



# Your 2023 Prescription Drug List

## Advantage 3-Tier

Effective September 1, 2023



**United  
Healthcare**

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

# Table of contents

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



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



# Understanding your Prescription Drug List (PDL)

## What is a PDL?

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

## How do I use my PDL?

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

## What are tiers?

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

## When does the PDL change?

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

## Why are some medications excluded from coverage?

We review medications based on their total value, including effectiveness and safety, how much they cost, and the availability of alternative medications to treat the same or similar medical conditions. Certain medications may be excluded from coverage or be subject to prior authorization (sometimes referred to as precertification)<sup>1</sup> if similar alternatives are available at a lower cost. Examples include medications that work the same way, but one is much more expensive than the other, or options that are available without a prescription (also referred to as over-the-counter medications<sup>2</sup>). There are also some instances where the same product can be made by two or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

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

## Who decides which medications are covered?

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

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

## About this PDL

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



# Medication tips

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

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

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

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

## What if I am taking a specialty medication?

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

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

## Over-the-counter (OTC) medications

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

# Reading your PDL

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

## Tier information

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

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

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

## Drug list information

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

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

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

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



# Reading your PDL (continued)

## Coverage details

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

## Questions

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



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



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

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

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

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



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

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

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





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

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

#### Anticoagulants - Drugs to Treat or Prevent Blood Clots

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

#### Anticonvulsants - Drugs for Seizures

APTOM	3	PA
BRIVIAC ORAL TABLET	3	PA

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



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

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

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



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

Drug Name	Drug Tier	Requirements & Limits
NURTEC	2	PA, ST, QL
RELPAK	E	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
UBRELVY	2	PA, ST, QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	2	QL
<b>Antineoplastics - Drugs for Cancer</b>		
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
bexarotene external	E	QL, SP
CALQUENCE	2	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	E	PA
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
EXKIVITY	3	PA, QL, SP
FEMARA	E	
GAVRETO	3	PA, QL, SP
IBRANCE ORAL CAPSULE	2	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
IMBRUVICA ORAL TABLET	2	PA, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	2	PA, QL, SP
lenalidomide oral capsule 2.5 mg, 20 mg	1	PA, QL, SP
letrozole oral	1	H-PA
LUMAKRAS	3	PA, QL, SP
LUMAKRAS ORAL TABLET 120 MG	3	PA, QL, SP
LUMAKRAS ORAL TABLET 320 MG	3	PA, SP
LYNPARZA	2	PA, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP

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

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

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

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

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

Drug Name	Drug Tier	Requirements & Limits
NEXLIZET	2	PA, ST, QL
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	3	
NORLIQVA	3	PA
NORVASC	E	
olmesartan medoxomil oral	2	
olmesartan medoxomil-hctz	2	
omega-3-acid ethyl esters	2	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	3	
pravastatin sodium	1	
prazosin hcl oral	1	
PROCARDIA XL	E	
propranolol hcl er	2	
propranolol hcl oral tablet	1	
ramipril	1	
REPATHA	2	PA, ST, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL
REPATHA SURECLICK	2	PA, ST, QL
rosuvastatin calcium	2	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOAANZ	E	QL
spironolactone oral	1	
TEKTURNA	3	
TEKTURNA HCT	3	
telmisartan	2	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
THALITONE	E	
TOPROL XL	E	
torseamide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan oral tablet	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
valsartan-hydrochlorothiazide	1	
VASOTEC	E	
verapamil hcl er oral tablet extended release	1	
VERQUVO	3	PA, QL
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	PA, QL
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	3	
ZOCOR	E	

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

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

Central Nervous System Agents - Drugs for Multiple Sclerosis		
AUBAGIO	E	QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
fingolimod hcl	2	PA, QL, SP
GILENYA	E	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	2	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	3	PA, QL, SP

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

#### Central Nervous System Agents - Miscellaneous

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

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

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

#### Dermatological Agents - Drugs for Skin Conditions

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements & Limits
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML	3	
dicyclomine hcl oral capsule	1	
dicyclomine hcl tablet 20 mg oral	1	
GLYCATE	E	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
LINZESS	2	PA, QL
MOTEGRITY	3	PA, QL
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	3	QL
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
ROBINUL	E	
ROBINUL-FORTE	E	
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
VIBERZI	3	PA, QL
ZELNORM	3	PA, ST,
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
ORFADIN	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
TEGSEDI	2	PA, QL, SP
ZENPEP	2	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
DITROPAN XL	E	
oxybutynin chloride er	2	
oxybutynin chloride oral tablet 5 mg	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
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral	1	
PYRIDIUM	3	
solifenacin succinate	3	
THIOLA	3	SP
THIOLA EC	3	SP
VELPHORO	2	
VESICARE	E	

