



Your 2023 Prescription Drug List

Advantage 3-Tier

Effective September 1, 2023



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of September 1, 2023 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Partnership Plan, UnitedHealthcare Freedom Plans, River Valley, All Savers, Level2 and Oxford medical plans with a pharmacy benefit subject to the Advantage 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

Table of contents

Understanding your Prescription Drug List (PDL)	4
Medication tips	5
Reading your PDL	6
Questions	7
Analgesics	
Drugs for Pain	8
Drugs for Pain and Inflammation	8
Anti-Addiction / Substance Abuse Treatment Agents	8
Antibacterials	
Drugs for Infections	8
Anticoagulants	
Drugs to Treat or Prevent Blood Clots	9
Anticonvulsants	
Drugs for Seizures	9
Antidepressants	
Drugs for Depression	10
Antiemetics	
Drugs for Nausea and Vomiting	11
Antifungals	
Drugs for Fungal Infections	11
Antigout Agents	
Drugs for Gout	11
Antimigraine Agents	
Drugs for Migraines	11
Antineoplastics	
Drugs for Cancer	11
Antiparasitics	
Drugs for Parasitic Infections	12
Antiparkinson Agents	
Drugs for Parkinson's Disease	12
Antiplatelets	
Drugs for Heart Attack and Stroke Prevention	12
Antipsychotics	
Drugs for Mood Disorders	12
Antivirals	
Drugs for Viral Infections	12
Anxiolytics	
Drugs for Anxiety	13
Bipolar Agents	
Drugs for Mood Disorders	13
Cardiovascular Agents	
Drugs for Heart and Circulation Conditions	13
Central Nervous System Agents	
Drugs for Attention Deficit Disorder	15
Drugs for Multiple Sclerosis	15
Miscellaneous	16
Dental and Oral Agents	
Drugs for Mouth and Throat Conditions	16
Dermatological Agents	
Drugs for Skin Conditions	16



Diabetes	
Glucose Monitoring and Supplies	17
Insulin	19
Non-Insulin Agents	20
Drugs for Blood Disorders	21
Drugs for Sexual Dysfunction.	21
Electrolytes / Vitamins	21
Gastrointestinal Agents	
Drugs for Acid Reflux and Ulcer.	22
Drugs for Bowel, Intestine and Stomach Conditions	22
Genetic or Enzyme Disorder	
Drugs for Replacement, Modification, Treatment	22
Genitourinary Agents	
Drugs for Bladder, Genital and Kidney Conditions.	22
Drugs for Prostate Conditions	23
Hormonal Agents	
Hormone Replacement and Birth Control	23
Oral Steroids	25
Other	25
Testosterone Replacement.	25
Thyroid	25
Immunological Agents	
Drugs for Immune System Stimulation or Suppression.	26
Drugs for Vaccination	27
Infertility Agents.	28
Inflammatory Bowel Disease Agents.	28
Metabolic Bone Disease Agents	
Drugs for Osteoporosis.	28
Other	28
Ophthalmic Agents	
Drugs for Eye Allergy, Infection and Inflammation	28
Drugs for Glaucoma	29
Drugs for Miscellaneous Eye Conditions	29
Otic Agents	
Drugs for Ear Conditions.	29
Respiratory	
Drugs for Anaphylaxis.	29
Respiratory Tract / Pulmonary Agents	
Drugs for Allergies, Cough, Cold	30
Drugs for Asthma and COPD	30
Drugs for Cystic Fibrosis.	31
Drugs for Pulmonary Fibrosis.	31
Drugs for Pulmonary Hypertension	31
Skeletal Muscle Relaxants	
Drugs for Muscle Pain and Spasm.	31
Sleep Disorder Agents	31
Index.	32



Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

We review medications based on their total value, including effectiveness and safety, how much they cost, and the availability of alternative medications to treat the same or similar medical conditions. Certain medications may be excluded from coverage or be subject to prior authorization (sometimes referred to as precertification)¹ if similar alternatives are available at a lower cost. Examples include medications that work the same way, but one is much more expensive than the other, or options that are available without a prescription (also referred to as over-the-counter medications²). There are also some instances where the same product can be made by two or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

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

Who decides which medications are covered?

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

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

About this PDL

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



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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

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

Drug list information

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

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

3. Depending on your benefit, you may have notification or medical necessity requirements for select medications.

4. Not applicable to Neighborhood Health Plan, some UnitedHealthcare Freedom Plans and Oxford plans.



Reading your PDL (continued)

Coverage details

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

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

Diabetic supplies and prescription medications may be subject to different cost-share arrangements for Oxford plans. Please see your Summary of Benefits and Coverage (SBC) for specifics.

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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



Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
acetaminophen-codeine oral tablet	1	
apap-caff-dihydrocodeine	3	QL
bac	1	QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine oral tablet	1	QL
DILAUDID ORAL TABLET	E	
endocet	1	
ESGIC ORAL TABLET	3	QL
GEN7T EXTERNAL PATCH	E	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	
hydromorphone hcl oral tablet	1	
lidocaine external patch 5 %	3	PA, QL
LIDODERM	E	PA, QL
morphine sulfate er oral tablet extended release	1	PA, QL
MS CONTIN	E	PA, QL
NALOCET	E	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA, QL
OXAYDO	E	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	
oxycodone hcl oral tablet 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	E	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	E	QL
PERCOCET	E	
PROLATE ORAL TABLET	E	

Drug Name	Drug Tier	Requirements & Limits
ROXICODONE	E	
tramadol hcl oral tablet 100 mg	E	
tramadol hcl oral tablet 50 mg	1	
TREZIX	3	QL
XTAMPZA ER	3	PA, QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for Pain and Inflammation		
CELEBREX	E	QL
celecoxib oral	2	QL
diclofenac sodium oral	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral	1	
ketorolac tromethamine oral	1	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN ORAL TABLET	E	
naproxen oral tablet	1	
RELAFEN DS	E	
Anti-Addiction / Substance Abuse Treatment Agents		
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	2	QL
buprenorphine hcl-naloxone hcl sublingual tablet 2-0.5 mg, 8-2 mg	2	QL
KLOXXADO	2	QL
naloxone hcl injection solution prefilled syringe	1	
naloxone hcl nasal liquid 4 mg/0.1ml	1	QL
naltrexone hcl oral	1	
NARCAN	2	QL
SUBOXONE	E	PA, QL
ZIMHI	2	QL
ZUBSOLV	2	QL
Antibacterials - Drugs for Infections		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
amoxicillin-potassium clavulanate oral tablet	1	
AUGMENTIN	E	
AUGMENTIN ES-600	E	
avidoxy	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
BACTRIM	3	
BACTRIM DS	3	
cefdinir	1	
cefuroxime axetil	1	
CENTANY	3	QL
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
DIFICID ORAL TABLET	3	QL
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
LYMEPAK	E	
MACROBID	3	
MACRODANTIN	3	
metronidazole oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
metronidazole vaginal	2	
minocycline hcl oral capsule	1	
mondoxyne nl	1	
mupirocin external	1	QL
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	E	
NUZYRA ORAL	3	QL
penicillin v potassium oral tablet	1	
sulfamethoxazole-trimethoprim oral tablet	1	
TARGADOX	E	
VANAZOLE	3	
VIBRAMYCIN ORAL CAPSULE	3	
XENLETA ORAL	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	
ZITHROMAX ORAL TABLET	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	

Anticoagulants - Drugs to Treat or Prevent Blood Clots

dabigatran etexilate mesylate oral capsule 150 mg, 75 mg	1	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	QL
enoxaparin sodium	2	QL
jantoven	1	
LOVENOX	E	QL
PRADAXA ORAL CAPSULE	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO ORAL SUSPENSION RECONSTITUTED	2	QL
XARELTO STARTER PACK	2	QL

Anticonvulsants - Drugs for Seizures

APTIOM	3	PA
BRIVIACT ORAL TABLET	3	PA

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA
divalproex sodium er	2	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA, SP
gabapentin oral capsule	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL TABLET	3	PA
LAMICTAL ORAL TABLET	3	PA
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
NAYZILAM	3	PA, QL
NEURONTIN ORAL CAPSULE	3	PA
NEURONTIN ORAL TABLET	3	PA
oxcarbazepine oral tablet	1	
roweepra	1	
subvenite	1	
TOPAMAX	3	PA
topiramate oral tablet	1	
TRILEPTAL ORAL TABLET	3	PA
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	3	PA, QL
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA
ZONEGRAN	3	PA
zonisamide oral	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	
desvenlafaxine succinate er	3	QL

Drug Name	Drug Tier	Requirements & Limits
doxepin hcl capsule 10 mg oral	1	
doxepin hcl capsule 100 mg oral	1	
doxepin hcl capsule 25 mg oral	1	
doxepin hcl capsule 50 mg oral	1	
doxepin hcl capsule 75 mg oral	1	
doxepin hcl oral capsule 150 mg	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	
duloxetine hcl oral capsule delayed release particles 40 mg	E	
EFFEXOR XR	E	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet 10 mg	3	QL
fluoxetine hcl oral tablet 20 mg	3	
fluoxetine hcl oral tablet 60 mg	E	
fluvoxamine maleate	1	
FORFIVO XL	E	QL
LEXAPRO	E	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
PAMELOR	E	
paroxetine hcl oral tablet	1	
PAXIL ORAL TABLET	E	
PRISTIQ	E	QL
PROZAC	E	
REMERON	E	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
VIIBRYD	E	QL
VIIBRYD STARTER PACK	3	
vilazodone hcl	3	QL
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT ORAL TABLET	E	

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Drug Name	Drug Tier	Requirements & Limits
Antiemetics - Drugs for Nausea and Vomiting		
metoclopramide hcl oral tablet	1	
ondansetron hcl oral tablet	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
REGLAN	3	
scopolamine	3	
TRANSDERM-SCOP	E	
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external solution	1	
CRESEMBA ORAL	3	
DIFLUCAN ORAL TABLET	E	
fluconazole oral tablet	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
nystatin external cream	1	QL
nystatin mouth/throat	1	
terbinafine hcl oral	1	QL
VIVJOA	3	PA, QL
Antigout Agents - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
ALLOPURINOL ORAL TABLET 200 MG	E	
COLCHICINE ORAL CAPSULE	E	
MITIGARE	2	
ZYLOPRIM	3	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, ST, QL
eletriptan hydrobromide	2	QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	PA, ST, QL
IMITREX ORAL	E	QL
MAXALT	E	QL

Drug Name	Drug Tier	Requirements & Limits
NURTEC	2	PA, ST, QL
RELPAK	E	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
UBRELVY	2	PA, ST, QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	2	QL
Antineoplastics - Drugs for Cancer		
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
bexarotene external	E	QL, SP
CALQUENCE	2	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	E	PA
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
EXKIVITY	3	PA, QL, SP
FEMARA	E	
GAVRETO	3	PA, QL, SP
IBRANCE ORAL CAPSULE	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
IMBRUVICA ORAL TABLET	2	PA, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	2	PA, QL, SP
lenalidomide oral capsule 2.5 mg, 20 mg	1	PA, QL, SP
letrozole oral	1	H-PA
LUMAKRAS	3	PA, QL, SP
LUMAKRAS ORAL TABLET 120 MG	3	PA, QL, SP
LUMAKRAS ORAL TABLET 320 MG	3	PA, SP
LYNPARZA	2	PA, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
POMALYST	3	PA, QL, SP
RETEVMO 40 MG	3	PA, QL, SP
RETEVMO 80 MG	3	PA, SP
REVLIMID	2	PA, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	3	PA, QL, SP
TAGRISO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TARGRETIN EXTERNAL	3	QL, SP
TARGRETIN ORAL	2	SP
TASIGNA	2	PA, ST, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
VITRAKVI ORAL CAPSULE	2	PA, QL, SP
VITRAKVI ORAL SOLUTION 20 MG/ML	2	PA, QL, SP
ZEJULA	2	PA, QL, SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	3	QL
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	QL
PLAQUENIL	E	
Antiparkinson Agents - Drugs for Parkinson's Disease		
INBRIJA	3	PA, QL, SP
KYNMOBI	3	PA, QL, SP
NEUPRO	3	
NOURIANZ	3	PA, QL
pramipexole dihydrochloride	1	
ropinirole hcl	1	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	3	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
aripiprazole oral tablet	2	
lurasidone hcl	3	QL

