



# Your 2024 Prescription Drug List

## Access 3-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 Partnership Plan, River Valley and Oxford medical plans with a pharmacy benefit subject to the Access 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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# 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>Tier 2</b>	<b>\$\$ Mid-range cost</b> Medications that provide good overall value. A mix of brand name and generic drugs.	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
<b>Tier 3</b>	<b>\$\$\$ Highest-cost</b> Medications that provide the lowest overall value.	Ask your doctor if a Tier 1 or Tier 2 option could work for you.

## Drug list information

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

<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 and Oxford plans.



# Reading your PDL (continued)

## Coverage details

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

## Questions

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



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



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

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

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

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



Drug Name	Drug Tier	Requirements & Limits
<b>Analgesics - Drugs for Pain</b>		
acetaminophen-codeine oral tablet	1	QL
apap-caff-dihydrocodeine	1	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	3	QL
hydrocodone-acetaminophen oral tablet	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	2	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
ROXICODONE ORAL TABLET 5 MG	E	QL
tramadol hcl oral tablet 100 mg, 50 mg	1	QL

Drug Name	Drug Tier	Requirements & Limits
tramadol hcl oral tablet 25 mg	E	QL
TREZIX	1	QL
ULTRAM ORAL TABLET 50 MG	E	QL
XTAMPZA ER	3	PA, QL
ZTLIDO	3	PA, QL
<b>Analgesics - Drugs for Pain and Inflammation</b>		
CELEBREX	E	QL
celecoxib oral	1	QL
diclofenac sodium oral	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOMETHACIN ORAL CAPSULE 20 MG	3	
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	3	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
KLOXXADO	2	
naloxone hcl injection solution prefilled syringe	1	
naloxone hcl nasal	1	
naltrexone hcl oral	1	
NARCAN	2	(Includes Narcan OTC)
SUBOXONE	E	PA, QL
ZIMHI	2	
ZUBSOLV	1	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>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 ES-600	E	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED	3	
AUGMENTIN ORAL TABLET	E	
avidoxy	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
BACTRIM	3	
BACTRIM DS	3	
cefdinir	1	
cefuroxime axetil	1	
CENTANY EXTERNAL OINTMENT 2 %	3	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
DIFICID ORAL TABLET	3	QL
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	
doxycycline hyclate oral tablet 50 mg	E	

Drug Name	Drug Tier	Requirements & Limits
doxycycline monohydrate oral capsule	1	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
LIKMEZ	3	
LYMEPAK ORAL TABLET 100 MG	E	
MACROBID	3	
MACRODANTIN	3	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
mondoxyne nl	1	
mupirocin external	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	3	
NUZYRA ORAL	3	
penicillin v potassium oral tablet	1	
sulfamethoxazole-trimethoprim oral tablet	1	
TARGADOX	E	
VANDAZOLE	3	
VIBRAMYCIN ORAL CAPSULE	3	
XACIATO	2	
XENLETA ORAL TABLET 600 MG	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	
ZITHROMAX ORAL TABLET	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
<b>Anticoagulants - Drugs to Treat or Prevent Blood Clots</b>		
dabigatran etexilate mesylate oral capsule 150 mg, 75 mg	1	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	1	
jantoven	1	

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Drug Name	Drug Tier	Requirements & Limits
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	
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	3	
DEPAKOTE ER	3	
divalproex sodium er	1	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA, SP
FYCOMPA ORAL SUSPENSION	3	PA
FYCOMPA ORAL TABLET	3	PA
gabapentin oral capsule	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL TABLET	3	
LAMICTAL ORAL TABLET	3	
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
MOTPOLY XR	3	
NAYZILAM	3	PA
NEURONTIN ORAL CAPSULE	3	
NEURONTIN ORAL TABLET	3	
oxcarbazepine oral tablet	1	
roweepra	1	
subvenite	1	
SYMPAZAN	3	PA
TOPAMAX	3	
TOPAMAX SPRINKLE	3	
topiramate oral	1	
TRILEPTAL ORAL TABLET	3	
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	3	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA

Drug Name	Drug Tier	Requirements & Limits
ZONEGRAN	3	
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	3	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
duloxetine hcl oral	1	
EFFEXOR XR	E	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet 10 mg	1	QL
fluoxetine hcl oral tablet 20 mg, 60 mg	1	
fluvoxamine maleate	1	
FORFIVO XL	3	QL
LEXAPRO	E	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
PAMELOR	E	
paroxetine hcl oral tablet	1	
PAXIL ORAL TABLET	E	
PRISTIQ	E	QL
PROZAC	E	
REMERON	E	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	

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Drug Name	Drug Tier	Requirements & Limits
venlafaxine hcl er oral capsule extended release 24 hour	1	
VIIBRYD	E	QL
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	2	
vilazodone hcl	1	QL
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT ORAL TABLET	E	

#### Antiemetics - Drugs for Nausea and Vomiting

metoclopramide hcl oral tablet	1	
ondansetron hcl oral tablet	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
REGLAN	3	
scopolamine	1	
TRANSDERM-SCOP	E	

#### Antifungals - Drugs for Fungal Infections

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	
ketoconazole external shampoo	1	
nystatin external cream	1	
nystatin mouth/throat	1	
terbinafine hcl oral	1	
VIVJOA	3	QL

#### Antigout Agents - Drugs for Gout

allopurinol oral tablet 100 mg, 300 mg	1	
ALLOPURINOL ORAL TABLET 200 MG	3	
colchicine oral	1	
COLCRYS ORAL TABLET 0.6 MG	E	
MITIGARE	2	

Drug Name	Drug Tier	Requirements & Limits
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	3	

#### Antimigraine Agents - Drugs for Migraines

AIMOVIG	2	PA
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, QL
eletriptan hydrobromide	1	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	PA, QL
IMITREX	E	
MAXALT	E	
MAXALT-MLT	E	
NURTEC	2	PA, ST, QL
RELPAK	E	
rizatriptan benzoate	1	
sumatriptan succinate oral	1	
UBRELVY	2	PA, ST, QL
ZAVZPRET	3	PA, ST
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	
ZOMIG NASAL SOLUTION 2.5 MG	2	
ZOMIG NASAL SOLUTION 5 MG	1	

#### Antineoplastics - Drugs for Cancer

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
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
EXKIVITY	3	PA, QL, SP
FEMARA	E	
GAVRETO	3	PA, QL, SP
IBRANCE ORAL CAPSULE	2	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
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	1	PA, QL, SP
letrozole oral	1	H-PA
LUMAKRAS	3	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, SP
RETEVMO ORAL CAPSULE 40 MG	3	PA, QL, SP
RETEVMO ORAL CAPSULE 80 MG	3	PA, SP
REVLIMID	2	PA, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	3	PA, QL, SP
TAGRISO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	2	PA, ST, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
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	3	QL
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	
PLAQUENIL	E	
<b>Antiparkinson Agents - Drugs for Parkinson's Disease</b>		
INBRIJA	3	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	SP
NEUPRO	3	
NOURIANZ	3	QL
pramipexole dihydrochloride	1	
ropinirole hcl	1	
<b>Antiplatelets - Drugs for Heart Attack and Stroke Prevention</b>		
BRILINTA	2	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY	E	
aripiprazole oral tablet	1	
LATUDA	E	QL
lurasidone hcl	1	QL
olanzapine oral tablet	1	
quetiapine fumarate	1	
REXULTI	3	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	3	QL
ZYPREXA ORAL	E	
<b>Antivirals - Drugs for Viral Infections</b>		
acyclovir oral tablet	1	
BIKTARVY	3	QL
CIMDUO	2	QL
DESCOVY	E	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

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Drug Name	Drug Tier	Requirements & Limits
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	1	
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100)	2	QL
PREZCOBIX	2	
RUKOBIA	3	PA
SITAVIG	E	
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	3	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	
VALTREX	E	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
<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	3	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	
triazolam	1	

Drug Name	Drug Tier	Requirements & Limits
VALIUM	E	
VISTARIL	3	
XANAX	E	
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
LITHOBID	3	
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
ALDACTONE	E	
aliskiren fumarate	1	
ALTACE	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
atenolol oral	1	
ATORVALIQ	3	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	E	
AVAPRO	E	
benazepril hcl oral	1	
BENICAR	E	
BENICAR HCT	E	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG	3	
CARDIZEM CD	E	
CARDURA	3	
cartia xt	1	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
COREG	E	

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Drug Name	Drug Tier	Requirements & Limits
CORLANOR	3	PA, QL
COZAAR	E	
CRESTOR	E	
diltiazem hcl er coated beads	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
enalapril maleate oral tablet	1	
ENTRESTO	3	PA, QL
EXFORGE	E	
ezetimibe	1	
fenofibrate oral tablet	1	
FENOGLIDE	E	
flecainide acetate	1	
FUROSCIX	3	PA
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
INDERAL LA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	
LASIX	3	
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	3	
LOPRESSOR	3	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTREL	E	
lovastatin oral	1	H
LOVAZA	E	