#### Genitourinary Agents - Drugs for Prostate Conditions

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

#### Hormonal Agents - Hormone Replacement and Birth Control

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

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

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

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

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

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

#### Hormonal Agents - Testosterone Replacement

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

#### Hormonal Agents - Thyroid

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

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

#### Immunological Agents - Drugs for Immune System Stimulation or Suppression

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

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

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

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



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

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

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

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

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

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

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

#### Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD

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

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

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

BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP

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

OFEV	3	PA, QL, SP
------	---	------------

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

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

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

#### Sleep Disorder Agents

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

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





# Index

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







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



CYTOTEC.....	22
<b>D</b>	
D-CARE BLOOD GLUCOSE.....	18
D-CARE GLUCOMETER.....	18
dabigatran etexilate mesylate oral capsule 150 mg, 75 mg.....	9
DAYVIGO.....	31
DAZOMON.....	16
deblitane.....	23
delyla.....	23
DEPAKOTE.....	10
DEPAKOTE ER.....	10
DEPEN TITRATABS.....	22
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	23
DEPO-SUBQ PROVERA 104.....	23
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML.....	26
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML.....	26
DESCOVY.....	12
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg.....	23
desvenlafaxine succinate er.....	10
DEXABLISS.....	25
dexamethasone oral tablet.....	25
dexamethasone oral tablet therapy pack.....	25
DEXCOM G6 RECEIVER.....	18
DEXCOM G6 SENSOR.....	18
DEXCOM G6 TRANSMITTER.....	18
DEXCOM G7 RECEIVER.....	18
DEXCOM G7 SENSOR.....	18
dexlansoprazole.....	22
dexamethylphenidate hcl.....	15
dexamethylphenidate hcl er.....	15
DIABETES MONITOR DIGIT ADD-ON.....	18
DIABETES MONITOR DIGIT SOLN.....	18
diazepam oral tablet.....	13
diclofenac sodium oral.....	8
dicyclomine hcl oral capsule.....	22

dicyclomine hcl tablet 20 mg oral ..	22
DIFICID ORAL TABLET.....	9
DIFLUCAN ORAL TABLET.....	11
DILAUDID ORAL TABLET.....	8
diltiazem hcl er coated beads oral capsule extended release 24 hour ..	13
DIOVAN.....	13
DIOVAN HCT.....	13
DIPENTUM.....	28
DITROPAN XL.....	22
divalproex sodium er.....	10
divalproex sodium oral tablet delayed release.....	10
DIVIGEL.....	23
DODEX.....	21
DOPTELET.....	21
dorzolamide hcl-timolol mal.....	29
dorzolamide hcl-timolol mal pf.....	29
dotti.....	23
DOVATO.....	12
doxazosin mesylate oral.....	13
doxepin hcl capsule 10 mg oral....	10
doxepin hcl capsule 100 mg oral....	10
doxepin hcl capsule 25 mg oral....	10
doxepin hcl capsule 50 mg oral....	10
doxepin hcl capsule 75 mg oral....	10
doxepin hcl oral capsule 150 mg....	10
doxycycline hyclate oral capsule....	9
doxycycline hyclate oral tablet 100 mg.....	9
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg.....	9
doxycycline hyclate oral tablet 20 mg.....	9
doxycycline monohydrate oral capsule 100 mg, 50 mg.....	9
doxycycline monohydrate oral capsule 150 mg, 75 mg.....	9
doxycycline monohydrate oral tablet.....	9
DRISDOL.....	21
drospirenone-ethinyl estradiol.....	23
DUAVEE.....	23
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg.....	10

duloxetine hcl oral capsule delayed release particles 40 mg.....	10
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR.....	16
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML.....	16
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML.....	16
DXEVO 11-DAY.....	25

<b>E</b>	
EASY TOUCH HEALTHPRO GLUCOSE.....	18
EASY TOUCH TEST.....	18
EASYGLUCO.....	18
EASYMAX 15 TEST.....	18
EASYMAX NG BLOOD GLUCOSE KIT.....	18
EDARBI.....	13
EDARBYCLOR.....	13
EFFEXOR XR.....	10
EFUDEX.....	16
ELESTRIN.....	23
eletriptan hydrobromide.....	11
ELIGARD SUBCUTANEOUS KIT 7.5 MG.....	25
elinest.....	23
ELIQUIS.....	9
ELIQUIS DVT/PE STARTER PACK... ..	9
ELIQUIS ORAL TABLET 2.5 MG, 5 MG.....	9
ELOCTATE.....	21
eluryng.....	23
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML.....	11
EMPAVELI.....	26
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg.....	12
emtricitabine-tenofovir df oral tablet 200-300 mg.....	12
enalapril maleate oral tablet.....	13
ENBREL MINI.....	26
ENBREL SUBCUTANEOUS SOLUTION.....	26



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



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

## G

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

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

## H

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

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

## I

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







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



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





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

## O

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

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

OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG .....	8
OZEMPIC .....	20

## P

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



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



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



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

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

## U

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

## V

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



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

## W

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

## X

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

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

## Y

YASMIN 28	25
YAZ	25
YUPELRI	31
yuvafem	25

## Z

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

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



# Nondiscrimination notice and access to communication services

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

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

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

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

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

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

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/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។ សូមទូរស័ព្ទទំនាក់ទំនងលើខ្សែតតិតតុល្ល ដល់មាន់នលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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

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

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

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

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

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