Drug Name	Drug Tier	Requirements & Limits
olanzapine oral tablet	1	
quetiapine fumarate	1	
REXULTI	3	PA, ST, QL
RISPERDAL ORAL TABLET	E	
risperidone oral tablet	1	
SAPHRIS	3	QL
SEROQUEL	E	
VRAYLAR ORAL CAPSULE	3	QL
ZYPREXA ORAL	E	
Antivirals - Drugs for Viral Infections		
acyclovir oral tablet	1	
BIKTARVY	3	QL
CIMDUO	2	QL
DESCOVY	E	PA, ST, QL
DOVATO	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
EPCLUSA ORAL TABLET 200-50 MG	2	PA, QL
EPCLUSA ORAL TABLET 400-100 MG	2	PA, QL, SP
HARVONI ORAL TABLET	2	PA, ST, QL, SP
JULUCA	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET	2	PA, QL, SP
MAVYRET ORAL PACKET	2	QL, SP
oseltamivir phosphate oral capsule	2	
PAXLOVID (150/100)	3	
PAXLOVID (300/100)	3	
PREZCOBIX	2	
RUKOBIA	3	PA
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
SYMFI	2	QL
SYMFI LO	2	QL
TAMIFLU ORAL CAPSULE	3	
TIVICAY	3	

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Drug Name	Drug Tier	Requirements & Limits
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	QL
VALTREX	E	QL
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
clonazepam oral tablet	1	
diazepam oral tablet	1	
HALCION	3	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	E	
VISTARIL	3	
XANAX	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
LITHOBID	3	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ALDACTONE	E	
aliskiren fumarate	3	
ALTACE	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
atenolol oral	1	

Drug Name	Drug Tier	Requirements & Limits
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	E	
AVAPRO	E	
benazepril hcl oral	1	
BENICAR	E	
BENICAR HCT	E	
BIDIL	2	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
CALAN SR	3	
CARDIZEM CD	E	
CARDURA	3	
cartia xt	2	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
COREG	E	
CORLANOR	3	PA, QL
CORLANOR ORAL SOLUTION	3	PA, QL
COZAAR	E	
CRESTOR	E	
diltiazem hcl er coated beads oral capsule extended release 24 hour	2	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
EDARBI	3	
EDARBYCLOR	3	
enalapril maleate oral tablet	1	
ENTRESTO	3	PA, QL
EXFORGE	E	
ezetimibe	2	
fenofibrate oral tablet 120 mg, 40 mg	E	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	

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Drug Name	Drug Tier	Requirements & Limits
FENOGLIDE	E	
flecainide acetate	1	
FUROSCIX	3	PA, QL
furosemide oral tablet	1	
gemfibrozil oral	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
INDERAL LA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorb dinitrate-hydralazine	2	
isosorbide mononitrate er	1	
labetalol hcl oral	1	
LASIX	3	
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	3	
LOPRESSOR	3	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTREL	E	
lovastatin oral	1	H
LOVAZA	E	
MAXZIDE	3	
MAXZIDE-25	3	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
MICARDIS	E	
MINIPRESS	3	
MULTAQ	3	PA
NEXLETOL	2	PA, ST, QL

Drug Name	Drug Tier	Requirements & Limits
NEXLIZET	2	PA, ST, QL
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	3	
NORLIQVA	3	PA
NORVASC	E	
olmesartan medoxomil oral	2	
olmesartan medoxomil-hctz	2	
omega-3-acid ethyl esters	2	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	3	
pravastatin sodium	1	
prazosin hcl oral	1	
PROCARDIA XL	E	
propranolol hcl er	2	
propranolol hcl oral tablet	1	
ramipril	1	
REPATHA	2	PA, ST, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL
REPATHA SURECLICK	2	PA, ST, QL
rosuvastatin calcium	2	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOAANZ	E	QL
spironolactone oral	1	
TEKTURNA	3	
TEKTURNA HCT	3	
telmisartan	2	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
THALITONE	E	
TOPROL XL	E	
torsemide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan oral tablet	2	

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Drug Name	Drug Tier	Requirements & Limits
valsartan-hydrochlorothiazide	1	
VASOTEC	E	
verapamil hcl er oral tablet extended release	1	
VERQUVO	3	PA, QL
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	PA, QL
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	3	
ZOCOR	E	

Central Nervous System Agents - Drugs for Attention Deficit Disorder

ADDERALL	E	
ADDERALL XR	2	QL
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG	E	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	E	QL
APTENSIO XR	E	QL
atomoxetine hcl	3	QL
CONCERTA	2	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	3	QL
FOCALIN	3	
FOCALIN XR	E	QL
guanfacine hcl er	2	
INTUNIV	E	
JORNAY PM	E	QL
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	

Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	E	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG	E	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 63 MG	E	
methylphenidate hcl er (xr)	E	QL
methylphenidate hcl er oral tablet extended release	3	QL
methylphenidate hcl oral tablet	1	
MYDAYIS	E	QL
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG, 73 MG	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	3	QL
VYVANSE ORAL CAPSULE	3	QL

Central Nervous System Agents - Drugs for Multiple Sclerosis

AUBAGIO	E	QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
fingolimod hcl	2	PA, QL, SP
GILENYA	E	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	2	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	3	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
teriflunomide oral tablet 14 mg, 7 mg	2	QL, SP

Central Nervous System Agents - Miscellaneous

AUSTEDO	2	PA, QL, SP
LYRICA ORAL CAPSULE	3	PA
pregabalin oral capsule	2	
TIGLUTIK	3	PA
ZEPOSIA	3	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT	3	PA, ST, QL, SP

Dental and Oral Agents - Drugs for Mouth and Throat Conditions

chlorhexidine gluconate mouth/throat	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
PERIDEX	3	
periogard	1	

Dermatological Agents - Drugs for Skin Conditions

ABSORICA	E	PA
accutane	2	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	
amnestem	2	
AMZEEQ	3	QL
AVITA EXTERNAL CREAM	E	PA, QL
brimonidine tartrate external	3	PA, QL
CARAC	E	
CIBINQO	2	PA, QL, SP
claravis	2	

Drug Name	Drug Tier	Requirements & Limits
CLEOCIN-T	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin phosphate gel 1 % external	E	QL
clindamycin phosphate gel 1 % external	3	QL
clobetasol propionate external cream	2	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external solution	1	QL
clotrimazole-betamethasone external cream	1	QL
DAZOMON	E	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP
EFUDEX	3	
ENSTILAR	3	QL
EUCRISA	3	ST, QL
FINACEA	3	
FLUOROPLEX	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	

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Drug Name	Drug Tier	Requirements & Limits
IMPOYZ	E	QL
isotretinoin capsule 10 mg oral	2	PA
isotretinoin capsule 10 mg oral	2	
isotretinoin capsule 20 mg oral	2	PA
isotretinoin capsule 20 mg oral	2	
isotretinoin capsule 30 mg oral	2	PA
isotretinoin capsule 30 mg oral	2	
isotretinoin capsule 40 mg oral	2	PA
isotretinoin capsule 40 mg oral	2	
isotretinoin oral capsule 25 mg, 35 mg	E	PA
KLISYRI	3	ST, QL
METROCREAM	3	
metronidazole external cream	1	
myorisan	2	
NORITATE	E	
OPZELURA	3	PA, QL, SP
PICATO	3	QL
PROTOPIC	E	QL
RETIN-A EXTERNAL CREAM	E	PA, QL
RHOFADE	3	PA, QL
rosadan external cream	1	
SANTYL	3	QL
SOOLANTRA	3	QL
TACLONEX EXTERNAL OINTMENT	E	QL
tacrolimus external	2	QL
tretinoin external cream	3	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
triamcinolone in absorbbase	E	
TRIANEX	E	
triderm external cream 0.1 %	1	
triderm external cream 0.5 %	1	QL
tritocin	E	

Drug Name	Drug Tier	Requirements & Limits
VTAMA	3	PA, QL
XEPI	3	QL
zenatane	2	
ZILXI	3	PA, ST, QL
ZORYVE	3	PA, QL
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK FASTCLIX LANCETS	1	
ACCU-CHEK GUIDE KIT W/DEVICE	3	(Accu-Chek Guide Me)
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK MULTICLIX LANCET KIT	1	
ACCU-CHEK MULTICLIX LANCETS	1	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFT TOUCH LANCETS	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK SOFTCLIX LANCETS	1	
ACCUTREND GLUCOSE	E	QL
AQINJECT PEN NEEDLE	2	QL
bd autoshield duo pen needles	2	
bd U-500 insulin syringes	2	
bd ultra-fine insulin syringes	2	
BD ULTRA-FINE PEN NEEDLES	2	QL
bd veo ultra-fine insulin syringes	2	
BLOOD GLUCOSE TEST STRIPS	E	QL
BLOOD GLUCOSE TEST STRIPS 333	E	QL
CARETOUCH MONITOR SYSTEM	E	
CARETOUCH TEST	E	QL
CONTOUR MONITOR KIT W/DEVICE	E	
CONTOUR NEXT EZ KIT W/DEVICE	E	
CONTOUR NEXT GEN MONITOR	E	
CONTOUR NEXT GEN TEST STRIPS	2	QL

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Drug Name	Drug Tier	Requirements & Limits
CONTOUR NEXT LINK KIT W/DEVICE	3	
CONTOUR NEXT LINK KIT W/DEVICE	E	
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT TEST STRIPS	2	QL
CONTOUR TEST STRIPS	E	QL
CVS ADVANCED GLUCOSE TEST	E	QL
CVS GLUCOSE METER TEST STRIPS	E	QL
D-CARE BLOOD GLUCOSE	E	QL
D-CARE GLUCOMETER	E	
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA
DEXCOM G7 SENSOR	3	PA
DIABETES MONITOR DIGIT ADD-ON	E	
DIABETES MONITOR DIGIT SOLN	E	
EASY TOUCH HEALTHPRO GLUCOSE	E	
EASY TOUCH TEST	E	QL
EASYGLUCO	E	
EASYMAX 15 TEST	E	QL
EASYMAX NG BLOOD GLUCOSE KIT	E	
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	E	QL
EVERSENSE SENSOR/HOLDER	3	PA
EVERSENSE SMART TRANSMITTER	3	PA
FORTISCARE G1 TEST STRIP	E	QL
FORTISCARE TEST	E	QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 READER	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
FREESTYLE LIBRE 3 SENSOR	3	PA, QL
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE PRECISION NEO SYSTEM	E	
FREESTYLE PRECISION NEO TEST	E	QL
FREESTYLE TEST	E	QL
GLUCOCARD EXPRESSION TEST	E	QL
GLUCOCARD SHINE TEST	E	QL
GLUCOCARD VITAL TEST	E	QL
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
GUARDIAN REAL-TIME REPLACE PED	3	PA
GUARDIAN SENSOR (3)	3	PA, QL
GUARDIAN SENSOR 3	3	PA, QL
GVOKE HYOPEN 1-PACK	2	QL
GVOKE HYOPEN 2-PACK	2	QL
GVOKE KIT	2	
GVOKE PFS	2	QL
HEALTHPRO BLOOD GLUCOSE MONITO	E	
INSULIN PEN NEEDLES	2	QL
MICRODOT TEST	E	QL
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	PA
MM EASY TOUCH GLUCOSE METER	E	
NEUTEK 2TEK TEST	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	2	QL
NOVOTWIST	2	QL
OMNIPOD 5 G6 INTRO (GEN 5)	2	PA, QL
OMNIPOD 5 G6 POD (GEN 5)	2	PA, QL
ON CALL EXPRESS BLOOD GLUCOSE	E	QL

