



# Your 2024 Prescription Drug List

## Advantage 4-Tier

Effective September 1, 2024



**United  
Healthcare**

This Prescription Drug List (PDL) is accurate as of September 1, 2024 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Plan, UnitedHealthcare Freedom Plans, River Valley, All Savers and Oxford medical plans with a pharmacy benefit subject to the Advantage 4-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

# Table of contents

Understanding your Prescription Drug List (PDL) .....	4
Medication tips .....	5
Reading your PDL .....	6
Questions .....	7
Analgesics	
Drugs for Pain .....	8
Drugs for Pain and Inflammation .....	8
Anti-Addiction / Substance Abuse Treatment Agents .....	8
Antibacterials	
Drugs for Infections .....	9
Anticoagulants	
Drugs to Treat or Prevent Blood Clots .....	9
Anticonvulsants	
Drugs for Seizures .....	10
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 .....	13
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 .....	16
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 . . . . .	20
Non-Insulin Agents . . . . .	20
Drugs for Blood Disorders . . . . .	21
Drugs for Sexual Dysfunction . . . . .	22
Electrolytes / Vitamins . . . . .	22
Gastrointestinal Agents	
Drugs for Acid Reflux and Ulcer . . . . .	22
Drugs for Bowel, Intestine and Stomach Conditions . . . . .	23
Genetic or Enzyme Disorder	
Drugs for Replacement, Modification, Treatment . . . . .	23
Genitourinary Agents	
Drugs for Bladder, Genital and Kidney Conditions . . . . .	23
Drugs for Prostate Conditions . . . . .	23
Hormonal Agents	
Hormone Replacement and Birth Control . . . . .	23
Oral Steroids . . . . .	26
Other . . . . .	27
Testosterone Replacement . . . . .	27
Thyroid . . . . .	27
Immunological Agents	
Drugs for Immune System Stimulation or Suppression . . . . .	27
Drugs for Vaccination . . . . .	29
Infertility Agents . . . . .	29
Inflammatory Bowel Disease Agents . . . . .	29
Metabolic Bone Disease Agents	
Drugs for Osteoporosis . . . . .	30
Other . . . . .	30
Ophthalmic Agents	
Drugs for Eye Allergy, Infection and Inflammation . . . . .	30
Drugs for Glaucoma . . . . .	30
Drugs for Miscellaneous Eye Conditions . . . . .	31
Otic Agents	
Drugs for Ear Conditions . . . . .	31
Respiratory	
Drugs for Anaphylaxis . . . . .	31
Respiratory Tract / Pulmonary Agents	
Drugs for Allergies, Cough, Cold . . . . .	31
Drugs for Asthma and COPD . . . . .	31
Drugs for Cystic Fibrosis . . . . .	33
Drugs for Pulmonary Fibrosis . . . . .	33
Drugs for Pulmonary Hypertension . . . . .	33
Skeletal Muscle Relaxants	
Drugs for Muscle Pain and Spasm . . . . .	33
Sleep Disorder Agents . . . . .	33
Index . . . . .	34



# 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)<sup>1</sup> if similar alternatives are available at a lower cost. Examples include medications that work the same way, but one is much more expensive than the other, or options that are available without a prescription (also referred to as over-the-counter medications<sup>2</sup>). 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.

## 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.

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

2. For New York and New Jersey plans, a prescription drug product that is therapeutically equal to an over-the-counter drug may be covered if it is determined to be medically necessary.



# Medication tips

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

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

## What if my doctor writes a brand-name prescription?

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

## What if I am taking a specialty medication?

Specialty medications are high-cost and are used to treat rare or complex conditions that require additional care and support. For most plans, these medications are managed through the specialty pharmacy program. Take advantage of personalized support designed to help you get the most out of your treatment plan. Visit the member website listed on your 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
<b>Tier 1</b>	<b>\$ Lower-cost</b> 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.
<b>Tiers 2 and 3</b>	<b>\$\$ Mid-range cost</b> Medications that provide good overall value. A mix of brand name and generic drugs.	Use Tier 2 or Tier 3 drugs, instead of Tier 4, to help reduce your out-of-pocket costs.
<b>Tier 4</b>	<b>\$\$\$ Highest-cost</b> Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Many Tier 4 drugs have lower-cost options in Tiers 1, 2 or 3. Ask your doctor if they could work for you.

## Drug list information

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

<b>E</b>	<b>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)</b> —Lower-cost options are available and covered.
<b>H</b>	<b>Health Care Reform Preventive</b> —This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.
<b>H-PA</b>	<b>Health Care Reform Preventive with Prior Authorization</b> —May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.
<b>PA</b>	<b>Prior Authorization (sometimes referred to as precertification)</b> <sup>3</sup> —Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.
<b>QL</b>	<b>Quantity Limits</b> —Specifies the largest quantity of medication covered per copayment or in a defined period of time.
<b>RS</b>	<b>Refill and Save Program</b> <sup>4</sup> —Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
<b>SP</b>	<b>Specialty Medication</b> —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.
<b>ST</b>	<b>Step Therapy (referred to as First Start in New Jersey)</b> —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, Golden Rule, Oxford and UnitedHealthOne.



# Reading your PDL (continued)

## Coverage details

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

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

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

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

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

- **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
<b>Analgesics - Drugs for Pain</b>		
acetaminophen-codeine oral tablet	1	QL
apap-caff-dihydrocodeine oral capsule	4	QL
apap-caff-dihydrocodeine oral tablet 325-30-16 mg	1	QL
bac	1	QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine oral tablet	1	QL
DILAUDID ORAL TABLET	E	QL
endocet	1	QL
ESGIC ORAL TABLET	4	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydromorphone hcl oral tablet	1	QL
morphine sulfate er oral tablet extended release	1	PA, QL
MS CONTIN	E	PA, QL
NALOCET	E	QL
NUCYNTA	4	QL
NUCYNTA ER	3	PA, QL
OXAYDO ORAL TABLET 5 MG, 7.5 MG	E	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	QL
oxycodone hcl oral tablet 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	E	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	E	QL
PERCOCET	E	QL
PROLATE ORAL TABLET	E	QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	E	QL

Drug Name	Drug Tier	Requirements & Limits
ROXICODONE ORAL TABLET 5 MG	E	QL
tramadol hcl oral tablet 100 mg, 25 mg	E	QL
tramadol hcl oral tablet 50 mg	1	QL
TREZIX	4	QL
ULTRAM ORAL TABLET 50 MG	E	QL
XTAMPZA ER	4	PA, QL
ZTLIDO	3	PA, QL
<b>Analgesics - Drugs for Pain and Inflammation</b>		
CELEBREX	E	QL
celecoxib oral	2	QL
diclofenac sodium oral	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOMETHACIN ORAL CAPSULE 20 MG	E	
indomethacin oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine oral	1	
meloxicam oral tablet	1	
MOBIC ORAL TABLET 15 MG, 7.5 MG	E	
nabumetone oral	1	
NAPROSYN ORAL TABLET	E	
naproxen oral tablet	1	
RELAFEN DS	E	
RELAFEN ORAL TABLET 500 MG, 750 MG	E	
TIVORBEX ORAL CAPSULE 20 MG	E	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	2	QL
KLOXXADO	2	QL
naloxone hcl injection solution prefilled syringe	1	
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	2	QL (includes Narcan OTC)
SUBOXONE	E	PA, QL

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
ZIMHI	2	QL
ZUBSOLV	2	QL
<b>Antibacterials - Drugs for Infections</b>		
ACTICLATE ORAL TABLET 150 MG, 75 MG	E	
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	
amoxicillin-potassium clavulanate oral tablet	1	
AUGMENTIN	E	
AUGMENTIN ES-600	E	
avidoxy	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
BACTRIM	4	
BACTRIM DS	4	
cefdinir	1	
cefuroxime axetil	1	
CENTANY EXTERNAL OINTMENT 2 %	4	QL
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
CIPRO ORAL TABLET	4	
ciprofloxacin hcl oral	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4	
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	

Drug Name	Drug Tier	Requirements & Limits
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	
LIKMEZ	4	
LYMEPAK ORAL TABLET 100 MG	E	
MACROBID	4	
MACRODANTIN	4	
metronidazole oral tablet	1	
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	4	QL
penicillin v potassium oral tablet	1	
sulfamethoxazole-trimethoprim oral tablet	1	
TARGADOX	E	
VANDAZOLE	4	
VIBRAMYCIN ORAL CAPSULE	4	
XACIATO	2	QL
XENLETA ORAL TABLET 600 MG	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	4	
ZITHROMAX ORAL TABLET	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
<b>Anticoagulants - Drugs to Treat or Prevent Blood Clots</b>		
dabigatran etexilate mesylate oral capsule 150 mg, 75 mg	2	QL
ELIQUIS	2	QL

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
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	2	QL
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	QL
PRADAXA ORAL CAPSULE	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
<b>Anticonvulsants - Drugs for Seizures</b>		
APTIOM	3	PA
BRIVIACT ORAL TABLET	3	PA
DEPAKOTE	4	PA
DEPAKOTE ER	4	PA
divalproex sodium er	2	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA, SP
FYCOMPA ORAL SUSPENSION	4	PA
FYCOMPA ORAL TABLET	3	PA
gabapentin oral capsule	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL TABLET	4	PA
LAMICTAL ORAL TABLET	4	PA
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
MOTPOLY XR	3	
NAYZILAM	3	PA, QL
NEURONTIN ORAL CAPSULE	4	PA
NEURONTIN ORAL TABLET	4	PA
oxcarbazepine oral tablet	1	
roweepra	1	
subvenite	1	
SYMPAZAN	4	PA
TOPAMAX	4	PA
TOPAMAX SPRINKLE	4	PA
topiramate oral	1	
TRILEPTAL ORAL TABLET	4	PA

Drug Name	Drug Tier	Requirements & Limits
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	4	PA
zonisamide oral	1	
<b>Antidepressants - Drugs for Depression</b>		
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
doxepin hcl oral capsule	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, 60 mg	3	
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

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
PROZAC	E	
REMERON	E	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	4	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
VIIBRYD	E	QL
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	4	
vilazodone hcl	3	QL
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT ORAL TABLET	E	
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
metoclopramide hcl oral tablet	1	
ondansetron hcl oral tablet	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
REGLAN	4	
scopolamine	3	
TRANSDERM-SCOP	E	
<b>Antifungals - Drugs for Fungal Infections</b>		
ciclodan	1	
ciclopirox external solution	1	
CRESEMBA ORAL CAPSULE 186 MG	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	
VIVJOA	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
<b>Antigout Agents - Drugs for Gout</b>		
allopurinol oral tablet 100 mg, 300 mg	1	
ALLOPURINOL ORAL TABLET 200 MG	E	
colchicine oral	2	
COLCRYS ORAL TABLET 0.6 MG	E	
MITIGARE	2	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	4	
<b>Antimigraine Agents - Drugs for Migraines</b>		
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	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
NURTEC	2	PA, ST, QL
RELPAK	E	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	4	PA, ST, QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	2	QL
<b>Antineoplastics - Drugs for Cancer</b>		
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
CALQUENCE ORAL CAPSULE 100 MG	2	PA, QL, SP
COTELLIC	2	PA, QL, SP

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
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
EXKIVITY	4	PA, QL, SP
FEMARA	E	
GAVRETO	4	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 CAPSULE	2	PA, QL, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
IMBRUVICA ORAL TABLET 560 MG	2	PA, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	2	PA, QL, SP
letrozole oral	1	H-PA
LUMAKRAS	4	PA, QL, SP
LYNPARZA	2	PA, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
POMALYST	3	PA, QL, SP
RETEVMO ORAL CAPSULE 40 MG	4	PA, QL, SP
RETEVMO ORAL CAPSULE 80 MG	4	PA, SP
REVLIMID	2	PA, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	4	PA, QL, SP
TAGRISO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	2	PA, ST, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
XTANDI	2	PA, QL, SP
ZEJULA ORAL CAPSULE 100 MG	2	PA, QL, SP
ZEJULA ORAL CAPSULE 100 MG	2	PA, QL, SP
ZELBORAF	2	PA, QL, SP
<b>Antiparasitics - Drugs for Parasitic Infections</b>		
ARAKODA	4	QL
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	QL
PLAQUENIL	E	
<b>Antiparkinson Agents - Drugs for Parkinson's Disease</b>		
INBRIJA	3	PA, QL, SP
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	SP
NEUPRO	3	
NOURIANZ	3	PA, QL
pramipexole dihydrochloride	1	
ropinirole hcl	1	
<b>Antiplatelets - Drugs for Heart Attack and Stroke Prevention</b>		
BRILINTA	4	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY	E	
aripiprazole oral tablet	2	
LATUDA	E	QL
lurasidone hcl	3	QL
olanzapine oral tablet	1	
quetiapine fumarate	1	
REXULTI	4	PA, ST, QL
RISPERDAL ORAL TABLET	E	
risperidone oral tablet	1	
SEROQUEL	E	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	E	
VRAYLAR ORAL CAPSULE	4	QL
ZYPREXA ORAL	E	