Drug Name	Drug Tier	Requirements & Limits
MAXZIDE	3	
MAXZIDE-25	3	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
MICARDIS	E	
MINIPRESS	3	
minoxidil oral	1	
MULTAQ	3	PA
NEXLETOL	2	QL
NEXLIZET	2	QL
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	3	
NORLIQVA	3	
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	3	
pravastatin sodium	1	
prazosin hcl oral	1	
PROCARDIA XL	E	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
ramipril	1	
REPATHA	2	PA, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, QL
REPATHA SURECLICK	2	PA, QL
rosuvastatin calcium	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOAAZ	3	QL
spironolactone oral tablet	1	
TEKTURNA	3	

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Drug Name	Drug Tier	Requirements & Limits
TEKTURN HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	3	
telmisartan	1	
TENORMIN	E	
THALITONE	3	
TOPROL XL	E	
torseamide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASOTEC	E	
verapamil hcl er oral tablet extended release	1	
VERQUVO	3	PA, QL
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	3	
ZOCOR	E	
<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	3	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	QL
amphet-dextroamphet 3-bead er	1	QL
APTENSIO XR	3	QL
atomoxetine hcl	1	QL
AZSTARYS	2	QL
CONCERTA	E	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	QL

Drug Name	Drug Tier	Requirements & Limits
FOCALIN	3	
FOCALIN XR	E	QL
guanfacine hcl er	1	
INTUNIV	E	
JORNAY PM	2	QL
lisdexamfetamine dimesylate	1	QL
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	1	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	1	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	QL
methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	QL
methylphenidate hcl er (xr)	1	QL
methylphenidate hcl er oral tablet extended release	1	QL
methylphenidate hcl oral tablet	1	
MYDAYIS	3	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	3	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP
glatiramer acetate	1	PA, QL, SP
glatopa	1	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	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
REBIF	E	PA, QL, SP
REBIF TITRATION PACK	E	PA, QL, SP

#### Central Nervous System Agents - Miscellaneous

AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	QL, SP
AUSTEDO XR PATIENT TITRATION	2	QL, SP
LYRICA ORAL CAPSULE	3	
pregabalin oral capsule	1	
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

#### Dental and Oral Agents - Drugs for Mouth and Throat Conditions

chlorhexidine gluconate mouth/throat	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	

Drug Name	Drug Tier	Requirements & Limits
PERIDEX	3	
perigard	1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
AKLIEF	3	PA
ala-cort	E	
AMZEEQ	3	
AVITA EXTERNAL CREAM 0.025 %	3	PA
CARAC	E	
CIBINQO	2	PA, QL, SP
CLEOCIN-T	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	3	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin phosphate gel 1 % external	1	(generic for Clindagel)
clindamycin phosphate gel 1 % external	1	(generic for Cleocin-T)
clobetasol propionate external cream	1	
clobetasol propionate external ointment	1	
clobetasol propionate external solution	1	
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	3	
ENSTILAR	3	

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Drug Name	Drug Tier	Requirements & Limits
EUCRISA	3	ST
FINACEA EXTERNAL FOAM	2	
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	3	
KLISYRI	3	
METROCREAM	3	
metronidazole external cream	1	
MIRVASO	3	PA
NORITATE	E	
OPZELURA	3	PA, QL, SP
PANRETIN	3	
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 %	E	
RETIN-A EXTERNAL CREAM	E	PA
RHOFADE	3	PA
rosadan external cream 0.75 %	1	
SANTYL	3	
SOOLANTRA	1	
TACLONEX SUSPENSION	1	
tacrolimus external	1	
TEMOVATE EXTERNAL CREAM 0.05 %	3	
TEMOVATE EXTERNAL OINTMENT 0.05 %	3	
TOLAK	3	
tretinoin external cream	1	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
triamcinolone in absorbbase	E	

Drug Name	Drug Tier	Requirements & Limits
TRIANEX EXTERNAL OINTMENT 0.05 %	E	
triderm	1	
tritocin external ointment 0.05 %	E	
VTAMA	3	PA
XEPI	3	
ZILXI	3	PA, ST
ZORYVE EXTERNAL CREAM	3	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	
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

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Drug Name	Drug Tier	Requirements & Limits
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	
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

Drug Name	Drug Tier	Requirements & Limits
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
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	
GVOKE HYOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	
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	

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Drug Name	Drug Tier	Requirements & Limits
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
ON CALL EXPRESS BLOOD GLUCOSE	E	QL
ON CALL EXPRESS MONITORING SYS	E	
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

Drug Name	Drug Tier	Requirements & Limits
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
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	
ADMELOG SOLOSTAR	E	
BASAGLAR KWIKPEN	E	
BASAGLAR TEMPO PEN	E	
HUMALOG INJECTION	3	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL	1	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	1	
HUMALOG SUBCUTANEOUS	2	
HUMALOG TEMPO PEN	E	
HUMALOG U-100 JUNIOR KWIKPEN	2	

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Drug Name	Drug Tier	Requirements & Limits
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	1	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	1	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL	1	
HUMULIN R VIAL	1	
INSULIN GLARGINE	E	
INSULIN GLARGINE MAX SOLOSTAR	E	
INSULIN GLARGINE SOLOSTAR	E	
INSULIN LISPRO	1	
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen)
INSULIN LISPRO JUNIOR KWIKPEN	2	
INSULIN LISPRO PROT & LISPRO	2	
LANTUS SOLOSTAR	1	
LANTUS U-100 VIAL	1	
LYUMJEV KWIKPEN	2	
LYUMJEV TEMPO PEN	E	
LYUMJEV VIAL	1	
NOVOLIN 70/30 FLEXPEN	E	
NOVOLIN 70/30 FLEXPEN RELION	E	
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	E	
NOVOLIN N FLEXPEN	E	
NOVOLIN N FLEXPEN RELION	E	
NOVOLIN N RELION	E	
NOVOLIN N VIAL	E	
NOVOLIN R FLEXPEN	E	
NOVOLIN R FLEXPEN RELION	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	E	
SEMGLEE	E	
SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	E	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	

Drug Name	Drug Tier	Requirements & Limits
<b>Diabetes - Non-Insulin Agents</b>		
ACTOS	E	QL
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML	3	
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	3	
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	E	
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
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	
GLUCOTROL XL	3	
GLUMETZA	E	
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	
metformin hcl er (osm)	E	
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

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Drug Name	Drug Tier	Requirements & Limits
RYBELSUS	2	PA, ST, QL
saxagliptin hcl	1	QL
SOLQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, ST, (2 Pak), QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, ST, (3 Pak), QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
<b>Drugs for Blood Disorders</b>		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIIIO	3	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
DOPTELET	3	PA, QL, SP
ELOCTATE	3	PA, SP
EMPAVELI	2	PA, QL, SP
HEMLIBRA	2	PA, SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
IDELVION	3	SP
JIVI	3	PA, SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP

Drug Name	Drug Tier	Requirements & Limits
KOVALTRY	2	SP
MULPLETA	2	PA, SP
NEULASTA	2	
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	2	
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
TAVALISSE	3	PA, QL, SP
UDENYCA	2	
WILATE	2	
ZARXIO	2	
<b>Drugs for Sexual Dysfunction</b>		
ADDYI	3	QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
OSPHENA	2	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	2	QL
tadalafil oral	1	QL
VIAGRA	E	QL
VYLEESI	3	QL
<b>Electrolytes / Vitamins</b>		
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	1	
DODEX	3	
DRISDOL	3	

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Drug Name	Drug Tier	Requirements & Limits
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	
klor-con m20	1	
klor-con oral tablet extended release	1	
K-TAB	3	
LOKELMA	3	QL
NASCOBAL	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium citrate er	1	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
VELTASSA	3	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	1	QL
bismuth/metronidaz/tetracyclin	1	QL
CARAFATE ORAL TABLET	E	
CYTOTEC	3	
famotidine oral suspension reconstituted	1	
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	3	QL

Drug Name	Drug Tier	Requirements & Limits
rabeprazole sodium oral tablet delayed release	1	QL
sucralfate oral tablet	1	
VOQUEZNA	E	QL
VOQUEZNA DUAL PAK	E	QL
VOQUEZNA TRIPLE PAK	E	QL
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
CLENPIQ	2	QL
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
gavilyte-c	1	H
gavilyte-g	1	H
GLYCATÉ	E	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
GOLYTELY	3	
LINZESS	2	PA, QL
MOTEGRITY	3	PA, QL
MOVIPREP	2	
na sulfate-k sulfate-mg sulf	1	
NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED 420 GM	3	
peg 3350-kcl-na bicarb-nacl	1	H
peg-3350/electrolytes	1	H
peg-3350/electrolytes/ascorbat	1	
peg-kcl-nacl-nasulf-na asc-c	1	
PLENVU	2	
ROBINUL	E	
ROBINUL-FORTE	E	
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	
SUTAB	2	
SYMPROIC	2	PA, QL
VIBERZI	3	QL

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Drug Name	Drug Tier	Requirements & Limits
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
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	1	
oxybutynin chloride oral tablet	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral	1	
PYRIDIUM	3	
solifenacin succinate	1	
THIOLA	3	SP
THIOLA EC	3	SP
tiopronin	1	SP
VELPHORO	2	
VESICARE	3	
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	