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Drug Name	Drug Tier	Requirements & Limits
ON CALL EXPRESS MONITORING SYS	E	
ONETOUCH CLUB LANCETS FINE PT	1	
ONETOUCH DELICA LANCETS 30G	1	
ONETOUCH DELICA LANCETS 33G	1	
ONETOUCH DELICA PLUS LANCET30G	1	(Onetouch Delica Plus Lancets)
ONETOUCH DELICA PLUS LANCET33G	1	(Onetouch Delica Plus Lancets)
ONETOUCH FINEPOINT LANCETS	1	
ONETOUCH ULTRA 2 KIT W/DEVICE	1	
ONETOUCH ULTRA MINI KIT W/DEVICE	1	
ONETOUCH ULTRA TEST STRIPS	1	QL
ONETOUCH ULTRASOFT LANCETS	1	(Onetouch Ultrasoft Plus lancets)
ONETOUCH VERIO FLEX SYSTEM	1	
ONETOUCH VERIO IQ SYSTEM	1	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
OPTIUMEZ TEST	E	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA
PIP BLOOD GLUCOSE TEST STRIP	E	QL
PRECISION XTRA	E	
PRECISION XTRA BLOOD GLUCOSE	E	QL
PREMIUM BLOOD GLUCOSE TEST	E	QL
PTS PANELS EGLU TEST	E	QL
QUINTET AC BLOOD GLUCOSE TEST	E	QL
QUINTET BLOOD GLUCOSE TEST	E	QL
RELION TRUE MET AIR GLUC METER	E	
RELION TRUE METRIX TEST STRIPS	E	QL

Drug Name	Drug Tier	Requirements & Limits
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	QL
RIGHTEST GT333 GLUCOSE TEST	E	QL
TECHLITE INSULIN SYRINGES	2	(Arkay) QL
TECHLITE PEN NEEDLES	2	(Arkay) QL
TEMPO REFILL	E	
TEMPO WELCOME	E	
TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
TRUE METRIX AIR GLUCOSE METER KIT	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	QL
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER KIT	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	QL
TRUETRACK TEST	E	QL
UNISTRIP1 GENERIC	E	QL
Diabetes - Insulin		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
BASAGLAR KWIKPEN	E	QL
BASAGLAR TEMPO PEN	E	
HUMALOG INJECTION	1	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG SUBCUTANEOUS (cartridge)	2	QL
HUMALOG TEMPO PEN	E	
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL

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Drug Name	Drug Tier	Requirements & Limits
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	1	QL
HUMULIN R VIAL	1	QL
INSULIN GLARGINE	E	QL
INSULIN GLARGINE SOLOSTAR	E	QL
INSULIN LISPRO	E	QL
INSULIN LISPRO (1 UNIT DIAL)	E	QL
INSULIN LISPRO JUNIOR KWIKPEN	E	QL
INSULIN LISPRO KWIKPEN	E	QL
INSULIN LISPRO PROT & LISPRO	E	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV TEMPO PEN	E	
LYUMJEV VIAL	1	QL
NOVOLIN 70/30 FLEXPEN	E	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL
NOVOLIN 70/30 RELION	E	ST, QL
NOVOLIN 70/30 VIAL	E	ST, QL
NOVOLIN N FLEXPEN	E	ST, QL
NOVOLIN N FLEXPEN RELION	E	ST, QL
NOVOLIN N RELION	E	ST, QL
NOVOLIN N VIAL	E	ST, QL
NOVOLIN R FLEXPEN	E	ST, QL
NOVOLIN R FLEXPEN RELION	E	ST, QL
NOVOLIN R RELION	E	ST, QL
NOVOLIN R VIAL	E	ST, QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
Diabetes - Non-Insulin Agents		
ACTOS	E	QL
ADLYXIN	3	PA, ST, QL
ALOGLIPTIN BENZOATE	E	QL
ALOGLIPTIN-METFORMIN HCL	E	QL
ALOGLIPTIN-PIOGLITAZONE	E	QL
AMARYL	E	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE	2	PA, QL

Drug Name	Drug Tier	Requirements & Limits
BYETTA 10 MCG PEN	2	PA, ST, QL
BYETTA 5 MCG PEN	2	PA, ST, QL
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	QL
GLUCOTROL XL	3	
GLUMETZA	E	PA
glyburide oral	1	
GLYXAMBI	2	ST, QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KAZANO	2	QL
KOMBIGLYZE XR	2	QL
metformin hcl er	1	
metformin hcl er (mod)	E	PA
metformin hcl er (osm)	E	PA
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	E	
MOUNJARO	2	PA, ST, QL
NESINA	2	QL
ONGLYZA	2	QL
OSENI	2	QL
pioglitazone hcl	1	QL
RYBELSUS	2	PA, ST, QL
SOLIQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, ST, (2 Pak), QL

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Drug Name	Drug Tier	Requirements & Limits
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, ST, (3 Pak), QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
ALPHANATE	2	SP
ARANESP (ALBUMIN FREE)	2	QL, SP
DOPTELET	3	PA, QL, SP
ELOCTATE	3	PA, SP
HEMLIBRA	2	PA, SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
JIVI	3	PA, SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, QL, SP
NEULASTA	3	
NOVOEIGHT	2	SP
NUVIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
NUVIQ INTRAVENOUS KIT 1500 UNIT	2	
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
TAVALISSE	3	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
WILATE	2	
ZARXIO	2	
ZIEXTENZO	3	SP
Drugs for Sexual Dysfunction		
ADDYI	3	PA, QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
OSPHENA TABLET 60 MG ORAL	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	3	PA, QL
tadalafil oral	2	QL
VIAGRA	E	QL
VYLEESI	3	PA, QL
Electrolytes / Vitamins		
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
DODEX	3	
DRISDOL	3	
ergocalciferol oral capsule	1	
folic acid oral tablet 1 mg	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral tablet extended release	1	
K-TAB	3	
LOKELMA	3	PA, QL
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	

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Drug Name	Drug Tier	Requirements & Limits
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
MULTI-VIT-FLOR	3	
NASCOBAL	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium citrate er	1	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE	3	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
VELTASSA	3	PA, QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
bismuth/metronidaz/tetracyclin	1	QL
CARAFATE ORAL TABLET	E	
CYTOTEC	3	
dexlansoprazole	E	QL
famotidine oral suspension reconstituted	1	
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	3	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
CLENPIQ	3	

Drug Name	Drug Tier	Requirements & Limits
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML	3	
dicyclomine hcl oral capsule	1	
dicyclomine hcl tablet 20 mg oral	1	
GLYCATE	E	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
LINZESS	2	PA, QL
MOTEGRITY	3	PA, QL
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	3	QL
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
ROBINUL	E	
ROBINUL-FORTE	E	
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
VIBERZI	3	PA, QL
ZELNORM	3	PA, ST,
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
ORFADIN	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
TEGSEDI	2	PA, QL, SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
DITROPAN XL	E	
oxybutynin chloride er	2	
oxybutynin chloride oral tablet 5 mg	1	

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Drug Name	Drug Tier	Requirements & Limits
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral	1	
PYRIDIUM	3	
solifenacin succinate	3	
THIOLA	3	SP
THIOLA EC	3	SP
VELPHORO	2	
VESICARE	E	

Genitourinary Agents - Drugs for Prostate Conditions

alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	
tamsulosin hcl	1	
UROXATRAL	E	

Hormonal Agents - Hormone Replacement and Birth Control

afirmelle	1	H
ALORA	3	QL
altavera	1	H
ANNOVERA	3	QL
apri	1	H
aubra eq	1	H
aubra oral tablet 0.1-20 mg-mcg	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	3	
ayuna	1	H
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
camila	1	H
chateal eq	1	H
chateal oral tablet 0.15-30 mg-mcg	1	H

Drug Name	Drug Tier	Requirements & Limits
CLIMARA	E	QL
CLIMARA PRO	3	QL
cryselle-28	1	H
cyred	1	H
cyred eq	1	H
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	QL
DEPO-SUBQ PROVERA 104	2	QL
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL	3	
dotti	2	QL
drospirenone-ethinyl estradiol	3	
DUAVEE	3	QL
ELESTRIN	3	
elinest	1	H
eluryng	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Minivelle), QL

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Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol transdermal gel	3	
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal cream	3	
estradiol vaginal tablet	2	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	1	H
heather	1	H
incassia	1	H
isibloom	1	H
jasmiel	3	
jencycla	1	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
lessina	1	H

Drug Name	Drug Tier	Requirements & Limits
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
loryna	3	
low-ogestrel	1	H
lo-zumandimine	3	
lutera	1	H
lyleq	1	H
lyllana	2	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	QL, H
medroxyprogesterone acetate oral	1	
MENOSTAR	3	QL
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
MINIVELLE	E	QL
mono-lynyah	1	H
MYFEMBREE	2	PA, QL
NATAZIA	1	
nikki	3	
nora-be	1	H
norethin ace-eth estrad-fe oral tablet	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norgestimate-eth estradiol	1	H

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Drug Name	Drug Tier	Requirements & Limits
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyroc	1	H
NUVARING	E	
nymyo	1	H
ocella	3	
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
progesterone oral	2	
PROMETRIUM	E	
PROVERA	3	
reclipsen	1	H
sharobel	1	H
sprintec 28	1	H
sronyx	1	H
syeda	3	
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tri-estarylla	1	H
tri-linyah	1	H
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	1	H
tri-nymyo	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
VAGIFEM	E	
vestura	3	
vienva	1	H
VIVELLE-DOT	E	QL

Drug Name	Drug Tier	Requirements & Limits
vylibra	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvafem	2	
zafemy	3	H
zumandimine	3	
Hormonal Agents - Oral Steroids		
CORTEF	3	
DEXABLISS	E	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DXEVO 11-DAY	E	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral tablet therapy pack	1	
PEDIAPRED	2	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
Hormonal Agents - Other		
ELIGARD SUBCUTANEOUS KIT 7.5 MG	3	PA
LANREOTIDE ACETATE	E	SP

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Drug Name	Drug Tier	Requirements & Limits
leuprolide acetate injection	1	PA
MENOPUR	E	SP
NOCDURNA	3	PA, QL
NORDITROPIN FLEXPRO	2	PA, QL, SP
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORLISSA	2	PA, QL
SOMATULINE DEPOT	3	SP

Hormonal Agents - Testosterone Replacement

ANDRODERM	2	PA, QL
ANDROGEL PUMP	E	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
FORTESTA	E	PA, QL
NATESTO	E	PA, QL
TESTIM	2	PA, QL
testosterone cypionate intramuscular	1	
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL

Hormonal Agents - Thyroid

ADTHYZA	3	
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	E	
ARMOUR THYROID	3	
CYTOMEL	E	
ERMEZA	E	PA
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
np thyroid	1	