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
<b>Antivirals - Drugs for Viral Infections</b>		
acyclovir oral tablet	1	
BIKTARVY	4	QL
CIMDUO	2	QL
DESCOXY	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	2	PA, QL, SP
HARVONI ORAL TABLET	2	PA, ST, QL, SP
JULUCA	2	QL
LAGEVRIO	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET ORAL PACKET	2	PA, QL, SP
oseltamivir phosphate oral capsule	2	
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100)	2	QL
PREZCOBIX	2	
RUKOBIA	4	PA
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
SYMFI	2	QL
SYMFI LO	2	QL
TAMIFLU ORAL CAPSULE	E	
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	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

Drug Name	Drug Tier	Requirements & Limits
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam oral tablet	1	
ATIVAN ORAL	E	
bupirone hcl oral	1	
clonazepam oral tablet	1	
diazepam oral tablet	1	
HALCION	4	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	E	
VISTARIL	4	
XANAX	E	
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
LITHOBID	4	PA
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
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	
ATORVALIQ	4	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	E	
AVAPRO	E	
benazepril hcl oral	1	
BENICAR	E	

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
BENICAR HCT	E	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG	4	
CARDIZEM CD	E	
CARDURA	4	
cartia xt	2	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
COREG	E	
CORLANOR	3	PA, QL
COZAAR	E	
CRESTOR	E	
diltiazem hcl er coated beads	2	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
enalapril maleate oral tablet	1	
ENTRESTO	4	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	
FENOGLIDE	E	
flecainide acetate	1	
FUROSCIX	4	PA, QL
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
INDERAL LA	E	

Drug Name	Drug Tier	Requirements & Limits
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	
LASIX	4	
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	4	
LOPRESSOR	4	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	4	
LOTREL	E	
lovastatin oral	1	H
LOVAZA	E	
MAXZIDE	4	
MAXZIDE-25	4	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
MICARDIS	E	
MINIPRESS	4	
minoxidil oral	1	
MULTAQ	4	PA
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	4	
NORLIQVA	4	PA
NORVASC	E	

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
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	4	
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 tablet	1	
TEKTURNA	3	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	3	
telmisartan	2	
TENORMIN	E	
THALITONE	E	
TOPROL XL	E	
torseamide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan oral tablet	2	
valsartan-hydrochlorothiazide	1	
VASOTEC	E	
verapamil hcl er oral tablet extended release	1	
VERQUVO	4	PA, QL
ZESTORETIC	E	

Drug Name	Drug Tier	Requirements & Limits
ZESTRIL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	4	
ZOCOR	E	
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL	E	
ADDERALL XR	E	QL
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG	E	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	2	QL
amphet-dextroamphet 3-bead er	E	QL
APTENSIO XR	E	QL
atomoxetine hcl	3	QL
AZSTARYS	3	ST, QL
CONCERTA	E	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	2	QL
FOCALIN	4	
FOCALIN XR	E	QL
guanfacine hcl er	2	
INTUNIV	E	
JORNAY PM	3	ST, QL
lisdexamfetamine dimesylate	3	QL
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	QL

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
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	QL
methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	QL
methylphenidate hcl er (xr)	E	QL
methylphenidate hcl er oral tablet extended release	2	QL
methylphenidate hcl oral tablet	1	
MYDAYIS	E	QL
RELEXXII	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	E	QL
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
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	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	4	PA, QL, SP
GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	2	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	4	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
REBIF	E	PA, QL, SP
REBIF TITRATION PACK	E	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
<b>Central Nervous System Agents - Miscellaneous</b>		
AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	QL, SP
AUSTEDO XR PATIENT TITRATION	2	QL, SP
LYRICA ORAL CAPSULE	4	PA
pregabalin oral capsule	2	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
TEGLUTIK	3	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	3	PA
ZEPOSIA	3	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	3	PA, ST, SP
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
chlorhexidine gluconate mouth/throat	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
PERIDEX	4	
periogard	1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
AKLIEF	4	PA, QL
ala-cort	E	
AMZEEQ	4	QL
AVITA EXTERNAL CREAM 0.025 %	E	PA, QL
CARAC	E	
CIBINQO	2	PA, QL, SP
CLEOCIN-T	4	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL
clindamycin phosphate external lotion	3	

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
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin phosphate gel 1 % external	E	(generic for Clindagel), QL
clindamycin phosphate gel 1 % external	2	(generic for Cleocin-T), QL
clobetasol propionate external cream	2	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external solution	1	QL
clotrimazole-betamethasone external cream	1	
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	4	
ENSTILAR	4	QL
EUCRISA	3	ST, QL
FINACEA EXTERNAL FOAM	4	
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	
IMPOYZ	E	QL
KLISYRI	4	ST, QL
METROCREAM	4	
metronidazole external cream	1	
MIRVASO	4	PA, QL
NORITATE	E	

Drug Name	Drug Tier	Requirements & Limits
OPZELURA	4	PA, QL, SP
PANRETIN	3	
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 %	E	QL
RETIN-A EXTERNAL CREAM	E	PA, QL
RHOFADE	4	PA, QL
rosadan external cream 0.75 %	1	
SANTYL	3	QL
SOOLANTRA	4	QL
TACLONEX SUSPENSION	3	QL
tacrolimus external	2	QL
TEMOVATE EXTERNAL CREAM 0.05 %	4	QL
TEMOVATE EXTERNAL OINTMENT 0.05 %	4	QL
TOLAK	E	
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 absorbase	E	
TRIANEX EXTERNAL OINTMENT 0.05 %	E	
triderm	1	QL
tritocin external ointment 0.05 %	E	
VTAMA	4	PA, QL
XEPI	3	QL
ZILXI	4	PA, ST, QL
ZORYVE EXTERNAL CREAM	4	PA, QL
<b>Diabetes - Glucose Monitoring and Supplies</b>		
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	

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
ACCU-CHEK GUIDE ME METER	3	
ACCU-CHEK GUIDE TEST STRIPS	3	
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	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCUTREND GLUCOSE	E	QL
AQINJECT PEN NEEDLE	2	QL
BD AUTOSHIELD DUO PEN NEEDLES	2	QL
BD ULTRA-FINE insulin syringes	2	QL
BD ULTRA-FINE PEN NEEDLES	2	QL
BD ULTRA-FINE U-500 insulin syringes	2	QL
BD ULTRA-FINE VEO insulin syringes	2	QL
BIOTEL CARE TEST STRIPS	E	QL
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 BLOOD GLUCOSE TEST STRIP	2	QL
CONTOUR NEXT EZ KIT W/ DEVICE	E	
CONTOUR NEXT GEN MONITOR KIT	E	
CONTOUR NEXT GEN TEST STRIPS	2	QL
CONTOUR NEXT LINK KIT W/ DEVICE	E	

Drug Name	Drug Tier	Requirements & Limits
CONTOUR NEXT LINK KIT W/ DEVICE	E	(Contour Next Link 24 )
CONTOUR NEXT MONITOR KIT W/ DEVICE	2	
CONTOUR NEXT ONE DEVICE	E	
CONTOUR NEXT ONE KIT	2	
CONTOUR TEST STRIPS	E	QL
CVS ADVANCED GLUCOSE TEST	E	QL
CVS GLUCOSE METER TEST STRIPS	E	QL
D-CARE BLOOD GLUCOSE	E	QL
D-CARE GLUCOMETER	E	
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
EASY TOUCH HEALTHPRO GLUCOSE	E	
EASY TOUCH TEST	E	QL
EASYGLUCO	E	
EASYMAX 15 TEST	E	QL
EASYMAX NG BLOOD GLUCOSE KIT	E	
EMBRACE BLOOD GLUCOSE TEST	E	QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	E	QL
FORA 6 CONNECT/GTEL TEST	E	QL
FORTISCARE G1 TEST STRIP	E	QL
FORTISCARE TEST	E	QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FREESTYLE LIBRE 3 SENSOR	3	PA, QL
FREESTYLE PRECISION NEO SYSTEM	E	
FREESTYLE PRECISION NEO TEST	E	QL

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
FREESTYLE TEST	E	QL
GLUCOCARD EXPRESSION TEST	E	QL
GLUCOCARD SHINE TEST	E	QL
GLUCOCARD VITAL TEST	E	QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA
GUARDIAN 4 TRANSMITTER	3	PA
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
GUARDIAN 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 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	QL
LANCETS	1	
MICRODOT TEST	E	QL
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	PA
MM BLULINK GLUCOSE TEST	E	QL
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
NOVOTWIST PEN NEEDLE	2	QL
OMNIPOD 5 G6 INTRO (GEN 5)	2	PA, QL
OMNIPOD 5 G6 PODS (GEN 5)	2	PA, QL
ON CALL EXPRESS BLOOD GLUCOSE	E	QL
ON CALL EXPRESS MONITORING SYS	E	

Drug Name	Drug Tier	Requirements & Limits
ONETOUCH DELICA PLUS LANCETS	1	
ONETOUCH SOLUTIONS STARTER KIT KIT W/ WELL DEVICE	1	
ONETOUCH ULTRA 2 KIT W/ DEVICE	1	
ONETOUCH ULTRA IN VITRO STRIP	1	QL
ONETOUCH ULTRASOFT LANCETS	1	
ONETOUCH VERIO FLEX SYSTEM KIT	1	
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO KIT W/DEVICE	1	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
OPTIUMEZ TEST	E	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA
PIP BLOOD GLUCOSE TEST STRIP	E	QL
PRECISION XTRA	E	
PRECISION XTRA BLOOD GLUCOSE	E	QL
PREMIUM BLOOD GLUCOSE TEST	E	QL
PTS PANELS EGLU TEST	E	QL
QUINTET AC BLOOD GLUCOSE TEST	E	QL
QUINTET BLOOD GLUCOSE TEST	E	QL
RELION TRUE MET AIR GLUC METER	E	
RELION TRUE METRIX TEST STRIPS	E	QL
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	QL
RIGHTTEST GT333 GLUCOSE TEST	E	QL
TECHLITE INSULIN SYRINGES	2	(ARKRAY), QL
TECHLITE PEN NEEDLES	2	(ARKRAY), QL

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
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
<b>Diabetes - Insulin</b>		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
BASAGLAR KWIKPEN	E	QL
BASAGLAR TEMPO PEN	E	
HUMALOG INJECTION	E	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG SUBCUTANEOUS	2	QL
HUMALOG TEMPO PEN	E	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	1	QL
HUMULIN R VIAL	1	QL
INSULIN GLARGINE	E	QL
INSULIN GLARGINE MAX SOLOSTAR	E	QL

Drug Name	Drug Tier	Requirements & Limits
INSULIN GLARGINE SOLOSTAR	E	QL
INSULIN LISPRO	1	QL
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen), QL
INSULIN LISPRO JUNIOR KWIKPEN	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV TEMPO PEN	E	QL
LYUMJEV VIAL	1	QL
NOVOLIN 70/30 FLEXPEN	E	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL
NOVOLIN 70/30 RELION	E	ST, QL
NOVOLIN 70/30 VIAL	E	ST, QL
NOVOLIN N FLEXPEN	E	ST, QL
NOVOLIN N FLEXPEN RELION	E	ST, QL
NOVOLIN N RELION	E	ST, QL
NOVOLIN N VIAL	E	ST, QL
NOVOLIN R FLEXPEN	E	ST, QL
NOVOLIN R FLEXPEN RELION	E	ST, QL
NOVOLIN R RELION	E	ST, QL
NOVOLIN R VIAL	E	ST, QL
SEMGLEE	E	QL
SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	E	QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
<b>Diabetes - Non-Insulin Agents</b>		
ACTOS	E	QL
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML	4	
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	4	
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	E	

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
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE AUTOINJECTOR	2	PA, ST, QL
BYETTA 10 MCG PEN	2	PA, ST, QL
BYETTA 5 MCG PEN	2	PA, ST, QL
glimepiride	1	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide oral tablet 2.5 mg	E	
glipizide xl	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	QL
GLUCOTROL XL	4	
GLUMETZA	E	PA
glyburide oral	1	
GLYXAMBI	2	ST, QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO 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
ONGLYZA	E	QL
OZEMPIC	2	PA, ST, QL
pioglitazone hcl	1	QL
RYBELSUS	2	PA, ST, QL
saxagliptin hcl	2	QL
SOLIQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL

Drug Name	Drug Tier	Requirements & Limits
TRIJARDY XR	2	QL
TRULICITY	2	PA, ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, ST, (2 Pak), QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, ST, (3 Pak), QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
<b>Drugs for Blood Disorders</b>		
ADVATE	2	SP
ADYNOVATE	4	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	4	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	4	PA, SP
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIIIO	4	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
DOPTELET	4	PA, QL, SP
ELOCTATE	4	PA, SP
EMPAVELI	2	PA, QL, SP
HEMLIBRA	2	PA, SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
IDELVION	3	SP
JIVI	4	PA, SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, QL, SP
NEULASTA	2	
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP

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
NUWIQ 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	4	PA, QL, SP
UDENYCA	2	
WILATE	2	
ZARXIO	2	
<b>Drugs for Sexual Dysfunction</b>		
ADDYI	4	PA, QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	4	PA, QL
tadalafil oral	2	QL
VIAGRA	E	QL
VYLEESI	4	PA, QL
<b>Electrolytes / Vitamins</b>		
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	3	
DODEX	4	
DRISDOL	4	
ERGOCAL ORAL CAPSULE 62.5 MCG (2500 UT)	3	
ergocalciferol oral capsule	1	
folic acid oral tablet 1 mg	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	