Drug Name	Drug Tier	Requirements & Limits
tamsulosin hcl	1	
UROXATRAL	E	
<b>Hormonal Agents - Hormone Replacement and Birth Control</b>		
afirmelle	1	H
ALORA	3	QL
altavera	1	H
ANNOVERA	3	QL
apri	1	H
aubra eq	1	H
aubra oral tablet 0.1-20 mg-mcg	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN ORAL TABLET 5 MG	3	
ayuna	1	H
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
camila	1	H
chateal eq	1	H
chateal oral tablet 0.15-30 mg-mcg	1	H
CLIMARA	E	QL
CLIMARA PRO	2	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	3	QL
DEPO-SUBQ PROVERA 104	2	QL
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H

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Drug Name	Drug Tier	Requirements & Limits
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM	3	
DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM	2	
dotti	1	QL
drospirenone-ethinyl estradiol	1	H
DUAVEE	3	QL
ELESTRIN	3	
eluryng	1	H
emoquette oral tablet 0.15-30 mg-mcg	1	H
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	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	3	QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	3	QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	3	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	3	QL

Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	3	QL
estradiol transdermal gel	1	
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal	1	
ESTRING	2	QL
ESTROGEL	3	QL
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	1	H
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

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Drug Name	Drug Tier	Requirements & Limits
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	
loryna	1	H
lo-zumandimine	1	H
lutra	1	H
lyleq	1	H
lyllana	1	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-linyah	1	H
MYFEMBREE	2	QL
NATAZIA	1	
nikki	1	H
nora-be	1	H
norelgestromin-eth estradiol	1	H
norethin ace-eth estrad-fe oral tablet	1	H
norethindrone acetate oral	1	

Drug Name	Drug Tier	Requirements & Limits
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic	1	H
norlyda	1	H
norlyroc	1	H
NUVARING	E	
nymyo	1	H
ocella	1	H
orsythia	1	H
portia-28	1	H
PREMARIN ORAL	2	
PREMARIN VAGINAL	3	
PREMPHASE	2	
PREMPRO	2	
previfem oral tablet 0.25-35 mg-mcg	1	H
progesterone oral	1	
PROMETRIUM	E	
PROVERA	3	
reclipsen	1	H
sharobel	1	H
sprintec 28	1	H
sronyx	1	H
syeda	1	H
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-linyah	1	H
tri-lo-estarylla	1	H
tri-lo-marzia	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-nymyo	1	H

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Drug Name	Drug Tier	Requirements & Limits
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	1	H
tulana oral tablet 0.35 mg	1	H
VAGIFEM	E	
VEOZAH	3	QL
vestura	1	H
vienva	1	H
VIVELLE-DOT	E	QL
vylibra	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvafem	1	
zafemy	1	H
zumandimine	1	H
<b>Hormonal Agents - Oral Steroids</b>		
CORTEF	3	
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	1	
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	3	
methylprednisolone oral tablet therapy pack	1	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	

Drug Name	Drug Tier	Requirements & Limits
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
ZCORT 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (25)	E	
<b>Hormonal Agents - Other</b>		
cabergoline	1	
LANREOTIDE ACETATE	E	SP
NGENLA	3	PA, QL, SP
NOCDURNA	3	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	QL
SKYTROFA	3	PA, QL, SP
SOMATULINE DEPOT	3	SP
<b>Hormonal Agents - Testosterone Replacement</b>		
ANDRODERM	2	QL
ANDROGEL PUMP	E	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	QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
FORTESTA	E	QL

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Drug Name	Drug Tier	Requirements & Limits
NATESTO	E	QL
TESTIM	1	QL
testosterone cypionate intramuscular	1	
VOGELXO	E	QL
VOGELXO PUMP	E	QL
<b>Hormonal Agents - Thyroid</b>		
ADTHYZA	E	
ARMOUR THYROID	2	
CYTOMEL	E	
ERMEZA	2	PA
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
SYNTHROID	E	
THYQUIDITY	3	
thyroid oral	1	
TIROSINT-SOL	2	
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-ADBM (2 PEN)	2	PA, SP (manufactured by Boehringer Ingelheim)
ADALIMUMAB-ADBM (2 SYRINGE)	2	PA, QL, SP (manufactured by Boehringer Ingelheim)

Drug Name	Drug Tier	Requirements & Limits
ADALIMUMAB-ADBM(CD/UC/HS STRT)	2	PA, SP (manufactured by Boehringer Ingelheim)
ADALIMUMAB-ADBM(PS/UV STARTER)	2	PA, SP (manufactured by Boehringer Ingelheim)
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	3	
azathioprine oral	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

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Drug Name	Drug Tier	Requirements & Limits
ENBREL MINI	2	PA, QL, SP
ENBREL SURECLICK	2	PA, QL, SP
HADLIMA	2	PA, QL, SP
HADLIMA PUSH TOUCH	2	PA, QL, SP
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/UVEIT STARTER	2	PA, QL, SP
HYFTOR	3	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	3	PA, ST, QL, SP

Drug Name	Drug Tier	Requirements & Limits
KINERET	3	PA, ST, QL, SP
LITFULO	3	PA, QL, SP
LUPKYNIS	3	PA, QL, SP
methotrexate sodium oral	1	
mycophenolate mofetil oral tablet	1	
OLUMIANT ORAL TABLET 1 MG, 4 MG	2	PA, ST, QL
OLUMIANT ORAL TABLET 2 MG	2	PA, ST, QL, SP
OMVOH	3	PA, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML	3	PA, QL, SP
OTEZLA ORAL TABLET	2	PA, QL, SP
OTREXUP	E	QL
PROGRAF ORAL CAPSULE	3	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	3	PA, QL, SP
SIMPONI	2	PA, QL, SP
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

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Drug Name	Drug Tier	Requirements & Limits
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
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
SHINGRIX	3	H
<b>Infertility Agents</b>		
cetorelix acetate	1	PA, ST, QL, SP
CETROTIDE	3	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral tablet 50 mg	1	
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
fyremadel	1	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Merck/ Organon), QL, SP
GONAL-F	3	ST, SP
GONAL-F RFF	3	ST, SP
GONAL-F RFF REDIJECT	3	ST, SP
MENOPUR	3	QL, SP
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	3	SP

Drug Name	Drug Tier	Requirements & Limits
<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	1	
mesalamine oral tablet delayed release 800 mg	E	
PROCTOFOAM HC	2	
UCERIS ORAL	1	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
alendronate sodium oral tablet	1	
FORTEO	E	PA, ST, SP
FOSAMAX	3	
teriparatide	E	PA, ST, SP
teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml	E	PA, ST, SP
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA, SP
TYMLOS	3	PA, SP
<b>Metabolic Bone Disease Agents - Other</b>		
calcitriol oral capsule	1	
ROCALTRON ORAL CAPSULE	3	
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
ALREX	3	
AZASITE	3	
BESIVANCE	3	
CILOXAN OPHTHALMIC SOLUTION 0.3 %	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	2	
FLAREX	2	

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Drug Name	Drug Tier	Requirements & Limits
ILEVRO	3	
INVELTYS	3	
LOTEMAX OPHTHALMIC GEL	3	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	
LOTEMAX SM	3	
loteprednol etabonate ophthalmic gel	1	
loteprednol etabonate ophthalmic suspension 0.2 %	1	QL
loteprednol etabonate ophthalmic suspension 0.5 %	1	
MAXITROL OPHTHALMIC SUSPENSION	3	
MOXEZA OPHTHALMIC SOLUTION 0.5 %	3	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
polymyxin b-trimethoprim	1	
POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-%	3	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	3	
TOBRADEX ST	3	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
VIGAMOX	E	
XDEMVIY	3	PA, QL
ZYLET	3	

Drug Name	Drug Tier	Requirements & Limits
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	
BETIMOL	2	
bimatoprost ophthalmic	1	
brimonidine tartrate ophthalmic solution 0.1 %	E	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	1	
brimonidine tartrate-timolol	E	
COMBIGAN	1	
COSOPT	3	
COSOPT PF	E	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
ISTALOL	3	
IYUZEH	3	QL
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	
ROCKLATAN	3	
tafluprost (pf)	1	ST
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	3	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	3	
XALATAN	E	
ZIOPTAN	3	ST
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
CYCLOSPORINE IN KLARITY	E	
cyclosporine ophthalmic	E	PA
RESTASIS	1	PA
RESTASIS MULTIDOSE	3	PA, QL
TYRVAYA	3	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
VERKAZIA	3	
XIIDRA	2	PA
<b>Otic Agents - Drugs for Ear Conditions</b>		
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	
ciprofloxacin-dexamethasone	1	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	1	
<b>Respiratory - Drugs for Anaphylaxis</b>		
AUVI-Q	2	
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick)
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-Single Pack)
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen)
EPIPEN 2-PAK	E	
EPIPEN JR 2-PAK	E	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	2	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl nasal solution 0.15 %	E	
benzonatate	1	
BROMFED DM	3	
cyproheptadine hcl oral tablet	1	
fluticasone propionate nasal	1	