Drug Name	Drug Tier	Requirements & Limits
SYNTHROID	E	
THYQUIDITY	E	PA
TIROSINT-SOL	2	PA
unithroid	1	

Immunological Agents - Drugs for Immune System Stimulation or Suppression

ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADBRY	2	PA, QL, SP
AMJEVITA	2	PA, QL, SP
AZASAN	3	
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
CELLCEPT ORAL TABLET	E	
CIMZIA STARTER KIT	2	PA, QL, SP
CIMZIA SUBCUTANEOUS KIT	E	PA
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA, QL, SP
CINRYZE	E	PA, QL, SP
COSENTYX (300 MG DOSE)	3	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	3	PA, ST, QL
COSENTYX SENSOREADY (300 MG)	3	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	3	PA, ST, QL, SP
EMPAVELI	2	PA, QL, SP
ENBREL MINI	2	PA, QL, SP
ENBREL SUBCUTANEOUS SOLUTION	2	PA, QL
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
ENBREL SURECLICK	2	PA, QL, SP
FIRAZYR	E	PA, QL, SP
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML	E	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
HAEGARDA	2	PA, QL, SP
HUMIRA	2	PA, QL, SP
HUMIRA PEDIATRIC CROHNS START	2	PA, QL, SP
HUMIRA PEN	2	PA, QL, SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA, QL, SP
HUMIRA PEN-PEDIATRIC UC START	2	PA, QL, SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA, QL, SP
HUMIRA PEN-PSOR/UEVIT STARTER	2	PA, QL, SP
HYFTOR	3	PA, QL
IMURAN	E	
LUPKYNIS	3	PA, QL, SP
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral tablet	1	
OLUMIANT ORAL TABLET 1 MG, 4 MG	2	PA, QL
OLUMIANT ORAL TABLET 2 MG	2	PA, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
OTEZLA ORAL TABLET	2	PA, QL, SP
OTREXUP	E	QL
PROGRAF ORAL CAPSULE	3	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	3	PA, QL, SP
SIMPONI	2	PA, QL, SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
SKYRIZI PEN	2	PA, QL, SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
STELARA SUBCUTANEOUS	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO SUBCUTANEOUS SOLUTION	2	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP

Drug Name	Drug Tier	Requirements & Limits
TREMFYA	2	PA, QL, SP
TREXALL	2	
XELJANZ	2	PA, QL, SP
XELJANZ ORAL SOLUTION	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	E	SP
Immunological Agents - Drugs for Vaccination		
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	H
COMIRNATY	3	H
FLUARIX QUADRIVALENT	3	H
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL QUADRIVALENT	3	H
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
MODERNA COVID-19 VAC (BOOSTER)	3	H
MODERNA COVID-19 VACC 6M-5Y	3	H
MODERNA COVID-19 VACCINE	3	H
PFIZER COVID-19 VAC BIVAL 5-11	3	H
PFIZER COVID-19 VAC BIVALENT	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PFIZER-BIONTECH COVID-19 VAC-TRIS	3	H
PFIZER-BIONTECH COVID-19 VACC	3	H
SHINGRIX	3	H
SPIKEVAX COVID-19 VACCINE	3	H

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Drug Name	Drug Tier	Requirements & Limits
Infertility Agents		
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
fyremadel	3	(manufactured by Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	3	(manufactured by Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(manufactured by Merck/ Organon), QL, SP
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	1	SP
Inflammatory Bowel Disease Agents		
APRISO	2	
ASACOL HD	E	
CORTIFOAM	2	
DIPENTUM	3	
LIALDA	2	
mesalamine oral tablet delayed release	E	
PROCTOFOAM HC	2	
UCERIS ORAL	3	
UCERIS RECTAL	2	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet	1	
FORTEO	E	PA, ST, SP
FOSAMAX	3	
TERIPARATIDE (RECOMBINANT)	3	PA, SP
TYMLOS	3	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
ROCALTROL ORAL CAPSULE	3	

Drug Name	Drug Tier	Requirements & Limits
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ALREX	3	QL
AZASITE	3	
BESIVANCE	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	3	QL
FLAREX	2	
ILEVRO	E	
INVELTYS	3	
KLARITY-A	E	
LASTACAFT	3	QL
LOTEMAX OPHTHALMIC GEL 0.5 %	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel 0.5 %	E	
loteprednol etabonate ophthalmic suspension 0.5 %	3	QL
MAXITROL OPHTHALMIC SUSPENSION	3	
MOXEZA	3	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	3	
moxifloxacin hcl ophthalmic solution 0.5 %	3	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
polymyxin b-trimethoprim	1	
POLYTRIM	3	
PRED FORTE	E	
PRED MILD	3	

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Drug Name	Drug Tier	Requirements & Limits
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
TOBRADEX OPHTHALMIC SUSPENSION	3	
TOBRADEX ST	E	
tobramycin-dexamethasone	2	
VIGAMOX	E	
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
BETIMOL	2	QL
bimatoprost ophthalmic	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	E	QL
COMBIGAN	2	QL
COSOPT	3	
COSOPT PF	E	QL
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	3	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	3	ST, QL
timolol maleate (once-daily)	3	
timolol maleate ocudose	2	
timolol maleate ophthalmic solution	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
timolol maleate pf	2	
timolol maleate pf ophthalmic solution 0.25 %, 0.5 %	2	
TIMOPTIC	3	
TIMOPTIC OCUDOSE	3	

Drug Name	Drug Tier	Requirements & Limits
TIMOPTIC OCUDOSE	3	
OPHTHALMIC SOLUTION 0.25 %, 0.5 %		
XALATAN	E	
ZIOPTAN	3	ST, QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
CYCLOSPORINE IN KLARITY	E	PA
cyclosporine ophthalmic	E	PA, QL
RESTASIS	3	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	3	PA, QL
VERKAZIA	3	PA, QL
XIIDRA	3	PA, QL
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	3	
ciprofloxacin-dexamethasone	E	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	2	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	2	QL
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	1	QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL

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Drug Name	Drug Tier	Requirements & Limits
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
SYMJEPI	2	QL

Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold

azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl nasal solution 0.15 %	E	
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
cyproheptadine hcl oral tablet	1	
fluticasone propionate nasal	2	QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
ZETONNA	3	QL

Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD

ADVAIR DISKUS	3	QL, RS
ADVAIR HFA	3	QL, RS
AIRDUO DIGIHALER	E	QL
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic for ProAir HFA or Proventil HFA), QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(generic for Ventolin HFA), QL
albuterol sulfate inhalation	1	
ANORO ELLIPTA	3	QL
ARMONAIR DIGIHALER	E	QL
ARNUITY ELLIPTA	1	QL

Drug Name	Drug Tier	Requirements & Limits
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	2	QL
BUDESONIDE-FORMOTEROL FUMARATE	E	QL, RS
COMBIVENT RESPIMAT	3	QL
FASENRA PEN	3	PA, QL
FLOVENT DISKUS	1	QL
FLOVENT HFA	1	QL
FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
FLUTICASONE PROPIONATE HFA	E	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	QL, RS
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	E	QL, RS
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL
ipratropium-albuterol	2	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA, QL, SP
PERFOROMIST	3	QL
PROVENTIL HFA	E	QL
PULMICORT FLEXHALER	1	QL
PULMICORT SUSPENSION	E	QL

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Drug Name	Drug Tier	Requirements & Limits
SEREVENT DISKUS	2	QL
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL
wixela inhub	E	QL, RS
XOPENEX HFA	3	QL
YUPELRI	3	PA, QL

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

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis

OFEV	3	PA, QL, SP
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Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension

ADEMPAS	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
REMODULIN	E	PA
REVATIO ORAL TABLET	E	QL
sildenafil citrate oral tablet 20 mg	1	QL
TADLIQ	3	PA, QL, SP
TRACLEER 62.5 MG, 125 MG	2	PA, QL, SP
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	E	PA
TYVASO	2	PA, SP
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL	2	PA, SP
TYVASO STARTER	2	PA, SP

Drug Name	Drug Tier	Requirements & Limits
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet	1	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
methocarbamol oral tablet 1000 mg	E	
methocarbamol oral tablet 500 mg, 750 mg	1	
SOMA	E	
tizanidine hcl oral tablet	1	
VANADOM	E	
ZANAFLEX ORAL TABLET	3	

Sleep Disorder Agents

AMBIEN	E	
AMBIEN CR	E	
BELSOMRA	3	ST, QL
DAYVIGO	3	ST, QL
eszopiclone	2	
LUNESTA	E	
modafinil	2	QL
PROVIGIL	E	QL
RESTORIL	3	
SODIUM OXYBATE	3	PA, QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYREM	3	PA, QL, SP
XYWAV	3	PA, QL, SP
zolpidem tartrate er	2	
zolpidem tartrate oral	1	

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Index

A					
ABILIFY	12	ADMELOG	19	ALORA	23
ABSORICA	16	ADMELOG SOLOSTAR	19	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	29
ACCU-CHEK AVIVA PLUS TEST STRIPS	17	ADTHYZA	26	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	29
ACCU-CHEK FASTCLIX LANCET KIT	17	ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	26	ALPHANATE	21
ACCU-CHEK FASTCLIX LANCETS	17	ADVAIR DISKUS	30	alprazolam oral tablet	13
ACCU-CHEK GUIDE KIT W/DEVICE	17	ADVAIR HFA	30	ALREX	28
ACCU-CHEK GUIDE TEST STRIPS	17	ADVATE	21	ALTACE	13
ACCU-CHEK MULTICLIX LANCET KIT	17	ADYNOVATE	21	altavera	23
ACCU-CHEK MULTICLIX LANCETS	17	afirmelle	23	ALUNBRIG	11
ACCU-CHEK SMARTVIEW TEST STRIPS	17	AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	27	AMARYL	20
ACCU-CHEK SOFT TOUCH LANCETS	17	AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	21	AMBIEN	31
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	17	AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	21	AMBIEN CR	31
ACCU-CHEK SOFTCLIX LANCETS	17	AIMOVIG	11	amiodarone hcl oral	13
accutane	16	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	11	amitriptyline hcl oral	10
ACCUTREND GLUCOSE	17	AIRDUO DIGIHALER	30	AMJEVITA	26
acetaminophen-codeine #2	8	AIRDUO RESPICLICK 113/14	30	amlodipine besylate oral	13
acetaminophen-codeine #3	8	AIRDUO RESPICLICK 232/14	30	amlodipine besylate-benazepril hcl	13
acetaminophen-codeine #4	8	AIRDUO RESPICLICK 55/14	30	amlodipine besylate-valsartan	13
acetaminophen-codeine oral tablet	8	ala-cort external cream 1 %	16	amlodipine besylate-valsartan	13
ACIPHEX	22	ala-cort external cream 2.5 %	16	amnestem	16
ACTEMRA ACTPEN	26	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	30	amoxicillin oral capsule	8
ACTEMRA SUBCUTANEOUS	26	albuterol sulfate inhalation	30	amoxicillin oral suspension reconstituted	8
ACTOS	20	ALDACTONE	13	amoxicillin oral tablet	8
acyclovir oral tablet	12	ALECENSA	11	amoxicillin-potassium clavulanate oral suspension reconstituted	8
ADBRY	26	alendronate sodium oral tablet	28	amoxicillin-potassium clavulanate oral tablet	9
ADDERALL	15	alfuzosin hcl er	23	amphetamine-dextroamphetamine	15
ADDERALL XR	15	aliskiren fumarate	13	amphetamine-dextroamphetamine er	15
ADDYI	21	allopurinol oral tablet 100 mg, 300 mg	11	AMZEEQ	16
ADEMPAS	31	ALLOPURINOL ORAL TABLET 200 MG	11	anastrozole oral	11
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG	15	ALOGLIPTIN BENZOATE	20	ANDRODERM	26
ADLYXIN	20	ALOGLIPTIN-METFORMIN HCL	20	ANDROGEL PUMP	26
		ALOGLIPTIN-PIOGLITAZONE	20	ANNOVERA	23
				ANORO ELLIPTA	30
				apap-caff-dihydrocodeine	8
				apri	23
				APRISO	28
				APTENSIO XR	15
				APTIOM	9
				AQINJECT PEN NEEDLE	17