Drug Name	Drug Tier	Requirements & Limits
klor-con m20	1	
klor-con oral tablet extended release	1	
K-TAB	3	
LOKELMA	3	PA, QL
NASCOBAL	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium citrate er	1	
UROCIT-K 10	4	
UROCIT-K 15	4	
UROCIT-K 5	4	
VELTASSA	3	PA, QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
ACIPHEX	E	QL
bis subcit-metronid-tetracyc	3	QL
bismuth/metronidaz/tetracyclin	3	QL
CARAFATE ORAL TABLET	E	
CYTOTEC	4	
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	4	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral tablet	1	
VOQUEZNA	E	QL
VOQUEZNA DUAL PAK	E	ST, QL
VOQUEZNA TRIPLE PAK	E	ST, QL

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
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
CLENPIQ	3	QL
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
gavilyte-c	1	H
gavilyte-g	1	QL, H
GLYCATE	E	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
GOLYTELY	4	QL
LINZESS	2	PA, QL
MOTEGRITY	3	PA, QL
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	3	QL
NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED 420 GM	4	QL
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
ROBINUL	E	
ROBINUL-FORTE	E	
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
VIBERZI	3	PA, QL
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
ORFADIN	2	PA, SP
PANCREAZE	3	ST
PERTZYE	4	ST

Drug Name	Drug Tier	Requirements & Limits
STRENSIQ	2	PA, QL, SP
TEGSEDI	2	PA, QL, SP
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	2	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT	E	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	E	
oxybutynin chloride er	2	
oxybutynin chloride oral tablet 2.5 mg	3	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral	1	
PYRIDIUM	3	
solifenacin succinate	2	
THIOLA	4	SP
THIOLA EC	4	SP
tiopronin	3	SP
VELPHORO	2	
VESICARE	E	
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	
tamsulosin hcl	1	
UROXATRAL	E	
<b>Hormonal Agents - Hormone Replacement and Birth Control</b>		
afirmelle	1	H
ALORA	3	QL

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
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 ORAL TABLET 5 MG	4	
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
CLIMARA	E	QL
CLIMARA PRO	3	QL
cyred eq	1	H
cyred oral tablet 0.15-30 mg-mcg	1	H
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	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	
eluryng	1	H
emoquette oral tablet 0.15-30 mg-mcg	1	H

Drug Name	Drug Tier	Requirements & Limits
enilloring	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 0.025 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	4	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

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
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
femynor oral tablet 0.25-35 mg-mcg	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
larissia oral tablet 0.1-20 mg-mcg	1	H
lessina	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levora 0.15/30 (28)	1	H
lillow oral tablet 0.15-30 mg-mcg	1	H
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	

Drug Name	Drug Tier	Requirements & Limits
loryna	3	
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
norelgestromin-eth estradiol	3	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
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyda	1	H
norlyroc	1	H
NUVARING	E	

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
nymyo	1	H
ocella	3	
orsythia	1	H
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
previfem oral tablet 0.25-35 mg-mcg	1	H
progesterone oral	2	
PROMETRIUM	E	
PROVERA	4	
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
tarina fe 1/20 oral tablet 1-20 mg-mcg	1	H
tri femynor	1	H
tri-estarylla	1	H
tri-lynyah	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-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
tulana oral tablet 0.35 mg	1	H
VAGIFEM	E	
VEOZAH	4	PA, QL

Drug Name	Drug Tier	Requirements & Limits
vestura	3	
vienva	1	H
VIVELLE-DOT	E	QL
vylibra	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvafem	2	
zafemy	3	H
zumandimine	3	
<b>Hormonal Agents - Oral Steroids</b>		
CORTEF	4	
DECADRON ORAL TABLET 0.5 MG, 0.75 MG, 4 MG, 6 MG	E	
DEXABLISS	E	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	E	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET THERAPY PACK	4	
methylprednisolone oral tablet therapy pack	1	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	4	

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
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
ZCORT 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (25)	E	
<b>Hormonal Agents - Other</b>		
cabergoline	2	
LANREOTIDE ACETATE	E	SP
NGENLA	4	PA, QL, 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
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORLISSA	2	PA, QL
SKYTROFA	4	PA, QL, SP
SOMATULINE DEPOT	4	SP
<b>Hormonal Agents - Testosterone Replacement</b>		
ANDRODERM	2	PA, QL
ANDROGEL PUMP	E	PA, QL
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%)	E	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
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

Drug Name	Drug Tier	Requirements & Limits
<b>Hormonal Agents - Thyroid</b>		
ADTHYZA	E	
ARMOUR THYROID	3	
CYTOMEL	E	
ERMEZA	2	PA
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
SYNTHROID	E	
THYQUIDITY	E	PA
thyroid oral	1	
TIROSINT-SOL	2	PA
unithroid	1	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-AACF (2 PEN)	E	PA, SP
ADALIMUMAB-ADAZ	2	PA, (manufactured by Sandoz), QL, SP
ADALIMUMAB-ADBIM (2 PEN)	2	PA, SP (manufactured by Boehringer Ingelheim)
ADALIMUMAB-ADBIM (2 SYRINGE)	2	PA, QL, SP (manufactured by Boehringer Ingelheim)
ADALIMUMAB-ADBIM(CD/UC/HS STRT)	2	PA, SP (manufactured by Boehringer Ingelheim)
ADALIMUMAB-ADBIM(PS/UV STARTER)	2	PA, SP (manufactured by Boehringer Ingelheim)

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
ADALIMUMAB-FKJP	E	PA, QL, SP
ADBRY	2	PA, QL, SP
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	2	PA, (AMJEVITA - HIGH CONCENTRATION), SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA, (AMJEVITA - HIGH CONCENTRATION), SP
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	2	PA, (AMJEVITA - HIGH CONCENTRATION), SP
AZASAN	4	
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 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
COSENTYX UNOREADY	3	PA, ST, QL, SP
ENBREL	2	PA, QL, SP
ENBREL MINI	2	PA, QL, SP
ENBREL SURECLICK	2	PA, QL, SP
HADLIMA	2	PA, QL, SP
HADLIMA PUSHTOUCH	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
HAEGARDA	2	PA, QL, SP
HUMIRA (2 PEN)	2	PA, QL, SP
HUMIRA (2 SYRINGE)	2	PA, QL, SP
HUMIRA-CD/UC/HS STARTER	2	PA, QL, SP
HUMIRA-PED<40KG CROHNS STARTER	2	PA, QL, SP
HUMIRA-PED>=40KG CROHNS START	2	PA, QL, SP
HUMIRA-PED>=40KG UC STARTER	2	PA, QL, SP
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	PA, QL, SP
HUMIRA-PSORIASIS/UEVIT STARTER	2	PA, QL, SP
HYFTOR	4	PA, QL
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	E	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML, 80 MG/0.8ML	E	PA, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	E	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	E	PA, SP
HYRIMOZ-CROHNS/UC STARTER	E	PA, SP
HYRIMOZ-PED<40KG CROHN STARTER	E	PA, QL, SP
HYRIMOZ-PED>=40KG CROHN START	E	PA, QL, SP
HYRIMOZ-PLAQUE PSORIASIS START	E	PA, QL, SP
IMURAN	E	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, ST, QL, SP
KINERET	3	PA, ST, QL, SP
LITFULO	3	PA, QL, SP
LUPKYNIS	4	PA, QL, SP
methotrexate sodium oral	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
mycophenolate mofetil oral tablet	1	
OLUMIANT ORAL TABLET 1 MG, 4 MG	3	PA, QL
OLUMIANT ORAL TABLET 2 MG	3	PA, QL, SP
OMVOH	3	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	4	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	4	PA, QL, SP
SIMPONI	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	2	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, ST, QL
TREMFYA	2	PA, QL, SP
TREXALL	2	
XELJANZ	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
YUFLYMA (2 SYRINGE)	E	PA, QL, SP
<b>Immunological Agents - Drugs for Vaccination</b>		
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	H

Drug Name	Drug Tier	Requirements & Limits
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
SHINGRIX	3	H
<b>Infertility Agents</b>		
cetorelix acetate	3	PA, ST, QL, SP
CETROTIDE	4	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral tablet 50 mg	1	
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
fyremadel	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(manufactured by Merck/Organon), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	4	(manufactured by Ferring), QL, SP
GONAL-F	4	ST, SP
GONAL-F RFF	4	ST, SP
GONAL-F RFF REDIJECT	4	ST, SP
MENOPUR	4	QL, SP
NOVAREL	3	SP
OVIDREL	4	SP
PREGNYL	3	SP
<b>Inflammatory Bowel Disease Agents</b>		
APRISO	1	
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	E	
CORTIFOAM	2	
DIPENTUM	3	
LIALDA	E	
mesalamine oral tablet delayed release 1.2 gm	2	
mesalamine oral tablet delayed release 800 mg	E	

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
PROCTOFOAM HC	2	
UCERIS ORAL	3	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
alendronate sodium oral tablet	1	
FORTEO	E	PA, ST, SP
FOSAMAX	4	
teriparatide	E	PA, ST, SP
teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml	E	PA, ST, SP
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA, SP
TYMLOS	3	PA, SP
<b>Metabolic Bone Disease Agents - Other</b>		
calcitriol oral capsule	1	
ROCALTROL ORAL CAPSULE	4	
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
ALREX	4	QL
AZASITE	3	
BESIVANCE	3	
CILOXAN OPHTHALMIC SOLUTION 0.3 %	4	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	4	QL
FLAREX	2	
ILEVRO	E	
INVELTYS	3	
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	E	
loteprednol etabonate ophthalmic suspension 0.2 %	3	QL
loteprednol etabonate ophthalmic suspension 0.5 %	3	QL

Drug Name	Drug Tier	Requirements & Limits
MAXITROL OPHTHALMIC SUSPENSION	4	
MOXEZA OPHTHALMIC SOLUTION 0.5 %	4	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
polymyxin b-trimethoprim	1	
POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-%	4	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	4	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
VIGAMOX	E	
XDEMVIY	4	PA, QL
ZYLET	3	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
BETIMOL	2	QL
bimatoprost ophthalmic	2	QL
brimonidine tartrate ophthalmic solution 0.1 %	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	E	QL
COMBIGAN	2	QL

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
COSOPT	4	
COSOPT PF	E	QL
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	4	
IYUZEH	E	QL
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	3	ST, QL
timolol maleate (once-daily)	3	
timolol maleate oculosol	2	
timolol maleate ophthalmic solution	1	
timolol maleate pf	2	
TIMOPTIC OCUDOSE	4	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	4	
XALATAN	E	
ZIOPTAN	3	ST, QL

#### Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions

CYCLOSPORINE IN KLARITY	E	PA
cyclosporine ophthalmic	E	PA, QL
RESTASIS	4	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	4	PA, QL
VERKAZIA	4	PA
XIIDRA	4	PA, QL

#### Otic Agents - Drugs for Ear Conditions

CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	
ciprofloxacin-dexamethasone	3	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	2	

#### Respiratory - Drugs for Anaphylaxis

AUVI-Q	2	QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL

Drug Name	Drug Tier	Requirements & Limits
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	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	
BROMFED DM	3	
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	E	QL
ADVAIR HFA	3	QL, RS
AIRDUO RESPICLICK 113/14	E	QL

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
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
AIRSUPRA	3	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic for ProAir HFA or Proventil HFA), QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic ProAir HFA or Proventil HFA), QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(generic for Ventolin HFA), QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	1	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL, RS
breyana	E	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	2	QL
budesonide-formoterol fumarate	E	QL, RS
COMBIVENT RESPIMAT	3	QL
FASENRA PEN	4	PA, QL
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL
FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
FLUTICASONE PROPIONATE HFA	E	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	QL, RS

Drug Name	Drug Tier	Requirements & Limits
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL, RS
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
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	4	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA, QL
PERFORMIST	4	QL
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	QL
PROVENTIL HFA	E	QL
PULMICORT SUSPENSION	E	QL
QVAR REDIHALER	1	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL
tiotropium bromide monohydrate	E	QL

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
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL
wixela inhub	3	QL, RS
XOPENEX HFA	3	QL
YUPELRI	4	PA, QL

#### Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis

BETHKIS	E	PA, QL, SP
BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
KITABIS PAK	E	PA, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI NEBULIZER	E	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	2	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, (generic for Tobi), QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, QL, SP

#### Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis

OFEV	4	PA, QL, SP
------	---	------------

#### Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension

ADEMPAS	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
REVATIO ORAL TABLET	E	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
TADLIQ	3	PA, QL, SP
TRACLEER 62.5 MG, 125 MG	2	PA, QL, SP
TYVASO	2	PA
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL	2	PA
TYVASO STARTER	2	PA

Drug Name	Drug Tier	Requirements & Limits
-----------	-----------	-----------------------

#### Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm

baclofen oral tablet	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	
tizanidine hcl oral tablet	1	
ZANAFLEX ORAL TABLET	4	

#### Sleep Disorder Agents

AMBIEN	E	
AMBIEN CR	E	
BELSOMRA	4	ST, QL
DAYVIGO	4	ST, QL
eszopiclone	2	
LUMRYZ	4	PA, QL, SP
LUNESTA	E	
modafinil oral	2	QL
PROVIGIL	E	QL
RESTORIL	4	
SODIUM OXYBATE	4	PA, QL, SP (Manufactured by Hikma)
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYWAV	4	PA, QL, SP
zolpidem tartrate er	2	
zolpidem tartrate oral tablet	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).



