured by Boehringer), QL, SP	CELLCEPT ORAL CAPSULE	E	
ADALIMUMAB-ADBM(CD/UC/HS STRT)	E	PA, (Manufactured by Boehringer), SP	CELLCEPT ORAL TABLET	E	
ADALIMUMAB-ADBM(PS/UV STARTER)	E	PA, (Manufactured by Boehringer), SP	CIMZIA (2 SYRINGE)	2	PA, QL, SP
ADALIMUMAB-FKJP (2 PEN)	E	PA, (Manufactured by Biocon), QL, SP	CIMZIA-STARTER	2	PA, QL, SP
ADALIMUMAB-FKJP (2 SYRINGE)	E	PA, (Manufactured by Biocon), QL, SP	CINRYZE	E	PA, QL, SP
ADBRY SOLUTION AUTO- INJECTOR	2	PA, QL, SP	COSENTYX (300 MG DOSE)	2	PA, QL, SP
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP	COSENTYX 150 MG/ML SUBCUTANEOUS	2	PA, QL, SP
AMJEVITA 40 MG/0.4ML, 80 MG/0.8ML	2	PA, QL, SP	COSENTYX SENSOREADY (300 MG)	2	PA, QL, SP
AMJEVITA 40 MG/0.8ML	E	PA, QL, SP	COSENTYX SENSOREADY PEN	2	PA, QL, SP
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	E	PA, QL, SP	COSENTYX UNOREADY	2	PA, QL, SP
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	2	PA, QL, SP	cyclosporine modified oral capsule	1	
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	E	PA, QL, SP	cyclosporine oral	1	
ARAVA	E		CYLTEZO (2 PEN)	E	PA, QL, SP
AZASAN	4		CYLTEZO (2 SYRINGE)	E	PA, QL, SP
azathioprine oral tablet 100 mg, 75 mg	3		CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML	E	PA, SP
azathioprine oral tablet 50 mg	1		CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, SP
BIMZELX	3	PA, ST, QL, SP	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
			EMPAVELI	2	PA, QL, SP
			ENBREL	2	PA, QL, SP
			ENBREL MINI	2	PA, QL, SP
			ENBREL SURECLICK	2	PA, QL, SP
			ENTYVIO PEN	2	PA, (SUBCU- TANEOUS), QL, SP
			ENVARSUS XR	E	
			everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3	
			gengraf oral capsule	1	

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
GRASTEK	4	PA, QL	HYFTOR	4	PA, QL
HADLIMA	E	PA, QL, SP	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	E	PA, QL, SP
HADLIMA PUSHTOUCH	E	PA, QL, SP	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML, 80 MG/0.8ML	E	PA, SP
HAEGARDA	2	PA, QL, SP	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	E	PA, QL, SP
HULIO (2 PEN)	E	PA, QL, SP	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	E	PA, SP
HULIO (2 SYRINGE)	E	PA, QL, SP	HYRIMOZ-CROHNS/UC STARTER	E	PA, SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA, QL, SP	HYRIMOZ-PED<40KG CROHN STARTER	E	PA, QL, SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	2	PA, QL, SP	HYRIMOZ-PED>/=40KG CROHN START	E	PA, QL, SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	2	PA, QL, SP	HYRIMOZ-PLAQ PSOR/UVET START	E	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	2	PA, QL, SP	HYRIMOZ-PLAQUE PSORIASIS START	E	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	2	PA, QL, SP	IDACIO (2 PEN)	E	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA, QL, SP	IDACIO (2 SYRINGE)	E	PA, QL, SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	2	PA, QL, SP	IDACIO-CROHNS/UC STARTER	E	PA, QL, SP
HUMIRA-CD/UC/HS STARTER	2	PA, QL, SP	IDACIO-PSORIASIS STARTER	E	PA, QL, SP
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	2	PA, QL, SP	IMURAN	E	
HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	2	PA, QL, SP	JYLAMVO	4	PA
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	2	PA, QL, SP	KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, ST, QL, SP
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	2	PA, QL, SP	KINERET	3	PA, ST, QL, SP
HUMIRA-PSORIASIS/UVET STARTER	2	PA, QL, SP	leflunomide oral	1	
			LITFULO	3	PA, QL, SP
			LUPKYNIS	4	PA, QL, SP
			methotrexate sodium (pf)	1	
			methotrexate sodium injection solution	1	
			methotrexate sodium oral	1	
			mycophenolate mofetil oral	1	
			mycophenolate sodium	2	
			mycophenolic acid	2	

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits	
MYFORTIC	E		SOTYKTU	2	PA, QL, SP	
MYHIBBIN	1		STELARA SUBCUTANEOUS	E	PA, QL, SP	
NEORAL ORAL CAPSULE	E		STEQEYMA SUBCUTANEOUS	2	PA, QL, SP	
OLUMIANT ORAL TABLET 1 MG, 4 MG	3	PA, ST, QL	tacrolimus oral	1		
OLUMIANT ORAL TABLET 2 MG	3	PA, ST, QL, SP	TAKHYRO	2	PA, QL, SP	
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, SP	TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP	
OMVOH SUBCUTANEOUS (100 MG/ML) SOLUTION AUTO-INJECTOR	2	PA, QL, SP	TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	2	PA, QL, SP	
ORENCIA CLICKJECT	3	PA, ST, QL, SP	TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	2	PA	
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP	TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA, QL, SP	
OTEZLA ORAL TABLET 20 MG	2	PA, QL	TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	2	PA	
OTEZLA ORAL TABLET 30 MG	2	PA, QL, SP	TREXALL	2		
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	2	PA, QL, SP	XELJANZ	2	PA, QL, SP	
OTREXUP	E	QL	XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP	
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG	3	PA, QL, SP	XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL	
PROGRAF ORAL CAPSULE	4		XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP	
RAPAMUNE ORAL SOLUTION 1 MG/ML	4		YESINTEK SUBCUTANEOUS	2	PA, QL, SP	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	E		YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP	
RASUVO	2	QL	YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, SP	
RINVOQ	2	PA, QL, SP	YUFLYMA (2 PEN)	E	PA, QL, SP	
RUCONEST	4	PA, QL, SP	YUFLYMA (2 SYRINGE)	E	PA, QL, SP	
SIMLANDI (1 PEN)	E	PA, QL, SP	YUFLYMA-CD/UC/HS STARTER	E	PA, SP	
SIMLANDI (1 SYRINGE)	E	PA, SP	YUSIMRY	E	PA, QL, SP	
SIMLANDI (2 PEN)	E	PA, QL, SP	ZORTRESS	E		
SIMLANDI (2 SYRINGE)	E	PA, SP	Immunological Agents - Drugs for Vaccination			
SIMPONI	2	PA, QL, SP	ABRYSVO	3	H	
sirolimus oral solution	2					
sirolimus oral tablet	1					
SKYRIZI PEN	2	PA, QL, SP				
SKYRIZI SUBCUTANEOUS	2	PA, QL, SP				

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ADACEL	3	H	CLOMID	2	
AREXVY	3	H	clomiphene citrate oral	2	
BEXSERO	3	H	ENDOMETRIN	2	
BOOSTRIX	2	H	FOLLISTIM AQ	2	QL, SP
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H	FYREMADEL	3	QL, SP
COMIRNATY	3	H	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(manufactured by Merck/Organon), QL, SP
ENGERIX-B	2	H	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	QL, SP
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	3	QL, SP
HAVRIX	3	H	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	4	(manufactured by Ferring), QL, SP
HEPLISAV-B	3	H	GONAL-F	4	ST, SP
IPOL	2	H	GONAL-F RFF	4	ST, SP
MENQUADFI	3	H	GONAL-F RFF REDIJECT	4	ST, SP
MENVEO	3	H	MENOPUR	4	QL, SP
M-M-R II	2	H	NOVAREL	3	SP
MODERNA COVID-19 VAC 6M-11Y	3	H	OVIDREL	4	SP
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H	PREGNYL	3	SP
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H	Inflammatory Bowel Disease Agents		
PNEUMOVAX 23	2	H	ANALPRAM HC	4	
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5ML	2	H	ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	4	
PREVNAR 20	3	H	ANALPRAM-HC EXTERNAL CREAM	4	
RECOMBIVAX HB	2	H	ANUCORT-HC	2	
SHINGRIX	3	H	ANUSOL-HC EXTERNAL	4	
SPIKEVAX	3	H	ANUSOL-HC RECTAL	E	
TENIVAC	3	H	APRISO	1	
TRUMENBA	3	H	ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	E	
TWINRIX	3	H	AZULFIDINE	4	
VAQTA	2	H	AZULFIDINE EN-TABS	4	
VARIVAX	3	H	balsalazide disodium	1	
Infertility Agents			budesonide oral	2	
cetrorelix acetate	3	PA, ST, QL, SP			
CETROTIDE	4	PA, ST, QL, SP			
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP			

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits
budesonide rectal	2	
CANASA	E	
COLAZAL	E	
CORTENEMA	4	
CORTIFOAM	2	
DIPENTUM	3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	E	
hydrocortisone (perianal) external cream 1%	E	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	2	
hydrocortisone rectal	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	E	
mesalamine er	E	
mesalamine oral tablet delayed release 1.2 gm	2	
mesalamine oral tablet delayed release 800 mg	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	2	QL
mesalamine-cleanser	1	QL
PROCORT	E	
PROCTOCORT	E	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	4	
PROCTOZONE-HC	4	
ROWASA	4	QL
SFROWASA	4	
sulfasalazine oral	1	
UCERIS ORAL	3	

Drug Name	Drug Tier	Requirements & Limits
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
ACTONEL	E	QL
alendronate sodium oral tablet	1	
calcitonin (salmon) injection	3	
calcitonin (salmon) nasal	2	
EVISTA	E	
FORTEO	E	PA, ST, SP
FOSAMAX	4	
ibandronate sodium oral	2	
MIACALCIN	3	
raloxifene hcl	2	H
risedronate sodium oral tablet 150 mg, 35 mg	3	QL
risedronate sodium oral tablet 30 mg, 5 mg	3	
teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml	E	PA, ST, SP
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA, SP
TYMLOS	3	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral	1	
cinacalcet hcl	1	
paricalcitol oral	1	
ROCALTROL	4	
SENSIPAR	E	PA
YORVIPATH	4	PA, QL, SP
ZEMPLAR ORAL	4	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	4	
ACULAR LS	4	
ACUVAIL	E	
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	1	
ALREX	4	QL
AZASITE	3	

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits	
azelastine hcl ophthalmic	1		neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1		
bacitracin-polymyxin b	1		NEVANAC	4		
BESIVANCE	3		OCUFLOX	4		
bromfenac sodium (once-daily)	3		ofloxacin ophthalmic	1		
bromfenac sodium ophthalmic solution 0.07 %	E		olopatadine hcl ophthalmic solution 0.1 %	3		
bromfenac sodium ophthalmic solution 0.075 %	E	QL	POLYCIN	3		
BROMSITE	E	QL	polymyxin b-trimethoprim	1		
ciprofloxacin hcl ophthalmic	1		PRED FORTE	E		
dexamethasone sodium phosphate ophthalmic	1		PRED MILD	3		
diclofenac sodium ophthalmic	1		prednisolone acetate ophthalmic	1		
erythromycin ophthalmic	1	H-PA	PREDNISOLONE ACETATE P-F	E		
EYSUVIS	4	QL	PROLENSA	E		
FLAREX	2		sulfacetamide sodium ophthalmic solution	1		
fluorometholone	1		TOBRADEX OPHTHALMIC OINTMENT	3		
FML FORTE	3		TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	4		
FML LIQUIFILM	4		TOBRADEX ST	E		
gatifloxacin ophthalmic	3		tobramycin ophthalmic	1	QL	
gentamicin sulfate ophthalmic	1	QL	tobramycin-dexamethasone	2		
ILEVRO	E		VIGAMOX	E		
INVELTYS	3		XDEMVY	4	PA, QL	
ketorolac tromethamine ophthalmic	1		ZYLET	3		
KLARITY-A	E		ZYMAXID OPHTHALMIC SOLUTION 0.5 %	4		
LOTEMAX OPHTHALMIC GEL	E		Ophthalmic Agents - Drugs for Eye Infection and Inflammation			
LOTEMAX OPHTHALMIC OINTMENT	3		bacitracin ophthalmic	1		
LOTEMAX OPHTHALMIC SUSPENSION	E	QL	neomycin-bacitracin zn-polymyx	1		
LOTEMAX SM	3	QL	neomycin-polymyxin-hc ophthalmic	1		
loteprednol etabonate ophthalmic gel	E		NEO-POLYCIN	3		
loteprednol etabonate ophthalmic suspension	3	QL	sulfacetamide-prednisolone	1		
MAXITROL	4		Ophthalmic Agents - Drugs for Glaucoma			
moxifloxacin hcl (2x day)	3		ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL	
moxifloxacin hcl ophthalmic	3					
neomycin-polymyxin-dexameth ophthalmic ointment	1					

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL	TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	4		
AZOPT	E	QL	TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	4		
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	QL	TRAVATAN Z	E	ST, QL	
BETIMOL OPHTHALMIC SOLUTION 0.5 %	4	QL	travoprost (bak free)	3	QL	
bimatoprost ophthalmic	2	QL	TRUSOPT OPHTHALMIC SOLUTION 2 %	4		
brimonidine tartrate ophthalmic solution 0.1 %	E	QL	VYZULTA	E	ST, QL	
brimonidine tartrate ophthalmic solution 0.15 %	2	QL	XALATAN	E		
brimonidine tartrate ophthalmic solution 0.2 %	1		ZIOPTAN	3	ST, QL	
brimonidine tartrate-timolol	E	QL	Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions			
brinzolamide	2	QL	ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %	E		
COMBIGAN	2	QL	atropine sulfate ophthalmic solution 1 %	1		
COSOPT	4		CEQUA	E	PA, QL	
COSOPT PF	E	QL	cromolyn sodium ophthalmic	1		
dorzolamide hcl solution 2 % ophthalmic	1		CYCLOGYL	4		
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	4		cyclopentolate hcl ophthalmic	1		
dorzolamide hcl-timolol mal	2		cyclosporine ophthalmic	E	PA, QL	
dorzolamide hcl-timolol mal pf	E	QL	difluprednate	3		
ISTALOL	4		DUREZOL	E		
IYUZEH	E	QL	ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3		
latanoprost ophthalmic	1		KLARITY-C DROPS	E	PA	
LUMIGAN	2		MIEBO	4	PA, QL	
methazolamide oral	1		RESTASIS	4	PA, QL	
pilocarpine hcl ophthalmic	1		RESTASIS MULTIDOSE	E	PA, QL	
RHOPRESSA	3	QL	TYRVAYA	4	PA, QL	
ROCKLATAN	3	QL	VERKAZIA	4	PA, QL	
tafluprost (pf)	3	ST, QL	VEVYEE	E	PA, QL	
timolol hemihydrate	2	QL	Xiidra	4	PA, QL	
timolol maleate (once-daily)	3		Otic Agents - Drugs for Ear Conditions			
timolol maleate ocudose	2		acetic acid otic	1		
timolol maleate ophthalmic	1		CETRAXAL	3		
timolol maleate pf	2		CIPRO HC	3		
TIMOPTIC OCUDOSE	4					

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E		azelastine hcl nasal solution 0.15 %	E	
ciprofloxacin hcl otic	1		azelastine-fluticasone	E	QL
ciprofloxacin-dexamethasone	3		benzonatate oral capsule 100 mg, 200 mg	1	
DERMOTIC	4		benzonatate oral capsule 150 mg	E	
flac	1		BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
fluocinolone acetonide otic	1		bromphen-pseudoeph-dm	1	
hydrocortisone-acetic acid	1		carbinoxamine maleate oral tablet 4 mg	1	
neomycin-polymyxin-hc otic	1		carbinoxamine maleate oral tablet 6 mg	E	
ofloxacin otic	2		cetirizine hcl oral solution	E	
Respiratory - Drugs for Anaphylaxis			CLARINEX	E	
AUVI-Q	2	QL	cyproheptadine hcl oral	1	
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL	desloratadine oral tablet	E	
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	QL	DYMISTA	E	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR), QL	flunisolide nasal	3	
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-Single Pack), QL	fluticasone propionate nasal	2	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL	HYCODAN ORAL SOLUTION	E	PA, QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL	hydrocod poli-chlorphe poli er	3	PA, QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL	hydrocodone bit-homatrop mbr oral solution	1	PA, QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL	hydromet	1	PA, QL
EPIPEN 2-PAK	E	QL	HYPERSAL	2	
EPIPEN JR 2-PAK	E	QL	ipratropium bromide nasal	1	
NEFFY	4	QL	levocetirizine dihydrochloride oral solution	3	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	2		levocetirizine dihydrochloride oral tablet	1	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold			mometasone furoate nasal	3	QL
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2		NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
			NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	E	
			ODACTRA	4	PA, QL
			olopatadine hcl nasal	3	
			PATANASE NASAL SOLUTION 0.6 %	E	

