



Your 2024 Prescription Drug List

Access 4-Tier

Effective September 1, 2024



**United
Healthcare**

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

Table of contents

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



Diabetes	
Glucose Monitoring and Supplies	17
Insulin	19
Non-Insulin Agents	20
Drugs for Blood Disorders	21
Drugs for Sexual Dysfunction.	21
Electrolytes / Vitamins	22
Gastrointestinal Agents	
Drugs for Acid Reflux and Ulcer.	22
Drugs for Bowel, Intestine and Stomach Conditions	22
Genetic or Enzyme Disorder	
Drugs for Replacement, Modification, Treatment	23
Genitourinary Agents	
Drugs for Bladder, Genital and Kidney Conditions.	23
Drugs for Prostate Conditions	23
Hormonal Agents	
Hormone Replacement and Birth Control	23
Oral Steroids	26
Other	26
Testosterone Replacement.	26
Thyroid	27
Immunological Agents	
Drugs for Immune System Stimulation or Suppression	27
Drugs for Vaccination	29
Infertility Agents.	29
Inflammatory Bowel Disease Agents.	29
Metabolic Bone Disease Agents	
Drugs for Osteoporosis.	29
Other	29
Ophthalmic Agents	
Drugs for Eye Allergy, Infection and Inflammation	29
Drugs for Glaucoma	30
Drugs for Miscellaneous Eye Conditions	30
Otic Agents	
Drugs for Ear Conditions.	31
Respiratory Tract / Pulmonary Agents	
Drugs for Anaphylaxis	31
Drugs for Allergies, Cough, Cold	31
Drugs for Asthma and COPD	31
Drugs for Cystic Fibrosis.	32
Drugs for Pulmonary Fibrosis.	32
Drugs for Pulmonary Hypertension	32
Skeletal Muscle Relaxants	
Drugs for Muscle Pain and Spasm.	33
Sleep Disorder Agents	33
Index.	34



Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

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

Drug list information

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

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

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

4. Not applicable to Neighborhood Health Plan and Oxford plans.



Reading your PDL (continued)

Coverage details

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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



Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine 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	4	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	4	PA, QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for Pain and Inflammation		
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	4	
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	4	
Anti-Addiction / Substance Abuse Treatment Agents		
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
Antibacterials - Drugs for Infections		
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	4	
AUGMENTIN ORAL TABLET	E	
avidoxy	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
BACTRIM	4	
BACTRIM DS	4	
cefдинир	1	
cefuroxime axetil	1	
CENTANY EXTERNAL OINTMENT 2 %	4	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
CIPRO ORAL TABLET	4	
ciprofloxacin hcl oral	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
DIFICID ORAL TABLET	3	QL
doxycycline hyclate oral capsule	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	4	
LYMEPAK ORAL TABLET 100 MG	E	
MACROBID	4	
MACRODANTIN	4	
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	4	
NUZYRA ORAL	4	
penicillin v potassium oral tablet	1	
sulfamethoxazole-trimethoprim oral tablet	1	
TARGADOX	E	
VANDAZOLE	4	
VIBRAMYCIN ORAL CAPSULE	4	
XACIATO	2	
XENLETA ORAL TABLET 600 MG	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	4	
ZITHROMAX ORAL TABLET	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
dabigatran etexilate mesylate oral capsule 150 mg, 75 mg	1	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	1	
jantoven	1	

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



Drug Name	Drug Tier	Requirements & Limits
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	
PRADAXA ORAL CAPSULE	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTIOM	3	PA
BRIVIACT ORAL TABLET	3	PA
DEPAKOTE	4	
DEPAKOTE ER	4	
divalproex sodium er	1	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA, SP
FYCOMPA ORAL SUSPENSION	4	PA
FYCOMPA ORAL TABLET	3	PA
gabapentin oral capsule	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL TABLET	4	
LAMICTAL ORAL TABLET	4	
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
MOTPOLY XR	3	
NAYZILAM	3	PA
NEURONTIN ORAL CAPSULE	4	
NEURONTIN ORAL TABLET	4	
oxcarbazepine oral tablet	1	
roweepra	1	
subvenite	1	
SYMPAZAN	4	PA
TOPAMAX	4	
TOPAMAX SPRINKLE	4	
topiramate oral	1	
TRILEPTAL ORAL TABLET	4	
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	4	
zonisamide oral	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	4	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	4	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	4	ST, QL
venlafaxine hcl	1	

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



Drug Name	Drug Tier	Requirements & Limits
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	4	
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	4	
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	4	

Antimigraine Agents - Drugs for Migraines

AIMOVIQ	2	PA
AIMOVIQ 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
RELPAX	E	
rizatriptan benzoate	1	
sumatriptan succinate oral	1	
UBRELVY	2	PA, ST, QL
ZAVZPRET	4	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	4	PA, QL, SP
FEMARA	E	
GAVRETO	4	PA, QL, SP
IBRANCE ORAL CAPSULE	2	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL

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
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	4	PA, QL, SP
LYNPARZA	2	PA, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
POMALYST	3	PA, SP
RETEVMO ORAL CAPSULE 40 MG	4	PA, QL, SP
RETEVMO ORAL CAPSULE 80 MG	4	PA, SP
REVLIMID	2	PA, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	4	PA, QL, SP
TAGRISO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	2	PA, ST, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
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
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	4	QL
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	
PLAQUENIL	E	

Drug Name	Drug Tier	Requirements & Limits
Antiparkinson Agents - Drugs for Parkinson's Disease		
INBRIJA	3	PA, QL, SP
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	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	2	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
aripiprazole oral tablet	1	
LATUDA	E	QL
lurasidone hcl	1	QL
olanzapine oral tablet	1	
quetiapine fumarate	1	
REXULTI	4	ST, QL
RISPERDAL ORAL TABLET	E	
risperidone oral tablet	1	
SEROQUEL	E	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	E	
VRAYLAR ORAL CAPSULE	4	QL
ZYPREXA ORAL	E	
Antivirals - Drugs for Viral Infections		
acyclovir oral tablet	1	
BIKTARVY	4	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

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
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
EPCLUSA ORAL TABLET	2	PA, QL, SP
HARVONI ORAL TABLET	2	PA, ST, QL, SP
JULUCA	2	QL
LAGEVRIO	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET ORAL PACKET	2	PA, QL, SP
oseltamivir phosphate oral capsule	1	
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100)	2	QL
PREZCOBIX	2	
RUKOBIA	4	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	4	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
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
clonazepam oral tablet	1	
diazepam oral tablet	1	
HALCION	4	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	

Drug Name	Drug Tier	Requirements & Limits
KLONOPIN	E	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	E	
VISTARIL	4	
XANAX	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
LITHOBID	4	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
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	4	
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	4	
CARDIZEM CD	E	
CARDURA	4	
cartia xt	1	
carvedilol	1	

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



Drug Name	Drug Tier	Requirements & Limits
chlorthalidone	1	
clonidine hcl oral	1	
COREG	E	
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	4	PA, QL
EXFORGE	E	
ezetimibe	1	
fenofibrate oral tablet	1	
FENOGLIDE	E	
flecainide acetate	1	
FUROSCIX	4	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	4	
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	4	
LOPRESSOR	4	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	4	

Drug Name	Drug Tier	Requirements & Limits
LOTREL	E	
lovastatin oral	1	H
LOVAZA	E	
MAXZIDE	4	
MAXZIDE-25	4	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
MICARDIS	E	
MINIPRESS	4	
minoxidil oral	1	
MULTAQ	4	PA
NEXLETOL	2	QL
NEXLIZET	2	QL
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	4	
NORLIQVA	4	
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	4	
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	
SOANZ	4	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
spironolactone oral tablet	1	
TEKURNA	3	
TEKURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	3	
telmisartan	1	
TENORMIN	E	
THALITONE	4	
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	4	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	4	
ZOCOR	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
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	4	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	QL
amphet-dextroamphet 3-bead er	1	QL
APTENSIO XR	4	QL
atomoxetine hcl	1	QL
AZSTARYS	2	QL
CONCERTA	E	QL

Drug Name	Drug Tier	Requirements & Limits
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	QL
FOCALIN	4	
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	4	QL
RELEXXII	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	E	QL
Central Nervous System Agents - Drugs for Multiple Sclerosis		
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

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
fingolimod hcl	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	4	PA, QL, SP
GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP
glatiramer acetate	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	4	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
REBIF	E	PA, QL, SP
REBIF TITRATION PACK	E	PA, QL, SP
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	4	
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	

Drug Name	Drug Tier	Requirements & Limits
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
PERIDEX	4	
periogard	1	
Dermatological Agents - Drugs for Skin Conditions		
AKLIEF	4	PA
ala-cort	E	
AMZEEQ	4	
AVITA EXTERNAL CREAM 0.025 %	4	PA
CARAC	E	
CIBINQO	2	PA, QL, SP
CLEOCIN-T	4	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	4	
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

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
EFUDEX	4	
ENSTILAR	4	
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	4	
KLISYRI	4	
METROCREAM	4	
metronidazole external cream	1	
MIRVASO	4	PA
NORITATE	E	
OPZELURA	4	PA, QL, SP
PANRETIN	3	
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 %	E	
RETIN-A EXTERNAL CREAM	E	PA
RHOFADE	4	PA
rosadan external cream 0.75 %	1	
SANTYL	3	
SOOLANTRA	1	
TACLONEX SUSPENSION	1	
tacrolimus external	1	
TEMOVATE EXTERNAL CREAM 0.05 %	4	
TEMOVATE EXTERNAL OINTMENT 0.05 %	4	
TOLAK	4	
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	