# Index

A	
ABILIFY . . . . .	12
ACCU-CHEK AVIVA PLUS TEST STRIPS . . . . .	17
ACCU-CHEK FASTCLIX LANCET KIT . . . . .	17
ACCU-CHEK FASTCLIX LANCETS . . . . .	17
ACCU-CHEK GUIDE KIT W/DEVICE . . . . .	17
ACCU-CHEK GUIDE ME METER . . . . .	18
ACCU-CHEK GUIDE TEST STRIPS . . . . .	18
ACCU-CHEK MULTICLIX LANCET KIT . . . . .	18
ACCU-CHEK MULTICLIX LANCETS . . . . .	18
ACCU-CHEK SMARTVIEW TEST STRIPS . . . . .	18
ACCU-CHEK SOFT TOUCH LANCETS . . . . .	18
ACCU-CHEK SOFTCLIX LANCET . . . . .	18
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT . . . . .	18
ACCU-CHEK SOFTCLIX LANCET . . . . .	18
acetaminophen-codeine oral tablet . . . . .	8
ACIPHEX . . . . .	22
ACTEMRA ACTPEN . . . . .	27
ACTEMRA SUBCUTANEOUS . . . . .	27
ACTICLATE ORAL TABLET 150 MG, 75 MG . . . . .	9
ACTOS . . . . .	20
acyclovir oral tablet . . . . .	13
ADALIMUMAB-AACF (2 PEN) . . . . .	27
ADALIMUMAB-ADAZ . . . . .	27
ADALIMUMAB-ADB (2 PEN) . . . . .	27
ADALIMUMAB-ADB (2 SYRINGE) . . . . .	27
ADALIMUMAB-ADB(CD/UC/HS STRT) . . . . .	27
ADALIMUMAB-ADB(PS/UV STARTER) . . . . .	27
ADALIMUMAB-FKJP . . . . .	28
ADBRY . . . . .	28
ADDERALL . . . . .	15
ADDERALL XR . . . . .	15
ADDYI . . . . .	22
ADEMPAS . . . . .	33
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG . . . . .	15
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML . . . . .	20
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML . . . . .	20
ADMELOG . . . . .	20
ADMELOG SOLOSTAR . . . . .	20
ADTHYZA . . . . .	27
ADVAIR DISKUS . . . . .	31
ADVAIR HFA . . . . .	31
ADVATE . . . . .	21
ADYNOVATE . . . . .	21
afirmelle . . . . .	23
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT . . . . .	21
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT . . . . .	21
AIMOVIG . . . . .	11
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML . . . . .	11
AIRDUO RESPICLICK 113/14 . . . . .	31
AIRDUO RESPICLICK 232/14 . . . . .	32
AIRDUO RESPICLICK 55/14 . . . . .	32
AIRSUPRA . . . . .	32
AKLIEF . . . . .	16
ala-cort . . . . .	16
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation . . . . .	32
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml . . . . .	32
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION . . . . .	32
ALDACTONE . . . . .	13
ALECENSA . . . . .	11
alendronate sodium oral tablet . . . . .	30
alfuzosin hcl er . . . . .	23
aliskiren fumarate . . . . .	13
allopurinol oral tablet 100 mg, 300 mg . . . . .	11
ALLOPURINOL ORAL TABLET 200 MG . . . . .	11
ALORA . . . . .	23
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % . . . . .	30
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % . . . . .	30
ALPHANATE . . . . .	21
alprazolam oral tablet . . . . .	13
ALPROLIX . . . . .	21
ALREX . . . . .	30
ALTACE . . . . .	13
altavera . . . . .	24
ALTUVIIIIO . . . . .	21
ALUNBRIG . . . . .	11
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG . . . . .	20
AMBIEN . . . . .	33
AMBIEN CR . . . . .	33
amiodarone hcl oral . . . . .	13
amitriptyline hcl oral . . . . .	10
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML . . . . .	28
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML . . . . .	28
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML . . . . .	28
amlodipine besylate oral . . . . .	13
amlodipine besylate-benazepril hcl . . . . .	13
amlodipine besylate-valsartan . . . . .	13
amoxicillin oral capsule . . . . .	9
amoxicillin oral suspension reconstituted . . . . .	9



amoxicillin oral tablet . . . . .	9	ATROVENT HFA . . . . .	32	BAQSIMI ONE PACK. . . . .	21	
amoxicillin-potassium clavulanate oral suspension reconstituted . . . . .	9	aubra eq. . . . .	24	BAQSIMI TWO PACK . . . . .	21	
amoxicillin-potassium clavulanate oral tablet . . . . .	9	aubra oral tablet 0.1-20 mg-mcg . . . . .	24	BASAGLAR KWIKPEN . . . . .	20	
amphet-dextroamphet 3-bead er. . . . .	15	AUGMENTIN . . . . .	9	BASAGLAR TEMPO PEN . . . . .	20	
amphetamine-dextroamphetamine . . . . .	15	AUGMENTIN ES-600 . . . . .	9	BD AUTOSHIELD DUO PEN NEEDLES . . . . .	18	
amphetamine-dextroamphetamine er. . . . .	15	aurovela 1/20 . . . . .	24	BD ULTRA-FINE insulin syringes . . . . .	18	
AMZEEQ. . . . .	16	aurovela 1.5/30 . . . . .	24	BD ULTRA-FINE PEN NEEDLES . . . . .	18	
anastrozole oral . . . . .	11	aurovela 24 fe. . . . .	24	BD ULTRA-FINE U-500 insulin syringes . . . . .	18	
ANDRODERM . . . . .	27	aurovela fe 1/20 . . . . .	24	BD ULTRA-FINE VEO insulin syringes . . . . .	18	
ANDROGEL PUMP . . . . .	27	aurovela fe 1.5/30 . . . . .	24	BELBUCA. . . . .	8	
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%) . . . . .	27	AUSTEDO. . . . .	16	BELSOMRA . . . . .	33	
ANNOVERA . . . . .	24	AUSTEDO XR. . . . .	16	benazepril hcl oral. . . . .	13	
ANORO ELLIPTA. . . . .	32	AUSTEDO XR PATIENT TITRATION . . . . .	16	BENICAR . . . . .	13, 14	
apap-caff-dihydrocodeine oral capsule . . . . .	8	AUVI-Q . . . . .	31	BENICAR HCT. . . . .	14	
apap-caff-dihydrocodeine oral tablet 325-30-16 mg . . . . .	8	AVALIDE. . . . .	13	BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR . . . . .	28	
apri . . . . .	24	AVAPRO . . . . .	13	benzonatate oral capsule 100 mg, 200 mg . . . . .	31	
APRISO . . . . .	29	aviane . . . . .	24	benzonatate oral capsule 150 mg . . . . .	31	
APTENSIO XR . . . . .	15	avidoxy . . . . .	9	BESIVANCE . . . . .	30	
APTIOM . . . . .	10	AVITA EXTERNAL CREAM 0.025 % . . . . .	16	BETASERON . . . . .	16	
AQINJECT PEN NEEDLE . . . . .	18	AVONEX PEN. . . . .	16	BETHKIS . . . . .	33	
ARAKODA . . . . .	12	AVONEX PREFILLED . . . . .	16	BETIMOL . . . . .	30	
ARANESP (ALBUMIN FREE) . . . . .	21	AYGESTIN ORAL TABLET 5 MG . . . . .	24	BEVESPI AEROSPHERE . . . . .	32	
ARIMIDEX . . . . .	11	ayuna . . . . .	24	BIJUVA . . . . .	24	
aripiprazole oral tablet . . . . .	12	AZASAN. . . . .	28	BIKTARVY . . . . .	13	
ARMOUR THYROID . . . . .	27	AZASITE. . . . .	30	bimatoprost ophthalmic . . . . .	30	
ARNUITY ELLIPTA . . . . .	32	azathioprine oral tablet 100 mg, 75 mg . . . . .	28	BIOTEL CARE TEST STRIPS . . . . .	18	
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG. . . . .	29	azathioprine oral tablet 50 mg . . . . .	28	bis subcit-metronid-tetracyc. . . . .	22	
atenolol oral . . . . .	13	azelastine hcl nasal solution 0.1 %, 137 mcg/spray . . . . .	31	bismuth/metronidaz/tetracyclin. . . . .	22	
ATIVAN ORAL . . . . .	13	azelastine hcl nasal solution 0.15 % . . . . .	31	bisoprolol fumarate oral . . . . .	14	
atomoxetine hcl . . . . .	15	azithromycin oral suspension reconstituted . . . . .	9	bisoprolol-hydrochlorothiazide . . . . .	14	
ATORVALIQ . . . . .	13	azithromycin oral tablet. . . . .	9	blisovi 24 fe . . . . .	24	
atorvastatin calcium oral tablet 10 mg, 20 mg . . . . .	13	AZSTARYS. . . . .	15	blisovi fe 1/20. . . . .	24	
atorvastatin calcium oral tablet 40 mg, 80 mg . . . . .	13	<b>B</b>			blisovi fe 1.5/30 . . . . .	24
		bac . . . . .	8	BLOOD GLUCOSE TEST STRIPS . . . . .	18	
		baclofen oral tablet . . . . .	33	BLOOD GLUCOSE TEST STRIPS 333 . . . . .	18	
		BACTRIM . . . . .	9	BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE . . . . .	29	
		BACTRIM DS . . . . .	9			
		BAFIERTAM . . . . .	16			



BREO ELLIPTA . . . . .	32	CARAFATE ORAL TABLET. . . . .	22	ciprofloxacin-dexamethasone . . . . .	31
brey-na . . . . .	32	CARDIZEM CD . . . . .	14	citalopram hydrobromide oral tablet. . . . .	10
BREZTRI AEROSPHERE . . . . .	32	CARDURA . . . . .	14	CLENPIQ . . . . .	23
BRILINTA . . . . .	12	CARETOUCH MONITOR SYSTEM . . . . .	18	CLEOCIN ORAL CAPSULE 150 MG, 300 MG . . . . .	9
brimonidine tartrate ophthalmic solution 0.1 % . . . . .	30	CARETOUCH TEST . . . . .	18	CLEOCIN ORAL CAPSULE 75 MG . . . . .	9
brimonidine tartrate ophthalmic solution 0.15 % . . . . .	30	cartia xt. . . . .	14	CLEOCIN-T. . . . .	16, 17
brimonidine tartrate ophthalmic solution 0.2 % . . . . .	30	carvedilol . . . . .	14	CLIMARA . . . . .	24
brimonidine tartrate-timolol . . . . .	30	cefdinir . . . . .	9	CLIMARA PRO . . . . .	24
BRIVIACT ORAL TABLET. . . . .	10	cefuroxime axetil . . . . .	9	clindacin etz external swab . . . . .	16
BROMFED DM. . . . .	31	CELEBREX. . . . .	8	clindacin-p . . . . .	16
BRONCHITOL . . . . .	33	celecoxib oral. . . . .	8	CLINDAGEL . . . . .	16, 17
BRONCHITOL TOLERANCE TEST . . . . .	33	CELEXA . . . . .	10	clindamycin hcl oral . . . . .	9
budesonide inhalation. . . . .	32	CELLCEPT ORAL TABLET. . . . .	28	clindamycin phosphate external lotion . . . . .	16
budesonide-formoterol fumarate. . . . .	32	CENTANY EXTERNAL OINTMENT 2 % . . . . .	9	clindamycin phosphate external solution. . . . .	17
buprenorphine hcl sublingual . . . . .	8	cephalexin oral capsule . . . . .	9	clindamycin phosphate external swab . . . . .	17
buprenorphine hcl-naloxone hcl . . . . .	8	cephalexin oral suspension reconstituted . . . . .	9	clindamycin phosphate gel 1 % external. . . . .	17
bupropion hcl er (sr) . . . . .	10	CERDELGA . . . . .	23	CLINDESSE . . . . .	9
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg . . . . .	10	cetrorelix acetate. . . . .	29	clobetasol propionate external cream . . . . .	17
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG. . . . .	10	CETROTIDE . . . . .	29	clobetasol propionate external ointment . . . . .	17
bupropion hcl oral. . . . .	10	chateal eq. . . . .	24	clobetasol propionate external solution. . . . .	17
bupropion hcl oral. . . . .	10	chateal oral tablet 0.15-30 mg-mcg . . . . .	24	CLOMID . . . . .	29
bupropion hcl oral. . . . .	13	chlorhexidine gluconate mouth/ throat. . . . .	16	clomiphene citrate oral tablet 50 mg. . . . .	29
butalbital-apap-caffeine oral tablet . . . . .	8	chlorthalidone . . . . .	14	clonazepam oral tablet. . . . .	13
BYDUREON BCISE AUTOINJECTOR . . . . .	21	CHORIONIC GONADOTROPIN INTRAMUSCULAR . . . . .	29	clonidine hcl oral . . . . .	14
BYETTA 10 MCG PEN. . . . .	21	CIALIS. . . . .	22	clopidogrel bisulfate oral . . . . .	12
BYETTA 5 MCG PEN. . . . .	21	CIBINQO. . . . .	16	clotrimazole-betamethasone external cream. . . . .	17
<b>C</b>					
cabergoline . . . . .	27	ciclodan . . . . .	11	colchicine oral . . . . .	11
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG . . . . .	14	ciclopirox external solution. . . . .	11	COLCRYS ORAL TABLET 0.6 MG. . . . .	11
calcitriol oral capsule . . . . .	30	CILOXAN OPHTHALMIC SOLUTION 0.3 % . . . . .	30	COMBIGAN . . . . .	30
CALQUENCE ORAL CAPSULE 100 MG. . . . .	11	CIMDUO. . . . .	13	COMBIVENT RESPIMAT . . . . .	32
camila . . . . .	24	CIMZIA STARTER KIT. . . . .	28	CONCERTA . . . . .	15
CARAC . . . . .	16	CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT . . . . .	28	CONTOUR MONITOR KIT W/DEVICE . . . . .	18
		CINRYZE . . . . .	28	CONTOUR NEXT BLOOD GLUCOSE TEST STRIP . . . . .	18
		CIPRO ORAL TABLET . . . . .	9		
		CIPRODEX OTIC SUSPENSION 0.3-0.1 % . . . . .	31		
		ciprofloxacin hcl ophthalmic . . . . .	30		
		ciprofloxacin hcl oral. . . . .	9		