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
promethazine-codeine	1	PA, QL	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic ProAir HFA or Proventil HFA), QL
promethazine-dm	1		albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL
pseudoephedrine-bromphen-dm	1		albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
PULMOSAL	2		albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
RYALTRIS	E	QL	ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
ryvent	E		ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	E	
sodium chloride inhalation	1		albuterol sulfate oral syrup	1	
XHANCE	E	ST, QL	ANORO ELLIPTA	3	QL
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3	QL	arformoterol tartrate	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD					
ACCOLATE	4		ARNUITY ELLIPTA	1	QL
ADVAIR DISKUS	E	QL	ATROVENT HFA	3	QL
ADVAIR HFA	3	QL, RS	BEVESPI AEROSPHERE	2	QL
AEROCHAMBER HOLDING CHAMBER	3		BREATHE COMFORT CHAMBER/ ADULT	3	
AEROCHAMBER PLS FLOVU MTHPIECE	3		BREATHE COMFORT CHAMBER/ CHILD	3	
AEROCHAMBER PLUS FLO-VU	3		BREO ELLIPTA	3	QL, RS
AEROCHAMBER PLUS FLO-VU INTERM	3		breyna	E	QL, RS
AEROCHAMBER PLUS FLO-VU LARGE	3		BREZTRI AEROSPHERE	3	QL, RS
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	3		BROVANA	4	QL
AEROCHAMBER PLUS FLO-VU SMALL	3		budesonide inhalation	2	QL
AEROCHAMBER PLUS FLO-VU W/ MASK	3		budesonide-formoterol fumarate	E	QL, RS
AIRDUO RESPICLICK 113/14	E	QL	COMBIVENT RESPIMAT	3	QL
AIRDUO RESPICLICK 232/14	E	QL	DALIRESP	E	QL
AIRDUO RESPICLICK 55/14	E	QL	DULERA	E	ST, QL
AIRSUPRA	3	QL	EASIVENT	3	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic for ProAir HFA or Proventil HFA), QL	EASIVENT MASK LARGE	3	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic for Ventolin HFA), QL	EASIVENT MASK MEDIUM	3	

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
EASIVENT MASK SMALL	3		PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	QL
FASENRA PEN	4	PA, QL	PULMICORT FLEXHALER	E	QL
FLEXICHAMBER	3		PULMICORT SUSPENSION	E	QL
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL	QVAR REDIHALER	1	QL
FLUTICASONE FUROATE-VILANTEROL	E	QL, RS	roflumilast	2	QL
FLUTICASONE PROPIONATE HFA	E	QL	SEREVENT DISKUS	2	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	QL, RS	SINGULAIR ORAL PACKET	3	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL, RS	SINGULAIR ORAL TABLET	E	
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL	SINGULAIR ORAL TABLET CHEWABLE	E	
formoterol fumarate inhalation	3	QL	SPIRIVA HANDIHALER	2	QL
INSPIREASE	3		SPIRIVA RESPIMAT	2	QL
ipratropium bromide inhalation	1		STIOLTO RESPIMAT	2	QL
ipratropium-albuterol	2		STRIVERDI RESPIMAT	2	QL
levalbuterol hcl inhalation	3	QL	SYMBICORT	3	QL, RS
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-Injector	4	PA, QL, SP
MICROCHAMBER	3		theophylline er	1	
montelukast sodium oral packet	2		tiotropium bromide monohydrate	E	QL
montelukast sodium oral tablet	1		TRELEGY ELLIPTA	3	QL, RS
montelukast sodium oral tablet chewable	1		VENTOLIN HFA	E	QL
NUCALA SUBCUTANEOUS SOLUTION AUTO-Injector	4	PA, QL, SP	VORTEX HOLD CHMBR/MASK/ CHILD	2	
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA, QL, SP	VORTEX HOLD CHMBR/MASK/ TODDLER	2	
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA, QL	VORTEX VALVE CHAMBER-PEDI MASK	3	
PERFOROMIST	4	QL	VORTEX VALVED HOLDING CHAMBER DEVICE	2	
PROCHAMBER VHC	3		VORTEX VALVED HOLDING CHAMBER DEVICE	3	
			wixela inhub	3	QL, RS
			XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML	E	QL
			XOPENEX HFA	3	QL
			XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML	E	QL

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits
YUPELRI	4	PA, QL
zafirlukast	1	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	2	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	4	PA, QL, SP
pirfenidone oral tablet 267 mg, 801 mg	2	PA, QL, SP
pirfenidone oral tablet 534 mg	2	PA, QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	PA, QL, SP
ADEMPAS	2	PA, QL, SP
alyq	2	PA, QL, SP
ambrisentan	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
ORENITRAM	4	PA, QL, SP
REVATIO ORAL	E	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
tadalafil (pah)	1	PA, QL, SP
TADLIQ	3	PA, QL, SP
TRACLEER	2	PA, QL, SP
TYVASO	2	PA, SP
TYVASO DPI INSTITUTIONAL KIT	2	PA, QL, SP
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL KIT	2	PA, SP
TYVASO STARTER KIT	2	PA, SP
UPTRAVI ORAL	4	PA, QL

Drug Name	Drug Tier	Requirements & Limits
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
baclofen oral tablet 15 mg	E	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	E	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
DANTRIUM ORAL	4	
dantrolene sodium oral	1	
FEXMID	E	
metaxalone oral tablet 400 mg, 800 mg	3	
metaxalone oral tablet 640 mg	E	
methocarbamol oral tablet 1000 mg	E	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	2	
SOMA	E	
TANLOR	3	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
VANADOM ORAL TABLET 350 MG	E	
ZANAFLEX	4	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	4	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	2	QL
BELSOMRA	4	ST, QL
DAYVIGO	4	ST, QL

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits
doxepin hcl oral tablet	E	QL
estazolam	1	
eszopiclone	2	
LUMRYZ	4	PA, QL, SP
LUNESTA	E	
modafinil oral	2	QL
NUVIGIL	E	QL
PROVIGIL	E	QL
ramelteon	3	ST, QL
RESTORIL	4	
ROZEREM	E	ST, QL
SILENOR	E	QL
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	4	PA, (Manufactured by Hikma), QL, SP
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	E	PA, (Manufactured by Amneal), QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYREM	E	PA, QL, SP
XYWAV	4	PA, QL, SP
zaleplon	1	
zolpidem tartrate er	2	
zolpidem tartrate oral tablet	1	

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Index

A	
abacavir sulfate-lamivudine.....	18
ABILIFY	18
abiraterone acetate oral tablet 250 mg	16
abiraterone acetate oral tablet 500 mg.....	16
ABRILADA (1 PEN).....	47
ABRILADA (2 PEN).....	47
ABRILADA (2 SYRINGE).....	47
ABRYSVO.....	50
ABSORICA	26
acamprosate calcium	9
ACANYA	26
acarbose oral	34
ACCOLATE.....	56
ACCRUFER.....	36
ACCU-CHEK AVIVA PLUS TEST STRIPS	30
ACCU-CHEK FASTCLIX LANCET.	30
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	30
ACCU-CHEK GUIDE KIT W/ DEVICE.....	30
ACCU-CHEK GUIDE ME METER..	30
ACCU-CHEK GUIDE TEST	30
ACCU-CHEK GUIDE TEST STRIPS	30
ACCU-CHEK SMARTVIEW TEST STRIPS	30
ACCU-CHEK SOFTCLIX LANCET	30
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	30
accutane	26
ACCUTREND GLUCOSE	30
acebutolol hcl oral.....	20
acetaminophen-codeine oral solution 120-12 mg/5ml.....	7
acetaminophen-codeine oral tablet.....	7
acetazolamide er	20
acetazolamide oral	20
acetic acid otic.....	54
ACIPHEX	38
acitretin.....	26
ACTEMRA ACTPEN	47
ACTEMRA SUBCUTANEOUS.....	47
ACTIVELLA	41
ACTONEL	52
ACTOPLUS MET.....	34
ACTOS.....	34
ACULAR	52
ACULAR LS.....	52
ACUVAIL	52
acyclovir external ointment.....	18
acyclovir oral.....	18
ACZONE.....	26
ADACEL	51
ADALIMUMAB-AACF (2 PEN)	47
ADALIMUMAB-AACF (2 SYRINGE)	47
ADALIMUMAB-AACF(CD/UC/HS STRT).....	47
ADALIMUMAB-AACF(PS/UV STARTER).....	47
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML ..	47
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/0.8ML ..	47
ADALIMUMAB-AATY (2 PEN)....	47
ADALIMUMAB-AATY (2 SYRINGE)	47
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML .	47
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML .	47
ADALIMUMAB-ADBM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS .	47
ADALIMUMAB-ADBM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS .	47
ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS.....	47
ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS.....	47
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML ..	48
ADALIMUMAB-ADBM(CD/UC/ HS STRT)	48
ADALIMUMAB-ADBM(PS/UV STARTER).....	48
ADALIMUMAB-FKJP (2 PEN)....	48
ADALIMUMAB-FKJP (2 SYRINGE)	48
adapalene-benzoyl peroxide external gel	26
ADBRY SOLUTION AUTO- INJECTOR.....	48
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	48
ADCIRCA.....	58
ADDERALL	24
ADDERALL XR	24
ADDYI	36
ADEMPAS	58

ADMELOG.....	33	ala-cort.....	26	ALUNBRIG	16
ADMELOG SOLOSTAR.....	33	albendazole oral	17	ALVAIZ	35
ADTHYZA.....	46	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	56	alyacen 1/35	41
ADVAIR DISKUS.....	56	albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml,1.25 mg/3ml, 2.5 mg/0.5ml.....	56	alyacen 7/7/7	41
ADVAIR HFA.....	56	albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	56	alyq.....	58
ADVATE.....	35	albuterol sulfate oral syrup.....	56	amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg.....	41
ADYNOVATE	35	alclometasone dipropionate.....	26	amantadine hcl oral	17
ADZENYS XR-ODT	24	ALCOHOL PREP PADS PAD.....	30	AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG.....	34
AEROCHAMBER HOLDING CHAMBER.....	56	ALDACTONE	20	AMBIEN	58
AEROCHAMBER PLS FLOVU MTHPIECE	56	ALECENSA	16	AMBIEN CR.....	58
AEROCHAMBER PLUS FLO-VU INTERM	56	alendronate sodium oral tablet ..	52	ambrisentan	58
AEROCHAMBER PLUS FLO-VU INTERM	56	alfuzosin hcl er.....	41	amethia oral tablet 0.15-0.03 &0.01 mg	41
AEROCHAMBER PLUS FLO-VU LARGE.....	56	aliskiren fumarate	20	amethyst.....	41
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	56	allopurinol oral tablet 100 mg, 300 mg.....	15	amiloride hcl oral	20
AEROCHAMBER PLUS FLO-VU SMALL.....	56	allopurinol oral tablet 200 mg ..	15	amiloride-hydrochlorothiazide ..	20
AEROCHAMBER PLUS FLO-VU W/MASK.....	56	ALLZITAL	7	amiodarone hcl oral	20
AFINITOR.....	16	almotriptan malate.....	15	AMITIZA	39
afirmelle.....	41	ALOGLIPTIN BENZOATE	34	amitriptyline hcl oral	13
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT.....	35	ALOGLIPTIN-METFORMIN HCL.	34	AMJEVITA 40 MG/0.4ML, 80 MG/0.8ML.....	48
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	35	ALORA.....	41	AMJEVITA 40 MG/0.8ML	48
aftera.....	41	alosetron hcl	39	AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	48
AGAMATRIX PRESTO TEST.....	30	ALPHAGAN P OPHTHALMIC SOLUTION 0.1%	53	AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS.....	48
AIMOVIG.....	15	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %.....	54	AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML.....	48
AIRDUO RESPICLICK 113/14.....	56	ALPHANATE.....	35	amlodipine besylate oral	20
AIRDUO RESPICLICK 232/14	56	alprazolam er	19	amlodipine besylate-benazepril hcl	20
AIRDUO RESPICLICK 55/14.....	56	alprazolam oral	19	amlodipine besylate-valsartan ..	20
AIRSUPRA.....	56	alprazolam xr	19	amlodipine-olmesartan	20
AJOVY.....	15	ALPROLIX.....	35	amnesteem	26
ak-poly-bac ophthalmic ointment 500-10000 unit/gm ..	52	ALREX.....	52	amoxicillin.....	9
AKLIEF	26	ALTACE.....	20		
ALA SCALP.....	26	altavera.....	41		
		ALTUVIPIO	35		

amoxicillin-potassium clavulanate.....	9	aranelle.....	41	AUGMENTIN	10
amphet-dextroamphetamine 3-bead er.....	24	ARANESP (ALBUMIN FREE).....	35	AUGMENTIN ES-600.....	10
amphetamine sulfate.....	24	ARAVA.....	48	AUGTYRO	16
amphetamine-dextroamphetamine	24	AREXVY	51	aurovela 1/20	41
amphetamine-dextroamphetamine er	24	arformoterol tartrate.....	56	aurovela 1.5/30	41
ampicillin.....	10	ARICEPT	13	aurovela 24 fe.....	41
AMPYRA.....	25	ARIMIDEX.....	16	aurovela fe 1/20.....	41
AMZEEQ.....	26	ariPIPrazole oral solution	18	aurovela fe 1.5/30	41
ANAFRANIL.....	13	ariPIPrazole oral tablet	18	AUSTEDO	25
anagrelide hcl.....	35	armodafinil.....	58	AUSTEDO XR.....	25
ANALPRAM HC.....	51	ARMOUR THYROID	46	AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	25
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	51	ARNUITY ELLIPTA.....	56	AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG.....	25
ANALPRAM-HC EXTERNAL CREAM	51	AROMASIN.....	16	AUVELITY.....	13
ANAPROX DS.....	8	ARTHROTEC	8	AUVI-Q.....	55
ANASPAZ.....	39	ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	51	AVALIDE	20
anastrozole oral.....	16	ascomp-codeine.....	7	avanafil.....	36
ANDROGEL PUMP	46	asenapine maleate	18	AVAPRO	20
ANGELIQ.....	41	ashlyna	41	AVAR CLEANSER.....	26
ANNOVERA	41	aspirin-dipyridamole er	35	AVAR LS CLEANSER	26
ANORO ELLIPTA.....	56	ATACAND.....	20	AVAR-E EMOLLIENT.....	26
ANTIVERT ORAL TABLET.....	14	ATACAND HCT	20	AVAR-E GREEN EXTERNAL CREAM 10-5 %	26
ANUCORT-HC.....	51	atenolol oral.....	20	AVAR-E LS EXTERNAL CREAM 10-2 %	26
ANUSOL-HC EXTERNAL.....	51	atenolol-chlorthalidone.....	20	aviane	41
ANUSOL-HC RECTAL	51	ATIVAN ORAL.....	19	AVIDOXY	10
apap-caff-dihydrocodeine	7	atomoxetine hcl	24	AVITA EXTERNAL CREAM 0.025 %	26
APO-VARENICLINE ORAL TABLET 0.5 MG,1 MG.....	9	ATORVALIQ	20	AVITA EXTERNAL GEL 0.025 %	26
aprepitant oral capsule 125 mg, 40 mg, 80 mg	14	atorvastatin calcium oral tablet 10 mg, 20 mg	20	AVODART	41
apri	41	atorvastatin calcium oral tablet 40 mg, 80 mg	20	AVONEX PEN.....	25
APRISO.....	51	atovaquone	17	AVONEX PREFILLED.....	25
APTENSIO XR	24	atovaquone-proguanil hcl.....	17	AYGESTIN ORAL TABLET 5 MG ..	41
APTIOM	11	ATRALIN	26	ayuna	41
AQ INSULIN SYRINGE.....	30	ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %.....	54	AZASAN	48
AQINJECT PEN NEEDLE.....	30	atropine sulfate ophthalmic solution 1 %.....	54	AZASITE	52
ARAKODA	17	ATROVENT HFA.....	56		
		AUBAGIO.....	25		
		aubra eq.....	41		

azathioprine oral tablet 100 mg, 75 mg.....	48	BD BLUNT FILL NEEDLE W/ FILTER.....	30	betamethasone dipropionate external lotion	26
azathioprine oral tablet 50 mg... azelaic acid external.....	48	BD ECLIPSE NEEDLE 18G X 1-1/2", 25G X 5/8", 27G X 1/2"....	30	betamethasone dipropionate external ointment	26
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	55	BD ECLIPSE NEEDLE 23G X 1" (OTC).....	30	betamethasone valerate external cream.....	26
azelastine hcl nasal solution 0.15 %.....	55	BD ECLIPSE NEEDLE 23G X 1" (RX).....	30	betamethasone valerate external lotion	26
azelastine hcl ophthalmic.....	53	BD ECLIPSE SHIELDED NEEDLE.30		betamethasone valerate external ointment	26
azelastine-fluticasone.....	55	BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	30	BETAPACE.....	20
AZELEX.....	26	BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2".....	30	BETAPACE AF.....	20
AZILECT.....	17	BD SHARPS COLLECTOR.....	30	BETASERON.....	25
azithromycin oral packet 1 gm ... AZOPT.....	10	BD ULTRA-FINE INSULIN SYRINGES.....	30	betaxolol hcl oral	20
AZOR.....	20	BD ULTRA-FINE PEN NEEDLES ..	30	bethanechol chloride oral.....	40
AZSTARYS.....	24	BD ULTRA-FINE U-500 INSULIN SYRINGES.....	30	BETIMOL OPHTHALMIC SOLUTION 0.25 %.....	54
AZULFIDINE.....	51	BD VEO ULTRA-FINE INSULIN SYRINGES.....	30	BETIMOL OPHTHALMIC SOLUTION 0.5 %.....	54
AZULFIDINE EN-TABS.....	51	BELBUCA.....	7	BEVESPI AEROSPHERE.....	56
azurette	41	BELSOMRA.....	58	BEXZERO.....	51