CARDURA	13	CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML	22	CONTOUR NEXT MONITOR KIT W/DEVICE	18
CARETOUCH MONITOR SYSTEM	17	CLEOCIN ORAL CAPSULE 150 MG, 300 MG	9	CONTOUR NEXT ONE KIT	18
CARETOUCH TEST	17	CLEOCIN ORAL CAPSULE 75 MG	9	CONTOUR NEXT TEST STRIPS	18
carisoprodol oral tablet 250 mg	31	CLEOCIN-T	16	CONTOUR TEST STRIPS	18
carisoprodol oral tablet 350 mg	31	CLIMARA	23, 24	COPAXONE	15
cartia xt	13	CLIMARA PRO	23	COREG	13
carvedilol	13	clindacin etz external swab	16	CORLANOR	13
cefdinir	9	clindacin-p	16	CORLANOR ORAL SOLUTION	13
cefuroxime axetil	9	CLINDAGEL	16	CORTEF	25
CELEBREX	8	clindamycin hcl oral	9	CORTIFOAM	28
celecoxib oral	8	clindamycin phosphate external lotion	16	COSENTYX (300 MG DOSE)	26
CELEXA	10	clindamycin phosphate external solution	16	COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	26
CELLCEPT ORAL TABLET	26	clindamycin phosphate external swab	16	COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	26
CENTANY	9	clindamycin phosphate gel 1 % external	16	COSENTYX SENSOREADY (300 MG)	26
cephalexin oral capsule	9	CLINDESSE	9	COSENTYX SENSOREADY PEN	26
cephalexin oral suspension reconstituted	9	clobetasol propionate external cream	16	COSOPT	29
CERDELGA	22	clobetasol propionate external ointment	16	COSOPT PF	29
chateal eq	23	clobetasol propionate external solution	16	COZAAR	13
chateal oral tablet 0.15-30 mg-mcg	23	CLOMID	28	CREON	22
chlorhexidine gluconate mouth/ throat	16	clonazepam oral tablet	13	CRESEMBA ORAL	11
chlorthalidone	13	clonidine hcl oral	13	CRESTOR	13
CHORIONIC GONADOTROPIN INTRAMUSCULAR	28	clopidogrel bisulfate oral	12	cryselle-28	23
CIALIS	21	clotrimazole-betamethasone external cream	16	CVS ADVANCED GLUCOSE TEST	18
CIBINQO	16	COLCHICINE ORAL CAPSULE	11	CVS GLUCOSE METER TEST STRIPS	18
ciclodan	11	COMBIGAN	29	cyanocobalamin injection solution 1000 mcg/ml	21
ciclopirox external solution	11	COMBIVENT RESPIMAT	30	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	21
CIMDUO	12	COMIRNATY	27	cyclobenzaprine hcl oral tablet 10 mg, 5 mg	31
CIMZIA STARTER KIT	26	CONCERTA	15	cyclobenzaprine hcl oral tablet 7.5 mg	31
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	26	CONTOUR MONITOR KIT W/DEVICE	17	CYCLOSPORINE IN KLARITY	29
CINRYZE	26	CONTOUR NEXT EZ KIT W/DEVICE	17	cyclosporine ophthalmic	29
CIPRO ORAL TABLET	9	CONTOUR NEXT GEN MONITOR	17	CYMBALTA	10
CIPRODEX	29	CONTOUR NEXT GEN TEST STRIPS	17	cyproheptadine hcl oral tablet	30
ciprofloxacin hcl ophthalmic	28	CONTOUR NEXT LINK KIT W/DEVICE	18	cyred	23
ciprofloxacin hcl oral	9			cyred eq	23
ciprofloxacin-dexamethasone	29			CYTOMEL	26
citalopram hydrobromide oral tablet	10				
claravis	16				
CLENPIQ	22				



CYTOTEC..... 22

D

D-CARE BLOOD GLUCOSE..... 18

D-CARE GLUCOMETER..... 18

dabigatran etexilate mesylate oral capsule 150 mg, 75 mg..... 9

DAYVIGO..... 31

DAZOMON..... 16

deblitane..... 23

delyla..... 23

DEPAKOTE..... 10

DEPAKOTE ER..... 10

DEPEN TITRATABS..... 22

DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE..... 23

DEPO-SUBQ PROVERA 104..... 23

DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML..... 26

DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML..... 26

DESCOVY..... 12

desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg..... 23

desvenlafaxine succinate er..... 10

DEXABLISS..... 25

dexamethasone oral tablet..... 25

dexamethasone oral tablet therapy pack..... 25

DEXCOM G6 RECEIVER..... 18

DEXCOM G6 SENSOR..... 18

DEXCOM G6 TRANSMITTER..... 18

DEXCOM G7 RECEIVER..... 18

DEXCOM G7 SENSOR..... 18

dexlansoprazole..... 22

dexmethylphenidate hcl..... 15

dexmethylphenidate hcl er..... 15

DIABETES MONITOR DIGIT ADD-ON..... 18

DIABETES MONITOR DIGIT SOLN..... 18

diazepam oral tablet..... 13

diclofenac sodium oral..... 8

dicyclomine hcl oral capsule..... 22

dicyclomine hcl tablet 20 mg oral .. 22

DIFICID ORAL TABLET..... 9

DIFLUCAN ORAL TABLET..... 11

DILAUDID ORAL TABLET..... 8

diltiazem hcl er coated beads oral capsule extended release 24 hour . 13

DIOVAN..... 13

DIOVAN HCT..... 13

DIPENTUM..... 28

DITROPAN XL..... 22

divalproex sodium er..... 10

divalproex sodium oral tablet delayed release..... 10

DIVIGEL..... 23

DODEX..... 21

DOPTELET..... 21

dorzolamide hcl-timolol mal..... 29

dorzolamide hcl-timolol mal pf..... 29

dotti..... 23

DOVATO..... 12

doxazosin mesylate oral..... 13

doxepin hcl capsule 10 mg oral... 10

doxepin hcl capsule 100 mg oral... 10

doxepin hcl capsule 25 mg oral... 10

doxepin hcl capsule 50 mg oral... 10

doxepin hcl capsule 75 mg oral... 10

doxepin hcl oral capsule 150 mg... 10

doxycycline hyclate oral capsule... 9

doxycycline hyclate oral tablet 100 mg..... 9

doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg..... 9

doxycycline hyclate oral tablet 20 mg..... 9

doxycycline monohydrate oral capsule 100 mg, 50 mg..... 9

doxycycline monohydrate oral capsule 150 mg, 75 mg..... 9

doxycycline monohydrate oral tablet..... 9

DRISDOL..... 21

drospirenone-ethinyl estradiol..... 23

DUAVEE..... 23

duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg..... 10

duloxetine hcl oral capsule delayed release particles 40 mg..... 10

DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR..... 16

DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML..... 16

DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML.... 16

DXEVO 11-DAY..... 25

E

EASY TOUCH HEALTHPRO GLUCOSE..... 18

EASY TOUCH TEST..... 18

EASYGLUCO..... 18

EASYMAX 15 TEST..... 18

EASYMAX NG BLOOD GLUCOSE KIT..... 18

EDARBI..... 13

EDARBYCLOR..... 13

EFFEXOR XR..... 10

EFUDEX..... 16

ELESTRIN..... 23

eletriptan hydrobromide..... 11

ELIGARD SUBCUTANEOUS KIT 7.5 MG..... 25

elinest..... 23

ELIQUIS..... 9

ELIQUIS DVT/PE STARTER PACK... 9

ELIQUIS ORAL TABLET 2.5 MG, 5 MG..... 9

ELOCTATE..... 21

eluryng..... 23

EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML..... 11

EMPAVELI..... 26

emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg..... 12

emtricitabine-tenofovir df oral tablet 200-300 mg..... 12

enalapril maleate oral tablet..... 13

ENBREL MINI..... 26

ENBREL SUBCUTANEOUS SOLUTION..... 26



ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.	26	estradiol patch twice weekly 0.075 mg/24hr transdermal	23, 24	FLOVENT HFA	30
ENBREL SURECLICK	26	estradiol patch twice weekly 0.1 mg/24hr transdermal	24	FLUARIX QUADRIVALENT	27
endocet	8	estradiol transdermal gel	24	FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.	27
ENDOMETRIN	28	estradiol transdermal patch weekly.	24	fluconazole oral tablet.	11
ENLITE GLUCOSE SENSOR	18	estradiol vaginal cream.	24	FLULAVAL QUADRIVALENT	27
enoxaparin sodium	9	estradiol vaginal tablet	24	FLUROPLEX	16
enskyce	23	ESTRING	24	FLUOROURACIL EXTERNAL CREAM 0.5 %	16
ENSTILAR	16	ESTROGEL	24	fluorouracil external cream 5 %	16
ENTRESTO.	13	eszopiclone	31	fluoxetine hcl oral capsule	10
EPCLUSA ORAL TABLET 200-50 MG.	12	etonogestrel-ethinyl estradiol.	24	fluoxetine hcl oral tablet 10 mg	10
EPCLUSA ORAL TABLET 400-100 MG	12	EUCRISA	16	fluoxetine hcl oral tablet 20 mg	10
EPIDIOLEX.	10	euthyrox	26	fluoxetine hcl oral tablet 60 mg	10
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	29	EVAMIST	24	FLUTICASONE FUROATE-VILANTEROL.	30
epinephrine solution auto-injector 0.15 mg/0.15ml injection.	29	EVERSENSE SENSOR/HOLDER	18	FLUTICASONE PROPIONATE HFA.	30
epinephrine solution auto-injector 0.15 mg/0.3ml injection.	29	EVERSENSE SMART TRANSMITTER	18	fluticasone propionate nasal	30
epinephrine solution auto-injector 0.3 mg/0.3ml injection	29, 30	EXFORGE.	13	FLUTICASONE-SALMETEROL INHALATION AEROSOL.	30
EPIPEN 2-PAK	30	EXKIVITY	11	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act.	30
EPIPEN JR 2-PAK	30	EXTAVIA.	15	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	30
EQ BLOOD GLUCOSE TEST	18	EYSUVIS.	28	fluvoxamine maleate	10
ergocalciferol oral capsule.	21, 22	ezetimibe	13	FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.	27
ERIVEDGE	11	F		FOCALIN	15
ERLEADA ORAL TABLET 240 MG	11	falmina	24	FOCALIN XR	15
ERLEADA ORAL TABLET 60 MG	11	famotidine oral suspension reconstituted	22	folic acid oral tablet 1 mg	21
ERMEZA.	26	FASENRA PEN.	30	FOLLISTIM AQ.	28
errin.	23	FEMARA.	11	FORFIVO XL.	10
erythromycin ophthalmic	28	fenofibrate oral tablet 120 mg, 40 mg	13	FORTEO.	28
escitalopram oxalate oral tablet.	10	fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	13	FORTESTA	26
ESGIC ORAL TABLET.	8	FENOGLIDE	14	FORTISCARE G1 TEST STRIP.	18
estarylla	23	FEXMID.	31	FORTISCARE TEST	18
ESTRACE.	23	FINACEA	16	FOSAMAX	28
estradiol oral	23	finasteride oral tablet 5 mg.	23	FREESTYLE LIBRE 14 DAY READER.	18
estradiol patch twice weekly 0.025 mg/24hr transdermal	23	finolimod hcl	15	FREESTYLE LIBRE 14 DAY SENSOR.	18
estradiol patch twice weekly 0.0375 mg/24hr transdermal	23	FIRAZYR	26		
estradiol patch twice weekly 0.05 mg/24hr transdermal	23	FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML	26		
		FLAREX	28		
		flecainide acetate	14		
		FLOMAX.	23		
		FLOVENT DISKUS.	30		