CONTOUR NEXT EZ KIT W/DEVICE . . . . .	18	cyclobenzaprine hcl oral tablet 10 mg, 5 mg . . . . .	33	DEXCOM G6 SENSOR . . . . .	18
CONTOUR NEXT GEN MONITOR KIT. . . . .	18	cyclobenzaprine hcl oral tablet 7.5 mg . . . . .	33	DEXCOM G6 TRANSMITTER . . . . .	18
CONTOUR NEXT GEN TEST STRIPS . . . . .	18	CYCLOSPORINE IN KLARITY . . . . .	31	DEXCOM G7 RECEIVER. . . . .	18
CONTOUR NEXT LINK KIT W/ DEVICE. . . . .	18	cyclusporine ophthalmic. . . . .	31	DEXCOM G7 SENSOR . . . . .	18
CONTOUR NEXT MONITOR KIT W/DEVICE . . . . .	18	CYMBALTA. . . . .	10	dexmethylphenidate hcl . . . . .	15
CONTOUR NEXT ONE DEVICE. . . . .	18	cyproheptadine hcl oral tablet. . . . .	31	dexmethylphenidate hcl er. . . . .	15
CONTOUR NEXT ONE KIT. . . . .	18	cyred eq . . . . .	24	diazepam oral tablet . . . . .	13
CONTOUR TEST STRIPS. . . . .	18	cyred oral tablet 0.15-30 mg-mcg . . . . .	24	diclofenac sodium oral . . . . .	8
COPAXONE . . . . .	16	CYTOMEL . . . . .	27	dicyclomine hcl oral capsule . . . . .	23
COREG . . . . .	14	CYTOTEC. . . . .	22	dicyclomine hcl oral tablet . . . . .	23
CORLANOR. . . . .	14	<b>D</b>		DIFICID ORAL TABLET. . . . .	9
CORTEF . . . . .	26	D-CARE BLOOD GLUCOSE. . . . .	18	DIFLUCAN ORAL TABLET . . . . .	11
CORTIFOAM . . . . .	29	D-CARE GLUCOMETER. . . . .	18	DILAUDID ORAL TABLET . . . . .	8
COSENTYX (300 MG DOSE) . . . . .	28	dabigatran etexilate mesylate oral capsule 150 mg, 75 mg. . . . .	9	diltiazem hcl er coated beads . . . . .	14
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML . . . . .	28	DAYVIGO . . . . .	33	DIOVAN . . . . .	14
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML. . . . .	28	deblitane. . . . .	24	DIOVAN HCT . . . . .	14
COSENTYX SENSOREADY (300 MG). . . . .	28	DECADRON ORAL TABLET 0.5 MG, 0.75 MG, 4 MG, 6 MG. . . . .	26	DIPENTUM. . . . .	29
COSENTYX SENSOREADY PEN. . . . .	28	delyla . . . . .	24	DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG . . . . .	23
COSENTYX UNOREADY . . . . .	28	DEPAKOTE. . . . .	10	divalproex sodium er. . . . .	10
COSOPT. . . . .	31	DEPAKOTE ER. . . . .	10	divalproex sodium oral tablet delayed release . . . . .	10
COSOPT PF. . . . .	31	DEPEN TITRATABS. . . . .	23	DIVIGEL . . . . .	24
COTELLIC . . . . .	11	DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE . . . . .	24	DODEX. . . . .	22
COZAAR . . . . .	14	DEPO-SUBQ PROVERA 104 . . . . .	24	DOPTelet. . . . .	21
CREON . . . . .	23	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML . . . . .	27	dorzolamide hcl-timolol mal. . . . .	31
CRESEMBA ORAL CAPSULE 186 MG . . . . .	11	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML . . . . .	27	dorzolamide hcl-timolol mal pf. . . . .	31
CRESTOR. . . . .	14	DESCOVY. . . . .	13	dotti. . . . .	24
CVS ADVANCED GLUCOSE TEST . . . . .	18	desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg . . . . .	24	DOVATO . . . . .	13
CVS GLUCOSE METER TEST STRIPS . . . . .	18	desvenlafaxine succinate er. . . . .	10	doxazosin mesylate oral . . . . .	14
cyanocobalamin injection solution 1000 mcg/ml . . . . .	22	DEXABLISS . . . . .	26	doxepin hcl oral capsule. . . . .	10
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML. . . . .	22	dexamethasone oral tablet. . . . .	26	doxycycline hyclate oral capsule . . . . .	9
cyanocobalamin nasal . . . . .	22	dexamethasone oral tablet therapy pack . . . . .	26	doxycycline hyclate oral tablet 100 mg . . . . .	9
		DEXCOM G6 RECEIVER. . . . .	18	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 . . . . .	22	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg. . . . .	13	estradiol patch twice weekly 0.025 mg/24hr transdermal . . . . .	24
drosiprenone-ethinyl estradiol . . . . .	24	emtricitabine-tenofovir df oral tablet 200-300 mg . . . . .	13	estradiol patch twice weekly 0.0375 mg/24hr transdermal . . . . .	24
DUAVEE . . . . .	24	enalapril maleate oral tablet. . . . .	14	estradiol patch twice weekly 0.05 mg/24hr transdermal . . . . .	24
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg . . . . .	10	ENBREL . . . . .	28	estradiol patch twice weekly 0.075 mg/24hr transdermal . . . . .	24
duloxetine hcl oral capsule delayed release particles 40 mg . . . . .	10	ENBREL MINI. . . . .	28	estradiol patch twice weekly 0.1 mg/24hr transdermal . . . . .	24
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR. . . . .	17	ENBREL SURECLICK. . . . .	28	estradiol transdermal gel . . . . .	24
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML. . . . .	17	endocet . . . . .	8	estradiol transdermal patch weekly. . . . .	24
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML . . . . .	17	ENDOMETRIN . . . . .	29	estradiol vaginal cream. . . . .	24
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG. . . . .	26	enilloring. . . . .	24	estradiol vaginal tablet . . . . .	24
<b>E</b>		ENLITE GLUCOSE SENSOR . . . . .	18	ESTRING . . . . .	24
EASY TOUCH HEALTHPRO GLUCOSE . . . . .	18	enoxaparin sodium injection solution prefilled syringe. . . . .	10	ESTROGEL . . . . .	24
EASY TOUCH TEST . . . . .	18	enskyce . . . . .	24	eszopiclone . . . . .	33
EASYGLUCO . . . . .	18	ENSTILAR . . . . .	17	etonogestrel-ethinyl estradiol. . . . .	25
EASYMAX 15 TEST. . . . .	18	ENTRESTO. . . . .	14	EUCRISA . . . . .	17
EASYMAX NG BLOOD GLUCOSE KIT. . . . .	18	EPCLUSA ORAL TABLET. . . . .	13	euthyrox . . . . .	27
EFFEXOR XR . . . . .	10	EPIDIOLEX. . . . .	10	EVAMIST . . . . .	25
EFUDEX . . . . .	17	epinephrine solution auto-injector 0.15 mg/0.15ml injection. . . . .	31	EXFORGE. . . . .	14
ELESTRIN. . . . .	24	epinephrine solution auto-injector 0.15 mg/0.3ml injection. . . . .	31	EXKIVITY . . . . .	12
eletriptan hydrobromide . . . . .	11	epinephrine solution auto-injector 0.3 mg/0.3ml injection . . . . .	31	EXTAVIA. . . . .	16
ELIQUIS . . . . .	9, 10	EPIPEN 2-PAK . . . . .	31	EYSUVIS. . . . .	30
ELIQUIS DVT/PE STARTER PACK. . . . .	10	EPIPEN JR 2-PAK . . . . .	31	ezetimibe . . . . .	14
ELOCTATE . . . . .	21	EQ BLOOD GLUCOSE TEST . . . . .	18	<b>F</b>	
eluryng . . . . .	24	ERGOCAL ORAL CAPSULE 62.5 MCG (2500 UT) . . . . .	22	falmina . . . . .	25
EMBRACE BLOOD GLUCOSE TEST	18	ergocalciferol oral capsule . . . . .	22	famotidine oral suspension reconstituted . . . . .	22
EMBRACE WAVE BLOOD GLUCOSE IN VITRO . . . . .	18	ERIVEDGE . . . . .	12	FASENRA PEN. . . . .	32
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML . . . . .	11	ERLEADA ORAL TABLET 240 MG . . . . .	12	FEMARA. . . . .	12
emoquette oral tablet 0.15-30 mg-mcg. . . . .	24	ERLEADA ORAL TABLET 60 MG . . . . .	12	femynor oral tablet 0.25-35 mg-mcg . . . . .	25
EMPAVELI . . . . .	21	ERMEZA. . . . .	27	fenofibrate oral tablet 120 mg, 40 mg . . . . .	14
		errin. . . . .	24	fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg . . . . .	14
		erythromycin ophthalmic . . . . .	30	FENOGLIDE. . . . .	14
		escitalopram oxalate oral tablet. . . . .	10	FEXMID. . . . .	33
		ESGIC ORAL TABLET. . . . .	8	FINACEA EXTERNAL FOAM . . . . .	17
		estarylla . . . . .	24	finasteride oral tablet 5 mg. . . . .	23
		ESTRACE. . . . .	24	finngolimod hcl . . . . .	16
		estradiol oral . . . . .	24		

FLAREX . . . . .	30	FREESTYLE LIBRE 2 SENSOR . . . . .	18	glycopyrrolate oral tablet 1 mg, 2 mg . . . . .	23
flecainide acetate . . . . .	14	FREESTYLE LIBRE 3 SENSOR . . . . .	18	GLYCOPYRROLATE ORAL TABLET 1.5 MG . . . . .	23
FLOMAX . . . . .	23	FREESTYLE PRECISION NEO SYSTEM . . . . .	18	GLYXAMBI . . . . .	21
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT . . . . .	32	FREESTYLE PRECISION NEO TEST . . . . .	18	GOLYTELY . . . . .	23
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE . . . . .	29	FREESTYLE TEST . . . . .	19	GONAL-F . . . . .	29
fluconazole oral tablet . . . . .	11	FUROSCIX . . . . .	14	GONAL-F RFF . . . . .	29
FLUOROURACIL EXTERNAL CREAM 0.5 % . . . . .	17	furosemide oral tablet . . . . .	14	GONAL-F RFF REDIJECT . . . . .	29
fluorouracil external cream 5 % . . . . .	17	FYCOMPA ORAL SUSPENSION . . . . .	10	guanfacine hcl . . . . .	14, 15
fluoxetine hcl oral capsule . . . . .	10	FYCOMPA ORAL TABLET . . . . .	10	guanfacine hcl er . . . . .	15
fluoxetine hcl oral tablet 10 mg . . . . .	10	fyremadel . . . . .	29	GUARDIAN 4 GLUCOSE SENSOR . . . . .	19
fluoxetine hcl oral tablet 20 mg, 60 mg . . . . .	10			GUARDIAN 4 TRANSMITTER . . . . .	19
FLUTICASONE FUROATE- VILANTEROL . . . . .	32	<b>G</b>		GUARDIAN CONNECT TRANSMITTER . . . . .	19
FLUTICASONE PROPIONATE HFA . . . . .	32	gabapentin oral capsule . . . . .	10	GUARDIAN LINK 3 TRANSMITTER . . . . .	19
fluticasone propionate nasal . . . . .	31	gabapentin oral tablet 600 mg, 800 mg . . . . .	10	GUARDIAN SENSOR (3) . . . . .	19
FLUTICASONE-SALMETEROL INHALATION AEROSOL . . . . .	32	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous . . . . .	29	GUARDIAN SENSOR 3 . . . . .	19
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act . . . . .	32	gavilyte-c . . . . .	23	GVOKE HYPOPEN 1-PACK . . . . .	19
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ ACT, 232-14 MCG/ACT, 55-14 MCG/ACT . . . . .	32	gavilyte-g . . . . .	23	GVOKE HYPOPEN 2-PACK . . . . .	19
fluvoxamine maleate . . . . .	10	GAVRETO . . . . .	12	GVOKE KIT . . . . .	19
FOCALIN . . . . .	15	gemfibrozil oral . . . . .	14	GVOKE PFS . . . . .	19
FOCALIN XR . . . . .	15	GILENYA ORAL CAPSULE 0.25 MG . . . . .	16	GYNAZOLE-1 . . . . .	11
folic acid oral tablet 1 mg . . . . .	22	GILENYA ORAL CAPSULE 0.5 MG . . . . .	16		
FOLLISTIM AQ . . . . .	29	glatiramer acetate . . . . .	16	<b>H</b>	
FORA 6 CONNECT/GTEL TEST . . . . .	18	glatopa . . . . .	16	HADLIMA . . . . .	28
FORFIVO XL . . . . .	10	glimepiride . . . . .	21	HADLIMA PUSH TOUCH . . . . .	28
FORTEO . . . . .	30	glipizide . . . . .	21	HAEGARDA . . . . .	28
FORTESTA . . . . .	27	glipizide er . . . . .	21	hailey 1.5/30 . . . . .	25
FORTISCARE G1 TEST STRIP . . . . .	18	glipizide oral tablet 10 mg, 5 mg . . . . .	21	hailey 24 fe . . . . .	25
FORTISCARE TEST . . . . .	18	glipizide oral tablet 2.5 mg . . . . .	21	hailey fe 1/20 . . . . .	25
FOSAMAX . . . . .	30	glipizide xl . . . . .	21	hailey fe 1.5/30 . . . . .	25
FREESTYLE LIBRE 14 DAY SENSOR . . . . .	18	GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED . . . . .	21	HALCION . . . . .	13
		GLUCOCARD EXPRESSION TEST . . . . .	19	haloette . . . . .	25
		GLUCOCARD SHINE TEST . . . . .	19	HARVONI ORAL TABLET . . . . .	13
		GLUCOCARD VITAL TEST . . . . .	19	HEALTHPRO BLOOD GLUCOSE MONITO . . . . .	19
		GLUCOTROL XL . . . . .	21	heather . . . . .	25
		GLUMETZA . . . . .	21	HEMADY . . . . .	26
		glyburide oral . . . . .	21	HEMANGEOL . . . . .	14
		GLYCATE . . . . .	23	HEMLIBRA . . . . .	21
				HEMOFIL M . . . . .	21
				HIDEX 6-DAY . . . . .	26