B

bac	7	benazepril hcl oral	20	BEYAZ	41
bacitracin ophthalmic.....	53	benazepril-hydrochlorothiazide .	20	bicalutamide.....	16
bacitracin-polymyxin b.....	53	BENICAR	20	BIGFOOT UNITY PROGRAM	30
baclofen oral tablet 10 mg, 20 mg, 5 mg.....	58	BENICAR HCT.....	20	BIJUVA	41
baclofen oral tablet 15 mg	58	BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	48	BIKTARVY	18
BACTRIM.....	10	BENZAMYCIN.....	26	bimatoprost ophthalmic	54
BACTRIM DS	10	benzonatate oral capsule 100 mg, 200 mg	55	BIMZELX	48
BAFIERTAM	25	benzonatate oral capsule 150 mg	55	BIOTEL CARE TEST STRIPS	30
balsalazide disodium	51	benzoyl peroxide-erythromycin .	26	bis subcit-metronid-tetracyc ..	38
balziva.....	41	benztropine mesylate oral	17	bismuth/metronidaz/ tetracyclin.....	38
BANZEL	11	BESIVANCE	53	bisoprolol fumarate oral.....	20
BAQSIMI ONE PACK.....	34	betamethasone dipropionate aug external cream.....	26	bisoprolol-hydrochlorothiazide ..	20
BAQSIMI TWO PACK.....	34	betamethasone dipropionate aug external lotion.....	26	blisovi 24 fe	41
BARACLUDE ORAL TABLET	18	betamethasone dipropionate aug external ointment.....	26	blisovi fe 1/20	41
BASAGLAR KWIKPEN.....	33	betamethasone dipropionate external cream.....	26	blisovi fe 1.5/30	41
BASAGLAR TEMPO PEN	33			BLOOD GLUCOSE TEST STRIPS .30	
BD AUTOSHIELD DUO PEN NEEDLES.....	30			BLOOD GLUCOSE TEST STRIPS 333	30
				BOOSTRIX	51

BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	51
BOSULIF ORAL TABLET	16
BREATHE COMFORT CHAMBER/ADULT	56
BREATHE COMFORT CHAMBER/CHILD	56
BREO ELLIPTA	56
breyna.....	56
BREZTRI AEROSPHERE.....	56
briellyn	41
BRILINTA.....	18
brimonidine tartrate external.....	26
brimonidine tartrate ophthalmic solution 0.1%	54
brimonidine tartrate ophthalmic solution 0.15%	54
brimonidine tartrate ophthalmic solution 0.2%	54
brimonidine tartrate-timolol.....	54
brinzolamide.....	54
BRIVIACT ORAL SOLUTION	11
BRIVIACT ORAL TABLET	11
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	55
bromfenac sodium (once-daily) ..	53
bromfenac sodium ophthalmic solution 0.07%.....	53
bromfenac sodium ophthalmic solution 0.075%	53
bromocriptine mesylate oral tablet.....	17
bromphen-pseudoeph-dm	55
BROMSITE	53
BRONCHITOL.....	58
BRONCHITOL TOLERANCE TEST.....	58
BROVANA	56
BRUKINSA.....	16
budesonide inhalation.....	56
budesonide oral	51
budesonide rectal	52

budesonide-formoterol fumarate	56
bumetanide oral	20
BUMEX	20
BUPAP ORAL TABLET 50-300 MG.....	7
buprenorphine.....	7,9
buprenorphine hcl sublingual.....	9
buprenorphine hcl-naloxone hcl sublingual film	9
buprenorphine hcl-naloxone hcl sublingual tablet sublingual.....	9
bupropion hcl er (smoking det) ..	9
bupropion hcl er (sr)	13
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	13
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	13
bupropion hcl oral	13
buspirone hcl oral.....	19
butalbital-acetaminophen oral tablet 50-300 mg.....	7
butalbital-acetaminophen oral tablet 50-325 mg	7
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg.....	7
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	7
butalbital-apap-caffeine oral capsule 50-300-40 mg.....	7
butalbital-apap-caffeine oral capsule 50-325-40 mg	7
butalbital-apap-caffeine oral tablet.....	7
butalbital-asa-caff-codeine.....	7
butalbital-aspirin-caffeine.....	7
butorphanol tartrate nasal	7
BUTRANS	7
BYDUREON BCISE AUTOINJECTOR	34
BYETTA 10 MCG PEN	34
BYETTA 5 MCG PEN.....	34
BYLVAY	39

BYLVAY (PELLETS).....	39
BYSTOLIC	20
C	
cabergoline	46
CABOMETYX.....	16
CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG	20
calcipotriene external cream	27
calcipotriene external ointment	27
calcipotriene external solution	27
calcitonin (salmon) injection	52
calcitonin (salmon) nasal	52
CALCITRENE	27
calcitriol oral	52
calcium acetate (phos binder) oral capsule	40
calcium acetate (phos binder) oral tablet	36
calcium acetate oral tablet 667 mg	36
CALQUENCE	16
camila	41
camrese	41
camrese lo	41
CAMZYOS	20
CANASA	52
candesartan cilexetil	20
candesartan cilexetil-hctz	20
capecitabine	16
CAPLYTA	18
captopril oral	20
CARAC EXTERNAL CREAM 0.5%.....	27
CARAFATE	38
carbamazepine er oral capsule extended release 12 hour	11
carbamazepine er oral tablet extended release 12 hour	11
carbamazepine oral tablet	11
carbamazepine oral tablet chewable	11

CARBATROL.....	11	cefuroxime axetil	10	cilostazol	18
carbidopa-levodopa er.....	17	CELEBREX	8	CIMDUO	18
carbidopa-levodopa oral tablet..	17	celecoxib oral.....	8	cimetidine oral.....	38
carbidopa-levodopa- entacapone.....	17	CELEXA	13	CIMZIA (2 SYRINGE)	48
carbinoxamine maleate oral tablet 4 mg.....	55	CELLCEPT ORAL CAPSULE	48	CIMZIA-STARTER.....	48
carbinoxamine maleate oral tablet 6 mg.....	55	CELLCEPT ORAL TABLET	48	cinacalcet hcl	52
CARDIZEM	20	CENTANY EXTERNAL OINTMENT 2%.....	10	CINRYZE	48
CARDIZEM CD	20	cephalexin	10	CIPRO HC	54
CARDIZEM LA.....	20	CEQUA	54	CIPRO ORAL TABLET	10
CARDURA.....	20	CEQUR SIMPLICITY 2U 8PK.....	30	CIPRODEX OTIC SUSPENSION 0.3-0.1%.....	55
CAREPOINT POLY HUB NEEDLE 18G X 1", 21G X 1", 22G X 1", 23G X 1", 25G X 1", 25G X 5/8"....	30	CERDELGA.....	40	ciprofloxacin hcl ophthalmic....	53
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	30	cetirizine hcl oral solution.....	55	ciprofloxacin hcl oral	10
CAREPOINT SAFETY 1ST NEEDLE	30	CETRAXAL.....	54	ciprofloxacin hcl otic	55
CARETOUCH MONITOR SYSTEM	30	cetrorelix acetate.....	51	ciprofloxacin-dexamethasone...55	
CARETOUCH TEST.....	30	CETROTIDE.....	51	citalopram hydrobromide oral solution	13
carisoprodol oral tablet 250 mg .58		cevimeline hcl	25	citalopram hydrobromide oral tablet.....	13
carisoprodol oral tablet 350 mg .58		charlotte 24 fe	41	CITRANATAL 90 DHA.....	36
CARNITOR ORAL SOLUTION	36	chateal eq.....	41	CITRANATAL ASSURE	36
CARNITOR ORAL TABLET	40	chlordiazepoxide hcl	19	CITRANATAL DHA ORAL 27-1 & 250 MG	36
CARNITOR SF.....	36	chlordiazepoxide-clidinium	39	claravis	27
cartia xt	20	chlorhexidine gluconate mouth/ throat.....	25	CLARINEX	55
carvedilol.....	20	chlorpromazine hcl oral tablet...	18	clarithromycin er	10
carvedilol phosphate er	20	chlorthalidone	20	clarithromycin oral suspension reconstituted	10
CASODEX.....	16	chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	58	clarithromycin oral tablet	10
CATAPRES-TTS-1.....	20	chlorzoxazone oral tablet 500 mg.....	58	CLENPIQ.....	39
CATAPRES-TTS-2	20	cholestyramine light	20	CLEOCIN ORAL CAPSULE 150 MG, 300 MG	10
CATAPRES-TTS-3	20	cholestyramine oral	20	CLEOCIN ORAL CAPSULE 75 MG	10
CAVERJECT IMPULSE.....	40	CHORIONIC GONADOTROPIN INTRAMUSCULAR	51	CLEOCIN ORAL SOLUTION RECONSTITUTED.....	10
cefadroxil	10	CIALIS	36	CLEOCIN VAGINAL CREAM.....	10
cefdinir.....	10	CIBINQO.....	27	CLEOCIN-T.....	27
cefixime.....	10	ciclodan.....	14	CLIMARA.....	41, 42
cefpodoxime proxetil oral tablet.....	10	ciclopirox external gel.....	14	CLIMARA PRO	41
cefprozil.....	10	ciclopirox external shampoo.....	14	clindacin	27
		ciclopirox external solution	14	clindacin etz external swab	27
		ciclopirox olamine external cream	14		
		ciclopirox olamine external suspension.....	27		

clindacin-p.....	27	CLOMID.....	51	CONTOUR NEXT GEN MONITOR KIT.....	30
CLINDAGEL.....	27	clomiphene citrate oral	51	CONTOUR NEXT GEN TEST STRIPS	30
clindamycin hcl oral	10	clomipramine hcl oral	13	CONTOUR NEXT LINK KIT W/ DEVICE.....	30
clindamycin palmitate hcl.....	10	clonazepam oral	19	CONTOUR NEXT MONITOR KIT W/DEVICE	31
clindamycin phos-benzoyl perox external gel 1·5 %, 1·2-2·5 %, 1·2-3·75 %.....	27	clonidine hcl er.....	24	CONTOUR NEXT ONE KIT.....	31
clindamycin phos-benzoyl perox external gel 1·2-5 %.....	27	clonidine hcl oral.....	20	CONTOUR NEXT TEST STRIPS	31
clindamycin phosphate external foam.....	27	clonidine patch weekly 0·1 mg/24hr transdermal.....	20	CONTOUR PLUS BLUE KIT W/ DEVICE.....	31
clindamycin phosphate external lotion	27	clonidine patch weekly 0·2 mg/24hr transdermal	20, 21	CONTOUR PLUS TEST STRIP.....	31
clindamycin phosphate external solution	27	clonidine patch weekly 0·3 mg/24hr transdermal	21	CONTOUR TEST STRIPS.....	31
clindamycin phosphate external swab.....	27	clopidogrel bisulfate oral.....	18	COPAXONE	25
clindamycin phosphate gel 1% external	27	clorazepate dipotassium.....	19	CORDRAN.....	27
clindamycin phosphate vaginal ..	10	clotrimazole external cream	27	COREG	21
CLINDESSE	10	clotrimazole mouth/throat	14	COREG CR	21
CLINPRO 5000	25	clozapine oral tablet.....	18	CORGARD ORAL TABLET 20 MG, 40 MG	21
clobazam oral suspension.....	11	CLOZARIL.....	18	CORLANOR	21
clobazam oral tablet.....	11	CO-NATAL FA	36	CORTEF	45
clobetasol prop emollient base external cream 0·05 %.....	27	COLAZAL	52	CORTENEMA.....	52
clobetasol propionate e.....	27	colchicine oral	15	CORTIFOAM	52
clobetasol propionate external cream	27	colchicine-probenecid	15	COSENTYX (300 MG DOSE)	48
clobetasol propionate external foam.....	27	COLCRYS ORAL TABLET 0·6 MG ..	15	COSENTYX 150 MG/ML SUBCUTANEOUS.....	48
clobetasol propionate external gel.....	27	colesevelam hcl oral tablet.....	21	COSENTYX SENSOREADY (300 MG).....	48
clobetasol propionate external liquid	27	COLESTID ORAL TABLET	21	COSENTYX SENSOREADY PEN ..	48
clobetasol propionate external ointment	27	colestipol hcl oral tablet.....	21	COSENTYX UNOREADY	48
clobetasol propionate external shampoo	27	COMBIGAN	54	COSOPT	54
clobetasol propionate external solution	27	COMBIPATCH	41	COSOPT PF	54
CLOBEX EXTERNAL SHAMPOO..	27	COMBIVENT RESPIMAT	56	COTELLIC.....	16
CLOBEX SPRAY	27	COMIRNATY	51	COTEMPLA XR-ODT	24
clodan.....	27	COMPLERA	18	COVARYX	41
		COMPLETENATE	36	COVARYX HS.....	41
		COMTAN ORAL TABLET 200 MG ..	17	COZAAR	21
		CONCEPT DHA.....	36	CREON	40
		CONCERTA.....	24	CRESEMBA ORAL	14
		constulose	39	CRESTOR.....	21
		CONTOUR MONITOR KIT W/ DEVICE.....	30	CREXONT	17
		CONTOUR NEXT EZ KIT W/ DEVICE.....	30		

cromolyn sodium ophthalmic	54	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	48	delyla	42
cromolyn sodium oral	39	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	48	DENTA 5000 PLUS	25, 36
cryselle-28	41	CYMBALTA	13	DENTA 5000 PLUS SENSITIVE	36
curae	41	cyproheptadine hcl oral	55	DENTAGEL	26
CUVPOSA	39	cyred eq	41	DEPAKOTE	11
CVS ADVANCED GLUCOSE TEST	31	cyred oral tablet 0.15-30 mg-mcg	41	DEPAKOTE ER	11
CVS GLUCOSE METER TEST STRIPS	31	CYTOMEL	46	DEPAKOTE SPRINKLES	11
CVS NEEDLE COLLECTION/ DISPOSAL	31	CYTOTEC	38	DEPEN TITRATABS	40
cvs nicotine	9			DEPO-ESTRADOL	42
cvs nicotine polacrilex	9			DEPO-PROVERA	42
cvs prenatal	36			DEPO-SUBQ PROVERA 104	42
CVS TRUE METRIX GLUCOSE TEST	31			DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	46
cyanocobalamin injection solution 1000 mcg/ml	36			DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	46
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	36			DERMA-SMOOTH/E/FS BODY	27
cyanocobalamin nasal	36			DERMA-SMOOTH/E/FS SCALP	27
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	58			DERMACINRX UREA	27
cyclobenzaprine hcl oral tablet 7.5 mg	58			DERMOTIC	55
CYCLOGYL	54			DESCOVY	18
cyclopentolate hcl ophthalmic	54			desipramine hcl oral	13
cyclophosphamide oral capsule	16			desloratadine oral tablet	55
CYCLOSET	34			desmopressin acetate oral	46
cyclosporine modified oral capsule	48			desmopressin acetate spray	46
cyclosporine ophthalmic	54			desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	42
cyclosporine oral	48			desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	42
CYLTEZO (2 PEN)	48			desonide external cream	27
CYLTEZO (2 SYRINGE)	48			desonide external lotion	27
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML	48			desonide external ointment	27
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML	48			DESOWEN	27
				desoximetasone external cream	27
				desoximetasone external ointment	27
				desvenlafaxine succinate er	13
				DETROL	40
				DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	40