Drug Name	Drug Tier	Requirements & Limits
triamcinolone in absorbbase	E	
TRIANEX EXTERNAL OINTMENT 0.05 %	E	
triderm	1	
tritocin external ointment 0.05 %	E	
VTAMA	4	PA
XEPI	3	
ZILXI	4	PA, ST
ZORYVE EXTERNAL CREAM	4	PA, QL
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK FASTCLIX LANCETS	1	
ACCU-CHEK GUIDE KIT W/DEVICE	3	
ACCU-CHEK GUIDE ME 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

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	Drug Name	Drug Tier	Requirements & Limits
BLOOD GLUCOSE TEST STRIPS 333	E	QL	EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
CARETOUCH MONITOR SYSTEM	E		ENLITE GLUCOSE SENSOR	3	PA
CARETOUCH TEST	E	QL	EQ BLOOD GLUCOSE TEST	E	QL
CONTOUR MONITOR KIT W/ DEVICE	E		FORA 6 CONNECT/GTEL TEST	E	QL
CONTOUR NEXT BLOOD GLUCOSE TEST STRIP	2	QL	FORTISCARE G1 TEST STRIP	E	QL
CONTOUR NEXT EZ KIT W/ DEVICE	E		FORTISCARE TEST	E	QL
CONTOUR NEXT GEN MONITOR KIT	E		FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
CONTOUR NEXT GEN TEST STRIPS	2	QL	FREESTYLE LIBRE 2 SENSOR	3	PA, QL
CONTOUR NEXT LINK KIT W/ DEVICE	E		FREESTYLE LIBRE 3 SENSOR	3	PA, QL
CONTOUR NEXT LINK KIT W/ DEVICE	E	(Contour Next Link 24)	FREESTYLE PRECISION NEO SYSTEM	E	
CONTOUR NEXT MONITOR KIT W/ DEVICE	2		FREESTYLE PRECISION NEO TEST	E	QL
CONTOUR NEXT ONE DEVICE	E		FREESTYLE TEST	E	QL
CONTOUR NEXT ONE KIT	2		GLUCOCARD EXPRESSION TEST	E	QL
CONTOUR TEST STRIPS	E	QL	GLUCOCARD SHINE TEST	E	QL
CVS ADVANCED GLUCOSE TEST	E	QL	GLUCOCARD VITAL TEST	E	QL
CVS GLUCOSE METER TEST STRIPS	E	QL	GUARDIAN 4 GLUCOSE SENSOR	3	PA
D-CARE BLOOD GLUCOSE	E	QL	GUARDIAN 4 TRANSMITTER	3	PA
D-CARE GLUCOMETER	E		GUARDIAN CONNECT TRANSMITTER	3	PA, QL
DEXCOM G6 RECEIVER	3	PA, QL	GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL	GUARDIAN SENSOR (3)	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL	GUARDIAN SENSOR 3	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL	GVOKE HYOPEN 1-PACK	2	
DEXCOM G7 SENSOR	3	PA, QL	GVOKE HYOPEN 2-PACK	2	
EASY TOUCH HEALTHPRO GLUCOSE	E		GVOKE KIT	2	
EASY TOUCH TEST	E	QL	GVOKE PFS	2	
EASYGLUCO	E		HEALTHPRO BLOOD GLUCOSE MONITO	E	
EASYMAX 15 TEST	E	QL	INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	QL
EASYMAX NG BLOOD GLUCOSE KIT	E		LANCETS	1	
EMBRACE BLOOD GLUCOSE TEST	E	QL	MICRODOT TEST	E	QL
			MINILINK REAL-TIME TRANSMITTER	3	PA
			MINIMED 630G GUARDIAN PRESS	3	PA
			MM BLULINK GLUCOSE TEST	E	QL

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



Drug Name	Drug Tier	Requirements & Limits
MM EASY TOUCH GLUCOSE METER	E	
NEUTEK 2TEK TEST	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOTWIST PEN NEEDLE	2	QL
OMNIPOD 5 G6 INTRO (GEN 5)	2	PA, QL
OMNIPOD 5 G6 PODS (GEN 5)	2	PA
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

Drug Name	Drug Tier	Requirements & Limits
QUINTET AC BLOOD GLUCOSE TEST	E	QL
QUINTET BLOOD GLUCOSE TEST	E	QL
RELION TRUE MET AIR GLUC METER	E	
RELION TRUE METRIX TEST STRIPS	E	QL
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	QL
RIGHTEST 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
Diabetes - Insulin		
ADMELOG	E	
ADMELOG SOLOSTAR	E	
BASAGLAR KWIKPEN	E	
BASAGLAR TEMPO PEN	E	
HUMALOG INJECTION	4	
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	

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
HUMALOG TEMPO PEN	E	
HUMALOG U-100 JUNIOR KWIKPEN	2	
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	

Drug Name	Drug Tier	Requirements & Limits
SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	E	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
Diabetes - Non-Insulin Agents		
ACTOS	E	QL
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML	4	
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	4	
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	E	
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	4	
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	

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
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	E	
MOUNJARO	2	PA, ST, QL
ONGLYZA	E	QL
OZEMPIC	2	PA, ST, QL
pioglitazone hcl	1	QL
RYBELSUS	2	PA, ST, QL
saxagliptin hcl	1	QL
SOLIQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, ST, (2 Pak), QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, ST, (3 Pak), QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	4	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	4	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	4	PA, SP
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIIO	4	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
DOPTELET	4	PA, QL, SP
ELOCTATE	4	PA, SP
EMPAVELI	2	PA, QL, SP
HEMLIBRA	2	PA, SP

Drug Name	Drug Tier	Requirements & Limits
HEMOFIL M	2	SP
HUMATE-P	2	SP
IDELVION	3	SP
JIVI	4	PA, SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, 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	4	PA, QL, SP
UDENYCA	2	
WILATE	2	
ZARXIO	2	
Drugs for Sexual Dysfunction		
ADDYI	4	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	4	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
Electrolytes / Vitamins		
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	1	
DODEX	4	
DRISDOL	4	
ERGOCAL ORAL CAPSULE 62.5 MCG (2500 UT)	3	
ergocalciferol oral capsule	1	
folic acid oral tablet 1 mg	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
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	4	
UROCIT-K 15	4	
UROCIT-K 5	4	
VELTASSA	3	QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
bis subcit-metronid-tetracyc	1	QL
bismuth/metronidaz/tetracyclin	1	QL
CARAFATE ORAL TABLET	E	
CYTOTEC	4	
famotidine oral suspension reconstituted	1	
misoprostol oral	1	

Drug Name	Drug Tier	Requirements & Limits
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	4	QL
rabeprazole sodium oral tablet delayed release	1	QL
sucralfate oral tablet	1	
VOQUEZNA	E	QL
VOQUEZNA DUAL PAK	E	QL
VOQUEZNA TRIPLE PAK	E	QL
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
CLENPIQ	2	QL
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
gavilyte-c	1	H
gavilyte-g	1	H
GLYCATE	E	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
GOLYTELY	4	
LINZESS	2	PA, QL
MOTTEGRITY	3	PA, QL
MOVIPREP	2	
na sulfate-k sulfate-mg sulf	1	
NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED 420 GM	4	
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	

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
ROBINUL-FORTE	E	
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	
SUTAB	2	
SYMPROIC	2	PA, QL
VIBERZI	3	QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
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	4	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	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
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	4	SP
THIOLA EC	4	SP
tiopronin	1	SP

Drug Name	Drug Tier	Requirements & Limits
VELPHORO	2	
VESICARE	4	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	
tamsulosin hcl	1	
UROXATRAL	E	
Hormonal Agents - Hormone Replacement and Birth Control		
afirmelle	1	H
ALORA	3	QL
altavera	1	H
ANNOVERA	3	QL
apri	1	H
aubra eq	1	H
aubra oral tablet 0.1-20 mg-mcg	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN ORAL TABLET 5 MG	4	
ayuna	1	H
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
camila	1	H
chateal eq	1	H
chateal oral tablet 0.15-30 mg-mcg	1	H
CLIMARA	E	QL
CLIMARA PRO	2	QL
cyred eq	1	H
cyred oral tablet 0.15-30 mg-mcg	1	H
deblitane	1	H

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
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	QL
DEPO-SUBQ PROVERA 104	2	QL
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL 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	4	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	4	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	4	QL

Drug Name	Drug Tier	Requirements & Limits
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	4	QL
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	4	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

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	Drug Name	Drug Tier	Requirements & Limits
larin 1.5/30	1	H	nora-be	1	H
larin 1/20	1	H	norelgestromin-eth estradiol	1	H
larin 24 fe	1	H	norethin ace-eth estrad-fe oral tablet	1	H
larin fe 1.5/30	1	H	norethindrone acetate oral	1	
larin fe 1/20	1	H	norethindrone acet-ethinyl est	1	H
larissia oral tablet 0.1-20 mg-mcg	1	H	norethindrone oral	1	H
lessina	1	H	norgestimate-eth estradiol	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H	norgestimate-ethinyl estradiol triphasic	1	H
levora 0.15/30 (28)	1	H	norlyda	1	H
lillow oral tablet 0.15-30 mg-mcg	1	H	norlyroc	1	H
LO LOESTRIN FE	1	H	NUVARING	E	
LOESTRIN 1.5/30 (21)	E		nymyo	1	H
LOESTRIN 1/20 (21)	E		ocella	1	H
LOESTRIN FE 1.5/30	E		orsythia	1	H
LOESTRIN FE 1/20	E		portia-28	1	H
loryna	1	H	PREMARIN ORAL	2	
lo-zumandimine	1	H	PREMARIN VAGINAL	3	
lutera	1	H	PREMPHASE	2	
lyleq	1	H	PREMPRO	2	
lyllana	1	QL	previfem oral tablet 0.25-35 mg-mcg	1	H
lyza	1	H	progesterone oral	1	
marlissa	1	H	PROMETRIUM	E	
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	QL, H	PROVERA	4	
medroxyprogesterone acetate oral	1		reclipsen	1	H
MENOSTAR	3	QL	sharobel	1	H
microgestin 1.5/30	1	H	sprintec 28	1	H
microgestin 1/20	1	H	sronyx	1	H
microgestin 24 fe	1	H	syeda	1	H
microgestin fe 1.5/30	1	H	tarina 24 fe	1	H
microgestin fe 1/20	1	H	tarina fe 1/20 eq	1	H
mili	1	H	tarina fe 1/20 oral tablet 1-20 mg-mcg	1	H
MINIVELLE	E	QL	tri femynor	1	H
mono-linyah	1	H	tri-estarylla	1	H
MYFEMBREE	2	QL	tri-linyah	1	H
NATAZIA	1		tri-lo-estarylla	1	H
nikki	1	H	tri-lo-marzia	1	H