JORNAY PM.....	15
juleber.....	25
JULUCA.....	13
junel 1/20.....	25
junel 1.5/30.....	25
junel fe 1/20.....	25
junel fe 1.5/30.....	25
junel fe 24.....	25

**K**

K-TAB.....	22
kalliga.....	25
KEPPRA ORAL TABLET.....	10
KESIMPTA.....	16
ketoconazole external cream.....	11
ketoconazole external shampoo.....	11
ketorolac tromethamine oral.....	8
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	28
KINERET.....	28
KITABIS PAK.....	33
KLISYRI.....	17
KLONOPIN.....	13
klor-con 10.....	22
klor-con m10.....	22
klor-con m15.....	22
klor-con m20.....	22
klor-con oral tablet extended release.....	22
KLOXXADO.....	8
KOATE.....	21
KOATE-DVI.....	21
KOGENATE FS.....	21
KOSELUGO.....	12
KOVALTRY.....	21
KRINTAFEL.....	12
kurvelo.....	25
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG.....	12

**L**

labetalol hcl oral.....	14
-------------------------	----

LAGEVRIO.....	13
LAMICTAL ORAL TABLET.....	10
lamotrigine oral tablet.....	10
LANCETS.....	17-19
LANREOTIDE ACETATE.....	27
LANTUS SOLOSTAR.....	20
LANTUS U-100 VIAL.....	20
larin 1/20.....	25
larin 1.5/30.....	25
larin 24 fe.....	25
larin fe 1/20.....	25
larin fe 1.5/30.....	25
larissia oral tablet 0.1-20 mg-mcg.....	25
LASIX.....	14
latanoprost ophthalmic.....	31
LATUDA.....	12
LEDIPASVIR-SOFOSBUVIR.....	13
lenalidomide.....	12
lessina.....	25
letrozole oral.....	12
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT.....	32
levetiracetam oral tablet.....	10
levo-t.....	27
levocetirizine dihydrochloride oral tablet.....	31
levofloxacin oral tablet.....	9
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg.....	25
levora 0.15/30 (28).....	25
levothyroxine sodium oral tablet.....	27
levoxyl.....	27
LEXAPRO.....	10
LIALDA.....	29
lidocaine hcl mouth/throat.....	16
lidocaine viscous hcl.....	16
LIKMEZ.....	9
lillow oral tablet 0.15-30 mg-mcg.....	25
LINZESS.....	23
liothyronine sodium oral.....	27
LIPITOR.....	14
lisdexamfetamine dimesylate.....	15

lisinopril oral.....	14
lisinopril-hydrochlorothiazide.....	14
LITFULO.....	28
lithium carbonate er.....	13
lithium carbonate oral capsule.....	13
LITHOBID.....	13
LO LOESTRIN FE.....	25
lo-zumandimine.....	25
LOESTRIN 1/20 (21).....	25
LOESTRIN 1.5/30 (21).....	25
LOESTRIN FE 1/20.....	25
LOESTRIN FE 1.5/30.....	25
LOKELMA.....	22
LOPID.....	14
LOPRESSOR.....	14
lorazepam oral tablet.....	13
loryna.....	25
losartan potassium oral.....	14
losartan potassium-hctz.....	14
LOTEMAX OPHTHALMIC GEL.....	30
LOTEMAX OPHTHALMIC OINTMENT.....	30
LOTEMAX OPHTHALMIC SUSPENSION.....	30
LOTEMAX SM.....	30
LOTENSIN.....	14
loteprednol etabonate ophthalmic gel.....	30
loteprednol etabonate ophthalmic suspension 0.2 %.....	30
loteprednol etabonate ophthalmic suspension 0.5 %.....	30
LOTREL.....	14
lovastatin oral.....	14
LOVAZA.....	14
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE.....	10
LUMAKRAS.....	12
LUMIGAN.....	31
LUMRYZ.....	33
LUNESTA.....	33
LUPKYNIS.....	28
lurasidone hcl.....	12
lutera.....	25



lyleq . . . . .	25	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg. . . . .	21	microgestin 1.5/30 . . . . .	25
lyllana . . . . .	25	metformin hcl oral tablet 625 mg. . . . .	21	microgestin 24 fe. . . . .	25
LYMEPAK ORAL TABLET 100 MG . . . . .	9	methimazole oral. . . . .	27	microgestin fe 1/20 . . . . .	25
LYNPARZA. . . . .	12	methocarbamol oral tablet 1000 mg. . . . .	33	microgestin fe 1.5/30 . . . . .	25
LYRICA ORAL CAPSULE . . . . .	16	methocarbamol oral tablet 500 mg, 750 mg . . . . .	33	mili. . . . .	25
LYUMJEV KWIKPEN . . . . .	20	methotrexate sodium oral. . . . .	28	MINILINK REAL-TIME TRANSMITTER . . . . .	19
LYUMJEV TEMPO PEN. . . . .	20	methylphenidate hcl er (cd) . . . . .	15	MINIMED 630G GUARDIAN PRESS. . . . .	19
LYUMJEV VIAL . . . . .	20	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg . . . . .	15	MINIPRESS . . . . .	14
lyza . . . . .	25	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg . . . . .	15	MINIVELLE . . . . .	24, 25
<b>M</b>					
MACROBID . . . . .	9	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg . . . . .	15	minocycline hcl oral capsule . . . . .	9
MACRODANTIN . . . . .	9	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG . . . . .	16	minoxidil oral . . . . .	14
marlissa . . . . .	25	methylphenidate hcl er (osm) oral tablet extended release 72 mg. . . . .	16	mirtazapine oral tablet . . . . .	10
MAVENCLAD. . . . .	16	methylphenidate hcl er (xr) . . . . .	16	MIRVASO . . . . .	17
MAVYRET ORAL PACKET . . . . .	13	methylphenidate hcl er oral tablet extended release. . . . .	16	misoprostol oral. . . . .	22
MAXALT . . . . .	11	methylphenidate hcl oral tablet . . . . .	16	MITIGARE . . . . .	11
MAXALT-MLT . . . . .	11	methylprednisolone oral tablet therapy pack . . . . .	26	MM BLULINK GLUCOSE TEST . . . . .	19
MAXITROL OPHTHALMIC SUSPENSION . . . . .	30	metoclopramide hcl oral tablet . . . . .	11	MM EASY TOUCH GLUCOSE METER . . . . .	19
MAXZIDE . . . . .	14	metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg. . . . .	14	MOBIC ORAL TABLET 15 MG, 7.5 MG . . . . .	8
MAXZIDE-25 . . . . .	14	metoprolol succinate er oral tablet extended release 24 hour 25 mg. . . . .	14	modafinil oral . . . . .	33
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG . . . . .	16	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg . . . . .	14	mondoxyne nl . . . . .	9
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG . . . . .	16	metoprolol tartrate oral tablet 37.5 mg, 75 mg . . . . .	14	mono-lynyah . . . . .	25
MEDROL ORAL TABLET THERAPY PACK. . . . .	26	METROCREAM. . . . .	17	montelukast sodium oral tablet . . . . .	32
medroxyprogesterone acetate intramuscular suspension prefilled syringe . . . . .	25	metronidazole external cream . . . . .	17	montelukast sodium oral tablet chewable . . . . .	32
medroxyprogesterone acetate oral . . . . .	25	metronidazole oral tablet . . . . .	9	morphine sulfate er oral tablet extended release. . . . .	8
meloxicam oral tablet . . . . .	8	metronidazole vaginal. . . . .	9	MOTTEGRITY . . . . .	23
MENOPUR. . . . .	29	MICARDIS . . . . .	14	MOTPOLY XR . . . . .	10
MENOSTAR. . . . .	25	MICRODOT TEST . . . . .	19	MOUNJARO. . . . .	21
mesalamine oral tablet delayed release 1.2 gm . . . . .	29	microgestin 1/20 . . . . .	25	MOVIPREP . . . . .	23
mesalamine oral tablet delayed release 800 mg . . . . .	29			MOXEZA OPHTHALMIC SOLUTION 0.5 % . . . . .	30
metformin hcl er . . . . .	21			moxifloxacin hcl (2x day). . . . .	30
metformin hcl er (mod) . . . . .	21			moxifloxacin hcl ophthalmic. . . . .	30
metformin hcl er (osm) . . . . .	21			MS CONTIN . . . . .	8



**N**

na sulfate-k sulfate-mg sulf. . . . .	23	norethin ace-eth estrad-fe oral tablet . . . . .	25	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML . . . . .	32
nabumetone oral . . . . .	8	norethindrone acet-ethinyl est . . . . .	25	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML . . . . .	32
NALOCET . . . . .	8	norethindrone acetate oral . . . . .	25	NUCYNTA . . . . .	8
naloxone hcl injection solution prefilled syringe . . . . .	8	norethindrone oral . . . . .	25	NUCYNTA ER . . . . .	8
naloxone hcl nasal . . . . .	8	norgestimate-eth estradiol . . . . .	25	NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED 420 GM . . . . .	23
naltrexone hcl oral . . . . .	8	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-25 mcg . . . . .	25	NURTEC . . . . .	11
NAPROSYN ORAL TABLET . . . . .	8	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg . . . . .	25	NUTROPIN AQ NUSPIN 10 . . . . .	27
naproxen oral tablet . . . . .	8	NORITATE . . . . .	17	NUTROPIN AQ NUSPIN 20 . . . . .	27
NARCAN . . . . .	8	NORLIQVA . . . . .	14	NUTROPIN AQ NUSPIN 5 . . . . .	27
NASCOBAL . . . . .	22	norlyda . . . . .	25	NUVARING . . . . .	25
NATAZIA . . . . .	25	norlyroc . . . . .	25	NUVESSA . . . . .	9
NATESTO . . . . .	27	nortriptyline hcl oral capsule . . . . .	10	NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 2500 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT . . . . .	21
NAYZILAM . . . . .	10	NORVASC . . . . .	14	NUWIQ INTRAVENOUS KIT 1500 UNIT . . . . .	22
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 . . . . .	30	NOURIANZ . . . . .	12	NUZYRA ORAL . . . . .	9
neomycin-polymyxin-hc otic suspension . . . . .	31	NOVAREL . . . . .	29	nymyo . . . . .	26
NEULASTA . . . . .	21	NOVOEIGHT . . . . .	21	nystatin external cream . . . . .	11
NEUPRO . . . . .	12	NOVOFINE AUTOCOVER PEN NEEDLE . . . . .	19	nystatin mouth/throat . . . . .	11
NEURONTIN ORAL CAPSULE . . . . .	10	NOVOFINE PEN NEEDLE . . . . .	19		
NEURONTIN ORAL TABLET . . . . .	10	NOVOFINE PLUS PEN NEEDLE . . . . .	19		
NEUTEK 2TEK TEST . . . . .	19	NOVOLIN 70/30 FLEXPEN . . . . .	20		
NEVANAC . . . . .	30	NOVOLIN 70/30 FLEXPEN RELION . . . . .	20		
NEXLETOL . . . . .	14	NOVOLIN 70/30 RELION . . . . .	20		
NEXLIZET . . . . .	14	NOVOLIN 70/30 VIAL . . . . .	20		
NGENLA . . . . .	27	NOVOLIN N FLEXPEN . . . . .	20		
nifedipine er . . . . .	14	NOVOLIN N FLEXPEN RELION . . . . .	20		
nifedipine er osmotic release . . . . .	14	NOVOLIN N RELION . . . . .	20		
nikki . . . . .	25	NOVOLIN N VIAL . . . . .	20		
nitrofurantoin macrocrystal . . . . .	9	NOVOLIN R FLEXPEN . . . . .	20		
nitrofurantoin monohydrate macrocrystals . . . . .	9	NOVOLIN R FLEXPEN RELION . . . . .	20		
nitroglycerin sublingual . . . . .	14	NOVOLIN R RELION . . . . .	20		
NITROSTAT . . . . .	14	NOVOLIN R VIAL . . . . .	20		
NIVA THYROID . . . . .	27	NOVOTWIST PEN NEEDLE . . . . .	19		
NOC DURNA . . . . .	27	np thyroid . . . . .	27		
nora-be . . . . .	25	NUBEQA . . . . .	12		
NORDITROPIN FLEXPEN . . . . .	27	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR . . . . .	32		
norelgestromin-eth estradiol . . . . .	25				