D

D-CARE BLOOD GLUCOSE	31
D-CARE GLUCOMETER	31
dabigatran etexilate mesylate	11
dalfampridine er	25
DALIRESP	56
DANTRIUM ORAL	58
dantrolene sodium oral	58
DAPAGLIFLOZIN PRO- METFORMIN ER	34
DAPAGLIFLOZIN PROPANEDIOL	34
dapsone external	27
dapsone oral	16
darunavir	18
dasatinib	16
dasetta 1/35 (28)	41
dasetta 7/7/7	41
DAVIMET-FLUORIDE	36
DAYPRO	8
daysee	41
DAYVIGO	58
DDAVP ORAL	46
deblitane	41
deferasirox oral tablet	36
DElestrogen	41
DELSTRIGO	18

DEXABLISS	45	DICLEGIS	14	DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG.....	40
dexamethasone intensol.....	45	diclofenac potassium oral tablet 25 mg.....	8	divalproex sodium er	12
dexamethasone oral elixir.....	45	diclofenac potassium oral tablet 50 mg	8	divalproex sodium oral capsule delayed release sprinkle.....	12
dexamethasone oral solution....	45	diclofenac sodium er	8	divalproex sodium oral tablet delayed release	12
dexamethasone oral tablet	45	diclofenac sodium external gel 1%	8	DIVIGEL.....	42
dexamethasone oral tablet therapy pack.....	45	diclofenac sodium external gel 3%.....	27	DODEX INJECTION SOLUTION 1000 MCG/ML	37
dexamethasone sodium phosphate ophthalmic	53	diclofenac sodium ophthalmic...53		dofetilide.....	21
DEXCOM G6 RECEIVER	31	diclofenac sodium oral	8	dolishale.....	42
DEXCOM G6 SENSOR	31	diclofenac-misoprostol	8	donepezil hcl oral tablet 10 mg, 5 mg	13
DEXCOM G6 TRANSMITTER....	31	DICLOFONO	8	donepezil hcl oral tablet 23 mg ..	13
DEXCOM G7 RECEIVER	31	dicloxacillin sodium.....	10	DOPTELET	35
DEXCOM G7 SENSOR	31	dicyclomine hcl oral	39	dorzolamide hcl solution 2 % ophthalmic.....	54
DEXEDRINE.....	24	DIFICID ORAL TABLET	10	dorzolamide hcl-timolol mal	54
DEXILANT	38	DIFLUCAN	14	dorzolamide hcl-timolol mal pf ..	54
dexlansoprazole	38	difluprednate	54	dotti.....	42
dexmethylphenidate hcl	24	digitek oral tablet 250 mcg	21	DOVATO	18
dexmethylphenidate hcl er	24	digoxin oral tablet	21	doxazosin mesylate oral.....	21
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	24	DILANTIN INFATABS	12	doxepin hcl oral capsule.....	13
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg.....	24	DILANTIN ORAL CAPSULE.....	12	doxepin hcl oral concentrate	13
dextroamphetamine sulfate oral tablet 10 mg, 5 mg.....	24	DILAUDID ORAL TABLET.....	7	doxepin hcl oral tablet.....	59
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	24	dilt-xr.....	21	doxycycline	10, 27
DHVY.....	17	diltiazem hcl er beads	21	doxycycline hyclate oral capsule.	10
DIABETES CARE	31	diltiazem hcl er coated beads....	21	doxycycline hyclate oral tablet 100 mg	10
DIABETES MONITOR DIGIT ADD-ON.....	31	diltiazem hcl er oral capsule extended release 12 hour	21	doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	10
DIABETES MONITOR DIGIT SOLN.....	31	diltiazem hcl er oral capsule extended release 24 hour	21	doxycycline hyclate oral tablet 20 mg	10
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	11	diltiazem hcl oral.....	21	doxycycline monohydrate oral capsule 100 mg, 50 mg.....	10
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG.....	11	dimethyl fumarate oral.....	25	doxycycline monohydrate oral capsule 150 mg, 75 mg	10
diazepam oral solution	19	DIOVAN	21	doxycycline monohydrate oral suspension reconstituted.....	10
diazepam oral tablet.....	19	DIOVAN HCT.....	21	doxycycline monohydrate oral tablet.....	10
diazepam rectal.....	11	DIPENTUM	52	doxylamine-pyridoxine.....	14
		diphenoxylate-atropine oral tablet.....	39		
		DIPROLENE	27		
		disulfiram oral	9		

DRISDOL.....	37	EASY MAX BLOOD GLUCOSE TEST.....	31	ELLA.....	42
dronabinol	14	EASY MAX T1 GLUCOSE SYSTEM	31	ELMIRON.....	40
DROPSAFE SAFETY SYRINGE/ NEEDLE	31	EASY TOUCH HEALTHPRO GLUCOSE	31	ELOCTATE.....	35
drospirene-eth estrad-levomef ol oral tablet 3-0.02-0.451 mg.....	42	EASY TOUCH TEST	31	eluryng	42
drospirene-eth estrad-levomef ol oral tablet 3-0.03-0.451 mg.....	42	EASYGLUCO	31	EMBRACE BLOOD GLUCOSE TEST.....	31
drospirenone-ethinyl estradiol ..	42	EASymax 15 TEST.....	31	EMBRACE WAVE BLOOD GLUCOSE IN VITRO	31
DRYSOL.....	27	EASymax NG BLOOD GLUCOSE KIT.....	31	EMEND ORAL CAPSULE.....	14
DUAVEE	42	EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	27	EMGALITY.....	15
DULERA.....	56	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG.....	8	EMPAVELI.....	48
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	13	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	8	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	19
duloxetine hcl oral capsule delayed release particles 40 mg .	13	ec-naproxen	8	emtricitabine-tenofovir df oral tablet 200-300 mg	19
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	27	econazole nitrate external	14	emzahh.....	42
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML.....	27	econtra ez oral tablet 1.5 mg	42	enalapril maleate oral solution ..	21
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML.....	27	econtra one-step	42	enalapril maleate oral tablet	21
DUREZOL	54	EDARBI.....	21	enalapril-hydrochlorothiazide ..	21
dutasteride oral.....	41	EDARBYCLOR.....	21	ENBREL	48
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	45	EDEX	40	ENBREL MINI	48
DYANAVEL XR ORAL TABLET EXTENDED RELEASE.....	24	EEMT	42	ENBREL SURECLICK.....	48
DYMISTA	55	EEMT HS.....	42	endocet	7
E		efavirenz-emtricitab-tenofo df ..	19	ENDOMETRIN	51
E.E.S. GRANULES	10	EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	37	ENGERIX-B.....	51
EASIVENT.....	56, 57	EFFEXOR XR	13	enilloring	42
EASIVENT MASK LARGE	56	EFFIENT.....	18	ENLITE GLUCOSE SENSOR	31
EASIVENT MASK MEDIUM	56	EFUDEX EXTERNAL CREAM 5 %.....	27	enoxaparin sodium injection solution prefilled syringe	11
EASIVENT MASK SMALL	57	ELEPSIA XR	12	enpresse-28.....	42
EASY COMFORT SHARPS CONTAINER.....	31	ELESTRIN	42	enskyce	42
		eletriptan hydrobromide	15	ENSTILAR.....	28
		ELIDEL	27	entacapone	17
		ELIMITE.....	17	entecavir	19
		elinest.....	42	ENTRESTO ORAL TABLET	21
		ELIQUIS.....	11	ENTYVIO PEN.....	48
		ELIQUIS DVT/PE STARTER PACK	11	enulose.....	39
		ELITE-OB	37	ENVARSUS XR.....	48

EPIDUO	28	erythromycin ophthalmic	53	ESTROGEL	43
EPIDUO FORTE	28	erythromycin oral.....	10	eszopiclone	59
epinephrine solution auto-injector 0.15 mg/0.15ml injection.....	55	escitalopram oxalate oral solution	13	ethambutol hcl oral.....	16
epinephrine solution auto-injector 0.15 mg/0.3ml injection.	55	escitalopram oxalate oral tablet .	13	ethosuximide oral	12
EPIPEN 2-PAK.....	55	ESGIC	7	ethynodiol diac-eth estradiol ..	43
EPIPEN JR 2-PAK	55	ESGIC ORAL CAPSULE 50-325-40 MG	7	etodolac.....	8
epitol	12	esomeprazole magnesium oral capsule delayed release.....	38	etodolac er.....	8
eplerenone.....	21	esomeprazole magnesium oral packet.....	38	etonogestrel-ethinyl estradiol ..	43
EQ BLOOD GLUCOSE TEST	31	est estrogens-methyltest	42	etravirine.....	19
eq nicotine	9	est estrogens-methyltest ds	42	EUCRISA	28
eq nicotine mouth/throat gum 4 mg.....	9	est estrogens-methyltest hs	42	euthyrox.....	47
eq nicotine polacrilex.....	9	estarrylla.....	42	EVAMIST	43
eq nicotine step 3.....	9	estazolam.....	59	EVEKEO	24
eql nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	9	ESTRACE.....	42	everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	48
EQUETRO	20	estradiol oral.....	42, 44	everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	16
ergocaliferol oral capsule... 37, 38		estradiol patch twice weekly 0.025 mg/24hr transdermal.....	42	EVERSENSE 365 SENSOR/HOLDER.....	31
ERIVEDGE	16	estradiol patch twice weekly 0.0375 mg/24hr transdermal	42	EVERSENSE 365 SMART TRANSMIT	31
ERLEADA ORAL TABLET 240 MG.....	16	estradiol patch twice weekly 0.05 mg/24hr transdermal.....	42	EVERSENSE E3 SENSOR/HOLDER.....	31
ERLEADA ORAL TABLET 60 MG.. 16		estradiol patch twice weekly 0.075 mg/24hr transdermal.....	42	EVERSENSE E3 SMART TRANSMITTER.....	31
ERMEA.....	46	estradiol patch twice weekly 0.1 mg/24hr transdermal.....	42	EVERSENSE SENSOR/HOLDER .. 31	
errin	42	estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm.....	42	EVERSENSE SMART TRANSMITTER.....	31
ERY-TAB	10	estradiol transdermal gel 0.75 mg/1.25 gm (0.06%).....	42	EVISTA	52
ERYGEL.....	28	estradiol transdermal patch weekly.....	42	EVOCLIN EXTERNAL FOAM 1%.. 28	
ERYPED 200.....	10	estradiol vaginal cream.....	42	EVOXAC.....	26
ERYPED 400	10	estradiol vaginal tablet.....	42	EVYSDI ORAL SOLUTION RECONSTITUTED.....	40
erythromycin base oral tablet ...	10	estradiol valerate intramuscular ..	42	EXELDERM EXTERNAL CREAM .. 14	
erythromycin base oral tablet delayed release	10	estradiol-norethindrone acet....	43	EXELON	13
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	10	estratest f.s.....	43	exemestane.....	16
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	10	ESTRATEST H.S.....	43	EXFORGE	21
erythromycin external.....	28	ESTRING	43	EXKIVITY ORAL CAPSULE 40 MG.....	16

ezetimibe-simvastatin.....	21	fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr.....	7	fluocinonide external cream 0.05 %	28
F					
FABHALTA.....	35	fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr.....	7	fluocinonide external cream 0.1%.....	28
falmina	43	FETZIMA	13	fluocinonide external gel.....	28
famciclovir oral	19	FEXMID	58	fluocinonide external ointment..	28
famotidine oral suspension reconstituted	38	FINACEA EXTERNAL FOAM.....	28	fluocinonide external solution ...	28
famotidine oral tablet 20 mg, 40 mg	38	FINACEA EXTERNAL GEL	28	FLUORIDEX	26
FARXIGA	34	finasteride oral tablet 5 mg	41	FLUORIDEX ENHANCED WHITENING.....	26
FASENRA PEN.....	57	fingolimod hcl	25	FLUORIMAX 5000.....	26, 37
fayosim oral tablet 42-21-21-7 days	43	FINTEPLA.....	12	FLUORIMAX 5000 SENSITIVE ...	37
febuxostat	15	finzala	43	fluoritab oral solution 0.275 (0.125 f) mg/drop.....	37
feirza 1/20.....	43	FIORICET	7	fluorometholone	53
feirza 1.5/30.....	43	FIORICET/CODEINE	7	FLUOROURACIL EXTERNAL CREAM 0.5 %.....	28
felbamate	12	FIRVANQ	10	fluorouracil external cream 5 %..	28
FELBATOL.....	12	flac	55	fluoxetine hcl oral capsule	13
FELBATOL ORAL SUSPENSION 600 MG/5ML	12	FLAGYL	10	fluoxetine hcl oral capsule delayed release	13
FELDENE ORAL CAPSULE 10 MG, 20 MG	8	FLAREX	53	fluoxetine hcl oral solution	13
felodipine er	21	flecainide acetate	21	fluoxetine hcl oral tablet 10 mg..	13
FEMARA.....	16	FLEXICHAMBER	57	fluoxetine hcl oral tablet 20 mg, 60 mg	13
FEMRING	43	FLOMAX.....	41	fluphenazine hcl oral tablet.....	18
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg.....	21	FLORAFOL PEDIATRIC ORAL SOLUTION	37	flurbiprofen oral	8
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG.....	21	FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE	37	FLUTICASONE FUROATE-VILANTEROL	57
fenofibrate oral capsule 134 mg, 200 mg, 67 mg.....	21	FLORIVA PLUS.....	37	fluticasone propionate external cream	28
fenofibrate oral tablet 120 mg, 40 mg	21	FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT.....	57	fluticasone propionate external ointment	28
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg.....	21	fluconazole oral.....	14	FLUTICASONE PROPIONATE HFA	57
fenofibric acid oral capsule delayed release	21	fludrocortisone acetate oral.....	45	fluticasone propionate nasal....	55
FENOGLIDE ORAL TABLET 120 MG, 40 MG.....	21	flunisolide nasal.....	55	FLUTICASONE-SALMETEROL INHALATION AEROSOL.....	57
		fluocinolone acetonide body ..	28	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act.....	57
		fluocinolone acetonide external cream	28		
		fluocinolone acetonide external ointment	28		
		fluocinolone acetonide external solution	28		
		fluocinolone acetonide otic.....	55		
		fluocinolone acetonide scalp	28		

FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	57	FREESTYLE LIBRE 3 SENSOR	31	GEMTESA	40
fluvastatin sodium.....	21	FREESTYLE LIBRE READER	31	GEN7T EXTERNAL PATCH 3.5 %.....	7
fluvoxamine maleate	13	FREESTYLE PRECISION NEO SYSTEM	31	generlac.....	39
fluvoxamine maleate er	13	FREESTYLE PRECISION NEO TEST.....	31	gengraf oral capsule.....	48
FML FORTE	53	FREESTYLE TEST	31	gentamicin sulfate external.....	10
FML LIQUIFILM	53	FROVA.....	15	gentamicin sulfate ophthalmic ..	53
FOCALIN.....	24	frovatriptan succinate.....	15	GENVOYA	19
FOCALIN XR	24	ft nicotine.....	9	GEDON ORAL.....	18
folic acid oral tablet 1 mg.....	37	ft nicotine mini.....	9	GILENYA ORAL CAPSULE 0.25 MG	25
FOLLISTIM AQ.....	51	FUROSCIX	21	GILENYA ORAL CAPSULE 0.5 MG.....	25
fondaparinux sodium.....	11	furosemide oral.....	21	glatiramer acetate.....	25
FORA 6 CONNECT/GTEL TEST	31	fyavolv.....	43	glatopa	25
FORFIVO XL	13	FYCOMPRA ORAL SUSPENSION ..	12	GLEEVEC.....	16
formoterol fumarate inhalation..	57	FYCOMPRA ORAL TABLET.....	12	glimepiride oral tablet 1 mg, 2 mg, 4 mg	34
FORTEO	52	FYREMADEL	51	glimepiride oral tablet 3 mg.....	34
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	46	G		glipizide er	34
FORTISCARE G1 TEST STRIP IN VITRO STRIP.....	31	gabapentin oral capsule.....	12	glipizide oral tablet 10 mg, 5 mg ..	34
FORTISCARE TEST IN VITRO STRIP.....	31	gabapentin oral solution 250 mg/5ml.....	12	glipizide oral tablet 2.5 mg	34
FOSAMAX.....	52	GABAPENTIN ORAL TABLET 25 MG, 50 MG	12	glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	34
fosfomycin tromethamine	10	gabapentin oral tablet 600 mg, 800 mg	12	glipizide-metformin hcl	35
fosinopril sodium	21	GABARONE	12	glucagon emergency kit 1 mg injection.....	35
fosinopril sodium-hctz	21	galantamine hydrobromide er ...	13	GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR.....	35
FRAICHE 5000 DENTAL.....	26	gallifrey.....	43	GLUCOCARD EXPRESSION TEST.....	31
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	37	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous.....	51	GLUCOCARD SHINE TEST	31
FREESTYLE LIBRE 14 DAY READER	31	GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	51	GLUCOCARD VITAL TEST.....	32
FREESTYLE LIBRE 14 DAY SENSOR	31	GASTROCROM.....	39	GLUCOTROL XL	35
FREESTYLE LIBRE 2 PLUS SENSOR	31	gatifloxacin ophthalmic.....	53	GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	35
FREESTYLE LIBRE 2 READER	31	gavilyte-c	39	glyburide micronized.....	35
FREESTYLE LIBRE 2 SENSOR	31	gavilyte-g	39	glyburide oral	35
FREESTYLE LIBRE 3 PLUS SENSOR	31	gavilyte-n with flavor pack	39	glyburide-metformin.....	35
FREESTYLE LIBRE 3 READER	31	GAVRETO	16	GLYCATE	39
		gemfibrozil oral.....	21	glycopyrrolate oral solution	39