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
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-nymyo	1	H
tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
tulana oral tablet 0.35 mg	1	H
VAGIFEM	E	
VEOZAH	4	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
Hormonal Agents - Oral Steroids		
CORTEF	4	
DECADRON ORAL TABLET 0.5 MG, 0.75 MG, 4 MG, 6 MG	E	
DEXABLISS	E	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	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	4	
methylprednisolone oral tablet therapy pack	1	
PEDIAPRED	2	

Drug Name	Drug Tier	Requirements & Limits
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	
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	4	
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	
Hormonal Agents - Other		
cabergoline	1	
LANREOTIDE ACETATE	E	SP
NGENLA	4	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	4	PA, QL, SP
SOMATULINE DEPOT	4	SP
Hormonal Agents - Testosterone Replacement		
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	

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
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
FORTESTA	E	QL
NATESTO	E	QL
TESTIM	1	QL
testosterone cypionate intramuscular	1	
VOGELXO	E	QL
VOGELXO PUMP	E	QL
Hormonal Agents - Thyroid		
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	4	
thyroid oral	1	
TIROSINT-SOL	2	
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-AACF (2 PEN)	E	PA, SP
ADALIMUMAB-ADAZ	2	PA, (manufactured by Sandoz), QL, SP
ADALIMUMAB-ADBAM (2 PEN)	2	PA, SP (manufactured by Boehringer Ingelheim)

Drug Name	Drug Tier	Requirements & Limits
ADALIMUMAB-ADBAM (2 SYRINGE)	2	PA, QL, SP (manufactured by Boehringer Ingelheim)
ADALIMUMAB-ADBAM(CD/UC/HS STRT)	2	PA, SP (manufactured by Boehringer Ingelheim)
ADALIMUMAB-ADBAM(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	4	
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

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
COSENTYX SENSOREADY PEN	3	PA, ST, QL, SP
COSENTYX UNOREADY	3	PA, ST, QL, SP
ENBREL	2	PA, QL, SP
ENBREL MINI	2	PA, QL, SP
ENBREL SURECLICK	2	PA, QL, SP
HADLIMA	2	PA, QL, SP
HADLIMA 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	4	PA, QL
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	E	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML, 80 MG/0.8ML	E	PA, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	E	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	E	PA, SP
HYRIMOZ-CROHNS/UC STARTER	E	PA, SP
HYRIMOZ-PED<40KG CROHN STARTER	E	PA, QL, SP
HYRIMOZ-PED>=40KG CROHN START	E	PA, QL, SP
HYRIMOZ-PLAQUE PSORIASIS START	E	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
IMURAN	E	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, ST, QL, SP
KINERET	3	PA, ST, QL, SP
LITFULO	3	PA, QL, SP
LUPKYNIS	4	PA, QL, SP
methotrexate sodium oral	1	
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	4	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	4	PA, QL, SP
SIMPONI	2	PA, QL, SP
SKYRIZI PEN	2	PA, QL, SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
STELARA SUBCUTANEOUS	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO	2	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, ST, QL
TREMFYA	2	PA, QL, SP
TREXALL	2	
XELJANZ	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP

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
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

Immunological Agents - Drugs for Vaccination

BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	H
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
SHINGRIX	3	H

Infertility Agents

cetorelix acetate	1	PA, ST, QL, SP
CETROTIDE	4	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral tablet 50 mg	1	
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
fyremadel	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	4	ST, SP
GONAL-F RFF	4	ST, SP
GONAL-F RFF REDIJECT	4	ST, SP
MENOPUR	4	QL, SP
NOVAREL	3	SP
OVIDREL	4	SP
PREGNYL	3	SP

Drug Name	Drug Tier	Requirements & Limits
Inflammatory Bowel Disease Agents		
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	

Metabolic Bone Disease Agents - Drugs for Osteoporosis

alendronate sodium oral tablet	1	
FORTEO	E	PA, ST, SP
FOSAMAX	4	
teriparatide	E	PA, ST, SP
teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml	E	PA, ST, SP
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA, SP
TYMLOS	3	PA, SP

Metabolic Bone Disease Agents - Other

calcitriol oral capsule	1	
ROCALTRON ORAL CAPSULE	4	

Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation

ALREX	4	
AZASITE	3	
BESIVANCE	3	
CILOXAN OPHTHALMIC SOLUTION 0.3 %	4	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	2	
FLAREX	2	
ILEVRO	4	

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



Drug Name	Drug Tier	Requirements & Limits
INVELTYS	3	
LOTEMAX OPHTHALMIC GEL	4	
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	4	
MOXEZA OPHTHALMIC SOLUTION 0.5 %	4	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
polymyxin b-trimethoprim	1	
POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-%	4	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	4	
TOBRADEX ST	4	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
VIGAMOX	E	
XDEMVIY	4	PA, QL
ZYLET	3	

Drug Name	Drug Tier	Requirements & Limits
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	
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	4	
COSOPT PF	E	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
ISTALOL	4	
IYUZEH	4	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	4	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	4	
XALATAN	E	
ZIOPTAN	3	ST
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
CYCLOSPORINE IN KLARITY	E	
cyclosporine ophthalmic	E	PA
RESTASIS	1	PA
RESTASIS MULTIDOSE	4	PA, QL

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



Drug Name	Drug Tier	Requirements & Limits
TYRVAYA	4	PA, QL
VERKAZIA	4	
XIIDRA	2	PA
Otic Agents - Drugs for Ear Conditions		
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	
ciprofloxacin-dexamethasone	1	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	1	
Respiratory - Drugs for Anaphylaxis		
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	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl nasal solution 0.15 %	E	
benzonatate	1	
BROMFED DM	3	

Drug Name	Drug Tier	Requirements & Limits
cyproheptadine hcl oral tablet	1	
fluticasone propionate nasal	1	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
ZETONNA	3	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
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

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
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	1	QL
budesonide-formoterol fumarate	E	QL, RS
COMBIVENT RESPIMAT	2	QL
FASENRA PEN	4	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	4	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	4	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	4	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA, QL
PERFORMIST	4	QL
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	
PROVENTIL HFA	E	
PULMICORT SUSPENSION	E	QL
QVAR REDHALER	1	QL
SEREVENT DISKUS	2	QL

Drug Name	Drug Tier	Requirements & Limits
SINGULAIR ORAL TABLET	E	
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	4	PA, QL
tiotropium bromide monohydrate	E	QL
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	
wixela inhub	1	QL
XOPENEX HFA	3	
YUPELRI	4	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 Tobii), QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	4	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
REVATIO ORAL TABLET	E	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL

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
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	4	

Sleep Disorder Agents

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

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



amlodipine besylate-benazepril hcl	13
amlodipine besylate-valsartan	13
amoxicillin oral capsule	9
amoxicillin oral suspension reconstituted	9
amoxicillin oral tablet	9
amoxicillin-potassium clavulanate oral suspension reconstituted	9
amoxicillin-potassium clavulanate oral tablet	9
amphet-dextroamphet 3-bead er.	15
amphetamine-dextroamphetamine	15
amphetamine-dextroamphetamine er	15
AMZEEQ	16
anastrozole oral	11
ANDRODERM	26
ANDROGEL PUMP	26
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%)	26
ANNOVERA	23
ANORO ELLIPTA	31
apap-caff-dihydrocodeine	8
apap-caff-dihydrocodeine oral tablet 325-30-16 mg	8
apri	23
APRISO	29
APTENSIO XR	15
APTIOM	10
AQINJECT PEN NEEDLE	17
ARAKODA	12
ARANESP (ALBUMIN FREE)	21
ARIMIDEX	11
aripiprazole oral tablet	12
ARMOUR THYROID	27
ARNUITY ELLIPTA	31
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG.	29
atenolol oral	13
ATIVAN ORAL	13
atomoxetine hcl	15

ATORVALIQ	13
atorvastatin calcium oral tablet 10 mg, 20 mg	13
atorvastatin calcium oral tablet 40 mg, 80 mg	13
ATROVENT HFA	31
aubra eq	23
aubra oral tablet 0.1-20 mg-mcg	23
AUGMENTIN ES-600	9
AUGMENTIN ORAL SUSPENSION RECONSTITUTED	9
AUGMENTIN ORAL TABLET	9
aurovela 1/20	23
aurovela 1.5/30	23
aurovela 24 fe	23
aurovela fe 1/20	23
aurovela fe 1.5/30	23
AUSTEDO	16
AUSTEDO XR	16
AUSTEDO XR PATIENT TITRATION	16
AUVI-Q	31
AVALIDE	13
AVAPRO	13
aviane	23
avidoxy	9
AVITA EXTERNAL CREAM 0.025 %	16
AVONEX PEN	15
AVONEX PREFILLED	15
AYGESTIN ORAL TABLET 5 MG	23
ayuna	23
AZASAN	27
AZASITE	29
azathioprine oral	27
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	31
azelastine hcl nasal solution 0.15 %	31
azithromycin oral suspension reconstituted	9
azithromycin oral tablet	9
AZSTARYS	15