FREESTYLE LIBRE 2 READER	18
FREESTYLE LIBRE 2 SENSOR	18
FREESTYLE LIBRE 3 SENSOR	18
FREESTYLE LIBRE READER	18
FREESTYLE PRECISION NEO SYSTEM	18
FREESTYLE PRECISION NEO TEST	18
FREESTYLE TEST	18
FUROSCIX	14
furosemide oral tablet	14
fyremadel	28

G

gabapentin oral capsule	10
gabapentin oral tablet 600 mg, 800 mg	10
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	28
GAVRETO	11
gemfibrozil oral	14
GEN7T EXTERNAL PATCH	8
GILENYA	15
glatiramer acetate	15
glatopa	15
glimepiride	20
glipizide er	20
glipizide ir	20
glipizide xl	20
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	20
GLUCOCARD EXPRESSION TEST	18
GLUCOCARD SHINE TEST	18
GLUCOCARD VITAL TEST	18
GLUCOTROL XL	20
GLUMETZA	20
glyburide oral	20
GLYCATE	22
glycopyrrolate oral tablet 1 mg, 2 mg	22
GLYCOPYRROLATE ORAL TABLET 1.5 MG	22
GLYXAMBI	20
guanfacine hcl er	15

GUARDIAN CONNECT TRANSMITTER	18
GUARDIAN LINK 3 TRANSMITTER	18
GUARDIAN REAL-TIME REPLACE PED	18
GUARDIAN SENSOR (3)	18
GUARDIAN SENSOR 3	18
GVOKE HYOPEN 1-PACK	18
GVOKE HYOPEN 2-PACK	18
GVOKE KIT	18
GVOKE PFS	18
GYNAZOLE-1	11

H

HAEGARDA	27
hailey 1.5/30	24
hailey 24 fe	24
hailey fe 1/20	24
hailey fe 1.5/30	24
HALCION	13
haloette	24
HARVONI ORAL TABLET	12
HEALTHPRO BLOOD GLUCOSE MONITO	18
heather	24
HEMADY	25
HEMLIBRA	21
HEMOPIL M	21
HIDEX 6-DAY	25
HUMALOG INJECTION	19
HUMALOG KWIKPEN	19
HUMALOG MIX 50/50 KWIKPEN	19
HUMALOG MIX 50/50 VIAL	19
HUMALOG MIX 75/25 KWIKPEN	19
HUMALOG MIX 75/25 VIAL	19
HUMALOG SUBCUTANEOUS (cartridge)	19
HUMALOG TEMPO PEN	19
HUMALOG U-100 JUNIOR KWIKPEN	19
HUMATE-P	21
HUMIRA	27
HUMIRA PEDIATRIC CROHNS START	27
HUMIRA PEN	27

HUMIRA PEN-CD/UC/HS STARTER	27
HUMIRA PEN-PEDIATRIC UC START	27
HUMIRA PEN-PS/UV/ADOL HS START	27
HUMIRA PEN-PSOR/UVEIT STARTER	27
HUMULIN 70/30 KWIKPEN	19
HUMULIN 70/30 VIAL	19
HUMULIN N KWIKPEN	19
HUMULIN N VIAL	19
HUMULIN R U-500 KWIKPEN	20
HUMULIN R U-500 VIAL	20
HUMULIN R VIAL	20
hydralazine hcl oral	14
hydrochlorothiazide oral	14
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	8
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	8
hydrocortisone external cream 1 %.	16
hydrocortisone external cream 2.5 %	16
hydrocortisone external ointment 1 %, 2.5 %	16
hydrocortisone oral	25
hydromorphone hcl oral tablet	8
hydroxychloroquine sulfate oral	12
hydroxyzine hcl oral tablet	13
hydroxyzine pamoate oral	13
HYFTOR	27
HYZAAR	14

I

IBRANCE ORAL CAPSULE	11
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	8
ICLUSIG ORAL TABLET 10 MG, 30 MG	11
ICLUSIG ORAL TABLET 15 MG, 45 MG	11
IDHIFA	11
ILEVRO	28
IMBRUVICA ORAL TABLET	11
IMITREX ORAL	11



IMPOYZ	17
IMURAN	27
IMVEXXY MAINTENANCE PACK	21
IMVEXXY STARTER PACK	21
INBRIJA	12
incassia	24
INDERAL LA	14
indomethacin oral	8
INSULIN GLARGINE	20
INSULIN GLARGINE SOLOSTAR	20
INSULIN LISPRO	20
INSULIN LISPRO (1 UNIT DIAL)	20
INSULIN LISPRO JUNIOR	
KWIKPEN	20
INSULIN LISPRO KWIKPEN	20
INSULIN LISPRO PROT & LISPRO	20
INSULIN PEN NEEDLES	18
INTUNIV	15
INVELTYS	28
ipratropium bromide nasal	30
ipratropium-albuterol	30
irbesartan	14
irbesartan-hydrochlorothiazide	14
isibloom	24
isosorb dinitrate-hydralazine	14
isosorbide mononitrate er	14
isotretinoin capsule 10 mg oral	17
isotretinoin capsule 20 mg oral	17
isotretinoin capsule 30 mg oral	17
isotretinoin capsule 40 mg oral	17
isotretinoin oral capsule 25 mg, 35 mg	17
ISTALOL	29

J

jantoven	9
JARDIANCE	20
jasmiel	24
jencycla	24
JENTADUETO	20
JENTADUETO XR	20
JIVI	21
JORNAY PM	15
juleber	24
JULUCA	12

junel 1/20	24
junel 1.5/30	24
junel fe 1/20	24
junel fe 1.5/30	24
junel fe 24	24

K

K-TAB	21
kalliga	24
KAZANO	20
KEPPRA ORAL TABLET	10
KESIMPTA	15
ketoconazole external cream	11
ketoconazole external shampoo	11
ketorolac tromethamine oral	8
KLARITY-A	28
KLISYRI	17
KLONOPIN	13
klor-con 10	21
klor-con m10	21
klor-con m15	21
klor-con m20	21
klor-con oral tablet extended release	21
KLOXXADO	8
KOATE	21
KOATE-DVI	21
KOGENATE FS	21
KOMBIGLYZE XR	20
KOSELUGO	11
KOVALTRY	21
KRINTAFEL	12
kurvelo	24
KYNMOBI	12

L

labetalol hcl oral	14
LAMICTAL ORAL TABLET	10
lamotrigine oral tablet	10
LANREOTIDE ACETATE	25
LANTUS SOLOSTAR	20
LANTUS U-100 VIAL	20
larin 1/20	24
larin 1.5/30	24
larin 24 fe	24

larin fe 1/20	24
larin fe 1.5/30	24
LASIX	14
LASTACAFT	28
latanoprost ophthalmic	29
LEDIPASVIR-SOFOSBUVIR	12
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	11
lenalidomide oral capsule 2.5 mg, 20 mg	11
lessina	24
letrozole oral	11
leuprolide acetate injection	26
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	30
levetiracetam oral tablet	10
levo-t	26
levocetirizine dihydrochloride oral tablet	30
levofloxacin oral tablet	9
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	24
levora 0.15/30 (28)	24
levothyroxine sodium oral tablet	26
levoxyl	26
LEXAPRO	10
LIALDA	28
lidocaine external patch 5 %	8
lidocaine hcl mouth/throat	16
lidocaine viscous hcl	16
LIDODERM	8
LINZESS	22
liothyronine sodium oral	26
LIPITOR	14
lisinopril oral	14
lisinopril-hydrochlorothiazide	14
lithium carbonate er	13
lithium carbonate oral capsule	13
LITHOBID	13
LO LOESTRIN FE	24
lo-zumandimine	24
LOESTRIN 1/20 (21)	24
LOESTRIN 1.5/30 (21)	24
LOESTRIN FE 1/20	24
LOESTRIN FE 1.5/30	24



LOKELMA	21	MACRODANTIN	9	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	15
LOPID	14	marlissa	24	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG	15
LOPRESSOR	14	MAVENCLAD	15	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	15
lorazepam oral tablet	13	MAVYRET	12	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 63 MG	15
loryna	24	MAVYRET ORAL PACKET	12	methylphenidate hcl er (xr)	15
losartan potassium oral	14	MAXALT	11	methylphenidate hcl er oral tablet extended release	15
losartan potassium-hctz	14	MAXITROL OPHTHALMIC SUSPENSION	28	methylphenidate hcl oral tablet	15
LOTEMAX OPHTHALMIC GEL 0.5 %	28	MAXZIDE	14	methylprednisolone oral tablet therapy pack	25
LOTEMAX OPHTHALMIC OINTMENT	28	MAXZIDE-25	14	metoclopramide hcl oral tablet	11
LOTEMAX OPHTHALMIC SUSPENSION	28	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	15	metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	14
LOTEMAX SM	28	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	16	metoprolol succinate er oral tablet extended release 24 hour 25 mg	14
LOTENSIN	14	MEDROL ORAL TABLET THERAPY PACK	25	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	14
loteprednol etabonate ophthalmic gel 0.5 %	28	medroxyprogesterone acetate intramuscular suspension prefilled syringe	24	metoprolol tartrate oral tablet 37.5 mg, 75 mg	14
loteprednol etabonate ophthalmic suspension 0.5 %	28	medroxyprogesterone acetate oral	24	METROCREAM	17
LOTREL	14	meloxicam oral tablet	8	metronidazole external cream	17
lovastatin oral	14	MENOPUR	26	metronidazole oral tablet	9
LOVAZA	14	MENOSTAR	24	metronidazole vaginal	9
LOVENOX	9	mesalamine oral tablet delayed release	28	MICARDIS	14
low-ogestrel	24	metformin hcl er	20	MICRODOT TEST	18
LUMAKRAS	11	metformin hcl er (mod)	20	microgestin 1/20	24
LUMAKRAS ORAL TABLET 120 MG	11	metformin hcl er (osm)	20	microgestin 1.5/30	24
LUMAKRAS ORAL TABLET 320 MG	11	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	20	microgestin 24 fe	24
LUMIGAN	29	metformin hcl oral tablet 625 mg	20	microgestin fe 1/20	24
LUNESTA	31	methimazole oral	26	microgestin fe 1.5/30	24
LUPKYNIS	27	methocarbamol oral tablet 1000 mg	31	mili	24
lurasidone hcl	12	methocarbamol oral tablet 500 mg, 750 mg	31	MINILINK REAL-TIME TRANSMITTER	18
lutera	24	methotrexate oral	27	MINIMED 630G GUARDIAN PRESS	18
lyleq	24	methotrexate sodium oral	27	MINIPRESS	14
lyllana	24	methylphenidate hcl er (cd)	15	MINIVELLE	23, 24
LYMEPAK	9	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	15	minocycline hcl oral capsule	9
LYNPARZA	11	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	15	mirtazapine oral tablet	10
LYRICA ORAL CAPSULE	16				
LYUMJEV KWIKPEN	20				
LYUMJEV TEMPO PEN	20				
LYUMJEV VIAL	20				
lyza	24				
M					
MACROBID	9				