	H	
glycopyrrolate oral tablet 1 mg, 2 mg	habitrol.....	9
GLYCOPYRROLATE ORAL TABLET 1.5 MG.....	HADLIMA	49
glydo	HADLIMA PUSHTOUCH	49
GLYNASE ORAL TABLET 1.5 MG .35	HAEGARDA.....	49
GLYNASE ORAL TABLET 3 MG, 6 MG.....	hailey 1.5/30	43
GLYXAMBI	hailey 24 fe	43
gnp nicotine mini	hailey fe 1/20.....	43
gnp nicotine polacrilex mouth/ throat gum 2 mg	hailey fe 1.5/30.....	43
gnp nicotine polacrilex mouth/ throat lozenge	HALCION.....	19
gnp nicotine transdermal	halobetasol propionate external cream	28
GOLYTELY	halobetasol propionate external ointment	28
GONAL-F	haloette.....	43
GONAL-F RFF	haloperidol oral.....	18
GONAL-F RFF REDIRECT	HARVONI ORAL TABLET	19
goodsense nicotine.....	HAVRIX.....	51
granisetron hcl oral.....	HEALTHPRO BLOOD GLUCOSE MONITO.....	32
GRASTEK.....	heather.....	43
griseofulvin microsize oral	HEMADY.....	45
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg.....	HEMANGEOL	21
guanfacine hcl	HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	36
guanfacine hcl er	HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML.....	36
GUARDIAN 4 GLUCOSE SENSOR.....	HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	52
GUARDIAN 4 TRANSMITTER.....	HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	52
GUARDIAN CONNECT TRANSMITTER.....	HEMOFIL M.....	36
GUARDIAN LINK 3 TRANSMITTER.....	heparin sodium (porcine) injection solution	36
GUARDIAN REAL-TIME REPLACE PED.....	heparin sodium (porcine) pf	36
GUARDIAN SENSOR 3	HEPLISAV-B.....	51
GVOKE HYPOPEN 1-PACK.....	her style.....	43
GVOKE HYPOPEN 2-PACK.....	HIDEX 6-DAY.....	45
GVOKE KIT.....	HIPREX.....	10
GVOKE PFS.....	hm nicotine polacrilex mouth/ throat gum 2 mg, 4 mg	9
GYZNAZOLE-1.....	hm nicotine polacrilex mouth/ throat lozenge 2 mg	9
	hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr ..	9
	HORIZANT	25
	HULIO (2 PEN)	49
	HULIO (2 SYRINGE)	49
	HUMALOG CARTRIDGE	33
	HUMALOG INJECTION.....	33
	HUMALOG KWIKPEN	33
	HUMALOG MIX 50/50 KWIKPEN.....	33
	HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	33
	HUMALOG MIX 75/25 KWIKPEN .34	
	HUMALOG MIX 75/25 VIAL	34
	HUMALOG SUBCUTANEOUS....34	
	HUMALOG TEMPO PEN	34
	HUMALOG U-100 JUNIOR KWIKPEN.....	34
	HUMATE-P	36
	HUMIRA (2 PEN) AUTO- INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS.....	49
	HUMIRA (2 PEN) AUTO- INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS.....	49
	HUMIRA (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML49	
	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS ..49	
	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS..49	
	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS .49	
	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML.....49	
	HUMIRA-CD/UC/HS STARTER ...49	

HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML ...	49	hydrocortisone (perianal) external cream 1%.....	52	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML.....	49
HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML.....	49	hydrocortisone (perianal) external cream 2.5 %.....	52	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML, 80 MG/0.8ML ...	49
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML.....	49	hydrocortisone ace-pramoxine external cream 1-1 %.....	52	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML....	49
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML.....	49	hydrocortisone ace-pramoxine external cream 2.5-1 %.....	28	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML.....	49
HUMIRA-PSORIASIS/UVEIT STARTER	49	hydrocortisone acetate rectal ...	52	HYRIMOZ-CROHNS/UC STARTER	49
HUMULIN 70/30 KWIKPEN	34	hydrocortisone butyrate external cream.....	28	HYRIMOZ-PED<40KG CROHN STARTER	49
HUMULIN 70/30 VIAL.....	34	hydrocortisone external cream 1%	28	HYRIMOZ-PED>/=40KG CROHN START	49
HUMULIN N KWIKPEN	34	hydrocortisone external cream 2.5%.....	28	HYRIMOZ-PLAQ PSOR/UVEIT START	49
HUMULIN N VIAL.....	34	hydrocortisone external lotion 2%.....	28	HYRIMOZ-PLAQUE PSORIASIS START	49
HUMULIN R U-500 KWIKPEN	34	hydrocortisone external lotion 2.5%.....	28	HYZAAR	21
HUMULIN R U-500 VIAL	34	hydrocortisone external ointment 1%, 2.5 %.....	28		
HUMULIN R VIAL	34	hydrocortisone oral.....	45		
HYCODAN ORAL SOLUTION.....	55	hydrocortisone rectal	52		
hydralazine hcl oral.....	21	hydrocortisone valerate external cream	28		
HYDREA	16	hydrocortisone valerate external ointment	28		
hydrochlorothiazide oral	21	hydrocortisone-acetic acid	55		
hydrocod poli-chlorphe poli er... hydrocodone bit-homatrop mbr oral solution.....	55	hydromet.....	55		
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml.....	7	hydromorphone hcl oral tablet ...	7		
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg.....	7	hydroxychloroquine sulfate oral .	17		
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	7	HYDROXYM EXTERNAL CREAM .	28		
hydrocodone-ibuprofen.....	7	hydroxyurea oral.....	16		
hydrocort-pramoxine (perianal) .	52	hydroxyzine hcl oral	19		
		hydroxyzine pamoate oral.....	19		
		HYFTOR	49		
		hyoscyamine sulfate er.....	39		
		hyoscyamine sulfate oral tablet..	39		
		hyoscyamine sulfate oral tablet dispersible	39		
		hyoscyamine sulfate sublingual..	39		
		HYPERSAL	55		

I

ibandronate sodium oral	52
IBRANCE	16
IBSRELA.....	39
ibuprofen oral tablet 400 mg, 600 mg, 800 mg.....	8
iclevia	43
ICLUSIG ORAL TABLET 10 MG, 30 MG	16
ICLUSIG ORAL TABLET 15 MG, 45 MG	16
icosapent ethyl	21
IDACIO (2 PEN)	49
IDACIO (2 SYRINGE)	49
IDACIO-CROHNS/UC STARTER..	49
IDACIO-PSORIASIS STARTER....	49
IDELVION	36
IDHIFA	16
IHEALTH BLOOD GLUCOSE TEST STR.....	32

IHEALTH GLUCO+ KIT 10.....	32	INPEN 100-BLUE-NOVOLOG- FIASP DEVICE	32	INVELTYS	53
IHEALTH GLUCO+ KIT 100.....	32	INPEN 100-GREY-LILLY- HUMALOG DEVICE.....	32	INVOKANA.....	35
ILEVRO.....	53	INPEN 100-GREY-NOVOLOG- FIASP DEVICE	32	IPOL.....	51
imatinib mesylate.....	16	INPEN 100-PINK-LILLY- HUMALOG DEVICE.....	32	ipratropium bromide inhalation	57
IMBRUICA ORAL CAPSULE.....	16	INPEN 100-PINK-NOVOLOG- FIASP DEVICE	32	ipratropium bromide nasal.....	55
IMBRUICA ORAL TABLET 140 MG, 280 MG	16	INPEN 100-PINK-LILLY- HUMALOG DEVICE.....	32	ipratropium-albuterol	57
IMBRUICA ORAL TABLET 420 MG.....	16	INPEN 100-PINK-NOVOLOG- FIASP DEVICE	32	IQIRVO	39
IMBRUICA ORAL TABLET 560 MG.....	16	INSPIREASE.....	57	irbesartan	21
imipramine hcl oral.....	13	INSPRA.....	21	irbesartan-hydrochlorothiazide..	21
imiquimod external cream 3.75 %.....	28	INSULIN ASPART	34	ISENTRESS HD.....	19
imiquimod external cream 5 %...	28	INSULIN ASPART FLEXPEN	34	ISENTRESS ORAL TABLET	19
imiquimod pump	28	INSULIN DEGLUDEC FLEXTOUCH	34	isibloom	43
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT.....	15	INSULIN GLARGINE.....	34	isoniazid oral tablet.....	16
IMITREX ORAL.....	15	INSULIN GLARGINE MAX SOLOSTAR	34	ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %....	54
IMITREX STATDOSE SYSTEM	15	INSULIN GLARGINE SOLOSTAR.	34	ISORDIL TITRADOSE.....	21
IMPOYZ	28	INSULIN LISPRO	34	isosorb dinitrate-hydralazine	21
IMURAN.....	49	INSULIN LISPRO (1 UNIT DIAL) ..	34	isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg.....	22
IMVEXXY MAINTENANCE PACK .	36	INSULIN LISPRO JUNIOR KWIKPEN.....	34	isosorbide dinitrate oral tablet 40 mg	22
IMVEXXY STARTER PACK.....	36	INSULIN LISPRO PROT & LISPRO	34	isosorbide mononitrate	22
INBRIJA.....	17	INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM, 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	32	isosorbide mononitrate er	22
incassia.....	43	INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	32	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	28
indapamide	21	INTELENCE ORAL TABLET 100 MG, 200 MG	19	isotretinoin oral capsule 25 mg, 35 mg.....	28
INDERAL LA	21	INTELENCE ORAL TABLET 25 MG	19	ISTALOL.....	54
indomethacin er	8	INTRAROSA.....	36	itraconazole oral capsule.....	14
indomethacin oral capsule.....	8	introvale.....	43	ivabradine hcl.....	22
INGREZZA ORAL CAPSULE 40 MG, 80 MG.....	25	INTUNIV	24	ivermectin external cream.....	28
INGREZZA ORAL CAPSULE 60 MG	25	INVEGA	18	ivermectin oral.....	17
INGREZZA ORAL CAPSULE SPRINKLE.....	25	jaimiess.....	43	INYUZEH.....	54
INGREZZA ORAL CAPSULE THERAPY PACK	25	JAKAFI	16		
INLYTA	16	jantoven.....	11		
INPEN 100-BLUE-LILLY- HUMALOG DEVICE.....	32	JANUMET	35		
		JANUMET XR.....	35		
		JANUVIA	35		

J

JARDIANCE.....	35
jasmiel.....	43
jencycla	43
JENTADUETO.....	35
JENTADUETO XR	35
jinteli	43
jolessa.....	43
JORNAY PM	24
JUBLIA.....	14
juleber.....	43
JULUCA.....	19
junel 1/20	43
junel 1.5/30	43
junel fe 1/20.....	43
junel fe 1.5/30.....	43
junel fe 24.....	43
JUST RIGHT 5000 DENTAL GEL 1.1%	26
JUST RIGHT 5000 DENTAL PASTE	26
JYLAMVO	49
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG ..	40
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	40

K

K-PHOS-NEUTRAL.....	37
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	37
kalliga	43
KAPSPARGO SPRINKLE	22
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	24
kariva.....	43
kelnor 1/35.....	43
kelnor 1/50.....	43
KEPPRA ORAL	12
KEPPRA XR.....	12

KERENDIA.....	22
KESIMPTA.....	25
ketoconazole external cream	14
ketoconazole external shampoo	14
ketoconazole oral.....	14
ketorolac tromethamine ophthalmic.....	53
ketorolac tromethamine oral	8
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	49
KINERET	49
KISQALI (200 MG DOSE)	16
KISQALI (400 MG DOSE)	16
KISQALI (600 MG DOSE)	16
KLARITY-A	53
KLARITY-C DROPS	54
KLARON.....	28
klayesta	14
KLISYRI (250 MG)	28
KLISYRI (350 MG).....	28
KLONOPIN	19
klor-con	37
klor-con 10	37
klor-con m10.....	37
klor-con m15.....	37
klor-con m20.....	37
KLOXXADO	9
klis quit2	9
klis quit4	9
KOATE	36
KOATE-DVI.....	36
KOGENATE FS.....	36
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	35
KOSELUGO.....	16
kosher prenatal plus iron	37
KOURZEQ	26
KOVALTRY.....	36
KRINTAFEL.....	17
KRISTALOSE	39

kurvelo	43
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	18
KYZATREX.....	46

L

labetalol hcl oral	22
lacosamide oral.....	12
lactulose encephalopathy.....	39
lactulose oral solution.....	39
LAGEVRIO	19
LAMICTAL.....	12
LAMICTAL ODT ORAL TABLET DISPERISIBLE	12
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR ..	12
lamotrigine er.....	12
lamotrigine oral tablet.....	12
lamotrigine oral tablet chewable.....	12
lamotrigine oral tablet dispersible	12
LANCETS.....	32, 33
LANOXIN ORAL TABLET 125 MCG, 250 MCG	22
LANOXIN ORAL TABLET 62.5 MCG.....	22
lansoprazole oral capsule delayed release	39
lansoprazole oral tablet delayed release dispersible.....	39
LANTUS SOLOSTAR	34
LANTUS U-100 VIAL.....	34
larin 1/20	43
larin 1.5/30	43
larin 24 fe.....	43
larin fe 1/20	43
larin fe 1.5/30	43
LASIX.....	22
latanoprost ophthalmic	54
LATUDA	18
LEDIPASVIR-SOFOSBUVIR.....	19

leena	43	levothyroxine sodium oral tablet.....	47	LOESTRIN 1.5/30 (21)	43
leflunomide oral	49	levoxyl.....	47	LOESTRIN FE 1/20.....	43
lenalidomide.....	16	LEVSIN.....	39	LOESTRIN FE 1.5/30.....	43
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG.....	17	LEXAPRO.....	13	LOFENA	8
lessina.....	43	LIALDA.....	52	lojaimiess	43
letrozole oral.....	17	LIBERVANT	12	LOKELMA	37
leucovorin calcium oral.....	17	LIBRAX.....	39	LOMOTIL.....	39
leuprolide acetate injection.....	46	lidocaine external ointment 5 % ..	7	LONSURF	17
levalbuterol hcl inhalation.....	57	lidocaine external patch 5 % ..	7	LOPID	22
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	57	lidocaine hcl mouth/throat ..	26	LOPRESSOR.....	22
LEVIBID.....	39	lidocaine hcl urethral/mucosal ..	7	LOPROX EXTERNAL CREAM 0.77 %	15
levetiracetam er	12	lidocaine viscous hcl.....	26	LOPROX EXTERNAL SHAMPOO 1%	15
levetiracetam oral solution.....	12	lidocaine-prilocaine external cream	7	LOPROX EXTERNAL SUSPENSION 0.77 %.....	28
levetiracetam oral tablet.....	12	LIDOCAN	7	lorazepam intensol	19
levo-t.....	47	LIDODERM.....	7	lorazepam oral concentrate 2 mg/ml	19
levocarnitine oral solution.....	37	LIDOTRAL 1 EXTERNAL PATCH 4.88 %	7	lorazepam oral tablet.....	20
levocarnitine oral tablet.....	40	LIKMEZ.....	10	LORTAB ORAL ELIXIR 10-300 MG/15ML.....	7
levocarnitine sf	37	linezolid oral tablet	10	loryna	43
levocetirizine dihydrochloride oral solution.....	55	LINZESS.....	39	losartan potassium oral	22
levocetirizine dihydrochloride oral tablet.....	55	liothyronine sodium oral	47	losartan potassium-hctz	22
levofloxacin oral tablet.....	10	LIPITOR.....	22	LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG	43
levonest	43	liraglutide solution pen-injector 18 mg/3ml subcutaneous.....	35	LOTEMAX OPHTHALMIC GEL.....	53
levonorg-eth estrad triphasic....	43	lisdexamphetamine dimesylate....	24	LOTEMAX OPHTHALMIC OINTMENT.....	53
levonorgest-eth est & eth est	43	lisinopril oral	22	LOTEMAX OPHTHALMIC SUSPENSION	53
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	43	lisinopril-hydrochlorothiazide....	22	LOTEMAX SM	53
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg.....	43	LITFULO	49	LOTENSIN.....	22
levonorgestrel	43	lithium carbonate er.....	20	LOTENSIN HCT	22
levonorgestrel-ethynodiol dihydrogenated.....	43	lithium carbonate oral.....	20	loteprednol etabonate ophthalmic gel.....	53
levora 0.15/30 (28)	43	LITHOBID.....	20	loteprednol etabonate ophthalmic suspension.....	53
LEVOOTHYROXINE SODIUM ORAL CAPSULE.....	47	LIVALO	22	LOTREL.....	22
		LIVDELZI	39	lovastatin oral.....	22
		LO LOESTRIN FE.....	43	LOVAZA	22
		lo-zumandimine	43		
		LODINE	8		
		LODOC.....	22		
		LOESTRIN 1.5/30 (21)	43		