Drug Name	Drug Tier	Requirements & Limits
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
ZETONNA	3	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD</b>		
ADVAIR DISKUS	E	QL
ADVAIR HFA	2	QL, RS
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
AIRSUPRA	3	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for ProAir HFA or Proventil HFA)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic ProAir HFA or Proventil HFA)
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(generic for Ventolin HFA)
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	2	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	2	QL, RS
breynd	E	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	1	QL

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Drug Name	Drug Tier	Requirements & Limits
budesonide-formoterol fumarate	E	QL, RS
COMBIVENT RESPIMAT	2	QL
FASENRA PEN	3	PA, QL
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL
FLUTICASONE FUROATE-VILANTEROL	2	QL, RS
FLUTICASONE PROPIONATE HFA	3	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	3	QL, RS
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL
ipratropium-albuterol	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA, QL
PERFOROMIST	3	QL
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	
PROVENTIL HFA	E	
PULMICORT SUSPENSION	E	QL
QVAR REDHALER	1	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL TABLET	E	

Drug Name	Drug Tier	Requirements & Limits
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDHALER	1	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL
tiotropium bromide monohydrate	E	QL
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	
wixela inhub	1	QL
XOPENEX HFA	3	
YUPELRI	3	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	1	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, (generic for Tob), QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, QL, SP

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

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

ADEMPAS	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
REVATIO ORAL TABLET	E	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL

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Drug Name	Drug Tier	Requirements & Limits
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

#### 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	1	
tizanidine hcl oral tablet	1	
ZANAFLEX ORAL TABLET	3	

#### Sleep Disorder Agents

AMBIEN	E	
AMBIEN CR	E	
BELSOMRA	3	QL
DAYVIGO	3	QL
eszopiclone	1	
LUMRYZ	3	PA, QL, SP
LUNESTA	E	
modafinil oral	1	QL
PROVIGIL	E	QL
RESTORIL	3	
SODIUM OXYBATE	3	PA, QL, SP (Manufactured by Hikma)
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYWAV	3	PA, QL, SP
zolpidem tartrate er	1	
zolpidem tartrate oral tablet	1	

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BASAGLAR TEMPO PEN . . . . .	19
BD AUTOSHIELD DUO PEN NEEDLES . . . . .	17
BD ULTRA-FINE insulin syringes . . . . .	17
BD ULTRA-FINE PEN NEEDLES . . . . .	17
BD ULTRA-FINE U-500 insulin syringes . . . . .	17
BD ULTRA-FINE VEO insulin syringes . . . . .	17
BELBUCA . . . . .	8
BELSOMRA . . . . .	33
benazepril hcl oral . . . . .	13
BENICAR . . . . .	13
BENICAR HCT . . . . .	13
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR . . . . .	27
benzonatate . . . . .	31
BESIVANCE . . . . .	29
BETASERON . . . . .	15
BETHKIS . . . . .	32
BETIMOL . . . . .	30
BEVESPI AEROSPHERE . . . . .	31
BIJUVA . . . . .	23
BIKTARVY . . . . .	12
bimatoprost ophthalmic . . . . .	30
BIOTEL CARE TEST STRIPS . . . . .	17
bis subcit-metronid-tetracyc . . . . .	22
bismuth/metronidaz/tetracyclin . . . . .	22
bisoprolol fumarate oral . . . . .	13
bisoprolol-hydrochlorothiazide . . . . .	13
blisovi 24 fe . . . . .	23
blisovi fe 1/20 . . . . .	23
blisovi fe 1.5/30 . . . . .	23



BLOOD GLUCOSE TEST STRIPS . . . . .	17, 18	calcitriol oral capsule . . . . .	29	CINRYZE . . . . .	27
BLOOD GLUCOSE TEST STRIPS 333 . . . . .	18	CALQUENCE ORAL CAPSULE 100 MG . . . . .	11	CIPRO ORAL TABLET . . . . .	9
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE . . . . .	29	camila . . . . .	23	CIPRODEX OTIC SUSPENSION 0.3-0.1 % . . . . .	31
BREO ELLIPTA . . . . .	31	CARAC . . . . .	16	ciprofloxacin hcl ophthalmic . . . . .	29
brey-na . . . . .	31	CARAFATE ORAL TABLET . . . . .	22	ciprofloxacin hcl oral . . . . .	9
BREZTRI AEROSPHERE . . . . .	31	CARDIZEM CD . . . . .	13	ciprofloxacin-dexamethasone . . . . .	31
BRILINTA . . . . .	12	CARDURA . . . . .	13	citalopram hydrobromide oral tablet . . . . .	10
brimonidine tartrate ophthalmic solution 0.1 % . . . . .	30	CARETOUCH MONITOR SYSTEM . . . . .	18	CLENPIQ . . . . .	22
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 % . . . . .	30	CARETOUCH TEST . . . . .	18	CLEOCIN ORAL CAPSULE 150 MG, 300 MG . . . . .	9
brimonidine tartrate-timolol . . . . .	30	cartia xt . . . . .	13	CLEOCIN ORAL CAPSULE 75 MG . . . . .	9
BRIVIACT ORAL TABLET . . . . .	10	carvedilol . . . . .	13	CLEOCIN-T . . . . .	16
BROMFED DM . . . . .	31	cefdinir . . . . .	9	CLIMARA . . . . .	23, 24
BRONCHITOL . . . . .	32	cefuroxime axetil . . . . .	9	CLIMARA PRO . . . . .	23
BRONCHITOL TOLERANCE TEST . . . . .	32	CELEBREX . . . . .	8	clindacin etz external swab . . . . .	16
budesonide inhalation . . . . .	31	celecoxib oral . . . . .	8	clindacin-p . . . . .	16
budesonide-formoterol fumarate . . . . .	32	CELEXA . . . . .	10	CLINDAGEL . . . . .	16
buprenorphine hcl sublingual . . . . .	8	CELLCEPT ORAL TABLET . . . . .	27	clindamycin hcl oral . . . . .	9
buprenorphine hcl-naloxone hcl . . . . .	8	CENTANY EXTERNAL OINTMENT 2 % . . . . .	9	clindamycin phosphate external lotion . . . . .	16
bupropion hcl er (sr) . . . . .	10	cephalexin oral capsule . . . . .	9	clindamycin phosphate external solution . . . . .	16
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg . . . . .	10	cephalexin oral suspension reconstituted . . . . .	9	clindamycin phosphate external swab . . . . .	16
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG . . . . .	10	CERDELGA . . . . .	23	clindamycin phosphate gel 1 % external . . . . .	16
bupropion hcl oral . . . . .	10	cetorelix acetate . . . . .	29	CLINDESSE . . . . .	9
buspirone hcl oral . . . . .	13	CETROTIDE . . . . .	29	clobetasol propionate external cream . . . . .	16
butalbital-apap-caffeine oral tablet . . . . .	8	chateal eq . . . . .	23	clobetasol propionate external ointment . . . . .	16
BYDUREON BCISE AUTOINJECTOR . . . . .	20	chateal oral tablet 0.15-30 mg-mcg . . . . .	23	clobetasol propionate external solution . . . . .	16
BYETTA 10 MCG PEN . . . . .	20	chlorhexidine gluconate mouth/throat . . . . .	16	CLOMID . . . . .	29
BYETTA 5 MCG PEN . . . . .	20	chlorthalidone . . . . .	13	clomiphene citrate oral tablet 50 mg . . . . .	29
<b>C</b>		CHORIONIC GONADOTROPIN INTRAMUSCULAR . . . . .	29	clonazepam oral tablet . . . . .	13
cabergoline . . . . .	26	CIALIS . . . . .	21	clonidine hcl oral . . . . .	13
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG . . . . .	13	CIBINQO . . . . .	16	clopidogrel bisulfate oral . . . . .	12
		ciclodan . . . . .	11	clotrimazole-betamethasone external cream . . . . .	16
		ciclopirox external solution . . . . .	11	colchicine oral . . . . .	11
		CILOXAN OPHTHALMIC SOLUTION 0.3 % . . . . .	29	COLCRYS ORAL TABLET 0.6 MG . . . . .	11
		CIMDUO . . . . .	12		
		CIMZIA STARTER KIT . . . . .	27		
		CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT . . . . .	27		