B

bac	8
baclofen oral tablet	33
BACTRIM	9
BACTRIM DS	9
BAFIERTAM	15
BAQSIMI ONE PACK	20
BAQSIMI TWO PACK	20
BASAGLAR KWIKPEN	19
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-tetracycl	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	CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG	13	CIMDUO	12
BLOOD GLUCOSE TEST STRIPS	17, 18	calcitriol oral capsule	29	CIMZIA STARTER KIT	27
BLOOD GLUCOSE TEST STRIPS 333	18	CALQUENCE ORAL CAPSULE 100 MG	11	CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	27
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	29	camila	23	CINRYZE	27
BREO ELLIPTA	31	CARAC	16	CIPRO ORAL TABLET	9
breyana	31	CARAFATE ORAL TABLET	22	CIPRODEX OTIC SUSPENSION 0.3-0.1 %	31
BREZTRI AEROSPHERE	32	CARDIZEM CD	13	ciprofloxacin hcl ophthalmic	29
BRILINTA	12	CARDURA	13	ciprofloxacin hcl oral	9
brimonidine tartrate ophthalmic solution 0.1 %	30	CARETOUCH MONITOR SYSTEM	18	ciprofloxacin-dexamethasone	31
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	30	CARETOUCH TEST	18	citalopram hydrobromide oral tablet	10
brimonidine tartrate-timolol	30	cartia xt	13	CLENPIQ	22
BRIVIACT ORAL TABLET	10	carvedilol	13	CLEOCIN ORAL CAPSULE 150 MG, 300 MG	9
BROMFED DM	31	cefdinir	9	CLEOCIN ORAL CAPSULE 75 MG	9
BRONCHITOL	32	cefuroxime axetil	9	CLEOCIN-T	16
BRONCHITOL TOLERANCE TEST	32	CELEBREX	8	CLIMARA	23, 24
budesonide inhalation	32	celecoxib oral	8	CLIMARA PRO	23
budesonide-formoterol fumarate	32	CELEXA	10	clindacin etz external swab	16
buprenorphine hcl sublingual	8	CELLCEPT ORAL TABLET	27	clindacin-p	16
buprenorphine hcl-naloxone hcl	8	CENTANY EXTERNAL OINTMENT 2 %	9	CLINDAGEL	16
bupropion hcl er (sr)	10	cephalexin oral capsule	9	clindamycin hcl oral	9
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	10	cephalexin oral suspension reconstituted	9	clindamycin phosphate external lotion	16
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	10	CERDELGA	23	clindamycin phosphate external solution	16
bupropion hcl oral	10	cetorelix acetate	29	clindamycin phosphate external swab	16
buspirone hcl oral	13	CETROTIDE	29	clindamycin phosphate gel 1 % external	16
butalbital-apap-caffeine oral tablet	8	chateal eq	23	CLINDESSE	9
BYDUREON BCISE AUTOINJECTOR	20	chateal oral tablet 0.15-30 mg-mcg	23	clobetasol propionate external cream	16
BYETTA 10 MCG PEN	20	chlorhexidine gluconate mouth/ throat	16	clobetasol propionate external ointment	16
BYETTA 5 MCG PEN	20	chlorthalidone	14	clobetasol propionate external solution	16
		CHORIONIC GONADOTROPIN INTRAMUSCULAR	29	CLOMID	29
		CIALIS	21	clomiphene citrate oral tablet 50 mg	29
		CIBINQO	16	clonazepam oral tablet	13
		ciclodan	11	clonidine hcl oral	14
		ciclopirox external solution	11	clopidogrel bisulfate oral	12
		CILOXAN OPHTHALMIC SOLUTION 0.3 %	29		

C

cabergoline 26



clotrimazole-betamethasone external cream	16	COZAAR	14	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	26	
colchicine oral	11	CREON	23	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	27	
COLCRYS ORAL TABLET 0.6 MG.	11	CRESEMBA ORAL CAPSULE 186 MG	11	DESCOVY	12	
COMBIGAN	30	CRESTOR	14	desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	24	
COMBIVENT RESPIMAT	32	CVS ADVANCED GLUCOSE TEST	18	desvenlafaxine succinate er	10	
CONCERTA	15	CVS GLUCOSE METER TEST STRIPS	18	DEXABLISS	26	
CONTOUR MONITOR KIT W/DEVICE	18	cyanocobalamin injection solution 1000 mcg/ml	22	dexamethasone oral tablet	26	
CONTOUR NEXT BLOOD GLUCOSE TEST STRIP	18	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	22	dexamethasone oral tablet therapy pack	26	
CONTOUR NEXT EZ KIT W/DEVICE	18	cyanocobalamin nasal	22	DEXCOM G6 RECEIVER	18	
CONTOUR NEXT GEN MONITOR KIT	18	cyclobenzaprine hcl oral tablet 10 mg, 5 mg	33	DEXCOM G6 SENSOR	18	
CONTOUR NEXT GEN TEST STRIPS	18	cyclobenzaprine hcl oral tablet 7.5 mg	33	DEXCOM G6 TRANSMITTER	18	
CONTOUR NEXT LINK KIT W/ DEVICE	18	CYCLOSPORINE IN KLARITY	30	DEXCOM G7 RECEIVER	18	
CONTOUR NEXT MONITOR KIT W/DEVICE	18	cyclosporine ophthalmic	30	DEXCOM G7 SENSOR	18	
CONTOUR NEXT ONE DEVICE	18	CYMBALTA	10	dexmethylphenidate hcl	15	
CONTOUR NEXT ONE KIT	18	cyproheptadine hcl oral tablet	31	dexmethylphenidate hcl er	15	
CONTOUR TEST STRIPS	18	cyred eq	23	diazepam oral tablet	13	
COPAXONE	15	cyred oral tablet 0.15-30 mg-mcg	23	diclofenac sodium oral	8	
COREG	14	CYTOMEL	27	dicyclomine hcl oral capsule	22	
CORLANOR	14	CYTOTEC	22	dicyclomine hcl oral tablet	22	
CORTEF	26	D			DIFICID ORAL TABLET	9
CORTIFOAM	29	D-CARE BLOOD GLUCOSE	18	DIFLUCAN ORAL TABLET	11	
COSENTYX (300 MG DOSE)	27	D-CARE GLUCOMETER	18	DILAUDID ORAL TABLET	8	
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	27	dabigatran etexilate mesylate oral capsule 150 mg, 75 mg	9	diltiazem hcl er coated beads	14	
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	27	DAYVIGO	33	DIOVAN	14	
COSENTYX SENSOREADY (300 MG)	27	deblitane	23	DIOVAN HCT	14	
COSENTYX SENSOREADY PEN	28	DECADRON ORAL TABLET 0.5 MG, 0.75 MG, 4 MG, 6 MG	26	DIPENTUM	29	
COSENTYX UNOREADY	28	delyla	24	DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	23	
COSOPT	30	DEPAKOTE	10	divalproex sodium er	10	
COSOPT PF	30	DEPAKOTE ER	10	divalproex sodium oral tablet delayed release	10	
COTELLIC	11	DEPEN TITRATABS	23	DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM	24	
		DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	24	DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM	24	
		DEPO-SUBQ PROVERA 104	24			

DODEX	22	ELIQUIS DVT/PE STARTER PACK.	9	ergocalciferol oral capsule	22
DOPTELET	21	ELOCTATE	21	ERIVEDGE	11
dorzolamide hcl-timolol mal	30	eluryng	24	ERLEADA ORAL TABLET 240 MG	11
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	9	emtricitabine-tenofovir df oral tablet 200-300 mg	13	estarylla	24
doxycycline monohydrate oral capsule	9	enalapril maleate oral tablet	14	ESTRACE	24
doxycycline monohydrate oral tablet	9	ENBREL	28	estradiol oral	24
DRISDOL	22	ENBREL MINI	28	estradiol patch twice weekly 0.025 mg/24hr transdermal	24
drosiprenone-ethinyl estradiol	24	ENBREL SURECLICK	28	estradiol patch twice weekly 0.0375 mg/24hr transdermal	24
DUAVEE	24	endocet	8	estradiol patch twice weekly 0.05 mg/24hr transdermal	24
duloxetine hcl oral	10	ENDOMETRIN	29	estradiol patch twice weekly 0.075 mg/24hr transdermal	24
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	16	enilloring	24	estradiol patch twice weekly 0.1 mg/24hr transdermal	24
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	16	ENLITE GLUCOSE SENSOR	18	estradiol transdermal gel	24
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	16	enoxaparin sodium injection solution prefilled syringe.	9	estradiol transdermal patch weekly.	24
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG.	26	enskyce	24	estradiol vaginal.	24
		ENSTILAR	17	ESTRING	24
		ENTRESTO	14	ESTROGEL	24
		EPCLUSA ORAL TABLET	13	eszopiclone	33
		EPIDIOLEX	10	etonogestrel-ethinyl estradiol.	24
		epinephrine solution auto-injector 0.15 mg/0.15ml injection.	31	EUCRISA	17
		epinephrine solution auto-injector 0.15 mg/0.3ml injection.	31	euthyrox	27
		epinephrine solution auto-injector 0.3 mg/0.3ml injection	31	EVAMIST	24
		EPIPEN 2-PAK	31	EXFORGE	14
		EPIPEN JR 2-PAK	31	EXKIVITY	11
		EQ BLOOD GLUCOSE TEST	18	EXTAVIA	15
		ERGOCAL ORAL CAPSULE 62.5 MCG (2500 UT)	22	EYSUVIS	29
				ezetimibe	14
				F	
E				falmina	24
EASY TOUCH HEALTHPRO GLUCOSE	18			famotidine oral suspension reconstituted	22
EASY TOUCH TEST	18				
EASYGLUCO	18				
EASYMAX 15 TEST	18				
EASYMAX NG BLOOD GLUCOSE KIT	18				
EFFEXOR XR	10				
EFUDEX	17				
ELESTRIN	24				
eletriptan hydrobromide	11				
ELIQUIS	9				