LOVENOX INJECTION	
SOLUTION PREFILLED	
SYRINGE	11
low-ogestrel	43
loxapine succinate.....	18
lubiprostone	39
LUMAKRAS.....	17
LUMIGAN	54
LUMRYZ	59
LUNESTA.....	59
LUPKYNIS.....	49
lurasidone hcl.....	18
lutera.....	43
lyleq	43
lyllana	43
LYMEPAK ORAL TABLET 100 MG.	10
LYNPARZA	17
LYRICA ORAL CAPSULE.....	25
LYUMJEV KWIKPEN	34
LYUMJEV TEMPO PEN.....	34
LYUMJEV VIAL	34
lyza	43

M

M-M-R II.....	51
M-NATAL PLUS.....	37
MACROBID.....	10
MACRODANTIN.....	10
MALARONE	17
MARINOL	14
marlissa	44
matzim la.....	22
MAVENCLAD.....	25
MAVYRET	19
MAXALT	15
MAXALT-MLT	15
MAXITROL.....	53
MAXZIDE ORAL TABLET 75-50 MG	22
MAXZIDE-25 ORAL TABLET 37.5-25 MG.....	22

MAYZENT ORAL TABLET	
0.25 MG, 2 MG	25
MAYZENT ORAL TABLET 1 MG ..	25
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	25
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	25
me/naphos(mb/hyo1.....	40
meclizine hcl oral tablet.....	14
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG.....	45
MEDROL ORAL TABLET 2 MG	45
MEDROL ORAL TABLET THERAPY PACK	45
medroxyprogesterone acetate intramuscular.....	44
medroxyprogesterone acetate oral	44
mefenamic acid oral.....	8
mefloquine hcl.....	17
megestrol acetate oral suspension 40 mg/ml	46
megestrol acetate oral tablet....	44
MEKINIST ORAL TABLET.....	17
meloxicam oral tablet.....	8
memantine hcl er.....	13
memantine hcl oral tablet.....	13
MENOPUR.....	51
MENOSTAR.....	44
MENQUADFI.....	51
MENVEO	51
MEPRON	17
mercaptopurine oral tablet	17
mesalamine er	52
mesalamine oral tablet delayed release 1.2 gm.....	52
mesalamine oral tablet delayed release 800 mg	52
mesalamine rectal enema.....	52
mesalamine rectal suppository ..	52
mesalamine-cleanser	52
MESTINON ORAL TABLET	16
METADATE CD	24
metaxalone oral tablet 400 mg, 800 mg.....	58
metaxalone oral tablet 640 mg..	58
metformin hcl er.....	35
metformin hcl er (mod)	35
metformin hcl er (osm).....	35
metformin hcl oral solution	35
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	35
metformin hcl oral tablet 625 mg, 750 mg	35
methadone hcl oral tablet.....	7
methazolamide oral	54
methenamine hippurate	10
METHERGINE.....	46
methimazole oral	47
methocarbamol oral tablet 1000 mg.....	58
methocarbamol oral tablet 500 mg, 750 mg	58
methotrexate sodium (pf)	49
methotrexate sodium injection solution	49
methotrexate sodium oral	49
methscopolamine bromide oral .	39
methylergonovine maleate oral .	46
METHYLIN	24
methylphenidate hcl er (cd).....	24
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	24
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	24
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	24
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	24

methylphenidate hcl er (osm) oral tablet extended release 72 mg.....	24	MIACALCIN	52	moexipril hcl	22
methylphenidate hcl er (xr)	24	mibelas 24 fe.....	44	mometasone furoate external	28
methylphenidate hcl er oral tablet extended release.....	24	MICARDIS.....	22	mometasone furoate nasal	55
methylphenidate hcl er oral tablet extended release 24 hour	24	MICARDIS HCT	22	MONDOXYNE NL	11
methylphenidate hcl oral solution	24	MICROCHAMBER.....	57	mono-linyah	44
methylphenidate hcl oral tablet	24	MICRODOT TEST	32	MONOJECT HYPODERMIC NEEDLE 18G X 1"	32
methylphenidate hcl oral tablet chewable.....	24	microgestin 1/20	44	montelukast sodium oral packet	57
methylprednisolone oral	45	microgestin 1.5/30	44	montelukast sodium oral tablet	57
metoclopramide hcl oral solution	14	microgestin 24 fe oral tablet 1-20 mg-mcg.....	44	montelukast sodium oral tablet chewable.....	57
metoclopramide hcl oral tablet..	14	microgestin fe 1/20.....	44	morphine sulfate (concentrate)	7
metolazone	22	microgestin fe 1.5/30.....	44	morphine sulfate er oral tablet extended release	7
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	22	midodrine hcl	22	morphine sulfate oral.....	7
metoprolol succinate er oral tablet extended release 24 hour 25 mg.....	22	MIEBO.....	54	MOTPOLY XR.....	12
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	22	milu	44	MOUNJARO.....	35
metoprolol tartrate oral tablet 37.5 mg, 75 mg	22	mimvey.....	44	MOVIPREP	39
metoprolol-hydrochlorothiazide	22	MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	44	moxifloxacin hcl (2x day)	53
METROCREAM.....	28	MINILINK REAL-TIME TRANSMITTER.....	32	moxifloxacin hcl ophthalmic	53
METROGEL	28	MINIMED 630G GUARDIAN PRESS	32	moxifloxacin hcl oral	11
METROLOTION.....	28	MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	22	MS CONTIN	7
metronidazole external cream	28	MINIVELLE	42, 44	MULTAQ	22
metronidazole external gel 0.75 %	28	minocycline hcl oral capsule	11	MULTI-VIT-FLOR	37
metronidazole external gel 1 %	28	minoxidil oral	22	multi-vitamin/fluoride	37
metronidazole external lotion	28	mirabegron er	40	multivitamin w/fluoride tablet chewable 0.25 mg oral	37
metronidazole oral capsule	10	MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	44	multivitamin w/fluoride tablet chewable 0.5 mg oral	37
metronidazole oral tablet 125 mg	10	mirtazapine oral	13	multivitamin w/fluoride tablet chewable 1 mg oral	37
metronidazole oral tablet 250 mg, 500 mg	10	MIRVASO.....	28	multivitamin/fluoride oral tablet chewable	37
metronidazole vaginal	10	misoprostol oral	39	mupirocin cream	11
mexiletine hcl oral	22	MITIGARE.....	15	mupirocin ointment	11
		MM BLOOD GLUCOSE SYSTEM	32	my choice	44
		MM BLOOD GLUCOSE SYSTEM REFILL	32	my way	44
		MM BLULINK GLUCOSE TEST	32	MYAMBUTOL ORAL TABLET 400 MG	16
		MM EASY TOUCH GLUCOSE METER	32	MYCOBUTIN ORAL CAPSULE 150 MG	16
		modafinil oral	59	mycophenolate mofetil oral	49
		MODERNA COVID-19 VAC 6M-11Y51		mycophenolate sodium	49

mycophenolic acid	49	nateglinide	35	niacin er (antihyperlipidemic)	22
MYDAYIS	24	NATESTO	46	NICODERM CQ	9
MYFEMBREE	44	NAYZILAM	12	NICORETTE MINI	9
MYFORTIC	50	nebivolol hcl	22	NICORETTE MOUTH/THROAT GUM	9
MYHIBBIN.....	50	NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % ..	55	NICORETTE MOUTH/THROAT LOZENGE	9
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	28	NEBUSAL INHALATION NEBULIZATION SOLUTION 6 % ..	55	NICORETTE STARTER KIT	9
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR ..	40	necon 0.5/35 (28).....	44	nicotine mini	9
MYSOLINE	12	NEFFY	55	nicotine polacrilex mini	9
N		NEO-POLYCIN	53	nicotine polacrilex mouth/throat ..	9
na sulfate-k sulfate-mg sulf.....	39	neomycin sulfate oral	11	nicotine step 1	9
nabumetone oral	8	neomycin-bacitracin		nicotine step 2	9
nadolol oral	22	zn-polymyx	53	nicotine step 3	9
nafrinse drops oral solution 0.275 (0.125 f) mg/drop	37	neomycin-polymyxin-dexameth ophthalmic ointment.....	53	nicotine transdermal patch 24 hour	9
NAFRINSE ORAL TABLET CHEWABLE 2.2 (1 F) MG.....	37	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1.....	53	NICOTROL	9
NALOCET	7	neomycin-polymyxin-hc ophthalmic.....	53	nifedipine er	22
naloxone hcl injection solution prefilled syringe	9	neomycin-polymyxin-hc otic	55	nifedipine er osmotic release	22
naloxone hcl nasal	9	NEONATAL COMPLETE.....	37	nifedipine oral	22
naltrexone hcl oral.....	9	NEONATAL PLUS.....	37	nikki	44
NAMENDA ORAL TABLET 10 MG, 5 MG.....	13	NEONATAL PRENATAL.....	37	NINLARO.....	17
NAMENDA TITRATION PAK	13	NEONATAL VITAMIN	37	nisoldipine er	22
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	13	NEORAL ORAL CAPSULE.....	50	nitazoxanide oral	17
NAPROSYN.....	8	NERLYNX.....	17	NITRO-BID.....	22
naproxen dr	8	neuac.....	28	NITRO-DUR	22
naproxen oral tablet.....	8	NEULASTA	36	nitrofurantoin macrocrystal	11
naproxen oral tablet delayed release	8	NEUPRO	18	nitrofurantoin monohydrate macrocrystals	11
naproxen sodium oral tablet 275 mg, 550 mg.....	8	NEURONTIN	12	nitrofurantoin oral suspension 25 mg/5ml	11
naratriptan hcl	15	NEUTEK 2TEK TEST.....	32	nitroglycerin rectal	22
NARCAN.....	9	NEVANAC	53	nitroglycerin sublingual	22
NASCOBAL.....	37	new day	44	nitroglycerin transdermal	22
NATALVIT	37	NEXIUM ORAL CAPSULE DELAYED RELEASE.....	39	NITROSTAT	22
NATAZIA	44	NEXIUM ORAL PACKET	39	NIVA THYROID.....	47
		NEXLETOL.....	22	NIVA-PLUS	37
		NEXLIZET.....	22	NIVESTYM	36
		NEXTSTELLIS.....	44	NOCDURNA	46
		NGENLA.....	46	nora-be.....	44
				NORDITROPIN FLEXPRO	46

norelgestromin-eth estradiol	44	NOVOLIN N FLEXPEN	34	NUZYRA ORAL	11
norethin ace-eth estrad-fe oral tablet.....	44	NOVOLIN N FLEXPEN RELION ..	34	nyamyc	15
norethin ace-eth estrad-fe oral tablet chewable.....	44	NOVOLIN N RELION	34	nylia 1/35	44
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg.	44	NOVOLIN N VIAL	34	nylia 7/7/7	44
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg.....	44	NOVOLIN R FLEXPEN	34	nymyo oral tablet 0.25-35 mg-mcg.	44
norethindrone acet-ethinyl est ..	44	NOVOLIN R FLEXPEN RELION ..	34	nystatin external	15
norethindrone acetate oral	44	NOVOLIN R RELION	34	nystatin mouth/throat	15
norethindrone oral	44	NOVOLIN R VIAL	34	nystatin oral	15
norethindrone-eth estradiol	44	NOVOLOG FLEXPEN	34	nystatin-triamcinolone	15
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	44	NOVOLOG FLEXPEN RELION ..	34	nystop	15
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg.....	44	NOVOLOG RELION	34	NYVEPRIA	36
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg.....	44	NOVOPEN ECHO	32		
NORITATE	29	NOXAFL ORAL TABLET DELAYED RELEASE	15	O	
NORLIQVA	22	np thyroid	47	OB COMPLETE	37
norlyroc	44	NUBEQA	17	OCALIVA	39
NORPRAMIN	13	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR ..	57	ocella	44
nortrel 0.5/35 (28)	44	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ..	57	OCUFLOX	53
nortrel 1/35 (21)	44	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML ..	57	ODACTRA	55
nortrel 1/35 (28)	44	NUCYNTA	7	ODEFSEY	19
nortrel 7/7/7	44	NUCYNTA ER	7	ODOMZO	17
nortriptyline hcl oral capsule.....	13	NUEDEXTA	25	OFEV	58
NORVASC	22	NULEV	39	ofloxacin ophthalmic	53
NOVAREL	51	NUPLAZID ORAL CAPSULE	18	ofloxacin otic	55
NOVOEIGHT	36	NURTEC	15	olanzapine oral tablet	18
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	32	NUTROPIN AQ NUSPIN 10	46	olanzapine oral tablet dispersible	18
NOVOFINE PEN NEEDLE	32	NUTROPIN AQ NUSPIN 20	46	olanzapine-fluoxetine hcl	13
NOVOFINE PLUS PEN NEEDLE ..	32	NUTROPIN AQ NUSPIN 5.....	46	olmesartan medoxomil oral	22
NOVOLIN 70/30 FLEXPEN	34	NUVARING	44	olmesartan medoxomil-hctz	22
NOVOLIN 70/30 FLEXPEN RELION.....	34	NUVESSA	11	olmesartan-amlodipine-hctz	22
NOVOLIN 70/30 RELION	34	NUVIGIL	59	olopatadine hcl nasal	55
NOVOLIN 70/30 VIAL	34	NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	36	olopatadine hcl ophthalmic solution 0.1 %	53
		NUWIQ INTRAVENOUS KIT 1500 UNIT	36	OLUMIANT ORAL TABLET 1 MG, 4 MG	50
				OLUMIANT ORAL TABLET 2 MG ..	50
				OLUX EXTERNAL FOAM 0.05 % ..	29
				OMECLAMOX-PAK	39
				omega-3-acid ethyl esters	22

omeprazole oral capsule delayed release	39	ONETOUCH VERIO REFLECT KIT W/DEVICE	33	OXAYDO ORAL TABLET 5 MG, 7.5 MG	7
OMNIPOD 5 DEXG7G6 INTRO GEN 5.....	32	ONETOUCH VERIO TEST STRIPS	33	oxazepam	20
OMNIPOD 5 DEXG7G6 PODS GEN 5.....	32	ONEXTON.....	29	oxcarbazepine	12
OMNIPOD 5 G7 INTRO (GEN 5) KIT.....	32	ONFI	12	oxcarbazepine er	12
OMNIPOD 5 G7 PODS (GEN 5)...	32	ONGLYZA	35	OXTELLAR XR.....	12
OMNIPOD 5 LIBRE2 PLUS G6	32, 33	ONYDA XR.....	24	oxybutynin chloride er	40
OMNIPOD 5 LIBRE2 PLUS G6 PODS.....	33	opcicon one-step.....	44	oxybutynin chloride oral tablet 2.5 mg	40
OMNITROPE.....	46	opium	39	oxybutynin chloride oral tablet 5 mg	40
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	50	OPSUMIT.....	58	OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG.....	7
OMVOH SUBCUTANEOUS (100 MG/ML) SOLUTION AUTO-INJECTOR	50	option 2	44	oxycodone hcl oral capsule	8
ON CALL EXPRESS BLOOD GLUCOSE	33	OPTIUMEZ TEST.....	33	oxycodone hcl oral solution.....	8
ON CALL EXPRESS MONITORING SYS.....	33	OPZELURA.....	29	oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	8
ondansetron hcl oral	14	ORACEA.....	29	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	8
ondansetron odt oral tablet dispersible 16 mg	14	ORACIT	37	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	8
ondansetron odt oral tablet dispersible 4 mg, 8 mg	14	ORAL CITRATE.....	37	OXYCONTIN	8
ONE VITE WOMENS	37	ORALONE.....	26	oxymorphone hcl er	8
ONE VITE WOMENS PLUS.....	37	ORAPRED ODT.....	46	OZEMPIC.....	35
ONETOUCH DELICA LANCETS ..	33	ORENCIA CLICKJECT	50		
ONETOUCH ULTRA 2 KIT W/ DEVICE.....	33	ORENCIA SUBCUTANEOUS	50		
ONETOUCH ULTRA BLUE TEST ..	33	ORENITRAM	58		
ONETOUCH ULTRA TEST STRIPS	33	ORFADIN.....	40		
ONETOUCH ULTRASOFT LANCETS.....	33	ORGOVYX.....	17		
ONETOUCH VERIO FLEX SYSTEM KIT.....	33	ORIAHNN	46		
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	33	ORILISSA	46		
ONETOUCH VERIO KIT W/ DEVICE.....	33	orphenadrine citrate er.....	58		
		OSCIMIN	39		
		oseltamivir phosphate oral.....	19	PACERONE ORAL TABLET 100 MG, 400 MG	22
		OSPHENA	36	PACERONE ORAL TABLET 200 MG.....	22
		OTEZLA ORAL TABLET 20 MG ..	50	PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG	50
		OTEZLA ORAL TABLET 30 MG ..	50	paliperidone er	18
		OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG ..	50	PAMELOR	13
		OTREXUP.....	50	PANCREAZE	40
		OVACE PLUS WASH EXTERNAL LIQUID	29	PANRETIN.....	29
		OVACE WASH	29		
		OVIDREL	51		
		oxaprozin oral tablet.....	8		