COMBIGAN . . . . .	30	CRESTOR. . . . .	14	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML . . . . .	26
COMBIVENT RESPIMAT . . . . .	32	CVS ADVANCED GLUCOSE TEST . . . . .	18	DESCOVY. . . . .	12
CONCERTA . . . . .	15	CVS GLUCOSE METER TEST STRIPS . . . . .	18	desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg . . . . .	23
CONTOUR MONITOR KIT W/DEVICE . . . . .	18	cyanocobalamin injection solution 1000 mcg/ml . . . . .	21	desvenlafaxine succinate er. . . . .	10
CONTOUR NEXT BLOOD GLUCOSE TEST STRIP . . . . .	18	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML. . . . .	21	DEXABLISS . . . . .	26
CONTOUR NEXT EZ KIT W/DEVICE . . . . .	18	cyanocobalamin nasal . . . . .	21	dexamethasone oral tablet. . . . .	26
CONTOUR NEXT GEN MONITOR KIT. . . . .	18	cyclobenzaprine hcl oral tablet 10 mg, 5 mg . . . . .	33	dexamethasone oral tablet therapy pack . . . . .	26
CONTOUR NEXT GEN TEST STRIPS . . . . .	18	cyclobenzaprine hcl oral tablet 7.5 mg . . . . .	33	DEXCOM G6 RECEIVER. . . . .	18
CONTOUR NEXT LINK KIT W/ DEVICE. . . . .	18	CYCLOSPORINE IN KLARITY . . . . .	30	DEXCOM G6 SENSOR . . . . .	18
CONTOUR NEXT MONITOR KIT W/DEVICE . . . . .	18	cyclosporine ophthalmic. . . . .	30	DEXCOM G6 TRANSMITTER . . . . .	18
CONTOUR NEXT ONE DEVICE. . . . .	18	CYMBALTA. . . . .	10	DEXCOM G7 RECEIVER. . . . .	18
CONTOUR NEXT ONE KIT. . . . .	18	cyproheptadine hcl oral tablet . . . . .	31	DEXCOM G7 SENSOR . . . . .	18
CONTOUR TEST STRIPS. . . . .	18	cyred eq . . . . .	23	dexmethylphenidate hcl . . . . .	15
COPAXONE . . . . .	15	cyred oral tablet 0.15-30 mg-mcg . . . . .	23	dexmethylphenidate hcl er. . . . .	15
COREG. . . . .	13	CYTOMEL . . . . .	27	diazepam oral tablet . . . . .	13
CORLANOR. . . . .	14	CYTOTEC. . . . .	22	diclofenac sodium oral . . . . .	8
CORTEF . . . . .	26			dicyclomine hcl oral capsule . . . . .	22
CORTIFOAM . . . . .	29			dicyclomine hcl oral tablet . . . . .	22
COSENTYX (300 MG DOSE) . . . . .	27			DIFICID ORAL TABLET. . . . .	9
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML . . . . .	27			DIFLUCAN ORAL TABLET . . . . .	11
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML. . . . .	27			DILAUDID ORAL TABLET . . . . .	8
COSENTYX SENSOREADY (300 MG). . . . .	27			diltiazem hcl er coated beads . . . . .	14
COSENTYX SENSOREADY PEN. . . . .	27			DIOVAN . . . . .	14
COSENTYX UNOREADY . . . . .	27			DIOVAN HCT . . . . .	14
COSOPT. . . . .	30			DIPENTUM. . . . .	29
COSOPT PF. . . . .	30			DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG . . . . .	23
COTELLIC . . . . .	11			divalproex sodium er. . . . .	10
COZAAR . . . . .	14			divalproex sodium oral tablet delayed release . . . . .	10
CREON . . . . .	23			DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM . . . . .	24
CRESEMBA ORAL CAPSULE 186 MG . . . . .	11			DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM . . . . .	24
				DODEX. . . . .	21
				DOPTELET. . . . .	21
				dorzolamide hcl-timolol mal . . . . .	30

## D



dorzolamide hcl-timolol mal pf. . . . .	30	EMBRACE BLOOD GLUCOSE TEST . . . . .	18	ERLEADA ORAL TABLET 60 MG . . .	11
dotti. . . . .	24	EMBRACE WAVE BLOOD GLUCOSE IN VITRO . . . . .	18	ERMEZA. . . . .	27
DOVATO . . . . .	12	EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML . . . . .	11	errin. . . . .	24
doxazosin mesylate oral . . . . .	14	emoquette oral tablet 0.15-30 mg-mcg. . . . .	24	erythromycin ophthalmic . . . . .	29
doxepin hcl oral capsule. . . . .	10	EMPAVELI . . . . .	21	escitalopram oxalate oral tablet. . . . .	10
doxycycline hyclate oral capsule. . . . .	9	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg. . . . .	12	ESGIC ORAL TABLET. . . . .	8
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg . . . . .	9	enalapril maleate oral tablet. . . . .	14	estarylla . . . . .	24
doxycycline hyclate oral tablet 50 mg. . . . .	9	ENBREL . . . . .	27, 28	ESTRACE. . . . .	24
doxycycline monohydrate oral capsule . . . . .	9	ENBREL MINI. . . . .	28	estradiol oral . . . . .	23, 24
doxycycline monohydrate oral tablet . . . . .	9	ENBREL SURECLICK. . . . .	28	estradiol patch twice weekly 0.025 mg/24hr transdermal . . . . .	24
DRISDOL . . . . .	21	endocet . . . . .	8	estradiol patch twice weekly 0.0375 mg/24hr transdermal . . . . .	24
drospirenone-ethinyl estradiol . . . . .	24	ENDOMETRIN . . . . .	29	estradiol patch twice weekly 0.05 mg/24hr transdermal . . . . .	24
DUAVEE . . . . .	24	enilloring. . . . .	24	estradiol patch twice weekly 0.075 mg/24hr transdermal . . . . .	24
duloxetine hcl oral. . . . .	10	ENLITE GLUCOSE SENSOR . . . . .	18	estradiol patch twice weekly 0.1 mg/24hr transdermal . . . . .	24
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR. . . . .	16	enoxaparin sodium injection solution prefilled syringe. . . . .	9	estradiol transdermal gel . . . . .	24
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML. . . . .	16	enskyce . . . . .	24	estradiol transdermal patch weekly. . . . .	24
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML . . . . .	16	ENSTILAR . . . . .	16	estradiol vaginal. . . . .	24
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG. . . . .	26	ENTRESTO. . . . .	14	ESTRING . . . . .	24
<b>E</b>		EPCLUSA ORAL TABLET. . . . .	12	ESTROGEL . . . . .	24
EASY TOUCH HEALTHPRO GLUCOSE . . . . .	18	EPIDIOLEX. . . . .	10	eszopiclone . . . . .	33
EASY TOUCH TEST . . . . .	18	epinephrine solution auto-injector 0.15 mg/0.15ml injection. . . . .	31	etonogestrel-ethinyl estradiol. . . . .	24
EASYGLUCO . . . . .	18	epinephrine solution auto-injector 0.15 mg/0.3ml injection. . . . .	31	EUCRISA . . . . .	17
EASYMAX 15 TEST. . . . .	18	epinephrine solution auto-injector 0.3 mg/0.3ml injection . . . . .	31	euthyrox . . . . .	27
EASYMAX NG BLOOD GLUCOSE KIT. . . . .	18	EPIPEN 2-PAK . . . . .	31	EVAMIST . . . . .	24
EFFEXOR XR . . . . .	10	EPIPEN JR 2-PAK . . . . .	31	EXFORGE. . . . .	14
EFUDEX . . . . .	16	EQ BLOOD GLUCOSE TEST . . . . .	18	EXKIVITY . . . . .	11
ELESTRIN. . . . .	24	ERGOCAL ORAL CAPSULE 62.5 MCG (2500 UT) . . . . .	22	EXTAVIA. . . . .	15
eletriptan hydrobromide . . . . .	11	ergocalciferol oral capsule . . . . .	22	EYSUVIS. . . . .	29
ELIQUIS . . . . .	9	ERIVEDGE . . . . .	11	ezetimibe . . . . .	14
ELIQUIS DVT/PE STARTER PACK. . . . .	9	ERLEADA ORAL TABLET 240 MG . . . . .	11	<b>F</b>	
ELOCTATE . . . . .	21			falmina . . . . .	24
eluryng . . . . .	24			famotidine oral suspension reconstituted . . . . .	22
				FASENRA PEN. . . . .	32
				FEMARA. . . . .	11
				femynor oral tablet 0.25-35 mg-mcg. . . . .	24
				fenofibrate oral tablet . . . . .	14











**J**

jantoven	9
JARDIANCE	20
jasmiel	24
jencycla	24
JENTADUETO	20
JENTADUETO XR	20
JIVI	21
JORNAY PM	15
juleber	24
JULUCA	13
junel 1/20	24
junel 1.5/30	24
junel fe 1/20	24
junel fe 1.5/30	24
junel fe 24	24