FASENRA PEN.	32	folic acid oral tablet 1 mg	22	glipizide oral tablet 2.5 mg	20	
FEMARA.	11	FOLLISTIM AQ.	29	glipizide xl.	20	
femynor oral tablet 0.25-35 mg-mcg.	24	FORA 6 CONNECT/GTEL TEST	18	GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED.	20	
fenofibrate oral tablet	14	FORFIVO XL.	10	GLUCOCARD EXPRESSION TEST.	18	
FENOGLIDE.	14	FORTEO	29	GLUCOCARD SHINE TEST	18	
FEXMID.	33	FORTESTA.	27	GLUCOCARD VITAL TEST.	18	
FINACEA EXTERNAL FOAM	17	FORTISCARE G1 TEST STRIP.	18	GLUCOTROL XL	20	
finasteride oral tablet 5 mg.	23	FORTISCARE TEST	18	GLUMETZA	20	
fingolimod hcl	16	FOSAMAX	29	glyburide oral.	20	
FLAREX	29	FREESTYLE LIBRE 14 DAY SENSOR.	18	GLYCATE	22	
flecainide acetate	14	FREESTYLE LIBRE 2 SENSOR	18	glycopyrrolate oral tablet 1 mg, 2 mg	22	
FLOMAX.	23	FREESTYLE LIBRE 3 SENSOR	18	GLYCOPYRROLATE ORAL TABLET 1.5 MG.	22	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	32	FREESTYLE PRECISION NEO SYSTEM	18	GLYXAMBI.	20	
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.	29	FREESTYLE PRECISION NEO TEST	18	GOLYTELY	22	
fluconazole oral tablet.	11	FREESTYLE TEST.	18	GONAL-F	29	
FLUOROURACIL EXTERNAL CREAM 0.5 %	17	FUROSCIX	14	GONAL-F RFF	29	
fluorouracil external cream 5 %	17	furosemide oral tablet.	14	GONAL-F RFF REDJECT	29	
fluoxetine hcl oral capsule	10	FYCOMPA ORAL SUSPENSION	10	guanfacine hcl	14, 15	
fluoxetine hcl oral tablet 10 mg	10	FYCOMPA ORAL TABLET	10	guanfacine hcl er.	15	
fluoxetine hcl oral tablet 20 mg, 60 mg	10	fyremadel	29	GUARDIAN 4 GLUCOSE SENSOR	18	
FLUTICASONE FUROATE- VILANTEROL.	32	G			GUARDIAN 4 TRANSMITTER	18
FLUTICASONE PROPIONATE HFA	32	gabapentin oral capsule.	10	GUARDIAN CONNECT TRANSMITTER	18	
fluticasone propionate nasal	31	gabapentin oral tablet 600 mg, 800 mg	10	GUARDIAN LINK 3 TRANSMITTER	18	
FLUTICASONE-SALMETEROL INHALATION AEROSOL.	32	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	29	GUARDIAN SENSOR (3).	18	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act.	32	gavilyte-c	22	GUARDIAN SENSOR 3.	18	
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	32	gavilyte-g	22	GVOKE HYPOPEN 1-PACK	18	
flvoxamine maleate	10	GAVRETO.	11	GVOKE HYPOPEN 2-PACK	18	
FOCALIN	15	gemfibrozil oral	14	GVOKE KIT.	18	
FOCALIN XR	15	GILENYA ORAL CAPSULE 0.25 MG.	16	GVOKE PFS	18	
		GILENYA ORAL CAPSULE 0.5 MG	16	GYNAZOLE-1	11	
		glatiramer acetate	16	H		
		glatopa	16	HADLIMA	28	
		glimepiride	20	HADLIMA PUSH TOUCH.	28	
		glipizide er	20	HAEGARDA	28	
		glipizide oral tablet 10 mg, 5 mg	20	hailey 1.5/30.	24	



hailey 24 fe	24	HUMULIN N VIAL	20	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	8
hailey fe 1/20	24	HUMULIN R U-500 KWIKPEN	20	ICLUSIG ORAL TABLET 10 MG, 30 MG	11
hailey fe 1.5/30	24	HUMULIN R U-500 VIAL	20	ICLUSIG ORAL TABLET 15 MG, 45 MG	12
HALCION	13	HUMULIN R VIAL	20	IDELVION	21
haloette	24	hydralazine hcl oral	14	IDHIFA	12
HARVONI ORAL TABLET	13	hydrochlorothiazide oral	14	ILEVRO	29
HEALTHPRO BLOOD GLUCOSE MONITO	18	hydrocodone-acetaminophen oral tablet	8	IMBRUVICA ORAL CAPSULE	12
heather	24	hydrocortisone external cream 1 % . .	17	IMBRUVICA ORAL TABLET 140 MG, 280 MG	12
HEMADY	26	hydrocortisone external cream 2.5 %	17	IMBRUVICA ORAL TABLET 420 MG	12
HEMANGEOL	14	hydrocortisone external ointment 1 %, 2.5 %	17	IMBRUVICA ORAL TABLET 560 MG	12
HEMLIBRA	21	hydrocortisone oral	26	IMITREX	11
HEMOFIL M	21	hydromorphone hcl oral tablet	8	IMPOYZ	17
HIDEX 6-DAY	26	hydroxychloroquine sulfate oral	12	IMURAN	28
HUMALOG INJECTION	19	hydroxyzine hcl oral tablet	13	IMVEXXY MAINTENANCE PACK . . .	21
HUMALOG KWIKPEN	19	hydroxyzine pamoate oral	13	IMVEXXY STARTER PACK	21
HUMALOG MIX 50/50 KWIKPEN . . .	19	HYFTOR	28	INBRIJA	12
HUMALOG MIX 50/50 VIAL	19	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	28	incassia	24
HUMALOG MIX 75/25 KWIKPEN . . .	19	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML, 80 MG/0.8ML	28	INDERAL LA	14
HUMALOG MIX 75/25 VIAL	19	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	28	INDOMETHACIN ORAL CAPSULE 20 MG	8
HUMALOG SUBCUTANEOUS	19	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	28	indomethacin oral capsule 25 mg, 50 mg	8
HUMALOG TEMPO PEN	20	HYRIMOZ-CROHNS/UC STARTER	28	INSULIN GLARGINE	20
HUMALOG U-100 JUNIOR KWIKPEN	20	HYRIMOZ-PED<40KG CROHNS STARTER	28	INSULIN GLARGINE MAX SOLOSTAR	20
HUMATE-P	21	HYRIMOZ-PED<40KG CROHN STARTER	28	INSULIN GLARGINE SOLOSTAR . . .	20
HUMIRA (2 PEN)	28	HYRIMOZ-PED>=40KG CROHN START	28	INSULIN LISPRO	20
HUMIRA (2 SYRINGE)	28	HYRIMOZ-PED>=40KG UC STARTER	28	INSULIN LISPRO (1 UNIT DIAL) . . .	20
HUMIRA-CD/UC/HS STARTER	28	HYRIMOZ-PLAQUE PSORIASIS START	28	INSULIN LISPRO JUNIOR KWIKPEN	20
HUMIRA-PED<40KG CROHNS STARTER	28	HYZAAR	14	INSULIN LISPRO PROT & LISPRO . .	20
HUMIRA-PED>=40KG CROHNS START	28			INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	18
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN- INJECTOR KIT 40 MG/0.8ML	28			INTUNIV	15
HUMIRA-PSORIASIS/UVEIT STARTER	28			INVELTYS	30
HUMULIN 70/30 KWIKPEN	20			ipratropium bromide nasal	31
HUMULIN 70/30 VIAL	20				
HUMULIN N KWIKPEN	20				