P

PACERONE ORAL TABLET 100 MG, 400 MG	22
PACERONE ORAL TABLET 200 MG.....	22
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG	50
paliperidone er	18
PAMELOR	13
PANCREAZE	40
PANRETIN.....	29

pantoprazole sodium oral tablet delayed release	39	phenytek	12	POLY-VI-FLOR ORAL TABLET CHEWABLE.....	37
PARADIGM REAL-TIME TRANSMITTER.....	33	phenytoin infatabs	12	POLYCIN	53
paricalcitol oral	52	phenytoin oral tablet chewable..	12	polymyxin b-trimethoprim.....	53
PARLODEL ORAL TABLET	18	phenytoin sodium extended.....	12	POMALYST	17
PARNATE	13	PHEXXI.....	44	portia-28	44
paroxetine hcl er.....	13	philith	44	posaconazole oral tablet delayed release	15
paroxetine hcl oral tablet.....	13	PHOSPHA 250 NEUTRAL	37	potassium chloride crys er	37
PATANASE NASAL SOLUTION 0.6 %.....	55	phospho-trin 250 neutral	37	potassium chloride er	37
PAXIL CR.....	13	phosphorous.....	37	potassium chloride oral	37
PAXIL ORAL TABLET	13	PIFELTRO	19	potassium citrate er	37
PAXLOVID (150/100).....	19	pilocarpine hcl ophthalmic.....	54	potassium citrate-citric acid.....	37
PAXLOVID (300/100)	19	pilocarpine hcl oral	26	PRADAXA ORAL CAPSULE	11
pazopanib hcl	17	pimecrolimus	29	PRALUENT	23
PEDIAPRED	46	pimozone	18	pramipexole dihydrochloride	18
peg 3350-kcl-na bicarb-nacl.....	39	pimtrea.....	44	PRAMOSONE EXTERNAL CREAM 1-1 %	29
peg-3350/electrolytes	40	pindolol	23	PRAMOSONE EXTERNAL CREAM 1-2.5 %	29
peg-3350/electrolytes/ ascorbat.....	40	pioglitazone hcl.....	35	prasugrel hcl	18
peg-kcl-nacl-nasulf-na asc-c	40	pioglitazone hcl-metformin hcl..	35	pravastatin sodium	23
penicillin v potassium	11	PIP BLOOD GLUCOSE TEST STRIP.....	33	prazosin hcl oral	23
pentoxifylline er	23	PIQRAY.....	17	PRECISION XTRA	33
PEPCID.....	39	pirfenidone oral tablet 267 mg, 801 mg	58	PRECISION XTRA BLOOD GLUCOSE	33
PERCOCET.....	8	pirfenidone oral tablet 534 mg ..	58	PRED FORTE	53
PERFOROMIST.....	57	piroxicam oral.....	8	PRED MILD.....	53
PERIDEX	26	pitavastatin calcium.....	23	prednisolone acetate ophthalmic.....	53
perindopril erbumine.....	23	PLAN B ONE-STEP.....	44	PREDNISOLONE ACETATE P-F...53	
periogard	26	PLAQUENIL.....	17	prednisolone oral solution	46
permethrin external.....	17	PLAVIX.....	18	prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml.	46
perphenazine oral	14	PLEGRIDY INTRAMUSCULAR....	25	prednisolone sodium phosphate oral solution 15 mg/5ml	46
PERTZYE	40	PLEGRIDY STARTER PACK.....	25	prednisolone sodium phosphate oral solution 20 mg/5ml.....	46
PFIZER COVID-19 VAC-TRIS 5-11Y.....	51	PLEGRIDY SUBCUTANEOUS	25	prednisolone sodium phosphate oral tablet dispersible	46
PFIZER COVID-19 VAC-TRIS 6M-4Y	51	PLENUV	40	prednisone oral	46
phenazo oral tablet 200 mg.....	40	PLEXION CLEANSER	29	pregabalin oral capsule.....	25
phenazopyridine hcl oral tablet 100 mg, 200 mg	40	PNEUMOVAX 23	51		
phenobarbital oral.....	12	PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5ML.....	51		
		pnv-dha	37		
		podofilox external solution	29		
		POKONZA.....	37		

PREGNYL	51	PREVNAR 20	51	PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	57
PREMARIN ORAL	44	PREVYMIC ORAL TABLET	19	PROVERA	42, 44
PREMARIN VAGINAL	44	PREZCOBIX	19	PROVIGIL	59
PREMIUM BLOOD GLUCOSE TEST	33	PREZISTA ORAL TABLET 150 MG, 75 MG	19	PROZAC	14
premium lidocaine.	8	primidone oral tablet 125 mg	12	prucalopride succinate	40
PREMPHASE	44	primidone oral tablet 250 mg,	12	pseudoephedrine-bromphen-dm	56
PREMPRO	44	50 mg	12	PTS PANELS EGLU TEST	33
PRENA1 PEARL	37	PRISTIQ	14	PULMICORT FLEXHALER	57
prenatal 19 oral tablet 29-1 mg	37	probenecid	15	PULMICORT SUSPENSION	57
prenatal 19 oral tablet chewable	37	PROCARDIA XL	23	PULMOSAL	56
prenatal oral tablet 27-0.8 mg	37	PROCHAMBER VHC	57	PULMOZYME	58
prenatal oral tablet 27-1 mg	37	prochlorperazine	14	PYLERA	39
prenatal plus	37, 38	prochlorperazine maleate oral	14	PYRIDIUM	40
prenatal plus vitamin/mineral	38	PROCORT	52	pyridostigmine bromide er	16
prenatal vitamins oral tablet 27-0.8 mg	38	procto-med hc	52	pyridostigmine bromide oral tablet 30 mg	16
PRENATE DHA	38	PROCTOCORT	52	pyridostigmine bromide oral tablet 60 mg	16
PRENATE ENHANCE	38	PROCTOFOAM HC	52		
PRENATE ESSENTIAL	38	PROCTOSOL HC	52		
PRENATE MINI	38	PROCTOZONE-HC	52		
PRENATE PIXIE	38	progesterone intramuscular	44		
PRENATE RESTORE	38	progesterone oral	44		
PRENATOL-M	38	PROGRAF ORAL CAPSULE	50		
PRENATRIX	38	PROLATE ORAL TABLET	8		
PRENATRYL	38	PROLENSA	53		
PREVACID	39	PROMACTA ORAL TABLET	36		
PREVACID SOLUTAB	39	promethazine hcl oral	14		
prevelite	23	promethazine hcl rectal	14		
PREVIDENT 5000 BOOSTER PLUS	26	promethazine-codeine	56		
PREVIDENT 5000 DRY MOUTH	26	promethazine-dm	56		
PREVIDENT 5000 ENAMEL PROTECT	38	PROMETHEGAN	14		
PREVIDENT 5000 KIDS	26	PROMETRIUM	44		
PREVIDENT 5000 ORTHO DEFENSE	26	propafenone hcl	23		
PREVIDENT 5000 PLUS	26	propafenone hcl er	23		
PREVIDENT 5000 SENSITIVE	38	propranolol hcl er	23		
PREVIDENT DENTAL	26	propranolol hcl oral	23		
PREVIDENT MOUTH/THROAT	38	propylthiouracil oral	47		
		PROSCAR	41		
		PROTONIX ORAL TABLET DELAYED RELEASE	39		
		protriptyline hcl	14		

Q

qc nicotine transdermal system	9
QUELBREE	24
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	44
QUESTRAN	23
QUESTRAN LIGHT	23
quetiapine fumarate	18
quetiapine fumarate er	18
QUFLORA GUMMIES ORAL TABLET CHEWABLE 0.125 MG	38
QUFLORA PEDIATRIC	38
QUICK TOUCH BLOOD GLUCOSE	33
QUICK TOUCH BLOOD GLUCOSE TEST	33
QUILLICHEW ER	24
QUILLIVANT XR	24
quinapril hcl	23
QUINTET AC BLOOD GLUCOSE TEST	33

QUINTET BLOOD GLUCOSE TEST	33	RELION TRUE METRIX TEST STRIPS	33	RIGHTEST GT333 GLUCOSE TEST	33
QULIPTA	15	RELION ULTIMA GLUCOSE SYSTEM	33	riluzole	25
QVAR REDIHALER	57	RELION ULTIMA TEST	33	RINVOQ	50
R		RELPAX	15	risedronate sodium oral tablet 150 mg, 35 mg	52
ra mini nicotine	9	RELTONE	40	risedronate sodium oral tablet 30 mg, 5 mg	52
ra nicotine mouth/throat gum 4 mg	9	RELYVRIORAL PACKET 3-1 GM	25	RISPERDAL	18
ra nicotine polacrilex	9	REMERON	14	risperidone	18
ra nicotine transdermal patch 24 hour 21 mg/24hr	9	REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	14	RITALIN	25
rabeprazole sodium oral tablet delayed release	39	RENVELA ORAL TABLET	40	RITALIN LA	25
RADICAVA ORS	25	repaglinide	35	ritonavir	19
RADICAVA ORS STARTER KIT	25	REPATHA	23	rivastigmine	13
raloxifene hcl	52	REPATHA PUSHTRONEX SYSTEM	23	rivastigmine tartrate	13
ramelteon	59	REPATHA SURECLICK	23	rivelsa	45
ramipril	23	RESTASIS	54	rizatriptan benzoate oral tablet 10 mg	15
ranolazine er	23	RESTASIS MULTIDOSE	54	rizatriptan benzoate oral tablet 5 mg	15
RAPAFLO	41	RESTORIL	59	rizatriptan benzoate oral tablet dispersible 10 mg	15
RAPAMUNE ORAL SOLUTION 1 MG/ML	50	RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	36	rizatriptan benzoate oral tablet dispersible 5 mg	15
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	50	RETEVMO ORAL CAPSULE 40 MG	17	ROBINUL ORAL TABLET 1 MG	40
rasagiline mesylate oral	18	RETEVMO ORAL CAPSULE 80 MG	17	ROBINUL-FORTE ORAL TABLET 2 MG	40
RASUVO	50	RETIN-A	29	ROCALTROL	52
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG	13	REVATIO ORAL	58	ROCKLATAN	54
react	45	REVLIMID	17	roflumilast	57
reclipsen	45	REXTOVY	9	ropinirole hcl	18
RECOMBINATE	36	REXULTI	18	rosadan external cream 0.75 %	29
RECOMBIVAX HB	51	REYVOW	15	rosadan external gel 0.75 %	29
RECTIV	23	RHOFADE	29	rosuvastatin calcium oral	23
REGLAN	14	RHOPRESSA	54	ROWASA	52
RELAFEN DS	8	rifabutin	16	roweepra	12
RELEXXII	24	rifampin oral	16	ROXICODONE	8
RELION GLUCOSE TEST STRIPS	33			ROZEREM	59
RELION TRUE MET AIR GLUC METER	33			ROZLYTREK	17
				RUCONEST	50
				rufinamide oral suspension	12
				rufinamide oral tablet	12

RUKOBIA.....	19	SHARPS COLLECTOR.....	30, 33	sodium fluoride 5000 ppm	26
RYALTRIS.....	56	SHARPS CONTAINER.....	31, 33	sodium fluoride 5000 sensitive..	38
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG.....	35	SHINGRIX.....	51	sodium fluoride dental	26
RYTARY.....	18	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	36	sodium fluoride mouth/throat...	38
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG.....	23	sildenafil citrate oral tablet 20 mg	58	sodium fluoride oral solution	38
ryvent	56	SILENOR	59	sodium fluoride oral tablet chewable.....	38
S					
SAFYRAL.....	45	silodosin.....	41	SODIUM OXYBATE SOLUTION 500 MG/ML ORAL.....	59
SALAGEN	26	SILVADENE.....	11	sodium sulfacetamide wash	29
SANTYL	29	silver sulfadiazine external	11	SOFOSBUVIR-VELPATASVIR	19
SAPHRIS	18	SIMLANDI (1 PEN).....	50	solifenacin succinate	40
sapropterin dihydrochloride oral packet.....	40	SIMLANDI (1 SYRINGE).....	50	SOLIQUA.....	35
SAVELLA	25	SIMLANDI (2 PEN).....	50	SOMA.....	58
saxagliptin hcl	35	SIMLANDI (2 SYRINGE).....	50	SOOLANTRA.....	29
saxagliptin-metformin er	35	simliya.....	45	sotalol hcl (af).....	23
scopolamine	14	simpesse	45	sotalol hcl oral	23
SE-NATAL 19	38	SIMPONI.....	50	SOTYKTU.....	50
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG.....	45	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg.....	23	SOVUNA.....	17
selenium sulfide external lotion	.29	simvastatin oral tablet 80 mg....	23	SPIKEVAX	51
SENSIPAR	52	SINEMET.....	18	spinosad.....	29
SEREVENT DISKUS	57	SINGULAIR ORAL PACKET.....	57	SPIRIVA HANDIHALER	57
SEROQUEL.....	18	SINGULAIR ORAL TABLET	57	SPIRIVA RESPIMAT	57
SEROQUEL XR	18	SINGULAIR ORAL TABLET CHEWABLE.....	57	spironolactone oral tablet.....	23
SERTRALINE HCL ORAL CAPSULE.....	14	sirolimus oral solution	50	spironolactone-hctz.....	23
sertraline hcl oral concentrate...	14	sirolimus oral tablet	50	SPORANOX ORAL CAPSULE	15
sertraline hcl oral tablet.....	14	SITAVIG	19	SPRAVATO (56 MG DOSE).....	14
setlakin.....	45	SKYRIZI PEN	50	SPRAVATO (84 MG DOSE).....	14
sevelamer carbonate oral tablet.....	40	SKYRIZI SUBCUTANEOUS.....	50	sprintec 28	45
SEYSARA.....	11	SKYTROFA	46	SPRYCEL	17
sf 5000 plus.....	26	SLYND	45	SPS (SODIUM POLYSTYRENE SULF).....	38
sf gel 1.1%	26	sm nicotine.....	9	sronyx	45
SFROWASA.....	52	sm nicotine polacrilex.....	9	ssd	11
sharobel.....	45	SOAANZ.....	23	sss 10-5 external cream	29
		sod citrate-citric acid oral solution 500-334 mg/5ml.....	38	STALEVO 100 ORAL TABLET 25-100-200 MG	18
		sod fluoride-potassium nitrate ..	38	STALEVO 125 ORAL TABLET 31.25-125-200 MG	18
		sodium chloride inhalation.....	56	STALEVO 150 ORAL TABLET 37.5-150-200 MG	18
		sodium fluoride 5000 enamel ...	38		
		sodium fluoride 5000 plus	26		