**K**

K-TAB	22
kalliga	24
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	32
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	24
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	26
LANTUS SOLOSTAR	20
LANTUS U-100 VIAL	20
larin 1/20	24
larin 1.5/30	24
larin 24 fe	24
larin fe 1/20	24
larin fe 1.5/30	24
larissia oral tablet 0.1-20 mg-mcg	25
LASIX	14
latanoprost ophthalmic	30
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
levoxyI	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	22
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	medroxyprogesterone acetate intramuscular suspension prefilled syringe . . . . .	25	metronidazole external cream . . . . .	17
lovastatin oral . . . . .	14	medroxyprogesterone acetate oral . . . . .	25	metronidazole oral tablet . . . . .	9
LOVAZA . . . . .	14	meloxicam oral tablet . . . . .	8	metronidazole vaginal . . . . .	9
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE . . . . .	10	MENOPUR . . . . .	29	MICARDIS . . . . .	14
LUMAKRAS . . . . .	12	MENOSTAR . . . . .	25	MICRODOT TEST . . . . .	18
LUMIGAN . . . . .	30	mesalamine oral tablet delayed release 1.2 gm . . . . .	29	microgestin 1/20 . . . . .	25
LUMRYZ . . . . .	33	mesalamine oral tablet delayed release 800 mg . . . . .	29	microgestin 1.5/30 . . . . .	25
LUNESTA . . . . .	33	metformin hcl er . . . . .	20	microgestin 24 fe . . . . .	25
LUPKYNIS . . . . .	28	metformin hcl er (mod) . . . . .	20	microgestin fe 1/20 . . . . .	25
lurasidone hcl . . . . .	12	metformin hcl er (osm) . . . . .	20	microgestin fe 1.5/30 . . . . .	25
lutera . . . . .	25	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg . . . . .	20	mili . . . . .	25
lyleq . . . . .	25	metformin hcl oral tablet 625 mg. . . . .	20	MINILINK REAL-TIME TRANSMITTER . . . . .	18
lyllana . . . . .	25	methimazole oral . . . . .	27	MINIMED 630G GUARDIAN PRESS . . . . .	18
LYMEPAK ORAL TABLET 100 MG . . . . .	9	methocarbamol oral . . . . .	33	MINIPRESS . . . . .	14
LYNPARZA . . . . .	12	methotrexate sodium oral . . . . .	28	MINIVELLE . . . . .	24, 25
LYRICA ORAL CAPSULE . . . . .	16	methylphenidate hcl er (cd) . . . . .	15	minocycline hcl oral capsule . . . . .	9
LYUMJEV KWIKPEN . . . . .	20	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg . . . . .	15	minoxidil oral . . . . .	14
LYUMJEV TEMPO PEN . . . . .	20	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg . . . . .	15	mirtazapine oral tablet . . . . .	10
LYUMJEV VIAL . . . . .	20	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg . . . . .	15	MIRVASO . . . . .	17
lyza . . . . .	25	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG . . . . .	15	misoprostol oral . . . . .	22
<b>M</b>		methylphenidate hcl er (osm) oral tablet extended release 72 mg. . . . .	15	MITIGARE . . . . .	11
MACROBID . . . . .	9	methylphenidate hcl er (xr) . . . . .	15	MM BLULINK GLUCOSE TEST . . . . .	18
MACRODANTIN . . . . .	9	methylphenidate hcl er oral tablet extended release . . . . .	15	MM EASY TOUCH GLUCOSE METER . . . . .	18
marlissa . . . . .	25	methylphenidate hcl oral tablet . . . . .	15	MOBIC ORAL TABLET 15 MG, 7.5 MG . . . . .	8
MAVENCLAD . . . . .	16	methylprednisolone oral tablet therapy pack . . . . .	26	modafinil oral . . . . .	33
MAVYRET ORAL PACKET . . . . .	13	metoclopramide hcl oral tablet . . . . .	11	mondoxyne nl . . . . .	9
MAXALT . . . . .	11	metoprolol succinate er . . . . .	14	mono-linyah . . . . .	25
MAXALT-MLT . . . . .	11	metoprolol tartrate oral . . . . .	14	montelukast sodium oral tablet . . . . .	32
MAXITROL OPHTHALMIC SUSPENSION . . . . .	30	METROCREAM . . . . .	17	montelukast sodium oral tablet chewable . . . . .	32
MAXZIDE . . . . .	14			morphine sulfate er oral tablet extended release . . . . .	8
MAXZIDE-25 . . . . .	14			MOTEGRITY . . . . .	22
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG . . . . .	16			MOTPOLY XR . . . . .	10
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG . . . . .	16			MOUNJARO . . . . .	20
MEDROL ORAL TABLET THERAPY PACK . . . . .	26			MOVIPREP . . . . .	22
				MOXEZA OPHTHALMIC SOLUTION 0.5 % . . . . .	30
				moxifloxacin hcl (2x day) . . . . .	30



moxifloxacin hcl ophthalmic. . . . .	30	nitrofurantoin monohydrate macrocrystals . . . . .	9	NOVOTWIST PEN NEEDLE . . . . .	19
MS CONTIN. . . . .	8	nitroglycerin sublingual. . . . .	14	np thyroid . . . . .	27
MULPLETA. . . . .	21	NITROSTAT . . . . .	14	NUBEQA. . . . .	12
MULTAQ . . . . .	14	NIVA THYROID . . . . .	27	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR . . . . .	32
mupirocin external. . . . .	9	NOCDURNA. . . . .	26	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML . . . . .	32
mycophenolate mofetil oral tablet . . .	28	nora-be . . . . .	25	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML. . . . .	32
MYDAYIS . . . . .	15	NORDITROPIN FLEXPEN . . . . .	26	NUCYNTA. . . . .	8
MYFEMBREE. . . . .	25	norelgestromin-eth estradiol . . . . .	25	NUCYNTA ER. . . . .	8
<b>N</b>					
na sulfate-k sulfate-mg sulf. . . . .	22	norethin ace-eth estrad-fe oral tablet. . . . .	25	NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED 420 GM. . . . .	22
nabumetone oral . . . . .	8	norethindrone acet-ethinyl est . . . . .	25	NURTEC. . . . .	11
NALOCET. . . . .	8	norethindrone acetate oral . . . . .	25	NUTROPIN AQ NUSPIN 10 . . . . .	26
naloxone hcl injection solution prefilled syringe . . . . .	8	norethindrone oral. . . . .	25	NUTROPIN AQ NUSPIN 20 . . . . .	26
naloxone hcl nasal. . . . .	8	norgestimate-eth estradiol . . . . .	25	NUTROPIN AQ NUSPIN 5 . . . . .	26
naltrexone hcl oral. . . . .	8	norgestimate-ethinyl estradiol triphasic . . . . .	25	NUVARING. . . . .	25
NAPROSYN ORAL TABLET . . . . .	8	NORITATE . . . . .	17	NUVESSA. . . . .	9
naproxen oral tablet . . . . .	8	NORLIQVA. . . . .	14	NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT . . . . .	21
NARCAN . . . . .	8	norlyda . . . . .	25	NUWIQ INTRAVENOUS KIT 1500 UNIT . . . . .	21
NASCOBAL . . . . .	22	norlyroc . . . . .	25	NUZYRA ORAL . . . . .	9
NATAZIA. . . . .	25	nortriptyline hcl oral capsule . . . . .	10	nymyo . . . . .	25
NATESTO . . . . .	27	NORVASC . . . . .	14	nystatin external cream. . . . .	11
NAYZILAM . . . . .	10	NOURIANZ. . . . .	12	nystatin mouth/throat . . . . .	11
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 . . . . .	30	NOVAREL. . . . .	29	<b>O</b>	
neomycin-polymyxin-hc otic suspension. . . . .	31	NOVOEIGHT . . . . .	21	ocella . . . . .	25
NEULASTA. . . . .	21	NOVOFINE AUTOCOVER PEN NEEDLE . . . . .	19	OCUFLOX. . . . .	30
NEUPRO. . . . .	12	NOVOFINE PEN NEEDLE. . . . .	19	ODOMZO . . . . .	12
NEURONTIN ORAL CAPSULE . . . . .	10	NOVOFINE PLUS PEN NEEDLE . . . . .	19	OFEV. . . . .	32
NEURONTIN ORAL TABLET . . . . .	10	NOVOLIN 70/30 FLEXPEN . . . . .	20	ofloxacin ophthalmic. . . . .	30
NEUTEK 2TEK TEST. . . . .	19	NOVOLIN 70/30 FLEXPEN RELION . . . . .	20	ofloxacin otic . . . . .	31
NEVANAC. . . . .	30	NOVOLIN 70/30 RELION . . . . .	20	olanzapine oral tablet . . . . .	12
NEXLETOL. . . . .	14	NOVOLIN 70/30 VIAL . . . . .	20	olmesartan medoxomil oral . . . . .	14
NEXLIZET. . . . .	14	NOVOLIN N FLEXPEN . . . . .	20	olmesartan medoxomil-hctz. . . . .	14
NGENLA. . . . .	26	NOVOLIN N FLEXPEN RELION. . . . .	20		
nifedipine er. . . . .	14	NOVOLIN N RELION. . . . .	20		
nifedipine er osmotic release . . . . .	14	NOVOLIN N VIAL. . . . .	20		
nikki. . . . .	25	NOVOLIN R FLEXPEN . . . . .	20		
nitrofurantoin macrocrystal . . . . .	9	NOVOLIN R FLEXPEN RELION . . . . .	20		
		NOVOLIN R RELION. . . . .	20		
		NOVOLIN R VIAL. . . . .	20		