I

IBRANCE ORAL CAPSULE 11



ipratropium-albuterol	32	klor-con m10	22	levetiracetam oral tablet	10
irbesartan	14	klor-con m15	22	levo-t	27
irbesartan-hydrochlorothiazide	14	klor-con m20	22	levocetirizine dihydrochloride oral tablet	31
isibloom	24	klor-con oral tablet extended release	22	levofloxacin oral tablet	9
isosorbide mononitrate er	14	KLOXXADO	8	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	25
ISTALOL	30	KOATE	21	levora 0.15/30 (28)	25
IYUZEH	30	KOATE-DVI	21	levothyroxine sodium oral tablet	27
J					
jantoven	9	KOGENATE FS	21	levoxyll	27
JARDIANCE	20	KOSELUGO	12	LEXAPRO	10
jasmiel	24	KOVALTRY	21	LIALDA	29
jencycla	24	KRINTAFEL	12	lidocaine hcl mouth/throat	16
JENTADUETO	20	kurvelo	24	lidocaine viscous hcl	16
JENTADUETO XR	20	KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	12	LIKMEZ	9
JIVI	21	L			
JORNAY PM	15	labetalol hcl oral	14	lillow oral tablet 0.15-30 mg-mcg	25
juleber	24	LAGEVRIO	13	LINZESS	22
JULUCA	13	LAMICTAL ORAL TABLET	10	liothyronine sodium oral	27
junel 1/20	24	lamotrigine oral tablet	10	LIPITOR	14
junel 1.5/30	24	LANCETS	17-19	lisdexamfetamine dimesylate	15
junel fe 1/20	24	LANREOTIDE ACETATE	26	lisinopril oral	14
junel fe 1.5/30	24	LANTUS SOLOSTAR	20	lisinopril-hydrochlorothiazide	14
junel fe 24	24	LANTUS U-100 VIAL	20	LITFULO	28
K					
K-TAB	22	larin 1/20	25	lithium carbonate er	13
kalliga	24	larin 1.5/30	25	lithium carbonate oral capsule	13
KEPPRA ORAL TABLET	10	larin 24 fe	25	LITHOBID	13
KESIMPTA	16	larin fe 1/20	25	LO LOESTRIN FE	25
ketoconazole external cream	11	larin fe 1.5/30	25	lo-zumandimine	25
ketoconazole external shampoo	11	larissia oral tablet 0.1-20 mg-mcg	25	LOESTRIN 1/20 (21)	25
ketorolac tromethamine oral	8	LASIX	14	LOESTRIN 1.5/30 (21)	25
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	28	latanoprost ophthalmic	30	LOESTRIN FE 1/20	25
KINERET	28	LATUDA	12	LOESTRIN FE 1.5/30	25
KITABIS PAK	32	LEDIPASVIR-SOFOSBUVIR	13	LOKELMA	22
KLISYRI	17	lenalidomide	12	LOPID	14
KLONOPIN	13	lessina	25	LOPRESSOR	14
klor-con 10	22	letrozole oral	12	lorazepam oral tablet	13
		LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	32	loryna	25
				losartan potassium oral	14
				losartan potassium-hctz	14
				LOTEMAX OPHTHALMIC GEL	30



LOTEMAX OPHTHALMIC OINTMENT	30	MAXITROL OPHTHALMIC SUSPENSION	30	methylphenidate hcl er (osm) oral tablet extended release 72 mg.	15
LOTEMAX OPHTHALMIC SUSPENSION	30	MAXZIDE	14	methylphenidate hcl er (xr)	15
LOTEMAX SM	30	MAXZIDE-25	14	methylphenidate hcl er oral tablet extended release	15
LOTENSIN	14	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	16	methylphenidate hcl oral tablet	15
loteprednol etabonate ophthalmic gel	30	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	16	methylprednisolone oral tablet therapy pack	26
loteprednol etabonate ophthalmic suspension 0.2 %	30	MEDROL ORAL TABLET THERAPY PACK	26	metoclopramide hcl oral tablet	11
loteprednol etabonate ophthalmic suspension 0.5 %	30	medroxyprogesterone acetate intramuscular suspension prefilled syringe	25	metoprolol succinate er	14
LOTREL	14	medroxyprogesterone acetate oral	25	metoprolol tartrate oral	14
lovastatin oral	14	meloxicam oral tablet	8	METROCREAM	17
LOVAZA	14	MENOPUR	29	metronidazole external cream	17
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	10	MENOSTAR	25	metronidazole oral tablet	9
LUMAKRAS	12	mesalamine oral tablet delayed release 1.2 gm	29	metronidazole vaginal	9
LUMIGAN	30	mesalamine oral tablet delayed release 800 mg	29	MICARDIS	14
LUMRYZ	33	metformin hcl er	20	MICRODOT TEST	18
LUNESTA	33	metformin hcl er (mod)	20	microgestin 1/20	25
LUPKYNIS	28	metformin hcl er (osm)	20	microgestin 1.5/30	25
lurasidone hcl	12	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	21	microgestin 24 fe	25
lutera	25	metformin hcl oral tablet 625 mg	21	microgestin fe 1/20	25
lyleq	25	methimazole oral	27	microgestin fe 1.5/30	25
lyllana	25	methocarbamol oral	33	mili	25
LYMEPAK ORAL TABLET 100 MG	9	methotrexate sodium oral	28	MINILINK REAL-TIME TRANSMITTER	18
LYNPARZA	12	methylphenidate hcl er (cd)	15	MINIMED 630G GUARDIAN PRESS	18
LYRICA ORAL CAPSULE	16	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	15	MINIPRESS	14
LYUMJEV KWIKPEN	20	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	15	MINIVELLE	24, 25
LYUMJEV TEMPO PEN	20	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	15	minocycline hcl oral capsule	9
LYUMJEV VIAL	20	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	15	minoxidil oral	14
lyza	25			mirtazapine oral tablet	10
M					
MACROBID	9			MIRVASO	17
MACRODANTIN	9			misoprostol oral	22
marlissa	25			MITIGARE	11
MAVENCLAD	16			MM BLULINK GLUCOSE TEST	18
MAVYRET ORAL PACKET	13			MM EASY TOUCH GLUCOSE METER	19
MAXALT	11			MOBIC ORAL TABLET 15 MG, 7.5 MG	8
MAXALT-MLT	11			modafinil oral	33
				mondoxyne nl	9
				mono-lynyah	25



montelukast sodium oral tablet	32	NEUPRO	12	NOVOFINE PLUS PEN NEEDLE	19
montelukast sodium oral tablet chewable	32	NEURONTIN ORAL CAPSULE	10	NOVOLIN 70/30 FLEXPEN	20
morphine sulfate er oral tablet extended release	8	NEURONTIN ORAL TABLET	10	NOVOLIN 70/30 FLEXPEN RELION	20
MOTTEGRITY	22	NEUTEK 2TEK TEST	19	NOVOLIN 70/30 RELION	20
MOTPOLY XR	10	NEVANAC	30	NOVOLIN 70/30 VIAL	20
MOUNJARO	21	NEXLETOL	14	NOVOLIN N FLEXPEN	20
MOVIPREP	22	NEXLIZET	14	NOVOLIN N FLEXPEN RELION	20
MOXEZA OPHTHALMIC SOLUTION 0.5 %	30	NGENLA	26	NOVOLIN N RELION	20
moxifloxacin hcl (2x day)	30	nifedipine er	14	NOVOLIN N VIAL	20
moxifloxacin hcl ophthalmic	30	nifedipine er osmotic release	14	NOVOLIN R FLEXPEN	20
MS CONTIN	8	nikki	25	NOVOLIN R FLEXPEN RELION	20
MULPLETA	21	nitrofurantoin macrocrystal	9	NOVOLIN R RELION	20
MULTAQ	14	nitrofurantoin monohydrate macrocrystals	9	NOVOLIN R VIAL	20
mupirocin external	9	nitroglycerin sublingual	14	NOVOTWIST PEN NEEDLE	19
mycophenolate mofetil oral tablet	28	NITROSTAT	14	np thyroid	27
MYDAYIS	15	NIVA THYROID	27	NUBEQA	12
MYFEMBREE	25	NOCDURNA	26	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	32
N					
na sulfate-k sulfate-mg sulf.	22	nora-be	25	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	32
nabumetone oral	8	NORDITROPIN FLEXPRO	26	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	32
NALOCET	8	norelgestromin-eth estradiol	25	NUCYNTA	8
naloxone hcl injection solution prefilled syringe	8	norethin ace-eth estrad-fe oral tablet	25	NUCYNTA ER	8
naloxone hcl nasal	8	norethindrone acet-ethinyl est	25	NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED 420 GM	22
naltrexone hcl oral	8	norethindrone acetate oral	25	NURTEC	11
NAPROSYN ORAL TABLET	8	norethindrone oral	25	NUTROPIN AQ NUSPIN 10	26
naproxen oral tablet	8	norgestimate-eth estradiol	25	NUTROPIN AQ NUSPIN 20	26
NARCAN	8	norgestimate-ethinyl estradiol triphasic	25	NUTROPIN AQ NUSPIN 5	26
NASCOBAL	22	NORITATE	17	NUVARING	25
NATAZIA	25	NORLIQVA	14	NUVESSA	9
NATESTO	27	norlyda	25	NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	21
NAYZILAM	10	norlyroc	25	NUWIQ INTRAVENOUS KIT 1500 UNIT	21
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	30	nortriptyline hcl oral capsule	10	NUZYRA ORAL	9
neomycin-polymyxin-hc otic suspension	31	NORVASC	14	nymyo	25
NEULASTA	21	NOURIANZ	12		
		NOVAREL	29		
		NOVOEIGHT	21		
		NOVOFINE AUTOCOVER PEN NEEDLE	19		
		NOVOFINE PEN NEEDLE	19		



nystatin external cream. 11
 nystatin mouth/throat 11

O

ocella 25
 OCUFLOX. 30
 ODOMZO 12
 OFEV. 32
 ofloxacin ophthalmic. 30
 ofloxacin otic 31
 olanzapine oral tablet 12
 olmesartan medoxomil oral 14
 olmesartan medoxomil-hctz. 14
 OLUMIANT ORAL TABLET 1 MG,
 4 MG. 28
 OLUMIANT ORAL TABLET 2 MG . . . 28
 OMECLAMOX-PAK. 22
 omega-3-acid ethyl esters 14
 omeprazole oral capsule delayed
 release 22
 OMNIPOD 5 G6 INTRO (GEN 5) 19
 OMNIPOD 5 G6 PODS (GEN 5). 19
 OMNITROPE 26
 OMVOH 28
 ON CALL EXPRESS BLOOD
 GLUCOSE 19
 ON CALL EXPRESS MONITORING
 SYS. 19
 ondansetron hcl oral tablet 11
 ondansetron odt 11
 ONETOUCH DELICA PLUS
 LANCETS. 19
 ONETOUCH SOLUTIONS
 STARTER KIT KIT W/ WELL
 DEVICE. 19
 ONETOUCH ULTRA 2 KIT
 W/DEVICE 19
 ONETOUCH ULTRA IN VITRO
 STRIP 19
 ONETOUCH ULTRASOFT
 LANCETS. 19
 ONETOUCH VERIO FLEX SYSTEM
 KIT. 19