STALEVO 200 ORAL TABLET	
50-200-200 MG	18
STALEVO 50 ORAL TABLET	
12.5-50-200 MG	18
STALEVO 75 ORAL TABLET	
18.75-75-200 MG	18
STELARA SUBCUTANEOUS	50
STENDRA.....	36
STEQEYMA SUBCUTANEOUS	50
STIOLTO RESPIMAT	57
STIVARGA.....	17
STRATTERA	25
STRENSIQ.....	40
STRIBILD.....	19
STRIVERDI RESPIMAT.....	57
STROMECTOL	17
SUBOXONE	9
subvenite.....	12
SUCRAID.....	40
sucralfate oral suspension	39
sucralfate oral tablet	39
SUFLAVE.....	40
SULAR.....	23
SULCONAZOLE NITRATE EXTERNAL CREAM	15
sulfacetamide sod-sulfur wash external liquid 9-4 %.....	29
sulfacetamide sod-sulfur wash external liquid 9-4.5 %.....	29
sulfacetamide sodium (acne)	29
sulfacetamide sodium external ..	29
sulfacetamide sodium ophthalmic solution	53
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 % ..	29
sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	29
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 % ..	29
sulfacetamide sodium-sulfur external suspension 10-5 %	29
sulfacetamide-prednisolone.....	53
sulfamethoxazole-trimethoprim oral suspension	11
sulfamethoxazole-trimethoprim oral tablet.....	11
sulfasalazine oral	52
sulfatrim pediatric.....	11
sulindac oral	8
SUMADAN WASH	29
sumatriptan nasal	15
sumatriptan succinate oral.....	15
sumatriptan succinate refill subcutaneous solution cartridge	15
sumatriptan succinate subcutaneous.....	15
SUNOSI	59
SUPREP BOWEL PREP KIT.....	40
SUTAB	40
syeda.....	45
SYMBICORT.....	57
SYMBYAX.....	14
SYMFI	19
SYMFILO	19
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML.....	55
SYMLINPEN 120	35
SYMLINPEN 60	35
SYMPAZAN.....	12
SYMPROIC	40
SYNALAR EXTERNAL OINTMENT.....	29
SYNALAR EXTERNAL SOLUTION 0.01 %.....	29
SYNJARDY	35
SYNJARDY XR.....	35
SYNTHROID.....	47
T	
TABRECTA.....	17
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %.....	29
TACLONEX EXTERNAL SUSPENSION	29
tacrolimus external.....	29
tacrolimus oral.....	50
tadalafil (pah).....	58
tadalafil oral.....	36
TADLIQ.....	58
TAFINLAR ORAL CAPSULE.....	17
tafluprost (pf).....	54
TAGRISSO.....	17
take action	45
TAKHZYRO	50
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	50
TAMIFLU	19
tamoxifen citrate oral tablet 10 mg.....	17
tamoxifen citrate oral tablet 20 mg	17
tamsulosin hcl	41
TANLOR	58
TAPERDEX 12-DAY	46
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	46
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	46
TAPERDEX 7-DAY	46
TARGADOX.....	11
tarina 24 fe	45
tarina fe 1/20 eq	45
TARON-C DHA	38
TASIGNA	17
TAVALISSE	36
tazarotene external cream 0.1 % ..	29
TAZORAC EXTERNAL CREAM	29
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg.....	23
TECFIDERA ORAL CAPSULE DELAYED RELEASE	25

TECHLITE INSULIN SYRINGES ..	33	testosterone gel 12.5 mg/act (1%) transdermal.....	46	TIROSINT	47
TECHLITE PEN NEEDLES.....	33	testosterone gel 20.25 mg/act (1.62%) transdermal	46	TIROSINT-SOL.....	47
TECHLITE PLUS PEN NEEDLES ..	33	testosterone transdermal gel 10 mg/act (2%), 20.25 mg/ 1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%).....	46	TIVICAY	19
TEGLUTIK.....	25	testosterone transdermal gel 1.62 %.....	46	tizanidine hcl oral capsule.....	58
TEGRETOL ORAL TABLET	12	tetracycline hcl oral capsule	11	tizanidine hcl oral tablet.....	58
TEGRETOL-XR.....	12	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	57	TOBI PODHALER.....	58
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	40	THALITONE.....	23	TOBRADEX OPHTHALMIC OINTMENT.....	53
TEKTURNA	23	theophylline er.....	57	TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %.....	53
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 300-12.5 MG, 300-25 MG.....	23	THIOLA.....	40	TOBRADEX ST	53
telmisartan.....	23	THIOLA EC.....	40	tobramycin inhalation nebulization solution 300 mg/4ml.....	58
telmisartan-hctz.....	23	THRIVE.....	9	tobramycin ophthalmic	53
temazepam	59	THRIVITE RX.....	38	tobramycin-dexamethasone.....	53
temozolomide	17	THYQUIDITY.....	47	TOLAK.....	29
TEMPO REFILL.....	33	thyroid oral.....	47	TOLSURA.....	15
TEMPO WELCOME.....	33	tiadylt er.....	23	tolterodine tartrate.....	41
TENCON	8	TIAZAC.....	23	tolterodine tartrate er.....	41
TENIVAC	51	TIGLUTIK	25	TOPAMAX	12
tenofovir disoproxil fumarate.....	19	TIKOSYN	23	TOPAMAX SPRINKLE	12
TENORETIC 100	23	tilia fe.....	45	TOPICORT EXTERNAL CREAM..	29
TENORETIC 50	23	timolol hemihydrate.....	54	TOPICORT EXTERNAL OINTMENT.....	29
TENORMIN.....	23	timolol maleate (once-daily).....	54	topiramate er oral capsule extended release 24 hour	12
terazosin hcl	41	timolol maleate ocudose.....	54	topiramate oral	12
terbinafine hcl oral	15	timolol maleate ophthalmic.....	54	TOPROL XL.....	23
terconazole	15	timolol maleate pf.....	54	torpenz.....	17
teriflunomide	25	TIMOPTIC OCUDOSE	54	torsemide.....	23
teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml	52	TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %.....	54	TOSYMRA	15
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML.....	52	TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %.....	54	TOUJEO MAX SOLOSTAR	34
TESTIM.....	46	tinidazole oral.....	11	TOUJEO SOLOSTAR	34
TESTOSTERONE CYPIONATE INJECTION	46	tiopronin oral tablet delayed release	40	TRACLEER	58
testosterone cypionate intramuscular.....	46	tiotropium bromide monohydrate	57	TRADJENTA	35
testosterone enanthate intramuscular.....	46			tramadol hcl (er biphasic) oral tablet extended release 24 hour ..	8

tramadol-acetaminophen	8	triamcinolone acetonide external cream 0.025 %, 0.1 %.....	29	trospium chloride.....	41
trandolapril	23	triamcinolone acetonide external cream 0.5 %	29	trospium chloride er.....	41
tranexamic acid oral.....	36	triamcinolone acetonide external lotion	29	TRUE FOCUS BLOOD GLUCOSE STRIP.....	33
TRANSDERM-SCOP.....	14	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %.....	29	TRUE METRIX AIR GLUCOSE METER KIT	33
tranylcypromine sulfate.....	14	triamcinolone acetonide external ointment 0.05 %.....	29	TRUE METRIX BLOOD GLUCOSE TEST.....	33
TRAVATAN Z.....	54	triamcinolone acetonide mouth/throat.....	26	TRUE METRIX GO GLUCOSE METER.....	33
travoprost (bak free)	54	triamcinolone in absorbase	29	TRUE METRIX METER	33
trazodone hcl oral	14	triaterene oral	23	TRUE METRIX PRO BLOOD GLUCOSE	33
TRELEGY ELLIPTA	57	triaterene-hctz	23	TRULANCE	40
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	50	TRIANEX EXTERNAL OINTMENT 0.05 %	29	TRULICITY	35
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML.....	50	triazolam	20	TRUMENBA	51
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	50	TRIBENZOR	23	TRUQAP ORAL TABLET.....	17
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML.....	50	TRICARE ORAL TABLET	38	TRUSOPT OPHTHALMIC SOLUTION 2 %.....	54
TRESIBA FLEXTOUCH.....	34	TRICOR.....	23	TRUVADA ORAL TABLET 100-150 MG,133-200 MG, 167-250 MG	19
tretinoin external cream	29	TRIDACAINE II.....	8	TRUVADA ORAL TABLET 200-300 MG	19
tretinoin external gel 0.01 %, 0.025 %.....	29	TRIDACAINE III.....	8	turqoz	45
tretinoin external gel 0.05 %	29	triderm	29	TWINRIX	51
TREXALL	50	TRIDESILON EXTERNAL CREAM 0.05 %	29	TWIRLA	45
TREZIX	8	trihexyphenidyl hcl oral tablet	18	TYBLUME	45
tri-estarrylla	45	TRIJARDY XR.....	35	tydemy oral tablet 3-0.03-0.451 mg.....	45
tri-legest fe	45	TRIKAFTA ORAL TABLET		TYMLOS	52
tri-linyah.....	45	THERAPY PACK	58	TYRVAYA	54
tri-lo-estarrylla	45	TRILEPTAL	12	TYVASO	58
tri-lo-marzia	45	TRILIPPIX	23	TYVASO DPI INSTITUTIONAL KIT	58
tri-lo-mili	45	trimethoprim oral	11	TYVASO DPI MAINTENANCE KIT	58
tri-lo-sprintec.....	45	TRINATAL RX1.....	38	TYVASO DPI TITRATION KIT	58
tri-mili	45	TRINATE.....	38	TYVASO REFILL KIT	58
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg.....	45	TRINTELLIX.....	14	TYVASO STARTER KIT	58
tri-sprintec.....	45	tritocin external ointment 0.05 %	29		
tri-vite/fluoride	38	TRIUMEQ.....	19		
tri-vylibra.....	45	trivora (28).....	45		
tri-vylibra lo	45	TROKENDI XR.....	12		

U			
UBRELVY	15	valsartan oral tablet	23
UCERIS ORAL.....	52	valsartan-hydrochlorothiazide...	23
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	36	VALTOCO	12
ULORIC	15	VALTREX	19
UNISTRIP1 GENERIC	33	valtya 1/50	45
unithroid	47	VANADOM ORAL TABLET 350 MG.....	58
UPTRAVI ORAL	58	VANCOCIN.....	11
urea external cream 20 %, 40 %, 45 %	29	vancomycin hcl oral	11
urea external cream 39 %, 41 %, 47 %	29	VANDAZOLE	11
UREA EXTERNAL CREAM 39.5 %.	29	VANOS	30
uredeb	29	VAQTA.....	51
UREMEZ-40	30	vardenafil hcl oral tablet	36
URESOL	30	varenicline tartrate	9
UROCIT-K10	38	varenicline tartrate (starter)	9
UROCIT-K15	38	varenicline tartrate(continue).....	9
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG).....	38	VARIVAX	51
UROGESIC-BLUE	41	VASCEPA.....	23
UROXATRAL	41	VASERETIC.....	23
URSO 250 ORAL TABLET 250 MG.....	40	VASOTEC.....	23
URSO FORTE.....	40	velivet	45
URSODIOL ORAL CAPSULE 200 MG, 400 MG.....	40	VELPHORO.....	41
ursodiol oral capsule 300 mg	40	VELTASSA.....	38
ursodiol oral tablet	40	VEMLIDY.....	19
		VENCLEXTA.....	17
		venlafaxine hcl.....	14
		venlafaxine hcl er oral capsule extended release 24 hour	14
		venlafaxine hcl er oral tablet extended release 24 hour	14
		VENTOLIN HFA	56, 57
		VENXXIVA.....	41
		VEOZAH.....	25
		verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg.....	23
		verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	23
		verapamil hcl er oral tablet extended release	23
V			
VAGIFEM	45	verapamil hcl oral.....	23
valacyclovir hcl oral.....	19	VERELAN.....	23
VALCYTE ORAL TABLET.....	19	VERELAN PM.....	23
valganciclovir hcl oral tablet	19	VERIFINE SHARPS CONTAINER .	33
VALIUM	20	VERKAZIA.....	54
valproic acid oral capsule	12	VERQUVO	23
valproic acid oral solution 250 mg/5ml.....	12	VERZENIO.....	17
		VESICARE	41
		vestura	45
		VEVYE.....	54
		VFEND ORAL TABLET 200 MG ..	15
		VFEND ORAL TABLET 50 MG ..	15
		VIAGRA	36
		VIBERZI	40
		VIBRAMYCIN ORAL CAPSULE 100 MG	11
		VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	11
		vienna	45
		vigabatrin oral packet	12
		VIGADRONE ORAL PACKET.....	12
		VIGAMOX	53
		vigpoder	12
		vilazodone hcl.....	14
		VIMPAT ORAL.....	13
		viorele	45
		VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	19
		VIREAD ORAL TABLET 300 MG ..	19
		virt-pn dha oral capsule 27-0.6-0.4-300 mg	38
		VISTARIL ORAL CAPSULE 25 MG, 50 MG	20
		VITAFOL FE+	38
		VITAFOL GUMMIES	38
		VITAFOL ULTRA	38
		VITAFOL-OB	38
		VITAMEDMD ONE RX/ QUATREFOLIC	38

VITAMIN D (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit.....	38
VITAPEarl.....	38
VITATHELY WITH GINGER	38
VITRAKVI.....	17
VIVAGUARD INO GLUCOSE METER KIT.....	33
VIVAGUARD INO TEST STRIPS...33	
VIVELLE-DOT.....	42, 45
VIVJOA.....	15
VOGELXO.....	46
VOGELXO PUMP.....	46
volnea	45
VOQUEZNA	39
VOQUEZNA DUAL PAK	39
VOQUEZNA TRIPLE PAK.....	39
voriconazole oral tablet	15
VORTEX HOLD CHMBR/MASK/ CHILD.....	57
VORTEX HOLD CHMBR/MASK/ TODDLER	57
VORTEX VALVE CHAMBER-PEDI MASK.....	57
VORTEX VALVED HOLDING CHAMBER DEVICE	57
VOSEVI.....	19
VOYDEYA ORAL TABLET	36
VOYDEYA ORAL TABLET THERAPY PACK	36
VRAYLAR.....	18
VTAMA	30
vyfemla	45
VYLEESI.....	36
vylibra	45
VYNDAMAX.....	40
VYTORIN.....	23
VYZULTA	54
W	
WAINUA.....	14
WAKIX.....	59
warfarin sodium oral.....	11
WELCHOL ORAL TABLET.....	23
WELLBUTRIN SR.....	14
WELLBUTRIN XL.....	14
wera	45
wes-phos 250 neutral.....	38
WESCAP-C DHA	38
WESCAP-PN DHA.....	38
WESTAB PLUS.....	38
WILATE.....	36
WINLEVI	30
wixela inhub.....	57
wymzya fe.....	45
X	
XACIATO	11
XALATAN.....	54
XANAX	20
XANAX XR.....	20
xarah fe	45
XARELTO	11
XARELTO STARTER PACK.....	11
XCOPRI.....	13
XDEMVY.....	53
XELJANZ	50
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG.....	50
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	50
XELODA	17
XENLETA ORAL TABLET 600 MG	11
XHANCE.....	56
XIFAXAN	11
XIGDUO XR	35
XiIDRA	54
XOFLUZA (40 MG DOSE).....	19
XOFLUZA (80 MG DOSE).....	19
Y	
YASMIN 28	45
YAZ	45
YESINTEK SUBCUTANEOUS.....	50
YORVIPATH	52
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	50
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	50
YUFLYMA (2 PEN).....	50
YUFLYMA (2 SYRINGE).....	50
YUFLYMA-CD/UC/HS STARTER	50
YUPELRI.....	58
YUSIMRY	50
yuvafem.....	45
Z	
zafemy	45
zaflirlukast.....	58
zaleplon	59
ZANAFLEX	58

ZANAFLEX ORAL CAPSULE	
2 MG, 4 MG, 6 MG.....	58
ZARONTIN	13
ZARXIO.....	36
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG....	38
ZAVZPRET.....	15
ZEBUTAL ORAL CAPSULE 50-325-40 MG	8
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	35
ZEJULA ORAL CAPSULE 100 MG.....	17
ZELBORA F	17
ZEMBRACE SYMTOUCH.....	15
ZEMPLAR ORAL.....	52
zenatane	30
ZENPEP.....	40
ZENZEDI	25
ZEPOSIA	25
ZEPOSIA 7-DAY STARTER PACK..	25
ZEPOSIA STARTER KIT	25
ZESTORETIC.....	23
ZESTRIL.....	24
ZETIA.....	24
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	56
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG.....	24
ZIAC ORAL TABLET 5-6.25 MG ..	24
ZILBRYSQ	16
ZILXI	30
ZIMHI	9
ZIOPTAN	54
ziprasidone hcl.....	18
ZIRGAN	19
ZITHROMAX ORAL	11
ZITHROMAX TRI-PAK.....	11
ZITHROMAX Z-PAK.....	11
ZOCOR	24
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	15
zolmitriptan nasal solution 5 mg.	15
zolmitriptan oral tablet.....	15
zolmitriptan oral tablet dispersible	15
ZOLOFT	14
zolpidem tartrate er	59
zolpidem tartrate oral tablet.....	59
ZOMIG NASAL SOLUTION 2.5 MG.....	16
ZOMIG NASAL SOLUTION 5 MG .	16
ZOMIG ORAL TABLET 5 MG	16
ZONEGRAN	13
zonisamide oral.....	13
ZORTRESS.....	50
ZORYVE EXTERNAL CREAM 0.3 %.....	30
ZORYVE EXTERNAL FOAM.....	30
zovia 1/35 (28)	45
ZOVIRAX EXTERNAL OINTMENT.....	19
ZOVIRAX ORAL SUSPENSION 200 MG/5ML.....	19
ZTLIDO.....	8
ZUBSOLV.....	9
zumandimine	45
ZURZUVAE	14
ZYCLARA.....	30
ZYCLARA PUMP	30
ZYLET	53
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	15
ZYMAXID OPHTHALMIC SOLUTION 0.5 %.....	53
ZYPREXA ORAL.....	18
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	18
ZYTIGA.....	17
ZYVOX ORAL TABLET	11

**United
Healthcare**