**O**

ocella . . . . .	26
OCUFLOX . . . . .	30
ODOMZO . . . . .	12
OFEV . . . . .	33
ofloxacin ophthalmic . . . . .	30
ofloxacin otic . . . . .	31
olanzapine oral tablet . . . . .	12
olmesartan medoxomil oral . . . . .	15
olmesartan medoxomil-hctz . . . . .	15
OLUMIANT ORAL TABLET 1 MG, 4 MG . . . . .	29
OLUMIANT ORAL TABLET 2 MG . . . . .	29
OMECLAMOX-PAK . . . . .	22
omega-3-acid ethyl esters . . . . .	15
omeprazole oral capsule delayed release . . . . .	22



OMNIPOD 5 G6 INTRO (GEN 5) . . . . .	19	OXAYDO ORAL TABLET 5 MG, 7.5 MG . . . . .	8	perio gard . . . . .	16
OMNIPOD 5 G6 PODS (GEN 5) . . . . .	19	oxcarbazepine oral tablet . . . . .	10	PERTZYE . . . . .	23
OMNITROPE . . . . .	27	oxybutynin chloride er . . . . .	23	phenazo oral tablet 200 mg . . . . .	23
OMVOH . . . . .	29	oxybutynin chloride oral tablet 2.5 mg. . . . .	23	phenazopyridine hcl oral . . . . .	23
ON CALL EXPRESS BLOOD GLUCOSE . . . . .	19	oxybutynin chloride oral tablet 5 mg. . . . .	23	pioglitazone hcl . . . . .	21
ON CALL EXPRESS MONITORING SYS . . . . .	19	oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg . . . . .	8	PIP BLOOD GLUCOSE TEST STRIP . . . . .	19
ondansetron hcl oral tablet . . . . .	11	oxycodone hcl oral tablet 5 mg . . . . .	8	PLAQUENIL . . . . .	12
ondansetron odt . . . . .	11	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG . . . . .	8	PLAVIX . . . . .	12
ONETOUCH DELICA PLUS LANCETS . . . . .	19	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg . . . . .	8	PLEGRIDY INTRAMUSCULAR . . . . .	16
ONETOUCH SOLUTIONS STARTER KIT KIT W/ WELL DEVICE . . . . .	19	OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG . . . . .	8	PLEGRIDY STARTER PACK . . . . .	16
ONETOUCH ULTRA 2 KIT W/DEVICE . . . . .	19	OZEMPIC . . . . .	21	PLEGRIDY SUBCUTANEOUS . . . . .	16
ONETOUCH ULTRA IN VITRO STRIP . . . . .	19			PLENVU . . . . .	23
ONETOUCH ULTRASOFT LANCETS . . . . .	19			polymyxin b-trimethoprim . . . . .	30
ONETOUCH VERIO FLEX SYSTEM KIT . . . . .	19			POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-% . . . . .	30
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE . . . . .	19			POMALYST . . . . .	12
ONETOUCH VERIO KIT W/DEVICE . . . . .	19			portia-28 . . . . .	26
ONETOUCH VERIO REFLECT KIT W/DEVICE . . . . .	19			potassium chloride crys er . . . . .	22
ONETOUCH VERIO TEST STRIPS . . . . .	19			potassium chloride er . . . . .	22
ONGLYZA . . . . .	21			potassium citrate er . . . . .	22
OPSUMIT . . . . .	33			PRADAXA ORAL CAPSULE . . . . .	10
OPTIUMEZ TEST . . . . .	19			pramipexole dihydrochloride . . . . .	12
OPZELURA . . . . .	17			pravastatin sodium . . . . .	15
ORENCIA CLICKJECT . . . . .	29			prazosin hcl oral . . . . .	15
ORENCIA SUBCUTANEOUS . . . . .	29			PRECISION XTRA . . . . .	19
ORFADIN . . . . .	23			PRECISION XTRA BLOOD GLUCOSE . . . . .	19
ORGOVYX . . . . .	12			PRED FORTE . . . . .	30
ORIAHNN . . . . .	27			PRED MILD . . . . .	30
ORLISSA . . . . .	27			prednisolone acetate ophthalmic . . . . .	30
orsythia . . . . .	26			PREDNISOLONE ACETATE P-F . . . . .	30
oseltamivir phosphate oral capsule . . . . .	13			prednisolone oral solution . . . . .	26
OSPHENA . . . . .	22			prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml . . . . .	26
OTEZLA ORAL TABLET . . . . .	29			prednisolone sodium phosphate oral solution 15 mg/5ml . . . . .	26
OTREXUP . . . . .	29			prednisolone sodium phosphate oral solution 20 mg/5ml . . . . .	26
OVIDREL . . . . .	29			prednisone oral tablet . . . . .	26
				prednisone oral tablet therapy pack . . . . .	26
				pregabalin oral capsule . . . . .	16
				PREGNYL . . . . .	29
				PREMARIN ORAL . . . . .	26

**P**

PACERONE ORAL TABLET 100 MG, 400 MG . . . . .	15
PACERONE ORAL TABLET 200 MG . . . . .	15
PAMELOR . . . . .	10
PANCREAZE . . . . .	23
PANRETIN . . . . .	17
pantoprazole sodium oral tablet delayed release . . . . .	22
PARADIGM REAL-TIME TRANSMITTER . . . . .	19
paroxetine hcl oral tablet . . . . .	10
PAXIL ORAL TABLET . . . . .	10
PAXLOVID (150/100) . . . . .	13
PAXLOVID (300/100) . . . . .	13
PEDIAPRED . . . . .	26
peg 3350-kcl-na bicarb-nacl . . . . .	23
peg-3350/electrolytes . . . . .	23
peg-3350/electrolytes/ascorbat . . . . .	23
peg-kcl-nacl-nasulf-na asc-c . . . . .	23
penicillin v potassium oral tablet . . . . .	9
PERCOCET . . . . .	8
PERFOROMIST . . . . .	32
PERIDEX . . . . .	16



PREMARIN VAGINAL . . . . .	26	QVAR REDIHALER . . . . .	32	REXULTI . . . . .	12
PREMIUM BLOOD GLUCOSE TEST .	19			RHOFADE . . . . .	17
PREMPHASE . . . . .	26	<b>R</b>			
PREMPRO . . . . .	26	rabeprazole sodium oral tablet		RHOPRESSA . . . . .	31
previfem oral tablet		delayed release . . . . .	22	RIGHTEST GT333 GLUCOSE TEST .	19
0.25-35 mg-mcg . . . . .	26	RADICAVA ORS . . . . .	16	RINVOQ . . . . .	29
PREZCOBIX . . . . .	13	RADICAVA ORS STARTER KIT . . . . .	16	RISPERDAL ORAL TABLET . . . . .	12
PRISTIQ . . . . .	10	ramipril . . . . .	15	risperidone oral tablet . . . . .	12
PROAIR HFA INHALATION		RASUVO . . . . .	29	RITALIN . . . . .	16
AEROSOL SOLUTION 108 (90		REBIF . . . . .	16	RITALIN LA . . . . .	16
BASE) MCG/ACT . . . . .	32	REBIF TITRATION PACK . . . . .	16	rizatriptan benzoate . . . . .	11
PROCARDIA XL . . . . .	15	reclipsen . . . . .	26	ROBINUL . . . . .	23
prochlorperazine maleate oral . . . . .	11	RECOMBINATE . . . . .	22	ROBINUL-FORTE . . . . .	23
PROCTOFOAM HC . . . . .	30	REGLAN . . . . .	11	ROCALTROL ORAL CAPSULE . . . . .	30
progesterone oral . . . . .	26	RELAFEN DS . . . . .	8	ROCKLATAN . . . . .	31
PROGRAF ORAL CAPSULE . . . . .	29	RELAFEN ORAL TABLET 500 MG,		ropinirole hcl . . . . .	12
PROLATE ORAL TABLET . . . . .	8	750 MG . . . . .	8	rosadan external cream 0.75 % . . . . .	17
promethazine hcl oral tablet . . . . .	11	RELEXXII . . . . .	16	rosuvastatin calcium . . . . .	15
promethazine-dm . . . . .	31	RELION TRUE MET AIR GLUC		roweepra . . . . .	10
PROMETRIUM . . . . .	26	METER . . . . .	19	ROXICODONE ORAL TABLET	
propranolol hcl er . . . . .	15	RELION TRUE METRIX TEST		15 MG, 30 MG . . . . .	8
propranolol hcl oral tablet . . . . .	15	STRIPS . . . . .	19	ROXICODONE ORAL TABLET 5 MG .	8
PROSCAR . . . . .	23	RELION ULTIMA GLUCOSE		RUCONEST . . . . .	29
PROTONIX ORAL TABLET		SYSTEM . . . . .	19	RUKOBIA . . . . .	13
DELAYED RELEASE . . . . .	22	RELION ULTIMA TEST . . . . .	19	RYBELSUS . . . . .	21
PROTOPIC EXTERNAL OINTMENT		RELPAK . . . . .	11	<b>S</b>	
0.03 %, 0.1 % . . . . .	17	REMERON . . . . .	11	SANTYL . . . . .	17
PROVENTIL HFA . . . . .	32	REPATHA . . . . .	15	saxagliptin hcl . . . . .	21
PROVERA . . . . .	24, 26	REPATHA PUSHTRONEX SYSTEM .	15	scopolamine . . . . .	11
PROVIGIL . . . . .	33	REPATHA SURECLICK . . . . .	15	SEMGLEE . . . . .	20
PROZAC . . . . .	11	RESTASIS . . . . .	31	SEMGLEE SUBCUTANEOUS	
pseudoephedrine-bromphen-dm . . . . .	31	RESTASIS MULTIDOSE . . . . .	31	SOLUTION PEN-INJECTOR	
PTS PANELS EGLU TEST . . . . .	19	RESTORIL . . . . .	33	100 UNIT/ML . . . . .	20
PULMICORT SUSPENSION . . . . .	32	RETACRIT INJECTION SOLUTION		SEREVENT DISKUS . . . . .	32
PULMOZYME . . . . .	33	10000 UNIT/ML, 2000 UNIT/ML,		SEROQUEL . . . . .	12
PYLERA . . . . .	22	3000 UNIT/ML, 4000 UNIT/ML,		sertraline hcl oral tablet . . . . .	11
PYRIDIUM . . . . .	23	40000 UNIT/ML . . . . .	22	sharobel . . . . .	26
<b>Q</b>		RETACRIT INJECTION SOLUTION		SHINGRIX . . . . .	29
quetiapine fumarate . . . . .	12	20000 UNIT/ML . . . . .	22	sildenafil citrate oral tablet 100 mg,	
QUINTET AC BLOOD GLUCOSE		RETEVMO ORAL CAPSULE 40 MG .	12	25 mg, 50 mg . . . . .	22
TEST . . . . .	19	RETEVMO ORAL CAPSULE 80 MG .	12	sildenafil citrate oral tablet 20 mg . . .	33
QUINTET BLOOD GLUCOSE TEST .	19	RETIN-A EXTERNAL CREAM . . . . .	17	SIMPONI . . . . .	29
		REVATIO ORAL TABLET . . . . .	33		
		REVLIMID . . . . .	12		

simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg . . . . .	15	SYMFI LO . . . . .	13	TECHLITE PEN NEEDLES . . . . .	19
simvastatin oral tablet 80 mg . . . . .	15	SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML . . . . .	31	TEGLUTIK . . . . .	16
SINGULAIR ORAL TABLET . . . . .	32	SYMLINPEN 120 . . . . .	21	TEGSEDI. . . . .	23
SINGULAIR ORAL TABLET CHEWABLE . . . . .	32	SYMLINPEN 60 . . . . .	21	TEKTURNA . . . . .	15
SITAVIG . . . . .	13	SYMPAZAN . . . . .	10	TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG . . . . .	15
SKYRIZI PEN . . . . .	29	SYMPROIC. . . . .	23	telmisartan . . . . .	15
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE. . . . .	29	SYNJARDY. . . . .	21	temazepam . . . . .	33
SKYTROFA . . . . .	27	SYNJARDY XR. . . . .	21	TEMOVATE EXTERNAL CREAM 0.05 % . . . . .	17
SOAAZ. . . . .	15	SYNTHROID. . . . .	27	TEMOVATE EXTERNAL OINTMENT 0.05 % . . . . .	17
SODIUM OXYBATE. . . . .	33	<b>T</b>		TEMPO REFILL . . . . .	20
SOFOSBUVIR-VELPATASVIR. . . . .	13	TABRECTA. . . . .	12	TEMPO WELCOME. . . . .	20
solifenacin succinate. . . . .	23	TACLONEX SUSPENSION . . . . .	17	TENORMIN . . . . .	15
SOLQUA . . . . .	21	tacrolimus external . . . . .	17	terbinafine hcl oral. . . . .	11
SOMATULINE DEPOT. . . . .	27	tacrolimus oral . . . . .	29	teriparatide . . . . .	30
SOOLANTRA. . . . .	17	tadalafil oral . . . . .	22	teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml . . . . .	30
SPIRIVA HANDIHALER. . . . .	32	TADLIQ. . . . .	33	TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN- INJECTOR 620 MCG/2.48ML . . . . .	30
SPIRIVA RESPIMAT . . . . .	32	tafluprost (pf) . . . . .	31	TESTIM. . . . .	27
spironolactone oral tablet. . . . .	15	TAGRISSO . . . . .	12	testosterone cypionate intramuscular. . . . .	27
sprintec 28 . . . . .	26	TAKHZYRO . . . . .	29	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR . . . . .	32
sronyx . . . . .	26	TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR . . . . .	29	THALITONE . . . . .	15
STELARA SUBCUTANEOUS . . . . .	29	TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE. . . . .	29	THIOLA. . . . .	23
STENDRA. . . . .	22	TAMIFLU ORAL CAPSULE. . . . .	13	THIOLA EC. . . . .	23
STIOLTO RESPIMAT . . . . .	32	tamoxifen citrate oral tablet 10 mg . . . . .	12	THYQUIDITY . . . . .	27
STIVARGA . . . . .	12	tamoxifen citrate oral tablet 20 mg . . . . .	12	thyroid oral . . . . .	27
STRATTERA . . . . .	16	tamsulosin hcl . . . . .	23	TIGLUTIK ORAL SUSPENSION 50 MG/10ML . . . . .	16
STRENSIQ . . . . .	23	TAPERDEX 12-DAY . . . . .	26	timolol maleate (once-daily) . . . . .	31
STRIVERDI RESPIMAT . . . . .	32	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG. . . . .	26, 27	timolol maleate ocudose . . . . .	31
SUBOXONE . . . . .	8	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21) . . . . .	27	timolol maleate ophthalmic solution . . . . .	31
subvenite . . . . .	10	TAPERDEX 7-DAY . . . . .	27	timolol maleate pf . . . . .	31
sucralfate oral tablet . . . . .	22	TARGADOX . . . . .	9	TIMOPTIC OCUDOSE. . . . .	31
SUFLAVE . . . . .	23	tarina 24 fe . . . . .	26	TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 % . . . . .	31
sulfamethoxazole-trimethoprim oral tablet. . . . .	9	tarina fe 1/20 eq. . . . .	26	tiopronin . . . . .	23
sumatriptan succinate oral. . . . .	11	tarina fe 1/20 oral tablet 1-20 mg-mcg . . . . .	26	tiotropium bromide monohydrate . . . . .	32
SUNOSI . . . . .	33	TASIGNA . . . . .	12		
SUPREP BOWEL PREP KIT . . . . .	23	TAVALISSE. . . . .	22		
SUTAB . . . . .	23	TECHLITE INSULIN SYRINGES. . . . .	19		
syeda . . . . .	26				
SYMBICORT . . . . .	32				
SYMFI . . . . .	13				



TIROSINT-SOL . . . . .	27	tri-nymyo . . . . .	26	TYMLOS . . . . .	30
TIVICAY . . . . .	13	tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg . . . . .	26	TYRVAYA . . . . .	31
TIVORBEX ORAL CAPSULE 20 MG . . . . .	8	tri-sprintec . . . . .	26	TYVASO . . . . .	33
tizanidine hcl oral tablet . . . . .	33	tri-vylibra . . . . .	26	TYVASO DPI MAINTENANCE KIT . . . . .	33
TOBI NEBULIZER . . . . .	33	tri-vylibra lo . . . . .	26	TYVASO DPI TITRATION KIT . . . . .	33
TOBI PODHALER . . . . .	33	triamcinolone acetonide external cream 0.025 %, 0.1 % . . . . .	17	TYVASO REFILL . . . . .	33
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 % . . . . .	30	triamcinolone acetonide external cream 0.5 % . . . . .	17	TYVASO STARTER . . . . .	33
TOBRADEX ST . . . . .	30	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % . . . . .	17		
tobramycin inhalation nebulization solution 300 mg/4ml . . . . .	33	triamcinolone acetonide external ointment 0.05 % . . . . .	17	<b>U</b>	
tobramycin nebulization solution 300 mg/5ml inhalation . . . . .	33	triamcinolone in absorbase . . . . .	17	UBRELVY . . . . .	11
tobramycin ophthalmic . . . . .	30	triamterene-hctz . . . . .	15	UCERIS ORAL . . . . .	30
tobramycin-dexamethasone . . . . .	30	TRIANEX EXTERNAL OINTMENT 0.05 % . . . . .	17	UDENYCA . . . . .	22
TOLAK . . . . .	17	triazolam . . . . .	13	ULTRAM ORAL TABLET 50 MG . . . . .	8
TOPAMAX . . . . .	10	TRICOR . . . . .	15	UNISTRIP1 GENERIC . . . . .	20
TOPAMAX SPRINKLE . . . . .	10	triderm . . . . .	17	unithroid . . . . .	27
topiramate oral . . . . .	10	TRIJARDY XR . . . . .	21	UROCIT-K 10 . . . . .	22
TOPROL XL . . . . .	15	TRILEPTAL ORAL TABLET . . . . .	10	UROCIT-K 15 . . . . .	22
torseamide . . . . .	15	TRINTELLIX . . . . .	11	UROCIT-K 5 . . . . .	22
TOUJEO MAX SOLOSTAR . . . . .	20	tritocin external ointment 0.05 % . . . . .	17	UROXATRAL . . . . .	23
TOUJEO SOLOSTAR . . . . .	20	TRIUMEQ . . . . .	13	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML . . . . .	12
TRACLEER 62.5 MG, 125 MG . . . . .	33	TRUE FOCUS BLOOD GLUCOSE STRIP . . . . .	20	<b>V</b>	
TRADJENTA . . . . .	21	TRUE METRIX AIR GLUCOSE METER KIT . . . . .	20	VAGIFEM . . . . .	26
tramadol hcl oral tablet 100 mg, 25 mg . . . . .	8	TRUE METRIX BLOOD GLUCOSE TEST . . . . .	20	valacyclovir hcl oral . . . . .	13
tramadol hcl oral tablet 50 mg . . . . .	8	TRUE METRIX GO GLUCOSE METER . . . . .	20	VALIUM . . . . .	13
TRANSDERM-SCOP . . . . .	11	TRUE METRIX METER KIT . . . . .	20	valsartan oral tablet . . . . .	15
trazodone hcl oral . . . . .	11	TRUE METRIX PRO BLOOD GLUCOSE . . . . .	20	valsartan-hydrochlorothiazide . . . . .	15
TRELEGY ELLIPTA . . . . .	33	TRUETRACK TEST . . . . .	20	VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML . . . . .	10
TREMFYA . . . . .	29	TRULICITY . . . . .	21	VALTrex . . . . .	13
tretinoin external cream . . . . .	17	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG . . . . .	13	VANDAZOLE . . . . .	9
TREXALL . . . . .	29	TRUVADA ORAL TABLET 200-300 MG . . . . .	13	VASOTEC . . . . .	15
TREZIX . . . . .	8	tulana oral tablet 0.35 mg . . . . .	26	VELPHORO . . . . .	23
tri femynor . . . . .	26			VELTASSA . . . . .	22
tri-estarylla . . . . .	26			venlafaxine hcl . . . . .	11
tri-linyah . . . . .	26			venlafaxine hcl er oral capsule extended release 24 hour . . . . .	11
tri-lo-estarylla . . . . .	26			VENTOLIN HFA . . . . .	32, 33
tri-lo-marzia . . . . .	26			VEOZAH . . . . .	26
tri-lo-mili . . . . .	26			verapamil hcl er oral tablet extended release . . . . .	15
tri-lo-sprintec . . . . .	26				
tri-mili . . . . .	26				



VERKAZIA	31
VERQUVO	15
VERZENIO	12
VESICARE	23
vestura	26
VIAGRA	22
VIBERZI	23
VIBRAMYCIN ORAL CAPSULE	9
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	21
vienva	26
VIGAMOX	30
VIIBRYD	11
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	11
vilazodone hcl	11
VISTARIL	13
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	22
VITRAKVI	12
VIVELLE-DOT	24, 26
VIVJOA	11
VOGELXO	27
VOGELXO PUMP	27
VOQUEZNA	22
VOQUEZNA DUAL PAK	22
VOQUEZNA TRIPLE PAK	22
VOSEVI	13
VRAYLAR ORAL CAPSULE	12
VTAMA	17
VYLEESI	22
vylibra	26
VYVANSE	16

## W

WAKIX	33
warfarin sodium oral	10
WELLBUTRIN SR	11
WELLBUTRIN XL	11
WILATE	22
wixela inhub	33

## X

XACIATO	9
XALATAN	31
XANAX	13
XARELTO	10
XARELTO STARTER PACK	10
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	10
XDEMVY	30
XELJANZ	29
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	29
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	29
XENLETA ORAL TABLET 600 MG	9
XEPI	17
XIIDRA	31
XOFLUZA (40 MG DOSE)	13
XOFLUZA (80 MG DOSE)	13
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	29
XOPENEX HFA	33
XTAMPZA ER	8
XTANDI	12
xulane	26
XYWAV	33

## Y

YASMIN 28	26
YAZ	26
YUFLYMA (2 SYRINGE)	29
YUPELRI	33
yuvafem	26

## Z

zafemy	26
ZANAFLEX ORAL TABLET	33
ZARXIO	22
ZAVZPRET	11
ZCORT 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (25)	27

ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	21
ZEJULA ORAL CAPSULE 100 MG	12
ZELBORAF	12
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	23
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT	23
ZEPOSIA	16
ZEPOSIA 7-DAY STARTER PACK	16
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	16
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	16
ZESTORETIC	15
ZESTRIL	15
ZETIA	15
ZETONNA	31
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	15
ZIAC ORAL TABLET 5-6.25 MG	15
ZILXI	17
ZIMHI	9
ZIOPTAN	31
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	9
ZITHROMAX ORAL TABLET	9
ZITHROMAX TRI-PAK	9
ZITHROMAX Z-PAK	9
ZOCOR	15
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	11
ZOLOFT ORAL TABLET	11
zolpidem tartrate er	33
zolpidem tartrate oral tablet	33
ZOMIG NASAL SOLUTION 2.5 MG	11
ZOMIG NASAL SOLUTION 5 MG	11
ZONEGRAN	10





zonisamide oral . . . . .	10
ZORYVE EXTERNAL CREAM . . . . .	17
ZTLIDO . . . . .	8
ZUBSOLV . . . . .	9
zumandimine . . . . .	26
ZYLET . . . . .	30
ZYLOPRIM ORAL TABLET 100 MG, 300 MG . . . . .	11
ZYPREXA ORAL . . . . .	12

# Nondiscrimination notice and access to communication services

UnitedHealthcare® and its subsidiaries do not discriminate on the basis of race, color, national origin, age, disability or sex in their health programs or activities.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

**Online:** [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

**Mail:** Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UT 84130

You must send the complaint within 60 days of your experience. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on your member ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Complaint forms are available at  
<https://www.hhs.gov/ocr/complaints/index.html>

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

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

We provide free services to help you communicate with us, including letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your member ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.



# Multi-language interpreter services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LU'U Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

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

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

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

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

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

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

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

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

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

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

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

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते 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 ដល់មាន់ទំនាក់ទំនងសព្វថ្ងៃនៃការប្រើប្រាស់សំរាប់អ្នក។

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'deę 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.

This document applies to members of UnitedHealthcare, Oxford New York and New Jersey and UnitedHealthOne plans.

Insurance coverage provided by or through UnitedHealthcare Insurance Company, Oxford Health Insurance, Inc. or their affiliates. Stop-loss insurance is underwritten by All Savers Insurance Company (except CA, MA, MN, NJ and NY), UnitedHealthcare Insurance Company in MA and MN, UnitedHealthcare Life Insurance Company in NJ, UnitedHealthcare Insurance Company of New York in NY, and All Savers Life Insurance Company of California in CA. UnitedHealthcare Freedom Plans are underwritten by Tufts Health Freedom Insurance Company. Administrative services provided by UnitedHealthcare Insurance Company, UnitedHealthcare Services, Inc., Oxford Health Plans LLC or their affiliates, and UnitedHealthcare Service LLC in NY. Health Plan coverage provided by or through a UnitedHealthcare company. Optum Rx is an affiliate of UnitedHealthcare Insurance Company. UnitedHealthOne plans provided by or through Oxford Health Plans (NJ), Inc.

UnitedHealthcare® is a registered trademark owned by UnitedHealth Group Incorporated. All other trademarks are the property of their respective owners.

3/24 ©2024 United HealthCare Services, Inc.

WF13124987-B 2024 Prescription Drug List — Advantage 4-Tier

**United  
Healthcare**