ONETOUCH VERIO IQ SYSTEM
 KIT W/DEVICE. 19
 ONETOUCH VERIO KIT W/DEVICE . 19
 ONETOUCH VERIO REFLECT KIT
 W/DEVICE 19
 ONETOUCH VERIO TEST STRIPS . . 19
 ONGLYZA. 21
 OPSUMIT 32
 OPTIUMEZ TEST. 19
 OPZELURA 17
 ORENCIA CLICKJECT 28
 ORENCIA SUBCUTANEOUS
 SOLUTION PREFILLED SYRINGE
 125 MG/ML 28
 ORENCIA SUBCUTANEOUS
 SOLUTION PREFILLED SYRINGE
 50 MG/0.4ML, 87.5 MG/0.7ML 28
 ORFADIN ORAL CAPSULE 23
 ORFADIN ORAL SUSPENSION. 23
 ORGOVYX 12
 ORIAHNN. 26
 ORLISSA. 26
 orsythia. 25
 oseltamivir phosphate oral capsule. . 13
 OSPHENA 21
 OTEZLA ORAL TABLET. 28
 OTREXUP. 28
 OVIDREL 29
 OXAYDO ORAL TABLET 5 MG,
 7.5 MG 8
 oxcarbazepine oral tablet. 10
 oxybutynin chloride er 23
 oxybutynin chloride oral tablet. . . . 23
 oxycodone hcl oral tablet 10 mg,
 15 mg, 20 mg, 30 mg 8
 oxycodone hcl oral tablet 5 mg 8
 OXYCODONE-ACETAMINOPHEN
 ORAL TABLET 10-300 MG,
 5-300 MG, 7.5-300 MG. 8
 oxycodone-acetaminophen oral
 tablet 10-325 mg, 2.5-325 mg,
 5-325 mg, 7.5-325 mg. 8
 OXYCODONE-ACETAMINOPHEN
 ORAL TABLET 2.5-300 MG 8

OZEMPIC 21

P

PACERONE ORAL TABLET
 100 MG, 400 MG. 14
 PACERONE ORAL TABLET
 200 MG. 14
 PAMELOR 10
 PANCREAZE 23
 PANRETIN 17
 pantoprazole sodium oral tablet
 delayed release 22
 PARADIGM REAL-TIME
 TRANSMITTER 19
 paroxetine hcl oral tablet 10
 PAXIL ORAL TABLET 10
 PAXLOVID (150/100). 13
 PAXLOVID (300/100). 13
 PEDIAPRED 26
 peg 3350-kcl-na bicarb-nacl 22
 peg-3350/electrolytes. 22
 peg-3350/electrolytes/ascorbic acid 22
 peg-kcl-nacl-nasulf-na asc-c 22
 penicillin v potassium oral tablet 9
 PERCOCET 8
 PERFOROMIST. 32
 PERIDEX. 16
 periogard 16
 PERTZYE 23
 phenazo oral tablet 200 mg 23
 phenazopyridine hcl oral 23
 pioglitazone hcl 21
 PIP BLOOD GLUCOSE TEST STRIP. 19
 PLAQUENIL 12
 PLAVIX 12
 PLEGRIDY INTRAMUSCULAR 16
 PLEGRIDY STARTER PACK. 16
 PLEGRIDY SUBCUTANEOUS 16
 PLENVU 22
 polymyxin b-trimethoprim. 30



POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-% . . .	30	PROCTOFOAM HC	29	reclipsen	25	
POMALYST	12	progesterone oral	25	RECOMBINATE	21	
portia-28	25	PROGRAF ORAL CAPSULE	28	REGLAN	11	
potassium chloride crys er	22	PROLATE ORAL TABLET	8	RELAFEN DS	8	
potassium chloride er	22	promethazine hcl oral tablet	11	RELAFEN ORAL TABLET 500 MG, 750 MG	8	
potassium citrate er	22	promethazine-dm	31	RELEXII	15	
PRADAXA ORAL CAPSULE	10	PROMETRIUM	25	RELION TRUE MET AIR GLUC METER	19	
pramipexole dihydrochloride	12	propranolol hcl er	14	RELION TRUE METRIX TEST STRIPS	19	
pravastatin sodium	14	propranolol hcl oral tablet	14	RELION ULTIMA GLUCOSE SYSTEM	19	
prazosin hcl oral	14	PROSCAR	23	RELION ULTIMA TEST	19	
PRECISION XTRA	19	PROTONIX ORAL TABLET DELAYED RELEASE	22	RELPAK	11	
PRECISION XTRA BLOOD GLUCOSE	19	PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 %	17	REMERON	10	
PRED FORTE	30	PROVENTIL HFA	31, 32	REPATHA	14	
PRED MILD	30	PROVERA	24, 25	REPATHA PUSHTRONEX SYSTEM	14	
prednisolone acetate ophthalmic	30	PROVIGIL	33	REPATHA SURECLICK	14	
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	Q			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	R			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	
		REBIF TITRATION PACK	16			



rizatriptan benzoate.	11	SKYRIZI SUBCUTANEOUS	10
ROBINUL	22	SOLUTION PREFILLED SYRINGE . . .	28
ROBINUL-FORTE	23	SKYTROFA	26
ROCALTRON ORAL CAPSULE	29	SOAANZ.	14
ROCKLATAN	30	SODIUM OXYBATE	33
ropinirole hcl	12	SOFOSBUVIR-VELPATASVIR.	13
rosadan external cream 0.75 %	17	solifenacin succinate.	23
rosuvastatin calcium	14	SOLIQUA	21
roweepra	10	SOMATULINE DEPOT.	26
ROXICODONE ORAL TABLET		SOOLANTRA	17
15 MG, 30 MG	8	SPIRIVA HANDIHALER.	32
ROXICODONE ORAL TABLET 5 MG .	8	SPIRIVA RESPIMAT	32
RUCONEST	28	spironolactone oral tablet.	15
RUKOBIA	13	sprintec 28	25
RYBELSUS.	21	sronyx	25
S		STELARA SUBCUTANEOUS	28
SANTYL	17	STENDRA.	21
saxagliptin hcl	21	STIOLTO RESPIMAT	32
scopolamine	11	STIVARGA	12
SEMGLEE.	20	STRATTERA	15
SEMGLEE SUBCUTANEOUS		STRENSIQ	23
SOLUTION PEN-INJECTOR		STRIVERDI RESPIMAT	32
100 UNIT/ML	20	SUBOXONE	8
SEREVENT DISKUS	32	subvenite	10
SEROQUEL	12	sucalfate oral tablet	22
sertraline hcl oral tablet	10	SUFLAVE	23
sharobel	25	sulfamethoxazole-trimethoprim oral	
SHINGRIX.	29	tablet	9
sildenafil citrate oral tablet 100 mg,		sumatriptan succinate oral	11
25 mg, 50 mg	21	SUNOSI	33
sildenafil citrate oral tablet 20 mg . . .	32	SUPREP BOWEL PREP KIT	23
SIMPONI.	28	SUTAB	23
simvastatin oral tablet 10 mg,		syeda	25
20 mg, 40 mg, 5 mg	14	SYMBICORT	32
simvastatin oral tablet 80 mg	14	SYMFI	13
SINGULAIR ORAL TABLET	32	SYMFI LO	13
SINGULAIR ORAL TABLET		SYMJEPI INJECTION SOLUTION	
CHEWABLE	32	PREFILLED SYRINGE 0.15	
SITAVIG	13	MG/0.3ML, 0.3 MG/0.3ML	31
SKYRIZI PEN	28	SYMLINPEN 120	21
		SYMLINPEN 60	21
		SYMPAZAN	10
		SYMPROIC.	23
		SYNJARDY	21
		SYNJARDY XR.	21
		SYNTHROID.	27
		T	
		TABRECTA	12
		TACLONEX SUSPENSION	17
		tacrolimus external	17
		tacrolimus oral	28
		tadalafil oral	21
		TADLIQ	33
		tafluprost (pf)	30
		TAGRISSO	12
		TAKHZYRO	28
		TALTZ SUBCUTANEOUS	
		SOLUTION AUTO-INJECTOR	28
		TALTZ SUBCUTANEOUS	
		SOLUTION PREFILLED SYRINGE . . .	28
		TAMIFLU ORAL CAPSULE.	13
		tamoxifen citrate oral tablet 10 mg . .	12
		tamoxifen citrate oral tablet 20 mg . .	12
		tamsulosin hcl	23
		TAPERDEX 12-DAY	26
		TAPERDEX 6-DAY ORAL TABLET	
		THERAPY PACK 1.5 MG.	26
		TAPERDEX 6-DAY ORAL TABLET	
		THERAPY PACK 1.5 MG (21)	26
		TAPERDEX 7-DAY	26
		TARGADOX	9
		tarina 24 fe	25
		tarina fe 1/20 eq.	25
		tarina fe 1/20 oral tablet	
		1-20 mg-mcg	25
		TASIGNA	12
		TAVALISSE	21
		TECHLITE INSULIN SYRINGES.	19
		TECHLITE PEN NEEDLES	19
		TEGLUTIK	16
		TEGSEDI.	23