OLUMIANT ORAL TABLET 1 MG, 4 MG.....	28	ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML .....	28	PAXIL ORAL TABLET .....	10
OLUMIANT ORAL TABLET 2 MG ...	28	ORFADIN ORAL CAPSULE .....	23	PAXLOVID (150/100).....	13
OMECLAMOX-PAK.....	22	ORFADIN ORAL SUSPENSION.....	23	PAXLOVID (300/100).....	13
omega-3-acid ethyl esters .....	14	ORGOVYX .....	12	PEDIAPRED .....	26
omeprazole oral capsule delayed release .....	22	ORIAHNN.....	26	peg 3350-kcl-na bicarb-nacl .....	22
OMNIPOD 5 G6 INTRO (GEN 5) ....	19	ORLISSA.....	26	peg-3350/electrolytes.....	22
OMNIPOD 5 G6 PODS (GEN 5).....	19	orsythia.....	25	peg-3350/electrolytes/ascorbat ....	22
OMNITROPE .....	26	oseltamivir phosphate oral capsule..	13	peg-kcl-nacl-nasulf-na asc-c .....	22
OMVOH .....	28	OSPHERA .....	21	penicillin v potassium oral tablet .....	9
ON CALL EXPRESS BLOOD GLUCOSE .....	19	OTEZLA ORAL TABLET.....	28	PERCOCET .....	8
ON CALL EXPRESS MONITORING SYS.....	19	OTREXUP.....	28	PERFORMIST.....	32
ondansetron hcl oral tablet .....	11	OVIDREL .....	29	PERIDEX.....	16
ondansetron odt .....	11	OXAYDO ORAL TABLET 5 MG, 7.5 MG .....	8	periogard .....	16
ONETOUCH DELICA PLUS LANCETS.....	19	oxcarbazepine oral tablet.....	10	PERTZYE .....	23
ONETOUCH SOLUTIONS STARTER KIT KIT W/ WELL DEVICE.....	19	oxybutynin chloride er .....	23	phenazo oral tablet 200 mg .....	23
ONETOUCH ULTRA 2 KIT W/DEVICE .....	19	oxybutynin chloride oral tablet.....	23	phenazopyridine hcl oral .....	23
ONETOUCH ULTRA IN VITRO STRIP .....	19	oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg .....	8	pioglitazone hcl.....	20
ONETOUCH ULTRASOFT LANCETS.....	19	oxycodone hcl oral tablet 5 mg .....	8	PIP BLOOD GLUCOSE TEST STRIP.	19
ONETOUCH VERIO FLEX SYSTEM KIT.....	19	oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg .....	8	PLAQUENIL .....	12
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE .....	19	oxycodone hcl oral tablet 5 mg .....	8	PLAVIX .....	12
ONETOUCH VERIO KIT W/DEVICE .	19	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG.....	8	PLEGRIDY INTRAMUSCULAR .....	16
ONETOUCH VERIO REFLECT KIT W/DEVICE .....	19	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg .....	8	PLEGRIDY STARTER PACK.....	16
ONETOUCH VERIO TEST STRIPS ..	19	OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG .....	8	PLEGRIDY SUBCUTANEOUS .....	16
ONGLYZA.....	20	OZEMPIC .....	20	PLENVU .....	22
OPSUMIT.....	32			polymyxin b-trimethoprim.....	30
OPTIUMEZ TEST.....	19			POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-%... 30	
OPZELURA .....	17			POMALYST .....	12
ORENCIA CLICKJECT .....	28			portia-28.....	25
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML .....	28			potassium chloride crys er.....	22
				potassium chloride er.....	22
				potassium citrate er.....	22
				PRADAXA ORAL CAPSULE .....	10
				pramipexole dihydrochloride .....	12
				pravastatin sodium .....	14
				prazosin hcl oral .....	14
				PRECISION XTRA.....	19
				PRECISION XTRA BLOOD GLUCOSE .....	19
				PRED FORTE.....	30
				PRED MILD .....	30
				prednisolone acetate ophthalmic ...	30

**P**



PREDNISOLONE ACETATE P-F. . . . .	30	PROZAC. . . . .	10	RESTASIS. . . . .	30	
prednisolone oral solution . . . . .	26	pseudoephedrine-bromphen-dm . . .	31	RESTASIS MULTIDOSE . . . . .	30	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml . . . . .	26	PTS PANELS EGLU TEST . . . . .	19	RESTORIL . . . . .	33	
prednisolone sodium phosphate oral solution 15 mg/5ml . . . . .	26	PULMICORT SUSPENSION. . . . .	32	RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML. . . . .	21	
prednisone oral tablet . . . . .	26	PULMOZYME . . . . .	32	RETACRIT INJECTION SOLUTION 20000 UNIT/ML. . . . .	21	
prednisone oral tablet therapy pack .	26	PYLERA . . . . .	22	RETEVMO ORAL CAPSULE 40 MG .	12	
pregabalin oral capsule . . . . .	16	PYRIDIUM . . . . .	23	RETEVMO ORAL CAPSULE 80 MG .	12	
PREGNYL. . . . .	29	<b>Q</b>			RETIN-A EXTERNAL CREAM . . . . .	17
PREMARIN ORAL. . . . .	25	quetiapine fumarate . . . . .	12	REVATIO ORAL TABLET . . . . .	32	
PREMARIN VAGINAL . . . . .	25	QUINTET AC BLOOD GLUCOSE TEST . . . . .	19	REVLIMID. . . . .	12	
PREMIUM BLOOD GLUCOSE TEST. . . . .	19	QUINTET BLOOD GLUCOSE TEST . . . . .	19	REXULTI. . . . .	12	
PREMPHASE. . . . .	25	QVAR REDIHALER . . . . .	32	RHOFADE. . . . .	17	
PREMPRO . . . . .	25	<b>R</b>			RHOPRESSA. . . . .	30
previfem oral tablet 0.25-35 mg-mcg . . . . .	25	rabeprazole sodium oral tablet delayed release . . . . .	22	RIGHTEST GT333 GLUCOSE TEST . . . . .	19	
PREZCOBIX. . . . .	13	RADICAVA ORS. . . . .	16	RINVOQ . . . . .	28	
PRISTIQ . . . . .	10	RADICAVA ORS STARTER KIT . . . . .	16	RISPERDAL ORAL TABLET. . . . .	12	
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT. . . . .	32	ramipril . . . . .	14	risperidone oral tablet. . . . .	12	
PROCARDIA XL. . . . .	14	RASUVO. . . . .	28	RITALIN . . . . .	15	
prochlorperazine maleate oral. . . . .	11	REBIF . . . . .	16	RITALIN LA. . . . .	15	
PROCTOFOAM HC. . . . .	29	REBIF TITRATION PACK . . . . .	16	rizatriptan benzoate. . . . .	11	
progesterone oral . . . . .	25	reclipsen. . . . .	25	ROBINUL . . . . .	22	
PROGRAF ORAL CAPSULE . . . . .	28	RECOMBINATE. . . . .	21	ROBINUL-FORTE . . . . .	22	
PROLATE ORAL TABLET. . . . .	8	REGLAN. . . . .	11	ROCALTROL ORAL CAPSULE . . . . .	29	
promethazine hcl oral tablet. . . . .	11	RELAFEN DS . . . . .	8	ROCKLATAN . . . . .	30	
promethazine-dm . . . . .	31	RELAFEN ORAL TABLET 500 MG, 750 MG . . . . .	8	ropinirole hcl . . . . .	12	
PROMETRIUM. . . . .	25	RELEXXII . . . . .	15	rosadan external cream 0.75 % . . . . .	17	
propranolol hcl er . . . . .	14	RELION TRUE MET AIR GLUC METER . . . . .	19	rosuvastatin calcium . . . . .	14	
propranolol hcl oral tablet . . . . .	14	RELION TRUE METRIX TEST STRIPS . . . . .	19	roweepra . . . . .	10	
PROSCAR . . . . .	23	RELION ULTIMA GLUCOSE SYSTEM . . . . .	19	ROXICODONE ORAL TABLET 15 MG, 30 MG . . . . .	8	
PROTONIX ORAL TABLET DELAYED RELEASE . . . . .	22	RELION ULTIMA TEST . . . . .	19	ROXICODONE ORAL TABLET 5 MG .	8	
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 % . . . . .	17	RELPAK . . . . .	11	RUCONEST . . . . .	28	
PROVENTIL HFA. . . . .	31, 32	REMERON. . . . .	10	RUKOBIA . . . . .	13	
PROVERA. . . . .	23, 25	REPATHA. . . . .	14	RYBELSUS. . . . .	21	
PROVIGIL. . . . .	33	REPATHA PUSHTRONEX SYSTEM. . . . .	14	<b>S</b>		
		REPATHA SURECLICK. . . . .	14	SANTYL . . . . .	17	
				saxagliptin hcl . . . . .	21	