misoprostol oral.	22	naloxone hcl injection solution prefilled syringe	8	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-35 mcg.	25
MITIGARE	11	naloxone hcl nasal liquid 4 mg/0.1ml	8	NORITATE	17
MM EASY TOUCH GLUCOSE METER	18	naltrexone hcl oral.	8	NORLIQVA	14
modafinil.	31	NAPROSYN ORAL TABLET	8	norlyroc	25
MODERNA COVID-19 VAC (BOOSTER)	27	naproxen oral tablet	8	nortriptyline hcl oral capsule	10
MODERNA COVID-19 VACC 6M-5Y	27	NARCAN	8	NORVASC	14
MODERNA COVID-19 VACCINE	27	NASCOBAL	22	NOURIANZ.	12
mondoxyne nl	9	NATAZIA.	24	NOVAREL.	28
mono-linyah	24	NATESTO	26	NOVOEIGHT	21
montelukast sodium oral tablet	30	NAYZILAM	10	NOVOFINE AUTOCOVER PEN NEEDLE	18
montelukast sodium oral tablet chewable	30	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	28	NOVOFINE PEN NEEDLE	18
morphine sulfate er oral tablet extended release.	8	neomycin-polymyxin-hc otic suspension.	29	NOVOFINE PLUS PEN NEEDLE	18
MOTTEGRITY	22	NESINA.	20	NOVOFINE PLUS PEN NEEDLE	18
MOUNJARO.	20	NEULASTA.	21	NOVOLIN 70/30 FLEXPEN	20
MOVIPREP.	22	NEUPRO.	12	NOVOLIN 70/30 FLEXPEN RELION.	20
MOXEZA.	28	NEURONTIN ORAL CAPSULE	10	NOVOLIN 70/30 RELION	20
moxifloxacin hcl (2x day).	28	NEURONTIN ORAL TABLET	10	NOVOLIN 70/30 VIAL	20
moxifloxacin hcl ophthalmic.	28	NEUTEK 2TEK TEST.	18	NOVOLIN N FLEXPEN	20
moxifloxacin hcl ophthalmic solution 0.5 %.	28	NEVANAC.	28	NOVOLIN N FLEXPEN RELION	20
MS CONTIN.	8	NEXLETOL.	14	NOVOLIN N RELION.	20
MULPLETA.	21	NEXLIZET.	14	NOVOLIN N VIAL.	20
MULTAQ	14	nifedipine er	14	NOVOLIN R FLEXPEN	20
MULTI-VIT-FLOR	22	nifedipine er osmotic release	14	NOVOLIN R FLEXPEN RELION	20
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	21	nikki.	24	NOVOLIN R RELION	20
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	21	nitrofurantoin macrocrystal	9	NOVOLIN R VIAL.	20
multivitamin/fluoride tablet chewable 1 mg oral (rx).	21, 22	nitrofurantoin monohydrate macrocrystals	9	NOVOTWIST	18
mupirocin external.	9	nitroglycerin sublingual.	14	np thyroid	26
mycophenolate mofetil oral tablet.	27	NITROSTAT	14	NUBEQA.	11
MYDAYIS	15	NITROSTAT	14	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	30
MYFEMBREE.	24	NOCDURNA.	26	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	30
myorisan.	17	nora-be	24	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML.	30
N					
na sulfate-k sulfate-mg sulf.	22	NORDITROPIN FLEXPEN	26	NUCYNTA.	8
nabumetone oral	8	norethin ace-eth estrad-fe oral tablet.	24	NUCYNTA ER.	8
NALOCET.	8	norethindrone acet-ethinyl est	24	NURTEC.	11
		norethindrone acetate oral	24	NUTROPIN AQ NUSPIN 10	26
		norethindrone oral.	24	NUTROPIN AQ NUSPIN 20	26
		norgestimate-eth estradiol	24	NUTROPIN AQ NUSPIN 5	26
		norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-25 mcg.	25		



NUVARING.....	25
NUVESSA.....	9
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	21
NUWIQ INTRAVENOUS KIT 1500 UNIT	21
NUZYRA ORAL.....	9
nymyo.....	25
nystatin external cream.....	11
nystatin mouth/throat	11

O

ocella	25
OCUFLOX.....	28
ODOMZO	11
OFEV.....	31
ofloxacin ophthalmic.....	28
ofloxacin otic	29
olanzapine oral tablet	12
olmesartan medoxomil oral	14
olmesartan medoxomil-hctz.....	14
OLUMIANT ORAL TABLET 1 MG, 4 MG.....	27
OLUMIANT ORAL TABLET 2 MG ..	27
OMECLAMOX-PAK.....	22
omega-3-acid ethyl esters	14
omeprazole oral capsule delayed release	22
OMNIPOD 5 G6 INTRO (GEN 5) ...	18
OMNIPOD 5 G6 POD (GEN 5)	18
ON CALL EXPRESS BLOOD GLUCOSE	18
ON CALL EXPRESS MONITORING SYS.....	19
ondansetron hcl oral tablet	11
ondansetron odt	11
ONETOUCH CLUB LANCETS FINE PT	19
ONETOUCH DELICA LANCETS 30G.....	19
ONETOUCH DELICA LANCETS 33G.....	19
ONETOUCH DELICA PLUS LANCET30G	19

ONETOUCH DELICA PLUS LANCET33G	19
ONETOUCH FINEPOINT LANCETS.....	19
ONETOUCH ULTRA 2 KIT W/DEVICE	19
ONETOUCH ULTRA MINI KIT W/DEVICE	19
ONETOUCH ULTRA TEST STRIPS .	19
ONETOUCH ULTRASOFT LANCETS.....	19
ONETOUCH VERIO FLEX SYSTEM	19
ONETOUCH VERIO IQ SYSTEM ...	19
ONETOUCH VERIO REFLECT KIT W/DEVICE	19
ONETOUCH VERIO TEST STRIPS .	19
ONGLYZA.....	20
OPSUMIT.....	31
OPTIUMEZ TEST.....	19
OPZELURA	17
ORENCIA CLICKJECT	27
ORENCIA SUBCUTANEOUS	27
ORFADIN	22
ORGOVYX	11
ORIAHNN.....	26
ORILISSA.....	26
oseltamivir phosphate oral capsule.	12
OSENI.....	20
OSPHENA TABLET 60 MG ORAL ...	21
OTEZLA ORAL TABLET	27
OTREXUP.....	27
OVIDREL	28
OXAYDO.....	8
oxcarbazepine oral tablet.....	10
oxybutynin chloride er	22
oxybutynin chloride oral tablet 5 mg	22
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	8
oxycodone hcl oral tablet 5 mg	8
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG.....	8
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg.....	8

OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	8
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P

PACERONE ORAL TABLET 100 MG, 400 MG	14
PACERONE ORAL TABLET 200 MG.....	14
PAMELOR	10
PANCREAZE	22
pantoprazole sodium oral tablet delayed release	22
PARADIGM REAL-TIME TRANSMITTER	19
paroxetine hcl oral tablet	10
PAXIL ORAL TABLET	10
PAXLOVID (150/100).....	12
PAXLOVID (300/100).....	12
PEDIAPRED	25
peg 3350-kcl-na bicarb-nacl	22
peg-3350/electrolytes/ascorbic acid ..	22
peg-kcl-nacl-nasulf-na asc-c	22
penicillin v potassium oral tablet ...	9
PERCOCET	8
PERFOROMIST.....	30
PERIDEX.....	16
perio gard	16
PERTZYE	22
PFIZER COVID-19 VAC BIVAL 5-11 .	27
PFIZER COVID-19 VAC BIVALENT. .	27
PFIZER COVID-19 VAC-TRIS 5-11Y .	27
PFIZER COVID-19 VAC-TRIS 6M-4Y	27
PFIZER-BIONT COVID-19 VAC-TRIS	27
PFIZER-BIONTECH COVID-19 VACC	27
phenazo oral tablet 200 mg	23
phenazopyridine hcl oral	23
PICATO.....	17
pioglitazone hcl	20
PIP BLOOD GLUCOSE TEST STRIP	19
PLAQUENIL.....	12
PLAVIX	12
PLEGRIDY INTRAMUSCULAR	16
PLEGRIDY STARTER PACK.....	16



PLEGRIDY STARTER PACK			
SUBCUTANEOUS SOLUTION			
PREFILLED SYRINGE	16		
PLEGRIDY SUBCUTANEOUS	16		
PLEGRIDY SUBCUTANEOUS			
SOLUTION PREFILLED SYRINGE. .	16		
PLENVU	22		
POLY-VI-FLOR ORAL TABLET			
CHEWABLE	22		
polymyxin b-trimethoprim.	28		
POLYTRIM	28		
POMALYST	12		
portia-28	25		
potassium chloride crys er.	22		
potassium chloride er	22		
potassium citrate er.	22		
PRADAXA ORAL CAPSULE	9		
pramipexole dihydrochloride	12		
pravastatin sodium	14		
prazosin hcl oral	14		
PRECISION XTRA	19		
PRECISION XTRA BLOOD			
GLUCOSE	19		
PRED FORTE	28		
PRED MILD	28		
prednisolone acetate ophthalmic . .	29		
PREDNISOLONE ACETATE P-F.	29		
prednisolone sodium phosphate			
oral solution 10 mg/5ml, 25			
mg/5ml, 6.7 (5 base) mg/5ml.	25		
prednisolone sodium phosphate			
oral solution 15 mg/5ml	25		
prednisolone sodium phosphate			
oral solution 20 mg/5ml	25		
prednisone oral tablet.	25		
prednisone oral tablet therapy			
pack	25		
pregabalin oral capsule	16		
PREGNYL	28		
PREMARIN ORAL	25		
PREMARIN VAGINAL	25		
PREMIUM BLOOD GLUCOSE			
TEST	19		
PREMPHASE	25		
PREMPRO	25		
PREZCOBIX.	12		
PRISTIQ	10		
PROCARDIA XL.	14		
prochlorperazine maleate oral.	11		
PROCTOFOAM HC	28		
progesterone oral	25		
PROGRAF ORAL CAPSULE	27		
PROLATE ORAL TABLET.	8		
promethazine hcl oral tablet.	11		
promethazine-dm	30		
PROMETRIUM.	25		
propranolol hcl er	14		
propranolol hcl oral tablet	14		
PROSCAR	23		
PROTONIX ORAL TABLET			
DELAYED RELEASE	22		
PROTOPIC	17		
PROVENTIL HFA	30		
PROVERA.	23, 25		
PROVIGIL	31		
PROZAC.	10		
pseudoephedrine-bromphen-dm . .	30		
PTS PANELS EGLU TEST	19		
PULMICORT FLEXHALER	30		
PULMICORT SUSPENSION.	30		
PULMOZYME	31		
PYLERA	22		
PYRIDIUM	23		
Q			
quetiapine fumarate	12		
QUFLORA PEDIATRIC ORAL			
TABLET CHEWABLE	22		
QUINTET AC BLOOD GLUCOSE			
TEST	19		
QUINTET BLOOD GLUCOSE			
TEST	19		
R			
rabeprazole sodium oral tablet			
delayed release	22		
ramipril	14		
RASUVO.	27		
reclipsen.	25		
RECOMBINATE	21		
REGLAN.	11		
RELAFEN DS	8		
RELEXXII ORAL TABLET			
EXTENDED RELEASE 45 MG,			
63 MG, 73 MG	15		
RELION TRUE MET AIR GLUC			
METER	19		
RELION TRUE METRIX TEST			
STRIPS	19		
RELION ULTIMA GLUCOSE			
SYSTEM	19		
RELION ULTIMA TEST	19		
RELPAK	11		
REMERON	10		
REMODULIN	31		
REPATHA	14		
REPATHA PUSHTRONEX			
SYSTEM	14		
REPATHA SURECLICK.	14		
RESTASIS.	29		
RESTASIS MULTIDOSE	29		
RESTORIL	31		
RETACRIT INJECTION SOLUTION			
10000 UNIT/ML, 2000 UNIT/ML,			
3000 UNIT/ML, 4000 UNIT/ML,			
40000 UNIT/ML.	21		
RETACRIT INJECTION SOLUTION			
20000 UNIT/ML.	21		
RETEVMO 40 MG	12		
RETEVMO 80 MG	12		
RETIN-A EXTERNAL CREAM	17		
REVATIO ORAL TABLET	31		
REVLIMID.	12		
REXULTI.	12		
RHOFADE.	17		
RHOPRESSA.	29		
RIGHTEST GT333 GLUCOSE			
TEST	19		
RINVOQ	27		
RISPERDAL ORAL TABLET.	12		
risperidone oral tablet.	12		
RITALIN	15		
RITALIN LA.	15		
rizatriptan benzoate.	11		
ROBINUL	22		
ROBINUL-FORTE	22		
ROCALTROL ORAL CAPSULE	28		
ROCKLATAN	29		
ropinirole hcl	12		