TEKTURNA	15	TIVICAY	13	tri-mili	26
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	15	TIVORBEX ORAL CAPSULE 20 MG	8	tri-nymyo	26
telmisartan	15	tizanidine hcl oral tablet	33	tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg	26
temazepam	33	TOBI NEBULIZER	32	tri-sprintec	26
TEMOVATE EXTERNAL CREAM 0.05 %	17	TOBI PODHALER	32	tri-vylibra	26
TEMOVATE EXTERNAL OINTMENT 0.05 %	17	TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	30	tri-vylibra lo	26
TEMPO REFILL	19	TOBRADEX ST	30	triamcinolone acetonide external cream	17
TEMPO WELCOME	19	tobramycin inhalation nebulization solution 300 mg/4ml	32	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	17
TENORMIN	15	tobramycin nebulization solution 300 mg/5ml inhalation	32	triamcinolone acetonide external ointment 0.05 %	17
terbinafine hcl oral	11	tobramycin ophthalmic	30	triamcinolone in absorbbase	17
teriparatide	29	tobramycin-dexamethasone	30	triamterene-hctz	15
teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml	29	TOLAK	17	TRIANEX EXTERNAL OINTMENT 0.05 %	17
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN- INJECTOR 620 MCG/2.48ML	29	TOPAMAX	10	triazolam	13
TESTIM	27	TOPAMAX SPRINKLE	10	TRICOR	15
testosterone cypionate intramuscular	27	topiramate oral	10	triderm	17
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	32	TOPROL XL	15	TRIJARDY XR	21
THALITONE	15	toremide	15	TRILEPTAL ORAL TABLET	10
THIOLA	23	TOUJEO MAX SOLOSTAR	20	TRINTELLIX	10
THIOLA EC	23	TOUJEO SOLOSTAR	20	tritocin external ointment 0.05 %	17
THYQUIDITY	27	TRACLEER 62.5 MG, 125 MG	33	TRIUMEQ	13
thyroid oral	27	TRADJENTA	21	TRUE FOCUS BLOOD GLUCOSE STRIP	19
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	16	tramadol hcl oral tablet 100 mg, 50 mg	8	TRUE METRIX AIR GLUCOSE METER KIT	19
timolol maleate (once-daily)	30	tramadol hcl oral tablet 25 mg	8	TRUE METRIX BLOOD GLUCOSE TEST	19
timolol maleate oculosose	30	TRANSDERM-SCOP	11	TRUE METRIX GO GLUCOSE METER	19
timolol maleate ophthalmic solution	30	trazodone hcl oral	10	TRUE METRIX METER KIT	19
timolol maleate pf	30	TRELEGY ELLIPTA	32	TRUE METRIX PRO BLOOD GLUCOSE	19
TIMOPTIC OCUDOSE	30	TREMFYA	28	TRUETRACK TEST	19
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	30	tretinoin external cream	17	TRULICITY	21
tiopronin	23	TREXALL	28	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	13
tiotropium bromide monohydrate	32	TREZIX	8	TRUVADA ORAL TABLET 200-300 MG	13
TIROSINT-SOL	27	tri femynor	25	tulana oral tablet 0.35 mg	26
		tri-estarylla	25		
		tri-linyah	25		
		tri-lo-estarylla	25		
		tri-lo-marzia	25		
		tri-lo-mili	26		
		tri-lo-sprintec	26		



TYMLOS	29	verapamil hcl er oral tablet extended release	15	WELLBUTRIN XL	11
TYRVAYA	31	VERKAZIA	31	WILATE	21
TYVASO	33	VERQUVO	15	wixela inhub	32
TYVASO DPI MAINTENANCE KIT	33	VERZENIO	12	X	
TYVASO DPI TITRATION KIT	33	VESICARE	23	XACIATO	9
TYVASO REFILL	33	vestura	26	XALATAN	30
TYVASO STARTER	33	VIAGRA	21	XANAX	13
U		VIBERZI	23	XARELTO	10
UBRELVY	11	VIBRAMYCIN ORAL CAPSULE	9	XARELTO STARTER PACK	10
UCERIS ORAL	29	VICTOZA SOLUTION PEN- INJECTOR 18 MG/3ML SUBCUTANEOUS	21	XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	10
UDENYCA	21	vienva	26	XDEMVY	30
ULTRAM ORAL TABLET 50 MG	8	VIGAMOX	30	XELJANZ	28, 29
UNISTRIP1 GENERIC	19	VIIBRYD	11	XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	28
unithroid	27	VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	11	XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	29
UROCIT-K 10	22	vilazodone hcl	11	XENLETA ORAL TABLET 600 MG	9
UROCIT-K 15	22	VISTARIL	13	XEPI	17
UROCIT-K 5	22	vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	22	XIIDRA	31
UROXATRAL	23	VITRAKVI	12	XOFLUZA (40 MG DOSE)	13
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	12	VIVELLE-DOT	24, 26	XOFLUZA (80 MG DOSE)	13
V		VIVJOA	11	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	29
VAGIFEM	26	VOGELXO	27	XOPENEX HFA	32
valacyclovir hcl oral	13	VOGELXO PUMP	27	XTAMPZA ER	8
VALIUM	13	VOQUEZNA	22	XTANDI	12
valsartan oral tablet	15	VOQUEZNA DUAL PAK	22	xulane	26
valsartan-hydrochlorothiazide	15	VOQUEZNA TRIPLE PAK	22	XYWAV	33
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	10	VOSEVI	13	Y	
VALTRESX	13	VRAYLAR ORAL CAPSULE	12	YASMIN 28	26
VANDAZOLE	9	VTAMA	17	YAZ	26
VASOTEC	15	VYLEESI	21	YUFLYMA (2 SYRINGE)	29
VELPHORO	23	vylibra	26	YUPELRI	32
VELTASSA	22	VYVANSE	15	yuvafem	26
venlafaxine hcl	10, 11	W			
venlafaxine hcl er oral capsule extended release 24 hour	11	WAKIX	33		
VENTOLIN HFA	31, 32	warfarin sodium oral	10		
VEOZAH	26	WELLBUTRIN SR	11		



Z

zafemy	26	ZOCOR.....	15
ZANAFLEX ORAL TABLET	33	ZOLMITRIPTAN NASAL SOLUTION	
ZARXIO	21	2.5 MG	11
ZAVZPRET.....	11	ZOLOFT ORAL TABLET.....	11
ZCORT 7-DAY ORAL TABLET		zolpidem tartrate er.....	33
THERAPY PACK 1.5 MG (25)	26	zolpidem tartrate oral tablet.....	33
ZEGALOGUE SUBCUTANEOUS		ZOMIG NASAL SOLUTION 2.5 MG..	11
SOLUTION AUTO-INJECTOR	21	ZOMIG NASAL SOLUTION 5 MG ...	11
ZEJULA ORAL CAPSULE 100 MG ..	12	ZONEGRAN.....	10
ZELBORAF.....	12	zonisamide oral.....	10
ZENPEP ORAL CAPSULE		ZORYVE EXTERNAL CREAM	17
DELAYED RELEASE PARTICLES		ZTLIDO.....	8
10000-32000 UNIT, 15000-47000		ZUBSOLV.....	8
UNIT, 20000-63000 UNIT, 25000-		zumandimine	26
79000 UNIT, 3000-10000 UNIT,		ZYLET.....	30
40000-126000 UNIT, 5000-24000		ZYLOPRIM ORAL TABLET	
UNIT	23	100 MG, 300 MG.....	11
ZENPEP ORAL CAPSULE		ZYPREXA ORAL	12
DELAYED RELEASE PARTICLES			
60000-189600 UNIT	23		
ZEPOSIA	16		
ZEPOSIA 7-DAY STARTER PACK ...	16		
ZEPOSIA STARTER KIT ORAL			
CAPSULE THERAPY PACK			
0.23MG & 0.46MG & 0.92MG.....	16		
ZEPOSIA STARTER KIT ORAL			
CAPSULE THERAPY PACK			
0.23MG & 0.46MG 0.92MG(21).....	16		
ZESTORETIC.....	15		
ZESTRIL.....	15		
ZETIA	15		
ZETONNA.....	31		
ZIAC ORAL TABLET 10-6.25 MG,			
2.5-6.25 MG.....	15		
ZIAC ORAL TABLET 5-6.25 MG ...	15		
ZILXI.....	17		
ZIMHI	8		
ZIOPTAN	30		
ZITHROMAX ORAL SUSPENSION			
RECONSTITUTED.....	9		
ZITHROMAX ORAL TABLET	9		
ZITHROMAX TRI-PAK.....	9		
ZITHROMAX Z-PAK.....	9		



Nondiscrimination notice and access to communication services

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

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

Online: UHC_Civil_Rights@uhc.com

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

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

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

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

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

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

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



Multi-language interpreter services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

This document applies to commercial group members of UnitedHealthcare and Oxford New York and New Jersey plans.

Insurance coverage provided by or through UnitedHealthcare Insurance Company, UnitedHealthcare Insurance Company of New York, or Oxford Health Insurance, Inc. or their affiliates. Oxford HMO products are underwritten by Oxford Health Plans (NJ), Inc. Administrative services provided by United HealthCare Services, Inc., UnitedHealthcare Service LLC, Oxford Health Plans LLC, or their affiliates.

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

3/24 ©2024 United HealthCare Services, Inc.
WF13125297-D 2024 Prescription Drug List — Access 4-Tier

**United
Healthcare**