scopolamine . . . . .	11	STRENSIQ . . . . .	23	tamoxifen citrate oral tablet 10 mg . .	12	
SEMGLEE . . . . .	20	STRIVERDI RESPIMAT . . . . .	32	tamoxifen citrate oral tablet 20 mg . .	12	
SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML . . . . .	20	SUBOXONE . . . . .	8	tamsulosin hcl . . . . .	23	
SEREVENT DISKUS . . . . .	32	subvenite . . . . .	10	TAPERDEX 12-DAY . . . . .	26	
SEROQUEL . . . . .	12	sucralfate oral tablet . . . . .	22	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG. . . . .	26	
sertraline hcl oral tablet . . . . .	10	SUFLAVE . . . . .	22	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21) . . . . .	26	
sharobel . . . . .	25	sulfamethoxazole-trimethoprim oral tablet . . . . .	9	TAPERDEX 7-DAY . . . . .	26	
SHINGRIX . . . . .	29	sumatriptan succinate oral . . . . .	11	TARGADOX . . . . .	9	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg . . . . .	21	SUNOSI . . . . .	33	tarina 24 fe . . . . .	25	
sildenafil citrate oral tablet 20 mg . .	32	SUPREP BOWEL PREP KIT . . . . .	22	tarina fe 1/20 eq. . . . .	25	
SIMPONI . . . . .	28	SUTAB . . . . .	22	tarina fe 1/20 oral tablet 1-20 mg-mcg . . . . .	25	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg . . . . .	14	syeda . . . . .	25	TASIGNA . . . . .	12	
simvastatin oral tablet 80 mg . . . . .	14	SYMBICORT . . . . .	32	TAVALISSE . . . . .	21	
SINGULAIR ORAL TABLET . . . . .	32	SYMFI . . . . .	13	TECHLITE INSULIN SYRINGES. . . . .	19	
SINGULAIR ORAL TABLET CHEWABLE . . . . .	32	SYMFI LO . . . . .	13	TECHLITE PEN NEEDLES . . . . .	19	
SITAVIG . . . . .	13	SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML . . . . .	31	TEGLUTIK . . . . .	16	
SKYRIZI PEN . . . . .	28	SYMLINPEN 120 . . . . .	21	TEGSEDI . . . . .	23	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE. . . . .	28	SYMLINPEN 60 . . . . .	21	TEKTURNA . . . . .	14, 15	
SKYTROFA . . . . .	26	SYMPAZAN . . . . .	10	TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG . . . . .	15	
SOAAZ . . . . .	14	SYMPROIC . . . . .	22	telmisartan . . . . .	15	
SODIUM OXYBATE . . . . .	33	SYNJARDY . . . . .	21	temazepam . . . . .	33	
SOFOSBUVIR-VELPATASVIR . . . . .	13	SYNJARDY XR . . . . .	21	TEMOVATE EXTERNAL CREAM 0.05 % . . . . .	17	
solifenacin succinate . . . . .	23	SYNTHROID . . . . .	27	TEMOVATE EXTERNAL OINTMENT 0.05 % . . . . .	17	
SOLQUA . . . . .	21	<b>T</b>			TEMPO REFILL . . . . .	19
SOMATULINE DEPOT . . . . .	26	TABRECTA . . . . .	12	TEMPO WELCOME . . . . .	19	
SOOLANTRA . . . . .	17	TACLONEX SUSPENSION . . . . .	17	TENORMIN . . . . .	15	
SPIRIVA HANDIHALER . . . . .	32	tacrolimus external . . . . .	17	terbinafine hcl oral . . . . .	11	
SPIRIVA RESPIMAT . . . . .	32	tacrolimus oral . . . . .	28	teriparatide . . . . .	29	
spironolactone oral tablet . . . . .	14	tadalafil oral . . . . .	21	teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml . . . . .	29	
sprintec 28 . . . . .	25	TADLIQ . . . . .	33	TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN- INJECTOR 620 MCG/2.48ML . . . . .	29	
sronyx . . . . .	25	tafluprost (pf) . . . . .	30	TESTIM . . . . .	27	
STELARA SUBCUTANEOUS . . . . .	28	TAGRISSO . . . . .	12	testosterone cypionate intramuscular . . . . .	27	
STENDRA . . . . .	21	TAKHZYRO . . . . .	28			
STIOLTO RESPIMAT . . . . .	32	TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR . . . . .	28			
STIVARGA . . . . .	12	TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE . . . . .	28			
STRATTERA . . . . .	15	TAMIFLU ORAL CAPSULE . . . . .	13			





TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR . . . . .	32	TRADJENTA . . . . .	21	TRIUMEQ . . . . .	13
THALITONE . . . . .	15	tramadol hcl oral tablet 100 mg, 50 mg . . . . .	8	TRUE FOCUS BLOOD GLUCOSE STRIP . . . . .	19
THIOLA . . . . .	23	tramadol hcl oral tablet 25 mg . . . . .	8	TRUE METRIX AIR GLUCOSE METER KIT . . . . .	19
THIOLA EC . . . . .	23	TRANSDERM-SCOP . . . . .	11	TRUE METRIX BLOOD GLUCOSE TEST . . . . .	19
THYQUIDITY . . . . .	27	trazodone hcl oral . . . . .	10	TRUE METRIX GO GLUCOSE METER . . . . .	19
thyroid oral . . . . .	27	TRELEGY ELLIPTA . . . . .	32	TRUE METRIX METER KIT . . . . .	19
TIGLUTIK ORAL SUSPENSION 50 MG/10ML . . . . .	16	TREMFYA . . . . .	28	TRUE METRIX PRO BLOOD GLUCOSE . . . . .	19
timolol maleate (once-daily) . . . . .	30	tretinoin external cream . . . . .	17	TRUETRACK TEST . . . . .	19
timolol maleate ocudose . . . . .	30	TREXALL . . . . .	28	TRULICITY . . . . .	21
timolol maleate ophthalmic solution . . . . .	30	TREZIX . . . . .	8	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG . . . . .	13
timolol maleate pf . . . . .	30	tri femynor . . . . .	25	TRUVADA ORAL TABLET 200-300 MG . . . . .	13
TIMOPTIC OCUDOSE . . . . .	30	tri-estarylla . . . . .	25	tulana oral tablet 0.35 mg . . . . .	26
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 % . . . . .	30	tri-linyah . . . . .	25	TYMLOS . . . . .	29
tiopronin . . . . .	23	tri-lo-estarylla . . . . .	25	TYRVAYA . . . . .	30
tiotropium bromide monohydrate . . . . .	32	tri-lo-marzia . . . . .	25	TYVASO . . . . .	33
TIROSINT-SOL . . . . .	27	tri-lo-mili . . . . .	25	TYVASO DPI MAINTENANCE KIT . . . . .	33
TIVICAY . . . . .	13	tri-lo-sprintec . . . . .	25	TYVASO DPI TITRATION KIT . . . . .	33
TIVORBEX ORAL CAPSULE 20 MG . . . . .	8	tri-mili . . . . .	25	TYVASO REFILL . . . . .	33
tizanidine hcl oral tablet . . . . .	33	tri-nymyo . . . . .	25	TYVASO STARTER . . . . .	33
TOBI NEBULIZER . . . . .	32	tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg . . . . .	26		
TOBI PODHALER . . . . .	32	tri-sprintec . . . . .	26		
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 % . . . . .	30	tri-vylibra . . . . .	26		
TOBRADEX ST . . . . .	30	tri-vylibra lo . . . . .	26		
tobramycin inhalation nebulization solution 300 mg/4ml . . . . .	32	triamcinolone acetonide external cream . . . . .	17		
tobramycin nebulization solution 300 mg/5ml inhalation . . . . .	32	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % . . . . .	17		
tobramycin ophthalmic . . . . .	30	triamcinolone acetonide external ointment 0.05 % . . . . .	17		
tobramycin-dexamethasone . . . . .	30	triamcinolone in absorbase . . . . .	17		
TOLAK . . . . .	17	triamterene-hctz . . . . .	15		
TOPAMAX . . . . .	10	TRIANEX EXTERNAL OINTMENT 0.05 % . . . . .	17		
TOPAMAX SPRINKLE . . . . .	10	triazolam . . . . .	13		
topiramate oral . . . . .	10	TRICOR . . . . .	15		
TOPROL XL . . . . .	15	triderm . . . . .	17		
torseamide . . . . .	15	TRIJARDY XR . . . . .	21		
TOUJEO MAX SOLOSTAR . . . . .	20	TRILEPTAL ORAL TABLET . . . . .	10		
TOUJEO SOLOSTAR . . . . .	20	TRINTELLIX . . . . .	10		
TRACLEER 62.5 MG, 125 MG . . . . .	33	tritocin external ointment 0.05 % . . . . .	17		

## U

UBRELVY . . . . .	11
UCERIS ORAL . . . . .	29
UDENYCA . . . . .	21
ULTRAM ORAL TABLET 50 MG . . . . .	8
UNISTRIP1 GENERIC . . . . .	19
unithroid . . . . .	27
UROCIT-K 10 . . . . .	22
UROCIT-K 15 . . . . .	22
UROCIT-K 5 . . . . .	22
UROXATRAL . . . . .	23
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML . . . . .	12





<b>V</b>			
VAGIFEM	26	VIVJOA	11
valacyclovir hcl oral	13	VOGELXO	27
VALIUM	13	VOGELXO PUMP	27
valsartan oral tablet	15	VOQUEZNA	22
valsartan-hydrochlorothiazide	15	VOQUEZNA DUAL PAK	22
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	10	VOQUEZNA TRIPLE PAK	22
VALTRESX	13	VOSEVI	13
VANDAZOLE	9	VRAYLAR ORAL CAPSULE	12
VASOTEC	15	VTAMA	17
VELPHORO	23	VYLEESI	21
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# Nondiscrimination notice and access to communication services

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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.

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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.

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<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, नःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**khmer (Khmer)**សម្រាប់សេវាសំខាន់ៗសម្រាប់អ្នករស់នៅក្នុងស្រុក គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីទទួលបានសេវាសំខាន់ៗសម្រាប់អ្នករស់នៅក្នុងស្រុក។

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'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłt'ígo, saad bee áka>anída>awo>ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqódí ninaaltsoos nítł'ízí bee nééhozinígíí bine'déę> t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíłnih.

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

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