rosadan external cream	17	sprintec 28	25	tamoxifen citrate oral tablet 20 mg	12
rosuvastatin calcium	14	sronyx	25	tamsulosin hcl	23
roweepra	10	STELARA SUBCUTANEOUS	27	TAPERDEX 12-DAY	25
ROXICODONE	8	STENDRA	21	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	25
RUCONEST	27	STIOLTO RESPIMAT	31	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	25
RUKOBIA	12	STIVARGA	12	TAPERDEX 7-DAY	25
RYBELSUS	20	STRATTERA	15	TARGADOX	9
S					
SANTYL	17	STRIVERDI RESPIMAT	31	TARGRETIN EXTERNAL	12
SAPHRIS	12	SUBOXONE	8	TARGRETIN ORAL	12
scopolamine	11	subvenite	10	tarina 24 fe	25
SEREVENT DISKUS	31	sucrafate oral tablet	22	tarina fe 1/20 eq.	25
SEROQUEL	12	sulfamethoxazole-trimethoprim oral tablet	9	TASIGNA	12
sertraline hcl oral tablet	10	sumatriptan succinate oral	11	TAVALISSE	21
sharobel	25	SUNOSI	31	TECHLITE INSULIN SYRINGES	19
SHINGRIX	27	SUPREP BOWEL PREP KIT	22	TECHLITE PEN NEEDLES	19
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	21	SUTAB	22	TEGSEDI	22
sildenafil citrate oral tablet 20 mg	31	syeda	25	TEKURNA	14
SIMPONI	27	SYMBICORT	31	TEKURNA HCT	14
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	27	SYMFI	12	telmisartan	14
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	14	SYMFI LO	12	temazepam	31
simvastatin oral tablet 80 mg	14	SYMJEPI	30	TEMPO REFILL	19
SINGULAIR ORAL TABLET	31	SYMLINPEN 120	20	TEMPO WELCOME	19
SINGULAIR ORAL TABLET CHEWABLE	31	SYMLINPEN 60	20	TENORETIC 100	14
SITAVIG	12	SYMPROIC	22	TENORETIC 50	14
SKYRIZI PEN	27	SYNJARDY	20	TENORMIN	14
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	27	SYNJARDY XR	20	terbinafine hcl oral	11
SOAANZ	14	SYNTHROID	26	teriflunomide oral tablet 14 mg, 7 mg	16
SODIUM OXYBATE	31	T			
SOFOSBUVIR-VELPATASVIR	12	TABRECTA	12	TERIPARATIDE (RECOMBINANT)	28
solifenacin succinate	23	TACLONEX EXTERNAL OINTMENT	17	TESTIM	26
SOLQUA	20	tacrolimus external	17	testosterone cypionate intramuscular	26
SOMA	31	tacrolimus oral	27	THALITONE	14
SOMATULINE DEPOT	26	tadalafil oral	21	THIOLA	23
SOOLANTRA	17	TADLIQ	31	THIOLA EC	23
SPIKEVAX COVID-19 VACCINE	27	tafluprost (pf)	29	THYQUIDITY	26
SPIRIVA HANDIHALER	31	TAGRISSO	12	TIGLUTIK	16
SPIRIVA RESPIMAT	31	TAKHZYRO SUBCUTANEOUS SOLUTION	27	timolol maleate (once-daily)	29
spironolactone oral	14	TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	27	timolol maleate ocudose	29
		TAMIFLU ORAL CAPSULE	12	timolol maleate ophthalmic solution	29
		tamoxifen citrate oral tablet 10 mg	12	timolol maleate ophthalmic solution 0.25 %, 0.5 %	29
				timolol maleate pf	29



timolol maleate pf ophthalmic solution 0.25 %, 0.5 %	29
TIMOPTIC	29
TIMOPTIC OCUDOSE	29
TIMOPTIC OCUDOSE OPTHALMIC SOLUTION 0.25 %, 0.5 %	29
TIROSINT-SOL	26
TIVICAY	12
tizanidine hcl oral tablet	31
TOBI PODHALER	31
TOBRADEX OPTHALMIC SUSPENSION	29
TOBRADEX ST	29
tobramycin-dexamethasone	29
TOPAMAX	10
topiramate oral tablet	10
TOPROL XL	14
torse mide	14
TOUJEO MAX SOLOSTAR	20
TOUJEO SOLOSTAR	20
TRACLEER 62.5 MG, 125 MG	31
TRADJENTA	20
tramadol hcl oral tablet 100 mg	8
tramadol hcl oral tablet 50 mg	8
TRANSDERM-SCOP	11
trazodone hcl oral	10
TRELEGY ELLIPTA	31
TREMFYA	27
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	31
tretinoin external cream	17
TREXALL	27
TREZIX	8
tri-estarylla	25
tri-linyah	25
tri-lo-estarylla	25
tri-lo-marzia	25
tri-lo-mili	25
tri-lo-sprintec	25
tri-mili	25
tri-nymyo	25
tri-sprintec	25
tri-vylibra	25

tri-vylibra lo	25
triamcinolone acetonide external cream 0.025 %, 0.1 %	17
triamcinolone acetonide external cream 0.5 %	17
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	17
triamcinolone acetonide external ointment 0.05 %	17
triamcinolone in absorbase	17
triamterene-hctz	14
TRIANEX	17
triazolam	13
TRICOR	14
triderm external cream 0.1 %	17
triderm external cream 0.5 %	17
TRIJARDY XR	20
TRILEPTAL ORAL TABLET	10
TRINTELLIX	10
tritocin	17
TRIUMEQ	13
TRUE FOCUS BLOOD GLUCOSE STRIP	19
TRUE METRIX AIR GLUCOSE METER KIT	19
TRUE METRIX BLOOD GLUCOSE TEST	19
TRUE METRIX GO GLUCOSE METER	19
TRUE METRIX METER KIT	19
TRUE METRIX PRO BLOOD GLUCOSE	19
TRUETRACK TEST	19
TRULICITY	20
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	13
TRUVADA ORAL TABLET 200-300 MG	13
TYMLOS	28
TYRVAYA	29
TYVASO	31
TYVASO DPI MAINTENANCE KIT	31
TYVASO DPI TITRATION KIT	31
TYVASO REFILL	31
TYVASO STARTER	31

U

UBRELVY	11
UCERIS ORAL	28
UCERIS RECTAL	28
UNISTRIP1 GENERIC	19
unithroid	26
UROCIT-K 10	22
UROCIT-K 15	22
UROCIT-K 5	22
UROXATRAL	23

V

VAGIFEM	25
valacyclovir hcl oral	13
VALIUM	13
valsartan oral tablet	14
valsartan-hydrochlorothiazide	15
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	10
VALTRESX	13
VANADOM	31
VANDAZOLE	9
VASOTEC	15
VELPHORO	23
VELTASSA	22
venlafaxine hcl	10
venlafaxine hcl er oral capsule extended release 24 hour	10
VENTOLIN HFA	30, 31
verapamil hcl er oral tablet extended release	15
VERKAZIA	29
VERQUOVO	15
VERQUOVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	15
VERZENIO	12
VESICARE	23
vestura	25
VIAGRA	21
VIBERZI	22
VIBRAMYCIN ORAL CAPSULE	9
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	20, 21
vienna	25
VIGAMOX	29



VIIBRYD	10
VIIBRYD STARTER PACK.	10
vilazodone hcl	10
VISTARIL	13
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	22
VITRAKVI	12
VITRAKVI ORAL CAPSULE	12
VITRAKVI ORAL SOLUTION 20 MG/ML	12
VIVELLE-DOT.	23-25
VIVJOA	11
VOGELXO.	26
VOGELXO PUMP.	26
VOSEVI	13
VRAYLAR ORAL CAPSULE	12
VTAMA	17
VYLEESI	21
vylibra	25
VYVANSE.	15
VYVANSE ORAL CAPSULE	15

W

WAKIX.	31
warfarin sodium oral	9
WELLBUTRIN SR	10
WELLBUTRIN XL.	10
WILATE.	21
wixela inhub	31

X

XALATAN	29
XANAX	13
XARELTO	9
XARELTO ORAL SUSPENSION RECONSTITUTED.	9
XARELTO STARTER PACK.	9
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	10
XELJANZ	27
XELJANZ ORAL SOLUTION	27
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	27

XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	27
XENLETA ORAL	9
XEPI	17
XIIDRA	29
XOFLUZA (40 MG DOSE).	13
XOFLUZA (80 MG DOSE).	13
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.	27
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED.	27
XOPENEX HFA.	31
XTAMPZA ER.	8
xulane	25
XYREM	31
XYWAV	31

Y

YASMIN 28.	25
YAZ	25
YUPELRI.	31
yuvafem	25

Z

zafemy	25
ZANAFLEX ORAL TABLET	31
ZARXIO	21
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	21
ZEJULA	12
ZELNORM	22
zenatane.	17
ZENPEP	22
ZEPOSIA	16
ZEPOSIA 7-DAY STARTER PACK	16
ZEPOSIA STARTER KIT	16
ZESTORETIC	15
ZESTRIL	15
ZETIA	15
ZETONNA.	30
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	15
ZIAC ORAL TABLET 5-6.25 MG	15
ZIEXTENZO	21
ZILXI	17

ZIMHI	8
ZIOPTAN	29
ZITHROMAX ORAL SUSPENSION RECONSTITUTED.	9
ZITHROMAX ORAL TABLET	9
ZITHROMAX TRI-PAK.	9
ZITHROMAX Z-PAK.	9
ZOCOR.	15
ZOLOFT ORAL TABLET	10
zolpidem tartrate er.	31
zolpidem tartrate oral	31
ZOMIG NASAL SOLUTION 2.5 MG.	11
ZOMIG NASAL SOLUTION 5 MG	11
ZONEGRAN	10
zonisamide oral	10
ZORYVE	17
ZTLIDO.	8
ZUBSOLV	8
zumandimine	25
ZYLET.	29
ZYLOPRIM	11
ZYPREXA ORAL	12



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Salt Lake City, UT 84130

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Room 509F, HHH Building
Washington, D.C. 20201

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

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សូមជំនួយភាសាដទៃយកតម្កល់ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទំនាក់ទំនងលើខ្សែកម្រិតតម្កល់ ដល់មាន់នៃលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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

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

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

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